



TO: Mayor and City Council
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SUBJECT: **Update and Overview of Alternative Response in the City of Tacoma**
DATE: September 22, 2022

REPORT SECTIONS

- Background
- Defining Alternative Response
- Implementation Challenges & Concerns
- Alternative Response Efforts: Homeless Outreach
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- Enhanced Response: Community Trauma Response Team

BACKGROUND

As most recently outlined in a [Memo provided to the Council in the June 23, 2022](#) City Manager's Report, staff continues to advance the [21st Century Policing](#) and [Matrix Alternative Response Study \(Matrix Study\)](#) recommendations on alternatives to law enforcement responses.

Through conversations with the Mayor and Council (most recently in the Committee of the Whole meeting on August 16, 2022 ([Video](#) | [Agenda](#))) and communications such as the [petition submitted to the City](#) on February 22, 2022, we know that alternative response remains a priority to the community and our elected leaders.

To update the Mayor and Council on our work and provide a foundation for further conversations with the community, this report serves as an updated overview of the work to-date and next steps in each unique area that falls under the umbrella of Alternative Response.

DEFINING ALTERNATIVE RESPONSE

In each conversation on this topic, we have learned that 'Alternative Response' is defined by individuals in many different ways. To ensure shared understanding, we begin this update by clearly defining the areas of alternative response defined by the Matrix Study as well as a few other topics that are frequently raised in these discussions.



Three are alternative responses that were identified in the Matrix Study completed in May 2021:

MATRIX STUDY RECOMMENDATION AREAS

1. Homeless Outreach

Shift certain types of homelessness responses and proactive outreach efforts to a non-police response.

2. Mental and Behavioral Health Crisis Response Team (MBHCRT)

Provide a mobile crisis response team for mental, behavioral, and crisis emergency response that is independent of the police department (or is staffed by civilians).

3. Community Service Officers

Create and deploy a new civilian, non-commissioned, unarmed Community Service Officer classification to respond to a wide range of non-violent, non-emergency, and low-risk calls.

The City remains committed to implementing changes and enhancements aligned with the Matrix Study to the extent they are feasible and subject to collective bargaining.

IMPLEMENTATION CONSIDERATIONS & CHALLENGES

In each of these areas, there are some common themes to be considered in the process of implementation:

- **Workforce Shortages**

Healthcare workers, including those in behavioral health, and public safety workers are in short supply and high demand in our region and across the county. Difficulties filling vacancies are being seen across sectors.

- **Labor & Collective Bargaining**

Response to calls for service is largely represented work. Any alternative response involving shifting work away from current bargaining units is fully contingent upon the consent of those union partners to allow the work to be performed by individuals outside the bargaining unit. Conversations with our union partners are essential as we look at how to implement the Matrix Study recommendations.

- **Identifying Ongoing Funding**

Identifying a funding source is a necessary step when enhancing or establishing City Services. Funding in the current budget as well as the proposed budget will continue to advance the City's response to Alternative Response recommendations number 1 through enhancements to our HEAL team. The current and proposed budget also include funding designated for



implementation of recommendations two and three as those recommendations complete the evaluation and bargaining processes. Funding includes one-time American Rescue Plan Act (ARPA) dollars in the amount of \$400,000 set aside for this purpose in 2021 as well as one-time non-departmental funding remaining from the \$500,000 set aside for 21st Century Policing recommendation implementation and transformation in the current 2021-2022 budget.

ALTERNATIVE RESPONSE EFFORTS: HOMELESS OUTREACH

EFFORTS TO DATE

- Neighborhood and Community Services (NCS) conducted recruitment and hiring efforts to increase the number of homeless outreach workers in alignment with the Matrix Study, allowing NCS staff to work in pairs and shift over time to an outreach response that does not lead with enforcement personnel when practicable. Financial support for this expanded capacity will be included in the proposed 2023-2024 budget.
- In alignment with the Matrix Study, new identifiers were added to South Sound 911 calls in April 2021 which require calls to be identified as being: (1) Related to homelessness; (2) Related to mental health; (3) Related to both mental health and homelessness; or (4) Related to neither. This will allow us to better collect and assess call data for possible alternative responses going forward.

IMPLEMENTATION CONSIDERATIONS & CHALLENGES UNIQUE TO THIS EFFORT

- Some outreach efforts can be undertaken by NCS alone, not all outreach and services can be done completely independently of law enforcement. (See next section.)

EFFORTS ONGOING

- Criteria will need to be developed that allow for expanded use of non-police outreach and services while adequately addressing the health and safety of the public and city staff.
- NCS is considering criteria for response in various scenarios such as posting and removal of encampments and/or locations of a certain size, not visible from a roadway, or have a history of aggressive or unsafe interactions.

ALTERNATIVE RESPONSE EFFORTS: MENTAL & BEHAVIORAL HEALTH CRISIS RESPONSE TEAM (MBHCRT)

Much work has been done to evaluate implementation of this recommendation (see the detail below). One of the initial findings from this work is the lack of workforce availability of the model recommended in the study. This is the result of two related findings: (1) As mentioned throughout this summary, mental health professionals are in great demand and short supply (especially for field positions as considered here); (2) Many mental health providers are reluctant to respond to these kinds of calls without support from law enforcement.



In light of these findings, we are considering a range of options for providing the best crisis response for Tacoma in alignment with the spirit of the Matrix Study and the Council’s desired goal to increase community safety by increasing “effective and appropriate mental health response that results in individuals receiving services” without utilizing commissioned law-enforcement officers.

In practice, a service like this could be viewed as a third kind of emergency response (in addition to Fire and Police) that is appropriately resourced to provide services tailored to behavioral health crisis. Due to the prevalence of co-occurring physical and behavioral health issues among those experiencing crisis, both the Matrix Study and staff subject matter experts recommend first-aid services be considered as a part of these response teams. In this response model, police would serve as back up to this team as it currently does for Fire Department calls.

Staff are working to apply their learnings on local and national crisis response while determining what might be feasible in Tacoma. In other cities with dispatched crisis response such as Denver, services have often begun with a team responding to only a small percentage of calls during select hours that have historically shown a higher need. These teams can begin learning more about community needs and adapting to best serve them while building capacity and developing/refining dispatch protocols and practices. While not direct dispatched, this model is similar operationally to the early stages of some existing behavioral health services such as the Comprehensive Life Resources’ Mobile Community Intervention Response Team (MCIRT) team.

SUMMARY OF EFFORTS TO DATE

- Consultant Brian Maxey of 21st Century Policing, complete [analysis and issues memorandum](#) on February 24, 2022 identifying roadblocks in resource availability and recommending a Request for Proposals (RFP) be issued.
- A Request for Information (RFI) seeking information on available crisis response models was developed with input from internal subject matter experts and with feedback from external partners MultiCare Behavioral Health and the Pierce County Crisis Collaborative and was published on May 4, 2022.
- The RFI Closed with one applicant responding: MedTrust, located in San Antonio, TX.
- Staff conducted a follow up informational interview with the respondent to learn more about their model. Many details of the proposal were subject to available resources in the Tacoma area as confirmed through a current state scan once they had a program manager on the ground in Tacoma.
- Simultaneously, staff from the City’s Fire, Police, and Neighborhood and Community Services Departments evaluated existing City programs and resources that could contribute to an enhanced mental and behavioral health crisis response model.
- The staffing models from the Matrix Study along with input from City subject matter experts informed cost estimates for internal implementation of a fully-operational MBHCRT Team staffed by the City. The proposals, ranging from \$3.49M to \$4.49M per biennium were



developed for review during the City Manger’s budget development process. Questions remain on the feasibility of hiring for the number of open positions that would be created on fully-operational teams if funded in the budget process.

- In alignment with the Matrix Study, new identifiers were added to South Sound 911 calls in April 2021 which require calls to be identified as being: (1) Related to homelessness; (2) Related to mental health; (3) Related to both mental health and homelessness; or (4) Related to neither. This will allow us to better collect and assess call data for possible alternative responses going forward. Staff are conducting analysis on initial calls tagged with these identifiers.
- Staff are engaging with South Sound 911 as they move forward on a plan to embed a mental health professional in their dispatch center to determine how this position might assist with a need to dispatch an MBHCRT.
- Staff identified a valuable partnership with the regional Pierce County Crisis Collaborative and assigned a City Manager’s Office representative to attend that monthly forum to build relationships, look for opportunities to align strategies with other agencies/providers, and share information and resources across jurisdictions.
- Staff began conversations with a broad range of community partners and continued ongoing research in an effort to identify parallel efforts, including implementation of the crisis response the State is rolling out around the 988 line over an estimated 2-5 years. These conversations have also been useful for understanding barriers and opportunities and have included partners such as community advocates, Beacon Health Options, MultiCare, Comprehensive Life Resources, President of the Washington Designated Crisis Responders, and Metro Parks.
- Staff connected with MultiCare who recently signed a contract with Pierce County Sheriff’s office to provide a crisis response team for a law-enforcement led approach to behavioral health crisis. This open line of communication was created to learn about their staffing model and lay the foundation for ongoing collaboration and learning as Tacoma strives to establish a parallel team led by behavioral health experts.
- Staff presented an update to the Joint Municipal Action Committee on August 12, 2022.
- Staff attended a workshop hosted by AWC (in partnership with the Washington Healthcare Authority) to learn about potential grant funding to help cover the costs of implementing alternative response teams.

IMPLEMENTATION CONSIDERATIONS & CHALLENGES UNIQUE TO THIS EFFORT

- ***Parallel Efforts are underway***
Both an opportunity as well as a pragmatic consideration, there is a lot of interest and activity underway to expand behavioral health crisis response in our region and in Washington State. Particularly with the existing workforce shortages, this places increased importance on conversations with other entities engaging in this work.

This includes the work being done to enact E2SHB 1477 by the Washington State Healthcare Authority. This work includes enhanced crisis response to ensure everyone who needs it has a person who will come to them or a place to go when they are in crisis. If they find a fiscally



viable model to move forward, Washington State Healthcare Authority's overview of E2SHB 1477 implementation indicates that "the steering committee must analyze options for the location and composition of such services given need and existing resources with the **requirement that funds from the account supplement, not supplant, existing resources.**" (emphasis added) We want to be sure we understand any impacts and opportunities that the State efforts may provide.

There are also a broad range of partners investing time in regional and state conversations on workforce development in this area. We are connecting partners in this area and learning how we can be effective partners in their efforts. Pierce County has funded a study to learn more about the specific barriers in the behavioral health workforce that is estimated to be complete in early 2023.

- ***Required Credentials Complicate Existing Workforce Barriers***

Medical and behavioral health providers provide critical services that impact the overall wellbeing of individuals. There is high demand in these fields with limited qualified candidates. Those who are qualified for these roles may prefer the routine hours and standardized work environment provided by telework or clinic-based job opportunities. Additionally, state regulations on the qualifications for the formal licenses/certifications needed to provide certain behavioral health services or supervise these work teams are complex. It limits how quickly the workforce can be bolstered.

- ***Not all Behavioral Health Calls can be Completed without a Police Presence***

While some crisis response work can be done by a team designed to respond to behavioral health needs, not all outreach and services can be completely independent of law enforcement. For example, Designated Crisis Responders are dispatched to assess the need for involuntary commitment when someone presents a likelihood of serious harm to themselves or others, and this can include evaluation of community members with a history of committing violent acts.

- ***Sustained Funding***

While not a barrier to implementation, staff cost modeling demonstrated that the implementation costs outlined in the Matrix Study are significantly lower than current estimates, especially in today's competitive labor market.

EFFORTS ONGOING

- We are community members and potential partners in discussions to inform our understanding of this nuanced service area, build relationships, look for opportunities to align strategies with other agencies/providers, gauge local interest in an RFP based on a more specific service model, and share information and resources across jurisdictions.
- City staff are continuing to look at existing programs and services that respond to behavioral health needs and identify any expansions of existing services that can be proposed in alignment with the spirit of the Matrix Study and the Council's desired goal to increase community safety



by increasing “effective and appropriate mental health response that result in individuals receiving services”. We are looking to actively pilot enhancements in the 2023-2024 biennium.

- As part of the development of the City’s 2023 Legislative Agenda, staff are working with community partners around a shared desire to bolster workforce development. This input and some additional staff research will be used to identify available opportunities to reduce barriers and expand the pool of qualified behavioral health and nursing staff through legislative advocacy at the state and federal level.
- On Monday, September 26th, staff are attending a meeting convened by State Representative Orwall and Senator Dhingra at as part of their work on the 988 crisis line with State elected leaders, South Sound 911, behavioral health sector representatives, and first responders. The purpose of the meeting is to understand the crisis system in Pierce County and how 988 relates to this work and explore possible cross-training and co-location with 911.
- Staff are actively working to see what efforts could be included as viable service enhancements in the City Managers Proposed budget.

ALTERNATIVE RESPONSE EFFORTS: COMMUNITY SERVICE OFFICER

Community Service Officers (CSO) are a common classification in many jurisdictions throughout the nation. Across jurisdictions, the responsibilities of a CSO can range from largely clerical and administrative positions to responding to calls for service in alignment with the Matrix Study. Under the Matrix Study, examples of the kinds of calls appropriate for CSO response could include a 911 call to report a burglary where the person who broke in is no longer in the home.

EFFORTS TO DATE

- TPD prepared a draft classification specification to provide a clear vision of the City’s intent for CSOs as a starting place for bargaining with Local 6. The draft is currently undergoing a final review by Human Resources.

IMPLEMENTATION CONSIDERATIONS & CHALLENGES UNIQUE TO THIS EFFORT

- The work of this new classification is currently performed in its entirety by members of the Local 6 bargaining unit. Accordingly, any change to this work is subject to agreement with Local 6.
- Because CSOs will be limited-commission officers (much like parking enforcement or animal control), they cannot legally be part of the Local 6 bargaining unit.
- The City is committed to honoring its agreement with Local 6 and working collaboratively to find a mutually agreeable arrangement for the implementation of CSOs.

EFFORTS ONGOING

- The City and Local 6 will begin negotiations on the classification specification and the proposed body of work for CSOs.



QUICK LINKS TO ADDITIONAL RESOURCES

- [CityofTacoma.com/Transform](https://cityoftacoma.com/Transform)
- [21st Century Policing Report](#)
- [Matrix Consulting Group Report on Alternative Response Study](#)
- [February 24, 2022 Memo from Consultant Brian Maxey of 21st Century Policing](#)
- [June 21, 2022 Memo – City Manager’s Report Update to Council on MBHCT](#)

DOES THE CITY HAVE AN OFFICE OF COMMUNITY SAFETY?

This is another question we often hear raised in the conversations on Alternative Response. The short answer is no.

For some in our community, “standing up an Office of Community Safety” means transforming public safety and the implementation of alternative responses.

In alignment with Resolution No. 40622, start-up funding for an Office of Community Safety was included as a placeholder in the City’s 2021-2022 Budget. This funding was intended to allow the City to be responsive to a broader definition of community safety and support the implementation of community-identified transformational initiatives. The City has actively taken on transformation, including many of the recommendations within the 21st Policing Report, without establishing a new office.

While we don’t have one specific office, we are not waiting to actively move the transformation of policing and community safety forward. More information on the City’s efforts can be found at <https://cityoftacoma.org/transform>. [Heal the Heart](#) is leading the design of community-driven work related to transformation. City efforts to implement recommended alternative responses to issues that have often involved police response remain underway. The Office of Community Safety remains a viable option to be activated as needed in response to the community and the City’s ongoing work to understand the best fit for alternative response and transformational efforts within the City of Tacoma.

SERVICE ENHANCEMENT EFFORTS: COMMUNITY TRAUMA RESPONSE TEAM

There is an additional topic that often comes up in the alternative response conversation – Community Trauma Response Team (CTRT). CTRT has *not* been considered as an alternative to traditional first responders, but is seen as a service *enhancement* that has been of interest to the City since 2015.

The CTRT has been broadly explored by the Community Police Advisory Committee (CPAC) and would provide support to those impacted by a wide range of community trauma involving violence such as homicides, incidents of gun violence and violent crimes, natural disasters, and other incidents resulting in trauma and crisis. CTRT community volunteers are envisioned to provide culturally-competent support to victims, friends, families, and other impacted by trauma after completing an initial certified crisis response program, successfully complete background check, and participate in ongoing monthly supervision and training.



EFFORTS TO DATE

- In 2015, the community members sent the Tacoma City Council a “Petition” to form a “Community Trauma Response Team” that can be deployed when acts of violence occur in the community.
- In 2016, the Community Policy Advisory Committee (CPAC) engaged with NCS staff to review models that would allow the Tacoma Police Department to concentrate on their assigned duties while CTRT provided emotional supports to impacted community members.
- In September 2019, the City Released a Notice of Funding Availability to identify a crisis responder to manage a CTRT program. Only one agency responded.
- During contract negotiations the responding agency declined to contract with the City because they felt the services they offered were similar to the Tacoma-Pierce County Chaplaincy (TPCC), and there would not be enough work for both agencies.
- The responding agency that applied for funding notified TPCC that the City had funding for a CTRT.
- At the recommendation of CPAC, the City continued to negotiate a contract with the responding agency (unsuccessfully), including a meeting with the City Manager, and letters of support from both the Police and Fire Chiefs.
- In 2020, the City contracted with TPCC to operate the CTRT program. In June 2021, in response to community concerns, the contract with TPCC was terminated (the program was never launched).

IMPLEMENTATION CONSIDERATIONS & CHALLENGES UNIQUE TO THIS EFFORT

- We have experienced difficulty in finding an operator to mobilize community volunteers to assist individuals impacted by violence with culturally competent social and emotional supports as well as resources.

EFFORTS ONGOING

- Staff continues to work with CPAC, and community to identify a strategy to implement a CTRT model.