

## Alternatives to Police Response and the Criminal Legal System

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### Budget Summary (\$ in 000s)

	2021 Adopted	2022 Proposed	% Change
<b>Appropriations<sup>1</sup></b>			
<b>Alternatives to Police Response</b>			
Mobile Integrated Health (SFD/HSD)	\$1,782	\$4,328	142.9%
Community Safety and Communications Center	\$17,887	\$20,882	16.7%
Administrative Response	NA	NA	NA
Crisis Response Unit (SPD)	\$1,737	\$1,737	0%
Crisis Lines <sup>2</sup>	NA	NA	NA
<b>Total Appropriations<sup>3</sup></b>	<b>\$21,501</b>	<b>\$26,646</b>	<b>23.9%</b>
<b>Alternatives to Prosecution and Jail</b>			
Pre-filing diversion (LAW)	\$596	\$844	41.6%
Electronic Home Monitoring subsidies (SMC)	\$44	\$132	200%
<b>Total Appropriations<sup>3</sup></b>	<b>\$640</b>	<b>\$975</b>	<b>52.4%</b>
<b>Community-Led Public Safety Investments</b>			
Community Safety Capacity Building (HSD)	\$12,000	\$10,000	(16.7%)
King County Regional Peacekeepers Collective (HSD)	\$500 <sup>4</sup>	\$1,500	200.0%
Seattle Community Safety Initiative (HSD)	\$4,000	\$0	(100.0%)
LEAD (HSD)	\$6,224	\$6,373	2.4%
Re-entry (HSD)	\$102	\$1,677	1544.1%
OneCall (HSD) <sup>5</sup>	\$403	\$403	0.0%
Mobile Crisis Teams (HSD) <sup>6</sup>	\$1,000	\$1,000	0.0%
<b>Total Appropriations<sup>3</sup></b>	<b>\$24,229</b>	<b>\$20,953</b>	<b>(13.5%)</b>

<sup>1</sup> Items in this section are those with implications in the 2022 Proposed Budget or that are discussed in this paper, not a comprehensive reflection of all the options other than traditional police response, prosecution, and sentencing.

<sup>2</sup> Crisis Lines as alternatives to police include the 24-Hour Crisis Line funded by King County and the forthcoming 9-8-8 crisis line which is being funded and implemented through the State.

<sup>3</sup> Numbers may not add up due to rounding.

<sup>4</sup> The Regional Peacekeepers program was funded in [ORD 120112](#) (2021 Midyear Supplemental) and the Seattle Community Safety Initiative was funded in [ORD 119825](#) in late 2020, with most spending occurring in 2021.

<sup>5</sup> OneCall is a resource available to SPD and SFD first responders rather than a crisis line alternative to police response.

<sup>6</sup> Mobile Crisis Team is primarily funded through King County.

## Table of Contents

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<b>I.</b>	<b>Introduction .....</b>	<b>3</b>
<b>II.</b>	<b>Background .....</b>	<b>4</b>
<b>III.</b>	<b>Alternatives to Police Response .....</b>	<b>5</b>
<b>A.</b>	<b>Categories of Alternatives to Police Response .....</b>	<b>5</b>
1.	Mobile Integrated Health .....	6
2.	Civilianization of officer functions and the historic role of police .....	9
3.	Administrative Response .....	9
4.	Crisis Lines.....	9
5.	Dispatch Protocols for Police and Fire.....	10
<b>B.</b>	<b>Implementation of Alternatives .....</b>	<b>11</b>
1.	Community Safety and Communications Center .....	11
2.	Seattle Fire Department .....	11
3.	Community Service Providers.....	11
<b>C.</b>	<b>Issue Identification.....</b>	<b>13</b>
<b>IV.</b>	<b>Alternatives to Prosecution and Jail .....</b>	<b>15</b>
<b>A.</b>	<b>Background.....</b>	<b>15</b>
<b>B.</b>	<b>Issue Identification.....</b>	<b>17</b>
<b>V.</b>	<b>Community-Led Public Safety Programs .....</b>	<b>20</b>
<b>A.</b>	<b>Background.....</b>	<b>20</b>
<b>B.</b>	<b>Issue Identification.....</b>	<b>22</b>
	<b>Appendix W .....</b>	<b>24</b>
	<b>Appendix X .....</b>	<b>26</b>
	<b>Appendix Y .....</b>	<b>27</b>
	<b>Appendix Z.....</b>	<b>29</b>

## I. Introduction

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The 2022 Proposed Budget contains a variety of proposals intended to reduce the public’s involvement with law enforcement and decrease involvement with the Criminal Legal System (CLS) by: (1) developing alternatives to police responses to calls for service; (2) funding approaches other than prosecution and incarceration; and (3) making investments in community-led solutions to public safety. This paper provides background on the City’s existing work, analyzes proposed additions to the budget, and presents options for the Council’s consideration in each of these three areas.

The strategies proposed in these areas respond to racial disparity that is endemic throughout the CLS.<sup>1</sup> In the United States, Black drivers are 20 percent more likely to be stopped by police than white drivers and more likely to be searched than white drivers.<sup>2</sup> From 2003 to 2013, a time when juvenile commitment decreased across the country, “the racial gap between Black and white youth in secure commitment increased by 15 percent” and American Indian youth were nearly four times as likely as white youth to be committed.<sup>3</sup> On average, Black males receive sentences 19.1 percent longer than white males.<sup>4</sup> Nationwide, Black people are more than three times as likely to be killed during an encounter with police than white people.<sup>5</sup> The harm of these disparities is felt long after interaction with the CLS by individuals, families, and entire communities.

Informed by this racial disparity and the ongoing organizing by communities who have experienced harm in the CLS, the Council funded a body of work in the 2019 Adopted Budget regarding the lack of alignment in CLS policies and investments across the City (See Central Staff Issue Identification papers from [2019](#) and [2020](#) for more background). That work produced two reports which contain analyses and recommendations related to some of the items in the 2022 Proposed Budget: the [Community Task Force Report on the Criminal Legal System](#) (“Task Force Report”) published in September 2021 and a [Criminal Legal System Strategic Plan](#) (“Strategic Plan”) published in June 2021. These documents provide principles and recommendations for the Council to consider when analyzing whether and how to fund investments related to public safety and assess if the goals of the investments are aligned.

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<sup>1</sup> Due to deficiencies in data collection by race and ethnicity, analysis of disparities for Hispanic and Latino individuals is limited.

<sup>2</sup> Pierson, E., Simoiu, C., Overgoor, J. *et al.* A large-scale analysis of racial disparities in police stops across the United States. *Nat Hum Behav* 4, 736–745 (2020), available at <https://doi.org/10.1038/s41562-020-0858-1>.

<sup>3</sup> Rovner, Joshua. Racial disparities in youth commitments and arrests. The Sentencing Project (April 1, 2016).

<sup>4</sup> Schmitt, G., Reedt, L., Blackwell, K. Demographic Differences in Sentencing: An Update to the 2012 Booker Report, United States Sentencing Commission (November 2017).

<sup>5</sup> Schwartz GL, Jahn JL (2020) Mapping fatal police violence across U.S. metropolitan areas: Overall rates and racial/ethnic inequities, 2013-2017. *PLoS ONE* 15(6): e0229686 available at <https://doi.org/10.1371/journal.pone.0229686>.

## II. Background

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The Task Force Report is intended to “guide policy changes in the CLS within Seattle, in order to 1) reduce as much harm as possible; and 2) prevent people from ending up in the system to begin with.”<sup>6</sup> The recommendations are “are aimed at identifying direct and specific areas that the City can intervene in to decenter CLS institutions as providers of safety, harm reduction, trauma-informed care, accountability, and responses to social problems.”<sup>7</sup>

The Task Force report included four major principles regarding the system at large:

1. Divest from the CLS and invest in communities to strengthen and build up community infrastructures that can address offenses otherwise classified as misdemeanor crimes under the CLS.
2. Support community capacity to respond to harms independent of the CLS and city roles.
3. Provide resources and funding to community organizations to do preventative work.
4. Prioritize survivor support.

The Strategic Plan recommended that the City look at the CLS through a public health lens. Specific community guiding principles underpinning the Strategic Plan’s analysis around individuals already in the system are that:

- The City should reduce unequal and disparate treatment in the CLS.
- The City should compassionately and competently engage with vulnerable members of the community experiencing homelessness and mental illness.
- CLS reform should incorporate opportunities for restorative justice practices.
- The City should examine the root causes of why people are in jail and shift resources to address those needs.
- There should be alternatives to a formal law enforcement presence that community can rely on that decreases surveillance and emphasize de-escalation, mediation, and treatment.
- The City should increase opportunities for diversion, decriminalization, and alternatives to arrest to reduce the use of jail as well as surveillance through the probation system.<sup>8</sup>

The Task Force Report and Strategic Plan made recommendations about some of the programs and funds outlined in the 2022 Proposed Budget, discussed below in the relevant sections. For proposals about which the reports made no specific recommendations, the broad principles described can inform the Council’s considerations about realignment of policies and investments within the CLS and regarding alternatives to police response.

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<sup>6</sup> P 5.

<sup>7</sup> P 6.

<sup>8</sup> P 31.

### III. Alternatives to Police Response

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For the purposes of this paper, “alternatives to police response” is understood to mean responses to service calls: (1) that do not include the presence of a police officer; or (2) where police participation augments a civilian response with a therapeutic or social-service focus (*i.e.*, a “co-responder” model). In recent years, several jurisdictions have implemented such programs, often in partnership with other local governments or care providers. Typically, these programs have multiple goals – *e.g.*, the preservation of first-responder resources for public-safety emergencies, the connection of individuals to needed services, on-scene provision of care, and general outreach to underserved populations – and their design usually involves various stakeholders with expertise in each of those areas.

#### A. Categories of Alternatives to Police Response

This subsection discusses the following types of alternatives to police response, including current and proposed City programs and examples from other states, summarized in Table 1 at the end of this section and in [Appendix Z](#), respectively.

1. Mobile Integrated Health (MIH) approaches, including the Seattle Police Department (SPD)’s crisis response unit
2. Civilianization of officer functions and the historic role of uniformed police staff in the provision of community safety and support other than in a law enforcement context
3. Administrative responses to service calls
4. Crisis lines
5. Dispatch protocols

These categories are not completely discrete; for example, an MIH proposal described below also would civilianize certain functions currently performed by police officers. Understanding the various ways that a current or proposed program may represent alternatives to police response is necessary to the eventual alignment of services and programs in place at the City.

Similarly, attempts to reduce police emergency response are complicated by the wide range of complex situations which currently might result in the dispatch of sworn officers. Determining and communicating what types of situations can be addressed by alternatives is a critical piece of developing appropriate response strategies.

The Task Force report included recommendations about alternatives to police dispatch for all service calls. The report recommends that the City “[c]reate a civilian emergency response system to address behavioral health crises and medical emergencies.” This could include: building infrastructure to support civilian emergency call centers independent of law enforcement; investing in community access to first-responder and de-escalation training; and supporting and resourcing community-based peer-to-peer response teams.<sup>9</sup>

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<sup>9</sup> P 36.

## 1. Mobile Integrated Health

One subset of alternatives to police response is mobile integrated health (MIH). The MIH service model encompasses patient-centered resources provided outside of a hospital by a mobile care provider or providers. MIH is a broad category that includes everything from traditional emergency medical services (EMS) response to social-services outreach. The MIH approach seeks to balance quality care provision, lower costs of service delivery, and immediate and ongoing attention to patients' needs.

MIH programs can seek to mitigate both trauma and mental-health concerns. However, the implementation of such programs cannot address systemic non-provision of comprehensive mental/behavioral health resources to all who need them.

The City implemented its first medical MIH program in 2019, standing up the Health One program at the Seattle Fire Department (SFD). Currently this program has seven FTE in SFD and six FTE in the Human Services Department (HSD). Health One's specific mandate was to reduce the impact of non-emergency service calls on SFD's Operations division and to better connect individuals with the care and services they need. Health One teams are comprised of two SFD firefighter/paramedics and an HSD caseworker. These teams provide on-scene medical care and connections to resources, seeking to decrease the number of transportations to hospital emergency departments.

The Seattle Police Department (SPD)'s Crisis Response Unit is a non-medical MIH co-responder program. This unit deploys teams of one officer with crisis intervention training (CIT) certification and one counselor. Teams respond to calls where an individual's chronic or acute mental/behavioral health issue was a concern. Counselors who participate on the Crisis Response Unit are contracted through the Downtown Emergency Service Center (DESC), and they provide both on-scene support and follow-up services, which may include referral and connection to appropriate resources. The Crisis Response Unit's goal is to divert from the CLS individuals whose primary need is for services and resources.

DESC also operates the Mobile Crisis Team (MCT), another non-medical MIH program. The MCT operates countywide, deploying teams of counselors and substance-use-disorder professionals to serve those who are experiencing a mental/behavioral health or substance-use crisis. The MCT accepts referrals from SPD, SFD, and the King County Crisis Connections Line and travels to the individual who has been reported in need of help. Team members provide on-scene support and supplies, harm and self-harm assessment, referral and connection to appropriate resources, and transportation to service providers. While funding for the program is primarily through King County, the City's 2021 Adopted Budget included \$1 million to close a funding gap and increase services; the 2022 Proposed Budget continues this funding.

### *“Triage One” – Executive Proposal*

A new program proposed by SFD in the 2022 Proposed Budget would add City staff and resources (\$2.15 million) to implement “Triage One”<sup>10</sup>, which is intended as a complement to the current Health One program. The proposal contemplates nine new FTE, with their classification and distribution to be determined and position authority to be added subsequent to the passage of the 2022 Adopted Budget.

Like Health One units, Triage Team units would be equipped to respond to calls that involve a mental/behavioral health concern, to provide transport and connections to resources as needed, and to perform outreach. The Executive locates the difference between Health One and the Triage Team in the new program’s focus on meeting clients’ non-medical needs. The Triage Team would also respond to “person down” calls (callers to 9-1-1 would be asked questions to rule out on-scene medical or safety issues) and welfare checks, both of which are included in a call-type set that SPD is analyzing for feasibility of civilian response, as is detailed below. Table 1 summarizes the two City programs currently in operation that represent MIH-based alternatives to police response, as well as the new Triage Team program that is included in the 2022 Proposed Budget.

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<sup>10</sup> The proposal requests funding for a unit that would be called “Triage One”, presuming that additional numbered units could be funded in the future. To avoid confusion with the existing Health One program, the proposed program name is the Triage Team.

**Table 1: Current and proposed City alternatives to police response**

Program	In Operation		Proposed by Executive
	Health One (SFD)	Crisis Response Unit (SPD)	Triage Team (SFD)
<b>Staffing and Service Model</b>	Team of 2 firefighters (SFD) and 1 social worker (HSD) responds to non-emergency service calls and provides medical/mental/behavioral health care and/or transport or referral to services (shelter, substance abuse, etc.)	Co-responder model, partnering a mental health professional (contracted via DESC) with a specially trained officer. Provides on-scene assistance and follow-up to individuals with behavioral health issues.	5 outreach workers, 1 field supervisor, 1 case manager, 1 admin support, 1 program manager (HSD and SFD FTE). Teams respond to non-medical, non-criminal calls and those with a nexus to community safety (e.g., requests for welfare checks).
<b>Hours of Operation</b>	2 units provide coverage weekdays 9 a.m. to 7 p.m. Focus is Pioneer Square, downtown core, Belltown, Capitol Hill, Ballard, U District, and South Seattle but can respond at its discretion anywhere in Seattle.	5 units are currently available to respond during daytime hours on an as-needed basis.	Units would respond anywhere in Seattle. Operational details to be determined.
<b>Stated Program Goals</b>	Reduced dispatch of SPD officers, care provision, connection of individuals to service, outreach	Diversion of individuals from the traditional criminal justice system, connection to alternatives.	Reduced dispatch of SPD officers, connection of individuals to service, outreach
<b>Dispatch</b>	Dispatch is via the SFD Fire Alarm Center (via 9-1-1) or requested by SFD operations units already on a scene. Also follows up with enrolled clients and performs proactive street outreach as needed.	Dispatch is via the CSCC (via 9-1-1) or requested by SPD operations units already on a scene.	Dispatch would be via the CSCC (via 9-1-1) and based on a specific call-screening protocol (to be developed).
<b>Population Served</b>	In 2020, 53% of those served reported that they were experiencing homelessness.	Per 2021 evaluation, 68% reported experiencing homelessness. Clinicians' initial assessment included a mental health concern for 61% of those served.	To be determined. SPD anticipates that many Health One clients will also be Triage Team clients.
<b>Budget</b>	\$1.5M in 2022	\$1.7M in 2021	2022 Proposed Budget requests \$2.2M



## 2. Civilianization of officer functions and the historic role of police

In addition to their role as first responders, SPD officers also conduct proactive outreach. They assist with the operation of other City programs that prioritize community safety, such as deployment of City cooling centers. Due to the longtime advocacy of Black and Indigenous communities and other communities of color (BIPOC) and low-income communities in Seattle, city leaders are aware that many individuals feel less safe in the presence of SPD officers and that this presence may stifle open discourse, engagement, and participation.

SPD also employs Community Service Officers (CSOs) to perform a broad range of administrative and operational tasks in support of uniformed officers at a functional level consistent with that of many of the call types under review. In addition, because many CSOs join SPD with backgrounds in areas like community organizing, education, case management, and work with those experiencing homelessness, community members may be more receptive to proactive outreach from CSOs than from uniformed SPD staff. Please see the SPD Issue Identification paper for a discussion on CSOs.

## 3. Administrative Response

Some calls for service can be answered with an administrative response, such as calls that require police reports for incidents like accidents without injuries, minor theft, and property destruction. Some of these functions might be done by trained City staff—CSOs, for example. Central Staff is working with the City Attorney’s Office (LAW) to determine which responses would require a sworn officer under State law and which could be handled by a civilian. Between the beginning of 2020 and the end of 2021, SPD anticipates that the department will experience a net reduction of 213 officers. SPD staff have indicated that there is an immediate need to identify an alternative response to take non-criminal calls to alleviate the strain on SPD sworn staffing resources. Based on a department-commissioned analysis by the National Institute for Criminal Justice Reform (“[NICJR Report](#)”), SPD believes that, in the near term, up to 12 percent of calls for service can be responded to without SPD involvement. (As noted below under “Dispatch Protocols,” SPD is reviewing the NICJR Report’s broader recommendation that alternative response options should be developed for the 70 percent of calls for service that do not require a law enforcement response or are appropriate for a dual response by law.)

## 4. Crisis Lines

### *Crisis Connections and OneCall*

One strategy to reduce the need for sworn officer response is a crisis line. A crisis line provides individuals with a non-police resource if they or others are experiencing a mental/behavioral health crisis. The crisis line can provide the caller with advice and support, information on mental/behavioral health resources and system navigation, alert a Designated Crisis Responder, and contact emergency response when required.

Crisis Connections provides several crisis lines (24-Hour Crisis Line, Teen Link, WW Recovery Help Line, and King County 2-1-1) as part of the King County Behavioral Health and Recovery Division. In 2019, Seattle partnered with Crisis Connections to develop the OneCall pilot. This pilot provides a direct line for emergency responders to call Crisis Connections for assistance when dealing with an

individual experiencing a behavioral health crisis. The 2022 Proposed Budget includes \$403,030 in HSD to extend the pilot for an additional year. The goal of the pilot's extension is to allow additional time for program operation, which will enable better data collection and analysis.

### *9-8-8 Crisis Lines*

In May 2021, Washington State passed [HB 1477](#), which implements the national 9-8-8 system in Washington State. The 9-8-8 line, anticipated to launch by July of 2022, will be staffed by mental-health clinicians 24 hours a day and focus on suicide prevention and other mental/behavioral health crises. Rollout of the program in King County is the responsibility of the King County Behavioral Health and Recovery Division, King County's Behavioral Health Administrative Service Organization. HB 1477 calls for additional planning and development for potential expansion of mobile crisis response teams and crisis stabilization services. Currently these crisis lines do not offer the dispatch of needed resources and staff are not able to provide diagnostic assistance or to facilitate connections to care providers.

### 5. Dispatch Protocols for Police and Fire

Seattle's two dispatch centers, also known as "Public Safety Answering Points" (PSAPs), send police and fire resources to respond to 9-1-1 calls and to officer-initiated calls for service.<sup>11</sup> The nature of the emergency and other information provided by the caller determines the type of response. Previously housed in SPD, the Community Safety and Communications Center (CSCC) now serves as the City's primary PSAP. All 9-1-1 calls originating within the City of Seattle go to the primary PSAP, and call takers forward fire and medical emergency calls to the SFD Fire Alarm Center, the City's second PSAP. Dispatchers in each PSAP use Computer Aided Dispatch systems to deploy response units to the incident location, maintain contact with the units, and coordinate response of specialty units as needed. The two PSAPs each have their own guidelines for call takers to quickly obtain information needed to identify the appropriate responders. The Council recently appropriated funding to the CSCC to develop a more standardized response protocol, similar to what SFD uses, intended to support better data analysis. This analysis will support planning for resource deployment, including alternatives to police response.

The NICJR report found that between 2017 and 2019, out of 1.2 million calls, six percent of calls to SPD's call center were associated with felonies, 14 percent were associated with misdemeanors, and the remainder were not associated with criminal activity. The report recommended that alternative response options should be developed for the 70 percent of calls for service that do not require a law enforcement response or are appropriate for co-response and suggested that, in the near term, up to 12 percent of calls for service could be handled without SPD involvement. SPD staff are analyzing 29 call types, comprising approximately seven percent of officer service hours (see [Appendix X](#)), to identify which of these types are appropriate for alternate responses while prioritizing the safety of the community and those who would be responding in lieu of sworn officers. The analysis is expected to determine that for at least some of the 29 call types under

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<sup>11</sup> See NICJR report P 24 (finding that an "[a]nalysis of SPD CFS data for the period 2017-2019 indicates that nearly 80 percent of CFS were for Non-Criminal events, and that On-View, or officer-initiated, CFS were the single largest event generating source.").

review, civilians may feasibly respond, rather than sworn officers. These call types include requests to take an accident report at the scene of a non-injury vehicular collision and to perform a welfare check. The 2022 Proposed Budget for SFD seeks to transfer jurisdiction for a subset of the 29 call types to that department for response by a new Triage Team, described in issue identification about the Triage Team in section IV.B.2.

While SPD makes available a phone line to report non-emergencies, the City does not have a non-9-1-1 number for emergency assistance from providers other than SPD or SFD.

## **B. Implementation of Alternatives**

Several options exist for how and where to implement alternatives to police response. For example, the Triage Team could be housed in the new CSCC or in SFD. Also, the CSCC could assume additional functions, potentially including CSOs and/or Administrative Response. Finally, a number of the alternatives could potentially be run by non-profit community service providers. This section briefly describes several of these implementation options and identifies staffing considerations for different service models.

### 1. Community Safety and Communications Center

The Council passed [ORD 126233](#) on November 23, 2020, establishing the CSCC to shift how the City provides for community safety. The ordinance established two initial functions at the CSCC: primary 9-1-1 dispatch and parking enforcement services. On May 24, 2021, the Council passed [ORD 126353](#), which transferred 140 positions from SPD's 9-1-1 call center to the CSCC. On August 16, 2021, the Council passed [ORD 126420](#), which transferred parking enforcement services from SPD to the Seattle Department of Transportation, instead of to the CSCC. The CSCC could take on additional functions, which would likely require additional administrative staff, depending upon organizational decisions. The CSCC's current location at SPD's West Precinct does not have space in which to co-locate new lines of business. Relocation of the 9-1-1 call center would require significant investment to ensure continuity of service during the move and to provide a high level of security for the facility.

### 2. Seattle Fire Department

The 2022 Proposed Budget would fund a Triage Team program in SFD. The program could potentially be housed in the CSCC, but the Executive notes that the CSCC would require additional personnel to develop and administer the program. The Triage Team proposal is described in Section II above and summarized along with current City programs that represent alternatives to police response.

### 3. Community Service Providers

Some cities operate MIH programs with the support of a contractor organization (see [Appendix Z](#)). This model of MIH may give cities greater flexibility to focus response or crisis-line resources on specific locations or types of locations, call types, and individual circumstances as well as to adjust service provision based on demand. Some individuals may also be more receptive to services that

are offered other than by a government agency. On the other hand, when a program is run by a third party, the City has less input over the day-to day operations of the program, and a contracted workforce may experience higher turnover due to lower pay and benefits and lack of union representation (all of which are equity issues). Both of these factors may affect unit cohesion and service provision. Onboarding contracted employees may require a different process and training requirements than onboarding permanent employees, which will create additional work for program-support staff.

*Staffing Considerations:* The creation of new alternatives to ensure public safety and/or MIH programs with City staffing is likely to require the parallel creation of new City job classifications for new positions. These classifications must accurately describe candidates' skill sets, work experience, and certification requirements as well as the expectations the City will have of them and the working environments they can expect to face. The Seattle Department of Human Resources (SDHR) will need to work in partnership with departments to refine and codify these classifications and then to perform compensation analyses before recruiting candidates. In this sense, the personnel components of all 2022 budget proposals or actions with impact in this area should be considered preliminary. Such administrative work may delay the implementation of any new programs for which classification and compensation analysis is required. However, it also represents an opportunity for SDHR and departments to ensure that those with lived experience and/or deep connections to the neighborhoods and populations expected to be served are maximally eligible and desirable candidates for the new bodies of work.

As [Appendix Z](#) shows, some MIH programs operating in other cities rely on contracted staff who work for entities such as community-based nonprofit organizations. If the City established such a program, SDHR's services would not be required, although this efficiency could be offset by the greater demands it would require of City Contracting and Purchasing.

The transfer or contracting out of any bodies of work may require bargaining with affected collective bargaining units. Central Staff will work with LAW and SDHR's Labor Relations unit to evaluate the impacts of any options that Councilmembers may wish to pursue.

## **C. Issue Identification**

### **1. Service Call Response via 9-1-1**

The 2022 Proposed Budget does not create or fund a new non-9-1-1 emergency dispatch option. Having an alternative number to call could set up a clear choice for callers, allowing them to request non-police crisis response that would be therapeutic in nature. Internal to the City, it could be integrated with existing 9-1-1 dispatch to ensure that co-response by sworn personnel was available when necessary to protect public safety and/or at a caller's request.

#### **Options:**

- A. Add funding for a study to (1) recommend an implementation plan for a crisis response line other than 9-1-1 that callers can use to request emergency help with a mental health or behavioral health incident through one or both of the City's PSAPs and (2) explore various models for its staffing.
- B. No Action

### **2. Proposed "Triage One" in SFD**

SFD's proposed Triage Team program would have operational overlap with the existing Health One program, and the development of new job classifications with SDHR and/or the need to bargain work jurisdiction for a new City program may delay its proposed implementation until late 2022. Continuing to add potentially duplicative MIH and mental/behavioral health crisis response resources in SFD may not align with the Council's intent regarding the sustainable expansion of (1) these services and/or (2) the civilian staffing of some work historically performed by SPD officers.

#### **Options:**

- A. Reallocate proposed Triage Team funding to a contracted MIH program.
- B. Establish a new mental/behavioral crisis-response unit in the CSCC rather than SFD.
- C. Adjust parameters of Health One and/or Triage Team programs to align with the Council's vision and goals.
- D. No Action

### 3. Potential Additional CSCC Functions

The 2022 Proposed Budget would provide approximately \$20.9 million to support the CSCC.<sup>12</sup> It would set aside \$150,000 to fund a consultant contract for potential technical and operational studies, described as potentially including development and planning to integrate non-uniformed and/or alternate methods of dispatch. The Council created the CSCC with the intent that it would provide a central location for public safety-related services that did not require response from a sworn, armed, police officer. The Council could consider placing the following work units in the CSCC:

- Triage Team – *See Section IV.B.2*
- CSOs - *See SPD Issue Identification Paper*
- Administrative responders pilot project - *See SPD Issue Identification Paper*

Please see the referenced sections for additional information about each work unit and policy considerations including options for potential placement in the CSCC or another department.

#### Options:

- A. Move an additional function or functions to the CSCC by a date certain.
- B. Adopt a Statement of Legislative Intent defining the Council’s vision and goals for a Triage Team and requesting that the Executive develop a Memorandum of Agreement (MOA) consistent with that vision, formalizing the roles and responsibilities of SFD, SPD, and the CSCC relative to a new Triage Team, with a report to the Council prior to finalization of the MOA.
- C. Adopt a Statement of Legislative Intent requesting that the Executive provide the Council a scope, schedule, and budget for an Administrative Responders pilot project.
- D. No Action

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<sup>12</sup> This amount would annualize the seven months of funding for the 9-1-1 call center provided in 2021 and would restore the 2021 annual wage increase for non-represented Executives, Managers and Strategic Advisors, which was not provided due to financial constraints. The 2022 Proposed Budget would also add five FTE (a deputy director and four administrative personnel), set aside \$150,000 to fund a consultant contract for potential technical and operational studies, and fund citywide internal services costs.

#### 4. Response to “Low-level” Criminal 9-1-1 Calls

SPD’s analysis of NICJR call data may identify a body of work that could be performed by civilians with minimal risk.

##### Options:

- A. Adopt a Statement of Legislative Intent requesting that the Executive report by a date certain which calls for service and administrative support tasks from the NICJR report could be performed by civilians with minimal risk.
- B. Add funding for civilian responders in the CSCC.
- C. No Action

## IV. Alternatives to Prosecution and Jail

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### A. Background

The 2022 Proposed Budget contains several proposals to expand existing programs that would divert individuals away from traditional prosecution and pose an alternative to incarceration. While pre-filing diversion and electronic home monitoring (EHM) subsidies are not the only tools the City has to prevent prosecution or incarceration, this section focuses on these specific programs because of their inclusion in the 2022 Proposed Budget.

#### Pre-filing diversion

LAW began a pre-filing diversion program in 2017 for individuals between 18 and 24 who are accused of committing low level misdemeanors, partnering with the non-profit organization Choose 180. In 2018, it expanded pre-filing diversion to support relicensing for all individuals accused of Driving While License Suspended in the 3rd degree (DWLS3), partnering with the non-profit organization Legacy of Equality, Leadership, and Organizing (LELO). In 2021, it expanded pre-filing diversion to for individuals between 18 and 24 accused of non-intimate partner/family domestic violence, partnering with the non-profit organization Gay City.

The [Seattle Reentry Workgroup Report](#), issued in 2018, recommended expanding the use of pre-filing diversion to individuals aged 25 and older. The Council adopted [Statement of Legislative Intent CJ-24-A-2](#) in the 2020 Adopted Budget, which requested that LAW evaluate the staffing and resources that would be needed to expand diversion to individuals 25 and over. The Council also provided [funding](#) for LAW to conduct a [Racial Equity Toolkit](#) (“PFD RET”) assessing the concept. Though the Executive considered LAW’s request to fund and staff an expanded pre-filing diversion program, the 2022 Proposed Budget does not include this funding. The Task Force Report, the Strategic Plan, and the PFD RET contain similar themes and principles for the Council’s consideration regarding pre-filing diversion.

During the time in which the Task Force met, its members met with LAW to learn about the City’s pre-filing diversion program. That capacity building informed the recommendations about diversion generally. The Task Force Report recommends adopting the principles in [Appendix W](#) before investing more funding in diversion.

The Task Force Report made clear that “[d]iversion programs may offer improvement over incarceration, but they should not be considered harm reduction as long as they rely on the coercive power of the state...” as “[h]arm reduction is not compatible with replacing incarceration with other forms of surveillance and coercive control over people’s lives, such as treatment under the threat of criminal punishment as in many diversion programs.”<sup>13</sup>

In addition, the Strategic Plan notes that “[w]hile CAO can use prosecutorial discretion to offer individuals non-punitive diversion options, the threat of punishment for noncompliance remains a central tenet in the way the system operates...”<sup>14</sup>

Lastly, the PFD RET included a series of themes and recommendations related to pre-filing diversion, described in [Appendix W](#).

### Electronic Home Monitoring

The Seattle Municipal Court (SMC) currently uses EHM instead of pre-trial incarceration and as an alternative to incarceration when an individual has been sentenced to a mandatory minimum jail term. Concerns about the use of EHM and other forms of surveillance as an alternative to incarceration have been raised by community members. The Task Force report recommended that the City choose “not to replace the brick and mortar jails with electronic home monitoring (EHM) and other forms of close surveillance as a form of pre-trial detention.”<sup>15</sup> The report also states:

Although EHM is generally thought of as an alternative to incarceration, electronic surveillance devices such as EHM have increasingly become an alternate form of incarceration, or “digital imprisonment”. These devices greatly restrict movement, limit mobility, track and monitor behaviors, and trigger additional punishment, sometimes on faulty information, all without evidence that they increase community safety when used for misdemeanor offenses. The barriers created by EHM include challenges to keeping and finding employment, securing housing, supporting family activities, and participating in community activities.<sup>16</sup>

Given that a judge could use their discretion to release an individual without conditions rather than impose pre-trial detention or release on EHM, the report noted that “[w]hile most individuals would prefer EHM over incarceration within King County Jail, this is a false choice.”<sup>17</sup> The report recommended that “[r]ather than offering EHM as a benefit over jail, policymakers, judges, and prosecutors should carefully evaluate evidence supporting the conclusion that jail or EHM keeps communities safer and is worth the harm exacted by either form of punishment.”<sup>18</sup>

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<sup>13</sup> P 23.

<sup>14</sup> P 11.

<sup>15</sup> PP 31-32.

<sup>16</sup> P 52 (Internal cites omitted).

<sup>17</sup> *Id.*

<sup>18</sup> *Id.*



The considerations raised in the report apply to discretionary decisions by judges regarding whether to impose EHM as a condition of pre-trial release or sentencing. But there are some circumstances under which either incarceration or EHM is required by [state law](#) and a judge is not able to make a different decision. In those circumstances, if a person cannot afford EHM, the only other alternative is incarceration.

## **B. Issue Identification**

### **1. Pre-filing diversion**

This issue identification section is not a comprehensive analysis of whether the existing pre-filing diversion program matches the principles described in the Task Force Report, the Strategic Plan, or the PFD RET. This paper presents options focused on whether to condition funding based on such a future analysis and the principle that diversion programs should be funded by existing CLS budgets.

Shifting existing prosecutor capacity to current or expanded pre-filing diversion requires a reduction or shift in prosecutorial case load to free up an attorney. The volume of cases normally processed through LAW as well as currently backlogged is dependent on two main factors.

First, the types of actions currently defined as misdemeanors in the Seattle Municipal Code establishes the basis upon which LAW charges an individual. If the Council amended the Seattle Municipal Code to decriminalize offenses currently criminalized as misdemeanors in Seattle, LAW would likely see a reduction in individuals who are charged.<sup>19</sup> A recent example is the Council repeal of drug and prostitution loitering as crimes. Because the City Attorney was already declining to charge these cases, there was not a substantive impact on case volume. Depending on the offense that was decriminalized, there could be a more than negligible effect.

Second, the City Attorney has the discretion to determine whether to move forward with charging a person for an alleged crime. If the City Attorney declines to charge an individual for an alleged offense without any diversion, the volume of cases being charged would drop, decreasing the need for prosecutors. If rather than decline to charge outright, the City Attorney decided to divert those cases, the need for prosecutors going to court on charges would drop, potentially freeing up prosecutors for the diversion program. Whether enough charges would be dropped or diverted to make up a prosecutor's caseload depends on the approach of the City Attorney. Central Staff is continuing to work with LAW on estimating case volumes and capacity.

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<sup>19</sup> The scope of the Council's ability to decriminalize offenses may be limited, as many of the crimes in the Seattle Municipal Code are crimes at the state-level.

a. Fully staffing the existing pre-filing diversion program

Currently, the pre-filing diversion program is staffed by one part-time paralegal and two Assistant City Prosecutors at \$596,197. The 2022 Proposed Budget would add \$247,490 and 1.5 FTE to LAW to fully staff and fund the existing pre-filing diversion program by increasing the part-time paralegal position to full-time and adding a Strategic Adviser III position.

Options regarding alignment:

A. Fund the program in the 2022 Proposed Budget and:

1. Adopt a Statement of Legislative Intent requesting that LAW submit a report to the Council describing how the existing program aligns with the principles in the Task Force Report and PFD RET and determining how to change the program where it is not in alignment with the principles;
2. Proviso the proposed funds to prohibit expenditure until LAW submits a report to the Council describing how the existing program aligns with the principles in the Task Force Report and the PFD RET and determining how to change the program where it is not in alignment with the principles; or
3. Proviso the proposed funds by requiring that funds spent on the program must align with the principles in the Task Force Report and PFD RET.

B. No Action

Options regarding funding source:

A. Cut the funds allocated in the 2022 Proposed Budget and do not add staff to the program.

B. Cut the General Fund allocation in the 2022 Proposed Budget and replace it with existing funds and staff from SPD, other places in LAW's criminal division, or SMC.

C. No Action

b. Expanding the pre-filing diversion program

The cost of an expanded pre-filing diversion program is \$1.4 million, consisting of \$750,000 directly supporting a community partner and \$680,000 to support staffing in LAW. These funds are not included in the 2022 Proposed Budget.

Options regarding alignment:

- A. Transmit a Statement of Legislative Intent requesting that LAW submit a report to the Council describing how the new program would align with the principles in the Task Force Report and the PFD RET.
- B. Add funds to expand pre-filing diversion:
  - 1. Without a proviso;
  - 2. With a proviso requiring that funds spent on the program must align with the principles in the Task Force Report and the PFD RET; or
  - 3. With a proviso to prohibit expenditure until LAW submits a report to the Council describing how the new program would align with the principles in the Task Force Report and PFD RET.
- C. No Action

Options regarding funding source:

- A. Add General Fund to provide support and staff to create this new program.
- B. Move existing staff and funds from SPD, other places in LAW's criminal division, or SMC.
- C. No Action

**2. Electronic Home Monitoring Subsidies**

The 2022 Proposed Budget includes \$88,000 for the Seattle Municipal Court to provide subsidies to those individuals released pre-trial or sentenced to EHM who are indigent and cannot afford the costs of EHM. These funds would add to the existing \$43,800 added by the Council in the 2018 Adopted Budget, for a total of \$131,800 for EHM subsidies.

Given the high percentage of individuals in SMC who are indigent, and the fact that a disproportionate number are BIPOC, subsidies to allow EHM rather than incarceration when one or the other is mandated by state law could make the system more equitable. An evaluation of EHM in these circumstances could help inform the City's position on advocating for potential changes to state law.

For purposes of increasing funding to the Court to use for EHM subsidies and informing a judge's decision about mandating EHM when is within their discretion, the Council could consider requiring data tracking about how frequently and under what circumstances judges use EHM and an evaluation of EHM including demographics, the length of EHM, or other conditions assigned in addition to EHM

As a matter of funding, the Council may want to consider some of the principles discussed more broadly and within the context of the Task Force Report recommendations on diversion: that the City divest from the CLS and invest in communities, and by extension, if there is any funding to augment the components of the CLS to improve it, that it should come from other divestments from the system. The report notes that “[e]xposing the failings of the current CLS system can sometimes fuel short-sighted arguments justifying its expansion.”<sup>20</sup> The Council may want to consider providing funding for EHM subsidies from within existing funds in the CLS, rather than adding General Fund support to expand the system.

**Options regarding mandatory supervision:**

- A. Maintain the allocation in the 2022 Proposed Budget and:
  - a. Proviso the funds to require that they can only be used when EHM is mandated by state law;
  - b. Do not proviso funds but request an evaluation; or
  - c. Do not proviso funds but include priorities in the City’s State Legislative agenda about reform regarding mandatory supervision through EHM or incarceration required by state law.
- B. No Action

**Options regarding funding source**

- A. Cut the General Fund allocation in the 2022 Proposed Budget and replace it with funds and staff to be moved from SPD, LAW’s criminal division, or SMC.
- B. No Action

**V. Community-Led Public Safety Programs**

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The City funds a broad set of upstream community investments which support public safety, including affordable housing, education and youth programs, and workforce development. For the purposes of this paper, the following section focuses on those programs with the closest nexus to public safety, particularly in the realm of violence interruption and prevention.

**A. Background**

Community Safety Capacity Building

In the 2020 Adopted Budget, the Council approved \$12 million in one-time funds for a Community Safety Capacity Building Request for Proposals (RFP), which included \$10.4 million to scale up community-led public safety efforts and \$1.6 million for administrative costs of the program. The RFP was released in April, and in July, 33 organizations were funded for work for 18 months—from

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<sup>20</sup> p 29.

July 15, 2021 to December 31, 2022. In September, the Council added \$3 million (one-time) to the 2021 Adopted Budget to supplement the RFP award, to be used to fund additional organizations who applied to the RFP, or to increase the amount or duration of the contract funding of awarded organizations. The 2022 Proposed Budget includes \$10 million in on-going funding for this program.

#### King County Regional Peacekeepers Collective

The King County Regional Peacekeepers Collective (“Collective”) is a pilot program intended to reduce gun violence through a collaborative, public health approach. The Collective’s partners include Alive & Free, Choose180, Community Passageways, Freedom Project, Progress Pushers, Renegades for Life Youth Outreach, and UW Harborview Medical Center. The team uses intensive violence interruption strategies to support those most likely to be victims or perpetrators of gun violence. This program was funded with \$500,000 for the 4<sup>th</sup> Quarter of 2021 in [ORD 120112](#) and the 2022 Proposed Budget includes \$1.5 million for this program the full year.

#### Let Everyone Advance With Dignity (LEAD)

LEAD ((formerly Law Enforcement Assisted Diversion) is a program run by the Public Defenders Association to provide community-based care for people who commit law violations related to mental/behavioral health issues or extreme poverty. In 2020, to address an increase in referrals and concerns over the number of clients assigned to each case manager, the Council increased funding for LEAD to \$6.1 million, which was accompanied by a \$1.5 million grant from the Ballmer Foundation. The Council also adopted [Resolution 31916](#), which called for appropriate funding by 2023 to accept all priority qualified referrals for the LEAD program citywide. During 2020, in response to the COVID pandemic, LEAD used a portion of its funding to launch CoLEAD, an intensive outreach and case management team that was able to provide temporary lodging at hotels as well as wraparound, on-site services. In addition, the 2020 Mid-Year Supplemental Budget ([ORD 126148](#)) mandated that the LEAD Project Management Team approve LEAD referrals if they determined that the referred individual chronically violates the law, that accepting the referral is consistent with racial equity, and if the LEAD case management teams believe that the resources available to them are appropriate to the individual’s known needs.

The policy changes from 2020 continued into 2021, and the 2021 Adopted Budget provided \$6.2 million for LEAD. However, LEAD faced a shortfall in funding from the expiration of the Ballmer Foundation grant and other increasing costs. As a result, in June 2021, the Council provided an additional \$3 million for LEAD through [ORD 126375](#), which brought total funding for the program in 2021 to \$9.2 million. As of September 2021, the Executive has not awarded the additional \$3 million in funds to the Public Defenders Association, though HSD expected to complete a contract amendment shortly. Beginning in Spring 2021, LEAD limited the number of referrals accepted into the program due to funding concerns. LEAD anticipated that more referrals could be accepted once it received more funding to replace the Ballmer Foundation grant, though the delay in receiving the additional \$3 million appropriated in June has prevented this from occurring.

At the September 24, 2021, Public Safety and Human Services Committee meeting, staff from the Public Defender Association and Central Staff presented analysis that LEAD would require approximately \$21 million in 2022 to have capacity to accept all priority qualifying referrals while maintaining ideal staffing ratios, as called for in Resolution 31916. The 2022 Proposed budget includes \$6.4M for LEAD in 2022.

### Re-entry Services

Re-entry services support people as they transition out of incarceration or institutionalization. The goal of re-entry services is to provide a variety of help, particularly around educational opportunities, job training and workforce development, that will help individuals gain meaningful employment, re-enter community, and reduce recidivism.

The Equitable Communities Initiative Task Force identified re-entry services as a priority investment area. In August, the Council approved [ORD 126401](#), which amended the 2021 Adopted Budget and appropriated \$1.5 million for these re-entry services. The 2022 Proposed Budget includes \$1.58 million in ongoing funding for re-entry programs with the goal of awarding six organizations up to \$250,000 and \$75,000 specifically for re-entry programs for the American Indian/Alaska Native community.

## **B. Issue Identification**

### **1. Community Safety Capacity Building**

The 2021 Adopted Budget included \$13 million dollars for the Community Safety Capacity Building program (including \$3 million appropriated in September of 2021). The Executive reports that \$7 to \$10 million of the 2021 funding will not be spent in 2021 and anticipates proposing legislation in early 2022 that would carry forward these 2021 appropriations to 2022. In addition, the 2022 Proposed Budget appropriates new, ongoing funding of \$10 million for this purpose. This would result in at least \$17 million being available for this program in 2022, higher than originally contemplated.

#### **Options:**

- A. Reduce funding for Community Safety Capacity Building in 2022 to make funding available for other Council priorities and minimize a “funding cliff” at the end of 2022 when funding reduces to \$10 million.
- B. No Action

## **2. Seattle Community Safety Initiative**

In 2020, in response to an increase in gun violence in the City, the Council funded \$4 million in one-time funds for the Seattle Community Safety Initiative, a program by Community Passageways, Urban Family, Boys and Girls Club, and YMCA. The program utilizes crisis incident response, community safety hubs and neighborhood-based safety teams to reduce violence and improve community safety, and supports the partner organizations through funded training, coordination, and knowledge sharing. The program was funded with one-time funds through December 31, 2021. The 2022 Proposed Budget does not include funding for the program.

### **Options:**

- A. Amend the 2022 Proposed Budget to include funding for the program (either one-time or ongoing).
- B. No Action

## **3. LEAD**

The 2022 Proposed Budget provides \$6.4 million for LEAD, which includes an inflationary increase but does not maintain the additional \$3 million provided by the Council for LEAD over the course of 2021.

If LEAD receives the \$3 million increase appropriated in mid-2021 and is able to increase services this fall, the program would likely have to reduce those new services in 2022 due to the reduced funding level in the 2022 Proposed Budget. If LEAD's contract amendment is completed soon and the program can begin accepting new referrals for the last three months of 2021, then it is unlikely that LEAD will greatly expand the number of referrals that it accepts in 2022, even if the program receives around \$9 million of funding next year. Rather, most of the caseload increase would occur at the end of 2021 and funds would maintain that additional caseload throughout 2022. To accept all priority qualifying referrals Citywide in 2022 is expected to require another \$12 million, a total investment of \$21 million.

### **Options:**

- A. Add funding for the LEAD program
- B. No Action

## Appendix W

### Excerpts Regarding Pre-Filing Diversion from the Community Task Force Report on the Criminal Legal System and the Expansion of Pre-Filing Diversion Racial Equity Toolkit

#### TASK FORCE

- Criminal offenses which are the result of poverty are not appropriate for diversion, but rather must be declined or decriminalized.
- Recognize that most misdemeanor offenses are the result of poverty and lack of services and support. Access to services and support should not be triggered by police and court interaction, but should be accessible to everyone at any time.
- Diversion programs should be rooted in community and it should be community members that offer services and connect individuals into appropriate support systems instead of law enforcement (police, prosecutors, courts).
- Services provided via diversion should be voluntary and not compliance-based.
- Diversion is problematic when it relies on discretion from law enforcement.
- Diversion programs must be funded by existing CLS budgets.
- Diversion may be appropriate when it happens at pre-filing or earlier in the CLS process.<sup>21</sup>

#### RACIAL EQUITY TOOLKIT

- Acknowledgement that the system is broken (as affirmed in CAO data) requires diversion for Black, Indigenous, People of color (BIPOC) individuals. The CLS is rooted in racism and disproportionately impacts BIPOC individuals. It is dehumanizing, harmful, and targets low-income BIPOC communities, including those experiencing homelessness and those with mental health concerns.
- Recommendations for diversion to be as broad as possible regarding which charges are eligible—many call to divert all but the most serious crimes. Domestic violence is called out as an exception, but also with more appropriate supports.
- Eliminate barriers to diversion that maintain disproportionality: criminal history exclusion, arbitrary referrals to diversion, financial barriers – fines, fees, restitution
- A major theme was for the City to divest from institutional systems that destroy or undermine the community and invest in healthy community-based responses. There is a wide range of perceptions and expectations of what this means, which are described in the System and Program Strategies of the RET.
- Community dialogue provided a vision of community investment that is broad and flexible, anchored in supporting and restoring community resilience and individual and family positive outcomes. Just as the previous RET process to establish the Young Adult Diversion Program resulted in design with more autonomy and ownership at the community level through a contracted community-based provider(s), this feedback calls for taking this principle further.<sup>22</sup>

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<sup>21</sup> P 51

<sup>22</sup> PP 7-8.



The PFD RET referenced the following principles and elements for effective results from a pre-filing diversion program:

- Diversion program designed and delivered by community members, including those with lived experience.
- Services focused on healing-centered engagement and restorative practices provided by trusted community members and natural networks.
- Infrastructure: Establish a central center through which recommendations can be made.
- Community acting together: Engagement by many interdisciplinary relationships, churches, community organizations that naturally take responsibility to support specific groups.
- Services are prescriptive: Flexible supports that address the circumstances and conditions of the individual and their families involved in the diversion process.
- Services are blended with ownership: Put power and agency into the hands of community agencies, community liaisons, and participants. Empower community organizations to respond with a prescription of supports that meets each individual's circumstances.
- Solicit the internal drive to be different: Provide coaching, mentorship, and other deep services for those that need it. Empower the individual to choose who they work with and the range of services they access to make transformational change.<sup>23</sup>

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<sup>23</sup> p 8.

**Appendix X**  
**Call Types Under SPD Risk-based Analysis as of 10/2021**

ABANDONED VEHICLE  
ALARM-VEHICLE ALARMS  
ANIMAL - DANGEROUS  
ANIMAL - INJURED, DEAD HAZARD, OTHER  
ANIMAL COMPLAINT - INJURED, DEAD, DANGEROUS  
AUTOMOBILES - ABANDONED CAR  
DETOX - REQUEST FOR  
DISTURBANCE - NOISE  
DISTURBANCE - NOISE RESIDENTIAL  
DISTURBANCE - OTHER  
DOWN - CHECK FOR PERSON DOWN  
HARBOR - ASSIST BOATER (NON EMERG)  
ILLEGAL DUMPING  
INTOX & LIQ VIOLS - MINORS (VIOLATIONS)  
JUVENILE - RUNAWAY  
JUVENILE - RUNAWAY PICKUP  
LIQUOR VIOLATIONS - MINOR  
LITTERING  
MISCHIEF OR NUISANCE - GENERAL  
MVC - REPORT, NON INJ/NON BLKG OR AFTER FACT INJ  
NOISE - DIST, GENERAL (CONST, RESID, BALL PLAY)  
NOISE - DISTURBANCE (PARTY, ETC)  
NUISANCE - MISCHIEF  
PARKING VIOLATION (EXCEPT ABANDONED CAR)  
PARKS VIOLATIONS/CITES (INCLUDES EXCLUSIONS)  
PERSON - TRUANCY  
PROPERTY - MISSING PROPERTY  
SERVICE - WELFARE CHECK  
SLEEPER ABOARD BUS/COMMUTER TRAIN

## **Appendix Y**

### **Glossary of terms used in this paper**

**Behavioral health** is an area of study that encompasses all of the factors that contribute to mental health (see definition below) or mental illness, including substance abuse, personal habits, an individual's environment and situation, and the presence or absence of trauma. Often mental health and behavioral health are linked; for example, an untreated social-anxiety disorder can lead to compensatory substance abuse. In these cases treatment will need to address both conditions. A behavioral or mental health crisis (see definition below) may be a factor during a criminal, non-criminal, or a medical call for service.

**Call types** are specific descriptions that the 9-1-1 dispatcher assigns to each incoming call to provide responders with information about the precipitating incident, for instance "Burglary – residential, nonoccupied" and "Burglary – nonresidential/commercial." Over 300 call types are available to SPD dispatchers. The NICJR report proposes to group call types by the following rubric for analysis of appropriate dispatch. Although this grouping will be critical in the development of alternatives to police response, there is no agreement on which SPD call types belong in which tiers.

- Tier 1 – Most likely can be handled by an unarmed/community response.
- Tier 2 – Can be handled by an unarmed/community response, with police resources co-dispatched nearby for safety.
- Tier 3 – Police resources are primary dispatch tasked with quickly ensuring the safety of the scene and then turning the response over to a community/unarmed co-responder.
- Tier 4 – Police are the primary responder.

**Civilianization** is the reallocating of work historically performed by a police department to civilian staff within that department or other city departments or to community groups.

**Community-led** strategies or programs are those that are deployed by non-profits or other organizations, either with express agreement and funding from the City or without.

**Criminal/non-criminal service calls** -- **Criminal** calls are those calls to 9-1-1 dispatch in which a crime is occurring or has likely occurred. Some criminal calls are considered "low-level," meaning there is little threat of serious harm in the situation. **Non-criminal** calls are those calls to 9-1-1 dispatch in which there is no reported or suspected crime, but some response may still be required.

**Low acuity calls** are calls responded to by SFD personnel that do not involve advanced life support or basic life support techniques. These calls may be medical (a wound, acute intoxication) or non-medical (need for non-emergency transport, issues related to a lack of shelter).

**Medical calls for service** are those calls to 9-1-1 dispatch that involve a health concern requiring SFD response. Medical calls include low acuity calls (see definition above)

**Mental health** refers to an individual's physiological, social, and emotional well-being; good mental health means that an individual is able to function productively and interact with others in the community. A behavioral or mental health crisis (see definition above) may be a factor during a criminal, non-criminal, or a medical call for service.

A **service call** is a request for response resources. 9-1-1 calls, which specifically request resources in response to an emergency, are a subset of service calls.

A **trauma** is an injury or shock (physical or mental) or an individual's response to that injury or shock. Depending on the trauma, its appropriate remedy can be provided by a range of trained professionals, from paramedics to counselors. Generally speaking, only police officers with specialized training participate in the treatment of trauma.

## Appendix Z

### Example Mobile Integrated Health (MIH) Programs Currently in Operation

Program	CAHOOTS (Crisis Assistance Helping Out on the Streets) - Eugene and Springfield, OR	STAR (Support Team Assisted Response) - Denver, CO	Expanded Mobile Crisis Outreach Team (EMCOT) - Austin and Travis County, TX
<b>Staffing and Service Model</b>	A team of 2 (a medic and a crisis worker who has substantial training and experience in the mental health field) address mental health-related crises such as suicide risk, homicide risk, self-harm, intoxication, and rage; they also provide transport and perform welfare checks	A team of 2 (a paramedic and a licensed behavioral health professional) provides mobile, person-centric crisis response to community members who are experiencing problems related to mental health, depression, poverty, homelessness, and/or substance abuse issues. The team also provides connections to service and supply water, food, clothing and basic living supports.	A mobile clinical team responds or co-responds to crisis calls with a mental or behavioral health component. Team members also providing training to staff from law enforcement agencies, EMS and others for better systemwide response to mental-health and substance abuse crises. Program is a partnership between the City and the County mental health authority, which can also connect individuals to community based, residential, or inpatient services.
<b>Hours of Operation</b>	One crew for one van in service 24 hours per day. A second van crew in service from 10:00 a.m. to noon and 5:00 p.m. to 10:00 p.m., 365 days per year. City can purchase additional 4-hour shifts as needed.	STAR vans are staffed from 6 a.m. to 10 p.m. every day. Currently 2 vans, proposed expansion to 6 in 2022.	Telehealth and mobile response operate 24 hours a day, 7 days a week.
<b>Stated Program Goals</b>	Provision of trauma-informed mental-health first response for crises involving mental illness, homelessness, and addiction as well as medical treatment for non-emergent issues	Crisis resolution, connecting people to services, non-police response to calls that involve a mental-health issue.	Connection of individuals to treatment appropriate for psychiatric crises, diverting them from emergency rooms; preserving availability of first responder resources
<b>Dispatch</b>	Dispatched via same system as EPD and Eugene Springfield Fire (ESF). Can also come from non-emergency lines as well as "self-initiated calls" or calls where community members flag down the van.	Dispatch is via 9-1-1 or the Denver PD's non-emergency line. Callers may request the STAR team specifically.	EMCOT clinicians are co-located at Austin 9-1-1 call center and mobile unit may be dispatched through City system. Clients may also initiate a request for onsite assistance by the mobile team.
<b>Population Served</b>		Over the first six months of the program over 70% of those served were unsheltered.	EMCOT does not respond to calls involving violence, weapons, crimes, severe intoxication, or imminent risk to the person in crisis or others. Police also handle any 9-1-1 calls where the caller requests an officer.
<b>Budget</b>	Annual budget is approx. \$2.1M	For 2022, \$2.8M. \$1.4M is funded by a local foundation.	For 2021, \$3.8M for clinician presence at call center and provision of telehealth services; City/County does not fund the provision of mobile services. These are billed through the mental health authority.