Association of Washington Cities Seed Grant

Engrossed Substitute Senate Bill 5187; Section 215(69)(a); Chapter 475; Laws of 2023

December 01, 2023

Background

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.

In 2021, this program was enacted per ESSB 5693; Section 215§103(a); Chapter 297; Laws of 2022, which provided $2,000,000 of the state general fund to HCA to support AWC in creating a seed grant program. The two agencies developed and promoted the Alternative Response Team (ART) Grant. The ART Grant reimbursed cities for documented costs associated with creating co-responder teams within alternative diversion models, including law enforcement-assisted diversion (LEAD) programs, community assistance referral and education (CARE) programs, and mobile crisis teams.

In 2023, the legislature continued the program in Engrossed Substitute Senate Bill 5187, Section 215§69(a) by appropriating $2,000,000 of the state general fund to HCA to support AWC in continuing a seed grant program. The ART Grant continues to use state funds to support efforts initiated in 2021, including supporting co-responder teams within different alternative diversion models.

Program summary

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

Program models

Co-responder

Many co-responder teams are specially trained and include at least one first responder (e.g., law enforcement officer, emergency medical technician) and one mental health or substance use disorder professional responding jointly to situations where a behavioral health crisis is likely 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 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 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 needing behavioral health support into community intervention programs. Individuals who have violated the law because of unmet care needs can enter intensive care management programs instead of the criminal legal system. The goal of LEAD programs is behavioral change and providing services that support behavioral change. LEAD case managers work closely with law enforcement and prosecutors to coordinate responses for participants. LEAD interrupts the arrest – incarceration – a re-arrest cycle that can keep individuals engaged in criminal legal systems without addressing the root causes of violations.

Community Assistance and Referral Education Program

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. The CARES programs help identify the areas where individuals need additional support and will help them navigate difficult medical and practical situations through a community network and social services. This work intends 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, more effective pathway.

Program status

Current state

The ART Grant program completed its first funding round on June 30, 2022. Of the original 14 ART Grant recipients, 11 applied for and received funding for a second year. These programs will continue to build on their successes and work on addressing challenges and opportunities from the previous grant round. Renton is a new program that applied for and received funding for FY23.

Each agency has signed a grant agreement with AWC and has begun or continued to work on their approved programs. After the successes of the previous grant round, AWC is confident that our programs will continue to make positive impacts in communities across Washington.

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Grant administration

In 2023, AWC received 16 complete applications from around the state requesting $4,796,319 in grant funds. Recipients were selected based on crisis triage and stabilization capacity, evaluation rubric scoring, and the overdose death rate per capita for that location. AWC chose 12 applicants (Table 1) to receive full or partial funding for $1,900,000.00 awarded.

Table 1: Recipient data

Applicant Location	Applicant County	County Overdose Deaths per 100,000*	Crisis Triage Beds	Stabilization Beds	Total Crisis Beds	Proposed Program Model	Funding Awarded
Anacortes	Skagit	16.12	16	42	58	Co-Responder	$80,000
Bellingham	Whatcom	16.36	16	16	32	Co-Responder	$80,000
Everett	Snohomish	23.88	16	0	16	Co-Responder	$58,000
Kirkland	King	23.14	0	0	In County	Co-Responder	$260,000
Monroe	Snohomish	23.88	50	0	50	Co-Responder	$116,000
Moses Lake	Grant	16.57	0	10	10	CARES	$105,000
Port Angeles	Clallam	26.23	0	3	3	LEAD	$308,000
Port Townsend	Jefferson	17.10	0	0	0	CARES	$260,000
Poulsbo	Kitsap	13.91	16	0	16	CARES	$260,000
Puyallup	Pierce	23.76	0	18	18	Co-Responder	$133,000
Renton	King	23.14	0	0	In County	Co-Responder	$135,000
Tukwila	King	23.14	0	0	0	Co-Responder	$105,000

** Source: University of Washington Addictions, Drug & Alcohol Institute (Link)*

Conclusion

AWC and HCA believe that the locations awarded grant funding are well-positioned to develop and grow programs that address access disparities and improve health outcomes for vulnerable populations. AWC and HCA are grateful for this service opportunity and hope to continue to support innovative response programs in the future.