Association of Washington Cities Seed Grant

Engrossed Substitute Senate Bill 5693; Section 215(103)(a); Chapter 297; Laws of 2022

December 01, 2022

Program summary

The Association of Washington Cities (AWC) in collaboration with the Health Care Authority (HCA) used state funds to design a seed grant program to support Washington cities in implementing alternative response teams.

This program was designed per ESSB 5693; Section 215§103(a) which provided $2,000,000 of the state general fund to HCA to support AWC in the creation of a seed grant program. Together, the two agencies developed and promoted the Alternative Response Team (ART) Grant. The ART Grant will be used to reimburse cities for documented costs associated with creating co-responder teams within different alternative diversion models including law enforcement assisted diversion (LEAD) programs, community assistance referral and educations (CARE) programs, and as part of mobile crisis teams.

While promoting the grant, AWC encouraged cities to partner with neighboring cities, counties, regional fire districts, and other service providers to create a regional response model. During the application process, AWC and HCA collected information regarding the number of facility-based crisis stabilization and triage beds available in the applying jurisdictions. In awarding these funds, AWC and HCA prioritized applicants with a demonstrated capacity for facility-based crisis triage and stabilization services. A list of recipients, their program model, and locally available beds is included in this report.

Alternative response teams respond to 911 calls that can be safely diverted away from law enforcement, fire, and emergency medical services. The goal of alternative response teams is to de-escalate behavioral health crisis and connect individuals to community and regional resources. These teams can reduce burden on first responders while allowing for trauma informed and culturally appropriate responses. Alternative response teams require a system for safely triaging and diverting 911 calls to the correct service, adequate training for alternate responders, and local capacity to receive individuals in care systems. Alternative response teams provide equitable and effective interventions that lead to better outcomes for communities disproportionately impacted by bias in the criminal legal and emergency healthcare systems.

The seed grants allow for new alternative response teams in Washington State to provide person-centered interventions for individuals experiencing a behavioral health crisis. These services are provided in the community including individuals' homes, businesses, public spaces, and schools. The focus is on voluntary services provided, whenever possible, outside of an emergency department and without law enforcement present. Alternative response teams have been part of the crisis services landscape in some regions of our state historically and some new teams have been added this past year through proviso funding.

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Program models

Co-Responder

Co-responder teams are specially trained, and many include at least one law enforcement officer and one mental health or substance use disorder professional responding jointly to situations in which a behavioral health crisis is likely to be involved. The team often rides together and may be dispatched directly or dispatched to the scene post-initial law enforcement contact. Teams may respond to calls in specific on areas with high numbers of behavioral health crisis calls or across the entire city or county. Over time, co-response has evolved to include fire and emergency medical service-based programs, hybrid teams of police/fire/EMS, and include clinicians, substance use disorder professionals, case managers, and peers. These teams still respond to crisis calls but have expanded to perform other functions like follow up services, case management, outreach to homeless populations, transportation, and resource navigation.

Law Enforcement Assisted Diversion

Law Enforcement Assisted Diversion (LEAD) programs allow police officers to divert individuals in need of behavioral health support into community intervention programs. Individuals who have allegedly violated the law because of unmet care needs are able to enter intensive care management programs instead of the criminal legal system. The goal of LEAD programs is behavioral change and the provision of services that support behavioral change. LEAD case managers work closely with law enforcement and prosecutors to coordinate responses for participants. LEAD functions to interrupt the arrest – incarceration – re-arrest cycle that can keep individuals engaged in criminal legal systems without addressing root causes of violations.

Community Assistance and Referral Education Services

Community Assistance and Referral Education Services (CARES) programs are designed to provide appropriate resources to individuals utilizing 911 and emergency services to meet lower acuity needs. CARES programs use paramedics, social workers, and trusted messengers to help individuals recognize unmet needs and lower barriers to medical, behavioral, and infrastructural support. Essentially, the CARES programs help identify the areas individuals need additional support and will help them navigate difficult medical and practical situations through a community network and social services. This work is intended to lower the burden on emergency rooms and responders by diverting non-emergent medical and behavioral health concerns and ongoing social needs to an alternate and more effective pathway.

Application process

The Association of Washington Cities (AWC), in partnership with the Health Care Authority (HCA), created and promoted an opportunity for cities to apply for funding to assist in the implementation of alternative response teams. Two informational webinar opportunities were provided and recorded for interested parties. The application window opened on Wednesday, September 07 and closed on Saturday, October 15.

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Application requirements

The application asked cities to select an alternative response team / mobile crisis team proposal based on a co-responder model, a law enforcement assisted diversion program, or develop a partnership with community assisted response teams. The application requested that interested parties confirm existing resources, their ability to collect and report data, and identify partnerships with other jurisdictions and/or organizations. Applicants were asked to provide a program narrative, outcomes, timeline, budget, and to describe anticipated challenges along with potential solutions. The applicants were required to submit data regarding the number of crisis triage and stabilization beds in their location. Some applicants submitted city data and others county data for bed availability – as such numbers were not directly comparable. AWC performed an independent review of bed availability in both city and county for applicants and confirmed reported capacity.

Application evaluation

A standard evaluation rubric was created and applied to all applications. Evaluation metrics included capacity for emergent, long term, and crisis prevention management, trauma-informed and evidence-based training programs for responders, partnerships supporting a regional response, and program evaluation metrics that included both outcomes for and the experiences of participants and community members. AWC developed an application review committee to assess applications based on the standardized rubric. Committee application evaluations were reviewed with an outside consultant and then presented to the HCA contract manager.

Applicants and recipients

AWC received 20 complete applications from around the state requesting a total of $4,163,340 in grant funds. Applications seeking funding for programs established prior to April 2021 were not considered, as the proviso language specified the implementation of new ART programs. Recipients were selected based on crisis triage and stabilization capacity, evaluation rubric scoring, and the overdose death rate per capita for that location. Please see Table 1: Recipient Data, on the following page for additional information regarding successful applicants.

Program status

Current state

The application review period closed on Tuesday, November 1. AWC selected 14 applicants (Table 1) to receive full or partial funding for a total of $1,900,000.00 awarded. Funding recipients have been informed and program design via collaborative contract writing will begin between apparently successful applicants and AWC. Signed contracts must be submitted to AWC by Saturday, December 31.

Progress reports and evaluations

Contractors will submit monthly progress reports to AWC. At the end of the contract term an annual evaluation report will be submitted from recipients to AWC and HCA. This program evaluation will include demographic information of program participants, reason for contact, immediate and long-term

participant outcomes, and descriptions of how the program improved access for vulnerable individuals to appropriate programs and services.

Recipient data (Table 1)

Applicant Location	Overdose rate per Capita	Crisis Triage Beds	Stabilization Beds	Total Crisis Beds	Proposed Program Model	Funding Awarded
Monroe	20.93	50	0	50	Co-Responder	$200,000
Ridgefield	12.09	80	16	96	CARES	$59,178
Shelton	28.51	16	16	32	Co-Responder	$175,000
Port Townsend	18.37	0	0	In-Development	CARES	$217,200
Poulsbo	11.17	16	0	16	CARES	$226,000
Everett	20.93	16	0	16	Co-Responder	$183,000
Puyallup	18.81	0	0	In County	Co-Responder	$270,641
Tukwila	17.37	0	113	113	Co-Responder	$92,083
Covington	17.37	0	0	In County	Co-Responder	$30,000
Port Angeles	20.35	0	3	3	LEAD	$235,200
Anacortes	15.95	16	42	58	Co-Responder	$40,040
Moses Lake	10.71	0	10	10	CARES	$108,688
Bellingham	10.32	16	16	32	Co-Responder	$62,968
Kenmore	17.37	0	0	In County	Co-Responder	$75,000

Conclusion

It is the belief of AWC and HCA that the locations awarded grant funding are well positioned to develop programs that address access disparities and improve health outcomes for vulnerable populations. Should the legislature consider ongoing funding for ART, implementation progress reports can be provided at any time. AWC and HCA are grateful for this service opportunity and hope to continue to support innovative response programs in the future.