SEATTLE CITY COUNCIL
CENTRAL STAFF

2025-2026 PROPOSED BUDGET

POLICY CONSIDERATIONS PAPER

COMMUNITY ASSISTED RESPONSE AND ENGAGEMENT (CARE) DEPARTMENT

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This paper highlights selected policy considerations related to the Community Assisted Response and Engagement (CARE) Department's 2025-2026 Proposed Budget. Considerations included here reflect Central Staff's initial analysis of the Executive's budget submittal and its context, as well as Councilmembers' interest in various dimensions of CARE Department operations. These considerations are not intended to be exhaustive, and others may surface as Central Staff continues its analysis of the proposed budget. For more information about CARE's 2025-2026 Proposed Budget, please see the 2025-2026 Proposed Budget Overview Papers.

Policy Considerations

1. **Implementation of Dual Dispatch Pilot Program**

   The CARE Department launched the City's dual dispatch pilot program in October 2023. The goals of the program included (1) the diversification of emergency response options responsive to community need, particularly for behavioral health crisis calls, and (2) the preservation of first-responder capacity for appropriate emergency responses, as provided by the Seattle Police Department (SPD) and the Seattle Fire Department (SFD). Under the terms of a Memorandum of Understanding with the Seattle Police Officers Guild (SPOG), a CARE response unit would be dually dispatched to the scene of certain 9-1-1 call types[1] in tandem with an SPD response unit. Then, upon SPD determination that the scene did not pose a safety risk nor have a nexus to law enforcement – i.e., that it concerned a behavioral health crisis – SPD would leave the scene and allow the CARE unit to address the crisis and respond as needed. The Executive chose the Downtown Activation Plan (DAP) catchment area as the location for this pilot. It was the understanding of the Executive and Council that data collected during the pilot period could guide the future broadening of CCRs' purview, to additional call types or potentially to the "sole dispatch" of a CARE response unit to a discrete subset of behavioral health crisis calls.

   The pilot program has been hampered both by the current constraints on its operation and by SPD's ongoing staffing deficit. SPD categorizes the 9-1-1 call types to which CARE may respond as Priority 3 and Priority 4, and SPD is deprioritizing all such calls to conserve its limited resources for response to Priority 1 and Priority 2 calls. Priority 1 and Priority 2 calls pose a more immediate risk to public safety and may require armed law enforcement presence. Consequently, when a CARE response unit is dispatched to the scene of a Priority 3 Person Down call (for example), CARE Community Crisis Responders (CCRs) must wait for SPD to clear that scene for them to be able to provide assistance – and available SPD response units may be so occupied with Priority 1 and Priority 2 responses that none can respond to the Priority 3 scene for a lengthy interval. During this

[1] These call types are those coded by 9-1-1 Call Center call takers as Person Down and those coded as Welfare Check where the call subject is not behind the wheel of a vehicle and no minors are present at the scene.

time, CCRs may not act, and the subject of the call – the person who was "down" – often leaves the scene volitionally before SPD arrives. Citywide, a disproportionate number of Priority 1 and Priority 2 9-1-1 calls for service reference a location in the DAP catchment area, so delayed response to Priority 3 calls is relatively more common in this area.

Consequently, the "dual dispatch" aspect of the pilot program has generally not been realized. As of September 24th, a CARE CCR team had been dually dispatched 15 times since program launch. As of the same date, a CARE CCR team had been requested as a secondary response 682 times. A secondary response, in this context, is one that is requested by a first-responder unit (SPD or SFD) when its evaluation of the scene suggests that CARE CCR participation will contribute to scene resolution. Forty percent of this secondary response for CARE involved a need for transportation, for instance to a medical clinic or a relative's place of residence. Further, SPD has on 27 occasions directed the solo response of a CARE CCR team, either in response to a request from a non-SPD unit (e.g., from Department of Parks and Recreation staff) or by giving CARE permission to respond to a call in lieu of an SPD response unit. Absent the relocation of future CARE response operations to areas with a lower concentration of Priority 1 and Priority 2 calls for service or a change in current dispatch protocols, it is likely that the City will not collect sufficient data, as was envisioned, to assist its ongoing scoping of appropriate dually dispatched CARE CCR response.

Just recently, there has been a notable shift in CARE deployment practices. As of October 8, CARE operations have reflected two changes. First, teams of CARE responders have been driving through the DAP catchment area proactively, looking for and engaging with those who may need assistance.[2] Second, CARE CCRs have begun responding to "quasi-medical" calls. (Central Staff will learn more about this new program direction and the call types it includes.) Through October 14, CARE has responded to 44 such calls, which is a striking increase in CCRs' utilization compared to the period referenced above. This pivot, though it may be belated, is consistent with the iterative approach that underlay the initial CARE program design.

With respect to behavioral health crisis calls, SFD's Health One program plans to begin a trial that will provide limited direct dispatch of Health One resources for this purpose. Specifically, during Health One hours of operation, this resource would be dispatched to the scene of behavioral health crisis calls where a subject is not imminently suicidal, and this subject wants an in-person response rather than a transfer to a telephone crisis or nurse line. (During hours when Health One is not in operation, the SFD Fire Alarm Center, which dispatches calls for SFD service, would send an SFD basic life services (BLS) response unit.)

Health One provides specialized non-emergency outreach, transport, and provider referrals, and Health One units – like the current CARE response unit – disproportionately serve vulnerable community members who lack access to these resources. Councilmembers have expressed their intent that the City prioritize efficiency and effectiveness in its delivery of dispatched response, and especially given the unexpected transportation role that CCRs have assumed and their new

[2] The SFD Health One program refers to this practice as "self-dispatch." Since program inception, approximately 60% of all Health One responses, excluding those of Health 99, have been on a self-dispatched basis. When an individual receives assistance on this basis, it is considered a response even though no 9-1-1 call was made requesting the assistance.

involvement in quasi-medical calls, it is possible that there are opportunities to clarify the two departments' specific responsibilities and ensure that dispatch protocols reflect them. More research is needed to understand this potential shared body of work.

Such clarification is of special concern in the context of the planned 2025 expansion of CARE response capacity. This expansion, as described in the "Expansion 2025" attachment to the CARE Department Budget Overview Paper, would increase the number of CCR teams from three to 12 and significantly increase their collective geographical range. Simultaneously with this expansion, the 2025-2026 Proposed Budget would also increase SFD's capacity to provide non-emergency response. Council may wish to confirm an understanding of the CARE response program's intent, request a renewed commitment either to the initial dual-dispatch concept or to sole dispatch of CARE responders, and/or seek clarification regarding the roles of SPD and SFD in responding to 9-1-1 calls that are within CARE's purview.

Options:

A. Adopt a Statement of Legislative Intent requesting that the Executive clarify the vision for and the goals of the Community Crisis Responder program and provide milestones for the evaluation of progress towards those goals.

B. Adopt a Statement of Legislative Intent requesting that the Executive take measurable actions towards the increased provision of solely or dually dispatched CARE response.

C. Adopt a Statement of Legislative Intent requesting that the Executive clarify the roles of SPD and SFD in responding to calls that are within CARE's purview.

D. Adopt a Statement of Legislative Intent requesting that the Executive focus available CARE dual dispatch capacity in areas of the City where it is most likely to be provided consistent with the pilot program's original scope – that is, in areas with relatively few Priority 1 and Priority 2 calls, so that an SPD unit is more likely to respond to the scene in a timely manner.

E. Some combination of A, B, C, and D above, as either separate or integrated Statements of Legislative Intent

F. No change

2. CARE Crisis Response Data Collection

CARE has built partnerships with several community-based organizations with expertise in providing services to those with behavioral health challenges. These organizations include We Deliver Care, which runs the Third Avenue Project, and the REACH program of Evergreen Treatment Services. Currently, the department does not track interactions between CCRs and providers like these. These interactions could concern a need for on-scene assistance or an ad hoc inquiry about an individual known to both CARE and the external provider. Due to public disclosure laws that restrict CARE from collecting identifying information about those served by CCRs, the department does not have data that would illuminate outcomes for those individuals.

As noted above, data collection was one of the goals of the dual-dispatch pilot, based on the idea that it could help guide the continued development of the program. Although the department has worked in concert with SPD to perform data analysis related to dispatch and response, little data

exists that could help illustrate the specific, experienced benefit of CCR response and CARE's service integration with partner agencies. This is likely due in part to the inherent difficulty of measuring the impact of social services. However, it was the department's choice not to track interactions, and types of interactions, across partners in the city behavioral-health ecosystem.

Seattle University researchers are currently conducting an evaluation of the CARE response program that will assess, via interviews, how the CCR team is perceived by impacted stakeholders, notably SPD and SFD -- for instance, the CCR unit's effect on these stakeholders' morale. This evaluation will not include interviews with individuals who received service from CARE CCRs.

More robust, maximally outcomes-focused data collection could also help CARE be more competitive for grant funding related to non-police response and community safety interventions. As described in the CARE Budget Overview Paper, the department received a $1.9 million grant this year to support its operational needs, but many funding opportunities have an analysis and/or evaluation component.

Options:

A. Adopt a Statement of Legislative Intent (SLI) requesting that the department develop more robust data-collection practices, as is legally permissible, such that they may help provide a framework for ongoing CCR response program evaluation and future planning. Such SLI could include a reporting requirement to the Council.

B. No change

3. Seattle Restoration Director Position

The 2025 Proposed Budget includes position authority and ongoing funding ($216,000) for 1.0 FTE Strategic Advisor 3 position with the working title of Seattle Restoration Director. The CARE Department has already filled this position, which will have oversight of the evolving Seattle Restoration Program. The position will initially coordinate the new Downtown Activation Team (DAT), which Mayor Harrell referenced in his speech introducing the 2025-2026 Proposed Budget. This team's purview will include place-based activations, cleanings, and safety operations in the downtown area. A pilot implementation of the DAT has been underway for the past several weeks, which various stakeholders – including the Downtown Seattle Association and the Seattle Metropolitan Chamber of Commerce – have helped inform, and Executive staff feel optimistic about its results to date. Following a pilot period of performing this work in the downtown area, the Seattle Restoration Program is anticipated to expand into other areas of the city. A timeline for that expansion is not yet available.

Conceptually, the Seattle Restoration Program is modeled after the Unified Care Team (UCT) in terms of its interdepartmental reach and its use of data to identify priority sites for intervention. It is intended to build on the Downtown Activation Plan (DAP) efforts that are currently being coordinated by the Office of Economic Development (OED); these efforts also include place-based activations and cleanings. The goal of the DAP is to revitalize the downtown area by means of various legislative, regulatory, and programmatic efforts, and the proposed new program recognizes that this revitalization requires a complementary dedicated focus on public-safety improvements. Although this position will be housed in the CARE Department, the Seattle

Restoration Director – like the UCT Manager – will work under the authority of the Mayor's Office to leverage the contributions of participating City departments. (This dispersed operational model means that expenditures associated with the Seattle Restoration Program may not be so allocated in departmental budgets.) The Seattle Restoration Director will report directly to the City Director of Public Safety.

In the longer term, it is the Executive's intent that the Seattle Restoration Director lead a broad institutional change, across various departments, to centralize in CARE City programming and data collection relating to the intersection of public safety interventions, public order, and human services delivery. The basis for the proposed centralization is that the current siloing of this body of work throughout the City impedes efficiency and that 9-1-1 is the public's point of connection to all of these needs and services. This intent would be realized when all 9-1-1 calls that do not require an armed law enforcement presence receive an immediate response by the appropriate City-staffed or contracted resource, dispatched to the scene where it is needed. In other words, the CARE Call Center could eventually have the ability to dispatch many types of non-police response, of which a CARE CCR team is only one example.

As Central Staff has engaged with Executive staff during this budget process, they have shared that the CARE Department's current priorities are the expansion of the Crisis Response program, the streamlining of call types and dispatch protocols across the City's three public safety agencies, and the reduction of response wait times to 9-1-1 calls. The proposed body of work for the Seattle Restoration Program will add a major new responsibility to this list. Council may want to seek additional information about this new, rapidly evolving program.

Options:

A. Adopt a Statement of Legislative Intent requesting details about the near-term and long-term priorities of the Seattle Restoration Program and its relationships to (1) the Downtown Activation Plan and (2) the UCT, including potential near-term staffing needs associated with the identified priorities.

B. No change