

MIDD

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KING COUNTY DISTRICT 3
COUNCILMEMBER SARAH PERRY

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Budget Ask: Direct Referral Service

- **The Problem:** First responders (fire, police & emergency medical services) are trained to respond to emergency safety concerns, fire, or rescue emergencies. More and more often, our first responders are being asked to serve as behavioral health crisis responders, for which they do not have the expertise or training.
- **The Solution:** Investing in a direct referral service model for first responders to get effective solutions in behavioral health crises situations (such as OneCall from Crisis Connections)
- **The Ask:** \$240,000 in one-time, one-year funding from the 2023-2024 biennium MIDD Underspend (4.6% of Underspend) as a MIDD 2 Emerging Needs Initiative
- **The Impact:** OneCall line helps first responders get the support they need in the moment directly from Crisis Connections' behavioral health providers to best aid people in crises. When enroute or having arrived at the scene, first responders call the OneCall line and are immediately connected with a behavioral health expert who provides:
 - Person's behavioral health history and crisis plan (if available)
 - Problem-solving and guidance
 - Support in de-escalation
 - Safety planning
 - Connection to person's current behavioral health provider (if enrolled)
 - Mental health triage
 - Critical resources
 - Scheduling of Next Day Mental Health Appointment

Daisy Espinoza

King County Law Enforcement
Co-Responder, Sound Health
(with colleague Scott)

“Scott and I do use One Call frequently, Our experience has been a great one. Usually, we use ONE CALL to see if a client/ community member is connected to MH services. ONE CALL has even provided us with the case manager's phone # of the client and we usually do follow up with the client's care team and update them on any information we might have on their client. Especially, for those community members that utilized 9-1-1 frequently (non-emergency).

A recent example I can give you, I was informed that X calls 9-1-1 a lot. I called ONE CALL and got ahold of his case manager. I informed his case manager that X calls 9-1-1 frequently for non-emergency reasons. We came up with a plan and provided her with the online reporting system for X to use, instead of calling 9-1-1 and I also offered to the case manager if it would be beneficial for the co-responder team to meet X in order to help reduce those 9-1-1 calls from his end.

Also, Scott and I have promoted one call to deputies here at the precinct. I have business cards of ONE CALL on our co-responder bulletin board for Deputies to grab and utilize that first responders' number. One thing to keep in mind is that ONE CALL only has information on any public services, so if the client has a therapist/case manager through private insurance, ONE CALL would not have that information.”

Proposed Language

“Of this appropriation, no more than \$240,000 shall be expended or encumbered solely to support an emerging issues initiative that provides a single portal, direct access to referral service for first responders, such as emergency medical service providers, including fire paramedics and ambulance services, and law enforcement (“first responders”), to use in assessing patients who do not require immediate medical attention but have or are exhibiting behavioral health needs. The referral service should be able to provide patient information, engage in problem-solving with the first responder, provide referral to current treatment, or provide referral to new treatment. The emerging issues initiative is intended to avoid unnecessary transfers to hospital emergency departments. Providers eligible for funding under this expenditure restriction shall have demonstrated the ability to provide both the single, direct portal and the referral services to first responders. This emerging issues initiative must be evaluated in the 2024 annual mental illness and drug dependency evaluation summary report.”