



Washington Association of  
**SHERIFFS &  
POLICE CHIEFS**

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Executive Director

November 30, 2020

Mr. Bernard Dean  
Chief Clerk of the House  
Bernard.Dean@leg.wa.gov

Mr. Brad Hendrickson  
Secretary of the Senate  
Brad.Hendrickson@leg.wa.gov

Dear Mr. Dean and Mr. Hendrickson:

Pursuant to Chapter 142, Laws of 2018, the Washington Association of Sheriffs and Police Chiefs is submitting its annual report on the Mental Health Field Response Teams Program in accordance with RCW 43.01.136.

Sincerely,

Steven D. Strachan  
Executive Director

SDS:dg  
Enclosure

## **Mental Health Field Response Teams Grant Program Annual Legislative Report - 2020**

### **Introduction**

During the 2019-2020 session, the Washington Legislature continued its commitment to fund the Mental Health Field Response Teams Program and appropriated \$2 million for grants and operation of the program in the 2019 and 2020 Supplemental Operating Budgets. The Washington Association of Sheriffs and Police Chiefs (WASPC) operates the grant program. The purpose of the program is to assist local law enforcement establish and/or expand mental health field response capabilities, utilizing mental health professionals to professionally, humanely, and safely respond to crises involving persons with behavioral health issues with treatment, diversion, and reduce incarceration.

By statute, WASPC is required to submit an annual report to the governor and appropriate committees of the legislature on the program by December 1st 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 as of the date of the report.

### **Grants to Use Sequential Intercept Model**

WASPC has focused on programs where crisis intervention trained mental health professionals 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. These support services could include short term respite beds (e.g. crisis stabilization centers and E&Ts) and other inpatient beds.

WASPC adopted the Sequential Intercept Model (SMI) Intercept 1 as part of the grant requirements in 2018. The SMI 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.

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 add the component of co-response with mental health professionals to Intercept 1 through this grant program.

### **Data Collection Tool**

WASPC has continued to partner with OpenLattice, Inc. to provide the Crisis Template and Administrative Dashboard to WASPC and all Grantee Agencies. OpenLattice is a technology company focused on providing vulnerable populations with the best possible resources to equip them with real-time information in the field. OpenLattice believes that providing this information responsibly and safely, while simultaneously protecting the person's privacy, will lead to better long-term outcomes.

OpenLattice developed a data collection component (Crisis Template) to allow officers/deputies to quickly collect key data points after an interaction with persons who may have a mental illness, chemical dependency, or are currently homeless. OpenLattice has created an administrative dashboard (Admin Dashboard) to show

a visualization of the information collected in the Crisis Template.

Through the grant, the Crisis Template and Admin Dashboard allows each grantee agency to collect and view data for their individual agencies. Each grantee agency will be able to view their own data, but not that of other grantee agencies. The tool also allows WASPC to view the data collected in the dashboard for all grant agencies at the aggregate level, with no identifiable personal information. This supports WASPC’s ability to assess the efficacy of the programs and obtain a holistic picture of how calls that involve mental illness affect different agencies and maintain privacy for persons involved.

One of the greatest challenges found in the implementation of similar co-responder programs in other areas of the country has been obtaining relevant data. Many departments struggle to collect calls for service data which involve someone in a mental health or chemical dependency crisis. This lack of information creates a “blind spot” when addressing the sensitive and dynamic nature of these calls. Data collection involvements will help law enforcement agencies to understand how many 911 calls involve mental health, what happens on these calls, how officers generally respond to specific behaviors, and how resources are being used on the calls. The data collection helps to bridge these gaps in knowledge – and enables data-driven decisions. The data collected includes:

- Observed subject behaviors during the call
- Weapons (if any) present on the call
- Actions / techniques used by the officer(s)
- Training level of the officer(s) at the scene
- Disposition of the call (specific to calls with individuals experiencing mental illness), such as arrest or referral to a service provider

### **Mental Health Field Response Team 2019-2020**

In August 2019, WASPC awarded nine grants to the following agencies:

<b><u>Grant Award Agencies</u></b>	<b><u>Award Amount</u></b>
Kirkland, Shoreline, Bothell, Lake Forest Park, Kenmore PD (Joint)	\$80,000.00
Kitsap Co. Sheriff	\$88,217.00
Olympia PD	\$100,000.00
Pierce Co. Sheriff	\$350,733.00
Port Angeles PD	\$84,000.00
Redmond PD	\$46,513.00
Spokane Co. Sheriff, Spokane PD (Joint)	\$698,750.00
Vancouver PD	\$314,917.00
Wenatchee & East Wenatchee PD and Chelan and Douglas CO SO (Joint)	\$56,070.00

#### **1. Kirkland Police Department (Lead Agency), Shoreline Police Department, Kenmore Police Department, Lake Forest Park Police Department and Bothell Police Department**

Kirkland Police Department, and the other agencies requested continued funding for their Response, Awareness, De-escalation, & Referral or “RADAR” Navigator Program. The goals of RADAR are to enhance community and first responder safety by reducing police use of physical force, strengthen community/police partnerships, and increase the connection of persons at risk with effective behavioral health treatment and services.

The RADAR Navigator Program gives the police vital assistance when they respond to calls that involve persons with behavioral health issues. A mental health professional (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 an 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.

Currently there are three RADAR Navigator MHPs. With the funds provided through this grant, the hours have increased from volunteer hours in some jurisdictions to approximately 40-50 hours per week covering all shifts for all five departments.

- Total Contacts – 332
- Average Age – 39
- Number of Homeless – 51
- Number of Veterans – 3
- Number of Males – 152
- Number of Females – 180
- Number of Suicidal – 44
- Interactions w/CIT Officer – 162
- Interactions w/MHP – 64

## **2. Kitsap Co. Sheriff's Office**

The Kitsap County Sheriff's Office (KCSO) subcontracts with Kitsap Mental Health Services (KMHS) for a full time Designated Crisis Responder (DCR), sited at the office in Silverdale, a central point in the large geographic territory covered by the KCSO. The DCR was available for calls directly to their cell phone, calls funneled by 911 or from law enforcement directly. The DCR assisted patrol officers to provide guidance during calls for suicide, mental health, or behavioral health issues. The DCR was able to provide assessments including secure inpatient placement if an individual met the threshold for evaluation and treatment services. The DCR provided connections to the appropriate diversion alternative for persons not requiring detainment to a psychiatric facility or hospital, and able to be diverted from jail.

Short term alternatives included the Kitsap County Crisis Triage Center, Kitsap Recovery Center Detox, several shelters, facilitated outpatient treatment through walk-in access for their first visit to KMHS, calls to a person's case manager, visits by a KMHS Peer Specialist, or information and referral for service information such as a food bank, legal assistance or the Housing Solutions Center.

Overall, the relationship with the patrol officers and the DCRs has been positive, often with a favorable outcome. The MHFRT were able to de-escalate and assist individuals using a comprehensive approach. The DCR and the dedicated Crisis Intervention Officer have exceeded KCSO's expectations to get much needed help to those with very difficult cases. They have been able to respond to active scenes as well as follow up on individuals who need more long-term solutions in the community in which they live, thereby reducing future crisis calls. Unfortunately, based on the calls for services there have been more individuals that needed assistance than KCSO had the ability to serve.

The biggest challenge has been the implementation of the OpenLattice program. KCSO had purchased OpenLattice separately from this grant and unfortunately the lag on implementation hampered the ability to collect and a more robust data set.

Total Contacts – 370

### **3. Olympia Police Department**

The Olympia Police Department (OPD) and Catholic Community Services (CCS) of Olympia collaborated to create the Familiar Faces Program. The Familiar Faces Program consist of a Mental Health Professional (MHP) and two Familiar Faces Peer Navigators. The MHP assists the Familiar Faces Peers in treatment plans, referrals, and response to crisis calls. While the clients in the Familiar Faces Program suffer from chronic behavioral health conditions, there are also times of acute crisis where the experienced MHP is deployed.

The Familiar Faces Program deploys a cross-system approach to allow the team to remove barriers to effective interventions and deploy purposeful interventions facilitated by CCS Peer Navigators and the clinical expertise of the CCS mental health professional.

In collaboration with the OPD officers, CCS Peer Navigators and the MHP, the team has been able to address the specific and complex needs of the City's Familiar Faces Program such as:

- Concrete support – housing, employment, primary health care or legal services
- Connection to information and referrals to community support resources for health and wellness
- Connection to recovery community support, activities, and events

The Familiar Faces Program works with the most system resistant and complex community members. These individuals are the highest utilizers of law enforcement engagement and contact. When individuals are referred to the Familiar Faces Program via a law enforcement, OPD has been able track the individual's subsequent law enforcement contacts. Familiar Faces clients who work with peers have a dramatic decrease in law enforcement contacts.

Individuals Served - 2387

### **4. Pierce County Sheriff's Department**

The Pierce County Sheriff's Department (PCSD) program operates with co-responders who are embedded with the deputies who work in the precincts and detachments throughout the county. PCSD has sought to improve mental health field response and diversion from incarceration through modified or expanded law enforcement practices in partnership with mental health professionals. This program is designed to be staffed with designated crisis responders and not case managers. During initial contact, the designated crisis responders assess the risk and determine the level of services that may be required to meet an individual's mental health or substance use needs.

The co-responders deployed in the field are able to assist law enforcement with call de-escalation and move the participant toward services rather than jail. The network established provides the linkage to services such as medical treatment, behavioral mental health services, job and housing placement assistance and other needs.

PCSD partners with MultiCare's behavioral health department to provide mental health and substance use disorder outpatient services and psychiatric inpatient services for adolescents, adults, and geriatrics. MultiCare

is also linked with community providers such as Metropolitan Development Center's Detox Center, the Recovery Response Stabilization Center, Comprehensive Life Resources, Greater Lakes Mental Health, Sea Mar, Kawachee, and local evaluation and treatment facilities.

The primary goal of this program is to divert the individual from jail or an emergency room and intervene during the crisis and refer/coordinate to case management services of an individual's choice based on their preference, location or funding.

Providers for services include but are not limited to: MultiCare's behavioral health outpatient (mental health, substance use, and Program for Assertive Community Treatment (PACT), Greater Lakes Mental Health, Comprehensive Life resources (mental health and homeless services), Northwest Integrated Health (substance use disorders) and a few others. The case management services may include individual sessions, referral for psychiatric evaluations, assistance with housing and care coordination with managed care organizations.

Unfortunately, PCSD was not able to hire a co-responder designated for this WASPC funding until May of 2020, therefore data associated with the expanded the program is unavailable.

## **5. Port Angeles Police Department**

The Port Angeles Police Department (PAPD) 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 behavior health issues. PAPD encounters persons multiple times a day who need services that often includes both short- and long-term mental health services. PAPD no longer lost track of the person or lost the opportunity to get them into services with an embedded social worker.

The ReDiscovery program partnership between PAPD and OPCC had already existed. The funds from the MHFRT grant and a grant from Clallam County allowed PAPD to improve its response. The ReDiscovery 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.

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. For the 2019 MHFRT grant period, the ReDiscovery program saw:

Total Contacts – 1993 individuals

## **6. Redmond PD**

The Redmond Police Department program continues to leverage the city's partnership with IKRON of Greater Seattle and the local organizations within the Community Resource Center. This was achieved by ensuring the mental health professional (MHP) was an active member of the MHFRT by joining the team in the field to respond to calls for service. The MHP provides the initial psychosocial needs assessment that helps determine the services needed. Depending on the degree of severity, the MHP can facilitate hospital admissions both voluntary and through custodial transfer or assist with transition back to the community.

The program aims to divert individuals at the earliest opportunity into community-based service alternatives for: crisis intervention, screening, assessment, and referral to treatment before an arrest was made. The partnership with IKRON of Greater Seattle, as well as the access to the Community Resource Center ensured the department could provide both a rapid response for immediate intervention as well as access to a full array of other services the patient may need. A very intentional effort was made to consider the wide range of needs

for all involved. The program was adapted to meet the changing demographic needs and balance with the available resources, personnel and acuity.

Total Contacts – 263  
Diverted from Jail – 29  
Diverted from ER – 18  
Number Needing Emergent Services – 67  
Long Term Service Engagement – 18  
Needs Met Engagement – 25

## **7. Spokane County Sheriff's Office (Lead Agency) and Spokane 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 that required patrol response, to high utilizers were identified, and their needs addressed. This increased our 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. Each team is required to have a minimum of 30 crisis contacts each month. 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. Local media has produced multiple stories on the unit to include the change in our responses due to COVID-19.

The program is a huge resource for the community but has also created some dependence on local mental health facilities and other services. The unit is called on directly by providers and facilities to assist with the services they provide. We have educated several providers to call 911 in case of an emergency rather than the unit's desk phone. Our clinicians are employed by Frontier Behavioral Health, and work hand in hand with mobile crisis response, and the DCR's. Working with multiple agencies can be a challenge, but also very rewarding. A creative healthy work environment with common goals, and expectations makes for a successful unit.

The unit has been able to maintain its goal from the original implementation plan. It has grown from one deputy and one clinician to four deputies/officers and four clinicians. The funds have allowed the unit to attend national training to verify our work and goals. Each training verifies the work we are doing is valid with national trends and best practices, but also gives the unit resources

The biggest challenge for the Spokane program has been hiring of clinicians. The original grant required the clinicians to be MHPs. It was extremely difficult to find master level clinicians who were able to meet the background requirements. The last two applicants have been hired, filling all positions.

Gaps in the system at the state level present another challenge. If there is an individual who is placed on an involuntary treatment, they need to stay involuntary pending a review. The hospital staff and physicians need to be aware of the ITA and be educated on the laws. They also need to understand the community impacts from elopement or premature releases. And if released, they need to have a less restrictive alternative (LRA)

in place. The LRA also needs to be enforced and reviewed continually. Before it becomes nullified, the LRA needs to be validated in person by a panel that agrees on the outcome. There are far too many loopholes for individuals to fall through the cracks, forcing law enforcement/co-deployed teams to pick up the pieces. To address these concerns, we meet with other co-deployed teams who express the same frustrations to work out an improved process on the state level. Locally, our unit is trying fix these issues and create a model or plan on how to help others throughout the state.

#### Annual Statistics:

- A. How many individuals were reached through your grant program?
  1. Total Number – 2119 (from internal data collection)
  2. Male – not collected internally. Open lattice data 291
  3. Female - not collected internally. Open lattice data 202
- B. Incidents. From open lattice and does not accurately reflect unit activities
  1. Total number – 741
  2. Disposition.
    - i. No action possible –127
    - ii. Verbal referral – 280
    - iii. Courtesy transport – 57
    - iv. Hospital – 340
    - v. Arrest – 108
    - vi. Administered naloxone or Narcan – 2
  3. De-escalation Techniques.
    - i. Verbal – 703
    - ii. Handcuffs –133
    - iii. Use of Force–5
  4. Incidents involved Suicide.
    - i. Total Number –267
    - ii. # of Attempted –86
    - iii. # of Completed –n/a
    - iv. Involved weapons – 75
    - v. Involved overdose – 1
    - vi. Involved jumping – 20
    - vii. Involved hanging – 16
    - viii. Involved “Suicide by Cop” – 5
  5. Non-suicidal incidents involving weapons - 666

## 8. Vancouver Police Department

The Vancouver Police Department’s goal was to establish a pilot program to provide mental health field responders to assist law enforcement officers in the field.

#### Vancouver:

- Formed a regional multidisciplinary steering committee to address community needs and priorities.
- Established support from local leaders, public safety, and the mental health community.
- Finalized plans with Clark County Crisis Services and SeaMar Community Services Northwest for the new MHFRT.
- Developed a new training curriculum outlining MHFRT field activation and deployment.

The plan to implement field deployment was not fully accomplished. Field deployment was initially delayed



due to hiring difficulties, and then put on hold due to the coronavirus pandemic.

Vancouver had initially intended to add full-time dedicated personnel for field deployment, but experienced hiring difficulties due to a combination of factors. The team determined that it would be more effective to add new positions to the baseline and deploy more experienced mental health professionals in the field as a rotating assignment, while new hires developed experience and familiarity with the system before being assigned to the field work rotation. This builds agency-wide resources, expertise and support for the program, while ensuring that VPD's most experienced staff are given the opportunity be a part of the program's success, rather than send new employees to the field to address our most complex calls.

#### **9. Wenatchee Police Department (Lead Agency), East Wenatchee Police Department, Chelan County Sheriff's Office and Douglas County Sheriff's Office.**

In 2015, Wenatchee Police Department (WPD) partnered with Catholic Family and Child Services, now known as Catholic Charities Serving Central Washington, to provide crisis response services to law enforcement. Catholic Charities remains the contract service provider for Crisis and Mental Health services for Chelan and Douglas Counties. The initial focus was on high volume contacts to divert them from being a draw on public safety and law enforcement and provide behavioral health services. The program grew from a single staff member from Catholic Charities who responded to requests from officers with WPD to a small staff of Designated Crisis Responders (DCRs) with Designated Mental Health Professionals (DMHPs) who respond to calls for service from WPD, the East Wenatchee Police Department, the Chelan County Sheriff's Office, and the Douglas County Sheriff's Office.

The Agencies work together closely, and expanded coverage has become invaluable to the successful diversion of patients into services instead of involuntary commitment or arrest. Additionally, the rapid response to the field has delivered improved public and agency perception of mental health workers in this region.

In mid-October 2019, coverage fell off dramatically with the death of Eric Skansgaard, the lead DCR with Catholic Charities. There was no coverage in November due to the complete shutdown of the Catholic Charities DCR office. It became painfully clear there was a single point of failure in the program. While the loss of the lead alone would not have hampered the ability to manage the data, the subsequent departure of other Catholic Charities staff did. Efforts to hire and replace staff have been difficult.

With the death of Eric and subsequent resignations of his staff, attempts to reconstruct the data Eric had been keeping have been unsuccessful.

#### **Mental Health Field Response Teams Grant Awards Overview 2020-2021**

The 2020-2021 appropriations have been restricted as follows:

- \$1,500,000 per year (designated to only Trueblood, et. al. v. Department of Social and Health Services identified Phase One regions. Phase One Regions include the Spokane Region, Pierce County Region, and Southwest Washington Region.
- \$500,000 per year for Mental Health Field Response Grants (no Trueblood restrictions).

In May 2020, it was clear the COVID-19 pandemic and civil unrest across the state and nation would hamper attempts to conduct a meaningful application process for new and existing grantees. Law enforcement agencies were being pulled in multiple directions as agencies responded to the effects of the health care crisis and civil unrest in their communities. With this in mind, WASPC decided to continue to fund the 2019 grantee agencies in 2020:

<b><u>Grant Award Agencies</u></b>	<b><u>Award Amount</u></b>
Kirkland, Shoreline, Bothell, Lake Forest Park, Kenmore PD (Joint)	\$80,000.00
Kitsap Co. Sheriff	\$88,217.00
Olympia PD	\$100,000.00
Pierce Co. Sheriff	\$350,733.00
Port Angeles PD	\$84,000.00
Redmond PD	\$46,513.00
Spokane Co. Sheriff, Spokane PD (Joint)	\$698,750.00
Vancouver PD	\$314,917.00
Wenatchee & East Wenatchee PD and Chelan and Douglas CO SO (Joint)	\$56,070.00

### **Status of Grant Contracts**

As of the date of this report, all grantee agencies have completed the contract process with WASPC and have begun implementation of their grant programs for FY 20-21.

### **Early Grant Reporting**

Anecdotally, grant agencies report their officers/deputies have an increased awareness and knowledge of the community resources available and an increased empathy for those in crisis. For the clients served in the program, the Mental Health Professionals report a positive change in the perception toward law enforcement. A shift to a non-punitive approach has increased the trust and cooperation of clients. Clients report they are surprised by the investment and outreach conducted. One client stated to the officer and MHP, “I can’t believe you are investing in us in this way and being proactive.” This client was thankful for the after-hours response to his crisis.

### **Lessons Learned**

WASPC heard from of its members that the biggest challenge they continue to face to implement 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, since this program was developed and funded in the second year of the state’s biennium, it presented challenges due to the short time frame for implementation and the short funding period. Many WASPC members were very interested in the program, but these challenges were barriers to their ability to apply this time. Our members expressed their desire for the legislature to both continue funding for the current grantees and further expand the fiscal support for new programs in the 2021 legislative session.

### **Recommendations**

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

- Provide sustainable funds for the current grant programs. This will allow a more robust evaluation of the impacts of crisis response with embedded mental health professionals.
- Expand state funds for the program to include, but not limited to, those areas outlined in the *Trueblood Settlement Agreement*. WASPC is committed to expansion of funds up to \$10 million.

- Provide limited Public Records Act exemptions for the data entered into WASPC’s data collection tool. WASPC is committed to report out aggregate data in our yearly reports to the Legislature, but there are some concerns of the additional burdens placed upon grant recipients and WASPC.

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 grant program can be found at <http://www.waspc.org/mental-health-field-response-teams-program>.

Respectfully Submitted,

Steve D. Strachan, Executive Director  
John McGrath, Jail Services Liaison  
Date: November 30, 2020