



**CITY OF KIRKLAND**  
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## **MEMORANDUM**

**To:** City Council  
**From:** Kurt Triplett, City Manager  
**Date:** May 7, 2021  
**Subject:** R-5434 Update Study Session

## **RECOMMENDATION**

That City Council discusses Section 2f (alternatives to police) and Section 1 (dashboards) of Resolution R-5434 during the May 18, 2021, study session and provide direction to staff on how to move ahead with the community responder program and continued dashboard development.

Staff also recommend the Council receives an update on additional Resolution R-5434 elements. These updates will be provided in the Council packet. Given the amount of material to discuss during the study session, staff recommend returning to future Council meetings for discussion on the remaining R-5434 items. Items to be discussed during the study session are noted with an asterisk.

## **STUDY SESSION MEMO CONTENTS**

The study session packet materials consist of a series of staff memoranda, as follows:

1. Program Alternatives to Police Response - Community Responder Models\*
2. Use of Force Dashboard\*
3. School Resource Officer Dashboard\*
4. Human Services Dashboard\*
5. Community Feedback on R-5434 Dashboards\*
6. Art Policy Updates
7. Procurement and Contracting Updates

In addition, the quarterly Police Dashboard has been updated by the Police Department Crime Analysts and the updated information and draft format is included with the consent agenda.

The Human Resources Dashboard was also originally intended to be a part of the study session, but the Human Resources Department has been focused on recruiting for HR vacancies due to attrition and COVID-related separations, as well as supporting numerous hiring requests in all departments. HR will be providing an update on their dashboard at the June 15, 2021, Council meeting. If ready by the May 18, 2021 Study Session, staff will display the hiring progress made by the department shown on a new webpage within the City's intranet.



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## **MEMORANDUM**

**To:** Kurt Triplett, City Manager

**From:** Anura Shah, Consultant and Owner of Beyond Force  
Tracey Dunlap, Deputy City Manager  
Andreana Campbell, Management Analyst

**Date:** May 6, 2021

**Subject:** PROGRAM ALTERNATIVES TO POLICE RESPONSE - COMMUNITY RESPONDER MODELS

### **RECOMMENDATION:**

City Council receives key insights and research on national programs, and reviews and provides feedback on the recommended framework for implementing a Community Responder program:

- Receives a comparison of community response programs across the nation and key insights within each;
- Receives the RADAR Navigator and Neighborhood Resource (NR) data from inception to date; and
- Reviews and provides feedback on the proposed recruitment, retention and organizational structure for a Kirkland Community Responder program.

### **BACKGROUND DISCUSSION:**

The 2021-2022 budget includes funding for four new "Community Responder" positions as part of the Community Safety Initiative. In total, these four positions represent the most significant funding priority within the Community Safety Initiative and Resolution R-5434. To help move the Community Responder concept forward, the City has engaged consultant Anura Shah, LICSW, MHA, of *Beyond Force* to work with staff to evaluate options and help develop recommendations on what type of Community Responders would best meet Kirkland's needs. Ms. Shah's Curriculum Vitae can be seen in (Attachment A).

Ms. Shah founded *Beyond Force* in 2015 as a response to the growing need for customized education and training regarding crisis management. She is a Crisis Intervention Team Training (CIT) Instructor with the Washington State Criminal Justice Training Commission (CJTC) and is an Associate Faculty member at Shoreline Community College in the Criminal Justice Department. She created the nation's first professional development program that trains

Community Responders and other social service professionals to work alongside or within the criminal justice system. Ms. Shah's firm was previously retained by the City in 2018 to provide recommendations on the Police 2018 Prop 1 Neighborhood Resource Mental Health Professional. The City subsequently implemented her recommendations. Her firm was also retained by the RADAR program (Response Awareness, De-Escalation and Referral) to provide guidance and recommendations for RADAR's comprehensive program implementation. More information on the City's RADAR program can be seen in Attachment B. Ms. Shah continues to work closely with staff, integrating her work as needed into that of the newly formed Community Court, as well as consultant Chanin Kelly-Rae's larger organizational equity assessment outlined in Resolution R-5434.

There is a wide spectrum of Community Responder programs making headlines across the nation, with new programs emerging frequently. As Council will note below, there is no "one-size fits all" approach to program implementation due to each city's unique needs, goals, demographics, budgetary considerations and existing resources. Ms. Shah's recommendations to the Council involve a synthesis of evaluating national programs against Kirkland's unique goals and initiatives specifically related to Resolution R-5434, and researching Kirkland's needs by: conducting outreach interviews and observations; analyzing Police call data by clearing codes; conducting a thorough evaluation of the Neighborhood Resource Mental Health Professional (NR MHP) data; leveraging existing expertise on the RADAR program; and reviewing the Mobile Integrated Health (MIH) program in its entirety. Her recommendations define the roles and responsibilities of these Community Responder positions, job descriptions, job titles, recruitment and retention strategies, and the most effective use of these positions.

National alternatives to policing was a topic available for discussion during staff's preliminary 90-day outreach efforts with Black-centered and Black-led community groups. As mentioned at Council's February 16 Study Session, focus groups expressed an interest in minimizing or removing uniformed and armed officers from responding to mental health related calls and would like to see this program exist outside of the Police Department's reporting structure. The feasibility of minimizing Police response will need to be evaluated in light of program evaluation and safety considerations and informed by the dispatch practices of other programs noted below. Another reflection from the focus groups was the importance of the continuum of care when developing this program.

*Alignment with the City's Strategic Goals:*

The City's commitment to implementing a Community Responder program aligns with the following Council goals, as well as aspects of the 2021-2022 City Work Program, Community Safety Initiative, and Resolution R-5434 adopted by the Council last Summer. The chart below shows how implementing a Community Responder program aligns with specific goals and initiatives.

***City Council Goals***

**Inclusive and Equitable Community:** Kirkland is a diverse and inclusive community that is concerned for the welfare of all community members and where everyone is respected, valued, and has a sense of belonging.

**Council Goal:** Protect and serve all those who live in, work in or visit Kirkland without regard for race, religion, color, national origin, gender identity, age, income or economic status, political affiliation, military status, sexual orientation, or physical, mental or sensory ability; strive for equitable access to justice and eliminate systemic barriers to equality.

**Community Safety:** Ensure that all those who live, work and play in Kirkland are safe.

**Council Goal:** Provide public safety services through a community-based approach that focuses on prevention of problems and a timely and appropriate response.

**Supportive Human Services:** Kirkland supports a regional coordinated system of human services designed to meet the basic needs of our community and remove barriers to opportunity.

**Council Goal:** Meet basic human needs, help people through economic and personal crises, help individuals thrive, and strive to remove barriers to allow all equal opportunities to succeed.

***2021-2022 City Work Program***

Implement R-5434 elements such as non-commissioned emergency responders, Police transparency and accountability measures, and community-wide equity and inclusion programs to create a safer and more equitable Kirkland that increases the safety and respect of Black people and reduces systemic racism and poverty.

***Community Safety Initiative***

**Community Safety Partners:** Community safety partners are non-commissioned City employee “co-responders” who partner with Police to respond to service calls that require something different than a Police Officer. These partners will help connect struggling residents with the social and health services they need, reduce the burden of mental health and social service calls on Police Officers, and contribute to the successful de-escalation of challenging behavioral health situations. The City’s goal is to ensure availability of “co-responders” 24 hours per day, 7 days a week, 365 days per year.

***Resolution R-5434***

**Section 2 § f:** Review of national best practices for alternatives to police for serving those experiencing homelessness, behavioral health issues, drug addiction and other community challenges.

## **KEY INSIGHTS FROM "NATIONAL BEST PRACTICES"**

Based on Ms. Shah's research and expertise, it should be noted that there is no designated "national best practice" program when it comes to community response programs and/or continuum of care programs, as most programs are relatively new and evolving, and measurable outcomes vary from city to city. SAMHSA (Substance Abuse and Mental Health Services Administration) has provided a best-practice toolkit for behavioral health crisis care (Attachment B). The toolkit explains the 3 essential elements that are needed to provide effective, modern and comprehensive crisis care to anyone, anywhere, anytime:

1. Regional or statewide crisis call centers coordinating in real time;
2. Centrally deployed, 24/7 mobile crisis;
3. Crisis receiving and stabilization facilities

Currently, Washington State has a variety of programs that meet the aforementioned 3 essential elements, however the programs are not centralized nor are they coordinated. There are eight different toll-free crisis hotlines in the state, somewhat centralized by region, but not entirely; an individual living in Snohomish County, for instance, but experiencing an emotional crisis while working in King County may be handed the King County crisis line number, which is entirely separate from the Snohomish County crisis line. Mobile crisis teams, or community response teams, differ widely in scope and practice from jurisdiction to jurisdiction, and there is no designated authority coordinating deployment or reporting on their outcomes. Crisis receiving and stabilization facilities differ dramatically in scope, criteria and persons served from county to county, and most counties do not have such a facility. King County has one 16-bed facility to serve adults only (18 and up), located in the International District (Seattle).

Of further note, there is no community response program in the nation that responds to individuals in crisis with no involvement of law enforcement; all programs nationwide from Rochester, NY to Denver, CO, work with police officers in some capacity. The programs that do not formally partner a community responder with a police officer still call upon police for presence and/or intervention, whether emergently or proactively, in instances where staff or bystander safety is of concern. The two most notable ways in which community response programs engage with their police departments on calls are through two types of models: referral and response.

Referral-based models rely on police officers to assess, track and convey community members' needs to community responders. Generally, this is based on agreed-upon criteria, developed collaboratively among community responders and police leadership (i.e., a Memorandum of Understanding). The police officers will then provide a referral list to the community responders at the end of each shift. The responders subsequently schedule follow-up visits with the community members in need and provide the appropriate services. Often, the crisis has passed or lessened by the time the responder makes contact, however it is not unusual for the community responders to request police presence during the follow-up period.

Response-based models can be implemented in two distinct ways or combined: ride-alongs and/or via real-time requests. To explain, ride-alongs are the most visible example of “co-responder” programs nationwide. A CIT-certified police officer and a crisis responder are paired in the police officer’s marked vehicle for the duration of the shift to respond to calls for service. Other response-based models do not involve ride-alongs but are still considered co-response programs: police officers call a community responder to arrive on scene to assist during a crisis call.

Many programs throughout the nation are now beginning to realize the benefit of a hybrid referral-response model, whereby community responders can independently follow-up with identified community members in need but remain available for ride-alongs and for real-time requests.

Kirkland staff are developing a recommended hybrid program based on the idea of community responders paired with trained firefighter/EMTs that partner with Police on dispatched crisis calls and also respond to referrals. The study session will focus on the Community Responders and future presentations will discuss the role of the dedicated firefighter/EMTs.

Finally, as Council will note in the table below, a stark contrast between many of the community response programs nationwide and the programs that exist locally, is that King County lacks a comprehensive walk-in crisis clinic or crisis center. Instead, as mentioned, Washington State offers several telephone crisis hotlines, which is not a substitute for a brick-and-mortar one-stop shop where, for example, first responders can take individuals, 24/7, who agree to speak with a professional about substance use treatment; where a high school junior having a terrible day can walk in after school and receive a nutritious snack as well as developmentally-appropriate counseling services; and where a new mother can seek the companionship and support of a group of peers who can offer her words of wisdom and comfort. Most crisis centers are non-profit, and many utilize trained volunteers as well as mental health professionals to provide 24/7 services, free of charge. These centers also connect callers to providers in their community that can support their needs. When reading reports from other cities, Ms. Shah encourages Council to consider that many other programs nationwide have the advantageous position of partnering with a crisis clinic and suggests the creation of such a regional clinic as a future goal of the program.

Analysis by City Manager’s Office staff, in partnership with Ms. Shah, identified the following community response programs for comparison purposes. The pros and cons outlined below relate to how each program might apply to Kirkland’s needs.

<b>Program</b>	<b>Pros</b>	<b>Cons</b>	<b>Level of Police Involvement</b>	<b>Applicable?</b>
<p>Crisis Assistance Helping Out On The Streets (CAHOOTS) – Eugene-Springfield, OR (est. 1989)</p> <p>Website: <a href="http://www.whitebirdclinic.org">www.whitebirdclinic.org</a></p>	<ul style="list-style-type: none"> <li>Operates out of the White Bird Clinic (mental health and medical crisis clinic)</li> <li>Pairs an EMT with a “crisis worker”</li> <li>Operates 24/7</li> <li>Dispatched through 911 or direct dial through local crisis line</li> </ul>	<ul style="list-style-type: none"> <li>Contracts for their EMTs</li> <li>Operated by a third-party non-profit</li> <li>Limited information-sharing due to client confidentiality rules</li> <li>“Crisis worker” credential unclear</li> </ul>	<ul style="list-style-type: none"> <li>Requested by and jointly dispatched with CAHOOTS for high-risk situations (see attachment C)</li> </ul>	<ul style="list-style-type: none"> <li>Not without a 24/7 crisis clinic and direct-dispatch option</li> <li>Limited info-sharing would have to be well-understood and accepted</li> </ul>
<p>The Georgia Collaborative (est. 2005)</p> <p>Website: <a href="http://www.georgiacollaborative.com">www.georgiacollaborative.com</a></p>	<ul style="list-style-type: none"> <li>Public/Private statewide partnership operates crisis clinics throughout state</li> <li>Operates 24/7</li> <li>Centralized: direct calls for help to GCAL (GA Crisis Line)</li> </ul>	<ul style="list-style-type: none"> <li>Will require massive statewide effort (\$)</li> </ul>	<ul style="list-style-type: none"> <li>Mobile Crisis Team hybrid response (either clinicians alone, or clinicians + police)</li> </ul>	<ul style="list-style-type: none"> <li>Not without significant Legislative, funded mandates with public/private partnerships for clinics, IT infrastructure</li> </ul>
<p>RADAR (Response Awareness, De-Escalation and Referral) - (est. 2018) Kirkland, Bothell, LFP, Kenmore, Shoreline</p> <p>Website: <a href="http://www.shorelinewa.gov/government/departments">www.shorelinewa.gov/government/departments</a></p>	<ul style="list-style-type: none"> <li>5-city collaboration, being replicated in south King and north SnoCo</li> <li>Licensed contractors have more independence vs. staff with current WCIA limitations (see “Recruitment” section later in memo for more detail)</li> </ul>	<ul style="list-style-type: none"> <li>Contractors = recruitment and retention barriers</li> <li>Dispatch coordination is needed</li> <li>Information-sharing platform is needed</li> </ul>	<ul style="list-style-type: none"> <li>Traditional co-responder model (ride-along)</li> </ul>	<ul style="list-style-type: none"> <li>Exists in Kirkland (see “Situational Analysis” section later in memo for more detail)</li> </ul>

<p>CRU (Crisis Response Unit) - Olympia, WA</p> <p>Website: <a href="http://www.olympiawa.gov/city-services">www.olympiawa.gov/city-services</a></p>	<ul style="list-style-type: none"> <li>• Wide variety of skills and professional credentials represented in workforce</li> <li>• Self-directed dispatch (see "CRU" description below for explanation)</li> </ul>	<ul style="list-style-type: none"> <li>• Operated by a third-party</li> <li>• No 24/7 coverage (0700 – 2100, 7 days/wk)</li> <li>• Information-sharing is restricted due to client confidentiality</li> <li>• No transportation to private residence provided to community members</li> </ul>	<ul style="list-style-type: none"> <li>• Requested by and jointly dispatched with CRU for high-risk or unfamiliar situations</li> </ul>	<ul style="list-style-type: none"> <li>• CRU team uses official police radios to self-direct dispatch (extensive training, MOU, equipment costs, buy-in)</li> </ul>
<p>Bellevue Fire CARES</p> <p>Website: <a href="http://casebellevue.info/index.php">http://casebellevue.info/index.php</a></p>	<ul style="list-style-type: none"> <li>• Referral-only, so personnel can be scheduled accordingly</li> <li>• Cost-effective (UW SW Interns)</li> <li>• Direct recruitment pool for future staffing needs</li> <li>• Web-based form created for referrals from community (website appears out of date)</li> </ul>	<ul style="list-style-type: none"> <li>• No crisis response because outreach is scheduled</li> <li>• Rapid, high turnover (Interns)</li> <li>• Trainee-level intervention</li> <li>• No 24/7 coverage</li> </ul>	<ul style="list-style-type: none"> <li>• Not applicable as this is not a crisis response program</li> </ul>	<ul style="list-style-type: none"> <li>• Referral-only model is not aligned with R-5434</li> <li>• On-site licensed clinical supervisor required in order to maintain internship program</li> <li>• Significant effort to comply with MSW program requirements</li> </ul>
<p>Bellevue CARES-101</p> <p>Website: <a href="http://Bellevue Fire Cares">Bellevue Fire Cares</a></p>	<ul style="list-style-type: none"> <li>• Response (but not ride-along) model</li> </ul>	<ul style="list-style-type: none"> <li>• Day shift hours only</li> <li>• If responders are on another crisis call, police may be waiting for a lengthy period of time for the responder.</li> </ul>	<ul style="list-style-type: none"> <li>• Police/Fire call a clinician to come to the scene of a crisis (this is a new program)</li> </ul>	<ul style="list-style-type: none"> <li>• Day-shift hours only is not aligned with R-5434</li> </ul>



*Additional detail about Crisis Response Unit (CRU) and Bellevue Fire Citizen Advocates for Referral and Education Services (CARES)*

*CRU:*

The City of Olympia's community responder program loosely modeled itself after CAHOOTS. This unit is a partnership between the Olympia Police Department (OPD) and Recovery Innovations International, a third party that provides free and voluntary crisis response assistance. The CRU team consists of six full time "Community Response Specialists" that operate from 7 am – 9 pm, 7 days per week. CRU will proactively respond to 911 calls that they hear over the police radios that they are issued, as long as they are certain they can provide an effective response, safely; they will collaborate with police if safety is of concern or the community member is unfamiliar to CRU. CRU is also dispatched by 911 and are requested by the Olympia Police and Fire Departments.

*Bellevue CARES/101:*

The City of Bellevue's model consists of a two-team approach. First, the traditional CARES team is staffed by students, all of whom are in graduate school to obtain their master's in social work. Referrals to the traditional CARES team are made by different departments and organizations. The second team, CARES-101 Unit is a newer initiative and is staffed by professional social workers who are available *during the day only*, seven days a week, to be dispatched to a 911 scene at the request of the Bellevue Police or Fire crews on scene. As Bellevue is dispatched by NORCOM and serves many of the same individuals that Kirkland may interact with, the cities will continue to communicate to identify common interests and opportunities to work together.

**CITY OF KIRKLAND: Situational Analysis, Gap Analysis and Recommendations - Existing Community Responder Programs**

When it comes to matters of behavioral health, it is not unusual for an individual's needs to intersect with the healthcare system, criminal justice system, educational system, and housing system simultaneously. A single resource that works for one community member in crisis may not meet the needs of another community member. Therefore, continuum of care planning and implementation across a specified geographic area requires a comprehensive, organized, data-driven approach from the onset, and not by replicating an existing program in a neighboring community or state. Although the aforementioned programs may be the appropriate models in their own communities, only the Georgia program would meet the City's stated goal of implementing a true continuum of care model. At this juncture, waiting for a statewide comprehensive public-private partnership to be enacted by the Washington legislature is not in the best interest of the City, however it is worth considering for future, regional discussions.

In light of this and understanding the City's valid sense of urgency to move forward, this report provides Council with the situational analysis of the City's efforts to implement a citywide continuum of care program thus far, explains the gaps that currently exist, and concludes with the necessary, realistic and specific steps to close the gaps and begin the first phase of program implementation.

*Existing Programs: Response Awareness, De-Escalation and Referral (RADAR) and Neighborhood Resource Program (Mental Health Professional)*

Currently, the City utilizes part-time, contracted RADAR Community Responders (“Navigators”) and the part-time, contracted Neighborhood Resource Mental Health Professional (NR MHP) to respond, with police, to persons in crisis. The RADAR Navigators report to the RADAR Manager who is a Mental Health Professional and a City of Bothell employee. The NR MHP reports to the Community Services Sergeant at the Kirkland Police Department. The RADAR Manager and Navigators and the NR MHP have developed their own version of “shift briefs” or communication among one another to ensure that a warm hand-off takes place before and after each shift. The common themes of referrals and responses center around domestic violence including familial violence, suicidal ideation, homelessness, older adults needing a higher level of care, and observed behaviors related to delusions or hallucinations. For the RADAR quarterly report, please see Attachment D. **Ms. Shah is recommending that the RADAR program remains as-is.**

On the other hand, the City would benefit from a few key changes to the NR MHP portion of the NR program. The NR MHP averages approximately 47 community contacts per month. The common themes of referrals and responses center around domestic violence, older adults needing long term care solutions, homelessness, suicidal ideation, and requests for resources for incarcerated individuals in the Kirkland jail. Of particular note, the NR MHP’s original position description, which was drafted by Ms. Shah in 2018, recommended this to be full-time, salaried and benefited. It was later communicated by the City’s insurance provider Washington Cities Insurance Authority (WCIA) to the City Attorney’s Office, that the position be converted to contractor-status due to the initial concerns around malpractice and the perception of the NR MHP position providing “treatment” to community members. This issue continues to impact recruitment and retention recommendations; however, the City Attorney’s Office is actively engaging WCIA for both short and long-term solutions.

The NR MHP position was originally intended to fill two gaps: crisis-response work, which is occurring as described above, and community consultation, training and education on matters of de-escalation, mental health first aid, school-aged wellbeing programs, suicide prevention, and critical incident/community debriefing, all of which the City would benefit from tremendously and would be in line with the City’s stated safety goals. The community consultation, training and education has not occurred at the level it was originally intended due to the volume of crisis calls that are being referred to the NR MHP and the limited number of hours that have been allocated in the contract (30/week).

In order to meet the community consultation, education and training gap that currently exists, **Ms. Shah is recommending the following:** increase the NR MHP hours to 40/week and convert this position from a contractor to a full-time, salaried, benefited City position, re-classifying the title as Neighborhood Resource Community Responder. Once the full Community Responder program is up and running, this position should eventually report directly to the newly proposed Community Responder Program Supervisor, but with a “dotted-line” matrix to the existing Kirkland Police Department structure (see “Staffing” section and proposed organizational chart for more detail). The implementation of a full continuum of care program will ease some of the volume of the crisis calls and jail calls to the current NR-MHP. Calls will be shared among the four Community Responders and MIH Community Responder, as well as in

close collaboration with the RADAR Navigators. This will help to realign the NR MHP's role back to its original intent. The eventual consolidation of the reporting structure of all Kirkland Community Responders will also ensure that scheduling, coverage, collegiality, peer consultation, shared expertise and unity can be seamless. Finally, Ms. Shah is recommending that the City establishes performance metrics for the NR program in its entirety (i.e., number of community stakeholder meetings coordinated and attended, completed community trainings, and subsequent analysis of satisfaction survey results, etc.).

### **NEW COMMUNITY RESPONDERS: Situational Analysis and Gap Analysis**

#### *Kirkland Fire Department: Mobile Integrated Health Community Responder (MIH)*

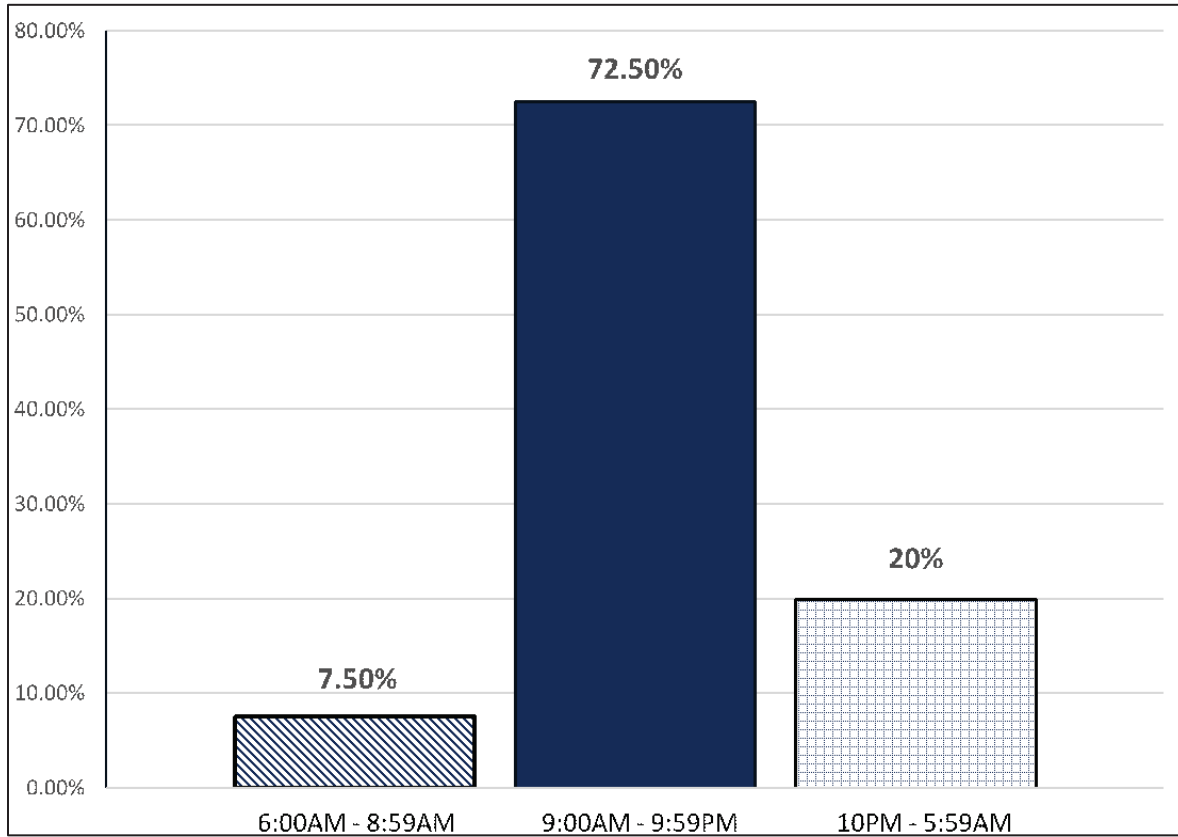
The Kirkland Fire Department needs to move forward with the recruitment of the Mobile Integrated Health Community Responder position funded by the 2019 Medic One levy. This MIH position will work directly with Fire/Emergency Medical Services (EMS). Specifically, the MIH Community Responder will work alongside the designated EMTs as part of the overall community responder strategy. The City Manager is planning to propose adding 4 firefighter/EMTs, funded using some of the revenues received through the Ground Emergency Medical Transportation (GEMT) reimbursement for transports. This staff, with the 1 MIH firefighter/EMT funded by King County EMS, would provide 24/7/365 first responder crisis coverage.

The firefighter/EMT positions would receive specialized crisis intervention training and would be available to respond with the community responders or on their own if there are simultaneous calls or if there are gaps in community responder coverage. This proposal will be brought back separately for Council consideration, with specific funding recommendations, and this firefighter/EMT role would be subject to collective bargaining.

The current proposal Ms. Shah analyzed included the recruitment of a contracted, part-time (30 hours/week) mental health professional, reporting directly to the EMS Captain. Following the analyzing of that proposal, Ms. Shah conducted a thorough needs assessment for the MIH Community Responder position. Kirkland Fire has been keeping track of the MIH-appropriate referrals, and the list grows daily as the position remains unposted. General themes of the pending referrals are highly population-specific: older adults, adults with disabilities in the context slips/trips/falls, post-hospitalization concerns/complaints, alternate level of placement needed; and a "no issue" description that appears to be loneliness or the need for reassurance and companionship.

The gap, therefore, is the lack of a MIH Community Responder. The chart below shows the results of the 2020 MIH referral list; that is, the referrals that are pending. When it comes to staffing and scheduling, Council may note that the overwhelming majority of MIH-appropriate referrals occur during the hours of 9 am – 10 pm, 7 days per week.

2020: time analysis of MIH-appropriate 911 Fire/EMS calls:



This staffing gap becomes especially apparent for individuals who are considered “high utilizers of 911” (Fire/EMS only) which is included in the table below. Council may note the approximate ages of the majority of calls (65+).

2020: Individual with high 911 utilization (10+ calls): Fire/EMS

Patient DOB	Number of Incidents
	28
6/12/1950	28
4/18/1925	24
12/6/1979	19
2/10/1951	17
4/27/1929	16
1/2/1968	16
4/27/1957	15
4/8/1958	14
6/21/1951	14

10/3/1935	14
4/5/2001	13
2/18/1982	12
2/27/1971	11
8/26/1975	11
	11
4/18/1946	11
10/3/1951	10
12/1/1956	10

General themes of individual high utilizers of 911 (Fire/EMS) center around homelessness, post-hospitalization concerns/complaints, alternate level of placement needed; loneliness/companionship needs; frequent falls inside the home due to clutter or other environmental hazards.

**Ms. Shah is recommending the following:** begin the recruitment process for the MIH Community Responder, as soon as possible. Convert this proposed part-time contracted position to a 40 hour/week full-time, salaried, benefited City position.

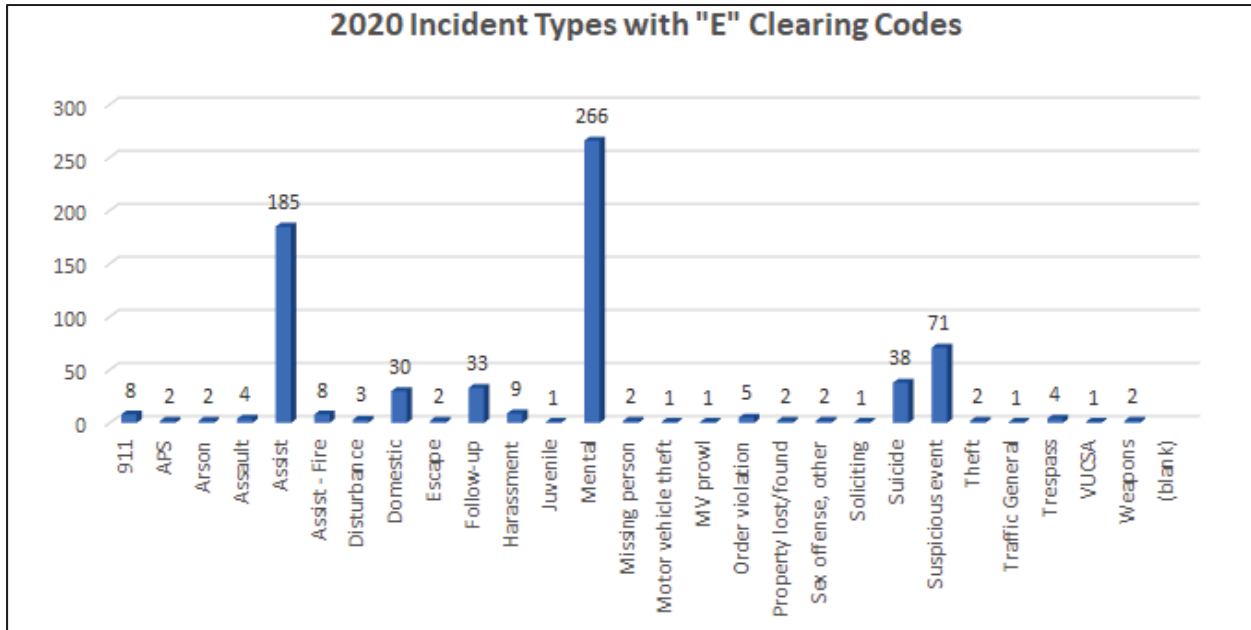
While the full Community Responder program is being constructed, the MIH Community Responder and designated EMTs can begin the collaborative process to develop strategies to assist the individuals that are included on the growing MIH-appropriate referral list, as well as the individual high utilizer list as shown above. Once the full Community Responder program is up and running, the MIH Community Responder should eventually report directly to the newly proposed Community Responder Program Supervisor but with a "dotted-line" matrix to the Kirkland Fire/EMS Captain (see "Staffing" section and proposed organizational chart for more detail). This eventual consolidation of the reporting structure of all Kirkland Community Responders will also ensure that scheduling, coverage, collegiality, peer consultation, shared expertise and unity can be seamless. Finally, Ms. Shah is recommending that the City establishes performance metrics for the MIH Community Responder/EMS program in its entirety (i.e., number of community contacts, stakeholder meetings coordinated and attended, completed community trainings, and subsequent analysis of satisfaction survey results, etc.).

*Kirkland Police Department: Situational Analysis and Gap Analysis*

Although the Kirkland Police Department, and subsequently the community, benefits from the part-time RADAR Navigators and NR MHP, the gap is lack of availability of Community Responders as compared to the volume of calls related to individuals experiencing an emotional crisis (below). Kirkland Police Department implemented a new "E" clearing code designation in 2020 to further drill-down non-"mental"-designated calls that may still have a crisis/behavioral health component. Ms. Shah analyzed the 2020 data in an effort to understand the volume, frequency and times of "E" calls in order to formulate Community Responder staffing

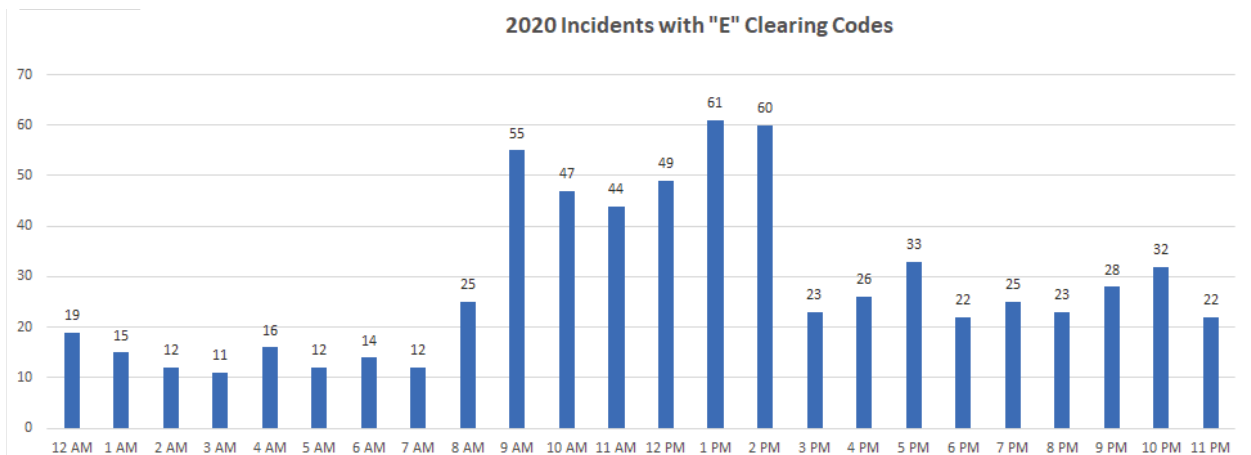
recommendations, and the results are shown below. Council may note the volume of calls with the designation "mental," "APS" (Adult Protective Services) and "Suicide" alone = 306.

2020: Police calls with new clearing code "E"



Ms. Shah also analyzed the frequency and time of day that the "E"-designated calls were occurring in an effort to inform staffing recommendations. The data is shown below. As of the writing of this memo, the specific nature of the calls are still being analyzed by Ms. Shah, and additional detail will be available during the Council Study Session. Council may note that the police "E" call distribution closely aligns with the call distribution of the MIH-appropriate calls of 9 am – 10 pm, 7 days/week. This alignment is advantageous for staffing efforts (cross coverage, vacation/sick coverage, consultation and collegial support). Most social service agencies operate during core business hours but addressing that gap is beyond the scope of this report. Ms. Shah recommends Council considers this as a future regional discussion point.

2020: Police "E" Calls - Time of Day:



## **STAFFING ANALYSIS**

Clearly, two part-time RADAR Navigators and one part-time NR MHP cannot meet the current needs and goals of the City when it comes to crisis response and implementing a continuum of care program. Even with the addition of the MIH Community Responder, the community would have many unmet needs, especially with the municipal jail and high utilizer subgroup. Therefore, Ms. Shah concurs with the City's goal of hiring four additional Community Responders along with the MIH Community Responder to be deployed throughout the City in a strategic, data-driven, organized manner. In order to do this, **Ms. Shah is recommending the following:** allocate 0.33 FTE of one of the Community Responder positions as a supervisory position. This will ensure that services are implemented equitably, without redundancy and this individual will function as the main point of contact for internal and external stakeholders. The expectation is that the supervisor must work in direct collaboration with the RADAR Manager, Parks and Community Services and in particular Human Services, Kirkland Municipal Court/Community Court, Kirkland Police, Fire/EMS, local hospitals and urgent care centers, regional partners, affinity groups, schools and senior centers, with equity, justice and safety at the forefront of the initiative.

There are several important nuances for the City to consider when it comes to recruitment, retention, and structure. Since there is no "best practice" community response program structure, it is up to each city to implement what works best for their respective stated goals.

First, Ms. Shah notes that the market for qualified professionals to work within and alongside criminal justice professionals to perform crisis stabilization, resource and referral work is very competitive. Numerous jurisdictions are competing for a relatively small pool of applicants, since this body of work is an emerging field. Many organizations are offering competitive recruitment packages such as signing bonuses and the use of municipal vehicles, reimbursement for professional development courses, flexible schedules and retention incentives. It is therefore in the City's best interest to make the job as attractive as possible, and to recruit as soon as possible, in order to compete for the best and most qualified applicants.

Next, to align with Resolution R-5434, Ms. Shah recommends a recruitment strategy that would attract and retain candidates that reflect the diversity of the City. This means that the City's Human Resources department would need to target recruitment efforts toward historically underrepresented groups and associations, work directly with social work and other related academic programs housed within Historically Black Colleges and Universities (Howard University, Lincoln University, Morgan State), engage directly with programs that support Indigenous social work scholars (Washington University in St. Louis Buder Center for American Indian Studies), utilize Ms. Kelly-Rae's outreach and equity assessment recommendations, and consider relocation packages for those wishing to move to engage in this important work.

## **NATIONAL PROGRAM STAFFING MODELS**

For Council's consideration, a comparison of existing national program structures is provided below, and further analysis is provided by Ms. Shah as to whether these program structures can translate to meet Kirkland's needs. Knowing that there is no "best practice," Ms. Shah explains



her preferred option for the Council to consider in order to meet its strategic goals (Resolution R-5434 in particular), below in the tables.

*Option 1: Hire all hourly contractors (example: RADAR)*

<b>Risks</b>	<b>Benefits</b>
<ul style="list-style-type: none"> <li>• No employer-provided benefits</li> <li>• This would have to be a 2nd job for most</li> <li>• Uncertain future employment causes an undercurrent of stress</li> <li>• Significantly reduces diverse applicant pool</li> <li>• Cost associated with obtaining and maintaining liability insurance</li> <li>• Contract renewals year over year</li> <li>• Invoicing vs. direct deposit</li> <li>• Inconsistent billing, budgeting and forecasting</li> </ul>	<ul style="list-style-type: none"> <li>• Self-insured (no WCIA involvement)</li> <li>• More robust job duties</li> <li>• Overall lower costs to Kirkland</li> <li>• Lower costs = more contractors</li> <li>• Greater flexibility with onboarding and termination</li> </ul>

*Option 2: Hire all full-time staff (Georgia)*

<b>Risks</b>	<b>Benefits</b>
<ul style="list-style-type: none"> <li>• Potentially lesser experienced staff working with high-risk high needs populations</li> <li>• Higher overall costs of employing full time staff (benefits, supplemental insurance)</li> <li>• WCIA buy-in</li> </ul>	<ul style="list-style-type: none"> <li>• Job duties would be akin to other models nationwide – meets Kirkland’s needs</li> <li>• Expands hiring opportunities representative of the community, upholding R-5434’s mission</li> </ul>

*Option 3: Contract with a Third Party (example: CAHOOTS, CRU)*

<b>Risks</b>	<b>Benefits</b>
<ul style="list-style-type: none"> <li>• Very limited information-sharing with First Responders</li> <li>• Limited outcomes data</li> <li>• Lack of control over hiring</li> <li>• May reduce diverse applicant pool</li> <li>• Contract renewals year over year</li> <li>• Invoicing</li> <li>• Inconsistent billing, budgeting and forecasting</li> <li>• Challenges in finding an organization to provide this service</li> </ul>	<ul style="list-style-type: none"> <li>• Self-insured (no WCIA involvement)</li> <li>• More robust job duties</li> <li>• No direct supervision expectations</li> <li>• Contract negotiable if underperforming</li> <li>• Potential for expansion of services</li> </ul>

**STAFFING RECOMMENDATIONS**

Ms. Shah is strongly recommending that the City considers option #2: the hiring of staff vs. contractors or engaging third-party providers, to fulfill the roles of Community Responders. As stated, the market is very competitive, and the more barriers to recruitment and retention that are built, the more challenging it will be to attract and retain a diverse group of Community Responders that reflect the community. This can be illustrated by considering the unfortunate reality that many mental health professionals face: they graduate with a Master’s degree but



are saddled with tens of thousands of dollars in debt from graduate school education and subsequent licensure preparation, only to face job prospects that tend to be relatively low-wage considering the complexities of the body of work. There is a tremendous need for the stability that full-time jobs offer in order to feel confident in paying back student loans consistently, but to also feel valued and to stay motivated in an extremely emotionally-taxing and potentially dangerous job. Mental Health Professionals must also maintain licensure, and continuing education courses and attending conferences in order to obtain the required hours are costly endeavors.

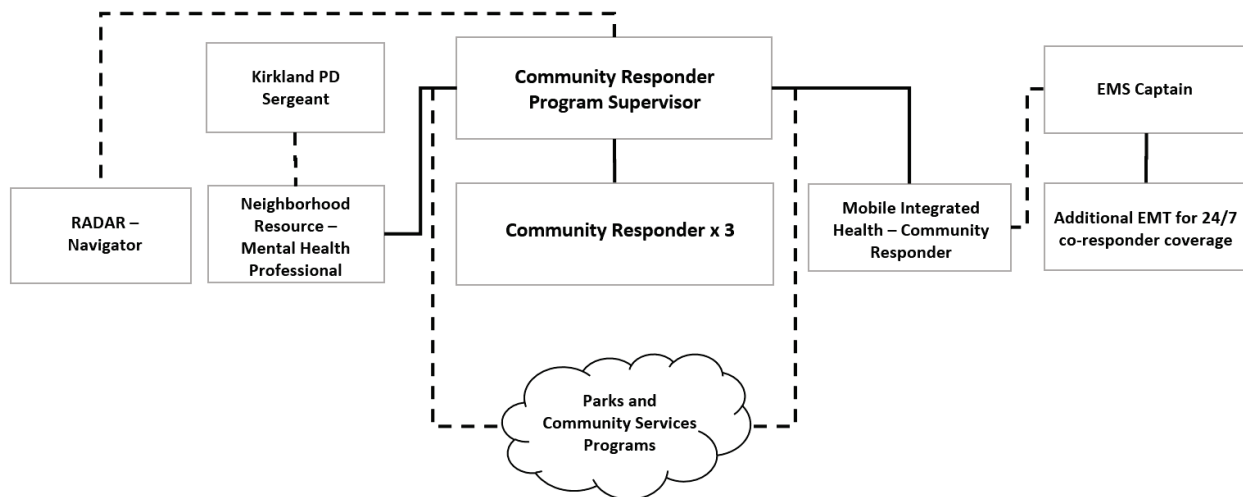
If benefits are not offered, then the candidates that apply will likely need to work a full-time job elsewhere, in addition to working for the City, in order to qualify for health insurance, basic life insurance and retirement. It would not be sustainable to work a 40-hour/week job elsewhere, and a 30 hour/week contract job in Kirkland. Ms. Shah also advises the City to consider the dangers that come with occupational burnout; being chronically fatigued in these high-risk situations is quite frankly, dangerous.

While Option #3 (third-party) may, at first glance, appear to mitigate many of the aforementioned concerns, the intentional recruitment efforts as explained above will be beyond the City's control, thereby nullifying an important goal of Resolution R-5434.

#### *Organizational Structure and Job Summaries*

Below is the recommended final organizational structure once all Community Responder staff from the various programs are hired and the programs are stable and running. Ms. Shah does not have a specific recommendation for the City regarding which department this program ought to "live," as long as it is well understood by all community members that this is a city-wide program, serving all of Kirkland's residents, visitors, businesses and partners through a deliberate and intentional equity and social justice lens.

City staff is analyzing where to locate a maximum of three Community Responders (one lead and two responders) that will be on shift at overlapping times. Ideally, the space would be centrally located in the City, allow for privacy due to the nature of phone conversations they will have with community members, and provide for a workspace essential to their needs including a computer and/or laptop, locker or secure storage for personal belongings, office chair, and desk. They will also require a vehicle to respond to calls while on shift, as well as a cell phone and hands-free options. While no final decision has been made, staff is evaluating available space within new Station 24 in Juanita, current Station 27 in Juanita, City Hall, and potentially new Station 27 in Totem Lake once construction is complete.



Below is a summary of job descriptions for the Community Responders

*Community Responders (3.0) and Program Supervisor (.33 responder/.67 supervisor)*

- Conducts in-home and community visits, both independently and within a team
- Utilizes de-escalation and customer service skills to establish rapport with community members, their caregivers and/or family members
- Determines the need for resources and/or services
- Provide appropriate resources to community members services (e.g., caregiver respite programs, paratransit applications, DSHS applications, SSDI, Veteran's Benefits)
- Follow-up with community members to ensure a warm hand-off to the appropriate resource(s) or service

Supervisor:

- Periodically re-evaluates efficacy of existing support services, determine need for additional services
- Represents Community Responder program on behalf of the City: data, outcomes, gathers community member ideas and feedback at public forums, city meetings, briefings, conferences and as requested by City officials.
- Directly manages day-to-day activities of Community Responders, NR Community Responder, MIH Community Responder, with a "dotted-line" matrix to the RADAR Navigators
- Leads "individual high-utilizer of 911" team by collaborating with Human Service Department Program Supervisor, RADAR Supervisor, Police/Fire leadership, Jail, Court and Community Court, DV Advocate, school counselors, local hospital psych/ED staff, senior housing staff
- Tracks, maintains and reports data, outcomes, service-delivery improvements, training requirements and SOPs
- Responds to calls for service (.33 FTE)

### MIH Community Responder (1.0)

- As above (sans supervisor tasks), however this individual will focus on gerontology and individuals with disabilities and other special-needs populations as identified by Fire/EMS, RADAR Navigators, NR Community Responder, HSD and Community Responders.

### Staffing methodology

In order to schedule staff based on community need, Ms. Shah's initial impressions based on data analyzed to date demonstrates the highest need for Community Responders to be working during the hours of 8 am - 10 pm, 7 days per week, with the understanding that these hours may change as the program grows.

Staff may need to overlap during the beginning and end of each shift in order to provide a warm hand-off to the oncoming responder. Ms. Shah recommends that Council prepares for the possibility of paying for overtime or implementing an "on-call" or "flex-time" policy when staff would need to work in pairs for safety purposes.

Regarding the overnight or "graveyard" hours of 11 pm - 7 am, the data shows that there are crisis calls that occur during these hours, albeit at a lesser rate; the challenge will be with the recruitment efforts. Rather than trying to recruit for this shift specifically, Ms. Shah recommends that the schedule is devised in a manner whereby all of the Community Responders rotate on an on-call basis; that is, a base rate of pay will be added to the salary for being on call, and additional pay will be added should the responder need to mobilize during the night. EMS staff will be available to respond to crisis calls during graveyards, so the Community Responder would not be in the community during the middle of the night, alone. Ultimately, the scheduling details ought to be left to the future Community Responder Supervisor to resolve.

### **RECOMMENDATION SUMMARY**

- Hire four Community Responders as full-time City employees.
- Designate one Community Responder position as the Community Responder Supervisor.
- Once the program is running, move the Police Prop. 1 Neighborhood Resource Community Responder and the Medic One Mobile Integrated Health Community Responder under the direction of the Community Responder Supervisor.
- Hire four new firefighter/EMTs (in addition to the Medic One MIH FF/EMT) specifically trained in crisis intervention that partner with Community Responders to provide dedicated 24/7 crisis response.

### **NEXT STEPS**

The current barrier as of the writing of this memo to fully implement Option #2 immediately remains WCIA's lack of liability and malpractice insurance for these positions; Ms. Shah recommends to the City Manager that the City Attorney's Office continues to discuss this with WCIA. As a short-term solution, Ms. Shah recommends that the City Attorney determine if WCIA can provide the City with a list of preferred, separate insurance companies for

malpractice and liability coverage for the Community Responder positions while longer term solutions are identified. An update with recommendations will be provided to the City Manager.

Job description drafts have been developed for all the Community Responder positions. Reporting structure and liability insurance still need to be determined, and the physical office location, necessary equipment, vehicle assignments and technology will need to be completed.

As this program evolves, there are near term and longer-term items for the City to consider:

Near Term:

- There is a need for ongoing coordination with NORCOM and RADAR to develop information-sharing platform among Community Responders and first responders; consider contracting with external companies if this is not feasible with NORCOM.

Longer Term:

- Consider leading the discussion to develop a regional 24/7 Crisis Clinic(s), with priority drop-off for first responders. Opportunity to partner with neighboring jurisdictions and work with Kirkland's State delegation to support and implement applicable legislation.
- Consider starting a toll-free crisis line with direct-dial/chat to Community Responders (staffing would need to increase significantly to staff the crisis line).
- Develop "automatic response" clearing code-type alert system for Community Responders or consider equipping and training Community Responders to use the police and fire radios.

Key Questions:

- Does the Council need additional information prior to making decisions on Community Responders?
- Does the Council concur with the recommendation to hire Community Responders as full time City employees?

[Attachment List]

- A. Anura Shah - CV
- B. SAMHSA National Guidelines for Behavioral Health Crisis Care
- C. CAHOOTS Program Analysis, 2019
- D. RADAR 2020 City Report Kirkland

# ANURA SHAH

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206.920.0138

## EDUCATION

- 2018 Associate in Applied Arts and Sciences (AAS), Criminal Justice  
Shoreline Community College, Shoreline, WA
- 2007 Masters in Social Work (MSW), Gerontology Concentration  
Washington University in St. Louis Brown School of Social Work, St. Louis, MO
- 2007 Masters in Health Administration (MHA)  
Washington University in St. Louis School of Medicine, St. Louis, MO
- 2002 Bachelor of Arts in Communications  
University of Massachusetts, Amherst, MA

## EXPERIENCE

- Jan 2017- Present SHORELINE COMMUNITY COLLEGE, Shoreline, WA  
Associate Faculty, Criminal Justice Department
- Curriculum developer and instructor of the first-ever *Criminal Justice Advocacy Certificate* (CJAC) program: a 15-credit course series designed for individuals who want to work towards solutions within or alongside the criminal justice industries.
  - Curriculum developer and co-instructor of the first-ever Professional Development Series: *The Interprofessional Practice of Law Enforcement and Social Work*: a continuing education series that trains mental health and social service professionals on the fundamentals of how to work collaboratively with law enforcement
  - Criminal Justice Program Advisory Board Member
- Oct 2015 - present BEYOND FORCE, LLC, Seattle, WA  
Founder and Consultant
- Consultant to police chiefs, elected officials and corporate executives on the implementation of mental health and social service community responder programs
    - Provide expert guidance and recommendations on all program aspects including policy, recruitment, training and professional standards for civilian staff working alongside law enforcement
    - Perform program audits
    - Present recommendations, findings and total quality improvement plans to city and county councilmembers and the public

- Deliver customized crisis intervention and de-escalation training for law enforcement, first responders, clinical professionals, social service providers and healthcare workers
- Crisis Intervention Team Training Master Instructor (CIT), Washington State Criminal Justice Training Commission
- CVS/Aetna corporate executive consultant for public and labor market on crisis intervention and employee threat assessment practices (2018 – present)

May 2012 - VA PUGET SOUND HEALTH CARE SYSTEM, Seattle/Tacoma, WA  
 Jan 2016 Director, Workplace Violence Prevention Program

- Developed first-ever comprehensive violence prevention program
  - Expanded program staffing by 300%
  - Created and staffed subspecialty clinic: forensic mental health
  - Led and supervised an executive-level committee whose charge was to use evidence-based and data-driven practices for preventing, identifying, assessing, managing and reducing all patient-generated disruptive behavior and employee-generated disruptive behavior
  - Collaborated with VA Police and Office of Inspector General to report and track all cases relating to threats or violence toward VA employees/property
  - Provided psychological first aid to victims of workplace violence
- First Responder: embedded social worker with police, co-responding to multiple incidents of behavioral emergencies (>3,000 during tenure)
- National Master Trainer: Prevention and Management of Disruptive Behavior, a VHA nation-wide curriculum on de-escalation, personal safety skills, and behavioral management strategies
  - Lead instructor for 13.5-hour course, including hands-on restraints training (>3,500 staff trained during tenure)

July 2010 - VA PUGET SOUND HEALTH CARE SYSTEM, Mt. Vernon, WA  
 May 2012 Social Work Case Manager, Outpatient Clinics

- Caseload: 3,200 Veterans (rural). Provided resources and referrals for Veterans and caregivers with needs for housing, transportation and mental health services
- Member, Social Work Education Committee
  - Coordinated first annual “Suicide Prevention: Updates and Mandates” presentation with Chief-of-Staff and 3 Suicide Prevention Case Managers

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July 2008 - HINES VA HOSPITAL, Hines, IL  
July 2010 Social Worker, Medicine/Surgery/Ambulatory Care

- Case load: 4 inpatient units, 7 outpatient specialty clinics (~4,000 patients)
- Provided care coordination to inpatients and outpatients with multiple needs for housing, home care, pension/compensation, social security
- Member of several steering committees including Performance Improvement and survey preparation (CARE, Joint Commission)
- Multiple cross-discipline certifications:
  - FIM (Functional Independence Measure) certified with 100% accuracy on national FIM exam (2010)
  - Prevention and Management of Disruptive Behavior course (2010)
  - MDS (Minimum Data Set) certified (2008-2010)
- Directly supervised 2 interns

June 2007 - NORTH CHICAGO VA MEDICAL CENTER, North Chicago, IL  
July 2008 (GHATP) Administrative Fellow, Office of the Director  
Acting Business Manager, Geriatrics and Extended Care Department

- Provided personnel supervision to 5.0 FTEE
- Managed large department budget, marketing, staff development, customer service, and safety
- Designed and implemented data mining systems for retrieving and reporting performance measures
- Created and implemented new health and wellness program for 250+ employees
- Performed all labor relations management activities including pre-screening candidates, interviewing, conducting new employee orientation, resulting in recruiting several new physicians, nurses and allied health professionals

**LICENSURE** Licensed Independent Clinical Social Worker (LICSW), State of Washington

## PROFESSIONAL MEMBERSHIPS AND BOARDS

- Assessing and Managing Suicide Risk (AMSR), Certified Trainer
- Shoreline Community College Criminal Justice Advisory Board Member
- Washington University in St. Louis Alumni Association, Seattle Board Co-Chair
- Washington University in St. Louis Alumni Association, NW Regional Cabinet Member

## CONFERENCES

2020 Sea Mar Clinics annual In-Service Presenter  
2019 CIT International Conference Presenter  
2019 National Association of Counties Conference Presenter  
2019 Florida Association of Counties Conference Presenter

2019 Food Lifeline Partners Conference Presenter  
2018 Northwest Harvest Eastern WA Partners Conference Presenter  
2018 CIT NW Regional Conference Presenter  
2018 Misdemeanor Probation/CCO Association Conference Presenter  
2017 ILEETA National Conference Presenter



National Guidelines for Behavioral Health Crisis Care – A Best Practice Toolkit  
*Knowledge Informing Transformation*

# National Guidelines for Behavioral Health Crisis Care

## Best Practice Toolkit



# National Guidelines for Behavioral Health Crisis Care – A Best Practice Toolkit

## *Knowledge Informing Transformation*

### Acknowledgments

This document was produced for the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS).

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## National Guidelines for Behavioral Health Crisis Care – A Best Practice Toolkit *Knowledge Informing Transformation*

**The *National Guidelines for Crisis Care – A Best Practice Toolkit* advances national guidelines in crisis care within a toolkit that supports program design, development, implementation and continuous quality improvement efforts.** It is intended to help mental health authorities, agency administrators, service providers, state and local leaders think through and develop the structure of crisis systems that meet community needs. This toolkit includes distinct sections for:

- ✓ Defining national guidelines in crisis care;
- ✓ Tips for implementing care that aligns with national guidelines; *and*
- ✓ Tools to evaluate alignment of systems to national guidelines.

In preparing this information, we could think of no one better to advise you than people who have worked successfully with crisis systems of care. Therefore, we based the information in this toolkit on the experience of veteran crisis system leaders and administrators as well as the individuals and families who have relied on these supports on their worst days. The interviews in this report's addendum showcase the diversity and richness of this expertise and experience.

National Guidelines for Behavioral Health Crisis Care – A Best Practice Toolkit  
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# National Guidelines for Behavioral Health Crisis Care – A Best Practice Toolkit

## *Knowledge Informing Transformation*

### Forward

The Substance Abuse and Mental Health Services Administration (SAMHSA) is the U.S. Department of Health and Human Services agency that leads public health efforts to advance the behavioral health of the nation. SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

This *National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit (National Guidelines for Crisis Care)* responds to SAMHSA's mission by providing science-based, real-world tested best-practice guidance to the behavioral health field. The Toolkit reflects careful consideration of all relevant clinical and health service research, review of top national program practices and replicable approaches that support best practice implementation. Select nonfederal clinical researchers, service providers, program administrators and patient advocates offered input on specific topics in their areas of expertise to reach consensus on the best practices chosen to be included in this Toolkit. The evolution of this *National Guidelines for Crisis Care* benefited from the 15 year catalog of work of the SAMHSA-funded National Suicide Prevention Lifeline, the National Action Alliance for Suicide Prevention's Crisis Services Task Force that produced *Crisis Now* recommendations in 2016, the Interdepartmental Seriously Mentally Ill Coordinating Committee (ISMICC) report to Congress in 2017 and feedback from exceptional crisis providers and administrators from around the nation. Field reviewers then assessed draft content prior to publication.

The talent, dedication, and hard work that the Toolkit contributors and reviewers bring to this highly participatory process have helped bridge the gap between the promise of research and the needs of practicing clinicians and administrators to serve, in the most scientifically sound and effective ways, people in need of behavioral health services. We are grateful to all who have joined with us to contribute to advances in the behavioral health field. This report finally offers our communities true *National Guidelines for Crisis Care* within a user-friendly Best Practice Toolkit. You will also find innovative data-informed crisis system capacity modeling tools that can estimate the likely crisis service needs of your community and optimal resource allocations to meet those needs within a few key variables. Together, we can and will make a difference!

*Elinore F. McCance-Katz*, M.D., Ph.D.

Assistant Secretary for Mental Health and Substance Use SAMHSA

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# National Guidelines for Behavioral Health Crisis Care – A Best Practice Toolkit

## *Knowledge Informing Transformation*

### Introduction

Like a physical health crisis, a mental health crisis can be devastating for individuals, families and communities. While an individual crisis cannot be fully predicted, we can plan how we structure services and organize approaches to best meet the needs of those individuals who experience a mental health crisis. Too often that experience is met with delay, detainment and even denial of service in a manner that creates undue burden on the person, law enforcement, emergency departments and justice systems.

Given the ever-expanding inclusion of the term “crisis” by entities describing service offerings that do not truly function as no-wrong-door safety net services, we must start by defining what crisis services are and what they are not. Crisis services are for **anyone, anywhere and anytime**. Examples of crisis level safety net services seen in communities around the country include (1) 911 accepting all calls and dispatching support based on the assessed need of the caller, (2) law enforcement, fire or ambulance personnel dispatched to wherever the need is in the community *and* (3) hospital emergency departments serving everyone that comes through their doors from all referral sources. These services are for **anyone, anywhere and anytime**.

Similarly, crisis services include (1) crisis lines accepting all calls and dispatching support based on the assessed need of the caller, (2) mobile crisis teams dispatched to wherever the need is in the community (not hospital emergency departments) and (3) crisis receiving and stabilization facilities that serve everyone that comes through their doors from all referral sources. These services are for **anyone, anywhere and anytime**.

With non-existent or inadequate crisis care, costs escalate due to an overdependence on restrictive, longer-term hospital stays, hospital readmissions, overuse of law enforcement and human tragedies that result from a lack of access to care. Extremely valuable psychiatric inpatient assets are over-burdened with referrals that might be best-supported with less intrusive, less expensive services and supports. In too many communities, the “crisis system” has been unofficially handed over to law enforcement; sometimes with devastating outcomes. The current approach to crisis care is patchwork and delivers minimal treatment for some people while others, often those who have not been engaged in care, fall through the cracks; resulting in multiple hospital readmissions, life in the criminal justice system, homelessness, early death and suicide.

A comprehensive and integrated crisis network is the first line of defense in preventing tragedies of public and patient safety, civil rights, extraordinary and unacceptable loss of lives, and the waste of resources. There is a better way. Effective crisis care that saves lives and dollars requires a systemic approach. This toolkit will delineate how to estimate the crisis system resource needs of a community, the number of individuals who can be served within the system, the cost of crisis services, the workforce demands of implementing crisis care and the community-changing impact that can be seen when services are delivered in a manner that aligns with this *Best Practice Toolkit*. Readers will also learn how this approach harnesses data and technology, draws on the expertise of those with lived experience, and incorporates evidence-based suicide prevention practices.



National Guidelines for Behavioral Health Crisis Care – A Best Practice Toolkit  
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Perhaps the most potent element of all, in an effective crisis service system, is relationships. To be human. To be compassionate. We know from experience that immediate access to help, hope and healing saves lives.

# National Guidelines for Behavioral Health Crisis Care – A Best Practice Toolkit

## *Knowledge Informing Transformation*

### Overview

Crisis mental health care in the United States is inconsistent and inadequate when it falls short of aligning with the best practice. This is tragic in that good crisis care is widely recognized as:

1. An effective strategy for suicide prevention;
2. An approach that better aligns care to the unique needs of the individual;
3. A preferred strategy for the person in distress that offers services focused on resolving mental health and substance use crisis;
4. A key element to reduce psychiatric hospital bed overuse;
5. An essential resource to eliminate psychiatric boarding in emergency departments;
6. A viable solution to the drains on law enforcement resources in the community; *and*
7. Crucial to reducing the fragmentation of mental health care.

Short-term, inadequate crisis care is shortsighted. Imagine establishing emergency services in a town by purchasing a 40-year-old fire engine and turning the town's old service shop into the fire station. It will work until there is a crisis. True no-wrong-door crisis care is needed and anything short of full implementation will fall short of meeting the needs of the community.

Our country's approach to crisis mental health care must be transformed. Addressing crisis is the most basic element of mental health care because it immediately and unconditionally accepts everyone seeking care. It represents real-time access to services that align with the needs of the person when the person needs it most. In many states and communities, crisis care is nonexistent, limited or simply an afterthought viewed as an additional expense that was not included in the local budget. We cannot afford to pay the exorbitant price of not offering crisis care; including:

- The human cost of emotional pain of families struggling to access care;
- The opportunity cost of lost community contribution as mental illness represents our nation's largest source of disability;
- The costs of law enforcement and the justice system teams dedicating a disproportionate amount of resources to address issues that result from a person's untreated crisis; *and*
- The ever-escalating cost of inpatient healthcare for individuals who are unable to access needed community-based services in a timely manner.

In many communities, the current crisis services model depends primarily upon after-hours work by on-call therapists or in space set aside within a crowded emergency department (ED). These limited and fragmented approaches are akin to plugging a hole in a dike with a finger.

This toolkit is designed to bridge the unacceptable gap that currently exists in our continuum of care by solidifying national best practice guidelines that reflects SAMHSA's view of the standard of care we must expect in our communities. Core elements of a crisis system must include:

1. Regional or statewide crisis call centers coordinating in real time;
2. Centrally deployed, 24/7 mobile crisis;
3. 23-hour crisis receiving and stabilization programs; *and*
4. Essential crisis care principles and practices.

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These elements are discussed in more detail later in this toolkit. Effective crisis care that saves lives and dollars requires a systemic approach, and these key elements must be in place. In this report, we will review the proven key components of good crisis care and demonstrate that piecemeal solutions are unacceptable.

Many communities across the United States have limited or no access to true “no wrong door” crisis services; defaulting to law enforcement operating as community-based mental health crisis response teams with few options to connect individuals experiencing a mental health crisis to care in real time. The available alternatives represent systemic failures in responding to those in need; including incarceration for misdemeanor offences or drop-off at hospital emergency departments that far too often report being ill-equipped to address a person in mental health crisis. Unacceptable outcomes of this healthcare gap are (1) high rates of incarceration for individuals with mental health challenges, (2) crowding of emergency departments that experience lost opportunity costs with their beds and (3) higher rates of referral to expensive and restrictive inpatient care with extended lengths of stay because lower levels of intervention that better align with person’s needs are not available. For many others in crisis, individuals simply fail to get the care they need; contributing to mental illness’s designation as the most prevalent disability in the United States and one of the greatest causes of lost economic opportunity in communities throughout the nation.

The purpose of this publication is to establish a solitary set of national guidelines for crisis care and offer a toolkit that supports program design, development, implementation and continuous quality improvement in systems of care throughout the nation.

## ***Core Services and Best Practices***

In this section, we define essential elements of effective, modern, and comprehensive crisis care along with the actions needed to bring those services to communities across the United States. The following represent the *National Guidelines for Crisis Care* essential elements within a **no-wrong-door** integrated crisis system:

1. **Regional Crisis Call Center:** Regional 24/7 clinically staffed hub/crisis call center that provides crisis intervention capabilities (telephonic, text and chat). Such a service should meet National Suicide Prevention Lifeline (NSPL) standards for risk assessment and engagement of individuals at imminent risk of suicide and offer air traffic control (ATC) - quality coordination of crisis care in real-time;
2. **Crisis Mobile Team Response:** Mobile crisis teams available to reach any person in the service area in his or her home, workplace, or any other community-based location of the individual in crisis in a timely manner; *and*
3. **Crisis Receiving and Stabilization Facilities:** Crisis stabilization facilities providing short-term (under 24 hours) observation and crisis stabilization services to all referrals in a home-like, non-hospital environment.

Although there are many other services that will be incorporated into the continuum of a comprehensive system of care, these three programmatic components represent the three true crisis service elements when delivered to the fidelity of the *Crisis Service Best Practice* guidelines defined in this toolkit. However, crisis systems must not operate in isolation; instead striving to fully incorporate within the broader system of care so seamless transitions evolve to connect people in crisis to care based on the assessed need of the individual.

A good way of looking at crisis system flow is to examine on the stratification of assessed need of individuals in crisis. The Level of Care Utilization System (LOCUS) is a tool designed to assess level of care needs of individuals experiencing psychiatric and addiction challenges for over a decade with broad utilization in many states around the country. Developed by the American Association of Community Psychiatrists, LOCUS provides a single easy-to-use instrument that can be used in a multitude of settings to clarify an individual's needs and identify services appropriate to address those needs.

An analysis of over a decade of Level of Care Utilization System (LOCUS) data in Georgia from individuals who were engaged by a face-to-face crisis response service by facility-based or mobile team providers was recently completed; offering insight into what service types would best align with the needs of a community in a fully efficient crisis and acute care system. The statewide crisis line data set used in the analysis included a total of 1.2 million records, 431,690 of which met the criteria described above. This review resulted in the following breakdown that can be used to inform optimal initial referral paths within a system of care that includes a continuum of crisis services:

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- 14% (59,269 of 431,690) LOCUS Level 6 – Direct Referral to Acute Hospital;
- 54% (234,170 of 431,690) LOCUS Level 5 – Referral to Crisis Receiving and Stabilization Facility; *and*
- 32% (138,251 of 431,690) LOCUS Levels 4-1 – Evaluation by Crisis Mobile Team with Referral to Care as Needed.

Crisis mobile teams are projected to serve a broader range of individuals in less acute crisis situations. A survey of higher-performing mobile crisis teams shows that approximately 70% of those engagements result in community stabilization. The remaining 30% should be connected to facility-based care that aligns with their assessed needs; including referrals, when indicated, to crisis receiving and stabilization facilities, respite or residential treatment programs. Crisis service providers should be prepared to support all individuals seeking their care and then connect them to care in a manner that truly aligns with the needs of the person.

Crisis systems must work within the larger system of care to address the needs of community members. The true test of whether there is adequate capacity to meet the needs of the community is whether individuals are able to access needed services in a timely manner. Psychiatric boarding in emergency departments and an over-representation of people with mental health and substance use challenges within the justice systems would suggest insufficient capacity within that community; warranting further analysis of flow within that system.

**The true test of whether there is adequate capacity to meet the needs of the community is by assessing whether individuals are able to access needed services in a timely manner.**

In addition to the essential structural or programmatic elements of a crisis system, we have established a list of the following essential qualities that must be “baked into” comprehensive crisis systems:

1. Addressing recovery needs, significant use of peers, and trauma-informed care;
2. “Suicide safer” care;
3. Safety and security for staff and those in crisis; *and*
4. Law enforcement and emergency medical services collaboration.

The subsections of this *Core Services and Guidelines for Care* chapter that follow contain the information the user of this Toolkit will need to align service delivery with the *Crisis Service Best Practice* guidelines.

### Core Elements of a Crisis System

The good news is that there are really only three core elements to a crisis system. Unfortunately, few communities have them and even fewer have them operating in a manner consistent with the *Crisis Services Best Practice* guidelines defined in this Toolkit. The three-core structural or programmatic elements of a crisis system defined in this section are:

- (1) Regional Crisis Call Center,
- (2) Crisis Mobile Team Response *and*
- (3) Crisis Receiving and Stabilization Facilities.

## Regional Crisis Call Hub Services – *Someone To Talk To*

Regional crisis call services offer real-time access to a live person every moment of every day for individuals in crisis. Regional, 24/7, clinically staffed call hub/crisis call centers provide telephonic crisis intervention services to all callers, meet National Suicide Prevention Lifeline (NSPL) operational guidelines regarding suicide risk assessment and engagement and offer air traffic control (ATC) quality coordination of crisis care in real-time. Ideally, these programs will also offer text and chat options to better engage entire communities in care. Analogous to a 911 call for most emergencies, mental health, substance use and suicide prevention lines must be equipped to take all calls with expertise in delivering telephonic intervention services, triaging the call to assess for additional needs and coordinating connections to additional support based on the assessment of the team and the preferences of the caller.

At the time of this publication, Congress is considering a national 988 behavioral health crisis number to serve as a dedicated crisis call center line in a manner that generates better access to care through a more broadly recognized and remembered number than the local options that exist at this time.

### Minimum Expectations to Operate a Regional Crisis Call Service

Regional, 24/7, clinically staffed call hub/crisis call centers must:

1. Operate every moment of every day (24/7/365);
2. Be staffed with clinicians overseeing clinical triage and other trained team members to respond to all calls received;
3. Answer every call or coordinate overflow coverage with a resource that also meets all of the minimum crisis call center expectations defined in this toolkit;
4. Assess risk of suicide in a manner that meets NSPL standards and danger to others within each call;
5. Coordinate connections to crisis mobile team services in the region; *and*
6. Connect individuals to facility-based care through warm hand-offs and coordination of transportation as needed.

### Best Practices to Operate Regional Crisis Call Center

To fully align with best practice guidelines, centers must meet the minimum expectations and:

1. Incorporate Caller ID functioning;
2. Implement GPS-enabled technology in collaboration with partner crisis mobile teams to more efficiently dispatch care to those in need;
3. Utilize real-time regional bed registry technology to support efficient connection to needed resources; *and*
4. Schedule outpatient follow-up appointments in a manner synonymous with a warm handoff to support connection to ongoing care following a crisis episode.

Implementation of the *National Suicide Lifeline Policy for Helping Callers at Imminent Risk of Suicide* is an expectation as these regional crisis line providers partner in Zero Suicide efforts around the country. **Direct crisis center staff are expected to:**

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1. Practice **active engagement** with callers and make efforts to establish sufficient rapport so as to promote the caller's collaboration in securing his/her own safety;
2. Use the **least invasive intervention** and consider involuntary emergency interventions as a last resort, except for in circumstances as described below;
3. Initiate life-saving services for attempts in progress – in accordance with guidelines that do not require the individual's consent to initiate medically necessary rescue services;
4. Initiate active rescue to secure the immediate safety of the individual at risk if the caller remains unwilling and/or unable to take action to prevent his/her suicide and remains at imminent risk;
5. Practice active engagement with persons calling on behalf of someone else ("third-party callers") towards determining the least invasive, most collaborative actions to best ensure the safety of the person at risk;
6. Have supervisory staff available during all hours of operations for timely consultation in determining the most appropriate intervention for any individual who may be at imminent risk of suicide; and
7. Maintain caller ID or other method of identifying the caller's location that is readily accessible to staff.

### Regional Crisis Call Center Technology

The incorporation of advanced technologies is essential to efficiently operating a regional crisis call center hub. We see the nation's air traffic control system (ATC) as one we can learn from as we work towards seamless connections to care in a mental health and substance use crisis system.

#### Air Traffic Control (ATC) Capabilities with Crisis Line Expertise

Virginia State Senator Creigh Deeds was stabbed by his son, Gus, who then took his own life by suicide. Shortly before this horrific outcome, Gus had been assessed at a local hospital and a magistrate had ordered an involuntary commitment. However, no beds were available at any nearby inpatient psychiatric hospitals so Gus was sent home. Sadly, it is far too common for individuals in mental health crisis to receive an initial assessment but then "fall through the cracks" due to a failure to make a connection to care that aligns with the unique needs of the individual. The cracks occur because of interminable delays in access to services based on an absence of:

1. Real-time coordination of crisis and outgoing services; *and*
2. Linked, flexible services specific to crisis response, namely mobile crisis teams and crisis stabilization facilities.

Because of these gaps, individuals walk out of a hospital emergency department (ED), often "against medical advice," and disappear until the next crisis occurs.

The nation's approach to crisis call centers received a significant upgrade starting in 2004 with creation of the National Suicide Prevention Lifeline (NSPL). Over time, the NSPL has demonstrated its effectiveness and raised the performance bar for crisis call centers. Recent SAMHSA initiatives include efforts to solidify real-time bed registries that can be used to more

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efficiently connect individuals to care during their times of greatest need. Air traffic control (ATC) systems provide a primary example of how access to real-time data and consistent standards lead to remarkable efficiency in complex systems. Adopting an ATC model for crisis services can significantly reduce the incidence of tragic and unacceptable outcomes for individuals in crisis.

#### Learning from Air Traffic Control (ATC) Safety

Air Traffic Control (ATC) works to ensure the safety of nearly 30,000 U.S. commercial flights per day. In the United States, this occurs with a very high success rate; making air travel remarkably safe today. Unfortunately, we have been less successful at supporting individuals who are navigating a mental health crisis.

The advancements in ATC that have helped transform aviation safety are two vitally important objectives and, without them, it is nearly impossible to avoid tragedy:

- Objective #1: Always know where the aircraft is (in time and space) and never lose contact; *and*
- Objective #2: Verify the hand-off has occurred and the airplane is safely in the hands of another controller.

These objectives easily translate to behavioral health and our evolving crisis systems of care. Always knowing where an individual in crisis is and verifying that the hand-off has occurred to the next service provider seem like relatively easy objectives to fulfill. However, they are missing from most U.S. behavioral health and crisis systems despite the existence of technology that is working in some regions. Individuals and families attempting to navigate the behavioral health system, typically in the midst of a mental health or addiction crisis, should have the same diligent standard of care that ATC provides.

#### The Air Traffic Control (ATC) Model for Crisis Services and Functional Targets

Air traffic control (ATC)-type technology is being applied by some crisis call center hubs in the country; offering real-time connection to GPS-enabled mobile teams, true system-wide access to available beds and outpatient appointment scheduling through the integrated crisis call center. These exceptional practice centers serve as a true hub for whole, integrated crisis system of care.

#### Status Disposition for Intensive Referrals

In an effective ATC-based model for crisis services, there must be shared tracking of the status and disposition of linkage/referrals for individuals needing intensive service levels; including requirements for service approval and transport, shared protocols for medical clearance algorithms and data on speed of accessibility (average minutes until disposition). An effective program should take advantage of sophisticated software to help crisis professionals assess and engage those at risk and track individuals throughout the process, including where they are, how long they have been waiting, and what specifically is needed to advance them to service linkage. For example, some systems display names on a pending linkage status board that highlight names in green, white, yellow, or red to reflect how long an individual has been waiting for connection to care.



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#### *24/7 Outpatient Scheduling*

Crisis staff should be able to schedule intake and outpatient appointments for individuals in crisis with providers across the region while providing data on speed of accessibility (average business days until appointment) by provider/program.

#### *Crisis Bed Registry*

An intensive services bed census is required; showing the availability of beds in crisis stabilization programs and 23-hour observation chairs, as well as beds in private psychiatric hospitals, with interactive two-way exchange (such as through an individual referral editor and inventory / through-put status board).

#### *High-Tech, GPS-enabled Mobile Crisis Dispatch*

Mobile crisis teams should use GPS-enabled tablets or smart phones to support quick and efficient call hub determination of the closest available teams, track response times, and ensure clinician safety (*e.g.*, time at site, real-time communication, safe driving, etc.).

#### *Real-Time Performance Outcomes Dashboards*

Effective crisis service models utilize outwardly facing performance reports measuring a variety of metrics such as call volume, number of referrals, time-to-answer, abandonment rates, and service accessibility performance. When implemented in real time, the public transparency created through these reports provides an extra layer of urgency and accountability.

## Mobile Crisis Team Services – *Someone To Respond*

Mobile crisis team services offering community-based intervention to individuals in need wherever they are; including at home, work, or anywhere else in the community where the person is experiencing a crisis. For safety and optimal engagement, two person teams should be put in place to support emergency department and justice system diversion. Emergency medical services (EMS) should be aware and partner as warranted.

### Minimum Expectations to Operate a Mobile Crisis Team Services

Mobile crisis team services must:

1. Include a licensed and/or credentialed clinician capable to assessing the needs of individuals within the region of operation;
2. Respond where the person is (home, work, park, etc.) and not restrict services to select locations within the region or particular days/times; *and*
3. Connect individuals to facility-based care as needed through warm hand-offs and coordinating transportation when and only if situations warrant transition to other locations.

### Best Practices to Operate Mobile Crisis Team Services

To fully align with best practice guidelines, teams must meet the minimum expectations and:

1. Incorporate peers within the mobile crisis team;
2. Respond without law enforcement accompaniment unless special circumstances warrant inclusion in order to support true justice system diversion;
3. Implement real-time GPS technology in partnership with the region's crisis call center hub to support efficient connection to needed resources and tracking of engagement; *and*
4. Schedule outpatient follow-up appointments in a manner synonymous with a warm handoff in order to support connection to ongoing care.

Community-based mobile crisis services use face-to-face professional and peer intervention, deployed in real time to the location of the person in crisis in order to achieve the needed and best outcomes for that individual. Most community-based mobile crisis programs utilize teams that include both professional and paraprofessional staff. For example, a Master's- or Bachelor's-level clinician may be paired with a peer support specialist and the backup of psychiatrists or other Master's-level clinicians who are on-call as needed. Peer support workers often take the lead on engagement and may also assist with continuity of care by providing support that continues beyond the resolution of the immediate crisis.

SAMHSA's 2014 *Crisis Services: Effectiveness, Cost-Effectiveness, and Funding Strategies* report stated:

*The main objectives of mobile crisis services are to provide rapid response, assess the individual, and resolve crisis situations that involve children and adults who are presumed or known to have a behavioral health disorder (Allen et al., 2002; Fisher, Geller, and Wirth-Cauchon, 1990; Geller, Fisher, and McDermeit, 1995). Additional*

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*objectives may include linking people to needed services and finding hard-to-reach individuals (Gillig, 1995). The main outcome objective of mobile crisis teams is to reduce psychiatric hospitalizations, including hospitalizations that follow psychiatric ED admission.*

In summary, mobile crisis care:

1. Helps individuals experiencing a crisis event to experience relief quickly and to resolve the crisis situation when possible;
2. Meets individuals in an environment where they are comfortable; *and*
3. Provides appropriate care/support while avoiding unnecessary law enforcement involvement, ED use and hospitalization.

The same report confirmed previous evidence on the effectiveness of mobile crisis service:

*Four studies were identified with empirical evidence on the effectiveness of mobile crisis services: one randomized controlled trial (Currier et al., 2010) and three that used quasi-experimental designs (Guo, Biegel, Johnsen, and Dyches, 2001; Hugo, Smout, and Bannister, 2002; Scott, 2000; Dyches, Biegel, Johnsen, Guo, and Min, 2002). The studies suggest that mobile crisis services are effective at diverting people in crisis from psychiatric hospitalization, effective at linking suicidal individuals discharged from the emergency department to services, and better than hospitalization at linking people in crisis to outpatient services.*

The cost-effectiveness of mobile crisis services is noted as well:

*Scott (2000) analyzed the effectiveness and efficiency of a mobile crisis program by comparing it to regular police intervention. The average cost per case was \$1,520 for mobile crisis program services, which included \$455 for program costs and \$1,065 for psychiatric hospitalization. For regular police intervention, the average cost per case was \$1,963, which consisted of \$73 for police services and \$1,890 for psychiatric hospitalization. In this study, mobile crisis services resulted in a 23 percent lower average cost per case. In another study analyzing the cost impact of mobile crisis intervention, Bengelsdorf et al., (1987) found that mobile crisis intervention services can reduce costs associated with inpatient hospitalization by approximately 79 percent in a six-month follow-up period after the crisis episode.*

SAMHSA asserts that mobile crisis team care is one of three essential elements of a well-integrated crisis system of care. To maximize effectiveness, the availability of mobile crisis services should match needs in the area/region they serve on a 24/7/365 basis and should be deployed and monitored by an air traffic control (ATC)-capable regional call center. Essential functions of mobile crisis services include:

- Triage/screening, including explicit screening for suicidality;
- Assessment;
- De-escalation/resolution;

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- Peer support;
- Coordination with medical and behavioral health services; *and*
- Crisis planning and follow-up.

#### Triage/Screening

As most mobile crisis responses are initiated via phone call to a hotline or provider, the initial step in providing community-based mobile crisis services is to determine the level of risk faced by the individual in crisis and assess the most appropriate response to meet the need. In discussing the situation with the caller, the mobile crisis staff must decide if other first responders, such as police or emergency medical services, should be involved while understanding that this is not the preferred approach and one that should only be used when alternative behavioral health responders are not available or the nature of the crisis indicates that EMS or police are most appropriate.

For example, if the person describes a serious medical condition or indicates that he or she poses an imminent threat of harm, the mobile crisis team should coordinate with emergency responders. The mobile crisis team can meet emergency responders at the site of the crisis and work together to resolve the situation. Explicit attention to screening for suicidality using an accepted, standardized suicide screening tool should be a part of triage.

#### Assessment

The behavioral health professional (BHP) on the mobile crisis team is responsible for completing an assessment. Specifically, the BHP should address:

- Causes leading to the crisis event; including psychiatric, substance abuse, social, familial, legal factors and substance use;
- Safety and risk for the individual and others involved; including an explicit assessment of suicide risk;
- Strengths and resources of the person experiencing the crisis, as well as those of family members and other natural supports;
- Recent inpatient hospitalizations and/or any current relationship with a mental health provider;
- Medications prescribed as well as information on the individual's compliance with the medication regimen; *and*
- Medical history as it may relate to the crisis.

#### De-Escalation and Resolution

Community-based mobile crisis teams engage individuals in counseling throughout the encounter and intervene to de-escalate the crisis. The goal is not just to determine a needed level of care to which the individual should be referred, but to resolve the situation so a higher level of care is not necessary.

#### Peer Support

SAMHSA's 2009 report (p.8) asserts that mental health crisis services "should afford opportunities for contact with others whose personal experiences with mental illness and past mental health crises allow them to convey a sense of hopefulness first-hand. In addition, peers

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can offer opportunities for the individual to connect with a supportive circle of people who have shared experiences—an option that may have particular relevance given feelings of isolation and fear that may accompany a mental health crisis” (see Significant Role for Peers in Section 4).

For community-based mobile crisis programs, incorporating peers can add complementary qualifications to the team so that individuals in crisis are more likely to see someone they can relate to while they are receiving services. Peers should not reduplicate the role of BHPs but instead should establish rapport, share experiences, and strengthen engagement with the individual experiencing crisis. They may also engage with the family members of (or other persons significant to) those in crisis to educate them about self-care and ways to provide support.

#### Coordination with Medical and Behavioral Health Services

Community-based mobile crisis programs, as part of an integrated crisis system of care, should focus on linking individuals in crisis to all necessary medical and behavioral health services that can help resolve the situation and prevent future crises. These services may include crisis stabilization or acute inpatient hospitalization and treatment in the community (e.g., community mental health clinics, in-home therapy, family support services, crisis respite services, and therapeutic mentoring).

#### Crisis Planning and Follow-Up

SAMHSA’s essential elements of responding to mental health crisis include prevention. “Appropriate crisis response works to ensure that crises will not be recurrent by evaluating and considering factors that contributed to the current episode and that will prevent future relapse. *Hence, an adequate crisis response requires measures that address the person’s unmet needs, both through individualized planning and by promoting systemic improvements*” (SAMHSA, 2009: p. 7, emphasis in the original). During a mobile crisis intervention, the BHP and peer support professional should engage the individual in a crisis planning process; resulting in the creation or update of a range of planning tools including a safety plan.

When indicated, mobile crisis service providers should also follow up with individuals served to determine if the services to which they were referred were provided in a timely manner and are meeting their needs. This activity is typically completed through telephonic outreach but there may be times when further face-to-face engagement may be warranted or even necessary when the individual cannot be reached by phone.

#### Crisis Mobile Service Summary

Community-based mobile crisis is an integral part of a crisis system of care. Mobile crisis interventions provide individuals with less restrictive care in a more comfortable environment that is likely to produce more effective results than hospitalization or ED utilization. When collaboration exists with hospitals, medical and behavioral health providers, law enforcement, and other social services, community-based mobile crisis is an effective and efficient way of resolving mental health crisis and preventing future crisis situations.

## Crisis Receiving and Stabilization Services – A Place to Go

Crisis receiving and stabilization services offer the community a no-wrong-door access to mental health and substance use care; operating much like a hospital emergency department that accepts all walk-ins, ambulance, fire and police drop-offs. The need to say yes to mental health crisis referrals, including working with persons of varying ages (as allowed within the facility license) and clinical conditions (such as serious emotional disturbances, serious mental illness, intellectual and developmental disabilities), regardless of acuity, informs program staffing, physical space, structure and use of chairs or recliners in lieu of beds that offer far less capacity or flexibility within a given space. As we will discuss later in this toolkit, it is important to fund these facility-based programs so they can deliver on the commitment of never rejecting a first responder or walk-in referral in order to realize actual emergency department and justice system diversion. If an individual's condition is assessed to require medical attention in a hospital or referral to a dedicated withdrawal management (i.e., referred to more commonly and historically as detoxification) program, it is the responsibility of the crisis receiving and stabilization facility to make those arrangements and not shift responsibility to the initial referral source (family, first responder or mobile team). Law enforcement is not expected to do the triage or assessment for the crisis system and it is important that those lines never become blurred.

One of the phrases we have seen applied to programs around the country is ***“Thank you. Can I have another?”*** in reference to law enforcement bringing individuals to the program.

### Minimum Expectations to Operate a Crisis Receiving and Stabilization Service

Crisis receiving and stabilization services must:

1. Accept all referrals;
2. Not require medical clearance prior to admission but rather assessment and support for medical stability while in the program;
3. Design their services to address mental health and substance use crisis issues;
4. Employ the capacity to assess physical health needs and deliver care for most minor physical health challenges with an identified pathway in order to transfer the individual to more medically staffed services if needed;
5. Be staffed at all times (24/7/365) with a multidisciplinary team capable of meeting the needs of individuals experiencing all levels of crisis in the community; including:
  - a. Psychiatrists or psychiatric nurse practitioners (telehealth may be used)
  - b. Nurses
  - c. Licensed and/or credentialed clinicians capable of completing assessments in the region; *and*
  - d. Peers with lived experience similar to the experience of the population served.
6. Offer walk-in and first responder drop-off options;
7. Be structured in a manner that offers capacity to accept all referrals at least 90% of the time with a no rejection policy for first responders;

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8. Screen for suicide risk and complete comprehensive suicide risk assessments and planning when clinically indicated; *and*
9. Screen for violence risk and complete more comprehensive violence risk assessments and planning when clinically indicated.

#### Best Practices to Operate Crisis Receiving and Stabilization Services

To fully align with best practice guidelines, centers must meet the minimum expectations and:

1. Function as a 24 hour or less crisis receiving and stabilization facility;
2. Offer a dedicated first responder drop-off area;
3. Incorporate some form of intensive support beds into a partner program (could be within the services' own program or within another provider) to support flow for individuals who need additional support;
4. Include beds within the real-time regional bed registry system operated by the crisis call center hub to support efficient connection to needed resources; *and*
5. Coordinate connection to ongoing care.

Many individuals in crisis brought to hospital EDs for stabilization report experiencing increased distress and worsening symptoms due to noise and crowding, limited privacy in the triage area, and being attended to by staff who have little experience with psychiatric crisis care. All of this increases frustration and agitation (Clarke et al., 2007). Agar-Jacomb and Read (2009) found individuals who had received crisis services preferred going to a safe place, speaking with peers and trained professionals who could understand what they were experiencing, and interacting with people who offered respect and dignity to them as individuals; an experience they did not have at the hospital. In such an alternative setting, psychiatric crises can be de-escalated.

In the 2014 *Crisis Services: Effectiveness, Cost-Effectiveness, and Funding Strategies* report, SAMHSA defined crisis stabilization as:

*A direct service that assists with deescalating the severity of a person's level of distress and/or need for urgent care associated with a substance use or mental disorder. Crisis stabilization services are designed to prevent or ameliorate a behavioral health crisis and/or reduce acute symptoms of mental illness by providing continuous 24-hour observation and supervision for persons who do not require inpatient services." (p. 9).*

Data suggests that a high proportion of people in crisis who are evaluated for hospitalization (LOCUS levels 5 and 6) can be safely cared for in a crisis facility and that the outcomes for these individuals are at least as good as hospital care while the cost of crisis care is substantially less than the costs of inpatient care and accompanying emergency department "medical clearance" charges.

#### *The Role of the Psychiatrist/Psychiatric Nurse Practitioner*

Psychiatrists and Psychiatric Nurse Practitioners serve as clinical leaders of the multi-disciplinary crisis team. Essential functions include ensuring clinical soundness of crisis services through evaluation of need, continued monitoring of care and crisis service discharge planning.



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The role of the psychiatrist/psychiatric nurse practitioner during the evaluation is to:

- Clarify diagnosis and information within any existing psychiatric advance directive (PAD);
- Evaluate and define a course of care for substance use, mental & physical health needs;
- Collaborate with the team to assess risk and level of care needs;
- Participate in establishing patient-centered treatment goals and plans with the team;
- Educate about medications and care options; *and*
- Partner with the team to engage with the person’s support system.

The role of the psychiatrist/psychiatric nurse practitioner in continued treatment is to:

- Monitor patient-centered needs and risk while adjusting treatment as needed;
- Collaborate to support movement towards recovery goals in a patient-centered fashion;
- Participate in the delivery of family education as applicable;
- Educate, train and model best practice care to team members during treatment; *and*
- Provide overall clinical leadership and oversight of patient-centered care.

The role of the psychiatrist/psychiatric nurse practitioner during the discharge process is to:

- Collaborate with the team and those served to develop PAD and discharge plan;
- Prescribe medication to bridge until the person’s follow-up appointment; *and*
- Support persons served with education about discharge medications and any follow-up needs or recommendations for monitoring side effects.

### **Additional Elements of a System of Care**

As noted previously, essential crisis system elements are limited to (1) the crisis call center hub, (2) crisis mobile response and (3) crisis receiving and stabilization services. A multitude of other resources that support a comprehensive system of care exist; including facility-based resources such as short-term residential facilities and peer respite programs that offer step down options for individuals following a crisis episode.

#### *Short-Term Residential Facilities*

Small, home-like short-term residential facilities can be seen as a strong step-down option to support individuals who do not require inpatient care after their crisis episode. In many communities, these are called crisis residential facilities. SAMHSA cautions that these are not actual crisis facilities given the criteria that a crisis facility must accept all referrals. However, they are an important part of a continuum that can be used to address the needs of individuals experiencing LOCUS assessed needs of 4 and 5 in a cost-effective manner. As such, staffing for these programs is far less intensive than a crisis receiving and stabilization facility. Short-term crisis residential programs should minimally have a licensed and/or credentialed clinician on location for several hours each day and on-call for other hours.

To maximize their usefulness, short-term residential facilities should function as part of an integrated regional system of care. Access to these programs should be facilitated through the air traffic control (ATC)-capable call center hub of the region to maximize system efficiency. This approach also centralizes data regarding program occupancy, lengths of stay, percentage of



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referrals accepted and time to make decisions on referral acceptance; offer valuable data on how each participate in the system of care is supporting the needs of the community.

#### *Peer-Operated Respite*

Another model of short-term facility-based care is a peer-operated respite program. These programs do not typically incorporate licensed staff members on site although some may be involved to support assessments. They provide peer-staffed, restful, voluntary sanctuary for people in crisis, which is preferred by guests and increasingly valued in service systems. Peer-respite offers a low-cost, supportive step-down environment for individuals coming out of or working to avoid the occurrence of a crisis episode. Program activities should focus on issues that have contributed to the escalation in challenges facing the individual and/or their support system and the skills needed to succeed in the community.

### Crisis System Coordination

Crisis services should not be viewed as stand-alone resources operating independent of the local community mental health and hospital systems but rather an integrated part of a coordinated continuum of care. Services needs and preferences of the individual served must be assessed to inform the interventions of the crisis provider and the connections to care that follow the crisis episode. This is not easily achieved given the complex dynamics that are in play in many communities throughout the country that have complex health ecosystems influencing the care delivery system. Given the understanding that pieces of a continuum of care will not typically align and partner fully without a purposeful intent, regular communication between crisis services, local hospital and outpatient service leaderships must be coordinated in a thoughtful manner that focuses on the needs of the community served.

Agency-to-agency collaboration is essential and may manifest through personal relationships of leaders, Memorandums of Understanding (MOUs), shared protocols or more advanced high-tech solutions such as real-time bed registries, shared GPS-enabled communication to support dispatch and outpatient appointment setting through the call center hub. A modification of the Milbank collaboration continuum may be used to assess the degree to which crisis systems are meeting the expectation of community coordination and collaboration (*shown in Table 2 below*).

**Table 1 - Continuum to Evaluate Crisis Systems and Collaboration**

← CRISIS SYSTEM COMMUNITY COORDINATION & COLLABORATION CONTINUUM →				
<i>Level 1</i>	<i>Level 2</i>	<i>Level 3</i>	<i>Level 4</i>	<i>Level 5</i>
<b>MINIMAL</b>	<b>BASIC</b>	<b>BASIC</b>	<b>CLOSE</b>	<b>CLOSE</b>
<i>Agency Relationships</i>	<i>Shared MOU Protocols</i>	<i>Formal Partnerships</i>	<i>Data Sharing (Not 24/7 or Real-Time)</i>	<i>“ATC Connectivity”</i>

In this model, the highest level of care requires shared protocols for coordination and care management that are supported in real time by electronic processes. For a crisis service system to provide Level 5 close and fully integrated care, it must implement an integrated suite of software applications that employ online, real-time, and 24/7 ability to communicate about, update and monitor available resources in the network of provider agencies.

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### *Psychiatric Advance Directives*

A psychiatric or mental health advance directive (PAD) is a legal tool that allows a person with mental illness to state their preferences for treatment in advance of a crisis. They can serve as a way to protect a person's autonomy and ability to self-direct care. Crisis providers are expected to always seek to understand and implement any existing PAD that has been developed by the individual during the evaluation phase and work to ensure the individual discharges from crisis care with an updated and accurate psychiatric advance directive whenever possible. PAD creates a path to express treatment preferences and identify a representative who is trusted and legally empowered to make healthcare decisions on medications, preferred facilities and listings of visitors.

## **Essential Principles for Modern Crisis Care Systems**

A crisis provider's approach to care must include the incorporation of a philosophy that removes barriers to accessing care. Regional 24/7 clinically staffed crisis call centers must be equipped to triage and provide telephonic support to any caller, mobile teams must go to wherever the person in need is at the time of their crisis and crisis stabilization centers must accept all referrals that walk through their door or are brought in by first responders. To execute on this bold approach to care, a crisis provider must be staffed to meet these expectations. First responders and other community partners must know that they are able to connect every individual to care in a timely manner. Approaches that result in the rejection of even a small percentage of referrals translate into questioning whether crisis is really a viable alternative to emergency department and jail options that do not reject referrals.

There are many other levels of care that contribute to a comprehensive system of care and most of those will implement some form of admission criteria that restricts who is admitted to the program. This is appropriate for a vast majority of non-crisis programs but cannot be part of a crisis provider's practice. Much like 911, fire, police and emergency departments, the expectation is that crisis programs will respond to emergent appeals for support; never responding with an unwillingness to engage in addressing the emergent issue.

### **Core Principles**

Best practice crisis care incorporates a set of core principles throughout the entire crisis service delivery system; offering elements that must be systematically "baked in" to excellent crisis systems in addition to the core structural elements that are defined as essential for modern crisis systems. These essential principles and practices are:

1. Addressing Recovery Needs,
2. Significant Role for Peers,
3. Trauma-Informed Care,
4. *Zero Suicide*/Suicide Safer Care,
5. Safety/Security for Staff and People in Crisis *and*
6. Crisis Response Partnerships with Law Enforcement, Dispatch and Emergency Medical Services (EMS).

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### *Addressing Recovery Needs*

Crisis providers must address the recovery needs of individuals and families to move beyond their mental health and substance use challenges to lead happy, productive and connected lives each and every day. At the 2019 International Initiative for Mental Health Leadership (IIMHL) Crisis Now Summit, consumer Misha Kessler ended his description of his direct experiences with crisis services, “Mental illness is [just] one part of my tapestry.”

Recovery is possible and should not be viewed within the narrow definition of an absence of symptoms. In fact, many individuals develop meaning and purpose in life despite the continuation of symptoms. The report of the President’s New Freedom Commission on Mental Health (Hogan, 2003) recommended that mental health care be “recovery-oriented” and enriched by person-centered approaches, a hopeful and empowering style, and increased availability of support by individuals with lived experience.

The significance of a recovery-oriented approach is elevated for individuals in crisis and, thus, for crisis settings. In an outmoded, traditional model, crises reflect “something wrong” with the individual. Risk is seen as something to be contained; often through involuntary commitment to an inpatient setting. In worst-case situations, this obsolete approach interacts with inadequate care alternatives; resulting in people restrained on emergency room gurneys or transferred to jails because of their behavior.

In a recovery-oriented approach to crisis care, the risks of harm to self or others are recognized, but the basic approach is fundamentally different. Crises are viewed as challenges that may present opportunities for growth. When crises are managed in comfortable and familiar settings, people feel less alone and isolated with their feelings of anxiety, panic, depression, and frustration. This creates a sense of empowerment and belief in one’s own recovery and ability to respond effectively to future crises. A recovery-oriented approach to crisis care is integral to transforming a broken system. Not only must we expand crisis care, but we must forge a better approach to crisis care by ensuring implementation of fidelity to these best practice guidelines.

### *Implementation Guidance*

1. *Commit to a no-force-first approach to quality improvement in care that is characterized by engagement and collaboration.*
2. *Create engaging and supportive environments that are as free of barriers as possible. This should include eliminating Plexiglas from crisis stabilization units and minimal barriers between team members and those being served to support stronger connections.*
3. *Ensure team members engage individuals in the care process during a crisis. Communicate clearly regarding all options and offer materials regarding the process in writing in the individual’s preferred language whenever possible.*
4. *Ask the individual served about their preferences and do what can be done to align actions to those preferences.*
5. *Help ensure natural supports and personal attendants are also part of the planning team, such as with youth and persons with intellectual and developmental disabilities.*

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6. *Work to convert those with an involuntary commitment to voluntary so they are invested in their own recovery.*

#### Significant Role for Peers

One specific, transformative element of recovery-oriented care is to fully engage the experience, capabilities and compassion of people who have experienced mental health crises. Including individuals with lived mental health and substance use disorder experience (peers) as core members of a crisis team supports engagement efforts through the unique power of bonding over common experiences while adding the benefits of the peer modeling that recovery is possible.

Including peers—especially people who have experienced suicidality and suicide attempts and have learned from these experiences—can be a safe and effective program mechanism for assessing and reducing suicide risk for persons in crisis. Peer intervention in the crisis setting with suicidal individuals is particularly potent in light of the reported 11% to 50% range of attempters who refuse outpatient treatment or abandon outpatient treatment quickly following ED referral (Kessler et al., 2005). Peers can relate without judgment, can communicate hope in a time of great distress, and can model the fact that improvement and success are possible. This increases engagement while reducing distress.

The role of peers—specifically survivors of suicide attempts as well as survivors of suicide loss—was bolstered when the National Action Alliance’s Suicide Attempt Survivors Task Force released its groundbreaking report, *The Way Forward: Pathways to Hope, Recovery, and Wellness with Insights from Lived Experience*, in July 2014. The report describes the many ways in which learning from and capitalizing on lived experience can be accomplished.

#### Implementation Guidance

1. *Hire credentialed peers with lived experience that reflect the characteristics of the community served as much as possible. Peers should be hired with attention to common characteristics such as gender, race, primary language, ethnicity, religion, veteran status, lived experiences and age.*
2. *Develop support and supervision that aligns with the needs of your program’s team members.*
3. *Emphasize engagement as a fundamental pillar of care that includes peers as a vital part of a crisis program’s service delivery system. This should include (1) integrating peers within available crisis line operations, (2) having peers serve as one of two mobile team members and (3) ensuring a peer is one of the first individuals to greet an individual admitted to a crisis stabilization facility.*

#### Trauma-Informed Care

The great majority of individuals served in mental health and substance use services have experienced significant interpersonal trauma. The adverse effects of childhood trauma may present well into adulthood; increasing the risk for post-traumatic stress disorder (PTSD), mental illness, substance abuse, and poor medical health (Finkelhor et al., 2005). Persons with history of

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trauma or trauma exposure are more likely to engage in self-harm and suicide attempts and their trauma experiences make them very sensitive to how care is provided.

Mental health crises and suicidality often are rooted in trauma. These crises are compounded when crisis care involves loss of freedom, noisy and crowded environments and/or the use of force. These situations can actually re-traumatize individuals at the worst possible time, leading to worsened symptoms and a genuine reluctance to seek help in the future.

On the other hand, environments and treatment approaches that are safe and calm can facilitate healing. Thus, we find that trauma-informed care is an essential element of crisis treatment. In 2014, SAMHSA set the following guiding principles for trauma-informed care:

1. Safety;
2. Trustworthiness and transparency;
3. Peer support and mutual self-help;
4. Collaboration and mutuality;
5. Empowerment, voice and choice; *and*
6. Ensuring cultural, historical and gender considerations inform the care provided.

These principles should inform treatment and recovery services. If such principles and their practice are evident in the experiences of staff as well as consumers, the program's culture is trauma-informed and will screen for trauma exposure in all clients served, as well as examine the impact of trauma on mental and physical well-being. Addressing the trauma that family and significant others have experienced is also a critical component that assists stabilization and reduces the possibility of further trauma or crisis.

Trauma-informed systems of care ensure these practices are integrated into service delivery. Developing and maintaining a healthy environment of care also requires support for staff, who may have experienced trauma themselves. An established resource for further understanding trauma-informed care is provided by SAMHSA (2014): *Trauma-Informed Care in Behavioral Health Services* (TIP 57).

Trauma-informed care is urgently important in crisis settings because of the links between trauma and crisis and the vulnerability of people in crisis; especially those with trauma histories.

#### *Implementation Guidance*

1. *Incorporate trauma-informed care training into each team member's new employee orientation with refreshers delivered as needed.*
2. *Apply assessment tools that evaluate the level of trauma experienced by the individuals served by the crisis program and create action steps based on those assessments.*

#### Zero Suicide/Suicide Safer Care

Crisis intervention programs have *always* focused on suicide prevention. This stands in contrast to other health care and even mental health services, where suicide prevention was not always positioned as a core responsibility. Two transformational commitments must be made by every crisis provider in the nation: (1) adoption of suicide prevention as a core responsibility, and (2)

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commitment to dramatic reductions in suicide among people under care. These changes were adopted and advanced in the revised *National Strategy for Suicide Prevention (2012)*, specifically via a new Goal 8: “Promote suicide prevention as a core component of health care services” (p. 51).

The National Action Alliance for Suicide Prevention created a set of evidence-based actions known as Zero Suicide or Suicide Safer Care that health care organizations can apply through an implementation toolkit developed by the Suicide Prevention Resource Center (SPRC) at Education Development Center, Inc. (EDC). The following seven key elements of Zero Suicide or Suicide Safer Care are all applicable to crisis care:

1. Leadership-driven, safety-oriented culture committed to dramatically reducing suicide among people under care, that includes survivors of suicide attempts and suicide loss in leadership and planning roles;
2. Developing a competent, confident, and caring workforce;
3. Systematically identifying and assessing suicide risk among people receiving care;
4. Ensuring every individual has a pathway to care that is both timely and adequate to meet his or her needs and includes collaborative safety planning and a reduction in access to lethal means;
5. Using effective, evidence-based treatments that directly target suicidal thoughts and behaviors;
6. Providing continuous contact and support; especially after acute care; *and*
7. Applying a data-driven quality improvement approach to inform system changes that will lead to improved patient outcomes and better care for those at risk.

See more at <http://zerosuicide.sprc.org/about>

It should be noted that the elements of Zero Suicide closely mirror the standards and guidelines of the National Suicide Prevention Lifeline (NSPL), which has established suicide risk assessment standards, guidelines for callers at imminent risk, and protocols for follow-up contact after the crisis encounter. Zero Suicide also promotes collaborative safety planning, reducing access to lethal means, and incorporating, into the service provided, the feedback of suicide loss and suicide attempt survivors.

Since comprehensive crisis intervention systems are the most urgently important clinical service for suicide prevention and most parts of the country do not have adequate crisis care, we find a national and state-level commitment to implementing comprehensive crisis services to be foundational to suicide prevention; leading to an expectation that best practices in suicide care be required by health authorities (i.e., payers, plans, state agencies, Medicaid and Medicare).

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### *Implementation Guidance*

1. *Incorporate suicide risk screening, assessment and planning into the new employee orientation for all team members.*
2. *Mandate completion of Applied Suicide Intervention Services Training (ASIST) or similar training by all team members serving individuals who receive crisis services.*
3. *Incorporate suicide risk screening, assessment and planning into the crisis provider's practices.*
4. *Automate the suicide risk screening, assessment and planning process, and associated escalation processes, within the electronic medical record of the crisis provider.*
5. *Commit to a goal of Zero Suicide as a state and as a crisis system of care.*

### Safety/Security for Staff and People in Crisis

Safety for both individuals served and staff is a foundational element for all crisis service settings. Crisis settings are also on the front lines of assessing and managing suicidality and possibly thoughts or aggressive behaviors, issues with life and death consequences. While ensuring safety for people using crisis services is paramount, the safety for staff cannot be compromised.

People in crisis may have experienced violence or acted in violent ways, they may be intoxicated or delusional, and/or they may have been brought in by law enforcement and thus may present an elevated risk for violence.

Trauma-informed and recovery-oriented care is safe care. But much more than philosophy is involved. The Department of Health and Human Services' (DHHS's) Mental Health Crisis Service Standards (2006) begin to address this issue, setting parameters for crisis services that are flexible and delivered in the least restrictive available setting while attending to intervention, de-escalation and stabilization.

Keys to safety and security in crisis delivery settings include:

- Evidence-based and trauma-informed crisis training for all staff;
- Role-specific staff training and appropriate staffing ratios to number of clients being served;
- A non-institutional and welcoming physical space and environment for persons in crisis, rather than Plexiglas "fishbowl" observation rooms and keypad-locked doors. This space must also be anti-ligature sensitive and contain safe rooms for people for whom violence may be imminent;
- Established policies and procedures emphasizing "no force first" prior to implementation of safe physical restraint or seclusion procedures;
- Pre-established criteria for crisis system entry;
- Strong relationships with law enforcement and first responders; *and*
- Policies that include the roles of clinical staff (and law enforcement if needed) for management of incidents of behavior that places others at risk.

Ongoing staff training is critical for maintaining both staff competence and confidence, and promotes improved outcomes for persons served and decreased risk for staff (Technical



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Assistance Collaborative, 2005). Nationally recognized best practices in crisis intervention such as CPI (Crisis Prevention Institute, Nonviolent Crisis Intervention Training) and Therapeutic Options (Therapeutic Options, Inc.) are highly effective and instrumental in their utilization of positive practices to minimize the need for physical interventions and re-traumatization of persons in crisis. Such approaches have contributed to a culture of safety for staff and clients in the crisis setting.

Adequate staffing for the number and clinical needs of individuals under care is foundational to safety. Access to a sufficient number of qualified staff (clinicians, nurses, providers and peer support professionals) promotes timely crisis intervention and risk management for persons in crisis who are potentially dangerous to themselves or others (DHHS, 2006).

In some crisis facilities licensed or certified to provide intensive services, seclusion and/or restraint may be permitted. Though some practitioners view physical and/or pharmacological restraint and seclusion as safe interventions, they are often associated with increased injury to both clients and staff and may re-traumatize individuals who have experienced physical trauma. Therefore, restraint and seclusion are now considered safety measures of last resort, not to be used as punishment, an alternative to appropriate staffing of crisis programs, a technique for behavior management, or a substitute for active treatment (Technical Assistance Collaborative, 2005).

Crisis providers must engage in person-centered planning and treatment while assessing risk for violence to collaboratively develop de-escalation and safety plans for individuals served by the program. Staff and individuals involved in those interventions should be debriefed after a seclusion/restraint event to inform policies, procedures, and practices; reducing the probability of future use of such interventions.

Following the tragic death of Washington State social worker Marty Smith in 2006, the mental health division of the state's Department of Social and Health Services sponsored two safety summits. The legislature passed into law a bill (SHB 1456) relating to home visits by mental health professionals.

According to SHB 1456, the keys to safety and security for home visits by mental health staff include:

- No mental health crisis outreach worker will be required to conduct home visits alone.
- Employers will equip mental health workers who engage in home visits with a communication device;
- Mental health workers dispatched on crisis outreach visits will have prompt access to any information available on history of dangerousness or potential dangerousness on the client they are visiting.

Ensuring safety for both consumers and staff is the very foundation of effective crisis care. While safety is urgently important in all health care, in crisis care, the *perception of safety* is also essential. The prominence and damaging effects of trauma and the fear that usually accompanies psychological crisis make safety truly “Job One” in all crisis settings.



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### *Implementation Guidance*

1. *Commit to a no-force-first approach to care.*
2. *Monitor, report and review all incidents of seclusion and restraint with the goal of minimizing the use of these interventions.*
3. *Remember that barriers do not equal safety. The key to safety is engagement and empowerment of the individual served while in crisis.*
4. *Offer enough space in the physical environment to meet the needs of the population served. A lack of space can elevate anxiety for all.*
5. *Incorporate quiet spaces into your crisis facility for those who would benefit from time away from the milieu of the main stabilization area.*
6. *Engage your team members and those you serve in discussions regarding how to enhance safety within the crisis program.*

### Law Enforcement and Crisis Response—An Essential Partnership

Law enforcement agencies have reported a significant increase in police contacts with people with mental illness in recent years. Some involvement with mental health crises is inevitable for police. As first responders, they are often the principal point of entry into emergency mental health services for individuals experiencing a mental health or substance use crisis.

Police officers are critical to mobile crisis services as well; either (1) providing support in potentially dangerous situations (Geller, Fisher, & McDermeit, 1995) when the need is assessed or (2) as a referral source delivering warm hand-offs to crisis mobile teams. Research investigating law enforcement response to individuals with mental illness (Reuland, Schwarzfeld, & Draper, 2009) found police officers frequently:

- Encounter persons with mental illness at risk of harming themselves;
- Often spend a greater amount of time attempting to resolve situations involving people exhibiting mental health concerns;
- Address many incidents informally by talking to the individuals with mental illness;
- Encounter a small subset of “repeat players”; *and*
- Often transport individuals to an emergency medical facility where they may wait for extended periods of time for medical clearance or admission.

In many communities across the United States, the absence of sufficient and well-integrated mental health crisis care has made local law enforcement the *de facto* mental health mobile crisis system. This is unacceptable and unsafe. The role of local law enforcement in addressing emergent public safety risk is essential and important. With good mental health crisis care in place, the care team can collaborate with law enforcement in a fashion that will improve both public safety and mental health outcomes. Unfortunately, well-intentioned law enforcement responders to a crisis call often escalate the situation solely based on the presence of police vehicles and armed officers that generate anxiety for far too many individuals in a crisis.

We now know a good deal about crisis care/law enforcement collaboration. Deane et al. (1999), reporting on partnerships between mental health and law enforcement, found the alliance

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between first responders and mental health professionals helped to reduce unnecessary hospitalization or incarceration. Specialized responses to mental health crisis included police-based specialized police response, police-based specialized mental health response, and mental health-based specialized mental health response. These forms of collaboration share the common goal of diverting people with mental health crises from criminal justice settings into mental health treatment settings and were rated as “moderately effective” or “very effective” in addressing the needs of persons in crisis.

Specialized police responses involve police training by mental health professionals in order to provide crisis intervention and act as liaisons to the mental health system. The Memphis Crisis Intervention Team (CIT) model pioneered this approach. In CIT, training for law enforcement includes educating officers about mental illness, substance use and abuse, psychiatric medications, and strategies for identifying and responding to a crisis (Tucker *et al.*, 2008). Lord *et al.* (2011) found most officers involved volunteered to participate in the training.

Consistent with the findings above, CIT necessitates a strong partnership and close collaboration between the police officers and mental health programs that includes the availability of a crisis setting where police can drop off people experiencing a mental health crisis. CIT has been cited as a “Best Practice” model for law enforcement (Thompson & Borum, 2006). Crisis programs should engage in ongoing dialog with local law enforcement agencies to support continuous quality improvement and collaborative problem-solving. Top crisis systems report facilitating monthly meetings with aggregate data sharing as a part of their ongoing operations.

Strong partnerships between crisis care systems and law enforcement are essential for public safety, suicide prevention, connections to care justice system diversion and the elimination of psychiatric boarding in emergency departments. The absence of comprehensive crisis systems has been the major “front line” cause of the criminalization of mental illness and a root cause of shootings and other incidents that have left people with mental illness and officers dead. Collaboration is the key to reversing these unacceptable trends.

#### *Implementation Guidance*

1. *Have local crisis providers actively participate in CIT training or related mental health crisis management training sessions.*
2. *Incorporate regular meetings between law enforcement and crisis providers, including EMS and dispatch, into the schedule so these partners can work to continuously improve their practices.*
3. *Include training on crisis provider and law enforcement partnerships in the training for both partner groups.*
4. *Share aggregate outcomes data such as numbers served, percentage stabilized and returned to the community and connections to ongoing care.*

### ***Unique Challenges of Rural and Frontier Communities***

Rural and frontier communities face unique workforce and geographic challenges that make it more difficult to deliver high quality crisis services that meet the needs of the region. System leaders should evaluate opportunities to leverage technology and existing program capacity to deliver care to maximize access to timely services. Approaches should include:

1. Learning how other first responder services like law enforcement, fire and emergency medical services operate in the area.
2. Leveraging existing first responder transportation systems to offer access to care in a manner that aligns with emergency medical services in the area.
3. Incorporating technology such as telehealth to offer greater access to limited licensed professional resources.
4. Developing crisis response teams with members who serve multiple roles in communities with limited demand for crisis care to advance round the clock support when called-upon.
5. Establishing rural reimbursement rates for services that support the development of adequate crisis care in the area.
6. Creating crisis service response time expectations that consider the geography of the region while still supporting timely access to care.

Residents of rural and frontier communities are at risk of experiencing mental health and substance use crisis. When this occurs, these individuals must have access to care that meets their needs in a timely manner much like their counterparts in urban communities. Limited resources may make this aspiration challenging. However, approaches are available to narrow the difference between these rural communities and those with higher population densities.

## ***Funding Crisis Care***

Approaches to fund mental health and substance use crisis services vary widely from state to state. In many cases, funding is cobbled together, inconsistently supported and inadequate when not aligned with best practices. One of the greatest factors contributing to these funding challenges is the inconsistent expectations around crisis provider service delivery; allowing providers who staff and operate in very different ways to utilize the same crisis stabilization service coding.

Consider the nature of crisis care in systems with multiple payers. If a provider commits to fully align their practices to the *National Guidelines for Crisis Care* contained in this toolkit, then that provider is poorly positioned to negotiate reimbursement with each of those multiple funders in a region simply because the funder knows the provider will accept all referrals and serve them even if they do not reimburse in a manner that covers the cost of care. In these cases, it is often local jurisdictions who are paying part of the bill for legally or contractually responsible payer health plans that fall short in reimbursement. The solution is to create rate reimbursement structures that sustain delivery of services that align with best practice guidelines and secure capacity funding for community members who otherwise do not have insurance to cover critical care. This is not a new concept given the funding streams that exist in support of 911, fire, ambulance and emergency department services but it is one that must be extended for mental health and substance use crisis care for parity to be realized.

In a November 13, 2018 letter from the Centers for Medicare & Medicaid Services to State Medicaid Directors, a path to receive a waiver on the payment exclusion for Institutions of Mental Disease (IMD) was offered:

*“CMS will consider a state’s commitment to on-going maintenance of effort on funding outpatient community-based mental health services as demonstrated in their application when determining whether to approve a state’s proposed demonstration project in order to ensure that resources are not disproportionately drawn into increasing access to treatment in inpatient and residential settings at the expense of community-based services. Furthermore, CMS strongly encourages states to include in their application a thorough assessment of current availability of mental health services throughout the state, **particularly crisis stabilization services.**”*

The letter clarifies that *“states may receive federal matching funds for Medicaid-coverable services provided to individuals residing in psychiatric hospitals and residential treatment settings that are not ordinarily matchable because these facilities qualify as IMDs”* under an approved demonstration project. This represents an opportunity leverage the additional federal funding in lieu of state payment for these IMD services; freeing up state funding to support local crisis care.

### **The Firehouse Model: Crisis Care Funding vs. Emergency Care Funding**

It is revealing to compare mental health crisis care to other first responder systems like firefighting or emergency medical services (EMS). There are striking similarities:

- The service is essential and may be needed by anyone in the community;

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- The need for it is predictable over time but the timing of individual crises events is not; *and*
- Effective crisis response is lifesaving and much less expensive than the consequences of inadequate care.

One might measure the effectiveness of emergency medical services (EMS) in lives saved because of timely intervention for individuals with acute heart disease. For mental health crisis response, we can see the impact of comprehensive approaches in lives saved from suicide and people cared for effectively and more efficiently via mobile crisis visits or brief respite stays that might cost \$300 per day versus inpatient rates of \$1,000 per day. This approach better connects the individual to his or her community while minimizing disruption in the person's community connections.

It is also useful to think about the financing of core crisis services. It would be unthinkable for any community, except frontier or very small ones, to go without their own fire department. Because this is known to be an essential public expenditure, fire stations and fire trucks are simply made available. Sometimes users may pay a fee for service calls but the station and the equipment are available to anyone in need regardless of ability to pay. In most communities, mental health crisis services take a different approach or are not offered at all due to the lack of coverage or reimbursement for this level of care. Health coverage (e.g., Medicaid) will pay for professional fees as if services were delivered as part of a routine office visit but few entities pay for the infrastructure of a crisis system with rates that reflect the "firehouse model" expenses involved in being available for the next call or referral.

For those who have ever experienced a medical emergency and contacted 911 for help, they probably know how this plays out. Fire departments and/or an ambulance respond quickly to deliver emergent care. If they assess a need for further support, they may transport to the emergency department for care. What follows in the subsequent weeks, following care, is the delivery of bills or invoices for the ambulance care and transportation followed by any services received within the emergency department. These bills or invoices total thousands of dollars in most cases; expenses that represent the higher cost of offering emergent care that is accessible to **anyone, anywhere and anytime**. Unfortunately, crisis care reimbursement is often a fraction of that of its physical health counterparts and is, therefore, delivered in a model that falls short of best practice expectations or is simply not offered because there is no mechanism to adequately reimburse the cost of the level of care.

#### A Potential Solution

Funding crisis care through a firehouse model may be the best approach for some of these services while other viable options are also evolving with the implementation of parity. A leading solution to the crisis care funding puzzle is to model reimbursement after the physical health service counterparts already in place. Subsequent efforts to enforce parity laws in a manner that removes much of the burden on local communities by shifting the expense to the person's health insurance plan that, by law or contract, is actually responsible for covering this care will position crisis care to have sustainable funding streams in support of best practice care; leading to care that can truly lower health care costs while dramatically improving the experience of people in crisis and the health of communities through justice system and ED diversion.

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#### Multiple Payer Systems

The approach proposed supports reimbursement within multiple payer systems when responsible payers (health plans) each pay for services at rates that support operations. Therefore, it is recommended that states, counties or local jurisdictions establish rates for their communities that can be applied to all payers. Otherwise, local jurisdictions will be forced to cover the shortfall in funding from the legally or contractually responsible payers who offer lower reimbursement for care that is always made available to all community members. In essence, the lead of local government to establish reasonable reimbursement rates for best practice crisis services amongst all responsible payers offers a sustainable model that reduces the demand on communities to cover health care expenses that should be covered by an insurer; supporting the existing of the safety net service that is accessible in real-time when called-upon.

#### Regional 24/7 Crisis Call Center Hub

This service is really meant to serve entire regions in a manner similar to 911 call responses with SAMHSA delivering some funding to support this valuable resource currently. Although there is some ability to verify certain information identifying the caller, reimbursing for care using the Behavioral Health Hotline code, call center funding might be best served through a population-based funding stream that comes from an assessment on cell phone and/or land line utilization. This approach would more cleanly sustain nationwide funding for this safety net service and implementation of advanced air traffic control-type technology in all parts of the country.

#### Crisis Mobile Response Services

Crisis mobile response services are analogous to fire and ambulance responses for emergent physical health issues. As such, funding mechanisms should align so that adequate capacity can be in place to serve communities. Given that demand is not completely predictable, there will be some down time for these teams and reimbursement rates must be set so that the health plan still realizes value in the service (largely value realized by avoiding ambulance and emergency department bills) while community members get better access to care. If commercial and Medicaid plans pay at this reasonable rate for quality care, the state, county or city funding of contributions will be relatively low; particularly in states with low uninsured rates.

#### Crisis Receiving and Stabilization Facility Services

Crisis receiving and stabilization services are analogous to emergency department services but typically fall under a crisis stabilization coding approach that offers hourly and per diem reimbursement. Facilities are likely licensed outpatient programs that offer flexibility to deliver care to a larger number of people in smaller spaces; necessitating that service duration be limited to under 24 hours (often referred to as 23 hour programs). Professional fees are usually billed in addition to the crisis stabilization service but can be bundled if that approach is preferred. The benefit to separate billing of professional services is that practically all payers currently reimburse for these services while few outside of Medicaid recognize crisis stabilization for reimbursement at this time. Getting some of the expense covered by these payers (pending a better enforcement of the parity law) is better than none when it comes to minimizing the financial cost to the community served.

**Crisis Service Coding**

Establishing a common definition for “crisis services” is essential to this coding process given the ever-expanding use of the term “crisis” by entities describing offerings that do not truly function as no-wrong-door safety net services accepting all referrals. Crisis services include (1) crisis lines accepting all calls and dispatching support based on the assessed need of the caller, (2) mobile crisis teams dispatched to wherever the need is in the community and (3) crisis receiving and stabilization facilities that serve everyone that comes through their doors from all referral sources. These services are for **anyone, anywhere and anytime**. This crisis service coding discussion focuses solely and exclusively on the three essential crisis services. Any other service may offer value within the continuum of care but should not use “crisis service” coding.

Crisis services are designed to connect individuals to care as quickly as possible through a systemic approach that is comparable to that of the physical healthcare system. The table below provides a look at similarities between crisis services and their physical health counterparts; offering a framework that can be used to model reimbursement for these similar services in a manner consistent with public expectations of parity.

Table 2 – Emergency and Crisis Service Analogies

Services for Responding to a Health Crisis		
	Physical Health	Mental Health & Substance Use
<b>Emergency Call Center</b>	911	Crisis Line
<b>Community-Based Response</b>	Ambulance / Fire	Mobile Crisis Line
<b>Emergent Facility Care</b>	Emergency Dept.	Crisis Receiving & Stabilization Facility

[Healthcare Coding of Crisis Services](#)

Coding of crisis services must be standardized to support reimbursement for these important services. Additionally, coding for mobile and facility-based crisis services has a clear to path to reimbursement much like what currently exists for ambulance and emergency department service providers. Although a bit different than the analogous 911 service that largely focuses on dispatching support, crisis line services represent an essential element of improving access to care that includes the delivery of telehealth services. Here’s a brief description of these services and a straightforward strategy for healthcare coding in each case:

- 1. Crisis Call Center:** This service represents the incorporation of a readily accessible crisis call center that is equipped to efficiently connect individuals in a mental health crisis to needed care; including telehealth support services delivered by the crisis line itself. Recognizing the provider’s limited ability to verify insurance and identification over the phone, these services may be best funded as a safety net resource but reimbursement for services delivered is an



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option. The most straight-forward option is to bill for services delivered to eligible individuals using the Healthcare Common Procedure Coding System (HCPCS) code of H0030 - Behavioral Health Hotline Service.

The limitation of the direct billing approach is that it can be very difficult to acquire the information adequate to verify healthcare coverage and the identity of the service recipient during the phone interaction. However, some level of direct billing for care could be used to augment the funding received by regional and state government entities to support operations. Crisis line providers do indeed deliver telehealth support to insured callers every day. Data elements such as member phone numbers of Medicaid-enrolled or privately insured individuals can be combined with Caller ID technology to support billing efforts.

2. **Mobile Crisis:** Mobile crisis services represent community-based support where people in crisis are; either at home or a location in the community. Services should be billed using the nationally recognized HCPCS code of H2011 Crisis Intervention Service per 15 Minutes. Limiting the use of this code to only community-based mobile crisis team services positions a funder to set a reimbursement rate that represents the actual cost of delivering this safety net service much as it does for a fire department or ambulance service reimbursement rate. When applicable, transportation services should be billed separately.
3. **Crisis Receiving and Stabilization Facility:** Crisis receiving and stabilization facility services that meet minimum expectations described in this paper are delivered by a 24/7 staffed multidisciplinary team that includes prescribers (psychiatrists and/or psychiatric nurse practitioners), nurses, clinicians and peers. Nationally recognized HCPCS codes of S9484 Crisis Intervention Mental Health Services per Hour and S9485 Crisis Intervention Mental Health Services per Diem can be used to reimburse for services delivered. Medications, radiology, laboratory, CPT codes and professional evaluation and treatment services may be billed separately or bundled into reimbursement rates.

Table 3 – Crisis Service Coding

Service	Recommended Coding Option Approach
<b>Crisis Line</b>	<b>H0030</b> – Behavioral Health Hotline Service and contract as a safety net resource to augment funding
<b>Mobile Crisis Response</b>	<b>H2011</b> - Crisis Intervention Service per 15 minutes <i>Note: The HT modifier can be utilized in combination with this code to denote a multi-disciplinary team if codes are used for multiple crisis delivery modalities.</i>
<b>Crisis Stabilization Facility (non-hospital)</b>	<b>S9484</b> - Crisis Intervention Mental Health Services per Hour <b>S9485</b> - Crisis Intervention Mental Health Services per Diem <i>Note: The TG modifier can be utilized to denote a complex level of care if these codes are utilized for multiple crisis delivery modalities</i>



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### A Call for Parity

Establishing universally recognized and accepting coding for crisis services is an essential step towards delivering on our nation's promise of parity; moving mental healthcare out of the shadows and into mainstream care of the whole person. Parity should be the expectation. Individuals experiencing a mental health or substance use crisis must have access to timely and effective care, based on the person's needs, that aligns with access to care for a person with a physical health emergency.

**Anyone!**

**Anywhere!**

**Any Time!**

Unfortunately, access to effective care during a mental health crisis is widely known to be deficient in healthcare settings across the country. "8 in 10 ED Doctors Say Mental Health System Is Not Working for Patients" according to a survey by the American College of Emergency Physicians (ACEP). Thousands of Americans are dying from suicide every month and many family members of those coping with serious mental illness or loss of loved ones to suicide are experiencing unspeakable pain. Individuals with limited options are getting the wrong care in the wrong place with jails, EDs and inpatient care substituting for mental health crisis services and law enforcement is functioning as defacto mobile crisis units.

According to the 2019 Treatment Advocacy Center published *Road Runner* study, more than \$17.7 million was spent in 2017 by reporting law enforcement agencies which transported people with severe mental illness. If extrapolated to law enforcement agencies nationwide, this number is approximately \$918 million or 10% of law enforcement's annual operating budget. Additionally, mental illness is the most prevalent disability in the United States. The time is ripe to solidify better access to crisis care and change these unacceptable outcomes that are adversely impacting communities, filling jails and crowding emergency departments. A nationally recognized framework for delivering a full continuum of crisis care has been established by the National Action Alliance for Suicide Prevention Crisis Services Task Force with resources found on the National Association of State Mental Health Program Director's (NASMHPD's) [www.crisisnow.com](http://www.crisisnow.com) website and healthcare coding, as defined in this document, is available to support reimbursement for that care

## ***Assessing Adequacy of System Capacity***

### Care for All Populations Throughout Lifespan

Crisis services are meant to address the acute mental health, substance use and suicide prevention needs of a community. This can only be achieved by designing services that meet the unique needs of all members of that community. Therefore, crisis services must offer the capacity to address the needs of rural and urban communities that may be experiencing mental health, substance use, intellectual, developmental disability and co-occurring medical problems by accepting all at the front door. This also means offering crisis services for children, adolescents, adults and an aging population that each have their own unique set of needs in each community.

### Crisis Resource Need Calculator

To lower the cost of care, enhance community health and improve the experience of residents needing emergent mental health and substance use services, a full continuum of care must be developed that includes adequate psychiatric bed capacity and community-based alternatives to care. The innovative *Crisis Resource Need Calculator* offers an estimate of optimal crisis system resource allocations to meet the needs of a community as well as the impact on healthcare costs associated with incorporation of those resources. The calculator analyzes a multitude of factors that includes population size, average lengths of stay in various system beds or chairs, escalation rates into higher levels of care, readmission rates, bed occupancy rates and local costs for those resources. In communities in which these resources do not currently exist, figures from like communities can be used to support planning purposes.

The calculations are based on data gathered from several states. The *Crisis Now* Business Case video that explains the rationale behind the model can be seen on the National Association of State Mental Health Program Directors (NASMHPD's) [www.crisisnow.com](http://www.crisisnow.com) website. Quality and availability of outpatient services also influences demand on a crisis system so the *Crisis Resource Need Calculator* should be viewed as a guide in the design process. True assessment of system adequacy must include a look at overall functioning of the existing system. Signs of insufficient resources will include, but are not limited to, psychiatric boarding in emergency departments and incarceration for misdemeanor offenses when connection to care is the preferred intervention.

The table on page 44 shows the very real cost savings that can be realized by implementing mobile crisis and facility-based crisis services in your community. In this table, the population of the community is set at 1,000,000 and if this community was working to address the acute mental health needs of individuals experiencing a crisis solely through inpatient care, the data indicates that those with LOCUS levels 5 and 6 (68%) would be referred to inpatient care. This would require 500 beds if the average length of stay was 10.06 days; which aligns with the Treatment Advocacy Center's published consensus estimate of needing 50 beds for every 100,000 members of the population. The table that follows (*next page*) includes a per diem inpatient rate of \$900 which would result in an inpatient cost of \$164,179,200. After applying an ED cost of \$1,233 per person to those referred to an inpatient bed (medical clearance and assessment), total estimated costs rise to \$184,301,760.

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For the 32% of individuals with LOCUS levels 1-4, no cost or service is included in the calculations although it seems unlikely no actual cost would be incurred. When mobile team and facility-based crisis services are included in optimal ratios (*last column of table that follows*), total cost drops by 52% in these projections despite engaging all of these individuals. This means that 32% more individuals are served with programs that align better to the unique level of clinical need while costs are reduced by 52%. Additionally, alignment of clinical level need to the service delivered improves from 14% to as high as 100% (*please see LOCUS analysis from Georgia earlier in this toolkit*) in a *Crisis Now* system that aligns with this *National Guidelines for Crisis Care*.

#### Indicators of Insufficient Capacity

The *Crisis Resource Need Calculator* offers an estimate of community resource need to help guide development of crisis capacity for communities. However, this is only meant to estimate need while true evaluation of capacity must be based on the availability of services to meet the actual demand of the specific community or region. Signs of insufficient resources will include, but are not limited to, psychiatric boarding in emergency departments, incarceration for misdemeanor offenses when connection to urgent care is the preferred intervention and misalignment of service intensity to the actual need of the individual served. Misalignment and the absence of a continuum of care often results in a defaulting to placement in more restrictive environments or minimal connection to outpatient care.

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Figure 1 – Crisis Resource Need Calculator

<b>Crisis Now Crisis System Calculator Projections - Pop. 1,000,000</b>		
	<b>No Crisis Care</b>	<b>Crisis Now</b>
# of Crisis Episodes Annually (200/100,000 Monthly)	24,000	24,000
# Initially Served by Acute Inpatient	16,320	3,360
# Referred to Acute Inpatient From Crisis Facility	-	1,336
Total # of Episodes in Acute Inpatient	16,320	4,696
<b># of Acute Inpatient Beds Needed</b>	<b>500</b>	<b>144</b>
<b>Total Cost of Acute Inpatient Beds</b>	<b>\$ 164,179,200</b>	<b>\$ 47,237,736</b>
# Referred to Short-Term Bed From Stabilization Chair	-	5,342
<b># of Crisis Beds Needed</b>	<b>-</b>	<b>41</b>
<b>Total Cost of Short-Term Sub-Acute Beds</b>	<b>\$ -</b>	<b>\$ 13,356,000</b>
# Initially Served by Crisis Stabilization Facility	-	12,960
# Referred to Crisis Facility by Mobile Team	-	2,304
Total # of Episodes in Crisis Facility	-	15,264
<b># of Crisis Stabilization Chairs Needed</b>	<b>-</b>	<b>48</b>
<b>Total Cost of Crisis Stabilization Chairs</b>	<b>\$ -</b>	<b>\$ 18,840,137</b>
# Served Per Mobile Team Daily	4	4
<b># of Mobile Teams Needed</b>	<b>-</b>	<b>7</b>
Total # of Episodes with Mobile Team	-	7,680
<b>Total Cost of Mobile Teams</b>	<b>\$ -</b>	<b>\$ 2,761,644</b>
<b># of Unique Individuals Served</b>	<b>16,320</b>	<b>24,000</b>
<b>TOTAL Inpatient and Crisis Cost</b>	<b>\$ 164,179,200</b>	<b>\$ 82,195,517</b>
<b>ED Costs (\$1,233 Per Acute Admit)</b>	<b>\$ 20,122,560</b>	<b>\$ 5,789,675</b>
<b>TOTAL Cost</b>	<b>\$ 184,301,760</b>	<b>\$ 87,985,192</b>
<b>TOTAL Change in Cost</b>		<b>-52%</b>

## ***Tips for System Implementation***

### Workforce Development

Communities across the nation are challenged by a limited workforce to meet the needs of individuals with mental health and substance use needs. On the surface, the creation of no-wrong-door crisis care services would seem to create greater demand for this already strained workforce. However, implementation of crisis care that aligns with these best practice guidelines actually reduces that demand by more efficiently deploying resources, connecting to care in real time in a manner that minimizes the time for symptoms to escalate and the broader inclusion of peers as a vital workforce resource with the potential to grow more quickly than others employed in behavioral health care delivery.

Crisis call center operations that incorporate air traffic control-type functioning dramatically increase the efficiency of the overall system. Offerings such as GPS-enabled mobile team dispatch, real-time bed registry with coordination into care and outpatient appointment scheduling all decrease the volume of mobile teams and beds needed to meet the needs of the community. Crisis receiving and stabilization centers that efficiently assess the needs of the individual and stabilize crisis episodes in less than half the time of traditional inpatient settings further decrease the demand on beds that must be staffed.

In the *Crisis Resource Need Calculator* example, implementation of a comprehensive crisis system with the addition of seven mobile teams decreases the projected bed need from 500 to 233 (beds and chairs) for the hypothetical community of 1,000,000 residents. This translates into a reduction in workforce demand and it should be noted that staffing patterns that align with these best practice guidelines will employ peer employees into approximately 1/3<sup>rd</sup> of the projected positions.

### Mobile Team Staffing

Community-based mobile crisis services use face-to-face professional and peer intervention, deployed in real time to the location of a person in crisis, in order to achieve the needed and best outcomes for that individual. Most community-based mobile crisis programs utilize teams that include both professional and paraprofessional staff. For example, a Master's or Bachelor's-level clinician may be paired with a peer support specialist with backup by psychiatrists or other master's-level clinicians who are typically accessed for on-call support as needed. Peer support workers often take the lead on engagement and may also assist with continuity of care by providing support that continues beyond the resolution of the immediate crisis.

In this model, almost half of the mobile team system workforce would be filled by peers who are more broadly available to fill roles that their licensed and/or credentialed clinician team partners may not be available to fill.

### Crisis Receiving and Stabilization Facility Staffing

Crisis receiving and stabilization facilities must be staffed every hour of every day without exception so they will be equipped to accept any referral that comes to the program. To fulfill

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this commitment, programs must be staffed by a multidisciplinary team with expertise in mental health and substance use care that includes the following:

1. Psychiatrists or psychiatric nurse practitioners (telehealth may be used);
2. Nurses;
3. Licensed and/or credentialed clinicians capable of completing assessments; *and*
4. Peers with lived experience similar to those of the population served.

The innovative *Crisis Receiving and Stabilization Facility Staffing Calculator* (example below) can be used to project optimum staffing for one of these programs based on a number of variables that include:

1. Percentage served under involuntary commitment;
2. Percentage served via law enforcement drop-off;
3. Number of admissions per day;
4. Average length of stay;
5. Average number of seclusion and restraints per day;
6. Average program census; *and*
7. Number of one-on-one assignments in the program.

Figure 2 – Crisis Receiving and Stabilization Facility Staffing Calculator



### Training Crisis Team Members

Many members of the crisis services delivery team are licensed mental health and substance use professionals operating within the scope of their license and training with supervision delivered in a manner consistent with professional expectations of the licensing board. Licensed

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professionals are expected to strengthen their skills and knowledge through ongoing CEU and CME professional advancement opportunities focused on improving team members' ability to deliver crisis care.

Providers also incorporate non-licensed individuals within the service delivery team; creating the need for additional training and supervision to ensure services are delivered in a manner that advances positive outcomes for those engaged in care. Verification of skills and knowledge of non-professional staff is essential to maintaining service delivery standards within a crisis program; including the incorporation of ongoing supervision with licensed professionals available on site at all times. Supervision and the verification of skills and knowledge shall include, but is not limited to, active engagement strategies, trauma-informed care, addressing recovery needs, suicide-safer care, community resources, psychiatric advance directives and role-specific tasks.

Training crisis team members must include training on the *National Guidelines for Crisis Care Best Practice Toolkit* with a strong emphasis on the essential structural elements of a crisis system and the crisis care principles and practices that follow:

1. Regional or statewide crisis call centers coordinating in real time;
2. Centrally deployed, 24/7 mobile crisis;
3. 23-hour crisis receiving and stabilization programs; *and*
4. Essential crisis care principles and practices that include:
  - Addressing recovery needs,
  - Significant role for peers,
  - Trauma-informed care,
  - Suicide safer care,
  - Safety/security for staff and consumers *and*
  - Crisis response partnerships with law enforcement.

All of these must be presented and learned within the context of embracing the crisis system's responsibility to serve as a no-wrong-door path to accessing care for all community members in need of immediate access to mental health and substance use care. Let the message of "Thank you, can I have another?" remain at the forefront of every team members' minds as they engage in activities that support true emergency department and justice system diversion by offering care that aligns with the needs of the individual engaged by the team. Providers must ensure that non-licensed individuals deliver services within the scope of their allowed practice with supervision that supports best practice care.

### Technology in Crisis Care

Technology such as GPS-enabled mobile team dispatch, real-time bed registry and coordination, centralized outpatient appointment scheduling and performance dashboards that support air-traffic control-type functioning in the crisis system play an important role in solidifying crisis care. Additionally, telehealth is becoming increasingly important within the context of increasing access to limited mental health and substance use resources; particularly licensed and/or credentialed clinicians as well as psychiatrists and psychiatric nurse practitioners. Although this mode of service delivery is more prominently applied in rural and frontier communities, there is

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also an opportunity to use this approach to establish greater efficiencies when offering 24/7 access that may not have a consistent or high-volume flow during specific times throughout any given day. Application of telehealth services must align with local regulations and should continue to involve other members of the multi-disciplinary crisis team in face-to-face support as these advanced technologies are incorporated in crisis care practices.



## System Evaluation Tools

As communities work to implement true crisis systems of care that meet the needs of their residents, SAMHSA wants to ensure resources to support advancement of best practice care be made accessible to all. Innovative community and staffing analytic calculators and videos around program structure have been made available on the National Association of State Mental Health Program Director's (NASMHPD's) [www.crisisnow.com](http://www.crisisnow.com) website and are also published as part of this evidence-based practice resource page. Additionally, we have created a *Crisis Service Best Practice Review Tool* with a listing of evaluated elements included in this section of the toolkit. You will see that the tool is designed to evaluate the degree of implementation of essential element implementation tips that have been defined throughout this *Toolkit*. The elements are summarized here:

1. Regional or statewide crisis call centers coordinating in real time:
  - a. Operate every moment of every day (24/7/365);
  - b. Staff with clinicians overseeing clinical triage and other trained team members to respond to all calls received;
  - c. Answer every call or coordinate overflow coverage with a resource that also meets all of the minimum crisis call center expectations defined in this toolkit;
  - d. Assess risk of suicide in a manner that meets NSPL standards and danger to others within each call;
  - e. Coordinate connections to crisis mobile team services in the region;
  - f. Connect individuals to facility-based care through warm hand-offs and coordination of transportation as needed;
  - g. Incorporate Caller ID functioning;
  - h. Implement GPS-enabled technology in collaboration with partner crisis mobile teams to more efficiently dispatch care to those in need;
  - i. Implement real-time regional bed registry technology to support efficient connection to needed resources; *and*
  - j. Schedule outpatient follow-up appointments in a manner synonymous with a warm handoff to support connection to ongoing care following a crisis episode.
2. Centrally deployed, 24/7 mobile crisis systems:
  - a. Include a licensed and/or credentialed clinician capable of assessing the needs of individuals within the region of operation;
  - b. Respond where the person is (home, work, park, etc.) and not restrict services to select locations within the region or to particular days/times;
  - c. Connect individuals to facility-based care through warm hand-offs and coordinating transportation as needed;
  - d. Incorporate peers within the mobile crisis team;
  - e. Respond without law enforcement accompaniment unless special circumstances warrant inclusion; supporting true justice system diversion;
  - f. Implement real-time GPS technology in partnership with the region's crisis call center hub to support efficient connection to needed resources and tracking of engagement; *and*

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- g. Schedule outpatient follow-up appointments in a manner synonymous with a warm handoff to support connection to ongoing care.
- 3. 23-hour crisis receiving and stabilization programs:
  - a. Accept all referrals;
  - b. Do not require medical clearance prior to admission but will assess for and support medical stability while in the program;
  - c. Design their services to address mental health and substance use crisis issues;
  - d. Employ the capacity to assess physical health needs and deliver care for most minor physical health challenges;
  - e. Staff at all times (24/7/365) with a multidisciplinary team capable of meeting the needs of individuals experiencing all levels of crisis in the community; including:
    - i. Psychiatrists or psychiatric nurse practitioners (telehealth may be used)
    - ii. Nurses
    - iii. Licensed and/or credential clinicians capable of completing assessments in the region; and
    - iv. Peers with lived experience similar to those of the population served.
  - f. Offer walk-in and first responder drop-off options;
  - g. Be structured in a manner that offers capacity to accept all referrals, understanding that facility capacity limitations may result in occasional exceptions when full, with a no-rejection policy for first responders;
  - h. Screen for suicide risk and complete comprehensive suicide risk assessments and planning when clinically indicated;
  - i. Function as a 24 hour or less crisis receiving and stabilization facility;
  - j. Offer a dedicated first responder drop-off area;
  - k. Incorporate some form of intensive support beds into a partner program (could be own program or another provider) to support timely transitions to secure placement for individuals who need additional support;
  - l. Include beds within the real-time regional bed registry system operated by the crisis call center hub to support efficient connection to needed resources; *and*
  - m. Coordinate connection to ongoing care.
- 4. Essential crisis care principles and practices:
  - a. Addressing recovery needs,
  - b. Significant role for peers,
  - c. Trauma-informed care,
  - d. *Zero Suicide*/suicide safer care,
  - e. Safety/security for staff and consumers *and*
  - f. Crisis response partnerships with law enforcement.

### Monitoring System and Provider Performance

In addition to monitoring fidelity to the *National Guidelines of Crisis Care*, funders, system administrators and crisis service providers should continuously evaluate performance through the use of shared data systems. System transparency and regularly monitoring of key performance indicators supports continuous quality improvement efforts. It is highly

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recommended that systems connect data in a manner that offer real-time views of agreed-upon system and provider-level dashboards that can also be used to support alternative payment reimbursement approaches focused on value. Performance metrics should include the following:

- Crisis Call Center Services:
  - Call volume,
  - Average speed of answer,
  - Average delay,
  - Average length of call,
  - Call abandonment rate,
  - Percentage of calls resolved by phone,
  - Number of mobile teams dispatched,
  - Number of individuals connected to a crisis or hospital bed, *and*
  - Number of first responder-initiated calls connected to care.
- Crisis Mobile Services:
  - Number served per 8-hour shift,
  - Average response time,
  - Percentage of calls responded to within 1 hour... 2 hours,
  - Longest response time, *and*
  - Percentage of mobile crisis responses resolved in the community.
- Crisis Receiving and Stabilization Services:
  - Number served (could be a measure of individuals served per chair daily),
  - Percentage of referrals accepted,
  - Percentage of referrals from law enforcement (hospital and jail diversion),
  - Law enforcement drop-off time,
  - Percentage of referrals from all first responders,
  - Average length of stay,
  - Percentage discharge to the community,
  - Percentage of involuntary commitment referrals converted to voluntary,
  - Percentage not referred to emergency department for medical care,
  - Readmission rate,
  - Percentage completing an outpatient follow-up visit after discharge,
  - Total cost of care for crisis episode,
  - Guest service satisfaction, *and*
  - Percentage of individuals reporting improvement in ability to manage future crisis.

## ***Marketing and Communication Efforts***

The evolution of true crisis care services is essential to improving the health of our communities. Comprehensive crisis systems that align with these best practice guidelines offer universal real-time access to the most appropriate services, supports and resources to decrease the utilization of 911, emergency departments and jail for individuals experiencing mental health and substance use emergencies. Critical to the success of these services is an effective marketing strategy and campaign to inform communities of their existence and educate how to access the services when needed.

To evolve marketing and communication plans that effectively meet the community education objectives, communities are encourage to engage broad stakeholder groups that should minimally include law enforcement, hospitals with emergency departments, fire departments, ambulance providers, mental health advocacy agencies, community health providers, faith-based communities, schools, health plans, local Medicaid team members, those engaged in the service delivery system and their families.

The goal of these dialogs is to create public information materials and educational marketing campaign strategies that translate into regional and statewide crisis system resource access educational efforts with specific details on how the three core elements of the crisis system (crisis line, crisis mobile and crisis receiving and stabilization facilities) offer immediate access to care for anyone in the community through a no-wrong-door safety net system.

Minimum elements of a successful plan marketing and communication plan include:

1. Evaluation of educational and marketing services for various age groups and other targeted populations;
2. Key metrics that can be used to assess the impact of marketing strategies along with an evaluation plan to determine the effectiveness of the statewide and regional marketing strategies;
3. Distribution of materials based on the collaboratively developed marketing and communication plan;
4. Assessment of effectiveness of the plan and adjustment of the approach as needed; *and*
5. Ongoing meetings with key stakeholders, including first responders, local hospitals and health plans, to support appropriate diversion from emergency departments and justice systems.

## **Conclusion**

Crisis services must be designed to serve **anyone, anywhere and anytime**. Communities that commit to this approach and dedicate resources to address the community need decrease psychiatric boarding in emergency departments and reduce the demands on the justice system. These two benefits translate into better care, better health outcomes and lower costs to the community. The *National Guidelines for Crisis Care – A Best Practice Toolkit* delivers a roadmap that can be used to truly make a positive impact to communities across the country.

For crisis services to work effectively, the handoff from law enforcement must be quick, with assessment occurring after—and not before—the handoff takes place. There must be a full partnership with the community and an understanding by community partners, particularly law enforcement, of how crisis services can most effectively work to divert individuals from hospitalization and longer-term engagement with the criminal justice system.

Once the individual is engaged, treatment must be trauma and recovery-informed and engage peers with lived experience who can serve as mentors and models. Zero Suicide and safer-suicide must be a central focus.

But an effective crisis services program must be sustainable and sustainability requires a sustainable funding mechanism, supported by formal funding codes, that is not wholly dependent on the innovative braiding of small streams of revenue. Commitment by the community and state and local governments is essential for crisis services to remain an important element of the continuum of care for individuals in behavioral health crisis. And of course, any continuous funding stream requires continuous quality improvement of the system to ensure that it is effective and cost-effective, using current best evidence to produce positive outcomes that ensure clients will find their way to recovery.

## ***Continuous Quality Improvement & Innovation***

### **Case Study #1**

In 2014, Connections Health Solutions began operating the crisis stabilization programs inside the Crisis Response Center in Tucson, Arizona. It seems self-evident that crisis services should offer timely, high quality care to people experiencing a psychiatric emergency. The response must match the need. Remember the opening theme to the long running NBC hit ER: everyone is running because lives depend on it.

Dr. Margie Balfour found the reality of crisis services was often the exact opposite. It can take hours or even days in an emergency department to be “medically cleared” before entrance is granted to many of the nation’s “crisis stabilization” programs. Law enforcement and first responders are expected to take the person in crisis to the hospital first, not the crisis unit. It should be noted that these programs do not represent crisis receiving and stabilization facilities as defined in this *Crisis Service Best Practice Toolkit*.

The experience of the more than 13,000 individuals that utilized the services of the Crisis Response Center each year had been uneven. There were often long delays in the clinical triage area while the patient awaited a decision on whether he or she would be admitted or discharged. Frustration abounded. The result was a decrease in safety that manifested as increases in injuries and assaults. Individuals in crisis were sometimes left unattended for long periods of time and staff were spread areas amongst multiple program areas. Security was frequently involved.

### **Lean Six Sigma in Action**

There was a significant need to improve and speed the triage process but there was a lack of agreement on the mission of the facility. Dr. Balfour and the Connections Health Solutions team met with the leadership and front-line staff in a series of town-hall meetings, conducted rounds in the facility to interview patients and staff, and worked shifts to view the experience up close and personal. The result of this process was a singular mission: **Meet the immediate needs of those in behavioral health crisis in a safe and supportive environment.**

In order to re-engineer the Crisis Response Center for this new mission, Dr. Balfour and the team incorporated a Lean Six Sigma approach to quality improvement. Motorola and Toyota both revolutionized process improvement by eliminating waste and improving the flow of manufacturing and by building upon the pioneering work of Edwards Deming in the 1950s (think Plan-Do-Study-Act). Healthcare has been slow to catch the vision and crisis care for behavioral health has been characterized by “crisis programs” that do not actually operate as emergency or crisis service options that serve all in need. These programs that do not align with best practice guidelines are characterized by waiting for care and clearance or screening to initiate an often-lengthy process.

The team began by establishing some assumptions. They would achieve gains with the existing resources and staff by standardizing the process and eliminating the waste of inefficient practices. They also introduced a number of interventions that include improved dashboard

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tracking tools. Next, they analyzed wasted time and function. What were the tasks that added value? What were the tasks that added little value but were nevertheless required (by licensure, contract, etc.)? And finally, what were the tasks that were unnecessary and simply represented waste?

The value analysis found that the old process required almost 11 hours to connect to needed care and that nearly 40% of this process was simply unnecessary and non-value added. Wasted time for individuals and family members dealing with a behavioral health crisis. Idly sitting in the waiting room comprised a significant portion of this time but there were also inefficiencies in some of the tasks of the crisis provider.

#### The Results

The Connections Health Solutions team reduced the “door to door dwell times.” The average time spent in the triage clinic decreased from seven hours to two hours and the time in the 23-hour unit decreased by 30%; improving not only the patient experience but also the capacity of the facility to serve the community by more efficiently serving those in need.

Even if you haven’t been in a psychiatric crisis, most everyone has been to the emergency room and the key metric we all remember from the experience remains with us... how long did it take us to see the doctor? Dr. Balfour’s team reduced the waiting time by nearly 80%. These significant gains had other cascading benefits. For example, the facility dramatically reduced the time it spent on diversion from referrals due to operating at full capacity so that it could better serve the needs of those in crisis in the greater Tucson area. Assaults to staff and calls to security were also dramatically reduced and the changes in process yielded additional space availability. The building was remodeled to take advantage of these improvements and the capacity of the temporary observation unit was increased by 36% to further increase capacity in a manner that supports their commitment to accept all referrals.

Dr. Balfour believes there were several key ingredients in their Tucson Arizona success. They engaged everyone from top leadership to the line staff. They kept compliance and quality functions separate and obtained Lean Six Sigma green belt certification for quality staff while building the IT and data system necessary to track and report accurately.

The metric that brings all this into focus is the law enforcement drop-off turnaround time. First responders do not take people in crisis to the emergency room first. They drive straight to crisis facilities in Phoenix or Tucson where they spend less than 10 minutes before returning to their patrol. Connections Health Services measures performance and progress through the levels below.

#### Levels of Accomplishment

Level 1	Everyone in the organization/department knows what the unit’s core processes are.
Level 2	Each core process is fundamentally documented.
Level 3	The primary customer requirements of each process are documented and conformance to spec is tracked.
Level 4	The primary control factors that drive desired performance for each process are documented and tracked.

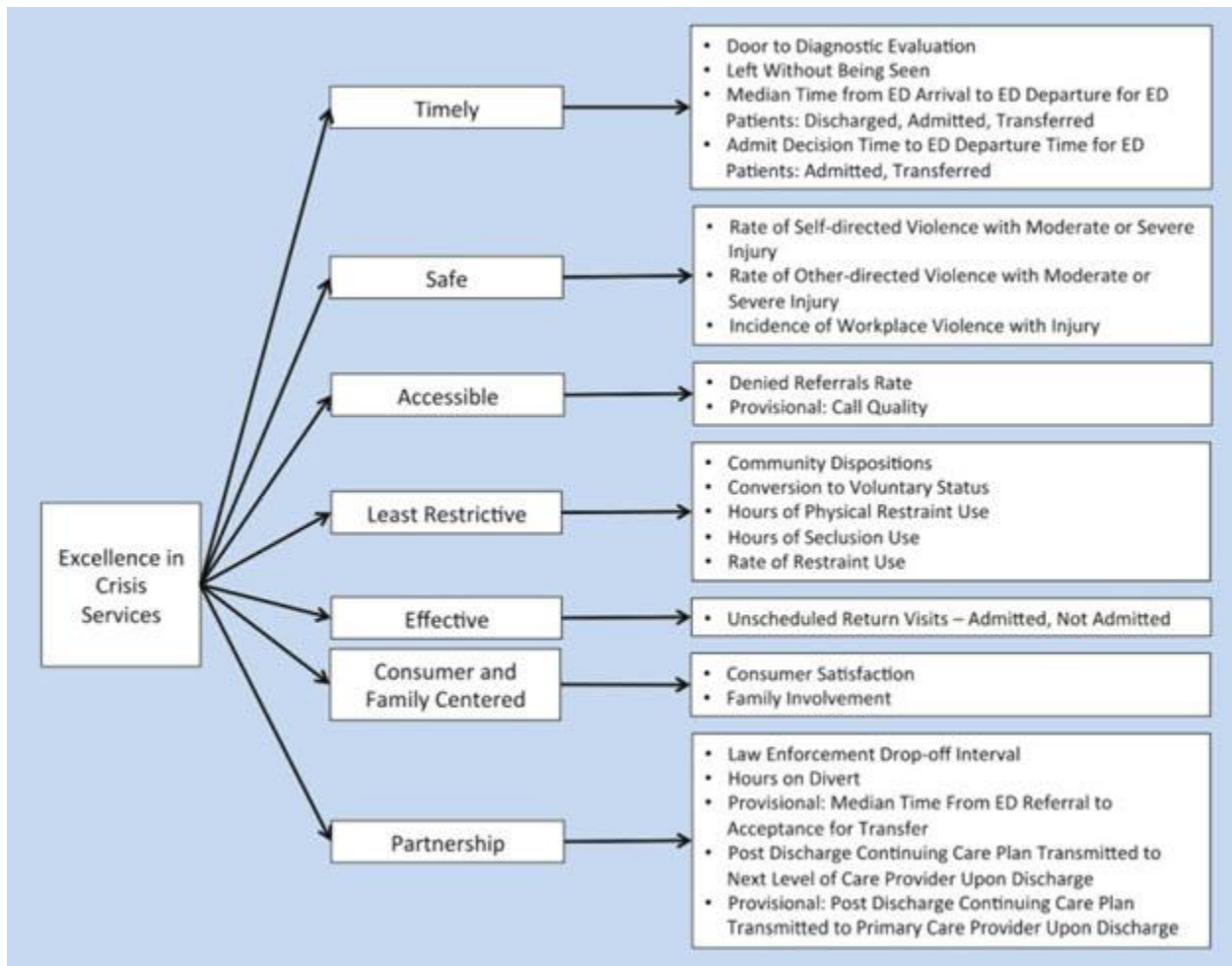


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Level 5	Each process can be documented to be behaving as intended (e.g., is “in control”).
Level 6	Each process is completely standardized, in control, and has an on-going continuous improvement plan.

Dr. Margie Balfour’s article “*Crisis Reliability Indicators Supporting Emergency Services (CRISES): A Framework for Developing Performance Measures for Behavioral Health Crisis and Psychiatric Emergency Programs*,” *Community Mental Health Journal*, 2015 ([download here](#)), includes the outcomes model below.

Figure 3 – Crisis Reliability Indicators Supporting Emergency Services Framework





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#### Case Study #2

In 1996, Recovery Innovations, Inc. (dba RI International) created its first Crisis Recovery Center just outside Phoenix, Arizona in the west valley city of Peoria. Like many similar Crisis Stabilization Programs across the country, it offered an alternative to acute inpatient, jail and emergency departments (EDs), a place where a mental health crisis could be handled by professionals as immediately as possible.

This program was an improvement, but it still had some of the issues that plague crisis care in EDs. It focused too much on procedures and diagnoses and too little on engagement and collaboration, which are vitally important for the individual in a mental health crisis. The hospital model was designed to treat disease and injury and RI set out to develop a new and unique approach that would handle the needs of those in debilitating emotional pain.

In 2002, RI began its evolution of the Crisis Recovery Center with the development of the Living Room model. It featured a strong focus on good contact with the person in distress and introduced new staff types as well. Certified Peer Specialists brought their own experience in mental health crisis and recovery and empathic and trauma-informed care into the interdisciplinary team.

The facility transformed from a colder, more sterile, traditional medical setting to have a warm inviting feel. Individuals were referred to as guests and not consumers. The teams began quality improvement efforts to reduce the prevalence of seclusion and restraint. And, overall, the Living Room felt more like home than an institution.

Still, there was the potential to make real community impact, since most acute cases were being diverted to traditional crisis facilities, i.e., hospitals and jails. In 2014, the leadership at Mercy Care, the health plan tasked by the Arizona Healthcare Cost Containment System (AHCCCS, the Arizona Medicaid authority), challenged RI to adopt the never-reject approach to law enforcement drop-offs.

At that time, RI was receiving 100 to 150 law enforcement drop-offs per month, but they were also diverting individuals that were deemed inappropriate. If there was concern about a medical challenge, primary substance use problem, history of aggressive behaviors, etc., law enforcement was instructed to take the person to a different facility. This approach required law enforcement to wait around while decisions were made (an approach leaders in LAPD have coined “wall time”) and then transport them after evaluation.

RI determined to fully adopt the new approach. The facility already had a special law enforcement drop-off admission room that was attached directly to the 23-hour temporary observation and treatment unit. A lighted sign directed the officer to park directly adjacent to the unit where they could easily walk the individual in crisis a few short steps to immediate access.

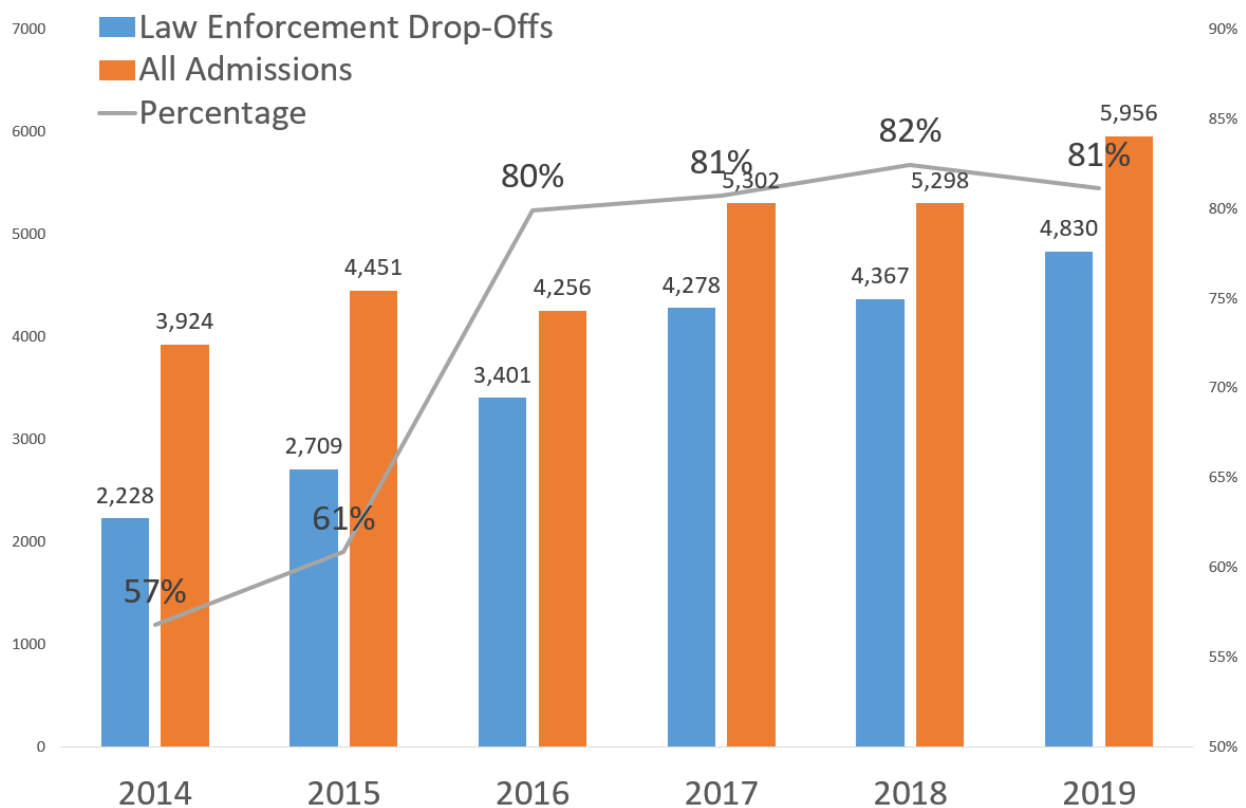
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The new approach meant that the officer would never be asked to wait for an evaluation. A peer leader would greet the individual and introductions would be made. The law enforcement officer would share any paperwork, if available, and exit to return to the work of public safety within three to five minutes.

RI leadership was concerned about the potential loss of the Living Room culture and experience but also fully grasped the stronger community impact of a true no-wrong-door approach. And, the Fusion Model was born, combining the direct and safe access of a hospital ED with the recovery-oriented approach of the Living Room.

**Figure 4 – Peoria, Arizona Crisis Recovery Center Law Enforcement Drop-Offs**



In late 2019, RI will admit the 20,000<sup>th</sup> consecutive guest who is dropped off by law enforcement, without a single rejection for any reason. While there have occasionally been guests who had a medical complication that was not obvious to the law enforcement officer, and that required more intensive hospital attention, additional treatment was organized by the Crisis Recovery Center, including transportation where appropriate. None of this was delegated to law enforcement, which has been immediately released to return to duty following a referral.

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The graphic on the previous page demonstrates the increase in the total number of individuals in a crisis served by the program and law enforcement referral activity over the time period that this model was adopted. With 32 licensed chairs in the 23-hour observation and treatment program and 16 beds in the sub-acute crisis program, the law enforcement drop-off number doubled over the time-frame. Always accepting law enforcement referrals increases officer trust that making a drive to the facility is preferable to other traditional options, i.e., jail, hospital, relocation, etc.

Today, 80% of all guests received by the program are referred by law enforcement, and none of them first visited a hospital ED for medical clearance. The program has literally not refused a single police referral in the past five years, despite over half being involuntary. But unlike entering a hospital or jail, these individuals in crisis are immediately greeted by a peer staff who orients them to the care they will receive. There is active engagement and collaboration throughout their stay, and they become active participants.

In the Fusion Model, crisis becomes an event to be resolved and stabilized, versus a diagnosis to be treated. And, since law enforcement engages in zero wall time by by-passing the ER completely and is back on the street in less than five minutes, the burden on police is eased and the experience for the person in crisis is improved.



Figure 5 - Crisis Recovery Centers implementing the Fusion Model Across Several States

## *Addendum*

### **Interview 1 – Wesley Sowers, MD**

Ahead of the Curve: LOCUS Is as Relevant Today as It Was in the Nineties

In the mid-1990s, Wesley Sowers, MD, was the medical director for St. Francis Medical Center in Pittsburgh, the largest addiction treatment center in Pennsylvania at the time. A tug-of-war was brewing between clinicians and managed care plans over who got to determine what was best for clients. Dr. Sowers, who is now the director for the Center for Public Service Psychiatry at the University of Pittsburgh, says clinicians showed considerable variability in decision-making, which didn't always include judicious use of resources and often resulted in more extensive hospital stays than people needed.

“There wasn't much thought about how we could use resources most effectively.” This began to manifest in burgeoning costs of care and was one of the reasons state and local governments, as well as private insurers, started to examine ways to control costs. The behavioral health community understandably feared that these limitations would harm treatment quality, and clinicians worried that managed care would eliminate their autonomy. “Both had a rationale behind what they were doing and why they were doing it. While managed care reforms were needed, many went too far.” Dr. Sowers, who had long been interested in systems, believed there was a sweet spot where balance could be achieved, and so he began to develop a mechanism that would determine best outcomes for people and systems of care: a win-win in facilitating person-centered care and cost-effective resource use.

Examining how to optimize treatment quality and manage costs, Dr. Sowers attempted to develop an integrated medical necessity tool to help match patient need with the appropriate service intensity. He also wanted to create a structure that was as effective for people with addictive disorders as those with mental health issues, closing a divide perpetuated in behavioral health. “I was interested in co-occurring disorders and wanted to consider the interaction of mental illness, addiction, and physical issues that might affect people's treatment response.” Dr. Sowers' answer was to design a comprehensive system that focused on seven assessment dimensions: risk of harm; functional status; medical, addictive and psychiatric comorbidity; recovery environment (this dimension has two subscales: level of stress and level of support); treatment and recovery history; and engagement and recovery status. These became the core of the Level of Care Utilization System known as LOCUS. With input and support from the American Association of Community Psychiatrists (AACCP), Dr. Sowers developed an algorithm in 1996 that makes it simple for clinicians to provide best-fit recommendations for care intensity. A rating in each dimension ranges from lowest to highest need: from 1 to 5, respectively. The clinician then adds the numbers for each dimension together, resulting in a composite score that indicates a person's degree of need and the corresponding level of care required. Scores range from 7 as the lowest possible level of need and 35 as the highest.

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Once LOCUS identifies the correct level of care in the continuum, providers can select from a menu of services tailored to a person’s particular needs. Menu items include clinical services, supportive services or crisis resolution and prevention services and describe the conditions of the care environment. Dr. Sowers says that, on average, a person with a lower composite score wouldn’t have the same need-intensity as a person with a higher one, but that isn’t always the case. He says the first three dimensions—risk of harm, functional status, and comorbidity—include overriding concerns. If a person scores high in these critical areas, the algorithm will alter recommendations accordingly, pairing the person with an increased level of service. “There is a composite score and treatment grid that gives clinicians the correct placement. It’s easy to use.”

Dr. Sowers never anticipated it would work so well and has been pleasantly surprised at how widespread adoption has been; not just when it was developed in the 1990s but in the decades since. Unlike most innovations, LOCUS is a tool that is as applicable today as when it began. Since their inception, LOCUS and CALOCUS (the Child and Adolescent counterpart) have gone through revisions to improve accessibility and clarity. “Along the way, we have asked people to tell us what doesn’t work and what could be improved.” Interestingly, he says that over the years, there hasn’t been much need to change the rating system, but there have been minor adjustments to service intensity and level of care descriptions. “It has been a 20-plus-year process, and LOCUS is continually picking up momentum.” Part of the reason, he says, is that while many clinicians still use paper and pencil, the automated version is increasingly used and preferred, particularly as hospitals and treatment centers move toward electronic medical records.

Though the use of LOCUS is widespread, Dr. Sowers isn’t sure how comprehensively clinicians are using it. He built the system to span the service array and care continuum. The clinical structure translates from one level of care to the next and easily lends itself to a person-centered care and recovery paradigm. Dr. Sowers says there should be ongoing, continuous assessment throughout a person’s treatment experience. “Using surveys, we have tried to determine whether there is full LOCUS use, but it hasn’t yielded much information. Anecdotally, we can tell that many organizations only use it in a crisis setting, in some residential facilities, or in inpatient settings instead of along the entire continuum of care.”

Using LOCUS in limited settings doesn’t maximize its potential. Unlike alternative tools, the assessment takes into consideration prior responses to treatment and social and interpersonal determinants of functional impairment. Dr. Sowers says he and the AACP designed the system to guide continuous treatment planning, giving clinicians an indication of what needs to be improved upon to move a person down to a lower, less restrictive level of care. The objective is to follow the person as he or she moves through different care levels, tracking not only individual progress but also the entire system of clinical management. “It clarifies and unifies what we do in clinical settings, allowing us to identify the correct level of care for a person and the most cost-effective measures that ensure the best outcomes.”



## Interview 2 – Sandra Schneider, MD, FACEP

### Emergency Mental Health is a Throwback of the 1950s Emergency Department

*Sandra Schneider, MD, FACEP, a past President of the American College of Emergency Physicians (ACEP), says current day emergency mental health is reminiscent of the 1950s Emergency Department. It is a throwback, she says, in dire need of an upgrade.*

What we know of today as the Emergency Department, shortened to ED by those in the field, began to take shape immediately after World War II. The climate in the United States at the time held lingering remnants of recent conflict and economic depression. At the same time, the innovation of the interstate highway made opportunity boundless, offering Americans a fresh start and quickly changing the face of medicine. Specialists who used large equipment they couldn't transport replaced family doctors and their small, black bags. These doctors had office hours and didn't make house calls. If an emergency arose, people went to the hospital. The ED started as a room in a hospital basement called 'The Pit.' It was overcrowded and run by some of the least experienced physicians who were treating the most dangerous situations, often resulting in grave consequences. <sup>[1]</sup> Dr. Schneider says that since then emergency medicine has made remarkable strides in every specialty area except mental health. The reasons for stagnancy, she says, are vague diagnostic criteria, challenges in case follow-up, lack of warm handoffs, and unlike all other specialties, emergency medicine physicians and psychiatrists have not had decades of collaboration.

### Partnerships and the Golden Period of Intervention

While the direst situations were brought to the ED in the 1950s, specialists often failed to give patients timely care because they were on call for their practices. In 1961, Dr. James D. Mills realized that emergency medicine needed to be a specialization in and of itself. He convinced three of his coworkers to leave private practice to develop an ED alongside him in Alexandria, Virginia, becoming full-time emergency physicians working 12-hour shifts 5-day a week. Simultaneously, a group of 23 doctors in Pontiac, Michigan, did the same, working part-time to staff the ED at Pontiac General Hospital 24-hours a day.

Dr. Mills and his colleagues were the first to do this full time and say, "Hey, this works for patients and us." Dr. Mills would call in a surgeon to do surgery or a pediatrician if the patient was young, fostering a partnership between ED physicians and specialists. Patients spent about the first 30 minutes with the ED physician and the next half-hour with a specialist, allowing emergency medicine physicians to learn: first through observation, then by consulting with specialists on the phone until finally, they could generally handle the cases themselves. Today, Emergency Department (ED) physicians often do procedures and no longer need specialists to come in and perform them. For example, says Dr. Schneider, ED physicians do far more intubations than many physicians in internal medicine or even anesthesiologists who predominantly do outpatient work. No such leaps have happened in psychiatric emergency medicine. She says the result is that ED staff often don't identify and fail to treat mental health crises during critical intervention periods. Emergency medicine physicians believe the first 30 minutes to an hour to be the most critical for outcomes, calling it the golden hour of intervention. For example, if a person has a stroke, ED

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staff have about three hours to get the clot-busting drug tPA (tissue Plasminogen Activator) into the patient. “If that doesn’t happen, the person is out-of-luck.” In the case of a heart attack, doctors have a 90-minute window to intervene. Partnerships with specialists have allowed ED physicians to fully utilize the golden hour of intervention, improving outcomes and mortality and allowing patients a far better chance of leading normal lives.

Dr. Schneider says that in mental health, she and her colleagues understand that the longer a person is in psychosis, the more challenging it is to reverse. “It may not be a golden hour but more like golden days or even a week, but there is a critical window for intervention, especially in high acuity suicidality and psychosis.”

#### Pattern Recognition and Follow-up

Emergency medicine physicians have learned through patterns, and, with the help of specialists, what is best to do during the golden hour of intervention. The field has developed through partnership, follow-up, and pattern recognition. That is not the case for psychiatry, which Dr. Schneider says is the least rote specialty. She can look at an EKG and see that the patient is experiencing a heart attack, or, if a patient comes in and cannot lift his arm and is not using his leg, he might have a seven on the Stroke Scale. Or if the person’s blood count is low, he may need a blood transfusion. Through pattern recognition, training, and established intervention, Dr. Schneider can determine a person’s critical needs.

Psychiatry is not as transparent. “I may have a patient who isn’t making sense or is depressed, but there is no serum delirium or depression score for me to determine the level of acuity. We’ve not been trained and, as a result, never figured out the pattern recognition like we have in all other specialties. For many of us, our background is the month we spent on psychiatry in residency, so we feel out of our comfort zone.” She says this is compounded by vague psychiatric diagnostic criteria, the components of which most emergency medicine physicians do not understand and minimal, if any, feedback after a handoff. Pattern recognition, says Dr. Schneider, is not just developed by working alongside specialists but also through follow-up. Dr. Schneider says that doesn’t happen with psychiatric patients. If a patient has a rash that the ED physician suspects is a melanoma, she can follow-up and find out if she was correct, which helps to improve pattern recognition. On the other hand, if she wants to know whether she was right about the acuity of a patient’s suicidality, that information is not accessible. “The result is we don’t gain critical follow-up knowledge on psychiatric crisis.”

#### No Warm Handoff

One challenge, says Dr. Schneider, is that while it is impossible to see the level of acuity in mental health, ED physicians realize that lack of bleeding does not mean it is not a high acuity case. The result is ED physicians often default to an assumption of high acuity, triggering numerous challenges for patients, including hospitalization and the corresponding trauma of institutionalization, stigma, and the detrimental impact on the patient’s employment, finances, and personal life.

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Part of the reason for defaulting to high acuity is the result of an ‘it’s-better-to-be-safe-than-sorry’ mentality, but it is also because ED physicians are not always confident that the patient will get the care she needs if discharged. Dr. Schneider says that more than any other specialty, there is a disconnect on what comes next for the patient. For example, if a patient comes in with appendicitis, the ED physician can call a surgeon. In the case of a rash, the ED has a roster of dermatologists and clinics, and in many cases, the physician can even make an appointment for the patient. These partnerships create confidence in the system and an appeals process if the ED doctor doesn’t agree with the specialist: the emergency medicine physician and specialist can get on the phone and discuss the case.

Dr. Schneider says this communication does not exist between most EDs and the mental health system, making navigating it incredibly difficult for ED staff. She says if she has a patient with depression who is feeling suicidal and needs mental health care in the next couple of days, she has no idea how to get them what they need.

The same is true for substance abuse. “Let’s say a person with an opioid use disorder comes in and has managed to withdraw but needs help for his addiction. All most ED physicians can do is hand him a list of addiction centers to start calling in the morning. Can you imagine if we did that with any other medical issue? If someone comes in with chest pain, I can get them set up with a stress test the next day, regardless if she has insurance. Why is it with mental health it’s okay to give patients a list and say, ‘Good luck?’” Emergency medicine physicians need to be able to do a handoff and have confidence in that handoff. “If there is someone to evaluate the patient, but I don’t know the person and whether he or she has made the right decision for the patient, that’s not a warm handoff.”

Dr. Schneider says now is the time to improve the relationship between the ED and psychiatry because she believes emergency medicine physicians will soon be playing an increasingly critical role. The approved use of intervention medications, such as Ketamine and Brexanolone, for depression and postpartum depression, means that ED physicians will be able to decrease acuity with medication so that patients can go home and seek care within a week or so. She says it is similar to how the ED addresses patients with atrial fibrillation (A Fib) or a blood clot. Physicians diagnose, stop, and often reverse the emergency, before sending the patient to primary care. “We would acutely treat them and do a warm handoff.”

### **Replicating the Poison Center Model in Emergency Mental Health**

Dr. Schneider recommends that mental health mirror the poison control center. Each center has a medical director and pharmacists, physicians, nurses, and toxicologists that answers the phone 24/7. If a physician is unfamiliar with the drug a patient took, the center will triage the call to a Specialist in Poison Information (the specialists are called SPIs, pronounced spies). For example, if a person took Banamine, a horse anti-inflammatory, the ED physician can call a poison control center and speak with an SPI who has access to a vast database that lists all chemicals and outcomes in previous exposures. The SPI would tell the ED physician what’s happened in previous cases such as: “Above this amount we’ve seen these problems so you should watch the person for kidney function.” If the situation is more complicated because the person took more than one



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drug, then the ED physician's call would be forwarded to the toxicologist. (Typically, only 1 out of 100 calls escalate to the toxicologist.)

The SPI also does follow-up and tracks outcomes. For example, if the person who took Banamine had a seizure, the SPI would add that to the database. They would also call the patient and ask how the person is doing and see if he or she needs an appointment. If a child drank bleach, the SPI would speak with the parents, telling them that they are not bad parents, and talking them through how to prevent the incident from happening again. They can even address more obscure poisonings. If a person eats a rare mushroom, the center will get the caller in touch with a mycologist (mushroom expert), local resources for dialysis, and the best hospital to care for the patient. The idea is that no matter where the person is at that moment, experts will be reached and local resources provided.

#### Psychiatric Triage with a Mental Health Center

Dr. Schneider says a similar structure for mental health would allow ED physicians to speak to experts and have strong confidence in their abilities. The call could be from an ED doctor who is uncomfortable giving Suboxone, a blockbuster medication that reduces symptoms of opiate addiction and withdrawal, for the first time. The mental health center would go through a checklist and then provide a dosage recommendation. If it does not work, the ED doctor would call back, and the center would walk her through the next dose. They would also give guidance on more complex cases.

Suppose a patient has depression but no suicidal plan, a supportive family, and no lethal weapons. The mental health center expert might recommend the patient be discharged and meet with a mental health worker the next day. If the ED physician is not comfortable sending the patient home, a psychiatrist for the center could get on a video call. Dr. Schneider believes the escalation rate would be similar to that at poison centers: roughly 1 out of 100 calls would triage to the psychiatrist. After the video chat with the patient, the psychiatrist might recommend he be admitted, and help with the process, or say the patient can go home, but the center would call him in the morning to arrange an appointment. "ED physicians spend 15 minutes with a patient. We aren't going to be able to add a 30-minute psychiatric evaluation, but the center would give us access to experts and a database of resources. It closes the loop of care and is the warm handoff that gives us confidence that patients will get the care they need."

Sources:

[1] 24 | 7 | 365: The Evolution of Emergency Medicine. Retrieved March 11, 2019, from <https://www.emra.org/about-emra/publications/legacy-documentary>

### Interview 3 – Shelby Rowe

#### The Elephant in the Room: Mental Health Professionals Experience Crisis Too

When Shelby Rowe realized she needed help in September 2010, she called a close friend, asking the friend to drive her to a hospital out-of-state. As the executive director of the Arkansas Crisis Center, Rowe didn't want to run into anyone she worked with or had trained. Her distress had been slowly escalating, culminating in months filled with ruminating flashbacks and anxiety. Her marriage was quickly unraveling, triggering trauma from when she'd been in a similar position. Years prior, during her first marriage, Rowe and her husband had a terrible argument, and he left. Thirty-minutes later she received a call that tragedy had occurred: while at a friend's house, someone accidentally shot and killed her husband. "The last time I'd been in this situation, someone I loved died. During our fight, I'd told my husband, 'I hate you and wish you were dead.' A half an hour later he was. Years later, at the end of my marriage, I feared if I walked away, one of us was going to die. It didn't make sense, and I knew that, but it didn't lessen my fear."

As Rowe spent her days overseeing the implementation of the Arkansas plan for suicide prevention and running the center that operated the state's only 24/7 crisis hotline, she was simultaneously experiencing increased distress. To mitigate it, she applied the coping skills she taught others, but it wasn't enough. Her expertise in suicide prevention made her achingly aware that she was experiencing hopelessness, but Rowe questioned her symptoms: how could she, a mental health expert aware of critical interventions, be at risk? She wasn't the only one applying scrutiny as her therapist told Rowe, "You don't need hospitalization because you're aware of what you're experiencing." The therapist, and other mental health experts Rowe came across during her crisis, assumed, because of her expertise, that she was a lower suicide risk than she was and knew what to look out for and do for herself during a crisis. "A mental health professional may know the signs and what to share with others, but it's challenging to apply those skills to one's own crisis. That's why people don't treat themselves."

As Rowe's symptoms increased, she performed the assessment she did with callers, asking herself, "When is the last time you ate or slept? How long do you think you can keep yourself safe?" The answers weren't comforting. She knew it was time to seek help. In the hospital, she received what would generally pass as good care—she met with the therapist daily and the psychiatrist every other day—but they failed to address what was at the core of her crisis, Post-Traumatic Stress Disorder from her first husband's death and childhood traumas. In the high-risk months following the hospital stay, Rowe continued to experience ruminating thoughts and felt frustrated that she couldn't just shake them off. She felt despair settle in her bones with no end in sight. "Hospitalization isn't a magic wand, and I came back feeling more hopeless because the experience hadn't changed how I felt, and now there was an additional hospital bill burden to figure out." Rowe wondered if this was how life would be from this point forward, getting angry at herself for not being able to control her PTSD. "It was the night before Thanksgiving, and I went into the bathroom, looked at myself in the mirror, and said, 'I hope I never see you again.' I then made an attempt on my life." Rowe woke up two days later in bed, not knowing what happened. Her 19-year-old son was home and said, "Oh, you're up. You missed Thanksgiving." She asked why he didn't take her to the hospital, and he said, "I didn't want you to get fired."

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It took four years before Rowe publicly shared her story, doing so because she felt there was a great need for more people in the mental health profession to speak about their experiences. What people often don't understand, she says, is that just because a person survives a suicide attempt doesn't mean she's committed to living. It took years, separate from public scrutiny, to set the groundwork for healing and learn to acknowledge her feelings and not be angry at herself, which reaped a highly favorable outcome: a release from fearing failure. Before that, Rowe felt embarrassed and thought her suicide attempt was an indication she should no longer work in mental health. Fortunately, Rowe's therapist when hospitalized reassured her that the field needed her perspective and expertise. He told her, "I would hire you." This shifted Rowe's perception because he could have easily suggested she pick a different career path. "I'm not certain I'd be working in this field today if it weren't for the fact that, in my moment of crisis, this person believed in my ability to do my job and to play a meaningful role in mental health." Even so, Rowe did initially have concerns about coming out as an attempt survivor because well-intentioned colleagues, some of whom heard of or directly had negative experiences when coming forward, warned her not to go public with her story.

The final push for Rowe to speak about her suicide attempt was the release of The Way Forward Report in 2014 by the National Action Alliance for Suicide Prevention's Suicide Attempt Survivors Task Force. They were putting together 60-second YouTube videos featuring attempt survivors and others directly impacted by suicide such as siblings, parents, children, and spouses. Rowe says it was remarkable to witness the field start to recognize the value of experts with direct experience. Among those coming forward were Dr. Quincy Lezine and Dr. Sally Spencer-Thomas, who asked Rowe if she'd be willing to record a video as an ally, not realizing that she was an attempt survivor. After Rowe shared her story with Dr. Spencer-Thomas, the psychologist asked her to record a video about her experience. She did. "As mental health professionals, we work against stigma, calling suicide prevention a public health issue, but then we often hide that part of ourselves for fear of rejection within that same community." Still, Rowe says sharing isn't right for everyone, and those thinking of doing so should carefully examine what they are seeking. "I never tell my story hoping to get validation from the audience. This is who I am, and my perspective is one of the tools I bring to the table." Rowe has continued to work in mental health as the suicide prevention program manager for Oklahoma's Department of Mental Health and Substance Abuse Services. She says sharing her story with those working in mental health is destigmatizing, making it easier for others to do the same. "They see me sharing my story in front of 100 to 500 of their colleagues and think, 'No one is judging her. Maybe I can do it too.'"

Rowe says the mental health community needs to work together to alter the perception of mental illness not only in the general population but also within the very community designed to treat it. "For many of us, we are facing similar struggles to the people we work with every day but hiding in the shadows regarding our own experiences for fear of stigma. That needs to change."

## Interview 4 – Ron Bruno

### CIT International 2<sup>nd</sup> Vice-President Ron Bruno Says Mental Health Care Shouldn't Come in a Law Enforcement Car

There are police departments throughout the United States that no longer answer calls they believe could result in “suicide by cop.” Around 100 shootings like this happen each year, making up roughly 10% of fatal police shootings. Ron Bruno, executive director of CIT Utah and 2nd vice president at CIT International, says this is a philosophy taking hold in law enforcement agencies all over the country, but he quickly points out, people can't just be left in distress. “Something has to be done, and that's why we need to examine our crisis response system as a whole, carving out clear roles for law enforcement and mental health services.” Bruno says that law enforcement has a critical part to play in the mental health crisis response system, but it needs to be in a position of support to the mental healthcare system and only when necessary. “We have to challenge the belief that mental health crisis services must come in a police car.”

While there are law enforcement agencies selectively unresponsive to some mental health calls, others are doubling down on their involvement. The impetus, says Bruno, is that, historically, mental health services haven't been appropriately funded and so law enforcement became the de facto mental health crisis response system. “It fell to us, but we aren't the best solution or help to a person in an escalated state.” Bruno travels around the world, speaking to audiences on de-escalation and advocating for clearly defined roles for criminal justice and behavioral health services to create a more effective crisis response system. At some point during a presentation, he often asks the audience to raise their hand if they've ever been pulled over by a police officer. Most of the hands raise. Then, he'll instruct them to keep their hands up if the experience increased their anxiety level. Hands remain raised. “Every time a police officer goes out to a crisis situation, it's going to escalate the person's emotional state. Yes, we can and will train officers to de-escalate situations, but often, their mere presence is stressful, and the person in crisis can become fearful and enter flight or fight. That's when we see major problems.”

Estimates suggest that 25-50% of fatal encounters with law enforcement involve a person experiencing mental illness. Bruno says that in most cases, the interaction between law enforcement and the person in crisis is unnecessary. Just like audiences raised their hands to indicate the distress they felt when pulled over by a police officer, in de-escalation training, officers share that, in the majority of cases where they were called out, the situation didn't warrant it. Bruno says having law enforcement be the go-to for mental health crisis care appears and feels criminalizing to the person in need. “Most departments have a policy that the person in crisis will be handcuffed, placed in the back of a caged police vehicle, and taken to an ER. This is traumatizing for the person and will make it so that they are reluctant to call for help the next time they are in crisis.” The result is that people in distress, and their families, allow further decompensation than they should before reaching out for help because they don't want to interact with law enforcement. “With officers declining calls and people not wanting to interface

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with law enforcement when they or a family member is in crisis, it highlights that something is wrong with the current system.”

The solution, says Bruno, isn’t complicated. When a call goes into the Emergency Communication Center—911 dispatch—operators can be trained to triage those calls and identify whether the person in crisis is a danger to her or himself or an immediate threat to someone else. If not, then the person can be passed along to appropriate care in the mental health crisis system through a warm handoff to the crisis line. At that point, says Bruno, the crisis line can also do a secondary triage and determine whether it’s still a safe situation. If they decide that it’s unsafe, Bruno says they can do a warm handoff back to law enforcement, and law enforcement can send out Crisis Intervention Team (CIT) trained officers to go out and respond to those situations. “Most calls that go through 911 don’t require a law enforcement response and can be transferred to a crisis line where we know the majority of calls, 80% and upward, are resolved at that level, and there’s no need for police involvement.”

If an officer on the street comes across a person in crisis and assesses that the person is safe, she or he should reach out to mobile crisis. The challenge is that each community is unique, and many don’t have a robust continuum of crisis care. Bruno says that’s why each community needs to take a hard (and holistic) look at what’s happening in their public mental health system, addressing potential funding and geographical challenges. Ironically, says Bruno, many communities are defaulting to the least economical solution, using law enforcement as the primary form of mental health crisis services or embedded co-responder models, where law enforcement agencies dedicate personnel and team them with clinicians to respond. “It’s expensive because now you have dedicated law enforcement officers waiting around for mental health crisis calls or, like some agencies, a clinician rides around with a police officer who is handling unrelated calls.”

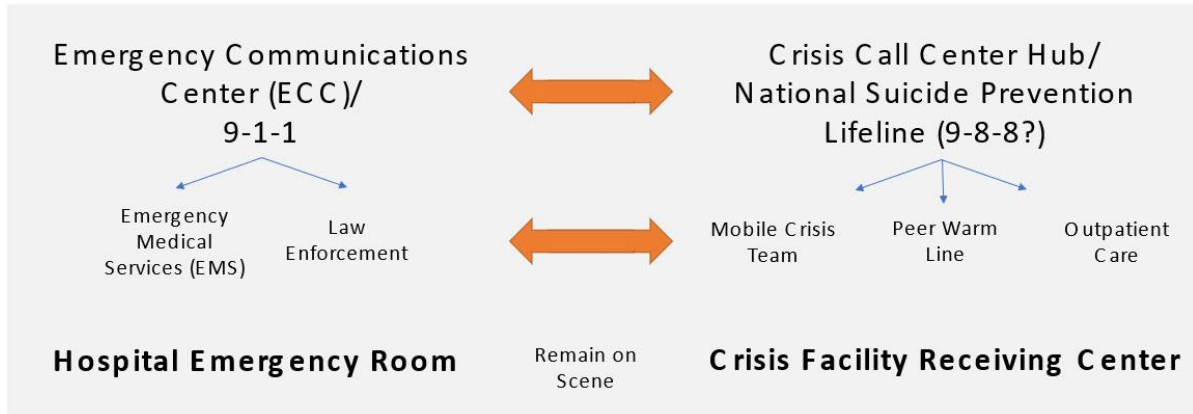
Bruno says it’s time for public mental health to return to the community and allow people in crisis to be treated within it, instead of removing them from their support systems by taking them out of their day-to-day lives and roles. “It’s easier for people to transition back into their lives if they’re never fully yanked out of them in the first place and can be treated in the community.” He says by retraining people to call a crisis line instead of 911, it allows people to be treated in the least intrusive manner as opposed to the highest. “We’ve trained people to think that if a loved one is in crisis; they need to contact law enforcement who will come out and take the person into protective custody. He or she will be handcuffed, put in the back of the police car, and taken to the ER. That’s what we’ve told people is the cost of stabilization.” He says it’s a grueling, stress-inducing process, that more often than not, was unnecessary. A crisis line can help decrease a person’s distress, and if they are unable to, they can send out a clinician and certified peer specialist to talk to the person, and, when necessary, the support of a CIT trained police officer. The idea, says Bruno, is to maximize the use of a person’s natural supports into their stabilization plan. “By doing this, we are going to retrain community members to think, ‘If I become symptomatic, I contact the crisis line. If the specialist deems it appropriate, they will hand me off to a warmline. However, if necessary, they can also send out a professional who can talk to me.’”

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Figure 6 – Law Enforcement/Crisis Triage Tree

### Dedicated Mental Health Crisis Response Model



As contrasted with co-responder models or communities where the crisis response defaults to law enforcement and hospitals, the dedicated approach ensures law enforcement and hospitals are only involved as required by their core mission, public safety and/or medical stabilization. The vast majority of psychiatric crises require neither.

Bruno says it's time for a change, "Let's treat crisis in the most compassionate and least intrusive manner."

Want to see a flowchart that gives a clear example of risk assessment? Take a look at the recently released Broome County 911 call diversion emotionally distressed caller risk assessment in the [CIT best practices guide](#).



## Interview 5 – John Draper, PhD

### Dr. Draper of the Lifeline Believes a Three-digit-number for Mental Health and Suicide Crisis will One Day be as Ubiquitous as 911

The murder of Kitty Genovese in Queens, New York, in 1964 sparked outrage and was one of the driving forces behind the 911 emergency call system people know and depend on today. It wasn't the murder itself that left people incensed but that 38 people witnessed Winston Moseley kill Genovese and did nothing about it. The behavioral reaction was later called The Bystander Effect or Kitty Genovese Syndrome. It turns out that at least one man did call the police to report that Genovese was seriously injured. His call went unanswered.

Most people can't remember a time before a centralized number for people to call in an emergency; when people dialed 0 for an operator or directly called the nearest police or fire station. John Draper, Ph.D., project director of the SAMHSA-funded National Suicide Prevention Lifeline (800-237-TALK or chat), hopes that a three-digit-number for mental health and suicide crisis will one day be equally ubiquitous. "Right now people have to remember an 800-number, and even though calls go up 15-percent per year and 2.2 million calls were answered in 2018, we know that 13-million people seriously think about suicide each year, which means we are far from the universe of people who could be reached."

In December, former Senator Orrin Hatch (R-Utah) wrote a letter to Marlene H. Dortch, Secretary of the Federal Communications Commission (FCC), urging the agency to use the three-digit-number 611 for Lifeline. The senator wrote that the designation would connect Americans experiencing mental health crises with life-saving counsel and resources. Currently, 611 links callers to telephone repair and telecom customer service. In 1997, the FCC noted it would continue to do so until needed for another national purpose. Sen. Hatch wrote that making the Lifeline more accessible and user-friendly to Americans is "a pressing, national purpose," and recommended that 611 be used solely for mental health and suicide crises to eliminate confusion and delay. He further stated that it would be more difficult to market 611 as Lifeline if the number has a dual purpose, which would limit its efficacy.

Dr. Draper says studies show it's easier to remember three-digits than an entire phone number, making a three-digit-number for mental health and suicide crisis more accessible. The designation would build off the national network infrastructure provided by the Lifeline, and trained mental health and suicide prevention counselors would answer calls. Much like 911 and Poison Control centers, the number would triage to local services and resources, including mobile crisis and respite services. It also, says Dr. Draper, has the potential to decrease stigma. While pondering the long-lasting effects of a three-digit-number for mental health and suicide crisis, Dr. Draper asked his daughter, who has a history of anxiety and depression, what she thought the impact could be. "She responded that people would finally understand mental health crises are real and require a different response than triaging to police or EMS. She said that by creating a cultural shift, 'It would likely do more than anything else to erase stigma against mental illness, and that's cool.'"

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A three-digit-number, says Dr. Draper, will likely increase the number of callers to the Lifeline and, as a result, has the power to change how people think about mental illness. More callers equate to more data the national hotline can collect and analyze. He says this is precisely what's happening in the United Kingdom with 111, a three-digit designation for all urgent health needs, including behavioral, that provides advice and triages callers to the appropriate level of care. The number of calls to 111 grew from 12 million to 16 million, with an increase in demand over time. Today, roughly 20,000 people call 111 every day to get advice over the phone from doctors, nurses, and paramedics. Dr. Draper says a similar three-digit-number for mental health and suicide crisis would trigger real parity. "People phoning would give us the data we need in terms of caller expectations from the mental health system, which will increase voice representation and help tailor demands on policymakers to respond to these needs with adequate behavioral health resources in the communities callers live."

What Dr. Draper and his partners want is to create a culture that fosters autonomy where people's ability to get help during a mental health or suicide crisis is at their fingertips, quite literally. It's up to the caller, not his or her provider. "This gives people a sense of agency at a time when they are feeling incredibly helpless, which is powerful." He also believes that when society places mental health and suicide crisis on the same level as medical crisis, there will be a repositioning, making call centers a visible service similar to EMS. Graduating students will find it a real pathway for learning how to help others. "A cultural shift through a three-digit-number is good for callers and the mental health profession."



## Interview 6 – Nick Margiotta, Retired Detective

### Law Enforcement Are Critical Stakeholders in Behavioral Health Crisis Services

It was September 24th, 1987, and Memphis police answered a 911 call made by a mother desperate to help her 27-year-old son experiencing an episode of Paranoid Schizophrenia. Joseph DeWayne Robinson had cut himself 120 times with a butcher’s knife, and his mother was fearful that he was going to kill himself. When police arrived at the scene at LeMoyne Gardens public housing project, it was a tight perimeter, and the officers asked Robinson to drop the knife. He didn’t. What happened next is disputed: the officers said Robinson lunged toward them; witnesses said he did not. The officers shot and killed Robinson, prompting community outrage and charges of racial bias against the Memphis administration. Robinson was Black, and the two officers who shot him were White. Sabrina Taylor, Crisis Intervention Team Training Coordinator at the Phoenix Police Department, says this tragedy was the tipping point that led to the creation of the Memphis Crisis Intervention Team (CIT).

Robinson was what law enforcement calls a frequent flier: he had a history of psychiatric hospitalizations and was a high use 911 caller, but the police officers who answered the emergency call were not trained in behavioral health crisis or how to deescalate the situation. Taylor says that people in crisis may not be easy to engage and appear out-of-control. Law enforcement can interpret the behavior as an imminent threat. Officers trained in crisis intervention have additional tools to respond to behavioral health emergencies such as knowledge, understanding, empathy, and listening techniques that may calm people down and negate the need for force. The approach decreases conflict and diverts people from jail. Instead, says Taylor, police officers often take people experiencing behavioral health crises to psychiatric emergency centers.

Nick Margiotta, president of Crisis System Solutions and retired Phoenix police officer, says CIT sounds simple, and in many ways, it is, but it takes leaders in behavioral health who understand that police officers are critical stakeholders in crisis services. “Historically, the expectation has been that law enforcement officers fall in line with whatever policy leaders in behavioral health make. That doesn’t factor in our culture and, as a result, officers won’t do it.” Margiotta was first introduced to CIT in 2001 in a training program. He says that trainings are essential, but without an infrastructure to support actual implementation, it’s a disservice. In training, Margiotta learned about mobile crisis teams and psychiatric centers, where he and his colleagues could do a warm handoff. “The training shifted my perception and made me realize we can’t arrest our way out of this problem, and I was excited to start applying CIT to my job.” Margiotta answered a call from a frequent caller with Serious Mental Illness (SMI). She was depressed, had been drinking, and threatened to take 100 Advils. Margiotta thought this was an ideal opportunity to do his first psychiatric center drop-off. When he went to the facility, the staff rejected the drop-off because the woman had been drinking. Then he took her to the detox facility, and they rejected her because she was suicidal. “I was proud to apply my CIT training only for the person to be denied in both locations, so I didn’t do again for years. All I could do was take her to the parking lot of the county hospital and say, ‘Good luck.’”

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Even though Margiotta didn't use the CIT training as initially designed, it made him rethink how law enforcement was engaging with the community. Over the next few years, he built a diversion program and housing first initiatives during the day while patrolling downtown Phoenix at night. Three years later, Margiotta worked to restart CIT, and this time it was successful. The reason, says Margiotta, is he spent 90% of his time working with the behavioral health system, educating leaders on police culture. "Law enforcement will default to the more convenient solution, which means drop-offs need to be easier than what it takes to book someone."

#### Police Drop-offs

The more limitations and challenges behavioral health facilities present, the less likely they will get police to drop off people in behavioral health crises. What law enforcement needs, says Margiotta, is a no-refusal policy, allowing officers to do drop-offs and return to their patrol duties. He says that initially, when he restarted CIT at his station, law enforcement faced numerous roadblocks. It took patience, collaboration, and walking crisis services staff and leadership through why service design must include a law enforcement voice to facilitate change. Margiotta says psychiatric centers were requiring police officers to take off their guns, refusing patients who had been drinking, requiring officers to obtain medical clearance, and the only door for drop-offs sometimes was the front door, with the seclusion and restraint room far away from the drop-off door. These were all barriers that, if they continued, would have made drop-offs unlikely. He says facilities also feared police officers were going to bring people experiencing delirium. If a person was clearly in need of a hospital, that's where Margiotta would take him, but in cases of delirium, which is harder for a law enforcement official to determine, the center could call for an ambulance. "If I'm going to get medically screened out and have to put the person back in my car and drive him somewhere else, why should I even bother going there in the first place? Psychiatric centers need to function like Emergency Medical Treatment and Labor Act (EMTALA) applies to them, accepting anyone police officers bring in and integrating cop culture into the development of their policies. Meaning, 100 percent of crisis workers must be trained to work with law enforcement effectively. Otherwise, officers will default to the hospital or jail."

Margiotta says successful collaboration also required law enforcement buy-in, which any refused drop-off could derail. "Years later, we've had a tremendous cultural shift here in Phoenix. Police officers automatically believe drop-offs allow them to do their job better and help people." He says increasing buy-in from law enforcement and crisis services required holding each other accountable. Side-by-side, they looked over data each month. The goal, says Margiotta, was for police drop-offs to take less than seven-to-eight minutes. "When that didn't happen, we all took a closer look at what went wrong and how to improve performance."

A threat to collaboration is inviting law enforcement officers to be part of the design and processes, but then not integrating any of their recommendations. Margiotta says this is what happened with one facility. "They brought me in, and we worked alongside one another for months, but during the grand opening, it was clear they didn't follow any of our recommendations. They were pretending to collaborate. I was there as window dressing to show that leadership had worked with us, and to keep me quiet during the implementation phase." He says the facility was unsafe for police: staff would need to buzz officers in and couldn't let anyone

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in or out. “It was a lockbox with nearby instruments that were dangerous. I made it clear there was no way officers would be coming there until they made the necessary changes.” In the end, the facility did an entire redesign. It took three years before police regularly started bringing drop-offs there.

#### Mobile Crisis

Margiotta says mobile crisis teams are a vital partnership for law enforcement, but working with them required similar collaborations. It took at least three years to create a robust, productive relationship. At first, they struggled with inconsistent mobile unit dispatch and crisis service provider fear of escalation. A good crisis mobile response team has rapid response and goes out 24/7, but, initially, that wasn’t happening. “We were getting a 25% denial rate from mobile units. That’s a no-no in our culture; officers will stop calling. We worked together and eventually, every time we called, a mobile unit was dispatched immediately. That’s the compliance we needed.” Police also need to be able to do a warm handoff of 5-15 minutes to the mobile unit and quickly get back to their jobs, but crisis services personnel often wanted officers to stick around for fear that the person might escalate. “This makes sense only if the person is violent, and suicidal ideation alone doesn’t mean police need to be present.” In one instance, says Margiotta, a caseworker was answering a call where the person hadn’t taken her medication for a few weeks. The caseworker sent the mobile crisis team and simultaneously called police to go to the location. “There was no danger, she wasn’t violent, and when I said that to the two-person mobile unit, they responded, ‘She has Schizophrenia. She could be hearing voices.’ They are the ones trained in behavioral health. I didn’t need to be there.”

Today, a person in a leadership role has to authorize if a mobile unit can call law enforcement, but if a situation escalates, the unit can immediately call the police. As a result, calls for police to respond have gone down between 70% and 80%. If the crisis line gets 18,000 calls a month, Margiotta says less than 10% will triage to mobile crisis units, and less than 1% need police response. Part of the struggle, says Margiotta is viewpoint, “Behavioral health workers believe these issues to be in the community, and that they are helping us. We view it quite differently; we are bringing them their customers for who they receive state and federal dollars. We see ourselves as critical stakeholders.” He has spent most of his career developing and maintaining partnerships between law enforcement and crisis services. “You can’t keep people out of the Emergency Department and jail without these relationships. It’s a public safety and public health issue: we are in this together.”

## Interview 7 – Anonymous Peer Recovery Coach

### Peer Recovery Coach Says “Stigma of MAT Persists in the Recovery Community”

Veronica\* slid into addiction slowly, increasingly drinking as a teen, and by the time college came around, she needed alcohol first thing in the morning to stop her hands from shaking. She says it escalated from there. For Veronica, addiction wasn't a straight line, more like there were times she stopped entirely and others when there was a litany of drugs she used each day, including heroin and oxycodone. She quit multiple times, promising her family she was done, but it wasn't until a close friend died in front of her, his arm hanging limply off the EMS gurney, that Veronica made a promise to herself for herself that she was going to get help. She turned a corner that day, driving to a nearby clinic where she started Medication-assisted treatment (MAT) and that, she says, “was all she wrote.” It's not though, because six years later, Veronica is now an award-winning peer recovery coach, helping people navigate the challenges she faced. When asked what or who she credits for her recovery, Veronica doesn't hesitate to say ongoing MAT and caring recovery coaches, but, she lowers her voice, her colleagues don't know. She fears they wouldn't accept her and she has good reason to think so. “There's a lot of stigma within the recovery world and a belief that MAT is simply substituting one drug for another.” Veronica says in a recent discussion, a colleague said just that. “It's startling because no one would say that about a person with a physical illness. Can you imagine if those in the medical field said to people with diabetes, ‘You shouldn't use insulin as treatment.’ Well, that's what's happening in the field of recovery: people are often judged for using evidence-based medicine.”

The belief that MAT is exchanging one drug for another is not uncommon among the general population and even among physicians in the medical field. In May 2017, Dr. Tom Price, former Secretary of Health and Human Services, said, “If we're just substituting one opioid for another, we're not moving the dial much.” He faced immediate backlash from the medical and scientific community. Dr. Vivek Murthy, former Surgeon General of the United States, responded on Twitter that an abstinence-only approach isn't backed by science, unlike MAT, which leads to better outcomes compared to behavioral treatment alone. Months later, in September, there appeared to be a shift in the federal government, with Dr. Scott Gottlieb, the FDA Commissioner at the time, saying that MAT “...is one of the major pillars of the federal response to the opioid epidemic in this country. He went on to say that MAT is an essential tool that has the potential to allow millions of Americans to regain control of their lives.

What's surprising to Veronica isn't that people in the general population don't understand that MAT is an evidence-based practice but that those working in recovery are perpetuating misinformation. Medication-assisted treatment is a holistic approach for substance use disorders that combines counseling, behavioral therapy, and FDA-approved medication. She says that without MAT, she would likely be dead. “I would have continued using, or relapsed, unsure of what I was taking and the dosage. Heroin is no longer pure. It's increasingly packed with other ingredients, many of them potentially lethal, like Fentanyl.” Veronica says that without treatment, she wouldn't have been able to enter recovery because the pain associated with withdrawal is horrendous. It's not just acute pain that's problematic, but also precipitated withdrawal that happens months later, making each day unbearable. “People in recovery who

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haven't had an opiate addiction often don't understand what this type of withdrawal feels like in the short- and long-term. I think that's why they aren't sympathetic."

Last year, Veronica's 29-year-old half-sister died of endocarditis from intravenous drug use. Having shared similar struggles, Veronica believes she and her sister ended up on divergent paths because of money and stigma. "My sister went to the nearest clinic for two years, and she did well, but then she could no longer pay the \$80 a week it costs to go to the clinic." Her sister's family refused to help with the fees because they thought taking Methadone would limit her job opportunities. "Because of stigma and fear of stigma, my sister is now in a mausoleum."

Not sharing her treatment with colleagues has been taxing, and Veronica has struggled with whether she's contributing to stigma by not telling her story. "I wonder about it every day. Am I living a lie? I don't think they would accept me. From what I've heard them say, my guess is it would diminish their respect for me. If I make a human error, will they blame the fact that I'm on treatment, even if that doesn't make sense?" Every week, Veronica goes into the clinic with her take-home bottles. The clinic fills them with medication for the next six days; on the seventh day, she goes back in to get her final dosage. She says it didn't start off that way. At first, she had to go to the clinic daily, then, over time, the recovery team would give her medication to take home. After six years, she still goes to the clinic once a week. It makes Veronica nervous because there are weeks where it has been challenging to get to the clinic. For instance, last year, a massive storm was headed to her area. She lives out in the country, and snow would have made it impossible to get to the clinic. Veronica arranged to stay with family in town so that she wouldn't risk missing the final dosage or filling her bottles for the next week. It's these small changes that colleagues can notice, she says, and it makes her worried that they will figure it out; for example, wondering why she stayed with family instead of at home. The fact that she has to worry about it at all makes her angry. "I work in a recovery environment, but, ironically, I'm forced to hide my recovery and treatment from my colleagues. Stigma inside of an industry designed to help people recover and fight stigma is problematic."

Veronica worries about how stigma affects others in recovery and how judgment toward those in recovery impacts people not quite there yet. At a recent team meeting, a colleague vented that Narcan—a medication that entirely or partially reverses an opioid overdose, including respiratory depression—enables people addicted to opioids, saying, "We'll bring them back, and they will just use again." "It made me so upset to hear someone in this role make a statement like that. We hope to keep people alive. We have many repeat clients, which is why the person was frustrated, but we want to be there for them when they take that long-lasting step into recovery. It took me multiple times to get there. What if people at the clinic had just given up on me? Where would I be? We want to do our best to create an environment for people to get the help they need when they need it."

*\*Veronica is not the peer recovery coach's real name. She has asked to remain anonymous.*

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*The above interviews were published in NASMHPD's #CrisisTalk in 2019, and are re-printed here by permission.*

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**EUGENE POLICE DEPARTMENT CRIME ANALYSIS UNIT****300 County Club Road, Eugene, OR 97401****CAHOOTS Program Analysis****PURPOSE:**

To gain a clear understanding of the CAHOOTS program regarding the nature and levels of activity CAHOOTS personnel are involved with, both in conjunction with, and independent of, other emergency services.

There has been significant visibility and discussion, even nationwide, of the CAHOOTS program in recent months, highlighting the important role this program has in our community by offering critical crisis intervention services. The coverage has shared a variety statistics and figures based on different information sources. In order to provide more consistent and up to date information, EPD Crime Analysis Unit has conducted analysis to accurately gauge the the impact the CAHOOTS program has on the Eugene Police Department's (EPD) activity levels.

**EXECUTIVE SUMMARY:**

- CAHOOTS divert rates are likely between approximately 5% to 8% of EPD Calls For Service (CFS)
- CAHOOTS called for backup from EPD in 311 instances in 2019
  - CODE 3 Cover, or an immediate police emergency response with lights and siren, was needed in ~8% of the backup calls
  - Backup rates are higher in natures of calls that are traditionally dispatched to police, like Criminal Trespass

**METHOD:**

Two tools have been created by the EPD Crime Analysis Unit to help examine data from the Computer Aided Dispatch (CAD) system. Anecdotally, these two tools are referred to as the "CAHOOTS tool," and the "Annual Stats tool." Both are interactive and reside on a closed EPD system, they pull their data from the Eugene CAD system.

Due to the complexities and numerous variables, every effort will be made to be as thorough as possible when describing various filters applied to the data to better understand the nature of CAHOOTS involvement in the public safety system.

The examined data is inclusive from January 1, 2019 through December 31, 2019.

## DISCUSSION:

CAHOOTS is a partner organization with the City of Eugene and is run through the White Bird Clinic. It is currently dispatched via the same system as EPD and Eugene Springfield Fire (ESF) to a variety of calls, diverting some from EPD and other emergency services, as well as handling a subset of unique calls that wouldn't normally be responded to by law enforcement. Calls for CAHOOTS come in through either the emergency 911 system or the non-emergency line. Additionally, there are some calls that are self-initiated, or calls where CAHOOTS vans are flagged down by individual members of the community. The initial step in this analysis is to look at the nature and frequency of Calls for Service (CFS) within the CAD system as they relate to CAHOOTS.

### Calls For Service (CFS):

#### ALL CAHOOTS ASSOCIATIONS:

In 2019 CAHOOTS had some level of activity in 20,746 public-initiated CFS. This number is not indicative of a response, dispatch or arrival, simply an association between a CAHOOTS unit designator and an event in CAD. Figure 1 shows all CAHOOTS associations by call nature. This chart includes calls that may also have an association with other emergency services

Figure 1 – 2019 total CAHOOTS CAD associations

Rank	Nature	Count	Percent	Include
1	Check Welfare	5806	28.0%	<input checked="" type="checkbox"/>
2	Assist Public- Police	5555	26.8%	<input checked="" type="checkbox"/>
3	Transport	4583	22.1%	<input checked="" type="checkbox"/>
4	Suicidal Subject	1442	6.95%	<input checked="" type="checkbox"/>
5	Disorderly Subject	529	2.55%	<input checked="" type="checkbox"/>
6	Intoxicated Subject	421	2.03%	<input checked="" type="checkbox"/>
7	Found Syringe	347	1.67%	<input checked="" type="checkbox"/>
8	Traffic Hazard	307	1.48%	<input checked="" type="checkbox"/>
9	Criminal Trespass	288	1.39%	<input checked="" type="checkbox"/>
10	Dispute	225	1.08%	<input checked="" type="checkbox"/>
11	Other (106 Categories)	1243	5.99%	<input checked="" type="checkbox"/>
<b>Total</b>		<b>20746</b>		

Nature

Summary Table Grouping.

10

Top N from one through 116

### ALL CAHOOTS DISPATCHED CFS:

In 2019 CAHOOTS was dispatched to 17,700 public-initiated CFS. This includes calls that are both CAHOOTS only and a joint response with other emergency services. It is a subset of the calls in Figure 1. Lack of dispatch can be for a variety of reasons ranging from a call not requiring a response, to a caller not providing complete information, or a caller calling back and canceling a call. CAHOOTS dispatch rates are higher than EPD due to the nature of the calls they receive. CAHOOTS calls are generally not for information only or calls to report crimes, those types of calls, which are common for EPD are often not dispatched.

Figure 2 – 2019 total CAHOOTS dispatched CFS

Rank	Nature	Count	Percent	Include
1	Check Welfare	5083	28.7%	<input checked="" type="checkbox"/>
2	Assist Public- Police	4547	25.7%	<input checked="" type="checkbox"/>
3	Transport	3756	21.2%	<input checked="" type="checkbox"/>
4	Suicidal Subject	1389	7.85%	<input checked="" type="checkbox"/>
5	Disorderly Subject	457	2.58%	<input checked="" type="checkbox"/>
6	Intoxicated Subject	356	2.01%	<input checked="" type="checkbox"/>
7	Found Syringe	310	1.75%	<input checked="" type="checkbox"/>
8	Traffic Hazard	298	1.68%	<input checked="" type="checkbox"/>
9	Criminal Trespass	215	1.21%	<input checked="" type="checkbox"/>
10	Dispute	214	1.21%	<input checked="" type="checkbox"/>
11	Other (95 Categories)	1075	6.07%	<input checked="" type="checkbox"/>
<b>Total</b>		<b>17700</b>		

Nature  10  
 Summary Table Grouping. Top N from one through 105

### ALL CAHOOTS ARRIVED CFS:

In 2019 there were 15,879 public-initiated CFS (Figure 3) where CAHOOTS was both dispatched and arrived. This number is a sub-set of Figure 2 and includes CAHOOTS-only activity as well as CAHOOTS activity in conjunction with other emergency services. A variance in dispatch and arrival rates is common with service calls. It is often caused by the call being canceled after dispatch and is not indicative of a non-availability of services. Due to the delay between a call being received, dispatched, and resources arriving on scene, a caller may call back and report the subject of the call is no longer on scene.

Figure 3 – 2019 total CAHOOTS response

Rank	Nature	Count	Percent	Include
1	Check Welfare	4609	29.0%	<input checked="" type="checkbox"/>
2	Assist Public- Police	4085	25.7%	<input checked="" type="checkbox"/>
3	Transport	3341	21.0%	<input checked="" type="checkbox"/>
4	Suicidal Subject	1294	8.15%	<input checked="" type="checkbox"/>
5	Disorderly Subject	402	2.53%	<input checked="" type="checkbox"/>
6	Intoxicated Subject	320	2.02%	<input checked="" type="checkbox"/>
7	Traffic Hazard	257	1.62%	<input checked="" type="checkbox"/>
8	Found Syringe	254	1.60%	<input checked="" type="checkbox"/>
9	Criminal Trespass	190	1.20%	<input checked="" type="checkbox"/>
10	Dispute	190	1.20%	<input checked="" type="checkbox"/>
11	Other (92 Categories)	937	5.90%	<input checked="" type="checkbox"/>
<b>Total</b>		<b>15879</b>		

Nature  10  
 Summary Table Grouping. Top N from one through 102

### ALL CAHOOTS ONLY CFS ASSOCIATIONS:

Figure 4 shows all 2019 Public-initiated CFS where only CAHOOTS has an association to the call in the CAD system. There are no other emergency services associated to the call. These calls are a subset of Figure 1 (All CAHOOTS Associations). This does not indicate either dispatch or arrival.

*Figure 4 – 2019 CAHOOTS only CAD associations*

Rank	Nature	Count	Percent	Include
1	Assist Public- Police	5435	30.2%	<input checked="" type="checkbox"/>
2	Check Welfare	5226	29.0%	<input checked="" type="checkbox"/>
3	Transport	4533	25.2%	<input checked="" type="checkbox"/>
4	Suicidal Subject	982	5.46%	<input checked="" type="checkbox"/>
5	Intoxicated Subject	393	2.18%	<input checked="" type="checkbox"/>
6	Found Syringe	328	1.82%	<input checked="" type="checkbox"/>
7	Traffic Hazard	241	1.34%	<input checked="" type="checkbox"/>
8	Disorderly Subject	230	1.28%	<input checked="" type="checkbox"/>
9	Assist Fire Department	161	0.89%	<input checked="" type="checkbox"/>
10	Disoriented Subject	111	0.62%	<input checked="" type="checkbox"/>
11	Other (59 Categories)	355	1.97%	<input checked="" type="checkbox"/>
<b>Total</b>		<b>17995</b>		

Nature    
*Summary Table Grouping.*

10   
*Top N from one through 69*

### CAHOOTS ONLY ARRIVED CFS:

Figure 5 indicates 2019 public-initiated CFS where CAHOOTS was the only unit that was both dispatched and arrived on scene. There were 13,854 CFS that fit these criteria. The difference between dispatch (15,356) and arrival is 1,502. The ARRIVED calls are a subset of Figure 3 (all CAHOOTS arrived). These numbers do not include calls where CAHOOTS called for backup from other emergency services after arriving on scene. Divert rate will be discussed later, however 13,851 should be the baseline number for beginning any divert calculations. It indicates a call that may have gone to emergency services but was diverted to CAHOOTS, without intervention or support from emergency services.

*Figure 5 – 2019 CAHOOTS only response*

Rank	Nature	Count	Percent	Include
1	Check Welfare	4220	30.5%	<input checked="" type="checkbox"/>
2	Assist Public- Police	3996	28.8%	<input checked="" type="checkbox"/>
3	Transport	3303	23.8%	<input checked="" type="checkbox"/>
4	Suicidal Subject	889	6.42%	<input checked="" type="checkbox"/>
5	Intoxicated Subject	301	2.17%	<input checked="" type="checkbox"/>
6	Found Syringe	252	1.82%	<input checked="" type="checkbox"/>
7	Traffic Hazard	210	1.52%	<input checked="" type="checkbox"/>
8	Disorderly Subject	196	1.41%	<input checked="" type="checkbox"/>
9	Assist Fire Department	116	0.84%	<input checked="" type="checkbox"/>
10	Disoriented Subject	87	0.63%	<input checked="" type="checkbox"/>
11	Other (48 Categories)	284	2.05%	<input checked="" type="checkbox"/>
<b>Total</b>		<b>13854</b>		

Nature    
*Summary Table Grouping.*

10   
*Top N from one through 58*



## JOINT CAHOOTS / EPD CFS:

Figure 6 shows the 2,018 joint CFS where both CAHOOTS and EPD dispatched and arrived at the call. These calls are a subset of calls figure 3 (all CAHOOTS arrived) and include CFS where CAHOOTS called for backup from EPD. These gross joint CFS numbers do not differentiate which units arrived on scene first.

Figure 6 – 2019 Joint EPD / CAHOOTS CFS

Rank	Nature	Count	Percent	Include
1	Suicidal Subject	405	20.1%	<input checked="" type="checkbox"/>
2	Check Welfare	385	19.1%	<input checked="" type="checkbox"/>
3	Disorderly Subject	206	10.2%	<input checked="" type="checkbox"/>
4	Dispute	185	9.17%	<input checked="" type="checkbox"/>
5	Criminal Trespass	128	6.34%	<input checked="" type="checkbox"/>
6	Assist Public- Police	88	4.36%	<input checked="" type="checkbox"/>
7	Suspicious Conditions	51	2.53%	<input checked="" type="checkbox"/>
8	Disorderly Juveniles	48	2.38%	<input checked="" type="checkbox"/>
9	Traffic Hazard	47	2.33%	<input checked="" type="checkbox"/>
10	Overdose	44	2.18%	<input checked="" type="checkbox"/>
11	Other (76 Categories)	431	21.4%	<input checked="" type="checkbox"/>
<b>Total</b>		<b>2018</b>		

Nature

Summary Table Grouping.

10

Top N from one through 86

## CAHOOTS BACKUP CALLS:

Figure 7 illustrates 311 CFS where CAHOOTS called for backup from law enforcement. The calls are a subset of Figure 6 (joint calls).

To be included in the backup category, **ALL** of the following criteria had to be met:

- The call was dispatched to CAHOOTS ONLY
- CAHOOTS arrived on scene
- EPD was dispatched and arrived after CAHOOTS arrived on scene

The percentage of calls beginning as a CAHOOTS ONLY response and then requiring backup was 2% overall. However, when you look at calls outside of CAHOOTS normal top 4 CFS, the percentage of calls requiring

Figure 7 – 2019 CAHOOTS calls requiring backup

Rank	Nature	Count	Percent	Include
1	Check Welfare	116	37.3%	<input checked="" type="checkbox"/>
2	Suicidal Subject	42	13.5%	<input checked="" type="checkbox"/>
3	Assist Public- Police	34	10.9%	<input checked="" type="checkbox"/>
4	Criminal Trespass	23	7.40%	<input checked="" type="checkbox"/>
5	Transport	20	6.43%	<input checked="" type="checkbox"/>
6	Disorderly Subject	16	5.14%	<input checked="" type="checkbox"/>
7	Traffic Hazard	14	4.50%	<input checked="" type="checkbox"/>
8	Intoxicated Subject	9	2.89%	<input checked="" type="checkbox"/>
9	Missing Person	5	1.61%	<input checked="" type="checkbox"/>
10	Suspicious Conditions	4	1.29%	<input checked="" type="checkbox"/>
11	Other (21 Categories)	28	9.00%	<input checked="" type="checkbox"/>
<b>Total</b>		<b>311</b>		

Nature

Summary Table Grouping.

10

Top N from one through 31

backup climbs. With "Criminal Trespass," backup was requested 23 times out of 69 CAHOOTS responses where they arrived and located the subject. That equates to CAHOOTS requesting backup in 33% of the CAHOOTS ONLY Criminal Trespass CFS. For the top 4 natures that make up the bulk of CAHOOTS dispatches, the backup rate is as follows: Transport (>1%), Assist Public (1%), Check Welfare (4%), and Suicidal Subject (5%). The term backup does not indicate an emergency response, it simply indicates that after CAHOOTS arrived on scene it was determined additional police response was required. We were able to isolate 25 instances (8% of backup calls) where the terms "C3" or "CODE 3" were used in the call notes, this would indicate an immediate and emergency police response to the call.

## **EXPLANATION OF CAHOOTS TOP NATURES:**

- 1. CHECK WELFARE (4,615 dispatched):** The CAHOOTS Welfare Check nature is generally separate from the EPD Welfare Check. Dispatch makes the determination at the time of the call that the caller does not appear to require a law enforcement response, or the caller specifically requests CAHOOTS. CAHOOTS arrived at 4,220 of the Welfare Checks. They make up 30% of the total call volume CAHOOTS is dispatched to.
- 2. ASSIST PUBLIC- POLICE (4,448 dispatched):** This nature is not considered a traditional police call. It generally involves non-emergency service requests from the public, from counseling, to injury evaluation after a person declined to be evaluated by a medic, to providing general services. CAHOOTS arrived at 3,996 of the Assist Public calls. They make up 29% of the total call volume that CAHOOTS is dispatched to.
- 3. TRANSPORT (3,712 dispatched):** A CAHOOTS transport call generally involves moving an individual, often unhoused and in need, or dealing with mental health issues, from one location to another for non-emergency services. For example: an individual may need to get from a dusk-to-dawn site to a hospital for non-emergency issues. CAHOOTS arrived at 3,303 of the Transport calls. Transport calls make up 24% of the total call volume CAHOOTS is dispatched to.

To better understand the natures, the following are random samples from the calls of these natures, which were dispatched to CAHOOTS personnel. These calls are indicative of those in the nature, although not all inclusive.

### **1. Check Welfare:**

- (19283789) LOC/ SOUTH OF THE INTERSECTION, ON THE OVERPASS FEMALE WALKING BAREFOOT AND NOT WEARING MUCH CLOTHING -- REQ CAHOOTS TO GO AND CHECK ON HER LAST SEEN 5 AGO NO WEAPONS OBS
- (19250067) LOC/NE CORNER OF 2ND AND VAN BUREN. C/ADVI THERE IS POSSIBLY A PERSON SLEEPING ON SIDEWALK, OR POSSIBLY ITEMS COVERED BY TARP. HASN'T MOVED IN 5 HOURS. C/IS CONCERNED THE PERSON MAY NEED A WELFARE CHECK

### **2. Assist Public:**

- (19062532) C/ REQ CAHOOTS FOR COUNSELING AND ASSISTANCE C/ HAVING SUICIDAL THOUGHTS NO PLANS OR MEANS AT THIS TIME
- (19310041) C/ REQ TRAN FOR HERSELF AND HER SON TO A MEAL THIS MORNING

### 3. Transport:

- (19222410) INV/UNK, NAME NEEDS XPORT TO SERVICE STATION - WAITING IN ED LOBBY
- (19080551) LOC/ LOBBY I/ UNK, MARK WM. 57. 600. MED. BALD LSW/ UNK TRAN TO HOURGLASS

## CAHOOTS DIVERTS

*Divert Criteria:* For a call to be considered a divert, ALL of the following criteria must be true:

1. The call is received by dispatch
2. Police are *normally* dispatched to the call nature
3. The call is dispatched to, and arrived at by, an outside agency
4. No EPD resources are dispatched to the call

*Dispatch versus non-dispatched calls:* This is one area where CAHOOTS and EPD numbers differ significantly. The term “dispatched” indicates that physical resources (individuals) have been sent to the scene of activity in order to render assistance or investigate activity.

For CAHOOTS, a non-dispatched call indicates there is no activity that occurs, or no response. A typical example of this is when a member of the public calls in, the call is placed in the queue waiting for available resources, and due to a time lapse from the initial call, the caller calls back and states the subject is no longer there, or no longer in need of assistance. The call is never dispatched to CAHOOTS.

For EPD a non-dispatched call often still carries a burden of activity, including the filing of reports, the gathering of information and possible future activity. A typical example of this is a call for Theft From Vehicle. In 2019 there were 2,559 CFS to EPD of this nature and the agency dispatched personnel to approximately 101 (~4%) of those calls. Officers are generally not needed on scene to file a report. Despite personnel not being physically sent to the scene, the agency still has multiple individuals and staff-hours dedicated to these events.

The distinction between the two agency responses becomes important when calculating diverts. We must look first at all CFS dispatched, and arrived at, by CAHOOTS only (Fig. 5: 13,854); that number must be compared to the total CFS volume for both agencies (Fig. 8 below). In 2019 there were 105,402 Public CFS placed to the call center.

Figure 8 – ALL EPD public-initiated CFS in 2019

Calculating the divert rate of CAHOOTS for EPD activity is not as simple as removing all calls associated to CAHOOTS from the total number of CFS received by the call center. It needs to be capable of answering the question: “If CAHOOTS services weren’t available, how many additional calls would EPD need to handle?” To address that specific question, the four divert criteria listed at the beginning of this section must be met.

Nature	Count	% of All CFS	Freq Pri	Freq Desig	% Disp'd
CHECK WELFARE	8469	8.0%	7	CAHOOTS	87.1%
CRIMINAL TRESPASS	7007	6.6%	3	PATROL	72.1%
DISPUTE	6364	6.0%	3	PATROL	94.2%
ASSIST PUBLIC- POLICE	6245	5.9%	7	CAHOOTS	78.7%
TRANSPORT	4664	4.4%	7	CAHOOTS	81.6%
BEAT INFORMATION	4455	4.2%	5	PATROL	82.7%
ILLEGAL CAMPING	4313	4.1%	5	PATROL	9.8%
THEFT	4264	4.0%	4	PATROL	28.7%
DISORDERLY SUBJECT	3832	3.6%	3	PATROL	84.1%
THEFT FROM VEHICLE	2559	2.4%	9	CSO	3.9%
ALL OTHER (241 Cats)	53231	50.5%	3	PATROL	52.5%
<b>TOTAL</b>	<b>105403</b>	<b>100.0%</b>	<b>3</b>	<b>PATROL</b>	<b>60.5%</b>

If we incorrectly assume that ALL calls associated with (Figure 1: 20,746), dispatched to (Figure 2: 17,700), or handled by only CAHOOTS (Figure 5: 13,854) would be dispatched to police if CAHOOTS services were not available, then we have gross divert rates of: ~20%, ~17%, or ~13% respectively.

However, as discussed when examining call natures, the top 3 CAHOOTS CFS natures: Check Welfare (4,220), Assist Public (3,996), and Transport (3,303) are not traditionally law enforcement calls, and would likely not be dispatched to police. The majority of these calls are received by the call center because of the partnership with CAHOOTS; the public is aware that CAHOOTS services are accessed through calling 911 or the non-emergency number and it artificially inflates the total call volume to emergency services.

If all calls in the top three CFS, which are CAHOOTS-centric, are removed from the total of CAHOOTS only responses (11,519), we are left with 2,335 CFS, which are likely diverts. This equates to an overall divert rate of ~2%

If we look only at dispatched calls for both agencies (63,738) and subtract out the removed CAHOOTS natures (11,519) we are left with 52,219 total dispatched CFS, of which 2,335 were handled by CAHOOTS, which would equate to ~5% divert rate of dispatched calls.

The calls in the Check Welfare nature, handled solely by CAHOOTS, are the most challenging call nature to differentiate from traditional law enforcement calls. Following further analysis of a random sample group of 200 of these calls by dispatchers, we estimate that approximately 74% (148 of 200) of the Welfare Check calls would *likely* be dispatched to police if CAHOOTS resources weren't available. If we apply this percentage to the larger group of Check Welfare calls dispatched to CAHOOTS (4,220), we are left with 3,123 CFS that may be sent to police. Using this methodology, the number of divert calls for CAHOOTS becomes 6,346: the overall divert rate is ~6%. Additionally, this would make the divert rate of all dispatched calls ~10%.

#### **SUMMARY:**

CAHOOTS is a valued partner within the city of Eugene and provides a needed service within the community. In examining interplay between EPD and CAHOOTS, they are partner organizations where they both meet specific and unique needs. Additionally, CAHOOTS and EPD are often jointly dispatched to CFS to meet those needs.

CAHOOTS does divert calls from EPD, however it is not the 17-20% reported by just looking at the total number of CAHOOTS calls compared to EPD calls. Even with a full and comprehensive study of calls responded to by CAHOOTS, it is not possible to find an exact divert rate for a specified time period. **It is likely that the true divert rate falls between approximately 5% - 8%.**

Additionally, EPD does provide backup for some CFS where CAHOOTS was the only unit initially assigned. **EPD rates of CAHOOTS requesting backup are higher than what has previously been reported in the news media.** It should be noted that backup rates for more "traditional" CAHOOTS-centric calls: Check Welfare, Assist Public and Transport are relatively low. It is when CAHOOTS is dispatched to a traditionally police-centric call, like Criminal Trespass, that the instances of CAHOOTS requiring backup from the police jumps significantly.

Compiled by: Eugene Police Crime Analysis Unit

Current as of: August 21<sup>st</sup>, 2020

Contact: Ryan Skiles, CAU Manager // [rskiles@eugene-or.gov](mailto:rskiles@eugene-or.gov)



## RADAR 2020 CITY REPORT: KIRKLAND

The North Sound RADAR Program (Response, Awareness, De-escalation And Referral) combines information sharing across law enforcement departments and outreach by Mental Health Professional Navigators. When law enforcement officers encounter someone with behavioral health symptoms or developmental disabilities in the field, RADAR Navigators can provide crisis de-escalation, outreach, and referral to services. Navigators focus on moving people into community-based and long-term systems of care to reduce reliance on the crisis and criminal legal systems and improve people's lives.



### WHO WE SERVED

In 2020, the RADAR Program served 261 people in Kirkland, during a total of 404 meetings with Navigators and Co-Responding Officers. The average engagement was over an hour long. Of the individuals served by the RADAR Program in Kirkland in 2020, 20% were living homeless, 66% reported a disabling behavioral health condition, and <1% were military veterans.



**20% Living Homeless**



**66% Report a Disabling Behavioral Health Condition**

were military veterans.

The racial demographics of individuals served mirrored the racial makeup of the city, with 73% of being White, 9% Black or African American, 9% Asian or Asian American, 8% Multi-Racial, 6% Hispanic/ Latinx, and <1% Native American (n=231).

### WHAT WE DO- RADAR STORIES

In 2020, RADAR Navigators and Officers encountered many people who have suffered from the socio-economic or mental health consequences of the COVID-19 Pandemic. Navigators helped multiple Kirkland residents connect with appropriate mental health resources regardless of their ability to pay. One Kirkland resident had been successfully managing her mental health prior to the pandemic, but when COVID unexpectedly stopped her in the middle of a move, leaving her isolated and without her belongings, her coping skills were overwhelmed. The Navigator was able to connect her with mental health services.

RADAR Navigators found that young people, now learning from home and with little access to their usual supports, often had increased behavioral symptoms. Navigators have provided support, education and tips for parents and have worked with families to access remote mental health services. In one case, a Navigator worked to de-escalate an agitated child, who was then able to remain at home rather than being hospitalized. The Navigator also provided the family with education and resources to manage future issues.

*I can't say enough of the gratitude I want to express for the dealings and ongoing efforts towards my sister. The Navigator was an invaluable resource to my sister and frankly the extended family. Having a Mental Health Professional- Navigator in my opinion is a "must have" for the Police Department.*



**CITY OF KIRKLAND**  
**Kirkland Police Department**  
**11750 NE 118<sup>th</sup> Street, Kirkland, WA 98034**  
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## **MEMORANDUM**

**To:** Kurt Triplett, City Manager

**From:** Cherie Harris, Chief of Police  
Mike St. Jean, Deputy Chief of Police  
Todd Aksdal, Deputy Chief of Police  
Melissa Petrichor, Administrative Commander

**Date:** May 5, 2021

**Subject:** USE OF FORCE DASHBOARD

### **RECOMMENDATION:**

It is recommended that the City Council receives an update on the Department's preliminary review of use of force incidents that occurred in the first quarter of 2021 and the development of a public facing use of force dashboard.

### **BACKGROUND DISCUSSION:**

On February 16, 2021, Chief Harris provided the City Council a memorandum that contained the following preliminary review of use of force incidents involving persons of color that occurred in 2019 and 2020:

#### **Use of Force evaluation and analysis by the Department**

##### **Current Reporting and Review Procedures**

- Department members are required to document any use of force including the display of weapons to gain compliance. Documentation includes writing a case report in the records management system as well as a use of force report in the department's use of force tracking system.
- Sergeants and Corporals (the involved Officer's supervisor) conduct the initial review of all case reports and use of force reports. The supervisor can either send the use of force report back for additional investigation or approve it. Once supervisors are satisfied with the documentation, they forward the use of force reports to their assigned Lieutenant with input on any policy and training issues.
- Lieutenants are responsible for conducting the second review on all use of force reports. Lieutenants can either close the use of force report with a finding on policy compliance or request additional investigation. Additional investigation may include additional review by Department subject matter experts, such as the Supervisor assigned to the Less Lethal Training Unit for a Taser deployment, sending the report back for additional

documentation or having the incident reviewed by the Chief of Police for assignment as an Internal Investigation.

- Policy violations and training issues that are identified during the use of force review process are addressed via documented coaching and counseling, remedial training and/or formal discipline.
- The Administrative Lieutenant drafts an annual use of force report as part of the Washington State Sheriff's and Police Chief's Association Accreditation process. That report is provided to the Risk Management Lieutenant for review and distribution to Supervisors in each of the training units such as the firearms instructors, less-lethal instructors and defensive tactics instructors.
- Supervisors and Lieutenants receive internal training on reviewing and approving use of force reports as well as attending WCIA sponsored classes specific to their role in the process.

### **Deadly Force Investigation**

- When a use of force response occurs that involves deadly force, the Chief of Police requests mutual aid from an outside law enforcement agency to conduct an independent criminal investigation. The outside law enforcement agency takes responsibility for conducting the investigation and forwards their findings directly to the King County Prosecuting Attorney's Office for review. As reported in the January 19<sup>th</sup>, 2021 City Council meeting, an Independent Force Investigative Team (IFIT-KC) is in the final stages of development by Interlocal Agreement (ILA).

### **Use of Force Review Board**

- A Use of Force Review board is convened when an Officer uses force that results in either death or serious bodily injury to another.
- The Board is composed of the Administrative Lieutenant, a Deputy Chief or a Lieutenant not involved in the Officer's chain of command, a certified instructor for the type of force used, a non-administrative commissioned supervisor and a peer of the Officer who used force. A member of the Department in a similar classification as that of the involved Officer is considered a peer.
- The Board thoroughly reviews all available information and develops a written report to the Chief of Police that includes recommendations for training, equipment and/or policy violations.
- The Chief of Police reviews the written recommendations of the Board and makes the final determination as to whether the employee's actions were within policy. The Chief of Police will determine whether additional actions, investigations or reviews are appropriate.
- The Chief of Police may direct a Use of Force Review Board to investigate the circumstances surrounding any use of force incident.

### **Early Warning System**

- The Department utilizes an early warning system to alert supervisors and members of command staff if an employee reaches a preset threshold on certain types of incidents in a rolling 12-month period.
- Use of Force entries are part of the Department's early warning system. If an Officer is involved in six (6) use of force incidents within a rolling 12-month period, their

supervisor receives an automated email that triggers additional review of all the specific reports during that time period. This includes the actual use of force and or the show of force by drawing a firearm or Taser. This threshold was set during training conducted by the Department's vendor "IA Pro – Blue Team" a nationally recognized software solution utilized to catalog use of force reporting.

### **Analysis of 2019-2020 Use of Force Incidents Involving Persons of Color or Unknown Race**

- Deputy Chief St Jean and the Deputy Chief Aksdal recently conducted additional reviews of all use of force incidents from 2019 and 2020 involving persons of color or unknown race.
- There were 39 use of force incidents in 2019 and 2020 involving persons of color or unknown race. Those incidents were documented in 77 individual use of force reports. (Individual officers are required to document their own use or display of force in a separate use of force report for each incident. If more than one officer uses or displays force during an incident, there will be more than one report generated to thoroughly document an incident.)
- Dispatched calls for service accounted for 28 (72%) of the 39 uses of force.
- The remaining 11 (28%) were associated with incidents that were observed by officers, not all are considered self-initiated activity as in some instance they were flagged down by community members.
- A show of force (only) safely resolved 18 (46%) of the incidents (the display of a Taser or firearm only.) In these incidents, no other use of force was applied.
- The remaining 21 (54%) use of force incidents involved one or more applications of a force technique.
- Injuries to subjects were observed or reported in six (15%) of the incidents. There were no observed injuries or complaints of pain in the remaining 33 (85%) of incidents.
- All 39 use of force incidents have previously been reviewed by at least a Sergeant or Corporal and their Lieutenant following the procedures previously discussed in this memo.
- Two of the 39 incidents were found to contain policy violations or training issues:
  - During the first incident, the reviewing Lieutenant requested that the Supervisor of the Firearms Training Unit review an Officer's deployment of a rifle. The Supervisor of the Firearms Training Unit determined that the rifle deployment was out of policy and that the Officer had not followed training and best practices when he pointed his rifle at a subject who was being taken into custody, instead of keeping his rifle pointed towards the ground. Having no other similar training, policy violations or history of discipline, the Officer received documented coaching and counseling as well as remedial training as a result of this incident. When the Deputy Chief's reviewed this incident, they disagreed with the finding that the officers decision to deploy the rifle was out of policy but agreed with the finding that the officer had not followed training and best practices when he pointed his rifle at the subject.
  - During the second incident, Officers located a subject that was wanted on a misdemeanor warrant and had fled from officers in his vehicle on multiple occasions in the preceding days. The subject was observed parked near the pumps at a gas station, located just outside the Kirkland City limits. Officers utilized their patrol cars to put pressure on the front and rear bumper of the subject's car to prevent him from fleeing again. The subject refused to exit his

car and a prolonged standoff ensued. Eventually, the subject started his car and began ramming the patrol cars in front of and behind him in order to create enough space to flee. While he was ramming the patrol cars, the on-scene Sergeant directed an Officer to break one of the car windows using a less lethal munitions launcher. Once the subject had created enough room, the subject fled. The Officers did not pursue him. A short time later the car was located at a grocery store. The on-duty Sergeant requested assistance from the Washington State Patrol (WSP) in case the subject tried to flee again. The subject did in fact flee, driving out of the City and was pursued by WSP Troopers. The on-duty Sergeant had authorized the deployment of spike strips and a Kirkland Officer was able to successfully deploy spikes on the subject's vehicle as Troopers pursued him. The subject eventually entered I-405 traveling southbound (the wrong way) in the northbound lanes. He collided with a Trooper who was traveling northbound and was taken into custody. The review of this incident included analysis by the Supervisor of the Less Lethal Training Unit as well as the Supervisor of the Emergency Vehicle Operations Unit and was coordinated by the Investigations Lieutenant. The Supervisor of the Less Lethal Training unit found that the deployment of the less lethal munitions launcher to break the window was out of policy. Department policy did not allow for deployment on inanimate objects. However, he recommended that the policy be amended to reflect the agency's past practice of utilizing less lethal munitions on inanimate objects to safely resolve barricaded subject calls. The Supervisor of the Emergency Vehicle Operations unit found that the tactic of using the patrol cars to pin the subject's car had not been trained by the Department and was not reasonable given that the subject was wanted for a misdemeanor warrant at the time of contact. The Supervisor also found that the authorization and the deployment of the spike strips was a violation of policy because the pursuit itself was not within policy. The final investigation was reviewed by the Chief of Police. The Officers who executed the pin tactic and deployed spike strips received documented coaching and counseling. The Sergeant received formal discipline for failing to provide appropriate command and control of the incident.

- During the initial review process, Officers were found to have acted within policy in the remaining 37 use of force incidents. The Deputy Chiefs agreed with those findings.

### **Analysis of All First Quarter 2021 Use of Force Incidents**

- Deputy Chief St Jean and Deputy Chief Aksdal recently conducted additional reviews of all use of force incidents that occurred during the first quarter of 2021.
- There were 15 use of force incidents in the first quarter of 2021. Those incidents were documented in 30 individual use of force reports. (Individual officers are required to document their own use or display of force in a separate use of force report for each incident. If more than one officer uses or displays force during an incident, there will be more than one report generated to thoroughly document an incident.)
- Dispatched calls for service accounted for 11 (73%) of the 15 uses of force.
- The remaining four (27%) were associated with incidents that were observed by officers.
  - Two of the four incidents started when officers made traffic stops after observing in-progress domestic violence court order violations.

- One incident occurred when an officer attempted to contact a person who had an active felony arrest warrant.
- One incident occurred when an officer made a traffic stop for driving under the influence and the driver attempted to drive off when she was told that she was under arrest.
- The race / ethnicity listed for subjects involved in the 15 use of force incidents was:
  - White (12), Black (one), Hispanic (one) and Asian / Pacific Islander (one).
- A show of force (only) safely resolved six (40%) of the incidents (the display of a Taser, less lethal munitions launcher or firearm only). In these incidents, no other use of force was applied.
- The remaining nine (60%) use of force incidents involved one or more applications of a force technique.
- Injuries to subjects were observed or reported in two (13%) of the incidents. There were no observed injuries or complaints of pain in the remaining 13 (87%) of incidents.

The following list depicts this written summary:

<b>UOF 1st Quarter of 2021</b>
15
<b>Total UOF Reports for the 39 Incidents</b>
30
<b>UOF Associated with Dispatched CFS</b>
11 total or 73%
<b>UOF Associated with Officer On-view</b>
4 total or 27%
<b>UOF Reports Found to Have Policy Violations or Training Issues</b>
2 (training issues)
<b>Racial Breakdown of 39 UOF Incidents</b>
Black = 1
Hispanic = 1
White =12
Asian / Pacific Islander = 1
<b>Incidents Resolved by Weapon Display Only</b>
6 total or 40%
<b>Incidents Involving an Application of Force</b>
9 total or 60%
<b>Incidents Involving a Taser Discharge</b>
0 total or 0%
<b>Incidents Involving a Firearm Discharge</b>
0 total or 0%
<b>Incidents Involving a Less Lethal Launcher Discharge</b>
0 total or 0%
<b>Incidents Involving Injuries to Suspects Observed or Reported</b>
2 total or 13%
<b>Nature of Injuries</b>

Fatality = 0
Transitory Red Marks = 1
Scrapes or Abrasions = 0
Laceration =1
Complaint of Pain with No Observable Injury = 0
<b>Incidents Involving No Injuries to Suspects Observed or Reported</b>
13 total or 87%

All 15 use of force incidents have previously been reviewed by at least a Sergeant or Corporal and their Lieutenant following the procedures previously discussed in this memo. One of the incidents was assigned for additional review by a training cadre. After reviewing the event, the cadre head agreed that the incident was within policy but recommended remedial training for two officers because their tactics were not consistent with current training and best practices. That training will be scheduled and conducted by the training cadre. After the training is complete, it will be documented in the use of force tracking system. The Deputy Chiefs agreed with both the finding that the incidents were within policy and with the cadre head's recommendation for remedial training.

During the initial review process, officers were found to have acted within policy in all 15 use of force incidents. The Deputy Chiefs agreed with those findings during their review of the use of force incidents that occurred in the first quarter of 2021.

**NEXT STEPS:**

The Department recently signed a contract with Police Force Strategies, an outside consultant for use of force analysis and dashboard development. All the data from 2018, 2019, 2020 will be provided to the consultant for both analysis and development of an interactive use of force dashboard. Additional data analysis will occur by the consultant, on an annual basis.



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## MEMORANDUM

**To:** Kurt Triplett, City Manager

**From:** James Lopez, Deputy City Manager for External Affairs  
 Darcey Eilers, Assistant City Attorney

**Date:** May 7, 2021

**Subject:** UPDATE ON R-5434 Section 2d – INDEPENDENT CIVILIAN OVERSIGHT OF POLICE USE OF FORCE

### **RECOMMENDATION:**

It is recommended that the City Council receive an update on state legislative efforts relating to independent civilian oversight of police use of force as they may impact efforts on Section 2d of Resolution R-5434. It is further recommended that staff return to a future meeting with an evaluation of the various oversight models, legal requirements, collective bargaining limitations, and other issues in order to develop a recommendation for independent civilian oversight within Kirkland.

### **BACKGROUND DISCUSSION:**

Elements of Section 2d of R-5434 directed the City Manager to evaluate options for independent civilian oversight of police use of force. Staff provided an overview of various options for such civilian oversight as part of the comprehensive update City Council received on the status of R-5434 efforts for the February 16, 2021 Council meeting. During the 2021 state legislative session, numerous bills related to police oversight were introduced. Staff paused the city efforts and instead focused on monitoring state legislation to determine whether the legislature would preempt any local efforts to develop a civilian oversight entity.

The purpose of this report is to update the Council on the results of the legislative session as it relates to independent civilian oversight of police use of force.<sup>1</sup>

One proposed bill, SHB 1203, would have required local jurisdictions to establish a community oversight board with significant authority and responsibilities. That bill did not pass out of the House Rules Committee. As a result, there is currently no state requirement to establish a community oversight board or any state-mandated limitations if such an oversight board is created locally.

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<sup>1</sup> Notably, the legislature considered and passed through both houses numerous other bills impacting law enforcement and use of force, but they are not detailed here as they do not have an explicit impact on civilian oversight. Several of these bills were discussed in the May 4, 2021 Council Packet.



Another proposed bill, SB 5134, would have prohibited police accountability topics, including community oversight entities, from being subject to bargaining in law enforcement union contracts. That bill did not pass out of the Senate committee. As a result, implementation of a community oversight board in Kirkland will likely need to be bargained with the impacted unions.

Two bills that passed both houses and are awaiting the Governor's signature more indirectly relate to civilian oversight of police: E2SSB 5259 and E2SSB 5051. Focusing on data collection in an effort to increase transparency and accountability in police practices, [E2SSB 5259](#) requires law enforcement agencies to participate in a statewide law enforcement use-of-force reporting system, which will collect, report, and publish information on law enforcement's use of force and other incidents and interactions involving the public.

[E2SSB 5051](#) relates to police oversight and accountability through the Criminal Justice Training Commission's authority, including expanding the grounds for both mandatory and optional officer decertification or suspension. It also provides the CJTC with disciplinary alternatives to decertification, such as reprimands, retraining and probation. Among numerous other things, this legislation modifies the composition of the Criminal Justice Training Commission (CJTC) to increase the number of civilian members from two to seven. The CJTC will now have expanded authority over oversight and review of use of force incidents and/or improper conduct by law enforcement officers, independent of a local jurisdiction's investigation or disciplinary actions. Local law enforcement agencies have a mandatory duty to report to the CJTC when an officer is engaged in alleged conduct that might lead to decertification or is separated from service. In addition, the CJTC is required to maintain a public database with records that include reasons for an officer's separation from a law enforcement agency and any decertification or suspension actions pursued.

**NEXT STEPS:**

Staff welcome any questions or discussion about this report or the prior memorandum describing options for civilian oversight at the study session. Since no action was taken by the legislature, staff will return to a future meeting with specific recommendations to evaluate the various oversight models, legal requirements, collective bargaining limitations, and other issues in order to develop a recommendation for independent civilian oversight within Kirkland.



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**MEMORANDUM**

**To:** Kurt Triplett, City Manager

**From:** Cherie Harris, Chief of Police  
 Mike St. Jean, Deputy Chief of Police

**Date:** April 23, 2021

**Subject:** SRO DASHBOARD UPDATE

**RECOMMENDATION:**

It is recommended that the City Council receive an update on the progress of developing a School Resource Officer (SRO) dashboard as directed by R-5434.

**BACKGROUND DISCUSSION:**

At the February 16, 2021, Council meeting, staff presented an update on the SRO Dashboard as well as the status of the SRO Task Force recommendations.

**SRO Task Force Recommendations**

The Department continues to actively collaborate with the City Manager's Office and the Lake Washington School District (LWSD) on operationalizing the recommendations related to community outreach that are called for in the SRO Task Force Report. Specifically, this group has been making important headway on implementing Recommendations 1.2, 2.1 and 2.2 of the report including:

- ❖ *Recommendation 1.2: Align authorization documents related to the SRO program to use a consistent purpose statement and roles and responsibilities.*
  - The City Attorney, LWSD Staff and Deputy Chief St Jean are collaborating on the SRO contract to ensure that it captures the "clear statement of purpose" for the program.
- ❖ *Recommendation 2.1: Create proactive communication materials to better introduce the SRO program to the school community, including potentially impacted community members.*
  - Development of a new SRO webpage
  - Sending notices to the broader community about SROs being in schools with the return of in-person instruction
- ❖ *Recommendation 2.2: SROs should meet with affinity groups, which are groups formed around a shared interest or common goal, to learn about the varied perspectives and experiences of students and families.*
  - The focus of LWSD has been on returning students to in-person instruction. Staff have indicated that they will be better able to support school affinity group meetings sometime after students return to school.

- The SRO's participated in ten meetings with the various Parent Teacher Student Associations in the LWSD during the first quarter.

## SRO Dashboard

As mentioned as part of the February 16, 2021 update to Council, dashboards are rarely published in other police agencies' SRO programs, and some of the data to be displayed has not been previously collected by the Department. Over the past few months, the Department has developed a new way to record SRO generated reports, so it will be easier for the agency to pull case report data when schools reopen. Some of the data points of the future SRO Dashboard is intended to be pulled from a survey administered to students through the schools. As noted during the Council discussion at the February 16, 2021 study session, collecting meaningful data about the performance of the SRO program via survey poses some challenges. Department staff continue to collaborate with the City Manager's Office on crafting and administering the survey in close collaboration with the LWSD.

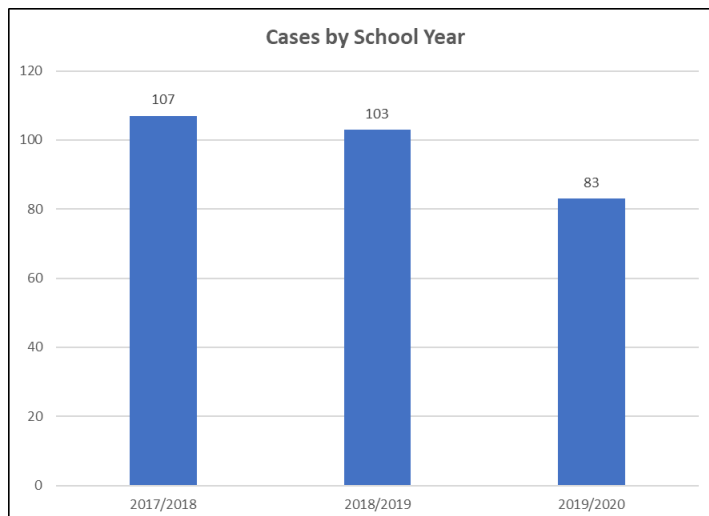
One additional challenge related to the dashboard is finding ways to document all the different ways in which the SRO's help keep students out of the criminal justice system through mentorship, connecting students with service, diversion or other support, without inadvertently invading the privacy of those students. The Department continues to explore ways to showcase these positive stories in meaningful ways.

The Department plans to utilize the software from Microsoft (Power BI) to display most of the public facing police dashboards outlined in R-5434. As this is a new software program that has not previously been available to Staff, training is underway to become familiar with how to utilize this tool, to include the Police Department's Crime Analysts. However, the Analysts have been primarily focused on the development of the new Police Crime Dashboard and will begin developing the SRO Dashboard when time allows.

## Current SRO Dashboard Data and Analysis

For the purposes of this memo, the Department will present available SRO data, obtained from the police records management system and monthly self-reported SRO activity logs, from 2017 through 2020. Graphs of this data have been incorporated into this memo that also include an analysis, conducted by Deputy Chief St Jean. It should be noted that the Lake Washington School District closed in March of 2020 due to the COVID19 pandemic and only recently reopened, utilizing a hybrid learning model on April 19, 2021. As such, there is no current 2021 data.

Kirkland School Resource Officers completed 293 case reports over the last three school years. The following graph depicts the total case reports by year:

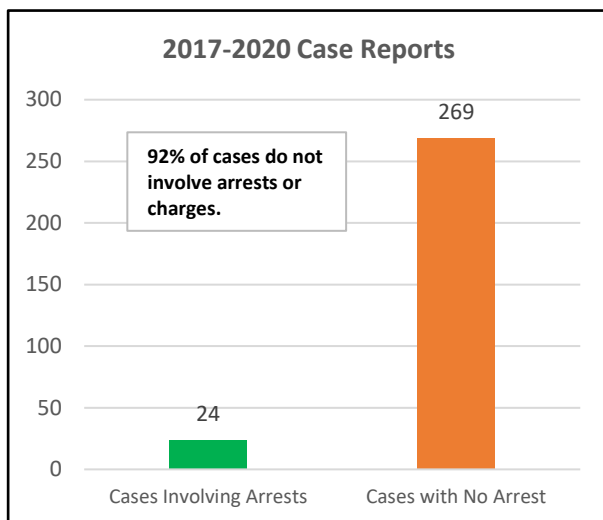


<b>SRO Case Total by School Year</b>	
2017-2018	107
2018-2019	103
2019-2020	83
<b>Total Case Report 2017-2020</b>	<b>293</b>

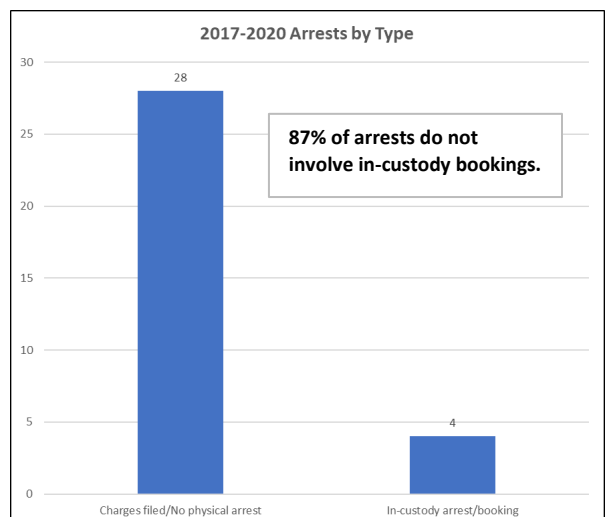
Deputy Chief St Jean conducted analysis of both arrests and case reports written by the SROs with the assistance of the Department Crime Analysts.

- Only 24 of those cases resulted in a decision to either arrest a student(s) or to charge a student(s) through investigation, which allows the prosecutor to determine whether charges will be filed.
- Contained within these 24 cases, 32 individuals were either arrested or had charges filed with a prosecutor.\*
- Of these 32 individuals, over a three-year school period, 84% were male and 72% were white.
- Only four individuals, out of the 32, were physically arrested by SRO's and booked into jail.
  - Two were transported to jail and housed at the King County Youth Center.
  - Two students were physically arrested, photographed and fingerprinted at the Kirkland Jail and then released with charges being filed with the prosecutor's office.

The following graphs depict the SRO case report in comparison to arrest data and it should be noted that a single case report can contain documentation of more than one arrest:\*



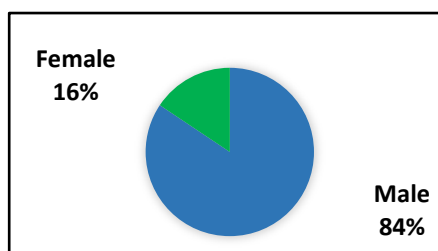
Cases involving arrest & with no Arrest



Charges files/No physical arrest vs in-custody

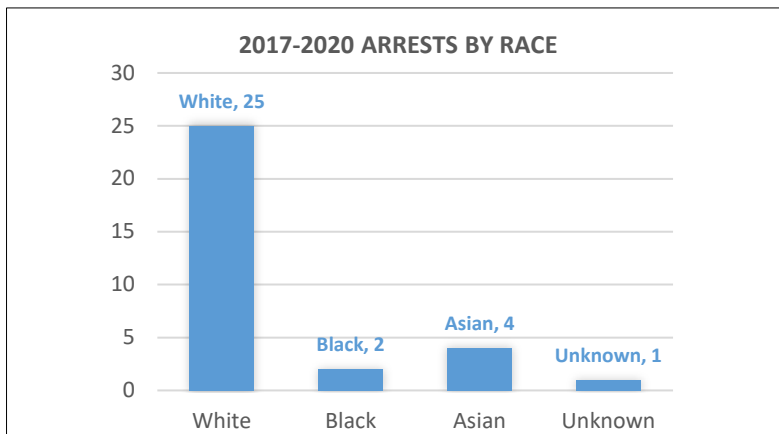
2017-2020 SRO Case Report/Arrest Data	
Total Cases	293
Cases with No Arrest	269
Cases Involving Arrest	24
Percent of Cases Involving Arrest	8%

The following graphs depict the breakdown of the gender of the arrests that occurred between 2017-2020:



Gender:	
Male	27
Female	5

The following graph depicts the breakdown of the race of the individual involved in an arrest that occurred between 2017-2020:



White	25
Black	2
Asian	4
Unknown	1
<b>Total</b>	<b>32</b>

It should be noted that this chart does not show Hispanic ethnicity. Hispanic or Latino is not identified as a race but rather as an ethnicity in the National Incident-Based Reporting System (NIBRS) which is the standard reporting system for law enforcement agencies in the United States. There were three arrests of Hispanic individuals between 2017-2020.

The details surrounding the four physical arrests are below:

2017-2018 school year:

- A 16-year-old white male that brought marijuana, a realistic looking airsoft gun with a magazine and a knife to school. Another student overheard a comment about him shooting up the school, which led the SRO to contact the involved student. He was arrested for violation of the uniformed controlled substance act (VUCSA) and bringing a dangerous weapon onto school grounds. He was fingerprinted and photographed at the Kirkland Jail and then released with charges being filed with the prosecutor's office.
- A 17-year-old white male was arrested for a felony assault that had occurred outside of school hours and off-site. SROs and Detectives investigated this case and developed probable cause to arrest a student for his involvement in this fight. The student was arrested and booked into the King County Youth Center (KCYC).
- A 17-year-old white male was arrested for a misdemeanor assault with sexual motivation. This incident occurred outside of school hours and off-site. The SRO became aware of this incident when the victim disclosed the assault to him at school based on the trusting relationship that had been developed between the student and the SRO. The SRO arrested the student at his residence, and he was fingerprinted and photographed at the Kirkland Jail and then released due to a booking restriction at KCYC. Charges were filed with the prosecutor's office.

2019-2020 school year:

- A 17-year-old Hispanic male arrested for a felony assault warrant. The SRO located the student at his residence and arrested him on the outstanding warrant. He was booked into KCYC.

Other analysis of note includes the details surrounding the 2017-2020 arrests by age, specifically the 12- and 14-year-old individuals. All nine of these were handled by forwarding

charging documents to the prosecutor’s office for a decision on filing. No physical arrests were made of these students.

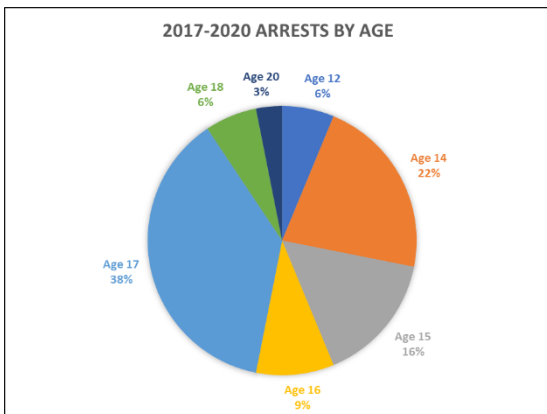
2017-2018 school year:

- A 14-year-old Asian female admitted to selling illegal drugs to other students at Juanita High School, which led to one student becoming ill. Charges of violation of the uniformed controlled substances act were filed with the prosecutor’s office.

2018-2019 school year:

- A 12-year-old black male admitted to setting fire to a paper towel dispenser at Kamiakin Middle School causing \$44,945 worth of damage to the school. Charges of reckless burning were filed with the prosecutor’s office.
- A 12-year-old white male admitted bringing illegal drugs and paraphernalia to Finn Hill Middle School. This male had a history of open drug usage on school grounds and charges of violation of the uniformed controlled substances act were filed with the prosecutor’s office after consultation with the school administration and the parent.
- A 14-year-old white female was charged with school disturbance after threatening to kill a fellow student in the middle of class and arming herself with a pair of scissors at Juanita High School. In consultation with school administration, the charges were filed with the prosecutor’s office.
- A 14-year old white male and a 14-year-old Asian male were charged with malicious mischief for repeated “egging’s” of another student’s house. This occurred outside of school hours and off-site. Charges of malicious mischief were filed with the prosecutor’s office
- A 14-year-old white male admitted bringing illegal drugs onto campus at Juanita High School. Charges of violation of the uniformed controlled substances act were filed with the prosecutor’s office.
- A 14-year-old white male admitted to driving a vehicle he had rented through a car-sharing app to Juanita High School for a week, where he gave other students rides. Charges of Operating a Vehicle without a valid driver’s license were filed with the prosecutor’s office.
- A 14-year-old female at Juanita High School admitted to tampering with a fire alarm causing a major disruption to the safe learning environment at the school and resulting in a major fire department response. After consultation with school administration, charges of tampering with a fire alarm pull station were filed with the prosecutor’s office.

The following graphs depict the totality of the arrest demographics by age from 201-2020:



Age	
Age 12	2
Age 14	7
Age 15	5
Age 16	3
Age 17	12
Age 18	2
Age 20	1
<b>Total</b>	<b>32</b>

Careful Department analysis of the arrest and/or charging decisions made by the Department's SROs over the past three years, finds no indication of racial bias in the decisions. The SRO's consistently work with school administration to keep students out of the criminal justice system. The above analysis shows that only in rare cases are physical arrests made by SRO's and often, these arrests are a result of an incident that occurred outside of school hours and off-site. More often, but still very rare, decisions are made to charge a student through investigation, which allows the prosecutor to determine whether charges will be filed. These decisions are most commonly made in concert with school administration and even parents. The analysis found that these decisions are also based on a history of student behavior that school level discipline has not changed and is having a direct impact on other student's right to be physically, socially and emotionally safe at school.

### **Next steps**

The Department will continue to collaborate with the LWSD Staff to implement the recommendations in the Task Force Report with a focus on connecting with affinity groups, aligning SRO documents with the "clear statement of purpose" and receiving feedback from students, parents and staff. In the near future, the Department's Crime Analysts will transfer the SRO data graphs contained in this report to the software program "Power BI" in order to create an interactive dashboard.



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## **MEMORANDUM**

**To:** Kurt Triplett, City Manager

**From:** Lynn Zwaagstra, Director  
 Leslie R. Miller, Human Services Supervisor

**Date:** May 18, 2021

**Subject:** HUMAN SERVICES DASHBOARD

## **RECOMMENDATION**

That City Council receive an update and provide direction on the Human Services Dashboard.

## **BACKGROUND DISCUSSION**

City staff presented proposed content for the Human Services Dashboard at the February 16, 2021 Council Session. The link to the memo is [here](#).

The first phase of the dashboard will include data that is currently available. The focus is on how the City invests in human services overall, the kinds of human services supported, the types of programs the City supports through grants, and how many people of color (POC) organizations are supported. This was proposed for the dashboard that will go live later this year. A second phase would involve measurements of success and require regional collaboration and data collection changes to begin providing the information in the future.

### Phase I

The dashboard components answer the following questions:

- *How does the City investment in human services?*

Council asked that the table presented during the budget process that offers an expanded definition of human services be included. The table is in **Attachment A**.

- *What kinds of human services does the City support? How many POC organizations (founded by and led by people of color) are supported?*

**Attachment B** shows the number of POC organizations and the investment totals made in the five categories.

- Housing Stability & Food Security
- Supportive Relationships within Families, Neighborhoods and Communities



- A Safe Haven from All Forms of Violence and Abuse
- Health Care to Be as Physically and Mentally Fit as Possible
- Education and Job Skills to Help Individuals Reach Their Full Potential
- *Which programs does the City fund through human services grants? Who do these programs serve?*

In 2020, the City funded 89 programs. A summary of each program and selected client demographic data including race/ethnicity, gender identity, income and age. This information for all programs is provided in **Attachment C**.

The dashboard will also include a list of all of the programs funded in 2021. Program summaries are provided in **Attachment D**.

Because demographic information is collected once a year from agencies, the dashboard will be updated annually in the spring.

## Phase II

Future questions to be answered by the Human Services Dashboard:

- How well do funded programs serve Kirkland residents? Are there racial disproportionalities in their outcomes?

Although the City currently tracks funded agencies, funding amounts and some demographics, additional data collection would be required of agencies in order to determine how well they serve specific populations in the community. For example, requiring disaggregated outcomes by race would be a way to determine if programs the City is funding are as successful serving the Black community as other populations.

Due to the potential cost and burden of additional reporting requirements to human services agencies, staff recommend engaging in conversation with nonprofit human services providers. Staff view this as important in this context because small community-based organizations that often serve their own communities the best tend to be the most burdened by reporting requirements. In addition, because the City shares a grant application and reporting tools with fifteen other suburban King County cities, staff recommend engaging with Kirkland's human services city partners to explore the costs and benefits to additional reporting requirements, such as collecting outcome information disaggregated by community populations. If collecting outcomes disaggregated by populations, such as race, is identified as a needed tool, the City could consider contributing to the costs this additional work would entail.

- How much are the programs funded by taxpayers through King County serving Kirkland residents? The Initiatives that fund the programs include:
  - The MIDD Behavioral Health Sales Tax Fund
  - The Veterans, Senior & Human Services Levy
  - The Best Starts for Kids Levy

King County is beginning to respond to the requests to be able to understand how residents of each jurisdiction in the County are supported by these funding sources.

There is some sub-regional information available, but no zip code information is available at this time. The legislation that King County Council is considering regarding the renewal of the Best Starts for Kids includes tracking service provision by zip code.

### **Observations**

- The City has been investing most of its increase in human services grant funding to address the homelessness crisis. While this crisis response system needs this funding, it comes at the expense of other services that people housed and unhoused need including behavioral health, emergency financial assistance, cultural support, education and employment services.
- Community Based Organizations created to serve People of Color by People of Color make up approximately 16% of the agencies funded by the City of Kirkland in 2021-2022.
- Demographic data is potentially skewed because over 20% of the responses to the race and ethnicity that are collected by agencies is unknown. That said, demographic data from agency programs suggests that just as the proportion of people in poverty in Kirkland are disproportionately People of Color, programs are serving an appropriately disproportionate number of People of Color. A notable exception to explore is the proportionately lower percentage of people that identify as Asian who are served by Kirkland's non-profit providers.
- The data suggests that African Americans seek food, shelter and domestic violence/sexual assault resources at a higher rate. Since there are no African American based organizations providing services on the Eastside, understanding the effectiveness of the organizations that do provide services to African Americans is critically important.

### **Next Steps**

- Hear input from City Council this evening.
- Complete dashboard with the intent to go live in September.
- Begin working on the next phase of the dashboard that may include more information on outcomes and equitability.

<b>Attachment A</b>	<b>HS Dashboard City Investments in Human Services</b>
<b>Attachment B</b>	<b>HS Dashboard Funding Summaries</b>
<b>Attachment C</b>	<b>HS Dashboard 2020 Program Summaries</b>
<b>Attachment D</b>	<b>HS Dashboard 2021 Program Summaries</b>

## Attachment A HS Dashboard City Investments in Human Services

	Program/Funding Source	2019-2020 Budget	2021-2022 Budget	Department
People in Need	Human Services Program Grants (includes CDBG)	2,497,837	2,577,838	Parks & Community Services
	Prop 1: Women & Family Shelter Operations	100,000	200,000	Parks & Community Services
	Prop 1: Mental Health & Human Services Programs	352,953	420,000	Parks & Community Services
	Human Services Forum & Other Regional Programs	26,634	18,028	Parks & Community Services
	Human Services Coordination (includes CDBG)	505,140	584,664	Parks & Community Services
	Prop 1: Mental Health & Human Services Program Coordination	0	280,000	Parks & Community Services
	Senior Center Operations	790,011	578,667	Parks & Community Services
	<b>People in Need</b>	<b>4,272,575</b>	<b>4,659,197</b>	
Affordable Housing	WA HB 1406: Rental Assistance	0	423,336	Planning & Building
	A Regional Coalition for Housing (ARCH)	1,320,574	1,486,561	Planning & Building
	Housing Initiative	0	150,000	Non-Departmental
	<b>Affordable Housing</b>	<b>1,320,574</b>	<b>2,059,897</b>	
Inclusive & Welcoming Community	Community Safety Initiative: Community Safety Responders (4)	0	1,430,494	Non-Departmental
	Community Safety Initiative: Diversity & Inclusion/Initiative/Outreach	0	642,311	Non-Departmental/CMO
	Community Safety Initiative: Community Court Pilot	0	50,000	Municipal Court
	<b>Inclusive &amp; Welcoming Community</b>	<b>0</b>	<b>2,122,805</b>	
Fire & EMS	Community Safety Initiative: MIH-Funded Firefighter/EMT & Social Worker	0	648,376	Fire
	<b>Fire &amp; Emergency Medical Services</b>	<b>0</b>	<b>648,376</b>	
Police Services	Domestic Violence Advocacy	904,742	996,089	Police
	Prop 1: Mental Health Professional & Neighborhood Resource Officer	180,000	240,000	Police
	School Resource Officer Program (City-Funded Portion)	256,718	377,928	Police
	Prop 1: School Resource Officers (4) in Middle Schools (City-Funded Portion)	672,528	755,856	Police
	<b>Police Services</b>	<b>2,013,988</b>	<b>2,369,873</b>	
Recycling & Garbage	Senior Discounts for Utility & Garbage Services	91,402	97,475	Solid Waste
	Kirkland Cares (Utility Bill Assistance From Customer Donations)	6,450	6,450	Solid Waste
	<b>Recycling &amp; Garbage</b>	<b>97,852</b>	<b>103,925</b>	
Other Programs	King County Alcohol Treatment Programs	46,700	48,000	Non-Departmental
	Community Youth Services Program/Teen Center	577,158	742,666	Parks & Community Services
	Rent Subsidy for Youth Eastside Services	78,000	78,000	In-Kind
	Recreation Class Discounts	6,000	14,000	Parks & Community Services

Attachment A HS Dashboard City Investments in Human Services

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Ot	Other Program Areas	707,858	882,666
<b>TOTAL HUMAN SERVICES &amp; RELATED ACTIVITIES FUNDING</b>		<b>8,412,847</b>	<b>12,846,739</b>

Attachment B

HS Dashboard Summary Tables

**Human Services Dashboard Summary Tables**

<b>Human Services Grant Funding Totals by Goal Areas</b>					
		<b>2019-2020 Funding</b>		<b>2021-2022 Funding</b>	
<b>Goal Area #1</b>	Housing Stability & Food Security	\$	732,132 48.9%	\$	1,289,939 61.3%
<b>Goal Area #2</b>	Supportive Relationships within Families, Neighborhoods and Communities	\$	221,870 14.8%	\$	302,172 14.4%
<b>Goal Area #3</b>	A Safe Haven from All Forms of Violence and Abuse	\$	142,260 18.4%	\$	115,140 5.5%
<b>Goal Area #4</b>	Health Care to Be as Physically and Mentally Fit as Possible	\$	275,883 18.4%	\$	276,327 5.8%
<b>Goal Area #5</b>	Education, Job Skills and Supports to Help Individuals Reach their Full Potential	\$	124,564 8.3%	\$	121,220 5.8%
<b>TOTAL FUNDING</b>		<b>\$</b>	<b>1,496,709</b>	<b>\$</b>	<b>2,104,798</b>

**Percentage of Residents Identified by Race/Ethnicity Served By Programs**

<b>Goal Area #1</b>		
AI/AN	7	0.17%
Asian	51	1.24%
Black	372	9.05%
Latinx	1,089	26.50%
NH/PI	30	0.73%
White	1,379	33.56%
Other	24	0.58%
Multi	470	11.44%
Unknown	687	16.72%
<b>TOTAL</b>	<b>4,109</b>	

<b>Goal Area #2</b>		
AI/AN	19	0.74%
Asian	345	13.35%
Black	169	6.54%
Latinx	465	17.99%
NH/PI	17	0.66%
White	758	29.32%
Other	65	2.51%
Multi	235	9.09%
Unknown	512	19.81%
<b>TOTAL</b>	<b>2,585</b>	

<b>Goal Area #3</b>		
AI/AN	3	1.20%
Asian	9	3.60%
Black	26	10.40%
Latinx	25	10.00%
NH/PI	1	0.40%
White	91	36.40%
Other	15	6.00%
Multi	7	2.80%
Unknown	73	29.20%
<b>TOTAL</b>	<b>250</b>	

<b>Goal Area #4</b>		
AI/AN	21	0.40%
Asian	569	10.95%
Black	199	3.83%
Latinx	784	15.09%
NH/PI	28	0.54%
White	1,805	34.74%
Other	86	1.66%
Multi	101	1.94%
Unknown	1,602	30.84%
<b>TOTAL</b>	<b>5,195</b>	

<b>Goal Area #5</b>		
AI/AN	2	0.60%
Asian	57	17.07%
Black	27	8.08%
Latinx	17	5.09%
NH/PI	0	0.00%
White	127	38.02%
Other	7	2.10%
Multi	14	4.19%
Unknown	83	24.85%
<b>TOTAL</b>	<b>334</b>	

<b>All 5 Goal Areas</b>		
AI/AN	52	0.42%
Asian	1,031	8.27%
Black	793	6.36%
Latinx	2,380	19.08%
NH/PI	76	0.61%
White	4,160	33.35%
Other	197	1.58%
Multi	827	6.63%
Unknown	2,957	23.71%
<b>TOTAL</b>	<b>12,473</b>	

Please note: people may have been served by more than one program

**People of Color Agency/Program Totals Compared to Non-People of Color Agency/Program Totals**

	<b>2019-2020</b>				<b>2021-2022</b>			
	Applied		Funded		Applied		Funded	
POC Agencies	8	19.0%	7	17.5%	8	13.3%	7	15.9%
Non-POC Agencies	34	81.0%	33	82.5%	52	86.7%	37	84.1%
<b>TOTAL</b>	42		40		60		44	
Programs--POC Agencies	15	16.0%	11	12.4%	13	13.4%	10	15.2%
Programs Non-POC Agencies	79	84.0%	78	87.6%	84	86.6%	56	84.8%
<b>TOTAL</b>	94		89		97		66	





Attachment C HS Dashboard 2020 Program Summaries

Client	Unknown	3	8%	85+	0	0%	Male	10	38%
	<b>TOTAL</b>	<b>36</b>		Unknown	0	0%	Transgender	0	0%
				<b>TOTAL</b>	<b>26</b>		Unknown	0	0%
						<b>TOTAL</b>	<b>26</b>		

**PROGRAM OVERVIEW**

<b>Agency</b>	Congregations for the Homeless	<b>Program</b>	Day Center	<b>BIPOC Org</b>	No	<b>Amount Funded</b>	\$25,000
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**Program Summary**

The CFH Day Center provides a safe, welcoming, accepting, rejuvenating place for up to 100 men experiencing homelessness Sunday through Thursday 8 am till 3 pm year round. All men 18 years or older are welcomed. Day Center services include bathrooms, showers, laundry, nutritious breakfast and lunch donated from the community, bus tickets, on-site staff, case management and housing navigation. In addition, on-site employment, addiction, mental health, and medical and dental services are offered.

Client Demographics	Racial Identity	#	%	Age	#	%	Income	#	%
	AI/AN	0	0%	0-5	0	0%	Very Low	27	87%
	Asian	2	6%	6-12	0	0%	Low	2	6%
	Black	6	19%	13-17	0	0%	Moderate	0	0%
	Latinx	0	0%	18-24	1	3%	Above	0	0%
	NHPI	2	6%	25-34	4	13%	Unknown	2	6%
	White	17	55%	35-54	15	48%	<b>TOTAL</b>	<b>31</b>	
	Other	0	0%	55-74	11	35%	Gender Identity	#	%
	Multi	2	6%	75-84	0	0%	Female	0	0%
	Unknown	2	6%	85+	0	0%	Male	31	100%
	<b>TOTAL</b>	<b>31</b>		Unknown	0	0%	Transgender	0	0%
			<b>TOTAL</b>	<b>31</b>		Unknown	0	0%	
						<b>TOTAL</b>	<b>31</b>		

**PROGRAM OVERVIEW**

<b>Agency</b>	Congregations for the Homeless	<b>Program</b>	Men's Eastside Winter Shelter	<b>BIPOC Org</b>	No	<b>Amount Funded</b>	\$25,000
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**Program Summary**

CFH provides a safe, restful, rejuvenating shelter for up to 100 men experiencing homelessness during the coldest and harshest six months of the year. All men 18 years or older are welcomed between 7:30 pm till 7:30 am nightly as long as they are behaviorally appropriate. EWS shelter services include beds, bathrooms, showers, laundry, nutritious dinner and breakfast donated from the community, bus tickets, on-site staff, case management and volunteer support.

Client Demographics	Racial Identity	#	%	Age	#	%	Income	#	%
	AI/AN	1	4%	0-5	0	0%	Very Low	22	96%
	Asian	1	4%	6-12	0	0%	Low	1	4%
	Black	6	26%	13-17	0	0%	Moderate	0	0%
	Latinx	0	0%	18-24	1	4%	Above	0	0%
	NHPI	0	0%	25-34	4	17%	Unknown	0	0%
	White	11	48%	35-54	12	52%	<b>TOTAL</b>	<b>23</b>	
	Other	0	0%	55-74	6	26%	Gender Identity	#	%
	Multi	2	9%	75-84	0	0%	Female	0	0%
	Unknown	2	9%	85+	0	0%	Male	23	100%
	<b>TOTAL</b>	<b>23</b>		Unknown	0	0%	Transgender	0	0%
			<b>TOTAL</b>	<b>23</b>		Unknown	0	0%	
						<b>TOTAL</b>	<b>23</b>		

**PROGRAM OVERVIEW**

<b>Agency</b>	Congregations for the Homeless	<b>Program</b>	Outreach	<b>BIPOC Org</b>	No	<b>Amount Funded</b>	\$20,000
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**Program Summary**

CFH Outreach responds to the requests from city staff, police, and the wider community in Bellevue, Issaquah, and Kirkland to engage with and address the needs of men, women, and families experiencing homelessness. Additionally, the Outreach Navigator proactively goes to places in each of these cities to find those experiencing homelessness, build relationships with them, and help connect them to needed resources. Educating the wider community about homeless is a goal as well.

Demographics	Racial Identity	#	%	Age	#	%	Income	#	%
	AI/AN	0	0%	0-5	0	0%	Very Low	0	0%
	Asian	0	0%	6-12	0	0%	Low	0	0%
	Black	0	0%	13-17	0	0%	Moderate	0	0%
	Latinx	0	0%	18-24	0	0%	Above	0	0%
	NHPI	0	0%	25-34	0	0%	Unknown	19	100%

<b>Client Demographics</b>	White	0	0%	35-54	0	0%	<b>TOTAL</b>	<b>19</b>	
	Other	0	0%	55-74	0	0%	<b>Gender Identity</b>	<b>#</b>	<b>%</b>
	Multi	0	0%	75-84	0	0%	Female	0	0%
	Unknown	19	100%	85+	0	0%	Male	0	0%
	<b>TOTAL</b>	<b>19</b>		Unknown	19	100%	Transgender	0	0%
				<b>TOTAL</b>	<b>19</b>		Unknown	19	100%
						<b>TOTAL</b>	<b>19</b>		

**PROGRAM OVERVIEW**

<b>Agency</b>	Congregations for the Homeless	<b>Program</b>	Up and On Housing	<b>BIPOC Org</b>	No	<b>Amount Funded</b>	\$4,500
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**Program Summary**

This program master leases or owns a house for men working with a CFH case manager to graduate into from the shelter system. This housing model accommodates men who only need light-touch support from case management and who can pay 500+ dollars a month in rent on average.

<b>Client Demographics</b>	<b>Racial Identity</b>	<b>#</b>	<b>%</b>	<b>Age</b>	<b>#</b>	<b>%</b>	<b>Income</b>	<b>#</b>	<b>%</b>
	AI/AN	0	0%	0-5	0	0%	Very Low	1	50%
	Asian	0	0%	6-12	0	0%	Low	1	50%
	Black	2	100%	13-17	0	0%	Moderate	0	0%
	Latinx	0	0%	18-24	0	0%	Above	0	0%
	NHPI	0	0%	25-34	1	50%	Unknown	0	0%
	White	0	0%	35-54	1	50%	<b>TOTAL</b>	<b>2</b>	
	Other	0	0%	55-74	0	0%	<b>Gender Identity</b>	<b>#</b>	<b>%</b>
	Multi	0	0%	75-84	0	0%	Female	0	0%
	Unknown	0	0%	85+	0	0%	Male	2	100%
	<b>TOTAL</b>	<b>2</b>		Unknown	0	0%	Transgender	0	0%
				<b>TOTAL</b>	<b>2</b>		Unknown	0	0%
							<b>TOTAL</b>	<b>2</b>	

**PROGRAM OVERVIEW**

<b>Agency</b>	Congregations for the Homeless	<b>Program</b>	Year Round Rotating Shelter	<b>BIPOC Org</b>	No	<b>Amount Funded</b>	\$8,151
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**Program Summary**

The Year Round Shelter operates from 7pm - 7am for 35 men experiencing homelessness. The YRRS provides a vibrant healthy community where men can rest, recover, and rejuvenate. The Navigation Team equips and empowers men to set goals, access housing resources, and work towards self-sufficiency and on-going stability. Navigators coordinate access to employment, medical, dental, substance use, and mental health support as well as three meals a day, washers, dryers, showers, and haircuts.

<b>Client Demographics</b>	<b>Racial Identity</b>	<b>#</b>	<b>%</b>	<b>Age</b>	<b>#</b>	<b>%</b>	<b>Income</b>	<b>#</b>	<b>%</b>
	AI/AN	0	0%	0-5	0	0%	Very Low	5	100%
	Asian	0	0%	6-12	0	0%	Low	0	0%
	Black	1	20%	13-17	0	0%	Moderate	0	0%
	Latinx	0	0%	18-24	1	20%	Above	0	0%
	NHPI	0	0%	25-34	0	0%	Unknown	0	0%
	White	4	80%	35-54	4	80%	<b>TOTAL</b>	<b>5</b>	
	Other	0	0%	55-74	0	0%	<b>Gender Identity</b>	<b>#</b>	<b>%</b>
	Multi	0	0%	75-84	0	0%	Female	0	0%
	Unknown	0	0%	85+	0	0%	Male	5	100%
	<b>TOTAL</b>	<b>5</b>		Unknown	0	0%	Transgender	0	0%
				<b>TOTAL</b>	<b>5</b>		Unknown	0	0%
							<b>TOTAL</b>	<b>5</b>	

**PROGRAM OVERVIEW**

<b>Agency</b>	Eastside Baby Corner	<b>Program</b>	Meeting Basic Needs for Children	<b>BIPOC Org</b>	No	<b>Amount Funded</b>	\$13,388
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**Program Summary**

EBC's annual program provides critical basic needs which infants and children (0-12), near/in poverty or crisis, need for healthy development and safety. EBC is the only children's basic needs resource broker in our service area. We fill a gap by collecting essential goods through community donations and by purchasing critical safety-regulated items, like car seats, and consumable goods, like diapers. We distribute these basics, valued at \$5.5M annually, to families through our partner network.

<b>Client Demographics</b>	<b>Racial Identity</b>	<b>#</b>	<b>%</b>	<b>Age</b>	<b>#</b>	<b>%</b>	<b>Income</b>	<b>#</b>	<b>%</b>
	AI/AN	1	0%	0-5	242	66%	Very Low	99	46%
	Asian	43	12%	6-12	118	32%	Low	60	28%

<b>Client Demographics</b>	Black	73	20%	13-17	0	0%	Moderate	4	2%
	Latinx	109	30%	18-24	3	1%	Above	1	0%
	NHPI	1	0%	25-34	2	1%	Unknown	53	24%
	White	63	17%	35-54	0	0%	<b>TOTAL</b>	<b>217</b>	
	Other	5	1%	55-74	0	0%	<b>Gender Identity</b>	<b>#</b>	<b>%</b>
	Multi	22	6%	75-84	0	0%	Female	171	47%
	Unknown	48	13%	85+	0	0%	Male	193	53%
	<b>TOTAL</b>	<b>365</b>		Unknown	0	0%	Transgender	0	0%
				<b>TOTAL</b>	<b>365</b>		Unknown	1	0%
							<b>TOTAL</b>	<b>365</b>	

**PROGRAM OVERVIEW**

<b>Agency</b>	Friends of Youth	<b>Program</b>	Outreach & Drop-in Services for Homeless Youth & Young Adults	<b>BIPOC Org</b>	No	<b>Amount Funded</b>	\$25,000
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**Program Summary**

Friends of Youth's Outreach & Drop-In program connects young people experiencing homelessness (ages 16-24) with the information, services and resources they need to build safe, stable futures. Through street outreach, mobile drop-in sites and our drop-in center (co-located with shelter and other services), we meet young people where they are and help them improve their safety, wellbeing, self-sufficiency and permanent connections with family, school and other positive social networks.

<b>Client Demographics</b>	<b>Racial Identity</b>	<b>#</b>	<b>%</b>	<b>Age</b>	<b>#</b>	<b>%</b>	<b>Income</b>	<b>#</b>	<b>%</b>
	AI/AN	0	0%	0-5	0	0%	Very Low	0	0%
	Asian	1	8%	6-12	0	0%	Low	0	0%
	Black	2	15%	13-17	0	0%	Moderate	0	0%
	Latinx	3	23%	18-24	10	100%	Above	0	0%
	NHPI	0	0%	25-34	0	0%	Unknown	13	100%
	White	1	8%	35-54	0	0%	<b>TOTAL</b>	<b>13</b>	
	Other	0	0%	55-74	0	0%	<b>Gender Identity</b>	<b>#</b>	<b>%</b>
	Multi	6	46%	75-84	0	0%	Female	2	17%
	Unknown	0	0%	85+	0	0%	Male	10	83%
<b>TOTAL</b>	<b>13</b>		Unknown	0	0%	Transgender	0	0%	
			<b>TOTAL</b>	<b>10</b>		Unknown	0	0%	
						<b>TOTAL</b>	<b>12</b>		

**PROGRAM OVERVIEW**

<b>Agency</b>	Friends of Youth	<b>Program</b>	TLP Housing for Homeless Young Adults & Young Families	<b>BIPOC Org</b>	No	<b>Amount Funded</b>	\$28,458
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**Program Summary**

Friends of Youth's "New Ground" Transgenderational living programs (TLPs) provide safe, Transgenderational housing and supportive services to young adults and young families experiencing homelessness. Our TLPs provide 57 units that serve young people from across King County and are located in Bothell, Kirkland and Redmond. Case management and other services help our residents improve their safety, wellbeing and self-sufficiency so that they can achieve permanent housing and fulfill their potential.

<b>Client Demographics</b>	<b>Racial Identity</b>	<b>#</b>	<b>%</b>	<b>Age</b>	<b>#</b>	<b>%</b>	<b>Income</b>	<b>#</b>	<b>%</b>
	AI/AN	0	0%	0-5	2	50%	Very Low	2	100%
	Asian	0	0%	6-12	0	0%	Low	0	0%
	Black	0	0%	13-17	0	0%	Moderate	0	0%
	Latinx	1	25%	18-24	2	50%	Above	0	0%
	NHPI	0	0%	25-34	0	0%	Unknown	0	0%
	White	0	0%	35-54	0	0%	<b>TOTAL</b>	<b>2</b>	
	Other	0	0%	55-74	0	0%	<b>Gender Identity</b>	<b>#</b>	<b>%</b>
	Multi	3	75%	75-84	0	0%	Female	5	50%
	Unknown	0	0%	85+	0	0%	Male	5	50%
<b>TOTAL</b>	<b>4</b>		Unknown	0	0%	Transgender	0	0%	
			<b>TOTAL</b>	<b>4</b>		Unknown	0	0%	
						<b>TOTAL</b>	<b>10</b>		

**PROGRAM OVERVIEW**

<b>Agency</b>	Friends of Youth	<b>Program</b>	Youth and Young Adult Shelter	<b>BIPOC Org</b>	No	<b>Amount Funded</b>	\$25,000
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**Program Summary**

Friends of Youth operates two year-round shelters for youth and young adults experiencing homelessness. Youth Haven provides a safe, temporary shelter for youth under age 18 with case management, education support and family engagement services. The Landing serves young adults ages 18-24 and provides overnight shelter, including counseling, housing navigation and referrals to in-house and community services including education, employment, case management and housing.

Client Demographics	Racial Identity	#	%	Age	#	%	Income	#	%
	AI/AN	1	4%	0-5	0	0%	Very Low	23	96%
	Asian	0	0%	6-12	0	0%	Low	1	4%
	Black	7	29%	13-17	8	33%	Moderate	0	0%
	Latinx	0	0%	18-24	16	67%	Above	0	0%
	NHPI	0	0%	25-34	0	0%	Unknown	0	0%
	White	10	42%	35-54	0	0%	<b>TOTAL</b>	<b>24</b>	
	Other	1	4%	55-74	0	0%	<b>Gender Identity</b>	<b>#</b>	<b>%</b>
	Multi	4	17%	75-84	0	0%	Female	7	78%
	Unknown	1	4%	85+	0	0%	Male	0	0%
<b>TOTAL</b>	<b>24</b>		Unknown	0	0%	Transgender	2	22%	
			<b>TOTAL</b>	<b>24</b>		Unknown	0	0%	
						<b>TOTAL</b>	<b>9</b>		

**PROGRAM OVERVIEW**

Agency	Imagine Housing	Program	Supportive Services	BIPOC Org	No	Amount Funded	\$30,000
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**Program Summary**

Imagine Housing's Supportive Services Program provides over 3,000 hours yearly of programming including resource referrals, trainings, basic needs supplies, case management, and community events across properties in Bellevue, Issaquah, Kirkland, Redmond and Sammamish. This program helps residents with low incomes overcome barriers to stability, helps residents access resources to meet basic needs, and improves the overall quality of our residents' lives.

Client Demographics	Racial Identity	#	%	Age	#	%	Income	#	%
	AI/AN	1	0%	0-5	21	7%	Very Low	245	79%
	Asian	26	8%	6-12	23	7%	Low	49	16%
	Black	55	18%	13-17	11	4%	Moderate	15	5%
	Latinx	3	1%	18-24	20	6%	Above	0	0%
	NHPI	0	0%	25-34	27	9%	Unknown	0	0%
	White	157	51%	35-54	42	14%	<b>TOTAL</b>	<b>309</b>	
	Other	2	1%	55-74	128	41%	<b>Gender Identity</b>	<b>#</b>	<b>%</b>
	Multi	24	8%	75-84	31	10%	Female	166	54%
	Unknown	41	13%	85+	6	2%	Male	143	46%
<b>TOTAL</b>	<b>309</b>		Unknown	0	0%	Transgender	0	0%	
			<b>TOTAL</b>	<b>309</b>		Unknown	0	0%	
						<b>TOTAL</b>	<b>309</b>		

**PROGRAM OVERVIEW**

Agency	Hopelink	Program	Emergency Food	BIPOC Org	No	Amount Funded	\$46,410
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**Program Summary**

When a family doesn't have enough food, a basic human need, stability in other areas is impossible. Hopelink's food program provides food to supplement a household's income. Hopelink food banks offer options from each food group (fruits, vegetables, grains, proteins and dairy), as well as baby items and personal care products. We offer home delivery for home bound individuals in need of supplemental food assistance and our emergency bags provide an immediate solution to a hunger crisis.

Client Demographics	Racial Identity	#	%	Age	#	%	Income	#	%
	AI/AN	6	0%	0-5	160	9%	Very Low	624	86%
	Asian	191	11%	6-12	264	15%	Low	78	11%
	Black	128	7%	13-17	184	11%	Moderate	2	0%
	Latinx	464	27%	18-24	145	8%	Above	0	0%
	NHPI	23	1%	25-34	115	7%	Unknown	19	3%
	White	802	46%	35-54	424	25%	<b>TOTAL</b>	<b>723</b>	
	Other	16	1%	55-74	326	19%	<b>Gender Identity</b>	<b>#</b>	<b>%</b>
	Multi	65	4%	75-84	78	5%	Female	983	57%
	Unknown	33	2%	85+	32	2%	Male	745	43%
<b>TOTAL</b>	<b>1728</b>		Unknown	0	0%	Transgender	0	0%	
			<b>TOTAL</b>	<b>1728</b>		Unknown	0	0%	
						<b>TOTAL</b>	<b>1728</b>		

**PROGRAM OVERVIEW**



Attachment C HS Dashboard 2020 Program Summaries

		<b>TOTAL</b>	<b>21</b>		Unknown	0	0%
					<b>TOTAL</b>	<b>21</b>	

**PROGRAM OVERVIEW**

<b>Agency</b>	Lake Washington Schools Foundation	<b>Program</b>	Pantry Packs	<b>BIPOC Org</b>	No	<b>Amount Funded</b>	\$51,000
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**Program Summary**

Pantry Packs has provided weekly food packs for children in the Lake Washington School District (LWSD) since 2010. This program currently serves over 850 students each week with a pack of child-friendly food, and the number continues to grow steadily. In the 2016-17 school year, Pantry Packs provided 22,372 weekend packs of food.

Client Demographics	Racial Identity	#	%	Age	#	%	Income	#	%
	AI/AN	0	0%	0-5	0	0%	Very Low	0	0%
	Asian	0	0%	6-12	0	0%	Low	0	0%
	Black	0	0%	13-17	0	0%	Moderate	0	0%
	Latinx	0	0%	18-24	0	0%	Above	0	0%
	NHPI	0	0%	25-34	0	0%	Unknown	496	100%
	White	0	0%	35-54	0	0%	<b>TOTAL</b>	<b>496</b>	
	Other	0	0%	55-74	0	0%	Gender Identity	#	%
	Multi	0	0%	75-84	0	0%	Female	0	0%
	Unknown	496	100%	85+	0	0%	Male	0	0%
	<b>TOTAL</b>	<b>496</b>		Unknown	496	100%	Transgender	0	0%
				<b>TOTAL</b>	<b>496</b>		Unknown	496	100%
							<b>TOTAL</b>	<b>496</b>	

**PROGRAM OVERVIEW**

<b>Agency</b>	LifeWire	<b>Program</b>	Emergency Shelter	<b>BIPOC Org</b>	No	<b>Amount Funded</b>	\$23,908
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**Program Summary**

LifeWire's Emergency Shelter (aka My Sister's Home or MSH) is a confidential shelter for survivors of domestic violence who are fleeing a violent relationship. Emergency shelter is provided in 10 apartment units located in East King County. Survivors (and their children) in shelter are provided basic needs such as food, clothing, and Transgenderportation; are offered the full array of LifeWire's supportive services; and are provided support in finding a better housing option.

Client Demographics	Racial Identity	#	%	Age	#	%	Income	#	%
	AI/AN	0	0%	0-5	2	13%	Very Low	6	100%
	Asian	0	0%	6-12	4	27%	Low	0	0%
	Black	0	0%	13-17	2	13%	Moderate	0	0%
	Latinx	4	29%	18-24	0	0%	Above	0	0%
	NHPI	0	0%	25-34	1	7%	Unknown	0	0%
	White	5	36%	35-54	6	40%	<b>TOTAL</b>	<b>6</b>	
	Other	0	0%	55-74	0	0%	Gender Identity	#	%
	Multi	1	7%	75-84	0	0%	Female	10	67%
	Unknown	4	29%	85+	0	0%	Male	2	13%
	<b>TOTAL</b>	<b>14</b>		Unknown	0	0%	Transgender	1	7%
				<b>TOTAL</b>	<b>15</b>		Unknown	2	13%
							<b>TOTAL</b>	<b>15</b>	

**PROGRAM OVERVIEW**

<b>Agency</b>	LifeWire	<b>Program</b>	Housing Stability Program	<b>BIPOC Org</b>	No	<b>Amount Funded</b>	\$6,000
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**Program Summary**

LifeWire's Housing Stability Program is a homelessness prevention and diversion program pairing flexible financial assistance with advocacy services to help domestic violence survivors avoid homelessness or move out of homelessness quickly. This program eliminates the fear of homelessness and related economic factors as a reason to stay in, or return to, an abusive relationship. It stabilizes survivors and their children, so they can rebuild their lives and heal from trauma.

Demographics	Racial Identity	#	%	Age	#	%	Income	#	%
	AI/AN	0	0%	0-5	0	0%	Very Low	18	64%
	Asian	1	4%	6-12	0	0%	Low	1	4%
	Black	8	29%	13-17	0	0%	Moderate	9	32%
	Latinx	7	25%	18-24	0	0%	Above	0	0%
	NHPI	0	0%	25-34	13	46%	Unknown	0	0%
	White	11	39%	35-54	14	50%	<b>TOTAL</b>	<b>28</b>	
	Other	0	0%	55-74	0	0%	Gender Identity	#	%
							Female		
							Male		



Attachment C HS Dashboard 2020 Program Summaries

<b>Client</b>	Multi	0	0%	75-84	0	0%	Female	27	96%
	Unknown	1	4%	85+	0	0%	Male	0	0%
	<b>TOTAL</b>	<b>28</b>		Unknown	1	4%	Transgender	1	4%
				<b>TOTAL</b>	<b>28</b>		Unknown	0	0%
						<b>TOTAL</b>	<b>28</b>		

**PROGRAM OVERVIEW**

<b>Agency</b>	MAPS-Muslim Community Resource Center (MCRC)	<b>Program</b>	Housing	<b>BIPOC Org</b>	Yes	<b>Amount Funded</b>	\$5,000
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**Program Summary**

The purposes of our housing program are to: prevent homelessness via: education and information (e.g. translating lease for people who don't speak English) emergency financial assistance advocacy - provide a continuum of services to homeless people emergency utility assistance tents shelter for single women, 50 and older (currently, a Bellevue apartment for two women, and in May, a Renton apartment for four women).

<b>Client Demographics</b>	<b>Racial Identity</b>	<b>#</b>	<b>%</b>	<b>Age</b>	<b>#</b>	<b>%</b>	<b>Income</b>	<b>#</b>	<b>%</b>
	AI/AN		#DIV/0!	0-5		#DIV/0!	Very Low		#DIV/0!
	Asian		#DIV/0!	6-12		#DIV/0!	Low		#DIV/0!
	Black		#DIV/0!	13-17		#DIV/0!	Moderate		#DIV/0!
	Latinx		#DIV/0!	18-24		#DIV/0!	Above		#DIV/0!
	NHPI		#DIV/0!	25-34		#DIV/0!	Unknown		#DIV/0!
	White		#DIV/0!	35-54		#DIV/0!	<b>TOTAL</b>	<b>0</b>	
	Other		#DIV/0!	55-74		#DIV/0!	<b>Gender Identity</b>	<b>#</b>	<b>%</b>
	Multi		#DIV/0!	75-84		#DIV/0!	Female		#DIV/0!
	Unknown		#DIV/0!	85+		#DIV/0!	Male		#DIV/0!
	<b>TOTAL</b>	<b>0</b>		Unknown		#DIV/0!	Transgender		#DIV/0!
				<b>TOTAL</b>	<b>0</b>		Unknown		#DIV/0!
							<b>TOTAL</b>	<b>0</b>	

**PROGRAM OVERVIEW**

<b>Agency</b>	Sound Generations	<b>Program</b>	Meals on Wheels	<b>BIPOC Org</b>	No	<b>Amount Funded</b>	\$10,000
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**Program Summary**

Sound Generations' Meals on Wheels (MOW) program is trusted by thousands of King County's most vulnerable aging and disabled adults each year for their home delivered food needs. We deliver nutritious, satisfying meals directly to the homes of King County residents of all ages, who are unable to leave their homes unassisted, unable to prepare meals, and lack a social support system. For more than 40 years, MOW has been one of the most effective community-based tools for fighting senior hunger.

<b>Client Demographics</b>	<b>Racial Identity</b>	<b>#</b>	<b>%</b>	<b>Age</b>	<b>#</b>	<b>%</b>	<b>Income</b>	<b>#</b>	<b>%</b>
	AI/AN	0	0%	0-5	0	0%	Very Low	33	67%
	Asian	1	2%	6-12	0	0%	Low	6	12%
	Black	5	10%	13-17	0	0%	Moderate	5	10%
	Latinx	2	4%	18-24	0	0%	Above	1	2%
	NHPI	0	0%	25-34	0	0%	Unknown	4	8%
	White	40	78%	35-54	1	2%	<b>TOTAL</b>	<b>49</b>	
	Other	0	0%	55-74	7	14%	<b>Gender Identity</b>	<b>#</b>	<b>%</b>
	Multi	0	0%	75-84	24	49%	Female	33	67%
	Unknown	3	6%	85+	17	35%	Male	16	33%
	<b>TOTAL</b>	<b>51</b>		Unknown	0	0%	Transgender	0	0%
				<b>TOTAL</b>	<b>49</b>		Unknown	0	0%
							<b>TOTAL</b>	<b>49</b>	

**PROGRAM OVERVIEW**

<b>Agency</b>	The Salvation Army-Eastside	<b>Program</b>	Eastside Corps Social Services	<b>BIPOC Org</b>	No	<b>Amount Funded</b>	\$5,000
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**Program Summary**

The Social Services program meets the needs of low-income and homeless residents on King County's Eastside. It provides emergency financial assistance for rent, mortgages, and utilities to promote housing stability; offers a food pantry and hot meals program to decrease food insecurity; distributes hygiene kits, baby products, and clothing; connects clients to other service providers through information and referral; and helps clients on a path toward self-sufficiency through case management.

<b>aphics</b>	<b>Racial Identity</b>	<b>#</b>	<b>%</b>	<b>Age</b>	<b>#</b>	<b>%</b>	<b>Income</b>	<b>#</b>	<b>%</b>
	AI/AN	0	0%	0-5	6	18%	Very Low	13	100%
	Asian	0	0%	6-12	5	15%	Low	0	0%
	Black	5	15%	13-17	1	3%	Moderate	0	0%
	Latinx	9	26%	18-24	3	9%	Above	0	0%

Attachment C HS Dashboard 2020 Program Summaries

<b>Client Demogr</b>	NHPI	0	0%	25-34	6	18%	Unknown	0	0%
	White	16	47%	35-54	6	18%	<b>TOTAL</b>	<b>13</b>	
	Other	2	6%	55-74	7	21%	<b>Gender Identity</b>	<b>#</b>	<b>%</b>
	Multi	0	0%	75-84	0	0%	Female	18	53%
	Unknown	2	6%	85+	0	0%	Male	16	47%
	<b>TOTAL</b>	<b>34</b>		Unknown		0%	Transgender	0	0%
				<b>TOTAL</b>	<b>34</b>		Unknown	0	0%
						<b>TOTAL</b>	<b>34</b>		

**PROGRAM OVERVIEW**

<b>Agency</b>	The Sophia Way	<b>Program</b>	Day Center	<b>BIPOC Org</b>	No	<b>Amount Funded</b>	\$25,000
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**Program Summary**

The Sophia Way Day Center (DC) offers a safe and stable environment for women to recoup, recover, and heal. Since 2015 we have we have increased our hours of operations by 85% to meet the increasing needs and number of women attending the DC. We are open 7 days a week and provide hot meals, bathroom and laundry facilities, computers, phones and internet access. Clients may receive case management as well as referrals to financial coaching, employment opps and mental and physical health services.

<b>Client Demographics</b>	<b>Racial Identity</b>	<b>#</b>	<b>%</b>	<b>Age</b>	<b>#</b>	<b>%</b>	<b>Income</b>	<b>#</b>	<b>%</b>
	AI/AN	0	0%	0-5	0	0%	Very Low	2	67%
	Asian	0	0%	6-12	0	0%	Low	1	33%
	Black	0	0%	13-17	0	0%	Moderate	0	0%
	Latinx	0	0%	18-24	0	0%	Above	0	0%
	NHPI	0	0%	25-34	0	0%	Unknown	0	0%
	White	5	71%	35-54	4	57%	<b>TOTAL</b>	<b>3</b>	
	Other	0	0%	55-74	3	43%	<b>Gender Identity</b>	<b>#</b>	<b>%</b>
	Multi	0	0%	75-84	0	0%	Female	7	100%
	Unknown	2	29%	85+	0	0%	Male	0	0%
	<b>TOTAL</b>	<b>7</b>		Unknown	0	0%	Transgender	0	0%
				<b>TOTAL</b>	<b>7</b>		Unknown	0	0%
							<b>TOTAL</b>	<b>7</b>	

**PROGRAM OVERVIEW**

<b>Agency</b>	The Sophia Way	<b>Program</b>	Outreach	<b>BIPOC Org</b>	No	<b>Amount Funded</b>	\$20,000
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**Program Summary**

The Outreach program reaches people who are experiencing homelessness to build trust and a relationship on site, in their location, in order to give them referrals to services and resources for shelter, housing, and other supports they need. The focus is providing life-saving services for people who may be resistant to accepting services, such as substance abuse addiction treatment or mental health counseling with the ultimate goal of getting them into safe, affordable housing.

<b>Client Demographics</b>	<b>Racial Identity</b>	<b>#</b>	<b>%</b>	<b>Age</b>	<b>#</b>	<b>%</b>	<b>Income</b>	<b>#</b>	<b>%</b>
	AI/AN	0	0%	0-5	0	0%	Very Low	3	25%
	Asian	2	17%	6-12	0	0%	Low	0	0%
	Black	1	8%	13-17	0	0%	Moderate	0	0%
	Latinx	0	0%	18-24	0	0%	Above	0	0%
	NHPI	0	0%	25-34	2	17%	Unknown	9	75%
	White	7	58%	35-54	7	58%	<b>TOTAL</b>	<b>12</b>	
	Other	0	0%	55-74	3	25%	<b>Gender Identity</b>	<b>#</b>	<b>%</b>
	Multi	1	8%	75-84	0	0%	Female	12	100%
	Unknown	1	8%	85+	0	0%	Male	0	0%
	<b>TOTAL</b>	<b>12</b>		Unknown	0	0%	Transgender	0	0%
				<b>TOTAL</b>	<b>12</b>		Unknown	0	0%
							<b>TOTAL</b>	<b>12</b>	

**PROGRAM OVERVIEW**

<b>Agency</b>	The Sophia Way	<b>Program</b>	Eastside Women's Winter Shelter	<b>BIPOC Org</b>	No	<b>Amount Funded</b>	\$25,000
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**Program Summary**

Eastside Emergency Winter Shelter (EWS) opens every night providing a lifeline for single adult women, October-May, who would otherwise be sleeping outdoors or in unsafe living situations. The shelter is staffed every night with two professional staff and provides two meals daily to participants and access to limited hygiene facilities. Guests are also connected with the Sophia Way Day Center and housing navigation services and given bus tickets.

<b>Client Demographics</b>	<b>Racial Identity</b>	<b>#</b>	<b>%</b>	<b>Age</b>	<b>#</b>	<b>%</b>	<b>Income</b>	<b>#</b>	<b>%</b>
	AI/AN	0	0%	0-5	0	0%	Very Low	1	20%



Attachment C HS Dashboard 2020 Program Summaries

<b>Client Demographics</b>	Asian	0	0%	6-12	0	0%	Low	0	0%
	Black	0	0%	13-17	0	0%	Moderate	0	0%
	Latinx	0	0%	18-24	0	0%	Above	0	0%
	NHPI	0	0%	25-34	1	20%	Unknown	4	80%
	White	4	80%	35-54	3	60%	<b>TOTAL</b>	<b>5</b>	
	Other	0	0%	55-74	1	20%	<b>Gender Identity</b>	<b>#</b>	<b>%</b>
	Multi	1	20%	75-84	0	0%	Female	5	100%
	Unknown	0	0%	85+	0	0%	Male	0	0%
	<b>TOTAL</b>	<b>5</b>		Unknown	0	0%	Transgender	0	0%
				<b>TOTAL</b>	<b>5</b>		Unknown	0	0%
						<b>TOTAL</b>	<b>5</b>		

**PROGRAM OVERVIEW**

<b>Agency</b>	Sophia Way	<b>Program</b>	Sophia's Place Shelter Program	<b>BIPOC Org</b>	No	<b>Amount Funded</b>	\$12,240
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**Program Summary**  
 Sophia's Place provides the following: supportive services, overnight 6 month shelter, case management services to help clients achieve personal goals that lead to independent living; housing in subsidized apartments and community transitional housing; emergency winter shelter for women and families; day center serving 40+ women meals, showers, laundry facilities, computer/internet/phone access, and referrals to mental health providers, and access to dental and health services and housing.

<b>Client Demographics</b>	<b>Racial Identity</b>	<b>#</b>	<b>%</b>	<b>Age</b>	<b>#</b>	<b>%</b>	<b>Income</b>	<b>#</b>	<b>%</b>
	AI/AN	1	25%	0-5	0	0%	Very Low	3	75%
	Asian	0	0%	6-12	0	0%	Low	0	0%
	Black	0	0%	13-17	0	0%	Moderate	0	0%
	Latinx	0	0%	18-24	0	0%	Above	0	0%
	NHPI	0	0%	25-34	0	0%	Unknown	1	25%
	White	2	50%	35-54	0	0%	<b>TOTAL</b>	<b>4</b>	
	Other	0	0%	55-74	3	75%	<b>Gender Identity</b>	<b>#</b>	<b>%</b>
	Multi	0	0%	75-84	0	0%	Female	4	100%
	Unknown	1	25%	85+	0	0%	Male	0	0%
<b>TOTAL</b>	<b>4</b>		Unknown	1	25%	Transgender	0	0%	
			<b>TOTAL</b>	<b>4</b>		Unknown	0	0%	
						<b>TOTAL</b>	<b>4</b>		

**PROGRAM OVERVIEW**

<b>Agency</b>	YWCA of Seattle-King-Snohomish	<b>Program</b>	Eastside Resident Services	<b>BIPOC Org</b>	No	<b>Amount Funded</b>	\$25,000
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**Program Summary**  
 Family Village Redmond (FVR) has 20 units of Permanent Supportive Housing - 10 for chronically homeless families and 10 for homeless families. Family Village Issaquah (FVI) has five units of permanent housing set aside for families and individuals transitioning out of homelessness who also need an extra level of support. Services are strengths-based, and personalized, designed to equip families with skills and resources needed to achieve long-lasting housing stability.

<b>Client Demographics</b>	<b>Racial Identity</b>	<b>#</b>	<b>%</b>	<b>Age</b>	<b>#</b>	<b>%</b>	<b>Income</b>	<b>#</b>	<b>%</b>
	AI/AN	0	0%	0-5	2	40%	Very Low	1	100%
	Asian	0	0%	6-12	2	40%	Low	0	0%
	Black	0	0%	13-17	0	0%	Moderate	0	0%
	Latinx	0	0%	18-24	0	0%	Above	0	0%
	NHPI	0	0%	25-34	0	0%	Unknown	0	0%
	White	0	0%	35-54	1	20%	<b>TOTAL</b>	<b>1</b>	
	Other	0	0%	55-74	0	0%	<b>Gender Identity</b>	<b>#</b>	<b>%</b>
	Multi	5	100%	75-84	0	0%	Female	4	80%
	Unknown	0	0%	85+	0	0%	Male	1	20%
<b>TOTAL</b>	<b>5</b>		Unknown	0	0%	Transgender	0	0%	
			<b>TOTAL</b>	<b>5</b>		Unknown	0	0%	
						<b>TOTAL</b>	<b>5</b>		

City of Kirkland 2021-2022 Funded Human Services Program Summaries							
GOAL AREA 1: FOOD TO EAT AND ROOF OVER HEAD							
PROGRAM OVERVIEW							
<b>Agency</b>	Attain Housing	<b>Program</b>	Stable Home	<b>BIPOC Org</b>	No	<b>Amount Funded</b>	\$30,000
<b>Program Summary</b>							
The Stable Home Program helps both families with children with staying housed during a financial emergency as well as assisting families obtain housing.							
PROGRAM OVERVIEW							
<b>Agency</b>	Catholic Community Services of King County	<b>Program</b>	Street Outreach	<b>BIPOC Org</b>	No	<b>Amount Funded</b>	\$124,750
<b>Program Summary</b>							
Master's level clinician provides case management services to unhoused members of Kirkland's community.							
PROGRAM OVERVIEW							
<b>Agency</b>	Catholic Community Services of King County	<b>Program</b>	New Bethlehem Programs	<b>BIPOC Org</b>	No	<b>Amount Funded</b>	\$100,000
<b>Program Summary</b>							
New Bethlehem Programs meets the unmet need for 24/7/365 shelter and essential day ceter services for families experiencing homelessness on the Eastside. The program offers a safe place for families to land, and a centralized location for access to the supportive programming needed to help families transcend their situation and to move into a more permanent housing.							
PROGRAM OVERVIEW							
<b>Agency</b>	Congregations for the Homeless	<b>Program</b>	24/7 Enhanced Shelter	<b>BIPOC Org</b>	No	<b>Amount Funded</b>	\$25,000
<b>Program Summary</b>							
The 24/7 Enhanced Men's Shelter provides a safe and welcoming environment 24 hours a day every day of the year for 100+ men experiencing homelessness on the Eastside with the on-site resources needed for individuals to rebuild their lives and obtain stable income and housing. Services include shelter, meals, showers laundry, case management support, addiction and mental helath, employment support and more.							
PROGRAM OVERVIEW							
<b>Agency</b>	Eastside Baby Corner	<b>Program</b>	Meeting Basic Needs for Children	<b>BIPOC Org</b>	No	<b>Amount Funded</b>	\$13,388
<b>Program Summary</b>							
EBC's program provides critical basic needs which infants and children (0-12), near/in poverty or crisis, need for healthy development and safety. EBC is the only children's basic needs resource broker in our service area. We fill a gap by collecting essential goods through community donations and by purchasing critical safety-regulated items, like car seats, and consumable goods, like diapers. We distribute these basics, valued at \$5.5M annually, to families through our partner network.							
PROGRAM OVERVIEW							
<b>Agency</b>	Eastside Legal Assistance Program	<b>Program</b>	Housing Stability Program	<b>BIPOC Org</b>	No	<b>Amount Funded</b>	\$100,000
<b>Program Summary</b>							
This program porvides an onsite staff attorney to assist low income Kirkland residents with legal issues that impact their housing stability.							
PROGRAM OVERVIEW							
<b>Agency</b>	Friends of Youth	<b>Program</b>	Outreach & Drop-in Services for Homeless Youth & Young Adults	<b>BIPOC Org</b>	No	<b>Amount Funded</b>	\$41,000
<b>Program Summary</b>							
Friends of Youth's Outreach & Drop-In program connects young people experiencing homelessness (ages 16-24) with the information, services and resources they need to build safe, stable futures. Through street outreach, mobile drop-in sites and our drop-in center (co-located with shelter and other services), we meet young people where they are and help them improve their safety, wellbeing, self-sufficiency and permanent connections with family, school and other positive social networks.							
PROGRAM OVERVIEW							
<b>Agency</b>	Friends of Youth	<b>Program</b>	Transitional Housing for Homeless Young Adults & Young Families	<b>BIPOC Org</b>	No	<b>Amount Funded</b>	\$20,917

Program Summary							
Friends of Youth's "New Ground" Transitional living programs (TLPs) provide safe, Transgenderitional housing and supportive services to young adults and young families experiencing homelessness. Our TLPs provide 57 units that serve young people from across King County and are located in Bothell, Kirkland and Redmond. Case management and other services help our residents improve their safety, wellbeing and self-sufficiency so that they can achieve permanent housing and fulfill their potential.							
PROGRAM OVERVIEW							
Agency	Friends of Youth	Program	Youth and Young Adult Shelter	BIPOC Org	No	Amount Funded	\$75,000
Program Summary							
Friends of Youth operates two year-round shelters for youth and young adults experiencing homelessness. Youth Haven provides a safe, temporary shelter for youth under age 18 with case management, education support and family engagement services. The Landing serves young adults ages 18-24 and provides overnight shelter, including counseling, housing navigation and referrals to in-house and community services including education, employment, case management and housing.							
PROGRAM OVERVIEW							
Agency	Hopelink	Program	Emergency Food	BIPOC Org	No	Amount Funded	\$81,960
Program Summary							
Hopelink's food program provides food to supplement a household's income. Hopelink food banks offer options from each food group (fruits, vegetables, grains, proteins and dairy), as well as baby items and personal care products. Home delivery is available for home bound individuals in need of supplemental food assistance. Emergency bags provide an immediate solution to a hunger crisis.							
PROGRAM OVERVIEW							
Agency	Hopelink	Program	Financial Assistance Resiliency Program	BIPOC Org	No	Amount Funded	\$35,000
Program Summary							
Hopelink's Financial Resiliency Program helps individuals living in poverty who are experiencing an unexpected financial shock (need for car repair, medical issue, loss of hours at work, etc.) that threatens their overall stability (housing, employment, income). Through flexible financial aid, in conjunction with short-term system navigation help, our program reduces barriers to income supports and improves participants' financial stability.							
PROGRAM OVERVIEW							
Agency	Hopelink	Program	Housing	BIPOC Org	No	Amount Funded	\$20,400
Program Summary							
Hopelink has 19 units of Emergency Shelter, 51 units of Transgenderitional Housing, and 35 units of Permanent Housing. Case managers, paired with the above-described units, use a strengths-based, client-centered case management model. Case managers work with the family to identify realistic goals to help the family overcome barriers and identify steps and strategies to achieve permanent housing. The end goal is to have the family achieve the highest level of self-sufficiency by making lasting change.							
PROGRAM OVERVIEW							
Agency	Imagine Housing	Program	Supportive Services	BIPOC Org	No	Amount Funded	\$30,000
Program Summary							
Imagine Housing's Supportive Services Program provides over 3,000 hours yearly of programming including resource referrals, trainings, basic needs supplies, case management, and community events across properties in Bellevue, Issaquah, Kirkland, Redmond and Sammamish. This program helps residents with low incomes overcome barriers to stability, helps residents access resources to meet basic needs, and improves the overall quality of our residents' lives.							
PROGRAM OVERVIEW							
Agency	Indian American Community Services	Program	Rental Assistance	BIPOC Org	Yes	Amount Funded	\$30,000
Program Summary							
Indian American Community Services is providing rental assistance for Kirkland residents.							
PROGRAM OVERVIEW							
Agency	Lake Washington Schools Foundation	Program	Pantry Packs	BIPOC Org	No	Amount Funded	\$51,000
Program Summary							
Pantry Packs has provided weekly food packs for children in the Lake Washington School District (LWSD) since 2010.							
PROGRAM OVERVIEW							
Agency	LifeWire	Program	Emergency Shelter	BIPOC Org	No	Amount Funded	\$23,608
Program Summary							

LifeWire's Emergency Shelter (aka My Sister's Home or MSH) is a confidential shelter for survivors of domestic violence who are fleeing a violent relationship. Emergency shelter is provided in 10 apartment units located in East King County. Survivors (and their children) in shelter are provided basic needs such as food, clothing, and Transgenderportation; are offered the full array of LIfewire's supportive services; and are provided support in finding a better housing option.

**PROGRAM OVERVIEW**

<b>Agency</b>	LifeWire	<b>Program</b>	Housing Stability Program	<b>BIPOC Org</b>	No	<b>Amount Funded</b>	\$15,000
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**Program Summary**

LifeWire's Housing Stability Program is a homelessness prevention and diversion program pairing flexible financial assistance with advocacy services to help domestic violence survivors avoid homelessness or move out of homelessness quickly. This program eliminates the fear of homelessness and related economic factors as a reason to stay in, or return to, an abusive relationship. It stabilizes survivors and their children, so they can rebuild their lives and heal from trauma.

**PROGRAM OVERVIEW**

<b>Agency</b>	MAPS Muslim Community Resource Center	<b>Program</b>	Food & Gas Card Distribution Program	<b>BIPOC Org</b>	Yes	<b>Amount Funded</b>	\$10,000
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**Program Summary**

This program provides emergency assistance in the form of gift cards that can be used to purchase food or gas only. This ensures that no one in acute need of sustenance or transportation is left in the lurch.

**PROGRAM OVERVIEW**

<b>Agency</b>	MAPS Muslim Community Resource Center	<b>Program</b>	Housing for Single Women	<b>BIPOC Org</b>	Yes	<b>Amount Funded</b>	\$7,500
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**Program Summary**

MAPS-MCRC provides socially and culturally appropriate transitional housing for single women. This vulnerable population has an increased need for personal safety and privacy, and the demand for transitional housing is great. This program provides housing units and case management.

**PROGRAM OVERVIEW**

<b>Agency</b>	Sound Generations	<b>Program</b>	Meals on Wheels	<b>BIPOC Org</b>	No	<b>Amount Funded</b>	\$10,000
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**Program Summary**

Sound Generations' Meals on Wheels (MOW) program is trusted by thousands of King County's most vulnerable aging and disabled adults each year for their home delivered food needs. We deliver nutritious, satisfying meals directly to the homes of King County residents of all ages, who are unable to leave their homes unassisted, unable to prepare meals, and lack a social support system. For more than 40 years, MOW has been one of the most effective community-based tools for fighting senior hunger.

**PROGRAM OVERVIEW**

<b>Agency</b>	The Sophia Way	<b>Program</b>	Helen's Place	<b>BIPOC Org</b>	No	<b>Amount Funded</b>	\$150,000
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**Program Summary**

Helen's Place is a 24/7/365 emergency shelter and day center located in Kirkland. Women experiencing homelessness will have access to showers, laundry, hot meals, sleeping and napping areas, as well as connection to a case manager and a mental health professional.

**PROGRAM OVERVIEW**

<b>Agency</b>	The Sophia Way	<b>Program</b>	Sophia's Place Shelter Program	<b>BIPOC Org</b>	No	<b>Amount Funded</b>	\$12,240
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**Program Summary**

Sophia's Place provides supportive services, overnight 6 month shelter, case management services to help women experiencing homelessness achieve personal goals that lead to independent living;housing in subsidized apartments and community transitional housing.



**CITY OF KIRKLAND**  
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## **MEMORANDUM**

**To:** Kurt Triplett, City Manager

**From:** James Lopez, Deputy City Manager for External Affairs  
 David Wolbrecht, Senior Neighborhood Services Coordinator  
 Andreana Campbell, Management Analyst  
 Chelsea Zibolsky, Special Projects Coordinator

**Date:** May 7, 2021

**Subject:** COMMUNITY FEEDBACK ON R-5434 DASHBOARDS

### **RECOMMENDATION:**

That the City Council receive a report of findings on community feedback on the Resolution R-5434 dashboards and provide direction to staff on any adjustments to the draft dashboards during the study session.

### **BACKGROUND DISCUSSION:**

The purpose of this report is to update the Council and the community on feedback received about the five dashboards called for in R-5434. This report is structured in four sections:

- I. Overview of the Online Survey
- II. Online Survey Results on Dashboards
- III. Themes from Other Feedback Sources
- IV. Next Actions

#### **I. Overview of the Online Survey**

An online survey invited respondent feedback on the content and publication cadence of each dashboard. For each dashboard, the survey provided the draft data points presented to Council on February 16, 2021, and prompted:

- Is there additional information you'd like included?
- Is any of the information on the list unnecessary?
- How often should this data be updated?
- Any other suggestions about [this] dashboard?

The survey also asked for the respondent's preference on broad visual design of a dashboard and for optional demographic information. A total of 206 respondents participated during the

survey's publication (January 26 – May 7, 2021), including one completed in Spanish. As most of the survey was open-ended questions, staff reviewed all qualitative responses to identify any themes for each question. Such themes are detailed below the associated question under the subheading "All Responses."

R-5434 § 4a-b directed staff to conduct community engagement centered on the voices of Black, Indigenous, and People of Color (BIPOC). In support of this, staff filtered the results for those survey respondents that indicated that they were Arab American, Asian American / Pacific Islander, Black / African American, Latinx, Multiracial, Native American or Alaska Native, or that were self-identified as Latina or Mexican American. A total of 27 respondents identified with the above race/ethnic categories. Staff have provided an analysis of such responses under the subheading of "BIPOC Responses."

It should be noted that not all participants responded to every question, and the sample size for each question is noted within staff's analysis. The full survey and all responses can be found in Attachment A. The filtered BIPOC responses can be found in Attachment B. The in-language Spanish responses can be found in Attachment C.

## **II. Online Survey Results on Dashboards**

### Use of Force Dashboard

- Q1. Is there additional information you'd like included?

#### *All Responses*

Approximately 72% (n=148) of all survey respondents provided answers to this question and 30% (n=44) indicated that they felt no additional information was needed. Transparency in general was a key topic woven throughout survey responses, with the largest theme centered on wanting more information on both law enforcement officers and subjects. There was a desire to see whether officers have had prior use of force incidents, and if so, were any de-escalation techniques used. To accomplish this, survey respondents suggested a de-identifiable numbering system to track data trends of officers over time. Respondents were also interested in knowing if the subject had prior arrests or convictions.

#### *BIPOC Responses*

21 respondents provided answers to this question, with six respondents indicating no additional information was needed. One theme was to provide body or dash camera footage if available, as well as a transcription of the 911/dispatch calls. Another theme was around use of force, such as what de-escalation techniques were used prior to using force, the status of the subject when force was used, and differentiating between use and show of force. A final theme was around the past record of the officer involved, such as any prior complaints or pattern of use of force.

- Q2. Is any of the information on the list unnecessary?

*All Responses*

Approximately 61% (n=126) of all survey respondents provided answers to this question and 56% (n=70) indicated that no information on the draft list was unnecessary. Several respondents indicated that some officer and subject demographics were unnecessary to include in the dashboard. Specifically, officer years of service, whether minors were present at the scene, mental health information of subjects, and tribal affiliation were listed as potentially unnecessary for the dashboard.

*BIPOC Responses*

18 respondents provided answers to this question, with seven respondents indicating no information was unnecessary. The strongest theme among respondents was to remove information about the officer and subject. Specifically, demographic information of both, years of service of officers, and mental health related information of the subject.

- Q3. How often should this data be updated?

<i>How often should this data be updated?</i>	<i>All</i>	<i>BIPOC</i>
Every year	9% (18)	8% (2)
Twice a year	4% (8)	0% (0)
Quarterly	16% (33)	12% (3)
Monthly	22% (45)	12% (3)
Anytime there is new data	44% (88)	60% (15)
Other (please specify)	5% (10)	8% (2)
TOTAL	100% (202)	100% (25)

- Q4. Any other suggestions about a use of force dashboard?

*All Responses*

Approximately 56% (n=116) of all survey respondents responded to this question and 34% (n=40) of respondents provided no additional suggestions about the use of force dashboard. The largest amount of responses (15%) were focused on accessibility of the dashboard. Respondents want to make sure it is simple, user-friendly, included as a link in City newsletters, posted on Twitter, allows for submitted comments, has the raw data available to download, and easily locatable on the City's website.

*BIPOC Responses*

18 respondents provided answers to this question, with four respondents providing no additional suggestions. The majority of respondents would like to make sure that this dashboard is easily accessible on the City's website, promoted through different City communication channels, and updated often.

Existing Crime Dashboard

- Q5. Is there additional information you'd like included?

### *All Responses*

Approximately 61% (n=125) of all survey respondents provided answers to this question, and 24% (n=30) of respondents indicated that no additional information was needed. First, there was an interest in knowing the general outcome, such as arrests, convictions, or involuntary commitments. The next theme was a desire to know the location of the crimes to inform neighborhoods of criminal activity and to include demographic information of the subject(s). A third theme was to provide more context for the dashboard, such as trends over time, as well as clearer definitions. Finally, the last main theme was to include additional crime categories, such as: hate crimes, theft (mail, identity, package), and traffic violations/stops.

### *BIPOC Responses*

20 respondents provided answers to this question, with six indicating no additional information was needed. Some respondents indicated wanting additional information on victim demographics, such as age, gender, race, and ethnicity. Another theme was adding in additional crime or call categories, such as hate crimes, mental or emotional calls, suicides, involuntary commitments, domestic violence and disturbances, and traffic violations. Finally, there was a theme of wanting higher-level context, such as the City's investment to counter or reduce crime and the number of officers currently employed.

- Q6. Is any of the information on the list unnecessary?

### *All Responses*

Approximately 48% (n=98) of all survey respondents provided answers to this question, and 59% (n=58) of respondents indicated no information on the draft listed was unnecessary. The main theme was that officer demographics were unnecessary for the purposes of understanding crime trends, with some of such responses indicating that demographics indicators were generally irrelevant to information on crime trends. Subject demographics were also provided by some respondents, but with far less frequency. Finally, a few respondents questioned whether "Collisions" should be included on this dashboard.

### *BIPOC Responses*

13 respondents provided answers to this question, with nine indicating no information was unnecessary. Three respondents listed officer demographic information as unnecessary, such as age, gender, race, and ethnicity, with one citing officer privacy as the reason.

- Q7. How often should this data be updated?

<i>How often should this data be updated?</i>	<i>All</i>	<i>BIPOC</i>
Every year	8% (14)	8% (2)
Twice a year	5% (8)	4% (1)
Quarterly	18% (31)	12% (3)
Monthly	33% (59)	27% (7)
Anytime there is new data	34% (60)	50% (13)
Other (please specify)	3% (5)	0% (0)
TOTAL	101% (177)	101% (26)

- Q8. Any other suggestions about a crime dashboard?



### *All Responses*

Approximately 41% (n=85) of all survey respondents provided answers to this question, and 46% (n=39) of respondents provided no additional suggestions about a crime dashboard. First, there was an interest in the dashboard providing more context for crime trends compared to the neighboring jurisdictions or statewide, transparency on how the data is used to inform policies, programs, and practices, and highlighting other investments by the City to help prevent crime. Next, there were some comments related to ensuring that the dashboards and related information was easily accessible on the City's website or through other media. Finally, some respondents questioned the necessity of a crime dashboard.

### *BIPOC Responses*

12 respondents provided answers to this question, with seven respondents providing no additional suggestions about a crime dashboard. The one main theme that emerged related to larger context, including how Kirkland compares to surrounding cities, the City's investment to counter crime, and the underlying socioeconomic causes of crime.

## School Resource Officer (SRO) Dashboard

- Q9. Is there additional information you'd like included?

### *All Responses*

Approximately 49% (n=100) of all survey respondents provided answers to this question, and 39% (n=39) of respondents indicated that no additional information was needed. Tracking student demographic indicators was generally thought of as important to allow a comparison of program activity and survey responses based on demographic indicators such as race, while some respondents also emphasized potential privacy issues. Next, there was an interest in some reporting on the outcome of interactions between SROs and students and whether a different type of role (e.g. mental health counsellor or social worker) could have responded to the call. Transparency was also a main theme, with examples such as complaint history for an SRO as well as ongoing program evaluation, including how survey feedback is being used and what additional training SROs receive. Finally, approximately 5% of respondents indicated their preference to remove SROs from Kirkland's schools.

### *BIPOC Responses*

17 respondents provided answers to this question, with six respondents indicating no additional information was needed. One theme from some respondents was an interest in the outcome of interactions between SROs and students and whether a different type of role (e.g. mental health counsellor or social worker) could have responded to the call. Another theme focused on the reason the SRO was called and whether there had been prior encounters with the same student. Finally, some respondents emphasized regular feedback through surveys and transparency on how the feedback is used.

- Q10. Is any of the information on the list unnecessary?

### *All Responses*

Approximately 40% (n=82) of all survey respondents provided answers to this question, and 51% (n=42) of respondents indicated no information on the draft listed was unnecessary. One theme was respondents questioning the helpfulness of the dashboard in general, while others

questioned the relevance of specific items, such as games attended, classes taught, and similar types of activity. Another theme was around concerns of bias and relevance of student surveys. Finally, some expressed concerns about ensuring the anonymity of the students, especially if demographic information was included.

*BIPOC Responses*

13 respondents provided answers to this question, with six respondents indicating no information was unnecessary. No strong themes emerged. Some specific comments were to not include race in the SRO dashboard, that student privacy should be prioritized, that student feedback could be subjective and create marginalization, and that SROs are unnecessary.

- Q11. How often should this data be updated?

<i>How often should this data be updated?</i>	<i>All</i>	<i>BIPOC</i>
Every year	9% (14)	12% (3)
Twice a year	6% (9)	4% (1)
Quarterly	19% (30)	8% (2)
Monthly	29% (46)	28% (7)
Anytime there is new data	31% (48)	40% (10)
Other (please specify)	6% (10)	8% (2)
TOTAL	100% (157)	100% (25)

*Total values might not equal 100% due to rounding.*

- Q12. Any other suggestions about an SRO dashboard?

*All Responses*

Approximately 35% (n=73) of all survey respondents provided answers to this question, and 4% (n=32) of respondents provided no additional suggestions about an SRO dashboard. The first theme related to not needing the dashboard, with reasons including that much of the work of SROs are not easily captured in statistical form and that reporting and tracking this data would not be worth the effort. Another theme focused on the effectiveness of the survey, with a related concept of how BIPOC responses would be weighed against white students. Finally, some comments related to how the program itself is evaluated, including wanting to ensure safe ways for students to voice complaints.

*BIPOC Responses*

11 respondents provided answers to this question, with five respondents providing no additional suggestions about an SRO dashboard. No strong themes emerged, with separate comments provided about the need for transparency to ensure the program does not create more harm than it prevents, about how many officers were called to a site/incident, and try to find a way to show intangibles benefits of the program like tutoring.

Human Resources Dashboard

- Q13. Is there additional information you'd like included?

*All Responses*

Approximately 43% (n=89) of all survey respondents provided answers to this question, and 44% (n=39) of respondents indicated that no additional information was needed. The first theme that emerged was wanting to know more about the demographics of those in leadership or management positions, and those who have been promoted. There was also a trend of wanting to see how the City of Kirkland’s employees compare to the makeup of the City’s demographics, and other cities in the surrounding Eastside.

*BIPOC Responses*

14 respondents provided answers to this question, with eight respondents indicating no additional information was needed. No clear themes emerged. Specific comments included articulating how many employees of color are in leadership or other policy-influencing positions and having demographic information about Boards and Commissions. Other comments suggested providing context for hiring practices around diversity and wanting to make ensure that ‘prefers not to say’ or ‘irrelevant’ are response options. Finally, one respondent suggested having information about how many City events center around culture or religion.

- Q14. Is any of the information on the list unnecessary?

*All Responses*

Approximately 35% (n=73) of all survey respondents provided answers to this question, and 59% (n=43) of respondents indicated no information on the draft list was unnecessary. The main theme that emerged related to feelings of the dashboard being unnecessary, with several respondents feeling that racial, gender, and/or other demographics are not needed to hire the most qualified employees or is invasive of employee privacy.

*BIPOC Responses*

13 respondents provided answers to this question, with eight indicating no information on the list was unnecessary. The main theme was that the dashboard was unnecessary, for similar reasons as observed in the *All Responses* analysis for this question.

- Q15. How often should this data be updated?

<i>How often should this data be updated?</i>	<i>All</i>	<i>BIPOC</i>
Every year	22% (32)	4% (1)
Twice a year	12% (17)	0% (0)
Quarterly	20% (29)	25% (6)
Monthly	18% (26)	29% (7)
Anytime there is new data	20% (30)	29% (7)
Other (please specify)	9% (13)	13% (3)
TOTAL	101% (147)	100% (24)

*Total values might not equal 100% due to rounding.*

- Q16. Any other suggestions about a human resources dashboard?

*All Responses*

Approximately 29% (n=60) of all survey respondents provided answers to this question, and approximately 63% (n=38) provided no additional suggestions about a human resources

dashboard. No new overarching themes emerged. Several respondents again questioned the necessity of presenting racial, gender, and/or other demographic information about employees.

#### *BIPOC Responses*

Nine respondents provided answers to this question, with seven indicating no additional suggestions about a human resources dashboard. The remaining two comments criticized the draft human resources dashboard.

#### Human Services Dashboard

- Q17. Is there additional information you'd like included?

#### *All Responses*

Approximately 40% (n=83) of all survey respondents responded to this question, and 39% (n=32) of respondents indicated that no additional information was needed. The first theme related to expanded demographic information for both organizations and service recipients, including gender, disability status, age, veteran status, tribal affiliation, and citizenship status. Next, transparency for grant oversight and funding emerged as a theme, specifically looking at how grants are awarded, how success is measured for organizations, and the context for grant funds within an organization's budget. The third theme focused on more information about the types and location of services, as well as the residence of recipients.

#### *BIPOC Responses*

14 respondents provided answers to this question, with four indicating no information on the list was unnecessary. One theme that emerged related to contextualizing funding, such as how human services grant funding compares to other City departments and funding over time per agency. Another theme related to identifying and measuring success for the grants, including who is auditing the program for efficiency, the beneficial impact of the grants, and specific agency program outcomes (e.g. how many families were able to find permanent housing).

- Q18. Is any of the information on the list unnecessary?

#### *All Responses*

This question only received responses from approximately 30% (n=61) of all survey respondents, 75% (n=46) of which indicated that no information was unnecessary. Some respondents expressed concern about including racial demographics, both for organizations and service recipients, with some seeming to conflate demographic reporting with services being limited to or prioritized for certain racial groups. Another theme related to potential inaccuracy of identifying and reporting how well recipients were served.

#### *BIPOC Responses*

Ten respondents provided answers to this question, with eight indicating no information on the list was unnecessary. Both of the remaining responses indicated that anything related to race was not needed, and one of those comments also included gender.

- Q19. How often should this data be updated?

<i>How often should this data be updated?</i>	<i>All</i>	<i>BIPOC</i>
Every year	22% (31)	8% (2)
Twice a year	11% (15)	4% (1)
Quarterly	28% (39)	29% (7)
Monthly	14% (19)	21% (5)
Anytime there is new data	21% (29)	38% (9)
Other (please specify)	4% (5)	0% (0)
TOTAL	100% (138)	100% (24)

*Total values might not equal 100% due to rounding.*

- Q20. Any other suggestions about a human services dashboard?

#### *All Responses*

Approximately 29% (n=59) of all survey respondents provided answers to this question and 66% (n=39) of respondents provided no additional suggestions about a crime dashboard. Several respondents questioned emphasizing race in the dashboard, with some criticism suggesting that reporting on organizational and recipient racial demographics could be divisive or are simply unnecessary. Another theme related to providing additional context for the grants, such as whether the organizations need volunteers and how the grants relate to other City services or programs.

#### *BIPOC Responses*

Ten respondents provided answers to this question, with eight indicating no information on the list was unnecessary. Both remaining responses indicated that anything related to race was not needed, and one of those comments also included gender as being unnecessary.

#### Dashboard Look and Feel

- Q21. Which of the example dashboards do you think displays data in the best way?

<i>Which of the example dashboards do you think displays data in the best way?</i>	<i>All</i>	<i>BIPOC</i>
A	21% (30)	20% (5)
B	45% (63)	28% (7)
C	7% (10)	16% (3)
D	20% (28)	24% (7)
None of the above	6% (9)	12% (3)
TOTAL	99% (140)	100% (25)

*Total values might not equal 100% due to rounding.*

- Q22. Why do you think so?

#### *All Responses*

Many respondents indicated that their preferred option for dashboard display was the easiest to read, regardless of which option they selected. Those who selected Option B referenced the use of pie charts, graphs, and trends over time chart as being helpful. One respondent self-identified as having a reading disability and indicated that Option B was by far the easiest to

read. For those that indicated “None of the above,” some example reasons included that the options were too technical or that they did not provide easy indicators of success.

#### *BIPOC Responses*

The themes of BIPOC responses were generally consistent with the *All Responses* analysis, with an additional theme emphasizing ease of use.

- Q23. Any other suggestions about the look and feel of dashboards?

#### *All Responses*

Additional suggestions for the look and feel of the dashboards included having an option for dark or light background for both personal preference and to best accommodate printing. Another theme focused on not having too much information in a limited space, even if that meant paging through different screens. Finally, accessibility for different abilities, reading comprehension, and devices were also mentioned.

#### *BIPOC Responses*

Some suggestions for the look and feel of the dashboards included having a basic and advanced view to be flexible to users, conducting usability tests, and providing the raw data instead of the dashboard.

### **III. Themes from Other Feedback Sources**

Staff provided an open-ended questionnaire accessible from the R-5434 landing page<sup>1</sup>. The questionnaire provided a text box for each element of R-5434 for respondents to provide general feedback. 23 respondents provided feedback between January 13 and April 21, 2021. Some of those 23 respondents provided feedback on the dashboards, with generally the only main theme being that the dashboards would be helpful. Some of the other comments concerned oversight of the data and using focus groups to inform dashboard development. The full comments provided for the dashboards are included as Attachment D.

Additionally, some of the early action focus groups discussed the dashboards. Staff previously included themes of that dashboard feedback as part of the February 16, 2021, memorandum on R-5434 updates<sup>2</sup>. For ease of review, staff have provided just those themes from the focus groups as Attachment E.

### **IV. Next Actions**

Staff will incorporate feedback from Council in the continued development of the dashboards. As the preliminary dashboards are published, staff intend to provide short dashboard-specific questionnaires that will be available to community members who would like to provide on-going feedback about dashboard development.

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<sup>1</sup> Resolution R-5434 webpage. <https://www.kirklandwa.gov/Government/City-Managers-Office/Ensuring-the-Safety-and-Respect-of-Black-People>

<sup>2</sup> February 16, 2021, City Council meeting staff memorandum. [https://www.kirklandwa.gov/files/sharedassets/public/city-council/agenda-documents/2021/february-16-2021/3a\\_study-session.pdf](https://www.kirklandwa.gov/files/sharedassets/public/city-council/agenda-documents/2021/february-16-2021/3a_study-session.pdf)

## **NEXT STEPS**

Staff welcome any questions or discussion about this report during the study session, as well as direction on any updates Council would like staff to make to the draft dashboards based on community feedback.

How should the City of Kirkland show information about the Police Department, Human Resources, and Human Services?

## Q1 Is there additional information you'd like included?

Answered: 147 Skipped: 58

#	RESPONSES	DATE
1	Transcription of the 911 and dispatch call	4/23/2021 11:35 PM
2	To me, the definition of a dashboard is a high level indicator - like the dashboard of a car - it doesn't tell you the oil pressure or water temperature. It is a snapshot providing a quick assessment of potential issues. This appears to be a full database containing all aspects of information relative to an incident NOT a dashboard. A dashboard should show trends over time so would ideally be graphical in presentation.	4/23/2021 7:47 PM
3	This list while helpful to collect data, how will it be used to ensure that officers are not abusing power, not white supremacist or using their bias / racist tendencies in their interactions with the residents of Kirkland. I would rather see more probing into the people behind the badge to ensure the people behind the badge are not racist and able to critically think through situations and de-escalate rather than use force especially when interacting with non-white residents.	4/23/2021 3:04 PM
4	Any and all information provided to the officer prior to arriving on scene (911 call). The result of the incident (arrests, etc).	4/23/2021 1:31 PM
5	Detailed accounting of attempts to de-escalate prior to force being used.	4/22/2021 6:46 PM
6	Is video evidence available	4/22/2021 5:00 PM
7	You should not include info about mental illness of the accused. That is private and is protected by HIPAA laws plus it increases stigma and marginalizes people.	4/22/2021 4:41 PM
8	Mo	4/22/2021 2:41 PM
9	I would like the list to include the identity and badge number of the officer. Without this information it isn't possible to know if the officer had prior complaints. The dashboard should also show whether other officers were present at the scene.	4/19/2021 11:44 AM
10	What, if any, de-escalation or preventative measures did the officer try to implement prior to using force? How many hours of de-escalation, anti-bias, and mental health training has the officer undergone?	4/17/2021 7:31 AM
11	My worry is that this doesn't capture the many interactions which were negative for the public but aren't documented because force wasn't used. Police cause trauma to BIPOC daily without force.	4/16/2021 4:56 PM
12	Quantity of previous use of force instances by officer, amount of taxpayer money used to pay lawsuits caused by use of force by involved officer, if officer involved has ever had complaints against them, what actions the officer employed to deescalate the situation before use of force, body cam footage.	4/16/2021 10:49 AM
13	no	4/16/2021 10:24 AM
14	race/ethnicity of the accused	4/16/2021 9:52 AM
15	1. what are approved use of force techniques for kirkland police? choke holds? plastic masks to prevent spitting, etc. 2. who investigates use of force complaints? 3. what disciplinary action is used when use of force deemed inappropriate 4. teen assaulted by police officer at HUB and back orgs requested changes and disciplinary action and city ignored. why? 5. what efforts is city making to change police union contracts so unwarranted use of force results in termination that will stick.	4/15/2021 8:12 PM
16	No	4/15/2021 5:30 PM
17	Does the law enforcement officer have a history of use of force incidents, or complaints filed against them?	4/15/2021 5:12 PM
18	Particularly for questions like "whether the person was armed or unarmed", please include the	4/15/2021 5:10 PM



## How should the City of Kirkland show information about the Police Department, Human Resources, and Human Services?

\*source\* of the information. Who saw it, what weapon was found and where, etc. Officer testimony about what they thought they saw is important, but not sufficient on its own.

19	No	4/15/2021 4:57 PM
20	There seems to be no mention of adult witnesses, their contact info, age, gender, ethnicity and their relationship to the person against whom force was used.	4/14/2021 3:06 PM
21	That seems like a comprehensive list. Perhaps add whether (or not) there is body camera or other video footage of the incident available, and whether the subject was cooperative or not prior to the use of force.	4/13/2021 10:07 AM
22	No	4/10/2021 8:32 PM
23	1: The percentage of appropriate vs. excessive uses of force on a year by year basis such as an overall chart, to include the data for as far back as is recorded. 2: The behavior of the person against whom force was used, that caused the force to be applied. The reason for the initial contact is not enough information and leaves gaps in the justification of force. Without this information, it's like hearing the beginning and ending of a story and leaving out the middle so there is no context. 3: Other pertinent information about the suspect such as, prior threats to officers, officer safety flag in WACIC/NCIC, prior assaults on officers or violent crimes in the past.	4/10/2021 12:24 PM
24	No - this is way overboard.	4/9/2021 1:03 PM
25	The list seems inclusive	4/8/2021 12:47 PM
26	Disability status and what, if any, de-escalation strategies were used prior to use of force.	4/8/2021 10:36 AM
27	No	4/8/2021 9:42 AM
28	1. A statement by the detainee of what they were doing at the time of the encounter. 2. A statement by the law enforcement officer of why they detained.	4/8/2021 9:03 AM
29	number of times officer has used force; number of deadly force incidents of officer; number of complaints against officer	4/7/2021 10:39 PM
30	No, looks good	4/7/2021 7:32 PM
31	no	4/7/2021 7:22 PM
32	no	4/7/2021 7:21 PM
33	1) The initiating event for the police deployment (911 call and from whom, suspicious event observation, other?); 2) Whether dash cam, body cam or witness video of event is available.	4/7/2021 5:12 PM
34	I would like to know if the individuals that the police respond to are repeat offenders.	4/7/2021 5:06 PM
35	The record of the officer(s) involved and whether they have ever faced disciplinary action over use of force.	4/7/2021 4:42 PM
36	The rap sheet of the individual against whom the force was used. If race is mentioned at all, the race of both the officer and the individual should be included.	4/7/2021 4:34 PM
37	Was audio captured? Was dashcam cap	4/3/2021 6:37 PM
38	No	4/2/2021 5:03 PM
39	no	4/2/2021 3:06 PM
40	Statement made by chief of police or senior officer in regard to further action that will need to take place. If there is any action taken by the police force to put an officer on probation or desk duty or suspension	4/1/2021 3:38 PM
41	No	4/1/2021 2:41 PM
42	No	4/1/2021 2:13 PM
43	Video and/ audio or transcript or media of the incident as allowed by due process	4/1/2021 11:34 AM
44	Displaying process of follow up being conducted of incident.	4/1/2021 10:46 AM
45	no	4/1/2021 10:19 AM

How should the City of Kirkland show information about the Police Department, Human Resources, and Human Services?

46	Any prior complaints or issues of law enforcement officer's involved in incident.	4/1/2021 10:02 AM
47	Whether mental health might be contributing to the issue.	4/1/2021 9:57 AM
48	Very thorough list.	3/31/2021 11:17 PM
49	No	3/31/2021 8:39 PM
50	No	3/31/2021 5:00 PM
51	This is overstepping and putting officers in danger.	3/31/2021 12:51 PM
52	Why the officer used force. Actions of the subject the force was used on.	3/31/2021 9:13 AM
53	YES! 1) Reason for initial contact should be #1 2) Why was force used? What escalated the situation to require force? 3) Years of military service 4) What does the officer's department consider higher priority, officer safety or public safety? How recent was the officer last reminded of that? 5)Non use-of-force statistics on the same dashboard.	3/30/2021 11:16 PM
54	no	3/30/2021 9:54 PM
55	Why is the ethnicity of police and perp of relevance?	3/30/2021 8:28 PM
56	No	3/30/2021 6:24 PM
57	Does the officer involved have a career marked by higher-than-average use of force? Has the officer resigned from another agency, or been fired, for use of force?	3/30/2021 4:20 PM
58	The contrast between the amount of times Officers make a physical arrest without any force used and Officers needing to implement the necessary force required to effect the arrest is staggering and important to showcase.	3/30/2021 3:31 PM
59	Height and weight of the officer and subject.	3/30/2021 3:02 PM
60	No	3/30/2021 3:01 PM
61	Whether charges were filed against the person whom force was used and a list of those charges.	3/30/2021 1:45 PM
62	The reason for the initial contact, and the officer's zip code of residence.	3/30/2021 1:40 PM
63	To me, I have two concerns. First, why the focus on "Black People". Shouldn't any dashboard address any issue regardless of the race(s) of the involved parties? Second, a dashboard is intended to provide an overview of a situation, NOT an in-depth description of every aspect of an encounter. The suggested information outlined above is far too extensive to represent a "dashboard"; it is more an encyclopedic description of an incident. As an inclusive database of a situation, this is a more appropriate list of the data that should be available. I can suggest other elements that would be beneficial to a comprehensive database, but should NOT be a component of a dashboard.	3/30/2021 1:35 PM
64	Was the person intoxicated by any substance? Police officers are not mental health or medical professionals. It does not matter if the person has a "disorder". The important matter is, "Is this person a threat to the officer or the public if allowed to continue?" I would like to know how many of the people that had force used on them actually had a disorder (mental or substance).	3/30/2021 1:14 PM
65	All video recordings around the incident (body cam, car, etc)	3/30/2021 1:10 PM
66	What the dispatcher was told and what the dispatcher relayed to police. Whether there's body camera recording.	3/30/2021 12:50 PM
67	Prior law enforcement contacts with the person involved in the use of force. If the subject was known to law enforcement and listed as a possible violent offender.	3/30/2021 12:36 PM
68	Whether attempts were made to inform neighbors, if information is shareable and if neighbors may be at risk.	3/30/2021 12:28 PM
69	Use of Force should be delineated from Show of Force	3/30/2021 12:18 PM
70	Crime committed if any, past convictions, officer safety warnings if any, display of weapons if any	3/30/2021 12:10 PM
71	If the person was suspected of committing a specific crime. The full criminal history of the	3/30/2021 11:58 AM

## How should the City of Kirkland show information about the Police Department, Human Resources, and Human Services?

person that was subject to the use of force.

72	The city that the suspect lists as his home	3/30/2021 11:52 AM
73	No	3/30/2021 11:46 AM
74	Did the person resist arrest or pose a threat to others?	3/30/2021 11:42 AM
75	No	3/30/2021 11:39 AM
76	Amount of contacts with the individual prior to the one which required use of force. Individuals history of violence or previous fights with police.	3/30/2021 11:37 AM
77	The crime being investigated or what the call from dispatch is reported as is the most important and should be listed first with date and time. Also level of crime being investigated should be listed... FELONY vs Misdemeanor etc, domestic violence or not, and if it is a person or property crime. Drug and alcohol use should be listed as well. It should also list if someone is a Kirkland resident or not or if they are transient. Lastly, it is important to describe type of resistance presented by suspect at time of use of force. Unarmed and armed isn't the sole factor of use of force. Suspects will fight with fists, run, and resist arrest. This needs to be noted. Drug history use.	3/30/2021 11:29 AM
78	What offense/crime did the person commit? Was the person who force was used against under the influence of drugs/alcohol? What kind of resistance was used by the person who force was used against? Including language Size of the person, size of the officer Number of surrounding people, & number of officers on scene	3/30/2021 11:08 AM
79	no	3/30/2021 11:01 AM
80	The order needs to be rearranged - reason for contact should be at the top. Not sure why tribal affiliation is on there if the race/ethnicity is on there as well. Should probably add a tab about if it falls under DV or not.	3/30/2021 11:01 AM
81	Please put the reason forced was used at the top of the dashboard. It is very problematic if the reason for initial contact is buried under the race, gender, ethnicity. If the race, gender, ethnicity is the focus, people will not look at the totality of the situation and why the officers were contacting this person. ALSO, Please add if the person forced was used was a Kirkland resident.	3/30/2021 10:57 AM
82	No	3/30/2021 10:22 AM
83	The person the force was used on what city do they live in. Has the person who force was used on had prior contacts with police were they fought or resisted arrest. Are they a convicted felon/criminal. What the person was doing prior to and during the contact with police and why force was used. Was the person compliant or noncompliant. The full picture of the contact must be explained. The age, race, gender of the 911 call and what was reported to police upon dispatch. The age, race, gender of the 911 call taker and dispatcher. If it involves a business the age, race and gender of the business owner/employee and the number of times that business has call 911. Was the use of force within policy and state law. If yes, an explanation that the city supports the officer who used force since it was lawful. There should be an educational portion of the website to inform people viewing it on police use of force. Data with no context can be misleading. What is considered a use of force. Is it policy, state/federal law or other? There should also be a running total of police contacts with no use of force used.	3/30/2021 9:50 AM
84	The demographic information for the person making the 911 call. That's where the chain starts. If we have racist Whites calling out armed people for minor offenses, that's a problem. Also, were there other officers standing by who attempted to intervene and stop the force? That would be a red flag that the force was not "reasonable".	3/30/2021 9:43 AM
85	Whether the law enforcement officer had a body/dash cam on his/her person and whether/when it was turned on (before, during the incident).	3/30/2021 9:28 AM
86	No	3/30/2021 9:20 AM
87	The reason why the use of force was deemed necessary.	3/30/2021 9:12 AM
88	did the person resist or fail to comply, what were officers told by dispatch prior to arriving on scene, did the person have a weapon, criminal background of the person	3/30/2021 9:07 AM
89	Whether the officer had a legitimate fear of personal harm. We need to protect officers too.	3/30/2021 9:05 AM

How should the City of Kirkland show information about the Police Department, Human Resources, and Human Services?

90	yes	3/29/2021 10:58 PM
91	No, that's a lot.	3/29/2021 5:44 PM
92	The identity of the officer should be kept so that the department as a whole can be studied and the networks of officers who use force can be studied. It's ok to not publish the identities publicly but only use them to research specific questions.	3/29/2021 5:30 PM
93	Initial incident data should be available to public within 24 hours, even if all info is not yet available.	3/29/2021 5:23 PM
94	No	3/29/2021 8:43 AM
95	Measures taken by the officer to de-escalate the situation.	3/29/2021 1:34 AM
96	Full body cam footage	3/28/2021 7:05 PM
97	Results of investigation	3/28/2021 1:24 AM
98	No, this looks comprehensive enough for starters. Thank you.	3/27/2021 3:52 PM
99	No	3/27/2021 11:18 AM
100	No	3/27/2021 7:57 AM
101	If multiple officers are present, then include age, gender, race, ethnicity and years of service for all officers directly involved and reason for initial contact for all officers directly involved.	3/26/2021 6:06 PM
102	No	3/26/2021 1:15 PM
103	The name of the law enforcement officer(s) involved. Some way to tell if that LEO has used force in the past, a way to view incidents by Officer. Actions of other LEOs on scene. Investigation status, if any. If body cameras were used.	3/26/2021 12:31 PM
104	no	3/26/2021 11:36 AM
105	no	3/26/2021 11:24 AM
106	Where did the suspect come from? What ties did the suspect have to Kirkland and why were they in Kirkland? Type of force used against the officer. Why was the officer called to the situation where force was used.	3/26/2021 9:37 AM
107	no	3/26/2021 9:29 AM
108	Quick link to applicable LEXIPOL policies.	3/26/2021 9:29 AM
109	A yes/no data point for if the Officer's use of force was within department policy. This determination should be made before the use of force is reported on the dashboard. For high profile uses of force or high profile incidents in the media, the City and Police Department should quickly release statements that do not initially disparage the officer's conduct before the full review of the facts and circumstances are known (i.e. apologizing for an officer swearing as they are being surrounded by an angry and potentially dangerous crowd or apologizing for the conduct of officers handling a call placed by a local yogurt shop before they were ultimately found to be following policy). Links to these relevant news articles and statements should be included on the dashboard alongside the data. When considering armed vs. unarmed, ensure that the data for armed also includes the threat of a weapon (i.e. pellet or air soft guns, declarations that a weapon is present, reaching for weapons, presenting objects like a weapon, and personal weapons such as punching and kicking). Links to overviews of state and/or federal laws and case law that demonstrate use of force principles and authority. Ultimately, some kind of disclaimer about how/when Officers are acting under the authority of law and following department policy are acting as government agents of the City of Kirkland, County of King, and the State of Washington and not as private citizens or individuals.	3/26/2021 9:16 AM
110	no	3/26/2021 8:54 AM
111	If PD has had previous interactions with the person Disability status if known	3/26/2021 7:20 AM
112	Statement from suspect or witness.	3/26/2021 7:10 AM
113	Statement from affected citizen or witness.	3/26/2021 7:04 AM
114	Outcome: arrest, release, referral/transfer to... Injuries found/discovered on scene Treatment	3/25/2021 9:42 PM

How should the City of Kirkland show information about the Police Department, Human Resources, and Human Services?

to/for injuries rendered & by whom (person and/or entity)

115	No	3/25/2021 9:36 PM
116	No	3/25/2021 9:12 PM
117	The resolution. For example, no infraction or warning was given or arrest was made or citizen was referred to counseling.	3/25/2021 8:45 PM
118	What do you mean by "entity"?	3/25/2021 8:30 PM
119	Did the person in question make any effort to meaningfully respond lawful directions or commands from the officer. Did the person in question understand that they have civic duty to respect and follow lawful commands of a police officer, even if they disagree with the direction? Did the person in question understand that they play a role in avoiding any friction between themselves and the police officer. Did the person in question understand that the role of police is respond and investigate to the concerns of society. Did the person in question understand that the police do not determine final innocence or guilt of contested events. Did the person in question understand that courtesy and respect plays a role safe, low-key resolution of disputes.	3/25/2021 8:08 PM
120	Toxicology results of suspect. Prior record of suspect.	3/25/2021 7:54 PM
121	Any witnesses?	3/25/2021 7:42 PM
122	Equal rights for all. Hate crimes can happen against any nationality including whites.	3/25/2021 7:21 PM
123	Who else was on the scene, including any social service professionals trained in de escalation. Any previous use of force incidents for the responding law enforcement officer I'd like to see a running financial tally of any settlements with citizens resulting from use of force of a kirkland law enforcement.	3/25/2021 7:20 PM
124	Did the person exhibit aggressive or extremely dangerous behavior, and if so, of what nature (e.g., individual charged officers, individual pointed gun at bystander, individual used stun gun on officers).	3/25/2021 7:04 PM
125	How about what the officer ate that day, his mood and his perspective on life. Are you kidding with this?	3/25/2021 7:03 PM
126	Nope - that covers it	3/25/2021 7:02 PM
127	No	3/25/2021 6:59 PM
128	No	3/25/2021 6:50 PM
129	Name of officers or some sort of unique identifier to allow for the public to track if specific officer(s) exhibit patterns of use of force	3/25/2021 11:15 AM
130	number of past use of force incidents that involved the same LEO	3/24/2021 11:54 PM
131	How the initial contact came to be (e.g., a 911 call from another citizen, law enforcement officer saw something "suspicious," etc.).	3/24/2021 9:37 PM
132	Link to (redacted) police reports on the matter.	3/24/2021 1:40 PM
133	no	2/19/2021 7:48 PM
134	What de-escalation strategies were employed could be helpful and could also re-frame the conversation, with a de-escalation first point of view. This is also where mental health professionals who are alternative responders/co-responders could help.	2/9/2021 5:34 AM
135	Badge number -- or anonymized identifier -- of the police officer, so it's easy to see if some officers are involved in more violence than others. Perhaps it could just be a histogram of how many incidents of violence there have been per officer so that it stands out if some officers use more violence than others.	2/8/2021 7:48 PM
136	I would like to make sure that using handcuffs is considered a use of force. I remember hearing Chief Harris stating at a Council meeting that it is not. Physically restraining someone should be considered a use of force. We need to think about the impact of those around the incident. I have seen video footage of an officer handcuffing a young black man in a park and the trauma being experienced by those around him.	2/8/2021 5:53 PM

How should the City of Kirkland show information about the Police Department, Human Resources, and Human Services?

137	I dont know. I think once I see the first report I could tell	2/8/2021 5:32 PM
138	How many times the officer(s) involved had used force in previous instances. What de-escalation techniques had been employed prior to use of force.	1/31/2021 4:40 PM
139	no	1/31/2021 12:47 PM
140	Specific Next Steps to be taken after incident reported - status update	1/29/2021 3:47 PM
141	I'd like all this information for EVERY interaction between police and community members, not just those that result in force. Also, for force, I'd like to know what de-escalation methods were used before force was resorted to.	1/29/2021 2:59 PM
142	<ul style="list-style-type: none"> <li>• the number of UOF incidents the officer has had in the prior 6 months and 12 months at time of the incident</li> <li>• whether the officer has had de-escalation training (when, what, how much)</li> <li>• whether the officer has attended state-mandated CIT training (when, 8-hour or 40-hour, any specialty ie youth CIT or supplemental refresher training)</li> <li>• whether the officer has had implicit bias training (when, how much, whether department-provided or external provider)</li> <li>• explicitly ask if they UOF occurred at a school, public park or place of business</li> <li>• whether the officer is a military veteran</li> <li>• explicitly state if the initial contact was an unwanted subject call (may be covered in the "reason for initial contact")</li> <li>• explicitly indicate if the person is a minor (not just if minors were present; and not just an age of the person; this makes evaluating the public information easier)</li> <li>• explicitly ask for the officer's statement as to why they opted to use force, including what explicit de-escalation techniques were attempted. This affirmative statement should be a part of the immediate public record, not subject to later release or manipulation</li> <li>• whether the officer had on their person all required equipment, in full working order</li> <li>• whether the officer is currently or has ever been on the Brady list,</li> <li>• the number of complaints that have been submitted regarding the officer (with a link to a portal detailing such complaints, their status, and outcome; this should include disciplinary detail from prior agencies if the officer transferred in)</li> </ul>	1/29/2021 2:32 PM
143	Previous use of force incidents for officer or person against whom force was used. Whether the officer was there as a called-in supervisor or was the officer originally on sight. (Does that make sense?) (Thank you for not using the militarized word 'civilian'. What about 'community member.')	1/28/2021 8:42 PM
144	Any information about the perpetrator's history of use of force, complaints against them, civil suits, suspensions, dismissals etc., even better if this includes behavior from previous positions.	1/28/2021 8:19 PM
145	no	1/28/2021 6:21 PM
146	No	1/28/2021 5:22 PM
147	Whether the person against whom force was used was already restrained or prone in some way; how many officers, bikes, & cars were on the scene at the time of the use of force; whether officers violated COVID-19-related physical distancing measures at any point; a link to a video showing bodycam footage if any, with victim's face blurred out for identity-protecting reasons; a complete script transcribing the verbal exchange leading up to and during the use of force incident, using bodycam audio if any; a list of non-force options that the officer used before resorting to the use of force; the officer's original mission before the use of force, and any changes to their mission; number of uses of force on the officer's record up to this point	1/28/2021 5:12 PM



## Q2 Is any of the information on the list unnecessary?

Answered: 125 Skipped: 80

#	RESPONSES	DATE
1	Not at this time	4/23/2021 11:35 PM
2	The age, gender of the responding officer, whether or not minors were present are not necessary for a high level understanding of an occurrence.	4/23/2021 7:47 PM
3	See my note above.	4/23/2021 3:04 PM
4	No	4/23/2021 1:31 PM
5	No	4/22/2021 6:46 PM
6	Yes the info about a person's mental illness.	4/22/2021 4:41 PM
7	No	4/22/2021 2:41 PM
8	It is unnecessary for the dashboard to list whether the officer believed that the victim had a substance use disorder or mental health problems. The officer is not an expert in this assessment, and this implies that mental impairment is a justification for the use of force.	4/19/2021 11:44 AM
9	No	4/17/2021 7:31 AM
10	No	4/16/2021 4:56 PM
11	No	4/16/2021 10:49 AM
12	if the use of force is being investigated to determine if appropriate and outside review by people other than police officers. if there is bodycam or othrr footage of use of firce. if the lalice determine. ental or substance abuse are they instructed to call mental health professionals police need to haveonce a year training on appropriate use of force situations and each person in police department needs go sign that they understand the rules. if person loses conscious that shouldbe noted. officer actions to revive pers9n and call medical aid should be in report. if person filed a lawsuit against city and poluce	4/15/2021 8:12 PM
13	No	4/15/2021 5:30 PM
14	If the ethnicity of person is specified, I'm not sure I care about tribal affiliation, although others might.	4/15/2021 5:12 PM
15	No ...all good!	4/14/2021 3:06 PM
16	I think it's all useful, better to have too much than not enough	4/13/2021 10:07 AM
17	Officers years of service,	4/10/2021 8:32 PM
18	No	4/10/2021 12:24 PM
19	Most of it. Just because you are a publicly funded entity does not mean that all information should be publicly available.	4/9/2021 1:03 PM
20	Likely, but I don't have any suggestions on what to omit	4/8/2021 12:47 PM
21	No.	4/8/2021 10:36 AM
22	No, all very necessary	4/8/2021 9:42 AM
23	No	4/8/2021 9:03 AM
24	no	4/7/2021 10:39 PM
25	No	4/7/2021 7:32 PM
26	no	4/7/2021 7:22 PM

How should the City of Kirkland show information about the Police Department, Human Resources, and Human Services?

27	Of what importance is age?	4/7/2021 7:21 PM
28	No	4/7/2021 5:12 PM
29	I don't feel the need to know the officers race or ethnicity at the time of their response.	4/7/2021 5:06 PM
30	I think a better question is whether the information collected is reliable. "Based on the observation of the law enforcement officer" is a questionable standard.	4/7/2021 4:42 PM
31	No	4/2/2021 5:03 PM
32	no	4/2/2021 3:06 PM
33	The age, gender, race, ethnicity, of the law enforcement officer; The age, gender, race, ethnicity, of the person against whom force was used;	4/1/2021 9:30 PM
34	Not that I am aware	4/1/2021 3:38 PM
35	No	4/1/2021 2:41 PM
36	No	4/1/2021 2:13 PM
37	I don't think so	4/1/2021 11:34 AM
38	Public position and oath is taken in order in order to be a police officer, important for public to be aware of such.	4/1/2021 10:46 AM
39	no	4/1/2021 10:19 AM
40	no	4/1/2021 9:57 AM
41	We should be very careful with disclosing information about police officers. If they are a different "race" than the suspect, members of the public may immediately accuse them of racism. Too many details can put the officer and their family at risk.	4/1/2021 9:18 AM
42	No, seems all pertinent.	3/31/2021 11:17 PM
43	No	3/31/2021 8:39 PM
44	Yes, whether any minors were present should only be included if it's actually part of the use of force. If they are just in the area, near the scene, bystanders, I don't believe it is always necessary to include them.	3/31/2021 5:00 PM
45	identifiable information about the officers.	3/31/2021 12:51 PM
46	The age, gender, race, ethnicity, of the law enforcement officer	3/31/2021 9:13 AM
47	Yes - race of all parties involved, except for the fact that the purpose of this to compile race, gender, etc. statistics, which, unfortunately, experience tells us politicians will twist however they believe will work best in their favor.	3/30/2021 11:16 PM
48	minors present is irrelevant	3/30/2021 9:54 PM
49	Ethnicity of police and perp	3/30/2021 8:28 PM
50	No	3/30/2021 6:24 PM
51	Age, gender, race? Will these lead to questioning racism, or I suppose this is the point of reporting these things. Looking at use of force, or just force on certain peoples?	3/30/2021 3:02 PM
52	No	3/30/2021 3:01 PM
53	Age, Gender, Race and Ethnicity of Law Enforcement Officer Years of Service of the Officer	3/30/2021 1:45 PM
54	No.	3/30/2021 1:40 PM
55	Yes! In the context of a dashboard. Race, gender, etc. of parties involved, minors present, experience of the officer are all irrelevant to a summary overview of interactions. This should more correctly start from the question: "What information is the dashboard intended to provide" or "What question(s) is the dashboard intended to answer?" My conclusion is that this approach is entirely backward and should be designed from the information need.	3/30/2021 1:35 PM
56	Tribal affiliation? Officer's years of service. Any minors present?	3/30/2021 1:14 PM



How should the City of Kirkland show information about the Police Department, Human Resources, and Human Services?

57	age, gender, race ethnicity of the law enforcement officer.	3/30/2021 12:57 PM
58	Maybe age of the person and location should be approximate for privacy purposes.	3/30/2021 12:50 PM
59	Race/Ethnicity of the officer unless investigation led to believe bias was involved in the use of force incident.	3/30/2021 12:36 PM
60	The agency or agencies employing the law enforcement officers - Don't care. A cop is a cop is a cop. The law enforcement officer's years of service - Don't care. High or low is not a reason for outcomes. That's an internal meta-data, not an external one.	3/30/2021 12:28 PM
61	No	3/30/2021 12:18 PM
62	Race/ethnicity of the officer	3/30/2021 12:10 PM
63	If minors are present. The vast majority of police officers do not use force unlawfully, rather they are responding to the suspect's actions.	3/30/2021 11:52 AM
64	Yes, race and ethnicity of the officer and the person who the force is being used against is irrelevant to why the force is being used	3/30/2021 11:46 AM
65	Race and ethnicity of involved parties are irrelevant. Were the actions of those involved objectively reasonable or not?	3/30/2021 11:42 AM
66	Yes! Anything that compromises the officers privacy: The age, gender, race, ethnicity, of the law enforcement officer; The law enforcement officer's years of service. This is ridiculous and racist.	3/30/2021 11:39 AM
67	Years of service	3/30/2021 11:37 AM
68	presence of minors is not really relevant. Presence of other people in general can be. For example, if a victim is present at the scene and it is a domestic violence investigation	3/30/2021 11:29 AM
69	why include tribal affiliation?	3/30/2021 11:01 AM
70	Minors present should not be added. If the suspects who force is used against is a minor or they are committing crimes with minors present, it will inflate the numbers.	3/30/2021 10:57 AM
71	No	3/30/2021 10:22 AM
72	The race, age, gender for all involved is not necessary. The years of service is not necessary for the officer.	3/30/2021 9:50 AM
73	substance use disorder IS a mental health issue. Not sure why they are separate. Substance use as a separate category seems an attempt to shift blame to the victim.	3/30/2021 9:43 AM
74	Yes	3/30/2021 9:20 AM
75	no	3/30/2021 9:12 AM
76	The age, gender, race, ethnicity, of the law enforcement officer, The age, gender, race, ethnicity, of the person against whom force was used	3/30/2021 9:07 AM
77	Tribal affiliation - can't you just say Native American? I say this being of that ancestry. Seems too detailed	3/30/2021 9:05 AM
78	no	3/29/2021 10:58 PM
79	No, I don't think so.	3/29/2021 5:44 PM
80	I don't know	3/29/2021 5:23 PM
81	The type of injury to the person against whom force was used. The type of injury to the law enforcement officer. The age, gender, race, ethnicity, of the law enforcement officer. The reason for the initial contact between the person against whom force was used and the law enforcement officer. Whether any minors were present at the scene of the incident. The entity conducting the independent investigation of the incident.	3/29/2021 9:37 AM
82	No	3/29/2021 8:43 AM
83	The age, gender, race, ethnicity, of the law enforcement officer. Whether any minors were present at the scene of the incident. The entity conducting the independent investigation of the	3/29/2021 8:38 AM

How should the City of Kirkland show information about the Police Department, Human Resources, and Human Services?

incident.

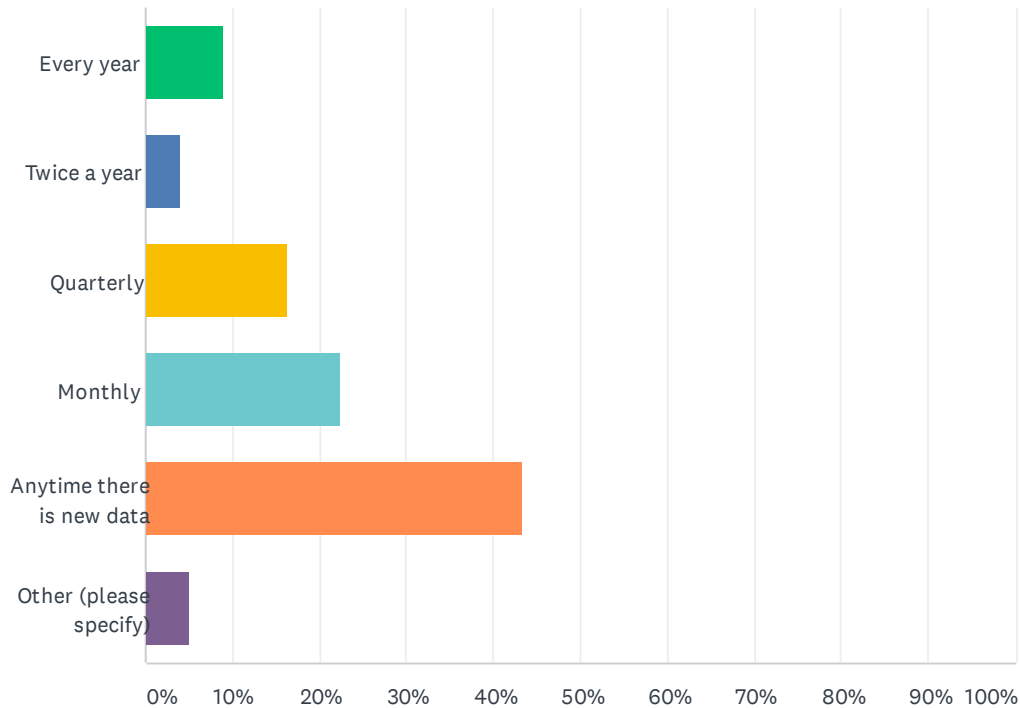
84	Race and ethnicity.	3/28/2021 7:05 PM
85	No	3/28/2021 1:24 AM
86	No, it's a good list.	3/27/2021 3:52 PM
87	No	3/27/2021 11:18 AM
88	No	3/27/2021 7:57 AM
89	No	3/26/2021 1:15 PM
90	I don't think the amount of time a LEO has been on the force is relevant unless it is also coupled with how often that LEO has used force as well.	3/26/2021 12:31 PM
91	no	3/26/2021 11:36 AM
92	no	3/26/2021 11:24 AM
93	Why are there questions about tribal affiliation? What does time on service matter for public information?	3/26/2021 9:37 AM
94	no	3/26/2021 9:29 AM
95	More information is better.	3/26/2021 9:16 AM
96	The age, gender, race, ethnicity, of the law enforcement officer	3/26/2021 8:54 AM
97	Keep race out of it unless a public notification is needed for a suspect on the loose, then as much detail in a description of the suspect should be released so the public can be aware. The race, ethnicity, of the person against whom force was used - This is irrelevant to the facts. The tribal affiliation of the person against whom force was used. This is irrelevant to the facts. The race, ethnicity, of the law enforcement officer - This is irrelevant to the facts.	3/26/2021 8:29 AM
98	Tribal affiliation, officer's years of service, officer's ethnic details	3/25/2021 9:37 PM
99	No	3/25/2021 9:36 PM
100	When you say location of the incident what do you mean. I'm just asking because of the privacy of the victim or the person involved	3/25/2021 9:12 PM
101	no	3/25/2021 8:45 PM
102	A lot of the information seems slanted; lacks objectivity; excludes meaningful questions about the citizens behavior. Police officers, like citizens are human, subject to less than perfect performance. Without meaningful, objective information to reconstruct events, how can a practical improvement can't be realized.	3/25/2021 8:08 PM
103	No	3/25/2021 7:54 PM
104	Minors present.	3/25/2021 7:42 PM
105	No need for all the excessive use of special nationalities. We are beyond that and everyone needs same level of protection.	3/25/2021 7:21 PM
106	No	3/25/2021 7:04 PM
107	Almost all of it.	3/25/2021 7:03 PM
108	Maybe sometimes. Better to include it and nor need it.	3/25/2021 7:02 PM
109	No	3/25/2021 6:59 PM
110	No	3/25/2021 6:50 PM
111	No	3/25/2021 11:15 AM
112	whether or not the person exhibited mental health or substance use in the opinion of the LEO	3/24/2021 11:54 PM
113	No	3/24/2021 9:37 PM
114	Nope.	3/24/2021 1:40 PM

How should the City of Kirkland show information about the Police Department, Human Resources, and Human Services?

115	The age, gender, race, ethnicity, of the law enforcement officer	2/19/2021 7:48 PM
116	I don't think so.	2/9/2021 5:34 AM
117	No, they all seem important.	2/8/2021 7:48 PM
118	How are you protecting the identity of the detained person if you collect all these personal data?	2/8/2021 5:32 PM
119	no	1/31/2021 4:40 PM
120	all seem necessary	1/31/2021 12:47 PM
121	No, all is necessary.	1/29/2021 2:59 PM
122	No	1/28/2021 8:42 PM
123	no	1/28/2021 6:21 PM
124	No	1/28/2021 5:22 PM
125	"Whether the person against whom force was used exhibited any signs associated with a mental health or a substance use disorder based on the observation of the law enforcement officer" is completely subjective and I don't think any officer is capable of determining that.	1/28/2021 5:12 PM

### Q3 How often should this data be updated?

Answered: 201 Skipped: 4



ANSWER CHOICES	RESPONSES
Every year	8.96% 18
Twice a year	3.98% 8
Quarterly	16.42% 33
Monthly	22.39% 45
Anytime there is new data	43.28% 87
Other (please specify)	4.98% 10
<b>TOTAL</b>	<b>201</b>

#	OTHER (PLEASE SPECIFY)	DATE
1	Weekly	4/22/2021 2:41 PM
2	as soon as reasonably possible after supervisor and legal review	4/13/2021 10:07 AM
3	Frequency would need to look at current rate of occurrences and the cost for updating. It should not be unduly burdensome (the information does NOT say how much of this information is currently collected and the cost associated with that). this I e	3/30/2021 1:35 PM
4	Daily	3/30/2021 11:52 AM
5	The dashboard should be updated anytime there is new data and a regular report should be produced often enough for analysis and trends.	3/29/2021 1:34 AM
6	Anytime there is new complete data for an incident.	3/26/2021 9:29 AM
7	Not relavent unless honest objectivity is goal. I sense anti police in this proposal as	3/25/2021 8:08 PM

How should the City of Kirkland show information about the Police Department, Human Resources, and Human Services?

presented.byass

8	When the police think it makes most sense.	3/25/2021 7:39 PM
9	Never	3/25/2021 7:03 PM
10	weekly or monthly	1/29/2021 2:32 PM

## Q4 Any other suggestions about a police use of force dashboard?

Answered: 115 Skipped: 90

#	RESPONSES	DATE
1	Any follow up information; an independent investigator's report; if social services or other organizations were asked to get involved and they either were unable to assist or asked for additional help because the situation escalated	4/23/2021 11:35 PM
2	Have relevant data for comparison such as neighboring cities - as well as trends over time to determine if Kirkland is doing as well as can be expected. Perfection is well nigh impossible so the goal s minimization.	4/23/2021 7:47 PM
3	See my response to #1	4/23/2021 3:04 PM
4	I think it's important to know how the police and City are going to use this information to learn from incidents, provide better training, deploy mental health professionals if the situation calls for it in lieu of an armed officer, etc.	4/23/2021 1:31 PM
5	To me, a dashboard summarizes data in a meaningful way. In a car, my dashboard tells me how many miles per hour I'm going, for example, not the number of times my tire is turning. I what way will the data above be summarized? What questions are you trying to answer and from what policy priorities do these questions come?	4/22/2021 8:42 PM
6	When and what training was used and officer's history of incidents	4/22/2021 6:46 PM
7	No good job	4/22/2021 2:41 PM
8	Information reported by police officers often undervalues the rights and experiences of marginalized community members. This data should be independently vetted for accuracy, and there should be a civilian point of contact who can accept corrections to the data.	4/19/2021 11:44 AM
9	Data over time that illustrates frequency of use of force based on factors like type of incident, demographics of the person force was used on, and how often non-forceful practices were tried first. There's currently no reason to trust that people reporting police excessive force or other misconduct will be treated fairly or respectfully. When reports against officers are made, there should be a progress bar that shows where in the process that report is, about how long the process will take, and provides at least a brief narrative of what measures are taken to ensure people reporting on police aren't mistreated	4/17/2021 7:31 AM
10	This feels like a way of assessing the status quo. We instead need to reinvent policing and take white supremacy out of it. That is very different work. This is talking the talk. Disrupting white supremacy within the Kirkland Police Department is walking the walk.	4/16/2021 4:56 PM
11	Defund the police	4/16/2021 10:49 AM
12	see above. list use of force allowed by city police. list police training conducted on use of force and how often. this shiuld be mandatory twice yearly trainjng. are officers required to sign something that they took class and understand rules. lets get transparent about what is and is not allowed by kirkland police lets publish why police unions have so much power to get firings and disiplinary action overturned. publish the specific contract language and what city is doing to get rid of these 'protections' what disiplinary action is city allowed to take against officers who violate rules. who investigates alleged violations and time frame for investigation, ie up to 2 weeks max. who decides when to,listen to outside people and when not yo? the incident at teen union buildi g was horrible thwt city did not listen to black voices then closed the center. totally wrong and racist. hub needsbgo be reopened with ymca running it again.	4/15/2021 8:12 PM
13	None	4/15/2021 5:30 PM
14	Kudos for doing this.	4/15/2021 5:10 PM
15	No	4/15/2021 4:57 PM
16	Should the personnel records of the police officers be reviewed and noted as to use of force in	4/14/2021 3:06 PM

## How should the City of Kirkland show information about the Police Department, Human Resources, and Human Services?

past incidents?

17	Frankly, I'm not sure this information is necessary for the general public	4/13/2021 10:07 AM
18	All data, reports and information should be stored and maintained by a third party company with no interest in the City of Kirkland. Governments are designed to limit liability to the city and the expense of its community members. A third party company that is not chosen by the city itself and out of the cities control, would ensure accurate reporting and the release of information regardless of how it will affect the liability of the city.	4/10/2021 12:24 PM
19	This is all the result of a very small group of very vocal people. I trust the police force to do their jobs and continue their own learning and development to meet the needs of the city of Kirkland. New officers are not going to want to work here if there is an unreasonable magnifying lens.	4/9/2021 1:03 PM
20	I'd love to see a proposed dashboard from the police department, and then comment. I think residents are not the best to design the dashboard, but could comment on it. I am all for accountability, but I don't want to set up an adversarial relationship between residents and those in law enforcement.	4/8/2021 12:47 PM
21	No	4/8/2021 9:42 AM
22	I may have missed this but is it accessible to the public?	4/8/2021 9:03 AM
23	visualize the data	4/7/2021 10:39 PM
24	Multiple Officers when physical arrests are made	4/7/2021 7:32 PM
25	no	4/7/2021 7:22 PM
26	Both sides should be taken in any decision	4/7/2021 5:44 PM
27	I think our community should hear about different uses of force and under what circumstances uses of force might be necessary.	4/7/2021 5:06 PM
28	No, but I love this concept.	4/2/2021 5:03 PM
29	No	4/1/2021 2:41 PM
30	State of the officer	4/1/2021 2:13 PM
31	Not at this time	4/1/2021 11:34 AM
32	Not at this time	4/1/2021 10:46 AM
33	Must consider, be trained in or have a trained professional with them on mental health.	4/1/2021 9:57 AM
34	I'm sure most of them do their best, provide them with alternative training on how to handle difficult issues.	4/1/2021 9:34 AM
35	Yes. A summary of the suspect's prior convictions and whether they are the subject of any court orders or court monitoring should be included. Whether or not they are legally in the country should also be included.	4/1/2021 9:18 AM
36	NO	3/31/2021 11:17 PM
37	Easy to find from city's website	3/31/2021 8:39 PM
38	This feels punitive towards law enforcement. Accountability is one thing, but this goes beyond.	3/31/2021 12:51 PM
39	Yes, set a budget for creating such a dashboard, and don't exceed that, Also, don't change what it will show or use race as a factor in who to employ to create it, qualify for grant money, etc.	3/30/2021 11:16 PM
40	no	3/30/2021 9:54 PM
41	No	3/30/2021 6:24 PM
42	It would be great to see a record of KPD de-escalation trainings - and what percentage of officers went through the training, and how frequently.	3/30/2021 4:20 PM
43	It needs to be user friendly and showcase the staggering amount of Police contacts in relation to Police use of force situations.	3/30/2021 3:31 PM

How should the City of Kirkland show information about the Police Department, Human Resources, and Human Services?

44	Quick and simple. Too much will dilute what is of interest.	3/30/2021 3:02 PM
45	No	3/30/2021 3:01 PM
46	Include how many contacts with Police take place in comparison to the ones that involve use of force	3/30/2021 1:45 PM
47	No	3/30/2021 1:40 PM
48	Appears to assume problems. Needs a much more balanced approach that starts from a perspective of "innocent until proven guilty" for all parties involved. Much more important to me would be efforts to ensure an effective and impartial review of problematic events and confirmation that officers who have demonstrated poor performance neither become part of the Kirkland force nor continue if their "conduct is unbecoming" the goals of the city.	3/30/2021 1:35 PM
49	Since most of this information is collected already and available to the public via records requests, why is there a need for a dashboard?	3/30/2021 1:14 PM
50	Ability to manipulate available data based on category.	3/30/2021 12:18 PM
51	How many prior arrests the suspect has to include felony, gross misdemeanor and misdemeanor arrests	3/30/2021 11:52 AM
52	Lots of unnecessary information.	3/30/2021 11:46 AM
53	N/A	3/30/2021 11:42 AM
54	It shouldn't exist in the first place.	3/30/2021 11:39 AM
55	Possible add in CAD notes since they are already up for PDR. Provides a better picture to the public why force was necessary	3/30/2021 11:37 AM
56	The type of resistance used by the suspect. The crime the suspect was charged with.	3/30/2021 10:57 AM
57	No	3/30/2021 10:22 AM
58	Police use of force is a complex topic and education and on-going education for the public is important. Look at how many people do not know basic driving laws who have passed a driving written exam and practical test. Just putting data up is not enough and is a dangerous game. Case in point is neck restraints the studies show how safe they are but are now banned do to lack on knowledge and education of the public and elected officials.	3/30/2021 9:50 AM
59	Please include the link in the city's newsletter/email blasts so that it's readily available/accessible to residents.	3/30/2021 9:28 AM
60	No	3/30/2021 9:20 AM
61	no	3/30/2021 9:12 AM
62	this will not be affective if the focus is on race. if it is, it will result in a rise in crime in kirkland.	3/30/2021 9:07 AM
63	No	3/30/2021 9:05 AM
64	no	3/29/2021 10:58 PM
65	Maybe some way to submit secure comments from the community about such incidents. I wouldn't think they need to be public or on the dashboard, but a way for people reading about incidents to send a message to the appropriate authorities about them might be nice.	3/29/2021 6:22 PM
66	No.	3/29/2021 5:44 PM
67	Anonymous data should be publicly available for easy download	3/29/2021 5:30 PM
68	Link posted on Twitter	3/29/2021 5:23 PM
69	My concern for this dashboard is there is no additional context provided for the incidents. A citizen is going by the general numbers and can misinterpret the circumstances of the use of force incidents, therefore possibly leading to unjustified negativity to the police department and the officers.	3/29/2021 9:37 AM
70	No	3/29/2021 8:43 AM



## How should the City of Kirkland show information about the Police Department, Human Resources, and Human Services?

71	A dashboard is only good if people know it exists. A regular report with analysis should be sent directly to community members.	3/29/2021 1:34 AM
72	Don't editorialize	3/28/2021 7:05 PM
73	Make this dashboard easy to find. Not buried many pages deep in the website	3/28/2021 1:24 AM
74	I believe that timeliness is important for true transparency.	3/27/2021 3:52 PM
75	No	3/27/2021 11:18 AM
76	No, this is excellent	3/27/2021 7:57 AM
77	No	3/26/2021 1:15 PM
78	This is a good start, but it will not be transparent enough until coupled with the widespread, universal use of body cameras.	3/26/2021 12:31 PM
79	no	3/26/2021 11:36 AM
80	no	3/26/2021 11:24 AM
81	If this is being done it needs full transparency. Suspect information should be included. Officer personal information MUST be protected.	3/26/2021 9:37 AM
82	Could be used to show where the most incidents occur thus helping to understand where racial bias (of any kind) is occurring in higher (or lower) rates	3/26/2021 9:29 AM
83	N/a.	3/26/2021 9:16 AM
84	Email reports?	3/26/2021 9:04 AM
85	no	3/26/2021 8:54 AM
86	The city government, officials, city staff, and public should provide as much support to our police as possible. Law enforcement has a very difficult job and they should receive support before any speculated blame.	3/26/2021 8:29 AM
87	DO update/correct data entries to correct elementary errors/omissions AND include date & time of update/correction, who made it -=AND=- do mark & retain the erroneous info so that the reason/basis for the update can be seen and understood	3/25/2021 9:42 PM
88	No	3/25/2021 9:36 PM
89	Are you going to include comparative historical data from the previous year to establish trends, increase, decrease, etc?	3/25/2021 9:12 PM
90	How might hate crimes and domestic terrorism be reflected on the dashboard?	3/25/2021 8:45 PM
91	I'm not clear on where the "dashboard" would be found.	3/25/2021 8:30 PM
92	The "Police use of force" dashboard should be contrasted against a citizens "poor behavior or judgement" dashboard.	3/25/2021 8:08 PM
93	Can we get a simile dashboard to track the property crime occurring in the city (trends of package theft, car prowls, cat converter theft, break ins, suspected drug houses) that would follow reported incidents by date and location include follow up by PD and progress of any investigation?	3/25/2021 7:54 PM
94	Produce summary reports by areas of the city, i.e. data for Houghton, Evergreen, Nordic, etc.	3/25/2021 7:42 PM
95	No	3/25/2021 7:39 PM
96	Record everything	3/25/2021 7:21 PM
97	Please include how much of tax payers money is spent on defending and settling use of force complaints.	3/25/2021 7:20 PM
98	Information should be provided to the public at the soonest possible time. Too often, the media speculates and generates narratives without accurate information and this often goes uncorrected. The longer this happens without the city providing information, the more it spreads like wildfire. It is vital to protect all citizens from bad policing. It is also critical to	3/25/2021 7:04 PM

## How should the City of Kirkland show information about the Police Department, Human Resources, and Human Services?

protect police from aggressive, assumptive, and abusive dialogue that is not based on accurate information.

99	What you are doing is ridiculous	3/25/2021 7:03 PM
100	No.	3/25/2021 7:02 PM
101	No	3/25/2021 6:59 PM
102	No	3/25/2021 6:50 PM
103	Race of those involved, hopefully with explanation of that designation	3/25/2021 2:09 PM
104	Whether the action was deemed inappropriate or appropriate. And if inappropriate, any disciplinary or training for the officer.	3/25/2021 12:39 PM
105	Information about major incidents and unnecessary/inappropriate use of force	3/25/2021 11:15 AM
106	Is information collected from multiple sources?	3/24/2021 9:37 PM
107	This should be integrated into the crime mapping page.	3/24/2021 1:40 PM
108	I hope that the city is looking not just at what info is gathered by other jurisdictions, but also at what info RESEARCHERS use when they study police violence.	2/8/2021 7:48 PM
109	no	2/8/2021 5:32 PM
110	no	1/31/2021 12:47 PM
111	Make the data easily sorted and viewed by different criteria (any of the fields, various dates, etc.) on the website, and also make the raw data easily downloadable as spreadsheets.	1/29/2021 2:59 PM
112	These links to the Evanston, IL dashboard and some struggles they had with race data might be helpful: <a href="https://data.cityofevanston.org/stories/s/Evanston-Police-Department/w3xf-se3z/">https://data.cityofevanston.org/stories/s/Evanston-Police-Department/w3xf-se3z/</a> <a href="https://dailynorthwestern.com/2019/05/31/city/epds-dashboard-program-aims-for-transparency-falls-short-in-demographic-representation/">https://dailynorthwestern.com/2019/05/31/city/epds-dashboard-program-aims-for-transparency-falls-short-in-demographic-representation/</a>	1/28/2021 8:42 PM
113	no	1/28/2021 6:21 PM
114	No	1/28/2021 5:22 PM
115	The more details the better, as long as they don't involve subjective inference from the officer.	1/28/2021 5:12 PM

## Q5 Is there additional information you'd like included?

Answered: 124 Skipped: 81

#	RESPONSES	DATE
1	Age, gender, race and ethnicity of victim; hate crimes	4/23/2021 11:38 PM
2	To me, the definition of a dashboard is a high level indicator - like the dashboard of a car - it doesn't tell you the oil pressure or water temperature. It is a snapshot providing a quick assessment of potential issues. This appears to be a full database containing all aspects of information relative to an incident NOT a dashboard. A dashboard should show trends over time so would ideally be graphical in presentation.	4/23/2021 7:51 PM
3	If funding was not an issue, could other community resources be deployed as first responders in any of these incidences rather than police?	4/23/2021 3:09 PM
4	Racial hate crimes	4/23/2021 1:33 PM
5	History of complaints against any officer and the outcome	4/22/2021 6:48 PM
6	No	4/22/2021 4:41 PM
7	For change, as compared to what, prior year, week, specify what's its compared to	4/22/2021 2:42 PM
8	Data on who is being victimized Time it took to respond to calls Number of responding officers and how long they spent on the scene Assault should have subcategories like domestic violence For crimes the justice system historically fails to respond to (sexual violence, domestic violence, stalking) people should be able to see the number of reports made by people and the number of cases documented by police and the number of convictions. This would tell us if police are taking these issues seriously.	4/17/2021 7:45 AM
9	Domestic violence or dv related homicides should be captured. And I think it would be important to also capture the same age, gender, race, and ethnicity data of who requested police presence. We need to know if it's typically white people calling the police on BIPOC.	4/16/2021 5:03 PM
10	Police effectiveness at solving crimes and securing a conviction against the perpetrator. What percentage of murders and violent crimes go unsolved? What percentage of people have their stolen items recovered by police?	4/16/2021 10:52 AM
11	drug arrests andnifbtaken for treatment mental health arrests and if taken for treatment interactions with homeless people and if they were asked to leave or taken to shelter	4/15/2021 8:16 PM
12	I'd like to see residential burglary broken down by housing type (single family, townhouse, condo, apartment, etc) and neighborhood. I'd also like see robbery statistics indicate if the robber is armed or not.	4/15/2021 5:19 PM
13	No	4/15/2021 4:58 PM
14	Neighborhood	4/15/2021 1:37 PM
15	Do either aggravated assault and sex offenses cover domestic violence? If not, I think that should be added? Also the police officer's record for past violence could be noted?	4/14/2021 3:15 PM
16	I'd like to add mail theft, identity theft and porch pirates to that list	4/13/2021 10:08 AM
17	What is a weighted average?	4/10/2021 8:33 PM
18	What I don't see listed are the most frequent crimes in Kirkland. "Theft, Domestic Related Offenses, Malicious Mischief. The list looks as if those with an interest in protecting the reputation of the city (City Manager and City Council), are manipulating the crimes displayed to not show a complete picture of the crimes committed in the city. The national trend is to talk about transparency yet the first draft of this dashboard is a blatant attempt at hiding the truth from the community.	4/10/2021 12:32 PM
19	No	4/9/2021 1:04 PM

## How should the City of Kirkland show information about the Police Department, Human Resources, and Human Services?

20	Will there be information on outcomes - like arrests, convictions? What about 'hate crimes' (or does that distinction come later in the process?).	4/8/2021 12:54 PM
21	Arrests	4/8/2021 9:43 AM
22	Residential prowlers calls, reports: locations, dates, follow up.	4/8/2021 9:06 AM
23	approximate location of crime; number of people injured for violent crime; approx dollar amount for property crimes	4/7/2021 10:43 PM
24	Neighborhood Location (so I can see crime statistics for my own neighborhood, compared to other neighborhoods, and overall)	4/7/2021 7:25 PM
25	Do we need a category that includes street racing?	4/7/2021 7:24 PM
26	Domestic violence, arson, child abuse/neglect, animal cruelty	4/7/2021 5:17 PM
27	Have the laws changed at all during the years that are documented? How many people lived within Kirkland's boundaries vs how many officers were employed during the same time period.	4/7/2021 5:09 PM
28	Hate crimes	4/7/2021 4:43 PM
29	Many people are under the influence of prescription drugs that are being legally used. I think you should track what the drugs are. Keep separate data from Alcohol or illegal drug use. Most drugs have warnings but no one pays attention.	4/5/2021 7:45 AM
30	No	4/2/2021 5:04 PM
31	neighborhoods	4/2/2021 3:27 PM
32	The age, gender, race, ethnicity, of victims (for each of the above)	4/1/2021 9:31 PM
33	No	4/1/2021 2:14 PM
34	Nope	4/1/2021 11:51 AM
35	Map of location of the incidents.	4/1/2021 10:48 AM
36	Should street racing be included in this?	4/1/2021 10:20 AM
37	Maybe the specific area within Kirkland.	4/1/2021 10:03 AM
38	Whether mental health could have contributed to the issues.	4/1/2021 9:58 AM
39	no	3/31/2021 11:17 PM
40	No	3/31/2021 8:40 PM
41	No	3/31/2021 5:00 PM
42	no	3/31/2021 12:52 PM
43	Felony Theft, Fraud, Identity Theft	3/31/2021 9:14 AM
44	all crimes	3/30/2021 9:55 PM
45	How many officers on site .	3/30/2021 8:30 PM
46	No	3/30/2021 6:25 PM
47	Location that has more than 3 of these crimes in a year. Map of "hot spots"	3/30/2021 4:22 PM
48	Total calls for service (for comparison to the above cases). I'd want to know how prevalent these are compared to routine calls also handled.	3/30/2021 3:07 PM
49	Thefts and Domestic Disturbances	3/30/2021 1:47 PM
50	DV, response time, number of officers responding	3/30/2021 1:43 PM
51	Trends of arrests, trials and convictions.	3/30/2021 1:43 PM
52	Incidents of domestic violence and arrests. Who is the reporting party? Is there even any suspect information?	3/30/2021 1:26 PM
53	I'm not sure how this relates to convictions vs initial police categorization. It would be good to	3/30/2021 12:54 PM

## How should the City of Kirkland show information about the Police Department, Human Resources, and Human Services?

tie this to something about the outcome in the court system.

54	Mental Health related calls	3/30/2021 12:37 PM
55	No	3/30/2021 12:19 PM
56	Mental/Emotional calls, Suicides, Involuntary Commitments	3/30/2021 12:11 PM
57	The sex of the subject and the officer.	3/30/2021 11:59 AM
58	What does "weighted average" mean? Who determines this subjective weight?	3/30/2021 11:54 AM
59	N/A	3/30/2021 11:47 AM
60	No	3/30/2021 11:46 AM
61	No	3/30/2021 11:43 AM
62	Drug crimes, mail theft, order violations/ DV	3/30/2021 11:39 AM
63	Where the crimes occur, district for example should be listed so people know how crime is effecting their specific neighborhood. All Domestic Violence crimes should be included. All Felonies should be included. It should also be noted whether or not a suspect was charged or arrested and it should noted. It should also be noted, if the suspect was released conditionally by the court system or awarded bail. Also and most importantly. number of times subject has been arrested previously to contact in Kirkland.	3/30/2021 11:29 AM
64	Domestic Violence	3/30/2021 11:06 AM
65	Domestic violence investigations with arrest. Theft from retail stores. If people were arrested for the listed crimes.	3/30/2021 11:03 AM
66	vandalism	3/30/2021 11:02 AM
67	No	3/30/2021 10:22 AM
68	The number of calls and how they are dispatched. The is a discrepancy on how they are dispatched and what they actually are. Do not just show what reports are taken but all calls and contacts. The city the suspect lives in.	3/30/2021 9:58 AM
69	Mail theft, DV	3/30/2021 9:46 AM
70	Domestic disturbances/assault (including crimes against spouses/partners/children)	3/30/2021 9:37 AM
71	no	3/30/2021 9:13 AM
72	Address	3/30/2021 9:06 AM
73	yes	3/29/2021 10:59 PM
74	I read the glossary about "weighted average" but still don't fully understand what it means and how the dashboard should cover it.	3/29/2021 5:50 PM
75	The location and time the crimes occurred at an individual level.	3/29/2021 5:32 PM
76	Maybe... lets see how it actually works	3/29/2021 5:25 PM
77	NO	3/29/2021 8:45 AM
78	City investment to counter/reduce the reported crimes.	3/29/2021 1:50 AM
79	Number of officers currently employed or contracted by KPD	3/28/2021 7:07 PM
80	Location information or ability to get to more details in each category	3/28/2021 1:26 AM
81	I can't think of anything at this time. Thank you.	3/27/2021 3:56 PM
82	Data by Kirkland neighborhood, criminal drug apprehensions	3/27/2021 8:00 AM
83	I'd like information on the individual crimes as well as the totals. Include locations. That may be available elsewhere.	3/26/2021 6:29 PM
84	No	3/26/2021 6:08 PM

How should the City of Kirkland show information about the Police Department, Human Resources, and Human Services?

85	No	3/26/2021 1:16 PM
86	Whether or not the suspect is a Kirkland LEO	3/26/2021 12:34 PM
87	no	3/26/2021 11:24 AM
88	Where are suspects coming from? Are people being contacted Kirkland residents or coming to Kirkland to commit crimes?	3/26/2021 9:42 AM
89	Mail theft Animal offenses	3/26/2021 9:32 AM
90	Traffic violations (actual or perceived)	3/26/2021 9:30 AM
91	No.	3/26/2021 9:17 AM
92	no	3/26/2021 8:56 AM
93	Collisions is important (glad it's included) - would also like to see a sub-category indicating "Hit-and-run" incidents	3/26/2021 8:34 AM
94	Domestic violence, rape or attempted rape.	3/26/2021 7:10 AM
95	Domestic assault, rape or attempted rape	3/26/2021 7:06 AM
96	Location - Day - Time of incident(s) --- to identify places, days/dates, and times that may be problematic — indicating where/when resources may be concentrated/focused to reduce occurrence of incidents	3/25/2021 9:50 PM
97	More details on resolution of these crimes. For instance was the criminal caught and prosecuted?	3/25/2021 9:40 PM
98	No	3/25/2021 9:37 PM
99	Vandalism or graffiti that meets a measurable moral or ethical standard. Not TPing, egging, or mail box destruction.	3/25/2021 8:59 PM
100	Exactly what is included in Weighted Average? What is meant by "normal" range.	3/25/2021 8:33 PM
101	No comment at this time.	3/25/2021 8:15 PM
102	Looks like my previous comment was premature. I would like to see a focus on police response, follow up, investigation and resolution. For the 10+ years we've lived here, there has always been a feeling among homeowners that property crimes are not given adequate police attention. This has gotten worse lately as at least the perception of crime has increased. There is a general feeling that Kirkland PD won't have much to offer the victim of property crime (including home invasion.) We've definitely felt the "we don't have the budget" or "contact your community resource officer" run around. I would like quantifiable metrics that can be reviewed and possibly offer insight about where there may be holes in our community policing.	3/25/2021 8:05 PM
103	Are suspects local, or from other cities?	3/25/2021 7:47 PM
104	What's being done about each item. Just showing statistic like a stock ticker is a joke.	3/25/2021 7:24 PM
105	Domestic Violence	3/25/2021 7:05 PM
106	Financial implications, neighborhood parameters.	3/25/2021 7:04 PM
107	Would like to have more detail such as mail theft, package theft, shoplifting, vandalism, hate crimes, etc. Might also be good to break out sex offenses into those that are violent and those that don't involve physical contact such as indecent exposure or possession of child porn.	3/25/2021 7:03 PM
108	Domestic violence and race harrassment calls, prostitution	3/25/2021 6:52 PM
109	a general question: who determines race and how is it determined	3/25/2021 2:11 PM
110	Information on weapons, such as unlawful carrying/possession of a firearm or other weapons	3/25/2021 11:19 AM
111	No	3/24/2021 9:38 PM
112	Number of complaints against police officers and the disposition taken.	3/24/2021 1:40 PM
113	no	2/19/2021 7:49 PM

## How should the City of Kirkland show information about the Police Department, Human Resources, and Human Services?

114	Context is important with all data. It would be helpful to define weighted average, normal range, etc. I'm also curious if the city ever sees links between crime rates and other factors - crime going up in the pandemic, down when certain services like homeless shelters open...	2/9/2021 5:39 AM
115	Domestic violence should be included. People call 911 for that more often than any other crime. Consider including mail theft, since that's something Be Neighborly Kirkland cares about a LOT? Sex offenses should perhaps be disaggregated, since there are a lot of different levels of scariness involved.	2/8/2021 7:59 PM
116	Domestic Violence incidents should be called out as a separate category	2/8/2021 5:54 PM
117	no	2/8/2021 5:33 PM
118	This list seems incomplete. Many people have interactions with the police that are harmful and are not associated with the crimes listed above. What is the purpose of tracking and listing only these crimes?	1/31/2021 4:44 PM
119	possibly whether the suspect is from Kirkland or outside Kirkland?	1/31/2021 12:51 PM
120	Add traffic stops, because the race/age info is very telling on them, so you can see whether there is a Driving While Black problem in the city. Info about suspicious persons, trespass, or other kinds of "Karen" calls that can be used as harassment against (especially Black) persons.	1/29/2021 8:06 PM
121	It's important to report data on ALL TYPES OF INTERACTION, specifically any non-consensual interaction between a person and police; this would also include all call types, including "on viewing", "unwanted subject", "noise complaints", etc. The data must include race/age/ethnicity/gender of both the officer and person(s) (as included above), and whether or not the interaction led to a citation or arrest.	1/29/2021 2:33 PM
122	I note that you have not included Domestic Violence, CPS, Animal and a few others but presume those fall under categories above? In my view, the more detail and granularity, the better.	1/28/2021 8:54 PM
123	no	1/28/2021 6:22 PM
124	Businesses, politicians, or law enforcement ignoring state of Washington orders (for example, ignoring COVID-19 safety guidelines); wage theft; kidnapping; human trafficking; identity theft	1/28/2021 5:20 PM

## Q6 Is any of the information on the list unnecessary?

Answered: 97 Skipped: 108

#	RESPONSES	DATE
1	Not at this time	4/23/2021 11:38 PM
2	Why is data on age and gender of the officer relevant?	4/23/2021 7:51 PM
3	No	4/22/2021 6:48 PM
4	No	4/22/2021 4:41 PM
5	No	4/22/2021 2:42 PM
6	No	4/17/2021 7:45 AM
7	No	4/16/2021 5:03 PM
8	No	4/16/2021 10:52 AM
9	No	4/15/2021 4:58 PM
10	None	4/14/2021 3:15 PM
11	no	4/13/2021 10:08 AM
12	Most of it.	4/9/2021 1:04 PM
13	What about 'hate crimes' (or does that distinction come later in the process?).	4/8/2021 12:54 PM
14	No	4/8/2021 9:43 AM
15	Ok	4/8/2021 9:06 AM
16	no	4/7/2021 10:43 PM
17	no	4/7/2021 7:25 PM
18	no	4/7/2021 7:24 PM
19	No	4/7/2021 5:44 PM
20	"Collisions" seems pretty trivial, unless injuries are involved	4/7/2021 5:17 PM
21	No	4/7/2021 5:09 PM
22	I worry about 'sex offenses'. Some are more worrisome than others. It is very stigmatizing.	4/5/2021 7:45 AM
23	Info on officers. That is irrelevant to a crime being committed.	4/3/2021 9:11 AM
24	No	4/2/2021 5:04 PM
25	no	4/2/2021 3:27 PM
26	The age, gender, race, ethnicity, of officers (for each of above)	4/1/2021 9:31 PM
27	No	4/1/2021 2:14 PM
28	I don't think so	4/1/2021 11:51 AM
29	no	4/1/2021 10:20 AM
30	no	4/1/2021 9:58 AM
31	Again, please be careful with the information you disclose about law enforcement officers. This could put them at further risk.	4/1/2021 9:21 AM
32	no	3/31/2021 11:17 PM



How should the City of Kirkland show information about the Police Department, Human Resources, and Human Services?

33	No	3/31/2021 8:40 PM
34	No	3/31/2021 5:00 PM
35	Age, gender, race, ethnicity. Again, this feels like a "gotcha" to further the current narrative.	3/31/2021 12:52 PM
36	The age, gender, race, ethnicity, of officers (for each of above)	3/31/2021 9:14 AM
37	age, gender, race is irrelevant	3/30/2021 9:55 PM
38	No	3/30/2021 6:25 PM
39	Race, gender, etc of officers investigating a homicide? An MV Prowl? A collision? Why on Earth does this matter.	3/30/2021 3:07 PM
40	•The age, gender, race, ethnicity, of officers (for each of above)	3/30/2021 1:47 PM
41	No	3/30/2021 1:43 PM
42	Race, gender, and ethnicity - these only lead to stereotyping, generalizations and distrust.	3/30/2021 1:43 PM
43	What does the age, gender, race, ethnicity of responding officers have to do with anything? Who determines what the "normal" range is for these incidents? Crime is based on a motive, target, and ability of the perpetrator. How can a normal number be established when there are limitless situations involving all three of these elements? What would the point be to compare different years with different circumstances?	3/30/2021 1:26 PM
44	age, gender, race, ethnicity of the officers	3/30/2021 12:59 PM
45	No	3/30/2021 12:19 PM
46	Race/ethnicity of the officers	3/30/2021 12:11 PM
47	"Weighted average". That allows for skewing the data	3/30/2021 11:54 AM
48	Officer demographics seem problematic. Is that for only situations where an arrest is made? For the initial investigating officer? All officers who help with the case? What is the point or end goal?	3/30/2021 11:47 AM
49	No	3/30/2021 11:46 AM
50	The age, gender, race, ethnicity, of officers. Please protect their privacy.	3/30/2021 11:43 AM
51	N/A	3/30/2021 11:39 AM
52	Police information is not necessary here. this is a crime statistic. criminals conduct criminal activity on their own accord, it is not fueled by police race, gender, race, ethnicity, or officer info.	3/30/2021 11:29 AM
53	The age, gender, ethnicity of officers is unnecessary in a crime stat dashboard.	3/30/2021 11:03 AM
54	no	3/30/2021 11:02 AM
55	No	3/30/2021 10:22 AM
56	All of the age, gender race information is not necessary.	3/30/2021 9:58 AM
57	no	3/30/2021 9:13 AM
58	No	3/30/2021 9:06 AM
59	no	3/29/2021 10:59 PM
60	I don't know.	3/29/2021 5:50 PM
61	Maybe - let's see how it actually works	3/29/2021 5:25 PM
62	The age, gender, race, and ethnicity of officers has nothing to do with crimes that are reported, does it? Why would this data be relevant? I'm not sure this data would be relevant for suspects either, since certain types of crimes have very few identified suspects, such as common property crimes.	3/29/2021 1:49 PM
63	The age, gender, race, ethnicity, of officers. Collisions are not a crime and should not be included in this dashboard.	3/29/2021 9:37 AM

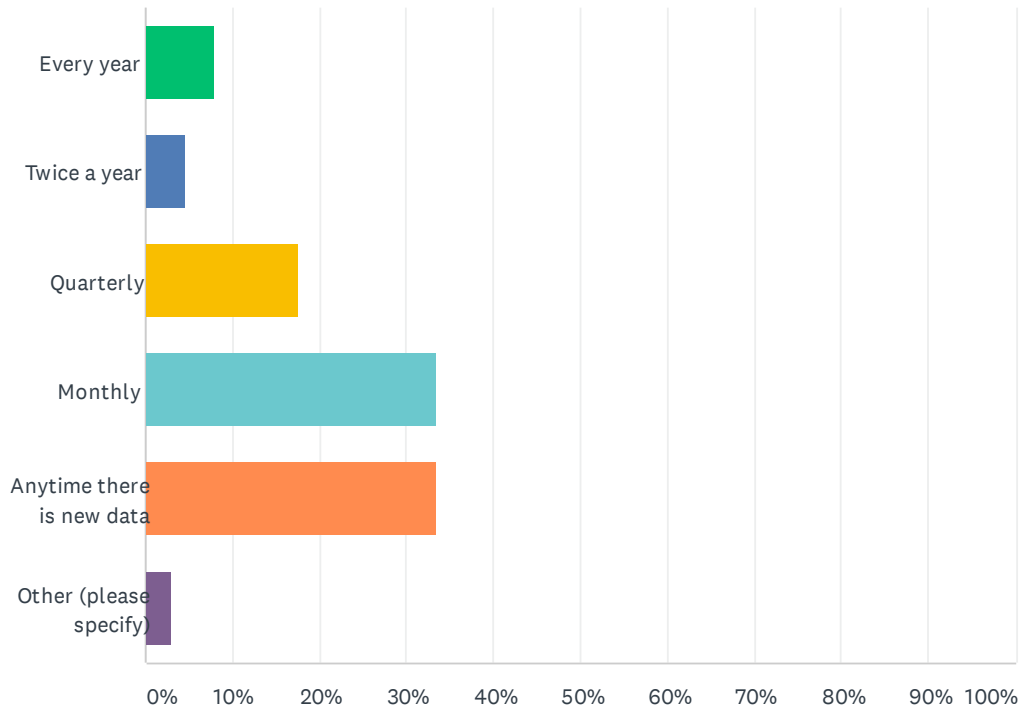
How should the City of Kirkland show information about the Police Department, Human Resources, and Human Services?

64	No	3/29/2021 8:45 AM
65	The age, gender, race, ethnicity, of officers. Collisions are not a crime. Should not be in this dashboard.	3/29/2021 8:42 AM
66	No	3/28/2021 1:26 AM
67	I believe it's a good list.	3/27/2021 3:56 PM
68	No	3/27/2021 8:00 AM
69	No	3/26/2021 1:16 PM
70	Age, gender, ethnicity, seems irrelevant for suspects of DUI, collision, etc. Even seems like most collisions wouldn't be necessary, may unless there was a fatality or serious injury?	3/26/2021 12:34 PM
71	no	3/26/2021 11:24 AM
72	Officer information is not necessary. This is simply a witch hunt intended to paint officers and department in a negative light.	3/26/2021 9:42 AM
73	no	3/26/2021 9:30 AM
74	No.	3/26/2021 9:17 AM
75	The age, gender, race, ethnicity, of officers	3/26/2021 8:56 AM
76	The race and ethnicity of the suspects and officers should not be included.	3/26/2021 8:31 AM
77	no	3/25/2021 9:50 PM
78	No	3/25/2021 9:37 PM
79	I wonder if the last two bullets of age, gender, race, ethnicity of suspects or officers are necessary for the general public.	3/25/2021 8:59 PM
80	Good question. I don't have the experience or background to offer a suggestion of value. seem with the most experience or exposure would have suggestions	3/25/2021 8:15 PM
81	No	3/25/2021 8:05 PM
82	No	3/25/2021 7:47 PM
83	Show video if crimes when possible.	3/25/2021 7:24 PM
84	No	3/25/2021 7:05 PM
85	Racial/ethnic discriminators.	3/25/2021 7:04 PM
86	No	3/25/2021 7:03 PM
87	No	3/25/2021 6:52 PM
88	Collisions may not technically be crimes but that data should definitely be available. I suppose it fits on this list if there is no other appropriate place to display it.	3/25/2021 11:19 AM
89	No	3/24/2021 9:38 PM
90	Nope	3/24/2021 1:40 PM
91	The age, gender, race, ethnicity, of officers (for each of above)	2/19/2021 7:49 PM
92	I'm confused by the inclusion of 'collisions' since they're not necessarily crimes.	2/8/2021 7:59 PM
93	no	2/8/2021 5:33 PM
94	More thought should go into whether data for the demographics of the suspect should be included. Could it have a possible negative impact if it skews to a particular population? What value to citizens is this?	1/31/2021 12:51 PM
95	No, all good.	1/29/2021 8:06 PM
96	no	1/28/2021 6:22 PM



## Q7 How often should this data be updated?

Answered: 176 Skipped: 29



ANSWER CHOICES	RESPONSES
Every year	7.95% 14
Twice a year	4.55% 8
Quarterly	17.61% 31
Monthly	33.52% 59
Anytime there is new data	33.52% 59
Other (please specify)	2.84% 5
<b>TOTAL</b>	<b>176</b>

#	OTHER (PLEASE SPECIFY)	DATE
1	Is the data currently available electronically? What is the process to create a dashboard of such information and what is the cost of doing so?	3/30/2021 1:43 PM
2	It would be helpful to know effort/expense. More often is better but what's the tradeoff?	3/30/2021 12:54 PM
3	Daily	3/30/2021 11:54 AM
4	At some regular time interval plus anytime there is new and important data.	3/29/2021 5:50 PM
5	The questions seems subjective unless you can apply meaning or value..	3/25/2021 8:15 PM

## Q8 Any other suggestions about a crime dashboard?

Answered: 84 Skipped: 121

#	RESPONSES	DATE
1	Not at this time	4/23/2021 11:38 PM
2	Graphical trend presentation of numbers over time would seem useful as would comparison to other neighboring cities.	4/23/2021 7:51 PM
3	See comments above. I don't know how to comment on the particular pieces of data that are being collected unless I know what the bigger picture use is	4/22/2021 8:43 PM
4	Providing a public API for the data	4/22/2021 6:48 PM
5	No	4/22/2021 2:42 PM
6	Measures police and the city are taking to prevent crime (community outreach, information sessions, patrols)	4/17/2021 7:45 AM
7	The city's website - which I believe just relaunched - deters use. It often requires close reading, digging down through multiple layers of pages, etc to find what you want and you can't always find stuff that is there. Search is lousy. This means that only people with loads of free time can really get what they need there. There must be cities with easy to use, discoverable websites you could model. This is important because you are gatekeeping information from people who don't have time or patience, energy or resources to dig around - people such as houseless people, people working several jobs, people who don't speak English fluently. This really matters.	4/16/2021 5:03 PM
8	Police should be using this data to prove they are being effective in solving or preventing crime. If not, they should be defunded.	4/16/2021 10:52 AM
9	No	4/15/2021 4:58 PM
10	If there were riots and/or looting it might be a good idea to add that note. It could help citizens and professionals alike understand the statistics better?	4/14/2021 3:15 PM
11	The dashboard should also have a running total of crimes that should have been charged as a felony, but were charged as a misdemeanor because of the King County filing guidelines.	4/10/2021 12:32 PM
12	This could be counter productive to what you're trying to do.	4/9/2021 1:04 PM
13	Ensure that there is a partnership with police and residents in creating one. Is there a POSITIVE measure that could be added? Cases solved? Number of meetings with citizen groups? Number of focus groups to gather input from citizens? etc.	4/8/2021 12:54 PM
14	No	4/8/2021 9:43 AM
15	Ok	4/8/2021 9:06 AM
16	display by regions	4/7/2021 10:43 PM
17	no	4/7/2021 7:25 PM
18	no	4/7/2021 7:24 PM
19	No	4/7/2021 5:09 PM
20	No	4/2/2021 5:04 PM
21	I would like definitions of the crimes available	4/1/2021 11:51 AM
22	No	4/1/2021 10:48 AM
23	Maybe the specific area within Kirkland where the event took place	4/1/2021 10:03 AM
24	no	4/1/2021 9:58 AM

## How should the City of Kirkland show information about the Police Department, Human Resources, and Human Services?

25	Dashboards and crime maps are largely useless. They're not updated often enough to make citizens aware that something may be going on in their area, like a rash of car prowls. It's getting information after the fact and you're not given enough information to take precautionary measures.	4/1/2021 9:21 AM
26	no	3/31/2021 11:17 PM
27	None	3/31/2021 8:40 PM
28	No	3/31/2021 5:00 PM
29	no	3/30/2021 9:55 PM
30	List what type of crime police were called to.	3/30/2021 8:30 PM
31	No	3/30/2021 6:25 PM
32	Comparison to statewide statistics, per 100,000 population.	3/30/2021 4:22 PM
33	Include white collar crime	3/30/2021 1:43 PM
34	Needs to provide tabular as well as graphical representations of the data. Needs to provide a capability to extract reports and summaries of the data to permit further understanding. Again, what is the intent of the dashboard? What questions is the dashboard intended to answer, for whom, and for what purpose? News outlets are already offering similar insights (at least advertising similar insights, but I have not investigated the quality or whether or not their data is available for Kirkland). But I think a "competitor" analysis is a first requirement - let's not spend tax dollars on something that is or will be provided by other organizations.	3/30/2021 1:43 PM
35	If the number is not as close to as definitive as possible like for collisions or homicides it should not be reported. Some burglaries end up not being burglaries. Some thefts are actually robberies. Some people have different criteria on what a sex offense is? If age, gender, race, and ethnicity of officers is included the same should be included for the victims.	3/30/2021 1:26 PM
36	N/A	3/30/2021 11:47 AM
37	No	3/30/2021 11:46 AM
38	Again, it does not need to exist. The time and money spent updating the dashboard should be used for other resources for Kirkland residents. My wife and I live in Kirkland.	3/30/2021 11:43 AM
39	N/A	3/30/2021 11:39 AM
40	There should be a map online that people can search by crime type, time frame, and location. Kind of like searching on Zillow for a house under filter settings such as crime type, if an arrest was made, level of crime, etc. Firefighter information, response time, level of care or service, care refusal by subject, etc should be included	3/30/2021 11:29 AM
41	It should include if a person was arrested or not, status (cite and release, held, or bonded out), as well if the case was declined by KCPAO or not (reason).	3/30/2021 11:06 AM
42	multiple convicted felons released from King County Jail by the king County Court system	3/30/2021 11:03 AM
43	No	3/30/2021 10:22 AM
44	A generic criminal history of any identified suspects.	3/30/2021 9:58 AM
45	no	3/30/2021 9:13 AM
46	No	3/30/2021 9:06 AM
47	Whether addiction or under the influence is a factor	3/30/2021 4:48 AM
48	no	3/29/2021 10:59 PM
49	Just be sure everyone understands all its parts. It should be part of an annual report plus part of a weekly report of critical issues.	3/29/2021 5:50 PM
50	Publishing individual incidents in addition to city/neighborhood level aggregation is really important.	3/29/2021 5:32 PM
51	Lets see how version 1 works	3/29/2021 5:25 PM

## How should the City of Kirkland show information about the Police Department, Human Resources, and Human Services?

52	Weighted average is not a calculation commonly understood by most people so my thoughts are to keep it simple.	3/29/2021 9:37 AM
53	no	3/29/2021 8:45 AM
54	Recognition of the city's investments and efforts to counter crimes should be considered.	3/29/2021 1:50 AM
55	Make easy to access	3/28/2021 1:26 AM
56	nothing at this time, thank you.	3/27/2021 3:56 PM
57	No	3/27/2021 8:00 AM
58	I would want to be able to click through to details, including date and location.	3/26/2021 6:29 PM
59	No	3/26/2021 1:16 PM
60	no	3/26/2021 11:24 AM
61	FULL transparency is necessary and this must be done with input from Kirkland Officers	3/26/2021 9:42 AM
62	Some general statements about how the sample sizes of these particular statistics of both crime volume and uses of force are not large enough to support statistical certainties. They are helpful to monitor trends and address trends, but not draw scientific conclusions. Links to available statistics for other local, county, and state statistics should be included for comparison when possible.	3/26/2021 9:17 AM
63	Email summaries.	3/26/2021 9:05 AM
64	no	3/26/2021 8:56 AM
65	Focus on how many of these incidents result in arrest. I was a victim of burglary, they had a video tape, and NOTHING was done. Very frustrating that crimes are left unresolved. Too much time spent on reporting, rather than keeping the actual crime declining. Catch and prosecute people who are committing these crimes. That is where I want the police time and energy dedicated, out in the public protecting the Kirkland citizens and our property.	3/25/2021 9:40 PM
66	No	3/25/2021 9:37 PM
67	I did not know a crime dashboard existed. Would be nice to have a link in the City of Kirkland newsletter and other obvious places to make it known to citizens and easy to find.	3/25/2021 8:59 PM
68	No comment.	3/25/2021 8:15 PM
69	Feedback on actions taken based on the information collected. Show the usefulness of collecting data and building dashboards...	3/25/2021 7:47 PM
70	Allow links for public tips	3/25/2021 7:24 PM
71	Same as above. Information should be made public at the soonest possible time that it can happen in an accurate manner. If some information is being investigated, what is known should be released to the public.	3/25/2021 7:05 PM
72	No.	3/25/2021 7:04 PM
73	How Kirkland compares to surrounding cities	3/25/2021 7:04 PM
74	No	3/25/2021 7:03 PM
75	What Neighborhood it took place for each	3/25/2021 6:52 PM
76	I'd compare with Seattle's, there's has all sorts of crimes on it which seems excessive and bogs down the system.	3/25/2021 11:19 AM
77	No	3/24/2021 9:38 PM
78	Add a list of complaints against officers.	3/24/2021 1:40 PM
79	It's interesting that white collar crime isn't a crime of interest. Dozens and dozens of Kirklanders were defrauded by a developer/builder, but that doesn't 'count' the way a burglary does.	2/8/2021 7:59 PM
80	no	2/8/2021 5:33 PM

How should the City of Kirkland show information about the Police Department, Human Resources, and Human Services?

81	no	1/31/2021 12:51 PM
82	I would like to see information about police stops or responses to 911 calls such as "Contact of a Person", "Unwanted Subject" etc. I believe it would be critical, and help move racial equity forward, if officers and callers were asked/recorded the race they presumed the person they were stopping about or calling to be. The data will be important but as well, having to record it or being asked about it might help pull out, and raise awareness, of racial bias.	1/28/2021 8:54 PM
83	no	1/28/2021 6:22 PM
84	I think this data will skew toward wrongs that we as a society have decided are "crimes", and will skew away from wrongs that we as a society have decided are "just the way it is". I would like if we also had a dashboard for the amount of pain and suffering caused to Kirklanders who cannot feed their kids, who suffer emotional abuse but can't afford to move out, who experience depression and anxiety of the economy and the pandemic. Those all have a cause, but it's not one person; it's the government's lack of action when the people need it. That's what really causes crime.	1/28/2021 5:20 PM



## Q9 Is there additional information you'd like included?

Answered: 99 Skipped: 106

#	RESPONSES	DATE
1	Not at this time	4/23/2021 11:40 PM
2	To me, the definition of a dashboard is a high level indicator - like the dashboard of a car - it doesn't tell you the oil pressure or water temperature. It is a snapshot providing a quick assessment of potential issues. This appears to be a full database containing all aspects of information relative to an incident NOT a dashboard. A dashboard should show trends over time so would ideally be graphical in presentation.	4/23/2021 7:54 PM
3	Constantly survey how safe the students and staff of color feel with police presence on campus	4/23/2021 3:12 PM
4	I'd really like to know if a social worker would have been more effective at improving the problems an SRO is trying to solve. I'm not clear on what SROs are supposed to do. Number of suicides and rate of behavioral health issues in the Lwsd	4/22/2021 8:47 PM
5	History of complaints and anonymous opportunity for student feedback	4/22/2021 6:50 PM
6	No	4/22/2021 4:42 PM
7	No	4/22/2021 2:43 PM
8	I would like the student feedback to be broken down based on race, ethnicity, and gender.	4/19/2021 11:54 AM
9	Training received by SRO (mental health, ant-bias, trauma, de-escalation, etc.) Progress bar for responding to complaints against SRO. When arrests or police other intervention happens at school, the preventive measures taken first should be documented.	4/17/2021 8:03 AM
10	Race needs to always be captured. For instance, it's not "how safe students feel" it's "how safe white students feel" and "how safe Black students feel" etc.	4/16/2021 5:06 PM
11	Racial disparity in SRO involvement. Are schools with SROs even safer? Whether SRO is armed. What is the student outcome for SRO involvement? What efforts are being deployed to dismantle to the school-to-prison pipeline?	4/16/2021 10:56 AM
12	No	4/15/2021 4:58 PM
13	Yes ...it seems to me that identifying the gender identity that the subject claims is important	4/14/2021 3:23 PM
14	that seems sufficient	4/13/2021 10:10 AM
15	The socioeconomic status of the students and families should also be accounted for. The disparity of treatment between wealthy and poor students should also be of concern, both from the school district and officers. The outcomes should be consistent between classes. Preferential treatment should not be shown to families with higher socioeconomic status.	4/10/2021 12:36 PM
16	No	4/9/2021 1:05 PM
17	I don't feel qualified to comment.	4/8/2021 12:55 PM
18	IEP or 504 status for students involved in any incident.	4/8/2021 10:47 AM
19	Name, location of school	4/8/2021 9:09 AM
20	no	4/7/2021 10:45 PM
21	no	4/7/2021 7:26 PM
22	no	4/7/2021 7:25 PM
23	No	4/7/2021 5:46 PM
24	This is tough to answer because some of the children who live in Kirkland, attend school out of	4/7/2021 5:13 PM

## How should the City of Kirkland show information about the Police Department, Human Resources, and Human Services?

our city limits. I don't know if it's relevant to include information about resource officers that don't work in Kirkland

25	Student Resource Officers are unnecessary and can unnecessarily escalate situations. We shouldn't have them.	4/7/2021 4:46 PM
26	Number of prior encounters with the same student.	4/7/2021 4:37 PM
27	No	4/2/2021 5:04 PM
28	No	4/1/2021 9:31 PM
29	Not at this time	4/1/2021 11:51 AM
30	Scope of training the SRO has completed & requirements of it on annual basis, etc. Also, emphasis of diversity training and trauma informed care.	4/1/2021 10:53 AM
31	Where do the parents work into all of the data?	4/1/2021 10:22 AM
32	Mental health education for students as it relates to how policing is handled.	4/1/2021 9:59 AM
33	no	3/31/2021 11:18 PM
34	Name of school event or action took place. Reason for SRO had to be requested rather than a counselor or teacher. Rational for the escalation. Any physical interaction between SRO and child. Ethnicity, age, sex of the child to ensure SRO is not profiling children. Need a mathos of tracking any pattern of a patrol interacting and escalating, referring a particular% and demographic of the school population.	3/31/2021 8:51 PM
35	We won't have anyone willing to be an SRO after this.	3/31/2021 12:56 PM
36	no	3/31/2021 9:15 AM
37	no	3/30/2021 9:56 PM
38	What was the outcome ?	3/30/2021 8:33 PM
39	Excellent info for the dashboard	3/30/2021 6:29 PM
40	What about interactions - types - should then show how different introductions end up - whether it is solved on-site via the SRO, referral (and how those resolve) and if nothing else works, then arrest if required. What types of classes are taught by the SRO? I think that the assesment of the attitudes of parents, teachers and staff as well as the students is also needed.	3/30/2021 5:21 PM
41	Has the SRO been fired or resigned from another agency for a disciplinary reason or use of force reason?	3/30/2021 4:24 PM
42	No	3/30/2021 3:18 PM
43	No	3/30/2021 3:10 PM
44	Why the fuck we got cops in schools in the first place	3/30/2021 1:46 PM
45	Find out how much time is being spent on each student. Often, a large amount of time is spent on the same people. Find out how much time a SRO spends on paperwork doing referrals rather than engaging with the students. What is the age, grade, race, and ethnicity of the students receiving services? What is the resolution to the complaint?	3/30/2021 1:39 PM
46	Uncategorized positive/negative interactions between school resource officer and students	3/30/2021 12:21 PM
47	The biological sex of the student. The student class attendance.	3/30/2021 12:05 PM
48	The number of volunteer hours SRO's donate to their schools	3/30/2021 11:57 AM
49	Follow up with student in 1 month and 3 months to see if their situation has improved.	3/30/2021 11:55 AM
50	N/A	3/30/2021 11:48 AM
51	No	3/30/2021 11:44 AM
52	N/A	3/30/2021 11:40 AM

## How should the City of Kirkland show information about the Police Department, Human Resources, and Human Services?

53	Student reprimand stat record should be included and student attendance record should be included. Student grade point average should be include. All active student teachers , race, age, etc, should be included at that time of incident. Drug history use should be included.	3/30/2021 11:29 AM
54	Info on the involved student: GPA, attendance records, behavior/discipline records, social media posts	3/30/2021 11:16 AM
55	no	3/30/2021 11:03 AM
56	No	3/30/2021 10:23 AM
57	Demographics of students in each category, calls for service, arrests vs handled internally, demographics of person making the call. Nationally, we know that BIPOC kids are more likely to have the SROs called, which then leads to the possibility of arrest/suspension.	3/30/2021 9:49 AM
58	no	3/30/2021 9:16 AM
59	if you think the police department is racist then they should not be in the schools	3/30/2021 9:10 AM
60	yes	3/29/2021 10:59 PM
61	If the order of the issues on the list has something to do with their importance then I believe they are ranked in the wrong order. The most important function of the SRO should be how successful the SRO is in helping to keep student out of the criminal justice system. The list should also include information and training that the SRO provides to teachers, students and families about crime prevention and safe living. Teaching, learning and prevention are what it is or should be about.	3/29/2021 5:59 PM
62	No	3/29/2021 1:55 PM
63	How is student feedback getting used and changes made so all students feel safe.	3/29/2021 1:57 AM
64	No	3/28/2021 1:29 AM
65	Not at this time, thank you.	3/27/2021 3:58 PM
66	No	3/27/2021 8:01 AM
67	parental involvement of some sort?	3/26/2021 1:53 PM
68	no	3/26/2021 11:25 AM
69	Student demographics. Outcomes of complaints and findings.	3/26/2021 9:47 AM
70	Include the outcome of the complaints. Include reasons for arrest, if arrests are made.	3/26/2021 9:19 AM
71	no	3/26/2021 8:57 AM
72	# of student-initiated contacts -how comfortable do students feel interacting with SRO if at all	3/26/2021 7:24 AM
73	No	3/25/2021 9:39 PM
74	No	3/25/2021 9:01 PM
75	For me, at this time, any response is subjective.	3/25/2021 8:17 PM
76	No	3/25/2021 8:12 PM
77	Periodical students/parents survey to assess how the service is perceived by community.	3/25/2021 7:50 PM
78	How often and who are the school's official responsible for sexual assault. How about the famous Juanita High rape on the sports team that was in the news a few years ago. news. People get away of so much if they know they can get away with it.	3/25/2021 7:30 PM
79	I think school resource officers should be replaced with counselors and social workers.	3/25/2021 7:21 PM
80	Nope-looks comprehensive.	3/25/2021 7:06 PM
81	No	3/25/2021 7:06 PM
82	What's being doing proactively. This is all reactive.	3/25/2021 7:06 PM
83	No	3/25/2021 7:04 PM

How should the City of Kirkland show information about the Police Department, Human Resources, and Human Services?

84	I think stat for SROs may not be needed	3/25/2021 6:55 PM
85	More details about complaints where possible	3/25/2021 11:21 AM
86	number of SRO contacts that could more appropriately be handled by a different professional, such as a social worker or counselor	3/24/2021 11:59 PM
87	Next steps- what steps are being taken after student feedback is received? Ongoing trainings that SROs receive.	3/24/2021 9:43 PM
88	No	3/24/2021 1:41 PM
89	Demographics on students in SRO cases - race, ethnicity, gender identity, LGBTQ status (if self-identified), students who are differently abled, etc.	2/9/2021 5:45 AM
90	Uses of force by SROs. Number of searches conducted, both of students' persons and property. Survey data on how students feel about SROs, DISAGGREGATED BY RACE. Cost of SRO program.	2/8/2021 8:04 PM
91	race and ethnicity of people complaining would be useful	2/8/2021 5:58 PM
92	I cannot imagine to have a police in the school, to me that sounds really scary. Is the situation so bad that is it really necessary?	2/8/2021 5:35 PM
93	Why are SROs in the schools - what are they adding that mental health and substance abuse counselors couldn't achieve with better results for the students and community?	1/31/2021 4:45 PM
94	age & race for student feedback and complaints	1/31/2021 12:54 PM
95	I'd want you to be very careful to only use student feedback that is weighted for those students who are LEAST comfortable having police in their schools. In fact, you shouldn't be asking how many feel "safe", but rather how many feel "unsafe" having an armed officer in their school. Most white kids probably have never had a negative interaction with police and so are neutral or positive on having them, but for students of color, the presence of an officer may be quite harmful and disrupting to their learning. Do not ask the parents for their opinion -- they are not the ones on the "front lines" in this situation. In making the decision on whether SROs are needed, consider what percentage of the interactions they have could have been handled better by a counselor.	1/29/2021 8:15 PM
96	1. Would students prefer that SRO's not staffed by police - survey 2. Data on breakdown by race of those referred to criminal justice system compared with their % in overall school population	1/29/2021 3:54 PM
97	SRO information, to include name & identifier, age/race/gender, years with department, bias training (whether, when, amount, provider), CIT training (if/when 8- or 40-hour, CIT youth training, any other supplemental CIT). With regard to student and parent input and feedback, it's critical to identify (in aggregate) gender, race, age, socioeconomic status or qualification for FRL school lunch program, language proficiency status of students, whether the student has an IEP, and express such information in relation to the student body so as to disaggregate by race/ethnicity, gender identification, sexual orientation, socioeconomic status, English proficiency and educational needs status. (ie % who feel unsafe with SROs: 95% of Black students, 50% of students of color, 10% of white students; 85% gender non-conforming; 50% of students identifying as non-heterosexual, 50% of students with an IEP, etc)	1/29/2021 2:33 PM
98	Number of these things that could have been handled without an SRO, but with school personnel or a call to the nearby police station.	1/28/2021 9:06 PM
99	How many SRO interactions led to arrests of children	1/28/2021 6:45 PM

## Q10 Is any of the information on the list unnecessary?

Answered: 81 Skipped: 124

#	RESPONSES	DATE
1	Not at this time	4/23/2021 11:40 PM
2	Lots of "soft" data - surveys of students of "success" - how is that defined? Will "Classes taught" be a specific type of class? What does it mean to "support" a CPS call?.	4/23/2021 7:54 PM
3	No	4/22/2021 6:50 PM
4	Remove children's ages for privacy as well as mental health referrals as it embarrasses students due to stigma.	4/22/2021 4:42 PM
5	No	4/22/2021 2:43 PM
6	What on earth is meant by "classes taught"? Guest speaking in a class is different than teaching a class (teachers should do ride alongs with cops and then put on their resumes "patrols carried out"). Without elaborating on the content of the "teaching" SROs are doing (did they speak on a specific topic, spend time getting to know at risk youth, etc) this data sounds suspect	4/17/2021 8:03 AM
7	If we're going to perpetuate the status quo and have SROs I guess the list is good. I think instead Kirkland PD should look at the data which says SROs do nothing to create actual safety from mass shootings and instead create trauma for BIPOC students on a daily basis and tell LWSD you won't participate in that.	4/16/2021 5:06 PM
8	No	4/16/2021 10:56 AM
9	No	4/15/2021 4:58 PM
10	NO	4/14/2021 3:23 PM
11	no opinion	4/13/2021 10:10 AM
12	No	4/10/2021 12:36 PM
13	Most	4/9/2021 1:05 PM
14	I don't understand what the metrics can be gir "keeping students out of criminal justice system by an SRO". That category seems disingenuous since we know that mere presence of an SRO officer, regardless of quality of interactions etc is an indicator for higher rates of negative outcomes post-school, especially for minority students.	4/8/2021 10:47 AM
15	Ok	4/8/2021 9:09 AM
16	no	4/7/2021 10:45 PM
17	no	4/7/2021 7:26 PM
18	don't know	4/7/2021 7:25 PM
19	No	4/7/2021 5:13 PM
20	All of it. It is based from a law enforcement perspective. It doesn't track the benefits, if any, of the SRO and it doesn't track how the student benefits. It's a cop in a classroom or hallway.	4/7/2021 4:46 PM
21	No	4/2/2021 5:04 PM
22	This entire dashboard is unnecessary	4/1/2021 9:31 PM
23	I don't think so	4/1/2021 11:51 AM
24	I believe there may be more to be transparent about the role.	4/1/2021 10:53 AM
25	no	4/1/2021 10:22 AM

How should the City of Kirkland show information about the Police Department, Human Resources, and Human Services?

26	no	4/1/2021 9:59 AM
27	no	3/31/2021 11:18 PM
28	Students feedback could be subjective and create marginalization	3/31/2021 8:51 PM
29	Much of it! The SRO's role in the school is invaluable. Its about fostering positive relationships between LE and students/community. SRO's support administration and other staff in supporting the needs of students. The info above will require the officer to spend all their time tracking and on paperwork then being able to serve the students.	3/31/2021 12:56 PM
30	no	3/31/2021 9:15 AM
31	all data derived from student feedback is irrelevant	3/30/2021 9:56 PM
32	Race	3/30/2021 8:33 PM
33	No	3/30/2021 6:29 PM
34	Again, what is the goal of the dashboard; this is again more of a comprehensive database of information and not a summary vision of the current direction. What are the questions that the dashboard is designed to address? Have we looked at the intent and how it will be used? Not at all clear in this writing.	3/30/2021 5:21 PM
35	All of it - no sro's in schools	3/30/2021 3:18 PM
36	Number of school shootings prevented.	3/30/2021 3:10 PM
37	All of it	3/30/2021 1:46 PM
38	Student feedback on how their social or emotional health is supported by an SRO is so incredibly skewed. A majority of students will likely have no interaction with an SRO. Students who do have interactions base their input completely subjectively. There is no way of knowing if the interaction was necessary, who requested it, or if there actually was a positive outcome. Parents of students who have not interacted with an SRO should not have input on what they "think" is happening with the SRO program and deem what they feel is positive or not. Only students/families who are actively engaged with the SRO should have input on these issues.	3/30/2021 1:39 PM
39	No	3/30/2021 12:21 PM
40	I see the value in surveying students, but steps must be taken to ensure that their feedback is legitimate and factual	3/30/2021 11:57 AM
41	N/A	3/30/2021 11:48 AM
42	Anything related to race. By definition, anything that lists "race" is racist.	3/30/2021 11:44 AM
43	N/A	3/30/2021 11:40 AM
44	Leave the info on this to only be info that is not opinionated. complaints will speak for themselves. Hold school administrators and teachers responsible for documenting problems with SRO that arise.	3/30/2021 11:29 AM
45	"...socially and emotionally safe" How is this measured or defined? SROs should indeed keep students physically safe, but how are they expected to keep them emotionally or socially safe? This is incredibly subjective, and not the job of a police officer.	3/30/2021 11:16 AM
46	no	3/30/2021 11:03 AM
47	Not sure	3/30/2021 10:23 AM
48	Most of the information is useless most people will not look on the website for SRO information.	3/30/2021 9:59 AM
49	Student feedback. I think it's highly unlikely students are going to be honest here and it will lead to a rosier picture than reality.	3/30/2021 9:49 AM
50	I would like to see the income level / housing situation of the student. Maybe if you help the whole family, that will help the student.	3/30/2021 9:16 AM
51	no	3/29/2021 10:59 PM

How should the City of Kirkland show information about the Police Department, Human Resources, and Human Services?

52	No.	3/29/2021 5:59 PM
53	This seems like an over-abundance of data for a dashboard, seems more along the lines of an in-depth research study.	3/29/2021 1:55 PM
54	Number of cases that could have resulted in an arrest or referral, but instead were handled internally by the school or directly between the SRO/student. Outcome of calls-for-service. Child Protective Services calls supported. Classes taught. School/community events attended. Student Feedback.	3/29/2021 9:37 AM
55	Too much for a dashboard. Focus on the top level information and allow for drill down to more details	3/28/2021 1:29 AM
56	I believe this is a good list.	3/27/2021 3:58 PM
57	No	3/27/2021 8:01 AM
58	No	3/26/2021 1:53 PM
59	no	3/26/2021 11:25 AM
60	N/a.	3/26/2021 9:19 AM
61	no	3/26/2021 8:57 AM
62	No	3/25/2021 9:39 PM
63	No	3/25/2021 9:01 PM
64	School/community events attended (games, fund-raising events, service events, etc.)—Is there some reason to believe that attending those things actually helps students? Or is that just a number to tally?	3/25/2021 8:37 PM
65	See #9	3/25/2021 8:17 PM
66	I have some concerns about the depth of this information especially as it will represent a minor child as an alleged suspect. This is pretty aggressive for reporting incidents in a school. Will society really benefit by publicly reporting mental health issues or behavioral infractions of children occurring in a school environment?	3/25/2021 8:12 PM
67	No	3/25/2021 7:50 PM
68	No.	3/25/2021 7:06 PM
69	No	3/25/2021 7:06 PM
70	No	3/25/2021 7:04 PM
71	All. Minors should be protected. This info even if "anonymous" can easily be put together by the community to figure out the minors involved.	3/25/2021 6:55 PM
72	No	3/25/2021 11:21 AM
73	school/community events attended	3/24/2021 11:59 PM
74	I'm not sure what "Classes taught" means.	3/24/2021 9:43 PM
75	No	3/24/2021 1:41 PM
76	What does 'number of students served' mean? How does an SRO 'serve' a student? Who will figure out what goes into that count?	2/8/2021 8:04 PM
77	no	2/8/2021 5:35 PM
78	no	1/31/2021 12:54 PM
79	Yes, asking for positive reactions to police. Ask instead for what % have negative reactions.	1/29/2021 8:15 PM
80	The phrasing of the questions above is troubling. (See copy of text below.) What about including something re perceived HARM not just perceived BENEFIT of the SRO program is in making students feel safe, especially those students who are black or brown or whose family members might be undocumented? I am so impressed with so much of your work, but this bit raised my hackles. Have you run this wording by Eastside For All? With Eastside Change	1/28/2021 9:06 PM

How should the City of Kirkland show information about the Police Department, Human Resources, and Human Services?

Coalition? With Right To Breathe? -- How successful the SRO program is in helping keep students physically, socially and emotionally safe at school (based on student feedback) How physically, socially, and emotionally safe students feel at school because there is an SRO there (based on student feedback) How successful the SRO program is in providing for positive interactions between the SROs and students, families, and community members in order to make the Police Department more accessible and approachable (based on student feedback) How successful the SRO program is in connecting students with supportive services (based on student feedback) How successful the SRO program is in helping keep students out of the criminal justice system (based on student feedback)

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81

SROs themselves are unnecessary.

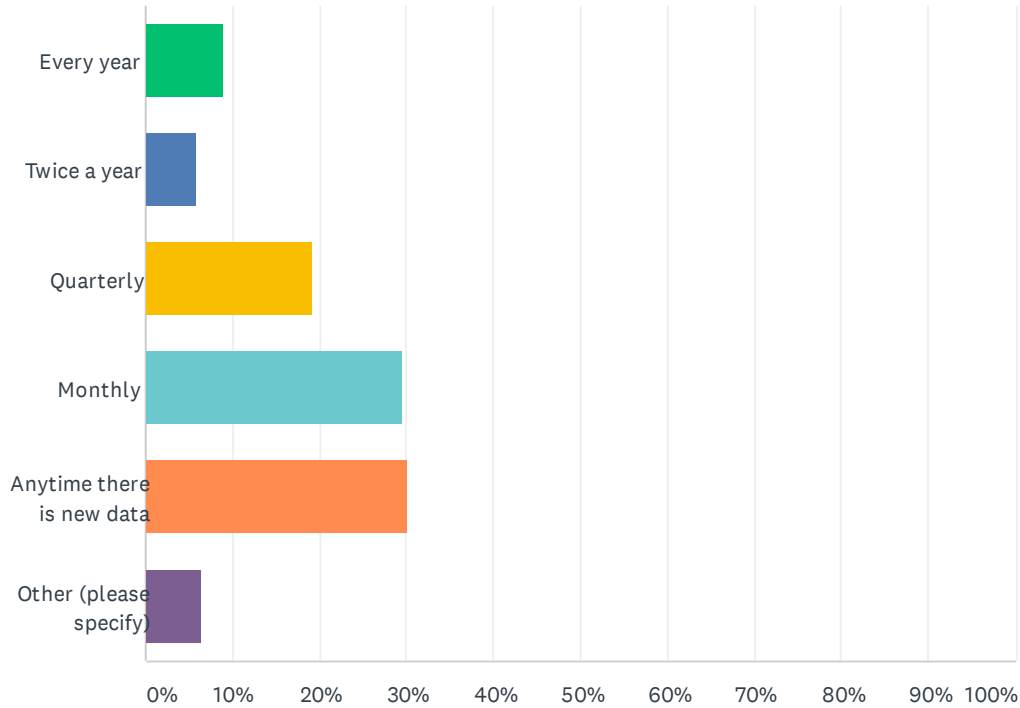
1/28/2021 6:45 PM

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## Q11 How often should this data be updated?

Answered: 156 Skipped: 49



ANSWER CHOICES	RESPONSES
Every year	8.97% 14
Twice a year	5.77% 9
Quarterly	19.23% 30
Monthly	29.49% 46
Anytime there is new data	30.13% 47
Other (please specify)	6.41% 10
<b>TOTAL</b>	<b>156</b>

#	OTHER (PLEASE SPECIFY)	DATE
1	Weekly	4/23/2021 11:40 PM
2	Never	4/7/2021 4:46 PM
3	Unnecessary data	3/31/2021 12:56 PM
4	How much of this data is collected currently and how much is available electronically? What is the effort that would be required to create and maintain the data input to support? This should be a reasonable expense for the return, but the return is not at all clear as stated above.p	3/30/2021 5:21 PM
5	foh	3/30/2021 1:46 PM
6	Daily	3/30/2021 11:57 AM
7	Both quarterly and anytime there is new data.	3/29/2021 5:59 PM

How should the City of Kirkland show information about the Police Department, Human Resources, and Human Services?

8	My answer would be subjective; no basis for answer.	3/25/2021 8:17 PM
9	Never	3/25/2021 6:55 PM
10	Get rid of SROs.	1/28/2021 6:45 PM

## Q12 Any other suggestions about an SRO dashboard?

Answered: 72 Skipped: 133

#	RESPONSES	DATE
1	Not at this time	4/23/2021 11:40 PM
2	Publicly available API	4/22/2021 6:50 PM
3	No	4/22/2021 2:43 PM
4	Student feedback should be collected by an independent, civilian point of contact. Students should not be expected to submit complaints to officers themselves, or to school administrators, who may have a close professional relationship with the officer. Efforts should be made to collect feedback from students who are arrested or otherwise cited by SROs. Feedback needs to include viewpoints from people who are both positively and negatively affected by interactions with SROs.	4/19/2021 11:54 AM
5	How much do SROs cost What other resources (nurse, mental health specialists, counselors, etc) are available at each school with an SRO How often are SROs evaluated and what does that process look like	4/17/2021 8:03 AM
6	Stop funding SROs is my suggestion.	4/16/2021 5:06 PM
7	Get SROs out of schools. End the contract.	4/16/2021 10:56 AM
8	No	4/15/2021 4:58 PM
9	Collecting the student feedback often could backfire. Seems like this should happen quarterly or twice yearly.	4/14/2021 3:23 PM
10	Unreasonable amount of work involved in tracking and reporting this data. We want officers to be with students, not filling out spreadsheets.	4/9/2021 1:05 PM
11	Was parental contact made?	4/8/2021 9:09 AM
12	data visualization	4/7/2021 10:45 PM
13	no	4/7/2021 7:26 PM
14	No OP	4/7/2021 5:46 PM
15	How many years has the officer worked as a SRO? What type of schooling or training does an officer have/need to be a SRO?	4/7/2021 5:13 PM
16	No	4/2/2021 5:04 PM
17	This is unnecessary	4/1/2021 9:31 PM
18	No	4/1/2021 11:51 AM
19	no	4/1/2021 9:59 AM
20	no	3/31/2021 11:18 PM
21	Needs to be transparent and close monitoring as a system that profiles, marginalizes kids of color, and creates more harm than prevent. Escalation can be abused and condition kids to not trust "police".	3/31/2021 8:51 PM
22	Please don't drive away our phenomenal SROs by doing this. What a shame.	3/31/2021 12:56 PM
23	no	3/30/2021 9:56 PM
24	How many officers called to site/incident	3/30/2021 8:33 PM
25	No except Be on top of it! Security officers can be very helpful but only if they are kept accountable.	3/30/2021 6:29 PM

## How should the City of Kirkland show information about the Police Department, Human Resources, and Human Services?

26	See other comments regarding the objective of all of the dashboards. Really need to understand what types of questions are to be addressed. Is this an effort to create a dashboard that summarizes the status of these activities in Kirkland or is it to create a comprehensive database of all factors relevant to these activities in order to conduct research? Not clear and not clear the cost to produce this type of information on a regular basis.	3/30/2021 5:21 PM
27	I'm against SRO's in schools - provide social workers or counselors	3/30/2021 3:18 PM
28	Replace it with a page about how KPD doesn't participate in LWSD's SRO program.	3/30/2021 1:46 PM
29	I defer to people with school-age children on this one.	3/30/2021 12:56 PM
30	Find a way to show intangibles...School Resource officer one on one tutoring, etc.	3/30/2021 12:21 PM
31	How often the SRO is at the schools and if there is an increase or decrease of incidents while the SRO is present on campus.	3/30/2021 12:05 PM
32	N/A	3/30/2021 11:48 AM
33	Unnecessary	3/30/2021 11:44 AM
34	N/A	3/30/2021 11:40 AM
35	They are still cops, not teachers or counselors or best buddies. Let them do the job of a police officer	3/30/2021 11:16 AM
36	no	3/30/2021 11:03 AM
37	No	3/30/2021 10:23 AM
38	Do not have it at all	3/30/2021 9:59 AM
39	Is there a way to figure out when an SRO is called vs. when the school just handles it?	3/30/2021 9:49 AM
40	no	3/30/2021 9:16 AM
41	eliminate sro	3/30/2021 9:10 AM
42	no	3/29/2021 10:59 PM
43	No.	3/29/2021 5:59 PM
44	Most of the items listed as unnecessary are better captured in a different format other than a statistical dashboard or cannot be captured by a single source, thus making it unsustainable and will be inaccurate.	3/29/2021 9:37 AM
45	No	3/28/2021 1:29 AM
46	Not at this time.	3/27/2021 3:58 PM
47	No	3/27/2021 8:01 AM
48	No	3/26/2021 1:53 PM
49	no	3/26/2021 11:25 AM
50	There is a misguided idea that Kirkland SROs follow a "School to prison pipeline". It is recommended that council members actually tie in with the SRO program and get factual insight into it.	3/26/2021 9:47 AM
51	No.	3/26/2021 9:19 AM
52	no	3/26/2021 8:57 AM
53	I would like to see a yearly review by citizen's board (e.g. some with school kids, some without school kids) to really help to validate this is a good use of taxpayer funds.	3/25/2021 9:42 PM
54	No	3/25/2021 9:39 PM
55	No	3/25/2021 9:01 PM
56	Not at this time.	3/25/2021 8:17 PM

How should the City of Kirkland show information about the Police Department, Human Resources, and Human Services?

57	Scrap it.	3/25/2021 8:12 PM
58	No	3/25/2021 7:50 PM
59	Is this really a city issue?, or a school district issue.	3/25/2021 7:06 PM
60	No	3/25/2021 7:06 PM
61	No	3/25/2021 7:04 PM
62	Not needed	3/25/2021 6:55 PM
63	Ensure students can anonymously submit feedback. Focus on student feedback - I'm not too far outside of high school and in my experience the students were regularly ignored by school administration and SROs	3/25/2021 11:21 AM
64	I'm not entirely clear on the intended outcomes of the SRO program. It would be helpful to clarify the purpose, and who is intended to benefit (for example, is an important metric the attitude of students toward LEOs? And isn't this primarily intended to benefit law enforcement?)	3/24/2021 11:59 PM
65	No	3/24/2021 9:43 PM
66	When asking students for their feedback on SROs, please remember to ask students from a place of truly wanting feedback, not from a place of justifying the program. Also, how will BIPOC students' surveys be more heavily weighted than everyone else, since those students are often the ones most impacted by SROs and who have already said, repeatedly, that they do not feel safe with police in schools?	2/9/2021 5:45 AM
67	I think it is very disturbing that the City leadership is not accepting the evidence and calls for investment in social workers and behavioral health to replace the City's investment in SROs.	2/8/2021 5:58 PM
68	no	2/8/2021 5:35 PM
69	You have to ensure there that BIPOC students and families report being comfortable and having ease of access to filing complaints.	1/31/2021 12:54 PM
70	Again, it's important to monitor all non-consensual encounters between people and SROs, regardless of outcome.	1/29/2021 2:33 PM
71	I remain conflicted about this dashboard as it is dealing with minors. I absolutely believe in data transparency, but if numbers are small it could result in privacy violations.	1/28/2021 9:06 PM
72	Get rid of SROs.	1/28/2021 6:45 PM

## Q13 Is there additional information you'd like included?

Answered: 88 Skipped: 117

#	RESPONSES	DATE
1	Not at this time	4/23/2021 11:41 PM
2	To me, the definition of a dashboard is a high level indicator - like the dashboard of a car - it doesn't tell you the oil pressure or water temperature. It is a snapshot providing a quick assessment of potential issues. This appears to be a full database containing all aspects of information relative to an incident NOT a dashboard. A dashboard should show trends over time so would ideally be graphical in presentation.	4/23/2021 8:01 PM
3	Employees of color in leadership positions. Employees of color with the power to influence policies.	4/23/2021 3:13 PM
4	Any info about relationships, family or connections with those doing business with the city. Any type of contractor, developers etc	4/22/2021 6:53 PM
5	No	4/22/2021 4:43 PM
6	No	4/22/2021 2:44 PM
7	The number of employees in leadership positions, and race/ethnicity/gender of them	4/22/2021 2:09 PM
8	I would like to see this information broken out into two populations based on whether the employee is a senior manager or above. Employees who have two or more levels of employees under them (not including internships) should be broken out from lower level employees. Basically, I want to know whether city leadership and senior managers reflect the diversity of the city as a whole. I would like to see a measure of the average turnover for employees (how many years an employee stays with the city on average) broken out by race, gender, and ethnicity.	4/19/2021 12:12 PM
9	Number of hours of training in anti-oppression and related fields employees have undergone. Demographic makeup of hiring teams Anti-bias measures built into hiring practices Other layers of intersectional identity (see Kimberlee Crenshaw for more information if you don't know what that means) of employees Process for reporting and investigating sexual misconduct and discriminatory practices, and data on those behaviors by people who work for the city	4/17/2021 8:15 AM
10	No	4/16/2021 5:08 PM
11	Is there any outreach to minority communities when jobs are posted?	4/16/2021 10:57 AM
12	No	4/15/2021 5:00 PM
13	I wonder whether it is legal to have the age of the city staffers be indicated.	4/14/2021 3:29 PM
14	no	4/13/2021 10:11 AM
15	No	4/10/2021 12:37 PM
16	Totally overboard.	4/9/2021 1:05 PM
17	Number of applicants selected (so we can see how many positions were posted, how many filled, and extrapolate on how many were left unfilled).	4/8/2021 12:59 PM
18	Disability status. Accommodations allowed and used.	4/8/2021 10:49 AM
19	Age demographics, education	4/8/2021 9:11 AM
20	sexual orientation; relative salaries by race, age group, gender, sexual orientation	4/7/2021 10:47 PM
21	no	4/7/2021 7:30 PM
22	no	4/7/2021 7:26 PM

How should the City of Kirkland show information about the Police Department, Human Resources, and Human Services?

23	Age distribution for employees, by department, and for the community	4/7/2021 5:22 PM
24	Accomplishments of the employees.	4/7/2021 5:16 PM
25	None	4/7/2021 4:47 PM
26	Separated is an odd word. There is a big difference between being fired, reassigned, and laid off. If I was laid off I wouldn't want to be lumped together with someone who was fired for bad behavior.	4/5/2021 7:54 AM
27	No	4/2/2021 5:05 PM
28	No	4/1/2021 11:52 AM
29	Does the; public really have to know the race of applicants for job openings.? Seems that post hiring the race can be listed.	4/1/2021 10:26 AM
30	no	4/1/2021 10:00 AM
31	no	3/31/2021 11:19 PM
32	# City events centered around a culture or religion. Christmas, Easter, compared to Chinese New Year, Juneteenth, Diwali.	3/31/2021 8:55 PM
33	No	3/31/2021 12:57 PM
34	no	3/31/2021 9:17 AM
35	no	3/30/2021 9:57 PM
36	For promotions and separations, the basic numbers are needed; not just the race / gender, etc. for these transistions. Data needs to be accumulated so that trends and be graphically displayed.	3/30/2021 5:31 PM
37	On the PD dashboard it lists Age and years of service, why not for the rest of the City employees, especially in the promotions tab.	3/30/2021 3:12 PM
38	How many internal or external complaints/investigations are made or conducted by HR? What is the nature of the allegation? What did HR do to remedy the situation? What is the age, race, gender, or ethnicity of the parties involved? How long have they been employed by the City? How many other complaints have the same people been involved in. The information included here only shows how many people of a certain race are hired our fired. It shows nothing about how they are treated as employees while they are here. The reason for the promotion, termination, or separation of any employee. The reasons should be clear because each of these things needs to be substantiated somehow.	3/30/2021 1:49 PM
39	Commute distance--whether the employees can afford to live in/near Kirkland	3/30/2021 1:48 PM
40	Race/ethnicity/gender identity by salary range and management level.	3/30/2021 12:58 PM
41	No	3/30/2021 12:22 PM
42	Biological sex of employees.	3/30/2021 12:07 PM
43	The number of minority applicants for positions open to the public	3/30/2021 11:58 AM
44	It should also show how many temp or part time workers.	3/30/2021 11:57 AM
45	N/A	3/30/2021 11:49 AM
46	No	3/30/2021 11:47 AM
47	N/A	3/30/2021 11:40 AM
48	Racial breakdown of county, region, and state and neighboring cities.	3/30/2021 11:29 AM
49	no	3/30/2021 11:04 AM
50	No	3/30/2021 10:28 AM
51	level of employee. Are all the managers White and lower level ones are BIPOC? That's not equality or equity.	3/30/2021 9:51 AM

How should the City of Kirkland show information about the Police Department, Human Resources, and Human Services?

52	no	3/30/2021 9:17 AM
53	yes	3/29/2021 11:00 PM
54	Full time versus part time employees. Pay levels and how they relate to other demographic data. Tenure....How long employees have worked for the city	3/29/2021 6:06 PM
55	Data should be kept on a continuing basis, the city should keep data available as long as possible. "Last two recruitment cycles" implies that 3 cycles from now, no data from today will be kept (in the hypothetical where we are currently tracking and publishing this.)	3/29/2021 5:38 PM
56	Similar information about the boards/commissions. Efforts to diversify.	3/29/2021 2:02 AM
57	No	3/28/2021 1:30 AM
58	I believe this is a good list, thank you.	3/27/2021 3:59 PM
59	Number of applicants meeting requirements of position being recruited for or to be filled by promotion	3/27/2021 8:09 AM
60	Age of population (community)	3/26/2021 6:34 PM
61	no	3/26/2021 11:29 AM
62	Race and gender of those applying to positions or those applying to promote.	3/26/2021 9:48 AM
63	No.	3/26/2021 9:20 AM
64	no	3/26/2021 8:58 AM
65	age, disability information	3/26/2021 7:27 AM
66	No	3/25/2021 9:40 PM
67	Reason for separation; for example, retirement, disciplinary, other.	3/25/2021 9:07 PM
68	I don't see meaningful value in quantifying race and gender, that has more to do with politics than recognizing and enjoying people for who they are. Race, ethnicity or gender has never factored in my appreciation for a fellow human being.	3/25/2021 8:23 PM
69	Date of original hire. City/county of residence.	3/25/2021 8:14 PM
70	Why do much effort for ethnicity on dashboard. Delete it and just hire qualified candidates.	3/25/2021 7:32 PM
71	Number of unfilled positions available.	3/25/2021 7:08 PM
72	Hiring practices and quotas/goals you have for hiring certain races and ethnicities.	3/25/2021 7:07 PM
73	The metrics need to be compared to the pool of possible employees -- the city population, the Eastside population, something to put them in context.	3/25/2021 7:06 PM
74	No	3/25/2021 7:06 PM
75	No	3/25/2021 6:56 PM
76	as long as 'prefers not to say' or 'irrelevant' is an option	3/25/2021 2:13 PM
77	it would be nice to see the data for management vs hourly employees	3/25/2021 12:01 AM
78	No	3/24/2021 9:44 PM
79	The salary	3/24/2021 1:41 PM
80	Links to city's equity gap analysis, efforts to diversify hiring practices, etc.	2/9/2021 5:46 AM
81	no	2/8/2021 8:04 PM
82	under city and department totals-- need to have a break down of management and non-management positions in addition to total numbers	2/8/2021 6:00 PM
83	no	2/8/2021 5:36 PM
84	no	1/31/2021 12:55 PM
85	Disaggregate all the race/ethnicity/gender statistics by seniority with the city. I'd venture that	1/29/2021 8:19 PM



How should the City of Kirkland show information about the Police Department, Human Resources, and Human Services?

more senior staff are more White than newer staff. Let us know by how much.

86	For hiring/promotion data, include any direct or familial connections between the hiree/promotee and any other city of Kirkland employee.	1/29/2021 2:33 PM
87	This is terrific!! I so applaud you!	1/28/2021 9:06 PM
88	n/a	1/28/2021 8:01 PM

## Q14 Is any of the information on the list unnecessary?

Answered: 72 Skipped: 133

#	RESPONSES	DATE
1	Not at this time	4/23/2021 11:41 PM
2	This should all be data that the city has collected for years if not decades. Summary trend data over time should be easily and inexpensively created. Is the intent to allow any resident of Kirkland to analyze the activities of each (or any) Kirkland department and launch accusatory lawsuits, public complaints, media investigations or other activities that incur significant city expense?	4/23/2021 8:01 PM
3	No	4/22/2021 6:53 PM
4	No	4/22/2021 2:44 PM
5	No	4/17/2021 8:15 AM
6	No	4/16/2021 5:08 PM
7	No	4/16/2021 10:57 AM
8	Yes Too revealing about candidates	4/15/2021 5:00 PM
9	No	4/14/2021 3:29 PM
10	I think it's all unnecessary. Are we promoting based on qualifications or on the basis of skin color or gender?	4/13/2021 10:11 AM
11	No	4/10/2021 12:37 PM
12	Yes	4/9/2021 1:05 PM
13	Ok	4/8/2021 9:11 AM
14	no	4/7/2021 10:47 PM
15	I would assume, that some would regard some items would be "private" questions	4/7/2021 7:30 PM
16	no	4/7/2021 7:26 PM
17	No	4/7/2021 5:16 PM
18	No	4/7/2021 4:47 PM
19	Why does race and gender matter so much? Shouldn't we just hire competent people?	4/7/2021 4:39 PM
20	No	4/2/2021 5:05 PM
21	This entire dashboard is racist and sexist.	4/1/2021 9:32 PM
22	No	4/1/2021 11:52 AM
23	as in the previous box	4/1/2021 10:26 AM
24	no	4/1/2021 10:00 AM
25	The race and ethnicity of city employees is no one's business. It also forces employees to choose one identity when they may have a varied background. Publishing this level of detail about public employees is highly offensive and unnecessary.	4/1/2021 9:24 AM
26	not sure	3/31/2021 11:19 PM
27	No	3/31/2021 8:55 PM
28	Why? Why does this information need to be updated and published on a website? The info can be avail upon request but this is way too much involvement.	3/31/2021 12:57 PM

How should the City of Kirkland show information about the Police Department, Human Resources, and Human Services?

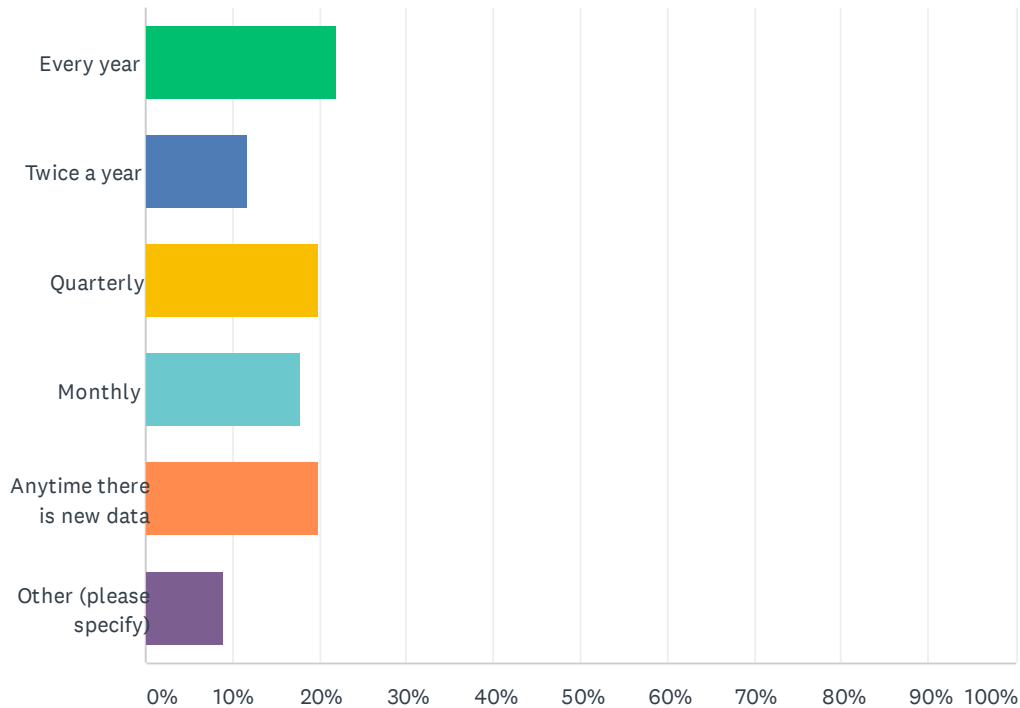
29	The race, ethnicity, gender, and gender identity of employees.	3/31/2021 9:17 AM
30	gender and race information is irrelevant	3/30/2021 9:57 PM
31	How many city employees , gender , race and the like .	3/30/2021 8:35 PM
32	Same question as to the objective of the dashboard. A dashboard is a summary of the status - a car dashboard shows speed, temperature, and overall operational status ("engine check"). Is that the intent here? Not clear. Trying to understand the equity efforts of the city is good, but not sure that it is something that needs to be displayed in a dashboard on an on-going basis. Is Kirkland attempting to provide a resource for researchers and those with "an ax to grind"?	3/30/2021 5:31 PM
33	The department where people are employed. This is supposed to represent the City of Kirkland as a whole. Why would one department be compared to another?	3/30/2021 1:49 PM
34	No	3/30/2021 1:48 PM
35	No	3/30/2021 12:22 PM
36	N/A	3/30/2021 11:49 AM
37	How can you read this and think it is OK? It reads like a bad page taken out of some crazy organizations racist literature - really. So bad.	3/30/2021 11:47 AM
38	N/A	3/30/2021 11:40 AM
39	Education Level of Each department,	3/30/2021 11:29 AM
40	All of this information is unnecessary	3/30/2021 11:22 AM
41	Promotion race, gender is unnecessary. Isn't creating a list separating the City employees by race a racist list?	3/30/2021 11:11 AM
42	no	3/30/2021 11:04 AM
43	I guess people want to know all this, but I hope that you choose the most qualified applicants and not just the ones who check off the identity boxes.	3/30/2021 10:28 AM
44	All of it is not necessary. Where is the privacy of the employees who may not want their information disclosed. If this is done you should check with each employee to see what gender, race they are at this time.	3/30/2021 10:02 AM
45	no	3/30/2021 9:17 AM
46	race	3/30/2021 9:13 AM
47	no	3/29/2021 11:00 PM
48	No.	3/29/2021 6:06 PM
49	This seems like a lot of demographics to track and present. How much staff time and resources will compiling and tracking this data take? Or will the city hire a consultant for this purpose and what will the cost of that be? I think money would be better spent supporting BIPOC in Kirkland in other ways. Some city data needs to be examined but this is totally overboard. Why is this level of detail needed? What questions are we asking this data to answer?	3/29/2021 2:02 PM
50	Employee Separations and anything therein. Employee Promotions and information therein.	3/29/2021 9:38 AM
51	This is all completely unnecessary. Hire the best and smartest people for the job, it shouldn't matter what race or ethnicity is.	3/28/2021 7:12 PM
52	No	3/28/2021 1:30 AM
53	Not at this time.	3/27/2021 3:59 PM
54	I personally believe in equality and each individual being treated fairly without bias for race, gender, religion, country of origin. Your identification seems to run the risk of encouraging not eliminating bias. The city truly needs to examine whether it is creating a "double edge sword" in its laudable goal to improve equality in Kirkland - not unintentionally promote it. I personally want to be judged on my abilities and accomplishment as an individual & not as a generic member of some group.	3/26/2021 11:29 AM

How should the City of Kirkland show information about the Police Department, Human Resources, and Human Services?

55	No.	3/26/2021 9:20 AM
56	no	3/26/2021 8:58 AM
57	No	3/25/2021 9:40 PM
58	No	3/25/2021 9:07 PM
59	Gender Identity	3/25/2021 8:29 PM
60	Subjective question!	3/25/2021 8:23 PM
61	No	3/25/2021 8:14 PM
62	Ethnicity	3/25/2021 7:32 PM
63	Yes, race/ethnic discriminatory. Until we start considering everyone human and people, racism will thrive. It doesn't matter!	3/25/2021 7:08 PM
64	No	3/25/2021 7:06 PM
65	No	3/25/2021 7:06 PM
66	All of it.	3/25/2021 6:56 PM
67	No	3/24/2021 9:44 PM
68	Nope	3/24/2021 1:41 PM
69	no	2/8/2021 8:04 PM
70	no	2/8/2021 5:36 PM
71	all necessary	1/31/2021 12:55 PM
72	n/a	1/28/2021 8:01 PM

## Q15 How often should this data be updated?

Answered: 146 Skipped: 59



ANSWER CHOICES	RESPONSES
Every year	21.92% 32
Twice a year	11.64% 17
Quarterly	19.86% 29
Monthly	17.81% 26
Anytime there is new data	19.86% 29
Other (please specify)	8.90% 13
<b>TOTAL</b>	<b>146</b>

#	OTHER (PLEASE SPECIFY)	DATE
1	Should this follow the recruitment cycles and be collected / updated at the end of each one?	4/14/2021 3:29 PM
2	Never	4/1/2021 9:32 PM
3	Should be updated as needed but not published online publically	3/31/2021 12:57 PM
4	Cost of providing the data and what is available electronically? What is the objective - and, if it is really to address trends within Kirkland, why is it only starting now? The city should have been considering these factors 30 years ago - that's when corporations had EEO managers.	3/30/2021 5:31 PM
5	Daily	3/30/2021 11:58 AM
6	Never on this one	3/30/2021 11:47 AM
7	Never	3/30/2021 11:22 AM

How should the City of Kirkland show information about the Police Department, Human Resources, and Human Services?

8	NEVER	3/30/2021 11:11 AM
9	Annually plus whenever there is new, important data.	3/29/2021 6:06 PM
10	Never	3/28/2021 7:12 PM
11	Here we go again.	3/25/2021 8:23 PM
12	Do we really need to spend our tax dollars on this?	3/25/2021 6:56 PM
13	Each recruitment cycle	2/9/2021 5:46 AM

## Q16 Any other suggestions about a Human Resources dashboard?

Answered: 59 Skipped: 146

#	RESPONSES	DATE
1	Not at this time	4/23/2021 11:41 PM
2	See above about how the data might be detrimental to both city staff and economics. Should proceed with caution.	4/23/2021 8:01 PM
3	API	4/22/2021 6:53 PM
4	No	4/22/2021 2:44 PM
5	When speaking about a person's gender, use the term "gender" as opposed to "gender identity" unless there is a specific situation where two closely related concepts like gender identity and gender expression are being discussed and you need to distinguish between the two. Saying that you are reporting an employee's "gender identity" subtly suggests that this is not the same thing as their "gender." It implies that "gender identity" is somehow different from true gender. If someone identifies as a man, then they are a man, and that is their gender. The same for other identities like non-binary, woman, genderqueer, etc. When speaking about gender, just say "gender." Thanks!	4/19/2021 12:12 PM
6	I'm curious about the money Kirkland spends on white men. What I mean by this is everything from employee paychecks to contracts given to products purchased. Data on the demographics of the wealth Kirkland is distributing matters.	4/17/2021 8:15 AM
7	This seems great. Thanks.	4/16/2021 5:08 PM
8	No	4/16/2021 10:57 AM
9	race and gender etc. of all contractors working for city and what they are doing. race and gender, etc of all temporary employees, length and type of temp. position and reason for temp vs perm employee	4/15/2021 8:21 PM
10	No	4/15/2021 5:00 PM
11	I think this info could be very helpful and enlightening!	4/14/2021 3:29 PM
12	Not sure this is necessary at all	4/13/2021 10:11 AM
13	Ridiculous.	4/9/2021 1:05 PM
14	Again, make sure that there are internal voices (city employees) to provide input as well as citizens	4/8/2021 12:59 PM
15	Ok	4/8/2021 9:11 AM
16	no	4/7/2021 10:47 PM
17	Could a couple of employees be highlighted so the community can get to know them better? Give the community an opportunity to relate to the employees?	4/7/2021 5:16 PM
18	No	4/2/2021 5:05 PM
19	This entire dashboard is racist and sexist.	4/1/2021 9:32 PM
20	No	4/1/2021 11:52 AM
21	no	4/1/2021 10:26 AM
22	no	4/1/2021 10:00 AM
23	By putting people into classifications or boxes, this may serve to only deepen divides at a time when we need to be united.	4/1/2021 9:24 AM
24	no	3/31/2021 11:19 PM

How should the City of Kirkland show information about the Police Department, Human Resources, and Human Services?

25	No	3/31/2021 8:55 PM
26	no	3/30/2021 9:57 PM
27	Same question - what is the question or objective that this is attempting to address.	3/30/2021 5:31 PM
28	No	3/30/2021 1:48 PM
29	N/A	3/30/2021 11:49 AM
30	This is by far the worst suggestion so far, terrible.	3/30/2021 11:47 AM
31	N/A	3/30/2021 11:40 AM
32	Why must every department be separated by race & gender? How is this information beneficial to Kirkland residents or workers? This breakdown seems to only push people further apart, not unite them.	3/30/2021 11:22 AM
33	no	3/30/2021 11:04 AM
34	No	3/30/2021 10:28 AM
35	no	3/30/2021 9:17 AM
36	the obsession with race will lead to further divide. the more you focus in how different people are rather than what they have in common you create hate and mistrust. race alone does not define the person	3/30/2021 9:13 AM
37	no	3/29/2021 11:00 PM
38	Something about productivity, excellence and recognition for accomplishing the requirements of the job. HR outreach for recruitment.	3/29/2021 6:06 PM
39	No	3/28/2021 1:30 AM
40	Not at this time.	3/27/2021 3:59 PM
41	I'd like to see population data for rentals vs owners and/or single family vs multifamily. Also years at that address.	3/26/2021 6:34 PM
42	no	3/26/2021 11:29 AM
43	No.	3/26/2021 9:20 AM
44	no	3/26/2021 8:58 AM
45	I would much rather like to understand how the city is efficiently using our tax dollars to decrease overall headcount, by using new technology. All I see is increases in city spending rather than operating like most business are forced to with an eye on the bottom line.	3/25/2021 9:45 PM
46	No	3/25/2021 9:40 PM
47	Reason for hire, for example; new position, replacement, internship	3/25/2021 9:07 PM
48	No.	3/25/2021 8:23 PM
49	How happy are the workers given by unbiased surveys.	3/25/2021 7:32 PM
50	No.	3/25/2021 7:08 PM
51	No	3/25/2021 7:06 PM
52	No	3/25/2021 7:06 PM
53	Not needed.	3/25/2021 6:56 PM
54	No	3/24/2021 9:44 PM
55	no	2/8/2021 8:04 PM
56	no	2/8/2021 5:36 PM
57	none	1/31/2021 12:55 PM



How should the City of Kirkland show information about the Police Department, Human Resources, and Human Services?

58	Are "separations" a combinations of retiring, quitting, and firing? Make that more clear.	1/29/2021 8:19 PM
59	n/a	1/28/2021 8:01 PM

## Q17 Is there additional information you'd like included?

Answered: 82 Skipped: 123

#	RESPONSES	DATE
1	Not at this time	4/23/2021 11:46 PM
2	To me, the definition of a dashboard is a high level indicator - like the dashboard of a car - it doesn't tell you the oil pressure or water temperature. It is a snapshot providing a quick assessment of potential issues. This appears to be a full database containing all aspects of information relative to an incident NOT a dashboard. A dashboard should show trends over time so would ideally be graphical in presentation.	4/23/2021 8:05 PM
3	How does the amount of funding for these programs compare to other City departments?	4/23/2021 3:13 PM
4	More specifics on the services provided	4/22/2021 6:55 PM
5	No	4/22/2021 2:44 PM
6	It may be useful to collect information on the housing status of the people served by grants. All organizations, even those not providing housing services, may serve both housed and unhoused people. It is useful to know how much of the city's grants are going to unhoused people, because this tells us whether our grant funds are addressing the housing crisis in our region.	4/19/2021 12:21 PM
7	Language data Anytime someone is out on a waitlist, or has to wait more than a week from the time they ask for help to the time someone contacts them, that should be counted and reported Data on how difficult the process to ask for help is for individuals Data on how much time and organizational resourcing must be allocated to securing funds	4/17/2021 8:19 AM
8	No	4/16/2021 5:09 PM
9	No	4/16/2021 10:57 AM
10	Teen hub closed rather than deal with racial issues. a real cop out by city. get this place going again with the black leaders. one racist thing you could fix right now	4/15/2021 8:23 PM
11	No	4/15/2021 5:01 PM
12	Seems very complete!	4/14/2021 3:32 PM
13	no	4/13/2021 10:12 AM
14	No	4/9/2021 1:06 PM
15	No	4/8/2021 1:01 PM
16	Disability status (disabled-led vs nondisabled-led orgs). Intersectionality of POC and disabled-led orgs, and services provided.	4/8/2021 10:52 AM
17	mental illness cases handled	4/8/2021 9:16 AM
18	Level of education	4/8/2021 9:14 AM
19	References to more detailed info about each grant such as grant proposal	4/7/2021 10:50 PM
20	Statistics regarding senior populations could be considered separately to give a view of older adult issues and problem solving involved. Just as other agencies are listed?	4/7/2021 7:33 PM
21	Info by neighborhood might be helpful, if relevant	4/7/2021 7:27 PM
22	Add "age" to outcomes reported	4/7/2021 5:28 PM
23	What resources are funded for continuing care after emergency needs are met	4/7/2021 5:18 PM
24	No	4/7/2021 4:47 PM

## How should the City of Kirkland show information about the Police Department, Human Resources, and Human Services?

25	Information on keeping fathers in the home. Fatherless households are the prime mover of social dysfunction.	4/7/2021 4:44 PM
26	Citizenship status Why avoid this topic? 1/4 of the people in Kirkland were born in another country	4/5/2021 8:01 AM
27	No	4/2/2021 5:05 PM
28	How to oppose future grants	4/1/2021 9:33 PM
29	Not at this time	4/1/2021 11:52 AM
30	Do seniors and the disabled need to be listed ?	4/1/2021 10:29 AM
31	Languages spoken	4/1/2021 10:01 AM
32	no	3/31/2021 11:20 PM
33	Tribal inclusion spending and reconciliation. City of Kirkland should make a better effort of land acknowledgement to the Duwamish	3/31/2021 8:57 PM
34	no	3/31/2021 12:59 PM
35	no	3/31/2021 9:18 AM
36	The percentage of the number of clients who are actually Kirkland residents as compared to the amount of money spent on the services.	3/30/2021 1:53 PM
37	Locations of city owned public housing and vacancy rate/wait list length	3/30/2021 1:51 PM
38	Women-led organization or not	3/30/2021 1:00 PM
39	Be certain to allow opportunity for all regardless of race	3/30/2021 12:22 PM
40	How funds are spread thru out the city.	3/30/2021 11:59 AM
41	N/A	3/30/2021 11:50 AM
42	No	3/30/2021 11:49 AM
43	MHP connected with the PD	3/30/2021 11:41 AM
44	Cost breakdown of all funds going to such services and where and how they are distributed. Also, cost breakdown of where the funds are coming from that go to the services. Also, how many times refusal for such programs has been made by a subject because they simply do not want any such services, though they would benefit from it.	3/30/2021 11:40 AM
45	no	3/30/2021 11:05 AM
46	No, but all this segregating people by race is turning back progress and creating divisions.	3/30/2021 10:32 AM
47	information about gender, not just race/ethnicity	3/30/2021 9:52 AM
48	no	3/30/2021 9:19 AM
49	% of funds that go to org overhead	3/30/2021 4:52 AM
50	yes	3/29/2021 11:01 PM
51	Outcomes should be recorded and reported according to all measurements, not just by race and ethnicity,	3/29/2021 6:09 PM
52	Straight success rate percentage and what are the exact metrics being measured? Who audits the program for efficiency? What are the benchmarks to be met in order to keep them program funded? Where is the grant coming from and who funds the grant?	3/28/2021 7:16 PM
53	No	3/28/2021 1:32 AM
54	1) How many individuals benefitted from each of the services provided because of the grant money provided and how (quantifiable statistics)? 2) How much, if any, of the grant money went unused and why, please? 3) How many jobs were created as a direct result of the services & funding provided? 4) How many people/families were able to find permanent housing as a direct result of the housing & homeless services provided?	3/27/2021 4:09 PM

How should the City of Kirkland show information about the Police Department, Human Resources, and Human Services?

55	No	3/27/2021 8:18 AM
56	Number of individuals and number of households served in the City Annually. Number of Impact areas, or Categories served by each agency.	3/26/2021 3:18 PM
57	no	3/26/2021 11:33 AM
58	If the City of Kirkland is funding programs there needs to be transparency on what these programs are actually doing.	3/26/2021 9:49 AM
59	No.	3/26/2021 9:21 AM
60	no	3/26/2021 8:59 AM
61	who determines award allocations how are awards determined disability and veteran status clients served	3/26/2021 7:30 AM
62	Substance abuse and treatment	3/26/2021 7:11 AM
63	How are these agencies giving back to the citizens as a whole? What are the positives coming out of this spend by the citizens.	3/25/2021 9:49 PM
64	No	3/25/2021 9:41 PM
65	Show if the grant amount is an increase or decrease from prior year and the justification.	3/25/2021 9:11 PM
66	Race/Ethnicity makeup of the area served.	3/25/2021 8:41 PM
67	....	3/25/2021 8:25 PM
68	Compliance with grant directives (Are grant funds being used appropriately/as represented?)	3/25/2021 8:16 PM
69	This needs to be presented in context of the population. For example, do we fund a white-run organization because it is the only organization that provides that service? For clients, needs to be compared to the total population of the city.	3/25/2021 7:11 PM
70	No.	3/25/2021 7:10 PM
71	Yes, what's being done based off the metrics that arise.	3/25/2021 7:09 PM
72	No	3/25/2021 7:07 PM
73	Last years vs current yrs funding	3/25/2021 6:57 PM
74	No	3/24/2021 9:46 PM
75	It would be good to have a historical perspective - to see how funding of human services in Kirkland has evolved (and will continue to evolve) over time.	2/9/2021 5:51 AM
76	How does this relate to county-level services?	2/8/2021 8:05 PM
77	no	2/8/2021 5:39 PM
78	looks good!	1/31/2021 12:56 PM
79	Overall budget of each org and what % of their budget the grant from Kirkland represented. How much they have received in grants in the last 10 years.	1/29/2021 8:21 PM
80	Look for the intersections of identity that leave people out, such as women-owned overall and POC women-owned businesses.	1/29/2021 2:33 PM
81	At the minute I can't think of any. Kirkland has put so much work into all this and it shows. I am close to tears as I think of your city taking the moment to realize "history has its eyes on you." Your great listening so far is making a difference. Don't worry if it's perfect. It so much better than stagnating in place, refusing to change and thus continuing harm. Keep it up, persevere through critique.	1/28/2021 9:10 PM
82	Funding for each year up until this year for each agency	1/28/2021 8:02 PM

## Q18 Is any of the information on the list unnecessary?

Answered: 60 Skipped: 145

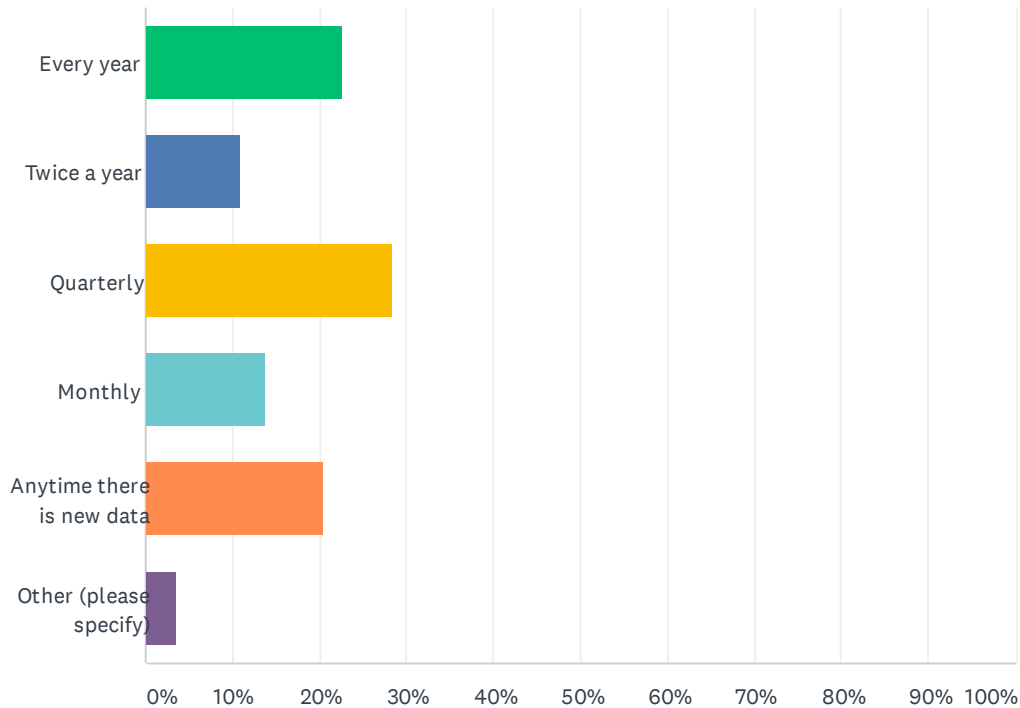
#	RESPONSES	DATE
1	Not at this time	4/23/2021 11:46 PM
2	No	4/22/2021 6:55 PM
3	No	4/22/2021 2:44 PM
4	No	4/17/2021 8:19 AM
5	No	4/16/2021 5:09 PM
6	No	4/16/2021 10:57 AM
7	Question if this info is accurate	4/15/2021 5:01 PM
8	None	4/14/2021 3:32 PM
9	no	4/13/2021 10:12 AM
10	Most	4/9/2021 1:06 PM
11	not sure	4/8/2021 1:01 PM
12	Ok	4/8/2021 9:14 AM
13	no	4/7/2021 10:50 PM
14	no	4/7/2021 7:33 PM
15	don't know	4/7/2021 7:27 PM
16	No	4/7/2021 5:18 PM
17	No	4/7/2021 4:47 PM
18	Racial data. Any program offered by city should be available to all.	4/3/2021 9:15 AM
19	No	4/2/2021 5:05 PM
20	I don't think so	4/1/2021 11:52 AM
21	no	4/1/2021 10:29 AM
22	no	4/1/2021 10:01 AM
23	no	3/31/2021 11:20 PM
24	No	3/31/2021 8:57 PM
25	This oversight makes me want to leave this city.	3/31/2021 12:59 PM
26	no	3/31/2021 9:18 AM
27	Race / gender	3/30/2021 8:36 PM
28	Would the "served" population provide feedback on How Well They Are Served? What other cities have this and do they get real feedback, or just complaints?	3/30/2021 3:14 PM
29	How well they were served. This is too subjective to an individual. A program will speak for itself if the participants are being provided for based on what the program has to offer.	3/30/2021 1:53 PM
30	No	3/30/2021 1:51 PM
31	No	3/30/2021 12:22 PM

How should the City of Kirkland show information about the Police Department, Human Resources, and Human Services?

32	N/A	3/30/2021 11:50 AM
33	Anything identifying race	3/30/2021 11:49 AM
34	N/A	3/30/2021 11:41 AM
35	no	3/30/2021 11:05 AM
36	No	3/30/2021 10:32 AM
37	no	3/30/2021 9:19 AM
38	no	3/29/2021 11:01 PM
39	no	3/29/2021 6:09 PM
40	No	3/28/2021 1:32 AM
41	No; it's a good list to start.	3/27/2021 4:09 PM
42	Funding and other support should be based on need not race/ethnicity; this data will lead to comparisons that invariably lead to failure to support true need in our community.	3/27/2021 8:18 AM
43	Again once the city focuses exclusively on race that can cause as many problems as it is trying to solve. The goal should be equality with resources distributed on the basis of need, not skin color. I absolutely NEVER want Kirkland to turn down or turn away anyone because of their race, religion, country of origin, etc. Make absolute positive that the city doesn't replace one form of discrimination with another. No form of racism or prejudice is acceptable for anyone.	3/26/2021 11:33 AM
44	No.	3/26/2021 9:21 AM
45	no	3/26/2021 8:59 AM
46	I feel this will not give equal footing to everyone, and that special interest groups who serve underrepresented communities will get preference. What does the average citizen who actually pays these taxes get as a benefit from this program? You have to tie our money back to how it is benefitting everyone.	3/25/2021 9:49 PM
47	No	3/25/2021 9:41 PM
48	No	3/25/2021 9:11 PM
49	....	3/25/2021 8:25 PM
50	No	3/25/2021 8:16 PM
51	Less people of color. White is not the absence of color its all the colors. Seeing so much targeting color is wrong. Treat everyone the same.	3/25/2021 7:35 PM
52	We should not need to collect data on who runs the organization AT ALL. What's the definition of a POC-run organization, anyway? How many of the board members need to be POC for it to be "POC-run"? Do we go back to Louisiana law where if you are 1/32nd Black then you are Black? It's a huge can of worms to label organizations this way.	3/25/2021 7:11 PM
53	Yes - race/ethnic discriminators.	3/25/2021 7:10 PM
54	No	3/25/2021 7:07 PM
55	No	3/25/2021 6:57 PM
56	No	3/24/2021 9:46 PM
57	no	2/8/2021 8:05 PM
58	no	2/8/2021 5:39 PM
59	all necessary	1/31/2021 12:56 PM
60	n/a	1/28/2021 8:02 PM

## Q19 How often should this data be updated?

Answered: 137 Skipped: 68



ANSWER CHOICES	RESPONSES
Every year	22.63% 31
Twice a year	10.95% 15
Quarterly	28.47% 39
Monthly	13.87% 19
Anytime there is new data	20.44% 28
Other (please specify)	3.65% 5
<b>TOTAL</b>	<b>137</b>

#	OTHER (PLEASE SPECIFY)	DATE
1	I don't know	3/31/2021 12:59 PM
2	Daily	3/30/2021 11:58 AM
3	whenever it should be updated plus annually	3/29/2021 6:09 PM
4	Would not report this data	3/27/2021 8:18 AM
5	I guess how meaningful is this and for whom?	3/25/2021 8:25 PM

## Q20 Any other suggestions about a Human Services dashboard?

Answered: 58 Skipped: 147

#	RESPONSES	DATE
1	Not at this time	4/23/2021 11:46 PM
2	How are changes as to which agencies are funded or what services that are supported incorporated into the data? Might be very problematic. This one appears to be marginal in terms of benefit for the cost to create and maintain. What is the objective of sharing the data is some sort of summary - as compared to what is already available publically.	4/23/2021 8:05 PM
3	API	4/22/2021 6:55 PM
4	No	4/22/2021 2:44 PM
5	Again, I'd recommend using the term "gender" as opposed to "gender identity".	4/19/2021 12:21 PM
6	No	4/17/2021 8:19 AM
7	No	4/16/2021 5:09 PM
8	No	4/16/2021 10:57 AM
9	teen union building!!! on dashboard.	4/15/2021 8:23 PM
10	No	4/15/2021 5:01 PM
11	None	4/14/2021 3:32 PM
12	No	4/9/2021 1:06 PM
13	Ensure input from internal city employees as well as citizens	4/8/2021 1:01 PM
14	Number of intakes for each service	4/8/2021 9:14 AM
15	no	4/7/2021 10:50 PM
16	no	4/7/2021 7:33 PM
17	Do these programs need volunteers?	4/7/2021 5:18 PM
18	Mental health services and drug abuse are more important than racial/gender inequity issues. They are a root cause of inequity and homelessness. Treat the cause, not the symptom.	4/7/2021 4:44 PM
19	No	4/2/2021 5:05 PM
20	I am shocked to learn that we waste money on these things	4/1/2021 9:33 PM
21	No	4/1/2021 11:52 AM
22	no	4/1/2021 10:01 AM
23	Again, it seems like there is a tremendous emphasis on race when many have diverse backgrounds.	4/1/2021 9:25 AM
24	no	3/31/2021 11:20 PM
25	No	3/31/2021 8:57 PM
26	No.	3/31/2021 12:59 PM
27	If 0, how come we don't got city-owned public housing.	3/30/2021 1:51 PM
28	N/A	3/30/2021 11:50 AM
29	Not as bad as the other suggestions.	3/30/2021 11:49 AM
30	N/A	3/30/2021 11:41 AM



How should the City of Kirkland show information about the Police Department, Human Resources, and Human Services?

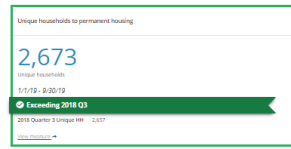
31	More segregation. Why must human services be split between POC and non POC? Perhaps I am missing something here, but this sounds racist. JUST HAVE ONE GROUP TO HELP PEOPLE IN NEED, no need to separate by race.	3/30/2021 11:24 AM
32	no	3/30/2021 11:05 AM
33	Critical race theory seems to be underpinning the Kirkland government. It is a divisive theory, not fact, and there is mounting evidence that it leads to conflict, hatred, and worse outcomes for everyone, including minorities.	3/30/2021 10:32 AM
34	no	3/30/2021 9:19 AM
35	no	3/29/2021 11:01 PM
36	no	3/29/2021 6:09 PM
37	No	3/28/2021 1:32 AM
38	Not at this time.	3/27/2021 4:09 PM
39	Funding for and results of individual programs to help those in need without regard to racial/ethnicity.	3/27/2021 8:18 AM
40	Human Service Partnerships within the city. This might be other City, or County wide agencies, other NPO's not receiving grants, Faith based institutions or groups, that support the NPO's receiving Grants.	3/26/2021 3:18 PM
41	no	3/26/2021 11:33 AM
42	No.	3/26/2021 9:21 AM
43	no	3/26/2021 8:59 AM
44	There needs to be a lot more outreach as to why the average citizen should help raise up the "under served" when most of us have to bootstrap ourselves each and every day. There is a balancing act that is needed, and not throwing tax payer money at something, just to make a dashboard look good.	3/25/2021 9:49 PM
45	No	3/25/2021 9:41 PM
46	No	3/25/2021 9:11 PM
47	No	3/25/2021 7:11 PM
48	discriminatory.. more to support the working poor, regardless of race, ethnicity or gender.	3/25/2021 7:10 PM
49	No	3/25/2021 7:07 PM
50	No	3/25/2021 6:57 PM
51	Focus on homelessness/housing, this will likely be a huge issue in the coming years	3/25/2021 11:25 AM
52	No	3/24/2021 9:46 PM
53	Should be updated in real time.	3/24/2021 1:43 PM
54	I think these dashboards need to be an entry point for action. So, for Human Services, I would hope that there would be a way to learn more about the agencies and organizations funded (from a perspective of a volunteer? a community member in need and looking for help?). Also, this might be a good place to link to the Human Services Board and their work.	2/9/2021 5:51 AM
55	no	2/8/2021 8:05 PM
56	no	2/8/2021 5:39 PM
57	none	1/31/2021 12:56 PM
58	n/a	1/28/2021 8:02 PM

## Deliver services that make a difference in people's lives

What we track: Make homelessness Rare, Brief, and a Non-recurring experience

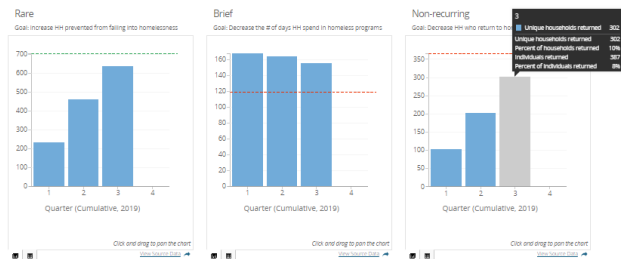
Why is this important?

HSD's Homeless Strategy and Investment (HSI) division invests in programs that focus on assisting people to secure permanent housing and end their experience of homelessness. Services are provided in three investment areas – prevention, emergency response, and housing. Agency provider partners that receive City funds assist people who are at imminent risk of falling into homelessness, or who are living without housing. In 2018, these programs served over 25,000 households in the homeless services system.



Hover over to see our data about how we are making homelessness Rare, Brief and Non-recurring

For complete definitions of each measure, please refer to the "How we measure" section below the graphs. Please note that Households have been abbreviated as HH. Each quarter is cumulative of all previous quarters. For example, Quarter 3 represents data for quarters one through three (1/1/2019 - 9/30/2019).



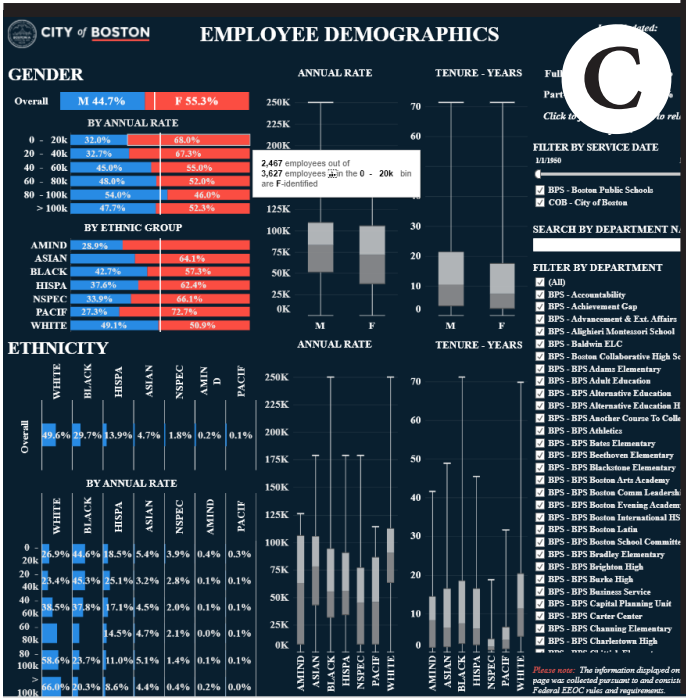
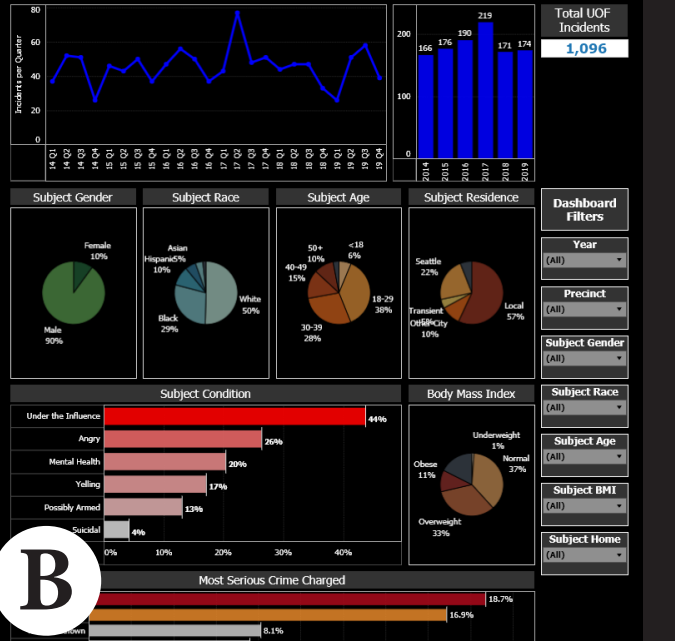
How we measure:

The City of Seattle aims to make the experience of homelessness **rare**, **brief**, and **non-recurring**. These measures provide data on unduplicated households and individuals to see how well we are doing to prevent people from becoming homeless (**rare**), minimize amount of time people experience homelessness (**brief**), support people to maintain stable housing and not return to homelessness (**non-recurring**).

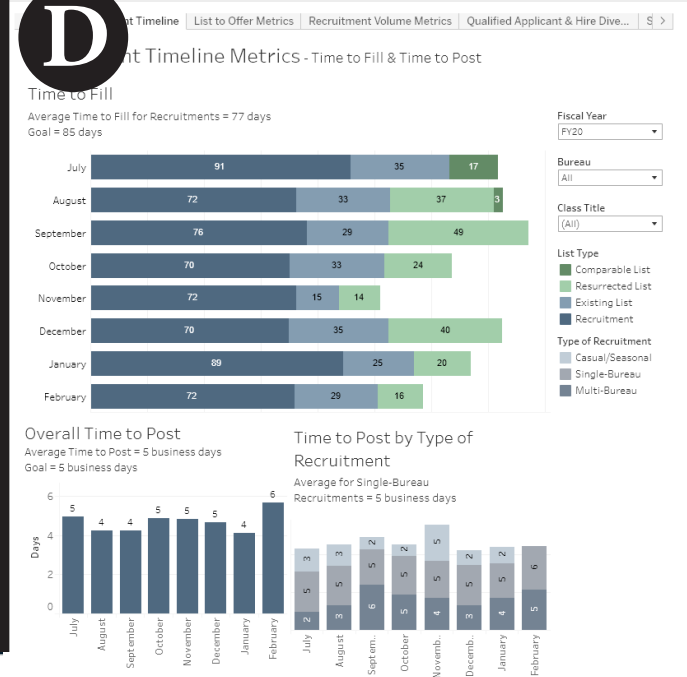
**Rare:** Unduplicated number and percent of households and individuals prevented from falling into homelessness. The total number of people who enrolled in a Seattle-funded prevention program and did not fall into homelessness.



## Use of Force Subject Characteristics

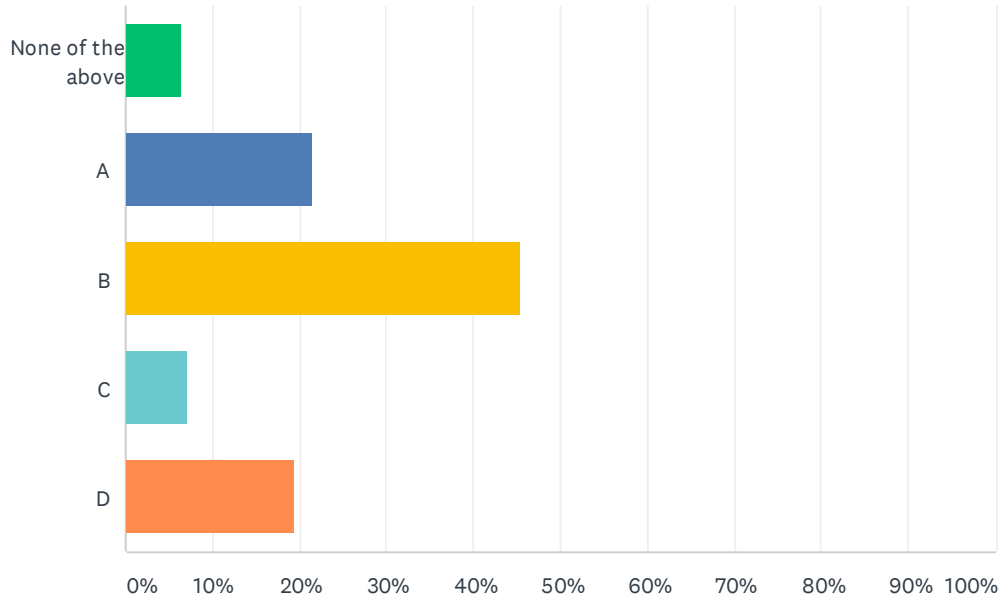


## Public Human Resources Analytics Dashboard – Excluding Portland Police Bureau



### Q21 Which of the example dashboards do you think displays data in the best way?

Answered: 139 Skipped: 66



ANSWER CHOICES	RESPONSES
None of the above	6.47% 9
A	21.58% 30
B	45.32% 63
C	7.19% 10
D	19.42% 27
TOTAL	139

## Q22 Why do you think so?

Answered: 126 Skipped: 79

#	RESPONSES	DATE
1	Simple and less cluttered. You don't get overwhelmed with information	4/23/2021 11:48 PM
2	Gives all relevant statistical data: mean, median, mode and range. Uses color to advantage. Still need to think about the objective of the dashboard: what is it designed to do? What information is intended to be provided. Has a focus group reviewed an example and thought through what the residents of Kirkland are looking for? These example are full databases - not dashboards and it is not clear that all of the information being collected needs to be displayed on a dashboard.	4/23/2021 8:11 PM
3	The dashboard should cater to the least technical resident. All these seem like information overload.	4/23/2021 3:20 PM
4	Appears to have more data and easier to read	4/22/2021 6:56 PM
5	Clear graphs, not too cluttered	4/22/2021 5:05 PM
6	Not too much data but still enough. UI is pleasing and not too minutely detailed. Colors are not overwhelming.	4/22/2021 4:44 PM
7	Easy to read pie charts	4/22/2021 2:46 PM
8	It's quantitative, yet not too much data/charts. The white background makes it easy to read.	4/22/2021 2:12 PM
9	The goal of a dashboard is not to simply present data, but to give a quick, clear summary of whether the city is meeting its goals. None of the examples given include clear indications of whether goals are being met. I'm looking for visual elements like: comparing actual numbers vs. benchmark numbers & goals, red/yellow/green indicators to show which things are going well, or an overall summary of the city's score (as a rating from 1-10, or a letter grade). These key indicators should be close to the top of our dashboard, with general data presented later.	4/19/2021 12:32 PM
10	Without a chance to use the dashboard and provide feedback, I'm not endorsing any of them. But A was too text heavy, C was too busy, and D appeared to display all data the same way, regardless of context or clarity	4/17/2021 8:23 AM
11	I don't feel strongly about these. I suggest you test with perhaps a young population and an older population and a population of English language learners. I'm a middle aged educated person and can use whatever someone less equipped to understand the dashboards will find the most ease with.	4/16/2021 5:12 PM
12	It's the most simple	4/16/2021 10:58 AM
13	others too busy	4/15/2021 8:27 PM
14	Data is presented in a manner that is easy to digest.	4/15/2021 5:22 PM
15	Simple, graphical, I assume there would be words behind the graphs for drill down detail, but for a top level view it's nicely uncluttered.	4/15/2021 5:16 PM
16	Not too dense, includes explanatory text	4/15/2021 5:12 PM
17	Readable, with graphs On white	4/15/2021 5:01 PM
18	It is easy to read and visually pleasing. Rating the four offerings from high to low ...B, D, C, A	4/14/2021 3:38 PM
19	large graphics, easy to read, and drop downs are user friendly.	4/13/2021 11:58 AM
20	it seems the most clear	4/13/2021 10:13 AM
21	Enough but not too much information	4/10/2021 8:35 PM
22	Option B is clean to read and understand.	4/10/2021 12:39 PM

## How should the City of Kirkland show information about the Police Department, Human Resources, and Human Services?

23	Digestible, but an unnecessary amount of data is included.	4/9/2021 1:06 PM
24	It is the simplest. Simple will be important for people to be able to read, interpret and (potentially) act on the data.	4/8/2021 1:05 PM
25	Simplified, clearer presentation	4/8/2021 9:18 AM
26	easier to read	4/8/2021 9:17 AM
27	cleaner and simpler	4/7/2021 10:54 PM
28	easier to read	4/7/2021 7:35 PM
29	Clean and easy to read; printable if needed (others have too much color and use too much ink if someone wants to print them); less busy and overwhelming-looking than the other views.	4/7/2021 7:29 PM
30	Aesthetically most pleasing, clearest presentation of information	4/7/2021 5:31 PM
31	I like the information presented in graph form with not a lot of written information all around it. D appears to be the most straight forward website	4/7/2021 5:21 PM
32	Easy to understand information at a glance.	4/7/2021 4:48 PM
33	Fewer words. More charts. Wordy dashboards are confusing. A picture is worth 1000 words.	4/7/2021 4:46 PM
34	chart	4/7/2021 4:29 PM
35	I have a reading disability. Hands down number B is the best. I like the color differences, the pie charts, the graph and the general simplicity. The filters let you choose what you want to look at so you are not looking at too much at once	4/5/2021 8:09 AM
36	Easiest to read.	4/3/2021 9:16 AM
37	Aesthetic design displays info in an organized and easy to digest manner.	4/2/2021 5:08 PM
38	It looks better	4/1/2021 9:34 PM
39	Use of color, choice of charts.	4/1/2021 3:42 PM
40	It's easier to grasp. But I like the darker backgrounds	4/1/2021 11:53 AM
41	Seems specific	4/1/2021 10:59 AM
42	easier to read per category	4/1/2021 10:32 AM
43	Filters allow customization and isolating data. For general populace pie charts may be easier to digest than box plots, especially for the data provided.	4/1/2021 10:09 AM
44	Easier to compare data	4/1/2021 10:08 AM
45	Easier to read - visuals like the pie charts are helpful.	4/1/2021 10:04 AM
46	Pie charts	4/1/2021 9:26 AM
47	Data easy to see with coloration. Pie charts are easy to read rather than bar graphs.	3/31/2021 11:21 PM
48	Easier to digest and decipher	3/31/2021 9:01 PM
49	It's not as complicated to look at. B and D appear to be too "busy" for most people.	3/31/2021 5:03 PM
50	Visually striking	3/31/2021 9:20 AM
51	Easy to navigate .	3/30/2021 8:38 PM
52	Easy visuals	3/30/2021 3:19 PM
53	At a glance easier to read, pie graphs are easier than vert or horizontal bars mixed in with linear type/text data.	3/30/2021 3:16 PM
54	They are all too confusing, and they don't convey any reasoning for why numbers may be high or low.	3/30/2021 1:58 PM
55	More information, and context	3/30/2021 1:52 PM
56	much less confusing -graphically more appealing and straight forward.	3/30/2021 1:03 PM

How should the City of Kirkland show information about the Police Department, Human Resources, and Human Services?

57	Filters on the right to get to specifics	3/30/2021 12:44 PM
58	Interactive content	3/30/2021 12:23 PM
59	It puts all the information together in the pie graphs to show specifics percentages related to each topic as a whole.	3/30/2021 12:15 PM
60	More info, better understanding, proportions, and a quicker read.	3/30/2021 12:01 PM
61	It is easy to visualize and understand	3/30/2021 11:59 AM
62	Cleanest, easiest to follow for people not used to combing through Excel or SAP style data. Still unnecessary	3/30/2021 11:55 AM
63	Visually appealing and easy to understand.	3/30/2021 11:51 AM
64	easy to read for lowest caliber human.	3/30/2021 11:44 AM
65	Better layout of data	3/30/2021 11:42 AM
66	It appears the easiest to read.	3/30/2021 11:25 AM
67	Based on the examples, it appears to be the easiest to view and compare.	3/30/2021 11:14 AM
68	Easier to read	3/30/2021 11:11 AM
69	easier to read	3/30/2021 11:07 AM
70	There isn't too much information on the page	3/30/2021 9:54 AM
71	It's easier to read and the information is more dynamic.	3/30/2021 9:49 AM
72	some explanation, some data/graphs	3/30/2021 9:24 AM
73	too busy	3/30/2021 9:15 AM
74	The page looks cleaner and readable.	3/30/2021 9:05 AM
75	perceptual intuition	3/29/2021 11:02 PM
76	The others have too much data and are hard to read.	3/29/2021 6:13 PM
77	It is hard to see what they actually are presenting as I could not enlarge the images to make them readable. The dashboard should provide context to the data and be simple to understand and not cram too much into one page.	3/29/2021 2:08 PM
78	Easiest to read	3/29/2021 12:57 PM
79	Less is more. Grouping related information into separate tabs instead of cramming everything onto one page is better in my opinion.	3/29/2021 9:51 AM
80	Pie charts are easier to read than bar charts	3/29/2021 8:05 AM
81	Use of simple visuals can better communicate high amounts of information.	3/29/2021 2:08 AM
82	The design should be determined by usability studies, clarity of the information and ease of interpretation, not an incomplete visual.	3/28/2021 7:20 PM
83	Clear and allows filters	3/28/2021 1:34 AM
84	B, C & D (in that specific order) are my preferred scorecard formats for absorbing comprehensive data. I like that they all provide the ability to filter, if needed. Illustration A is too wordy and I don't believe many people will take the time to digest the data. People are busy and want quick hits which illustration A fails to provide.	3/27/2021 4:21 PM
85	It seems clear without being crowded.	3/26/2021 7:49 PM
86	It's the most visual display of data. It has the time series graph, which conveys the trend over time.	3/26/2021 6:40 PM
87	Easy to read, amount of information covered	3/26/2021 6:18 PM
88	Has a more positive feel	3/26/2021 5:42 PM

How should the City of Kirkland show information about the Police Department, Human Resources, and Human Services?

89	Clear visual representation of data.	3/26/2021 3:20 PM
90	Easier to read and interpret data	3/26/2021 11:35 AM
91	Color scheme. Easy to understand pie charts and graphs.	3/26/2021 9:50 AM
92	Various charts in a variety of colors. Black/darker background makes it easier to look at	3/26/2021 9:36 AM
93	I like the layout.	3/26/2021 9:22 AM
94	Simple graphics.	3/26/2021 9:07 AM
95	Easy to read data and not an information overload	3/26/2021 9:02 AM
96	Choice "B" appears to be the most graphical reflection of the data (although this comparison would have more meaningful if the SAME information was displayed 4 different ways so we could choose appropriately.	3/26/2021 8:39 AM
97	I do not like the black background, and the page is too busy, but I think pie charts and line graphs are easiest to understand.	3/26/2021 7:14 AM
98	Shows the level of detail that can assist in understanding if tax payer money is being well utilized. Helps to understand which jobs can be outsourced to a more cost efficient location (this is what happens in the public sector). People in government should be under the same pressures as those of us in the public sector.	3/25/2021 9:52 PM
99	More familiar	3/25/2021 9:43 PM
100	Do not like the black background and am use to a vertical presentation (A) of data versus horizontal (D.) B and C are very busy but I do like the the graph in the top left corner of B.	3/25/2021 9:18 PM
101	It seems the simplest.	3/25/2021 8:42 PM
102	I can't answer objectively, info not as relevant to me as it might be for others.	3/25/2021 8:27 PM
103	It offers different options for visualizing data. Not too cluttered. "A" is over-simplified, "C" is horrible to read.	3/25/2021 8:23 PM
104	Easy to read.	3/25/2021 7:37 PM
105	Contrast is easy to read. And simple to follow.	3/25/2021 7:25 PM
106	Less clutter.	3/25/2021 7:12 PM
107	Simple, easy to understand. Printable.	3/25/2021 7:11 PM
108	Asking this question in this manner indicates you don't know what you're doing with the design of the dashboard.	3/25/2021 7:11 PM
109	Easier on the eye (not harsh) while providing ample data.	3/25/2021 7:08 PM
110	Easier to follow. Not too busy	3/25/2021 6:58 PM
111	light background, less busy, D is good too	3/25/2021 2:14 PM
112	Clearest colors and graphs. Black background very strident.	3/25/2021 12:40 PM
113	Conveys information clearly with commonly used chart types. I'd personally prefer a dark theme with similar charts/graphs	3/25/2021 11:28 AM
114	it is easier to view and not too text-heavy	3/25/2021 12:04 AM
115	It was the easiest to read & look at visually (e.g., did not have too many graphs/too much information on one page). It provided additional information that explained what was being measured, why, & how.	3/24/2021 9:51 PM
116	Easy to understand	3/24/2021 1:43 PM
117	Lots of types of data presented, but presented quite simply.	2/8/2021 8:07 PM
118	my head does not hurt when I look at the page. I see narrative explanation and a limited amount of information. In addition the white background is easier to read.	2/8/2021 6:03 PM
119	For me it was easier to understand and to look for the information	2/8/2021 5:40 PM

How should the City of Kirkland show information about the Police Department, Human Resources, and Human Services?

120	mostly graphics. Lots of "clear" space so that it's easier to read.	1/31/2021 12:59 PM
121	Cleanest visuals. Seems to have simple drop-downs available for seeing different views of the data.	1/29/2021 8:23 PM
122	Clearest - not too busy like some other choices. Like pie charts.	1/29/2021 3:59 PM
123	prefer a white background, but prefer the robust filtering capability of B	1/29/2021 2:39 PM
124	The variety of ways of illustrating numbers is nice. Having said that, I really love how A has "nudge" or educational info embedded, e.g. "make homelessness rare, brief and non-recurring. Actually, if you have not read the book Nudge, by Richard Thaler, I would recommend it. It's about behavioral economics. One result is that many government entities have 'nudged' their policies.	1/28/2021 9:16 PM
125	Lighter colors, text kept to one section graphs to another section.	1/28/2021 8:03 PM
126	easiest to read	1/28/2021 6:24 PM



## Q23 Any other suggestions about the look and feel of dashboards?

Answered: 74 Skipped: 131

#	RESPONSES	DATE
1	Do not use black/dark themes, looks foreboding	4/23/2021 11:48 PM
2	Still need to think about the objective of the dashboard: what is it designed to do? What information is intended to be provided. Has a focus group reviewed an example and thought through what the residents of Kirkland are looking for? These example are full databases - not dashboards and it is not clear that all of the information being collected needs to be displayed on a dashboard.	4/23/2021 8:11 PM
3	Consider a basic and advanced view to be flexible to residents.	4/23/2021 3:20 PM
4	It would be good if the dashboard could synthesize data to help answer important questions. I'm not seeing that here, but they are hard to read on my screen	4/22/2021 8:52 PM
5	No	4/22/2021 6:56 PM
6	Keep it simple. Minimize whiz-bang tech that just gets in the way.	4/22/2021 5:05 PM
7	C was confusing	4/22/2021 2:46 PM
8	A white background is generally better to create the impression of open space and make people feel like the page is less busy and overwhelming. Pie charts are usually not the best way to present data and should be avoided. Bar charts are almost always better and easier to read. Tables are an under-appreciated way to present data and can be the most effective way to summarize numbers. Simply presenting numbers without a visualization is clear and easy to understand in situations where the numbers themselves are meaningful to people.	4/19/2021 12:32 PM
9	Ask middle school students to test it. They'll find what is difficult and/or unclear about it. If it's difficult and/or unclear to them, it's not accessible to all tax payers in Kirkland	4/17/2021 8:23 AM
10	Lee data separate for easier reading	4/16/2021 10:58 AM
11	teen union bldg issue needs to be resolved asap. big racist blunder closing that down. the optics are horrible! show that you care about teens of color by reopening this center	4/15/2021 8:27 PM
12	No	4/15/2021 5:01 PM
13	White background with pie charts and stats	4/15/2021 1:44 PM
14	None	4/14/2021 3:38 PM
15	Make dashboards viewable with dark or light background as a choice?	4/10/2021 8:35 PM
16	No	4/9/2021 1:06 PM
17	Perhaps one overall chart with high level data, with other charts with breakouts of the key categories.	4/8/2021 1:05 PM
18	Meaningful accessibility, both for disabled users (not simply ADA compliant but meaningfully accessible in plain language and easy to navigate, screen reader friendly).	4/8/2021 10:54 AM
19	More cumulative data, less detail Higher contrast in data presentation	4/8/2021 9:18 AM
20	C is over crowded	4/7/2021 10:54 PM
21	no	4/7/2021 7:35 PM
22	It seems easier to read.	4/7/2021 6:04 PM
23	Add links to see more thorough explanations of information on the graphs.	4/7/2021 5:21 PM
24	No	4/2/2021 5:08 PM

## How should the City of Kirkland show information about the Police Department, Human Resources, and Human Services?

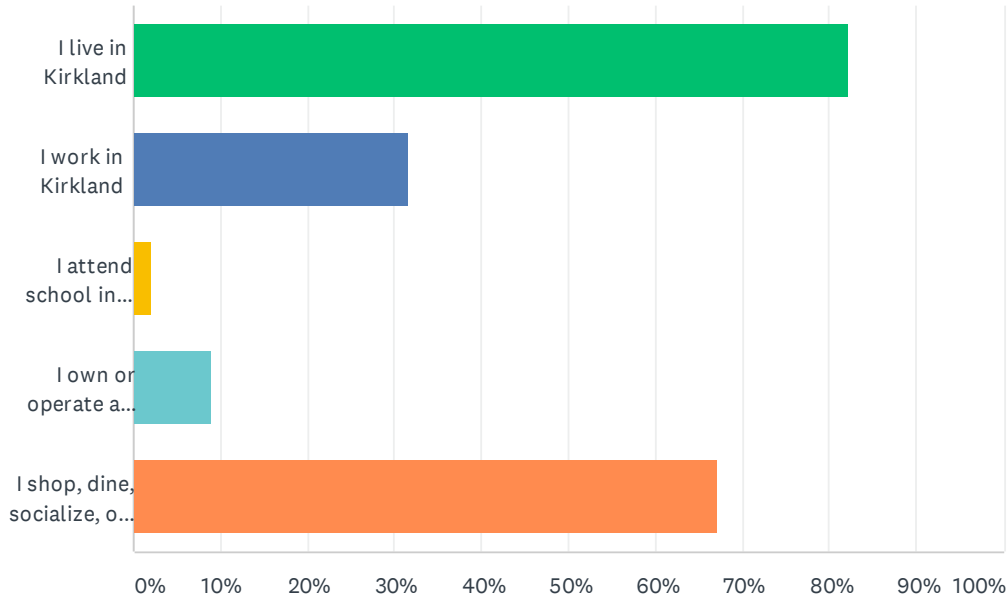
25	Just give us a raw data feed	4/1/2021 9:34 PM
26	No	4/1/2021 11:53 AM
27	Personally enjoy dark theme, but would look cleaner and more in line with the "Eastside" look if it was a white background and light theme.	4/1/2021 10:09 AM
28	Maybe a dark blue background rather than black to make it easier on the eyes	4/1/2021 10:08 AM
29	Locations of things that go together should be considered; e.g., race, gender of police along with race, gender of suspect.	4/1/2021 10:04 AM
30	No	3/31/2021 11:21 PM
31	Light UI is more accessible friendly. Don't forget about folks with color blindness, using screen readers, and others	3/31/2021 9:01 PM
32	no	3/31/2021 9:20 AM
33	The dashboard should reflect information the citizen is specifically concerned about. Much like doing a search and using filters.	3/30/2021 1:58 PM
34	No	3/30/2021 1:52 PM
35	I assume you'll apply accessibility standards like WCAG. I'd say try to minimize the variations on how statistics are shown to help keep it easy to interpret but I'm no usability expert.	3/30/2021 1:07 PM
36	No	3/30/2021 11:55 AM
37	N/A	3/30/2021 11:51 AM
38	N/A	3/30/2021 11:42 AM
39	B & C are too busy.	3/30/2021 11:07 AM
40	The data should also be explained further for a better understanding not just graphs	3/30/2021 10:03 AM
41	more color, better graphs	3/30/2021 9:24 AM
42	Would be better with a white background.	3/30/2021 9:05 AM
43	no	3/29/2021 11:02 PM
44	I had trouble reading all of them because of the size on the screen. I don't have enough information and experience with them to know if they meet the needs of the people who will be reading them and using the data.	3/29/2021 6:13 PM
45	They all look fine	3/29/2021 5:40 PM
46	Trying to cram too much data into a limited space makes it too difficult to read.	3/29/2021 12:57 PM
47	prefer light background rather than black background- less harsh	3/29/2021 8:05 AM
48	No	3/28/2021 1:34 AM
49	Not at this time.	3/27/2021 4:21 PM
50	Definitely like ability to filter data. Live links to details are a plus.	3/26/2021 6:40 PM
51	Should be ease to read and understand. No visual and graphic clutter - designed for the layperson to interpret and make use of data	3/26/2021 11:35 AM
52	Don't make it too cluttered.	3/26/2021 9:50 AM
53	No.	3/26/2021 9:22 AM
54	no	3/26/2021 9:02 AM
55	While I chose "B" as the most graphical display of information, I did prefer the white background over the black for clarity and ease-of-reading.	3/26/2021 8:39 AM
56	Use gentle-on-the-eyes colors, and don't make them too busy.	3/26/2021 7:14 AM
57	No	3/25/2021 9:43 PM

## How should the City of Kirkland show information about the Police Department, Human Resources, and Human Services?

58	Do not cram data onto the dashboard. I would rather page through the information than try to decipher every thing on one page. Provide a hyperlink to drill down on information you are interested in.	3/25/2021 9:18 PM
59	No.	3/25/2021 8:27 PM
60	Dashboards are only as good as the underlying data and upkeep thereof. Don't be the king county department of public health. If you're going to spend money on this, please make sure your data is complete, updated, accurate and represented clearly, without bias.	3/25/2021 8:23 PM
61	No.	3/25/2021 7:12 PM
62	Clear, not fancy.	3/25/2021 7:11 PM
63	Yes, do actually usability test.	3/25/2021 7:11 PM
64	Custom data output would be nice and helpful. Providing limited views of data can actually be misleading to the public.	3/25/2021 7:08 PM
65	Definitely ensure that appropriate types of charts are used depending on the data being presented, data display is not "one size fits all"	3/25/2021 11:28 AM
66	the black backgrounds are awful. C, in particular, is very hard to look at	3/25/2021 12:04 AM
67	Needs to be clear and not too busy/visually overwhelming.	3/24/2021 9:51 PM
68	The light color schemes look much nicer!	2/8/2021 8:07 PM
69	no	2/8/2021 5:40 PM
70	none	1/31/2021 12:59 PM
71	Can you make them mobile-friendly?	1/29/2021 8:23 PM
72	ease of use while providing comprehensive data that can be exported is vital	1/29/2021 2:39 PM
73	n/a	1/28/2021 8:03 PM
74	keep it simple: one thing at a time	1/28/2021 6:24 PM

### Q24 Which of the following applies to you? (Check all that apply)

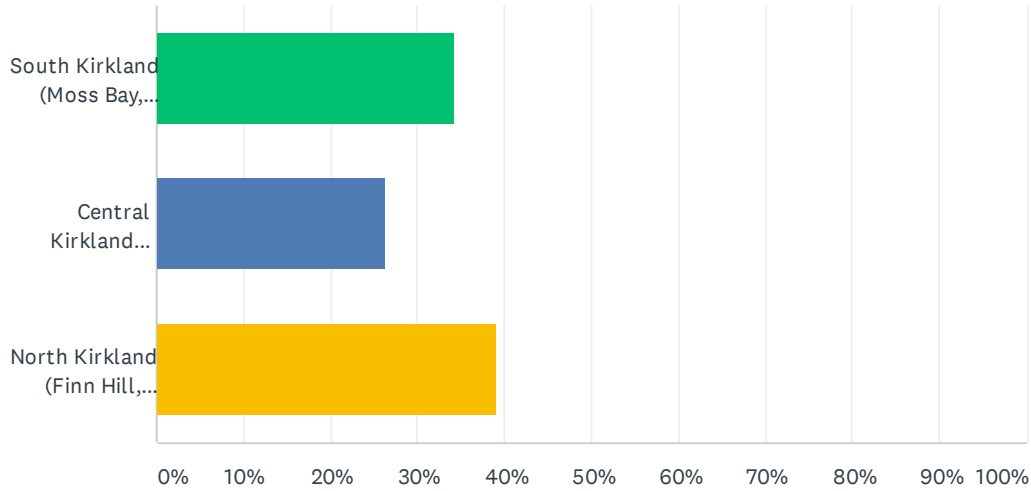
Answered: 146 Skipped: 59



ANSWER CHOICES	RESPONSES	
I live in Kirkland	82.19%	120
I work in Kirkland	31.51%	46
I attend school in Kirkland	2.05%	3
I own or operate a business in Kirkland	8.90%	13
I shop, dine, socialize, or recreate in Kirkland	67.12%	98
Total Respondents: 146		

## Q25 In which part of Kirkland do you reside?

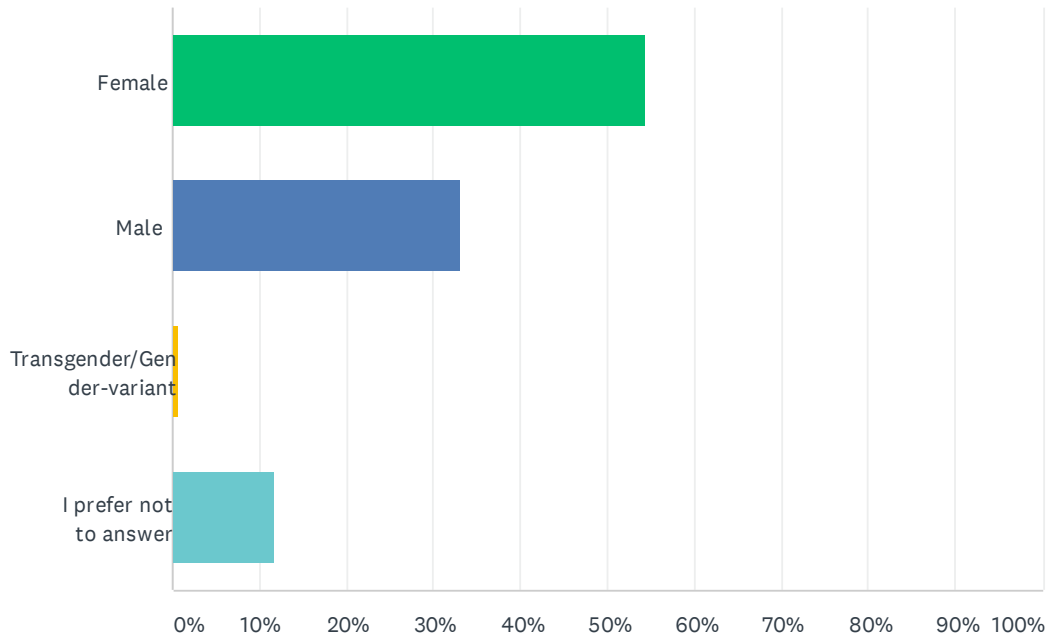
Answered: 125 Skipped: 80



ANSWER CHOICES	RESPONSES	
South Kirkland (Moss Bay, Everest, South Rose Hill, Lakeview, Central Houghton, Bridle Trails)	34.40%	43
Central Kirkland (Market, Norkirk, Highlands, North Rose Hill)	26.40%	33
North Kirkland (Finn Hill, Juanita, Kingsgate, Totem Lake)	39.20%	49
TOTAL		125

## Q26 What is the gender by which you identify?

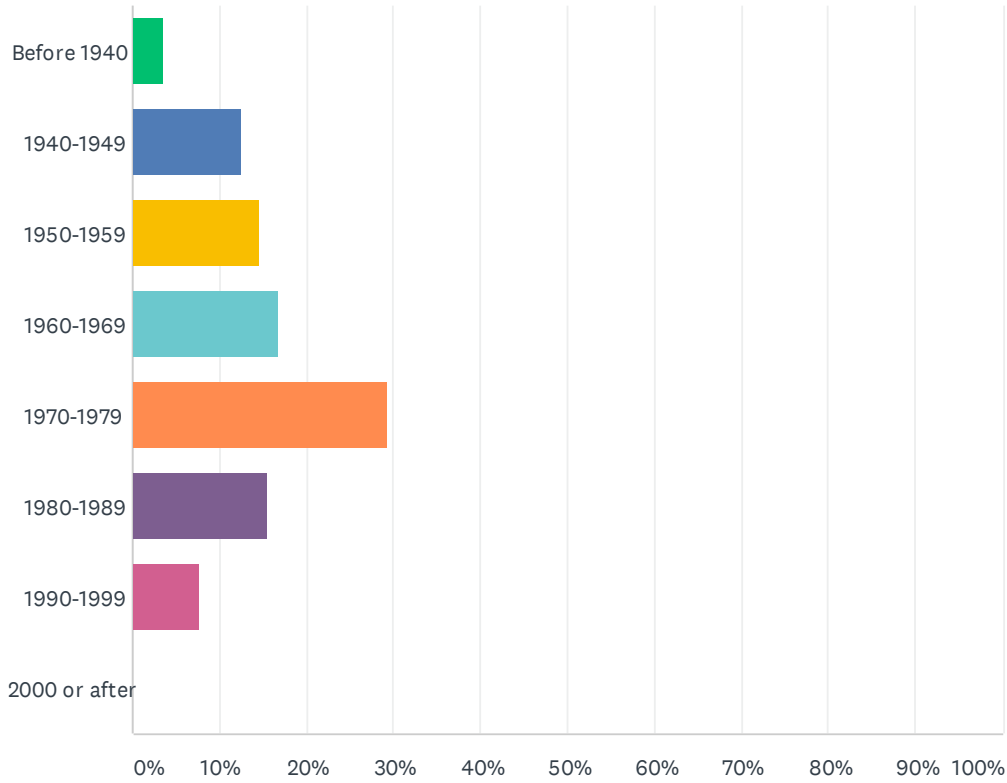
Answered: 145 Skipped: 60



ANSWER CHOICES	RESPONSES	
Female	54.48%	79
Male	33.10%	48
Transgender/Gender-variant	0.69%	1
I prefer not to answer	11.72%	17
<b>TOTAL</b>		<b>145</b>

## Q27 In which decade were you born?

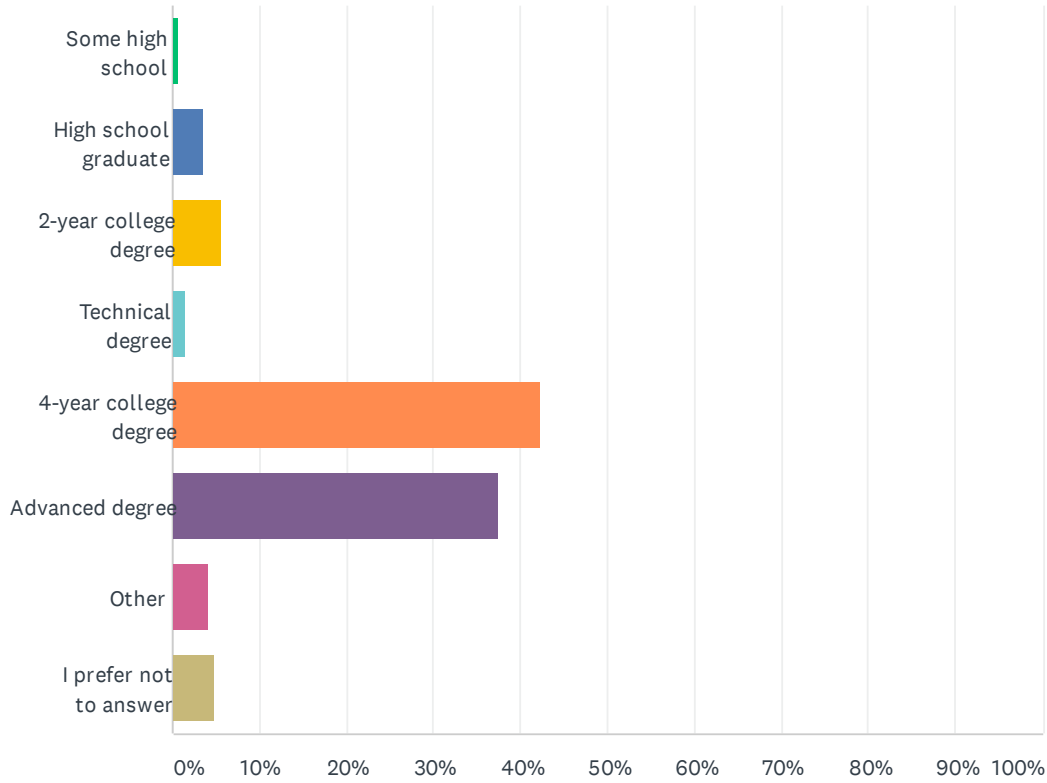
Answered: 143 Skipped: 62



ANSWER CHOICES	RESPONSES
Before 1940	3.50% 5
1940-1949	12.59% 18
1950-1959	14.69% 21
1960-1969	16.78% 24
1970-1979	29.37% 42
1980-1989	15.38% 22
1990-1999	7.69% 11
2000 or after	0.00% 0
<b>TOTAL</b>	<b>143</b>

## Q28 What is your highest level of education?

Answered: 144 Skipped: 61

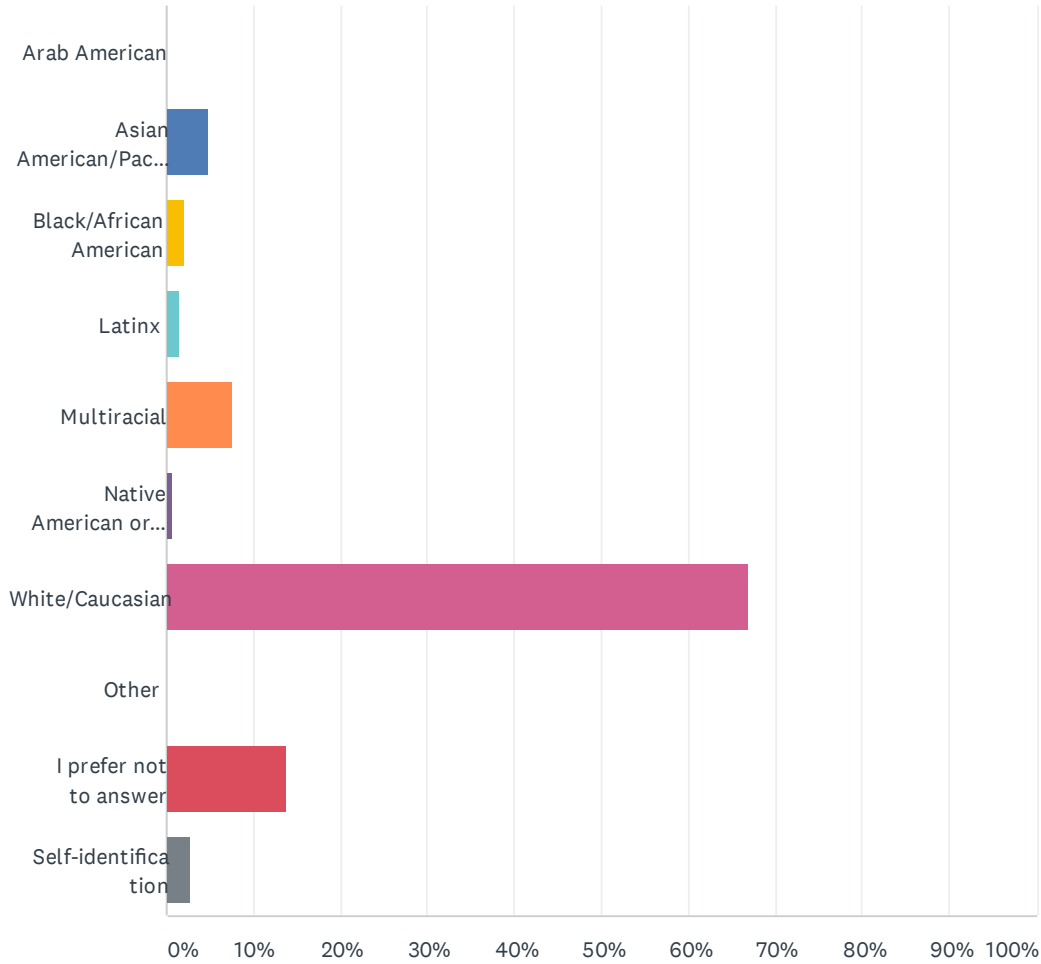


ANSWER CHOICES	RESPONSES
Some high school	0.69% 1
High school graduate	3.47% 5
2-year college degree	5.56% 8
Technical degree	1.39% 2
4-year college degree	42.36% 61
Advanced degree	37.50% 54
Other	4.17% 6
I prefer not to answer	4.86% 7
<b>TOTAL</b>	<b>144</b>



## Q29 Which of the following best describes your racial and ethnic heritage?

Answered: 145 Skipped: 60



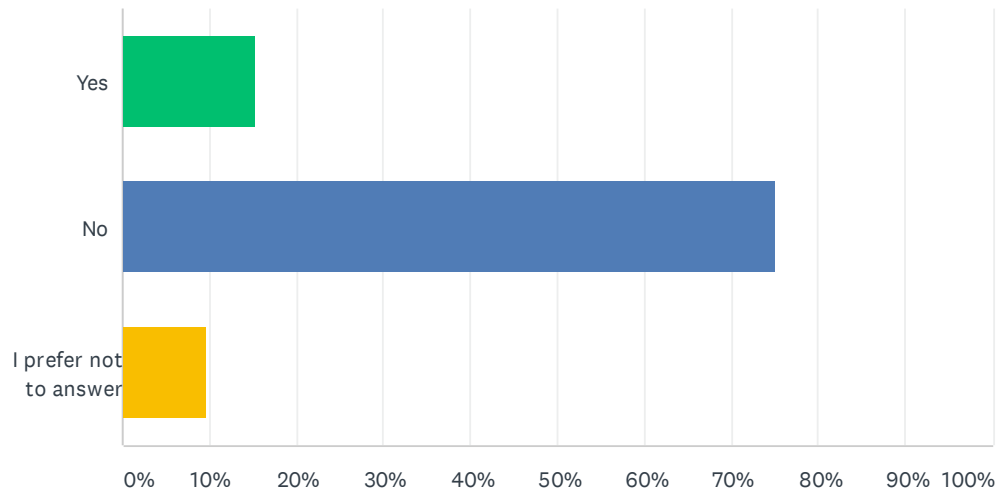
ANSWER CHOICES	RESPONSES	
Arab American	0.00%	0
Asian American/Pacific Islander	4.83%	7
Black/African American	2.07%	3
Latinx	1.38%	2
Multiracial	7.59%	11
Native American or Alaska Native	0.69%	1
White/Caucasian	66.90%	97
Other	0.00%	0
I prefer not to answer	13.79%	20
Self-identification	2.76%	4
<b>TOTAL</b>		<b>145</b>

How should the City of Kirkland show information about the Police Department, Human Resources, and Human Services?

#	SELF-IDENTIFICATION	DATE
1	human	4/15/2021 8:29 PM
2	Mexican American	4/1/2021 11:01 AM
3	American	3/30/2021 11:45 AM
4	Latina. I dont like Latinx	2/8/2021 5:43 PM

### Q30 Does anyone in your household speak a language other than English on a regular basis?

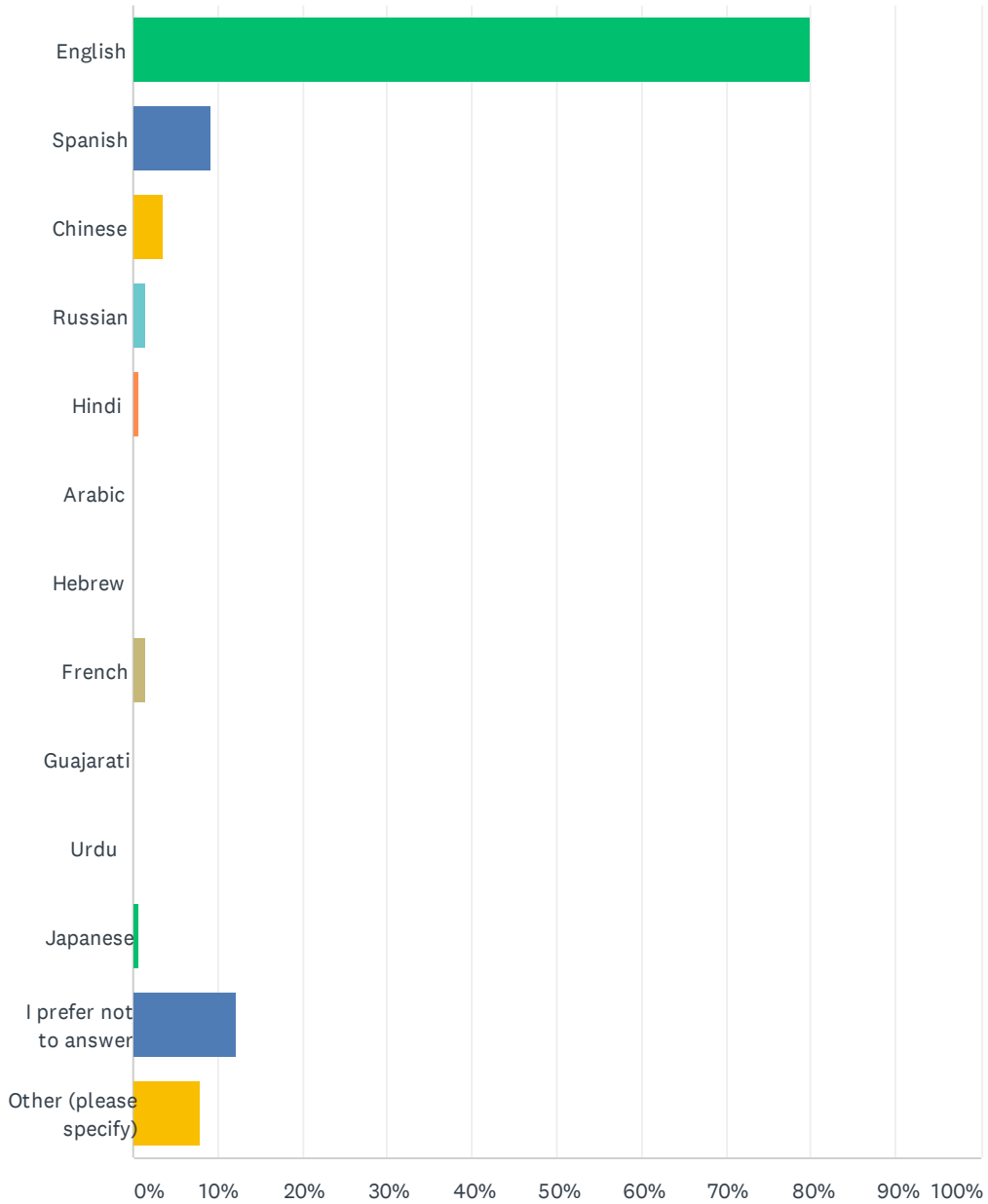
Answered: 145 Skipped: 60



ANSWER CHOICES	RESPONSES	
Yes	15.17%	22
No	75.17%	109
I prefer not to answer	9.66%	14
TOTAL		145

### Q31 What languages are spoken in your home? Check all that apply.

Answered: 140 Skipped: 65



How should the City of Kirkland show information about the Police Department, Human Resources, and Human Services?

ANSWER CHOICES	RESPONSES	
English	80.00%	112
Spanish	9.29%	13
Chinese	3.57%	5
Russian	1.43%	2
Hindi	0.71%	1
Arabic	0.00%	0
Hebrew	0.00%	0
French	1.43%	2
Guajarati	0.00%	0
Urdu	0.00%	0
Japanese	0.71%	1
I prefer not to answer	12.14%	17
Other (please specify)	7.86%	11
Total Respondents: 140		

#	OTHER (PLEASE SPECIFY)	DATE
1	Khmer	4/23/2021 3:21 PM
2	Lithuanian	4/22/2021 2:13 PM
3	None	4/14/2021 3:41 PM
4	German	4/1/2021 11:01 AM
5	Korean	4/1/2021 10:10 AM
6	Danish	3/31/2021 11:23 PM
7	Thai	3/31/2021 9:02 PM
8	Korean	3/30/2021 12:13 PM
9	German	3/26/2021 7:32 AM
10	Korean	3/25/2021 2:15 PM
11	German	1/29/2021 2:42 PM

## Q1 Is there additional information you'd like included?

Answered: 20 Skipped: 6

#	RESPONSES	DATE
1	Transcription of the 911 and dispatch call	4/23/2021 11:35 PM
2	This list while helpful to collect data, how will it be used to ensure that officers are not abusing power, not white supremacist or using their bias / racist tendencies in their interactions with the residents of Kirkland. I would rather see more probing into the people behind the badge to ensure the people behind the badge are not racist and able to critically think through situations and de-escalate rather than use force especially when interacting with non-white residents.	4/23/2021 3:04 PM
3	You should not include info about mental illness of the accused. That is private and is protected by HIPAA laws plus it increases stigma and marginalizes people.	4/22/2021 4:41 PM
4	The rap sheet of the individual against whom the force was used. If race is mentioned at all, the race of both the officer and the individual should be included.	4/7/2021 4:34 PM
5	Displaying process of follow up being conducted of incident.	4/1/2021 10:46 AM
6	Any prior complaints or issues of law enforcement officer's involved in incident.	4/1/2021 10:02 AM
7	No	3/31/2021 8:39 PM
8	Why is the ethnicity of police and perp of relevance?	3/30/2021 8:28 PM
9	Use of Force should be delineated from Show of Force	3/30/2021 12:18 PM
10	Crime committed if any, past convictions, officer safety warnings if any, display of weapons if any	3/30/2021 12:10 PM
11	No	3/30/2021 11:39 AM
12	Whether the law enforcement officer had a body/dash cam on his/her person and whether/when it was turned on (before, during the incident).	3/30/2021 9:28 AM
13	yes	3/29/2021 10:58 PM
14	Measures taken by the officer to de-escalate the situation.	3/29/2021 1:34 AM
15	Full body cam footage	3/28/2021 7:05 PM
16	No, this looks comprehensive enough for starters. Thank you.	3/27/2021 3:52 PM
17	no	3/26/2021 9:29 AM
18	How about what the officer ate that day, his mood and his perspective on life. Are you kidding with this?	3/25/2021 7:03 PM
19	I dont know. I think once I see the first report I could tell	2/8/2021 5:32 PM
20	Whether the person against whom force was used was already restrained or prone in some way; how many officers, bikes, & cars were on the scene at the time of the use of force; whether officers violated COVID-19-related physical distancing measures at any point; a link to a video showing bodycam footage if any, with victim's face blurred out for identity-protecting reasons; a complete script transcribing the verbal exchange leading up to and during the use of force incident, using bodycam audio if any; a list of non-force options that the officer used before resorting to the use of force; the officer's original mission before the use of force, and any changes to their mission; number of uses of force on the officer's record up to this point	1/28/2021 5:12 PM

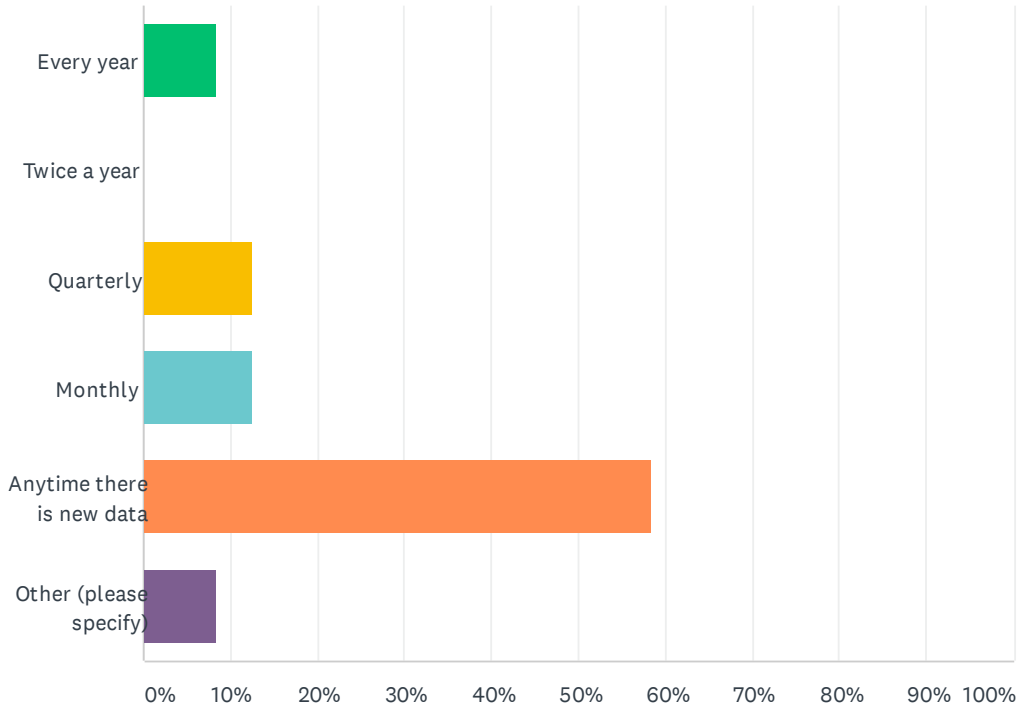
## Q2 Is any of the information on the list unnecessary?

Answered: 17 Skipped: 9

#	RESPONSES	DATE
1	Not at this time	4/23/2021 11:35 PM
2	See my note above.	4/23/2021 3:04 PM
3	Yes the info about a person's mental illness.	4/22/2021 4:41 PM
4	The age, gender, race, ethnicity, of the law enforcement officer; The age, gender, race, ethnicity, of the person against whom force was used;	4/1/2021 9:30 PM
5	Public position and oath is taken in order in order to be a police officer, important for public to be aware of such.	4/1/2021 10:46 AM
6	No	3/31/2021 8:39 PM
7	Ethnicity of police and perp	3/30/2021 8:28 PM
8	No	3/30/2021 12:18 PM
9	Race/ethnicity of the officer	3/30/2021 12:10 PM
10	Yes! Anything that compromises the officers privacy: The age, gender, race, ethnicity, of the law enforcement officer; The law enforcement officer's years of service. This is ridiculous and racist.	3/30/2021 11:39 AM
11	no	3/29/2021 10:58 PM
12	Race and ethnicity.	3/28/2021 7:05 PM
13	No, it's a good list.	3/27/2021 3:52 PM
14	no	3/26/2021 9:29 AM
15	Almost all of it.	3/25/2021 7:03 PM
16	How are you protecting the identity of the detained person if you collect all these personal data?	2/8/2021 5:32 PM
17	"Whether the person against whom force was used exhibited any signs associated with a mental health or a substance use disorder based on the observation of the law enforcement officer" is completely subjective and I don't think any officer is capable of determining that.	1/28/2021 5:12 PM

### Q3 How often should this data be updated?

Answered: 24 Skipped: 2



ANSWER CHOICES	RESPONSES
Every year	8.33% 2
Twice a year	0.00% 0
Quarterly	12.50% 3
Monthly	12.50% 3
Anytime there is new data	58.33% 14
Other (please specify)	8.33% 2
<b>TOTAL</b>	<b>24</b>

#	OTHER (PLEASE SPECIFY)	DATE
1	The dashboard should be updated anytime there is new data and a regular report should be produced often enough for analysis and trends.	3/29/2021 1:34 AM
2	Never	3/25/2021 7:03 PM



## Q4 Any other suggestions about a police use of force dashboard?

Answered: 17 Skipped: 9

#	RESPONSES	DATE
1	Any follow up information; an independent investigator's report; if social services or other organizations were asked to get involved and they either were unable to assist or asked for additional help because the situation escalated	4/23/2021 11:35 PM
2	See my response to #1	4/23/2021 3:04 PM
3	Not at this time	4/1/2021 10:46 AM
4	Easy to find from city's website	3/31/2021 8:39 PM
5	Ability to manipulate available data based on category.	3/30/2021 12:18 PM
6	It shouldn't exist in the first place.	3/30/2021 11:39 AM
7	Please include the link in the city's newsletter/email blasts so that it's readily available/accessible to residents.	3/30/2021 9:28 AM
8	no	3/29/2021 10:58 PM
9	A dashboard is only good if people know it exists. A regular report with analysis should be sent directly to community members.	3/29/2021 1:34 AM
10	Don't editorialize	3/28/2021 7:05 PM
11	I believe that timeliness is important for true transparency.	3/27/2021 3:52 PM
12	Could be used to show where the most incidents occur thus helping to understand where racial bias (of any kind) is occurring in higher (or lower) rates	3/26/2021 9:29 AM
13	What you are doing is ridiculous	3/25/2021 7:03 PM
14	Race of those involved, hopefully with explanation of that designation	3/25/2021 2:09 PM
15	Whether the action was deemed inappropriate or appropriate. And if inappropriate, any disciplinary or training for the officer.	3/25/2021 12:39 PM
16	no	2/8/2021 5:32 PM
17	The more details the better, as long as they don't involve subjective inference from the officer.	1/28/2021 5:12 PM

## Q5 Is there additional information you'd like included?

Answered: 19 Skipped: 7

#	RESPONSES	DATE
1	Age, gender, race and ethnicity of victim; hate crimes	4/23/2021 11:38 PM
2	If funding was not an issue, could other community resources be deployed as first responders in any of these incidences rather than police?	4/23/2021 3:09 PM
3	No	4/22/2021 4:41 PM
4	The age, gender, race, ethnicity, of victims (for each of the above)	4/1/2021 9:31 PM
5	Map of location of the incidents.	4/1/2021 10:48 AM
6	No	3/31/2021 8:40 PM
7	How many officers on site .	3/30/2021 8:30 PM
8	No	3/30/2021 12:19 PM
9	Mental/Emotional calls, Suicides, Involuntary Commitments	3/30/2021 12:11 PM
10	No	3/30/2021 11:43 AM
11	Domestic disturbances/assault (including crimes against spouses/partners/children)	3/30/2021 9:37 AM
12	yes	3/29/2021 10:59 PM
13	City investment to counter/reduce the reported crimes.	3/29/2021 1:50 AM
14	Number of officers currently employed or contracted by KPD	3/28/2021 7:07 PM
15	I can't think of anything at this time. Thank you.	3/27/2021 3:56 PM
16	Traffic violations (actual or perceived)	3/26/2021 9:30 AM
17	a general question: who determines race and how is it determined	3/25/2021 2:11 PM
18	no	2/8/2021 5:33 PM
19	Businesses, politicians, or law enforcement ignoring state of Washington orders (for example, ignoring COVID-19 safety guidelines); wage theft; kidnapping; human trafficking; identity theft	1/28/2021 5:20 PM

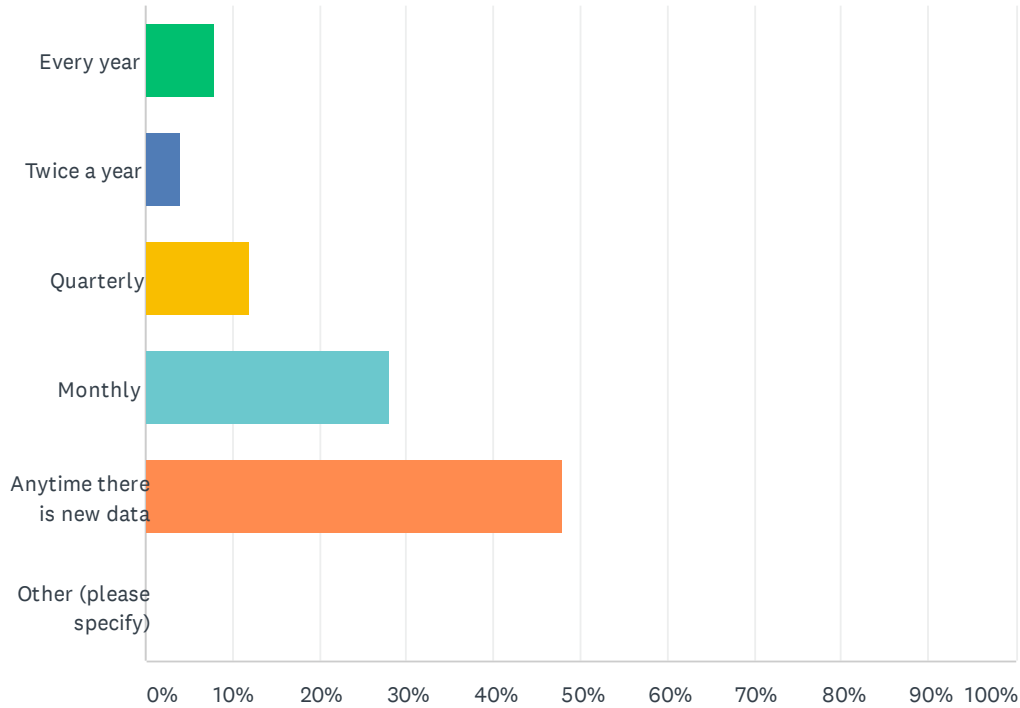
## Q6 Is any of the information on the list unnecessary?

Answered: 12 Skipped: 14

#	RESPONSES	DATE
1	Not at this time	4/23/2021 11:38 PM
2	No	4/22/2021 4:41 PM
3	The age, gender, race, ethnicity, of officers (for each of above)	4/1/2021 9:31 PM
4	No	3/31/2021 8:40 PM
5	No	3/30/2021 12:19 PM
6	Race/ethnicity of the officers	3/30/2021 12:11 PM
7	The age, gender, race, ethnicity, of officers. Please protect their privacy.	3/30/2021 11:43 AM
8	no	3/29/2021 10:59 PM
9	I believe it's a good list.	3/27/2021 3:56 PM
10	no	3/26/2021 9:30 AM
11	no	2/8/2021 5:33 PM
12	Motor vehicle prowl...?	1/28/2021 5:20 PM

## Q7 How often should this data be updated?

Answered: 25 Skipped: 1



ANSWER CHOICES	RESPONSES
Every year	8.00% 2
Twice a year	4.00% 1
Quarterly	12.00% 3
Monthly	28.00% 7
Anytime there is new data	48.00% 12
Other (please specify)	0.00% 0
<b>TOTAL</b>	<b>25</b>

#	OTHER (PLEASE SPECIFY)	DATE
	There are no responses.	

## Q8 Any other suggestions about a crime dashboard?

Answered: 11 Skipped: 15

#	RESPONSES	DATE
1	Not at this time	4/23/2021 11:38 PM
2	No	4/1/2021 10:48 AM
3	None	3/31/2021 8:40 PM
4	List what type of crime police were called to.	3/30/2021 8:30 PM
5	Again, it does not need to exist. The time and money spent updating the dashboard should be used for other resources for Kirkland residents. My wife and I live in Kirkland.	3/30/2021 11:43 AM
6	no	3/29/2021 10:59 PM
7	Recognition of the city's investments and efforts to counter crimes should be considered.	3/29/2021 1:50 AM
8	nothing at this time, thank you.	3/27/2021 3:56 PM
9	How Kirkland compares to surrounding cities	3/25/2021 7:04 PM
10	no	2/8/2021 5:33 PM
11	I think this data will skew toward wrongs that we as a society have decided are "crimes", and will skew away from wrongs that we as a society have decided are "just the way it is". I would like if we also had a dashboard for the amount of pain and suffering caused to Kirklanders who cannot feed their kids, who suffer emotional abuse but can't afford to move out, who experience depression and anxiety of the economy and the pandemic. Those all have a cause, but it's not one person; it's the government's lack of action when the people need it. That's what really causes crime.	1/28/2021 5:20 PM

## Q9 Is there additional information you'd like included?

Answered: 16 Skipped: 10

#	RESPONSES	DATE
1	Not at this time	4/23/2021 11:40 PM
2	Constantly survey how safe the students and staff of color feel with police presence on campus	4/23/2021 3:12 PM
3	No	4/22/2021 4:42 PM
4	Number of prior encounters with the same student.	4/7/2021 4:37 PM
5	No	4/1/2021 9:31 PM
6	Scope of training the SRO has completed & requirements of it on annual basis, etc. Also, emphasis of diversity training and trauma informed care.	4/1/2021 10:53 AM
7	Name of school event or action took place. Reason for SRO had to be requested rather than a counselor or teacher. Rational for the escalation. Any physical interaction between SRO and child. Ethnicity, age, sex of the child to ensure SRO is not profiling children. Need a mathos of tracking any pattern of a patrol interacting and escalating, referring a particular% and demographic of the school population.	3/31/2021 8:51 PM
8	What was the outcome ?	3/30/2021 8:33 PM
9	Uncategorized positive/negative interactions between school resource officer and students	3/30/2021 12:21 PM
10	No	3/30/2021 11:44 AM
11	yes	3/29/2021 10:59 PM
12	How is student feedback getting used and changes made so all students feel safe.	3/29/2021 1:57 AM
13	Not at this time, thank you.	3/27/2021 3:58 PM
14	What's being doing proactively. This is all reactive.	3/25/2021 7:06 PM
15	I cannot imagine to have a police in the school, to me that sounds really scary. Is the situation so bad that is it really necessary?	2/8/2021 5:35 PM
16	How many SRO interactions led to arrests of children	1/28/2021 6:45 PM

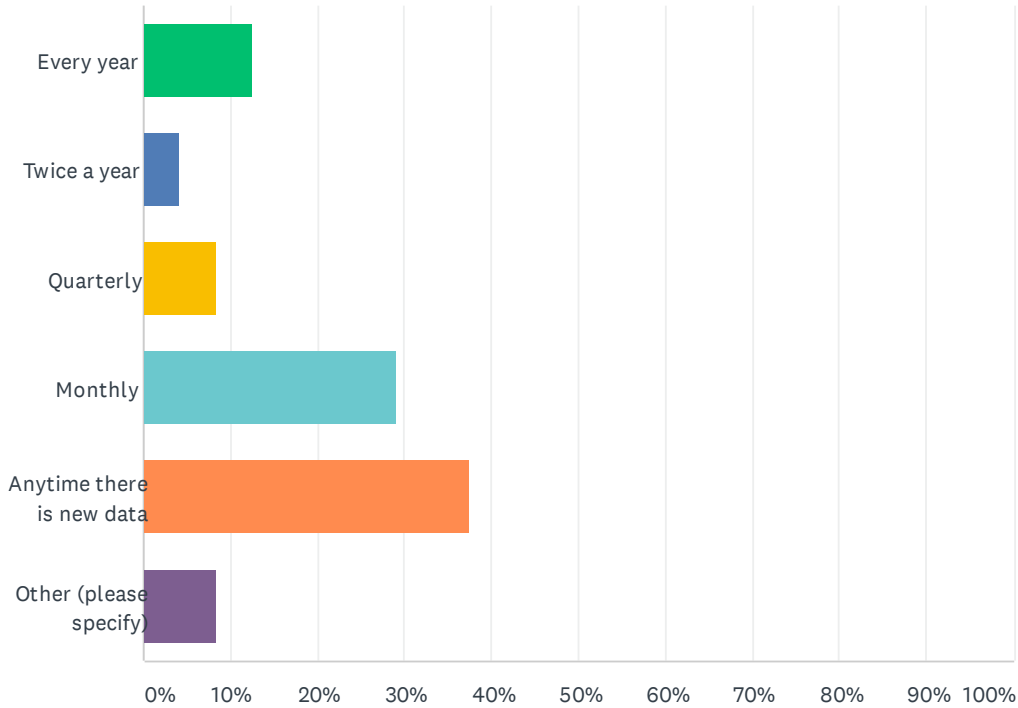
## Q10 Is any of the information on the list unnecessary?

Answered: 12 Skipped: 14

#	RESPONSES	DATE
1	Not at this time	4/23/2021 11:40 PM
2	Remove children's ages for privacy as well as mental health referrals as it embarrasses students due to stigma.	4/22/2021 4:42 PM
3	This entire dashboard is unnecessary	4/1/2021 9:31 PM
4	I believe there may be more to be transparent about the role.	4/1/2021 10:53 AM
5	Students feedback could be subjective and create marginalization	3/31/2021 8:51 PM
6	Race	3/30/2021 8:33 PM
7	No	3/30/2021 12:21 PM
8	Anything related to race. By definition, anything that lists "race" is racist.	3/30/2021 11:44 AM
9	no	3/29/2021 10:59 PM
10	I believe this is a good list.	3/27/2021 3:58 PM
11	no	2/8/2021 5:35 PM
12	SROs themselves are unnecessary.	1/28/2021 6:45 PM

## Q11 How often should this data be updated?

Answered: 24 Skipped: 2



ANSWER CHOICES	RESPONSES	
Every year	12.50%	3
Twice a year	4.17%	1
Quarterly	8.33%	2
Monthly	29.17%	7
Anytime there is new data	37.50%	9
Other (please specify)	8.33%	2
<b>TOTAL</b>		<b>24</b>

#	OTHER (PLEASE SPECIFY)	DATE
1	Weekly	4/23/2021 11:40 PM
2	Get rid of SROs.	1/28/2021 6:45 PM



## Q12 Any other suggestions about an SRO dashboard?

Answered: 10 Skipped: 16

#	RESPONSES	DATE
1	Not at this time	4/23/2021 11:40 PM
2	This is unnecessary	4/1/2021 9:31 PM
3	Needs to be transparent and close monitoring as a system that profiles, marginalizes kids of color, and creates more harm than prevent. Escalation can be abused and condition kids to not trust "police".	3/31/2021 8:51 PM
4	How many officers called to site/incident	3/30/2021 8:33 PM
5	Find a way to show intangibles...School Resource officer one on one tutoring, etc.	3/30/2021 12:21 PM
6	Unnecessary	3/30/2021 11:44 AM
7	no	3/29/2021 10:59 PM
8	Not at this time.	3/27/2021 3:58 PM
9	no	2/8/2021 5:35 PM
10	Get rid of SROs.	1/28/2021 6:45 PM

## Q13 Is there additional information you'd like included?

Answered: 13 Skipped: 13

#	RESPONSES	DATE
1	Not at this time	4/23/2021 11:41 PM
2	Employees of color in leadership positions. Employees of color with the power to influence policies.	4/23/2021 3:13 PM
3	No	4/22/2021 4:43 PM
4	# City events centered around a culture or religion. Christmas, Easter, compared to Chinese New Year, Juneteenth, Diwali.	3/31/2021 8:55 PM
5	No	3/30/2021 12:22 PM
6	No	3/30/2021 11:47 AM
7	yes	3/29/2021 11:00 PM
8	Similar information about the boards/commissions. Efforts to diversify.	3/29/2021 2:02 AM
9	I believe this is a good list, thank you.	3/27/2021 3:59 PM
10	Hiring practices and quotas/goals you have for hiring certain races and ethnicities.	3/25/2021 7:07 PM
11	as long as 'prefers not to say' or 'irrelevant' is an option	3/25/2021 2:13 PM
12	no	2/8/2021 5:36 PM
13	n/a	1/28/2021 8:01 PM

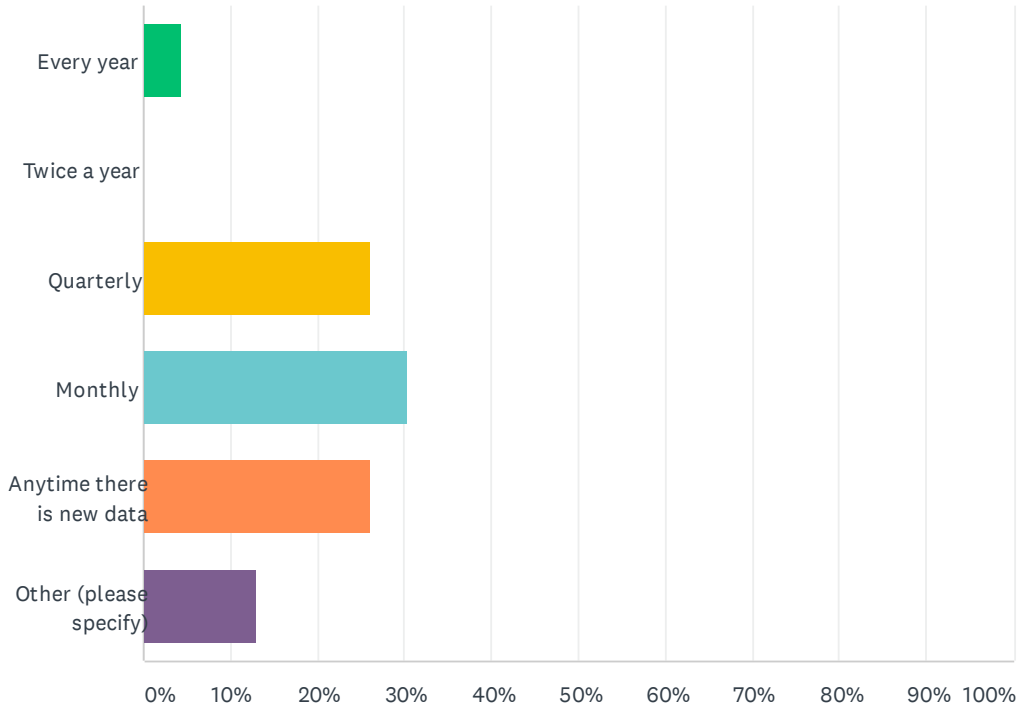
## Q14 Is any of the information on the list unnecessary?

Answered: 12 Skipped: 14

#	RESPONSES	DATE
1	Not at this time	4/23/2021 11:41 PM
2	Why does race and gender matter so much? Shouldn't we just hire competent people?	4/7/2021 4:39 PM
3	This entire dashboard is racist and sexist.	4/1/2021 9:32 PM
4	No	3/31/2021 8:55 PM
5	How many city employees , gender , race and the like .	3/30/2021 8:35 PM
6	No	3/30/2021 12:22 PM
7	How can you read this and think it is OK? It reads like a bad page taken out of some crazy organizations racist literature - really. So bad.	3/30/2021 11:47 AM
8	no	3/29/2021 11:00 PM
9	This is all completely unnecessary. Hire the best and smartest people for the job, it shouldn't matter what race or ethnicity is.	3/28/2021 7:12 PM
10	Not at this time.	3/27/2021 3:59 PM
11	no	2/8/2021 5:36 PM
12	n/a	1/28/2021 8:01 PM

### Q15 How often should this data be updated?

Answered: 23 Skipped: 3



ANSWER CHOICES	RESPONSES
Every year	4.35% 1
Twice a year	0.00% 0
Quarterly	26.09% 6
Monthly	30.43% 7
Anytime there is new data	26.09% 6
Other (please specify)	13.04% 3
<b>TOTAL</b>	<b>23</b>

#	OTHER (PLEASE SPECIFY)	DATE
1	Never	4/1/2021 9:32 PM
2	Never on this one	3/30/2021 11:47 AM
3	Never	3/28/2021 7:12 PM

## Q16 Any other suggestions about a Human Resources dashboard?

Answered: 8 Skipped: 18

#	RESPONSES	DATE
1	Not at this time	4/23/2021 11:41 PM
2	This entire dashboard is racist and sexist.	4/1/2021 9:32 PM
3	No	3/31/2021 8:55 PM
4	This is by far the worst suggestion so far, terrible.	3/30/2021 11:47 AM
5	no	3/29/2021 11:00 PM
6	Not at this time.	3/27/2021 3:59 PM
7	no	2/8/2021 5:36 PM
8	n/a	1/28/2021 8:01 PM

## Q17 Is there additional information you'd like included?

Answered: 13 Skipped: 13

#	RESPONSES	DATE
1	Not at this time	4/23/2021 11:46 PM
2	How does the amount of funding for these programs compare to other City departments?	4/23/2021 3:13 PM
3	Information on keeping fathers in the home. Fatherless households are the prime mover of social dysfunction.	4/7/2021 4:44 PM
4	How to oppose future grants	4/1/2021 9:33 PM
5	Tribal inclusion spending and reconciliation. City of Kirkland should make a better effort of land acknowledgement to the Duwamish	3/31/2021 8:57 PM
6	Be certain to allow opportunity for all regardless of race	3/30/2021 12:22 PM
7	No	3/30/2021 11:49 AM
8	yes	3/29/2021 11:01 PM
9	Straight success rate percentage and what are the exact metrics being measured? Who audits the program for efficiency? What are the benchmarks to be met in order to keep them program funded? Where is the grant coming from and who funds the grant?	3/28/2021 7:16 PM
10	1) How many individuals benefitted from each of the services provided because of the grant money provided and how (quantifiable statistics)? 2) How much, if any, of the grant money went unused and why, please? 3) How many jobs were created as a direct result of the services & funding provided? 4) How many people/families were able to find permanent housing as a direct result of the housing & homeless services provided?	3/27/2021 4:09 PM
11	Yes, what's being done based off the metrics that arise.	3/25/2021 7:09 PM
12	no	2/8/2021 5:39 PM
13	Funding for each year up until this year for each agency	1/28/2021 8:02 PM

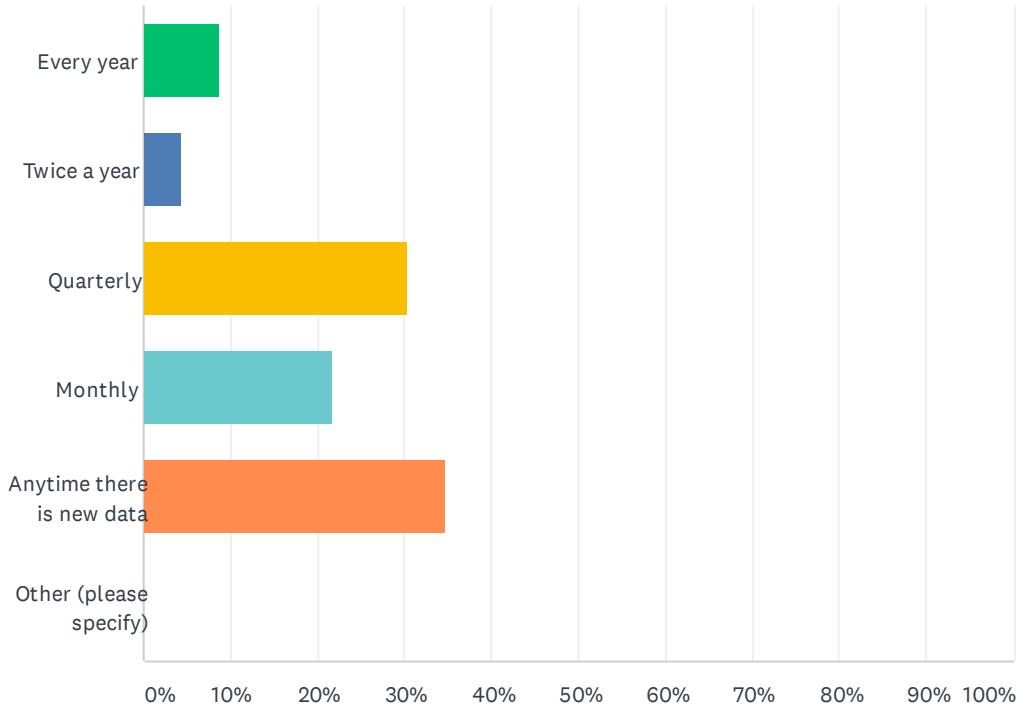
## Q18 Is any of the information on the list unnecessary?

Answered: 9 Skipped: 17

#	RESPONSES	DATE
1	Not at this time	4/23/2021 11:46 PM
2	No	3/31/2021 8:57 PM
3	Race / gender	3/30/2021 8:36 PM
4	No	3/30/2021 12:22 PM
5	Anything identifying race	3/30/2021 11:49 AM
6	no	3/29/2021 11:01 PM
7	No; it's a good list to start.	3/27/2021 4:09 PM
8	no	2/8/2021 5:39 PM
9	n/a	1/28/2021 8:02 PM

### Q19 How often should this data be updated?

Answered: 23 Skipped: 3



ANSWER CHOICES	RESPONSES
Every year	8.70% 2
Twice a year	4.35% 1
Quarterly	30.43% 7
Monthly	21.74% 5
Anytime there is new data	34.78% 8
Other (please specify)	0.00% 0
<b>TOTAL</b>	<b>23</b>

#	OTHER (PLEASE SPECIFY)	DATE
	There are no responses.	



## Q20 Any other suggestions about a Human Services dashboard?

Answered: 9 Skipped: 17

#	RESPONSES	DATE
1	Not at this time	4/23/2021 11:46 PM
2	Mental health services and drug abuse are more important than racial/gender inequity issues. They are a root cause of inequity and homelessness. Treat the cause, not the symptom.	4/7/2021 4:44 PM
3	I am shocked to learn that we waste money on these things	4/1/2021 9:33 PM
4	No	3/31/2021 8:57 PM
5	Not as bad as the other suggestions.	3/30/2021 11:49 AM
6	no	3/29/2021 11:01 PM
7	Not at this time.	3/27/2021 4:09 PM
8	no	2/8/2021 5:39 PM
9	n/a	1/28/2021 8:02 PM

## Deliver services that make a difference in people's lives

What we track: Make homelessness Rare, Brief, and a Non-recurring experience

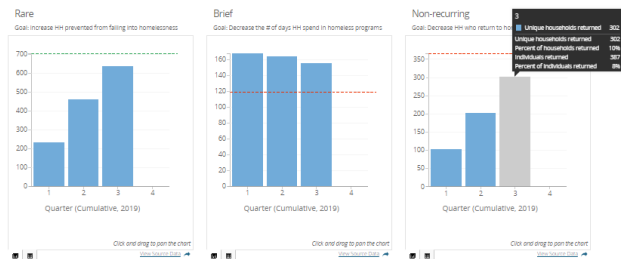
Why is this important?

HSD's Homeless Strategy and Investment (HSI) division invests in programs that focus on assisting people to secure permanent housing and end their experience of homelessness. Services are provided in three investment areas – prevention, emergency response, and housing. Agency provider partners that receive City funds assist people who are at imminent risk of falling into homelessness, or who are living without housing. In 2018, these programs served over 25,000 households in the homeless services system.



Hover over to see our data about how we are making homelessness Rare, Brief and Non-recurring

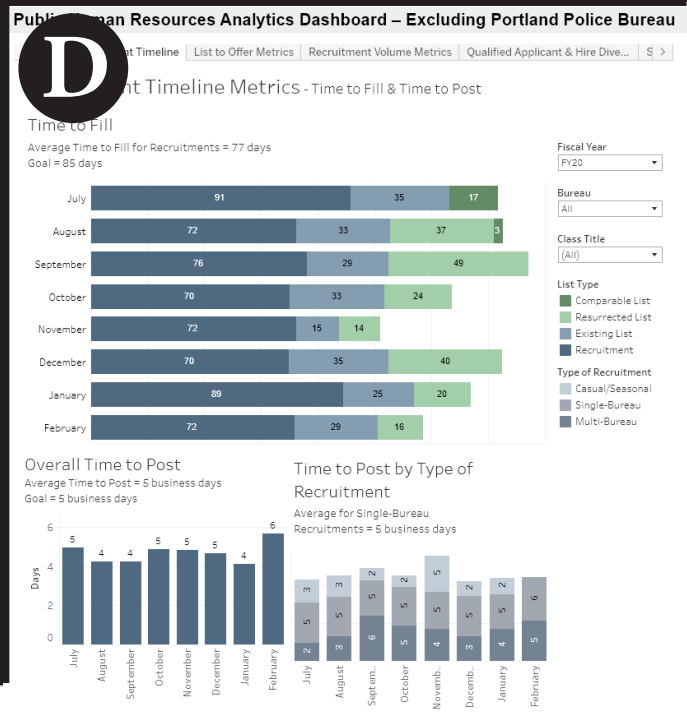
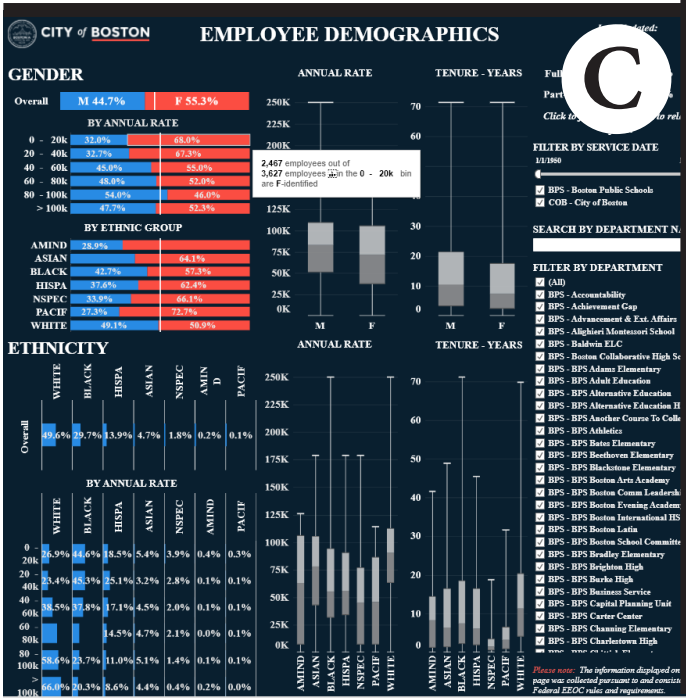
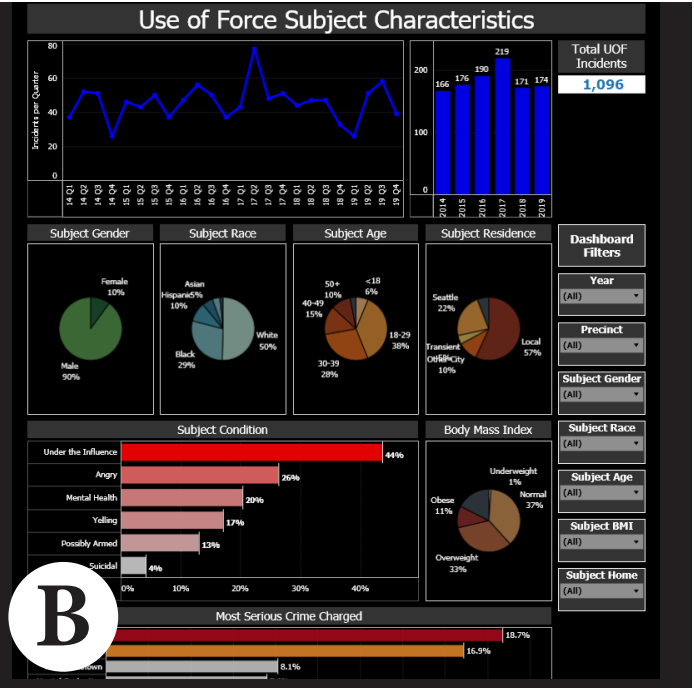
For complete definitions of each measure, please refer to the "How we measure" section below the graphs. Please note that Households have been abbreviated as HH. Each quarter is cumulative of all previous quarters. For example, Quarter 3 represents data for quarters one through three (1/1/2019 - 9/30/2019).



How we measure:

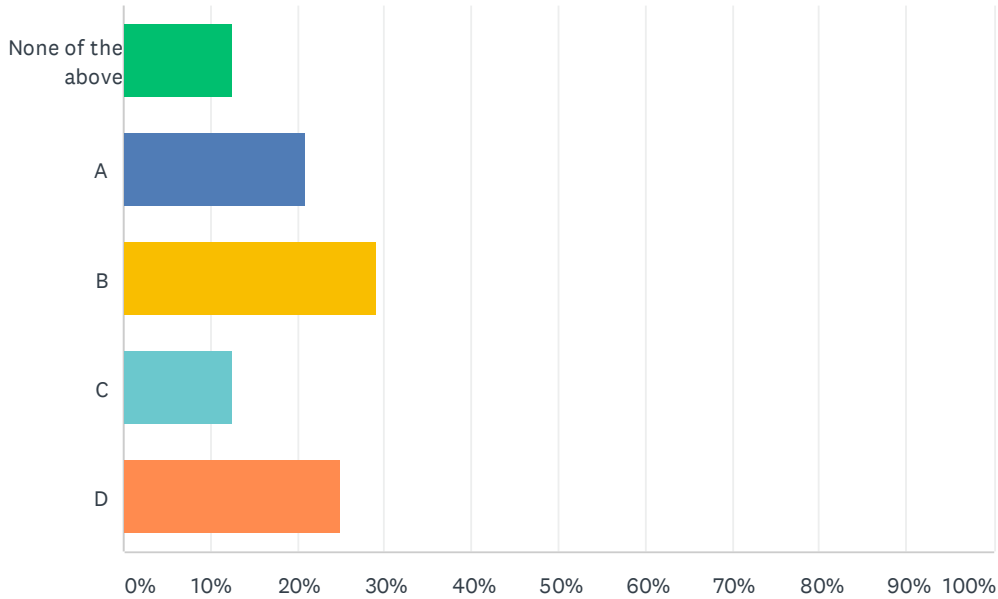
The City of Seattle aims to make the experience of homelessness rare, brief, and non-recurring. These measures provide data on unduplicated households and individuals to see how well we are doing to prevent people from becoming homeless (rare), minimize amount of time people experience homelessness (brief), support people to maintain stable housing and not return to homelessness (recurring).

**Rare:** Unduplicated number and percent of households and individuals prevented from falling into homelessness. The total number of people who enrolled in a Seattle-funded prevention program and did not fall into homelessness.



## Q21 Which of the example dashboards do you think displays data in the best way?

Answered: 24 Skipped: 2



ANSWER CHOICES	RESPONSES
None of the above	12.50% 3
A	20.83% 5
B	29.17% 7
C	12.50% 3
D	25.00% 6
TOTAL	24

## Q22 Why do you think so?

Answered: 23 Skipped: 3

#	RESPONSES	DATE
1	Simple and less cluttered. You don't get overwhelmed with information	4/23/2021 11:48 PM
2	The dashboard should cater to the least technical resident. All these seem like information overload.	4/23/2021 3:20 PM
3	Not too much data but still enough. UI is pleasing and not too minutely detailed. Colors are not overwhelming.	4/22/2021 4:44 PM
4	Fewer words. More charts. Wordy dashboards are confusing. A picture is worth 1000 words.	4/7/2021 4:46 PM
5	It looks better	4/1/2021 9:34 PM
6	Seems specific	4/1/2021 10:59 AM
7	Filters allow customization and isolating data. For general populace pie charts may be easier to digest than box plots, especially for the data provided.	4/1/2021 10:09 AM
8	Easier to digest and decipher	3/31/2021 9:01 PM
9	Easy to navigate .	3/30/2021 8:38 PM
10	Interactive content	3/30/2021 12:23 PM
11	Cleanest, easiest to follow for people not used to combing through Excel or SAP style data. Still unnecessary	3/30/2021 11:55 AM
12	It's easier to read and the information is more dynamic.	3/30/2021 9:49 AM
13	The page looks cleaner and readable.	3/30/2021 9:05 AM
14	perceptual intuition	3/29/2021 11:02 PM
15	Use of simple visuals can better communicate high amounts of information.	3/29/2021 2:08 AM
16	The design should be determined by usability studies, clarity of the information and ease of interpretation, not an incomplete visual.	3/28/2021 7:20 PM
17	B, C & D (in that specific order) are my preferred scorecard formats for absorbing comprehensive data. I like that they all provide the ability to filter, if needed. Illustration A is too wordy and I don't believe many people will take the time to digest the data. People are busy and want quick hits which illustration A fails to provide.	3/27/2021 4:21 PM
18	Various charts in a variety of colors. Black/darker background makes it easier to look at	3/26/2021 9:36 AM
19	Asking this question in this manner indicates you don't know what you're doing with the design of the dashboard.	3/25/2021 7:11 PM
20	light background, less busy, D is good too	3/25/2021 2:14 PM
21	Clearest colors and graphs. Black background very strident.	3/25/2021 12:40 PM
22	For me it was easier to understand and to look for the information	2/8/2021 5:40 PM
23	Lighter colors, text kept to one section graphs to another section.	1/28/2021 8:03 PM

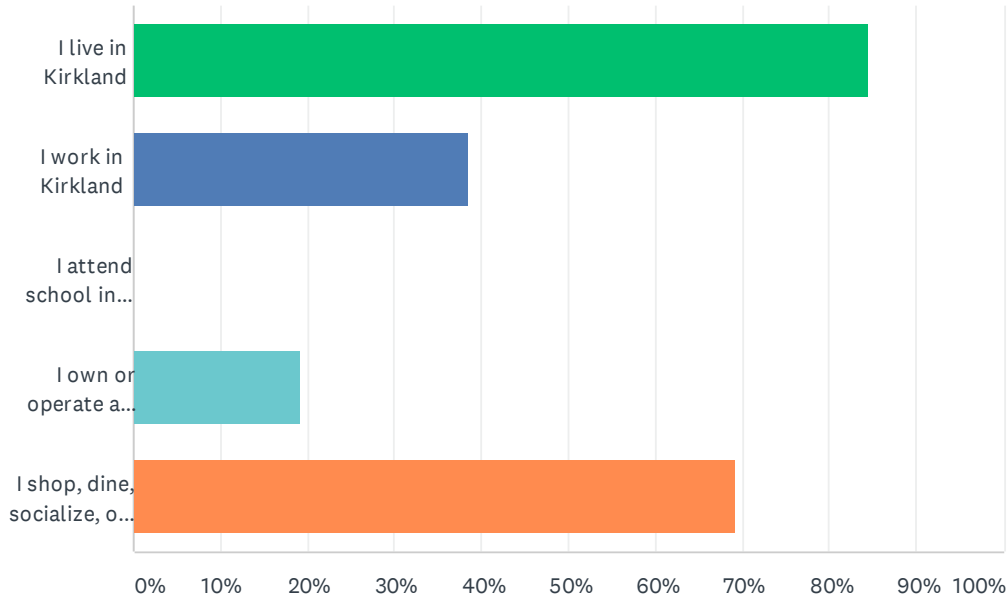
## Q23 Any other suggestions about the look and feel of dashboards?

Answered: 12 Skipped: 14

#	RESPONSES	DATE
1	Do not use black/dark themes, looks foreboding	4/23/2021 11:48 PM
2	Consider a basic and advanced view to be flexible to residents.	4/23/2021 3:20 PM
3	Just give us a raw data feed	4/1/2021 9:34 PM
4	Personally enjoy dark theme, but would look cleaner and more in line with the "Eastside" look if it was a white background and light theme.	4/1/2021 10:09 AM
5	Light UI is more accessible friendly. Don't forget about folks with color blindness, using screen readers, and others	3/31/2021 9:01 PM
6	No	3/30/2021 11:55 AM
7	Would be better with a white background.	3/30/2021 9:05 AM
8	no	3/29/2021 11:02 PM
9	Not at this time.	3/27/2021 4:21 PM
10	Yes, do actually usability test.	3/25/2021 7:11 PM
11	no	2/8/2021 5:40 PM
12	n/a	1/28/2021 8:03 PM

### Q24 Which of the following applies to you? (Check all that apply)

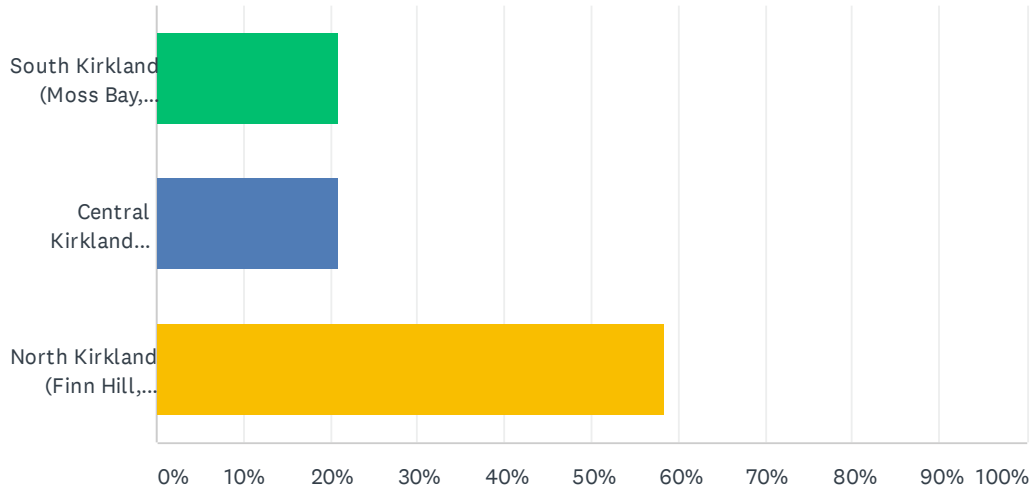
Answered: 26 Skipped: 0



ANSWER CHOICES	RESPONSES	
I live in Kirkland	84.62%	22
I work in Kirkland	38.46%	10
I attend school in Kirkland	0.00%	0
I own or operate a business in Kirkland	19.23%	5
I shop, dine, socialize, or recreate in Kirkland	69.23%	18
Total Respondents: 26		

## Q25 In which part of Kirkland do you reside?

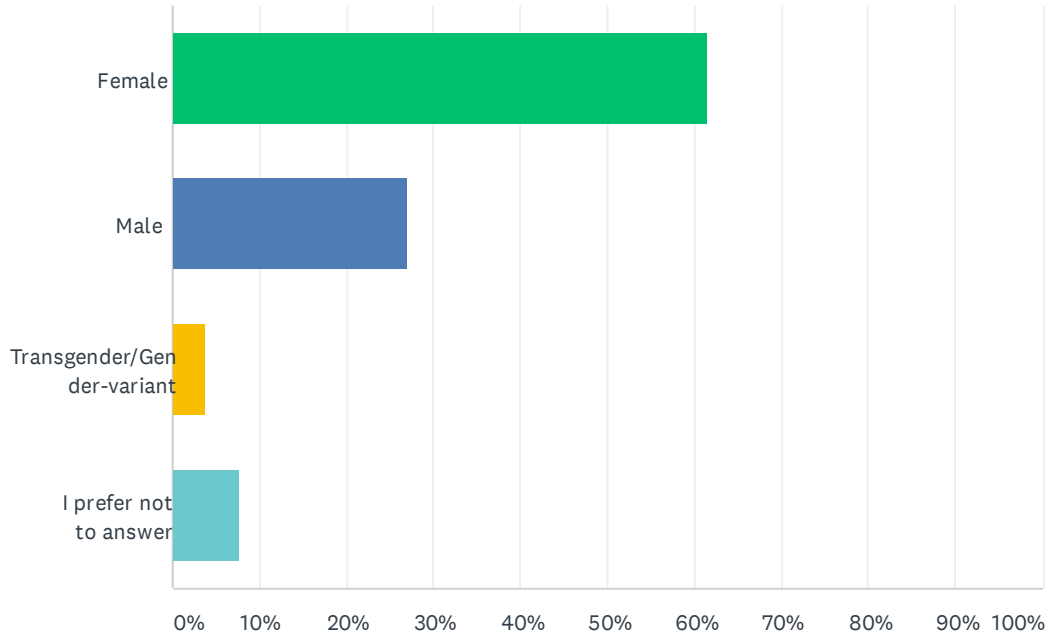
Answered: 24 Skipped: 2



ANSWER CHOICES	RESPONSES	
South Kirkland (Moss Bay, Everest, South Rose Hill, Lakeview, Central Houghton, Bridle Trails)	20.83%	5
Central Kirkland (Market, Norkirk, Highlands, North Rose Hill)	20.83%	5
North Kirkland (Finn Hill, Juanita, Kingsgate, Totem Lake)	58.33%	14
<b>TOTAL</b>		<b>24</b>

## Q26 What is the gender by which you identify?

Answered: 26 Skipped: 0

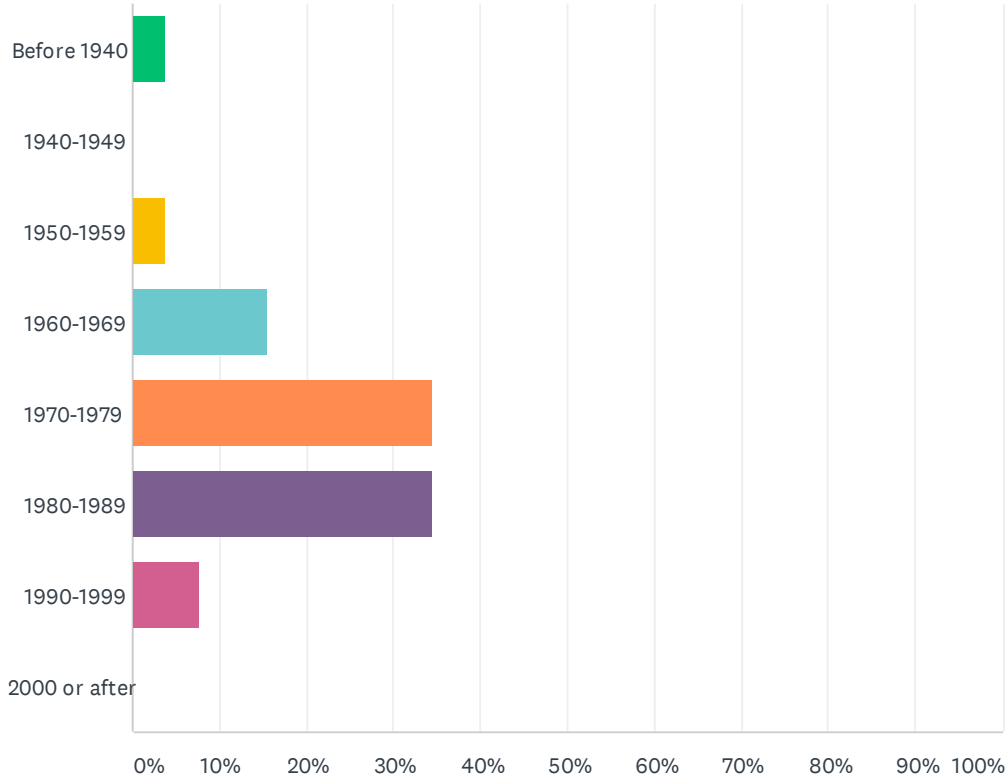


ANSWER CHOICES	RESPONSES	
Female	61.54%	16
Male	26.92%	7
Transgender/Gender-variant	3.85%	1
I prefer not to answer	7.69%	2
<b>TOTAL</b>		<b>26</b>



## Q27 In which decade were you born?

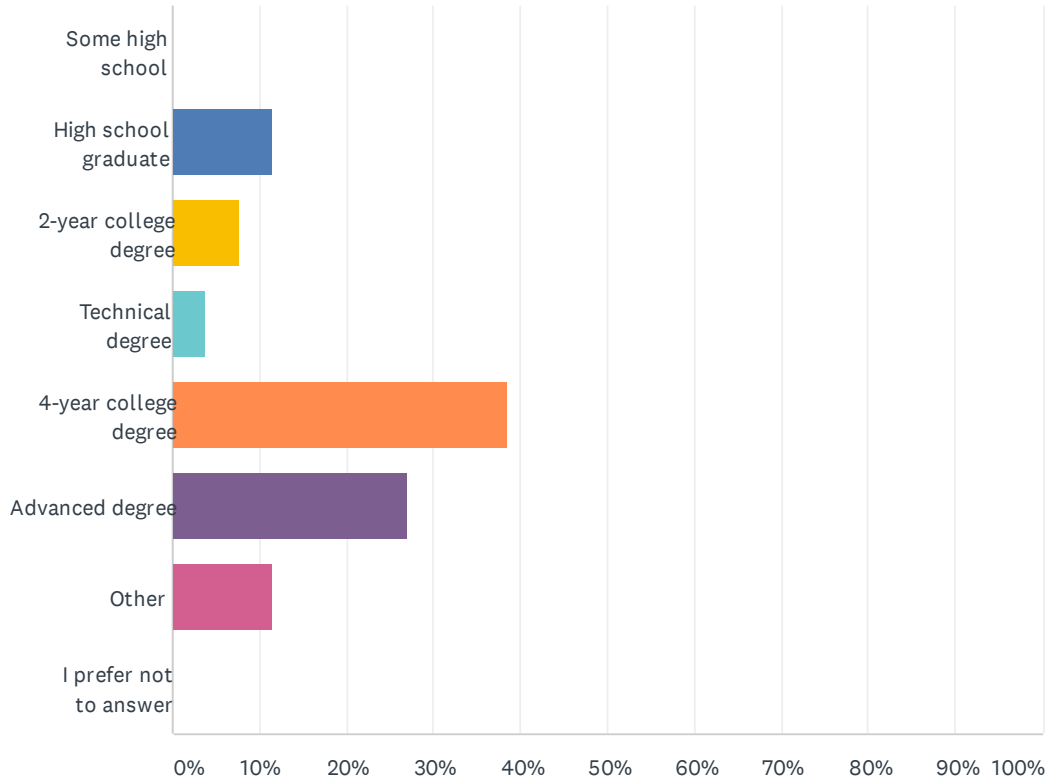
Answered: 26 Skipped: 0



ANSWER CHOICES	RESPONSES
Before 1940	3.85% 1
1940-1949	0.00% 0
1950-1959	3.85% 1
1960-1969	15.38% 4
1970-1979	34.62% 9
1980-1989	34.62% 9
1990-1999	7.69% 2
2000 or after	0.00% 0
<b>TOTAL</b>	<b>26</b>

## Q28 What is your highest level of education?

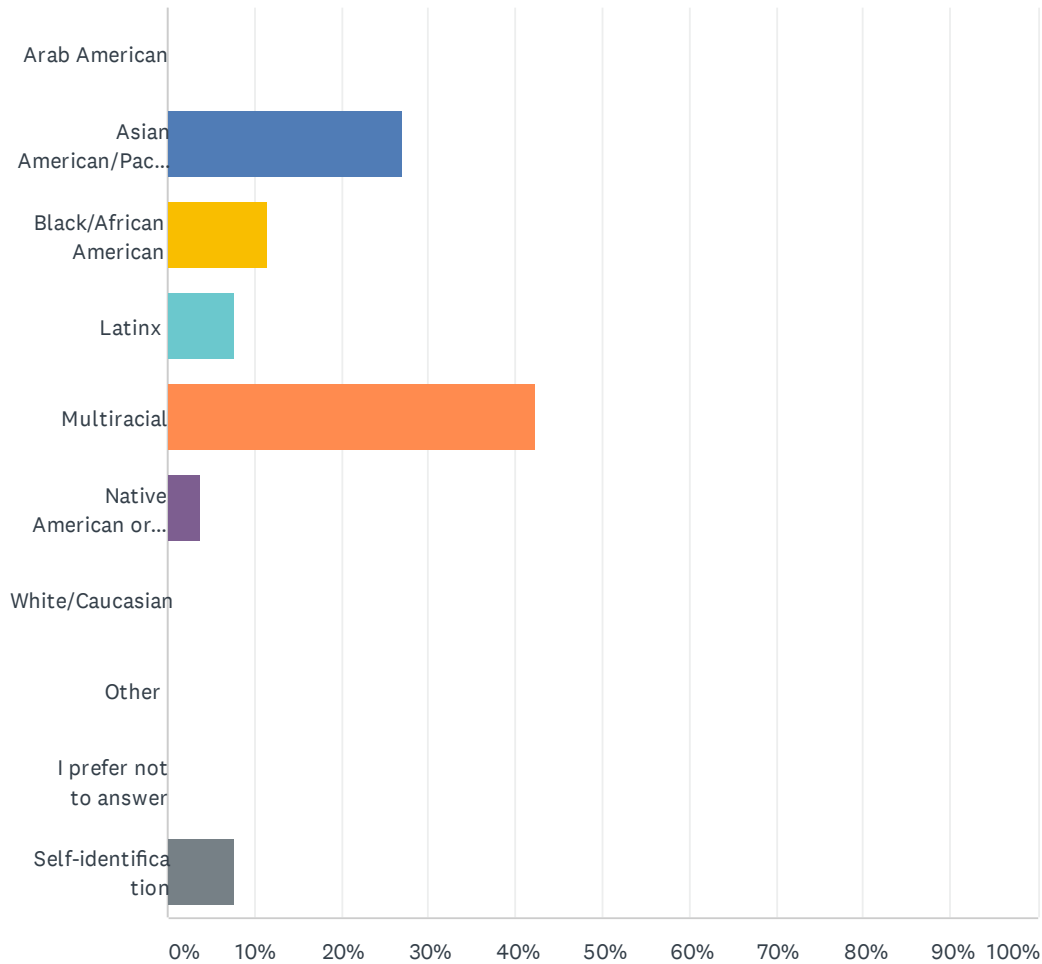
Answered: 26 Skipped: 0



ANSWER CHOICES	RESPONSES
Some high school	0.00% 0
High school graduate	11.54% 3
2-year college degree	7.69% 2
Technical degree	3.85% 1
4-year college degree	38.46% 10
Advanced degree	26.92% 7
Other	11.54% 3
I prefer not to answer	0.00% 0
<b>TOTAL</b>	<b>26</b>

## Q29 Which of the following best describes your racial and ethnic heritage?

Answered: 26 Skipped: 0



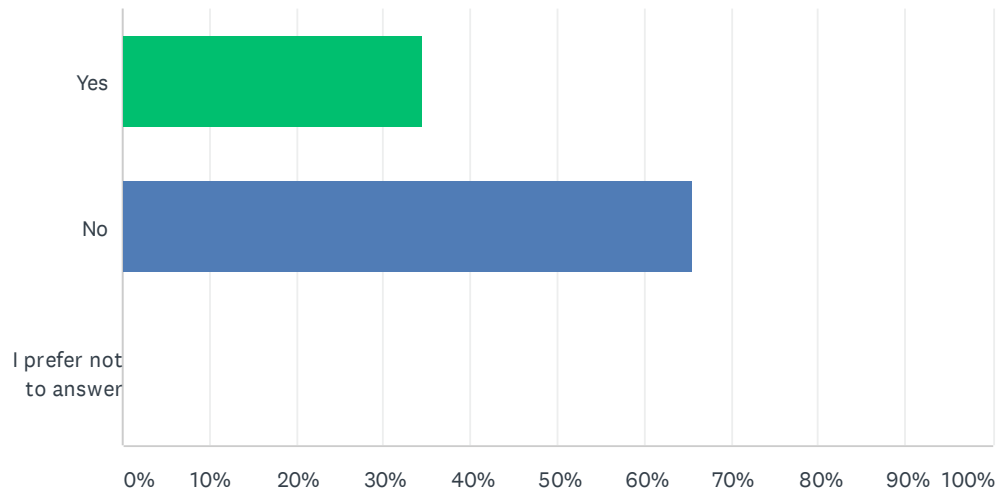
ANSWER CHOICES	RESPONSES	
Arab American	0.00%	0
Asian American/Pacific Islander	26.92%	7
Black/African American	11.54%	3
Latinx	7.69%	2
Multiracial	42.31%	11
Native American or Alaska Native	3.85%	1
White/Caucasian	0.00%	0
Other	0.00%	0
I prefer not to answer	0.00%	0
Self-identification	7.69%	2
<b>TOTAL</b>		<b>26</b>

How should the City of Kirkland show information about the Police Department, Human Resources, and Human Services?

#	SELF-IDENTIFICATION	DATE
1	Mexican American	4/1/2021 11:01 AM
2	Latina. I dont like Latinx	2/8/2021 5:43 PM

### Q30 Does anyone in your household speak a language other than English on a regular basis?

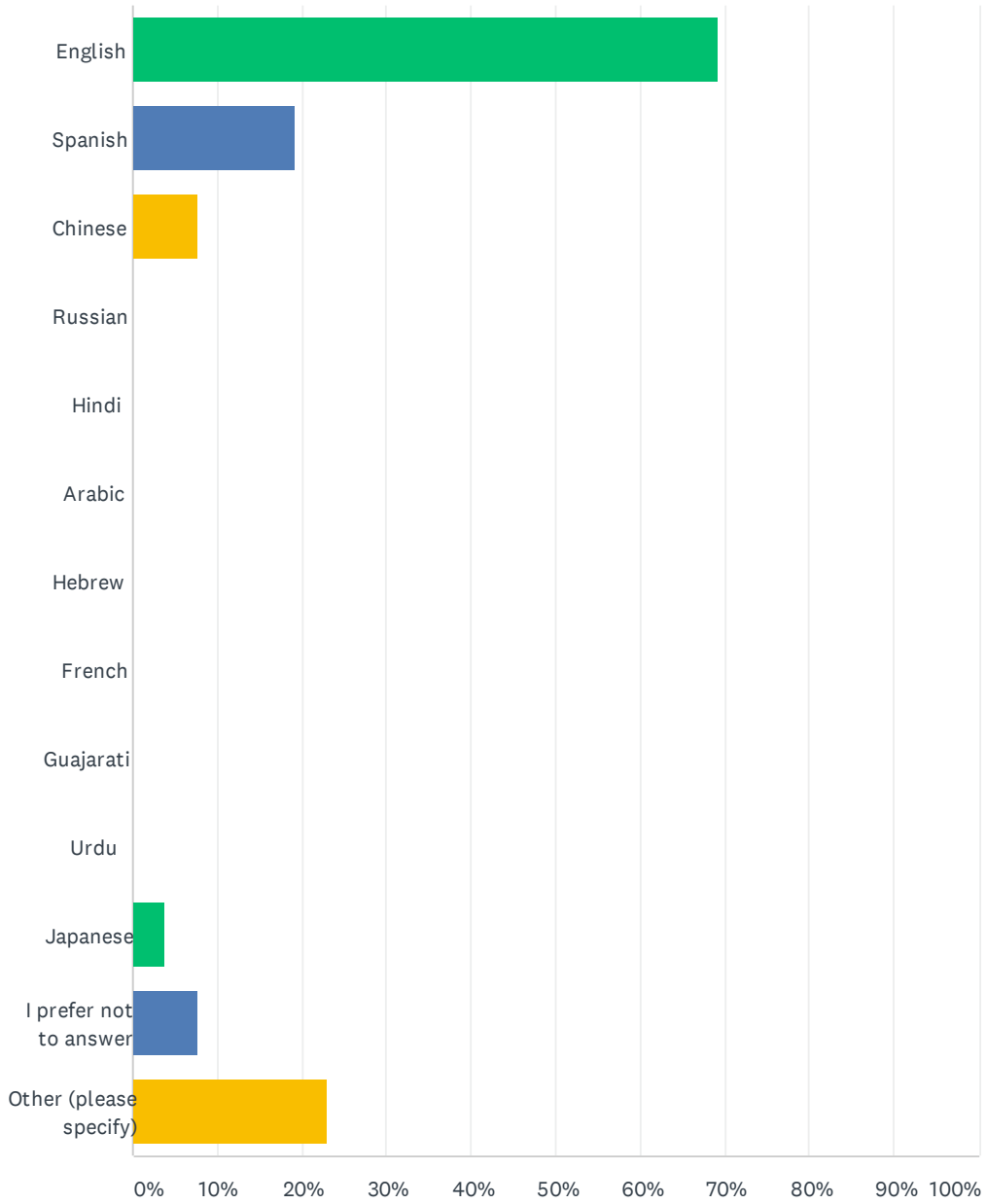
Answered: 26 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	34.62%	9
No	65.38%	17
I prefer not to answer	0.00%	0
TOTAL		26

### Q31 What languages are spoken in your home? Check all that apply.

Answered: 26 Skipped: 0



How should the City of Kirkland show information about the Police Department, Human Resources, and Human Services?

ANSWER CHOICES	RESPONSES	
English	69.23%	18
Spanish	19.23%	5
Chinese	7.69%	2
Russian	0.00%	0
Hindi	0.00%	0
Arabic	0.00%	0
Hebrew	0.00%	0
French	0.00%	0
Guajarati	0.00%	0
Urdu	0.00%	0
Japanese	3.85%	1
I prefer not to answer	7.69%	2
Other (please specify)	23.08%	6
Total Respondents: 26		

#	OTHER (PLEASE SPECIFY)	DATE
1	Khmer	4/23/2021 3:21 PM
2	German	4/1/2021 11:01 AM
3	Korean	4/1/2021 10:10 AM
4	Thai	3/31/2021 9:02 PM
5	Korean	3/30/2021 12:13 PM
6	Korean	3/25/2021 2:15 PM

## Q1 ¿Quisiera que se incluya más información?

Answered: 1 Skipped: 0

#	RESPONSES	DATE
1	No	5/7/2021 5:31 PM



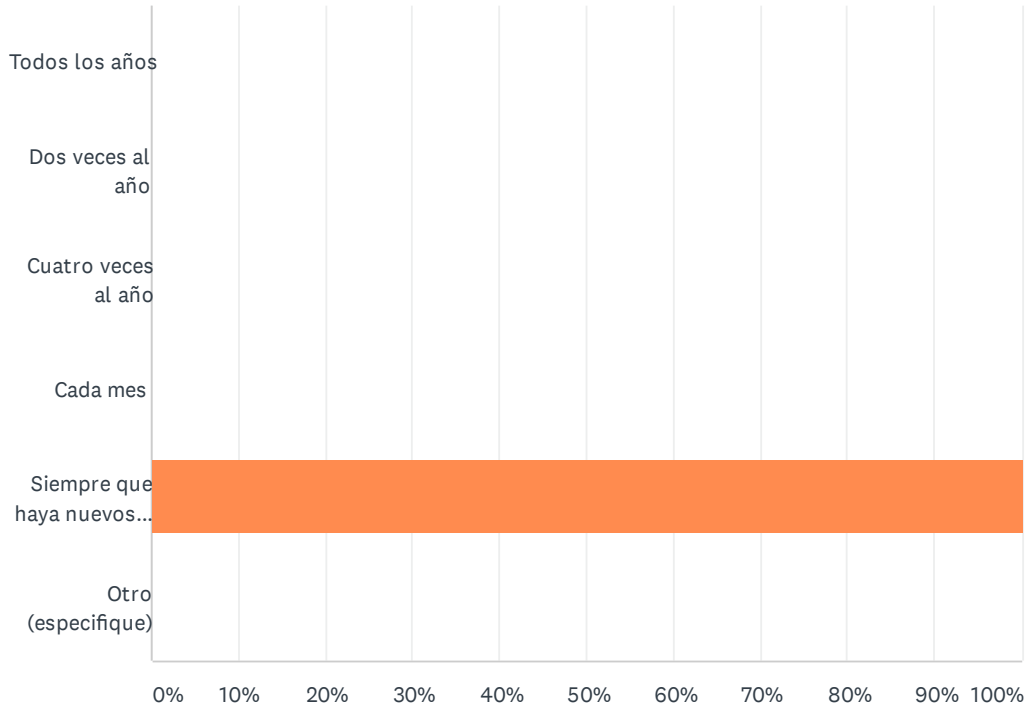
## Q2 ¿Es innecesaria alguna información de la lista?

Answered: 1 Skipped: 0

#	RESPONSES	DATE
1	No	5/7/2021 5:31 PM

### Q3 ¿Con qué frecuencia se deben actualizar estos datos?

Answered: 1 Skipped: 0



ANSWER CHOICES	RESPONSES	
Todos los años	0.00%	0
Dos veces al año	0.00%	0
Cuatro veces al año	0.00%	0
Cada mes	0.00%	0
Siempre que haya nuevos datos	100.00%	1
Otro (especifique)	0.00%	0
<b>TOTAL</b>		<b>1</b>

#	OTRO (ESPECIFIQUE)	DATE
	There are no responses.	

## Q4 ¿Tiene más comentarios sobre el panel de uso de la fuerza de la policía?

Answered: 0 Skipped: 1

#	RESPONSES	DATE
	There are no responses.	

## Q5 ¿Falta algún dato en la lista de arriba?

Answered: 1 Skipped: 0

#	RESPONSES	DATE
1	No	5/7/2021 5:31 PM

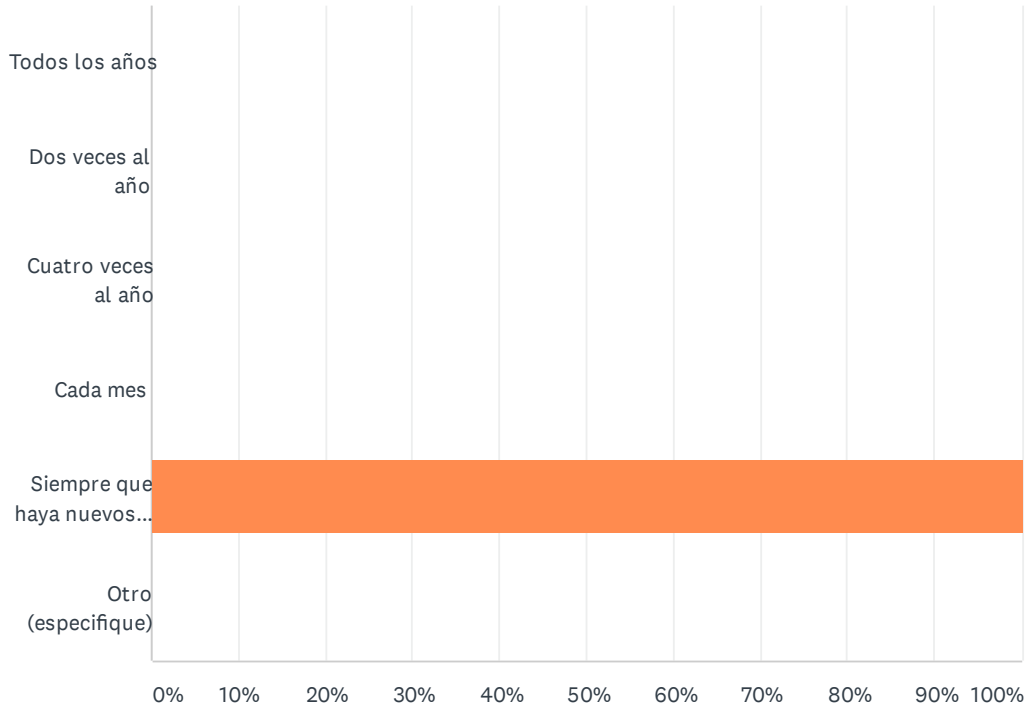
## Q6 ¿Es innecesario algún dato de la lista de arriba?

Answered: 1 Skipped: 0

#	RESPONSES	DATE
1	No	5/7/2021 5:31 PM

## Q7 ¿Con qué frecuencia se deben actualizar estos datos?

Answered: 1 Skipped: 0



ANSWER CHOICES	RESPONSES	
Todos los años	0.00%	0
Dos veces al año	0.00%	0
Cuatro veces al año	0.00%	0
Cada mes	0.00%	0
Siempre que haya nuevos datos	100.00%	1
Otro (especifique)	0.00%	0
<b>TOTAL</b>		<b>1</b>

#	OTRO (ESPECIFIQUE)	DATE
	There are no responses.	

## Q8 ¿Tiene más comentarios sobre el panel de delitos?

Answered: 0 Skipped: 1

#	RESPONSES	DATE
	There are no responses.	

## Q9 ¿Falta algún dato en la lista de arriba?

Answered: 1 Skipped: 0

#	RESPONSES	DATE
1	No	5/7/2021 5:31 PM



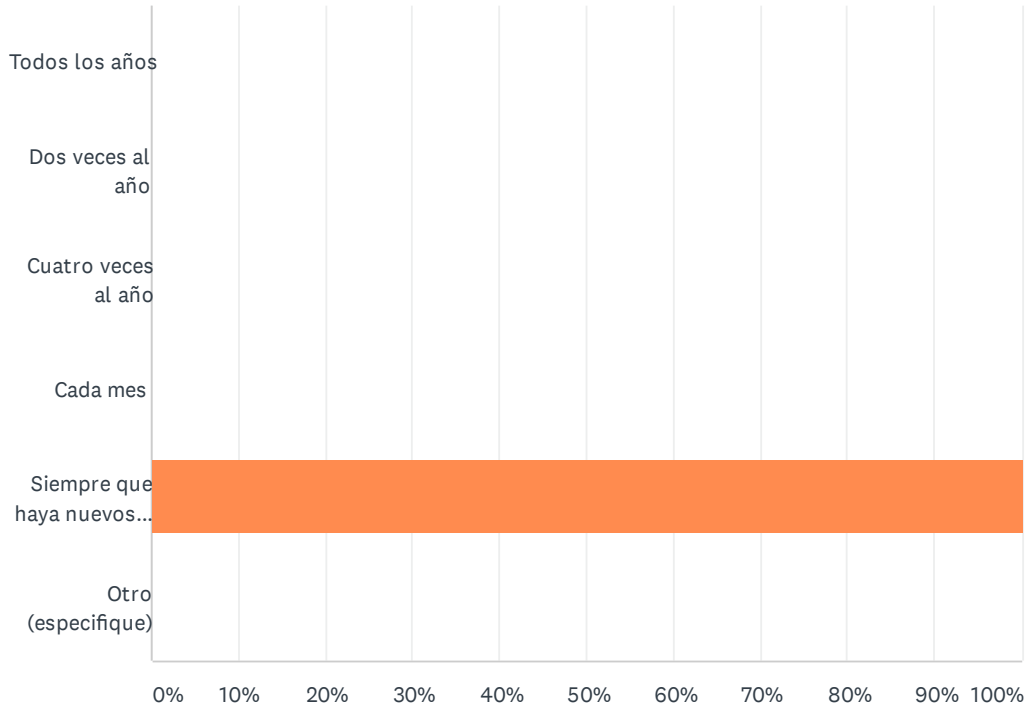
## Q10 ¿Es innecesario algún dato de la lista de arriba?

Answered: 1 Skipped: 0

#	RESPONSES	DATE
1	No	5/7/2021 5:31 PM

## Q11 ¿Con qué frecuencia se deben actualizar estos datos?

Answered: 1 Skipped: 0



ANSWER CHOICES	RESPONSES	
Todos los años	0.00%	0
Dos veces al año	0.00%	0
Cuatro veces al año	0.00%	0
Cada mes	0.00%	0
Siempre que haya nuevos datos	100.00%	1
Otro (especifique)	0.00%	0
<b>TOTAL</b>		<b>1</b>

#	OTRO (ESPECIFIQUE)	DATE
	There are no responses.	

## Q12 ¿Tiene más comentarios sobre el panel de los SRO?

Answered: 0 Skipped: 1

#	RESPONSES	DATE
	There are no responses.	

## Q13 ¿Falta algún dato en la lista de arriba?

Answered: 1 Skipped: 0

#	RESPONSES	DATE
1	No	5/7/2021 5:32 PM

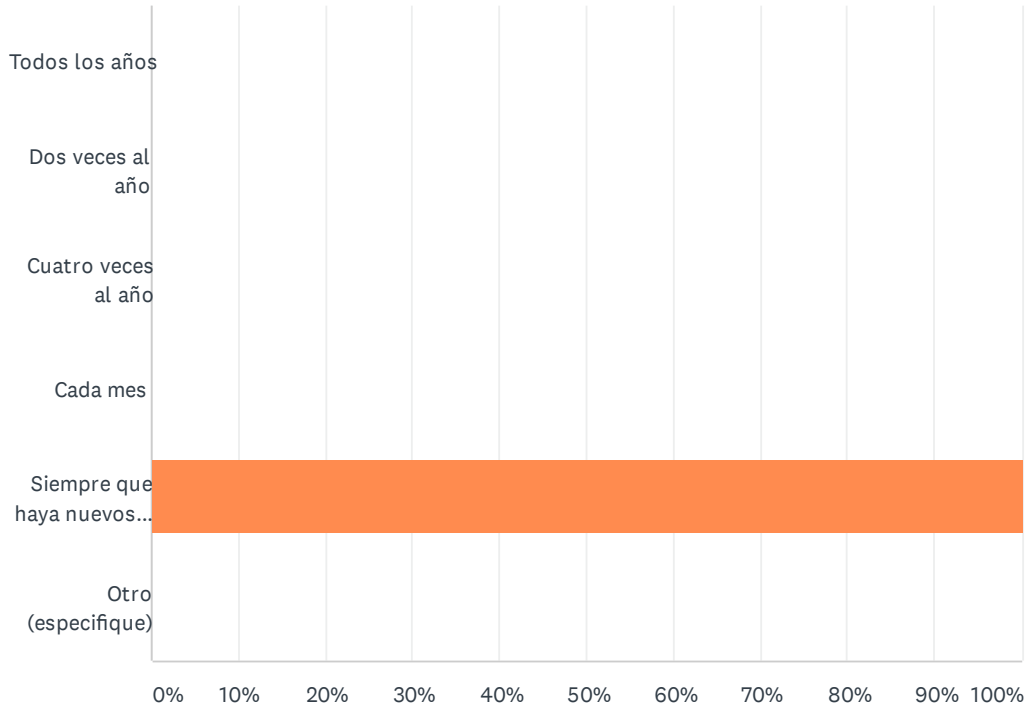
## Q14 ¿Es innecesario algún dato de la lista de arriba?

Answered: 1 Skipped: 0

#	RESPONSES	DATE
1	No	5/7/2021 5:32 PM

## Q15 ¿Con qué frecuencia se deben actualizar estos datos?

Answered: 1 Skipped: 0



ANSWER CHOICES	RESPONSES	
Todos los años	0.00%	0
Dos veces al año	0.00%	0
Cuatro veces al año	0.00%	0
Cada mes	0.00%	0
Siempre que haya nuevos datos	100.00%	1
Otro (especifique)	0.00%	0
<b>TOTAL</b>		<b>1</b>

#	OTRO (ESPECIFIQUE)	DATE
	There are no responses.	

## Q16 ¿Tiene más comentarios sobre el panel de recursos humanos?

Answered: 0 Skipped: 1

#	RESPONSES	DATE
	There are no responses.	

## Q17 ¿Falta algún dato en la lista de arriba?

Answered: 1 Skipped: 0

#	RESPONSES	DATE
1	No	5/7/2021 5:33 PM



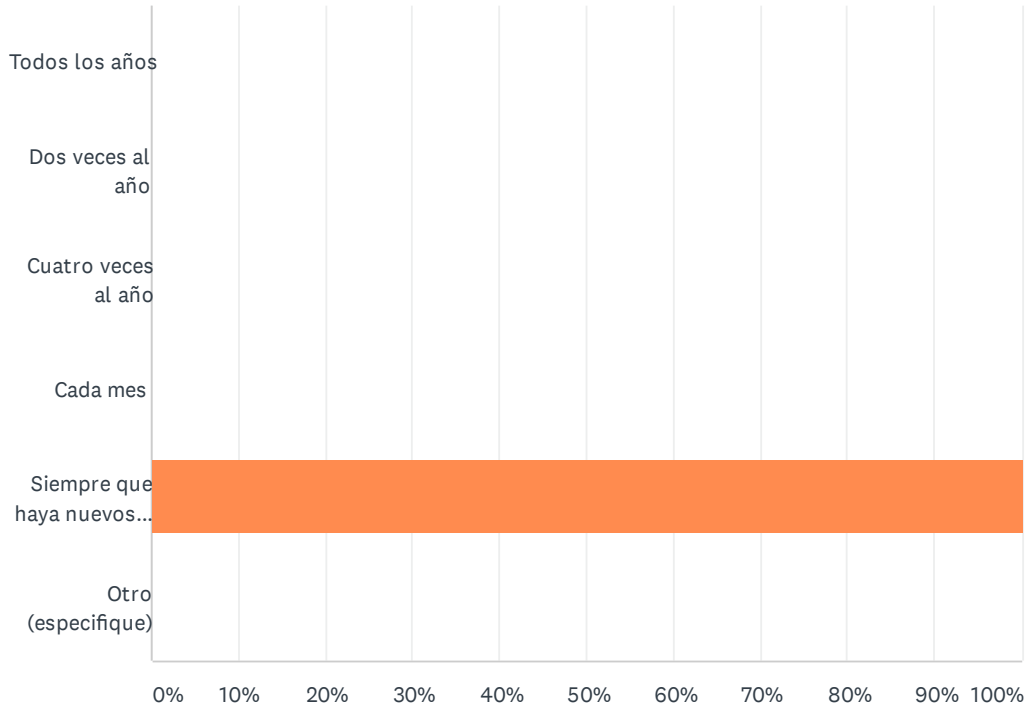
## Q18 ¿Es innecesario algún dato de la lista de arriba?

Answered: 1 Skipped: 0

#	RESPONSES	DATE
1	No	5/7/2021 5:33 PM

## Q19 ¿Con qué frecuencia se deben actualizar estos datos?

Answered: 1 Skipped: 0



ANSWER CHOICES	RESPONSES	
Todos los años	0.00%	0
Dos veces al año	0.00%	0
Cuatro veces al año	0.00%	0
Cada mes	0.00%	0
Siempre que haya nuevos datos	100.00%	1
Otro (especifique)	0.00%	0
<b>TOTAL</b>		<b>1</b>

#	OTRO (ESPECIFIQUE)	DATE
	There are no responses.	

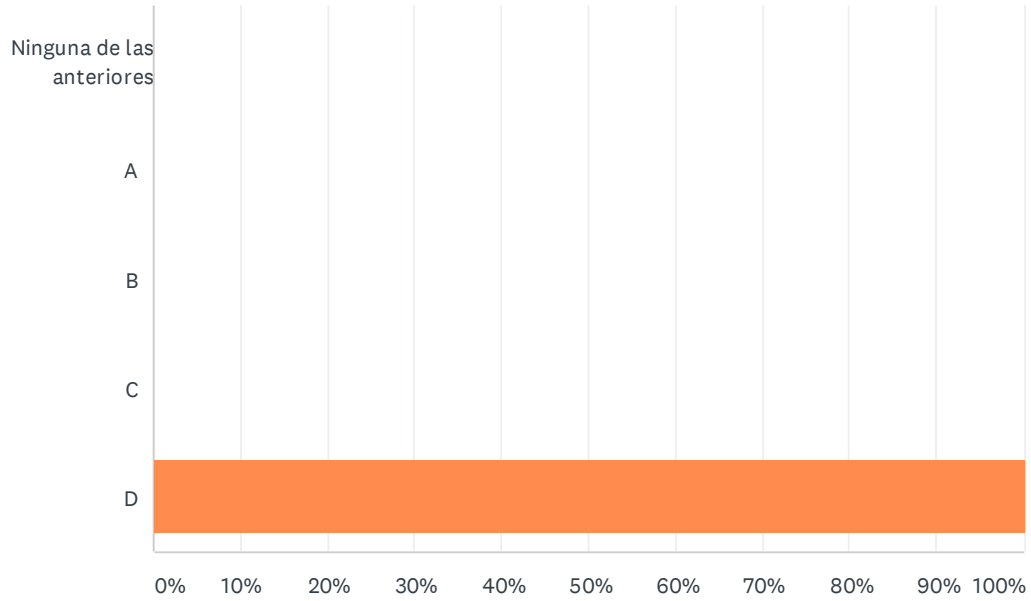
## Q20 ¿Tiene más comentarios sobre el panel de recursos humanos?

Answered: 0 Skipped: 1

#	RESPONSES	DATE
	There are no responses.	

## Q21 ¿Cuál de los paneles de ejemplo considera que muestra mejor los datos?

Answered: 1 Skipped: 0



ANSWER CHOICES	RESPONSES	
Ninguna de las anteriores	0.00%	0
A	0.00%	0
B	0.00%	0
C	0.00%	0
D	100.00%	1
<b>TOTAL</b>		<b>1</b>

## Q22 ¿Por qué?

Answered: 1 Skipped: 0

#	RESPONSES	DATE
1	Es más claro y conciso	5/7/2021 5:33 PM

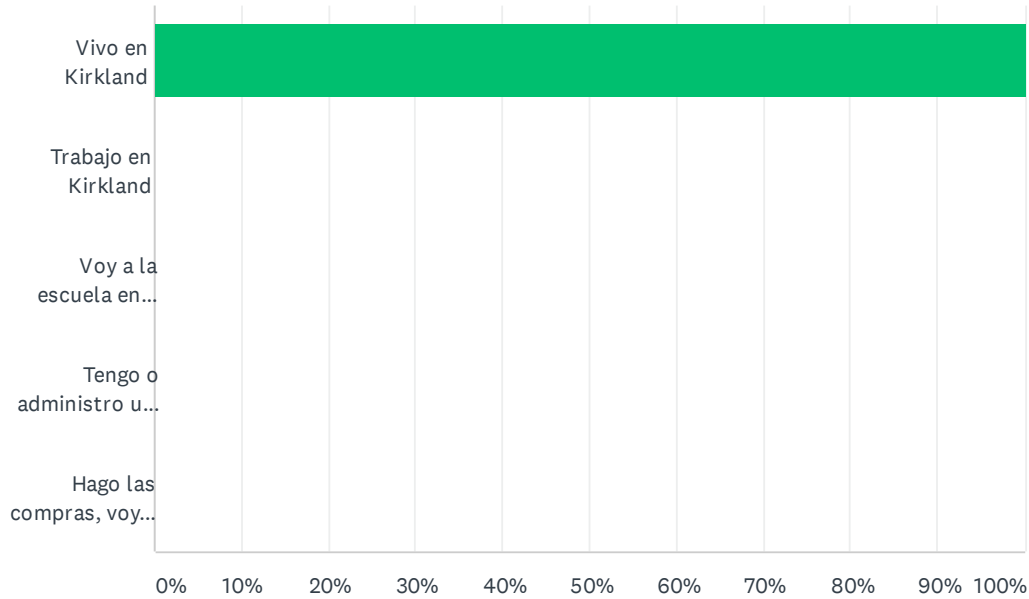
## Q23 ¿Tiene más comentarios sobre la apariencia de los paneles?

Answered: 0 Skipped: 1

#	RESPONSES	DATE
	There are no responses.	

## Q24 ¿Cuál de las siguientes se aplica a usted? (Marque todas las que correspondan)

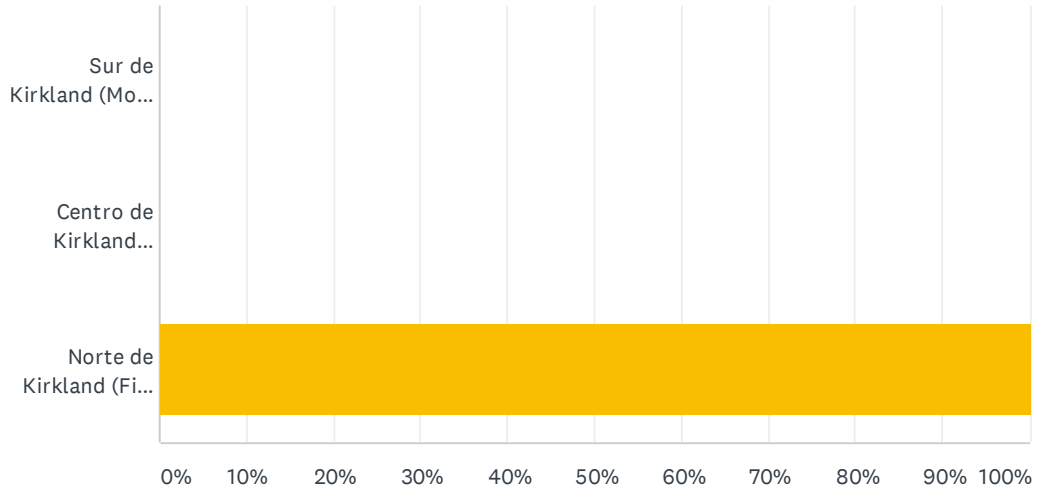
Answered: 1 Skipped: 0



ANSWER CHOICES	RESPONSES	
Vivo en Kirkland	100.00%	1
Trabajo en Kirkland	0.00%	0
Voy a la escuela en Kirkland	0.00%	0
Tengo o administro un negocio en Kirkland	0.00%	0
Hago las compras, voy a comer, socializo o hago actividades recreativas en Kirkland	0.00%	0
Total Respondents: 1		

## Q25 ¿En qué parte de Kirkland vive?

Answered: 1 Skipped: 0

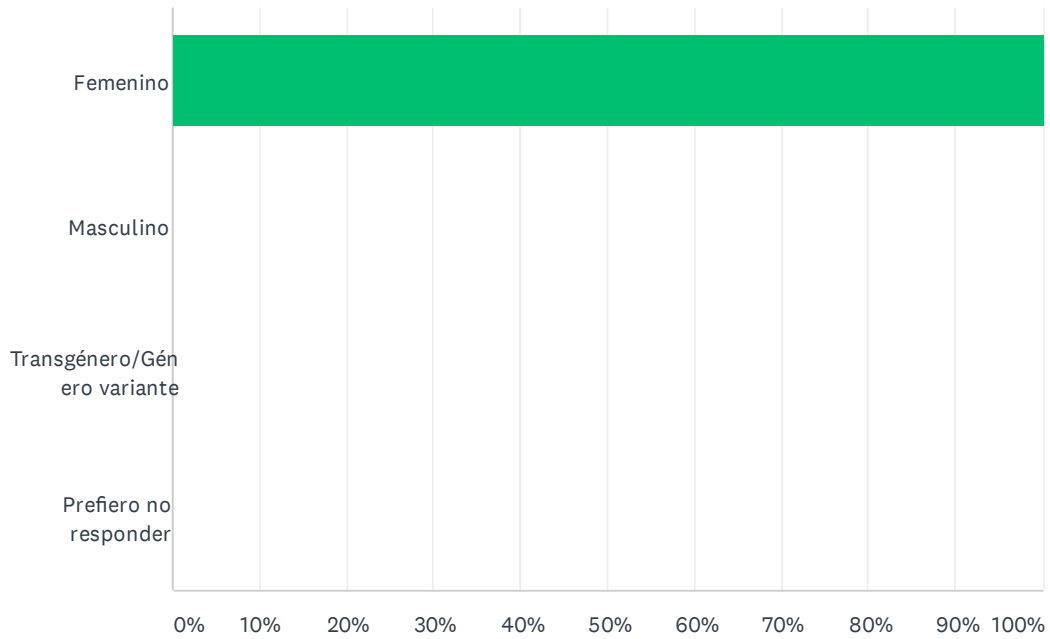


ANSWER CHOICES	RESPONSES	
Sur de Kirkland (Moss Bay, Everest, South Rose Hill, Lakeview, Central Houghton, Bridle Trails)	0.00%	0
Centro de Kirkland (Market, Norkirk, Highlands, North Rose Hill)	0.00%	0
Norte de Kirkland (Finn Hill, Juanita, Kingsgate, Totem Lake)	100.00%	1
<b>TOTAL</b>		<b>1</b>



## Q26 ¿Con qué género se identifica?

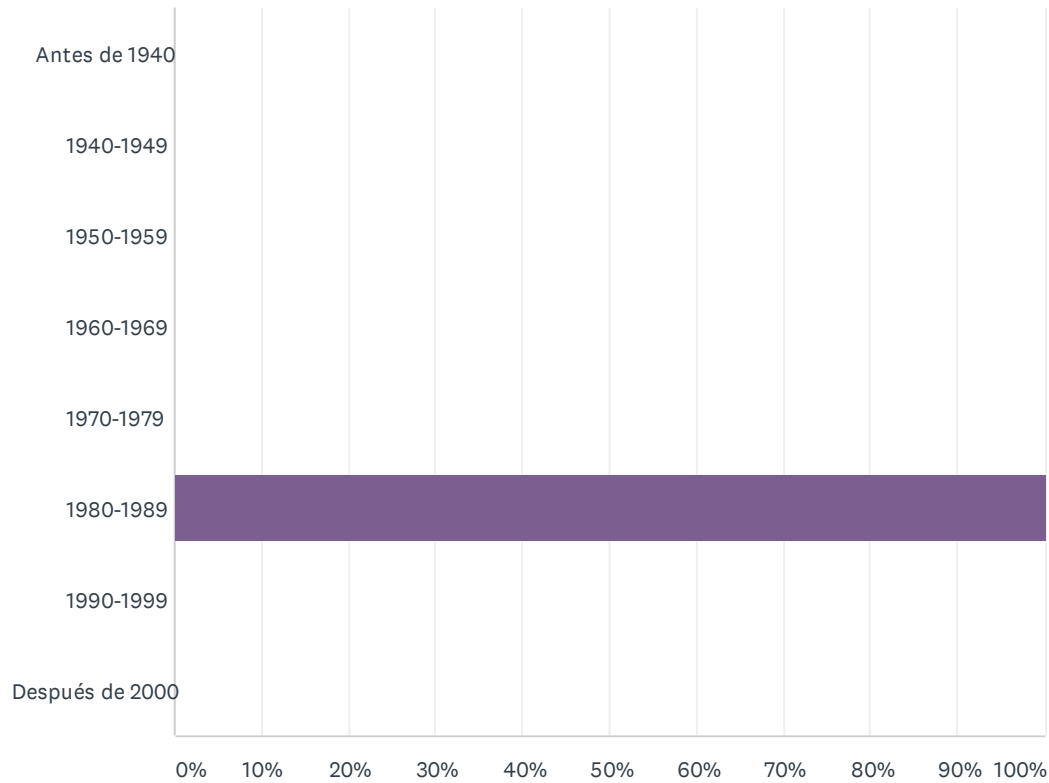
Answered: 1 Skipped: 0



ANSWER CHOICES	RESPONSES	
Femenino	100.00%	1
Masculino	0.00%	0
Transgénero/Género variante	0.00%	0
Prefiero no responder	0.00%	0
<b>TOTAL</b>		<b>1</b>

## Q27 ¿En qué década nació?

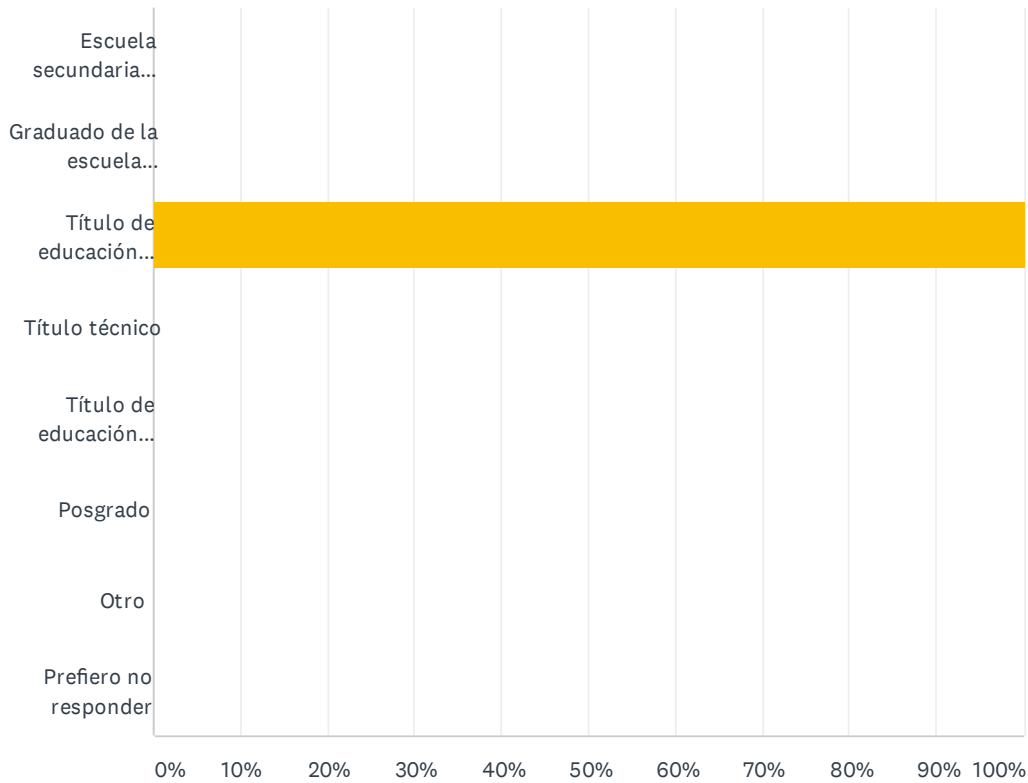
Answered: 1 Skipped: 0



ANSWER CHOICES	RESPONSES
Antes de 1940	0.00% 0
1940-1949	0.00% 0
1950-1959	0.00% 0
1960-1969	0.00% 0
1970-1979	0.00% 0
1980-1989	100.00% 1
1990-1999	0.00% 0
Después de 2000	0.00% 0
<b>TOTAL</b>	<b>1</b>

## Q28 ¿Cuál es el nivel de educación más alto que alcanzó?

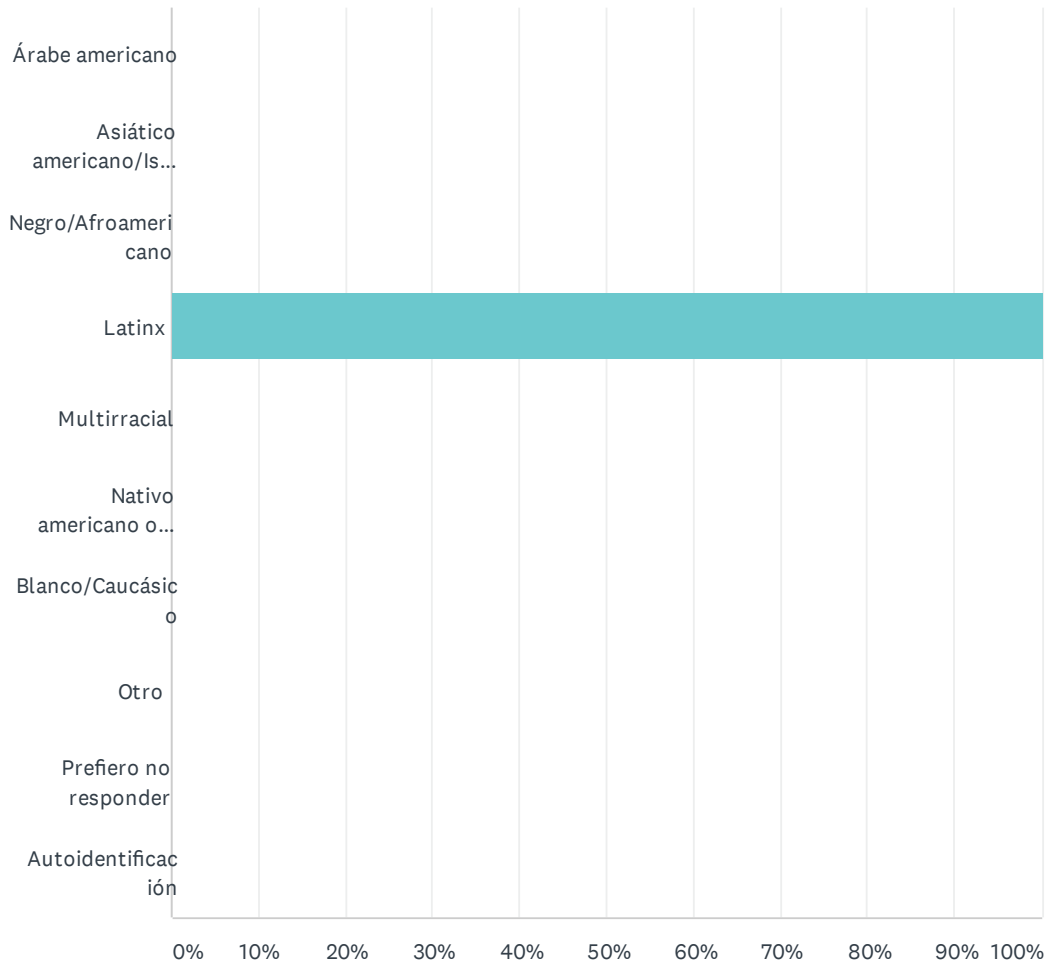
Answered: 1 Skipped: 0



ANSWER CHOICES	RESPONSES	
Escuela secundaria incompleta	0.00%	0
Graduado de la escuela secundaria	0.00%	0
Título de educación superior de 2 años	100.00%	1
Título técnico	0.00%	0
Título de educación superior de 4 años	0.00%	0
Posgrado	0.00%	0
Otro	0.00%	0
Prefiero no responder	0.00%	0
<b>TOTAL</b>		<b>1</b>

## Q29 ¿Cuál de los siguientes describe mejor su herencia racial y étnica?

Answered: 1 Skipped: 0



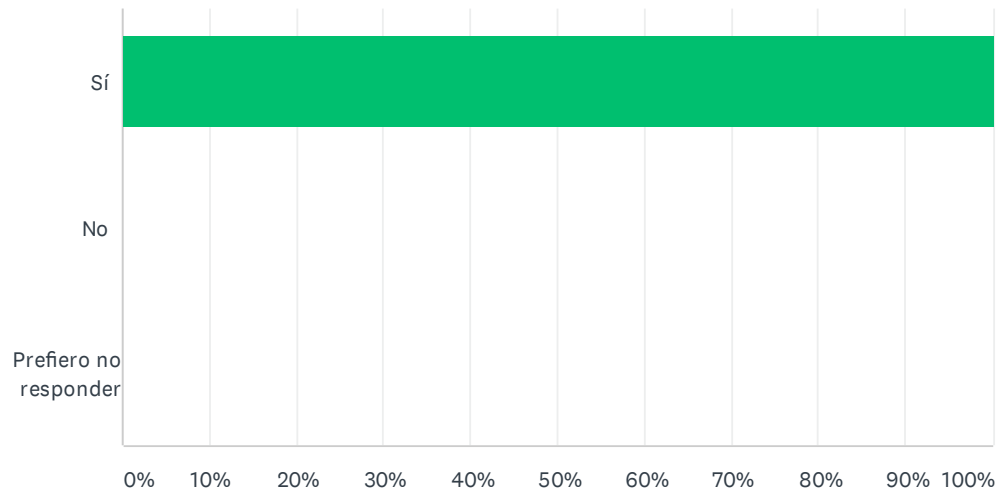
ANSWER CHOICES	RESPONSES
Árabe americano	0.00% 0
Asiático americano/Isleño del Pacífico	0.00% 0
Negro/Afroamericano	0.00% 0
Latinx	100.00% 1
Multirracial	0.00% 0
Nativo americano o nativo de Alaska	0.00% 0
Blanco/Caucásico	0.00% 0
Otro	0.00% 0
Prefiero no responder	0.00% 0
Autoidentificación	0.00% 0
<b>TOTAL</b>	<b>1</b>

La Ciudad de Kirkland está trabajando en cómo mostrar información a la comunidad sobre su desempeño como organización.

#	AUTOIDENTIFICACIÓN	DATE
	There are no responses.	

### Q30 ¿Habla algún miembro de su grupo familiar un idioma que no sea el inglés habitualmente?

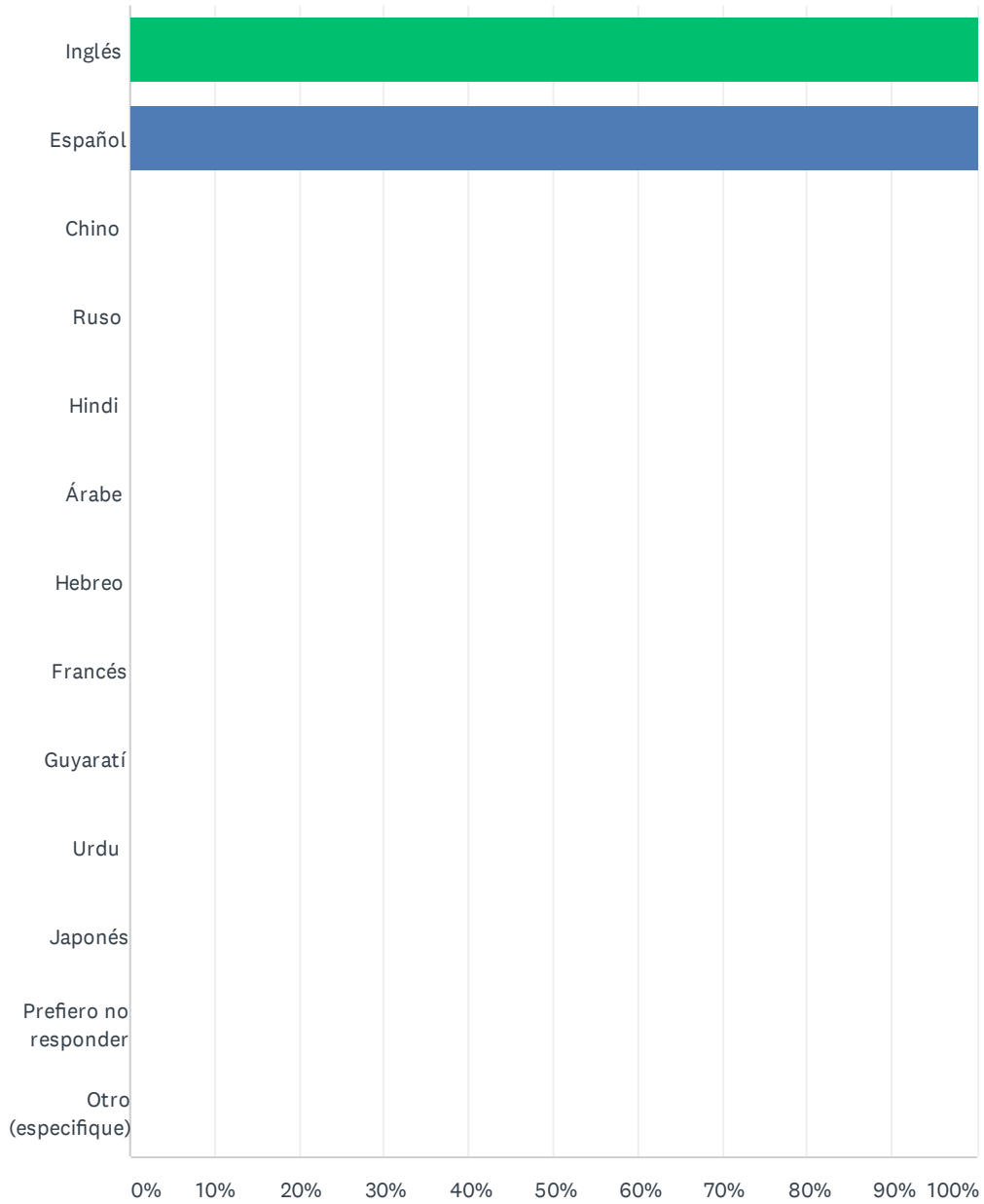
Answered: 1 Skipped: 0



ANSWER CHOICES	RESPONSES	
Sí	100.00%	1
No	0.00%	0
Prefiero no responder	0.00%	0
TOTAL		1

### Q31 ¿Qué idiomas se hablan en su casa? Marque todos los que correspondan.

Answered: 1 Skipped: 0



La Ciudad de Kirkland está trabajando en cómo mostrar información a la comunidad sobre su desempeño como organización.

ANSWER CHOICES	RESPONSES	
Inglés	100.00%	1
Español	100.00%	1
Chino	0.00%	0
Ruso	0.00%	0
Hindi	0.00%	0
Árabe	0.00%	0
Hebreo	0.00%	0
Francés	0.00%	0
Guyaratí	0.00%	0
Urdu	0.00%	0
Japonés	0.00%	0
Prefiero no responder	0.00%	0
Otro (especifique)	0.00%	0
Total Respondents: 1		

#	OTRO (ESPECIFIQUE)	DATE
	There are no responses.	



**Attachment C: R-5434 Open-Ended Questionnaire Responses**

Each row is a submission from a respondent. Not all respondents provided feedback for the dashboard elements.

<b>Developing a police use of force public dashboard</b>	<b>Evaluating enhancements to the existing police dashboard that help guard against bias in police action</b>	<b>Developing a School Resource Officer public dashboard</b>	<b>Developing a Human Resources public dashboard</b>	<b>Developing a Human Services public dashboard</b>
	worthwhile	might be worthwhile, but design carefully so the SROs aren't motivated to only behave in ways that look good on the dashboard		
I do not believe this is needed. Just put this information in the annual report.	I oppose this because there is no bias in police action.	I oppose this. There is no need for this.	I oppose this. There is no need for this.	I oppose this. There is no need for this.
More public information is appropriate as long as the cost/impact on police dept. is not excessive				
Probably should be owned/operated by someone OTHER than police, or add a way for an auditing organization to comment.				
Transparency is very important for building trust and making change. This is a good idea.	"The master's tools will bit be used to break down the master's house," is the quote that most readily comes to mind when looking at the current dashboard. It's clear that it was made from the point of view of someone with insight into how the city and police force function and what tasks the city and police think they	Cops don't belong in schools. A resource designed to serve the people needs to start with that assumption. So, transparency about students' rights, the role of cops at school, and how to hold cops accountable for upholding those rights and staying within the boundaries of their role need to be the most obvious	Again, get the perspectives of people who need help to create this	

	need to accomplish. Scrap it and start from the point of view of someone in the community who needs help. Better yet, start a focus group of people who are most likely to be underserved and/or victimized by the police. Ask them what they need and what layout would work for them to find it.	resources on the dashboard.		
This is SO necessary. We are the land of big data and tech --- let's do this.	YES	School Resource Officers should be eliminated. I have misgivings about this --- minors are involved.		
The public does not know how to be a police officer. Quit having an opinion on something you have no idea about				
Yes, it would be helpful to know where and when use of force is applied.				Great idea. Police are called to help with my neighbors who fight, take drugs, and cause huge disruptions. These folks need psychological help or social help, however, they'll probably refuse help.
This isn't a real issue and these are tools that officers need to use to protect themselves and citizens safe		Sure	Could be useful	Could be useful
What would this look like? Is the idea to encourage the public to be vocal about misuse of force? Seems like a dangerous platform to open up, though the intentions would certainly be noble... Need more info to provide feedback!	I don't know what this is.	I don't know what this is or what this would look like.	I don't know what this is or what this would look like.	I don't know what this is or what this would look like.

This is a good idea.	Yes support	Yes I support this.	Yes	Yes
Yes	Yes	Discontinue police presences in the schools	Maybe	Maybe
Strongly agree!	Strongly agree!	Strongly agree!	Agree with reservations	Strongly agree!
This is a crucial way the city and police force can increase communication, transparency, and accountability to the community. It should be easily accessible and easy to read/obtain information from. It should be updated consistently. The city should also focus on informing the community that this exists.	Any evaluation against bias should be ongoing.	Unless you have a child that attends a school with an SRC, I don't believe most people even know what the role of SRCs is. I believe a SRC public dashboard would increase awareness, as well as increase communication, transparency, and accountability to students, particularly Black students and students of color, and the community. It should be easily accessible and easy to read/obtain information from. It should be updated consistently. The city should also focus on informing the community that this exists.	This is another way the city can increase transparency, communication, and accountability to the community. The data provided can help shape future policy and the dismantling of systems that perpetuate racism.	This is another way the city can increase transparency, communication, and accountability to the community. The data provided can help shape future policy and the dismantling of systems that perpetuate racism.
It's fine now	It's fine already	Keep a resource officer		

## **Attachment D: Excerpts from the staff memorandum for the February 16, 2021, City Council meeting related to focus group feedback on the R-5434 dashboards**

The following excerpts are from the targeted stakeholder feedback collected as part of the R-5434 early action focus groups. The below text is copied directly from the February 16, 2021, staff memorandum, the full version of which is accessible here:

[https://www.kirklandwa.gov/files/sharedassets/public/city-council/agenda-documents/2021/february-16-2021/3a\\_study-session.pdf](https://www.kirklandwa.gov/files/sharedassets/public/city-council/agenda-documents/2021/february-16-2021/3a_study-session.pdf)

### **B. Use of Force Dashboard (R-5434 § 1a)**

- **Targeted Stakeholder Feedback**

Generally, focus group participants saw this is an important tool for police transparency and accountability, however very few groups spent much time discussing it during the focus group. Themes that did emerge from focus groups included providing transparency on how the data is collected and to continue to receive feedback from the community throughout an iterative creation and publication process. Finally, it was suggested to include a regular community meeting with police and other City staff as a way for community members to learn more, be heard about issues, and build trust.

City staff presented to the Right To Breathe Committee a draft dashboard based on proposed State legislation as a potential starting point for community discussions. The draft legislation is detailed below. The Right To Breathe Committee supported using the draft legislation as an initial framework.

### **C. Enhancements to the Existing Police Dashboard (R-5434 § 1b)**

- **Targeted Stakeholder Feedback**

Only one focus group identified this element for discussion. Focus group participants encouraged the inclusion of demographic data for both subject and officer that can be disaggregated. Participants also suggested that the periodic publishing of the updated dashboard data be more inclusive by producing it in different languages and creating more content, such as a video, that is focused on public presentation. Finally, participants thought that the dashboard should be accompanied by a description of how the City uses this data to inform and implement policy.

### **D. School Resource Officer Dashboard (R-5434 § 1c)**

- **Targeted Stakeholder Feedback**

The School Resource Officer (SRO) Dashboard, and specifically the SRO Program itself, was among the most widely discussed and prioritized by the Black-centered focus groups. Although staff conveyed to focus group participants the fact that an evaluation

of the SRO Program itself was not a part of R-5434, the focus group methodology used by staff invited discussion among the participants on any topic that the group wanted. As such, the focus group feedback on the topic of SROs was mostly related to the program and not an SRO dashboard. Most focus group participants were generally critical of a police officer being in a school environment as it related specifically to the safety and respect of Black students, as well as students of color broadly. Some focus group participants characterized the presence of an officer in schools as itself a “use of force” and that an armed officer generally made students very uncomfortable. Some focus group participants emphasized that an interpersonal relationship can’t overcome an institutional problem, describing how one friendly officer won’t erase years of evidence of police officers in general being an oppressive force. Some focus group attendees expressed past personal stories of negative interactions with SROs at Juanita and Lake Washington High Schools back when they were students there and described the traumatic effect of incidents involving SROs and students of color. Generally, focus group participants suggested replacing school resource officers with mental health counsellors, social workers, or similarly trained professionals to connect students to services, indicating that, although SROs may be trained to do so, they are not as highly trained in this area as other professionals.

#### **E. Human Resources Dashboard (R-5434 § 1d)**

- **Targeted Stakeholder Feedback**

Developing a Human Resources (HR) Dashboard was only identified and discussed by one focus group. The focus group suggested the inclusion of promotion data to see if the City is promoting people with diverse backgrounds. Another theme was to include with the dashboard context for the City’s other equity and inclusion efforts, in that diversity in staffing does not necessarily define equity but is a helpful starting point. The focus group suggested benchmarking demographics against the whole Eastside, not just the Kirkland community. Finally, the inclusion of data on members of the City’s Boards and Commissions was highlighted by the group.

#### **F. Human Services Dashboard (R-5434 § 1e)**

- **Targeted Stakeholder Feedback**

This element of R-5434 was not identified for discussion by any of the focus groups.

Additional feedback:

The Human Services Commission provided feedback at its January 26 meeting. Commissioners raised the question of whether the dashboard was intended to address equity more generally or racism more specifically. A concern identified with addressing equity more generally is that the urgency of addressing racism is lost. If the intent is to track equity more generally, the success or failure of serving other historically marginalized and oppressed populations, such as transgendered people and people with disabilities, were recommended to be included. Commissioners agreed that the concerns

of the members of the Black community needed to be foremost in determining the data to be included in the final dashboard. Finally, the Commission identified an additional way to assess how well the City was ensuring services for people in need, which was to track human services spending by way of measurements such as per capita spending and percentage of City budget and to compare those numbers with other cities.



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## **MEMORANDUM**

**To:** Kurt Triplett, City Manager

**From:** James Lopez, Deputy City Manager, External Affairs  
 Christine Hendrickson, Web and Multimedia Specialist

**Date:** MAY 7, 2021

**Subject:** UPDATE ON CITY EFFORTS TO EXPAND DIVERSITY OF PUBLIC ART, SYMBOLS, SPECIAL EVENTS, AND CITY PROGRAMING PURSUANT TO RESOLUTION R-5434 § 3e

### **RECOMMENDATION:**

That the City Council receives an update on City efforts to expand diversity of public art, symbols, special events, and City programming pursuant to Resolution R-5434 section § 3e. That the City Council further approve proposed Resolution R-5478, included on the consent agenda, which will update and amend provisions relating to the Kirkland Cultural Arts Commission and replace existing Resolution R-4995.

### **BACKGROUND DISCUSSION:**

The purpose of this report is to update the Council and the community on City efforts to expand diversity of public art, symbols, special events, and City programming, specifically as that work pertains to the Kirkland Cultural Arts Commission (KCAC). Over the last several months, members of the KCAC and City staff have been revising and updating key KCAC documents to bring them in alignment with the requirements of both R-5434 § 3e and R-5470 (revising City Council policy and procedures) and have been advancing R-5434 through a recent call for public artwork. To present that work, this memorandum is organized into two sections outlined below:

- I. Updating the Composition of the KCAC and Governing Documents
- II. Park Lane Gallery Call for Public Art

#### **I. Updating the Composition of the KCAC and the Governing Documents**

On March 5, 2021, the Council passed Resolution R-5470 approving amendments to the Council's policies and procedures and authorizing the City Manager to extend City advisory board and commission appointments expiring at the end of March through the end of May 2021, in order to allow more time for a recruitment and reappointment process that includes an emphasis on diversity and inclusion. As part of that action, the first paragraph of Chapter 8 of the Council's policies and procedures was amended to state that the City advisory boards and

commissions "shall consist of up to seven (7) and eight (8) members appointed by the City Council... ."

This change in policy has a direct impact on the KCAC, which is currently operating with up to 13 members of which several members are appointed by the KCAC itself.

As a result, staff has proposed Resolution R-5478 on the consent agenda. R-5478 replaces existing Resolution R-4995, updating the new KCAC membership to seven (7) adult members and one (1) youth member, and vesting appointment authority exclusively with the Council.

Also, in order to take advantage of the additional recruiting time, staff developed and implemented a comprehensive recruitment plan designed to increase KCAC diversity and inclusion. Results have been promising as the City received 16 (adult) applicants for four vacancies, a significant increase in participation compared with recent recruitment data.

Finally, staff has revised and updated the following additional governing documents:

- KCAC BYLAWS to reflect requirements of proposed Resolution R-5478 and other KCAC updates and to eliminate duplication from Chapter 8 of the Council Policies and Procedures;
- City of Kirkland Public Art Policy Guidelines (Guidelines) to include language consistent with R-5434 section § 3e, including but not limited to:
  - Revising the Guidelines to emphasize the need to curate a diverse public art collection representing various cultural and ethnic communities' perspectives and to regularly re-evaluate KCAC policies, practices, and programs to ensure there are no structural barriers to artists from historically marginalized communities;
  - Adding a comprehensive racial equity statement affirming the "important work of bringing equity to art is pivotal to the City's efforts to confront injustices of the past and reveal inequities of the present in order to build a more diverse, inclusive collection of public art, now and in the future."<sup>1</sup>
  - Revising the art acquisition and commission approval process to add language rewarding artwork that adds diversity, to reward artwork that conveys artistic expression rooted and reflective of historically marginalized communities by artists from those communities, and to give priority to artists based within the greater Puget Sound region;
  - Adding the option for the KCAC to include a diversity, equity, and inclusion subcommittee to help guide its process to examine and seek to expand the diversity of the City's public art;
  - Adding a streamlined selection process that gives the City Manager and the KCAC greater flexibility to move quickly and efficiently in the selection, commission, and deployment of art in the City.

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<sup>1</sup> Text of the full proposed Racial Equity Statement: "The KCAC, in alignment with the City Council, seeks to dismantle structural racism in Kirkland. The KCAC affirms that all people, their cultures, and their art contribute to the meaning and understanding of our shared humanity and should be honored and celebrated. The KCAC strives to proactively solicit and curate art that reflects the diversity of the Kirkland community, encourages a sense of belonging for all people, and supports the expression of historically marginalized communities. The art created by Black, Indigenous, and People of Color performs a unique role in our community and helps provide inspiration to resolve societal inequity and injustice. This important work of bringing equity to art is pivotal to the KCAC's efforts to confront injustices of the past and reveal inequities of the present in order to build a more diverse, inclusive collection of public art, now and in the future."



Staff intends to present the final drafts of new Bylaws and Guidelines to the KCAC for their May 19<sup>th</sup> meeting, and then to Council for review and approval during either the June 1 or June 15 Council meeting.

## **II. Park Lane Gallery Call for Public Art**

After the Council passed Resolution R-5434 in August of 2020, the KCAC embraced the opportunity to embody the tenets of R-5434 in the outdoor sculpture gallery on Park Lane. In September of 2020, the Park Lane Committee presented its vision for the future of Park Lane, which was a direct reflection of the resolution. The opportunity to showcase diversity and inclusivity was enthusiastically welcomed by the KCAC, who were strongly in favor of using art to create a cultural hub on Park Lane that would bring people together, spark conversation, build community, and inspire racial harmony.

The current Park Lane Outdoor Sculpture Gallery Call for Artists is the result of that vision.

The [Park Lane Outdoor Sculpture Gallery Call for Artists](#) represents the future of art calls. This new model includes a unique landing page on the City website that holds the relevant call details, images, plinth specifications and other supplementary documents. Importantly, it links to an online application form, with responses routed to City arts staff. This more modern, streamlined approach offers advanced accessibility, convenient ease of use, and is easily replicable. It's also nimble, enabling staff to maximize opportunities to learn as we continue to adjust our approach to attract art most consistent with the principles set forth in the R-5434. The new model also allows artists to submit their work via non-digital application methods.

Improvements to the landing page and the adjoining application can be easily deployed by CMO staff, who have complete control over both functions. This dramatic increase in efficiency is a direct reflection of the Council's investment in the new City website.

The Park Lane Call for Artists went live on Friday, May 7. The KCAC's initial timeline positions art on our Park Lane plinths by August, which compliments the Evenings on Park Lane proposal passed by the City Council on May 4, 2021. Staff envisions a compelling future for art on Park Lane and stands ready to deploy other Calls for Artists as we move forward with the implementation of R-5434.

### **NEXT ACTIONS:**

That the City Council approve proposed Resolution R-5478 which will update and amend provisions relating to the Kirkland Cultural Arts Commission and replace existing Resolution R-4995.

Staff also recommends returning to Council during a June Council meeting to present final proposed language for the following documents:

- Updated KCAC Bylaws
- Updated City of Kirkland Public Art Policy Guidelines



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## **MEMORANDUM**

**To:** Kurt Triplett, City Manager

**From:** James Lopez, Deputy City Manager for External Affairs  
 David Wolbrecht, Senior Neighborhood Services Coordinator  
 Greg Piland, Financial Operations Manager, Finance and Administration  
 Jay Gewin, Customer Accounts Supervisor, Finance and Administration  
 Chelsea Zibolsky, Special Projects Coordinator

**Date:** May 10, 2021

**Subject:** COMPREHENSIVE REVIEW OF CITY PROCUREMENT AND CONTRACTING PROCESSES AND DOCUMENTS

### **RECOMMENDATION:**

That the City Council receive an update on City efforts in support of Resolution R-5434 § 3c to conduct a comprehensive review of City procurement and contracting processes and documents to eliminate barriers for Disadvantaged Business Enterprises (DBEs) to compete for City projects.

### **BACKGROUND DISCUSSION:**

The purpose of this report is to update the Council and the community on City efforts by staff over the last several months to review the City's procurement and contracting processes and documents in an effort to identify and eliminate barriers for DBEs competition for City projects pursuant to Resolution R-5434 § 3c. This report is structured in four sections:

- I. Overview of the Purchasing Division
- II. Recent Actions in Support of R-5434 § 3c
- III. Next Actions in Support of R-5434 § 3c

#### **I. Overview of the Purchasing Division**

Outlined below is a brief overview of the role and responsibilities of the Purchasing Division at the City, provided as context due to the central role the division plays in all aspect of City contracting and procurement. The Purchasing Division is housed within the City's Finance and Administration Department and provides the following services:

- Purchases materials, supplies, and equipment.
- Obtains quotes and estimates for contracted services such as public works, professional services, and large equipment purchases.

- Acts as a liaison with the business community to encourage participation in City competitive processes.
- Supports departments with the best procurement, negotiation, financial and informational resources; and provides qualified suppliers/service providers/vendors with open and fair access.

## **II. Recent Actions in Support of R-5434 § 3c**

Over the last several months, City staff have been evaluating and revising procurement processes and documents to bring them in alignment with the requirements of R-5434. Below staff highlight four recent actions.

### **1. Creating an Honoraria Program for Focus Groups Participants**

Early in the R-5434 community engagement process, staff built off best practice research and community learning to develop a process to offer honoraria to focus group participants. Staff determined that providing honoraria to early action focus group participants would help decrease barriers to participation for those that may need to obtain child care or incur other expense in order to participate, while also acknowledging the time, energy, and effort in discussing structural racism with City staff, which often included sharing painful personal stories.

Staff took guidance from a related Puget Sound Regional Council (PSRC) policy that was adopted in Fall 2020. As the City currently has no policy or code language that would be applicable to paying focus group participants, the main barrier to this effort was the City's general requirement of a business license. The Financial Operations Manager and Assistant City Attorney identified an exception in the [Kirkland Municipal Code \(KMC\) 7.02.060](#)<sup>1</sup> which would apply, specifically:

*(d) If a person, or its employee, agent, representative, independent contractor, broker or another acting on the person's behalf, engages in no other activities in or with the city but the following, it need not register and obtain a business license:*

...

*(2) Meeting with government representatives in their official capacity, other than those performing contracting or purchasing functions.*

To ensure proper internal controls for payment, participants who sought the honoraria were required to fill out three forms:

- a compensation agreement between the participant and the City;
- an Internal Revenue Service Form W-9; and
- a Washington State Department of Retirement Services questionnaire.

The two forms originating from the City are provided as Attachment A.

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<sup>1</sup> Kirkland Municipal Code (KMC) 7.02.060. <https://www.codepublishing.com/WA/Kirkland/?Kirkland07/Kirkland0702.html#7.02.060>

This new process was generally successful for the intended purpose of paying focus groups participants for the early action outreach. This same process is being used for focus group participants for the Kirkland Indigenous History project.

However, as noted in the May 4, 2021, study session [staff memorandum](#)<sup>2</sup>, one of Ms. Chanin Kelly-Rae's preliminary findings relates to the barriers to providing payment to community members that serve on advisory committees. Staff continue to explore the best method to overcoming this, with possible outcomes being a new policy and/or a revision of existing policy(ies). Additionally, staff continue to explore whether formalizing the honoraria program would help ensure its continued use in other engagement efforts. As informed by Ms. Kelly-Rae's work over the coming months, staff will return to a future Council meeting with recommendations.

## **2. Expanded Advertising to DBE Firms**

Since February 2021, the City has been advertising formal competitive City purchasing opportunities that are published on the City's website with the Office of Minority and Women's Business Enterprises (OMWBE), Washington Procurement Technical Assistance Center (PTAC) and other available outlets that can expand the City's outreach to DBE firms. These actions occur at the same time the bids are publicly advertised on the City's website. According to the OMWBE's annual report, there are 2,265 businesses with state OMWBE certifications. More information on [OMWBE's certifications](#) is available on its website<sup>3</sup>.

Although the City does not currently have in place a performance management system to track any increases in DBE participation as a result of this initiative, staff is currently exploring strategies using the new financial system to set up such a process. Staff is also pleased to report that the City of Kirkland is featured on the OMWBE website on the [Doing Businesses with Government](#) page<sup>4</sup>.

## **3. Development of Comprehensive Training Program for Engaging DBE Firms**

Staff is developing a comprehensive training program for all managers, department purchasers, and administrative staff on parameters and guidelines for seeking quotes from DBE firms. Once prepared, this training can generally be implemented during regular meetings between the Finance and Administration Department and other City departments, during meetings with administrative staff that utilize the Munis software platform, and as part of on-boarding of new employees with purchasing authority.

One component of this approach as it relates to architectural and engineering services will be guided by [RCW 39.80](#), which states, in part, that "...agency procedures and guidelines shall include a plan to ensure that minority and women-owned firms and veteran-owned firms are

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<sup>2</sup> Staff memorandum for the May 4, 2021, City Council study session. [https://www.kirklandwa.gov/files/sharedassets/public/city-council/agenda-documents/2021/may-4-2021/3b\\_study-session.pdf](https://www.kirklandwa.gov/files/sharedassets/public/city-council/agenda-documents/2021/may-4-2021/3b_study-session.pdf)

<sup>3</sup> Washington State Office of Minority & Women's Business Enterprises website, "Certification" page. <https://omwbe.wa.gov/certification>

<sup>4</sup> Washington State Office of Minority & Women's Business Enterprises website, "Doing Business with Government" page, accessed May 11, 2021. <https://omwbe.wa.gov/small-business-assistance/doing-business-government>

afforded the maximum practicable opportunity to compete for and obtain public contracts for services”<sup>5</sup>. Using the authority granted in RCW 39.80, as part of the training program curricula, staff will provide training to the Capital Improvement Program (CIP) group on how to include at least one DBE firm in the selection process and how best for the CIP group to document and justify the award within applicable memoranda.

### **III. Next Actions in Support of R-5434 § 3c Actions**

Over the coming months, staff will work closely with consultant Chanin Kelly-Rae to assist in the creation of an aspirational goal for the City’s contracting with DBEs, consistent with language in Resolution R-5434. As part of this initiative, Ms. Kelly-Rae will support a comprehensive review of all relevant contract documents, including bid selection criteria, solicitation language, and insurance and other contract requirements, to ensure there are no barriers to entry for otherwise qualified DBE firms. Additional strategies that staff and Ms. Kelly-Rae will explore include, but are not limited to:

- Engage current suppliers to better understand their utilization of DBE suppliers and how the City could increase its utilization of these suppliers.
- Include language in City solicitations that could require subcontractor opportunities be made available to registered DBE firms.
- Start a system of tracking DBE spending to gauge progress towards the aspirational goal.
- Engage OWMBE and research best practices from other municipalities on how to ensure at least one DBE firm is included when the City solicitation qualifications from the vendor (MRSC) roster.
- Require prime contractors to interview at least DBE company before making a sub-contractor selection.

### **NEXT STEPS**

Staff welcome any questions or discussion about this report during the study session, however staff is not seeking specific Council direction or action at this time. Staff will return to Council for an additional update and recommendations on further actions at a future Council meeting.

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<sup>5</sup> Washington State Legislature website, RCW 39.80.040. <https://app.leg.wa.gov/RCW/default.aspx?cite=39.80.040>

Participant Number: \_\_\_\_\_



## Compensation Agreement for City of Kirkland Focus Group Participants

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The City of Kirkland values your input and time in participating in the following focus group:

Focus Group: \_\_\_\_\_

Date of Attendance: \_\_\_\_\_

By signing on the following page, the Participant understands and agrees to the following:

### General Information:

As part of the focus group, the Participant will be placed in a group of approximately \_\_\_\_\_ individuals. A moderator facilitating the discussion will ask questions of participants. The Participant can choose whether, or not, to participate in the focus group, and the Participant may stop at any time during the course of the conversation.

### Public Records:

The **focus** group will not be audio-recorded, but notes will be taken regarding the conversation and participants' input. The Participant's name will not be disclosed in any official reports resulting from the focus group, but the Participant's identity may be in the public record. In particular, any emails sent or received by City employees, and any agreements with the City constitute a public record and may be subject to disclosure under the Public Records Act (chapter 42.56 RCW).

### Compensation and Payment:

The amount of \$125.00 is the full extent of the monetary compensation for the Participant's time and input for this focus group. There will be no other compensation to reimburse the Participant's time, costs, or out-of-pocket expense(s) that may have been incurred in order for participant to attend the focus group (i.e., lost wages, telecommunication charges, travel, personal costs, food, etc.). The City of Kirkland will provide payment to the Participant once the City of Kirkland receives a completed Form W-9 and a completed Washington State Department of Retirement Systems questionnaire and once the Participant has completed their participation in the focus group. Payment may take up to 45 days following receipt of documentation and the focus group event.

**Waiver and Hold Harmless:**

The Participant hereby releases, discharges, waives, and holds harmless the City of Kirkland and its officials, employees, and volunteers from any and all claims (known or unknown, foreseen or unforeseen) arising out of or in connection with Participant's involvement or participation in the focus group.

By signing below, the Participant agrees to the terms of this agreement.

Participant:

City of Kirkland:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
James Lopez  
Deputy City Manager for External Affairs

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Date Signed

**If Participant is a minor (younger than 18 years of age), then Parent's consent is required.**

x \_\_\_\_\_  
Parent's Signature

Date Signed \_\_\_\_\_

\_\_\_\_\_  
Parent's Name – PRINTED

-----  
**Participant, please complete the mailing address section below where payment should be sent:**

\_\_\_\_\_  
Participant's Name - PRINTED

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

### DRS Information Request

In addition to requiring a W-9 on all vendors, the City of Kirkland is required to report if any of their new vendors (***only those who are of the reporting status of contractor, independent contractor, or personal service contractor***) are currently or were previously enrolled in retirement plans through the Washington State Department of Retirement Systems (DRS). In order to answer these questions for DRS we will need the following information from the vendor who meets the above vendor status.

1. Are you, the owner(s), retired from a WA State retirement system?
2. If you answered "Yes" to the above, did the owner(s) retire under the 2008 early retirement factors?
3. Are the owners under age 65?