

Crisis Response Report

September 5, 2024



King County

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II. Proviso Text

Of this appropriation, \$700,000 shall not be expended or encumbered until the executive transmits a crisis response program report and a motion that should acknowledge receipt of the report, and a motion acknowledging receipt of the report is passed by the council. The motion should reference the subject matter, the proviso's ordinance number, ordinance section and proviso number in both the title and body of the motion.

The plan shall include, but not be limited to, the following:

- A. A description of the executive's community engagement efforts in each department of public safety precinct, including a list of local governments, community organizations, nonprofits, neighborhood groups, renter associations, homeowner associations, schools and businesses consulted in the development of the crisis response program;
- B. A summary of each department of public safety's precinct's preferred crisis response program model, including general program structure and process for deploying crisis response professionals;
- C. A description of the policy or policies the department of public safety intends to implement to guide the deployment of crisis response professionals in each department of public safety precinct;
- D. A description of the department of public safety's procedures for ensuring interjurisdictional and interagency cooperation; and
- E. A timeline for the crisis response program implementation in each department of public safety precinct.

The executive should electronically file the report and motion required by this proviso no later than ~~((April 30, 2023))~~ December 31, 2023, with the clerk of the council, who shall retain the original and provide an electronic copy to all councilmembers, the council chief of staff, and the lead staff for the law, justice, health and human services committee or its successor.

Ordinance 19546, Section 21, as amended by Ordinance 19633, Section 17, P1¹

¹ King County Ordinance 19633

<https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=6105990&GUID=DE2B26CF-A417-478E-B44F-3558DB55125F&Options=Advanced&Search=>

III. Executive Summary

The King County Sheriff's Office (KCSO) has initiated the development of a Therapeutic Response Unit (TRU) to enhance crisis response capabilities of the KCSO across its service area. TRU is a progressive approach to law enforcement public safety which integrates mental health professionals (MHPs) with specially trained KCSO deputies to form co-responder teams with responsibilities that include de-escalation, crisis intervention, service referrals, and support for treatment processes.

The KCSO recognizes that our community members experience a wide variety of issues that may not only be related to law and public safety, but rather orbit public safety with other stressors. The development of TRU supports the KCSO ability to maintain public safety and enhances resources to address suffering, stressors, and social service needs, and support potentially traumatic events with compassion. These types of situations, referred to as crises, may include domestic violence, suicide threats, welfare checks, traffic collisions, unhoused encampments, and substance use and overdoses. Additionally, situations that involve law enforcement can be stressful. Co-response also provides de-escalation with a trauma informed care approach that centers the individual(s) in crisis.

TRU's co-response model aims to mitigate the severity of crises involving people with mental health, substance use/recovery, and social service needs. By fostering collaboration and emphasizing person and community-centered care, the KCSO through TRU seeks to enhance overall public safety and well-being and help communities shift their reliance on law enforcement for non-criminal issues and concerns. Addressing the needs of King County's communities is multi-faceted. Not only does co-response support individuals during a crisis, also it supports their loved ones and friends. This can often be achieved through community engagement, education, and additional trauma-informed care techniques.

The TRU program operates within the KCSO's Community Programs and Services Division (CPSD). It builds on the foundation of existing co-response initiatives in select precincts and cities, such as the City of Burien and the City of Kirkland where MHPs and deputies partner on calls for service. TRU expands on this foundation through support for and partnership with the 911 Communications Center, Sound and Metro Transit, and by supporting the whole of the King County rather than the currently pocketed and siloed co-response programs. TRU addresses community needs holistically and aligns with King County's strategic priorities, emphasizing equity, social justice, and responsive public safety practices.

The KCSO recognizes that behavioral health and social services crises can frequently accompany incidents involving law enforcement and public safety. TRU aims to support the community members in all aspects of their contact with law enforcement regardless of possible criminality and/or social service needs. While in each crisis instance law enforcement determines whether a crime has been committed and if there will be an arrest, TRU's focus will be to provide services in a diversionary capacity, instead of arrest, in parallel with arrest, or after someone is booked and released. Further, because MHPs will be on calls for service with deputies, they will be able to render support regardless of criminality and refer to the most appropriate resources as dictated by

the situation, deputy, and needs of the community member. TRU aims to divert individuals from the criminal justice system to appropriate health and social services, promoting long-term positive outcomes and reducing repeated emergency responses.

Aligned with the King County Executive's True North vision, TRU embodies values of inclusivity, racial justice, and community collaboration. By engaging diverse stakeholders and prioritizing community feedback, TRU ensures responsiveness to local needs and fosters trust within King County's diverse communities.

The implementation timeline for TRU outlines key milestones including the approval of operational protocols, MHP recruitment, and program launch. Community engagement efforts are central to program development, ensuring that TRU's design and deployment reflect community input and support diverse service needs.

TRU's policy framework emphasizes safety, accountability, and ethical standards in service delivery. Policies guide interactions between MHPs, law enforcement, and community partners, ensuring compliance with legal standards and safeguarding individual rights and privacy.

Effective collaboration with local agencies, healthcare providers, and social service organizations enhances TRU's impact and supports seamless service delivery. Regular communication and joint planning foster a cohesive approach to crisis response and resource coordination across jurisdictions.

The TRU program represents a forward-thinking response to evolving public safety needs in King County. By integrating mental health expertise with law enforcement, TRU aims to enhance crisis response effectiveness, reduce incarceration rates for non-criminal issues, and improve community well-being. Through ongoing evaluation and community engagement, TRU is poised to deliver responsive and equitable crisis intervention services that reflect the diverse needs and aspirations of King County residents.

For further details on specific program components and implementation milestones, please refer to the detailed sections within this report. The KCSO is committed to transparency, innovation, and community partnership as the KCSO advances the TRU program to serve King County's communities effectively.

IV. Background

Department Overview

Ensuring the safety of people in King County, respectfully based on the core values of leadership, integrity, service, and teamwork, is the top priority of the King County Sheriff's Office (KCSO). With more than 1,200 employees, the KCSO serves the law enforcement needs of more than half a million people in unincorporated areas and 12 contract cities. The KCSO's commitment to meeting the needs of all residents means that services such as law enforcement, and now co-response, are available to King County's 2.25 million residents.

It is the mission of the King County Sheriff's Office delivers compassionate and accountable police services to enhance public safety and community well-being. The KCSO's vision is to be an innovative, trusted, and collaborative agency supporting safe, welcoming, and thriving communities.

Key Context – Overview of TRU

The KCSO established the Therapeutic Response Unit (TRU) in the Community Programs and Services Division (CPSD). Placement in this division was intentional as TRU supports law enforcement and community members during behavioral health crises. In addition to co-response, as TRU is fully implemented, the unit will be active in community engagement events such as National Night Out, local festivals and celebrations, and KCSO recruitment events.

Co-response MHP and deputy partners will respond to mid to high-risk situations including, but not limited to, situations involving a person who is experiencing a mental or behavior health crisis, or who is affected by substance use, and/or who could benefit from social services.² Mental Health Professionals (MHP) also provide resource and service referrals for low-risk situations that do not have a law enforcement component. This is most likely to occur during MHP shifts at the KCSO 911 Communications Center. MHPs will take calls with mental health components that do not have a need for law enforcement so that deputies can focus on the calls that do have that need.

The TRU program connects an MHP to a person in crisis sooner than under existing conditions, in a similar manner as a first responder. When responding, the MHP's duties will include, but not necessarily be limited to:

1. De-escalating people and situations;
2. Facilitating contacts between a person who would benefit from health, social, and related services with appropriate service providers;
3. Diverting, when appropriate, people from jails and involuntary hospitalization to stabilization and recovery services, and

² Mid to high-risk calls for service include, but are not limited to domestic violence, shoplifts, trespasses, traffic accidents, suicide threats, etc. These calls will have a law enforcement and/or public safety component. Low risk calls do not include a need for law enforcement and are typically related to service referrals or connecting people to agencies that may provide food, clothing, and other necessities.

4. Assisting in the Involuntary Treatment Act process by providing advisement to law enforcement under RCW 71.05.³

The ultimate goal of the TRU program is that the person who engages with a TRU co-responder is connected to care that in turn results in positive outcomes for the individual, as well as reduced or eliminated interactions with law enforcement.

The TRU co-response program will provide services to unincorporated areas of King County and within the KCSO’s contract partner service areas as follows:⁴

Precinct 2	Precinct 3	Precinct 4	Precinct 5	Transit
City of Carnation	Beaux Arts Village	City of Burien*	City of Kenmore*	Sound Transit
City of Sammamish	City of Covington	Vashon Island	City of SeaTac	Metro Transit
Town of Skykomish	City of Maple Valley		City of Shoreline*	
City of Woodinville**	Muckleshoot Tribe			
	City of Newcastle			
Unincorporated King County				

Precincts/cities with current law enforcement co-response programs are indicated with a *. While TRU will operate in these cities, the KCSO will focus on filling gaps in services that are not covered by the existing co-response program.

Precincts/cities with current fire department programs are indicated with a **. While TRU will serve in these cities, the KCSO will focus on filling gaps in services that are not covered by the existing program.

A map of the KCSO’s jurisdiction is in appendix A.

Key Historical Conditions

The changing face of public safety has asked for the evolution of law enforcement to embrace crisis response concepts like behavioral health signs and symptoms recognition and social service resource referrals. With the passage of the Ostling Act in 2015 and the Revised Code of Washington (RCW) 43.101.427, all Washington State law enforcement agencies are mandated to provide crisis intervention training to all new law enforcement officers.⁵ The Washington State Criminal Justice Training Commission has made crisis intervention training a standard part of

³ RCW 71.05 <https://apps.leg.wa.gov/Rcw/default.aspx?cite=71.05>

⁴ KCSO Service Areas <https://kingcounty.gov/en/legacy/depts/sheriff/police-precincts>

⁵ RCW 43.101.427 <https://app.leg.wa.gov/RCW/default.aspx?cite=43.101&full=true#43.101.427>

training and continuing education for all public safety agencies.⁶ In addition to deputies attending training, all TRU co-responders attend a 40-hour crisis intervention training through the KCSO Advanced Training Unit.

The Memphis Model set the initial standard for incorporating behavioral health training for law enforcement.⁷ This model includes:

- Law enforcement and mental health partnerships
- Community engagement
- Policies and procedures
- Crisis intervention training
- Emergency services and behavioral health facilities
- Evaluation and research
- Continuing education

The Memphis Model was developed in response to increased escalating law enforcement calls for service and subsequent use of force. With this model as an evidence-based approach to crisis intervention, co-response emerged as an effective strategy to de-escalate crisis situations with behavioral health components, increase effective health and social service interventions, and jail diversion for those who need behavioral health support.

With the implementation of behavioral health training for law enforcement, there has come the growth and adaptability in law enforcement endeavors to serve communities and support the holistic augmentation of policing. In 2016, the Shoreline Police Department, a contract agency partner of the KCSO, was awarded a Department of Justice Grant to support the implementation of a co-response program. The first MHP partnered with law enforcement to co-respond and aid in the development of response plans for the community members of the City of Shoreline. The Shoreline program grew to include the police departments in Bothell, Lake Forest Park, Kenmore, and Kirkland. Concurrently, programs were started in Redmond, Burien, and Duvall through each individual city. While each of these programs were all administrated, funded, and developed separately, they were some of the first agencies to embrace co-response as a methodology to incorporate law enforcement and mental health partnerships to improve crisis outcomes for their communities.

Key Current Conditions

The KCSO established TRU to lead and administer King County's co-response program. TRU's approach utilizes the elements of the Memphis Model and crisis intervention training, and adds person-centered approaches, de-escalation, and attention to the individualized resource needs for people in crises that involve law enforcement.⁸

⁶ WA State Criminal Justice Training Commission [https://cjtc.wa.gov/docs/default-source/course-required-forms/cit/wscjtc-cit-requirements-\(updated-2021\).pdf?sfvrsn=2b0152e3_2](https://cjtc.wa.gov/docs/default-source/course-required-forms/cit/wscjtc-cit-requirements-(updated-2021).pdf?sfvrsn=2b0152e3_2)

⁷The Memphis Model: Crisis Intervention Team Core Elements <https://cit.memphis.edu/pdf/CoreElements.pdf>

⁸ National League of Cities and Policy Research, Inc. <https://www.theiacp.org/sites/default/files/SJCResponding%20to%20Individuals.pdf>

As a department within the Executive Branch of King County, the KCSO's work is guided by King County Executive's True North and values.⁹ True North aspires to "*making King County a welcoming community where every person can thrive.*" In working to realize True North, the KCSO and TRU share the values that:

- We are one team.
- We are racially just.
- We solve problems.
- We respect all people.
- We focus on the customer.
- We lead the way.
- We drive for results.
- We are responsible stewards.

TRU's approach to meet people where they are in a crisis incident, and bring resources to people who need and will accept assistance, is a way to work toward building a community where everyone can thrive. The approach is one that works as a team with law enforcement, MHPs, the person who is in crisis, other King County departments and state agencies, and private/non-profit service providers. The approach seeks to solve problems, to respect people, to be racially just, and to drive for results.

TRU will fulfill this using the Listen and Explain with Equity and Dignity (LEED) model, developed in King County by former Sheriff Sue Rahr.¹⁰ This approach has co-responders center the person in crisis and intentionally and transparently communicate to reach an outcome without escalation. The LEED model refines the Pillars of Procedural Justice based on John Rawls' A Theory of Justice (1971)¹¹. Though this theory is more than 50 years old, it remains foundational to ethical policing and co-response, as it focuses on the people interacting with law enforcement. This person-centered approach helps build community, trust, and transparency.

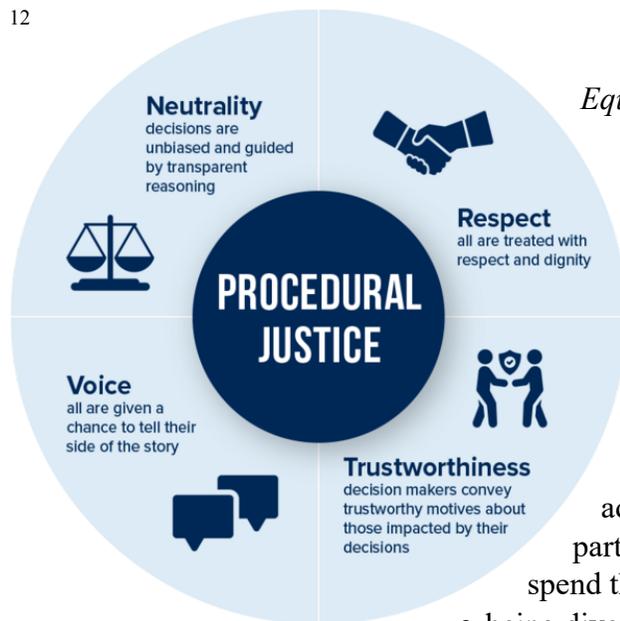
Procedural Justice incorporates four pillars within its conceptualization. They are neutrality, respect, voice, and trustworthiness. When the four pillars of procedural justice are incorporated into law enforcement and co-response, they ensure that everyone is interacted with equity and actions are explained in a clear and transparent manner. When respect is incorporated, all involved are engaged with dignity. When trustworthiness is foundational then, regardless of the outcomes, motivations and process are presented clearly. Finally, when voice is incorporated, the thoughts, opinions, and feelings of the individuals interacting with are listened to, acknowledged, and supported throughout the interaction. While these concepts were developing decades ago, the integrity of their value in today's law enforcement and co-response engagement mirrors the evolution to the LEED model, of listen, explain, equity, and dignity as these terms are woven into the four pillars of procedural justice.

⁹ King County Executive's True North

<https://kingcounty.gov/en/legacy/elected/executive/constantine/initiatives/true-north>

¹⁰ Rahr, Sue and Stephen K. Rice. From Warriors to Guardians: Recommitting American Police Culture to Democratic Ideals. New Perspectives in Policing Bulletin. Washington, D.C.: U.S. Department of Justice, National Institute of Justice, 2015. NCJ 248654. <https://www.ojp.gov/pdffiles1/nij/248654.pdf>

¹¹ RAWLS, J. (1971). *A Theory of Justice: Original Edition*. Harvard University Press. <https://doi.org/10.2307/j.ctvjf9z6v>



Equity and Social Justice Strategic Plan Alignment

The Office of Equity, Racial, and Social Justice and the Equity and Social Justice Strategic Plan¹³ are integral to the TRU program development and implementation. Development and implementation of the TRU program reflects the shared values and commitments outlined in the strategic plan, as outlined by:

- being inclusive and collaborative through community engagement with service providers; advocacy groups; county, state, and national partners; and the people who build their lives and spend their time in King County.
- being diverse and people-focused in service and support of those in crisis, in partnerships for social service referrals, and through hiring practices.
- being responsive and adaptive to dynamic community needs, environmental factors, and changing social service schemas.
- being transparent and accountable in the alignment of words and actions.
- being racially just by confronting historical and current racial inequities by identifying access, health, economic and social disparities, and removing systemic barriers for underrepresented populations who have historically benefited the least from social systems.
- being focused on upstream and where needs are greatest to address root causes that lead to mental health, substance use, social service deficit crises that include law enforcement and/or threats to public safety.

TRU will do this through extensive community engagement, allowing communities and collaborators to share their perspectives, expertise, and lived experiences. Community feedback will inform the development of policies and practices grounded in theories of change, access, and attention to deconstruction of oppressive systems that have historically caused and still cause harm to underrepresented communities.

Report Methodology

The TRU Co-Response Program Manager (CRPM) started in September 2023. The Co-Response Program Coordinator (CRPC) started in January 2024. These KCSO staff developed a needs assessment plan for the jurisdictions that the KCSO supports. These jurisdictions collectively form the KCSO's service area and consist of unincorporated King County and the contracting agencies.¹⁴

¹² Pillars of Procedural Justice <https://law.yale.edu/justice-collaboratory/procedural-justice>

¹³ King County Equity and Social Justice Strategic Plan <https://aqua.kingcounty.gov/dnrp/library/dnrp-directors-office/equity-social-justice/201609-ESJ-SP-FULL.pdf>

¹⁴ KCSO Jurisdictions and Contract Agency Partners <https://kingcounty.gov/en/legacy/depts/sheriff/police-precincts>

To complete the needs analysis, the TRU team started by collecting and analyzing resource utilization data and demographics provided by 211 Counts.¹⁵ The resource utilization data included types of calls for resources and location data by the KCSO service areas (appendix B). Requested resources include healthcare, housing, food, utilities, and rent assistance. This data is a starting point to assess resource needs. Ongoing analysis of call type by jurisdiction will be continued during program deployment using the KCSO's record management systems.

V. Report Requirements

This section of the report is organized to follow the structure of the Proviso.

A. description of the executive's community engagement efforts in each department of public safety precinct, including a list of local governments, community organizations, nonprofits, neighborhood groups, renter associations, homeowner associations, schools and businesses consulted in the development of the crisis response program;

This section details the KCSO's community engagement efforts conducted around the development and initial stages of implementation of TRU in each precinct and cities with the KCSO contracts. A list of the community organizations, nonprofits, neighborhood groups, renter associations, homeowner associations, schools, businesses, and government agencies consulted in the development of the crisis response program is shown below in Table 1.

Perspectives, experiences, and input from underrepresented community members and from organizations that work with vulnerable populations is crucial to TRU's development and implementation. TRU's community engagement efforts are dynamic and ongoing. The KCSO continues to engage King County's communities through one-on-one meetings, focus groups, community events, and targeted events for social service providers. Each of these formats is described below. TRU is designed to be adaptive based on community needs and changing legal, environmental, and social schemas.

Community Engagement Events: TRU's community engagement events are designed to deliver presentations about co-response programs, answer questions from attendees, and solicit ideas and feedback to inform program development, implementation, and evaluation. Maple Valley and Sammamish were selected for engagement events because they do not currently have co-response programming. The program agenda for these events included:

- A presentation on TRU, including information on:
 - the co-response model;
 - data from the International Co-Responder Alliance on the history of co-response, current national programs, and law enforcement and mental health provider partnerships;
 - building community collaborations;
 - mental health approaches for crisis intervention, and
 - crisis de-escalation techniques to promote public safety and facilitate connections between people in crisis to social services.

¹⁵ 211 Counts <https://211counts.org/home/index>

- Family presentations and community success stories from people who have first-hand experience with MHP co-responders via video.
- Q&A for further discussion and for TRU staff and attendees to learn more about the needs of communities and people in crisis.
- Opportunities for attendees to share ideas and their experiences through many different formats, including:
 - One-on-one conversations;
 - Group discussions;
 - Paper forms;
 - QR codes;
 - Web forms, and
 - Phone and email.

More than 350 individuals and agencies were invited to the events in Maple Valley and Sammamish. The Maple Valley event had 18 participants and the Sammamish event had 20 participants. The KCSO was ready to utilize language accessibility and translation services, but none were requested or needed during the events.

Anyone not able to attend in person was extended an offer to meet with TRU staff in an individual or small group meeting. TRU staff met with more than 40 individuals and continues to meet with those interested in collaboration.

Community Social Services Engagement: The KCSO hosts ongoing chats and gatherings for social services providers to share information about and resources available through their programs, talk with TRU about their experiences, offer recommendations for community engagement and support, and establish connection points with the KCSO for collaboration and service referrals.

Focus Groups: Through the KCSO's conversations with advocacy groups and behavioral health agencies, staff have identified focus groups to seek feedback on program development and perceived impacts on King County communities. Specific focus group topics included language accessibility and children's services.

Engagement Themes

Through the community engagement process, the KCSO staff learned more about community perspectives and thoughts on mental health and substance use recovery support, and the connection between mental health struggles/substance use and crises that involve law enforcement. Feedback from community members has been positive with emphasis on the need for more behavioral and mental health supports that make referrals and warm connections between community members and service organizations.

Examples of feedback on priorities the KCSO should consider, provided by participants during the engagement activities include:

1. Requests for the KCSO to prioritize social justice, equity, and inclusion through access to services referrals, examination of data on areas that receive priority for service, and anti-racist practices;

2. Requests for de-escalation as a priority during calls for service with mental health, substance use, and law enforcement components;
3. Requests for more housing and services for un-housed people and families;
4. Requests for more specific domestic violence resources in addition to the packet law enforcement provides to those who experience this type of violence, and
5. Requests for language accessibility, specifically translation services, during calls for service.

KCSO staff have incorporated these perspectives and thoughts into the program. For example, the KCSO is working with the U-VISTA/T-VISTA Language Services program to identify hardware and software needs so that MHPs will have devices for translation on every call for service. Additionally, the KCSO continues to build service provider connections to be able to individualize service referrals for community members and their support networks.

The KCSO will continue community engagement efforts at a minimum during the early stages of the program implementation, which is expected to begin in December 2024. Continued community engagement will focus on additional service providers and incorporate business perspectives throughout the communities the KCSO serves. TRU staff are committed to successful outcomes for the people it serves and for communities overall. The KCSO staff will continue to seek the perspectives of communities to listen, learn, and incorporate perspectives that can improve the TRU program within the program’s budget, scope, and legal limitations.

Table 1.

Community and Social Service Organizations	Neighborhood Groups	Renter and Homeowner Associations	Schools	Government Organizations
Adult Protective Services	Anti-Homelessness in Auburn	DSHS Housing Assistance	Highline School District	Designated Crisis Responders (DCRs)/Involuntary Treatment Act (ITA) Court
Catholic Community Services/Catholic Housing Services	Bellevue CARES	King County Housing Authority	Lake Washington School District	Department of Children, Youth and Families (DCYF)
Congregation for the Homeless/Porchlight	Friends of Youth	Rental Housing Association of Washington	Muckleshoot School District	Downtown Emergency Service Center (DESC)
Crisis Outreach and Response Services – Developmental Disabilities, YWCA of Greater Seattle	Indivisible Eastside	Tenants Union of Washington State	Northshore School District	King County Children's Crisis Outreach Response System (CCORS)
Developmental Disabilities Administration (DDA)	Mary's Place	Treasury Rent Assistance Program	Riverview School District	King County Commercially Sexually Exploited Children (CESC) Task Force

Community and Social Service Organizations	Neighborhood Groups	Renter and Homeowner Associations	Schools	Government Organizations
Evergreen Treatment Services (formerly REACH)	Northwest Justice Project		Shoreline School District	King County Crisis Solutions Center
Family Reconciliation Services	Open Doors for Multicultural Families		Skykomish School District	King County Department of Community and Human Services
Geriatric Regional Assessment Team	Seattle's LGBTQ+ Center		Tahoma School District	King County Drug Court
Ideal Option	Skyway Coalition		The Rainier School	King County Jail
Integration of Knowledge and Resources for Occupational Needs (IKRON) Greater Seattle Counseling	Solid Ground (formerly Fremont Public Association)			King County Library System
Mobile Crisis Team	Sophia's WAY			King County Mental Health Court
Moderate Means Program	The Arc of King County			King County Office of Equity and Social Justice
National Alliance on Mental Illness (NAMI)	Vashon Dove Project			King County Prosecuting Attorney's Office
NAVOS Behavioral Support				King County Regional Homeless Authority
Peer Washington				King County Sexual Assault Resource Center
Real Escape from the Sex Trade (REST)				King County Veterans Court
Recovery Navigator Program				National Resource Center on Domestic Violence
Sound Health				Public Health Seattle and King County
STEP-UP Domestic Violence Program				WA State Department of Social and Health Services
Union Gospel Mission				WA State Mental Health Advance Directive Committee
U-VISTA/T-VISTA Language Services				
UW Office of Healthcare Equity				
Valley Cities				

Community and Social Service Organizations	Neighborhood Groups	Renter and Homeowner Associations	Schools	Government Organizations
YWCA Seattle/King/Snohomish				

B. A summary of each department of public safety's precinct's preferred crisis response program model, including general program structure and process for deploying crisis response professionals;

Crisis response is not new to the KCSO. There are currently three programs that operate using crisis response models in the KCSO partner cities. Each model is tailored to the needs of the communities and supported by the specific local jurisdictions.

The Response Awareness De-Escalation and Referral or RADAR program started in the City of Shoreline in 2015 with a grant from the Department of Justice. This program was built in a co-response model, partnering an MHP with deputies. The RADAR program added the Cities of Bothell, Lake Forest Park, Kenmore, and Kirkland to respond to the growing demand for co-response programs, through funding support from the Department of Justice and King County's Mental Illness and Drug Dependency (MIDD) sales tax revenue.

In 2023, management and oversight of RADAR operations was moved to the City of Kirkland and changed their model from a co-response program to a community response program. RADAR became the Regional Crisis Response (RCR) program.¹⁶ This model has two MHPs going out in pairs as a community-based resource to make service referrals when no law enforcement is needed. RCR MHPs drive their own vehicles to calls for service after law enforcement has managed the situation, in order to provide service referrals. Further, MHPs from RCR will go to lower acuity calls for services without law enforcement present as there is no public safety or criminality involved.

The Burien Police Department uses the co-response model to partner law enforcement deputies with MHPs. This model shares the MHPs between the fire department and the police department. Currently, two MHPs work in Burien to support both co-response teams. This program was initiated in 2020 and specifically serves the City of Burien.

The CORE Connect program is a community response program that partners firefighters with care coordinators through Mobile Integrated Healthcare.¹⁷ This program serves the City of Woodinville through Eastside Fire and Rescue. Deputies in Woodinville refer cases to CORE Connect via email so that service referrals can be made by their co-response team.

The preferred model of crisis response for the KCSO and partner cities is a co-response model. Co-response fills a unique need, in that law enforcement responds to calls that have a public safety

¹⁶ Regional Crisis Response Agency <https://www.shorelinewa.gov/government/departments/police-department/radar>

¹⁷ CORE Connect <https://www.eastsidefire-rescue.org/285/Community-Outreach-Resources-and-Educati>

component. In these calls the situation is often complicated by either a mental health and/or substance abuse issue. MHPs on scene to assist in triage, de-escalation, and referral to services in parallel to law enforcement maintaining public safety is a benefit to the community and the person in crisis. The KCSO's preferred model for crisis response is partnering law enforcement deputies with MHPs to respond to calls for service together. TRU strives to provide the expertise of both law enforcement and behavioral health during calls for service that have a public safety and/or law enforcement component to them. Calls for service could include but are not limited to welfare checks, domestic violence calls, shoplifts, trespasses, disputes, and calls for service that involve social service agencies such as Child Protective Services or Adult Protective Services.

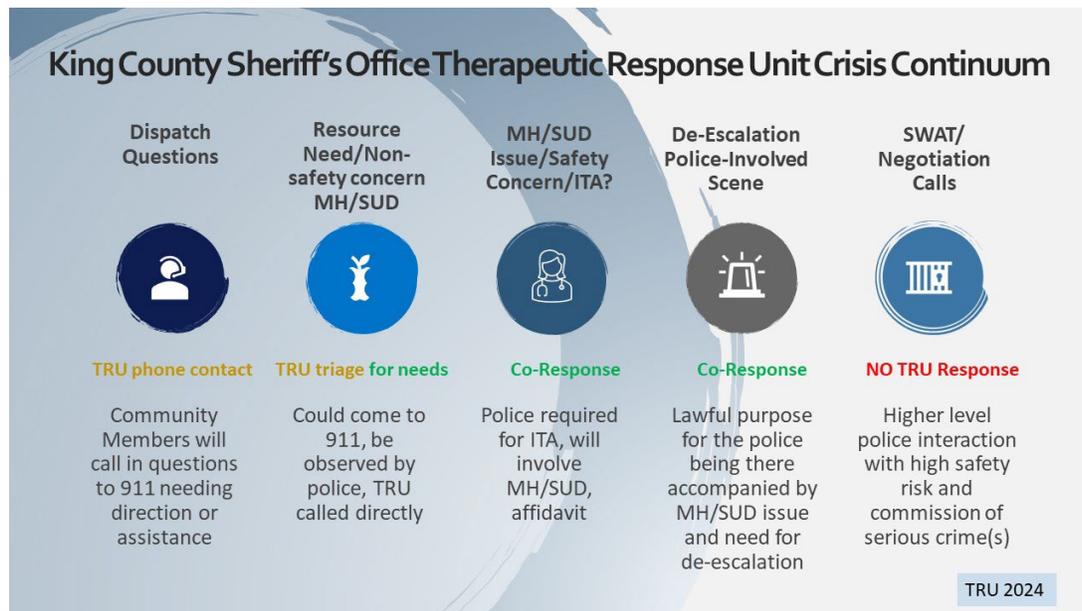
Crises occur on a continuum and often have a diversity of need, response, and origin.¹⁸ When law enforcement responds to a situation involving someone experiencing a crisis, they are commonly experiencing a significant crisis that involves an active mental health issue or substance use combined with possible public safety or law enforcement need. Based on the law enforcement deputies' training, determinations regarding criminality are decided. Co-currently, TRU MHPs assess and refer for social services and crisis needs. The order in which the individual receives services and addresses possible criminality is determined by the deputy with consultation from the MHP for consideration.

In addition to responding to calls for service for people experiencing higher acuity levels of crisis, MHPs will also respond to people who are not in apparent crisis or who may appear to be in lower levels of crisis. When MHPs address non-critical calls for service involving people in crisis, deputies are able to focus resources on community needs that include a law enforcement component. By engaging with people before a crisis becomes more significant, MHPs are better able to facilitate connecting those in crisis with the services that can help them, while reducing the likelihood that a law enforcement response will occur or become necessary.

For example, a MHP who worked for another King County agency was able to take a call for service from a frequent caller to 911. Prior to that MHP being hired by that agency, officers were taking every call from this individual and going to their residence. In those calls, the calling party would call between 20 and 30 times per day talking about various hallucinations and delusions, though they were not aware they were delusions and hallucinations complicated by significant substance use. When the MHP was hired, those calls were routed to them specifically. The caller was de-escalated and referred to services, thereby not taking up officer contact time. The MHP was able to coordinate a social services integration with necessary police welfare checks, and management of calls into dispatch with diversion and referrals to stabilizing services which mitigated the need for the individual to call 911 originally. TRU's co-response model will follow the TRU Crisis Response Continuum as shown below in Table 2.

Table 2.

¹⁸ Crisis situations may include domestic violence, suicide threats, welfare checks, traffic collisions, unhoused encampments, and substance use/overdoses.



Notably, co-response is one entry point into a continuum of care to connect a person in crisis to appropriate resources that provide support beyond the crisis situation. Through this continuum of care, one of the many desired successful outcomes would be fewer to no interactions with law enforcement.

C. A description of the policy or policies the department of public safety intends to implement to guide the deployment of crisis response professionals in each department of public safety precinct;

The KCSO has approved a TRU Program Standard Operating Procedures (SOP), effective June 4, 2024 (appendix C). This SOP is the KCSO-approved procedure document that every MHP and deputy co-response team will follow. The TRU Program SOP is summarized below:

Referrals to the MHP and/or TRU

- Deputies may refer any individual with behavioral health needs to the MHP via the MHP clearing code, email, or verbally, in order to affect follow-up services.
- The MHP, Program Coordinator, and/or Program Manager will determine if outreach is warranted and document all decisions and the reasons for actions/steps taken.
- Priority of calls and service needs should be given to individuals that need service interventions to mitigate the increased likelihood of crisis thresholds intensifying.
- Any clinically or situationally significant cases will be reviewed with the on-duty patrol supervisor and/or the TRU Program Manager as necessary, especially if there are ramifications for patrol response or contact.

Initiating a Response Plan

Any deputy, supervisor, or dispatcher may identify potential candidates for a Response Plan by submitting a referral to the TRU Program Manager. The referral can be coded through Mark 43 with MHP or emailed to the TRU Program Manager.

- The TRU Program Manager and partnered deputy will review the referral to determine if a Response Plan would benefit the individual and/or first responders.
- If it is determined that the creation of the Response Plan would be beneficial, a TRU deputy and the TRU Program Manager and/or MHP will, if appropriate, coordinate to speak with family members, applicable service providers, caregivers, and/or other individuals that could provide insights into care and behaviors helpful in de-escalation and response.
- When appropriate, the TRU deputy and the TRU Program Manager, TRU Program Coordinator, and/or MHP will solicit input from a person's treatment provider, caregiver, or family member.
- A TRU deputy and the TRU Program Manager, TRU Program Coordinator, and/or MHP are not required to meet with the individual and others and will determine on a case-by-case basis whether such contact is safe, productive, and/or appropriate.
- The TRU deputy and/or the TRU Program Manager, TRU Program Coordinator, and/or MHP will note a follow-up being conducted related to the precipitating incident or original case as appropriate.

Response Plan Content

All Response Plans will be reviewed by the TRU Program Manager and TRU Program Coordinator and TRU deputy to validate the benefits of a response plan.

- These plans will minimize the amount of personal information or potentially stigmatizing content and should not include diagnosis(es) or protected patient information.
- Content related to observed behaviors, techniques to aid in de-escalation, tips for topics to avoid, and information provided by the family, or the individual can be included if it could be beneficial in the de-escalation process.
- The focus of the content should be to identify practical and individualized strategies to help responding deputies de-escalate crisis situations and to aid in continuity of care by the TRU Program Manager, TRU Program Coordinator, and/or MHP, when appropriate and feasible.

The KCSO and TRU staff do not provide treatment or maintain protected patient information, and therefore fall outside of the guidelines for HIPAA. However, the KCSO and TRU staff will maintain the highest ethical standards and exercise care and diligence to protect and respect those being supported by the program.

This is achieved through careful consideration of what information is used, documented, and conveyed to service providers and other involved parties. This will be accomplished in coordination with the KCSO Public Disclosure Unit, Senior Counsel, and by utilizing appropriate advisements upon community contact.

Health Insurance Portability and Accountability Act (HIPAA) Compliance

The KCSO is not an entity providing treatment or maintaining protected patient information and therefore falls outside of the guidelines for HIPAA. However, the KCSO and TRU will maintain the highest ethical standards and exercise care and diligence to protect and respect those being supported. MHPs will work in accordance with the American Counseling Association Code of Ethics and King County's True North Mission.

Public Records Requests

Public records requests for TRU information shall be directed to the KCSO Public Disclosure Unit (PDU). In areas where contact privacy may be concerned, the PDU Supervisor may consult with CRPM for release determinations.

Interagency Information Sharing

Information on calls for service may be shared with other agencies, other mental health professionals, other service providers, and emergency departments when it is consistent with TRU's goals of safety, response awareness, resource coordination, and/or de-escalation. The CRPM and MHPs are not providing therapy or traditional therapeutic services in a client-therapist relationship. Any information shared will comply with HIPAA, FERPA, and public disclosure guidelines.

Safety Guidelines

The co-responding deputy has the ultimate authority for scene control and safety. The MHPs will follow the directives of their deputy partner at all times. MHPs will provide insight and assessment information to deputies so they can determine the best course of action for calls and contacts with behavioral health components.

MHPs will have situational awareness, Care Under Fire, CPR, and basic first aid training. When possible, MHPs will participate in trainings with deputies.

Training Requirements

The Program Manager, Program Coordinator, and MHPs will have situational awareness, care under fire, CPR, and basic first aid training. When possible, the Program Manager, Program Coordinator, and TRU MHPs will participate in trainings with deputies for situations they may find themselves in. For example, training for deputy shooting from a seated position in a patrol car. The Program Manager, Program Coordinator, and MHPs will need to know how to react and what to do in order to minimize danger and maximize safety. Ongoing training is advisable for perishable skills.

The training for MHPs will consist of online trainings provided via Power DMS, appropriate trainings at briefings, department in-services, and shall compliment and support existing Crisis

Intervention Team (CIT) training and the Advanced Training Unit 80-Hour KCSO developed TRU Training.

The Program Coordinator and MHPs will not participate in crisis or hostage negotiation situations unless they have completed the required Crisis and Hostage Negotiation Schooling, have the approval of a direct supervisor, and have working knowledge and practice of that specific role and are integrated in a team-setting with Special Operations Approval.

D. A description of the department of public safety's procedures for ensuring interjurisdictional and interagency cooperation;

The KCSO will continue to collaborate with jurisdictions and agencies across King County around the TRU program. It will accomplish this by establishing and maintaining routine check in meetings with jurisdictions and community collaborators.

The KCSO and its 16 contract agency partners utilize the same police records management system, computer aided dispatch software (Mark 43), and 911 dispatching center, providing instant information access and resource sharing across a wide geographic area of King County.

The CRPM will work with agencies like the Fire Dept, Mobile Integrated Health, and other policing agencies and their MHPs for consult and case evaluation and referral. The CRPM will work on Behavioral Health Bulletins so that patrol deputies will have a working knowledge of any possible contacts needing a specialized response. To ensure that communications within the KCSO and other agencies in which TRU interacts, email, cell phone, virtual, and monthly meetings will be integrated. Regular meetings have already been scheduled and conducted with youth service agencies and the language access program, as they are incorporated into TRU's case referral and coordination process. TRU also participates in King County-wide service provider consult and evaluation groups that also care for similar or same community members. This enhances the collective care and coordination of services for the most vulnerable in the King County communities.

E. Implementation Timeline

This section will detail the draft timeline for the proposed TRU program's implementation in the KCSO's precincts and contract agency jurisdictions.

Implementation Milestone	Date
General Orders Manual approved by	July 1, 2024
MHP hiring	September-October 2024
TRU begins operations	December 2024
Data gathering and program evaluation	January 2024 - ongoing
Initial year assessment	June 2025-September 2025

In order to best ascertain the quality of work and the success of the program, TRU will gather data on those served, poll the KCSO deputy engagement and evaluation of the program from their perspective, and poll community members that have TRU engagement to determine their

qualitative and quantitative outcomes as they relate to working with TRU deputies and MHPs. These evaluations may come from QR code surveys, interviews, and consent-provided narratives from those who have engaged TRU. Further, TRU will also engage service providers that are referred to via TRU and gauge their experience in collaborating with TRU MHPs and deputies via interview and QR code survey.

VI. Conclusion/Next Actions

The establishment of TRU within the KCSO marks a significant step forward in enhancing crisis response capabilities across King County communities. Through the TRU program, the KCSO is committed to integrating mental health professionals with law enforcement deputies to effectively address mid- to high-risk situations involving mental health crises, substance use, and social service needs. It allows deputy resources to be allocated to calls for service that require a police response, decreases the number of repeat calls to 911 for social service deficits, and increases stabilization capacity for greater longer-term solution focused care. This co-response approach not only aligns with best practices in crisis intervention but also supports our broader goals of public safety, community well-being, and equity.

Looking ahead, the next steps for the TRU program involve several key initiatives:

1. **Program Expansion and Service Delivery:** TRU will continue to expand services across King County, focusing on areas currently underserved by existing co-response programs as funding allows. Expansion will help to ensure that more communities benefit from timely, integrated crisis intervention.
2. **Community Engagement and Partnerships:** Building on initial outreach conducted by the KCSO in developing TRU efforts, the KCSO will deepen its engagement with community collaborators, including underrepresented and marginalized groups, specifically in BIPOC communities. By seeking, listening to, and incorporating community feedback, the KCSO aims to tailor TRU services to meet the needs of King County's communities. These needs include but are not limited to those experiencing housing insecurity, social service resource deficits, substance use, mental health concerns, health care deficits, children's services, multi-language deliverable services, and a wide range of socio-economic considerations.
3. **Enhanced Training and Development:** Continuous training and professional development for TRU staff, including deputies and MHPs, is a priority. This ongoing education ensures that co-response teams are equipped with the latest skills and knowledge to handle complex crisis situations with empathy and effectiveness.
4. **Data-Driven Evaluation and Improvement:** Utilizing data analytics and ongoing evaluation, TRU will monitor the impact and effectiveness of co-response interventions. This data will inform strategic adjustments and improvements to TRU's operational protocols. The adjustments include how TRU delivers services, hires to meet capacity needs of the KCSO and its partner cities, and what is learned to be the best practices for collaborative social service referrals as determined by engagement.

5. Policy and Procedural Refinements: Working closely with the KCSO legal and compliance experts, TRU will refine policies and procedures governing operations. This includes ensuring adherence to HIPAA guidelines, maintaining transparency in public records requests, and optimizing interagency cooperation.

6. Promoting Equity: Upholding King County's commitment to equity and social justice, TRU will continue to prioritize inclusivity in all aspects of service delivery through access, transparency, and building trust through continuously seeking honest feedback from the communities TRU serves. TRU will actively seek to eliminate disparities in access to mental health and social services among diverse populations.

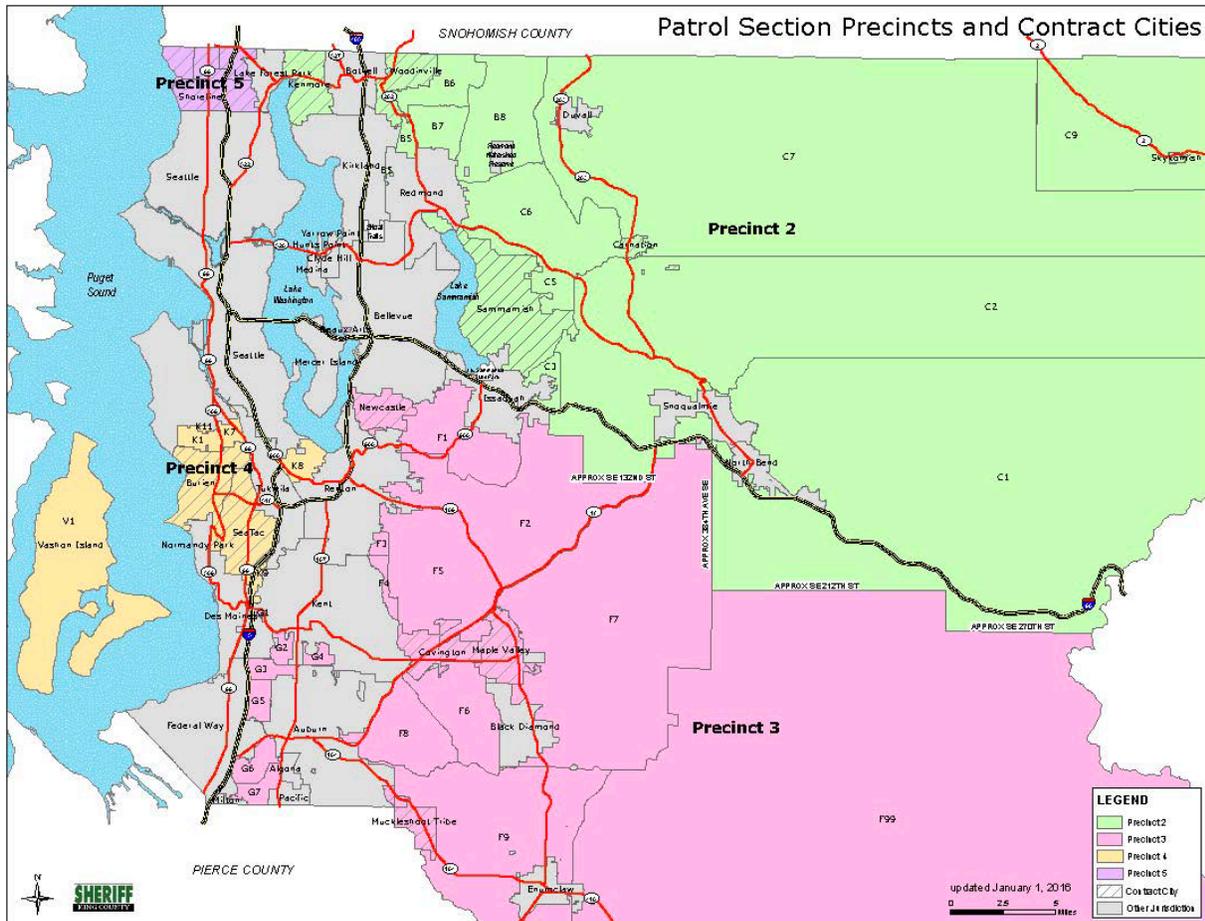
7. Communication and Outreach: Clear and effective communication will be essential as TRU navigates the complexities of crisis response. Regular updates to collaborators, including community members and partner agencies, will foster trust and transparency.

The TRU program represents a proactive approach to public safety that integrates mental health expertise into law enforcement responses. By forging ahead with these next steps, the KCSO is confident in its ability to enhance community safety, promote well-being, and contribute to King County's vision of a welcoming and thriving community for all.

VII. Appendices

Appendix A: KCSO Jurisdiction Map

Below is the KCSO jurisdiction map used by the 911 Communications Center to connect law enforcement with calls for service.



Appendix B: KCSO Resource Utilization Data

Below is an infographic of resource utilization data from the KCSO service areas, and definitions of what the resource codes indicate.



Housing/Shelter: *home repairs, low-cost housing, mortgage and rental assistance, moving assistance, shelters, other housing options, directory of services*

Food: *buying food, food delivery, kids' food, food banks, help buying food, seasonal food, meals on wheels*

Utilities: *electric, natural gas, phone, internet, water, sewer, garbage, other utilities*

Healthcare/Covid: *medical bills assistance, nursing homes, medication assistance, insurance coverage, covid testing*

MH/Addictions: *crisis services, suicide, mental health counseling, substance abuse treatment, medication assisted treatment for SUD*

Employment Income: *taxes, income support, state financial support, job assistance, financial management*

Clothing/Household: *clothing, hygiene, home furnishing, holiday/seasonal clothing, technology access*

Parenting/Childcare: *childcare, parenting support, family services*

Gov't/Legal: *law, civil rights, criminal reentry, housing law, immigration, estate planning*

Transportation: *rides, gas support, buses, low-cost mechanics*

Education: *K-12 education, adult continuing education, early childhood education*

Disaster: *financial, fire, flood, volcano, windstorm, etc.*

Other: *animal services, case management, community development, death services, endangerment, volunteering, donations*

Appendix C: KCSO TRU Program Standard Operating Procedures

1.0 PURPOSE:

TRU will provide the KCSO deputies assistance from a co-responding licensed Mental Health Professional (MHP) to aid in addressing the needs of community members that suffer from, live with, or support those with mental illness, substance abuse issues, developmental disabilities, social services deficits, or other crisis situations.

TRU attempts to connect individuals experiencing a crisis to services and resources, thereby reducing the need for police and other emergency services. Referrals and support are offered by the MHP during calls for service and/or after contact with law enforcement has occurred. Additionally, the MHP can respond to referrals from deputies, be directly accessed by the community, and provide response knowledge via a Mental Health Template being created. The MHP will not provide healthcare services to community contacts. Of note, nothing provided in the Co-Response Model of services should supersede deputy and community safety during call response and calls for service. MHPs working in this model are supervised by the TRU Program Manager.

2.0 APPLICATION:

The Co-Responding MHP will partner with deputies to respond to calls for service that involve behavioral health issues, mental illness, social service deficits, and other situations as necessary to aid in de-escalation and service referrals.

3.0 MISSION:

TRU strives to connect persons with social services needs and their family members or loved ones with providers after police contact thereby reducing the repeated use of emergency responses for behavioral health crises.

4.0 GOALS:

Connect community members in crisis or at risk of being in crisis with the appropriate service referrals and treatment options:

1. Develop individualized de-escalation response knowledge and strategies for community members in crisis who have demonstrated violence or volatile behaviors or that have repeated law enforcement contact.
2. Reduce unnecessary encounters with first responders and increase the effectiveness of police responses to those in crisis.
3. Create cost-effective community-policing strategies and promote increased collaboration between deputies, community members in crisis, family members and loved ones, services providers, caregivers, and other supports.
4. Provide support during law enforcement involuntary treatment transports by de-escalating and/or writing affidavits for emergency room social workers and Designated Crisis Responders to support 120-hour mental health involuntary detentions.

5. Provide training on behavioral health-related topics and CIT for deputies and staff as needed during in- services.
6. Provide training and education to the public, community groups, and agencies about mental health topics, suicidality, mental health response, and crisis response as needed.
7. Facilitate the care of community members between first responder agencies like FIRE/EMS, police, CARES, and Mobile Integrated Health.
8. Facilitate continuity of care between service providers, corrections, the judicial systems, shelters, emergency departments, other county agencies, school districts, and other demographic intersections for those with police contacts

5.0 DEFINITIONS:

Behavioral Health Issue (BHI): means a significantly disruptive episode of behavioral, mental, or emotional distress in a community member likely due to a behavioral health concern.

CIT: is the program that brings together law enforcement, mental health providers, hospital emergency departments and community members in crisis, along with their families and loved ones to improve responses to people in crisis. CIT programs augment communication, identify mental health resources, and assist people experiencing crisis and ensure that deputies get the training and support they need to effectively carry out their law enforcement duties.

ITA Evaluation: is an abbreviation for Involuntary Treatment Act Evaluation. ITA evaluations are involuntary civil commitments meant to provide for the evaluation and treatment of a person in crisis after an assessment by the Designated Crisis Responders. The civil commitment is designed to stabilize an individual who may currently be suicidal, homicidal, and/or gravely disabled and who refuse or unable to enter into treatment of their own accord so they are no longer suicidal, homicidal, and/or gravely disabled and can continue with recovery treatment in an out-patient setting.

MHP: is an abbreviation for mental health professional who serves as the co-responding civilian in this model. An MHP must hold a master's degree or higher in Counseling Psychology, Social Work, or related field and hold this credential and LMHC(A), LICSW(A), LMFT(A) or similar with the Washington State Department of Health.

TRU Co-Response: is the partnership between a commissioned law enforcement deputy and a licensed MHP that respond to calls for service that could benefit from de-escalation and/or service referrals.

Behavioral Health Field Interview Report (FIR): refers to the Behavioral Health template that was created to describe behaviors, protective factors, and warnings for the individual and/or premise of a possible contact. These FIRs are managed and maintained by the MHP and/or TRU. TRU Program Manager: is the supervisor for the civilian MHP staff in this Co-Responder Model for service through the KCSO. The TRU Program Manager must be a fully licensed MHP and hold a full license under LMHC, LICSW, and/or LMFT or similar.

TRU Program Coordinator: is a credentialed MHP that oversees administrative duties, reports to the Program Manager, and co-responds approximately 20 percent of their 40-hour work week.

6.0 PROCEDURES:

1. Program Positions

The Division Chief will be briefed by the TRU Program Manager about the activities of the Co-Response Team. The current Sergeants on duty can also provide insights into the program activities as they pertain to their respective shifts and deputies who co-respond with the MHPs. The requirements and responsibilities of each member of the TRU include but are not limited to the following:

- a. Program Manager:
 - i. Manage day-to-day tasks of the Co-Response Team.
 - ii. Will create and record data for calls for service.
 - iii. Will follow-up with inquires in the community about services and special topics.
 - iv. Coordinate the actions and duties of the TRU Program Manager, TRU Program Coordinator, MHPs, and deputies through the Chief and assigned Sergeants.
 - v. Work to design and implement policies and procedures as they relate to the Co- Response body of work.
 - vi. Create and maintain the FIRS Mental Health Templates.
 - vii. Attend as many patrol briefings as possible.
 - viii. Create and update trainings for the department as they relate to Co-Response and behavioral health.
 - ix. Maintain records that are uploaded into the various records management systems.
 - x. Continue to foster community engagement and collaboration with service providers and the police department.

- b. MHPs:
 - i. Assist CIT trained Co-responding deputies and other law enforcement deputies/staff in creating response information via the Behavioral Health FIR Template.
 - ii. Work to identify persons with police contacts that are at risk of going into crisis or that are in active crisis in order to refer to services and divert care to appropriate providers rather than first responders.
 - iii. Follow-up with deputies and community referrals for individuals in crisis or that have questions about resources.
 - iv. Connect community members, friends, family, and loved ones to services and answer systems questions as needed.
 - v. Gather and maintain data collection for individuals served and funder analysis.

- vi. Follow all directives and safety protocols as determined by police and deputy directive on calls for service.
 - vii. Assist in working with community members in behavioral health crisis in a community setting that does not require presence of Law Enforcement or FIRE/EMS present.
- c. TRU Deputies:
- i. Should complete the 40-hour training provided by the Washington State Criminal Justice Training Commission within six months of starting to work with the co-response program.
 - ii. Will work in coordination with the TRU Program Manager, TRU Program Coordinator, Sergeant(s), and Division Chief to create, modify, inform on, or impact any activities of TRU.
 - iii. Will serve as subject matter experts and points of contact for their respective squads as calls and questions related to behavioral health needs of community contacts and police interactions.

2. Referrals to the MHP and/or TRU

- a. Deputies may refer any individual with behavioral health needs to the MHP via the MHP clearing code, email, or verbally in order to affect follow-up services.
- b. The MHP, Program Coordinator, and/or Program Manager will determine if outreach is warranted and document all decisions and the reasons for actions/steps taken.
- c. Priority of calls and service needs should be given to individuals that need service interventions to mitigate the increased likelihood of crisis thresholds intensifying.
- d. Any clinically or situationally significant cases will be reviewed with the on-duty patrol supervisor and/or the TRU Program Manager as necessary, especially if there are ramifications for patrol response or contact.

3. Initiating a Response Plan

Any deputy, supervisor, or dispatcher may identify potential candidates for a Response Plan by submitting a referral to the TRU Program Manager. The referral can be coded through Mark 43 with MHP or emailed to the TRU Program Manager.

- a. The TRU Program Manager and partnered deputy will review the referral to determine if a Response Plan would benefit the individual and/or first responders.
- b. If it is determined that the creation of the Response Plan would be beneficial, a TRU deputy and the TRU Program Manager and/or MHP will, if appropriate, coordinate to speak with family members, applicable service providers, caregivers, and/or other individuals that could provide insights into care and behaviors helpful in de-escalation and response.
- c. When appropriate, the TRU deputy and the TRU Program Manager, TRU Program Coordinator, and/or MHP will solicit input from a person's treatment provider, caregiver, or family member.

- d. A TRU deputy and the TRU Program Manager, TRU Program Coordinator, and/or MHP are not required to meet with the individual and others and will determine on a case-by-case basis whether such contact is safe, productive, and/or appropriate.
- e. The TRU deputy and/or the TRU Program Manager, TRU Program Coordinator, and/or MHP will note a follow-up being conducted related to the precipitating incident or original case as appropriate.

4. Response Plan/Behavioral Health FIR Benefits

- a. May assist deputies with de-escalating a crisis situation involving an individual in behavioral health crisis; and/or
- b. May assist in connecting an individual with needed services; and/or
- c. May assist in connecting an individual to a family member or other caregiver.
 - i. Most MHP contacts will not have a Response Plan but may instead have a BH FIR notation.

5. Response Plan Content

All Response Plans will be reviewed by the TRU Program Manager and TRU Program Coordinator and TRU deputy to validate the benefits of a response plan.

- a. These plans will minimize the amount of personal information or potentially stigmatizing content and should not include diagnosis(es) or protected patient information.
- b. Content related to observed behaviors, techniques to aid in de-escalation, tips for topics to avoid, and information provided by the family, or the individual can be included if it could be beneficial in the de-escalation process.
- c. The focus of the content should be to identify practical and individualized strategies to help responding deputies de-escalate crisis situations and to aid in continuity of care by the TRU Program Manager, TRU Program Coordinator, and/or MHP, when appropriate and feasible.

The KCSO and the TRU do not provide treatment or maintain protected patient information, and therefore fall outside of the guidelines for HIPAA. However, the KCSO and the TRU will maintain the highest ethical standards and exercise care and diligence to protect and respect those being supported by the program.

This is achieved through careful consideration of what information is used, documented, and conveyed to service providers and other involved parties. This will be accomplished in coordination with the KCSO Public Disclosure Unit, Senior Counsel, and by utilizing appropriate advisements upon community contact.

6. Sample Advisement

“My name is , I am here to support Deputy on this call. I am here to assist in achieving a successful outcome today. For us, that could include helping to make sure no one is hurt

or harmed today, that you have information and access to services that you might find helpful to you or at least have contact information for people who can help you decide if there are services available that would help you. We are not here to deliver healthcare services, so confidentiality is not assured and HIPAA does not apply.”

Response Plans and BH FIRS will be updated as relevant information and/or circumstances change that would impact first responder interactions with the individual. The TRU Program Manager, TRU Program Coordinator, and/or MHP and TRU deputies will collaborate on whether continued outreach to the individual will likely yield positive results or become counterproductive.

7. Public Records Requests

Public records requests for TRU Program Manager, TRU Program Coordinator, and/or MHP information shall be directed to the KCSO Records Unit. In areas where contact privacy may be concerned, the Records Supervisor may consult with TRU Program Manager.

8. Interagency Information Sharing

Information contained in a response plan or MH FIR may be shared with other agencies, other mental health professionals, other service providers, and emergency departments when it is consistent with the Co-Response program goals of safety, response awareness, resource coordination, and/or de-escalation. The TRU Program Manager, TRU Program Coordinator, and/or MHP are not providing therapy or traditional therapeutic services in a client and therapist relationship as it would be a conflict of interests as the TRU Program Manager, TRU Program Coordinator, and/or MHP are employees of the KCSO and shall not hold a dual relationship with community contacts.

9. TRU Safety Guidelines

The TRU Deputy has the ultimate authority for scene control and safety. The Program Manager, Program Coordinator, and TRU MHPs will follow the directives of the partnered deputy at all times. When decisions about outcomes are concerned, authority goes to the primary deputy for the call, then the highest-ranking deputy on scene, to the supervising sergeant on duty. At all times, the Program Manager, Program Coordinator, and TRU MHPs will provide insight and assessment information to the deputies so they can determine the best course of action for particular calls and contacts.

10. TRU Training

The Program Manager, Program Coordinator, and TRU MHPs will have situational awareness, care under fire, CPR, and basic first aid training. When possible, the Program Manager, Program Coordinator, and TRU MHPs will participate in trainings with deputies for situations they may find themselves in. For example, training for deputy shooting from a seated position in a patrol car. The Program Manager, Program Coordinator, and TRU MHPs will need to know how to react and what to do in order to minimize danger and maximize safety. Ongoing training is advisable for perishable skills.

The training for MHPs will consist of online trainings provided via Power DMS, appropriate trainings at briefings, department in-services, and shall compliment and support existing CIT training and the Advanced Training Unit 80-Hour KCSO developed TRU Training.

The TRU Program Coordinator, and TRU MHPs will not participate in crisis or hostage negotiation situations unless they have completed the required Crisis and Hostage Negotiation Schooling, have the approval of a direct supervisor, and have working knowledge and practice of that specific role and are integrated in a team-setting with Special Operations Approval.