



SPOKANE POLICE

March 30, 2026 Public Safety & Community Health Committee

RESPONDING TO CRISIS CALLS IN SPOKANE

- February 2026, crisis call for late-40s male sitting on window ledge of apartment
 - Talked about wanting to jump
 - SFD used ladder truck aerial so he could climb down
 - SPD involuntarily detained him due to danger to himself
 - Took about 6-8 officers to detain him onto gurney
 - Transported to a local ER and DCR referral submitted
 - Later discharged with recommendations for outpatient treatment
- 2.5 days later, he committed suicide
 - Collided his vehicle with another vehicle when driving the wrong way
 - Got out and jumped off a bridge

In 2025, SPD officers responded to 7,407 crisis/BHU/welfare/suicidal calls

BEHAVIORAL HEALTH UNIT (BHU) ACTIVITIES

- **Monitors calls for service (CFS)** citywide & **responds** with a Frontier Behavioral Health (FBH) clinician when a person is known to have behavioral health issues or is in crisis.
 - BHU responded to 3,763 CFS in 2025; 690 crisis calls
- Is the main responder to **Designated Crisis Responder (DCR)** apprehension requests citywide (during BHU business hours).
 - 512 DCR requests for apprehension; involuntarily detained 392 individuals

BHU ACTIVITIES CONTINUED

- Responds to concerned family members when **resources or support** are needed.
 - 653 follow-ups to connect individuals and families with resources/support
- **Follows up** on referral requests when behavioral health resources are requested.
 - 638 referrals to community resources

BHU ACTIVITIES CONTINUED

- Responds to high liability situations to mitigate risk and **de-escalate**.
 - Arrested 78 individuals
- Administers **Extreme Risk Protection Orders** when necessary.

BHU MENTAL HEALTH COORDINATOR

- **Coordinates** BHU response to CFS and **triages** referral requests from patrol, dispatch, and community providers.
- **Supports** patrol, administration and investigations in cases where behavioral health issues are a concern.
- Acts as a **liaison** between SPD and hospitals, service providers, community, Jail Mental Health and individuals.
- **Meets** daily with DCR's to plan community apprehension attempts and deconflicts any high-risk individuals.
- Provides **education** to SPD and community through roll call training, community outreach and Field Training bulletins.
- Provides **case management** to the Downtown 10 (DT10) high utilizers program, hosting weekly DT10 meetings, coordinating with community partners associated with the program.

BHU AND COMMUNITY PARTNERS

BHU and SPD Officers make referrals to the most appropriate community partners to include:

- **Catholic Charities** – responds to CFS when there are tenant issues.
- **Consistent Care** – BHU attends Hotspotters, makes referrals for long-acting anti-psychotic injectables. Consistent Care also attends Downtown Precinct’s patrol roll calls bi-monthly to exchange information on individuals that may be on their outreach list.
- **Community Court** – BHU Sergeant attends community court and assists with case reviews prior to court.
- **Pioneer Navigators** – SPD makes referrals to Pioneer when someone is interested in SUD treatment.

BHU AND COMMUNITY PARTNERS...CONTINUED

- **Spokane Regional Stabilization Center** – BHU & SPD officers transport people for voluntary Substance Abuse Disorder and mental health treatment. **200+ LE transports in 2025.**
- **Jail Mental Health** – BHU makes referrals on individuals with behavioral health or SUD issues when they are arrested.
- **FBH crisis response** – Responds to apprehension requests and makes referrals to DCRs when necessary.
- **Spokane Treatment & Recovery Services (STARS)** – Requests transport and admission for SUD treatment.

BHU AND COMMUNITY PARTNERS...CONTINUED

- **Navigation Center (Cannon Shelter)** – Patrol officers and BHU refer to and /or transport individuals to the Navigation Center for resources, laundry, clothing, etc.
- **CHAS Street Medicine** – Is utilized by both BHU and SPD officers for medical treatment in the field when appropriate.
- **CHAS Behavioral Health** – Community worker rides with BHU officers twice a month to connect individuals with the mental health and medical care they need.
- **Inland Northwest Behavioral Health (INBH)** – SPD and BHU transport voluntary adults and youth for mental health treatment.

BHU LIMITATIONS

Does **not** provide 24/7 coverage for CFS.

Do they need too?

NEED 24/7 COVERAGE

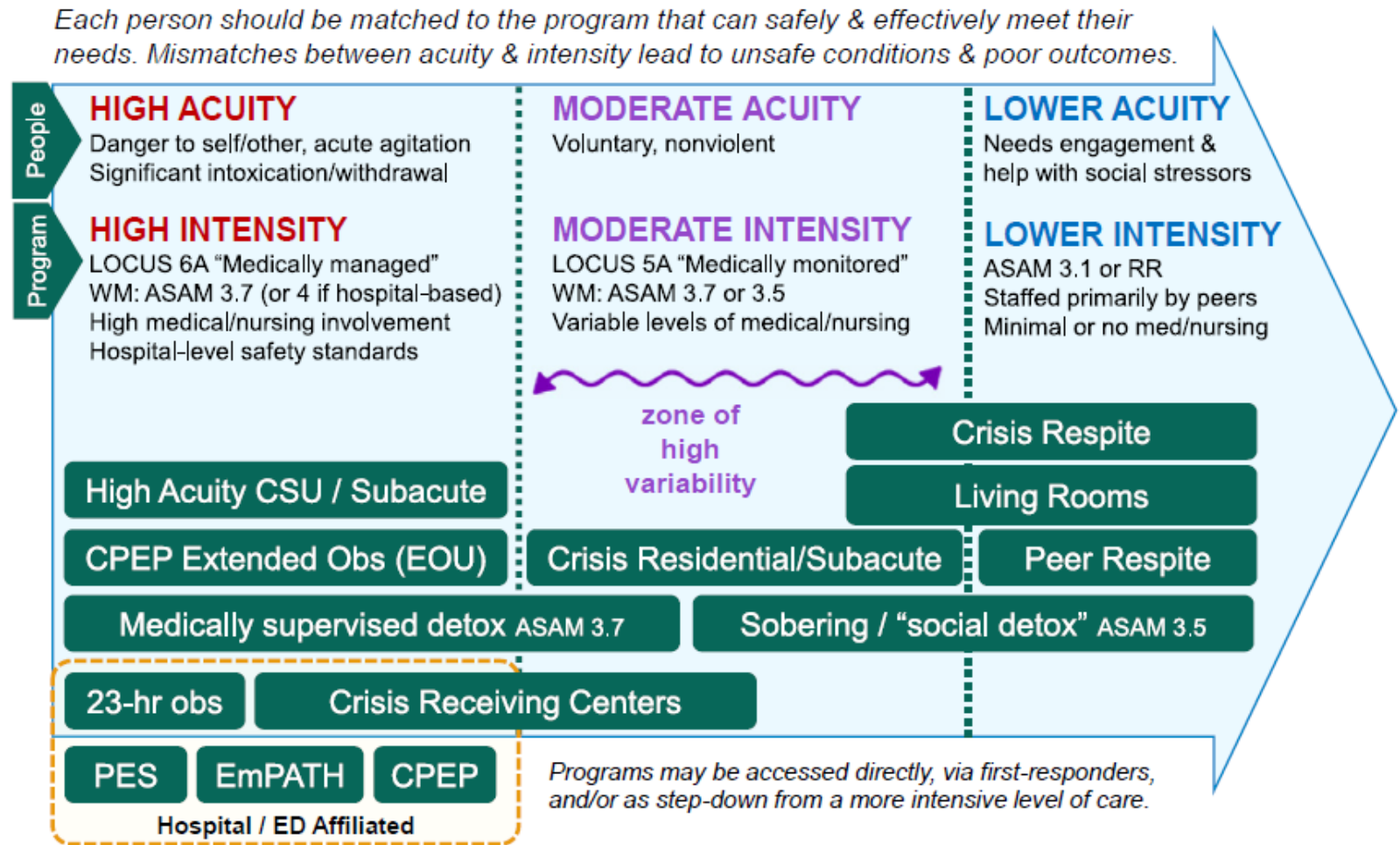
- Build infrastructure to ensure 24/7 crisis, behavioral health, and substance use disorder care
- Mid-term (2-year) integrated response model:
 - 2 Behavioral Health Clinicians embedded in the 911 dispatch center (PSAP)
 - Peer Co-Responder Teams providing rapid field response and case management at night and on weekends
 - Public Safety Data Infrastructure (Data Engineer + Analyst) to enable real-time triage and proactive intervention

MID-TERM MODEL GOALS

- Fast deployment of contracted peer responders
- Lower cost per unit of capacity than sworn staffing
- Reduces repeat demand, not just redistributes workload
- Improves outcomes for individuals in crisis
- Addresses issues with housing and treatment
 - Specifically during evening hours
- Provides an alternative to jail pathway with referral and crisis diversion
 - Lowering case counts for prosecutors, public defenders, and courts

LONG-TERM PLANNING: HIGH-ACUITY PROGRAM "THE THIRD PLACE"

- Serve individuals with mental health and/or substance use condition, may be agitated, acutely suicidal, violent, psychotic, manic, intoxicated, and/or experiencing withdrawal
- Build crisis services **FOR** these individuals rather than *around* them
- Connect people with the care they need in the least restrictive setting to safely meet their needs



Source: Balfour, M. E., & Carson, C., A. (2024). Crisis receiving and stabilization facilities: Designing systems for high-acuity populations. *Psychiatric Clinics of North America*, 47(3), 511-530.

THE 'CRISIS NOW' MODEL (BEST PRACTICES)

- 24/7 Crisis Receiving Centers with 'No Wrong Door' Policy.

- Rapid first-responder drop-offs (goal: <15-minute turnaround).

- Integrated psychiatric stabilization and withdrawal management.

- Peer support and community-based transition services.

- Proven success in Arizona, Texas, and Georgia.

RECOMMENDED SPOKANE CRSF MODEL

Establish	<ul style="list-style-type: none">• Phase 1: Establish 24/7 Crisis Receiving Facility with DCR integration.
Implement	<ul style="list-style-type: none">• Phase 2: Implement law enforcement & EMS drop-off protocols.
Expand	<ul style="list-style-type: none">• Phase 3: Expand crisis stabilization units and step-down residential care.
Secure	<ul style="list-style-type: none">• Phase 4: Secure funding through Medicaid, grants, and local taxation.
Strengthen	<ul style="list-style-type: none">• Phase 5: Strengthen community care transitions to reduce recidivism.

GUN CRIME UNIT TACTICAL INVESTIGATIONS

- Sergeant, 3 patrol officers, 3 detectives
- Work out of Northeast Precinct under supervision of Lt. Chris McMurtrey and Capt. Shawn Kendall
- Currently selecting sergeant, then will select officers/detectives
- Working Powershift hours (1600-0240) on a 10/40 schedule
- Both uniform and plain clothes at times
- Pilot for remainder of 2026
- Emphasize strong, engaged, and highly visible supervision with robust policies and procedures
- Focus on community partnerships and prevention

Strict policy, strict supervision, strict oversight = Powerful Outcomes

GUN CRIME UNIT MISSION

- Reduce gun-related crimes through focused patrol-based intervention, intelligence-driven enforcement, and community collaboration
- Proactively identify and disrupt violent gun offenders
- Proactively identify and engage opportunity youth to prevent future incidents
- Rapid response to gun-related incidents to stabilize scenes and advance investigations
- Strengthen investigative continuity and inter-unit collaboration, particularly between patrol and investigations
- Improve information sharing and intelligence flow to empower patrol
- Support community collaboration for long-term violence mitigation strategies
- Ultimately, reduce violent gun crime citywide by 10% by December 2026

THANK YOU

