



SEATTLE CITY COUNCIL

Public Safety Committee

Agenda

Tuesday, July 23, 2024

9:30 AM

Council Chamber, City Hall
600 4th Avenue
Seattle, WA 98104

Robert Kettle, Chair
Rob Saka, Vice-Chair
Joy Hollingsworth, Member
Cathy Moore, Member
Sara Nelson, Member

Chair Info: 206-684-8807; Robert.Kettle@seattle.gov

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July 23, 2024 - 9:30 AM

Meeting Location:

Council Chamber, City Hall , 600 4th Avenue , Seattle, WA 98104

Committee Website:

<https://www.seattle.gov/council/committees/public-safety>

This meeting also constitutes a meeting of the City Council, provided that the meeting shall be conducted as a committee meeting under the Council Rules and Procedures, and Council action shall be limited to committee business.

Members of the public may register for remote or in-person Public Comment to address the Council. Details on how to provide Public Comment are listed below:

Remote Public Comment - Register online to speak during the Public Comment period at the meeting at

<https://www.seattle.gov/council/committees/public-comment>

Online registration to speak will begin one hour before the meeting start time, and registration will end at the conclusion of the Public Comment period during the meeting. Speakers must be registered in order to be recognized by the Chair.

In-Person Public Comment - Register to speak on the Public Comment sign-up sheet located inside Council Chambers at least 15 minutes prior to the meeting start time. Registration will end at the conclusion of the Public Comment period during the meeting. Speakers must be registered in order to be recognized by the Chair.

Pursuant to Council Rule VI.C.10, members of the public providing public comment in Chambers will be broadcast via Seattle Channel.

Submit written comments to Councilmembers at Council@seattle.gov

Please Note: Times listed are estimated

A. Call To Order**B. Approval of the Agenda****C. Public Comment****D. Items of Business**

1. [Appt 02918](#) **Appointment of Amy Smith as Chief of the Community Assisted Response and Engagement Department, for a term to August 1, 2028.**

Attachments: [Appointment Packet](#)

Supporting Documents: [Written Questions and Responses](#)

Briefing, Discussion, and Possible Vote (30 minutes)

Presenter: Amy Smith, Interim Chief, Community Assisted Response and Engagement (CARE) Department

2. **Seattle Police Department Update**

Supporting Documents: [Presentation](#)

Briefing and Discussion (30 minutes)

Presenter: Sue Rahr, Interim Chief, Seattle Police Department

3. **Criminal Justice Ecosystem Discussion**

Briefing and Discussion (45 minutes)

Presenters: Sue Rahr, Interim Chief, Seattle Police Department; Amy Smith, Interim Chief, CARE Department; Ann Davison, City Attorney, City Attorney's Office

E. Adjournment



Legislation Text

File #: Appt 02918, **Version:** 1

Appointment of Amy Smith as Chief of the Community Assisted Response and Engagement Department, for a term to August 1, 2028.

The Appointment Packet is provided as an attachment.

City of Seattle



Chief

**Community Assisted
Response and Engagement
Department**

**Confirmation Packet
July 9, 2024**

Amy Smith



July 9, 2024

The Honorable Sara Nelson
President, Seattle City Council
Seattle City Hall, 2nd Floor
Seattle, WA 98104

Dear Council President Nelson:

It is my pleasure to transmit to the City Council the following confirmation packet for my appointment of Amy Smith as Chief of the Community Assisted Response and Engagement (CARE) Department.

The materials in this packet are divided into two sections:

A. Amy Smith

This section contains Ms. Smith's appointment, oath of office form, resume, and press release announcing her hire.

B. Background Check

This section contains the report on Ms. Smith's background check.

Seattle's 9-1-1 Communications Center and Community Crisis Responder Teams are integral components of Seattle's public safety response network. Seattleites deserve a highly capable and intelligent public servant like Amy Smith to lead the CARE department into its next phase.

Acting Chief Smith has been foundational in shaping the CARE Department, serving as Acting Chief since September 2023, and as Deputy Director for the six months prior. She has spent twenty years in leadership at human service organizations in Washington, Oregon, Pennsylvania, and Ohio, consistently driving positive change to ensure more people receive services and interventions that work. She holds advanced degrees in ethical leadership, administration, and organizational learning. She recently completed a doctorate in education at Vanderbilt University, where she honed her data science and behavioral research skills.

Acting Chief Smith stabilized the 9-1-1 Communications Center after a tumultuous time of transition, facilitating the forging of a new culture and identity for the division. She created new leadership and management positions, established unprecedented collaboration and camaraderie with the Seattle Dispatcher's Guild, and elevated well-being as a key department priority. She also successfully launched the CARE crisis responder team pilot and used data to design the next phase of the program to expand services citywide by the end of 2024, freeing up police resources for other emergency calls. Her efforts to advance behavioral interventions and crisis de-escalation, along with resource navigation, have quickly elevated Seattle as a national leader worthy of emulation.

Before sending Acting Chief Smith's nomination to you today, my office consulted with stakeholders and leaders who have worked alongside her, including the current and past Presidents of the Seattle Dispatchers Guild, staff in the CARE department, Harborview Medical Center, Seattle Fire Chief Harold Scoggins, the Downtown Seattle Association, Seattle University, Target Loss Prevention, the Seattle

Police Chief's Office, Evergreen Treatment Services, Purpose Dignity Action (PDA), Seattle YMCA, Recovery Cafe, and the Downtown Emergency Services Center. The enthusiasm stakeholders expressed when supporting Acting Chief Smith's nomination cannot be understated. Since becoming Acting Chief, she's quickly become a trusted and respected partner, actively engaging with over 75 community, government, and business groups. Her strong leadership within the City, review of her performance at the CARE department, and the broad support from key stakeholders informed my decision to advance Amy Smith for your consideration today.

After reviewing Acting Chief Smith's application materials, meeting with her, and following Councilmember Kettle's thoughtful Public Safety Committee review, you will find that she brings the right mix of innovation, pragmatism, and critical thinking skills to lead the department into the future.

If you have any questions about the attached materials or need additional information, Deputy Mayor Tim Burgess would welcome hearing from you. I appreciate your consideration.

Sincerely,

A handwritten signature in dark ink, reading "Bruce A. Harrell". The signature is fluid and cursive, with the first letters of each word being capitalized and prominent.

Bruce A. Harrell
Mayor of Seattle

SECTION

A



City of Seattle

Mayor Bruce Harrell

July 1, 2024

Amy Smith
Seattle, WA
Transmitted via e-mail

Dear Amy,

It gives me great pleasure to appoint you to the position of Chief of the Community Assisted Response and Engagement (CARE) Department at an annual salary of \$252,523.

Your appointment as Chief is subject to City Council confirmation; therefore, you will need to attend the Council's confirmation hearings. Once confirmed by the City Council, your initial term will be for four years.

Your contingent offer letter provided employment information related to the terms of your employment, benefits, vacation, holiday and sick leave.

I look forward to working with you in your role as Director and wish you success. We have much work ahead of us, and I am confident that the Department will thrive under your leadership.

Sincerely,


A handwritten signature in black ink that reads "Bruce A. Harrell". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Bruce A. Harrell
Mayor of Seattle

cc: Seattle Department of Human Resources file



City of Seattle Department Head Notice of Appointment

| | |
|--|---|
| Appointee Name: <i>Amy Smith</i> | |
| City Department Name: <i>Community Assisted Response and Engagement Department</i> | Position Title: <i>Chief</i> |
| <input checked="" type="checkbox"/> Appointment OR <input type="checkbox"/> Reappointment | City Council Confirmation required? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Appointing Authority: <input type="checkbox"/> City Council <input checked="" type="checkbox"/> Mayor <input type="checkbox"/> Other: <i>Fill in appointing authority</i> | Term of Position: * Council Confirmation to <i>8/1/2028</i> <input type="checkbox"/> <i>Serving remaining term of a vacant position</i> |
| <p>Background: Acting Chief Smith has been foundational in shaping the CARE Department, serving as Acting Chief since September 2023, and as Deputy Director for the six months prior. She has spent twenty years in leadership at human service organizations in Washington, Oregon, Pennsylvania, and Ohio, consistently driving positive change to ensure more people receive services and interventions that work. She holds advanced degrees in ethical leadership, administration, and organizational learning, most recently completing a doctorate at Vanderbilt University, where she honed her data science and behavioral research skills.</p> <p>Acting Chief Smith stabilized the 9-1-1 Communications Center after a tumultuous time of transition, facilitating the forging of a new culture and identity for the division. She created new leadership and management positions, established unprecedented collaboration and camaraderie with the Seattle Dispatcher's Guild, and elevated well-being as a key department priority. She also successfully launched the CARE crisis responder team pilot and used data to design the next phase of the program to expand services citywide by the end of 2024, freeing up police resources for other emergency calls. Her efforts to advance behavioral interventions and crisis de-escalation, along with resource navigation, have quickly elevated Seattle as a national leader worthy of emulation.</p> | |
| Authorizing Signature:  Date Signed: July 9, 2024 | Appointing Signatory: <i>Bruce A. Harrell</i> <i>Mayor of Seattle</i> |

*Term begin and end date is fixed and tied to the position and not the appointment date.



CITY OF SEATTLE ▪ STATE OF WASHINGTON
OATH OF OFFICE

State of Washington

County of King

I, Amy Smith, swear or affirm that I possess all of the qualifications prescribed in the Seattle City Charter and the Seattle Municipal Code for the position of Chief of the Community Assisted Response and Engagement Department; that I will support the Constitution of the United States, the Constitution of the State of Washington, and the Charter and Ordinances of The City of Seattle; and that I will faithfully conduct myself as Chief of the Community Assisted Response and Engagement Department.

Amy Smith

Subscribed and sworn to before me

this ____ day of _____, 2024.

[Seal]

Scheereen Dedman, City Clerk

AREAS OF EXPERTISE Cross-sector collaboration, program evaluation, public policy analysis, social impact investing, project management, improvement science, community-driven design

EXPERIENCE **ACTING CHIEF, SEATTLE COMMUNITY ASSISTED RESPONSE & ENGAGEMENT (CARE) DEPARTMENT, Sept 2023 – Current**

Responsible for Seattle 9-1-1 administration and quality assurance
 Responsible for the design, implementation, and evaluation of diversified response units to 9-1-1 calls, including the CARE behavioral health community crisis responders
 Partner with Seattle Fire, Police, Human Services and Neighborhood Departments to analyze public safety needs and ensure optimization in first response
 Act as a conduit for community concerns with an aim to align community needs with public resources, and to drive advancement in safety related public policy

DEPUTY DIRECTOR, SEATTLE COMMUNITY ASSISTED RESPONSE & ENGAGEMENT DEPARTMENT (FORMERLY CSCC), April 2023 – Sept 2023

Responsible for business strategy and oversight of 911 center administrative functions, including training and continuing education, internal and external communications, information systems and technology, community engagement, cross-sector collaboration
 Responsible for the design, implementation, and evaluation of the Dual Dispatch/Alternative Response Pilot Program

EXECUTIVE DIRECTOR, PROVIDENCE FOUNDATION, Mar 2022 – April 2023

Responsible to advance support of population health initiatives through improved marketing campaigns, philanthropic revenue, corporate partnerships, and public awareness
 Analyzed business operations in skilled nursing, assisted living, and supportive housing across 8 states to recommend and implement centralization and better coordination of core business functions

CHIEF DEVELOPMENT OFFICER, UNITED WAY OF CINCINNATI, 2019 – 2022

Responsible to raise ~\$50MM of philanthropic revenue annually
 Ensured ~\$30 MM responsible grantmaking to mission-aligned partners and programs
 Led design of shared purpose strategy to align corporate responsibility initiatives with United Way targeted investment funds with Fortune 500 companies, including Procter & Gamble, Western & Southern, Kroger, Cincinnati Insurance, and Great American
 Acted as resident data scientist, using regression modeling to analyze meaningful interventions to improve economic mobility; provided data visualization
 Managed team of 25

DIRECTOR, COMMUNICATIONS & FOUNDATION, ST. ALOYSIUS, 2016 - 2019

Developed a diversified and sustainable revenue strategy to achieve organizational goals
 Managed Development, Communications, and IT departments
 Conducted IT risk assessment and vulnerability audits; created policies and protocols to ensure HIPAA and FERPA compliance; Invested in new IT systems and hardware

Established new corporate partnerships and new community impact activities (including Summer Jazz Series, Learning Through Art, Mercy Health partnership, Cintas partnership)
Created target-audience market orientation strategies, including new social media presence, marketing collateral for all programs and service lines, website redesign

NATIONAL DIRECTOR OF ADVANCEMENT, THE MOYER FOUNDATION, 2015 - 2016

Led philanthropic strategy across private, public, and nonprofit sectors to ensure support of programs and services in 52 markets in the US and Canada
Supported the transition of foundation headquarters from Seattle to Philadelphia
Drove philanthropic focus away from events and toward strategic corporate partnerships and individual giving
Supported the design and launch of an online resource center for individuals and families experiencing grief or the impacts of addiction in their homes

ASSOCIATE DIRECTOR, LEADERSHIP GIVING, AMARA, 2013 - 2015

Responsible for all philanthropic revenue except Board giving
Responsible for corporate portfolio of funders; established new Delta Airlines partnership and media campaign; expanded Boeing, Costco, and Microsoft Partnerships
Led planning and private phases of \$25 million comprehensive campaign
Supported the design, establishment, and initial funding for the first Emergency Sanctuary for kids entering foster care in Washington State
Led effort raising \$720,000 at the first ever Amara Soirée event (exceeding goal by 74%)
Facilitated public policy conversations and evaluation to advance family court reforms in WA State

COMMUNITY PROGRAMS MANAGER, PORTLAND VILLAGE SCHOOL, 2008 - 2010

Developed community partnerships, fundraising strategy, and engagement opportunities
Identified and cultivated large corporate and small business partnerships
Acted as liaison between the Board of Directors, Administration, and Parent Association
Recruited, trained, and supported volunteer teams and committees
Assisted in the development and improvement of school marketing materials
Led comprehensive fundraising effort, exceeding annual target by 85% in 2009

FOUNDER AND DIRECTOR, FORTE MUSIC SCHOOL, 2002 - 2008 fortemusicschool.com

Developed original business model, market strategy, and brand strategy
Recruited staff of 8 educators and led collaborative development of original curriculum
Cultivated client relationships and corporate and community partnerships
Developed financial model, billing system, HR processes, and optimized CRM database
Successfully executed sale of the business to the Education Director, leading a smooth transition with an eye to long-term success and sustainability

EDUCATION

DOCTOR OF EDUCATION, ORGANIZATIONAL LEARNING, VANDERBILT UNIVERSITY, 2022

3.9 GPA. Research areas:

Assessing organizational readiness to learn and best delivery modalities for US federal government departments and military teams;
Evaluating the impact of mandatory pre-kindergarten on secondary education outcomes in the state of Florida

MASTER OF ARTS, ETHICAL LEADERSHIP, THOMAS MORE UNIVERSITY, 2018,

4.0 GPA

ADVANCED INTERNATIONAL DIPLOMA, PLYMOUTH UNIVERSITY HARTSOOK CENTRE FOR SUSTAINABLE PHILANTHROPY, 2016

GRADUATE CERTIFICATE, NONPROFIT MANAGEMENT, UNIVERSITY OF WASHINGTON, 2014

BACHELOR OF ARTS, BRIGHAM YOUNG UNIVERSITY, 2000

AFFILIATIONS Center for Innovations in Community Safety, Georgetown Law
Seattle University Criminal Justice Advisory Committee
Policing Project, New York University
King County Dependency Court CASA

TECHNICAL SKILLS Microsoft Office and Outlook 365, Sharepoint, Power BI
R Markdown and R Studio
Tableau, Smarsheets, Qualtrics
Salesforce, Raiser's Edge, Salsa Labs
Adobe Creative, basic web design, social media platforms

Mayor Harrell Announces Investments Supporting Upcoming Launch of CARE – Seattle’s New Public Safety Department

by [Ben Dalgetty](#) on September 21, 2023

Seattle – Today, Mayor Bruce Harrell provided updates regarding the upcoming launch of Seattle’s new Community Assisted Response and Engagement (CARE) department, detailing the vision, timelines, and staffing progress for the department, including his proposal for a \$6 million increase in the department’s budget.

In a preview of next week’s budget announcement, Mayor Harrell is proposing to increase the CARE department budget by 30% in 2024 from 2023, hiring 13 additional full-time staff, making needed technology upgrades, and investing in enhanced violence intervention efforts. Formerly the Community Safety and Communications Center (CSCC), the mayor is proposing a budget of \$26.5 million, a significant increase from the department’s 2023 budget of \$20.5 million.

“Our new CARE department will deliver on Seattle’s long-standing need for a public safety system with diverse emergency response options designed to meet community needs. Building on lessons learned locally and from around the country, we will build a stronger public safety system and a safer Seattle for all residents,” **said Mayor Harrell**. “This has been a priority since Day One of my administration – and we are grateful for the insight of experts and community leaders from inside and outside of government who continue to be thoughtful partners in this work. We will continue to work together as we seek to build a public safety system recognized for its commitment to building a safe, welcoming, and thriving city for all the people of Seattle.”

Advancing a new approach and learning from best practices implemented by other jurisdictions, CARE will be Seattle’s third public safety department, aligning existing community-focused and non-police public safety investments and programs. The new department will have three divisions: emergency call takers and dispatchers in the 911 Center; community-focused public safety responders including behavioral health professionals; and violence intervention specialists currently siloed in different departments.

Mayor Harrell announced that the Dual Dispatch pilot program – a collaborative effort between the Mayor’s Office and the City Council – will begin work in October. The CARE department will work closely with the Seattle Police Department (SPD) and Seattle Fire Department (SFD) to identify the appropriate types of calls, starting with low-risk priority 3 and priority 4 person down and welfare check calls. The Dual Dispatch pilot has fully hired its initial pilot teams and training has started this week.

The CARE department will be led by Amy Smith, Ed.D., Deputy Director of the CSCC, announced Mayor Harrell. Acting Chief Smith has led design and launch efforts for the new Dual Dispatch pilot program and administrative business functions of the department. Following her successful efforts leading the department’s transition, CSCC Interim Director Rebecca Gonzales will return to her command position with the Seattle Fire Department (SFD).

“It is deeply gratifying to participate in a such a significant moment in Seattle public health and safety,” **said Acting CARE Department Chief Amy Smith**. “I applaud the willingness of this Mayor

and City Council to reimagine first response, to center what is best for community, and to balance optimism and pragmatism. We are positioned to use resources in a more strategic and efficient way and to better support our first responders.”

“I look forward to further seeing Acting Chief Smith’s leadership and experience in action as we work to respond to complicated safety challenges with nuanced solutions,” **said Mayor Harrell**. “Thanks to the hard work of Interim Director Gonzales, we have rapidly improved staffing at the 911 Center and put the CARE department on a trajectory for swift and effective service. I am also thankful for the work of our 911 call takers and dispatchers – first responders who aren’t always in the limelight but work tirelessly every day to keep Seattle residents safe.”

The mayor also announced that Seattle’s 911 Center is on track to be fully staffed by the end of the year after experiencing a high vacancy rate and long recruitment and onboarding timelines. Through improved recruitment, hiring, and training processes, the 911 Center has hired over 45 new employees in 2023, addressing a critical need and function in Seattle’s emergency response system to ensure calls are answered in a timely, efficient, and effective manner.

As part of the City’s Youth Mental Health Initiative, [Reach Out Seattle](#), the CARE Department will oversee the implementation of community-wide mental health training through [Shine Light on Depression](#), creating an approach that applies mental health training throughout the city to ensure all communities are being reached in a culturally inclusive manner.

Under Mayor Harrell, the CARE department will work to create a safer city, operating with the following vision statement: “The CARE department will strive to improve public health and safety by unifying and aligning Seattle’s community-focused, non-police public safety investments to address behavioral health, substance abuse, and non-emergent, low-risk calls for service through diversified programs that are equitable, innovative, evidence-based, and compassionate.”

WHAT PEOPLE ARE SAYING

Police Chief Adrian Z. Diaz

“We are excited for the launch of Seattle’s new Community Assisted Response and Engagement (CARE) Department. We have been working with the CARE department on the implementation of their community focused assisted response and believe this could be a model for the country.”

Fire Chief Harold Scoggins

“As the primary public safety answering point for the city, the CARE department’s dispatchers work closely with our Fire Alarm Center firefighter/dispatchers to transfer more than 170,000 emergency 9-1-1 calls annually for incidents that require fire suppression or an emergency medical response. We also foresee a collaborative relationship between SFD’s Health One program and the newly established unit in the CARE department that will dispatch behavioral health responders in the field. We welcome the CARE department as the City’s third public safety department.”

Councilmember Lisa Herbold (District 1, West Seattle & South Park)

“In August of 2020, in the wake of the murder of George Floyd, Councilmember Lewis and I and Council President Juarez sponsored [Resolution 31962](#), establishing the Council’s intent to create a

civilian-led 3rd public safety department and approved a budget adjustment moving 9-1-1 communication functions out of SPD. Three months later, in November of 2020, the Council passed [CB 119949](#) declaring our ‘shared vision for reimagining Seattle’s system of community safety recognizes the importance of providing alternatives to armed police officer response, including civilian and community-based services and solutions.’ I thank the mayor for embracing this priority and I look forward to learning more when Mayor Harrell’s budget is proposed next week. This transition represents a long overdue step forward for our public safety network. While the dual dispatch work that this department will be leading is exciting and new to Seattle, similar programs have been tested and proven successful across the country. I am confident that Acting Chief Smith will lead the department in data-driven efforts to bring our city’s response to behavioral health crises into the future.”

Councilmember Andrew Lewis (District 7, Pioneer Square to Magnolia)

“For years, I have pushed for an alternative 911 response model that delivers rapid civilian public health assistance to community members in crisis and frees up police to focus on preventing and solving crimes. Public safety is our paramount duty and requires a comprehensive approach. Cities across the nation are showing us that not every emergency requires a badge and gun. Mayor Harrell and his team have been incredible partners in this work to build true community safety through the creation of this new civilian public safety department. I look forward to working with Mayor Harrell to scale this service and realize our shared vision for a safe community.”

ABOUT ACTING CHIEF AMY SMITH

Acting CARE Chief Amy Smith holds advanced degrees in ethical leadership, administration, and organizational learning, most recently completing a doctorate at Vanderbilt University where she honed her data science and behavioral research skills. She has spent twenty years in leadership at human service organizations in Washington, Oregon, Pennsylvania, and Ohio, consistently driving positive change to ensure more people are availed of services and interventions that work.

###

SECTION

B

Memo

Date: September 27, 2023
To: Lindsey King – Senior Talent Acquisition Analyst - SHR
From: Annie Nguyen – Citywide Employment Compliance Advisor - SHR
Subject: Background check for Amy Lynn Smith

The Seattle Human Resources has received a copy of Amy Lynn Smith’s background check completed on April 1, 2023 provided by National Testing Network. There were no findings that would impact their employment eligibility.

Questions for Interim Chief Amy Smith regarding Council Appointment

Management Beliefs

1. If you are confirmed as chief, what do believe the role of data is in optimizing CARE and how will you use data to ensure CARE is providing the services the City requires?

Program and trend data should be collected and analyzed continuously, reported transparently, and must inform decisions and support quick iteration in design. Data is useful when it is acted upon. The potential to reframe Seattle 9-1-1 as a public safety data center and the opportunity to then use that data to design appropriate diversified response units was a primary reason I accepted the job (I learned to code in R and use RMD during my doctoral program and love multivariate analysis). Effective data visualization and storytelling supported by data promotes a well-informed public, and I consider my city function at least half educator.

I am currently and will continue to track outputs, such as call hold time and response time and number of rides given, but as a good continuum of interventions and supports emerge the city will shift to focus on outcomes – things like recidivism rates, people coming indoors and remaining sheltered, rates of death by suicide, rates at which people are diverted to substance use disorder services and remain successfully engaged and on a path to recovery.

2. What is your vision for CARE for the next 5,10, 20 years?

My vision for CARE is that it will inform the development of diversified response options to 9-1-1 calls that represent the most appropriate professional discipline and the most financially prudent strategy to support and promote public safety.

Further, CARE should be a data center and center of innovation that promotes and advances positive change in criminal justice reform, community-driven design and investment, and rapid response to all public health and safety vulnerabilities and emergencies (including houselessness). I am fully committed to open-sourcing our operational designs, and transparently sharing everything we learn – especially when we make mistakes and miscalculations.

In five years:

- 9-1-1 staffing should be stabilized and culture much improved.
 - At least 60 more dispatchers and call-takers should be staffing the unit to ensure swift call answer times for both emergency and non-emergency calls.
 - 9-1-1 staff vacancy rate should be less than 10% (it is currently 17%)

- 9-1-1 staff turnover should be less than 10%, and most staffing departures should be collegial and collaborative. (I have observed people often quietly burn-out and move on rather than proactively reaching out for supports or adjustments in role or schedule, for example).
 - Well-being should be a top priority supported by appropriate investment, commensurate with SPD and SFD
 - CARE should be well-established as a learning organization; psychological safety and morale will be routinely measured and promoted.
 - New jobs enrichment strategies and learning opportunities will be developed with the Dispatcher's guild leadership and available to all.
- CARE responder teams will have scaled to be city wide, working 24/7, most likely co-located with either SPD or SFD to best support public safety team integration.
 - All different configurations of specialized co-response will be available to 9-1-1 to dispatch, designed relative to current needs. CARE should also either employ or partner with other teams comprised of peers with lived experience in the carceral system, living unhoused, experiencing substance use disorder or domestic violence, and escaping human trafficking, and whatever else is urgent and emergent.
 - CARE responders will be embedded in 9-1-1 for crisis call diversion, or CARE will partner with 9-8-8 to be embedded in 9-1-1.
 - Community violence prevention and intervention will be a focus area in CARE, perhaps similar to the Albuquerque Community Safety model.
 - All city and county prevention and intervention strategies will be coordinated.
 - The public safety and health goals and metrics across levels of Washington government are co-created and shared.
 - CARE, SFD, and SPD are routinely training and upskilling together. Records are shared, all dispatchers are co-located in the same space. The departments are commonly viewed as three divisions of one public safety team and coordinate spending priorities.

In ten years:

- 9-1-1 will feature a full technology division with a real-time information center, led by a Deputy Chief of Technology. Machine learning and other AI innovations will dramatically mitigate risk, reduce bias, and promote efficiency in dispatch.
- CARE teams will have grown to whatever size the data determines appropriate for related calls for service. The public will generally trust 9-1-1 dispatch to deploy the best first response.

- Half of the department focus (investment of both time and money) will be on prevention and early intervention.

In twenty years:

- City telecommunications and all calls for service of any public safety or health nature are coordinated and co-located in one central space.
- Two thirds of the department focus (investment of both time and money) will be on prevention and early intervention.
- CARE is fundamentally a diversion department, which may naturally help to evolve the way we think about the carceral system and its potential to be more fully rehabilitative. Recently, Judge John McHale, presiding judge of King County Drug Diversion Court, suggested publicly that CARE responders have been the ever-missing piece of the diversion puzzle.

3. What are the obstacles you see in increasing and expanding CARE's services and how does your background make you uniquely equipped to address those challenges?

The greatest threat to CARE growth is the politization of human suffering and how we respond to it. We have failed to come together across disciplines and ideologies to center the person who is suffering in our conversation and design, instead choosing to endlessly debate body of work issues and ideal response to the housing, substance use, and escalating violence crises (among others). Throughout my life I have been a successful mediator and diplomat, I suspect because I genuinely embrace different perspectives and am impervious to offense. This work is fundamentally not about me, and I am in service to people and not process.

The second greatest threat is the bureaucratic predilection toward territorialization and siloes. CARE success will rise and fall on our ability to partner with other first responders and community-based providers and intervention/prevention teams. And, most significantly, we must show up for community and have the humility to really listen to what is needed and then go to work to support and promote health and safety.

I have developed some skills and acquired some academic knowledge throughout my life and career but continue to believe that my success is anchored in a deep commitment to the value of every life and a profound belief in the ability of each individual to grow and change. Compassion impels me to act, and to act urgently to alleviate human suffering.

I know through study and experience that the only way we really learn is by doing, and so it is not useful to remain mired in planning and endless debate. Rather, we design an intelligent approach premised in evidence and we go to work, seeking to constantly learn and evaluate and improve and learn more. I love improvement science – plan/do/study/act -- and quote W. Edwards Deming about forty times a week because systems thinking is vital to success. "Put a good person in a bad system and the bad system wins, no contest."

4. What is your approach to collaboration with critical partners across the city, region, state, and country? How would you directly engage with those partners?

We rise and fall together. I uniformly embrace and work with anyone and everyone trying to do good on the front lines of service. I proactively ask, “who else is doing this work?” and then go to the next person to see how we can work together and what else I can do to help or to better understand.

In this role, people could call me every day from around the region and throughout the country. I love it. I learned in grad school how powerful a community of practice is, and also what a great well-being support this can be. I am actively part of a number of local and national communities of practice related to 911 transformation, alternative response, policing reform, homeless response, and carceral system reform. I expect all leaders and managers in my department to behave in the same way; we must be concurrently internally and externally facing, and always embedded in community. The CARE team spends a significant amount of time mapping the system of response and human service provision so we can know who best to refer people to, and so other teams can refer to and confer with us.

5. How do you think the City Council can best support CARE and what do you view as the Council’s role with CARE?

Continue to ask questions and give candid feedback on behalf of yourselves and your constituents. Continue to endorse my candor and transparency and I will continue to endorse yours! These behaviors save time, promote trust, and help the public to come to a quicker understanding of what we are trying to do and why.

Please focus on actually breaking cycles of crime and crisis, which represent human suffering and sometimes self-destruction. Let’s all start to invest more in prevention so that at a future state public safety response doesn’t require such a huge portion of our community investment.

I have appreciated the Council’s expressed trust and confidence in me. In this role I have not been at all slowed down by micromanagement or interference in any way, which allows me to act with urgency on behalf of my neighbors. Thank you!

CARE Team Review

6. Can you give us a few examples of how data surprised you and what adjustments you made to service delivery or program design based on an analysis of it?

I was surprised at the 88% statistic for times CARE was requested by SPD vs the 12% being directly dispatched by 9-1-1 during the first 500 calls. I thought officers would be slower to accept the new option on account of the very hasty rollout and lack of training around how to approach and behave at the scene with the new group. Officers have had an easier time using the resource than 9-1-1 dispatch, and so during the past month I am much more focused on dispatchers' buy-in and understanding.

I was surprised at the roughly 40% of the time a CARE response involves giving a ride to someone. I thought this could be the case as we expanded citywide but assumed that just in the DAP zone there are so many transit options and teams doing outreach work that the transportation need wouldn't be as great.

We learned that the expectation that CARE responses to welfare checks would predominantly refer to public spaces was misguided. Many welfare checks are not a good fit for the team, essentially acting as pre-missing persons reports for a family member or employee who is unreachable, but without any behavioral health element. However, an analysis of priority 2 and 3 welfare check calls in May 2024 showed that there were a fair number of welfare checks at private residences in this realm that did have a specific mention of the person, for example, being depressed lately or drinking or using drugs more frequently as of late. As a result, training digests and procedural guide updates were made for dispatch clarifying that private residence welfare checks were appropriate for the CARE Team and should be sent on per dual dispatch protocols so long as a relevant issue such as behavioral health or substance concerns was confirmed during screening.

Anecdotally, we receive multiple requests a week to respond to encampments via the CARE info email or directly to one of our emails. These requests often express that someone feels they have exhausted every other option and illuminate where our system is failing.

7. In April and May CARE responded to 125 calls, of which SPD was able to secure the scene and hand it off to CARE over half the time, to leave for other priorities. What are your thoughts about why this number is so low? Is this because of dual dispatch? What can be done to increase handoff?

The prevalence of secondary dispatch means the team is potentially called on all manner of call types, including many priority calls (over 100 through 6/8/24). It's reasonable that a certain

amount of SPD remaining on scene would occur. This isn't all priority calls, some still allow for a hand off, but the team has reported that beyond their own safety there may be higher acuity calls where the community member is also at risk, for example if a domestic violence or assault suspect is still outstanding and could return. It's also important to note that while our goal is to free up officers whenever possible, these calls still have potential positive impacts on outcomes in de-escalation and in identifying and addressing underlying needs that could otherwise lead to repeat 911 calls and additional responses.

Dual dispatch is certainly a potential aspect of this. It's natural that if an officer is already on scene, they may be more likely to standby until the team has fully ascertained the nature of the need and established rapport, even if the team wouldn't have needed or called for SPD had they begun the call alone. Anecdotally, responders have stated they sometimes have to wait a small time beyond when officers could clear to find a way to advise officers of this without interrupting or damaging rapport building. If the person ultimately walks off or only wants a rapid intervention like basic needs supplies, this could even mean the officer ultimately doesn't leave until CARE is already preparing to do so.

But, as noted below in describing whether dual dispatch is necessary, this number is also potentially inflated by the need for officers to remain on scene to provide Crisis Solutions Center referrals when needed (a referral made on roughly 10% of CARE Team calls) up until mid-June of 2024 when we were able to secure an MOU for direct CARE Team referrals to Crisis Solutions. For context, to date officers have only been asked to return to the scene 4 times after clearing, 1 being someone who was too physically erratic to be safely transported in a car without a security screen, and the additional 3 being solely to provide a CSC referral.

It's also possible that this is a natural occurrence in the early days of a new response program. Officers have expressed fear about liability if they determine a scene is secure for CARE and something bad happens, and I would expect that as SPD continues to see the capabilities and experience of the team and as both teams continue to practice effective communication that the length of time before SPD clears may naturally shorten.

- 8. CARE responders arrive at a scene from 9-1-1 dispatch just over ten percent of the time – the rest of the time they arrive because SPD response units directly request their assistance. Is this because there just aren't that many Person Down and Welfare Check calls coming into dispatch? If I'm recalling correctly, when the program was being developed the SPD-request aspect of wasn't the main part of program design. Can you talk about that 90% of service requests – in general, what are CARE responders doing on scene and who would have done it in the past?**

It is true that there are a limited number of Person Down and Welfare Check calls when looking at solely CARE Team hours and after applying exclusionary criteria (involving minors,

violence/weapons, or a person down in the driver's seat of a vehicle), but an analysis of dual dispatch usage in May of this year also showed that there were many calls that were cleared by officers before dual dispatch could occur, for example officers asking for a call to be 'stacked' to them (assigned as a call they'll respond to when available) which the officer later self-arrived on and cleared, or officers who advised that they'd already arrived at the scene and will take it 'for a MIR' (meaning the call is already handled and they're just clearing it in the system). Both of these scenarios are more likely when staffing renders officers unavailable for long enough that the subjects of the calls leave the area before officer arrival, negating the opportunity for CARE to respond, and of course some of these are on-viewed by officers rather than dispatched.

There were some opportunities for improved dual dispatch usage, like ensuring dispatchers were continuing to offer CARE even when a backing unit was declined (since CARE is acting in a different role than a backing unit) and clarifying a previous limitation on private residence welfare checks, but this would only increase available call load to a moderate degree and these calls could still overlap with times when the team is busy on another call or result in an officer being offered CARE and declining.

There is a broad range of services the team may provide on those 90% of calls, some may be interpersonal engagement, including emotional support, safety planning, and service and resource connection, which an officer may attempt to provide but would not have the same expertise to do so, or an officer may need to leave to a life threatening 911 call rather than being able to provide this. This could potentially be referred to another resource, but availability would vary greatly (for instance, if the person had a phone to be able to connect to a case manager or if they were able and willing to standby for a Mobile Crisis Team response, which could easily take over an hour). The team also provides a significant number of transports, generally to day centers, shelters, resources, or even back to the person's home, which would again usually be provided by an officer (if available, and which would be time consuming and prevent officer availability for priority calls).

Further simplification of call types in 9-1-1 will merge a number of other related call types into the Person Down and Welfare Check categories, which will open up a plurality of opportunities for CARE Team response.

a. Do you believe these calls need dual dispatch? What other calls are CARE responders capable of responding to? Would those calls require dual dispatch? Why or why not?

It would be unreasonable to assert that these calls need to remain dual dispatch. We've taken the time to establish comfort between SPD and the CARE Team in approaching scenes safely and collaboratively and now, of the 501 calls the team responded to through June 8th of this year, 53 (just over 10%) were handled independently, generally from the team being flagged

down in the community. Another 256 (over 50%) involved SPD responding and later being able to hand the call off to the CARE team entirely, leaving the team to continue working with the community member alone, despite the fact the vast majority of our calls during this time were secondary dispatch and therefore open to any number of different call types and scenarios. This number is also potentially inflated by the previous need for officers to remain on scene to provide Crisis Solutions Center referrals when needed (a referral made on roughly 10% of CARE Team calls) up until mid-June of 2024, when we were able to secure an MOU for direct CARE Team referrals to Crisis Solutions. In fact, to date officers have only been asked to return to the scene 4 times after clearing, 1 being someone who was too physically erratic to be safely transported in a car without a security screen, and the additional 3 being solely to provide a CSC referral.

When specifically discussing Down Person and Welfare Check calls, per SPD's Crisis Contact Dataset in 2023, the calls cleared with the disposition of Emergent Detention/ITA, only 60 were initially Down Person calls. Of those sixty, 15 were specifically on-viewed calls, so not assessed/triaged through dispatch but rather happened upon by an officer who described the situation as a down person). Only 97 were initially Welfare Check calls (two of which were on-viewed). For context, we had a 2023 total of 2,924 Down calls of priority 2 and 3 alone, and a total of 5,925 Welfare Checks of a priority 2 or 3.

To further clarify, other types of enforcement are also exceedingly rare in this data set as only 1.92% of priority 2/3 person down calls and .47% of priority 2/3 welfare check calls in 2023 were cleared by either arrest, citation, or oral warning (per SPD/911 call volume data).

It is also worth noting that Person in Crisis and Assist the Public calls round out the top 4 call types the team was called to assist on as of the expansion planning data review conducted in late April 2024. If we again restrict to the most common and appropriate priority levels for the CARE Team these calls also show extremely low levels of enforcement related dispositions. Only 0.78% of priority 2 and 3 Assist the Public calls are cleared by arrest, citation, or oral warning. Only 0.30% of priority 3 Crisis calls are cleared by arrest, citation, or oral warning*. To give an idea of the impact the team could have by opening appropriate calls of these types up to independent, primary dispatch, there were 3,972 Priority 2/3 Assist the Public calls and 4,926 Priority 3 Crisis calls in 2023.

*For context, the other call types discussed here are often upgraded to a priority 2 due to risks to the community member should assistance not arrive promptly, such as a person who is down or barefoot in severe cold weather, which does not change their appropriateness for CARE crisis responders. Crisis calls, on the other hand, are often upgraded to a priority 2 due a disturbance, threat, or hazard, hence the focus on priority 3 when discussing potential CARE Team responses.

It is also imperative to reiterate the importance of moving toward criteria-based dispatch. Simply stated, the approach seeks to swiftly rule out whether law enforcement is needed or whether there is likely a medical emergency happening or about to happen. This is a crucial step in appropriate dispatch of the team as dispatchers are the people most qualified to be making decisions about resource allocation and the resources necessary for a safe response. Given the nature and complexity of emergency response this would allow for maximum utilization, adaptability, and efficacy of the team, and would also be in line with existing dispatch standards and practices for other unarmed responses that may be needed, such as SDOT and Seattle Fire.

9. What service activities do CARE responders perform in the downtime between calls? I know that they sometimes go on foot patrols downtown, in my district – can you talk about some engagements that they’ve made via foot patrol that they wouldn’t have been able to make otherwise?

First, I’ll add that in addition to walking our neighborhoods to outreach and assess needs, the team may also be present in community at special events and presentations. Historically examples have included Mayor Harrell’s public safety precinct forums, recovery center resource fairs, precinct roll calls, provider meetings, local library presentations/resource events, and more, and the team is generally able to keep their radios on in case they have to exit to attend to a call.

Specifically regarding foot patrols, the team is able to be visible and increase rapport and awareness of their services and appearance to increase community trust and interest, and they’ve developed relationships from checking in with, for example, the Uwajimaya store director, the Pioneer Square Residents’ Council, and Seattle Center Security, all of whom have expressed appreciation for CARE presence and availability to answer questions about their services and how to request the team. But beyond this, the team has also been approached and asked for assistance (of varying kinds, from referrals to supplies) while out on foot over 50 times through 6/8/24.

CARE Team Challenges and Opportunities

10. A not insignificant number of individuals for person down and welfare check calls suffer from mental health and/or active addiction. Many need to be placed in involuntary treatment for mental illness or substance abuse. How can CARE facilitate these placements, when responders lack authority to make a detention decision?

The CARE Team is able to facilitate this the same way other non-enforcement first responders or even community based behavioral health professionals might, by requesting police support

due to concerns of an imminent threat to self or others so that an officer may respond and, if appropriate, involuntarily hospitalize the community member. Additionally, it should be clarified that per SPD's Crisis Contact Dataset in 2023 of the calls cleared with the disposition of Emergent Detention/ITA only 60 were initially down person calls (15 of which were specifically on-viewed calls, so not assessed/triaged through dispatch but rather happened upon by an officer who described the situation as a down person). Only 97 were initially welfare check calls (two of which were on-viewed).

This is despite a 2023 total of 2,924 down calls of priority 2 and 3 alone, and a total of 5,925 welfare checks of a priority 2 or 3 (the most common and appropriate priority levels that would be dispatched to CARE even within a criteria-based system, it is unclear how many of the above ITA's would be excluded if restricting to these priority levels). To further clarify, other types of enforcement are also exceedingly rare in this data set as only 1.92% of priority 2/3 person down calls and 0.47% of priority 2/3 welfare check calls in 2023 were cleared by either arrest, citation, or oral warning (per SPD/911 call volume data).

11. Many of the successful alternative response programs that we hear about involve the dispatch of a single, non-police response unit. [Some examples: Denver STAR, Albuquerque Community Safety, three out of the four Durham HEART teams, Eugene CAHOOTS]. With respect to the City's dual-dispatch, what are some of the opportunities that it presents, and what are some of the challenges?

While some models may operate with a focus on non-police response (STAR teams, as mentioned, which includes a paramedic and behavioral health clinician) it's important to clarify that a diversity of response options is also common. For example, consider the many options for CAHOOTS response:

"Some of the CAHOOTS calls are a joint response, or CAHOOTS is summoned to a police or fire call after it is determined their services are a better match to resolve the situation. However, CAHOOTS remains a primary responder for many calls providing a valuable and needed resource to the community." (Source: <https://www.eugene-or.gov/4508/CAHOOTS>)

Albuquerque Community Safety also houses multiple response options, including MCT Clinicians who work "in a team with a uniformed law enforcement officer" in addition to their other teams that provide varying types of non-police response (behavioral health responders, street outreach to those experiencing homelessness in encampments, etc.).

Additionally, only one of the four Durham HEART teams involves a fully non-police primary response to 911 calls for service. Two of HEART's teams do not provide primary response (the Crisis Call Diversion team housed within 911 and the Care Navigators who provide follow-up to

persons originally contacted by HEART's first responders) while the two first responder divisions provide both Co-Response (a clinician with a police officer) and Community Response (3-person teams that do not include a police officer) (Source: <https://www.durhamnc.gov/4576/Community-Safety>).

This doesn't mean that dual dispatch is without its challenges; the team of course has to work to develop familiarity and trust with police officers, ensuring that officers feel comfortable assessing calls for CARE intervention, which can be difficult with so many teams, services, and referrals available. Consequently, processes such as automatic tandem dispatch can be important for giving officers a first-hand experience seeing how the CARE Team can support their work and positively impact outcomes, to hopefully increase the likelihood that they will call for the team in the future. Additionally, staffing shortages within Seattle Police can make it difficult for officers to be available for calls that the CARE Team is appropriate and available for due to the understandable need for priority calls (threats to life) to be dispatched first.

But there are fewer reasons to forego dual dispatch and more reasons to support dual dispatch as part of a larger framework of diversified response options the same way we would (and do) with any other non-police response unit, a primary example being fire and medics. We would never restrict fire and medics to only responding independently or to only responding with police, and so there's no reason to create a false dichotomy between independent and dual dispatch with the CARE Team. This is also supported by the significant value the team has been able to contribute on high acuity calls that officers were able to either assess more accurately than a 911 caller, or that officers were able to secure or de-escalate, to the point that CARE could respond. Specifically, from rollout through 6/8/24 the team responded to just over 100 priority 1 calls, which is just over 1/5th of total CARE Team calls, including some that still allowed officers to depart while the CARE Team continued working (support for crime victims or suicidal subjects, a ride home for a lost male with dementia, etc.), showing that there is still space for a CARE response and not only, say, an embedded co-response like SPD's Crisis Response Team, even for some high acuity calls.

CARE Team Expansion and Vision

12. What is your vision for expansion of CARE crisis responders citywide? Would you see their role and activities as being different throughout Seattle's precincts? If so, how?

The truth is, we'll only truly know how the team will need to adapt once we're operating in these service areas. There may be business-heavy areas where we see a larger number of crisis related trespasses and nuisances, or residential areas where we see more requests for welfare checks, or areas with minimal available services where creative resource navigation is

paramount, and of course the nature of the community events open to responders and the nature of the stakeholders and resources we're most likely to work with will vary by precinct. This is why it's important to maintain an adaptable, iterative program and to continue to show the call types we're commonly requested to assist on or that rarely require enforcement so that the team can move toward more criteria-based dispatch and better address mental health crises throughout the city, whether they come into 911 as welfare checks or down persons or even nuisances or assist the public calls.

The addition of CARE first responders has opened up new possibilities to better coordinate the continuum of crisis response, in partnership with SPD CRT and CSO's and SFD Health One, and also along with King County Mobile Crisis Team. We fully intend to continue to train together, case conference together, and consolidate records so that our response can be more centered on the person in crisis (particularly those who frequently need services). I have been pleased to see the CARE team manager partner closely with the Health One and CRT managers, and also with our outreach teams in the city. Breaking down siloes is our highest priority.

- a. What are your plans to enhance CARE services to rapidly expand both the availability and geographic scope of CARE to provide 24/7, 365 response services to the entire City.**

As we expand citywide, initially the team will be addressing the hours where the highest relevant call volume exists, as well as providing services to more demographically diverse neighborhoods and creating consistency and simplicity in our efforts to educate officers, dispatch, and the community about our services and availability. This will also allow us to establish a footprint and supportive infrastructure and operational processes tailored to the spaces and needs of each area, which in turn will support our ability to adjust and expand service hours as the opportunity to do so presents itself, after having already operated and engaged across precincts and watches and with the necessary offices, vehicles, supplies, and processes established as a foundation. This is also where our ongoing efforts to monitor our existing and potential call responses will be invaluable to ensure we're expanding to the most appropriate hours and locations first, just as we did with creating the rollout plan for this year's expansion.

- 13. The City supports a variety of alternative responses, including Community Service Officers within SPD, CARE responders, and Health One within SFD. In addition, the City funds community responders such as We Deliver Care and LEAD. Do you believe all this work needs to be brought under the umbrella of one entity, such as CARE? Could you elaborate?**

Yes, the public safety related/diversion/intervention functions that do not currently reside in SPD or SFD should sit in CARE. The lack of coordination and existing siloes create unnecessary confusion and duplicated efforts (and financial waste through that duplication) and it should not continue. I want to be able to swiftly deploy appropriate resources from 9-1-1, including diversion and support specialists because we should get people help as expeditiously as possible. I also want one central data hub looking comprehensively at resources used and associated outcomes so that we can get much closer to determining what works and what is currently useful and vital.

14. Are there any potential management or operational improvements to the crisis-response program that would get us to a place where a formal, independent program analysis makes sense?

Some analysis is already taking place; internally we are continually reviewing data to support operations and expansion plans, but we've also partnered with Seattle University's Crime & Research Center, which has begun soliciting interviews and conducting ride alongs to evaluate the program's efficacy and gather perspectives and feedback from our major stakeholders to date. Cementing our operations locations throughout the rest of the City, hiring and deploying teams in said locations, and completing associated roll call attendance, dispatch updates, and community engagement, as well as moving toward more criteria-based dispatching for the team would be the next best steps to reach a point of stability in data and processes to allow for a more overarching analysis of efficacy and impact.

15. We heard from Mayor Harrell late last month that the current team of six had responded to [over 500 calls](#) since October. Is 70 calls per month around the maximum that six responders can reasonably manage under the current program design? This will be an important consideration for us in thinking through the proposed program expansion and the ongoing funding commitment that will be needed. And if it's not the maximum, what changes could support bringing that number up, both for the current and the incoming responders?

We do not believe this is the limit that the team can manage, even under current program design, as we continue to find ways for the team to be more consistently dispatched (such as proactively screening calls with sergeants if dispatch feels they could be appropriate for independent CARE dispatch) and as we continue to improve officer familiarity and comfort with the CARE Team's capabilities and resources. Clarification of the team's ability to initiate contact with community members when out on foot in community without an officer present (when appropriate and safe to do so) within the bounds of the current MOU and continuing to boost stories of team collaboration and examples of how we can improve officers' availability and outcomes would be helpful while program design iteration continues in the long run.

As earlier expressed, approximately half of team hours during the first six months of the pilot were dedicated to establishing a network of resources and forging strong relationships with other providers and stakeholders downtown. Relationships are fundamental to success, and for frequent utilizers of public safety resources it is imperative that different teams know each other and can case conference. Socializing the new brand and resource and fostering understanding and support of a new option in first response was my primary and critical priority in year one. I don't want to act upon community, I want to act alongside community. Together we should be healing our neighborhoods and pressing forward into a new era of health, safety, and civility.

16. When do you think we'll have data that will let us quantify the extent to which CARE is freeing up SPD capacity for appropriate emergency response and supporting increased response rate and timeliness to more urgent calls? These goals were [explicitly committed to](#) by the Mayor's Office and Council back in late 2022, and as you have seen this Council is very focused on data analysis and results.

Similar to the request above regarding when the team will be prepared for independent analysis, improved data will be supported by cementing our operation locations throughout the rest of the City, hiring and deploying teams in said locations, and completing associated roll call attendance, dispatch updates, and community engagement, as well as moving toward more criteria-based dispatching for the team. So long as the team's availability is limited by geography and strict dispatch limitations, the ability to show statistically significant impact will be diminished, but we can expect to have systems in place to analyze this data once these expansions, clarifications, and consistencies are achieved, based on the headway we've already made in deploying our own records management system, developing a data sharing MOU with Seattle Police that is currently being refined, and working with City of Seattle Innovation & Performance for data automation.

[911 Call Center](#)

17. How have 911 dispatchers been trained for alternative responses? Are they prepared to dispatch crisis responders without dual dispatch?

All 911 dispatchers are equally advised of policy updates and dispatch processes as any given dispatcher may rotate into one of the precincts CARE is operating in on any given day. Of course, any new ability to dispatch the team more independently or in a more criteria-based fashion will require coordination with 911 policy development, training, and roll calls, but these systems are in place and no different than any other policy change related to dispatch protocols, including risk assessment to confirm when it is appropriate to send or request an

unarmed resource such as the fire department, parking enforcement, or Seattle Department of Transportation.

What improvements do you believe can be made to 911 dispatch? Do you believe there are too many 911 call type classifications?

There are vast improvements that can be made to 9-1-1 dispatch to improve the experience for the community and first responders. Just as the world continues to change and the community's needs change, so does the way 9-1-1 responds. Currently, our system analysts and Director of 9-1-1 Systems and Technology have been exploring various products/systems with the expectation to leverage technology to streamline and improve our call processing and dispatching capabilities. There are dozens of companies seeking to sell products to Emergency Call Centers all over the world with the hope of helping the community using technological advancements. Many of the technologies intend to utilize AI to speed up or predict the most appropriate response type. Ultimately, there is one variable that isn't predictable: the caller. The inconsistencies of humans across diverse populations poses a challenge that has yet to be solved. When in the face of adversity or crisis, humans react in various ways, and it isn't always predictable. This is why the work done in 9-1-1 is so important; it is human centric. Technology and its advancements are inevitable and invaluable, but during a crisis or emergency, the comfort of the human voice, joining the caller during a crisis/life changing event temporarily eases their anguish/suffering until first responders arrive on scene. However temporary, it's necessary.

Call type classifications are utilized by 9-1-1 dispatchers as a sorting tool for call takers and dispatchers to organize the nature of the incidents. We are early on in the process of reducing the number of call type classifications, but it will likely have minimal impact upon public safety and field first responders. Reducing the call type will simplify the work for 9-1-1 professionals. Even if we were to study the accuracy of the call creation to final MIR code, there's little value or return to public safety overall.

Call takers have 60-90 seconds to ask a series of questions and assign a call type and prioritization based upon the answers provided by the caller. Call types are 9-1-1's way to sort and categorize crime/event type and are only as accurate as the preliminary answers provided by the caller. This brings us back to the fundamental challenge of relying on caller's perspective and perception of what they are seeing or experiencing; in the face of an emergency, not everyone responds the same. Responses vary depending upon severity of crime, past experiences and trauma, personal values and culture, and numerous other factors. I am currently proposing a research project to be funded by the NIJ with Dr. Jessica Gillooly from Suffolk University which will specifically study the role of the dispatcher in using discretion and judgement to inform diversified response design.

In my opinion, there are way too many call types. They are not useful and often misrepresent the co-occurring issues and needs. We are moving toward simple criteria-based dispatch to determine if a police officer is required, or if we should route to SFD or deploy CARE community crisis responders.

Earlier this year, Seattle 9-1-1 partnered with Seattle Police Department command to assess and redefine our call prioritization. These changes are already having a positive impact on the public safety experience for the community and first responders. In redefining our prioritization, we've seen a 27% reduction in calls that are classified as priority one calls. This has improved the police response time to these life-threatening emergencies, ensuring the community members receive a timely police response. These types of refinements will continue to be made in the coming months and years, in collaboration with the SPD research and analytics team and SPD command staff.



Legislation Text

File #: Inf 2512, **Version:** 1

Seattle Police Department Update



Public Safety Committee

Seattle Police Department

July 23, 2024



First 60 days

- Started May 30, 2024
- Sprint, not a marathon
- Meeting with officers, professional employees, and command staff
- Impressions...



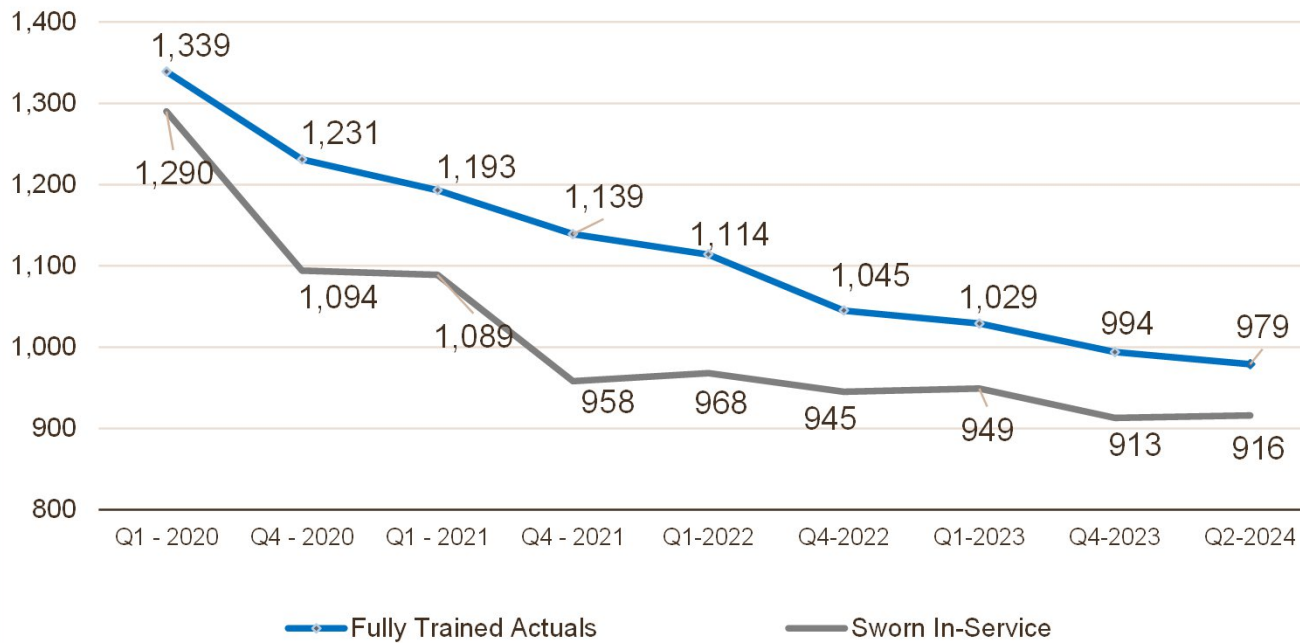
Organizational Assessment

- Staffing
- Technology
- Accountability
- Criminal Justice Partners



Staffing crisis

Fully Trained Officers and Officers In-Service



2024 Q2 SPD Actuals

Jan-June Actuals:

- Hires Planned: 65
Actual Hires Achieved: 21
- Separations Planned: 63
Separations Realized: 55



Snapshot of Third Watch (7:00p-5:00a)

| 3rd Watch | Working | D/S |
|------------------|---------|-------|
| North | 10 | ◆ -10 |
| West | 16 | ◆ -3 |
| East | 10 | ◆ -4 |
| South | 11 | ◆ -3 |
| Southwest | 6 | ◆ -4 |
| | | |
| Backfill Signups | 5 | |
| Total Officers | 53 | ◆ -24 |
| Total Sergeants | 6 | |
| Total Working | 59 | |

| PRIORITY | E | N | S | SW | W | Grand Total |
|----------|----|----|----|----|----|-------------|
| 1 | 7 | 6 | 7 | 4 | 11 | 35 |
| 2 | 20 | 26 | 20 | 7 | 12 | 85 |
| 3 | 6 | 10 | 8 | 11 | 16 | 51 |
| 4 | 3 | 3 | 3 | 2 | 6 | 17 |
| 5 | 0 | 2 | 0 | 0 | 1 | 3 |
| Total | 36 | 47 | 38 | 24 | 46 | 191 |

These calls included: assaults, crisis, domestic violence, burglaries, rapes, theft, suspicious circumstances, disturbances, DOA, and a wide variety of property crimes.

Shooting – 12:13am

Aurora Av N and N Northgate Wy

One victim shot, going to hospital, NB Aurora closed. Ongoing shots in area.



Technology

- Force multiplier during staffing shortages
- Need for internal IT management
- Personnel management – serious issue ahead



Real Time Crime Center



- Emergencies
- Efficient patrol deployment
- Investigations



Accountability

- Important for public trust
- Impact on internal culture
- Timeliness
- Balance and prioritization



Public Safety Picture

Need for partnerships and coordination

Need additional detention options

Violent crime – How did we get here?

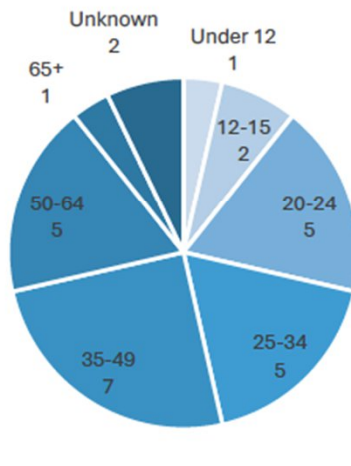


Homicide YTD

YTD Homicide Count: Year to date (YTD) homicide count includes *09A Murder & Nonnegligent Manslaughter* only. The following is a YTD Homicide count, by month, for 2024, 2023 and 2022.

| Year | January | February | March | April | May | June | July† | Total |
|------|---------|----------|-------|-------|-----|------|-------|-------|
| 2024 | 3 | 6 | 3 | 1 | 5 | 9 | 1 | 28 |
| 2023 | 5 | 3 | 6 | 4 | 7 | 5 | 5 | 35 |
| 2022 | 4 | 3 | 6 | 5 | 3 | 6 | 2 | 29 |

Victim Age

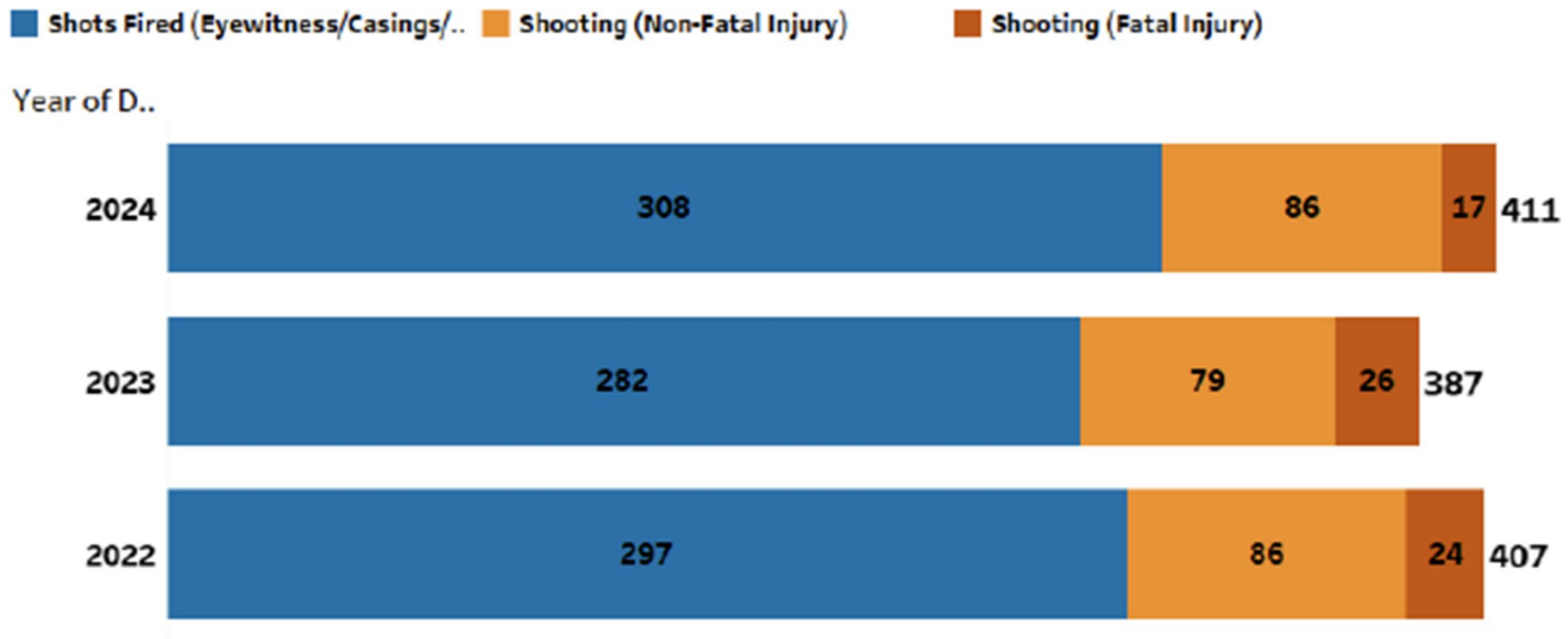


| Victim Race | Count | % |
|---|-----------|-------------|
| Black or African American | 14 | 50% |
| White | 11 | 40% |
| Unknown | 2 | 7% |
| Asian | 1 | 3% |
| American Indian or Alaska Native | 0 | 0% |
| Native Hawaiian or Other Pacific Islander | 0 | 0% |
| Grand Total | 28 | 100% |



Shots fired YTD

YTD SHOOTINGS & SHOTS FIRED EVENTS





Recent activity

In the past week, we arrested six individuals related to three different shootings. Related search warrants recovered nine firearms. Additional charges and arrests may be forthcoming related to those incidents and individuals.

In 2024, there have been many other significant operations to address violent crime.





Looking Forward

Council support has been instrumental

Coordination with Mayor's Office & City Departments

There is reason for optimism!



Legislation Text

File #: Inf 2511, **Version:** 1

Criminal Justice Ecosystem Discussion