



King County



KING COUNTY AUDITOR'S OFFICE

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Sheriff's Office: Opportunities to Better Support 911 Callers with Behavioral Health Concerns

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EXECUTIVE SUMMARY

While the King County Sheriff's Office 911 Communications Center is taking steps to improve service and mitigate risks for some vulnerable 911 callers, it has limited engagement with the growing set of alternative response options available to address behavioral health crises. In addition, while the communications center is meeting standards for promptly answering 90 percent of 911 calls within 15 seconds, this comes at the cost of incurring a significant amount of mandatory overtime for some employees because of low staffing levels. Half of the mandatory overtime at the communications center backfills employees taking compensatory time off, which they earn for working overtime, creating a costly and fatiguing cycle. We make recommendations to make the Sheriff's Office 911 Communications Center more organizationally efficient and to enhance the experience for callers.

Acknowledgment

The demanding work performed by the 911 Communications Center at the King County Sheriff's Office became even more challenging since the COVID-19 pandemic due to short staffing. Call receivers, radio dispatchers, and supervisors work long hours to ensure that people in King County receive timely assistance in an emergency. The staff are doing good work in an extremely difficult environment. While our audit did not assess staff performance, we were impressed with the compassion and professionalism call receivers showed when handling challenging behavioral health-related 911 calls. Short staffing is the root cause of many of the challenges we identified in this audit.

The Sheriff's Office has taken steps toward addressing the need to support 911 callers with behavioral health concerns. A behavioral health crisis is a situation in which symptoms of a person's mental health concerns or substance use result in distress or difficult behaviors. After over a year of preparatory work, including developing standard operating procedures, the Sheriff's Therapeutic Response Unit (TRU) began operations in late 2024. TRU is a small team of credentialed mental health professionals who accompany deputies on calls for service that might have a behavioral health component. Our findings in section 2 of the report include recommendations that the Sheriff's Office enhance its use of behavioral health partners. Additional partners would augment TRU's efforts, not replace its work.

The current captain has directed the communications center longer than others and made notable progress in increasing staffing and performance. While we report that having a rotating captain direct the communications center poses challenges to continuity, the current captain has led for four years, which is longer than the six previous captains. Captains traditionally choose an area to focus on when they assume leadership; the current captain increased staffing and guided the communications center back into compliance with national standards for call answer time.

The Sheriff's Office was responsive to our requests for information and has already begun taking steps to implement some of our recommendations.

REPORT HIGHLIGHTS

What We Found

The options for helping callers with behavioral health concerns are expanding in King County, but the King County Sheriff's Office 911 Communications Center does not have a standard operating procedure to guide call receivers on when and how to use these alternatives to police response. Instead, officers are responsible for referring people to services, which consumes limited law enforcement resources. Further, behavioral health-related calls that do not have an associated law enforcement issue may not receive attention, missing the chance to connect a person with services that could help. A rotating captain position oversees the communications center, which has created challenges with continuing initiatives, including efforts to standardize responses to behavioral health issues.

The 911 Communications Center trains its call receivers and radio dispatchers on anti-racism and ways to mitigate implicit bias. Contracted interpretation services assist callers that speak a language other than English, but this can delay response times. Different than for deputies, there is no process to certify 911 call receivers who are bilingual and want to act as interpreters to speed call response.

The communications center relies on mandatory overtime to meet required standards (answering over 90 percent of 911 calls within 15 seconds). However, mandatory overtime is a drain on morale. Backfilling for employees taking compensatory leave creates around half of the need for mandatory overtime. Managing overtime and schedules without suitable software takes supervisors away from quality assurance activities, instead requiring them to update changing schedules with paper, pen, and whiteout.

What We Recommend

We recommend establishing procedures and training to handle behavioral health calls, hire a civilian professional to lead the communications center, certify bilingual call receivers, and ensure the needs of the communications center are included in efforts to acquire new software.

Why This Audit Is Important

The 911 Communications Center at the King County Sheriff's Office fields over 300,000 emergency 911 calls and 200,000 non-emergency calls per year, connecting the public with vital services. The increasing prevalence of behavioral health issues (which include mental illness and substance use disorders) complicates the traditional 911 options of police, fire, or medical assistance. Research has shown that law enforcement is often unable to help people in behavioral health crises. New and expanded alternatives to police response contribute to an improved but fragmented system. This audit reviews how the communications center serves vulnerable populations, as well as ways it could address challenges with staffing and scheduling.

Without officer response, 911 callers may miss connection to behavioral health resources.



Source: King County Auditor's Office

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Section 1: The Sheriff’s Office 911 Communications Center Has Limited Engagement with Resources to Address Behavioral Health Needs

SECTION SUMMARY

King County Sheriff’s Office 911 Communications Center leaders do not encourage call receivers to use alternative response options for addressing behavioral health needs, preferring that they dispatch officers who can then connect people with behavioral health resources.¹ Relying on officers to offer behavioral health service options consumes limited law enforcement resources. The Sheriff’s Office does not have a standard operating procedure directing call receivers on when and how to offer 911 callers behavioral health service options. Our review of audio recordings of behavioral health-related 911 calls found that some callers’ needs did not align with police services, sometimes leaving them without help. A recently expanded behavioral health resource could improve outcomes for some 911 callers and reduce dependence on limited Sheriff’s Office resources. The Sheriff’s Office uses a rotating captain position to oversee the communications center, which has created challenges with maintaining consistency and progress on initiatives like establishing behavioral health procedures. We make recommendations to facilitate call receivers using alternative behavioral health response options, collect data on behavioral health-related calls, and transition communications center leadership from a captain to a civilian professional.

Behavioral health approach focuses on police response

The communications center’s preferred approach to 911 behavioral health response focuses on officer engagement, which may mean some people do not receive assistance. The 911 Communications Center leaders do not encourage call receivers to offer 911 callers alternative response options such as 988 or Mobile Rapid Response Crisis teams for crisis support, or 211 for social service assistance like

¹ The Sheriff’s 911 Communication Center receives emergency calls needing police, fire, or medical assistance. Call receivers transfer callers needing fire or medical help to other agencies and respond to the remaining calls.

help finding housing or non-emergency medical care.²

Managers indicated that dispatched officers should instead assess situations, handle any law enforcement or public safety issues, and inform callers of any

applicable behavioral health care resources. They emphasized that call receivers are not trained mental health professionals (MHPs) and should not be expected to determine which resources to offer based on the limited information 911 callers provide over the phone. In addition, they said that officers were more familiar with the available behavioral health resources in their precincts.³ Other jurisdictions have successfully mitigated these challenges by developing clear policies and procedures on which types of calls should be diverted to which alternate responders and providing training on identifying eligible calls.

Depending on officers to connect people in behavioral health crises with services may be the only workable path in calls where law enforcement is necessary. However, officer staffing levels may hinder prompt response in lower-risk situations or calls without a law enforcement nexus, leaving some 911 callers to experience lengthy delays or no help at all. We discuss these topics in greater detail later in this section.

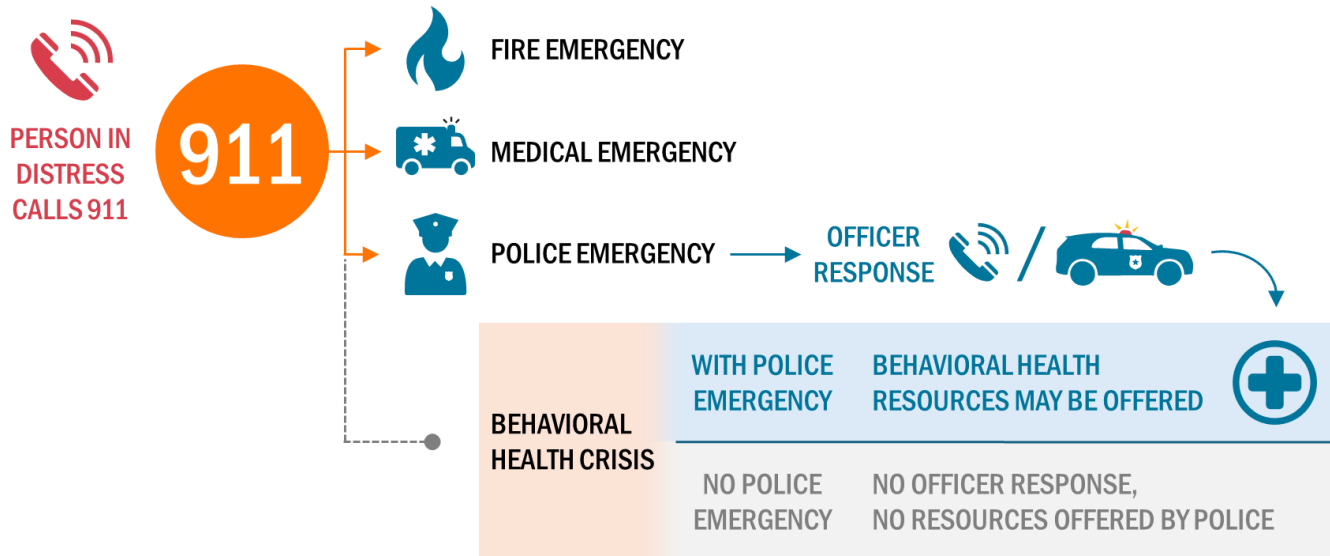
What is behavioral health?

“Behavioral health” is a term that encompasses issues involving mental health, substance use, emotional dysregulation, social service deficits, etc.

² The alternative response option 988 is a national number established in 2021 that connects callers to local suicide and crisis counseling support. In King County, an agency called Crisis Connections is the designated service provider for 988 and other behavioral health and social service resources, including dispatching Mobile Crisis Care Response Teams. See appendix A for more information on these services and others that serve portions of King County.

³ All officers receive 40 hours of initial crisis intervention training and annual two-hour refresher trainings.

EXHIBIT A: 911 callers with behavioral health concerns but low law enforcement priority may miss the chance to get connected with behavioral health resources.



Source: King County Auditor’s Office analysis

The Sheriff’s Office approach that makes officers the primary connection to behavioral health resources partially contrasts with leading practices and King County’s Crisis Care Centers Levy implementation plan. King County’s 2024–2032 Crisis Care Levy also supports alternative responses to behavioral health crises from an equity standpoint. Its implementation plan states, “Populations experiencing behavioral health inequities are more likely to be placed into involuntary treatment and be victims of police violence. The County aims to reduce these inequities by increasing access to community-based services as alternatives to law enforcement.” The National Council for Behavioral Health⁴ stated that “a behavioral health crisis system should include law enforcement officers as first responders only when necessary and eliminate the need for law enforcement to be the routine first responder for situations that can be addressed safely by clinicians. In fact, having law enforcement respond can sometimes escalate the situation.”⁵

⁴ In 2021, the National Council for Behavioral Health was renamed the National Council for Mental Wellbeing.

⁵ National Council for Behavioral Health, “Roadmap to the Ideal Crisis System: Essential Elements, Measurable Standards and Best Practices for Behavioral Health Crisis Response,” March 2021.

No policy or procedure for alternative crisis response options

Call receivers occasionally transfer calls to alternative response providers, but the 911 Communications Center does not have a standard operating procedure or updated list of resources, hindering the use of these options. Our analysis of calls received in 2024 found a total of 452 transfers to recognized behavioral health support numbers, including Crisis Connections/988, the Mobile Rapid Response Crisis Team, and the 211 social services referral line.^{6,7} The communications center provides some information to call receivers about behavioral health crisis response alternatives but does not have a formal policy or updated resource list to guide call receivers.

The National Association of State Mental Health Program Directors recommends that the process for hand-offs and referrals should be supported by a regularly updated database of available resources. The National Council for Behavioral Health recommends that first responders, including 911 call receivers, have a clear set of instructions for directing the majority of behavioral health crises to behavioral health crisis providers. The Sheriff's Office does not provide call receivers with an updated resource list or clear guidance on how to identify calls that can be handled safely and effectively by behavioral response providers — instead of, or in advance of, service by law enforcement officers. Since communications center managers have not emphasized transfers to behavioral health service providers, some call receivers may not be aware of or may underuse those options.

We make recommendations related to these findings on page 8.

Some 911 callers' needs did not align with police services

Our review of audio files from 911 calls involving mental health concerns found that some callers' needs did not align well with police services, so they may not have received officer contact or other help. To understand why transfers to behavioral health crisis services like 988 were not more common, we reviewed 153 calls for service with the "Mental Complaint" or "Mental Health Check" type codes.⁸ We also reviewed the notes logged in the computer-aided dispatch (CAD) system

⁶ See appendix A for more information on these services.

⁷ The Sheriff's Office does not have further definitions of these codes. These codes do not capture all calls with a behavioral health component, since codes only represent the most serious aspect of the call. For example, a call might be coded as a robbery even if there was also a behavioral health concern.

⁸ Some of these calls for service included multiple audio recordings, such as if multiple people involved in a situation called 911, or if the same person called several times while waiting for officers to arrive. We listened to and coded 300 audio recordings of 911 calls, which represented 153 separate incidents.

written by call receivers, dispatchers, and officers for each call.⁹ A little less than half (46 percent) resulted in a police dispatch, and in some cases, call receivers said that an officer would call instead of respond in person. None of the calls included a transfer to behavioral health crisis services like 988.

Not all calls seemed appropriate for 988, such as those with potential for danger. However, based on the conversations we heard between caller and call receiver, and CAD notes, we coded 94 calls (61 percent) as not involving risk of danger from physical violence, weapons, narcotics, or a plan for suicide. Some of these calls may have been appropriate for transfer to alternative behavioral health services like Crisis Connections, a local non-profit which staffs the 988 suicide and crisis lifeline and dispatches King County's in-person Mobile Rapid Response Crisis Team.

Several factors seemed to hinder use of behavioral health response options:

- In over half of calls, the caller expressly asked for police assistance. This may have deterred call receivers from offering behavioral health support even though the two response types are not mutually exclusive.
- Neither the caller nor call receiver mentioned behavioral health support in 81 percent of calls.
- In two of the nine calls where call receivers offered behavioral health support, the caller declined.¹⁰
- Many callers in the sample we reviewed were documented in CAD notes as "frequent callers" with mental health issues. It was often difficult to understand what kind of help they wanted or needed, so in some cases, call receivers documented the call but did not take additional action.

⁹ The Sheriff's Office does not have data to identify calls where behavioral health issues were not the sole focus of the call, so it cannot assess outcomes or service equity across all calls with a behavioral health nexus. The audio files we reviewed represent only a portion of the calls that have a behavioral health component, but without data identifying behavioral health issues in other types of calls, this was the only option. See page 11 for more on this data limitation.

¹⁰ In two of the remaining seven calls, mental health professionals responded along with officers (co-response) and call receivers referred one other to the Sheriff's Office Therapeutic Response Unit for a callback (more on this unit on page 7). Three received police dispatch, and the final two disconnected.

EXHIBIT B: Examples of behavioral health-related 911 calls where alternative responses might have helped the callers.

EXAMPLE 1
Caller felt unsafe
to return home.



We heard one caller place four 911 calls between 5 p.m. and 8 p.m., asking for police to help them back into their house. The caller said three days ago someone barged in, kicked them out, changed the locks, and is living there now. They said people would beat them up if they came back, but they had nowhere else to go. CAD notes say the caller has a history of mental issues and was previously living at an inpatient mental health facility. Call receivers said they could not advise them on what to do, but if they felt the house was unsafe, to wait for an officer to call before they went back. CAD notes did not indicate the call resolution. In this case, it is hard to tell the facts of the situation, other than the caller sounded confused, scared, and felt stuck for hours unable to access what they thought was their home. Call receivers spent a total of 14 minutes with the caller but did not ask if they were interested in talking with other service providers who might have been able to help while they were waiting for the officer to call.

EXAMPLE 2
Caller experiencing
PTSD* asked for a
“courtesy ride.”



Another caller in our audio sample called 19 times during one night, between midnight and 2 a.m., asking for a “courtesy ride” to their father’s house because they said they were having PTSD* and desperate to leave their current location. Call receivers explained that the Sheriff’s Office does not provide “courtesy rides” but said that they had forwarded the request to officers. After several attempts to get a ride, the caller said they thought they heard someone trying to break into their residence. Call receivers noted that they did not hear any disturbance in the background. In subsequent calls, the caller admitted they had been drinking and became less intelligible, sometimes yelling and sometimes silent. Eventually they stopped asking for a ride and just asked for an officer to come by. Call receivers spent a total of 34 minutes with them over the 19 calls. There was no indication in the CAD notes about whether an officer made contact with this caller.

*Post traumatic stress disorder

Source: King County Auditor’s Office analysis

In both examples above, callers in crisis asked for police, but the behavioral health issues underlying their requests were not ones that officers could address (mental illness, housing insecurity, substance use, transportation

challenges). Lacking a clear law enforcement-related emergency, the calls were low priority and may not have received any response. If officers did make contact, they may have connected the callers to behavioral health resources, but there is no way to know the outcomes of these calls.¹¹ Even if officers were able to help callers in behavioral health crises, law enforcement is not generally able to address the underlying causes of the crisis. We also heard 911 callers in our sample state that officers had responded multiple times but had not been able to resolve a family member’s behavioral health crisis. Callers with behavioral health challenges may continue to cycle through the 911 and law enforcement system, such as the caller in exhibit B, above, who called 19 times. This consumes resources while the caller may never receive assistance that addresses root causes. Managers stated that handling calls like these is stressful for 911 call receivers because they are often unable to provide meaningful assistance to people in crisis.

The 911 callers in the examples might not initially have been willing to talk to behavioral health clinicians, but in the absence of prompt attention from an officer, may have accepted a transfer. Clinicians could have assessed their needs and dispatched a Mobile Rapid Response Crisis Team or connected them with resources that might have helped address their underlying problems.

Therapeutic Response Unit adds expert resources but has limited capacity

In December 2024, the Sheriff’s Office Therapeutic Response Unit (TRU) officially began operations to help address behavioral health issues in law enforcement work, but the new unit does not eliminate the need for call receivers to engage community behavioral health resources where appropriate.

The Sheriff’s Office developed the TRU to enhance crisis response capabilities by pairing MHPs with specially trained officers to form co-response teams. These teams provide behavioral health support on any call where people may be in crisis or suffering potential trauma. TRU’s MHPs occasionally take shifts at the 911 Communications Center, where they provide expert assistance for call receivers fielding calls with behavioral health components and resource referrals for low-risk situations.

TRU managers said that having an MHP on the floor to assist call receivers with behavioral health-related calls is a morale boost for staff, who welcome their expertise and support on challenging calls. However, with only six staff whose primary duty is to

¹¹ The Sheriff’s Office, like most law enforcement agencies, does not document the specific outcomes of its calls for service. Officers assign every call a disposition code (such as “Assistance Rendered” on scene or over telephone), but the codes don’t include information on what kind of assistance the officer provided or what the outcome of the situation was.

serve in the field, TRU cannot adequately support both call receivers at the communications center and officers in the field in improving behavioral health crisis outcomes.

A 2024 study by the Harvard Kennedy School found that behavioral health professionals can assist 911 call centers to:

- identify call types that may be suitable for diversion to alternative crisis response
- write triage protocols to allow non-clinically trained 911 call receivers to make nuanced determinations about whether alternative response options are appropriate
- provide training to 911 call receivers and dispatchers on how to best recognize calls that might be eligible for an alternative emergency response option.¹²

TRU managers expressed interest in providing training for call receivers but have not yet done so. They are also qualified to assist in developing policies and procedures for the call receivers to use alternative crisis response options.

Recommendation 1

The King County Sheriff's Office should work with subject matter experts, such as those in its Therapeutic Response Unit, to develop a standard operating procedure directing call receivers on when and how to communicate alternative behavioral health response options to 911 callers.

Recommendation 2

The King County Sheriff's Office should work with subject matter experts, such as those in its Therapeutic Response Unit, to develop and deliver training for call receivers on applying its new alternative behavioral health response standard operating procedure.

¹² Harvard Kennedy School Government Performance Lab, "Embedding Behavioral Health Professionals in 911 Call Centers," 2024.

The 911
Diversion
program could
improve
behavioral
health
outcomes

A recently expanded behavioral health resource — the Crisis Connections 911-988-211 Call Diversion (911 Diversion) program— could improve outcomes for some 911 callers and reduce dependence on limited Sheriff’s Office resources.

Crisis Connections received funding from the King County Crisis Care Centers Levy to offer 24/7 service integrating emergency response (911) with crisis intervention (988) and health and human service referrals (211). The 911 Diversion program aims to provide a more comprehensive and coordinated response to emergencies, mental health crises and essential needs support, including handling frequent 911 callers. A US Department of Justice Law Enforcement Bulletin noted, “Police officers are often asked to respond to calls that may be better suited for behavioral health professionals. Implementing 911 dispatch diversion can help communities conserve public safety resources and reduce reliance on police by first determining whether law enforcement is necessary for the response.”¹³

¹³ Council of State Governments Justice Center, Department of Justice, “Field Notes for Law Enforcement,” October 2021.

EXHIBIT C: Crisis Connections 911-988-211 Diversion model aims to match callers with resources that address emergent as well as underlying issues.

211 maintains a comprehensive database of community resources and provides information and referrals for essential needs like:

- Food
- Housing and Shelter
- Utility Assistance
- Healthcare Services
- Government Services

211 also can connect people with information and referrals for:

- Transportation
- Legal Services
- Counseling and Support Groups
- Disaster Aftercare
- Everything Else

988 provides crisis support for:

- Thoughts of Suicide
- Mental Health Crisis
- Substance Use Crisis
- Emotional Distress

911 provides first responder dispatch for:

- Medical Emergency
- Fire
- Reporting a Crime
- Disaster Response
- Life Threatening Situation



Note: A “warm handoff” means that the 911 call receiver stays on the line and introduces the caller to the 988 or 211 call receiver.

Source: Crisis Connections

Crisis Connection’s 911 Diversion program offers enhanced service to partners.

This program is different from the regular 988 service, and communications centers using 911 Diversion have legal and data-sharing agreements with Crisis Connections. Staff are trained on 911 operations and state and local laws to ensure caller privacy and compliance with legal requirements. Designated phone lines allow 988 counselors to transfer calls back to 911 if circumstances escalate. 911 Diversion program staff actively support contracted partners to review data, coordinate training and support, and work with managers to align with the culture and needs of each communications center.

Although another communications center in the region benefited from partnering with Crisis Connections, Sheriff’s Office 911 Communications Center leaders were not aware of its 911 Diversion program at the time of the audit.

Valley Communications (Valley Com 911), one of the largest 911 communications

centers in the region, has been using Crisis Connections' 911 Diversion program since March 2024.¹⁴ Valley Com 911 transferred 1,453 calls to Crisis Connections 988 and 425 calls to 211 between January and September 2025. Crisis Connections managers stated that two other King County communications centers plan to establish partnerships in early 2026: NORCOM and the Redmond Police Department.

Nationally, other communications centers have had success with diverting behavioral health 911 calls to MHPs. For example, the Houston Police and Fire departments implemented a joint Crisis Call Diversion program in 2017. In 2020, the program diverted 2,116 calls, which resulted in an estimated \$1,666,732 annual savings to first responders.¹⁵

Recommendation 3

The King County Sheriff's Office should participate in the Crisis Connections 911 Diversion program.

Data system cannot track calls that include behavioral health nexus

The Sheriff's Office CAD data system does not allow staff to flag calls that include a behavioral health component, making it difficult to track how many there are and how the Sheriff's Office handles them. Many emergency situations may have a behavioral health nexus, including suicide threats, welfare checks, traffic collisions, assault, and substance use- and mental illness-related psychosis. However, the CAD data system requires call receivers and officers to select a type code for each call, usually indicating the issue of highest importance from a law enforcement perspective.¹⁶ This means that the Sheriff's Office does not capture the presence of behavioral health issues in calls that include higher order concerns, such as crimes. For example, if a call about an assault included a behavioral health element such as substance use, the CAD system might still only show "Assault" as the call type. Information on the behavioral health element might show up in the notes field as "HBD" (acronym for "Has Been Drinking"), "drunk," "beer," etc. In our review of CAD notes for calls with noted mental health concerns, call receivers and dispatchers used a variety of terms to document the presence of behavioral health issues. Without a

¹⁴ From March 2024 to December 2024, Crisis Connections conducted a pilot project to co-locate with Valley Com 911 to facilitate 988/911 collaboration. In January 2025, Crisis Connections shifted to providing service remotely.

¹⁵ Houston Police Department Mental Health Division, *2020 Annual Report*.

¹⁶ Call receivers select a type code when a 911 call initiates a request for service, and officers assign a (sometimes different) type code after they resolve the call. The CAD system retains both codes.

consistent data marker to identify the universe of calls with behavioral health components, the Sheriff's Office has no way to reliably identify and analyze these calls.

According to national research, it is important for jurisdictions to document call data and provide metrics on their emergency response systems to better evaluate individual behavioral health outcomes and measure system progress.

In the absence of behavioral health data in CAD, the Sheriff's Office cannot answer questions about trends in the number of 911 calls that include a behavioral health element or assess how much of officers' time these calls consume. Like many 911 centers across the country, the Sheriff's Office does not record the specific outcomes of behavioral health crisis calls in CAD. Fortunately, an upcoming CAD replacement project provides an opportunity to establish data infrastructure that could help the Sheriff's Office track behavioral health issues that impact the 911 Communications Center and law enforcement responses.

Recommendation 4

The King County Sheriff's Office should ensure its new computer-aided dispatch system has a separate data marker to indicate a behavioral health nexus independent of call type and train staff on how to use it consistently.

Prior plans to engage alternative crisis response lost in staff transition

In 2021, the 911 Communications Center took steps toward developing a process to transfer applicable behavioral health calls to alternative response providers, including establishing new codes in CAD. A previous communications center captain developed a plan for call receivers to assess and transfer applicable behavioral health calls to alternative crisis response providers like Crisis Connections with the goal of reducing officer response to these calls. The plan included new codes in CAD to track transfers, as well as a decision tree and instructions for staff and a dedicated phone line so that Crisis Connections could transfer back calls that escalate to an imminent safety concern. The captain was transferred to a different leadership assignment prior to full implementation of the plan.

Rotating leadership creates challenges

The average tenure for a captain overseeing the 911 Communications Center is around two years, creating challenges in maintaining consistency and implementing initiatives across transitions in leadership. At the Sheriff's Office, captains rotate between assignments. Over the past 10 years, the communications center has had six captains. The captain at the time of publication has been there for four years, which is the longest tenure of the last six captains. When a new captain takes over, they generally do not have a background or experience in the operations of a communications center. This means there is a transition period where the new captain must learn about operations from staff. When this is a frequent occurrence, it can be draining on supervisors and staff to repeatedly train new captains. Further, as evidenced above, initiatives started by an outgoing captain can get lost in the transition.

Civilian leadership is possible

Other communications centers have civilian professionals as leaders, and the Sheriff's Office has begun exploring that possibility. For example, in 2021, the City of Seattle's 911 Communications Center transitioned from a commissioned officer in charge to a professional civilian with experience in communications center operations. Staff report that this has been a beneficial and successful change. NORCOM and Valley Com 911, the other two largest 911 communications centers in King County after the City of Seattle and the King County Sheriff's Office, have professional civilian directors. Sheriff's Office leaders agreed that a civilian director would benefit the 911 Communications Center by providing long-term professional leadership. They said they have had positive discussions with the union about adding a civilian position.

Recommendation 5

The King County Sheriff's Office should transition to professional civilian leadership for the 911 Communications Center.



Section 2: The Sheriff’s Office Takes Steps to Mitigate Risks for Some Vulnerable 911 Callers

SECTION SUMMARY

The Sheriff’s Office trains all 911 call receivers and dispatchers on anti-racism and ways to mitigate implicit bias, reducing the risk that bias could affect officer decisions. However, 911 callers speaking other languages experience delays from contracted interpretation services. Some call receivers are bilingual and asked management if they could use their language skills to help callers more efficiently, but there is no process for language certification or provision in the labor contract. We recommend that the Sheriff’s Office set up a certification process for call receivers to use their language skills to more efficiently serve 911 callers speaking languages other than English. Sheriff’s Office leaders began implementing this recommendation prior to the conclusion of the audit.

Annual training reduces risk for vulnerable callers

All 911 call receivers and dispatchers receive annual training on implicit bias, ethics, and cultural awareness, helping to reduce the risk that bias could affect officer decisions when responding to calls for service. The 911 Communications Center’s training program is consistent with leading practices that 911 call receivers and dispatchers be trained on understanding the effects of trauma, de-escalation, anti-racism, and implicit bias in the context of their job responsibilities. Specifically, training encourages call receivers to ask fact-based questions like “what do you see?”, “what are they doing?”, and “how do you know?”. These types of questions can help mitigate biases in how callers label or interpret the situation they are reporting, which allows call receivers to conduct a more accurate risk assessment for responding officers.

The training provided is valuable because 911 call receivers’ role is to ask callers questions to determine the appropriate type and acuity of response needed. If police are necessary, call receivers must extract relevant information to minimize potential safety risks to officers and the public. Research has shown that racism and bias from callers, call receivers, and first responders can influence outcomes, especially when race intersects with mental health conditions. The *International*

Journal of Law and Psychiatry published a study in 2018 stating that Black Americans are 2.6 times more likely to be killed by police than non-Hispanic Whites; when mental illness is taken into account, this difference is nearly 10-fold.¹⁷ The dispatch codes that call receivers and dispatchers assign can affect officer decisions upon arrival and could mean the difference between an officer assuming a person poses an immediate public safety threat or the officer perceiving a situation to be de-escalated. The communications center's training program provides call receivers with the knowledge to understand the potential impact of their role and the tools to combat bias.

911 callers speaking other languages experience delays

Callers speaking languages other than English experience slower emergency service, even for commonly spoken languages like Spanish. The 911 Communications Center gets over 50 emergency calls and an average of over 500 non-emergency calls each month that need Spanish interpretation. Spanish represents approximately three-quarters of the interpretation services the communications center purchases from CyraCom and Language Line.¹⁸ While the wait time to connect with a Spanish interpreter averages eight seconds, the process to call the interpretation service, log in, listen to the recorded instructions, connect with an interpreter speaking the desired language, and resume communication takes much longer — two calls in our audio sample used interpreters, and one took 47 seconds to resume communication using an interpreter and the other took almost two minutes.¹⁹ The national standard for emergency call answer time is 15 seconds, which assumes call receivers begin to assist 911 callers after that time. Callers needing interpretation experience much slower service, even for commonly spoken languages. For callers speaking less common languages, the wait time for an interpreter can be five minutes or more in addition to the time needed to determine what language the person is speaking and engage the interpretation service.

¹⁷ "[Cops, Clinicians, or Both? Collaborative Approaches to Responding to Behavioral Health Emergencies](#)," *Psychiatry online*, citation of "[Deaths of people with mental illness during interactions with law enforcement](#)," *International Journal of Law and Psychiatry*, ScienceDirect.

¹⁸ When someone calls 911 speaking a language other than English, the call receiver connects with a contracted interpretation service (such as Language Line or CyraCom), enters their identification and personal identification number, and selects the language needed. A recorded voice reminds the parties to speak in short, clear statements. When an interpreter is available, they join the call, introduce themselves, and begin to translate between the caller and call receiver.

¹⁹ In both instances, the wait time to connect to an interpreter was relatively short (8 and 13 seconds), but on one call, the receiver had to re-enter their account number and personal identification number before connecting, which took longer. For more on the audio sample, see page 4.

Call receivers asked management to allow them to use their language skills to help callers, but as of the time of this report, 911 Communications Center policy does not allow bilingual call receivers to use their language skills on the job.

Even though some call receivers speak Spanish or other common languages heard in 911 calls, communications center policy requires them to use contracted interpretation services. Staff asked managers for permission to use their language skills, but the Sheriff's Office labor contract does not have a provision for employees to do their own interpreting. Sheriff's Office deputies go through a language certification process before they are allowed to speak other languages on the job, which is associated with a small pay premium. Sheriff's Office leaders stated that while they may be able to use the same certification exam for call receivers, they would need to negotiate a different pay premium because the description of duties is different.

Sheriff's Office and communications center managers agreed with the importance of setting up a certification process and policy to allow call receivers to serve 911 callers speaking other languages more efficiently. Sheriff's Office leaders expressed interest in developing a process for call receivers to certify their language skills, including negotiating an associated pay premium. They hope to execute a temporary memorandum of understanding until the next contract negotiation so that call receivers can serve non-English-speaking callers efficiently and receive compensation for their multi-lingual work.

Recommendation 6

The King County Sheriff's Office should develop and implement a policy and certification process to allow 911 call receivers to use language skills on the job.



Section 3: Understaffed 911 Communications Center Is Meeting Timeliness Standards by Assigning Significant Mandatory Overtime

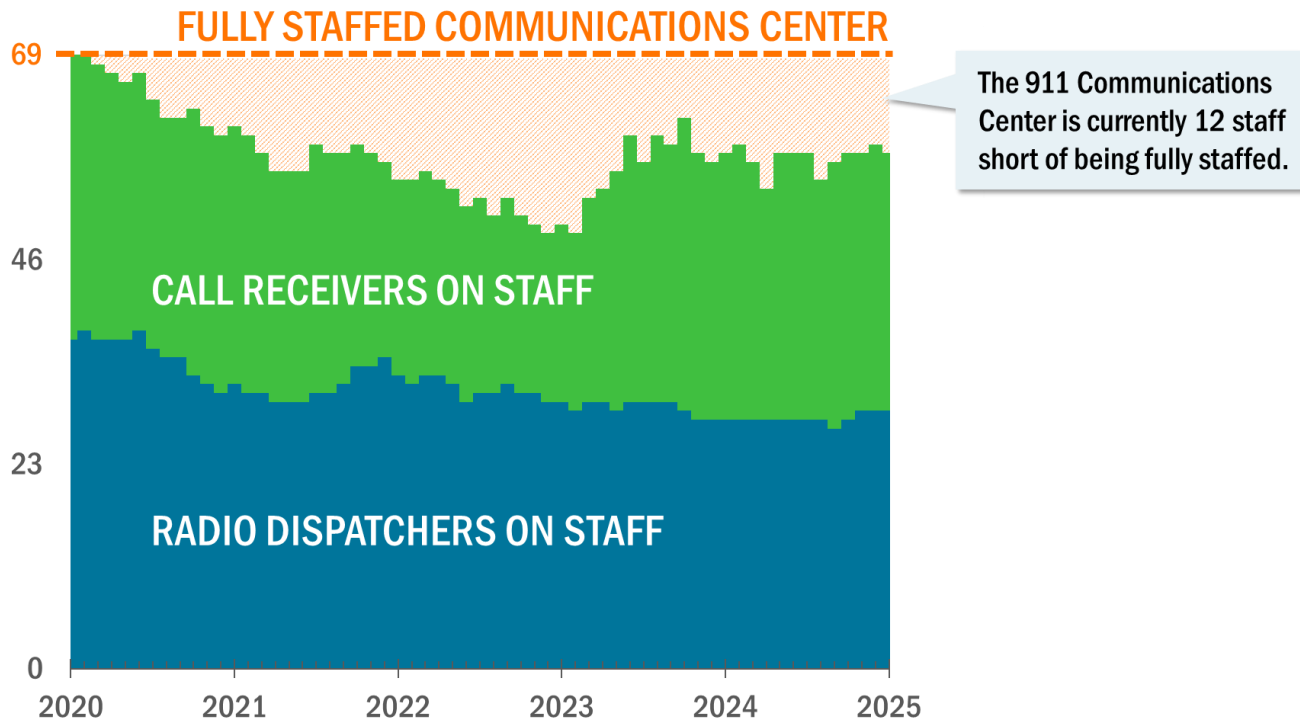
SECTION SUMMARY

Despite having 12 vacant positions, the 911 Communications Center is meeting national standards by answering over 90 percent of 911 calls within 15 seconds. The communications center achieves this by heavily relying on voluntary and mandatory overtime. Compensatory leave is a major cause of overtime, with half of mandatory overtime shifts a result of compensatory time off. Mandatory overtime is a drain on morale, and it is not distributed evenly across employees. Managing mandatory overtime and schedules taxes supervisors' time and attention, drawing them away from supervisory activities like quality assurance. The time spent scheduling is exacerbated by a lack of suitable software, leading supervisors to spend half their time managing the changing daily schedules with paper, pens, and whiteout. We recommend that the Sheriff's Office include the communications center in its efforts to acquire new scheduling software and connect supervisors across different units so they can share potential solutions to scheduling issues.

Vacancies create challenges

The 911 Communications Center is understaffed, which impacts how long people must wait for an answer when they call 911. The communications center is budgeted to have 69 communication specialist positions, which includes both call receivers and radio dispatchers. However, the communications center has not been fully staffed at that level since February 2020, at the start of the pandemic (see exhibit D). Staffing declined over the course of the pandemic until early 2023, when the communications center was operating with 49 communication specialist positions filled and 20 vacancies (i.e., staffed at around 70 percent of its budgeted employees). This meant there were not always enough staff to field all the emergency calls coming in, which resulted in longer wait times for people calling 911.

EXHIBIT D: The Sheriff's Office 911 Communications Center has been understaffed since the start of coronavirus pandemic.



Source: King County Auditor's Office analysis of PeopleSoft data, summarized by month.

The 911 Communications Center has been focusing on recruitment and trying different strategies to reduce vacancies. Other emergency communications centers we interviewed in the region have also struggled with recruiting and retaining qualified staff. As of July 2025, the 911 Communications Center had reduced vacancies from 20 to 12 positions.

Filling vacancies is challenging despite efforts

While short staffing is the cause of many challenges at the communications center, hiring to fill vacancies is a slow process, and there is a low retention rate in the first year of employment. Call receivers are hired through the civil service process, which can take up to seven months and involves exams, interviews, background checks, polygraph tests, and medical and psychological evaluations. Efforts to streamline the process have reduced the time from application to hiring from seven months in 2022 to around four and a half months in the 2025 recruiting cycle. Since 2022, around 55 percent of minimally qualified applicants have

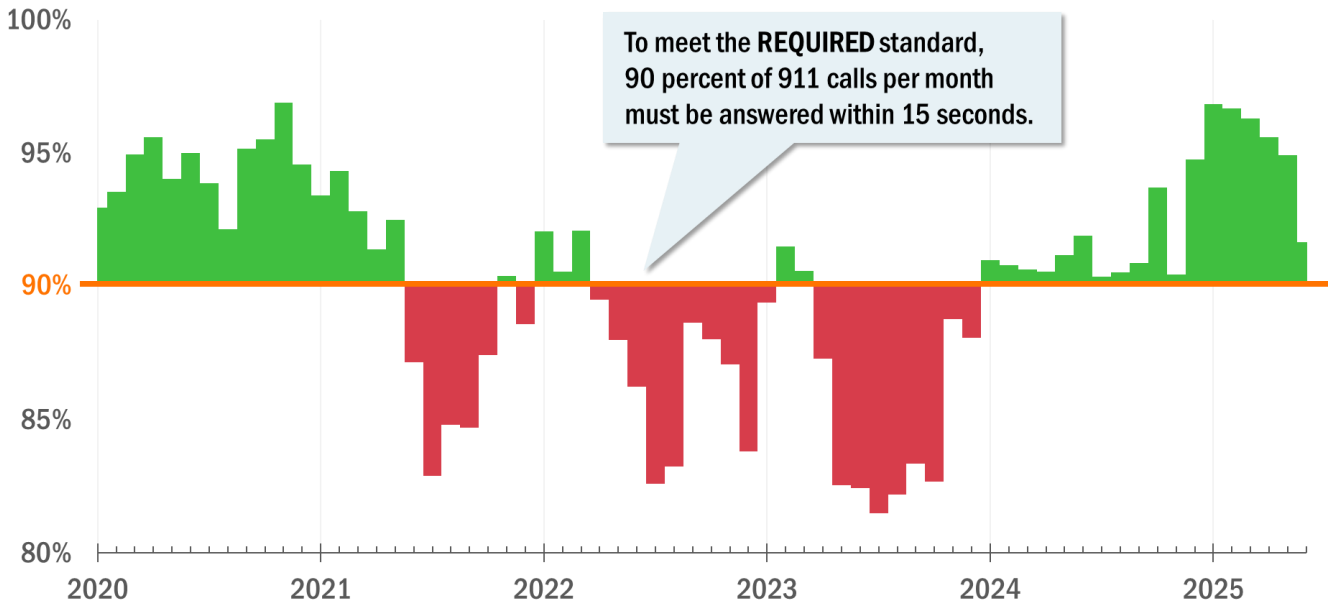
withdrawn during the process, and 43 percent did not pass a stage of the process, which means offers were made to less than 2 percent of these applicants.

Once hired, there is a lengthy and intensive training program to become certified as a call receiver. Around half of new hires leave within the first year; we heard that the most common reason is that applicants did not have a clear understanding of what the job would entail and how difficult it can be. Employees who stay longer than a year have a high retention rate, and experienced call receivers can opt to become certified as dispatchers with additional training. When we assessed the recruitment process, we found that each step served a function, even if cumulatively they added up to a lengthy process.

Still answering calls within national timeliness standards

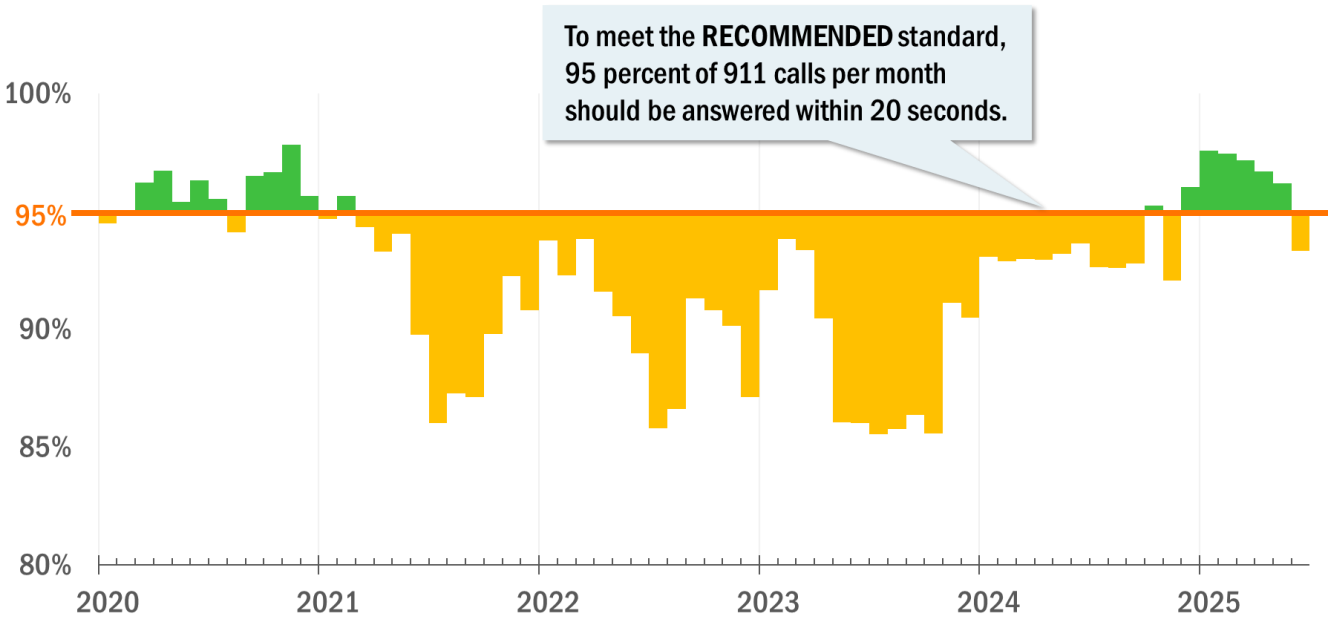
Despite understaffing, the 911 Communications Center has met required performance standards since January 2024. The National Emergency Number Association (NENA) sets timeliness standards for all 911 communications centers around the country. To meet the required standard, 90 percent of 911 calls in a month must be answered within 15 seconds. The Sheriff's Office 911 Communications Center met this standard every month in 2024 and 2025 (see exhibit E). NENA also recommends, but does not require, answering 95 percent of calls within 20 seconds. The communications center has started meeting this recommended standard frequently since December 2024 (see exhibit F) but did not meet it for several years prior. Reducing vacancies has helped the communications center meet both the required and recommended standards. Effects of hiring may not be immediately visible in timeliness data, because new hires must complete their training and certification courses before they are available to take calls and reduce wait times.

EXHIBIT E: The Sheriff’s Office 911 Communications Center has met required national standards for timeliness since the beginning of 2024.



Source: King County Auditor’s Office analysis of 911 call data grouped by month.

EXHIBIT F: The Sheriff’s Office 911 Communications Center frequently met recommended national standards in 2025 for the first time in several years.

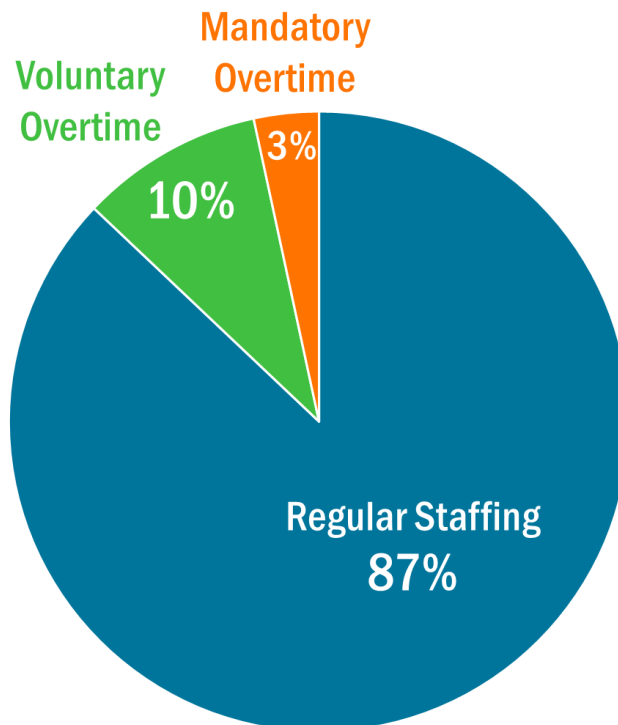


Source: King County Auditor’s Office analysis of 911 call data, grouped by month.

Heavy use of overtime

To meet its performance standards, the 911 Communications Center has used large amounts of overtime to backfill for staffing shortages. The standard work week for call receivers and radio dispatchers is four 10-hour days, and with overtime an employee may work up to 14 hours a day. When the communications center cannot find volunteers for overtime, it assigns employees who are working that day to a mandatory overtime shift. Over a quarter of overtime hours in 2024 were mandatory assignments. In 2024, the communications center used over 15,000 hours of overtime to make up for staff vacancies. On average, this means 42 hours of overtime every day, or around 13 percent of the communications center's daily staffing needs for call receivers and dispatchers (see exhibit G).

EXHIBIT G: Around 13 percent of staffing for call receivers and dispatchers relies on voluntary and mandatory overtime.



Source: King County Auditor's Office analysis of Sheriff's Office 911 Communications Center scheduling documents.

In other words, this amount of overtime is equivalent to every call receiver and dispatcher working 1.5 hours of overtime every day they were at work (66 minutes of voluntary overtime and 24 minutes of mandatory overtime). To replace this amount of overtime work with regularly scheduled shift work, we estimate the

communications center would need to hire around 12 more full-time employees. This would bring the number of employees up to the budgeted level.

Mandatory overtime is unpopular

Mandatory overtime is a drain on morale, is distributed unevenly across employees, and can make an already stressful job even more difficult. By policy, the Sheriff's Office only assigns mandatory overtime to employees who are already working that day (i.e., people are not called in on their days off to work mandatory overtime). In 2024, around a quarter of call receivers and dispatchers had medical restrictions that limited their working day to 12 hours or less, which can limit the pool of available employees who could take a mandatory overtime shift. Employees who have worked more voluntary overtime tend to receive less mandatory overtime, but that is not always the case. We found that some employees were assigned two or three times the amount of mandatory overtime as other employees. One employee in 2024 worked more than an average of four hours of mandatory overtime per week (more than 200 hours in a year). Mandatory overtime is associated with a significant increase in stress symptoms such as depression, anger, and muscle tension.²⁰

Other agencies we spoke with have tried to reduce mandatory overtime by introducing incentives for employees to take more voluntary overtime. For example, the Department of Adult and Juvenile Detention offered two-and-a-quarter-times regular pay for voluntary overtime to encourage employees to sign up for overtime shifts. However, it is not clear whether those incentives would work at the communications center, where employees are already taking large amounts of voluntary overtime (for instance, multiple employees worked over 500 hours of voluntary overtime in 2024 and were still assigned mandatory overtime). Furthermore, transitioning employees from mandatory to voluntary overtime does not reduce the overall amount of overtime worked.

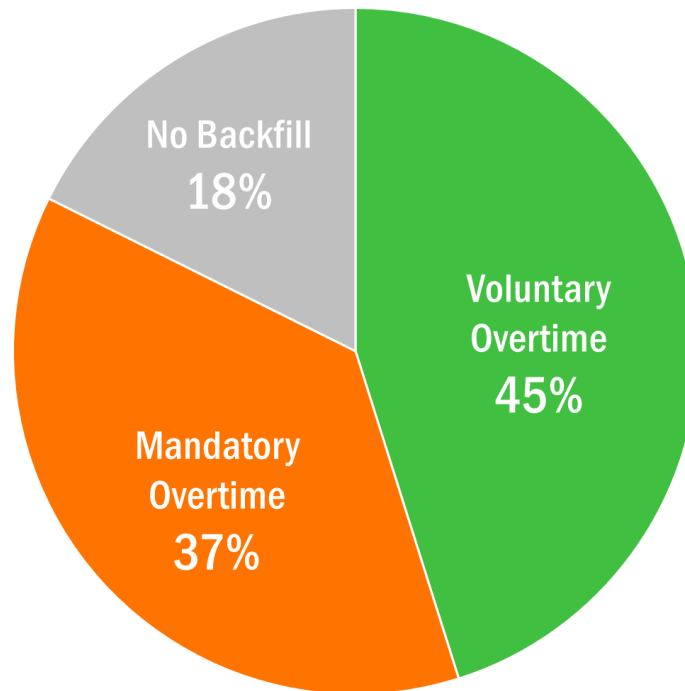
Compensatory leave requires even more overtime

A significant driver of overtime is employees taking compensatory leave, which is responsible for half of all mandatory overtime. When employees work an hour of overtime, the collective bargaining agreement allows them to elect to earn one and a half hours of compensatory time instead of receiving overtime pay. Employees can use this compensatory time to take time off from work. Since the 911 Communications Center is almost always understaffed, this means that when an

²⁰ Park S, Meischke H, Lim S, "Effect of Mandatory and Voluntary Overtime Hours on Stress Among 911 Telecommunicators," *Workplace Health & Safety*, 2023; 72(1):21-29, doi:10.1177/21650799231202794.

employee takes this time off, it is necessary to backfill their position using additional overtime. Compensatory leave must be backfilled with additional overtime over 80 percent of the time (see exhibit H).

EXHIBIT H: Over 80 percent of compensatory leave required backfilling, using either **voluntary or **mandatory** overtime.**

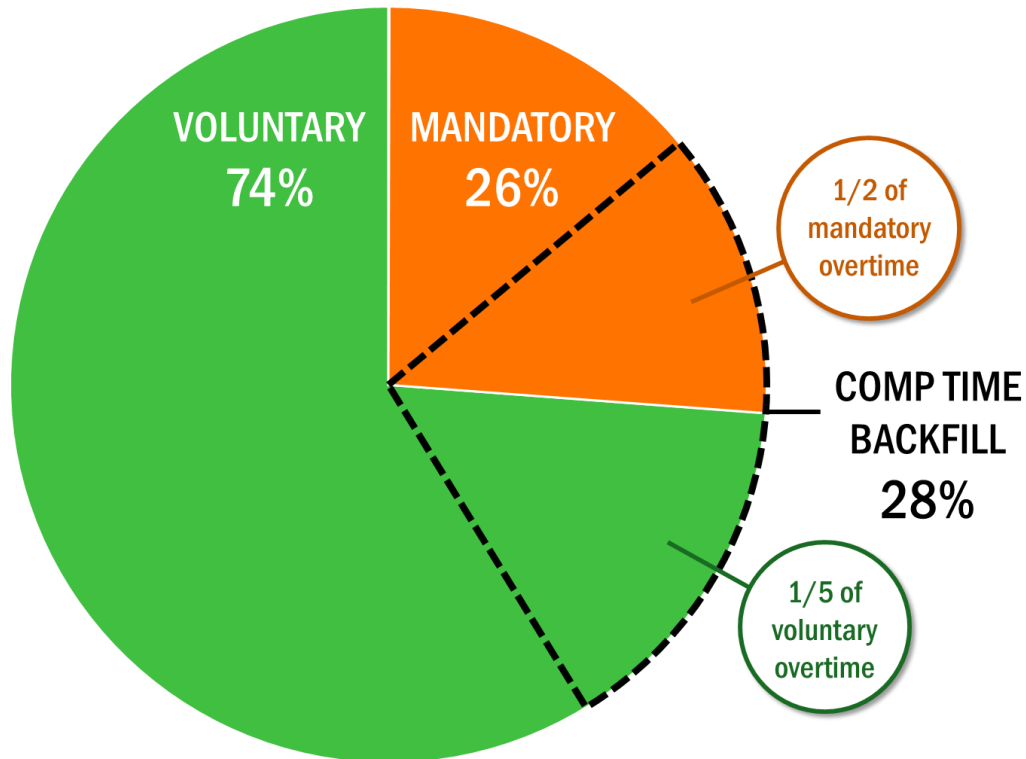


Source: King County Auditor's Office analysis of Sheriff's Office 911 Communications Center scheduling documents.

Since employees earn more than one hour of compensatory leave for each hour of overtime worked, this can create a need for even more overtime. In 2024, we found that over a quarter of all overtime hours were necessary to backfill employees taking compensatory leave. Since compensatory leave is often taken at times when there are not enough employees willing to voluntarily take an overtime shift, this means that compensatory leave is a large driver of mandatory overtime. In 2024, we found that around half of all mandatory overtime hours were a result of employees taking compensatory leave (see exhibit I). Any changes to compensatory leave would require bargaining between the communication specialists' union and the Sheriff's Office. However, given the unpopularity of mandatory overtime among both staff and leadership, it may be worth considering whether changes to the compensatory

leave policies would be beneficial to everybody if it could cut mandatory overtime in half.

EXHIBIT I: Backfilling for compensatory leave was the cause of over a quarter of all overtime and around half of all mandatory overtime in 2024.



Source: King County Auditor's Office analysis of Sheriff's Office 911 Communications Center scheduling documents.

Recommendation 7

The King County Sheriff's Office should propose modifications to the compensatory leave provisions in the collective bargaining agreement with the Public, Professional & Office-Clerical Employees and Drivers, Teamsters Local 763 to explore whether it could reduce mandatory overtime at the 911 Communications Center.

Supervisors managing schedules without software

Around half of supervisors' time is taken up with scheduling tasks — the lack of scheduling software means supervisors use paper, pens, and whiteout instead, leaving less time for quality assurance. According to supervisors, the time and labor system used by the Sheriff's Office, ATLAS, does not work for their complex scheduling needs. There was an effort to acquire a separate scheduling software package that was intended to drastically simplify the scheduling process for supervisors, but the lack of multi-factor authentication features meant it could not be purchased. The Sheriff's Office has proposed replacing ATLAS with a new system, and the budget for the 2026–27 biennium provides resources to do so. The Sheriff's Office has consulted with communications center staff in the past on what features would be necessary in a new scheduling software, but those consultations largely involved staff who have since retired. Now that there is funding in the budget to proceed with the project, it may be necessary for the Sheriff's Office to consult with communications center staff again about the project to ensure that software and time and labor requirements are met when negotiating with software vendors. However, the replacement may not be implemented until 2028.

The King County Regional Automated Fingerprint Identification System (AFIS) program at the Sheriff's Office has units that operate on a 24/7 schedule, similar to the 911 Communications Center. Managers at AFIS said they have had success using a module in Microsoft Teams for scheduling and could help train supervisors at the communications center on it. This could be a possible stopgap system until the ATLAS replacement project is complete, but the Sheriff's Office would need to coordinate time for training across units. Without an adequate software solution, supervisors spend several hours a day managing leave requests and backfilling overtime using a pen and paper system. Supervisors use multiple paper documents to coordinate schedules and update these documents by hand, using whiteout and overwriting the prior numbers (see exhibit J).

EXHIBIT J: Supervisors must use paper, pens, and whiteout to manage fluctuating daily schedules across three shifts.

1500-0100			-	-	-	-	-	-	-
B	MTW	V	V	F	F	F	V		
C	TWT	84	84	42	1/TP19-01	1/819-01	F	F	V
G	TFS	F	V					F	F
L	SSM	F	F	F	45	45	FMLAM	21	15-19
R	FSS	F	F					UK	45
W	WTF	CT	CT	H/V	V	F	F	F	F
-	-	F	F	F	F	F	F	F	F
B	SSM	F	F	F	1/TP19-01	1/TP19-01	1/TP 19-01		V
B	SMT	BRV	F	F	F				F
E	FSS	F	F						F
M	SMT	TRW15-21	F	F	F	TRW15-21	TRW 15-21	TRW15-21	
P	WTF								F
P	TWT	IRW	12-19	1/19-01	IRW				TP 15-19
P	SSM	F	F	F	IRW 15-19/TP 19-01	IRW 15-19/TP 19-01	IRW 15-19/TP 19-01		IRW
W	SMT	TRW 15-21/IRW21-01	F	F	F	TRW 15-21/IRW21-01	TRW 15-21/IRW21-01	TRW 15-21/IRW21-01	

	0500	0700	0900	1100	0500	0700	0900	1100	0500	0700	0900	1100	0500	0700	0900	1100	0500	0700	0900	1100	0500	0700	0900	1100					
TOTAL	7	5	9	9	8	6	11	11	6	5	9	9	6	4	8	8	6	5	9	9	7	5	10	10	9	7	10	10	
DSPT	5	5	8	8	5	5	7	7	4	4	6	6	2	2	3	3	3	3	5	4	4	4	4	6	6	4	4	6	6
DSPT NEEDED									1	1			3	3	2	2	2	2	1	1	1	1			1	1			
PHONES	2	1	5	5	3	1	7	7	2	2	4	5	3	1	4	4	3	2	4	3	4	2	5	4	4	5	3	4	4
PHONES NEEDED	2	3	1	2	1	3			2	3	3	2	1	4	3	3	1	3	4	4	2	3	3		2	3	3		
																					4	3	4	4	5	3	5	4	4
																					0	2	3	3					

Source: Scanned scheduling documents provided by King County Sheriff's Office

Supervisors lack time to supervise

Supervisors are stretched thin with scheduling, managing overtime, and hiring, which leads to less time for supervision and quality assurance. There are only six supervisors for a 24-hour facility, which means there is usually only one supervisor on duty at any given time. For comparison, Valley Com 911 has 12 supervisors so that it can have two on duty at any given time, and the City of Seattle 911 Communications Center has three or, sometimes, four supervisors on duty at a time. Managers report that they are often unable to conduct core supervisory duties (monitoring, mentoring, quality assurance, training, and updating written policies, procedures, and guidance) because of the amount of time spent scheduling and managing overtime. Despite the need for supervisors, elevating operators to supervisory positions would create additional vacancies among call receivers and dispatchers, which would, in turn, necessitate more mandatory overtime for staff. Supervisors report that they

would like to monitor calls for quality assurance but have not had time to do this for the past four or five years. Time spent on scheduling also takes away from updating standard operating procedures and guidance for call receivers and dispatchers.

Recommendation 8

The King County Sheriff's Office should ensure that its new time and labor system meets the scheduling needs of the 911 Communications Center by continuing to include communications center staff in the software development process.

Recommendation 9

The King County Sheriff's Office should connect supervisors across its different sections to share knowledge about scheduling software options and how to best use available software in a 24-hour staffing environment.




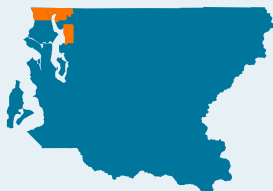


CONCLUSION

The Sheriff's Office struggles to fully staff its 911 Communications Center. The agency could reduce strain on its communications and patrol staff — as well as improve outcomes for 911 callers with behavioral health concerns — by establishing partnerships with alternative responders and developing procedures to connect callers to those services. Revising its approach to handling these types of calls will require the Sheriff's Office to engage the developing network of behavioral health services, which can be a cultural change for law enforcement agencies. Emergency communications centers have a key role in connecting people with behavioral health needs to resources that not only respond to an immediate crisis but begin to address some of the underlying factors that resulted in a 911 call. While the communications center is trying to fill its vacant positions, there is still an opportunity for staff and the agency to reduce mandatory overtime in the meantime by agreeing to limit compensatory time. Similarly, there are opportunities to reduce burden on supervisors through improved scheduling options. Until the Sheriff's Office acquires a new scheduling software system, supervisors at the 911 Communications Center may be able to learn about alternative scheduling solutions from other units and increase the time for quality assurance.


Appendix 1: Behavioral Health Resource Organizations in King County

Crisis Connections is the clearing house for behavioral health resources in King County, including phone counseling and resource referrals, as well as dispatching Mobile Rapid Response Crisis teams for non-emergency in-person support and Designated Crisis Responders who implement involuntary treatment processes. People can call or text 988 or chat [988lifeline.org](https://www.988lifeline.org) for themselves or if they are worried about a loved one who may need crisis support. Local Crisis Connections staff are available 24/7.







EXHIBIT 1: Behavioral Health Resource Organizations in King County

AGENCY	AREA SERVED	SEVERITY OF CONCERN	RESPONSE TYPE	HOURS AVAILABLE
King County Sheriff's Office Therapeutic Response Unit (TRU)	King County Sheriff's department areas, including unincorporated King County, Metro Transit, and Sound Transit 	MEDIUM-HIGH Can include law enforcement issues and/or potential danger	 IN PERSON  CO-RESPONSE Mental Health Professionals (MHPs) in police vehicle	TUES – FRI 7 PM – 1 AM <i>Goal is 7 days per week.</i>
Regional Crisis Response Agency (RCR)	Bothell, Kenmore, Kirkland, Lake Forest Park, Shoreline 	MEDIUM-HIGH Can include law enforcement issues and/or potential danger	 IN PERSON  CO-RESPONSE MHPs in their own vehicle	DAILY 7 AM – 12 AM <i>Seeking to go 24/7.</i>

Continued on next page.

AGENCY	AREA SERVED	SEVERITY OF CONCERN	RESPONSE TYPE	HOURS AVAILABLE
SOUND Co-Responder Program	Burién, Tukwila 	MEDIUM-HIGH Can include law enforcement issues and/or potential danger	 IN PERSON  CO-RESPONSE MHPs in police vehicle or their own cars	NOT SPECIFIED
Seattle CARE Community Crisis Responders	Seattle 	MEDIUM-HIGH if officers request help with a call MEDIUM if alone	 IN PERSON CO-RESPONSE If called, behavioral health professionals in their own cars	12–10 PM
King County Mobile Rapid Response Crisis Team (MRRCT) CRISIS CONNECTIONS*	King County 	MEDIUM No law enforcement nexus, limited potential danger	 IN PERSON MHPs and trained crisis workers	24/7
988 Suicide and Crisis Lifeline CRISIS CONNECTIONS*	King County 	MEDIUM-LOW Does not need in-person response	 ON-PHONE counseling	24/7

Continued on next page.

AGENCY	AREA SERVED	SEVERITY OF CONCERN	RESPONSE TYPE	HOURS AVAILABLE
211 CRISIS CONNECTIONS*	King County 	LOW Non-emergency essential needs referrals	 ON-PHONE social service referrals	MON – FRI 9 AM – 5 PM
Mobile Integrated Healthcare and Fire Department Community Assistance, Referrals and Education Services (CARES) programs	Service areas for the Bellevue, Kirkland, Redmond, Shoreline, Seattle, and Vashon Fire Departments, and the Puget Sound Regional Fire Authority 	LOW Connects vulnerable residents with resources to address situations outside the scope of police and fire/medical	 IN PERSON Trained firefighter, paramedic, nurse, and/or social worker	VARIES
Valley Cares	King County 	LOW Online resource to connect with local social service programs	 ONLINE resource database	24/7

***Crisis Connections** is the 988 and 211 provider for King County and also dispatches MRRCT and Designated Crisis Responders who implement involuntary treatment processes.²¹

Source: King County Auditor’s Office analysis

²¹ In King County, designated crisis responders (DCRs) are mental health professionals employed by the Department of Community and Human Services’ Behavioral Health and Recovery Division to perform evaluations of individuals referred for involuntary behavioral health treatment. After an evaluation, a DCR may commit a patient to a hospital or crisis care center for an initial 72-hour hold before a hearing to determine if the patient should be committed to a treatment facility for a longer period of time.

Appendix 2: Executive Response



King County

Girmay Zahilay

King County Executive

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February 2, 2026

Kymer Waltmunson
King County Auditor
King County Courthouse
516 Third Ave., Room W-1033
Seattle, WA 98104

Dear Ms. Waltmunson:

Thank you for the opportunity to review and comment on the audit report titled "*Sheriff's Office: Opportunities to Better Support 911 Callers with Behavioral Health Concerns.*"

The enclosed recommendation table outlines responses to each of the nine recommendations. The King County Sheriff's Office (KCSO) concurs with all nine recommendations. Within the existing budget and staffing resources, KCSO will work to implement these recommendations in a timely way.

We appreciate the time and effort your staff put into this audit.

Respectfully,

Aaron Rubardt

Chief Budget Officer, King County Executive Office

cc: Karan Gill, Deputy County Executive, King County Executive Office
Derek Baker, King County Executive Office
Patricia Cole-Tindall, Sheriff, King County Sheriff's Office (KCSO)
Ian, Huri, Support Services Division Chief, Jeff Flohr, Undersheriff, KCSO
Geoffrey Thomas, Chief of Staff, KCSO
Abigail Steele, Captain, KCSO

Recommendation 1

The King County Sheriff's Office should work with subject matter experts, such as those in its Therapeutic Response Unit, to develop a standard operating procedure directing call receivers on when and how to communicate alternative behavioral health response options to 911 callers.

AGENCY RESPONSE

CONCURRENCE **CONCUR**

IMPLEMENTATION DATE 12/31/2026

RESPONSIBLE AGENCY King County Sheriff's Office

COMMENT King County Sheriff's Office will work with behavioral health subject matter experts including those in the Therapeutic Response Unit and in the Department of Community and Human Services Behavioral Health Division to develop a standard operating procedure (SOP) directing call receivers on when and how to communicate alternative behavioral health response options to 911 callers.

Recommendation 2

The King County Sheriff's Office should work with subject matter experts, such as those in its Therapeutic Response Unit, to develop and deliver training for call receivers on applying its new alternative behavioral health response standard operating procedure.

AGENCY RESPONSE

CONCURRENCE **CONCUR**

IMPLEMENTATION DATE 12/31/2026

RESPONSIBLE AGENCY King County Sheriff's Office

COMMENT King County Sheriff's Office will work with behavioral health subject matter experts including those in the Therapeutic Response Unit and in the Department of Community and Human Services Behavioral Health Division to develop and deliver training for call receivers on applying its new behavioral health response Standard Operating Procedure.

Recommendation 3

The King County Sheriff's Office should participate in the Crisis Connections 911 Diversion program.

AGENCY RESPONSE

CONCURRENCE **CONCUR**

IMPLEMENTATION DATE 12/31/2026

RESPONSIBLE AGENCY King County Sheriff's Office

COMMENT King County Sheriff's Office will engage with program leads to assess steps for participation in Crisis Connections 911 Diversion program.

Recommendation 4

The King County Sheriff's Office should ensure its new computer-aided dispatch system has a separate data marker to indicate a behavioral health nexus independent of call type and train staff on how to use it consistently.

AGENCY RESPONSE

CONCURRENCE **CONCUR**

IMPLEMENTATION DATE 03/31/2028

RESPONSIBLE AGENCY King County Sheriff's Office

COMMENT King County Sheriff's Office will ensure the new computer-aided dispatch system has a separate data marker for behavioral health nexus, independent of call type, and will train staff on how to use it consistently once operational.

Recommendation 5

The King County Sheriff's Office should transition to professional civilian leadership for the 911 Communications Center.

AGENCY RESPONSE

CONCURRENCE **CONCUR**

IMPLEMENTATION DATE 12/31/2027

RESPONSIBLE AGENCY King County Sheriff's Office

COMMENT Transitioning to civilian leadership of the 911 Communications Center will require negotiation with the Puget Sound Police Managers Association who have union jurisdiction over the leadership of the 911 Communications Center (i.e., a Sheriff's Office Captain position). KCSO will explore the transition with its labor partner to negotiate this change.

Recommendation 6

The King County Sheriff's Office should develop and implement a policy and certification process to allow 911 call receivers to use language skills on the job.

AGENCY RESPONSE

CONCURRENCE **CONCUR**

IMPLEMENTATION DATE 12/31/2026

RESPONSIBLE AGENCY King County Sheriff's Office

COMMENT King County Sheriff's Office will work with the Office of Labor Relations labor partners on the development and implementation of a policy and certification process which would allow 911 call receivers to use language skills on the job.

Recommendation 7

The King County Sheriff's Office should propose modifications to the compensatory leave provisions in the collective bargaining agreement with the Public, Professional & Office-Clerical Employees and Drivers, Teamsters Local 763 to explore whether it could reduce mandatory overtime at the 911 Communications Center.

AGENCY RESPONSE

CONCURRENCE **CONCUR**

IMPLEMENTATION DATE 12/31/2026

RESPONSIBLE AGENCY King County Sheriff's Office

COMMENT King County Sheriff's Office will work with the Office of Labor Relations to evaluate and potentially propose modifications to the compensatory leave provisions in the collective bargaining agreement with the Public, Professional & Office-Clerical Employees and Drivers, Teamsters Local 763 to explore whether it could reduce mandatory overtime at the 911 Communications Center.

Recommendation 8

The King County Sheriff's Office should ensure that its new time and labor system meets the scheduling needs of the 911 Communications Center by continuing to include communications center staff in the software development process.

AGENCY RESPONSE

CONCURRENCE **CONCUR**

IMPLEMENTATION DATE 12/31/2026

RESPONSIBLE AGENCY King County Sheriff's Office

COMMENT King County Sheriff's Office will continue to involve 911 Communications Center staff in the development of a new time and labor system, ensuring the new system to meet the scheduling needs of the 911 Communications Center.

Recommendation 9

The King County Sheriff's Office should connect supervisors across its different sections to share knowledge about scheduling software options and how to best use available software in a 24-hour staffing environment.

AGENCY RESPONSE

CONCURRENCE **CONCUR**

IMPLEMENTATION DATE 12/31/2026

RESPONSIBLE AGENCY King County Sheriff's Office

COMMENT King County Sheriff's Office will connect supervisors across its different sections to share knowledge about scheduling software options and how to best use available software in a 24-hour staffing environment.



Appendix 3: Statement of Compliance, Scope, Objective, & Methodology

Statement of Compliance with Government Auditing Standards

We conducted this performance audit in accordance with Generally Accepted Government Auditing Standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Scope of Work on Internal Controls

We reviewed internal controls as they relate to control and monitoring activities, risk assessment, and information and communication. In particular, we assessed the overall control environment at the King County Sheriff's Office 911 Communications Center for scheduling and handling calls with behavioral health elements.

Scope

This audit assessed operations at the King County Sheriff's Office 911 Communications Center from 2019 through 2024.

Objectives

1. What scheduling, staffing, and supervision challenges does the 911 Communications Center face and how do they impact King County's ability to efficiently field 911 calls?
2. How does King County handle 911 calls involving behavioral health crises that may benefit from alternative responses?
3. To what extent does the 911 Communications Center have effective processes in place to address challenges for callers from vulnerable populations?

Methodology

To generally inform our audit work, we surveyed 911 Communications Center staff to find out their concerns, conducted two site visits to the 911 Communications Center where we listened to call receivers and dispatchers while they fielded calls, and interviewed supervisors and managers. We also interviewed

managers at Valley Communications and the City of Seattle 911 Communications Center to understand practices at other jurisdictions.

To determine whether the center was meeting timeliness standards, we reviewed automated call log information generated by the Emergency Call Tracking System (ECaTS) from 2020 through 2025, which was provided by the King County 911 Program Office. We reviewed data from PeopleSoft, King County's payroll and human resources system, to determine monthly staffing levels and tenure at the communications center.

To assess scheduling, staffing, and supervision challenges, we interviewed supervisors and observed their scheduling process. Details on scheduling information were contained in a variety of paper documents that were manually updated by communications center supervisors during their shifts. We reviewed scanned copies of a year's worth of these documents and created an electronic dataset of the information they contained. From this, we were able to calculate the ratios of voluntary and mandatory overtime, as well as the impact that compensatory leave has on creating the need for more overtime. To assess hiring timelines and withdrawal rates during the recruitment process, we requested and analyzed information from the Department of Human Resources' Civil Service team.

To assess how the 911 Communications Center handles calls with a behavioral health component, we listened to 300 audio files of 153 calls coded in the computer-aided dispatch (CAD) system as either "Mental Health Checks" (Call Type ID equal to "MHC") or "Mental Complaints" (Final Classification Code equal to "371"). These 153 calls were a judgmental sample of the 853 calls of this type received between April 15 and June 15, 2025. We selected a two-month period because audio files are generally retained for only 90 days. Due to the limitations of how calls with a behavioral health nexus can be coded in CAD, this sample was not necessarily representative of all calls of this type. In addition, we interviewed staff in the Sheriff's Office Therapeutic Response Unit and the King County Behavioral Health and Recovery Division as well as Crisis Connections.

To review the extent to which the 911 Communications Center has effective processes in place to address challenges for callers from vulnerable populations, we analyzed Language Line and Cyacom itemized bills from May through September 2025. We also interviewed managers about the content of new staff and ongoing training and reviewed training materials. We compared this information against our research on leading practices in the 911 communications field.



Appendix 4: List of Recommendations

Recommendation 1

The King County Sheriff's Office should work with subject matter experts, such as those in its Therapeutic Response Unit, to develop a standard operating procedure directing call receivers on when and how to communicate alternative behavioral health response options to 911 callers.

Recommendation 2

The King County Sheriff's Office should work with subject matter experts, such as those in its Therapeutic Response Unit, to develop and deliver training for call receivers on applying its new alternative behavioral health response standard operating procedure.

Recommendation 3

The King County Sheriff's Office should participate in the Crisis Connections 911 Diversion program.

Recommendation 4

The King County Sheriff's Office should ensure its new computer-aided dispatch system has a separate data marker to indicate a behavioral health nexus independent of call type and train staff on how to use it consistently.

Recommendation 5

The King County Sheriff's Office should transition to professional civilian leadership for the 911 Communications Center.

Recommendation 6

The King County Sheriff's Office should develop and implement a policy and certification process to allow 911 call receivers to use language skills on the job.

Recommendation 7

The King County Sheriff's Office should propose modifications to the compensatory leave provisions in the collective bargaining agreement with the Public, Professional & Office-Clerical Employees and Drivers, Teamsters Local 763 to explore whether it could reduce mandatory overtime at the 911 Communications Center.

Recommendation 8

The King County Sheriff's Office should ensure that its new time and labor system meets the scheduling needs of the 911 Communications Center by continuing to include communications center staff in the software development process.

Recommendation 9

The King County Sheriff's Office should connect supervisors across its different sections to share knowledge about scheduling software options and how to best use available software in a 24-hour staffing environment.

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