STATE OF THE CITIES

Behavioral health

Supporting vulnerable populations in our communities

AWC
ASSOCIATION OF WASHINGTON CITIES

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Introduction

Cities throughout Washington play a crucial role in how behavioral health services are provided. As the institutional framework for addressing behavioral health needs has shifted from large, state-operated facilities to community-level services, cities are responding by providing and facilitating innovative solutions.

Mental health issues, substance use disorders, and other stressors are straining resources in every community. Cities are confronting these historic challenges to provide behavioral health responses that meet the moment and support their most vulnerable populations. In this year's *State of the Cities* report, AWC analyzes the breadth of the current situation and explores several potential paths forward.

This report addresses real-world solutions at an extremely high level. The reality and practicality of the innovative programs and human services response covered here are life-changing and future-altering for the people who use them. We wish to thank the cities, employees, and providers who deliver these vital services. They need our utmost support and appreciation for the mentally taxing but extremely crucial community care they provide every day.

We encourage city leaders and state decision-makers to attend local trainings, shadow first responders, and participate in ride-alongs to see some of these groundbreaking services in action at the local level.

1 The state of behavioral health services

Across Washington, cities are on the front lines of a behavioral health crisis. Traditionally, state funding for local behavioral health treatment services has flowed primarily to county government agencies and health organizations, which then can allocate funds to community-based health providers. Local governments feel the direct impact when city residents lack access to treatment and support. Cities know that their communities are only as healthy as their most vulnerable residents—and behavioral health affects all aspects of a community, from public safety and housing stability to workforce participation and quality of life.

Source: Substance Abuse and Mental Health Services Administration

73% of Washington cities identify the lack of behavioral health and substance use treatment resources as a concern for their community.

Approximately 1.6 million Washington adults struggle with a mental health condition. The behavioral health crisis has led to numerous challenges for cities, including:

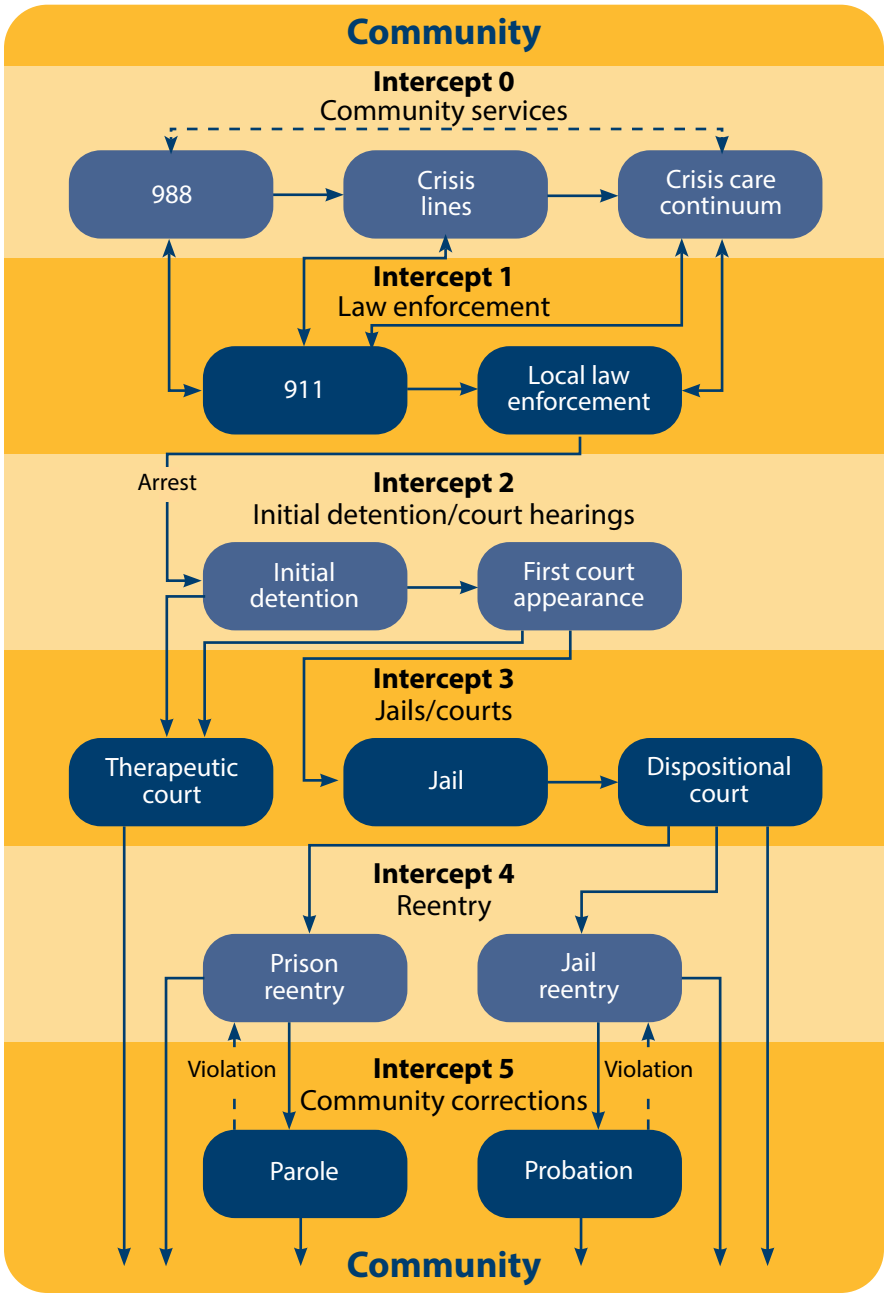
- People in crisis on city streets;
- Rising demand for police and emergency response;
- Increasing costs of providing services; and
- Mounting pressure on local courts and jails.

In response, many cities have stepped up to fill critical gaps as early adopters of innovative solutions like public safety co-responder programs, crisis stabilization centers, and community diversion models that connect people to care instead of incarceration. Early data from cities with alternative response programs show a marked reduction in jail bookings, crisis services events, and emergency department visits. Cities are also partnering with counties, fire districts, tribes, businesses, and community-based organizations to expand access to behavioral health services at the local level.

Sequential Intercept Model

One of the frameworks that policy experts use to analyze the intersecting ways that an individual engages in the interconnected mental, behavioral health, and criminal justice systems is through the Sequential Intercept Model (SIM). The SIM can help visualize how a community member moves in and out of the system and therefore what programs a government might need to consider as it stands up its own supports.

This model can help target what resources are needed at which points during the interception (e.g., 911 call, arrest, court hearing, jail time) of an individual. It also helps cities visualize areas where there are opportunities to divert people to appropriate care at specific points that they encounter in the system.



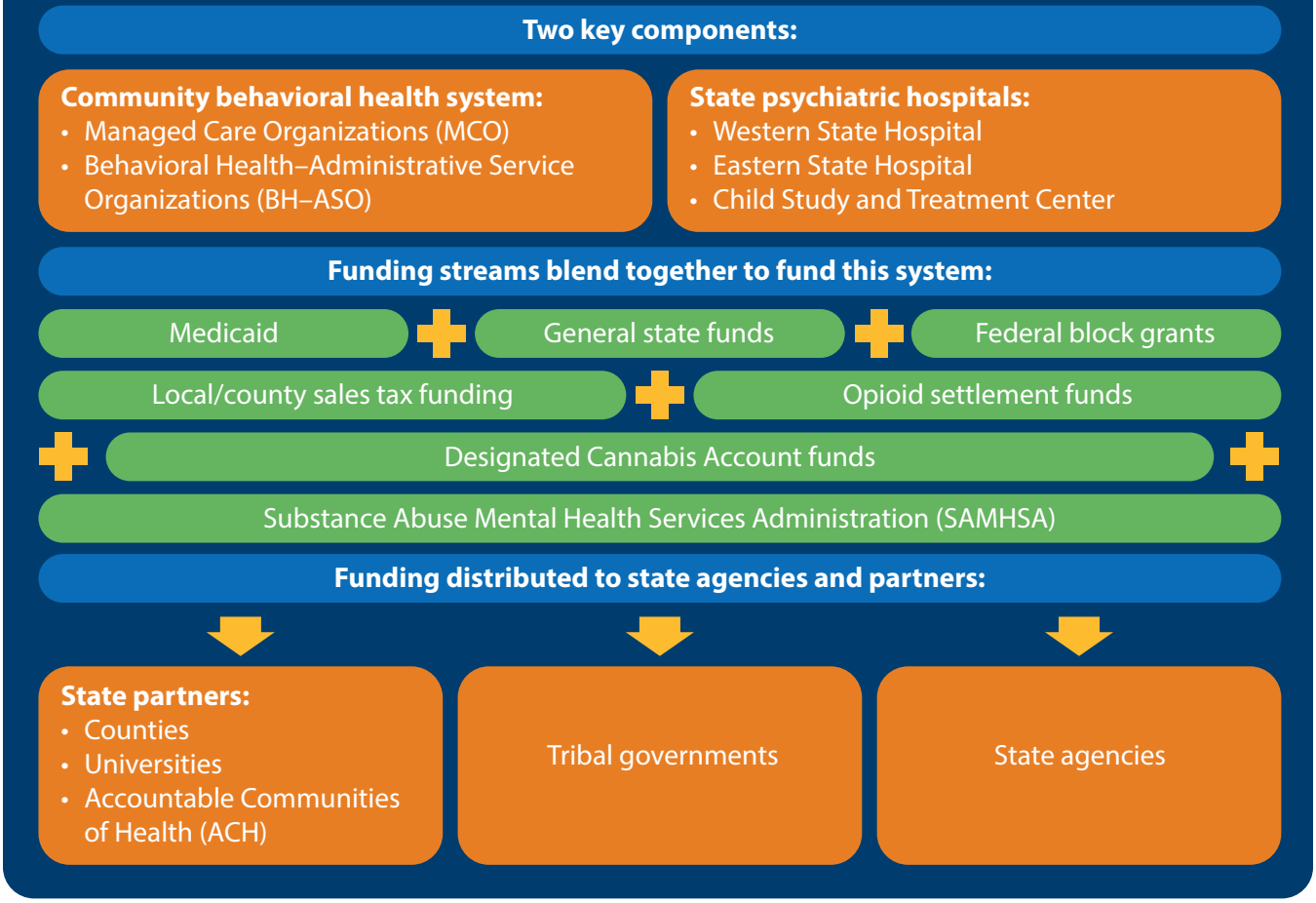
Cities cannot do this work alone. The state's fragmented behavioral health system is under-resourced, and cities often lack the funding and statutory authority to cover the gaps.

Cities are therefore looking to strengthen partnerships to collectively build a system that works at every level and helps individuals before a crisis occurs. The Washington State Legislature has made significant investments in this system in the past few years, but major issues remain. Many communities do not have designated options to divert people into drug treatment, for example, while others are many miles away from the nearest service center.

Washington cities are finding innovative ways to fund and sustain local programs that address behavioral health and related community needs. Many cities leverage partnerships, interlocal agreements, and targeted investment in creative ways to support the state's most vulnerable populations. To make lasting progress, we need to strengthen the link between state systems and local implementation.

Washington's public behavioral health system funding streams

Cities help cover diverse behavioral health services and supports for our residents, despite receiving no significant dedicated funding.



Source: *Washington State Health Care Authority FY 2026–2027 state behavioral health assessment and plan*

2 Alternative response programs

While cities are not traditional providers of behavioral health care services, first responders such as police officers, firefighters, and paramedics are increasingly dispatched to emergencies involving an individual experiencing a behavioral health, mental health, or substance use crisis.

Nationally, **20%** of 911 calls are behavioral health- or substance use-related.

According to the American Psychological Association, 20% of all 911 calls are related to mental health, behavioral health, or substance use issues. Many of these calls require professionals trained in a skillset that traditional first responders may not possess. To ensure individuals receive a holistic response and help responders appropriately serve them, a growing number of cities in Washington have established alternative response programs. These innovative programs have proven successful in responding to individuals in crisis.

Some examples of alternative response programs include:

- Co-response teams;
- Let Everyone Advance with Dignity (LEAD), also known as Law Enforcement Assisted Diversion, programs; and
- Community Assistance Referral and Education Services (CARES) programs.

Successful alternatives

- **39% of cities** pair a behavioral health or mental health co-responder with law enforcement when appropriate.
- **25% of cities** have an arrest and jail alternatives program (e.g., LEAD).
- **19% of cities** have fire-based co-responders (e.g., CARES).

Co-response teams

Many co-response teams are specially trained and include at least one first responder (e.g., law enforcement officer or emergency medical technician) and one mental health or substance use disorder professional who respond jointly to situations where a behavioral health crisis is likely involved. Team members often ride together and may be dispatched directly or dispatched to the scene following initial law enforcement contact. Teams may respond to calls in specific areas with high numbers of behavioral health crisis calls or across the entire city or county.

Over time, co-response teams have evolved to include firefighters, clinicians, case managers, and peers. These teams still respond to crisis calls but have expanded to perform other functions such as follow-up services, case management, outreach to homeless populations, transportation, and resource navigation.

LEAD programs

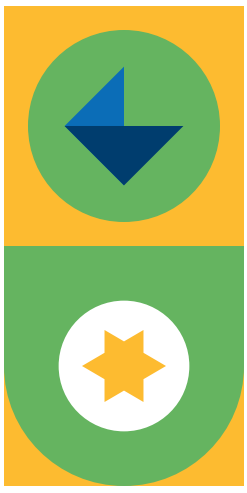
Let Everyone Advance with Dignity (LEAD), also known as Law Enforcement Assisted Diversion, programs allow police officers to divert individuals needing behavioral health support into community intervention programs. Individuals who have violated the law because of unmet care needs can enter intensive care management programs instead of the criminal legal system.

The goal of LEAD programs is to provide services that support behavioral change. LEAD case managers work closely with law enforcement and prosecutors to coordinate responses for participants. LEAD interrupts the arrest-incarceration-rearrest cycle that can keep individuals engaged in the criminal legal system without addressing the root causes of their violations.

CARES programs

Community Assistance Referral and Education Services (CARES) programs are designed to provide appropriate resources to individuals who frequently use the 911 system and emergency services for low-acuity needs. Through these programs, paramedics, social workers, and trusted messengers help individuals recognize unmet needs and access medical, behavioral, and infrastructural support.

CARES programs help individuals identify areas where they need additional support and assist them in navigating difficult medical and practical situations through a community network and social services. This work lowers the burden on emergency rooms and responders by diverting non-emergent medical and behavioral health concerns and ongoing social needs to alternate, more effective pathways.



AWC's Alternative Response Team Grant Program

AWC partners with the Health Care Authority (HCA) to manage a state-funded grant program that helps cities with the startup costs associated with creating co-response programs.

Since its inception in 2022, the Alternative Response Team Grant (ARTG) Program has provided nearly $8 million to 27 cities and their partners to establish new alternative response programs to serve their communities.

Alternative Response Team Grant recipients

Co-responder and first responder support

The agencies and people who provide these human-centered services also need mental health support due to the intensive nature of this on-the-ground work. The day-in and day-out of encountering people during some of their worst moments can be mentally taxing for call operators, first responders, police officers, firefighters, EMTs, social workers, medical professionals, and other providers.

Many cities emphasize and reiterate the importance of providing care for those who care for others. Due to the heavy toll this work can take on first responder wellness, cities are innovating in the ways they offer employees services to support their own care, including access to fitness equipment, mindfulness services, wellness apps, incentives for exercise, and more.

Case studies

City of Clarkston
Population: 7,240
Asotin County

Over the last 15 years, the City of Clarkston has seen its ambulance call volume nearly double despite the community's population remaining about the same. In 2023, the city launched a community paramedic program to identify high utilizers of the 911 system and provide them with direct support to solve their underlying conditions.

The community paramedic meets people where they are and provides a variety of resources, including medication management, education, ramps and handrails, substance use referrals, transportation to and from doctor appointments, pharmacy medication pickup and delivery, post-discharge follow-ups, and referrals for in-home care.

The community paramedic can support about 26 individuals at any one time and conducts 50-60 visits per month. Since launching the program, the community paramedic has made hundreds of in-person visits and follow-up calls to dozens of individuals in the community. This work diverts calls from 911 or local emergency departments, saving hundreds of thousands of dollars annually.

The program has seen such success that the city plans to add a second community paramedic in the near future.

City of Port Angeles
Population: 20,440
Clallam County

LEAD has been a well-known program for years, but Port Angeles was the first jurisdiction in the country to launch a LEAD-Fire program. The program combines the efforts of the Port Angeles Fire Department, the Port Angeles Police Department, and the Olympic Peninsula Community Clinic.

The LEAD-Fire program differs from traditional LEAD programs in that it focuses on addressing the immediate medical needs of individuals without involving the criminal or legal system. LEAD-Fire engages participants in intensive case management, including services offered by an advanced registered nurse practitioner for behavioral health medication management, as a bridge to support stabilization of social, medical, and mental health needs.

To date, the program has helped dozens of individuals by responding to overdose emergencies, connecting people to shelter programs, providing street medicine or community paramedic referrals, and offering differing levels of case management.

City of Airway Heights
Population: 12,120
Spokane County

Since 2020, the Airway Heights Police Department has championed innovative programs to address critical community needs. In 2023, the department partnered with the Cheney Police Department to establish the West Plains Crisis Response (WPCR) Team, which pairs two mental health clinicians with two specially trained police officers to respond to emergency calls from individuals in crisis.

The team serves an area of more than 20 square miles that includes the communities of Airway Heights, Cheney, Four Lakes, Medical Lake, and Reardan, as well as tribal land located in the region. To date, the team has responded to thousands of crisis calls. By diverting these calls from traditional first responders to the WPCR Team, the program has allowed individuals to receive behavioral and mental health services instead of facing arrest and prosecution. When responding to a call, the clinicians conduct an assessment to determine the individual's competency, mental health status, substance use, housing needs, and more. They also provide referrals and transportation to services as needed.

By building relationships with high utilizers of the 911 system and proactively working with individuals in crisis, the team has seen a marked reduction in emergency calls, arrests, individuals entering the criminal system, and recidivism rates.

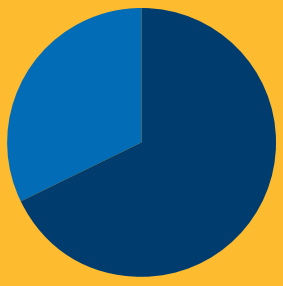
3 Building resilient responses to substance use

Substance use remains a widespread and deeply challenging issue across the United States, with over 16% of Americans aged 12 and older meeting the criteria for a substance use disorder in 2023. While the personal toll on individuals is profound, the ripple effects on families, neighborhoods, and entire communities are equally significant.

In Washington state, cities are stepping up to address this issue—but they cannot do it alone. By developing strategic partnerships with counties, tribal governments, and fire districts and leveraging state and federal programs and opioid settlement funds, cities are building more coordinated, community-centered responses. These efforts reflect a growing recognition that addressing substance use requires not only local leadership, but also strong intergovernmental collaboration and sustained investment.

Opioid settlement funds

According to the Centers for Disease Control and Prevention (CDC), the opioid crisis began in the 1990s and peaked in 2023, when approximately 80,000 Americans died of opioid overdoses. The Washington State Health Care Authority (HCA) estimates that more than 17,500 individuals died from drug overdoses in the last 15 years, with 68% of those deaths involving an opioid.



68% of drug overdose deaths among Washington residents involved an opioid.

In January 2017, Everett became the first city in the nation to sue an opioid manufacturer. Later that year, the Attorney General's Office filed the first of many lawsuits against several opioid manufacturers and distributors. Other Washington cities brought cases against these same groups over the next few years.

In 2022, the Attorney General's Office announced that Washington state, counties, and cities would begin receiving settlement funds from companies involved in the sale and manufacturing of opioids. The first settlement with three companies totaled more than $518 million. Funds from the settlements were distributed between the state and 125 local jurisdictions. To qualify for funds, a city needed to have a population of more than 10,000 in 2018. As of July 2025, Washington state has secured $1.3 billion in opioid settlements.

Jurisdictions that receive opioid settlement funds are required to use them to remediate the impacts of the opioid crisis in their community. A non-exhaustive list of appropriate uses provided by the Attorney General's Office includes:

- Treating opioid use disorders;
- Supporting people in treatment and recovery;
- Connecting people to resources;
- Addressing the needs of individuals in the criminal justice system;
- Supporting pregnant women and families; and
- Training first responders.

The portion a city received from the opioid settlements was determined by a formula. For some cities, the amount received has not been enough to operate programs independently. These cities have turned to neighboring jurisdictions, their county, or a local tribe to partner on potential programs. Other cities have received ample funding to develop new opioid remediation programs or support existing efforts.

Opioid settlement funds are not paid out in a single payment. Depending on the settlement terms, funds will be paid out over a period of a few years to well over a decade.

Washington state has secured **$1.3 billion** in opioid settlements as of July 2025.

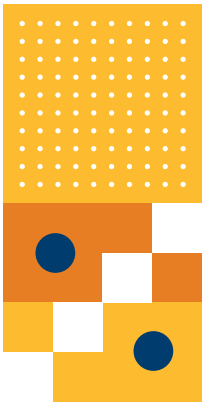
Narcan education and distribution

Narcan, also known as naloxone, is a lifesaving medication that can be administered during a narcotic drug overdose. The drug is a fast-acting medication that can reverse an overdose by blocking the effects of opioids and restoring an individual's breathing in minutes.

Patented in 1961 and approved for use by the U.S. Food and Drug Administration (FDA) in 1971, Narcan was originally designed to be used intravenously in hospitals and ambulances. In 2015, the FDA approved Narcan nasal spray as a prescription drug, greatly increasing the ability of non-medical professionals to administer the medication to individuals in need. Around this time, first responders began carrying Narcan in response to the growing opioid overdose crisis. In 2018, the U.S. Surgeon General issued a statement encouraging Americans to always carry Narcan with them. In August 2019, a state health officer signed a standing order allowing any person or organization in the state to get naloxone from a pharmacy.

Washington has used federal and state dollars as well as opioid settlement funds to build a sitewide distribution network for Narcan. In partnership with counties, cities, tribes, and local organizations, the state has distributed tens of thousands of doses of Narcan—including 54,000 naloxone kits made available to Washingtonians by mail order in 2024.

In 2023, the FDA approved the first naloxone nasal spray for over-the-counter nonprescription use. This move has removed additional barriers for individuals and organizations seeking to access the medication.



In 2025, a meta-analysis of available data conducted by the National Institute of Health (NIH) determined that survival rates of individuals experiencing an opioid overdose rose in communities with widespread availability of Narcan.

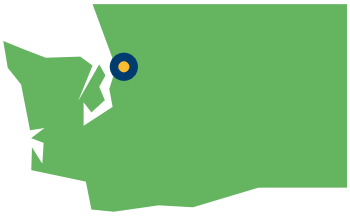
Sustained partnerships

While cities across Washington have taken the initiative to implement programs that support individuals struggling with substance use, local governments do not have the resources to fully address this complex and evolving crisis on their own. Cities looking to take on this challenge must seek strong, sustained partnerships. Many have found success by collaborating with counties, tribal nations, the state, and the federal government. These partnerships are essential for aligning strategies, sharing resources, and expanding access to treatment and prevention services.

HCA, for example, supports local and tribal efforts through programs such as the State Opioid Response grant program. Tribes across Washington recognize the widespread impacts of the drug crisis on all residents and are approaching cities and counties to partner on drug treatment facilities or mobile drug treatment programs. These multi-level collaborations are vital to building a more resilient, equitable, and effective response to substance use in Washington communities.

Case studies

City of Everett
Population: 114,700
Snohomish County



The Emergency Mobile Opioid Team in Everett (EMOTE) is a peer-centered street medicine team that facilitates treatment for addiction and mental health needs. The team, which includes peers and substance use disorder professionals supported by prescribers, helps individuals overcome barriers to clean and safe living.

In its first months, the team connected with more than 600 individuals and referred 375 people to inpatient treatment. The program is funded by opioid settlement funds and state funds.

City of Snoqualmie
Population: 14,550
King County

The City of Snoqualmie Fire Department has been a frontrunner in providing community opioid overdose education and access to Narcan. In 2023, the department was the first fire department in Washington to receive a grant from the Department of Health to educate the public on the dangers of opioid-based drugs and how to use Narcan to reverse an opioid overdose.

In July 2025, the department teamed up with the Department of Health once again to provide free Narcan to the public. Snoqualmie residents can stop by the station any day of the week to receive Narcan at no cost. Additionally, the department provides overdose reversal training at the station or on-site by request.

4 Public-private partnerships

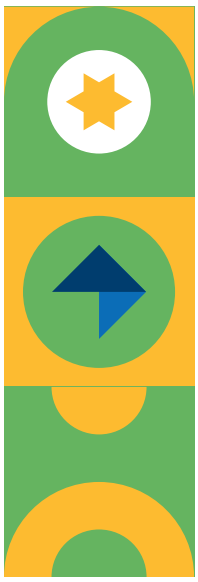
The intersection of substance use disorders, mental and behavioral health, affordable housing, homelessness, emergency response, and the criminal justice system is complex and requires multifaceted approaches. In response, cities think creatively to help address their hyperlocal needs when covering a diverse range of community issues. Those approaches can include partnerships with other governments, nonprofit organizations, and private service providers.

Behavioral health facilities

Community-based behavioral health facilities are opening at a growing pace in cities across Washington, augmenting the inpatient services primarily provided by Eastern State Hospital in Medical Lake and Western State Hospital in Lakewood. Developing these local facilities has been transformational for the state's behavioral health system in terms of both reducing systemic reliance on large institutions and offering geographic flexibility to patients and service providers.

Large state facilities continue to play a foundational role in behavioral health care. The 150-bed University of Washington (UW) Medicine Center for Behavioral Health and Learning opened in 2024, and construction of a long-planned 350-bed forensic hospital on the grounds of Western State Hospital began in 2025. But with support from the Department of Commerce Behavioral Health Facilities Program, cities across Washington are able to provide and maintain more local behavioral treatment options for adults and children.

The program provides grants that can be used for the construction, renovation, or acquisition of behavioral health facilities. In the 2023-25 budget cycle, 22 projects were awarded a total of $55 million, and in 2025-27, $70 million is allocated to fund new behavioral health facilities and keep existing ones open.



While these investments help meet the systemic demand for community-based options, this shift requires extraordinary efforts from resource-strapped municipalities. Several cities have been partnering to advocate for new behavioral health facilities only to encounter hard debates when potential sites are mapped. Additionally, finding providers, recruiting staff, and establishing sustainable funding pathways can be difficult for an independent local facility or regional network.

Cooperation and Collaboration

The establishment of new behavioral health facilities requires strong support and cooperative efforts at the municipal, county, and state level. The process can be derailed at multiple points, as the following cities' experiences demonstrate:

- **Seattle:** Soon after opening to much fanfare, the UW Medicine Center for Behavioral Health and Learning halted admissions due to a lack of public defenders to provide legal representation for patients who had been involuntarily committed.
- **Tacoma:** The Department of Health's 2019 issuance of a certificate of need for a private psychiatric hospital was followed by years of zoning and financial disputes; the project remains unbuilt.
- **Lynnwood:** The Lynnwood Crisis Care Center, in the works since 2021, will finally have its belated opening in January 2026. A corporate healthcare service provider pulled out of the project just as the building neared completion in 2024.

Washington still needs Eastern State Hospital and Western State Hospital to be strong and well-resourced facilities, but community-based approaches—including the growing trend of retail/storefront behavioral health care clinics similar to urgent care centers—will help alleviate capacity strain and logistical hurdles. The state's behavioral health facilities model ordinance and accompanying guidance can help cities navigate many of the foreseeable challenges as community needs and proposals arise.

Case studies

City of Lacey
Population: 60,380
Thurston County

The 138-bed South Sound Behavioral Health Hospital in Lacey helps juveniles and adults restore their mental health and recover from substance abuse. But it only opened in 2019 after years of complicated discussions with concerned neighbors, local and state government agencies, and private operator US HealthVest, which also runs Smokey Point Behavioral Hospital in Marysville as well as multiple facilities in Indiana, Georgia, and Illinois.

Well into the 2010s, Thurston County had just 18 beds available for inpatient psychiatric treatment, a number that hadn't changed in decades. Those beds were located at Providence St. Peter Hospital in Lacey. The need for a standalone facility was so acute that two proposals arrived in the middle of the decade, and the Department of Health had to decide whether each should get a certificate of need and how many total beds should be allowed.

US HealthVest's certificate of need went through four rounds of appeals, stretching out more than a year. To help allay state concerns, the City of Lacey issued a letter clarifying that its permit for the hospital didn't set a patient limit.

As the project went unbuilt, the community's need for expanded behavioral health care grew, with homelessness and opioid use rates escalating. Although getting government authority to build a

facility proved to be a complex yet solvable problem, the question of community acceptance loomed. Lacey had an answer to that: Leverage the developer's desire to create the facility to encourage transparency and outreach.

Because the provider was already operating psychiatric hospitals elsewhere, Lacey officials could share evidence about how well—or how poorly—those facilities had meshed with their communities. They toured facilities and communicated with police in those jurisdictions. The city and developer publicly discussed how discharged patients would be transported back to their families and how law enforcement would respond to on-site emergencies. There was also a question about whether the for-profit facility would relegate Providence St. Peter Hospital to treating only uninsured patients at considerable expense.

Although both proposals received official approval to move forward, only US HealthVest's project was completed. The 75,000-square-foot hospital agreed to accept a minimum number of uninsured patients and to communicate with Providence St. Peter Hospital when its capacity could ease the burden on the facility's emergency room. Today, it serves patients from Lacey, greater Thurston County, and areas stretching to the state's western coast.

City of Anacortes
Population: 18,350

City of Burlington
Population: 10,910

City of Mount Vernon
Population: 36,050

City of Sedro-Woolley
Population: 13,360

Skagit County

Five governments came together in 2022 with the shared vision that collaboration was the best way to address collective community issues around behavioral health and homelessness in the region.

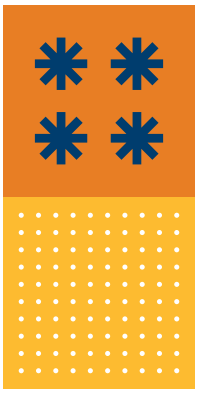
Together, they created a new public-private partnership called North Star that brings together the governments, housing and health providers, and first responders to create a more cohesive community solution for people experiencing chronic homelessness and complex behavioral health issues.

North Star is a multiyear initiative that leverages investments to address behavioral health and housing challenges and create a thriving Skagit County for all. It engages elected officials, subject-matter experts, and service providers who work together to get creative about addressing local issues through collaboration and strategic investments. Working together across jurisdictions is more effective, leads to better outcomes, and saves money.

Examples of some strategic investments thus far include:

- **Skagit STAR Center:** A treatment center for adults struggling with substance use and mental health challenges;
- **Martha's Place:** A permanent supportive housing development; and
- **Co-response:** Connecting people on the front lines with a shared software system, Julota, to help coordinate care and improve outcomes for people in crisis.

North Star is a good example of how neighboring governments can leverage resources and ideas to implement practical solutions that address community needs efficiently and effectively.



5 Cities and court systems

Washington cities operate 100 municipal courts, some with full municipal court jurisdiction and others for violations and citations only. Cities rely on counties and the state as critical partners in the criminal justice system, which includes the courts. City governments provide judicial services either directly through a municipal court or by contracting with a county district court.

100 cities operate their own municipal court.

While the court system was not initially set up to manage complex behavioral health and substance use disorders, courts and the local governments that administer them have innovated over the years to connect struggling community members with critical services.

Washington court system

Supreme Court:
Administers the state court system & appeals from the Court of Appeals

Appeals from the Court of Appeals

Court of Appeals:
Three divisions (Seattle, Tacoma, Spokane) take appeals from the lower courts

Appeals from lower courts, except those in jurisdiction of the Supreme Court

Superior Court:
Jury trials & appeals from Courts of Limited Jurisdiction

- Felonies
- Civil matters
- Domestic relations
- Juvenile matters
- Appeals from Courts of Limited Jurisdiction

Courts of Limited Jurisdiction:
Jury trials except for traffic & parking

Municipal court:
- Misdemeanors
- Traffic/parking violations
- Other non-traffic violations

District court:
- Civil actions < $100,000
- Small claims up to $10,000
- Misdemeanors
- Traffic/parking violations
- Other non-traffic violations

Intersection of courts and the behavioral health system

Municipal courts across Washington are taking on an increasingly important role in the behavioral health crisis. The lack of an adequate mental and behavioral health support system in the state also shows up in our court system. As the instance of individuals publicly experiencing mental health crises has increased, so has the courts' involvement in their care and rehabilitation. Judges, prosecutors, and public defenders are more frequently encountering individuals whose involvement with the justice system stems from untreated mental illness, substance use, or co-occurring disorders.

Rural areas in particular are more likely to lack adequate behavioral health resources. In these communities, the criminal justice system often becomes the primary source of access to services for individuals struggling with behavioral health issues. In some cases, families without local care options have little choice but to watch and wait for their loved ones to commit a crime and be arrested and arraigned before they can finally be assessed for services.

At the local level, municipal courts can act as an entry point for people experiencing untreated behavioral health conditions. To handle these cases, many cities are innovating through specialty courts, diversions, and community partnerships to help match residents with services with the goal of reducing recidivism due to life circumstances.

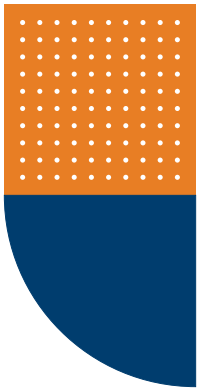
Washington's courts operate within a rapidly evolving behavioral health policy environment. State reforms, court rulings, and legislative changes have reshaped how justice systems address mental health and substance use issues.

State v. Blake

In 2021, the Washington State Supreme Court's *State v. Blake* decision reshaped the intersection of Washington's courts and behavioral health. The court found that the law classifying drug possession as a felony was unconstitutional. Lower courts and cities were left scrambling to rethink their approach to substance use and law enforcement in order to comply with the decision.

Many municipal courts responded by expanding existing diversion and therapeutic court models. The *Blake* decision's impact also accelerated the state court system's growing emphasis on behavioral health services that prioritize recovery and stabilization over incarceration—thus redefining the role of local courts in addressing addiction and its impact on sufferers and the communities they live in.

Cities were put in the position of carrying out the daunting task of addressing drug possession at the local level without many resources. They asked the Legislature to invest in statewide services to provide substance use disorder treatment and to share the burden of building a statewide support system to address addiction and behavioral health needs.



36%

The estimated amount of total *Blake* cases that have been vacated in municipal courts thus far.

In response to local government input and amid public backlash over the increased visibility of drug use, the Legislature passed the "*Blake* fix" bill in 2023 that reestablished drug possession as a gross misdemeanor and created a pretrial diversion program. However, the pretrial diversion program cannot function as intended in many communities due to a lack of resources. As a result, communities largely rely on their existing legal systems, including any available diversion programs, therapeutic courts, community courts, and traditional criminal justice pathways.

With allocated state funding, courts began aligning with the state's emphasis on early intervention by encouraging treatment engagement as a condition of dismissal or working directly with community-based programs to support stabilization. Cities also were able to access grants that helped local courts vacate existing convictions. Two years after the 2023 *Blake* fix, however, funding was diminished in the state's efforts to pass a budget.

Blake funding in the last three budget cycles

Ultimately, *Blake* implementation has varied widely depending on the availability of local treatment options and funding. In practice, the *Blake* decision and corresponding fix continue to highlight a key source of tension in Washington's behavioral health landscape: While courts and cities act as gateways to diversion and recovery, they do so within a system that's strained by limited capacity and uneven access to care, particularly in rural and underserved areas of the state.

Diversion programs

Behavioral health diversion programs redirect individuals with mental health or substance use issues away from incarceration and toward community-based care. These models depend on strong collaboration among courts, law enforcement agencies, behavioral health providers, and local governments.

City and county courts are increasingly adopting diversion programs in order to get out in front of the interconnection between behavioral health crises and incarceration. Pretrial diversion programs allow defendants to engage in treatment and case management in lieu of prosecution with the goal of getting their case dismissed upon completion.

Diversion programs work

Researchers found that participants in LEAD programs were **58% less likely to be arrested** after enrollment in the program, compared to people who went through more traditional criminal justice processing. Participants were also significantly more likely to obtain housing, employment, and legitimate income.

Locally pioneered programs like LEAD work upstream of the courts by diverting individuals toward services before charges are filed. The cornerstone of LEAD is its emphasis on partnerships and collaboration across the public health, behavioral health, and criminal justice sectors.

Some cities also have social workers on staff in courts who can help connect indigent defendants with services.

"Social workers connect defendants with critical resources like housing referrals and substance treatment that build safety and stability in their lives. They also help attorneys negotiate judgments from the court when defendants agree to participate in programs that address the underlying conditions contributing to their criminal behavior, helping ensure that our public defense system is rehabilitative rather than purely punitive."

–City of Vancouver

Therapeutic courts

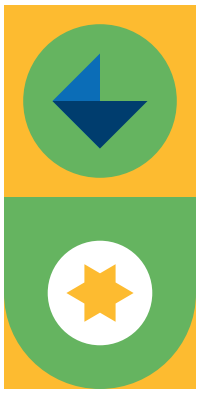
Therapeutic courts have proliferated in Washington over the last 30 years as an innovative approach to addressing local needs where the behavioral health and criminal justice systems collide. The courts target services, support, and accountability for people struggling with substance use or mental health disorders with a goal of achieving long-term recovery in place of incarceration.

Therapeutic courts are important community services that help target services to individuals who may be interacting with the criminal justice system based on life circumstances rather than criminal intent. The courts are led by a judge who works in collaboration with a team of experts and specialists to monitor an individual and help address the underlying reasons for their involvement in the criminal justice system.

Therapeutic court type	Audience & services
Drug	Offers long-term, supervised drug treatment for people charged with a crime where their substance use disorder may have played a role
Mental health	Offers services and treatment programs for people charged with a crime where their serious mental illness played a role
DUI	For people who face repeated charges for driving under the influence (DUI) of substances
Veterans	For current and former military service members who become involved with the criminal justice system due to complex issues related to their veteran status, such as post-traumatic stress disorder (PTSD)
Community	Often located in cities; offers services for people charged with a crime whose behavioral health or life circumstances played a role
Early childhood	For people and families with children aged 0-5 whose parents are struggling with substance use disorder
Family	Aims to reunite families who are engaging in the court system due to struggles with substance use or mental health disorders
Juvenile	For youth charged with a crime whose substance use or mental health disorder played a role
Tribal wellness	Offers a combination of behavioral health treatment and traditional or spiritual practices for tribal members charged with a crime whose behavioral health or substance use disorder played a role

Funding issues

Local courts cannot operate in isolation. Their success in addressing behavioral health depends on collaboration with other courts, treatment providers, law enforcement agencies, and city governments. Despite these strong partnerships, courts face persistent resource constraints, including limited treatment capacity, backlogs, and inadequate treatment options.



Due to the critical nature of criminal justice work and the constitutional requirement to provide it, cities work diligently to adequately fund it. Unfortunately, cities often must cut popular discretionary parts of their general fund budget (such as parks and recreation) to pay for increasing costs, including those incurred absent an adequate behavioral health system. Cities have partnered with neighboring cities to share court resources; limited court operational hours; utilized contract judges, prosecutors, and defense attorneys; and implemented other cost-saving measures when providing municipal court services. But without further resources and partnership from the state, cities will struggle to pay for increasing needs.

6 Legislation and existing gaps

The role of cities in addressing behavioral health needs continues to be the subject of local and state legislation. Helping community members in crisis is a priority for cities, but the complex nature of municipal court systems and community-based programs requires dedicated focus and funding. Cities need state support for both traditional and new treatment and safety pathways.

Cities have received critical support from the Legislature to address a growing diversity of needs for services, from crisis response to treatment systems. However, both increased investments and policy solutions remain areas in need of legislative attention.

Trueblood v. DSHS

In 2015, *Trueblood v. DSHS* challenged statewide unconstitutional delays in competency evaluation and restoration services for people detained in jails.

Washington state law requires that a defendant be mentally competent to stand trial. If a court believes a mental health disability may prevent a defendant from assisting in their own defense, the criminal case is put on hold while an evaluation is completed to determine the defendant's competency to stand trial. If the evaluation finds the defendant competent, they are returned to stand trial. If the evaluation finds the person is not competent, the court can order services to restore competency.

The U.S. District Court ordered that the state Department of Social and Health Services (DSHS) must:

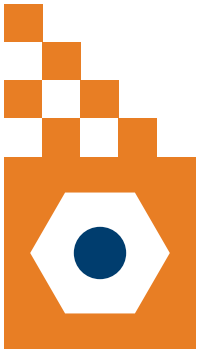
- Complete in-jail competency evaluations within 14 days of court orders; and
- Provide competency restoration services within 7 days of court orders.

Restoration treatment to stand trial aims to answer two questions:

- Does the individual understand the charges against them?
- Is the individual able to assist the attorney and participate in their own defense?

If the answer to either question is "no" due to a behavioral health condition, then the goal is to get the individual to a point where they can understand the charges before they proceed in a trial.

The state has been fined more than $100 million for failing to comply with the court's orders. As with other state allocations, much of that money has gone toward building new beds and increasing staffing in the state's long-term care facilities. This has both immediate and carryover effects for cities. Because the state's dollars available for behavioral health are a limited resource, the expansion of long-term



care facilities affects the investments available for community services, particularly for municipalities, including prevention, early intervention, and diversion.

The courts and public safety

Over the last decade, municipal and county courts have sent cases into the system at an accelerated rate, which forensic capacity can only match at tremendous expense.

Washington courts competency referrals

2014	2024
3,500	9,000+

The average number of monthly restoration orders for misdemeanor cases from January through August 2025 was roughly double the monthly average from August 2019 (the month after current restoration laws took effect) through December 2024. This is a portrait of systemic need; getting ahead of it will require building cost-effective programs and systemic supports through legislative efforts.

The Legislature's passage of House Bill 2015 in 2025 is one example of how this can be achieved. The legislation was originally conceived as a way to fulfill Gov. Bob Ferguson's promise to provide $100 million for new law enforcement officers and bolster public safety, but on its course through the Legislature, the bill grew more inclusive of supporting other aspects of public safety. The final bill created two pathways for funding local public safety:

- A three-year $100 million grant program for hiring, retaining, and training new police officers and co-responders; and
- A councilmanic 0.1% local sales tax authority for broad public safety and criminal justice needs.

The public safety grants were tailored to prioritize law enforcement agencies that started up or supported co-response programs. Grant eligibility specifically included behavioral health usages, and the sales tax authority attached to the bill to make the funding permanent broadly defined potential revenue uses to include behavioral health and diversion programs.

These are important steps toward empowering local treatment and intervention services, but the strategies require statewide support to ensure that all cities can tap into adequate diverse resources. Despite policy inclusiveness, HB 2015 has been interpreted to require cities that contract for law enforcement to obtain a sign-off from their service provider before an application can be submitted for the $100 million grant fund even if the municipality's intended safety uses are for behavioral health purposes or other authorized safety uses that are outside the law enforcement service provider's purview.

The broader local criminal justice system competes for the same city funding. As an example, the hiring of more police officers, but not prosecutors or public defenders, creates a bottleneck where more arrests do not necessarily translate into more convictions due to court capacity constraints.

Cities need robust resources and staffing at all levels to meet the inextricably linked goals of public safety and behavioral health. This includes:

- Officers on the street;
- Diversion and intervention resources sufficient to address local needs;
- Treatment facilities at the community and state levels; and
- Housing and low-barrier treatment services that will keep people from experiencing crisis and requiring expensive forensic facility treatment.

Indigent defense

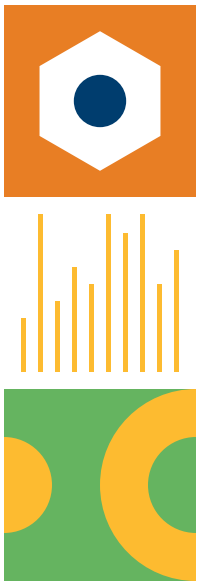
Although viewed by many as the last option for interventions, the criminal justice system plays a critical role in addressing behavioral health needs. Individuals in crisis often rely on public defenders to represent them in court, but a recent court order increases the strain on municipal courts, especially for small and rural court systems.

Under a June 2025 Washington Supreme Court order, the state's public defenders must cut their caseloads by two-thirds within the next decade. This means each city that runs a municipal court must either hire more public defenders amid a nationwide shortage or dismiss cases because the defendants won't have their constitutional right to counsel, ultimately preventing law enforcement from getting people in crisis into managed situations.

Cities are responsible for about 65% of the state's misdemeanor cases and pay a conservatively estimated $40 million each year to cover indigent defense costs. Tripling the staffing expense for public defenders, as is required to comply with the court's order, could bring the cost of public defense to $120 million a year or more.

$40 million → $120 million

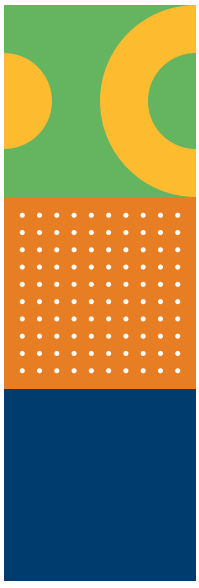
Cities' annual costs to cover public defense could more than triple over the next decade.



In a time of limited state resources and a stated legislative intent to establish and develop more community-based behavioral health services (rather than relying on state institutions), these demands require both careful budgeting and bold policy solutions. AWC has long advocated for the Legislature to give cities more flexibility in the usage of local revenue tools, such as revision of the property tax cap set in 2001 limiting local property tax collections to a 1% year-over-year growth rate.

Because this capped rate is lower than the average rate of inflation, it provides city governments with insufficient means to fund existing services sustainably. It does not empower local governments to provide or expand new services and falls short of delivering the community-level behavioral health programs and services that lead to broader and more cost-effective results.

As long as cities' ability to stand up new services commensurate with community need and population growth is hamstrung by an artificial limitation on generating local revenues, an increased dependency on state resources will result, as will public indications of a systemic behavioral health problem.



Conclusion

The behavioral health crisis is affecting individuals and communities across the country. As individuals struggle with mental health and substance use disorders, Washington cities are adopting innovative programs that offer a holistic approach to behavioral health care, complementing or replacing traditional first responder programs. These new and diverse approaches expand access to services while offering flexibility to meet local needs.

Cities also continue to offer a vital array of services that help residents in need that are adjacent to supporting mental and behavioral health services, such as food banks, child care programs, veterans services, and more.

But all of these services and behavioral health community supports are resource-intensive at the city level and require ongoing collaboration and continuing investment. Cities seek strong partnerships with state, federal, tribal, private, and other local partners to address the system as a whole. And cities must be empowered to generate the local resources they need to stand up these programs and help our residents build better lives.

Behavioral health is both a medical issue and a community issue. Cities are essential partners in ensuring that every Washingtonian has access to care, stability, hope, and the ability to thrive.

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AWC serves its members through advocacy, education, and services. Founded in 1933, AWC is a private, nonprofit, nonpartisan corporation that represents Washington's cities and towns before the state legislature, the state executive branch, and with regulatory agencies. Membership is voluntary. However, AWC consistently maintains 100% participation from Washington's 281 cities and towns.

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