City of Seattle

Background and 911 Call Data

Seattle's 9-1-1 centers receives thousands of calls each year for situations that are not crimes in progress, fires, or medical emergencies. Often, dispatchers are making split second decisions with partial, frequently secondhand information about what resources to send to these calls: uniformed police officers or firefighters. Developing a tiered dispatch response when calls, like wellness checks that do not require an urgent medical or safety intervention, will allow non-police resources to be dispatched to get "eyes on" a scene for both a rapid response, a more informed assessment of the type of secondary resources needed, and a faster connection to existing programs such as Health One, which is an EMT and social workers responding to low acuity 9-1-1 calls.

The City of Seattle is developing another option for 9-1-1 response, moving some of these calls away from a sworn uniformed response and toward a new team of specialized responders. This proposal draws on input and feedback from the community gathered over the prior year regarding dispatch of police to non-criminal issues. It is also based on extensive research into community response models and on best practices gleaned from around the country.

Analysis from the National Institute for Criminal Justice (NICJ) and SPD's own analysis indicate that at least eleven percent of calls currently dispatched to SPD can and should be responded to with by an alternative response. As this and other alternative response programs are scaled up, there will be additional opportunities for more calls to not require a sworn uniformed to respond. Non-uniformed response to conduct wellness checks on individuals can safely offer an alternative to the status quo. Health One, which is expanding to three units this Fall, and Community Service Officers (CSOs), are proven models to deploy.

Other similar model is already being implemented successfully in cities nationwide. The CAHOOTS program in Eugene, the STAR program in Denver, the Mobile Crisis Team in Baltimore and the Crisis Response Unit in Olympia all point the way to alternatives to address thousands of 9-1-1 calls typically handled by police officers. These programs have been designed collaboratively with community partners and first responders alike. Crucially, each response begins with trained specialists who recognize that most of these calls arise from poverty, mental illness, or ill health—not criminal intent.

A specialized triage response offers benefits for clients and City alike. For those in need, responders will have expertise in system navigation, behavioral health, trauma-informed care, and homeless outreach to help them achieve better outcomes in their moment of crisis. Studies such as one conducted by Portland State University show clearly that individuals in crisis or experiencing homelessness overwhelmingly prefer non-police responders: mental health professionals, peer support specialists, social workers, EMTs, and conflict resolution counselors. For the City, removing these responses from SPD's purview increases their availability to respond to more pressing emergencies.

Proposal

The City of Seattle proposes to field a new specialized triage response, housed within the Seattle Fire Department Mobile Integrated Health (MIH) program, that will respond directly to wellness check calls identified by 9-1-1 at the Community Safety and Communications Center (CSCC). Utilizing a new 9-1-1 call-taking protocol system, dispatchers will be furnished with a new alternative non-sworn uniformed response.

Today these types of calls are triaged by the SFD 9-1-1 center and referred back to police as they do not necessitate an urgent medical response from SFD. SPD subsequently responds, we know that most of these engagements do not require an urgent safety response, which does not require a uniformed police presence.

The specialized triage response will be the primary responders and will become an extension of CSCC dispatch, acting as “eyes on” the scene that will not include a sworn uniform officer. These call types represent over 4,300 calls each year to CSCC. The vast majority (60%) result in “assistance rendered” with less than ten percent resulting in a final disposition that indicates an officer was needed. Only six percent resulted in a police report written and even fewer (two percent) resulting in any type of arrest. Simply put, many of these calls do not require an armed officer response.

The triage response will operate out of SFD in close connection with the CSCC. SFD already operates an alternative response program – Health One – out of its Mobile Integrated Health program; location of the new team within MIH will avoid creating new silos or program gaps.

The city will work with labor partners, SFD and SPD to further develop the staffing model for response, and will work with community and partner organizations to identify staff who bring not only expertise in outreach and behavioral health, but also lived experience and a tangible connection to the communities they will serve. It is expected that SPD will be requested only for criminal situations or to assist with potential violence and active suicidality. On the back end, the team will be provided with a case manager able to follow up on client referrals and service connections.

Key to these efforts is ensuring individuals responding are equipped with the training, skills, and resources to help people successfully navigate the social support system including access to housing, clinical support, transportation, case management, and other stabilizing services. SFD will be able to provide a warm handoff to community-based organizations and follow-up to help ensure that individuals’ needs are met and to reduce the likelihood that they are called for assistance in the future.

At launch, the specialized triage response will operate during daytime and early evening hours. This is when the preponderance of calls is made and when partners such as social workers or clinics are open. Most calls will arrive through CSCC dispatch, but the response will have lines of communications to SPD Patrol and Crisis Response, Health One, and Community Service Officers. There will be close coordination with a wide swath of partners including the Safe and Thriving Communities Division of the Human Services Department, Mobile Crisis Team, Emergency Services Patrol, and others.

At the specialized triage response grows and scales it will realize opportunities for robust community integration. Future iterations of the program could include community or neighborhood-specific responders and dovetail with other organizations, nonprofits, and local groups.