Assessment of Phase 1 Co-responder Program Staffing Needs

Audrey Seamons, Ph.D. • Michaela Beals, M.A. • John Rogers, Ph.D. • K. Russell Shekha, Ph.D.

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In 2014, as a result of the *Trueblood et al. v. Washington State DSHS et al.* lawsuit, the court found that delays in wait-time for competency evaluation and restoration services for individuals awaiting those resources in jail were unconstitutional. The court required/s the state to provide competency evaluations and services to incarcerated persons within a specific time frame of receiving a court order for evaluation and restoration services. Additionally, the Trueblood Contempt Settlement Agreement established a multi-phase plan for providing services and treatment to persons in the criminal court system aiming to reduce their likelihood of recidivism. This report fulfills portions of the Settlement Agreement (Section 3.3.a.4) requiring Washington state to "perform an assessment of law enforcement agency co-responder mental health staffing needs to guide future funding requests" in the Phase 1 regions (defined by the Settlement Agreement), which includes 10 Washington state counties. The Washington State Health Care Authority (HCA) contracted with the Washington Department of Social and Health Services (DSHS), Research and Data Analysis Division (RDA) to complete this work. RDA conducted and analyzed data collected from two surveys to assess mental health field response and co-responder program staffing needs in Phase 1 regions. The primary survey represented law enforcement agencies (LEAs) identified by the Washington Association of Sheriffs and Police Chiefs (WASPC) within these regions. A secondary survey represented Behavioral Health Agencies (BHAs) participating in existing co-responder programs that were identified by referral from LEAs. This report presents a detailed analysis of co-responder program staffing and needs, a general description of other issues addressed in the survey, and interpretation of results.

These data were requested by the Washington State Health Care Authority and could not have been collected without the participation of WASPC, law enforcement Chief Executives and their representatives, and BHA representatives.

Key Findings

1) From the survey responses and WASPC grant reports, **we identified five formal co-responder programs operating in Phase 1 counties, served by six LEAs**. These programs represent a variety of arrangements between counties, cities, and BHAs, and include Washington's second, third, and fourth largest cities.

2) **In Phase 1 counties, the larger co-responder programs are mostly structured around county or regional models.** All of the mental health co-responders described are employed by relatively large BHAs – none were directly employed by LEAs. Co-responders are mostly concentrated in urban areas with the highest numbers of crisis calls, and distant communities do not always receive timely service.

3) **Co-responder teams are typically dispatched through law enforcement channels.** All of the six LEAs participating in co-responder programs said that mental health professionals (MHPs) accompany law enforcement officers on calls, and only one said that they also respond in place of law enforcement officers. Five of the six LEAs said that their MHPs also conduct outreach and/or case management.

4) The number of mental health co-responders working in Phase 1 counties is small**. We were able to identify only 18 dedicated mental health co-responder FTEs** supporting the five programs (23.5 FTE including support staff). These **18 co-responders serve 1,673,278 people (22 percent of the state population), or just over one per 100,000 people**.

5) **Few LEAs (12 percent) report being able to fully meet the behavioral health crisis response needs of their communities.** When asked about optimal staffing, respondents estimated that needs are two to three times higher than the number of available staff.

6) Of the $1,146,851 reported current-year costs dedicated to MHP co-responders, $839,851 (73 percent) were associated with WASPC grants of limited duration, and $307,000 (27 percent) were paid by municipal or county funds. BHAs providing co-responder services reported higher program costs from a wider variety of sources, some of which support co-responders. **A full reckoning of program costs must include administrative infrastructure, law enforcement officers, and support staff for both LEAs and BHAs.**

7) **Per-population and costs per mental health co-responder were higher when the number of co-responders was low**. The two largest programs reported spending or budgeting $49,989 per co-responder (14 co-responders), but the three programs with only one or two co-responders reported costs of $111,750 per co-responder (four co-responders). This difference may reflect cost sharing, budget re-allocation, or other funding sources in larger programs, rather than salary variation (limitations are further described in the Discussion section).

8) **Average (direct) spending per co-responder is $63,714; or $68,539 per 100,000 residents.**

9) **Lack of funding is the greatest barrier to implementing co-responder programs**, reported by 75 percent (40 of 53) of all surveyed LEAs – and 83 percent (five of six) of LEAs leading or co-leading formal co-responder programs.

10) **LEAs reported the top three barriers to staffing co-responder programs as a lack of MHPs in the region, inadequate wages, and 24/7 or rotating shifts**, each reported by three of the six LEAs with formal programs (50 percent). **BHAs reported the top three staffing barriers as a lack of MHPs in the region, competition with other agencies that are able to offer better work conditions including better pay, and lower acuity patient**s, as reported by four of the eight BHAs (50 percent).

Quick Reference Guide for Common Acronyms used in this Report

- **BHA — Behavioral Health Agency**
- **CIT — Crisis Intervention Team**
- **DCR — Designated Crisis Responder**
- **DSHS — Department of Social and Health Services**
- **FTE — Full-time equivalent**
- **HCA — Washington State Health Care Authority**
- **LEA — Law Enforcement Agency**
- **MCR — Mobile Crisis Response**
- **MHP — Mental Health Professional**
- **MHFRT — Mental Health Field Response Team**
- **PD — Police Department**
- **WASPC — Washington Association of Sheriffs and Police Chiefs**

Contents

Background

Introduction and Need for Co-responder Programs

Behavioral health needs in Washington state outstrip the current services available to address these needs [1], including the state's ability to provide competency evaluation and restoration services to incarcerated persons. *Trueblood et al. v. Washington State DSHS et al.* was a lawsuit filed in 2014 that challenged delays in wait-time for competency evaluation and restoration services for individuals awaiting those resources in jail. The court required the state to provide court-ordered competency evaluations and restoration services within 14 and 7 days, respectively, of the order date. In order to uphold the court orders, DSHS worked with Disability Rights Washington to establish a Settlement Agreement Implementation Plan [2] for providing services and treatment to persons in the criminal court system. In response to the Trueblood lawsuit and Settlement Agreement, DSHS, HCA and the Criminal Justice Training Commission have initiated several programs and processes to reduce the wait-time for jail-based competency services. These programs include, among others, prosecutorial diversion [3], providing outpatient restoration programs, providing settlement class members (persons with mental health needs that are or will be involved in the criminal court system) with forensic navigators to ensure that clients are supported as they move through the forensic system, and implementing plans to increase the number of beds available at the state hospitals [4].

While the Trueblood lawsuit and outcomes focus on the settlement class, efforts to bolster existing behavioral health services and to provide additional training and support to LEAs under the Settlement Agreement are expected to yield cascading benefits for all Washingtonians. This is because communities tend to rely on their most readily available resources (e.g., dialing 911) during a perceived emergency; local LEAs are often the first to respond to mental health crises even though there may not be evidence of criminal activity. Many of these law enforcement agents may not have received sufficient training on how to best help people experiencing a behavioral health crisis [5] potentially leading to conflicts involving use of force between law enforcement officers and individuals in crisis. To improve interactions between the public and law enforcement, reduce the potential for use of force, and increase the ability of law enforcement to effectively respond to mental health crises, the state is funding programs and specific types of positions, that are related and often interacting, to establish or expand mental health field response capabilities:

- **Co-responder Programs** are operated by LEAs that deploy MHPs along with law enforcement agents to crisis calls with the goal of diverting individuals experiencing a behavioral health crisis from incarceration to triage and treatment.
- **Mobile Crisis Response (MCR) teams** provide community-based services and receive referrals from first responders and designated crisis responders (DCRs) for any individuals experiencing a behavioral health crisis including mental health or substance use crises. They can mobilize and respond to support individuals at their location to help stabilize and resolve the crises using the least restrictive alternatives[1].
- **Designated Crisis Responders (DCRs)** are certified to employ use of the Involuntary Treatment Act when there is a danger to self, others, others' property, or potential for serious harm due to grave disability. Co-responder programs and MCR teams are sometimes staffed by DCRs.

[1] One definition of least restrictive alternatives is described here: https://www.dshs.wa.gov/faq/what-less-restrictive-alternative-lra

- **Crisis Intervention Team (CIT)** training is a 40 hour enhanced crisis intervention training offered statewide to law enforcement officers, to prepare them to be part of a crisis intervention team. The training covers topics such as legal aspects of mental health commitments, liability issues, understanding mental illness and the mental health system, and intervention strategies for both low and high risk situations. The goals are to promote more effective responses to individuals in behavioral health crisis, with officer and first responder safety as a priority. A baseline crisis intervention training is now required of all full-time law enforcement officers in Washington state, but the Settlement Agreement sets a target for 25 percent of officers in LEAs in Phased counties to receive the enhanced training.

The personnel involved in these different types of teams sometimes have overlapping training and responsibilities. Despite the potential complexity of the relationships among these entities, cooperative responses involving both law enforcement agents and MHPs allow for a more professional, humane, and safe response to crises involving persons with behavioral health issues [6]. The provision of the above programs and services are aimed at reducing the number of people with behavioral health needs entering the criminal court system; improving the safety and security for individuals with a mental health treatment need and for the general public; reducing homelessness; and aiding law enforcement agencies that are increasingly the first responders to incidents involving people experiencing a behavioral health crisis.

Past and Current Legislation

WASPC administers the Mental Health Field Response Team (MHFRT) Grant Program (RCW 36.28A.440), otherwise known as the Co-Responder Program, established under HB 2892 [7]. Co-responder programs were expanded because of the Settlement Agreement's requirement for increasing crisis services offered in the Phase 1 and 2 regions defined in the Agreement. These programs have been partly funded by several legislative initiatives. The primary goal of legislation establishing the MHFRT Grant Program (HB 2892) is to support development of local partnerships between LEAs and MHPs in order to provide humane and safe treatment and diversion when serving Washingtonians experiencing mental health crises. The legislation also intended to formalize and professionalize the process for establishing co-responder programs by designating WASPC as the agency responsible for administering these MHFRT grant-funded Co-Responder Programs. Administration includes developing criteria, reviewing, certifying, and awarding grant applications with stipulations that WASPC should make every effort to award grants to LEAs serving both Eastern and Western Washington. WASPC consults with managed care, BHAs, and DSHS. WASPC must also coordinate with the 911 system, local LEAs and crisis services to support and incorporate crisis service dispatch and triage. HB 2892 requires WASPC to fund eight grants per fiscal year to LEAs applying for support, permits WASPC to prioritize agencies with matching funds, and permits WASPC to accept private funds to support Co-Responder Programs. WASPC is required to consult with DSHS to establish data collection and reporting guidelines for the funded programs.

The Co-Responder Program was originally a legislative compromise within a larger debate on police accountability and reform. While there were no legislative initiatives for co-responder programs before 2017, in 2016, the Legislature established the Joint Legislative Task Force on the Use of Deadly Force in Community Policing (HB 2908). The task force reviewed current policies and practices used by LEAs in the state, and recommended new "best practice to reduce the number of violent interactions between law enforcement officers and members of the public" [8]. Key recommendations included new or improved Criminal Justice Training Center programs emphasizing de-escalation and humane interactions with people experiencing mental health crises, and support for behavioral health services such as MCR teams. None of the three 2017 legislative proposals that sought to implement these recommendations (HB 1000/SB 5000; HB 1529/SB 5073; HB 1769) passed. The Co-Chairs of the Task

Force proposed HB 2892 in response to the failed legislative proposals as a compromise. The Legislature built upon existing co-responder and MCR models implemented by municipal and county LEAs before HB 2892 was passed.

Current State of Co-responder Programs in Washington

The Trueblood Settlement Agreement emphasized the need for additional crisis services, and requires the state to increase support for co-responder programs. The state was required to seek $3 million in funding for WASPC to expand the Co-Responder Program grant to Phase 1 regions during the 2019-2021 biennium. The 2019-2021 biennial budget included a total of $4 million allocated to the CJTC to fund the WASPC Co-Responder grants [9]. The 2020 WASPC Trueblood Misdemeanor Diversion Funding allocated $650,000 for agencies outside the Phase 1 regions. The Health Care Authority provided additional funds to allow WASPC to continue expanding beyond the Phase 1 regions, demonstrating ongoing and increased support for these programs by the state.

Three co-responder programs in Phase 1 counties, two in Phase 2 counties, and four programs in other counties received WASPC grants for the three SFYs beginning in 2018. Due to complications of the COVID-19 pandemic, all SFY 2019 awardees received continued MHFRT funding from WASPC in SFY 2020. In January 2021, one Phase 2 county agency and six other counties, five of which had not received prior WASPC MHFRT grants, received funds to expand existing co-responder program capabilities.

Grantee reports suggest that these co-responder programs are having a positive impact on officers and clients served. MHPs are reporting more positive community perceptions about law enforcement as indicated in the legislative annual reports submitted by WASPC in 2019 and 2020 [10, 11]. Some communities have established independent co-responder programs with municipal or grant funding; these are included in the survey results described below.

Co-responder Workforce Challenges

Workforce challenges in both the behavioral health workforce [1, 12] as well as in law enforcement [5] have potential to impact implementation and effectiveness of co-responder programs. Both the 2019 and 2020 WASPC MHFRT reports indicated that the biggest challenge to existing co-responder programs lies in their ability to hire mental health professionals with sufficient experience and education requirements to fit the program [10, 11]. While multiple recent reports have documented needs for expansion of Washington's behavioral health workforce, and crisis intervention services in general [12-15], few have focused on specific needs for co-responder staffing within the larger context of the mental health crisis response system and the unique needs of specific communities. Furthermore, development of common data systems for reporting the scope and type of crisis services used are a work-in-progress [10, 11] and it is not clear how the data are being integrated into the larger picture of data collection and reforms associated with the Trueblood Settlement Agreement [16]. The study reported below is a first step towards a more complete understanding of co-responder program needs and factors to consider while determining optimal funding.

Methods and Data

Goals

The goal of this survey study was to examine the current state of existing co-responder programs in Phase 1 counties. Assessing the staffing models and costs of current programs will help estimate future staffing needs by region and county, appropriate program models, and annual operational costs. The survey study also sought to identify challenges to staffing, recruitment, retention and program implementation, and respondent perceptions of future staffing needs.

Survey Methods

Two surveys were performed. The first was a cross-sectional survey of LEAs at a single point in time. The primary survey population included the Chief Executives (or their designated representatives) of all LEAs identified by WASPC in Phase 1 regions of the Trueblood Settlement Agreement (Clark, Klickitat, Skamania, Spokane, Pend Oreille, Ferry, Adams, Lincoln, Stevens, and Pierce Counties). In general, the LEA survey was used to identify the behavioral health staffing, costs, and challenges to implementation of co-responder programs, and the extent to which those costs are divided between agency staff and contractors.

A total of 60 agencies operating in Phase 1 counties in three general regions were identified by WASPC. Interviews were conducted with 23 of 26 LEAs in the Northeast Region (Adams, Ferry, Lincoln, Pend Oreille, Spokane, and Stevens Counties), all 12 LEAs in the Southwest Region (Clark, Skamania, and Klickitat counties) and 18 of 22 agencies within Pierce County for a total of 53 LEA interviews. LEA survey response rates are summarized below:

- 53 complete of 60 LEAs in sample
    - 3 of 60 were ineligible (Communities that now contract policing to other agencies)
    - 1 of 57 eligible refused
    - 3 of 57 eligible could not be contacted
    - Final completion rate is 53 of 57 or 93 percent.

From the responses to the LEA survey, agencies were grouped in three broad categories of co-responder services for further analysis:

1. **Formal, county-level or city-level.** There are six LEAs associated with five formal co-responder programs in Phase 1 counties. Lead agencies include Pierce and Spokane County Sheriff's departments and Tacoma, Lakewood, and Vancouver Police Departments (PD). Spokane PD is a co-lead with Spokane County Sheriff's department.

2. **Formal, county-level – eligible.** These are LEAs in Pierce and Spokane counties that do not have their own programs, but can rely on at least some services from their county programs. Tacoma and Lakewood PDs are in Pierce County but do not rely only on county services as they have their own co-responder programs. Another two agencies in Pierce County indicated that they also work with a local residential facility to take patients in crisis, but only as a drop-off/pick-up location.

3. **Informal or no co-responder services.** This category includes agencies that indicated they did not have any co-responder program or that they were aided by informal assistance provided by local hospitals or BHAs.

The primary survey was supplemented by a secondary survey of a referral-based sample of BHAs or individual providers identified as co-responders by the LEAs. The secondary survey was designed to obtain information on staffing, qualifications, and costs, as well as the perspectives of BHAs about barriers to staffing and implementing co-responder programs. Broadly, this BHA survey provided details on the specific positions needed for specialized services, and was a second source of data on costs for contracted services. The BHA response rate was 80 percent:

- 5 interviews completed of 5 BHAs with co-responder programs identified
- 3 interviews completed of 5 BHAs with informal co-response relationships[2] identified
- Final completion rate is 8 of 10 or 80 percent.

Because there is no statistical sampling, there is no need to estimate sampling error and the results are only representative of the agencies surveyed. Due to the small number of BHAs surveyed, we did not perform statistical testing, and we report medians and ranges in preference to averages. No client data was collected or shared.

Results

Phase 1 Law Enforcement Agencies

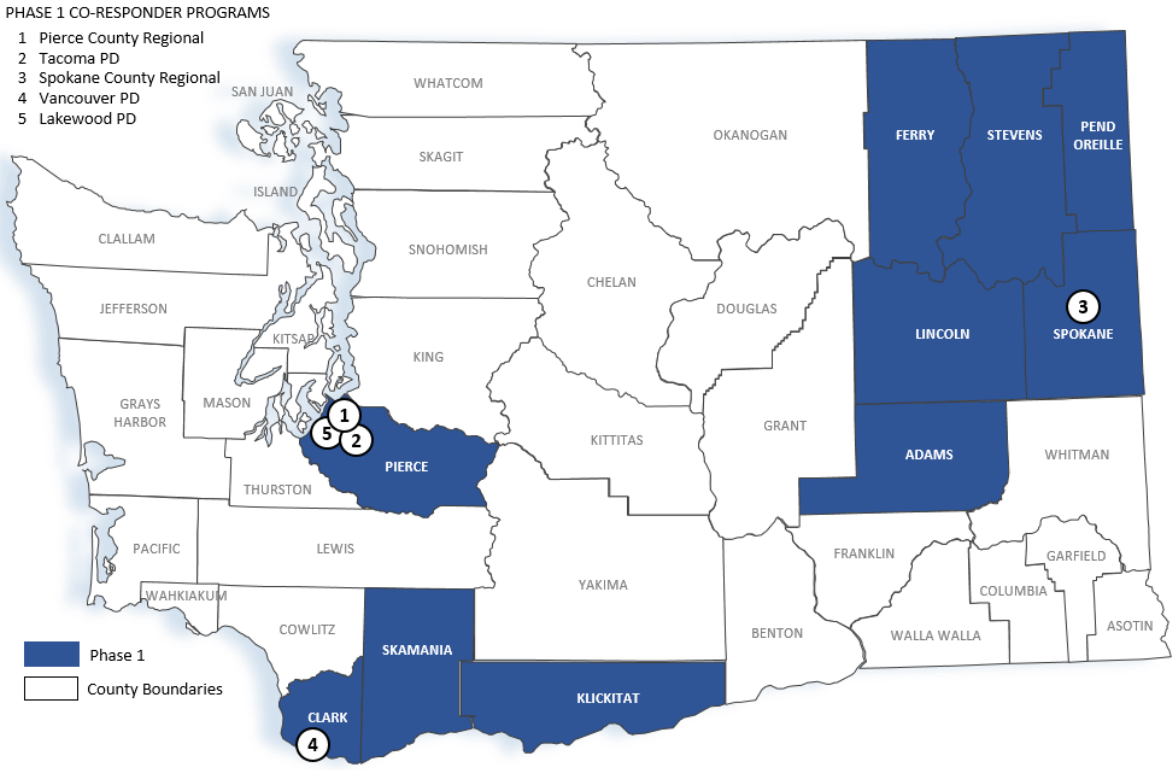
Co-responder Program Types

There are only five formal co-responder programs serving six LEAs in Phase 1 counties. The map in Figure 1 shows these five programs and their location in the Phase 1 counties (blue). Below the map, the five programs (gray background) are listed by region (light blue). Three of these are programs specific to the LEA (Vancouver, Lakewood and Tacoma PDs). Three agencies are program leads for regional programs serving multiple LEAs. Spokane County Sheriff's Office and Spokane Police Department jointly coordinate a regional co-responder program for Spokane County, and Pierce County Sheriff's Office operates the regional co-responder in Pierce County. Together, these regional co-responder programs provide co-responder services to at least 22 additional **county-level eligible** LEAs (Lists in Figure 1, white background, including Lakewood PD)**.** These formal programs are described in more detail in the section entitled "Co-responder Programs in Phase 1 Counties" on page 15.

Although 41 of 53 agencies indicated that they do not have co-responder programs, follow-up investigations showed that some of these were actually eligible for county services through one of the formal programs described above. After adjusting for county program eligibility, 25 agencies were identified as having no co-responder services reported or available. However, nine of these had some indication of informal program arrangements to aid with responding to behavioral health calls. Agencies with no identified co-responder program and those with only informal arrangements (and not eligible for county services) were placed into the same category, **informal or no co-responder services**.

[2] Initially we only designated a partnership as informal if it included services equivalent to co-responder programs. After the conclusion of interviewing we decided to include any mention of working with behavioral health providers, so several additional LEAs were identified as having informal relationships.

Figure 1. Trueblood Settlement Agreement, Phase 1 Region Co-responder Programs



Pierce County	
1	Pierce County Sheriff's Office Regional Program | MultiCare
	County services available to…
	Bonney Lake Police Department
	Buckley Police Department
	DuPont Police Department
	Eatonville Police Department
	Edgewood Police Department
	Fife Police Department
	Fircrest Police Department
	Gig Harbor Police Department
	Milton Police Department
	Orting Police Department
	Pierce Transit Police
	Puyallup Police Department
	Ruston Police Department
	Steilacoom Dept. of Public Safety
	Sumner Police Department
2	Tacoma Police Department Co-Responder Program | MultiCare
5	Lakewood Police Department Co-Responder Program | Greater Lakes Mental Health

Southwest Counties	
4	Vancouver Police Department Co-Responder Program | Sea Mar Community Health Center & Clark County Crisis Services

Northeast Counties	
3	Spokane County Sheriff's Office and Spokane Police Department Regional Program | Frontier Behavioral Health
	County services available to…
	Airway Heights Police Department
	Cheney Police Department
	Eastern WA University Police Dept.
	Liberty Lake Police Department
	Spokane Airport Police Department
	Spokane Valley Police Department

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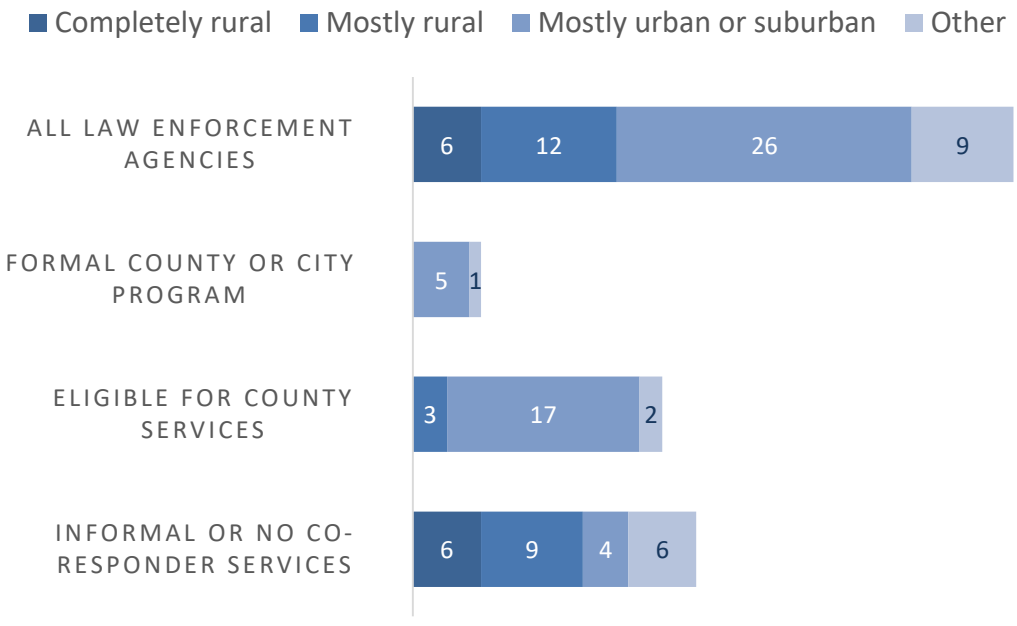
The nine LEAs that described informal partnerships with BHAs were mostly in rural areas and included six municipal police departments, one tribal police department, and two county sheriff's offices. Their behavioral health partners included formal co-responder programs in neighboring counties or cities, residential facilities, and mental health clinics that may not have DCRs but represent the only option to take charge of a hospitalized patient, respond to crisis calls, or provide training and telehealth consultation. Three of these LEAs noted that behavioral health assistance can take time to get to urban areas, in some cases requiring an hour or more of driving time.

Phase 1 Law Enforcement Agency Characteristics

Analyzing responses to several of the LEA survey questions by type of co-responder program showed differences in characteristics of LEAs based on co-responder program category. The majority of LEAs with access to co-responder programs or services are, not surprisingly, in more urban settings. Figure 2 shows responses from each LEA given as one of four categories of urbanicity that were listed in the LEA survey questionnaire: 1) mostly urban or suburban, 2) mostly rural, 3) completely rural and 4) other, which comprised of a mix of the first three categories or other options such as college campus or transportation district. While five of six formal co-responder programs and 17 of 22 LEAs eligible for county co-responder services were in predominantly urban areas, 60 percent (15 of 25) of agencies with informal or no co-responder programs available were in rural areas. Accordingly, co-responder programs are housed in LEAs serving larger populations: five of six LEAs with a formal co-responder program reported serving a population of 100,000 or more people. Conversely, 21 of 25 LEAs without co-responder programs serve populations under 25,000; and 14 of this latter category serve populations of under 10,000 people.

Figure 2. Urbanicity of Areas Served by Phase I Law Enforcement Agencies

By Co-responder Program Type



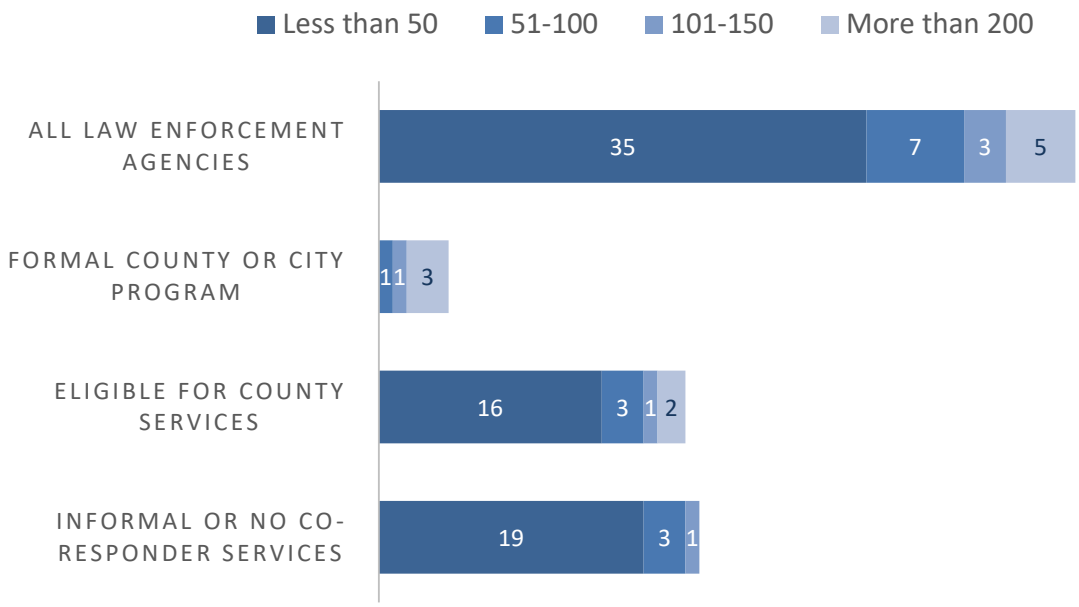
Washington State Health Care Authority | Washington State Department of Social & Health Services Transforming lives

dshs.wa.gov/bha/trueblood-et-al-v-washington-state-dshs

The location of co-responder programs in population centers also correlates with the number of monthly crisis calls the agencies receive. Most LEAs with over 200 crisis calls per month have either a formal co-responder program or are eligible for county services (Figure 3). The large majority of LEAs without co-responder programs (19 of 23 LEAs that responded to the question, 83 percent) have less than 50 crisis calls per month. Out of the agencies with no co-responder programs that also have middle ranges (51-150 calls per month) of crisis calls (four of 23), only one reported informal arrangements for behavioral health assistance. None of the LEAs interviewed indicated that they had 150-200 crisis calls per month, so that category is not represented in Figure 3. The figures for mental health crisis calls per month should be viewed as a general indication of burden, but not as precise measurements. Some respondents reported difficulty answering this question because the term "crisis call" is subject to multiple interpretations and may not be measured consistently within or between LEAs.

Figure 3. Monthly Crisis Calls

By Co-responder Program Type



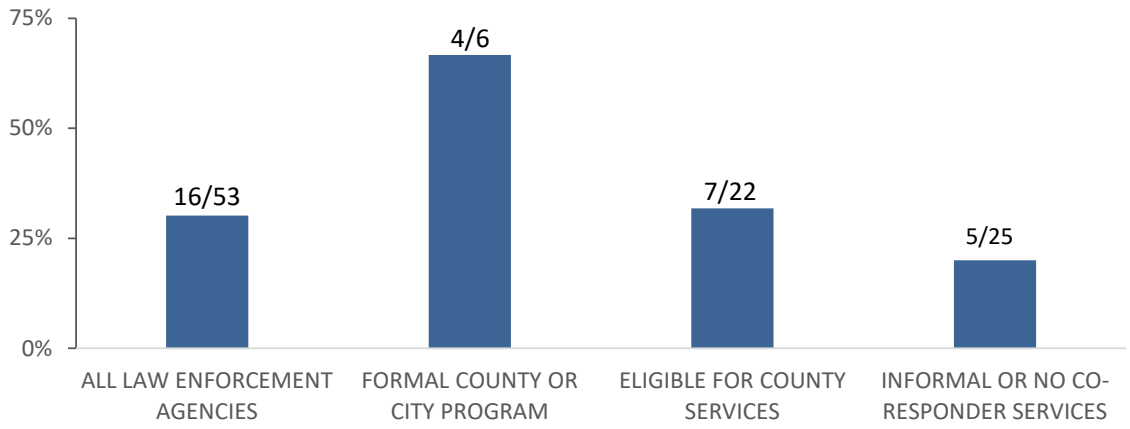
While co-responder programs are in areas with high need, this may have led to a lack of resources in other areas. One response from a LEA in a rural area highlighted the issues they have with behavioral health responses to crisis calls:

> *"Before COVID if we found a person in crisis we would transport them to the hospital. Our dispatch would notify them [mental health partner] to respond. At night time, we have waited 2-3 hours at the hospital to have them show up. Most often now they aren't allowed in. We stand by if requested, but that keeps our patrol officers tied up. We try and get people in crisis to a safe facility as quickly and safely as possible. At times we are on by ourselves and there is no mental health personnel to respond - or the time it takes mental health to respond is very lengthy."*

Though the availability of MHPs for co-responder programs may be an issue for some agencies, co-responder programs are not solely focused on MHPs – the law enforcement officers provide security and contribute their own expertise, and the agencies provide administrative and financial support – some of which is supported by the WASPC Co-Responder Program grants. Additionally, the Trueblood Settlement Agreement also specified that 25 percent of law enforcement officers in Phase 1 regions complete 40 hours of enhanced CIT training. The training allows officers and other LEA personnel to respond more effectively to individuals in behavioral health crisis. However, as Figure 4 shows, CITs do not appear to be operating substantially outside of areas with co-responder programs. When asked whether their agency had a CIT, 67 percent of agencies that have a formal co-responder program (four of six) responded that they have a CIT, while only 20 percent (five of 25) without a co-responder program have a CIT. For agencies that were eligible for county services through a regional co-responder program, the percentage of agencies with a CIT was only slightly higher compared to agencies without co-responder programs (~32 percent or seven of 22 responses) indicating that CITs are not readily used outside of formal co-responder programs to aid with behavioral health crisis calls (Figure 4).

Figure 4. Phase 1 Law Enforcement Agencies that have a CIT

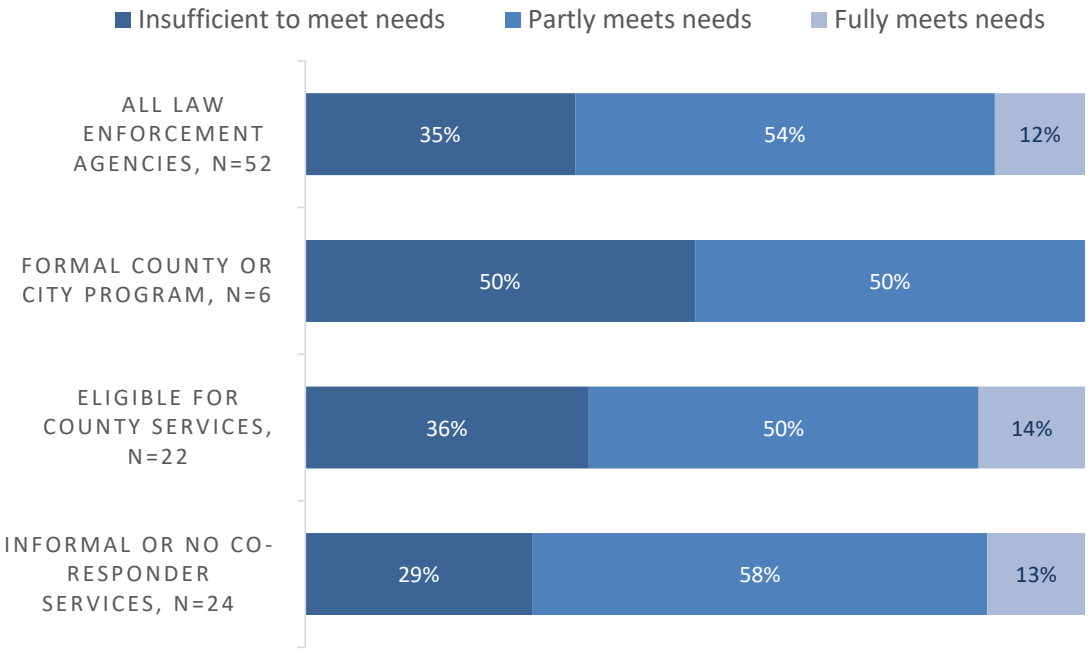
Percent by Co-responder Program Type



When LEAs were asked "How would you rate your agency's current ability to meet your community's mental health crisis response needs?", only 12 percent (six of 52 respondents) indicated that they were able to fully meet community needs (Figure 5). The six agencies that reported fully meeting their community's need all received less than 50 crisis calls per month, and only one served a population of 100,000 or more. None of the LEAs with formal co-responder programs indicated that they were able to fully meet the needs of their community. Thirty-five percent of all LEA respondents and 50 percent (three of six) of the agencies with formal co-responder programs have insufficient ability to meet the behavioral health response needs of their community.

Figure 5. Agency's Ability to Meet Community Behavioral Health Crisis Needs

Percent of Respondents in Need Category by Co-responder Program Type



Responses from LEAs describe needs for additional resources:

> *"We have developed an excellent model for Co-responders that is already having a big impact on the mental health crisis in our community, but we have a significant need for additional positions to meet the demands of our community."*

> *"The resources for follow-up care and beds aren't there for mental health crisis calls and drug abuse overdoses. Training and retaining sufficient staff (in both law enforcement and mental health) is critical."*

> *"We hope the system can streamline so we have mental health [partners] to the hospital faster than our current situation. It's very difficult to get behavioral health people to respond out to rural areas."*

Co-responder Programs in Phase 1 Counties

The five formal co-responder programs operating in Phase 1 counties include a variety of arrangements between counties, cities, and BHAs, and include Washington's second, third, and fourth largest cities. See Figure 1 above.

Program Descriptions and Staffing (LEA and BHA perspectives)

Pierce County and Tacoma PD consist of two geographically overlapping co-responder programs with a WASPC-funded Co-Responder Program grant to the county sheriff's office for county-wide support during "graveyard shift" hours, and a municipally funded program in the county's major city. While the programs are separate from the law enforcement perspective, both contract with the same BHA, which supervises each program within a single unit. The associated MHPs are all trained as DCRs, but operate independently from the county's primary DCR unit. The county includes urban, suburban and rural areas.

Spokane County/Spokane PD is a partnership between a county sheriff's office and a city police department, serving a large rural area in addition to a major city. The program's focus is on diverting individuals from incarceration and helping them access social and health services. It uses a "boundary-less" concept to promote coordinated services and information across the entire region. The partnership includes two teams, one of which is funded by a WASPC grant to provide county-wide co-responder services while the other is a Trueblood-funded (source not specified) MCR team serving the primary city and four additional rural counties.

Vancouver PD was originally conceived as a county-city partnership, but conflicting policies limited the WASPC-funded program to the major city. However, the county DCR program is funded to provide some co-responder services when needed, for example, when co-responders are unavailable or when involuntary treatment decisions must be made. This program had a delayed start due to conflicting administrative requirements and difficulties in hiring qualified staff, but was operating with one MHP at the time of the survey.

Lakewood PD consists of one municipally funded MHP, working with a dedicated law enforcement officer to serve a small city. This team is primarily focused on the city's homeless population. Additional services are also available through the county services provided by the Pierce County Sheriff's office.

Co-responder teams are typically dispatched only through law enforcement channels. Of the six LEAs participating in co-responder programs, all said that co-responders accompany law enforcement officers on calls, and only one said that they respond in place of law enforcement officers (Vancouver PD). Five of the six LEAs (all except Pierce County) said that their co-responders also conduct outreach and/or case management. Three (Spokane PD, Spokane County, Tacoma) said that their co-responders provide training to LEAs. Tacoma PD indicated that their co-responders also respond using remote services.

The complexity of program staffing led to some inconsistencies between survey responses. The sections and tables below reflect the survey responses of both LEAs and BHAs, supplemented by follow-up calls to lead agencies and associated BHAs, information from grant proposal documents provided by WASPC, and materials published on organizational websites. Upon review, we found that all MHPs described as co-responders were employed by BHAs providing services under contract. The following table shows the numbers of MHPs and other staff (such as support staff and peer counselors) by program. These

figures represent a cross section of program staffing during the survey period, but actual staffing levels are subject to frequent change due to continuing hiring and staff turnover.

The number of MHPs working in co-responder partnerships in Phase 1 counties is small (Table 1). We were able to identify only 18 dedicated co-responder FTEs supporting the five formal programs (23.5 FTE including support staff).

Table 1. Reported FTEs for Contracted MHP Co-responders and Additional Behavioral Health Agency Staff Providing Co-responder Services to Phase 1 Counties.

Program	Contracted MHP Co-responders	Other BHA Program Staff	Total
Pierce County	6	0.5	8.5
Tacoma PD	2		
Spokane County / Spokane PD	8	3	11
Vancouver PD	1	2	3
Lakewood PD	1	0	1
Total	18	5.5	23.5

Program costs include administrative infrastructure and support staff for LEAs and BHAs. The "Other BHA program staff" column in Table 1 shows FTEs at BHAs that provide support to co-responder programs. These staff, along with DCRs associated with each program (not indicated in the table), have an important role in co-responder programs. The BHA supporting **Pierce County and Tacoma PD** has a part-time administrative staff member serving both programs. In addition, Pierce County has 15-16 DCRs that do not work directly with law enforcement officers. **Spokane County / Spokane PD** have three FTEs of supporting staff: one administrative staff, one peer counselor, and one supervisor. County-funded MCR teams provide some assistance to multiple counties (Lincoln, Stevens, and Pend Oreille as well as Spokane; FTE commitment unknown), and the co-responder unit provides informal assistance to a tribal police department. **Vancouver PD** has one peer counselor and one MHP who was not counted as a co-responder. A MCR team (eight DCRs) assists in co-response but reported that the FTE commitment of these DCRs is very small. **Lakewood PD** has one team consisting solely of one MHP and one police officer. While we do not have a full picture of how and to what extent DCRs interact with co-responder programs, it's clear that they have an important role – especially in Vancouver where it has been difficult to staff the MHP part of the co-responder partnership. There are many more DCRs / MCR teams than there are co-responders whose primary job is to work directly with law enforcement.

As Table 2 shows, the **18 co-responders serve 1,673,278 people, including Washington's second, third, and fourth largest cities (22 percent of the state population).** On average, there is just over one co-responder per 100,000 population. MHP co-responders per 100,000 population is combined for Pierce County and Tacoma, as these programs serve overlapping populations (the same is true for costs per 100,000 population in Table 3). As discussed previously, reported numbers of crisis calls should be viewed as rough estimates.

Table 2. Population and Crisis Calls Served by MHP Co-responders in Phase 1 Counties.

Program	Contracted MHP Co-responders	Population Served	MHP Co-responders per 100,000	Crisis Calls per Month*	Crisis Calls per MHP Co-responder***
Pierce County	6	904,980	0.88	More than 200	37.5
Tacoma PD	2			---	---
Spokane County / Spokane PD	8	522,798	1.53	More than 200	37.5
Vancouver PD	1	184,463	0.54	101 – 150	125
Lakewood PD	1	61,037	1.64	51 – 100	75
Total / Avg	18	1,673,278	1.08	~650**	~40.6

*There were no responses in the 151-200 range category.
**Based on midpoint of ranges provided (maximum is 275).
***Consider these figures a lower bound, as the maximum category was "200 or more," (coded as 275).

Costs of contracted MHP co-responders are shown in Table 3. In addition to the survey questions (asked of LEAs and BHAs), we used the WASPC grant proposal budgets to identify costs allocated to MHP co-responders. Population figures are from July 1, 2019 census estimates. **Per population and per co-responder costs appear to be higher when the number of co-responders is low.** The two largest programs show the lowest cost per MHP co-responder. **Average (direct) spending per co-responder is $63,714; or $68,539 per 100,000 residents.** The two programs with more than two co-responders reported spending or budgeting $49,989 per co-responder (14 co-responders), but the three programs with only one or two co-responders had costs of $111,750 per co-responder (four co-responders). However, these cost differences may reflect cost sharing or other funding sources rather than salary differences (limitations described in Discussion section).

Table 3. Costs for Contracted MHP Co-responders in Phase 1 Counties.

Program	Contracted MHP Co-responders	Cost of MHP Co-responders	Cost per MHP Co-responder	Co-responder Cost per 100K Pop
Pierce County	6	$310,340	$51,723	$56,392
Tacoma PD	2	$200,000	$100,000	
Spokane County / Spokane PD	8	$389,511	$48,689	$74,505
Vancouver PD	1	$140,000*	$140,000	$75,896
Lakewood PD	1	$107,000	$107,000	$175,304
Total / Avg	18	$1,146,851	$63,714	$68,539

*Vancouver grant budget was $258,629 for BHA contract, but the BHA indicated costs of $140,000 – we believe this is due to delays in program start and hiring.

Program and Staffing (BHA perspective)

Although this study focuses primarily on the LEAs that dispatch co-responder services, the BHAs are a vital part of these programs. In all cases, MHPs in co-responder teams were employed by these organizations, which provide an infrastructure of professional and administrative support that would be difficult to duplicate within a LEA. The following description includes all eight BHAs surveyed, which provided services to twelve law enforcement agencies. Some of these organizations provided only informal assistance to law enforcement, but are included in this section because they were named by partner agencies and because the nature of the informal assistance is variable and may, at times, include services that could be described as co-response. Because these responses include organizations not participating in formal programs, totals may not match the program descriptions above.

The following table shows staffing, frequency of crisis calls, and costs for the eight BHAs surveyed. The organizations vary widely across these dimensions, which makes them difficult to characterize but illustrates three key points:

Co-responder services are supplemented by BHAs not participating in formal co-responder programs. Three of the eight BHA responses are from organizations that provide informal support or, in one case, DCR services, to agencies that have no access or limited access to co-responders. Two of these serve rural areas, one assists an urban area that has a co-responder program with limited resources at the time of the survey, and one is a suburban residential facility that provides temporary care as needed and has previously responded to calls with law enforcement.

The cost of providing co-responder services is higher than the cost of the mental health professionals working directly with law enforcement. From open-ended responses, we know that some of the costs reported below include crisis response services beyond co-response, but the costs are not always separable. For example, some of the BHAs provide both co-responder services and MCR teams that may share the costs of administrative support, training, and equipment. Despite the data limitations, the BHA representatives clearly reported much higher total program costs than costs only attributable to MHP co-responders.[3]

BHAs and LEAs believe that more MHPs are needed to meet community needs. As shown in Table 4 below, LEAs and BHA respondents with formal co-responder program partnerships reported staffing levels in the range of one to eight MHPs serving co-responder programs, but the number of MHP staff needed exceeds the number of staff on hand. Their estimated staffing needs for the upcoming year[4] ranged from four to 16 for BHAs (median = 9.0). LEAs also reported higher numbers of staff needed, ranging from three to 12 (median = 7.0).

[3] Costs of mental health professionals were assessed with the question "What are your total annual co-responder program costs for mental health professionals employed by your organization?" Total program costs were responses to the question "Thinking of all costs, including employees, contractors, and other costs, what is the total annual cost for your organization to provide co-responder services to [AGENCY]?"

[4] "Thinking of the needs of your community over the next 12 months, if funding was not a barrier, about how many full-time equivalent mental health professionals would your co-responder program need?"

Table 4. Actual MHP Staffing versus Perceived Needs in the Next 12 Months

	N	Range	Median
Contracted co-responder FTEs	5	1 – 8	2.0
Co-responder FTEs needed (BHAs)	4	4 – 16	9.0
Co-responder FTEs needed (LEAs)	4	3 – 12	7.0

In order to understand the range of positions involved in co-responder programs, we asked BHAs for the numbers of positions and FTEs across a variety of roles. The responses illustrate the difficulty of identifying "Mental Health Professionals." For example, a Social Worker may be a Licensed Clinical Social Worker, or supervisors may have mental health credentials while working in an administrative role. Table 5 shows total numbers of positions and FTEs across all responses, as some categories received few responses. In most cases, FTE totals are close to the number of positions, indicating that the majority of positions described are full time. The total numbers of positions and FTEs are higher than the numbers reported in Table 1 (18 and 23.5, respectively) due to the inclusion of three BHAs with informal behavioral health partnerships with LEAs. Given that not all such BHAs were surveyed, this difference provides an indication of the additional resources made available by BHAs not participating in formal programs.

Table 5. BHA FTEs for Specific Roles (N=8)

	Total Positions	Total FTE
Administrative	3	2.0
Psychiatrist / Clinical Psychologist	0	0
Nurse Practitioner	0	0
Social Worker	3	3.0
Mental Health Counselor	19	17.5
Peer Counselor / Navigator	4	4.0
Other	7	7.0
Total	36	33.5

BHAs also reported multiple funding sources. In answer to the question "How is your organization's co-responder program currently funded? (select all that apply)", contracts with LEAs (all but one of these involved the WASPC grant program) was the most commonly cited source, with 62.5 percent or five of eight BHAs reporting this funding source (Table 6 below). Other sources included a 0.1% municipal tax, general municipal funds, Trueblood-related funding through the Health Care Authority, unspecified federal funding and foundation grants.

Table 6. Funding Sources for Co-responder Services Reported by BHAs (N=8).

	N	%
Contract with Law Enforcement Agency	5	62.5%
Municipal	2	25%
State	1	12.5%
Federal	1	12.5%
Nonprofit / Foundation	2	25%
Other	1	12.5%

Challenges for Co-responder Programs (from both LEA and BHA perspectives)

Program Implementation Barriers

All responding LEAs were asked to identify *barriers to implementing* co-responder programs (Table 7). **Lack of funding was identified as the greatest barrier**, reported by 75 percent (40 of 53) of all surveyed LEAs – and 83 percent (five of six) of LEAs leading or co-leading formal co-responder programs.

MHP recruitment/retention was the second-most reported barrier among all LEAs. Seven of 22 (32 percent) LEAs eligible for county services and 13 of 25 (52 percent) LEAs without co-responder services reported difficulty with MHP recruitment/retention. However, among the six LEAs leading formal programs, which are concentrated in urban areas, law enforcement staff recruitment/retention was more frequently reported as a barrier than MHP recruitment/retention (three of six vs. two of six). One BHA respondent said that hours of operation were an issue, as local DCR services operate 24/7 but co-responders were only available during daytime hours.

Roughly a third of LEAs without any reported co-responder services (nine of 25) **also identified a lack of partnering providers** in the area as a barrier to implementation. This is an issue that would persist even if funding were available.

Budget impacts from COVID, political will, licensing requirements, and civil unrest were not frequently reported as implementation barriers.

Table 7. Barriers to Co-responder Program Implementation as Reported by LEAs

	All LEAs (N=53)		Leads of Formal Programs (N=6)		Eligible for County Services (N=22)		No Co-responder Services Reported (N=25)	
Response Options	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**
Funding	40	75%	5	83%	16	73%	19	76%
MHP recruitment/retention	22	42%	2	33%	7	32%	13	52%
LE staff recruitment/retention	17	32%	3	50%	5	23%	9	36%
Training	16	30%	1	17%	7	32%	8	32%
Lack of partners in areas	13	25%	0	0%	4	18%	9	36%
Budget impacts from COVID	9	17%	1	17%	6	27%	2	8%
Political will / community support	8	15%	1	17%	4	18%	3	12%
Licensing	6	11%	0	0%	5	23%	1	4%
Civil unrest / calls to 'defund the police'	3	6%	1	17%	1	5%	1	4%

Staffing Barriers

LEAs with formal co-responder programs and BHAs providing formal or informal co-response services were asked to identify *barriers to staffing* co-responder programs (Table 8).

Table 8. Barriers to Staffing Co-responder Programs

	LEAs leading/co-leading formal programs (N=6)		BHAs associated with formal or informal programs (N=8)	
Response Options	**N**	**%**	**N**	**%**
Lack of MHPs in the region	3	50%	4	50%
Inadequate wages	3	50%	3	38%
24/7 or rotating shifts	3	50%	3	38%
Lack of training opportunities	1	17%	0	0%
Competition with other agencies	1	17%	4	50%
High turnover	1	17%	3	38%
Lack of social service referral agencies	1	17%	1	13%
Budget issues	1	17%	2	25%
Excessive documentation / paperwork	0	0%	3	38%
High utilizers / High acuity patients	0	0%	4	50%

LEAs identified the top three staffing barriers as a lack of MHPs in the region, inadequate wages, and 24/7 or rotating shifts. Each of these barriers was reported by three of the six LEAs leading formal programs (50 percent). These staffing barriers reported by LEAs appear to echo themes identified from the general barriers to implementing co-responder programs: it is difficult to find/hire co-responders in the first place, and once hired, there are still not enough staff to cover shifts.

BHAs participating in formal programs or offering co-responder services informally identified the top three staffing barriers as a lack of MHPs in their region, competition with other agencies with better work conditions/better pay, and high acuity patients. Each of these barriers was reported by four of the eight BHAs (50 percent). The staffing barriers reported by BHAs point to why there is a lack of MHPs for crisis work in particular, including working with higher acuity patients for less pay than in other mental health settings. As expected, BHAs in rural areas were more likely to say a lack of MHPs in the region is a staffing barrier for co-responder programs.

LEA Perspectives on the Regional Model

In Phase 1 counties, co-responder programs are mostly structured around county or regional models. This model works well for many agencies. One LEA respondent served by a county program said:

> *"For Law Enforcement to have these trained individuals embedded in our departments is a great asset for us in meeting the needs of our community. If we have people in crisis we can request their assistance to come work with us."*

In fact, several LEAs in the Southwest counties of Phase 1 (Clark, Skamania, and Klickitat), where there is not currently a regional model in operation, specifically requested a county program:

> *"If there were a regional response that would take the lead on these calls where we could assist as needed, then we could decrease police involvement in mental health and guide these calls toward those most able to assist."*

However, some LEAs said they do not receive timely service from the regional program, or would like a dedicated co-responder.

> *"My City, if funding was available, could use our own dedicated responder team. The regional program is hugely helpful, but not enough responders and coverage."*

> *"If our community would hire a mental health professional I think that would be a benefit … because we are a smaller community … our Mental Health partner [isn't] always available to us. They will assess the need, but they may not be available to respond immediately."*

Several LEAs with no co-responder services (or informal relationships only) were less concerned with the presence/absence of co-responder services per se, but they *are* concerned with the amount of time officers spend driving to, or waiting at, hospitals and mental health facilities. Others in rural areas say there simply isn't anywhere in their community to take people experiencing a behavioral health crisis. One law enforcement respondent explained their challenges in detail, and suggested smaller communities may need a different approach:

> *"There are no mental health housing/treatment facilities in our county, and trying to get a bed at an existing facility is often impossible. The closest facility to us is over 40*

miles away, but we often have to transport them across the state. We frequently transport crisis patients to our local hospital for medical clearance before anything else can be done. The hospital is not adequately equipped to handle these types of patients, so Law Enforcement is often required to remain at the hospital with them, sometimes for hours. Although there is a community caretaking aspect to our law enforcement jobs, I believe this is not the best use of our resources. Our county is working very hard to come up with a way to address the mental health crisis in our area, but it cannot be fixed in the same way that larger agencies are trying."

While co-responder programs are partly intended to address these very issues (divert from unnecessary hospitalizations and get law enforcement officers back to patrol activities), the distance to behavioral health services could present similar barriers for the implementation of co-responder programs as it currently does for law enforcement officers.

Discussion

The goal of this study was to fulfil Section 3.3.a.4 of the Trueblood Settlement Agreement: "Within Phase 1, assess law enforcement agency co-responder mental health staffing needs to guide future funding requests." The results clearly show that existing levels of co-responder mental health staffing provide substantial value to communities served, but fall short of the resources needed to completely meet community needs. Reasons cited for the shortfall include lack of funding, recruitment and retention of MHPs, and the difficulty of staffing 24/7 or rotating shifts. Although we do not present prescriptive recommendations for optimal staffing and costs for co-responder programs, the following discussion presents factors that may be helpful to consider when making these decisions.

Program Models

In Phase 1 counties, two of the five formal co-responder programs and most co-responder services are structured around county or regional models. All of the co-responders in the formal programs are employed by relatively large BHAs. LEAs did not directly provide any crisis services; this may be because the needed administrative infrastructure, training, and support resources are already developed in BHAs. Consideration of program models should also reflect specific community needs and the full range of participants in the crisis response system. One BHA representative described their program's impact on relationships between law enforcement and communities, consistent with prior grantee reports [13, 14]:

"The crisis teams have impacted the way people have viewed law enforcement. They respond not only at time of crisis but team members can respond to check up on the person a few days later and it creates a different culture. They are able to be viewed differently by showing up later to do a secondary check-in. This is a culture unto itself. You can see the initial look on peoples' faces and then how the team helps people relax as they open up to the team. They are frequently thanked for coming. It's a totally different way of policing. Individuals have actually called for the team, rather than waiting until they are in full crisis."

While the number of programs in the surveyed agencies is too small to generalize with confidence, they represent very different approaches to co-responder services that should be considered in the design of new programs. The two largest programs in Pierce and Spokane Counties have a regional focus, and account for the majority of employees (14 of the 18 identified). These programs serve

multiple communities, and in the case of Spokane, multiple counties. Their staffing is managed through contracts with large BHAs and supported by multiple funding streams.

The city-operated programs are generally smaller, although in the case of Vancouver this may simply reflect a delay in program start due to a policy conflict. Vancouver receives additional co-responder support through a county crisis outreach team. The Lakewood program involves a partnership between a dedicated law enforcement officer and the co-responder, with a focus on the homeless. Tacoma contracts with the same provider as Pierce County for its two co-responders, but does not provide regional services.

Conversely, larger-scale regional programs offer substantial advantages through economies of scale and a deep support infrastructure, and house co-responders close to the urban areas with the highest numbers of crisis calls. However, rural communities may face long waits for service dispatched from a central location, which can tie up the time of officers if there is no facility available for a person in crisis. Partnerships between individual law enforcement officers and co-responders may be especially valuable in smaller communities, where individuals in crisis are more likely to be personally known to a co-responder team. Smaller communities may not have the administrative resources to manage large and complex grant awards, so funding approaches that can support informal partnerships could be helpful in rural areas. Regional programs that emphasize providing "boundary-less" services to more remote areas with relatively low crisis response needs may be key to maximizing the effects of limited resources for responding to behavioral health crises across rural areas, but there may also be a need for more service availability for communities that are not located near regional programs.

Staffing decisions for co-responder programs should consider program models, the needs of specific communities, and all participants in the crisis response system. The number of dedicated co-responders is small, but they are part of a wider system of crisis response that includes law enforcement officers, support staff, MCR teams, residential facilities, health care networks, and community clinics – often with different chains of accountability and different funding sources. Effective coordination of these resources may be as important as the number of co-responders available to a given community.

Current Co-responder Staffing Levels and Needs

While the number of dedicated co-responders is small (18 in Phase 1 counties), it appears that the programs have hired more than originally planned. Among the three programs funded by WASPC grants in 2020, eight positions were requested in grant budgets but 13 were reported at the time of the survey. At present we cannot say whether this reflects redirection of grant funding, additional funding streams, or reporting error. Regardless of the reason, it appears that programs have identified and responded to needs for additional co-responders.

Whether or not they have co-responder programs, very few LEAs overall (12 percent) and none of the LEAs with dedicated co-responder programs reported that their agency could fully meet the behavioral health crisis response needs of their communities using currently available resources. LEAs reported a lack of funding as the greatest barrier to implementing co-responder programs. For existing regional programs, requests for additional funding were often associated with the need for more staff. When asked how many mental health professionals would best meet community needs, both law enforcement and behavioral health respondents indicated co-responder staffing needs of two to three times the numbers that are currently available. One law enforcement respondent said:

> *"The WASPC grant is very helpful, but we need to triple the number of resources we currently deploy to achieve 24/7 365 coverage."*

Although BHAs were not asked a specific question about implementation barriers, their comments echoed the need for more funding for more staff. One behavioral health representative noted they would need to double their staffing levels to meet the community need:

> *"If funding were increased so I could staff more teams, I would want to staff around the clock. If we could double our existing teams we could meet the needs of our area."*

MHP recruitment/retention also presents barriers to program implementation and staffing. Comments from the BHAs described a variety of recruitment and retention challenges for behavioral health staff, including the difficult nature of the work (shiftwork, night and weekend work hours, high acuity patients), hiring requirements (background checks, Master's level certification for WASPC funding), and the unique skillset required for candidates to be successful in crisis work. The lack of MHPs available in rural areas presents a significant challenge, but it can be difficult to find co-responders even in urban centers. One behavioral health respondent described the challenge in great detail:

> *"In terms of staffing our crisis teams with mental health professionals, it is not a lack of mental health professionals in our area. It is a difference in who we hire in these positions. No one goes into school to do this type of crisis work and they have no experience in this field. Interviewing potential candidates takes some time to find a candidate who is a good fit for these teams. Their skills, abilities and temperament must fit both law enforcement and mental health agency needs. They must be able to pass a background check and a polygraph examination. Both law enforcement and the behavioral health agency must approve the hiring. The ability to understand and uphold confidentiality requirement is paramount, as these staff members ride in the patrol car, they sit in roll call and hear all the calls and issues identified coming through dispatch. These unique positions require: experience, ability, desire and the ability to pass the background check."*

This highlights the fact that co-responder recruitment is more than simply an issue of bigger budgets – although one behavioral health respondent noted that funding allocated for higher wages could help:

> *"Increase funding to attract and retain qualified candidates. Staff will naturally do less high acuity if given the choice and if pay is the same then there is not incentive to stay in crisis services."*

A recently completed report to the Washington State Legislature on the forensic mental health workforce [17] recommended the development of introductory "forensic literacy" training for new clinicians, mentoring programs, a training or certification program for forensic evaluators, and new curricula for nursing programs and relevant programs at Washington universities. Specific training opportunities for MHPs to work effectively in the field as co-responders are rare, although one community college has developed a new professional development workshop for social workers and MHPs working with the courts and law enforcement (Shoreline Community College, *The Interprofessional Practice of Law Enforcement and Social Work*). The college has also introduced a certificate program in Criminal Justice Advocacy that offers introductory preparation for students interested in working within the criminal justice system, including a course in crisis intervention and conflict resolution[5]. However, more specific training opportunities may be needed if co-responder programs are to expand their staffing.

[5] Criminal Justice Advocacy Certificate | Shoreline Community College

Costs and Budget Considerations

The total program costs described previously include multiple elements for both LEAs and BHAs, some of which are contributed by those entities. Of the $1,146,851 total reported costs dedicated to MHP co-responders, $839,851 (73 percent) was associated with WASPC grants, and $307,000 (27 percent) was paid by municipal or county funds. BHAs providing co-responder services reported much higher program costs from a wider variety of sources, but it was not clear how much of those costs directly support co-responders.

Costs per co-responder suggest economies of scale in the larger programs. Reported costs for the two largest programs were $51,273 and $48,689, but were $100,000 or more in each of the other three programs. While these efficiencies appear substantial, the figures reported here are at least partly based on budget projections and may be the result of cost matching or other non-reported funding sources. As new programs are funded, expenditure data from ongoing programs would help to ensure the accuracy of budget assumptions.

The WASPC grant budgets also show that support staff and law enforcement officers are critical components of an effective partnership. The three grants to Phase 1 programs in the study period included a co-responder supervisor, a peer support specialist, 1.57 FTE sheriff's deputies, and 600 hours of police overtime. BHAs also described administrative and supervisory staff members as part of their co-responder teams. One of the grant proposals included matching funds for more than two law enforcement FTEs and coverage of overtime costs, equivalent to 41 percent of the original grant. Some WASPC grants also provided support for additional law enforcement costs, including salaries and overtime pay for multiple officers and deputies as well as travel, equipment, and services. Law enforcement support varied across grants (zero, 19 percent and 49 percent across the three Phase 1 grants). While the grant budgets do not tell us how the funds were actually spent, they do show that these programs were planned to include substantial investments in law enforcement and support resources.

While it is not surprising that LEAs and BHAs agreed that more funding is needed for co-responder programs, the manner of funding is also important. Several responses highlighted the importance of sustainable budgets, which is notable given the difficulty of hiring, recruiting, and retaining qualified staff:

> *"Grants need to be at least 3 years. One year is not sufficient to stand up a program and secure a MHP."*

> *"We currently have two positions that are funded through Trueblood, and three that are grant funded through WASPC. If any of these funding sources expires, we will face a very serious challenge in our ability to respond to mental health crises."*

Finally, community-specific rules for grant administration or personnel management may affect program administration. In one case, a planned county-level program had to be transferred to a city police department because of a policy restricting grant awards that do not cover indirect costs, delaying program implementation.

Limitations

The primary limitation on the current findings is the small number of co-responder programs present in Phase 1 regions. The data reported here cannot be taken as representative of LEAs and BHAs in other parts of the state, and the experience of the communities implementing new programs cannot be expected to be the same as those reported here. However, the very high response rate (93 percent) among all LEAs surveyed means we can have high confidence that these particular LEAs and co-responder programs are well represented by the survey results.

When we found inconsistencies between reports of LEAs and BHAs, the only option was to conduct follow-up interviews. This was effective, but might not have been necessary if more detailed data on service usage, expenditures, and program implementation was available. To some extent the inconsistencies may be the result of the different vocabularies used by different agencies, organizations, and professional groups. Terms like "co-responder," "Mental Health Professional," and "Trueblood funding" may not always be understood in the same way, and not all respondents have access to complete information. Variability of reported costs may depend on respondent interpretation of what costs are to be counted, differences in funding models, or reallocation of budgeted funds. These issues will likely recede as programs mature and become more widespread.

As in all survey research, results are limited by the ability of respondents to comprehend, retrieve, and report information that may not be readily accessible in memory. Some respondents may have records that can be consulted, but not all can prioritize a time-consuming search.

In this study, we did not collect data from the law enforcement officers and MHPs that implement co-responder programs. Although chief executives are best positioned to provide macro-level insights about staffing and barriers, there is much more to be learned from those who are carrying out the work. Additional research is also needed to better understand the impact that public spending on co-responder programs has on the full range of social costs experienced by communities and the state of Washington.

Conclusions and Stakeholder Considerations

The survey results show that staffing of co-responder programs in Trueblood Phase 1 regions has mostly met or exceeded goals set forth in funding proposals. From the point of view of those implementing the programs, they are successfully providing important service to their communities. For the officers and MHPs involved, this service is both difficult and rewarding, and their extraordinary efforts deserve recognition. At the same time, it is clear that existing programs need additional staff, but training, hiring, and retaining the staff needed will present continuing challenges. Providing effective co-responder programs also requires continuing support for law enforcement partners, supplies and services, and support staff. Adequate support and training for participating law enforcement officers may increase short-term costs, but it is reasonable to expect these costs will be offset in the long run by reductions in time officers spend waiting for behavioral health support, and lower rates of arrests, recidivism, and intensive treatment. Many smaller and rural communities have limited or no access to co-responder programs, and new models may be needed to meet their needs. Our data does not point to a "best" model for co-responder programs, but rather highlights the importance of selecting a model that is a good match for community needs.

Stakeholder Considerations. Consistent with the purpose and scope of the current research, the survey results represent only the participating LEAs and BHAs. We cannot assume that other communities and agencies will have the same needs, so additional data will be needed to determine optimal staffing and funding in these cases. To that end, we offer the following considerations that may help to inform planning.

1. Existing programs may need increased staffing and associated support.
2. Workforce development investments may help co-responder MCR programs, and LEAs to meet future staffing needs.
3. Program budgets will be most useful if they account for all necessary costs, including law enforcement officers, support staff, supplies and services.
4. New program models may be needed to support co-responder services in smaller cities and rural areas.
5. In the long term, sustainable funding methods may help to ensure recruitment and retention of critical staff.
6. Staffing decisions may benefit from consistent, centralized data tracking of program status, services provided, expenditures, and outcomes if this can be done without imposing excessive burden on participants.
7. Evaluation research would help decision makers to better understand the impact and value of public investments in Washington's co-responder programs, including the impact on costs of arrest, court proceedings, treatment, emergency room visits, and victimization.

TECHNICAL NOTES

Objective. The purpose of the present research was to assess law enforcement agency co-responder mental health staffing needs to guide future funding requests related to the Trueblood Contempt Settlement Agreement (Section 3.3.a.4). The method chosen for this assessment was a survey of LEAs in the Phase 1 region, paired with a survey of behavioral health agencies participating in co-responder programs. The intent of the primary survey of law enforcement agencies was to estimate staffing needs by region and county, needed job qualifications, and annual operational costs, as well as identifying challenges to staffing, recruitment, retention, and program implementation. The secondary survey was developed to provide information on staffing, qualifications, and costs, as well as the perspectives of behavioral health providers on facilitators and barriers to effective co-responder programs.

Population. The primary survey population included the Chief Executives (or their designated representatives) of all law enforcement agencies identified by the Washington Association of Sheriffs and Police Chiefs (WASPC) in Phase 1 of the Trueblood settlement (Clark, Klickitat, Skamania, Spokane, Pend Oreille, Ferry, Adams, Lincoln, Stevens, and Pierce counties). The secondary survey population consisted of the chief executives or program leaders in BHAs identified by law enforcement agencies as providers of co-responder services.

Sample. Each survey is best described as a census, because all population members were eligible to participate. Because there was no statistical sampling, there is no need to estimate sampling error and the results are only representative of the agencies or organizations surveyed. Both samples represent a cross-section of law enforcement agencies and BHAs at a single point in time. Some details, such as the number of co-responders working in a particular program, may have already changed substantially. Others, such as the barriers to effective staffing and implementation, are expected to be more stable.

Questionnaire design. The questionnaire was developed in stages, with multiple iterations at each stage. First, a content outline was developed according to the purpose stated in the Trueblood Settlement Agreement and informed by existing literature and recent proposals for program funding administered by WASPC. Second, the outline was expanded to two draft survey questionnaires, one for LEAs and a modified version for BHAs. The draft questionnaires were reviewed by the extended project team and expert external reviewers (Kevin Strom and Nick Richardson, RTI Center for Policing Research and Investigation Science). After revision, the questions were programmed for interview and online administration using Survey Monkey software, and were then reviewed again by the extended team for final revisions (Appendix). In addition to the questionnaires, RDA designed introductory letters for LEAs and BHAs for print and email distribution. A reminder letter was also developed for email distribution only.

Protection of human research subjects. The survey plan and draft questionnaires were evaluated by the Washington State Institutional Review Board (WSIRB) for compliance with state policy and federal regulation 45 CFR 46. The WSIRB determined on 9/4/2020 that this survey activity is not subject to review because it is designed to describe a limited set of agencies and BHAs, and not to develop or contribute to generalizable knowledge.

Sample preparation. For the main survey, the Washington Association of Sheriffs and Police Chiefs (WASPC) provided a list of all law enforcement agencies in Phase 1 counties. The secondary survey population included BHAs or individual providers identified as co-responders by LEAs, and was not identified in advance. RDA staff reviewed the agency list for consistency and typographical errors, and filled in missing entries from websites and selected telephone contacts. This list then was transferred to a custom Microsoft Access database for sample and production management.

Survey administration.

- The survey began with informational letters mailed to law enforcement agency (LEA) respondents on Oct. 7, 2020.
- Emailed invitations were sent to all LEAs on Oct. 14, 2020.
- Telephone contacts began on Oct. 20, 2020, although several interviews were completed before that time by respondents who called in after receiving the letter.
- After interviewing began, several respondents indicated that while they do not have a formal co-responder program, they have informal relationships with BHAs. We added a probe to the interviewer version to ask for more information when respondents describe informal relationships:
    - [**Interviewer Note:** If R described an informal partnership with a BH organization that is NOT a co-responder program, use the following probes:]
        - *Can you tell me more about your informal mental health partnership?*

- *Do you receive any local funding to work with mental health partners?*

- After telephone contacts began on Oct. 20, 2020, follow-up by email and telephone was conducted as new information was obtained (e.g. BHAs were contacted whenever a LEA indicated a co-responder relationship and provided contact information), until interviewing ended on Jan. 20, 2021.
- Multiple follow-up calls were conducted during data analysis to clarify relationships between LEAs and their BHA partners.

Contact outcomes and response rates. In total, interviews or online responses were completed with representatives of 53 LEAs and 8 BHAs. The completion rate was 93 percent for LEAs and 80 percent for BHAs. Responses were obtained from all BHAs associated with formal co-responder programs.

Law Enforcement

- 53 complete / 60 LEAs in sample
  - 3 ineligible (Communities that now contract policing to other agencies)
  - 1 refused
  - 3 could not be contacted
  - Final completion rate is 53 of 57 or 93%.

Behavioral Health

- 5 interviews completed / 5 BHAs identified with formal co-responder programs
- 3 interviews completed / 5 BHAs identified with informal co-response relationships
- Final completion rate is 8 of 10 or 80**%**.

Quantifying range-based measurements. Some survey questions asked respondents to report quantities such as the number of crisis calls, number of staff, and costs for different program components. These responses were recoded in order to estimate quantities when respondents could not remember specific numbers. Each such question was followed by a probe, "Do you know the exact number? For example, costs were assessed using structured questions presenting options representing a range of costs, plus an open-ended option, "Do you know the exact number?" When an exact number was provided by a BHA but not the LEA, we used the BHA-provided numbers. When no exact number was available, costs were quantified for LEA staff, contracted services, and total program costs by using exact numbers when provided, and the midpoint of selected ranges when an exact number was not available. For example, the LEA question about total costs asked "Thinking of all costs, including employees, contractors, and other costs, what is the total annual cost for your agency's co-responder program?" The response options are "Less than $25,000," "$25,000 - $49,000," "$50,000 - $99,000"… up to $500,000 or more." A selection of $50,000 - $99,000 was filled in as the category midpoint ($74,500) if an exact amount had not been specified. For the maximum category, we added the midpoint of the second highest range to the top level for a conservative upper bound [18]. Costs of contracted services were checked for consistency between LEAs and BHAs and differences were resolved to the extent possible, and checked against the WASPC grant proposals. In several cases we made follow-up telephone calls to respondents for verification.

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REPORT CONTACT: Alice Huber, PhD, 360.902.0707
VISIT US AT: https://www.dshs.wa.gov/rda

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Appendix

Questionnaires (interviewer versions) are on the following pages.

LEA Questionnaire

Hello, my name is _____ and I work at the Washington State Department of Social and Health Services. We are working with the Health Care Authority to report on mental health staffing needs for law enforcement co-responder programs. We recently sent you a letter, and an email with a survey link; both mentioned that someone would be calling if we didn't hear from you. **Do you remember getting a letter or email about this survey? [Yes/No]**

[IF NEEDED: I have some important questions even if your agency doesn't have (or don't need) a co-responder program.]

[IF **NO – read BOTH sections** to them] Here are some things the email said:

· This survey was ordered by the courts as part of the Trueblood Settlement of Contempt Agreement with the Department of Social and Health Services.
· The purpose of the survey is to report on mental health staffing needs for law enforcement co-responder programs, to guide future funding requests. Agencies will not be individually identified in reports.
· The Washington Association of Sheriffs and Police Chiefs identified your agency as operating in a region covered by the Trueblood settlement.

[If **YES – read ONLY THIS section** to them] Here are some reminders before we start:

· Your participation is completely voluntary but it is very important to us. If I come to any question that you prefer not to answer, just let me know and I will skip over it.
· Your answers will be kept strictly confidential. Only the researchers will know how you individually answered the survey questions.
· We'll be asking some detailed questions about your agency's staffing and budget. Please feel free to stop and look up information as needed.

1. Study Info:

Study Number

Initials of person interviewed

2. Interviewer Initials:

* 3. First, I’d like to confirm that you’re answering for [AGENCY]. Is that correct?

- Yes
- No - [OBTAIN ALTERNATE CONTACT AND RESCHEDULE; END INTERVIEW]

4. What is your position?

- ◯ Chief of Police, Sheriff, or Commander
- ◯ Captain, Lieutenant, or Sergeant
- ◯ Other Law Enforcement Officer
- ◯ Administrative support staff
- ◯ Mental Health Professional
- ◯ Other (please specify)

5. How many full-time employees work at your agency?

[IF NEEDED: Full-time is considered to be 35 or more hours per week.]

- ◯ 1
- ◯ 2-4
- ◯ 5-9
- ◯ 10-24
- ◯ 25-49
- ◯ 50-90
- ◯ 100-249
- ◯ 250 or more

Do you know the exact number? [If yes, enter number here]:

6. Please estimate your current staffing levels *(percent of existing positions):*

- ◯ 100%
- ◯ 90% - 99%
- ◯ 80% - 89%
- ◯ 70% - 79%
- ◯ Less than 70%
- ◯ Don't Know / Not applicable

7. What is the total population within your jurisdiction?

[IF NEEDED: About how many people does your agency serve?]

- ◯ Less than 10,000
- ◯ 10,000 - 24,999
- ◯ 25,000 - 99,999
- ◯ 100,000 or more

Do you know the exact number? [If yes, enter number here]:

8. Would you describe your jurisdiction as:

- ◯ Mostly urban or suburban
- ◯ Mostly rural
- ◯ Completely rural
- ◯ Other (please specify)

9. Do you know how many calls per month your agency receives for mental health or substance use disorder crisis services?

- ◯ Less than 50
- ◯ 51 - 100
- ◯ 101 - 150
- ◯ 151 - 200
- ◯ More than 200

Do you know the exact number? [If yes, enter number here]:

10. Does your agency have a Crisis Intervention Team (CIT) of officers with specialized training for mental health calls?

- ◯ Yes
- ◯ No
- ◯ Don't know

* 11. Today we are asking about co-responder programs where mental health professionals train, respond with, or respond in place of law enforcement officers on calls involving mental health issues.
Does your agency have a co-responder program?

[IF NEEDED: Include programs that are in development or recently concluded.]

- ◯ Yes
- ◯ No
- ◯ Don't know / Not applicable

12. In your agency's co-responder program, how do mental health professionals work with law enforcement officers? *(Select all that apply)*

- [ ] Provide training
- [ ] Respond to incidents with law enforcement (in the same vehicle or in separate vehicles)
- [ ] Respond in place of law enforcement
- [ ] Provide remote service via technology (telephone, radio, internet)
- [ ] Provide outreach or case management
- [ ] Other (please specify)

The next questions are about the staffing and costs of your co-responder program. Please provide the exact figures if you can, but if you can't then **your best estimate is ok**.

13. Do you know the total full-time equivalent for mental health professionals employed by your agency in your co-responder program?

- ○ Less than 1.0
- ○ 1.0 - 1.9
- ○ 2.0 - 2.9
- ○ 3.0 - 3.9
- ○ 4.0 - 4.9
- ○ 5.0 or more

Do you know the exact number? [If yes, enter number here]:

14. What are your total annual co-responder program costs for mental health professionals employed by your agency?

- ○ Less than $25,000
- ○ $25,000 - $49,000
- ○ $50,000 - $99,000
- ○ $100,000 - 299,000
- ○ $300,000 or more

Do you know the exact number? [If yes, enter number here]:

* 15. Does your agency contract for mental health or support services as part of your co-responder program?

- Yes
- No
- Don't know / Refused

16. Do you know the total full-time equivalent for mental health professionals working as contractors or for a contracted behavioral health organization, in support of your co-responder program?

- ◯ Less than 1.0
- ◯ 1.0 - 1.9
- ◯ 2.0 - 2.9
- ◯ 3.0 - 3.9
- ◯ 4.0 - 4.9
- ◯ 5.0 or more

Do you know the exact number? [If yes, enter number here]:

17. What are your total annual costs/budget for contracted co-responder services?

- ◯ Less than $25,000
- ◯ $25,000 - $49,000
- ◯ $50,000 - $99,000
- ◯ $100,000 - 299,000
- ◯ $300,000 or more

Do you know the exact number? [If yes, enter number here]:

18. Thinking of the needs of your community over the next 12 months, if funding was not a barrier, about how many full-time equivalent mental health professionals would your co-responder program need? *(Enter whole number)*

[INTERVIEWER NOTE: THIS IS FOR EMPLOYEES PLUS CONTRACTORS]

19. Thinking of all costs, including employees, contractors, and other costs, what is the total annual cost for your agency's co-responder program?

- ○ Less than $25,000
- ○ $25,000 - $49,000
- ○ $50,000 - $99,000
- ○ $100,000 - $299,000
- ○ $300,000 - $499,000
- ○ $500,000 or more

Do you know the exact number? [If yes, enter number here]:

20. Are any of these barriers to staffing your co-responder program? *(Select all that apply)*

- ☐ Lack of MHPs in the region
- ☐ Lack of training opportunities
- ☐ Inadequate wages
- ☐ 24/7 or rotating shifts
- ☐ Competition with other agencies that pay better, or offer better work conditions
- ☐ Excessive documentation / paperwork
- ☐ High utilizers
- ☐ High turnover among Law Enforcement Officers
- ☐ Lack of social service referral agencies
- ☐ Other (please specify)

We just have a few more general questions about your program.

21. Do Law Enforcement Officers need to undergo specialized training to participate in your co-responder program?

- ◯ Yes
- ◯ No
- ◯ Don't know / Not applicable

22. Do mental health professionals in your co-responder program need to be licensed or certified by the Department of Health?

- ◯ Yes
- ◯ No
- ◯ Don't know / Not applicable

23. How is your agency's co-responder program currently funded? *(Select all that apply)*

- ☐ WASPC – Trueblood Settlement
- ☐ Other WASPC funding
- ☐ Municipal
- ☐ State
- ☐ Federal
- ☐ Public or private nonprofit / Foundation
- ☐ Other (please specify)

24. Do any other public or private agencies participate in your co-responder program? *(Select all that apply)*

- ☐ Fire department / Paramedics
- ☐ Social Services agencies
- ☐ Other law enforcement agencies
- ☐ Other (please specify)

25. How many days per week does your co-responder program operate?

- ◯ 1 - 3 days
- ◯ 4 - 6 days
- ◯ 7 days

26. What times of the day are co-responder services available?

- ◯ 24 hours
- ◯ Daytime only
- ◯ Night only
- ◯ Other (please specify)

27. We have a separate survey for behavioral health organizations participating in co-responder programs. Can you tell me what behavioral health organizations work with your agency, and who we should contact? (Enter information for up to three organizations)

Organization Name 1:

Contact person & role:

Telephone & email:

Organization Name 2:

Contact person & role:

Telephone & email:

Organization Name 3:

Contact person & role:

Telephone & email:

28. Are any of these barriers to implementing co-responder programs? *(Select all that apply)*

- [ ] Mental Health Professional recruitment/retention
- [ ] Law Enforcement staff recruitment/retention
- [ ] Funding
- [ ] Training
- [ ] Licensing
- [ ] Political will / community support
- [ ] Lack of partners in area
- [ ] Budget impacts from COVID
- [ ] Civil unrest or calls to 'defund the police'
- [ ] Other (please specify)

29. How would you rate your agency's current ability to meet your community's mental health crisis response needs?

- ○ Fully meets needs
- ○ Partly meets needs
- ○ Insufficient to meet needs
- ○ Don't know / Not applicable

30. What else do we need to know about staffing and budget needs for co-responder programs, in your agency and across Washington?

[Interviewer Note: If R described an informal partnership with a behavioral health organization that is NOT a co-responder program, use the following probes:

· Can you tell me more about your informal mental health partnership?
· Do you receive any local funding to work with mental health partners?]

Those are all my questions. Thank you very much for participating in the survey.

INTERVIEWER NOTE: If ending survey because need to reach out to alternate representative, thank them for their time and...
*OBTAIN ALTERNATE CONTACT INFO (name/phone)
*AND RESCHEDULE

31. Verify Study Number

32. Interviewer Initials:

33. Interviewer Notes - PLEASE DON'T PUT ANY COMMENTS ABOUT THE PROGRAM HERE. Go back and put client comments and concerns into the Survey itself so the comment will be coded and the Program/Administration will see it.
This comment box is only viewed by MISR and is just for notes about how the interview went.

Press "Done" below to complete the survey. Make sure you are completely finished with the survey before you press "Done."

BHA Questionnaire

Hello, my name is _____ and I work at the Washington State Department of Social and Health Services. We are working with the Health Care Authority to report on mental health staffing needs for law enforcement co-responder programs. We recently sent you a letter, and an email with a survey link; both mentioned that someone would be calling if we didn't hear from you. **Do you remember getting a letter or email about this survey? [Yes/No]**

[IF **NO – read BOTH sections** to them] Here are some things the email said:

· This survey was ordered by the courts as part of the Trueblood Settlement of Contempt Agreement with the Department of Social and Health Services.
· The purpose of the survey is to report on mental health staffing needs for law enforcement co-responder programs, to guide future funding requests. Organizations will not be individually identified in reports.
· Your organization was identified through a companion survey of law enforcement agencies operating in a region covered by the Trueblood settlement.

[If **YES – read ONLY THIS section** to them] Here are some reminders before we start:

· Your participation is completely voluntary but it is very important to us. If I come to any question that you prefer not to answer, just let me know and I will skip over it.
· Your answers will be kept strictly confidential. Only the researchers will know how you individually answered the survey questions.
· We'll be asking some detailed questions about your organization's staffing and budget. Please feel free to stop and look up information as needed.

1. Study Info:

Study Number

Initials of person interviewed

2. Interviewer Initials:

* 3. First, I'd like to confirm that you're answering for [ORGANIZATION]. Is that correct?

- ○ Yes
- ○ No - [OBTAIN ALTERNATE CONTACT AND RESCHEDULE; END INTERVIEW]

* 4. Today we are asking about co-responder programs where mental health professionals train, respond with, or respond in place of law enforcement officers on calls involving mental health issues. Our records show that you have a partnership with [AGENCY] to provide co-responder services. Is that correct?

- Yes
- No [IF PARTNERSHIP IS IN DEVELOPMENT OR RECENTLY CONCLUDED, *SELECT YES TO CONTINUE*; OTHERWISE END INTERVIEW AND INFORM SUPERVISOR]
- Don't know / Not applicable

5. What is your position?

- ◯ Executive
- ◯ Manager
- ◯ Other Mental Health Professional
- ◯ Other (please specify)

6. How many full-time employees work at your organization?

[IF NEEDED: Full-time is considered to be 35 or more hours per week.]

- ◯ 1
- ◯ 2-4
- ◯ 5-9
- ◯ 10-24
- ◯ 25-49
- ◯ 50 or more

Do you know the exact number? [If yes, enter number here]:

7. Please estimate your current staffing levels *(percent of existing positions)*.

- ◯ 100%
- ◯ 90% - 99%
- ◯ 80% - 89%
- ◯ 70% - 79%
- ◯ Less than 70%
- ◯ Don't know / Not applicable

8. Do you know how many calls per month your organization receives for mental health or substance use disorder crisis services?

- ◯ Less than 50
- ◯ 51 - 100
- ◯ 101 - 150
- ◯ 151 - 200
- ◯ More than 200

Do you know the exact number? [If yes, enter number here]:

9. In your co-responder program, how do mental health professionals work with law enforcement officers? *(Select all that apply)*

- [ ] Provide training
- [ ] Respond to incidents with law enforcement (in the same vehicle or in separate vehicles)
- [ ] Respond in place of law enforcement
- [ ] Provide remote service via technology (telephone, radio, internet)
- [ ] Provide outreach or case management
- [ ] Other (please specify)

The next questions are about the staffing and costs of your organization's part of the co-responder program with [AGENCY]. Please provide the exact figures if you can, but if you can't then **your best estimate is ok**.

10. Do you know the total full-time equivalent for mental health professionals employed by your organization in your co-responder program?

- ○ Less than 1.0
- ○ 1.0 - 1.9
- ○ 2.0 - 2.9
- ○ 3.0 - 3.9
- ○ 4.0 - 4.9
- ○ 5.0 or more

Do you know the exact number? [If yes, enter number here]:

11. What are your total annual co-responder program costs for mental health professionals employed by your organization?

- ○ Less than $25,000
- ○ $25,000 - $49,000
- ○ $50,000 - $99,000
- ○ $100,000 - 299,000
- ○ $300,000 or more

Do you know the exact number? [If yes, enter number here]:

* 12. Does your organization contract for mental health or support services as part of your co-responder program?

- Yes
- No
- Don't know / Refused

13. Do you know the total full-time equivalent for mental health professionals working as contractors, in support of your co-responder program?

- ◯ Less than 1.0
- ◯ 1.0 - 1.9
- ◯ 2.0 - 2.9
- ◯ 3.0 - 3.9
- ◯ 4.0 - 4.9
- ◯ 5.0 or more

Do you know the exact number? [If yes, enter number here]:

14. What are your total annual costs for contracted co-responder services?

- ◯ Less than $25,000
- ◯ $25,000 - $49,000
- ◯ $50,000 - $99,000
- ◯ $100,000 - 299,000
- ◯ $300,000 or more

Do you know the exact number? [If yes, enter number here]:

15. Including employees and contractors, how many positions and their full-time equivalent work on your organization's co-responder program? *(Select from drop-down menus)*

	Number of positions	FTE Total
Administrative		
Psychiatrist / Clinical Psychologist		
Nurse Practitioner		
Social Worker		
Mental Health Counselor		
Peer Counselor / Navigator		
Other *(specify below)*		

Please specify for "Other" above:

16. Thinking of the needs of your community over the next 12 months, if funding was not a barrier, about how many full-time equivalent mental health professionals would your co-responder program need?

[INTERVIEWER NOTE: THIS IS FOR EMPLOYEES PLUS CONTRACTORS]

17. Thinking of all costs, including employees, contractors, and other costs, what is the total annual cost for your organization to provide co-responder services to [AGENCY]?

- ◯ Less than $25,000
- ◯ $25,000 - $49,000
- ◯ $50,000 - $99,000
- ◯ $100,000 - 299,000
- ◯ $300,000 or more

Do you know the exact number? [If yes, enter number here]:

We just have a few more general questions about your program.

18. Do mental health professionals in your co-responder program need to be licensed or certified by the Department of Health?

- ○ Yes
- ○ No
- ○ Don't know / Not applicable

19. Which of the following credentials are needed by mental health professionals in your co-responder program? *(Select all that apply)*

- ☐ ARNP (Advanced Registered Nurse Practitioner)
- ☐ RN (Registered Nurse)
- ☐ LCSW (Licensed Clinical Social Worker)
- ☐ LMHC (Licensed Mental Health Counsellor)
- ☐ CPD (Chemical Dependency Professional)
- ☐ LMFT (Licensed Marriage and Family Therapist)
- ☐ Certified Peer Counselors
- ☐ Agency Affiliated Counselors or Community Health Workers
- ☐ Other (please specify)

20. How is your organization's co-responder program currently funded? *(Select all that apply)*

- ☐ Contract with law enforcement agency
- ☐ Municipal
- ☐ State
- ☐ Federal
- ☐ Public or private nonprofit / Foundation
- ☐ Other (please specify)

21. Do you provide co-responder services to any other public or private agencies? *(Select all that apply)*

- ☐ Fire department / Paramedics
- ☐ Social Services agencies
- ☐ Other law enforcement agencies
- ☐ Other (please specify)

22. How many days per week does your organization provide co-responder services?

- 1 - 3 days
- 4 - 6 days
- 7 days

23. What times of the day are co-responder services available?

- 24 hours
- Daytime only
- Night only
- Other (please specify)

24. Are any of these barriers to staffing your co-responder program? *(Select all that apply)*

- [ ] Lack of mental health professionals in the region
- [ ] Lack of training opportunities
- [ ] Non-competitive wages
- [ ] 24/7 or rotating shifts
- [ ] Competition with other agencies that pay better, or offer better work conditions
- [ ] Excessive documentation / paperwork
- [ ] High acuity patients
- [ ] High turnover among mental health professionals
- [ ] Lack of social service referral agencies
- [ ] Other (please specify)

25. How would you rate your co-responder partnership's current ability to meet your community's mental health crisis response needs?

- ○ Fully meets needs
- ○ Partly meets needs
- ○ Insufficient to meet needs
- ○ Don't know / Not applicable

26. What else do we need to know about staffing and budget needs for co-responder programs, in your community and across Washington?

[Interviewer Note: If R described an informal partnership with a behavioral health organization that is NOT a co-responder program, use the following probes:

- Can you tell me more about your informal mental health partnership?
- Do you receive any local funding to work with mental health partners?]

Those are all my questions. Thank you very much for participating in the survey.

INTERVIEWER NOTE: If ending survey because need to reach out to alternate representative, thank them for their time and...
*OBTAIN ALTERNATE CONTACT INFO (name/phone)
*AND RESCHEDULE

27. Verify Study Number

28. Interviewer Initials:

29. Interviewer Notes - PLEASE DON'T PUT ANY COMMENTS ABOUT THE PROGRAM HERE. Go back and put client comments and concerns into the Survey itself so the comment will be coded and the Program/Administration will see it.
This comment box is only viewed by MISR and is just for notes about how the interview went.

Press "Done" below to complete the survey. Make sure you are completely finished with the survey before you press "Done."