Seattle Office of Inspector General

2026 City of Seattle Diversified Crisis Response Assessment:

October 6, 2025 Follow-up Report

August 20, 2026

PO Box 94764 • Seattle, WA 98124-7064 • 206.684.3663
www.seattle.gov/oig | oig@seattle.gov

Introduction

In October 2025, the Office of Inspector General (OIG) published its first report about the Community Assisted Response and Engagement (CARE) Team.[1] The report provided an overview of CARE's scope of work and outlined its limitations and challenges.[2] The central finding of the report was that a "Memorandum of Understanding" (MOU) between the City of Seattle ("the City") and the Seattle Police Officers Guild (SPOG) significantly limits CARE's scope of work, and therefore its impact. Specifically, the MOU restricted:

- **Response types**. The CARE Team could only be dispatched to 911 calls through the dual dispatch system, which requires CARE to respond with the Seattle Police Department (SPD). Solo response by CARE to 911 calls was not permitted. The dual dispatch system was rarely used in practice. SPD was the default first responder for mental and behavioral health crisis calls during the study period.
- **Call types**. The CARE Team was limited to responding to a subset of person down and welfare check 911 calls for service.
- **Size of CARE**. The number of CARE Community Crisis Responders (CCRs) was capped to 24 for the entire city, preventing CARE from scaling to meet city-wide need.[3]

1 The Seattle City Council passed Ordinance 127466 in June 2026, articulating the CARE Team as a core function of the CARE Department and defining CARE's role and purpose. SEATTLE CITY COUNCIL - Record No: CB 121232.

2 OIG 2025 City of Seattle Diversified Crisis Response - Introduction to CARE Team.

3 Memorandum of Understanding Between the City of Seattle and The Seattle Police Officer's Guild ("SPOG MOU"). Available at CB 120720 - Att 1 - MOU with the Seattle Police Officers Guild.

Seattle Police Officer Guild Collective Bargaining Agreement Primer

State law does not prohibit law enforcement Collective Bargaining Agreements (CBAs) from limiting the authority, composition, or responsibilities of other entities established by local jurisdictions. In Seattle, CBAs supersede ordinances, potentially limiting the work of other agencies and programs.

Although the current system does not prevent law enforcement unions from negotiating CARE's scope of work, it can be influenced by various stakeholders and processes. The CBA negotiation process involves:

- The City identifying priorities for the negotiation and receiving parameters for bargaining issues from the Mayor and the City Council.
- Finalizing parameters through the City Labor Relations Policy Committee.
- City Council voting to ratify or reject the contract.
- Mayor signing the contract if ratified.

The involvement of and interaction between state law, the Seattle Mayor and City Council, and SPD CBAs is important context to understand CARE's current scope of work and for identifying leverage points in future negotiations that could advance the role of CARE in public safety.

In April 2026, the union that represents CARE CCRs filed an unfair labor practices (ULP) complaint, alleging the City and SPD "made unilateral decisions about the scope of the responders' authority without engaging the union representing CARE's workers."[4] The complaint seeks to strike the provisions of the SPOG CBA relating to their response.[5]

At the end of 2025, a new SPOG CBA was approved by Seattle City Council.[6] The new CBA removed the cap on CARE staffing and added new provisions governing CARE's scope of work.[7] This report explains the changes to CARE's scope of work and provides updated analyses and findings. Key insights are summarized below.

4 Kroman, D. "Seattle union says police agreement on crisis response should be tossed." The Seattle Times. April 17, 2026. https://www.seattletimes.com/seattle-news/homeless/seattle-union-says-police-agreement-on-crisis-response-should-be-tossed/.

5 145184-U Statement of Facts-Remedy Requested | DocumentCloud.

6 Agreement By and Between the City of Seattle and Seattle Police Officers' Guild, Effective through December 31, 2027, Appendix I—CARE Alternative Crisis Response, pp. 103-106 ["SPOG CBA"]. Available at https://publicola.com/wp-content/uploads/2025/10/2024-2027SPOGCBA.pdf.

7 Currently, CARE has 8 CCR supervisors and 24 CCRs (32 total). Although the agency is budgeted for 57 total CCR FTEs (12 CCR Supervisors, 24 CCR2s, 21 CCR1s), due to anticipated city-wide budget savings requirements from the Mayor's Office, it will have only 41 total FTEs for the year (all by June 2026). CARE expanded their hours in early August 2026 from 12 pm to 10 pm daily, to 6:30 am to 1 am daily. There are three overlapping shifts that provide citywide coverage (6:30 am – 4:30 pm; 11:30 am to 9:30 pm; and 3 pm to 1 am). The middle shift has more staffing than the early and late shifts, in accordance with current demand for CARE services. CARE plans to continue tracking demand and add staffing and/or adjust shift hours as needed.

SPOG CBA Review:

- Introduces primary dispatch while limiting call types and imposing additional conditions on primary dispatch;
- Applies these limited call types and additional conditions to self-dispatch and on-view[8] calls, which were previously not governed by SPD policy or the MOU;
- Imposes restrictions on call types the CARE Team can be dually dispatched to, including prohibiting welfare check calls to private residences and commercial spaces;
- Adds nuisance calls as a dual dispatch call type but also prohibits CCRs from responding to any nuisance call that involves an enforcement request (e.g., trespass);
- Does not address the challenges with dual dispatch identified in the previous OIG CARE report; and
- Expands and formalizes SPD discretion over CARE response.

CARE Team Response and Outcomes:

- For various reasons, not all calls where CARE is dispatched (i.e., CAD calls) result in CARE response and assistance (i.e., an active response);
- CARE had the lowest active response rate to CAD calls that meet the criteria for dual dispatch, and the highest rate of active response to CAD calls that meet the criteria for primary dispatch.
- Of all the calls where CARE responded and provided assistance (i.e., active responses), primary dispatch calls make up the smallest share, while SPD requests account for the largest share.
- Between 2024 and 2026, "Assist the public" calls accounted for the highest share of on-view responses. However, the share of on-views declined during this period; and
- Community Presence is the smallest share of Community Crisis Response outcomes and has been declining since 2025.

Updated CARE Team Scope of Work: New CBA Provisions

Under the CBA, CARE has four different types of responses (Table 1).[9]

Primary Dispatch

Table 1. CARE Response Types

Primary	CARE-only response to 911 calls for service.
Self-Dispatch / On-View	CARE-only response to community members CARE observes in need.
Dual Dispatch	CARE and SPD response to 911 calls for service.
Secondary Dispatch	SPD requests CARE assistance at the scene.

8 An "on-view" or "self-dispatch" refers to instances where a CCR proactively responds to an observed person in need of assistance or when flagged down by a community member.

9 In addition to the CBA, CARE response is governed by SPD Policy. As of the publication of this report, SPD has not updated Interim Policy 16.115 SPD Interaction with the CARE Team to reflect the new CBA provisions.

For the first time, the new CBA permits the CARE Team to respond independently to 911 calls for service. This is referred to as primary dispatch.[10] Primary dispatch of CCRs can occur for the following call types:

- **Subset of Priority 3 Crisis Calls**: a third-party report of a person in a behavioral health crisis.
- **Subset of Assist the Public Calls**: a request by an adult member of the public for shelter resources, food, or transportation resources.
- **Subset within Person Down or Welfare Check Calls**: a third-party report of a person who appears to be in a physical state that needs to be checked on for their safety.[11]

On its face, Primary Dispatch is an expansion of the CARE Team's scope of work. However, before dispatching CARE, this provision requires 911 dispatchers to confirm that the following conditions are first met:

- Subject of the call is located in an open public location or a publicly-owned building;[12]
- Area is not flagged in CAD [Computer Assisted Device] as a known hazard;
- No report of aggressive, threatening, destructive or confrontational behavior, or behavior posing a danger to others;
- No visible narcotic paraphernalia or weapons;
- No minors are present with the subject of the call;
- No indication a crime has occurred;
- Subject of the call is not located in a homeless encampment;[13] and
- No extreme behavior that might warrant investigation for a potential involuntary commitment.[14]

Figure 1 shows the primary dispatch process. A 911 dispatcher verifies that CCRs are eligible for primary dispatch and that the call does not have any criteria that prevent a response. CCRs are dispatched if both conditions are met. SPD sergeants have discretion to override the call at any point upon learning information that would make a CARE response inappropriate (e.g., the subject is known to be violent, there is other police activity in the area, the type of call does not fall under the approved CCR responses).[15] If CCRs learn such information on scene, they must log the reason with dispatch and leave the scene, at which point the call is queued for SPD.

10 SPOG CBA, Para. 2, Sec. A-C.

11 Ibid.

12 Examples of an open public location are a City street, sidewalk, or park. Examples of a publicly-owned building are City Hall, a library, or a community center. The subject cannot be in a vehicle or private business that is open to the public. Ibid., Para. 2.

13 A homeless encampment is defined in the CBA as "four (4) or more tents or structures that appear to a reasonable person to be used for camping." Ibid.

14 Ibid.

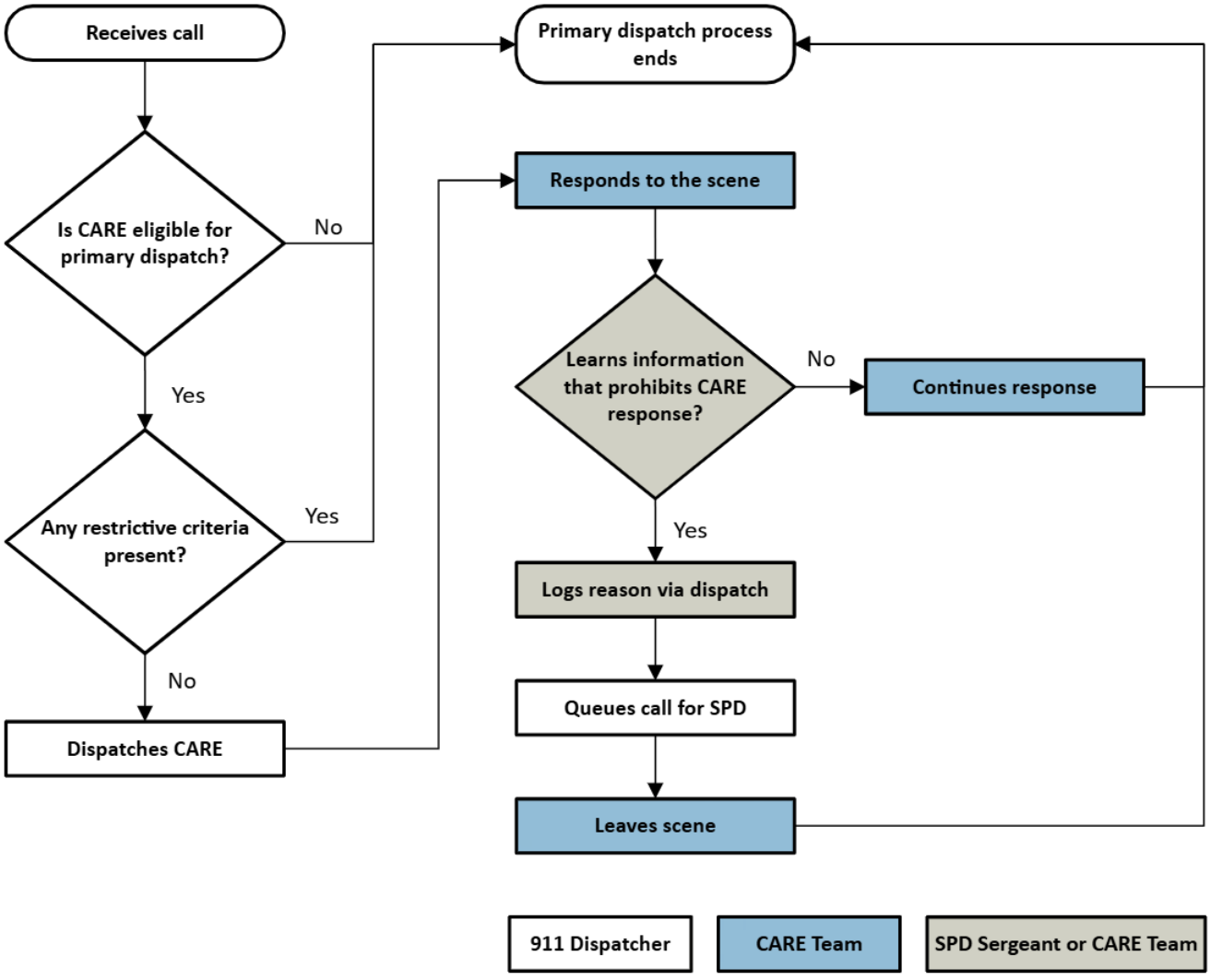
15 Ibid., Para. 7.

Calls are queued for law enforcement if:

- They do not meet the above criteria;
- The subject will not leave a private building upon request of the reporting party; and[16]
- A CCR is self-dispatched and upon arrival, encounters any of the criteria. The CCR may remain in the area but is prohibited from engaging with the subject and "will break off any engagement in a prompt and orderly way."[17]

The reason will be logged with dispatch.

Figure 1. Primary Dispatch Process



Source: SPOG CBA.

16 CARE reports that this provision is redundant as the CBA already specifies that CCRs are restricted from responding to calls on private property. According to CARE, if the subject of the call is on private property, SPD is dispatched regardless of whether they are refusing to leave private property. They cite that even if the subject of the call is on their own property or if the property owner has stated the subject of the call is welcome there, CARE is not permitted to respond. Not only must CARE Team contact be made in a public space, but the subject of the call has to be in a public space before CCRs engage (i.e., upon arrival to the scene, CCRs cannot ask the subject of the call to step outside or move to the sidewalk).

17 SPOG CBA, Para. 6.

On-View Responses/Self-Dispatch

Self-dispatch (or "on-view") refers to a CARE-only response to community members who appear in need of resources or services. Before making contact, CCRs are expected to broadcast over the radio (shared with SPD) the nature of the call, location, and affirmation that none of the listed criteria are present.[18] The new CBA allows self-dispatch only for the same call types CARE can be primarily dispatched, and the same conditions for primary dispatch apply to self-dispatch (Figure 2). These are new limitations on CARE's body of work, as there were previously no provisions governing self-dispatch under the MOU or SPD Policy.

As with primary dispatch calls, contact with the subject must occur in an "open public location."[19] The CARE Team is prohibited from entering a private business, residence, or other location on private property.[20]

Self-dispatch calls are queued for law enforcement for the same reasons cited above for primary dispatch calls.[21] Similar to primary dispatch, SPD sergeants may override a CCR on a self-dispatch call if they have information that would make a CARE primary response inappropriate, and the reason will be logged through dispatch.[22]

18 Ibid., Para. 4.

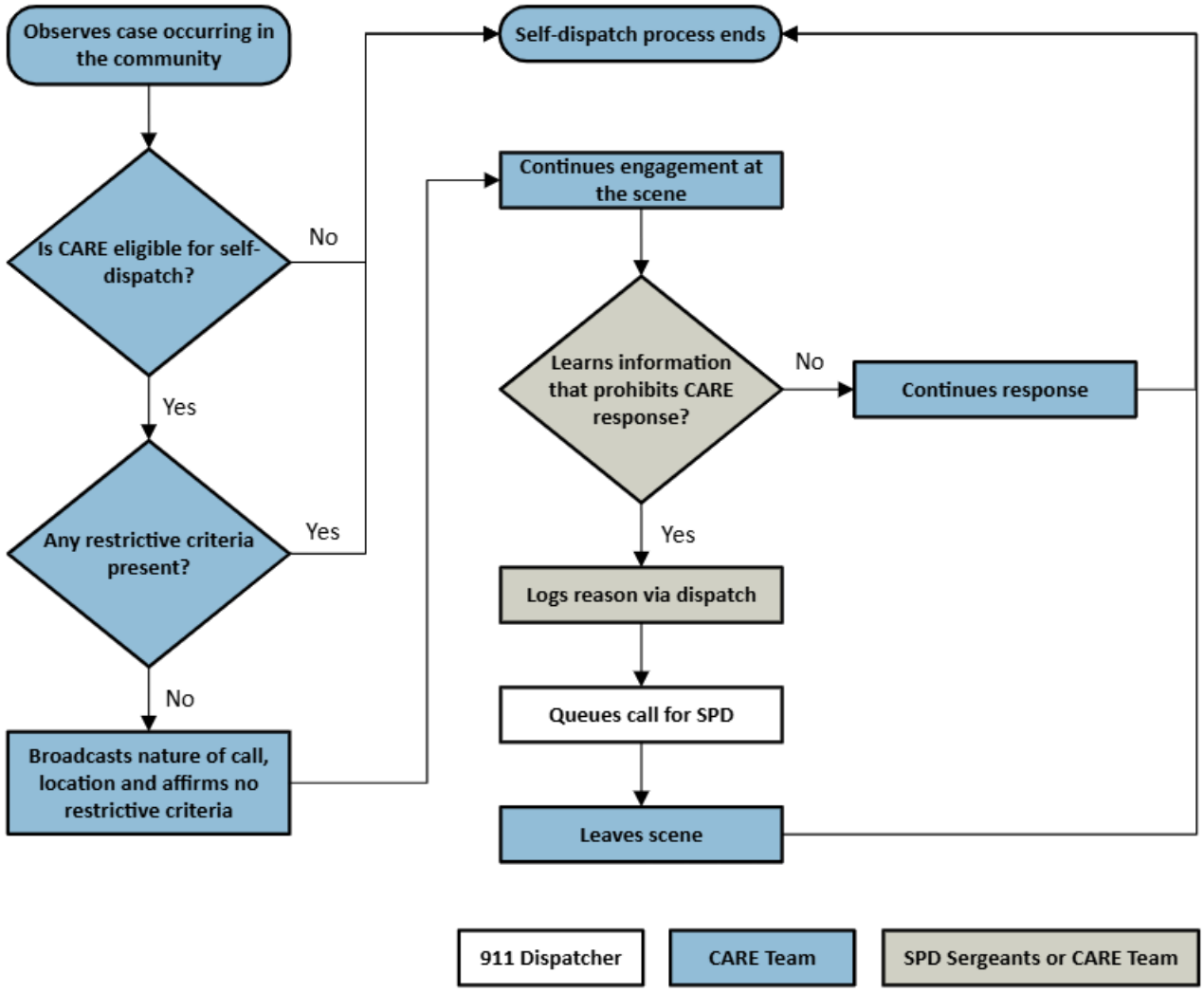
19 The only carveout (for both primary dispatch and self-dispatch calls) is CCRs can enter private property to debrief with the reporting party after addressing the call. Ibid., Para. 5.

20 Ibid.

21 Ibid., Para. 6.

22 Ibid., Para. 7.

Figure 2. On-View/Self-Dispatch Process



Source: SPOG CBA.

Dual Dispatch

Dual dispatch refers to CARE and SPD being dispatched together to a call for service.

The previous MOU required dual dispatch for all CARE-eligible calls:

- Non-violent calls for a person down.
- Welfare checks on adults where minors are not present and where the adult is not in the driver's seat of a vehicle.[23]

23 See SPOG MOU and Seattle Police Department Manual, Interim Policy 16.115 SPD Interactions with the CARE Team.

Under the new CBA, if caller information indicates a nonviolent situation, dual dispatch can occur for the following call types:

- **Person down** calls excluded from primary CARE dispatch due to the presence of narcotic paraphernalia and/or the potential crime involved is drug use.
- **Welfare checks** excluded from primary dispatch due to the presence of narcotic paraphernalia, the potential crime involved is drug use, or the fact the subject is in a vehicle (but not in the driver's seat).
- **Nuisance** calls requesting removal of a person from exterior private property that may involve redirection to appropriate resources, where the request does not involve an enforcement request or obstruction sufficient to elicit a Priority 2 classification.[24]

The most recent CBA narrows the category of person down and welfare check calls that the CARE Team can be dually dispatched to, including removing CCRs' ability to go to welfare check calls in private residences and commercial spaces (e.g., grocery stores and their parking lots, office buildings, restaurants, and retail stores). The CBA also adds a new provision for a limited subset of nuisance calls requiring SPD to first relocate the community member from "exterior private property" (e.g., grocery store parking lot or a restaurant patio) to public property, before CARE is permitted to make contact with the subject. CARE cannot go to any call involving an enforcement request (e.g., if the caller is the property owner and wants to press charges for trespass).[25]

On-Scene Protocols for Dual Dispatch

The new CBA outlines new on-scene protocols for dual dispatch calls (Figure 3).[26] Consistent with current SPD policy, if SPD arrives to the scene first, they must assess the situation for safety threats.[27] After SPD has deemed the scene safe, SPD has discretion to wait for CARE to arrive or "take immediate action if they believe it is appropriate."[28] This latter provision is new. If CCRs arrive before SPD, they are required to wait for SPD to assess the scene "in a manner the officer deems appropriate."[29] The officer is responsible for determining whether SPD or CARE will make the initial direct contact.[30] A CCR is prohibited from approaching the subject unless cleared to do so by the officer conducting the scene assessment.[31] SPD has "authority to advise the CCR to disregard [the call] if the officer's assessment is that the CCR is inappropriate for the call."[32,33] This is also a new provision that formalizes what officers were reportedly doing informally under the previous MOU.[34]

24 SPOG CBA, Para. 8.

25 According to CARE, whether CCRs can respond to a nuisance call with SPD hinges on answers to questions asked by the dispatcher to the reporting party/caller. For example, if a restaurant owner calls 911 about a subject on their patio, the dispatcher will ask if the caller is the property owner. If they answer yes, the dispatcher will ask whether they want to press charges against the subject for trespassing. If they answer yes, CARE is not permitted to respond to the call. Alternatively, if the restaurant owner tells the dispatcher they do not want to press charges and they want the subject to be connected to services, then CARE is permitted to respond with SPD.

26 On-scene protocols for dual dispatch calls were previously only outlined in SPD policy.

27 SPOG CBA, Para. 9, sec. A.

28 Ibid.

29 Ibid., Para. 9, sec. B.

30 Ibid.

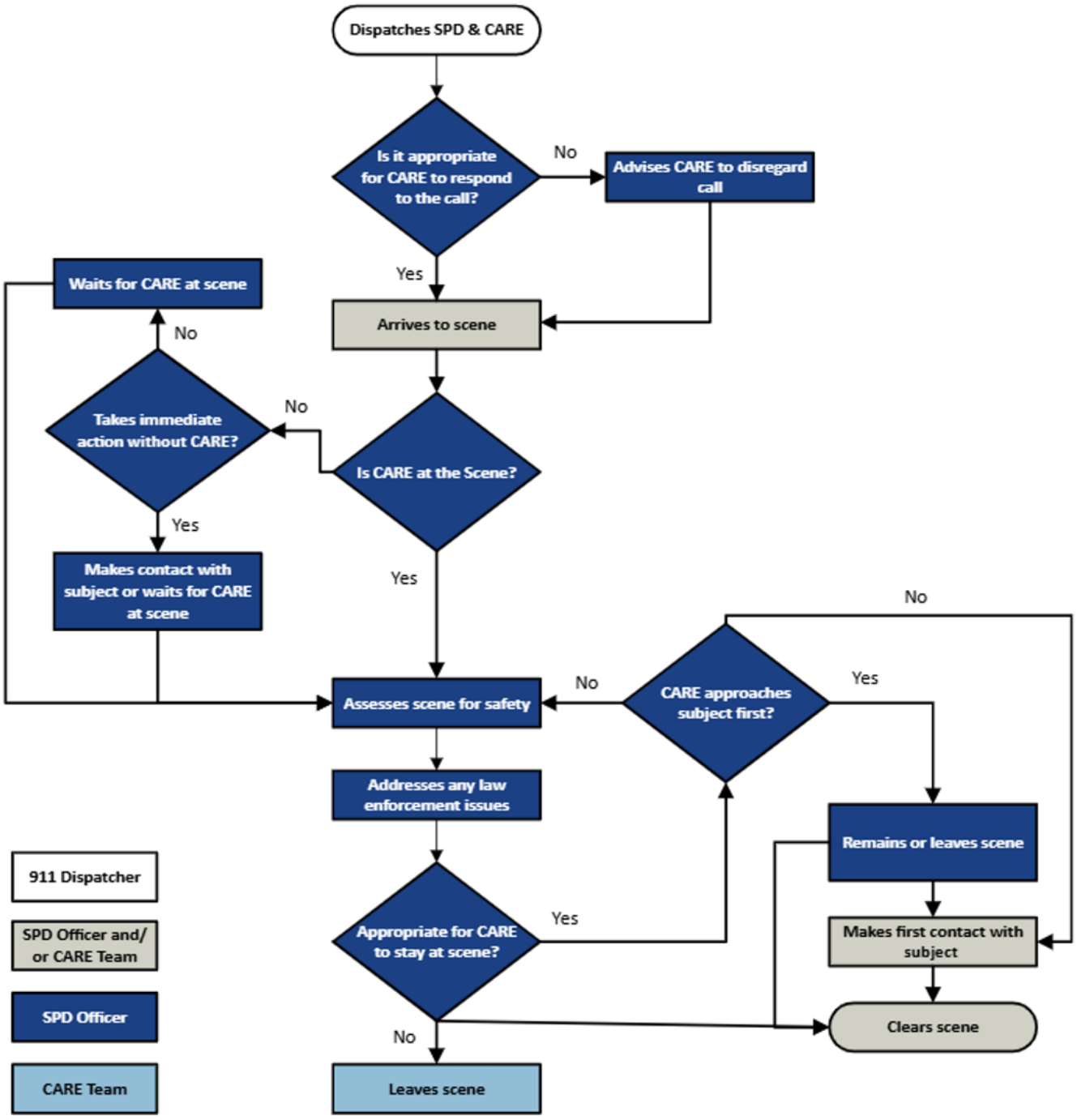
31 Ibid.

32 Ibid., sec. E.

33 911 dispatchers began regularly documenting these occurrences in March 2026. This data will be included in a future OIG report.

34 Records show street-level officers are "routinely rejecting or ignoring assistance from civilian responders." Seattle officers 'undermining' city's police alternative, report says | The Seattle Times.

Figure 3. Dual Dispatch Response Process



Source: SPOG CBA.

Secondary Response

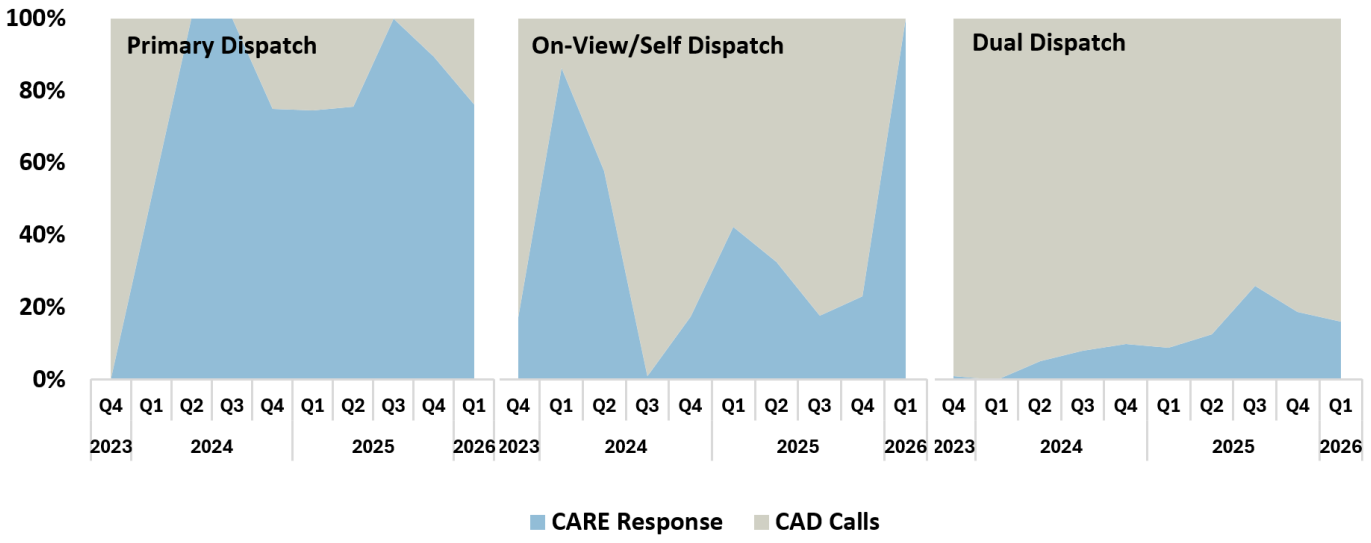
Under the new CBA, officers may "request the assistance" of the CARE team for shelter, food, transportation, or chronic mental health issues.[35] This is referred to as "secondary response" for the purposes of this memo and is a consolidated version of the same provision currently in SPD policy.[36]

CARE Team Outcomes

Figure 4 shows the gap between total CAD calls and active responses by response type. Not all CAD calls result in CARE assistance. CCRs may be dispatched to the scene (these constitute all CAD calls) but unable to provide services or assistance due to the call not meeting eligibility criteria, the presence of specific conditions, or other reasons.[37] The proceeding figures (5, 6, 7, and 8) and Table 2 focus on active responses, defined as calls in which CCRs were able to engage and provide assistance or services.

Comparison between CAD calls and active responses shows that primary dispatch had the highest active response rate. Except for Q1 2024 (50%), the active response rate exceeded 75% across all quarters, i.e., CARE responded and assisted on three-quarters of the calls they were dispatched to. On-view/self-dispatch fluctuated, ranging from an active response rate of 1% in Q3 2024 to a high of 100% in Q1 2026. Dual dispatch had the lowest active response rate with an average of 11% between Q4 2023 and Q1 2026.

Figure 4. CAD Calls vs CARE Active Response



Source: CAD Calls from SPD Data Analytics Platform (DAP) and CARE Response from CARE data.

35 SPOG CBA, Para. 10.

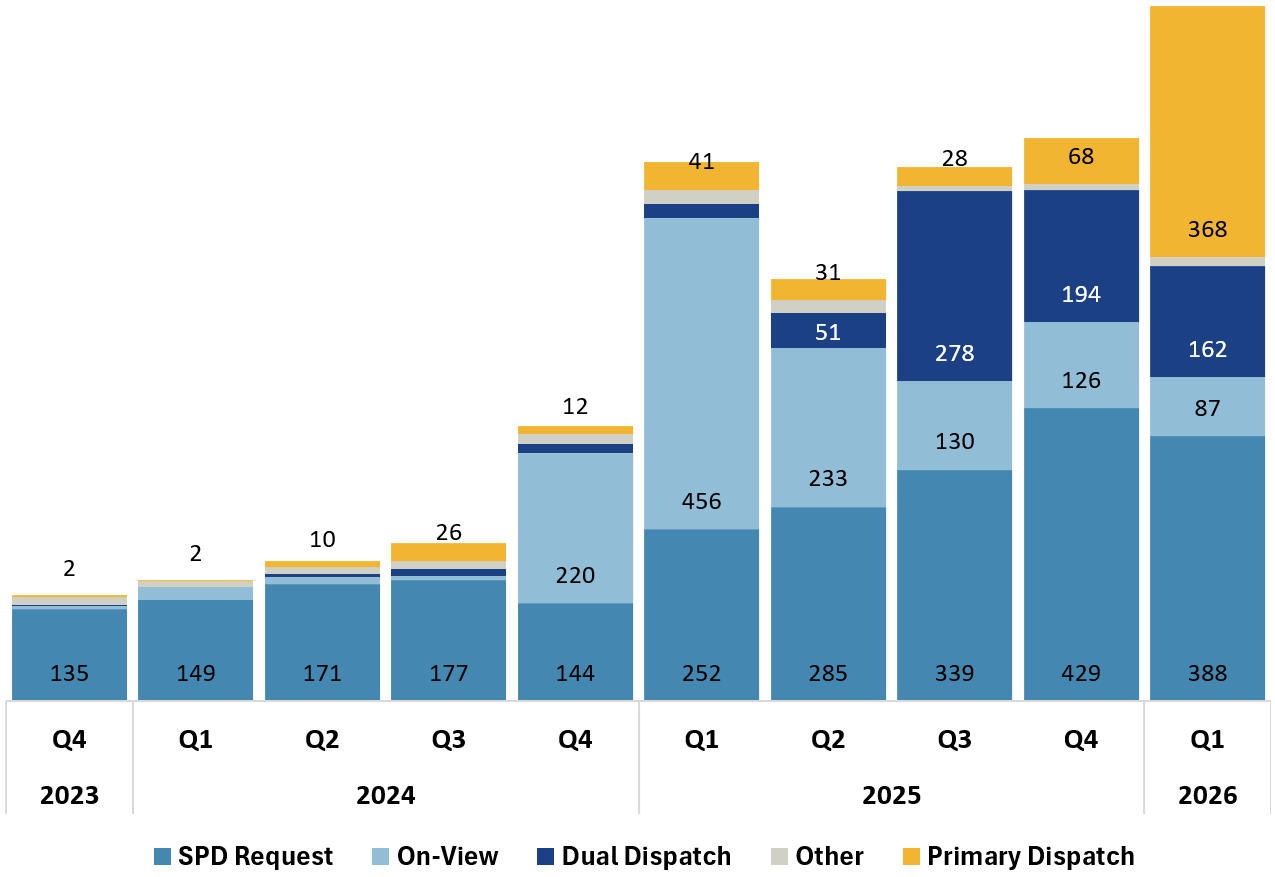
36 According to SPD policy, CARE is permitted to respond directly and independently to calls for "high utilizers" without SPD at the discretion and direction of SPD. Moreover, SPD can directly request CARE to respond to the scene after SPD has cleared it and determined it to be safe. These are referred to as "primary response" and "secondary response," respectively. SPD Interim Policy 16.115 Interactions with the CARE Team, Para. 2, 3.

37 Other reasons may include event cancelled, false alarm, unable to locate, and false location.

Figure 5 shows the number of CARE cases by response type. Between Q4 2023 and Q1 2026, the CARE Team responded to a total of 5,207 cases. Of those, 47% (2,469) were SPD requests.

Of the remaining responses, 25% (1,293) were on-view or self-dispatch, 14% (735) were dual dispatch, 11% (588) were primary dispatch, and the rest were other types of dispatch. Other dispatches include private calls, Seattle Fire Department (SFD) calls, Community Service Officer (CSO) requests and University of Washington Police Department (UWPD) requests.[38]

Figure 5. Quarterly Count of Cases by Response Type

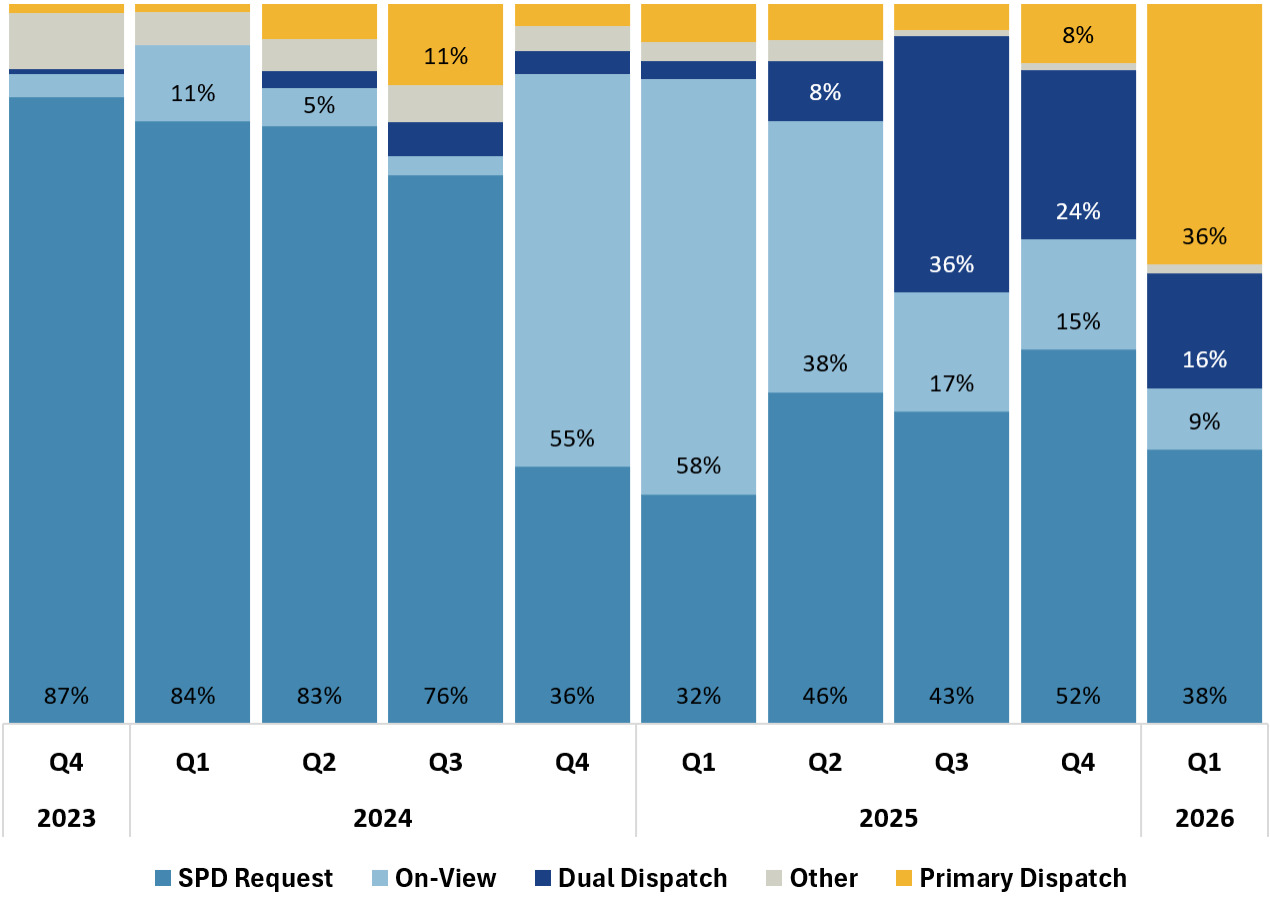


Source: CARE data. 5 On-View, 1 Dual Dispatch, and 12 Other in Q4 2023. 19 On-View, 0 Dual Dispatch, and 8 Other in Q1 2024. 11 On-View, 5 Dual Dispatch, and 9 Other in Q2 2024. 6 On-View, 11 Dual Dispatch, and 12 Other in Q3 2024. 13 Dual Dispatch and 14 Other in Q4 2024. 20 Dual Dispatch and 21 Other in Q1 2025. 18 Other in Q2 2025. 7 Other in Q3 2025. 8 Other in Q4 2025. 13 Other in Q1 2026.

38 Private calls refer to CCR calls to dispatch to follow up about a case that CARE assisted on. CARE has an MOU with the UWPD to assist on calls that come in via UWPD dispatch. Moreover, CARE sometimes partners with CSOs on cases, and fulfills requests from SFD Mobile Integrated Health Program or Health One for items such as a wheelchair or ADA-accessible van.

Figure 6 shows the quarterly percentage of CARE cases by response type. From Q4 2023 to Q3 2024, SPD requests accounted for more than 76% of CARE active responses, peaking at 87% in Q4 2023. This share declined to a low of 32% in Q1 2025. Beginning in Q4 2024, on-view responses increased, reaching 55% in Q4 2024 and 58% in Q1 2025, before declining to 9% in Q1 2026. Primary dispatch remained low throughout the period, except for a significant increase in Q1 2026, after the new CBA had taken effect.[39]

Figure 6. Quarterly Percentage of Cases by Response Type



Source: CARE data. 3% On-View, 1% Dual Dispatch, 8% Other, and 1% Primary Dispatch in Q4 2023. 0% Dual Dispatch 4% Other, and 1% Primary Dispatch in Q1 2024. 2% Dual Dispatch, 4% Other, and 5% Primary Dispatch in Q2 2024. 3% On-View, 5% Dual Dispatch, and 5% Other in Q3 2024. 3% Dual Dispatch, 3% Other, and 3% Primary Dispatch in Q4 2024. 3% Dual Dispatch, 3% Other, and 5% Primary Dispatch in Q1 2025. 3% Other and 5% Primary Dispatch in Q2 2025. 1% Other and 4% Primary Dispatch in Q3 2025. 1% Other in Q4 2025. 1% Other in Q1 2026.

39 The small number of "primary" dispatches in the pre-2025 data (before the approval of the new CBA and the introduction of primary dispatch for CARE) reflect "high utilizer" calls and a much smaller number of SPD sergeant-screened calls for CARE. These are referred to as "direct dispatch" responses in the CAD data. For the purposes of clarity and consistency, the term "primary dispatch" is used to characterize all these response types.

Table 2 summarizes the distribution of active responses by call description and response type. In 2025, 80% of dual dispatch responses involved welfare check (255) and person down (176) calls. This decreased to 71% in Q1 2026, with welfare check calls accounting for 49% (81) and person down calls for 22% (36). For primary dispatch responses, welfare check calls increased from 6% (3) in 2024 to 32% (111) in 2026, and person down calls increased from 2% (2) to 17% (59) over the same period. Nuisance calls represented a negligible share of active responses across SPD requests and dual dispatch, ranging from 1% (2) to a maximum of 3% (12). Between 2024 and 2026, "assist the public" calls were the highest share of on-view responses (89%).

Table 2. CARE Active Responses by Call Type and Response Type

		2023		2024		2025		2026	
Call Type	**Dispatch Type**	***n***	%	***n***	%	**n**	%	***n***	%
Welfare Check	SPD Request	4	3%	27	4%	77	6%	19	5%
	Dual Dispatch			3	10%	255	47%	81	49%
	Primary Dispatch			3	6%	24	14%	111	32%
	On View			13	5%	53	6%	4	4%
Person Down	SPD Request	5	4%	18	3%	49	4%	5	1%
	Dual Dispatch			5	17%	176	33%	36	22%
	Primary Dispatch			1	2%	8	5%	59	17%
	On View			4	2%	13	1%	2	2%
Nuisance	SPD Request	4	3%	11	2%	41	3%	12	3%
	Dual Dispatch					1	0.2%	2	1%
Assist Public	SPD Request	20	17%	165	25%	245	19%	71	18%
	Dual Dispatch			13	45%	47	9%	20	12%
	Primary Dispatch			33	65%	95	57%	151	44%
	On View	2	67%	220	87%	839	89%	84	91%
Behavioral Crisis	SPD Request	13	11%	52	8%	70	5%	12	3%
	Dual Dispatch	1	100%	1	3%	14	3%	4	2%
	Primary Dispatch			5	10%	10	6%	8	2%
	On View					2	0.2%		

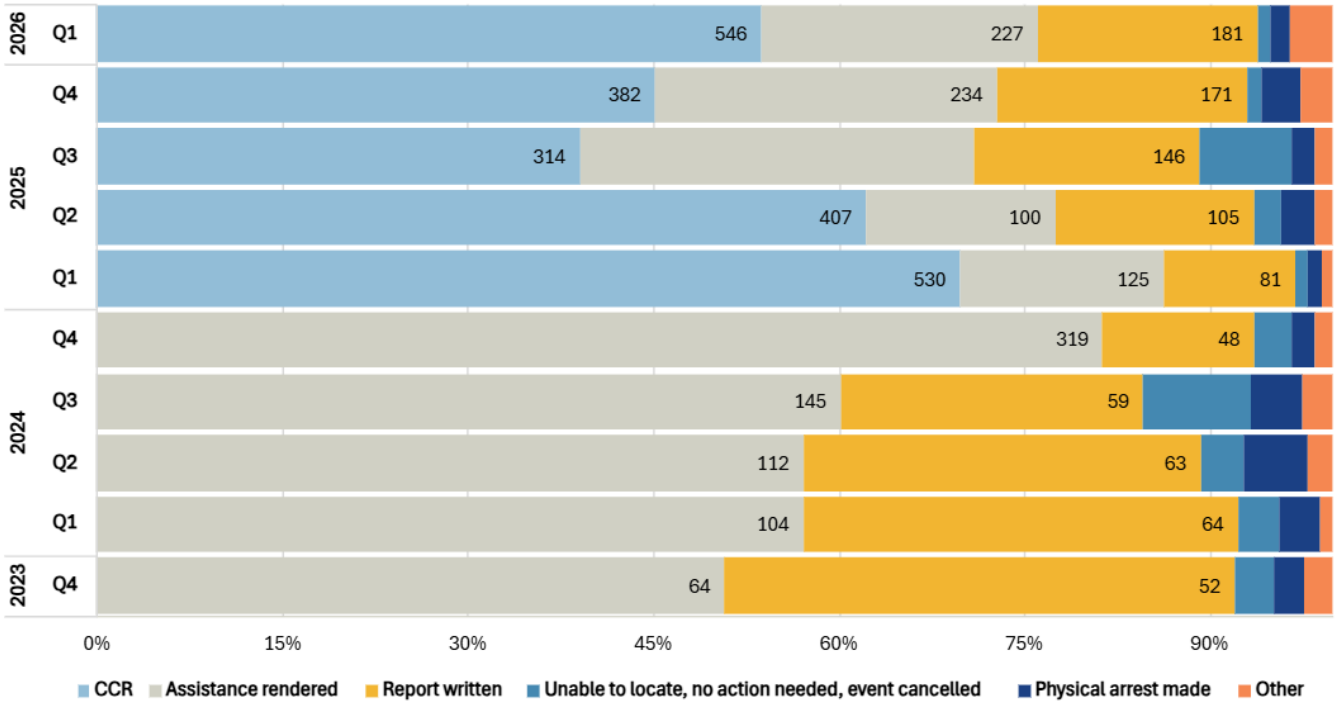
Source: CARE data and CAD Calls from SPD DAP. Call type is Initial Call Type. 2023 only includes Q4 and 2026 only includes Q1. *n* is count of active responses and % is rate of active response (i.e. percentage of CAD calls that CARE responded to and provided assistance).

Figure 7 shows the quarterly percentage of case outcomes for CARE response calls. The possible outcomes are:

- Community crisis response (CCR);
- Assistance rendered;
- Report written;
- Unable to locate, no action needed, event cancelled;
- Physical arrest made; and
- Other.

Between Q4 2023 and Q1 2026, the most common response was Community Crisis Response (42%), followed by assistance rendered to individuals (32%), and unable to locate, no action needed, event cancelled (19%).

Figure 7. Quarterly Call Outcome from CARE Responses



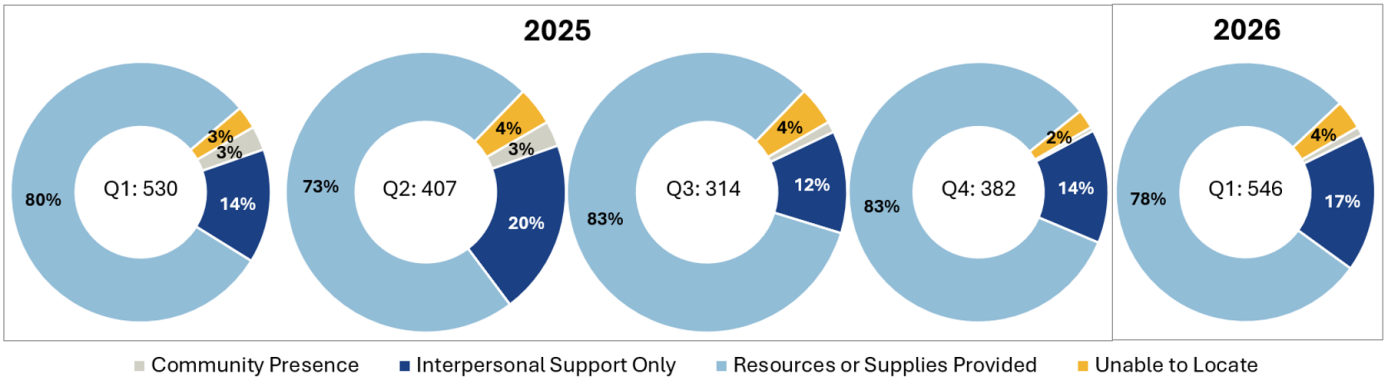
Source: CARE data and CAD Calls from SPD DAP. Outcome is CAD Event Clearance Description. "Community Crisis Response" (CCR) includes unable to locate, resources or supplies provided, interpersonal support, and community presence. Outcome based on clear description. There is no CCR data available for 2023 and 2024. "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. 4 (3%) Unable to locate, no action needed, event canceled, 3 (2%) Physical arrest made, and 3 (2%) Other in Q4 2023. 6 Unable to locate, no action needed, event cancelled, 6 (3%) Physical arrest made, and 2 (1%) Other in Q1 2024. 7 (4%) Unable to locate, no action needed, event cancelled, 10 (5%) Physical arrest made, and 4 (2%) Other in Q2 2024. 21 (9%) Unable to locate, no action needed, event canceled, 10 (4%) Physical arrest made, and 6 (2%) Other in Q3 2024. 12 (3%) unable to locate, no action needed, event cancelled, 7 (2%) Physical arrest made, and 6 (2%) Other in Q4 2024. 8 (1%) Unable to locate, no action needed, event cancelled, 8 (1%) Physical arrest made, and 7 (1%) Other in Q1 2025. 15 (2%) Unable to locate, no action needed, event canceled, 17 (3%) Physical arrest made, and 10 (2%) Other in Q2 2025. 257 (32%) Assistance Rendered, 60 (7%) Unable to locate, no action needed, event canceled, 15 (2%) Physical arrest made, and 12 (1%) Other in Q3 2025. 10 (1%) Unable to locate, no action needed, event canceled, 27 (3%) Physical arrest made, and 22 (3%) Other in Q4 2025. 11 (1%) Unable to locate, no action needed, event cancelled, 15 (1%) Physical arrest made, and 36 (4%) Other in Q1 2026.

The Community Crisis Response outcome types are:

- **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 suicidal ideation.
- **Community presence**: CCR visibility in the community when otherwise not dispatched or engaged in other work-related matters.

Figure 8 shows the percentage of Community Crisis Response by type. Across all quarters of 2025 and 2026, the most common outcomes were **resources or supplies provided**, followed by **interpersonal support**. Three percent or less were related to **community presence**.[40]

Figure 8. Community Crisis Response by Type



Source: CARE data and CAD Calls from SPD DAP. Outcome is CAD Event Clearance Description. 1% Community Presence in Q3 2025, Q4 2025, and Q1 2026.

Conclusion

Consistent with the findings of the first report, CARE's scope of work remains significantly impacted by the terms of the SPOG contract. Even as the SPOG contract adds a new response type, expands call types, and removes the cap on new staffing, it also further limits the CARE Team.

The new CBA introduces primary dispatch, but limits CARE to a narrow subset of call types and imposes conditions for independent CARE response. These provisions apply to self-dispatch as well, whereas previously there were no restrictions. The CBA also imposes exceptions to call types that CARE is dually dispatched to with SPD, including a prohibition on responding to welfare check calls in private residences and commercial spaces. While the CBA adds nuisance calls as a dual dispatch call type, it prohibits CCRs from responding to any call that involves an enforcement request (e.g., one that involves trespass).

40 In the previous CARE report, this analysis relied on CAD data, which encompasses all calls CARE was dispatched to but that did not necessarily result in an active response. That analysis found that between Q1 and Q2 of 2025 the most common outcome was community presence, followed by resources or supplies provided respectively.

The CBA expands SPD discretion over CARE response. The CBA authorizes SPD to override decision-making by 911 dispatchers on primary dispatch and CARE on self-dispatch, and instead request the call be queued for law enforcement. On a dual dispatch call, officers are authorized to take immediate action prior to CARE arrival on scene, or to cancel CARE co-response altogether.

The current CBA prohibits CARE response to calls involving substance abuse, persons in homeless encampments and on private property, and individuals in crisis. This excludes a significant portion of the population CARE was intended to serve.

The new CBA does not address continuing dual dispatch challenges identified in the previous OIG report—that the requirement for SPD to respond to calls for service with CARE is not feasible when SPD officers are unavailable. As explained in the previous CARE report, due to a staffing shortage, SPD often does not respond to low-priority calls until hours later, if at all. Consequently, community members do not receive help when they need it, even if CARE is available. The data shows dual dispatch has the lowest active response rate on average, compared to primary dispatch and self-dispatch. Dual dispatch includes calls involving drug use and narcotics that are otherwise excluded from primary dispatch—the types of calls CARE is well-suited to address.

Although primary dispatch accounts for the highest rate of active responses relative to total responses, primary dispatch constitutes one of the smallest shares of overall active responses, limiting its contribution to CARE's work.

When examining the percentage of cases by response type, "SPD request" is the dominant source of CARE engagement with the community. This response type consistently accounts for the highest percentage of active responses, most notably in the first year of CARE operation, with a somewhat smaller but still predominant share in subsequent periods. In practice, CARE's ability to respond is largely dependent on SPD requests and discretion. Other dispatch types are subject to eligibility criteria and conditions that limit active response by CCRs.

"Assist the public" calls constituted the highest share of on-view responses between 2024 and 2026. During this same period, on-views as a share of all response types declined significantly, shrinking one of the only options for CARE to be present in community and deliver services. CARE reports that this decline reflects the new CBA restrictions to on-view responses.

Community Crisis Response outcomes show that community presence not only represents the smallest share of outcome types but also has been declining since 2025. CARE reports that higher call volumes and active response inherently decrease Community Presence because CCRs are spending more of their time responding to 911 calls (i.e., as call volumes and active response increase, Community Presence is expected to decrease).

Despite the goals of a 911-dispatched civilian alternative to police response, the new CBA provisions governing CARE continue to default to a law enforcement response, even for mental and behavioral crisis calls.

Next Steps

In the remainder of 2026, OIG will continue its work involving the CARE Department with the following projects:

- An examination of the network of CARE service providers, with a focus on how clients are connected to services, types of services most commonly referred, service gaps that exist, and any barriers to service.
- A comparative analysis of CARE to community responder programs directly dispatched by 911 in other jurisdictions.

Seattle Office of Inspector General | PO Box 94764 • Seattle, WA 98124-7064 • 206.684.3663 | www.seattle.gov/oig • oig@seattle.gov