

Behavioral Health Model Ordinance & Communications Toolkit

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Agenda

1. Behavioral Health Facilities Program Overview
2. Behavioral Health Model Ordinance & Guidance
3. Communications Toolkit
4. Resources & Contact Information



Behavioral Health Transformation



Governor's Behavioral Health Plan

The Governor's Behavioral Health Transformation Plan calls for the development of more community-based behavioral health facilities to provide individuals treatment closer to their home.

The Governor's Plan calls for:

- Broader continuum of care in community-based settings
- Transition for civil patients out of state hospitals
- New investments in the workforce and infrastructure

Behavioral Health Facilities Program

- As a result, Commerce has made awards to over 100 community-based behavioral health projects since the 2013-15 biennium.
- 6 of those awards are in Kitsap County.
- Commerce opened a new application round on October 1, 2021, and it closed on January 10, 2022. Funds will be awarded in March or April of 2022.

2019-2021 Behavioral Health Facilities

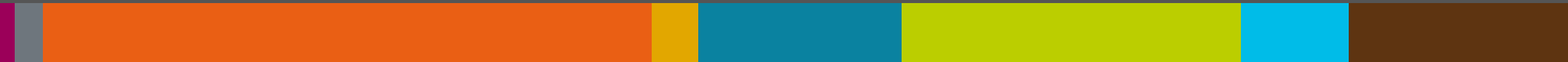


- 90-180 Day Civil Commitment
- Children and Minor Youth
- Dementia Care
- Direct Appropriation
- Enhanced Services Facility
- Intensive Behavioral Health
- Peer Respite
- Regional Needs
- Secure Withdrawal Management and Stabilization
- Trueblood

2021-23 Behavioral Health Facility Allocations

Facility Type	Funding Allocation
90/180 Day Civil Commitment Beds	\$18 M
Crisis Stabilization (Trueblood, King County)	\$12 M
Enhanced Services Facilities	\$11.6 M
Dementia Care	\$10 M
Intensive Behavioral Health	\$9.4 M
Regional Needs	\$2.4 M
Peer Respite	\$2 M
Crisis Stabilization	\$2 M
Children and Minor Youth	\$2 M
Secure Withdrawal Management & Stabilization	\$2 M
TOTAL	\$71.4 M

Model Ordinance & Guidance



Model Ordinance Authorized in 2019-21 Budget

To support transformation, the 19-21 state budget tasked Commerce with developing a model ordinance **for cities and counties to utilize** in siting community-based behavioral health facilities.

Objective: To provide useful planning guidance so that local governments can readily update policies and codes to allow siting and development of new and innovative community-based behavioral healthcare projects.

Model Ordinance Development Process

- Research of existing ordinances
- Advisory Committee with representation from counties, cities, providers, state agencies
- Focus groups with jurisdiction staff and elected officials
- Webinar to introduce ordinance followed by comment period

Advisory Committee

Dave Andersen, Commerce
Pamela Duncan, Metropolitan Development Council
Matthew Gower, HCA
Paul Jewell, WSAC
Amber Leaders, Governor's Office
Sharon Lee, Low Income Housing Institute
Devon Nichols, DSHS
Melodie Pazolt, HCA
Ernie Rasmussen, Commerce
Juliana Roe, WSAC
Rick Sepler, City of Bellingham
Brent Simcosky, Jamestown S'Klallam Tribe
Brenda Sipes, Foster First
Sandy Spiegelberg, DSHS
Sharon Swanson, AWC
Julie Tomaro, DOH
Richard Van Cleave, Kitsap County
Rick Walk, City of Lacey
Michelle Weatherly, DOH

Guiding Principles

- **Increase access to behavioral health services and community amenities for individuals living with behavioral health conditions or disabilities.**
- Provide local governments the opportunity to provide meaningful input.
- Use community inputs to develop practical guidance and language that can be readily adopted by local governments to meet different communities' needs.
- Allow behavioral health facilities to be sited in community areas with appropriate conditions for the services.
- Apply regulatory land use frameworks in the same manner for behavioral health facilities as for other facilities with similar scale and land use impacts.
- Apply permitting and entitlement processes appropriate to the scale of the facility and location in ways that are **efficient**, predictable and informed.

This model ordinance...

- Presents some challenges as zoning, development standards, and land use regulatory frameworks vary by jurisdiction
- Will not necessarily make siting less challenging if there is community concern or opposition, but it can create a common framework/language to address known issues
- Intended to serve as a resource to provide guidance, standard definitions, and example code language

Communications Toolkit is an accompanying resource

Adoption is voluntary

Acknowledges jurisdictions may allow facilities through existing zoning and/or use the Essential Public Facilities (EPF) process

- Thus, provides jurisdictions the option to adopt the model ordinance in whole, in part, or not at all



Essential Public Facilities

[WAC 365-196-550](#) states the normal development review process should be used, when possible, rather than the EPF process.

- If existing code does not address behavioral health facilities, **adopting the model ordinance** may help provide definitions and criteria to accommodate facilities.
- Otherwise, the EPF process is available as behavioral health facilities are covered by it. Section 3(a) notes that "Cities and counties may not use their comprehensive plan or development regulations to preclude the siting of EPFs."

Model Ordinance: Orientation

Introduction

The Washington State Legislature charged the Department of Commerce with developing a Model Ordinance for cities and counties to utilize for siting community-based behavioral health facilities (ESSB 6168 (2020), Section 127 (27)). BERK Consulting was hired by Commerce and guided by an Advisory Committee made up of representatives from the Association of Washington Cities (AWC); Department of Health (DOH); Department of Social & Health Services (DSHS); the Governor's Office; Health Care Authority (HCA); housing, health and human services providers; Tribes and local governments; and the Washington State Association of Counties.

Document Orientation

The right-hand column or textbox in this document contains additional definitions, regulatory guidance, and commentary.

Additional information on the Behavioral Health Model Ordinance Project can be found on the Department of Commerce webpage at: <https://www.commerce.wa.gov/building-infrastructure/capital-facilities/behavioral-health-model-ordinance-project/>

We want your feedback

Siting of behavioral health facilities is relatively new and evolving. If there are changes or additions you think should be made to this document or to the Communications Toolkit (available at the [project webpage](#)), please visit the project webpage and reach out to the project contact.

Information in the right-hand column throughout this document contains additional definitions, regulatory guidance, and commentary.

Project Team:

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Amber Siefer, Washington State Department of Commerce
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Kevin Gifford, BERK
Jonathan Morales, BERK
Vivien Savath, BERK
Andy Lane, [Calmcross & Hempelmann](#)

Background

It is the purpose of this ordinance to promote the public health, safety, and general welfare supporting the goals of the **Community Behavioral Health Services Act, Chapter 71.24 RCW**, and the statewide Integrated Managed Care (IMC) Policy.

Specifically, these goals are to:

- Develop a community-based behavioral health system to assist people experiencing mental illness or a substance use disorder to retain a respected and productive position in the community.
- Encourage the development of regional behavioral health services with adequate local flexibility to assure eligible people in need of care access to the least-restrictive treatment alternative appropriate to their needs, and the availability of treatment components to assure continuity of care.
- Coordinate physical health, mental health, and substance use disorder treatment services to help provide whole-person care.

These goals will require participation from jurisdictions across the state. Jurisdictions through their zoning can support community providers in expanding capacity and establishing new facilities for behavioral health services.

This model ordinance was developed to assist cities and counties by providing definitions and code language to facilitate siting community-based behavioral health facilities.

Mental health issues are among the most common health conditions in the United States. As many as 50% of people will be diagnosed with a mental health illness at some point¹ and 20% of Americans experience a mental illness each year.² Every community is affected. It is essential that people have equal access to behavioral healthcare in their home community. We all have a role to play in ensuring residents of Washington State have an opportunity for wellbeing.

Integrated Managed Care expanded the state's Apple Health (Medicaid) program to include mental health and substance use disorder treatment services to provide whole-person care. Completed January 1, 2020, it represents a statewide transition to regional privately managed care organizations (MCOs), non-profit accountable communities of health (ACHs), and behavioral health administrative service organizations (BH-ASOs).¹

Local Government Input

As part of this project, we held focus groups with staff and elected officials from cities and counties to understand local experiences and perspectives about these issues, including processes and requirements, challenges, opportunities, and ideas on what should be included in a model ordinance. A summary of what we heard is available at the [project webpage](#).

Addressing Stigma

Stigma around mental health can engender fear of the populations served, which may produce community opposition to facilities. Other community concerns include parking and noise impacts and ensuring provider accountability for maintenance and operations.

This ordinance supports the land use decision-making process but won't necessarily lessen community opposition. An accompanying **Communications Toolkit** (available at the [project webpage](#)) addresses broader issues related to fear, stigma, and misinformation.

Section 1 – General

1.1 Statutory Authorization

- The WA State Legislature delegates the responsibility to local governments to adopt regulations that promote the public health, safety, and general welfare of its citizenry

1.2 Findings of Fact

- RCW 71.24.015 – intent to establish community-based behavioral health system
- NIMH and NAMI facts on mental illness; community education
- Commerce Behavioral Health Facilities Program

1.3 Statement of Purpose

- Allow and establish review process for the location, siting, and operation of community-based behavioral health facilities

1.4 Applicability

- Shall apply to all areas within jurisdiction; within allowable zones as addressed in Substantive Provisions

1.5 Severability Clause

Section 2 – Definitions

Community-based Behavioral Health Facility - Residential facility licensed and regulated by the State of Washington, with up to 24 beds, staffed to provide on-site care and that is not a hospital or a group home.

- Emphasizes community-based
- Intentionally broad to encompass “missing middle” and avoid frequent definition updates
- Recognizes state licensed facilities that could be covered under the definition
- Includes definitions from Washington Statute and Substance Abuse and Mental Health Services Administration (SAMHSA)

Section 3 – Substantive Provisions

- Provides suggested zones appropriate for siting facilities
- Siting facilities in industrial areas and/or isolated areas is not recommended due to the intent to provide community-based care in proximity to public services and transportation
- Provides mechanism for by-right approvals with required criteria, including an Operations Plan

Communications Toolkit



Objectives

- Provide general education and raise awareness of behavioral health issues and City planning
- Provide strategies for local governments and behavioral health facility developers in anticipation of community concerns
- Share resources and real-world examples to leverage in communications

Behavioral Health Model Ordinance Project Communications Toolkit

The Behavioral Health Model Ordinance Project Communications Toolkit was developed as a communications resource to support jurisdictions, providers, and others in siting community-based behavioral health facilities. It accompanies a model ordinance which is available here: [model ordinance](#)

This page summarizes the nine strategies in the toolkit and offers links to resources and examples that may be helpful. The full toolkit is available as a pdf here: [download the toolkit](#)

Communications strategies

+ Assess the situation

- Develop your messaging

Be intentional about the message and story you want the community to hear.

- Lead with positive definitions of "mental health" and "behavioral health" which can help to counter stigma.
- Use language that invokes a sense of collective responsibility for mental health, and that focuses on the benefits of the proposed solution.
- Use "person-first" language. For example, describe individuals as "people with mental illness" as opposed to "mentally ill."
- Avoid crisis messaging that may deter public support if they feel the issue is insurmountable.
- Review how the content is framed. For example, framing mental health as a matter of individual willpower can create barriers to public support.
- Emphasize the providers' responsible management of the facility and the presence of an ecosystem of supports.
- Be as specific as possible about what mental health issues, problems, and disorders are addressed by the facility. Work with the provider to understand the specifics of the proposal. Local data from [Department of Health](#) or the [Department of Social and Human Services](#) on the prevalence of mental health issues can be

Example materials from siting efforts

Recordings from Public Meetings and Presentations:

- [Quinault Wellness Clinic, Aberdeen City Council, October 28, 2020](#)
- [Ballard Crossing, Plymouth Housing, March 29, 2021](#)
- [Mental Health Part I: Understanding the Effects on Communities, Neighborhood House](#)

FAQs and Fact Sheets:

- [Community Meeting FAQ, Low Income Housing Institute](#)
- [What is an ESF Fact Sheet, DSHS](#)
- [Community Safety Fact Sheet, DSHS](#)
- [Supportive Housing FAQs, DESC Buriem](#)
- [Ballard Crossing FAQ, Plymouth Housing](#)
- [Community Meeting Q&A, Ballard Crossing, Plymouth Housing](#)

Tools

1. **Assess the Situation**
2. **Develop your Messaging**
3. **Organize a Community of Support**
4. **Understand and Respond to Specific Sources of Opposition**
5. **Develop and Use a Communications Plan**
6. **Work with the Media**
7. **Do Pre-Work for the Public Hearing**
8. **Build Long-Term Relationships and Social Capital**
9. **Evaluate and Reflect**

Reference Material

- Communications Venues and Methods
- Fair Housing Law
- Olmstead Decision
- Behavioral Healthcare Regulatory Framework
- Myth Busting Literature

Examples

- Presentations
- Good Neighbor Agreement
- Management Plan
- Code of Conduct
- FAQs
- One-Pagers
- Websites

Resources & Contact Information



For more information

Behavioral Health Facilities Program

<https://www.commerce.wa.gov/building-infrastructure/capital-facilities/behavioral-health-bed-grants/>

Model Ordinance Project

<https://www.commerce.wa.gov/building-infrastructure/capital-facilities/behavioral-health-model-ordinance-project/>

Thank you!

www.commerce.wa.gov



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Discussion Questions

1. Have community-based behavioral health facilities been proposed in your area that meet the definition.
 - a. If so, how did the process go?
 - b. What might be helpful to you with future proposals?
2. Has your jurisdiction considered adoption of the Model Ordinance to site proposed projects?
 - a. If not, are there any barriers or challenges impacting your decision?
3. What siting mechanisms are in place to site a typical behavioral health facility in your area (e.g., EPF process; existing definitions, other process)?