



Washington Association of
**SHERIFFS &
POLICE CHIEFS**

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September 1, 2023

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Deliver to: clerk.chief@leg.wa.gov

Sarah Bannister

Secretary of the Senate

Deliver to: senate.secretary@leg.wa.gov

RE: RCW 36.28A.440—Mental Health Field Response Grant Program

Chief Clerk Dean and Secretary Bannister:

Per RCW 36.28A.440, the Washington Association of Sheriffs and Police Chiefs is submitting its annual report on the Mental Health Field Response Teams Program. This report is submitted in compliance with RCW 43.01.036.

Please direct questions to Jamie Weimer at 360-486-2419 or jweimer@waspc.org.

Sincerely,

Steven D. Strachan
Executive Director

MENTAL HEALTH FIELD RESPONSE GRANT PROGRAM—2022 ANNUAL REPORT

Introduction

During the 2020-2021 session, the Washington Legislature continued its commitment to fund the Mental Health Field Response (MHFR) Teams Program and appropriated \$2 million for grants and operation of the program in the 2020 and 2021 Supplemental Operating Budgets. In addition to these funds, the Washington Health Care Authority (HCA) awarded the Washington Association of Sheriffs and Police Chiefs (WASPC) \$1 million to assist in the implementation of elements of the *Trueblood Settlement Agreement*¹ for the period of July 1, 2021 to June 30, 2022.

WASPC operates the MHFR program as outlined in RCW 36.28A.440². The purpose of the program is to assist local law enforcement to establish and/or expand mental health field response capabilities, utilizing mental health professionals (MHPs) to respond to persons with behavioral health issues professionally, humanely, and safely to provide treatment, diversion, and to reduce incarceration.

With a 2021 change in statute³, WASPC is required to submit an annual report to the governor and appropriate committees of the legislature on the program by September 1 of each year the program is funded. WASPC's report includes information on the grant recipients, use of funds, participation of mental health professionals, and feedback from the grant recipients for the period of July 1, 2022 to June 30, 2023.

This report concludes with lessons learned and recommendations. While the Mental Health Field Response Program supports local communities to respond to persons with behavioral health issues professionally, humanely, and safely, there is room for improvement. MHFR grant recipients routinely report the need for more mental health providers, more housing resources, more treatment beds, and more resources to address the basic needs of community members in crisis.

Grants to Use Sequential Intercept Model

WASPC has focused MHFR grants on programs where crisis intervention trained MHPs are immediately available to officers or to respond in person when called. Additionally, mental health field response programs are required to include staff and short-term services to reduce the likelihood the individual will have future criminal justice system involvement.

WASPC adopted the Sequential Intercept Model (SIM) Intercept 1⁴(outlined below) as part of the original grant requirements in 2018. The SIM is used by many stakeholders as a guide to behavioral health service system transformation, and more specifically as a tool to identify strategies to better respond to the needs of people with behavioral health conditions who come into contact with the criminal justice system. This model consists of five points of interception at which one might intervene to prevent vulnerable individuals from deeper involvement with the justice system.

¹ [Trueblood et al v. Washington State DSHS | DSHS](#)

² [RCW 36.28A.440: Mental health field response grant program. \(wa.gov\)](#)

³ [5092-S.SL.pdf \(wa.gov\)](#) (see sec. 218(5))

⁴ [Criminal Justice System Sequential Intercept Model | SAMHSA](#)

Intercept 1: Law Enforcement—Pre-Arrest Diversion. The first point of intercept includes interactions with law enforcement personnel, who sometimes serve as first responders during mental health emergencies and can be key partners to behavioral health and emergency services personnel. Interventions at this intercept have in the past been largely focused on the education and training of police officers in their capacity as first responders. WASPC went beyond training and added the component of co-response with MHPs to Intercept 1 through this grant program.

Data Collection Tool

WASPC contracted with the software company Julota in the amount of \$277,912.66 for the period of July 1, 2022, to June 30, 2023. Julota agreed to license all WASPC MHFR program grantees' access to a web-based and mobile integrated software system for tracking services provided to persons needing assistance on a platform, which is called "Julota Impact." The Julota Impact system tracks outcomes and services associated with the co-responder/field response teams. Implementation of the Julota Impact system is partially supported by Trueblood expansion funds awarded by the Washington Health Care Authority (HCA).

Mental Health Field Response Grants: July 1, 2022 to June 30, 2023

The WASPC MHFR Grant Review Committee met in May and June 2021 and awarded 14 grants to the following agencies for the period of July 1, 2022 to June 30, 2023. Grant Review Committee Members included: Chief James Schrimpsheer (Algona Police Department), Chief Gregory Cobb (Union Gap Police Department), Chief Scott Bieber (Walla Walla Police Department), Sheriff Joe Nole (Jefferson County Sheriff's Office), Sheriff John Snaza (Thurston County Sheriff's Office), Siobhan Brow (Community Health Plan of Washington), Martiann Lewis (Salish BH-ASO), Kim Goodman (WASPC) and John McGrath (WASPC).

Grant Awards—Lead Agency	Award Amount	Amount Spent	Unduplicated Participants Served by the MHFR Program	Contacts with MHFR Participants
Airway Heights Police Department	\$149,959.70	\$93,779.07	53	85
Chelan County Sheriff's Office	\$242,041.96	\$206,706.97	581	6,181
Hoquiam Police Department	\$130,614.47	\$102,000.98	133	277
Jefferson County Sheriff's Office	\$108,994.25	\$88,252.43	129	214
Kirkland Police Department	\$139,187.00	\$93,584.45	127	194
Kitsap County Sheriff's Office	\$109,339.00	\$20,619.43	165	310
Longview Police Department	\$270,793.00	\$220,390.66	524	2,823
Pierce County Sheriff's Office**	\$29,772.24	\$29,772.24	NA	NA
Port Angeles Police Department	\$378,255.01	\$378,255.01	1,007	4,611
Spokane County Sheriff's Office	\$2,146,220.10	\$1,443,703.22	1,841	5,542
Total	\$3,705,176.73	\$2,647,292.22	4,560	20,237

**Represents payment for a 2021 invoice that was not processed at the time of submission.

Airway Heights Police Department (Lead Agency)

Partnering with Cheney Police Department

The Airway Heights Police Department, along with the Cheney Police Department, was awarded funds for two full-time Mental Health Professional positions.

The goal of the West Plains Crisis Response Team is to deploy mental health field response personnel to safely mitigate behavioral health crises in the community by responding to mental health crises in Cheney, Airway Heights, and nearby Tribal lands, and to provide short-term case management for those individuals with chronic mental illness or those needing resource connection.

The navigators performed outreach to individuals who are at risk of entering or who have entered the criminal justice system.

Total unduplicated participants served from March 1, 2023 to June 30, 2023: 53

Total contacts with participants served from March 1, 2023 to June 30, 2023: 85

PROGRAM HIGHLIGHT

“On [redacted] the West Plains Crisis Response Team (CRT) responded to a crisis call involving an [redacted] child. The child had been assaulting his parents, making threats to kill them and himself, and threatened to burn the apartment down.

CRT arrived on scene and officers were able to engage with the child and assist in deescalating him. Officers played games with the child and spoke to him in a calm manner to better understand the situation and threats made. While officers engaged with the child, CRT clinician Mandin spoke with the parents who identified his diagnosis and history of services. The parents reported the child had graduated services about a year ago, but over the course of the last few weeks had been engaging in aggressive and unsafe behavior. The parents were [edited for clarity] in fear of the child and open to a safety plan. The child was enrolled with a counselor but had only been seeing them for about 3 weeks. Due to the age of the child and concern reported by his parents, a safety plan was established that he would stay with a family member for the night and allow the family to fully deescalate.

CRT remained on scene for approximately an hour to ensure all family members were safe. Clinician placed a referral to a community crisis team that serves children and families and requested they assist in connecting the family with more intensive services. CRT also discussed the importance of the parents receiving services and they were both in agreement to look into individual counseling services.”

May 2023 Monthly Report

Chelan County Sheriff's Office (Lead Agency)

Partnering with East Wenatchee Police Department, Wenatchee Police Department, Douglas County Sheriff's Office, and Chelan County Regional Jail

Chelan County Sheriff's Office in partnership with the East Wenatchee Police Department, Wenatchee Police Department, Douglas County Sheriff's Office, and Chelan County Regional Jail was awarded funds for two Behavioral Health Unit staff members.

The Chelan County Behavioral Health Unit is an embedded co-response team, which gives law enforcement access to a Mental Health Professional and Case Manager. The goals and objectives of the BHU are to: respond to calls for individuals in a behavioral health crisis or at risk for crisis, increase connection to services, and act as a resource for community members in crisis facing involvement with the criminal justice system.

Total unduplicated participants served from July 1, 2023 to June 30, 2023: 581

Total contacts with participants served from July 1, 2023 to June 30, 2023: 6,181

PROGRAM HIGHLIGHT

"The BHU was dispatched to call-in progress to assist Wenatchee Police Department with an individual who had barricaded himself in a building with a knife. The subject was reported to be a male, who was heard throwing and moving furniture around the room. At the time of the call, the BHU staff member was riding with another agency and was nearing the end of their shift. Due to the acuity of the call, the BHU responded to the scene, at the instruction of WPD. It was reported to Rivercom, our local dispatch, that the individual walked into the building, made his way into a staff lounge, took a knife, and proceeded to yell and lock himself in an office. The male was in the basement with a large knife. The building was evacuated from all employees.

The BHU staff member, with the guidance of the PD, was able to get a name for the individual. The BHU staff member began making phone calls to local agencies, including the DCR to see if there were any recent contacts with the name provided by dispatch. The Diversion team reported no recent contact with the individual in question. The individual in question contacted Rivercom, who then transferred the male to the BHU. The male reports that he is "scared for his life and that there are evil people after him." It was apparent that the individual is responding to internal stimuli and presenting with symptoms of psychosis. After several minutes of talking with the individual, the BHU attempts to get the individual to come out of the basement and up the stairwell. WPD also attempts to engage the individual from the top of the stairwell. During the conversation, the male states that he has a social worker and disconnects the line. Rivercom receives another call from an unknown woman who states that she received a call from the barricaded male. She informed WPD and the BHU of the individual's name and reported that he has a diagnosis of schizophrenia. She reports that he was recently released from inpatient treatment in our area and gave the name and number of the individual's social worker.

The BHU contacts the DCR to get any information with the updated name and they have no records. After staffing with the DCR, they proceeded to issue an order of apprehension for an ITA evaluation. The BHU then contacts Parkside for additional information and they report that the male was admitted on [redacted] from an LRA revocation from [redacted] due to danger to himself after he

attempted to hang himself and then cut himself with a knife. He completed his additional 14 days and transferred to voluntary at Parkside on [redacted] where he was released on [redacted]. Parkside provided a diagnosis of schizoaffective disorder, bipolar type, with severe amphetamine, cannabis, alcohol, and stimulant use disorder.

After an hour and a half of attempted contact with the male and community resources, the BHU and the original social worker on a three-way call can get the male out of the barricaded room and up the stairs safely without a weapon. The individual was placed into custody without resisting and searched before transport to the hospital. The male notified the BHU that after his release from inpatient treatment, he missed his bus back to [redacted] and admitted to using meth.

The BHU staffed with the EMS transport crew and then contacted the DCR, the ER charge nurse, and Parkside to provide a warm handoff and update on the male. The male was detained and hospitalized for 8 days before being discharged back to [redacted].

This example demonstrates the level of coordination to assist law enforcement with de-escalation and minimizing the potential for higher levels of use of force. The BHU and WPD received high regard for the level of service and care for this critical incident from the business and other colleagues.”

October 2022 Monthly Report

Hoquiam Police Department (Lead Agency)

Partnering with Aberdeen Police Department and Cosmopolis Police Department

The Hoquiam Police Department, along with the Aberdeen and Cosmopolis Police Departments, were awarded funds for a single full-time navigator position to incorporate a MHP into their mental health field response planning and services.

The Behavioral Health Navigator Program goals are to give patrol officers and officers in the city jail access to a police behavioral health navigator who can assist with connecting individuals with behavioral health needs (to include mental health and/or substance abuse) to available social services and resources.

The navigator performed outreach to individuals who are at risk of entering or who have entered the criminal justice system. Police navigators shared information with patrol officers which may assist them in the field, as well as with officers providing custody and care of inmates in the Aberdeen City Jail.

Total unduplicated participants served from July 1, 2023 to June 30, 2023: 133

Total contacts with participants served from July 1, 2023 to June 30, 2023: 277

PROGRAM HIGHLIGHT

“The person in this story is a chronic emergency dispatch user, more often calling the fire department to help with lifts when they fall. This individual has [redacted] and mostly stays in their bed. They have only one full-time caregiver at this time, but they are approved for two fulltime plus 15 hours of care hours.

They prefer having the FD [fire department] and LE [law enforcement] officers help them. Many officers have shared their history of being called to the house to "pick the TV remote up off the floor" and the fire responders have been called to "turn their head." The BHN [behavioral health navigator] has been attempting to get the individual to call her back for a few weeks to see where services could be directed, such as providing support for getting the additional caregiver position filled, but the individual never responded with calls back. Additionally, other area partners involved with this person's care reached out to the BHN for assistance for their agency's engaging this individual with services. So, the BHN asked the FD to reach out the next time they were called to the residence.

Upon entering the apartment, the BHN viewed both a "higher tech" wheelchair and a lift assist device in the room with the hydraulic bed. When asking the individual if they were able to move from the bed to the chair, the individual stated, "the chair scares them" but they know how to get into the chair. When inquiring about the need for additional caregivers, this person was very vocal about not finding the "right" people. BHN asked if they were a part of the hiring process or did the agency simply send people over. They did say they were able to "interview" prospective caregivers.

When discussing available resources, such as any neighbors they can call to help "pick up the remote" and other non-emergency tasks, they went into a defensive attitude saying, "it's been over a month since I called." The BHN assured them the FD and dispatch were aware they had not used emergency services for help with non emergency tasks, but wanted to bring me in to help identify how we can build their support system and have more people involved with daily tasks. This individual wanted to discontinue the conversation at this point. They did not want to have others responding to care needs. They appear to want emergency services to provide daily task management duties rather than adding other service provider supports.

The BHN will continue to respond with emergency personnel so she can continue to suggest the variety of organizations available to support their needs."

January 2023 Monthly Report

Jefferson County Sheriff's Office (Lead Agency)

Partnering with Port Townsend Police Department

The Jefferson County Sheriff's Office (JCSO) embedded one mental health professional (Navigator) into its patrol division. The JCSO Navigator worked alongside the Port Townsend Police Department Navigator, to fulfill several roles that include:

- in-person response to calls for service with deputies to address behavioral health related issues and assist with de-escalation; when appropriate, recommend diversion alternatives to arrest;
- provide appropriate referrals to community members seeking services; and
- conduct outreach to high-risk or vulnerable populations (i.e., individuals experiencing homelessness, severely and chronically mentally ill, and older adults).

Total unduplicated participants served from July 1, 2023 to June 30, 2023: 129

Total contacts with participants served from July 1, 2023 to June 30, 2023: 214

PROGRAM HIGHLIGHT

"N96 met with [M] in the lobby of JCSO on [redacted]. [M] is a neighbor to [C] who lives at [redacted]. [M] came to report that [C] has been acting strangely recently, talking about people wanting to steal her money from her and seeing people at night trying to break into her house. [M] was concerned primarily because she had talked to him about having a large sum of money in her house and trying to figure out how to keep it safe. He told her that she needs to deposit her money in a bank so no one can break in and steal it. [M] says that he has observed [C] wandering at times and is concerned about her safety while she is outdoors as she is nearly [redacted] years old. He believes she may have dementia. N96 asked if there was any family involved and [M] said that he knows she has a sister, but he didn't think she was involved very much. He said that sister's name is [sister] and that she could be reached at [redacted]. N96 thanked [M] for his information and that N96 would attempt to contact [M] and her sister to see what can be done. [M] gave two numbers to reach him at, [redacted] or [redacted]. We finished at [redacted]. N96 called and spoke with [sister] the next morning. She was very thankful for any information that could help her care for her sister. N96 gave [sister] my contact information as well so if she has more questions, she can contact me.

There have been several care givers for individuals with dementia who have been in distress as they do not know what to do or where to go for help. N96 has been able to direct them to help and this story is one of the most recent stories.

December 2022 Monthly Report

Kirkland Police Department (Lead Agency)

Partnering with Shoreline Police Department, Kenmore Police Department, Lake Forest Park Police Department and Bothell Police Department

Kirkland Police Department, and the other agencies requested continued funds for their Response, Awareness, De-escalation, & Referral (RADAR) Navigator Program. The goals of RADAR were to:

- Develop and share individualized de-escalation strategies to reduce police use-of-force incidents during encounters with people with behavioral health conditions and developmental disabilities.
- Collaborate with a mental health professional (RADAR Navigator) to connect individuals with behavioral health conditions and developmental disabilities to ongoing services and treatment.
- Reduce repeat encounters with first responders and increase the effectiveness of police responses.
- Create cost effective community-policing strategies and promote increased collaboration between deputies, persons with behavioral health conditions and developmental disabilities, caregivers, and families.

The RADAR Navigator Program gives police vital assistance when they respond to calls that involve persons with behavioral health issues. A MHP works side-by-side with an officer, to provide immediate crisis intervention, more sophisticated diagnostic assessment and follow up. The Navigator MHP provides coordination for longer term community support. Families in crisis often do not know where to go to get help for their loved ones. This model allows for the education of the family and individuals about services available so that they can better advocate on their behalf.

The MHP works with responding officers as a Crisis Intervention Team (CIT) to direct a person into services that deal with an emergent need, crisis assessment, de-escalation, service referrals and case management. The need for a MHP is not always clear until the team arrives on a scene. As outlined in the following example not all cases are clear cut mental health issues, but as a professional, the MHP can most always be of use.

In the final months of the fiscal year, the RADAR program partnership was mostly transitioned to an entity known as the Regional Crisis Response (RCR) Agency. During this time, the contract for Mental Health Field Response services was maintained by the program partners to comply with the enabling legislation.

Total unduplicated participants served from July 1, 2023 to June 30, 2023: 127

Total contacts with participants served from July 1, 2023 to June 30, 2023: 194

PROGRAM HIGHLIGHT

"While working as a Navigator in Kirkland last week we were looking for a missing girl, age [redacted]. We were told she may be getting off the bus on 124th. While driving up that road we saw a girl somewhat matching that description standing near the bus stop. Officer Gallup got out and approached the girl then I saw him walking back to the vehicle. I asked if that was her and he said "no, her name is [redacted]". I quickly said that I thought I recognized her and said I would like to talk to her. Officer Gallup followed behind as I approached the girl. I asked if she remembered me and if she was still living at [redacted] (this is where she had [previously] run away from, [redacted], and had to be taken by Aid car to [redacted]... to which she begged me to ride with her as she has PTSD from assaults by men. Of course, I rode in the back with her and got her safely to the hospital). The connection made with her to help her feel safe was really good and I left my card if she ever needed anything. Fast forward... She said, "I remember you. You rode in the ambulance with me." I said, Yes. I asked how she is doing, and she said, "Really good! I am back living with my parents and things are going really well." I told her that I was so happy to hear that and that she looks good. She asked if she could give me a hug, and of course I said yes. I told her to take care and headed back to the patrol car and left.

Just a good ending to a rough beginning."

April 2022 Monthly Report

Kitsap County Sheriff's Office (Lead Agency)

Partnering with Port Orchard Police Department and Suquamish Police Department

The Kitsap County Sheriff's Office (KCSO) originally sought program funds to allow the agency to subcontract with a nonprofit community partner organization for a 1.0 FTE Designated Crisis Responder, but changes in the services that could be provided by the partner led to the agency seeking to hire their own staff member in September of 2022. Ultimately, there was a MHP on staff for roughly six months.

The MHP Co-Responder was a MHP that worked directly with and/or accompanies law enforcement on patrol to assist individuals with mental health, substance use, homelessness and other social services needs for individuals coming into contact with law enforcement. The duties included considerable public

contact and are intended to bridge the gap between law enforcement and/or emergency medical response and the social services needs of people with mental health and substance use disorders.

During the time the program was staffed by a MHP, the response from the community was overwhelmingly positive and the Deputy and MHP co-deployed team was widely utilized as a resource for other law enforcement and the community.

Total unduplicated participants served from July 1, 2023 to June 30, 2023: 165

Total contacts with participants served from July 1, 2023 to June 30, 2023: 310

PROGRAM HIGHLIGHT

“On [redacted], CIC [Crisis Intervention Coordinator] and contracted DCR were summoned for Crisis Intervention when [redacted] units were dispatched to a heated verbal domestic involving a 300 lbs [redacted] [redacted]-year-old male. CIC/DCR learned the developmentally delayed aggressor had lost his temper over not being able to locate a treasured stuffed animal. The subject heaved rocks during the altercation cracking his stepmother's vehicle windshield. This same subject had recently assaulted his mother, was arrested, and presently is staying with [redacted] due to a no contact order prohibiting contact with mother. CIC and DCR worked with both the subject and family on scene; it was determined there was no present legal authority to physically detain the subject as by the time we were all on scene together, the male had utterly calmed and was being cordial with responders (LE, Aid, DCR). CIC and DCR convinced family and autistic subject to go as a family to the hospital where they could discuss what caused the escalation today and what remedies are available to this family i.e., treatment, medication, etc. CIC learned from family that this autistic male was recently selected for group housing, but family had been unable to reach specific personnel at [redacted]. CIC and DCR made these connections for the family. [I] feel this call was handled well by all parties as legally this male could have been arrested or potentially could have had force options utilized to effect detention or arrest if, responders did not display patient, but calm and collective demeanors while on scene. Again, CIC is not informed of a patients progress once admitted to any triage facility.”

July 2022 Monthly Report

Longview Police Department (Lead Agency)

Partnering with Kelso Police Department, Kalama Police Department, Woodland Police Department, Castle Rock Police Department, and Cowlitz County Sheriff's Office

The Longview Police Department, with all the law enforcement agencies in Cowlitz County, along with Columbia Wellness was awarded funds to continue a coordinated Mental Health Field Response Team. The City of Longview dedicated funds through the city's general fund budget to establish a contract with Columbia Wellness for two mental health professionals to respond with Longview Police Officers to calls where individuals are in crisis. With these grant funds, two additional mental health professionals worked as part of a countywide approach to provide immediate triage and access to cognitive and behavioral health resources.

Total unduplicated participants served from July 1, 2023 to June 30, 2023: 524

Total contacts with participants served from July 1, 2023 to June 30, 2023: 2,823

PROGRAM HIGHLIGHT

“This month the BHU had a very successful transition of a client to an ongoing case manager/long-term care coordinator with a local agency, Recovery Navigator Program (RNP). This client has been a long-term consumer of MH services through various community MH agencies as well as had several encounters with LPD and other law enforcement agencies due to MH and service needs. This month the BHU was able to culminate months of small interactions and report building of working with this client to engage more fully with their medical and MH needs and built enough trust with the client to complete a warm handoff with RNP. BHU was also able to utilize the motel vouchers [provided through the MHFR grant] to stabilize the individual for the few nights that it took between the disbanding of the homeless encampment and the ability of the residents to move into the pallet homes at [redacted]. This client's success has been due to the ongoing commitment of all agencies involved and the support that been cultivated through inventive and needs based appropriate interventions. This client's report with BHU also allowed for the deferment of non-criminal or medical calls to be handled by BHU which allows LE to be able to handle more emergent calls.”

December 2022 Monthly Report

Port Angeles Police Department (Lead Agency)

Partnering with Sequim Police Department and Clallam County Sheriff's Office

The Port Angeles Police Department (PAPD) has continued to partner with the Olympic Peninsula Community Clinic (OPCC) and designed a coordinated response program called REdisCOVERY to address the needs of persons with behavioral health issues. PAPD encounters persons multiple times a day who need services that often include both short and long-term mental health services. PAPD found that persons referred or newly introduced to services showed a much higher rate of follow-through than those for whom services were simply recommended.

The REdisCOVERY program partnership between PAPD and OPCC started in 2017. The REdisCOVERY program's objective is to expand resources available to the program in the form of additional trained staff that coordinates outreach efforts between PAPD, OPCC, the Port Angeles Fire Department, the Clallam County Sheriff's Office, and the Sequim Police Department.

Total unduplicated participants served from July 1, 2023 to June 30, 2023: 1,007

Total contacts with participants served from July 1, 2023 to June 30, 2023: 4,611

PROGRAM HIGHLIGHT

“I have been working Co-response with PAPD since January 2023 and it is the most rewarding process I have ever been a part of. The code enforcement officer is who I ride with most of the time and we hit all the spots with tents and RV's throughout Port Angeles. We really do work great together as a team, and our participants are beginning to recognize that we are trying to achieve unity. What we can't do alone, we can do together.

I really believe in my heart that this program is worth keeping because I have already helped participants along the way.

A well-known participant recently experienced an overdose and ended up in a facility out of county. When he was transported back to our office from that facility we were going to try and set him up in the respite care center through [redacted]. As soon as he got here, he took off running. After a few days of us not really knowing where he was, we were able to locate him. I was able to convince the participant to come into the office with me and from there we took steps forward. He was previously scheduled a bed date at an inpatient treatment facility and I did not want him to miss his bed date.

The participant was able to help us get in contact with his mother who is very supportive of him. She offered to transport him to treatment and was able to get him a hotel room for the night so that he had somewhere safe to sleep. The participant allowed us to take him to [redacted] so that he could shower and get a fresh set of clothes. We also took him to his MOUD appointment to get him his medications that he needed for treatment. His mother showed up from Forks and we dropped him off with her. He seemed very relieved to have her support. The next day his mother was able to transport him to treatment.”

May 2022 Monthly Report

Spokane County Sheriff's Office (Lead Agency)

Partnering with Spokane Police Department and Spokane Valley Police Department

The goal of the joint Spokane County Sheriff and Spokane Police Department program was to create a patrol-based unit to address calls for service regarding individuals who are in a behavioral health crisis. A reduction in the number of service calls to high utilizers that required patrol response were identified, and their needs addressed. This increased their ability to provide services and resources to those experiencing behavioral health crises.

Each co-deployed team is an officer/deputy paired with a master's level clinician. Co-deployed teams offer resources to individuals in crisis before they meet Involuntary Treatment Act (ITA) criteria and therefore reduce the rate of recidivism, emergency room visits and incarceration. Additionally, they build rapport, identify a baseline behavior, and mitigate often high-risk situations due to the program's interaction with those in crisis.

The unit has had a measurable impact on patrol and is an invaluable resource to local law enforcement agencies. Long term solutions have been identified for high utilizers and, while still a work in progress, many of the identified high utilizers have reduced their calls for service to patrol. The unit has been able to identify needs on patrol and implement changes.

Total unduplicated participants served from July 1, 2023 to June 30, 2023: 1,841

Total contacts with participants served from July 1, 2023 to June 30, 2023: 5,542

PROGRAM HIGHLIGHT

“Beginning in May of 2022, The BHU began to notice a high number of calls involving a [redacted]-year-old male. The calls involved a variety of behavioral issues to include running away, assaults on his mother and threatening school officials resulting in his expulsion from school. Between Jan. [redacted], 2022 and June [redacted], 2022, there were 41 calls for service created due to the juvenile's behavior. On several calls the juvenile was usually disrespectful to his mother, step-father and law enforcement officers. Due to his age, he was usually transported to the hospital and was not able to be charged.

However, his mother expressed extreme frustration at the inconsistent response from law enforcement and the fact that the hospital refused to actually evaluate [redacted], simply keeping him for a few hours before sending him home. During the initial responses in dealing with the male, patrol blamed mom for not being able to control her juvenile son. His behaviors had escalated to more than just a disobedient juvenile. He had begun to threaten his mom's life, accessing yard tools and chasing family members around the house while making threats. His inability to control his emotions was not that of a normal nine-year-old. He posed a serious threat to family members. The mom, was at her wits end as she had tried almost every resource, she could think of but nothing was working for her son. He was connected to the [redacted] Team through [redacted] but results were slow due to his behavior and inattention. The mom discussed the possibility of giving her son up to social services because she could not handle him. On June [redacted], 2022, BHU responded to a call where the male had assaulted his mother which was witnessed by his [redacted] team case worker. BHU contacted the male and asked him about consequences. BHU was able to get him (seemingly) calmed down. Ten minutes after clearing the scene, another call came out for the male, in which he had attempted to stab his mother with a sharpened stick he found, causing visible but minor injuries. BHU consulted with the watch commander and Juvenile Prosecutors to try and get a resolution. It was determined the juvenile male still could not be charged criminally. He was transported to the hospital for an evaluation.

A BHU officer told the mother that we would take over and try and act as a single point of contact to create some consistency in the response from LE.

In response to the stabbing incident, BHU worked with the Prosecutor's Office to create a point of contact who would review criminal incidents involving the male. BHU created a response plan which was entered into New World, (CAD) so responding officers had a guideline with how to respond to incidents involving the male to include taking case reports for alleged assaults and completing juvenile referrals for incidents where PC existed. One BHU officer in particular went above and beyond and took time to respond to several subsequent incidents. The male came to know this officer and respect him as soon as he arrived.

The BHU asked the mom to include the [redacted] team to also be included in his care team so that mental health and law enforcement resources could be on the same page. The next week BHU attended his [redacted] team care meeting where the juvenile male's goals and care plan were discussed. BHU was able to educate everyone on when LE should be called and our limitations.

Starting in June, BHU visited the male frequently. This was done to encourage and create some positive interactions with police. Over the month of June, there were three reports for criminal assault however the male was also happy to see BHU on impromptu visits. There were six calls for service for his behavior in the first month. BHU increased visits to the juvenile male to reinforce his

goals and positive behavior. In late June it seemed to start to have positive effect and between June [redacted] and today's date, there has only been two calls for service in six weeks. The mom has also been able to call BHU directly twice, in times when the male has been escalating towards violence. The BHU has been able to de-escalate him over the phone due to the rapport that had been built. No one was assaulted and the police did not need to respond.

The story illustrates the dedication and compassion the unit has in responding to those in crisis. It also shows how affective spending additional time on calls for service can eliminate future contacts.

July 2022 Monthly Report

Mental Health Field Response Team Grants: July 1, 2023 to June 30, 2025

The WASPC Mental Health Field Response Grant Review Committee met in May and June 2023 and awarded nine grants to the following agencies for the period of July 1, 2023 to June 30, 2024 and July 1, 2024 to June 30, 2025. WASPC recognizes the challenges faced by programs that are funded on a single fiscal year basis. We hope that allocating two-year awards will allow each program to focus on service provision, rather than maintaining funding. This also provides staffing stability and allows programs to be more competitive in recruiting.

Grant Review Committee Members included: Everett Maroon (Blue Mountain Heart to Heart), Sheriff Joe Kriete (Grant County Sheriff's Office), Jolene Kron (Salish Behavioral Health Administrative Service Organization), Chief Ken Seuberlich (Bothell Police Department), Chief Ron Harding (Poulsbo Police Department), Sheriff Paul Budrow (Okanogan County Sheriff's Office), Siobhan Brown (Community Health Plan of Washington), Jamie Weimer (WASPC), and Steven Briggs (WASPC).

WASPC looks forward to sharing more information about the efforts of our MHFR grantees in our 2024 and 2025 Annual Reports.

Grant Awards—Lead Agency	FY'24 Award Amount	FY'25 Award Amount
Airway Heights Police Department	\$735,199.48	\$578,951.87
Chelan County Sheriff's Office	\$500,530.52	\$504,892.76
Kirkland Police Department	\$529,906.27	\$549,952.84
Longview Police Department	\$336,440.45	\$362,282.57
Port Angeles Police Department	\$466,802.94	\$471,440.22
Spokane County Sheriff's Office	\$1,785,434.06	\$1,791,106.97
Total	\$4,354,313.72	\$4,258,627.22

Please note that costs for Julota are included in each site' award amount. This is a change beginning July 1, 2023.

With funds remaining for the July 1, 2023 to June 30, 2024 and July 1, 2024 to June 30, 2025 award periods, WASPC expects to award additional funds in the coming months.

Lessons Learned

WASPC continues to hear from its members that the biggest challenge they continue to face to implementing co-responder programs is the ability to hire or maintain employment with a mental health professional or to contract with a service provider for the services of a mental health provider. This is especially apparent in the rural areas of our state. **There are not enough trained and experienced mental health professionals to meet the demands and needs of behavioral health providers in the state.** This will continue to be a challenge for the foreseeable future.

Additionally, we continue to hear that **infrastructure to meet the needs of MHFR and other similar programs is woefully inadequate.** It is increasingly difficult to connect participants to limited housing, treatment, and other resources.

Recommendations

WASPC recommends that the legislature consider taking action to improve and strengthen the Mental Health Field Response Teams Program.

- Expand the portion of MHFR funds earmarked for Trueblood Phase I and II⁵ to include all applicable regions⁶ as identified by the Department of Social and Health Services.
- Address lack of mental health professionals available to serve community members in crisis.
- Address lack of treatment availability for community members with behavioral health issues.
- Address lack of housing and resources for other basic needs for community members with behavioral health issues.
- Provide limited Public Records Act exemptions for the data regarding individuals served by mental health field response participants, similar to the provisions established in SB 5536 (2023)⁷ regarding the data integration platform for diversion efforts. WASPC is committed to report aggregate data in yearly reports to the Legislature; however, there are some concerns regarding the additional burdens placed upon grant recipients and WASPC.
- Address lack of mental health professionals available to serve community members in crisis.
- Address lack of treatment availability for community members with behavioral health issues.
- Address lack of housing and resources for other basic needs for community members with behavioral health issues.

We look forward to working with the legislature and stakeholders to make necessary program modifications and expansions of the program.

Additional Information

Additional information concerning WASPC's Mental Health Field Response Grant Program can be found at <http://www.waspc.org/mental-health-field-response-teams-program>.

⁵ [5187-S.SL.pdf \(wa.gov\)](#) (see sec. 218(5))

⁶ [Trueblood et al v. Washington State DSHS | DSHS](#)

⁷ [5536-S2.SL.pdf \(wa.gov\)](#) (see sec. 22)