

MIDD Briefing Paper

BP 111 Risk Awareness, De-escalation, and Referral (RADAR)

Existing MIDD Program/Strategy Review ☐ MIDD I Strategy Number _____ (Attach MIDD I pages)
New Concept ☒ (Attach New Concept Form)

Type of category: New Concept

SUMMARY: The Shoreline Police Department in cooperation with its parent organization, the King County Sheriff's Office (KCSO), and with the support of a Department of Justice, Bureau of Justice Assistance (BJA) grant award through the Smart Policing Initiative, has partnered with the Shoreline Fire Department to initiate a first responder pilot program in the City of Shoreline. The program is named RADAR (Risk Awareness, De-escalation, and Referral). RADAR takes traditional Crisis Intervention Team (CIT) training a step further and encourages the engagement of the specific individual in need, and/or their Circle of Support (COS), in relationship building and de-escalation planning prior to a (another) crisis event or law enforcement response.

Collaborators:

Name

Department

Capt. Scott Strathy

Retired, Shoreline Police Department

Subject Matter Experts and/or Stakeholders consulted for Briefing Paper preparation. List below.

Name	Role	Organization
Capt. Scott Strathy	Retired	Shoreline Police Department
Chief Shawn Ledford	Police Chief	Shoreline Police Department
Melanie Granfors	Public Information Officer	Shoreline Fire Department
David Hackett	Prosecuting Attorney	King County Prosecuting Attorney's Office

The following questions are intended to develop and build on information provided in the New Concept Form or gather information about existing MIDD strategies/programs.

A. Description

1. Please describe the New Concept or Existing MIDD Strategy/Program: Please be concise, clear, and specific. What is being provided to whom, under what circumstances? What are the New Concept Existing MIDD Strategy/Program goals? For New Concepts, does it relate to an existing MIDD strategy? If so, how?

The Shoreline Police Department in cooperation with its parent organization, the King County Sheriff's Office (KCSO), and with the support of a Department of Justice, Bureau of Justice Assistance (BJA) grant award through the Smart Policing Initiative, has partnered with the Shoreline Fire Department to initiate a first responder pilot program in the City of Shoreline. The program is named RADAR (Risk Awareness,

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De-escalation, and Referral). First responders have traditionally responded to crisis events involving individuals with mental health and/or substance use disorders, or cognitive disabilities, without any information on specific de-escalation or collaboratively developed response plans for those individuals. Unlike traditional Crisis Intervention Team (CIT) training, which provides excellent broad and generalized instruction on how to best address individuals in crisis, RADAR goes a step further and encourages the engagement of the specific individual in need, and/or their Circle of Support (COS), in relationship building and de-escalation planning prior to a (another) crisis event or law enforcement response. An individual's specific fears, behavior triggers and inhibitors, as well as appropriate resource needs, are identified and addressed. Through voluntary and collaborative consultations, an individual de-escalation plan is developed and shared among first responders (police and fire). The sharing of the specific plan is done via King County dispatch centers using a secured web-based information system, available to responders while on route to, and on the scene of, a crisis event. In these scenarios the immediate goal use of sharing this information is to calm the crisis response and reduce the likelihood of the crisis becoming a "use of force event." In an effort to avoid a subsequent crisis event, RADAR also endeavors to connect both the individual in need and their COS, if appropriate, to community resources which may address the underlying cognitive and behavioral disorders.

Building voluntary, constructive, and supportive relationships, and sharing individual-specific behavior information between first responders and the citizens they serve, are essential components of successful public service. The Interim Report of the President's Task Force on 21st Century Policing recommends that "law enforcement agencies should engage in multidisciplinary, community team approaches for planning, implementing, and responding to crisis situations with complex causal factors."¹ The RADAR concept is intended to take definitive action towards achieving exactly what is recommended by the President's Task Force.

Initial efforts to utilize the RADAR concept in the Shoreline community have found overwhelming support from many of those to whom first responders have reached out and engaged. Parents and siblings of those suffering from mental health and/or substance use disorders, and cognitive disabilities have expressed both support and appreciation of the creative efforts behind RADAR. The Shoreline Police Department's RADAR website provides examples of testimonials from caseworkers and COS's regarding their experience with this program, as well as a video explaining the Shoreline RADAR effort (www.shorelineradard.org).

Initial feedback regarding the RADAR program has been positive; however, challenges and needs still exist, especially regarding the amount of police and fire resource time and effort needed. The searching for COS members, connecting individuals with appropriate resources, planning for the next event, and sharing the crisis planning with other first responders has taken place without designated personnel or systems in place. In order to accomplish the intended goals, this project requires a professional civilian staff member who would be responsible for citizen outreach, connecting individuals with behavioral health disorders and their COS with appropriate resources, assisting first responders with individual-specific crisis event planning, and conducting community and first responder education regarding mental health and/or substance use disorders. The RADAR Outreach Coordinator will work in partnership with the RADAR project manager, the commissioned and non-commissioned staff of the Shoreline Police Department, and the Firefighters and Medical Crews of the Shoreline Fire Department, and will be an integral member of the RADAR development team. Expertise in behavioral health

¹ President's Task Force on 21st Century Policing. 2015. *Interim Report of the President's Task Force on 21st Century Policing*. Washington, DC: Office of Community Oriented Policing Services. First Published March 1, 2015, Revised March 4, 2015; Pg. 45.

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disorders and cognitive disabilities is a pre-requisite for this position. This staff member will be aware of available resources, for both the individual and their COS, and be able to assist in enrollment and the tracking of an individual's progress. As many crisis events are the result of an uninterrupted chain of unhealthy behaviors, the RADAR Outreach Coordinator must have experience in recognizing an individual's progression towards a crisis event and know how to effectively disrupt the chain.

2. Please identify which of the MIDD II Framework's four Strategy Areas best fits this New Concept/Existing MIDD Strategy/Program area (Select all that apply):

- | | |
|--|---|
| <input checked="" type="checkbox"/> Crisis Diversion | <input checked="" type="checkbox"/> Prevention and Early Intervention |
| <input type="checkbox"/> Recovery and Re-entry | <input checked="" type="checkbox"/> System Improvements |

Please describe the basis for the determination(s).

RADAR works to build relationships before a crisis or first responder response occurs. It provides first responders with specific resources and information to facilitate appropriate response in times of crisis. The intention is to reduce the number of avoidable jail and hospital stays, as well as the potential for escalating a crisis or using force. RADAR is also intended to provide coordination across systems to help reduce the reliance on first responders for managing behavioral health needs in the community.

B. Need; Emerging, Promising, Best, or Evidence Based Practices; Outcomes

1. Please describe the Community Need, Problem, or Opportunity that the New Concept Existing MIDD Strategy/Program addresses: What unmet mental health/substance use related need for what group or what system/service enhancement will be addressed by this New Concept/Existing MIDD Strategy/Program? What service gap/unmet need will be created for whom if this New Concept Existing MIDD Strategy/Program is *not* implemented? Provide specific examples and supporting data if available.

The RADAR pilot program's holistic approach to establishing positive and constructive relationships between law enforcement, informal support networks, and individuals with behavioral health disorders and/or cognitive disabilities in their communities will have a significant impact on reducing both the frequency and degree of force used in crisis scenarios involving the target population. Data show that individuals with behavioral health conditions are at high risk for negative outcomes from use of force events. By all accounts – official and unofficial – a minimum of one in four fatal police encounters ends the life of an individual with severe mental illness. At this rate, the risk of being killed during a police incident is 16 times greater for individuals with untreated mental illness than for other civilians approached or stopped by officers². Where official government data regarding police shootings and mental illness have been analyzed – in one U.S. city and several other western countries – the findings indicate that mental health disorders are a factor in as many as one in two fatal law enforcement encounters³. Locally, data indicate that some type of impairment from alcohol, drugs, or mental condition contributes to the majority of incidents where Seattle Police Department (SPD) officers use force; of the use of force incidents reported in 2010 by SPD officers, only 154 (26%) involved subjects who showed no sign of being impaired⁴.

² Kesic, D. (2013). The role of mental disorders in use of force incidents between the police and the public. In D. Chappell (Ed.), *Policing and the mentally ill: International perspectives* (pp. 153–170). Boca Raton, FL: CRC Press.

³ Clifford, K. (2013). Mental health crisis and interventions and the politics of police use of deadly force. In D. Chappell (Ed.), *Policing and the mentally ill: International perspectives* (pp. 171–195). Boca Raton, FL: CRC Press.

⁴ SPD REPORT Use of Force by Seattle Police Department Officers in 2010

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It is also anticipated that proactively linking services to the target population before the next crisis event will significantly reduce the number of commitments (both voluntary and involuntary), reduce the number of arrests and subsequent incarcerations, and send a timely and very important message to local communities that police and fire are being positive and creative problem solvers at a time when significant animosity exists between first responders and the communities they serve.

It is expected that calls for service will significantly decrease in cases where individuals are repeatedly utilizing the 911 system because they believe they have nowhere else to turn in times of need. Both Fire/Medical and Police Services resources are stretched thin. Overuse and inappropriate use of the emergency response system, and the underutilization of service agencies designed to assist the target population, are challenges that need to be addressed in the RADAR efforts. An integral piece of the program is the collection of data that is accessible to local responders, should they be called out to an individual's location, so that they have the information they need to respond effectively. Referral data should be tracked and analyzed, however there is currently no capacity to do so; the proposed project includes the needed support to assist in the development and management of a data collection system.

The addition of the RADAR Outreach Coordinator will assist the efforts to address several other needs that consistently arise when meeting with both individuals in the target population as well as members of their COS. One of these needs was best described by a sister of an individual with cognitive disabilities who stated that her biggest fear was that her sibling's actions and intentions would be misunderstood by first responders in a crisis event. The RADAR Outreach Coordinator will act as a bridge between families and first responders, communicating important individual-specific response planning information to responders, and will work with individuals with behavioral health disorders and cognitive disabilities and their COS to address fears and provide information regarding what a crisis response will be like. To individuals with behavioral health disorders and cognitive disabilities, and their families, the work of the RADAR Outreach Coordinator will provide the simple comfort of knowing that first responders are keenly aware of their unique needs and related behaviors.

2. Please describe how the New Concept/Existing MIDD Strategy/Program Addresses the Need outlined above.

The addition of a MIDD funded RADAR Outreach Coordinator will address the needs of the target population and contribute to the RADAR pilot in several ways. Initial outreach efforts found that individuals and their COS are often skeptical of the intentions of outreach from first responder organizations. Many of these individuals have had less than positive experience with police and or fire in the past. In many instances, first responders attempt outreach with two strikes already against them. A RADAR Outreach Coordinator will serve as a much needed bridge between first responders and the individuals in the community. The RADAR Outreach Coordinator will also be in a unique position to link the target population with specific services of which first responders are historically unaware or don't have the appropriate expertise/experience to enroll and monitor.

The Shoreline Police and Fire Department RADAR effort fits exceptionally well within the objective of MIDD II. First responders who are routinely called to assist the most vulnerable populations in times of crisis have unique insight into the degree and frequency of an individual's struggle with mental health and/or substance abuse disorders. By streamlining the linkage to community services and staying actively engaged with these individuals and their COS, first responders will have a much clearer view of a

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specific individual's needs and be better informed as to how to maximize assistance in times of crisis.

In many cases, fear of police or a responding aid crew can be a significant driver of inappropriate and often dangerous behaviors that can occur during a crisis response. Reducing or eliminating this fear is a major goal of the RADAR effort. The Shoreline Police and Fire Departments are committed to the belief that the building of personal trusting and empathetic relationships between first responders and individuals with behavioral health disorders, before the next crisis event, significantly reduces the likelihood of a reaction that would necessitate use of force, commitment to an institution, or arrest and jail booking.

During times of crisis, in order to maintain safety and respond appropriately, first responders would be better served by having as much individual-specific information available to them as legally permissible. Employing their very best judgement, first responders exercise a tremendous amount of discretion in how a crisis event is resolved. In each and every one of these cases, more information is always preferable to less. Every day, law enforcement professionals are called to respond in times of crisis and are expected to do everything in their power to provide a safe, properly conducted, and effective response to those in crisis but, to do so, they need better information and more options.

3. What EVIDENCE exists that the approach of this New Concept/Existing MIDD Strategy/Program will successfully address the identified need? Please cite published research, reports, population feedback, etc. Why would this New Concept/Existing MIDD Strategy/Program be expected to work? If this is an existing MIDD I strategy, please provide evidence of the results from existing MIDD evaluation reports, including who has/has not benefited from this strategy.

The RADAR initiative is encouraged by scholarly works such as *Suspect Mental Disorder and Police Use of Force* by Richard R. Johnson at the University of Toledo. Summarizing some of the research into this area of study, Johnson's article states that "if officers believe that a troublesome person has little control over his or her behavior, they are less likely to find the person culpable for his or her actions, moving the officers to leniency." Johnson's article further reveals that "the evidence appears to be mounting that police officers generally either show lenience to those they perceive as mentally ill, or at least they are not negatively influenced by the person's perceived mental health status."⁵ Additionally, a report supported by the John D. and Catherine T. MacArthur Foundation indicates that "the current body of research provides a window into how specialized law enforcement responses to people with mental illnesses can contribute to greater safety for all those involved in encounters and provide better long-term results⁶."

The Shoreline Police Department, a contract city with the KCSO, was recently informed that it is one of seven recipients nationwide of the 2015 Smart Policing Innovation Grant Award funded by the United States Bureau of Justice Assistance (USBIA). This 3-year award will allow the Shoreline Police Department an opportunity to prove the RADAR concept in a King County community of 53,000 citizens. The goal of the USBIA in funding the Shoreline RADAR project is to replicate the program in agencies across the nation that face similar challenges. The Shoreline Fire Department, which serves many of the same individuals in the RADAR target population, is an active partner in the project, as is the King County

⁵ Johnson, Richard R., "Suspect Mental Disorder and Police Use of Force" *Criminal Justice and Behavior* February 2011 38: 127-145,

⁶ Reuland, M., Schwarzfeld, M., Draper, L., "Law Enforcement Responses to People with Mental Illnesses: A GUIDE TO RESEARCH-INFORMED POLICY AND PRACTICE" 2009

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Prosecuting Attorney's Office (Privacy and Information Sharing Policy Development). The research partners in the RADAR pilot project are the Center for Evidence-Based Crime Policy at George Mason University (Fairfax, Virginia) and the Police Foundation (Washington D.C.). The RADAR Outreach Coordinator position being requested in this paper is not funded through the USBJA grant.

4. Please specify whether this New Concept/Existing MIDD Strategy/Program is a/an: Emerging Practice. Please detail the basis for this determination. Please include a citation or reference supporting the selection of practice type.

In the December 2010 issue of the National Institute of Justice "New Perspectives in Policing" publication, the search for more effective models for delivering police services was considered. The question at the heart of the article was "could a more modern array of public safety experts compete favorably with a conventionally staffed police department?"⁷ While not arguing for replacement of street officers with civilian professionals, the Shoreline Police Department and the Shoreline Fire Department are very intrigued by the potential for positive results in having RADAR efforts supported and influenced by a behavioral health professional with direct links to resources and clinical expertise.

5. What OUTCOMES would the County see as a result of investment in this New Concept/Existing MIDD Strategy/Program? Please be as specific as possible. What indicators and data sources could the County use to measure outcomes?

- Reduced incarcerations and lengths of stay
- Reduced emergency department utilization
- Reduced psychiatric hospitalizations
- Reduced utilization of first responders for behavioral health events
- Increased referrals and linkages to treatment
- Reduced use of force and likelihood of lawsuits against local jurisdictions because of the increased information available to assist in responding to an event (i.e. risk management)
- Demonstration and encouragement of a collaborative effort across systems and local first responder departments

Outcomes: decrease in the number of repeat calls for first responder service, decrease in the likelihood of a use of force event, decrease in risk management legal liability claims for use of force or improper treatment, and an increase in availability for responding to other crisis events and medical service calls in the community. Moreover, area emergency rooms will see a decrease in service demands as low acuity calls for service will be more appropriately handled.

Successful implementation of the RADAR initiative, with the assistance of a RADAR Outreach Coordinator, will provide the first responder community and policy makers with hard data showing the effects of local pre-event outreach, planning and referrals to services. It is expected that this will result in fewer calls for service, more appropriate use of the emergency response system, more referrals to appropriate social and mental health service agencies, a reduction in use of force against the target population, fewer liability claims against King County first responder agencies, and an increase in public satisfaction with the way first responders perform their duties. Data sources that may be utilized include: internal data that MCHADSD collects on referrals, linkages and treatment admissions; booking and length of stay data already available to MHCADSD from municipal jails, county jails, and the WA

⁷ Gascon, G., Foglesong, T., "Making Policing More Affordable: Managing Costs and Measuring Value in Policing" New Perspectives In Policing, December 2010.

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State Department of Corrections; 911 dispatch records; KCSO data templates, and data available through negotiated agreement with the state Emergency Department Information Exchange (EDIE).

C. Populations, Geography, and Collaborations & Partnerships

1. What Populations might directly benefit from this New Concept/Existing MIDD

Strategy/Program: (Select all that apply):

- | | |
|--|--|
| <input type="checkbox"/> All children/youth 18 or under | <input type="checkbox"/> Racial-Ethnic minority (any) |
| <input type="checkbox"/> Children 0-5 | <input type="checkbox"/> Black/African-American |
| <input type="checkbox"/> Children 6-12 | <input type="checkbox"/> Hispanic/Latino |
| <input type="checkbox"/> Teens 13-18 | <input type="checkbox"/> Asian/Pacific Islander |
| <input type="checkbox"/> Transition age youth 18-25 | <input type="checkbox"/> First Nations/American Indian/Native American |
| <input type="checkbox"/> Adults | <input type="checkbox"/> Immigrant/Refugee |
| <input type="checkbox"/> Older Adults | <input type="checkbox"/> Veteran/US Military |
| <input type="checkbox"/> Families | <input type="checkbox"/> Homeless |
| <input checked="" type="checkbox"/> Anyone | <input type="checkbox"/> GLBT |
| <input type="checkbox"/> Offenders/Ex-offenders/Justice-involved | <input type="checkbox"/> Women |
| <input checked="" type="checkbox"/> Other – Please Specify: Individuals with no history of resistance, hostile demeanor, threatening behavior or violence but whose loved ones (circle of support) may worry about their actions being misunderstood by law enforcement personnel as aggressive or hostile. | |

Please include details about this population such as: individuals transitioning from psychiatric hospital to community; individuals judged incompetent by the court; children of drug users who are in foster care, etc.

Individuals in the Shoreline area with behavioral health disorders or cognitive disabilities will benefit most from the RADAR initiative, specifically with the addition of a RADAR Outreach Coordinator to the team, as they will have a relationship established with the first responders and an expectation regarding how the response will go. First responders will benefit in that they will be contacting individuals for whom they have a collaboratively produced contact plan, with personal contacts identified up front. They will be aware of stressors, triggers, or behavior inhibitors that are likely to assist them in addressing the needs of this person. First responders will have a broader understanding of what they can do to link the individual to the assistance they need.

2. Location is an important factor in the availability and delivery of services. Please identify whether this New Concept/Existing MIDD Strategy/Program addresses a specific geographic need in the following area. Please provide additional that discusses the basis for the selection:

North County

This is a pilot program at this point, located in Shoreline, WA in North King County. The program involves a federal grant through 2018 to assess the efficacy and replicability of this model.

3. What types of COLLABORATIONS and/or PARTNERSHIPS may be necessary to implement this New Concept/Existing MIDD Strategy/Program, and with whom (other jurisdictions & cities, law enforcement, first responders, treatment providers, departments within King County, housing, employers, etc.)? Please be specific.

RADAR is designed to be a partnership project involving the Shoreline Police Department, the Shoreline Fire Department, the King County Prosecuting Attorney's Office, and community groups and family

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members serving citizens with behavioral health disorders and cognitive disabilities. The goal will be to successfully prove the RADAR concept over the course of the 3-year federal grant period (2016, 2017, and 2018) and then replicate this model in other jurisdictions in King County and nationwide. Communities in King County expect officers to perform with a high level of professionalism; the inclusion of command staff across all King County police and fire departments represent additional collaboration opportunities that will be expected as this program moves forward.

D. Drivers, Barriers, Unintended Consequences, and Alternative Approaches

1. What FACTORS/DRIVERS, such as health care reform, changes in legislation, etc. might impact the need for or feasibility of this New Concept/Existing MIDD Strategy/Program? How?

The services provided through these programs are an initial step in the continuum of care, intended to provide preventative supports, appropriate crisis response, and assistance with access to services. The goal of connection and ongoing maintenance of services – regardless of whether the individual's needs are related to mental health, substance use or co-occurring disorders – fits well with the integration of behavioral health care. Without the benefits obtained through healthcare reform, many of these individuals would have been deemed ineligible for Medicaid or other healthcare coverage based on exclusionary factors no longer in place and, without access to benefits, most of the more therapeutically appropriate services needed for stabilization (e.g., treatment, medications, housing) would not have been available to them, and they would continue to cycle through the hospital and jail settings.

2. What potential BARRIERS, if any, might there be to implementation? How might these be overcome? Who would need to be involved in overcoming them?

Referral data must be tracked and analyzed; however, there is currently no capacity to do so. The creation of sound public policy relies on the type of data that first responders struggle to produce. Confidentiality laws, including the Health Insurance Portability and Accountability Act (HIPAA) for mental health services and 42 Code of Federal Regulations (CFR) Part 2 for substance use disorder services, could limit the information available to law enforcement and other first responders.

The RADAR development team is aware of concerns related to HIPAA and are committed to vigorously protecting privacy. The Shoreline Police Department is joined by three members of the King County Prosecuting Attorney's Office to help craft RADAR policy that specifically addresses these concerns. RADAR is about the sharing of individual-specific *behavior* information among first responders, not behavioral health diagnosis or treatment. Behavior and de-escalation information will be shared among first responders, specifically the Shoreline Police and Fire Departments for this pilot.

3. What potential UNINTENDED CONSEQUENCES might exist if this New Concept/Existing MIDD Strategy/Program is implemented? Please be specific---for whom might there be consequences?

Although not included in this request, an additional component of the RADAR program is the development of a database in which all information on the participants will be stored. There are policies that need to be developed regarding data control and management to ensure data is appropriately safeguarded and maintained, and any information shared is done so in accordance with state and federal laws. Data access would be granted to all Shoreline Police and Fire Department officers, as well

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as the KCSO Communications Center (dispatch), and there is the possibility of information being shared beyond the pilot program partners.

Additionally, as noted by Scott Strathy, it is anticipated that after the 3-year federally funded pilot period in the City of Shoreline, other area law enforcement agencies will be interested in sharing the concept. Part of the importance of sharing RADAR information is based on the recognition that, although a person may live in a particular jurisdiction, an individual may have a crisis event in a neighboring jurisdiction where shared RADAR information could be beneficial in bringing the crisis event to a successful conclusion. Informed consent will likely state that the information will be shared with other agencies. It should be well understood by both the individual and, if applicable, his/her COS that this information is to be shared among local first responders. The first full year of the 3-year pilot is devoted to planning for the implementation of RADAR. In designing policy for Data Control and Management, the RADAR partners will be requesting the cooperation and active involvement of local subject matter experts such as the American Civil Liberties Union (ACLU) of Washington, Mental Health and Substance Abuse experts, National Alliance on Mental Illness, and the King County Prosecuting Attorney's Office. The RADAR project manager (to be hired in January 2016) will be responsible for quality and consistency issues per policy.

Information contained in the RADAR information sharing system will be gathered from a number of different sources. Two of the most important sources for information are prior incident report narratives and previous officer experience with an individual. This information is often shared informally among first responders already, but not in any organized or immediately available fashion. One of the goals with RADAR is to complete the picture of the individual, and the unique challenges (and solutions) the individual faces. Information from the COS will also be included with the intention of giving first responders a better insight into how to best address the person's needs. Ensuring that this information is shared with the individual of focus, and the individual is aware of the data being shared about them, is a component still to be addressed.

Information related to the *voluntary* aspect of RADAR would become inactive or removed from the system if an individual in need no longer wishes to be contacted by a RADAR officer who might otherwise routinely check-in with the individual. The program is about building trust, empathy, and optimism with the community members served. It is in no one's interest to attempt to force a relationship. The information gathered from traditional sources, such as incident reports and first-hand officer experience, will likely remain within the system to assist first responders in future responses. Consent forms have not yet been developed or utilized for the sharing of information, and there is no indication that individuals in the program have been asked to provide consent allowing information from other resources (i.e. COS) to be included in the database system. First responder agencies involved are willing to take guidance from the prosecutor's office on this issue.

Some organizations or individuals may raise concerns over names of individuals going on a police managed list.

4. What potential UNINTENDED CONSEQUENCES might there be if this New Concept/Existing MIDD Strategy/Program is *not* implemented? Please be specific---for whom might there be consequences?

Early results of the RADAR efforts have been promising; however, there are identified RADAR project challenges and needs. It has taken a tremendous amount of police and fire resource time and effort to

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achieve these early successes. The searching for COS members, connecting individuals with appropriate resources, planning for the next event, and sharing the crisis planning with other first responders has taken place without designated personnel or systems in place. Initial successful efforts have been done on an “as time allows” basis. As both police and fire agencies juggle with competing priorities, they are able to address only a fraction of the target population with the RADAR initiative. The ability to successfully engage in RADAR outreach, plan for the next crisis event, and connect citizens and their COS to the broad array of services that may be available to assist them, will continue to be a challenge without additional support.

5. What ALTERNATIVE APPROACHES currently exist to address this need apart from this New Concept/Existing MIDD Strategy/Program? At a high level, how does this New Concept/Existing MIDD Strategy/Program compare to those other approaches in terms of cost, feasibility, etc. Could this New Concept/Existing MIDD Strategy/Program be merged with one or more of the alternatives? What are the pros/cons of merging?

CIT is an approach to crisis response that teaches first responders strategies to safely maneuver through situations involving individuals with mental health disorders and then helps direct individuals, often the subjects of the calls, into treatment. This is an outstanding program that has been proven to reduce use of force and gain mutual understanding between the officer and person with a mental health disorder. However, just like no two people are the same, no two people diagnosed with the same mental health disorder are the same either. Techniques that could be used successfully to de-escalate one person could fail with another. With RADAR, officers would meet with the circle of support of potential RADAR clients. By meeting with them, a de-escalation plan could be put in place before a crisis situation happened. For example, CIT training teaches officers what to expect from someone who has schizophrenia and how to respond. The downside, however, is each person is different and may not respond according to what is expected. RADAR strives to meet each of those unique challenges and develop a depth of trust on an individual basis rather than on a broad spectrum.

Crisis Intervention Response Team (CIRT) is a program where a licensed mental health professional (MHP) is paired up with police officers. They are tasked with primarily handling mental illness related 911 calls. There is no doubt that dedicating professionally trained MHPs to handle mental illness calls is beneficial. However, this method would require a much greater cost to sustain and it doesn't strive to build mutual relationships that RADAR does. In order for this program to be effective, the MHP's would need to be at the crisis situation at the same time as responding officers. MHPs are not commissioned police officers and therefore are paired up with commissioned officers for the entire shift. Not every call involves a person with behavioral health disorders and, as such, the specific skills of these MHPs would not be fully utilized unless the officers attached to the MHPs were taken off all other duties and only respond to calls related to behavioral health crises. The barrier to a program like this are the costs to sustain adequate staffing levels across all shifts, and the reduction in staff available to respond to other public safety needs in the community.

Smart 911 is a program where anybody can call the dispatch center and inform them of anything that first responders should be concerned about. This allows individuals to submit anything from family member names to medical information. The dispatcher enters this information into a system for first responders to access. Smart 911 is very similar to RADAR's goals and shares the same vision in reducing the unknown for first responders. However, there is no relationship building component, or educational component regarding crisis response expectations, in the Smart 911 program. With RADAR, officers will take the time to come meet individuals in the community. The benefit of having these casual and

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personal meetings is to build a voluntary relationship by opening up a constructive dialog with police officers and the community. This is something that cannot be accomplished through a phone call with the dispatch center.

E. Countywide Policies and Priorities

- 1. How does this New Concept/Existing MIDD Strategy/Program FIT within the CONTINUUM of care, and within other county initiatives such as Behavioral Health Integration, Health and Human Services Transformation, Best Starts for Kids, All Home, the Youth Action Plan, and/or the Vets and Human Services Levy or any other County policy work?**

This program is commensurate with the Sequential Intercept Model, in that it works under the premise that the sooner individuals can be intervened in their own communities, the more likely they are to stay out of the crisis and criminal justice systems and get the ongoing help they need. This is an initial step in the continuum of care intended to provide preventative services, as well as appropriate crisis response, and promote access to community-based services.

Behavioral Health Integration links to this effort, especially given the levels of co-occurring disorders anticipated in the population served. This will allow for more integrated and, hopefully, streamlined access to services. The program will work to remove barriers to services and supports, regardless of whether the primary issue is related to mental health, substance use or co-occurring disorders.

- 2. How is this New Concept/Existing MIDD Strategy/Program rooted in principles of recovery, resiliency, and/or trauma-informed care?**

The program links with the Recovery Plan for Mental Health Services in that it attempts to coordinate appropriate services that meet an individual's needs based on what the individual, and their COS, report as helpful. It recognizes the understanding that recovery can take time and that continued efforts on the part of first responders and service providers is needed to support the recovery process.

- 3. How does this New Concept/Existing MIDD Strategy/Program enact and further the County's EQUITY and SOCIAL JUSTICE work?**

The focus of RADAR is to reduce the likelihood or severity of a use of force event involving individuals that may be suffering from a behavioral health disorder or cognitive disability. The goal of RADAR is to establish rapport with the individual and/or their circle of support, plan for de-escalation should there be a *next event*, and reduce the level of fear often associated with first responders addressing a crisis event. So much of the conversation about RADAR seems to center on individuals that have a history of resistance, hostile demeanor, threatening behavior or violence towards first responders. There is another segment of the RADAR target population that is likely much larger than the one described above. It is comprised of individuals that have no history of resistance, hostile demeanor, threatening behavior or violence but whose loved ones may worry about their actions being misunderstood as aggressive or hostile. These concerns are recognized and brought to the forefront in the RADAR effort. Reducing the fear of first responders, pre-planning for an event, and understanding each other's responsibilities are the goals with this underserved community.

There continues to be focus in local and national news on the number of individuals in jails and prisons with mental health and/or substance use disorders, as well as on how law enforcement is responding to

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these individuals in the community. Individuals with behavioral health disorders engaging with first responders are often sent to costly resources such as emergency departments and jails, due to the symptoms of their disorder(s). Programs such as RADAR are intended to provide an alternative response structure to reduce the over-reliance on the criminal and crisis systems to manage this population.

In addition, the program will work to coordinate and collaborate with a wide variety of systems and community supports that previously may have not been available or responsive to the individual's needs, and will work to break down barriers to access that may have prevented successful interactions with community-based services.

F. Implementation Factors

1. What types of RESOURCES will be needed to implement this New Concept/Existing MIDD Strategy/Program (staff, physical space, training, UA kits, etc.)?

The RADAR Outreach Coordinator would be a full time position with office space at the Shoreline City Hall. It is anticipated that the position would come with a vehicle, laptop, and cell phone. The position will leverage the work supported by the BJA grant.

2. Estimated ANNUAL COST. \$100,001-500,000 Provide unit or other specific costs if known.

The non-commissioned Community Service Officer position currently in use by the Shoreline Police Department would be a fair comparison in terms of compensation, benefits and equipment, and was used to determine estimated costs.

3. Are there revenue sources other than MIDD that could or currently fund this work? Clarify response, citing revenue sources.

The Shoreline Police Department was recently informed that it is one of seven recipients nationwide of the 2015 Smart Policing Innovation Grant Award funded by the United States Bureau of Justice Assistance (USBJA). This 3-year award will allow the Shoreline Police Department an opportunity to prove the RADAR concept in a King County community of 53,000 citizens. The grant did not include enough resources to fund the proposed Outreach Coordinator.

4. TIME to implementation: Currently underway

a. What are the factors in the time to implementation assessment?

The RADAR project starts a 3-year federal grant (2016, 2017, and 2018) to implement a pilot in the City of Shoreline, and hopes to replicate this model in other jurisdictions in King County and nationwide. Year One of the federal grant is intended to focus on: 1) identifying RADAR appropriate contacts, 2) assess official records and documentation of work product, 3) conduct community outreach and community surveys, 4) policy development, 5) information technology (IT) development, 6) officer and supervisor training, and 7) identify the comparison area. Year Two is dedicated to implementation, including: 1) development of individual specific de-escalation plans, 2) outreach to individuals and COS, 3) collection of qualitative and quantitative data, 4) establish partnerships and information sharing with relevant support organizations (i.e. the County, local provider agencies, etc.), 5) continue coordinated community outreach, and 6) information sharing among first responders. Year Three of the grant includes: 1) the

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continued collection of qualitative and quantitative data, 2) analysis of data, and 3) completion of both draft and final reports on the project.

b. What are the steps needed for implementation?

Hiring the RADAR Outreach Coordinator; developing policies and procedures detailing the management of operational issues regarding participant consent and participation, information sharing and disclosure, managing collateral information, timelines for reviewing of information in the database/data quality, etc.; and training for Shoreline Police and Fire Department officers regarding behavioral health disorders and cognitive disabilities, including signs, symptoms, interventions, and active listening skills.

c. Does this need an RFP?

No, the RADAR project is currently in the planning stages for the implementation of the pilot program with Shoreline Police and Fire Departments through a Federal Grant. Hiring of the RADAR Outreach Coordinator will be the responsibility of those agencies.

G. Any OTHER INFORMATION that would assist reviewers with making recommendations about this New Concept/Existing MIDD Strategy/Program? (optional). Do you have suggestions regarding this New Concept/Existing MIDD Strategy/Program?

As noted previously and, although not included in this request, an additional component of the RADAR program is the development of a database of information in which all information on the participants will be stored. There are issues that need to be vetted in regards to confidentiality, consent, and data control and management to ensure data is appropriately safeguarded and maintained, and that any information shared is done so in accordance with state and federal laws. Data access would be granted to all Shoreline Police and Fire Department officers, as well as the KCSO Communications Center (dispatch), and there is the possibility of information being shared beyond the pilot program partners.

- A RADAR policy development team needs to be established to help address these data issues, including: 1) updating/deactivating individual data profiles, 2) developing processes for providing and revoking consent, 3) mutual aid responses and the sharing of protected information, 4) ensuring King County Communication Center has appropriate training on confidentiality and information sharing, and 5) informed consent, should the program expand beyond the pilot phase in Shoreline to multiple jurisdictions.

A recommendation for consideration would be to establish an expectation that all officers who use or have access to RADAR are 40-hour CIT trained. Additionally, utilizing the current CIT Force Options or equivalent use of force training refresher classes, as well as advanced training in CIT related topics, could also be an expectation for all officers who have access to RADAR information in the field, and provided to officers on a consistent and expected timeline. Shoreline Police note that the intention is that all RADAR officers will be encouraged to participate in the 40-hour CIT program. RADAR officers who actually make the contacts to establish and maintain rapport with the person in need and their COS will be required to complete the 40-hour CIT class and, furthermore, enrollment in the Force Options class will be encouraged.

The RADAR project manager will also be required to complete the 40-hour CIT class. Officers will be encouraged to attend as additional, regular training becomes available.

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The City of Shoreline and the County (specifically the MIDD program, if approved for funding) will be recognized voices in the development of this program and affiliated policies and procedures.

New Concept Submission Form

#111

Working Title of Concept: Risk Awareness, De-escalation, and Referral (RADAR)

Name of Person Submitting Concept: Chief Shawn Ledford, PIO Melanie Granfors, Sr. Deputy Prosecuting Attorney David Hackett, Capt. Scott Strathy (retired)

Organization(s), if any: Shoreline Police Department, Shoreline Fire Department, King County Prosecuting Attorney's Office, King County Sheriff's Office (retired)

Phone: 206-423-3012, 206-349-7074, 206-313-4923

Email: shawn.ledford@kingcounty.gov, melanie@shorelinefire.com, david.hackett@kingcounty.gov, sbstrathy@live.com

Mailing Address: 1206 N.185 Street Shoreline, WA 98133, 17525 Aurora Ave N. Shoreline, WA 98133, Office of the Prosecuting Attorney King County Courthouse, Seattle WA.

Please note that county staff may contact the person shown on this form if additional information or clarification is needed.

Please share whatever you know, to the best of your ability.

*Concepts must be submitted via email to MIDDconcept@kingcounty.gov by **October 31, 2015**.*

1. Describe the concept.

Please be specific, and describe new or expanded mental health or substance abuse-related services specifically.

The Shoreline Police Department in cooperation with its parent organization the King County Sheriff's Office has partnered with the Shoreline Fire Department to initiate a "first responder" pilot program in the City of Shoreline. The program is named RADAR (Risk Awareness, De-escalation, and Referral). The concept behind RADAR is that first responders have traditionally responded to crisis events involving individuals suffering from the effects of mental illness, drug dependency or cognitive disabilities blind to any sort of subject specific de-escalation information or collaboratively developed response plan. Unlike traditional CIT training which provides excellent broad and generalized instruction as to how best address individuals in crisis, RADAR goes a step beyond and encourages the engagement of the specific individual in need and/or their Circle of Support (COS) in "before the next event" relationship building and de-escalation planning with . Subject specific fears, behavior triggers and inhibitors, as well as appropriate resource needs are identified and addressed. Through voluntary and collaborative consultations, a subject specific de-escalation plan is developed and shared among first responders (police and fire). The sharing of the plan is done via our dispatch centers using a secured web based information system, available to responders while enroute to and on scene of a crisis event. In these scenarios the immediate goal of sharing this information is to calm the crisis response and reduce the likelihood of the crisis becoming a "use of force event." In an effort to avoid a subsequent crisis event, RADAR also endeavors to connect both the individual in need and, if appropriate, their COS

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as well, to community resources which may address the underlying cognitive and behavioral challenges.

The Shoreline Police Department (King County Sheriff's Office) has recently been informed that it is one of seven recipients nationwide of the 2015 Smart Policing Innovation Grant Award funded by the United States Bureau of Justice Assistance (USBJA). This 3 year award will allow the Shoreline Police Department an opportunity to prove the RADAR concept in a King County community of 53,000 citizens. The explicit goal of the USBJA in funding the Shoreline RADAR project is to prove the concept and replicate the program in agencies across the nation who face similar challenges. The Shoreline Fire Department which serves many of the same individuals in the RADAR target population is an active partner in the project as the King County Prosecuting Attorney's Office (Privacy and Information Sharing Policy Development). The research partners in the RADAR pilot project are the Center for Evidence-Based Crime Policy at George Mason University (Fairfax, Virginia) and the Police Foundation (Washington D.C.).

It is our belief that building voluntary constructive and supportive relationships and the sharing of subject specific behavior information between first responders and the citizens they serve is a necessary component of successful public service. The Interim Report of the President's Task Force on 21st Century Policing (2015) recommends that "law enforcement agencies should engage in multidisciplinary, community team approaches for planning, implementing, and responding to crisis situations with complex causal factors." (Pg. 45) We believe the RADAR concept takes definitive action towards achieving exactly what is being recommended by the President's Task Force.

In our initial efforts to date to utilize the RADAR concept in the Shoreline community we have found overwhelming support from many of those to whom we have reached out and engaged. Parents and siblings of those suffering from mental illness, drug dependency, and cognitive disability have expressed both support and appreciation of our creative efforts. Examples include a young married father of two who suffers from a mental illness who was previously extremely fearful of police when they responded to assist in his crisis event. After several consultations with our RADAR outreach, this man's fear of police is significantly diminished and he understands what to expect from law enforcement should we again be called to his family's residence to address a crisis event. The fear and stress that the family and the father had experienced has been greatly diminished. Another example of a positive RADAR experience involves a widowed mother of a son in his early 20's who suffers from a form of Asperger's Syndrome. After being victimized by her son in a domestic violence event she became fearful of both a repeat occurrence and that first responders might misinterpret her son's behavioral challenge. With these fears in mind the mother contacted the Shoreline Police Department and we initiated a RADAR outreach. After several discussions with the young man and his mother, a response plan is now in place. Should a subsequent crisis event occur, deputies will know precisely what behavior to expect from the young man, and the young man now understands exactly the expectations that responding officers will have of him. A third example of a positive RADAR experience involves a middle aged woman with severe co-existing mental illness and drug dependency. This woman has been a chronic inappropriate user of the 911 system, routinely tying up both police and fire resources. This same person recently displayed a knife in a menacing manner to first responders. Shoreline RADAR initiated an outreach and was able to locate the woman's siblings. The siblings were brought together with the woman and first responders and planning was initiated to specifically address how to best address their sister's needs, limit the calls for service, and discuss a response plan stressing the serious risks associated with introducing weapons into a crisis event. The family could not have been more please with the RADAR outreach and planning subject specific planning to assist their sister.

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As pleased as we are with the early results of our RADAR efforts, we have also identified RADAR project challenges and needs. It has taken a tremendous amount of police and fire resource time and effort to achieve these early successes. The searching for COS members, connecting individuals with appropriate resources, planning for the next event, and sharing the crisis planning with other first responders has taken place without designated personnel or systems in place. Our initial successful efforts have been done on an “as time allows” basis. As both police and fire agencies juggle with competing priorities, we are finding that we are able to address only a fraction of our target population with the RADAR initiative. Our ability to successfully engage in RADAR outreach, plan for the next crisis event, and connect our challenged citizens and their COS to the broad array of services that may be available to assist them continues to be a challenge.

A much needed MIDD funded addition to the Shoreline RADAR effort, and the focus of our funding request is a professional civilian staff member who would be responsible for citizen outreach, connecting challenged individuals and their COS with appropriate resources, assisting first responders with subject specific crisis event planning, and conducting community and first responder mental illness, drug dependency, and cognitive disability education. This staff member, to be known as the RADAR Outreach Coordinator, will work in partnership with the RADAR project manager, the commissioned and non-commissioned staff of the Shoreline Police Department, the Firefighters and Medical Crews of the Shoreline Fire Department, and will be an integral member of our RADAR development team. An expertise in mental illness, substance abuse, and cognitive disabilities is a pre-requisite for this position. In that both challenged individuals and their families are often equally in need of support and services, this staff member must be keenly aware of available resources and be able to assist in enrollment and the tracking of an individual’s progress. As many crisis events are the result of an uninterrupted chain of unhealthy behaviors, our RADAR Outreach Coordinator must have experience in recognizing an individual’s progression towards a crisis event and know how to effectively disrupt the chain. An understanding of the dynamics of violence, anger, and shame as well as the healing arts of mindfulness, self-awareness and self-control, meditation, and anger management would also be very helpful in providing relief to many of our challenged citizens.

The RADAR Outreach Coordinator would be a full time position with office space at the Shoreline City Hall. We would anticipate that the position would come with a vehicle, laptop, and cell phone. The non-commissioned Community Service Officer position currently in use by the Shoreline Police Department would be a fair comparison in terms of compensation, benefits and equipment and was used to answer Question 9 on this form.

In the December 2010 issue of the National Institute of Justice “New Perspectives in Policing” publication the search for more effective models for delivering police services was considered. The question at the heart of the article was “could a more modern array of public safety experts compete favorably with a conventionally staffed police department? While we certainly are not arguing for replacement of street officers with civilian professionals, we are very intrigued by the potential for positive results having our RADAR efforts supported and influenced by a professional with direct links to MIDD resources and expertise.

For more information and a short video explaining the Shoreline RADAR effort, please go to shorelineradarm.org

2. What community need, problem, or opportunity does your concept address?

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Please be specific, and describe how the need relates to mental health or substance abuse.

The RADAR pilot program's holistic approach to establishing positive and constructive relationships between law enforcement and challenged individuals in our communities will have a significant impact on reducing both the frequency and degree of force used in crisis scenarios involving our target population. It is also anticipated that by proactively linking services to the target population before the next crisis event, we will significantly reduce the number of commitments (both voluntary and involuntary), reduce the number of arrests and subsequent incarcerations, and send a timely and very important message to the communities that we serve that police and fire are being positive and creative problem solvers in a time when significant animosity exists between first responders and the communities they serve.

We would also expect calls for service to significant decrease in those cases where we are repeatedly addressing individuals that believe they have nowhere else to turn in times of confusion and need. Both Fire/Medical and Police Services resources are stretched thin. Overuse and inappropriate use of the emergency response system and the underutilizing of service agencies designed to assist our target population are challengers that must be and will be addressed in our RADAR efforts. This referral data must be tracked and analyzed. We currently have no capacity to do so. The creation of sound public policy relies on the type of data that we currently struggle to produce.

The addition of the RADAR Outreach Coordinator will assist our effort to address several other needs that consistently arise when meeting with both challenged individuals in our target population as well as members of their COS. One of these needs was best described by a younger sister of a mentally challenged young adult. She stated that her biggest fear for her older brother was that his actions and his intentions would be misunderstood by first responders in a crisis event. The RADAR Outreach Coordinator will act as a bridge between families and first responders, communicating important subject specific response planning information to responders and for challenged individuals and their COS, addressing fears and taking the mystery out of what a crisis response will look like. To challenged individuals and their families, the work of the RADAR Outreach Coordinator will provide the simple comfort of knowing that first responders are keenly aware of their loved one's unique challenges and related behaviors.

3. How would your concept address the need?

Please be specific.

The addition of a MIDD funded RADAR Outreach Coordinator with the qualifications mentioned above would address the needs of our target population and contribute to the efficacy of our RADAR pilot in several ways. In our initial outreach efforts we have found that target population individuals and their COS are often skeptical of the intentions of outreach from first responder organizations. Many of these people have had less than positive experience with police and or fire and they are reluctant to needlessly expose themselves to a repeat experience. In many instances we attempt outreach with two strikes already against us. A RADAR Outreach Coordinator would play a huge role in being a much needed bridge between first responders and the individuals in our community that we are most wanting to assist. We also see the RADAR Outreach Coordinator as being in a unique position to link our target population with specific services of which first responders are historically unaware or don't have the appropriate expertise or experience to enroll and monitor.

4. Who would benefit? Please describe potential program participants.

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Individuals in our communities suffering from mental illness, drug dependencies, or cognitive disabilities will benefit most from the RADAR initiative and specifically with the addition of a RADAR Outreach Coordinator to the team. First responder contacts with this population are often to some degree challenging on both sides of the equation. Having more subject specific information when responding to a crisis or routine contact is always preferable to having less information. First responders will benefit in that they will be contacting individuals for whom they have a collaboratively produced contact plan. They will have at their fingertips personal contacts to assist this person. They will be aware of stressors, triggers, or behavior inhibitors that are likely to assist them in addressing the needs of this person. They will have a broader understanding of what they can do to link this person to the assistance they need. First responder agencies will benefit as well in that the number of repeat calls for service will decrease, the likelihood of a use of force event will decrease, availability for responding to other crisis events and medical service calls in the community will increase, and risk management legal liability claims for use of force or improper treatment will be expected to decrease as well. Area emergency rooms will see a decrease in service demands as low acuity calls for service will be more appropriately handled.

5. What would be the results of successful implementation of program?

Include outcomes that could be measured and evaluated. Please indicate whether this data is currently collected in some fashion, and in what form.

Successful implementation of the RADAR initiative with the assistance of a MIDD funded RADAR Outreach Coordinator will provide the first responder community and policy makers with hard data showing the effects of local pre-event outreach, planning and services referrals. We would expect to see fewer calls for service, more appropriate use of the emergency response system, more referrals to appropriate social and mental health service agencies, a reduction in use of force against the target population, fewer liability claims against King County first responder agencies, and an increase in public satisfaction with the way first responders perform their duties. Currently this type of data collection and analysis is unavailable and attempting to glean this information is an extremely time consuming and admittedly inaccurate effort.

6. Which of the MIDD II Framework's four strategy areas best fits your concept? (you may identify more than one)

- ☒ **Prevention and Early Intervention:** Keep people healthy by stopping problems before they start and preventing problems from escalating.
- ☒ **Crisis Diversion:** Assist people who are in crisis or at risk of crisis to get the help they need.
- ☐ **Recovery and Reentry:** Empower people to become healthy and safely reintegrate into community after crisis.
- ☒ **System Improvements:** Strengthen the behavioral health system to become more accessible and deliver on outcomes.

7. How does your concept fit within the MIDD II Objective – to improve health, social, and justice outcomes for people living with, or at risk of, mental illness and substance use disorders?

The Shoreline Police and Fire Department RADAR effort fits exceptionally well within the objective of MIDD II. As first responders who are routinely called to assist our most vulnerable populations in times of crisis we have a unique insight into the degree and frequency of an individual's struggle with mental illness and substance abuse disorders. By streamlining the linkage to community services and staying actively engaged with these challenged individuals and their COS, first responders will have a much clearer view of a specific individual's challenge and thus be better informed as to how to maximize assistance in times of crisis.

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As mentioned above, fear, whether it be of police or a responding aid crew can be a significant driver of many inappropriate and often dangerous behaviors that can occur during a crisis response. Reducing or eliminating the fear response of an individual in crisis is a major goal of the RADAR effort. We are committed to the belief that the building of personal trusting and empathetic relationships between first responders and the challenged individual before the next crisis event, significantly reduces the likelihood of a reaction that would necessitate a use of force, commitment or arrest and booking.

The RADAR initiative is encouraged by scholarly works such as Suspect Mental Disorder and Police Use of Force by Richard R. Johnson at the University of Toledo. Summarizing some of the research into this area of study, Johnson's article states that "if officers believe that a troublesome person has little control over his or her behavior, they are less likely to find the person culpable for his or her actions, moving the officers to leniency." Johnson's article further reveals that "the evidence appears to be mounting that police officers generally either show lenience to those they perceive as mentally ill, or at least they are not negatively influenced by the person's perceived mental health status."

It is clearly in the best interest of the challenged individual, especially individuals with behavior control issue, that during times of crisis first responders have as much subject specific information available to them as legally permissible. Employing their very best judgement, first responders exercise a tremendous amount of discretion in terms of how a crisis event is resolved. In each and every one of these cases, more information is always preferable to less

8. What types of organizations and/or partnerships are necessary for this concept to be successful? Examples: first responders, mental health or substance abuse providers, courts, jails, schools, employers, etc.

RADAR is designed to be a partnership project involving the Shoreline Police Department, the Shoreline Fire Department, the King County Prosecuting Attorney's Office, and community groups and family members serving citizens struggling with effects of mental illness, substance abuse, and cognitive disabilities. We believe this coalition is a natural partner for the type of work that MIDD II will be involved in. It is our goal to successfully prove the RADAR concept over the course of our 3 year federal grant period (2016, 2017, and 2018) and then replicate this model in other jurisdictions in King County and nationwide. We believe the position of RADAR Outreach Coordinator will be seen as vital to our program's success and will be replicated as well. We would very much appreciate the support, partnership, and professional expertise offered through MIDD II.

9. If you are able to provide estimate(s), how much funding per year do you think would be necessary to implement this concept, and how many people would be served?

Pilot/Small-Scale Implementation: \$ 104,777 per year, serving 53,000 + people per year

Partial Implementation: \$ # of dollars here per year, serving # of people here people per year

Full Implementation: \$ # of dollars here per year, serving # of people here people per year

Once you have completed whatever information you are able to provide about your concept, please send this form to MIDDConcept@kingcounty.gov, no later than 5:00 PM on October 31, 2015.

If at any time you have questions about the MIDD new concept process, please contact MIDD staff at MIDDConcept@kingcounty.gov.

