King County's 2027 **STATE LEGISLATIVE PRIORITIES** in Behavioral Health

King County

Request: Protect access to mental health and substance use disorder treatment and crisis care for people who have been covered by Medicaid (Apple Health).

- Maintain current state funding for community behavioral health services, especially for Medicaid-funded treatment services, and crisis services through Behavioral Health Administrative Service Organizations.
- Provide coverage for uninsured individuals and those losing insurance due to federal H.R. 1, and require services for people with severe behavioral health conditions to be covered under the fee-for-service program that is replacing Apple Health Expansion for lawfully present noncitizens.
- Establish a funding source to strengthen the behavioral health crisis response system and fully fund state-mandated services, while ensuring health care plans contribute appropriately.

Why?

- Imminent changes from federal H.R. 1 will cause up to 60,000 King County residents, and 200,000 people statewide, to lose insurance coverage, with new work requirements, more frequent eligibility checks, and loss of eligibility for most lawful noncitizens.
- People without coverage will delay care and be forced to rely more on behavioral health crisis care, increasing wait times, increasing cost, and burdening already-strained health resources.
- A robust state response is needed to mitigate these harms, help people stay covered when possible, and deliver the behavioral health care people need, when they need it.

Request: Clarify policies for appropriate and safe care and transportation of people in behavioral health crisis.

- Fix the law so people on involuntary holds at 23-hour crisis relief centers can consistently continue care without disruption while awaiting needed treatment, instead of being sent to emergency rooms.
- Clarify law enforcement's role in bringing people in severe crisis to appropriate treatment.

Why?

- People in behavioral health crisis, just like those in medical crisis, deserve specialized emergency care to recover. That specialized care is available, with new capacity opening soon in King County and in other regions, but lack of legal clarity can lead people in crisis to be sent to the wrong facility or to face their crisis without care.
- In 2025, 46 percent of people in King County experiencing severe behavioral health crisis, who met the criteria for involuntary detention, were left in the community without immediate care because of a lack of support from law enforcement to detain and transport them. These delays can increase safety risks and, at times, precede catastrophic outcomes.

Request: Reduce the shortage of behavioral health workers.

- Support the Department of Health (DOH)'s staffing request in its decision package, to expedite behavioral health licensing and credentialing.
- Restore limits on licensing fees for Substance Use Disorder Professionals and Trainees (SUDPs and SUDPTs).

Why?

- The state has promoted the development of a robust peer workforce, yet significant delays in credentialing are keeping peers out of the workforce for months while they await approval of their applications. Similar delays exist for other crucial behavioral health professions.
- Additionally, in 2026 a much-needed cap in licensing fees for SUDPs and SUDPTs expired, who are some of the lowest-paid workers in behavioral health care. This increased fees for these workers by 400 percent.

Request: Sustain funding for programs that help people with severe mental illness stay out of the criminal legal system.

- Provide $1.2 million to sustain proven Trueblood diversion programs in King County, that break the cycle of criminal legal system involvement for people in behavioral health crisis.

Why?

- This region bore the full impact of the State legislature's 2026 reductions to Trueblood diversion programs. Corresponding service cuts to these programs in King County are anticipated to go into effect in mid-2027.
- Trueblood diversion programs offer meaningful alternatives to incarceration for individuals with significant behavioral health needs. In King County these services have resulted in 51 percent fewer jail episodes and a 200 percent increase in mental health care engagement.
- If funding to maintain current services is no longer available, an estimated 100 people with severe mental illness would be stuck in jail without timely diversions, resulting in an increase in competency restoration services, and increasing pressure on jails, shelters, state hospitals, and the crisis system.

Request: Improve access to life-saving long-acting injectable (LAI) buprenorphine medication for people recovering from opioid use.

- Provide $2 million statewide on a one-time basis to enable small clinics to have LAI doses on hand to serve people with Medicaid who need immediate access. Clinics will then bill Medicaid for reimbursement, and restock, once each dose is administered.
- Provide direction to HCA on policy updates to make it easier for clinics to offer LAI buprenorphine, including streamlining billing to support offering LAIs in the community, and revising dosing policies to permit all doses to be used.

Why?

- Not increasing access to this new gold-standard treatment would leave people with opioid use disorder without effective, stabilized treatment. This would lead to higher risk of relapse, more strain on behavioral health crisis services, and unnecessary deaths.