



TO: Honorable Lisa Herbold, Chair, Public Safety and Human Services Committee

FROM: Harold Scoggins, Chief, Seattle Fire Department

DATE: February 11, 2022

RE: Response to SLI SFD-004-A-001 (Triage One Launch)

Statement of Legislative Intent (SLI) SFD-004-A-001, adopted with the 2022 Budget, requests three reports in 2022 on work undertaken and costs expended on the formation of a “Triage One” program to field certain non-emergent calls presently handled by SPD Patrol. The SLI states: *“that the Seattle Fire Department (SFD), in collaboration with the Community Safety and Communications Center (CSCC), submit a series of progress reports on the launch of the Triage One program. In addition to the narrative elements listed below, each report should also include a spending report that associates each expenditure with an identified milestone.”*

Furthermore, the SLI states that:

“The report due on January 31, 2022 should include information related to:

- 1) The development of any required new job classifications*
- 2) The outcome of stakeholder meetings including with Firefighters Local 27, the Seattle Police Officers’ Guild (SPOG), and others*
- 3) The development of program policies and protocols*
- 4) Alignment with other response teams including SFD Health One, the Seattle Police Department’s Crisis Response Team (CRT), King County’s Emergency Services Patrol (ESP), the Mobile Crisis Team (MCT) at the Downtown Emergency Service Center (DESC), and any others, including identification of the call types to which each response team will respond*
- 5) The acquisition and preparation of office space for Triage One staff*
- 6) SFD’s planning for data collection, quality assurance, and research associated with Triage One response”*

Below are the responses for each request:

1. The development of any required new job classifications

To date SFD has not engaged with the Seattle Department of Human Resources regarding new job classifications. This is because it remains uncertain at this time which staffing model will ultimately be selected to accomplish this body of work. If the team ends up within SFD Mobile Integrated Health (MIH) and staffed by civilians or at the CSCC it is highly likely that new job classifications will be required (which will also potentially extend to Human Services Department (HSD) civilian Health One staff in the case of SFD). No new job classifications will be required if the team is staffed by either SFD firefighters or external agencies.

2. The outcome of stakeholder meetings including with Firefighters Local 27, the Seattle Police Officers' Guild (SPOG), and others

SFD has had several meetings with Firefighters Local 27 on this topic; the two parties have jointly reviewed a rundown of possible team staffing models, including pros and cons of staffing models across the spectrum: within Fire (civilian and/or Firefighter staffing), other city departments, and external agencies.

We have not yet had an opportunity to meet with SPOG but understand that they have filed a demand-to-bargain on this issue.

3. The development of program policies and protocols

Significantly more groundwork and high-level discussions with City leadership need to occur to allow for the development of policies and protocols. Most importantly, final decisions are required on a home department and staffing model, as well as more in-depth work with CSCC and SPD to determine which aspects of welfare checks/person down calls should be the team's purview. It is also inadvisable to begin serious policy/protocol work prior to more substantial meetings with the bargaining units.

4. Alignment with other response teams including SFD Health One, the Seattle Police Department's Crisis Response Team (CRT), King County's Emergency Services Patrol (ESP), the Mobile Crisis Team (MCT) at the Downtown Emergency Service Center (DESC), and any others, including identification of the call types to which each response team will respond

This response is also somewhat contingent on understanding the staffing model and policies/protocols. Based on the current proposal of the staffing model and anticipated call types, there does not appear to be significant alignment with any existing response teams in terms of initial dispatch (as most proposed Triage Team calls are currently answered by SPD), but considerably more so upon subsequent client identification. Given the array of available teams an effort or position to identify gaps, commonalities, and synchronize efforts across the spectrum of alternative 9-1-1 response is advisable. A breakdown follows:

Health One – No overlap on the dispatch front (CSCC versus SFD dispatch). There will likely be a fair amount of alignment among clients, particularly in the cohort of clients who are found down and subsequently request shelter, substance use assistance, or medical care. Health One does attend some welfare checks, and while it is not directly dispatched to persons down, many such clients are subsequently identified as being appropriate for Health One, leading at that point to a request for the team.

CRT – We feel that there is minimal alignment for dispatch and periodic but infrequent alignment for clients. The Triage Team as proposed will primarily not be engaging in significant behavioral health crises whereas the CRT focuses mainly on these. It is conceivable that some known CRT clients could subsequently present as persons down.

ESP – There will be some level of alignment on the dispatch front between these two teams and a high level of alignment among clients, primarily on the person down front and persons requiring sobering transport. The ESP's proactive patrolling model for intoxicated/down persons in their catchment area is similar to many of the functions the Triage Team would perform.

MCT – There will not be alignment initially between these two teams regarding dispatch, as the MCT is only summoned secondarily by on-scene first responders. As with Health One, it is likely that persons down requiring navigation to shelter or crisis services will be seen by both teams.

CSO – The SPD Community Service Officers presently have a moderate amount of alignment with both dispatch and client service. Their work may routinely lead them to persons down and they are presently dispatched via CSCC. With the forthcoming report requested in SLI CBO-001-A-001, it is conceivable that their function may take on further elements of the proposed Triage Team’s body on work, meriting further planning and deconfliction.

Note: A frequent consideration during the planning process has been the current dearth of transport destinations as a result of systemic shortages exacerbated by COVID-19 and staffing challenges. This pertains to shelters of all varieties, crisis centers, and no/low barrier urgent care facilities and clinics. As more teams come online they may increasingly be forced to compete for scarce beds, outreach workers, and case managers.

5. The acquisition and preparation of office space for Triage One staff

No office space has been acquired or planned to date. SFD did recently complete a site survey with the Department of Finance and Administrative Services for space for the new HEALTH3 unit; future planning could build off or dovetail with this search. It is expected that Triage Team units will not be housed at SFD fire stations.

6. SFD’s planning for data collection, quality assurance, and research associated with Triage One

No concrete steps have been taken to date as a result of considerations listed above. It should be noted that SFD now has a robust framework for Health One data collection, QA, and research developed over the past two years in partnership with Medic One and HealthierHere, and the King County Accountable Community of Health. If housed in SFD (or even a partner department or agency), this framework would enable rapid development of data collection and quality assurance policies, procedures, and protocols.

Spending Report: No funds have been expended to date.