Seattle Office of Inspector General

2025 City of Seattle Diversified Crisis Response Assessment: Introduction to the Community Assisted Response and Engagement (CARE) Team

October 6, 2025

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Introduction

The City of Seattle (the City) established the Community Assisted Response and Engagement Team (CARE) in October 2023 to diversify the options for civilian first response. CARE is a group of behavioral health specialists known as Community Crisis Responders (CCR) set up to respond to low-risk 911 calls involving mental or behavioral health crises.[1] This memorandum provides an overview of CARE and outlines future Office of Inspector General (OIG) projects related to CARE. It aims to provide clarity to the community about CARE's scope of work and identifies limitations and challenges.

CARE aims to reduce the potentiality for police use of force against community members experiencing mental or behavioral health crisis, while streamlining the process of identifying underlying behavioral health issues and co-facilitating appropriate interventions.[2] It strives to save limited Seattle Police Department (SPD) time and resources by freeing up officers to respond to higher priority calls and increasing the timeliness of responses to 911 calls overall.[3]

CARE is part of a growing number of diversified[4] crisis response programs created by local municipalities nationwide. The goal of these programs is to provide an unarmed, civilian response to mental health calls in an effort to limit harms that can result from a police response, which disproportionately affect people with mental health conditions.[5,6,7,8] The limited number of impact evaluations of diversified crisis response programs show that they can benefit communities by reducing the burden on police departments, minimizing interactions with the criminal legal system, and creating cost savings to

1 Low-risk calls for service refer to calls for events that do not pose a threat of violence and therefore do not require immediate police response.

2 CCR Onboarding – Overview of CARE Department, Seattle CARE Department Training Materials, slide 28.

3 Ibid.

4 OIG uses "diversified" response (as opposed to the more conventional "alternative" response) to reflect the variety of first responders available to meet different community needs.

5 CB 120720 - Central Staff Memo See, also, Resing, C., Neath, S., Rau, H., & Eslich, A. (2023). Redesigning Public Safety: Mental Health Emergency Response. Center for Policing Equity, CPE-WhitePaper-MentalHealth.pdf.

6 There are over 100 diversified crisis response programs across the U.S. Directory of Alternative Crisis Response Programs v2.1.9.pdf - Google Drive.

7 Persons with untreated mental health conditions are 16 times more likely than other civilians to be killed in a law enforcement encounter. Fuller, D.A., Lamb, H.R., Biasotti, M., and Snook, J. (2015). Treatment Advocacy Center, Overlooked and Undercounted, http://tac.org/reports_publications/overlooked-in-the-undercounted-the-role-of-mental-illness-in-fatal-law-enforcement-encounters/.

8 "Rates of routine mental health care access are particularly low among many minority communities, resulting in adverse interactions with police that too often lead to criminalization, trauma, and deterioration of mental illness." Curry, J., Sloan, L., Walter, K.R., and Gulrajani, C. (2023), "The Changing Landscape of Mental Health Crisis Response in the United States." Journal of the American Academy of Psychiatry and the Law 51(1) 6-12, https://jaapl.org/content/51/1/6#ref-1.

municipalities.[9,10,11,12,13]

CARE Team Scope of Work

CARE CCRs are part of the CARE Department, Seattle's third branch of public safety which also houses the 911 Communications Center.[14] The CARE Department's mission is to improve health and safety services by unifying and aligning the City's community-focused, non-police public safety investments and services to address behavioral health and substance abuse.[15] When someone calls 911, call takers screen the call and dispatchers coordinate the appropriate response.[16] Before CARE was established, the only options for 911 callers were the Seattle Fire Department (SFD) for high-risk medical emergencies and SPD for public safety emergencies.[17] CARE seeks to fill the critical void for response to low-risk calls involving mental or behavioral health crises that do not pose a threat of violence or involve a medical emergency. CCRs can be dispatched with SPD to offer de-escalation, emotional and behavioral support, resource navigation, basic needs supplies, and referrals to services.[18] This system, whereby a pair of CCRs is dispatched in tandem with SPD, is known as dual dispatch.

CARE began as a pilot program in October 2023, with six CCRs working in Downtown, the Chinatown-International District, and SODO (Figure 1). The Team expanded to eight CCRs in November 2024, and 16 CCRs in January 2025. The CARE Team grew to full capacity in March 2025, with 24 CCRs responding seven days a week to calls citywide between 12 pm and 10 pm.[19]

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9 Most diversified response programs in large cities are too nascent to be adequately evaluated.

10 Midgette, G., Spreen T.L., Porter, L.C., Reuter, P., & Hitchens, B.K. (2023). A Model To Assess the Feasibility of 911 Call Diversion Programs, Justice Quarterly 41(5), 619-646.

11 A Stanford University study of Denver's Support Team Assisted Response (STAR) found that dispatching mental health clinicians and paramedics instead of police to nonviolent emergency calls reduced less serious crimes (e.g., trespassing, public disorder, and resisting arrest) in the area. These effects held even during hours when the program was not in operation (e.g., reducing recidivism among individuals in crisis). Dee, T.S. and Pyne, J. (2022). A community response approach to mental health and substance abuse crises reduced crime. Science Advances 8(23), 1-9.

12 Evidence from Crisis Assistance Helping Out on the Streets (CAHOOTS) in Eugene, Oregon, showed that even when diversified crisis responders are dispatched alongside police, it reduced the likelihood of arrest and increased access to medical services. The reductions in arrests did not lead to more follow-up calls or safety concerns; there were fewer repeat 911 calls from the same location in the weeks following a CAHOOTS response. Davis, J., Norris, S., Schmitt, J., Shem-Tov, Y., and Strickland, C. (2025). Mobile Crisis Response Teams Support Better Policing: Evidence from CAHOOTS. National Bureau of Economic Research, w33761.pdf.

13 CAHOOTS diverted an estimated 5 to 8 percent of 911 calls, saving the city of Eugene up to $1.23 million annually. Waters, R. (2021). "Enlisting Mental Health Workers, Not Cops, In Mobile Crisis Response." Health Affairs 40(6): 864-69. Enlisting Mental Health Workers, Not Cops, In Mobile Crisis Response | Health Affairs.

14 The CARE department also has a Violence Prevention Program, which is outside the scope of this memo.

15 Seattle City Council Ordinance 126954.

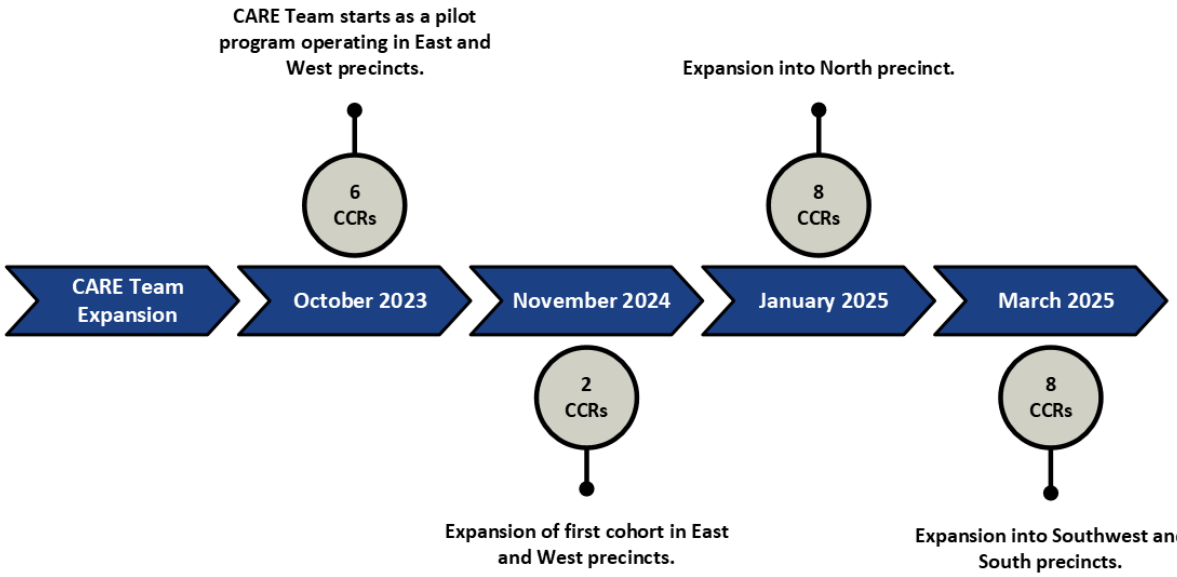
16 The 911 Communications Center at the CARE Department also answers calls to the City's non-emergency line.

17 The SFD Fire Alarm Center (FAC) is a secondary Public Safety Answering Point to the 911 Communications Center. It receives transfers of 911 calls regarding requests for fire response and emergency medical services (EMS) in Seattle. About CARE - CARE | seattle.gov.

18 CARE Training Manual, p. 303.

19 In addition, there are three staff who do not respond directly to calls.

Figure 1. CARE Team Timeline Expansion



CARE's scope of work differs from SPD first response programs (e.g., Crisis Response Team[20] and Community Resource Officers[21]) and other diversified response programs in Seattle (e.g., SFD's Health One[22]), although there is important overlap (Appendix A). Unlike SPD, CCRs cannot enforce the Involuntary Treatment Act (ITA) to emergently and involuntarily detain and hospitalize community members.[23]

CCRs receive training in Crisis Response and Intervention Training, CPR and First Aid, trauma-informed care, and de-escalation and defensive tactics.[24] They are tasked with:

- Responding to non-violent, person down calls;
- Performing welfare checks on adults in public or commercial spaces when the call is non-violent;
- Performing welfare checks to private residences only if a specific mental health or substance use concern has been stated when the call is non-violent;[25] and
- Referring community members to service providers (Appendix B).

20 Crisis Response Team - Police | seattle.gov.

21 Community Service Officers - Police | seattle.gov.

22 Health One - Fire | seattle.gov.

23 RCW 71.05.153: Emergency detention of persons with behavioral health disorders—Procedure. (Effective until July 1, 2026.).

24 Frequently Asked Questions - CARE | seattle.gov.

25 This excludes all person down and welfare check calls in which minors are present or where the subject is in the driver's seat of a vehicle (CARE Training Manual, p. 304).

CARE has four different types of response (Table 1). These responses are governed by SPD policy and a "Memorandum of Understanding" (MOU) between the City and the Seattle Police Officers Guild (SPOG), the union for officers and sergeants.[26] For dual dispatch, primary response, and secondary response, SPD always has the discretion to decline to have CARE join a call or dismiss them from a call once CARE has been dispatched.[27]

Table 1. CARE Responses

Dual Dispatch	CARE responds with SPD for certain calls, based on dispatcher protocols.
Primary	CARE responds directly and independently to a call without SPD, solely at the discretion and direction of SPD for calls involving "high utilizers."
Secondary	CARE responds at the request of SPD after SPD has responded, determined the scene is safe, and the call is appropriate for CARE.
On-View	CARE independently responds to a case that CCRs directly observe.

Dual Dispatch

The MOU requires dual dispatch for 911 calls for service, where SPD responds with CARE in their respective vehicles (Figure 2).[28,29] The 911 dispatcher protocols determine whether to issue a dual dispatch. A caller cannot request a dual dispatch or a response with only CARE.

SPD officers are generally expected to make initial contact with subjects when they arrive at the scene. There is an exception that allows officers, after arrival, to determine that it is appropriate for the CARE Team to make the initial contact.[30,31] Officers will then advise the CARE Team when the scene is secure, and it is safe for them to approach.[32] Officers address any issues requiring law enforcement action or an ITA and will notify the CARE Team of those issues. After the call is turned over to CARE, officers have the discretion to either leave or remain at the scene. Officers may also return to the call if they determine it is necessary.

26 Seattle Police Department Policy Manual, Interim Policy 16.115.

27 "The Officer holds the discretion to turn the call over to a CCR, and to reinsert into the call. The Officer is the ultimate authority on the call." CB 120720 - Att 1 - MOU with the Seattle Police Officers Guild.

28 CB 120720 - Att 1 - MOU with the Seattle Police Officers Guild.

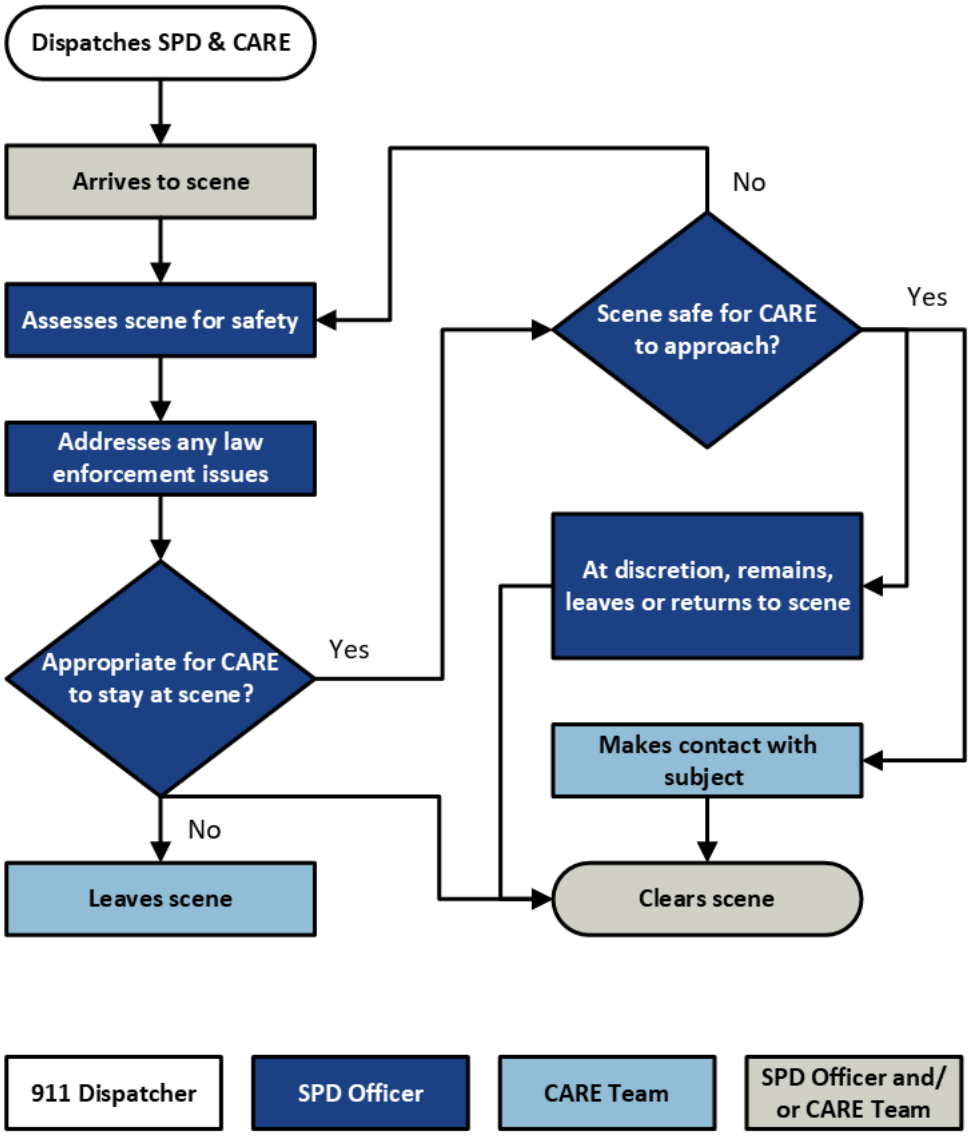
29 Seattle Police Department Policy Manual, Interim Policy 16.115-POL-1.

30 Seattle Police Department Policy Manual, Interim Policy 16.115-POL-1(1).

31 Seattle Police Department Policy Manual, Interim Policy 16.115-POL-1(2).

32 CARE reports that, in practice, the assessment by SPD is focused on whether the scene is "sufficiently under control" for responders to join.

Figure 2. Dual Dispatch Response Process



Primary Response

Primary CARE response is reserved for high utilizer calls. Per SPD policy, officers have the discretion to respond to the high utilizer call for service or, after assessing the scene remotely and verifying with dispatch that no hazard flags exist, request a CARE Team response.[33] To identify the community member as a "high utilizer," an officer is required to consider: whether the person is known to the officer; the subject's call history; whether a crisis response plan exists; and whether the subject resides in supportive

33 Officers are expected to consider the following before deciding an officer response is not necessary: any suspected criminal behavior, any known threats, whether there is a well-documented history of calls for service where no threat factors appear to be present based on information listed in the call, whether a crisis response plan exists, whether the subject resides in supportive housing with on-site providers, and any other relevant factors. Seattle Police Department Manual, Interim Policy 16.115-POL-1(3).

housing with on-site providers.[34] Officers are required to explain, via radio, why they do not need to respond to a high utilizer call, and provide their reasoning for requesting the CARE Team to respond.[35] However, the CARE Team may request that officers respond to the call prior to their arrival. Once CCRs are on the scene, if they feel unsafe, the CARE Team may leave and ask officers to respond.[36]

Secondary Response

The MOU permits SPD to directly request that CARE respond to a scene after SPD has cleared the scene and determined it is safe. This is referred to as **secondary response** (Figure 3). As with dual dispatch responses, officers will notify the CARE Team of any issues requiring law enforcement action or an ITA.

On-View Response

The MOU also permits CARE to respond proactively at their discretion if a CCR observes someone they can help or someone flags them down seeking their help. This is called an **on-view response**.

Co-Response

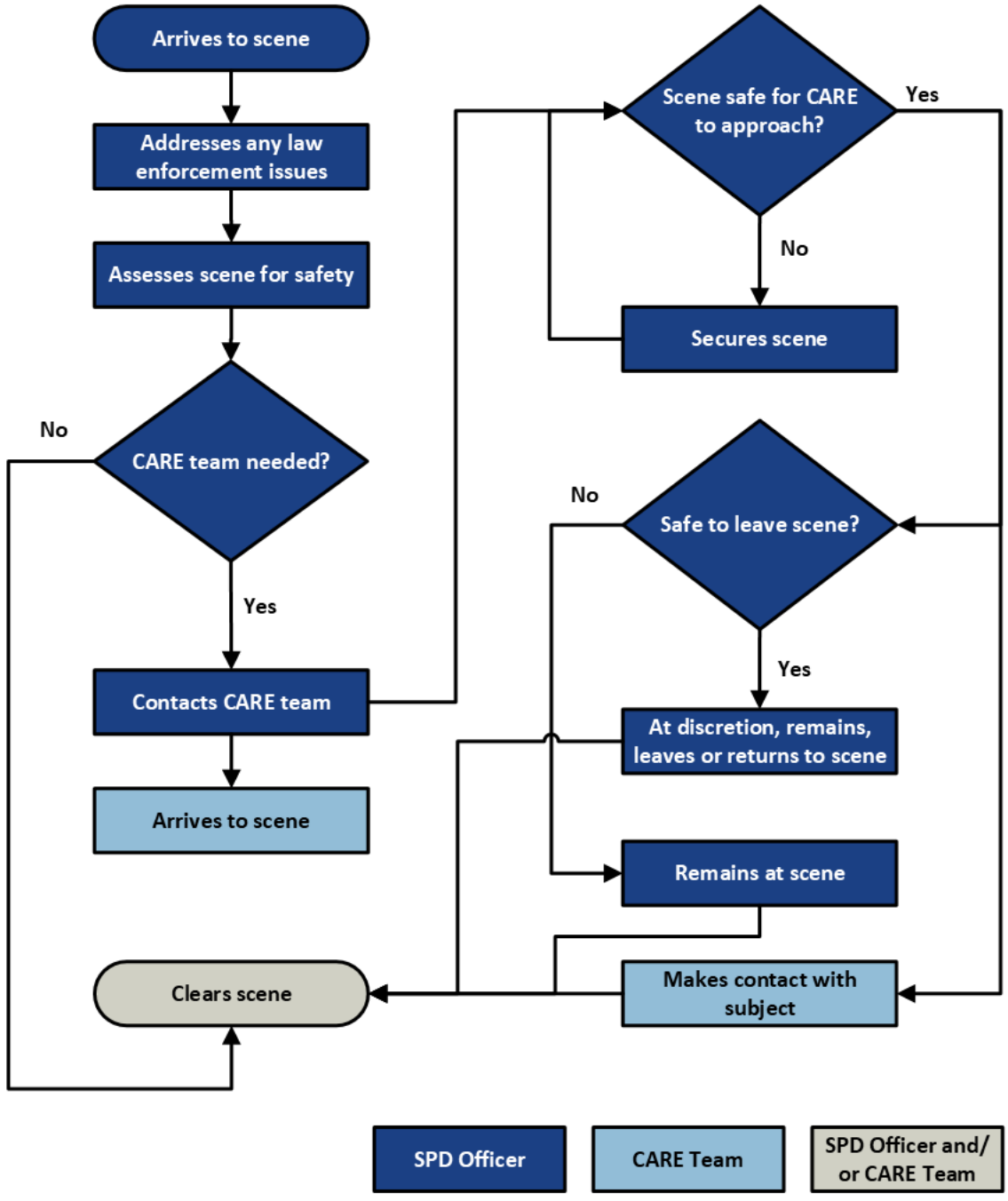
For the purposes of the memorandum, **co-response** refers to both dual dispatch responses and secondary responses.

34 A crisis response plan is a plan created by SPD's Crisis Response Unit for certain high utilizers with known mental health history. The plan is intended to help inform future police response to calls regarding the individual. It is in SPD's discretion whether to use the crisis response plan when they respond.

35 Seattle Police Department Manual, Interim Policy 16.115-POL-1(3).

36 Ibid.

Figure 3. Secondary Response Process



CARE Team Outcomes

Table 2 shows the quarterly number of case outcomes for calls responded to by CARE. The possible outcomes are: community crisis response; assistance rendered; report written; unable to locate, no action needed, event cancelled; physical arrest made; other.

Between Q4 2023 and Q2 2025, the most common co-response cases resulted in assistance rendered to individuals, followed by reports without arrest, and unable to locate, no action needed, or event cancelled.[37]

Table 2. Quarterly Call Outcome (CARE and SPD/CARE Co-Response Combined)

	2023	2024				2025	
Outcome	Q4	Q1	Q2	Q3	Q4	Q1	Q2
Community Crisis Response	0	0	0	0	0	1,238	1,216
Assistance rendered	82	114	119	151	693	230	176
Report written	65	68	67	61	59	96	133
Unable to locate, no action needed, event cancelled	7	8	10	21	15	23	46
Physical arrest made	4	8	11	11	8	8	20
Other	4	4	3	6	10	16	15

Source: SPD Data Analytics Platform (DAP). "Community Crisis Response" includes unable to locate, resources or supplies provided, interpersonal support, and community presence. Outcome based on clear description. "Other" includes radio broadcast and clear, street check written, incident located, public order restored, transport escort, non-criminal referral, problem solving project, responding unit(s) cancelled by radio, incident located, citation, oral warning given.

Figure 4 shows the "Community Crisis Response" outcome types:

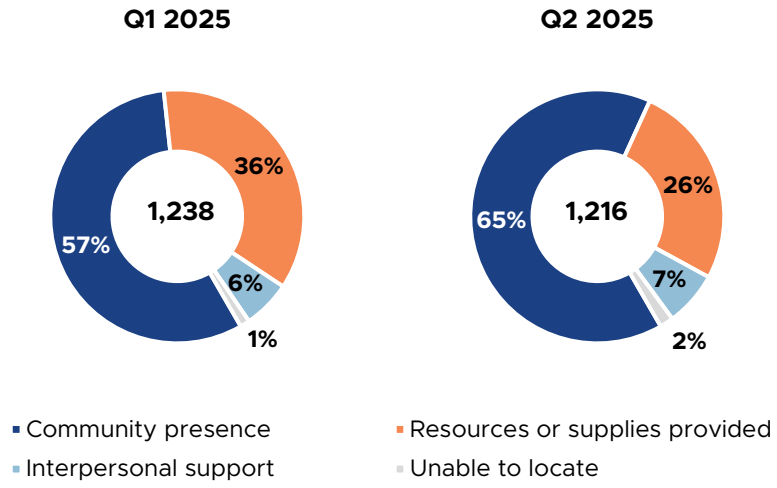
- **Unable to locate**: CCRs unable to find the subject when they arrive on scene.
- **Provision of resources or supplies**: CCRs provide information on local resources, referral to services, or transportation, as well as basic needs supplies items (e.g., snacks, water, hygiene items, clothing, blankets, and childcare items).
- **Interpersonal support**: Examples include de-escalation, redirection, emotional support, and safety planning for a suicidal ideation.
- **Community presence**: CCR visibility in the community when otherwise not dispatched or engaged in other work-related matters.

Figure 4 shows the percentage of Community Crisis Response by type. In Q1 and Q2 2025, the most common outcomes were community presence (57% and 65% respectively), followed by resources or supplies provided (36% and 26% respectively).[38]

37 Beginning in 2025, the Community Crisis Response outcome includes all calls cleared in the system by CCRs, meaning they were either the sole units involved (such as an on-view handled independently from start to finish) or were otherwise primarily involved to the degree that officers did not clear the call and left the clearance for CCRs to enter. Other call clearances listed during 2025 refer to calls involving CCRs where officers were primarily involved and entered a police clearance code themselves. Prior to 2025, both CCRs and police utilized pre-existing police clearance codes to categorize the outcome of calls involving CCRs, so the distinction between police and CCRs as the primary responders is not captured.

38 There is no Community Crisis Response data available for 2023 and 2024.

Figure 4. Community Crisis Response by Type



Limitations and Challenges

During CARE's nearly two-year tenure, several challenges have limited its reach, capacity, and ability to scale. These limitations include the provisions in the SPOG MOU, deployment of CCRs for eligible calls for service, and data collection restrictions.

SPOG MOU Provisions

Although CARE is an independent public safety branch, its operations are significantly impacted by the SPOG MOU. Any changes to these provisions would require the City to negotiate with SPOG.[39]

Requirement for Dual Dispatch. Since 2021, SPD has faced staffing shortages that delay its response to 911 calls, including urgent Priority 1 and 2 calls.[40,41] However, because the SPOG MOU mandates a dual dispatch system of response, SPD is required to accompany CARE on nearly every call to assess the scene for safety.[42] This precludes any potential time and resource savings for SPD.

39 HB 1816 would have rectified the issues created by the SPOG contract, but it died in committee. State Bill Would Circumvent SPOG, Clear Path for Seattle Civilian Responder Expansion - The Urbanist.

40 Seattle Police Department (SPD) 2024 Q1 Sworn Staffing, Overtime, and Performance Metrics Report (2024), Inf 2480 - Presentation.

41 Sworn staffing shortages within law enforcement agencies is a national problem. U.S. International Association of Police Chiefs (2020). The state of recruitment: A crisis for law enforcement. https://www.theiacp.org/sites/default/files/239416_IACP_RecruitmentBR_HR_0.pdf.

42 CB 120720 - Att 1 - MOU with the Seattle Police Officers Guild.

Ceiling on Number of CCRs. The MOU caps the number of CCRs to 24 for the entire city, preventing CARE from scaling to meet need.

Limitation to Call Types. The MOU narrowly limits the call types that CARE can respond to, to person down and welfare check calls. SPD has still responded to the vast majority of person down and welfare check calls for service during CARE's tenure (Table 3).[43] Although the MOU states that other call types can be evaluated and added to CARE's slate, this will need to be negotiated with SPOG. According to CARE Team leadership, they have been in negotiations with SPOG since late 2024, attempting to include additional call types.

Table 3. Person down and welfare check casesby type of response

Call Type	Response	2023	2024	2025
Person down	SPD	1163	5050	2016
	Dual response	6	30	84
	CARE		4	5
Welfare check	SPD	1544	6630	3405
	Dual Response	5	33	59
	CARE		14	50

Source: SPD DAP. Call type counts based on case type initial description. 2023 only includes Q4.

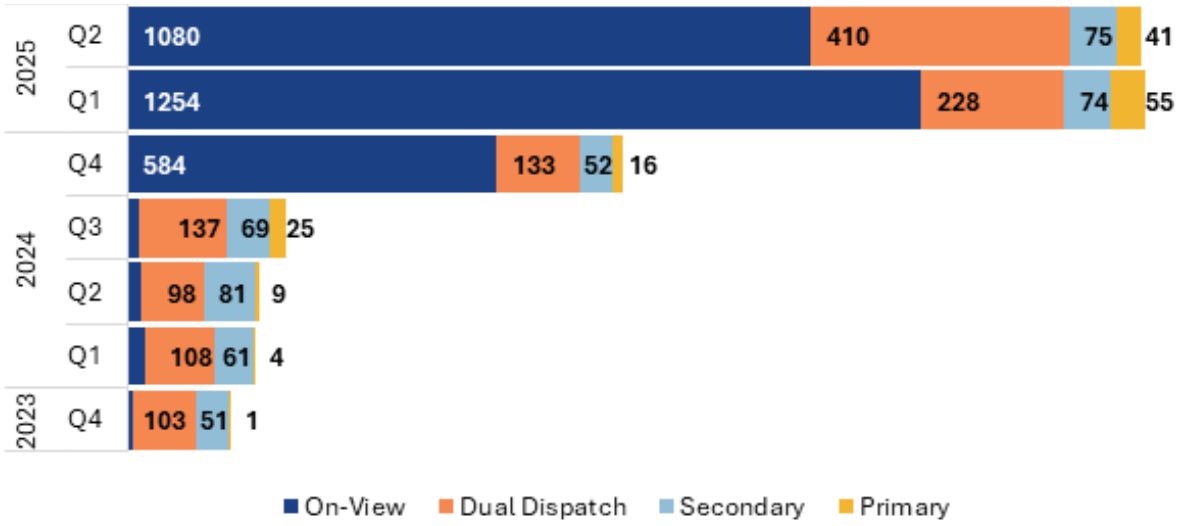
CARE is Deployed to a Small Fraction of Eligible 911 Calls for Service

Figure 5 shows the quarterly number of CARE cases by response type. Between Q4 2023 and Q2 2025, the CARE Team responded to a total of 4,826 cases. Sixty-two percent of responses (2,995) were on-view cases initiated by CARE personnel.

Of the remaining responses, 25 percent (807) were via dual dispatch (i.e. co-response with SPD via 911 dispatcher), 10 percent (388) were secondary responses (i.e., responded at request of SPD after SPD was already on the scene) and 3 percent (110) were primary responses (i.e. responded on their own to high utilizer calls at SPD's request).

43 According to SPD DAP CAD event dataset, cases by initial description.

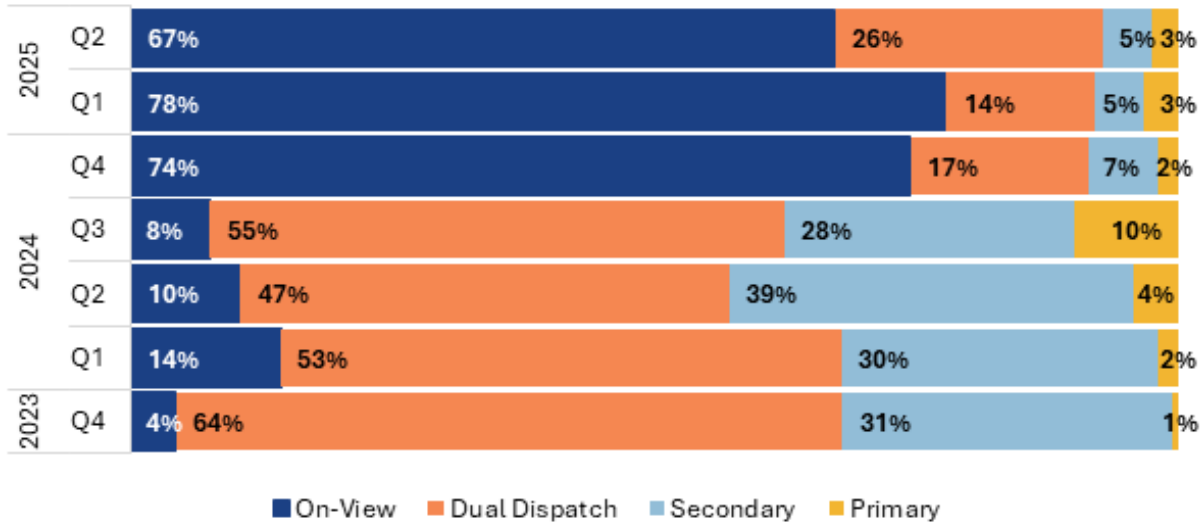
Figure 5. Quarterly Count of Cases by Response Type



Source: SPD DAP. On-view 2023 Q4: 7, 2024 Q1: 29, 2024 Q2:22, 2024 Q3: 19.

Figure 6 shows the quarterly percentage of CARE cases by response type. From Q4 2023 to Q2 2025, dual dispatch responses declined overall, while on-views increased.[44] Q1 2025 had the highest drop in dual dispatches and the highest increase in on-views, with a slight reversal of this trend in Q2 2025. The percentage of secondary responses also declined in the same period. Except for a slight increase in Q3 2024, primary responses remained constant.

Figure 6. Quarterly Percentage of Cases by Response Type



Source: SPD DAP.

44 Prior to Q3 2024, the interpretation of on-view calls in the MOU were limited to providing lifesaving efforts if CCRs observed a need or if a community member approached CCRs asking for support. In October 2024, CARE revisited the MOU with SPOG, and the interpretation of on-view calls was formally expanded to include proactive responses of CCRs when they observe someone they can help.

Data Collection

CARE does not collect personally identifiable information because this data is not protected from public disclosure.[45] CARE collects gender and age range, but does not collect race information. This presents a barrier to tracking individual subjects to identify high utilizers and provide targeted support and services, as well as to tracking outcomes of specific subjects to evaluate whether services were effective. Without this data, it is also challenging to evaluate CARE's overall impact, including examination of:

- How many unique subjects CARE serves and outcomes of service;
- How many distinct individuals from certain populations are served; and
- Factors that shape whether SPD will request a primary or secondary CARE response (including whether the subject is a high utilizer).

Conclusion

CARE's efforts to deliver on its goals face numerous challenges, and its data collection limitations pose a barrier to fully evaluating its impact and outcomes.

CARE was developed as part of an independent, third branch of public safety, akin to SPD and SFD. However, its scope of work, and therefore its impact, is limited by the SPOG MOU. The SPOG MOU requires a dual dispatch system where SPD responds with CARE to clear the scene first and allows SPD to decline a CARE response altogether.[46] This undermines the benefit that CARE could provide to free up some of SPD's time to improve response times to higher priority calls, one of CARE's stated goals. At the scene, SPD dictates whether the call can be turned over to CARE and can reinsert into the call at their discretion. Thus, CARE can independently respond only to on-views and high utilizer calls (as defined and identified by SPD). CARE's impact is further limited by the provisions restricting call types CCRs can respond to and capping the number of CCRs, reducing CARE's ability to increase capacity to meet demand.

The MOU restricts the CARE Team from being utilized in the way it was originally intended—as a resource for non-emergency, low-risk calls for service to 911. The dual dispatch system is rarely used, despite having been created to give 911 callers more options for civilian first response. CCRs are spending much of their time responding to on-view cases and not being dispatched to 911 calls. SPD remains the default first responder for most person down and welfare check calls for service.

The MOU expires at the end of 2025 and creates an opportunity for the City and SPOG to review the impacts of the current provisions to help inform negotiations for the next MOU.

45 Specifically, CARE data is not considered Criminal Justice Information Services (CJIS) data or Protected Health Information (PHI).

46 Per the SPOG MOU, "[t]he officer is the ultimate authority on the call." CB 120720 - Att 1 - MOU with the Seattle Police Officers Guild.

Next Steps

Barring any data limitations, future OIG projects will review the following:[47]

- Characteristics of calls that CARE is dispatched to, characteristics of the calls to which CARE responds, and factors shaping decisions to dispatch CARE versus the City's other first responder programs.
- Call outcomes, with a mixed-methods examination of how responders resolve calls and the frequency of each outcome.
- How the network of CARE service providers was established; the linguistic, cultural, and geographic diversity across providers; how clients are connected to services; the types of services most commonly referred; service gaps that exist; how CARE facilitates access to services at a systems level; and the barriers to services being addressed/challenges that remain.
- Number of service hours CARE has saved SPD officers and any impacts on SPD response times.
- Whether CARE has improved community safety in service areas (e.g., reduction in arrests, emergency calls for service, etc.).
- How CARE co-response with SPD has impacted SPD rates of use of force.
- In-depth comparison of CARE to other community responder programs directly dispatched by 911 in other jurisdictions.
- Community perceptions of CARE, in partnership with the Seattle Community Police Commission.

47 Many of these questions are based on evaluations of diversified crisis programs in other jurisdictions, including Denver's STAR program.

Appendix A: Seattle First Responder Programs

	CARE Team	Crisis Response Team (CRT)	Community Service Officers (CSO)	Health One[48,49]	Health 99/ Post Overdose Response Team (PORT)[50,51]
Department	CARE Department	SPD	SPD	SFD	SFD
Responder(s)	Behavioral Health Specialists (2)	Sworn Officer + Mental Health Professional	Civilian (Non-Sworn), Unarmed SPD Officer	Human Services Dept. Case Manager + EMS	Human Services Dept. Case Manager + EMS
Call Types	Nonviolent welfare checks and person down calls, with some exclusions.	All priority calls w/ preference for crisis calls		Behavioral crisis, low and high medical acuity concerns, issues relating to homelessness and substance abuse, falls, welfare checks, self-neglect, transport to non-hospital destinations, etc.	Opioid overdose
Emergency?	No	Yes	Sometimes	No	No
Armed/ Provide Law Enforcement?	No	Yes	No	No	No

48 Operational Details - Fire | seattle.gov.

49 Where we Serve - Fire | seattle.gov.

50 The Post Overdose Response Team (PORT), or Health 99 as it is referred to within SFD, is a specialized unit within the Health One program.

51 Post Overdose Response Team (PORT) - Fire | seattle.gov.

	CARE Team	Crisis Response Team (CRT)	Community Service Officers (CSO)	Health One[48,49]	Health 99/ Post Overdose Response Team (PORT)[50,51]
Services Provided	De-escalation, emotional and behavioral support, resource navigation, basic needs supplies (snacks, water, hygiene items, child-care items, and cold-weather items), transport, and connection to services.	Co-response involving Master's-level mental health clinicians and sworn personnel to acute behavioral crisis events, bringing behavioral health resources and guidance to law enforcement scenes to holistically address root causes of 911 responses.	Public-safety-related community service and outreach work, including providing basic needs supplies (e.g., personal hygiene, nutrition, and first aid), sharing information and service referrals for housing, healthcare, treatment, and mediating non-violent disputes (e.g., family, neighborhood, and landlord/ tenant).	Specialized outreach, transport and referrals to healthcare, behavioral health service, and homeless service providers.	Engage patients as soon as they have been resuscitated to offer educational materials, Naloxone kits, harm reduction information and immediate connections with providers and clinics. Follows up with clients seen recently for overdoses or referred by SFD Operations to do further discussion of treatment options, transport to clinics, help understanding medications, benefit assistance, and more.

	CARE Team	Crisis Response Team (CRT)	Community Service Officers (CSO)	Health One[48,49]	Health 99/ Post Overdose Response Team (PORT)[50,51]
Location of Operation	Citywide	Citywide	Citywide	Can respond at its discretion anywhere citywide but primarily Chinatown/ID, Pioneer Square, the downtown core, SODO, the Central District, Capitol Hill, Southeast Seattle, the University District, and Ballard.	Can respond at its discretion anywhere citywide but primarily Chinatown/ID, Pioneer Square, the downtown core, SODO, the Central District, Capitol Hill, Southeast Seattle, the University District, and Ballard.
Hours of Operation	7 days/week, 12 pm–10 pm	M-F, 8 am–6 pm	7 days/week, 7:30 am-10 pm, excluding holidays	M-F, 10 hours/ day starting at 7 am, 8 am, or 9 am	M-F, 9 am – 7 pm. Follow-up services: T-Th and either M or F
Response Types	911/CARE Department dispatch, on-view, and at SPD request.	911/CARE Department dispatch, on-view	911/CARE Department dispatch, on-view	Directly dispatched by SFD Fire Alarm Center or respond at request of SFD operations units already on scene. Proactive outreach to known clients and newly referred individuals.	Add themselves to SFD response after receiving real-time notification of 911 dispatched overdose, respond at request of SFD units in the field, and on-view. Follow-up is self-selected and self-dispatched.

Appendix B: CARE Resource Partners[52]

Crisis Response	DESC Crisis Solutions Center (CSC) Connections: Kirkland Crisis Connections Valley Cities Recovery Place Children's Crisis Outreach Response
Shelters	WHEEL Women's Shelters Salvation Army Operation Nightwatch Bread of Life Compass Day Center Union Gospel Mission Friends of Youth (Under 18 shelter) YouthCare (Under 18 shelter) Roots Urban League of Metropolitan Seattle New Horizons
Other	REACH Veterans Administration King County Veterans Program Supportive Services for Veteran Families Valley Cities Military and Veteran Services Community Resource Center Victim Support Team King County Emergency Service Patrol

52 This is a not an exhaustive list.