



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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Key takeaways



Limited use of behavioral health options



Supporting some vulnerable 911 callers



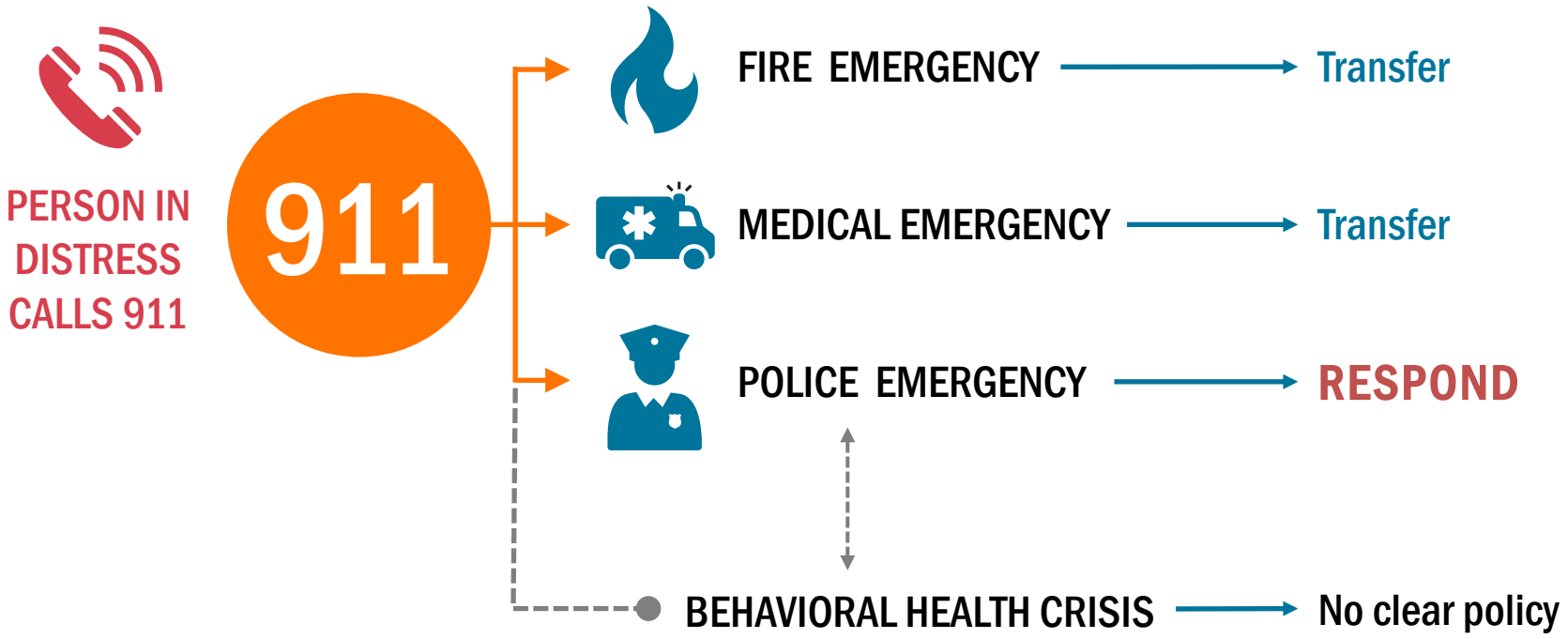
Relying on mandatory overtime

What is behavioral health (BH)?

- Issues related to:
 - Mental health
 - Substance use
 - Emotional dysregulation
 - Social service deficits
- Can overlap with police issues



911 call receiver actions for BH unclear





BH referrals deferred to officers

- 911 call receivers not encouraged to offer options like 988, 211
 - Call receivers not trained to assess needs
 - Officers more familiar with local resources
- No guidance for call receivers on use of behavioral health services





Police focus may delay help and add risk

- Callers without a law enforcement emergency may receive delayed help or no help
- Leading practices recommend clinical response where possible

“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.”

—King County Crisis Care Levy





Police services may not address BH needs

- Officers trained in crisis intervention but usually can't solve root problems
- BH responses use limited officer resources





Behavioral Health options available

Crisis Connections provides various services:

- 988 Suicide and Crisis Lifeline (phone, 24/7)
- 211 Social Service referrals (phone, M-F 9am-5pm)
- Mobile Rapid Response Crisis Team (in-person, 24/7)
- Designated Crisis Responders (involuntary treatment, 24/7)





Limited use of Behavioral Health options

Team listened to audio recordings of 153 calls related to mental health:

- 46% resulted in police dispatch
- Others got phone call from officer
- Some reviewed by sergeant but no response
- None transferred to 988



Some calls eligible for BH services

- 60% of mental health calls did not involve imminent danger — potentially eligible
- Not either/or: callers could talk with clinician while waiting for officers



Challenges to Behavioral Health options

- Many callers asked for police
 - Sometimes issues were not law enforcement-related emergencies
- Some callers declined BH options
 - (BH support rarely mentioned)
- Frequent callers with mental health issues





Recommendations

- Develop procedures and training for call receivers to offer Behavioral Health options





911 Diversion helps

- Crisis Connections 911 Diversion program offers enhanced service to call centers – now 24/7
 - Valley Communications successfully using diversion
 - NORCOM and Redmond signing on this year
- Houston saved over \$1.5M with diversion





Recommendation

Participate in the Crisis Connections 911
Diversion Program





Mitigating risks for vulnerable callers

- Training consistent with leading practices:
 - De-escalation
 - Trauma effects
 - Implicit bias and anti-racism
- Focuses on fact-based questions to mitigate bias





Language interpretation delays response

- Interpretation services add 1-2 minutes
 - Longer delay for uncommon languages
- Bilingual call receivers can't use language skills
- Sheriff's deputies have a certification process
 - Proficiency exam
 - Pay premium



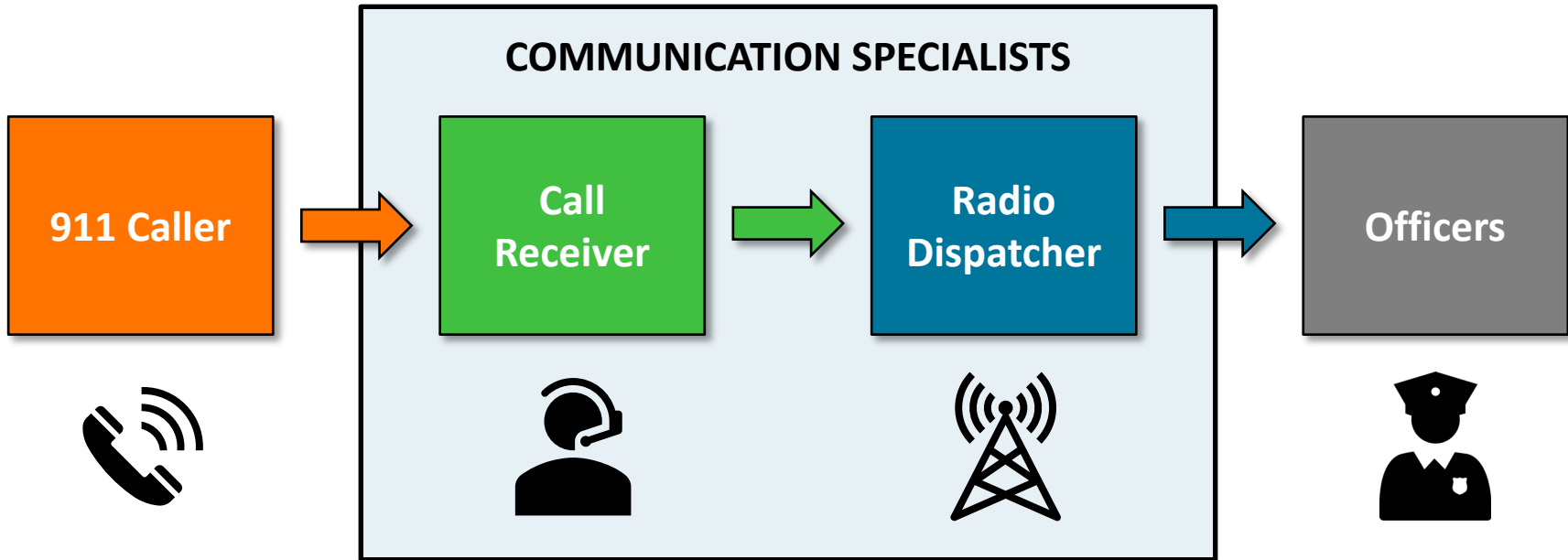


Recommendation

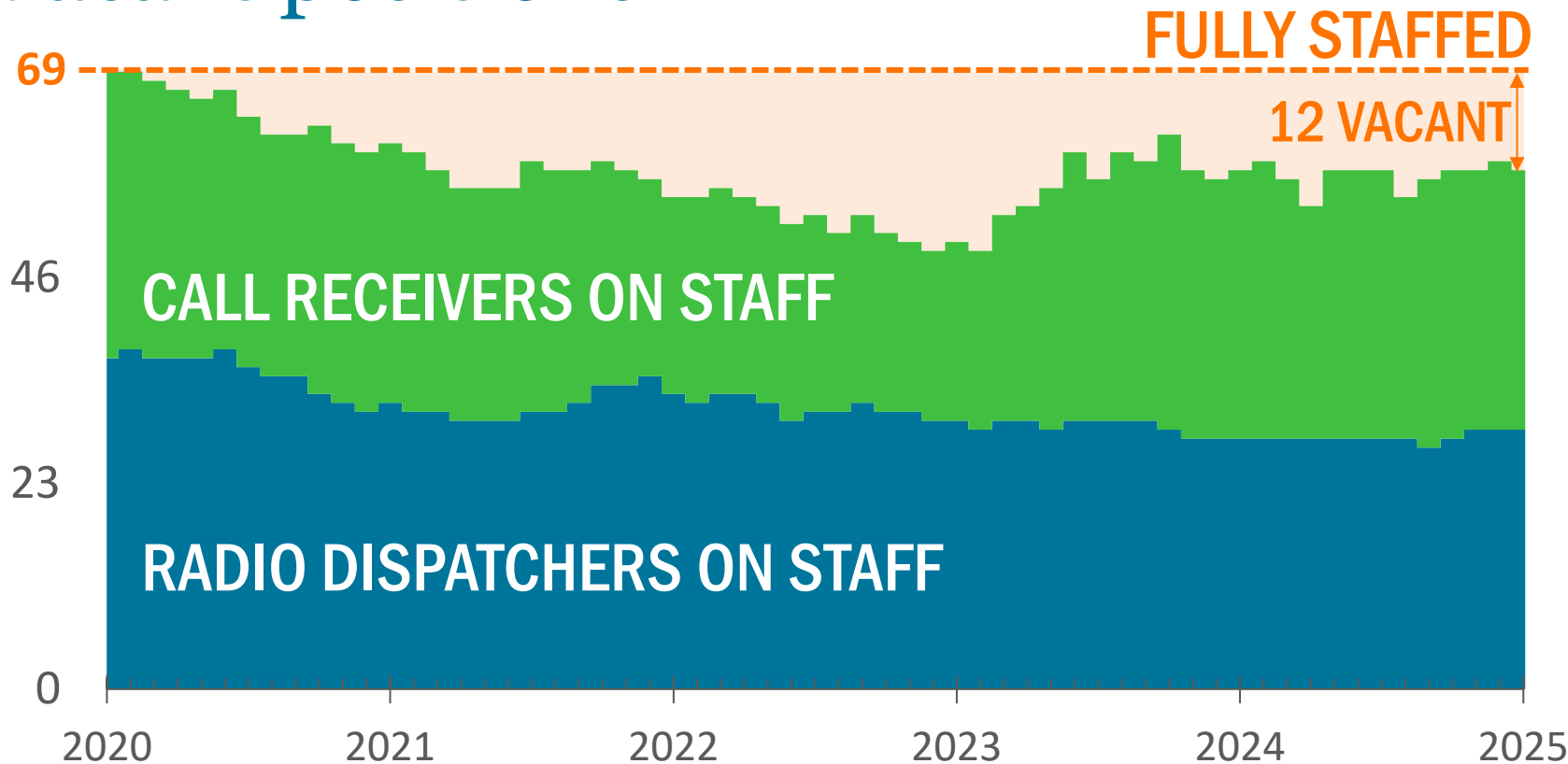
Certify 911 call receivers so they can use language skills on the job



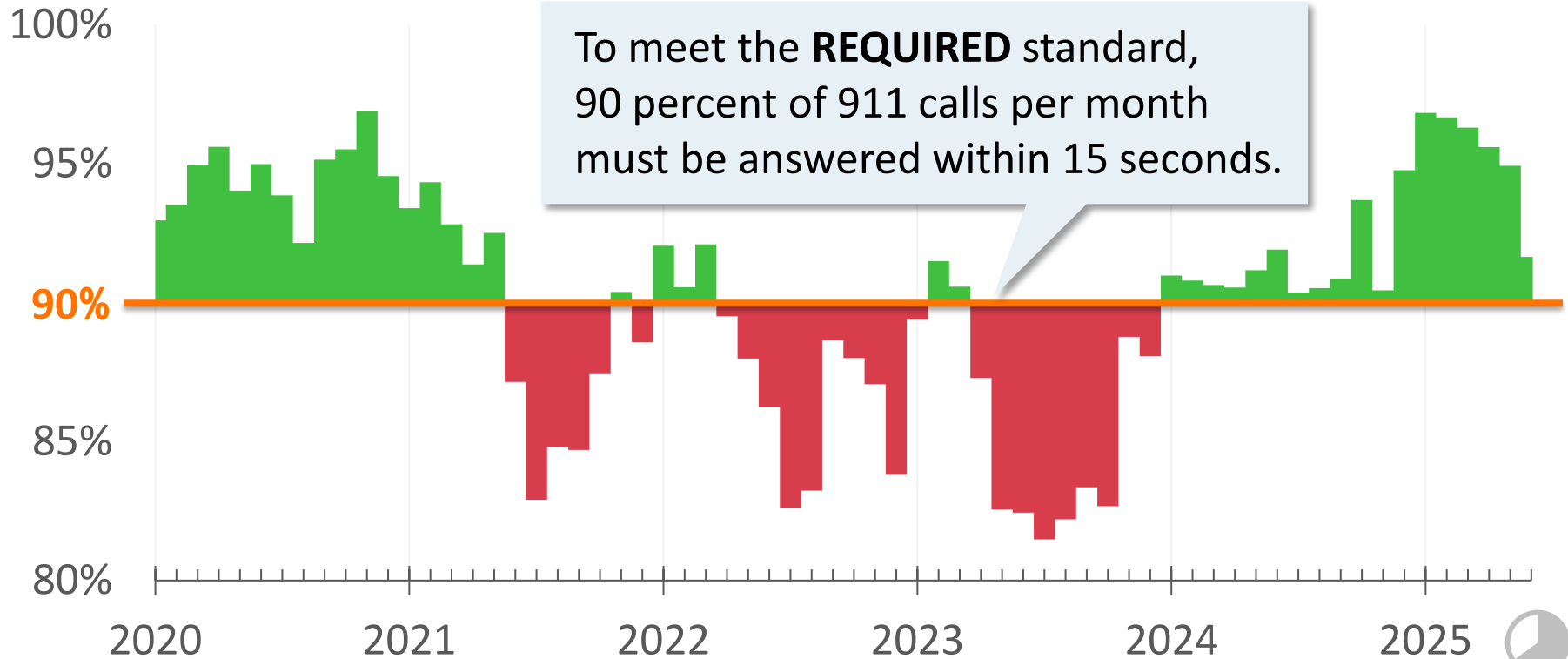
Call receivers and radio dispatchers



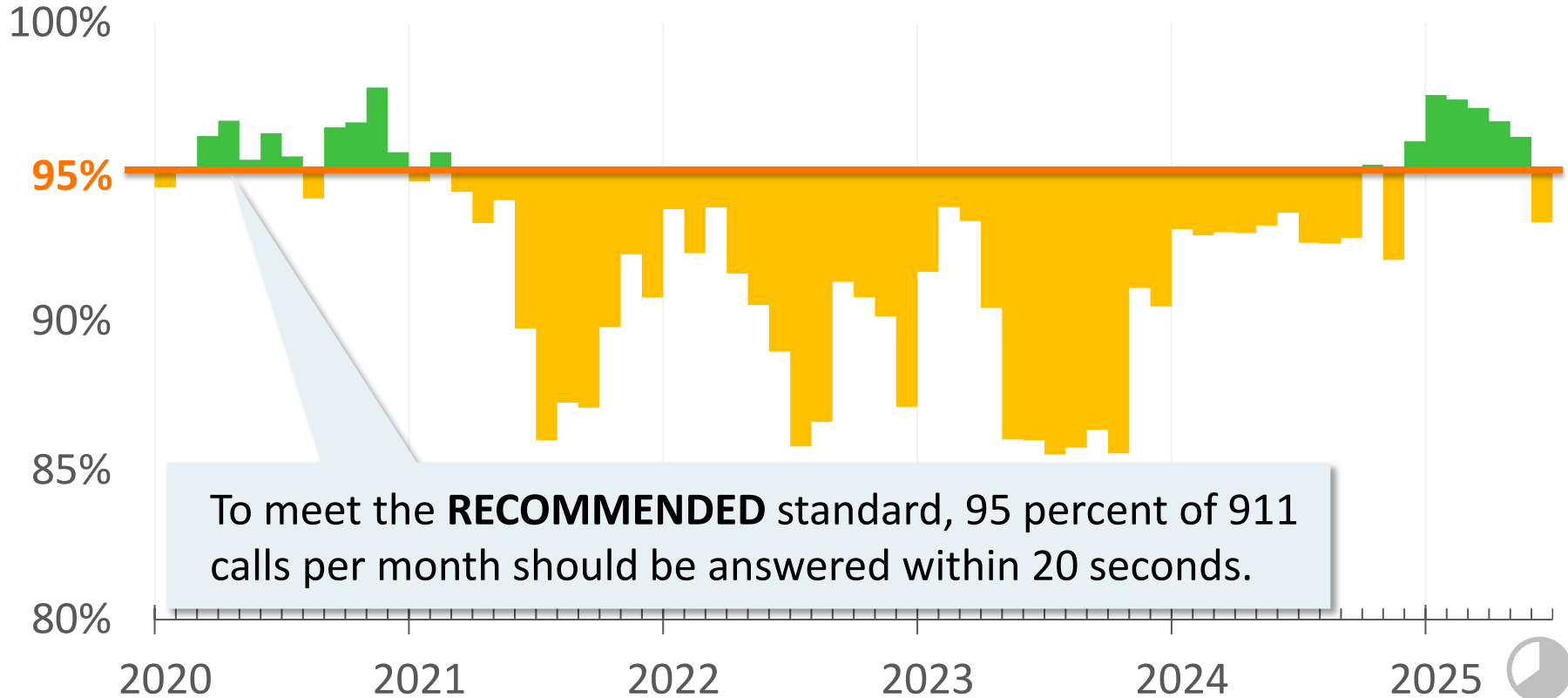
Vacant positions



Still meeting required standards



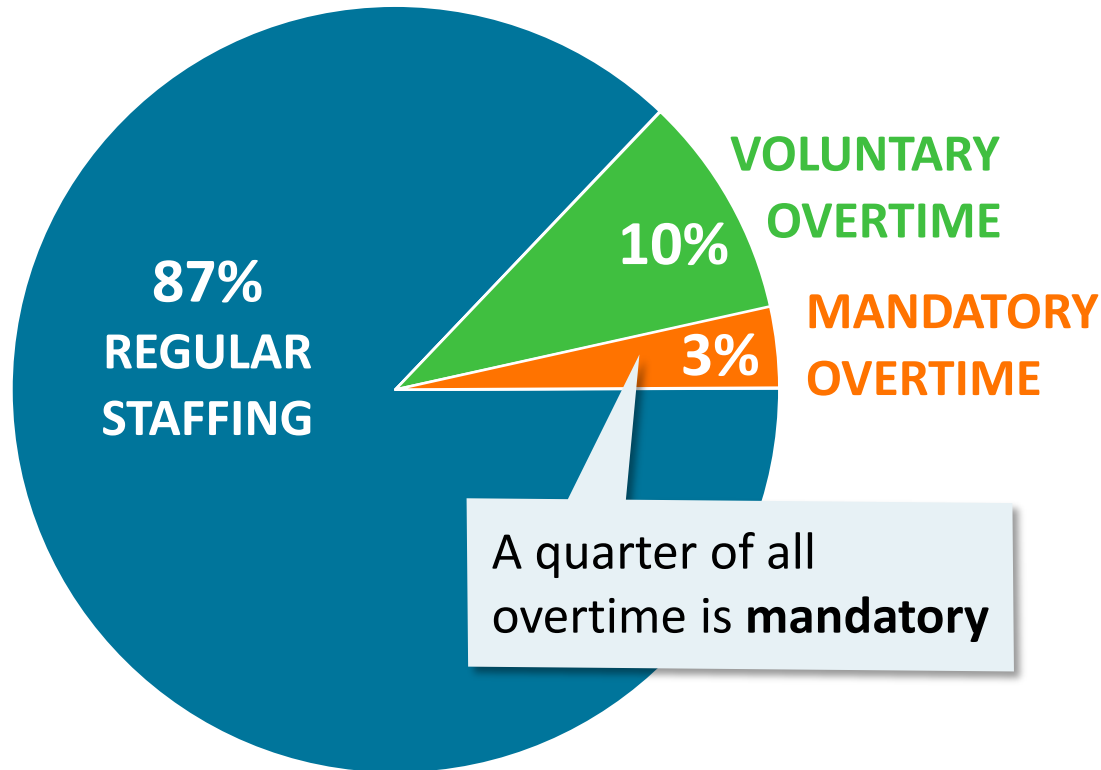
Recently meeting recommended standards



To meet the **RECOMMENDED** standard, 95 percent of 911 calls per month should be answered within 20 seconds.



Meeting standards by using overtime





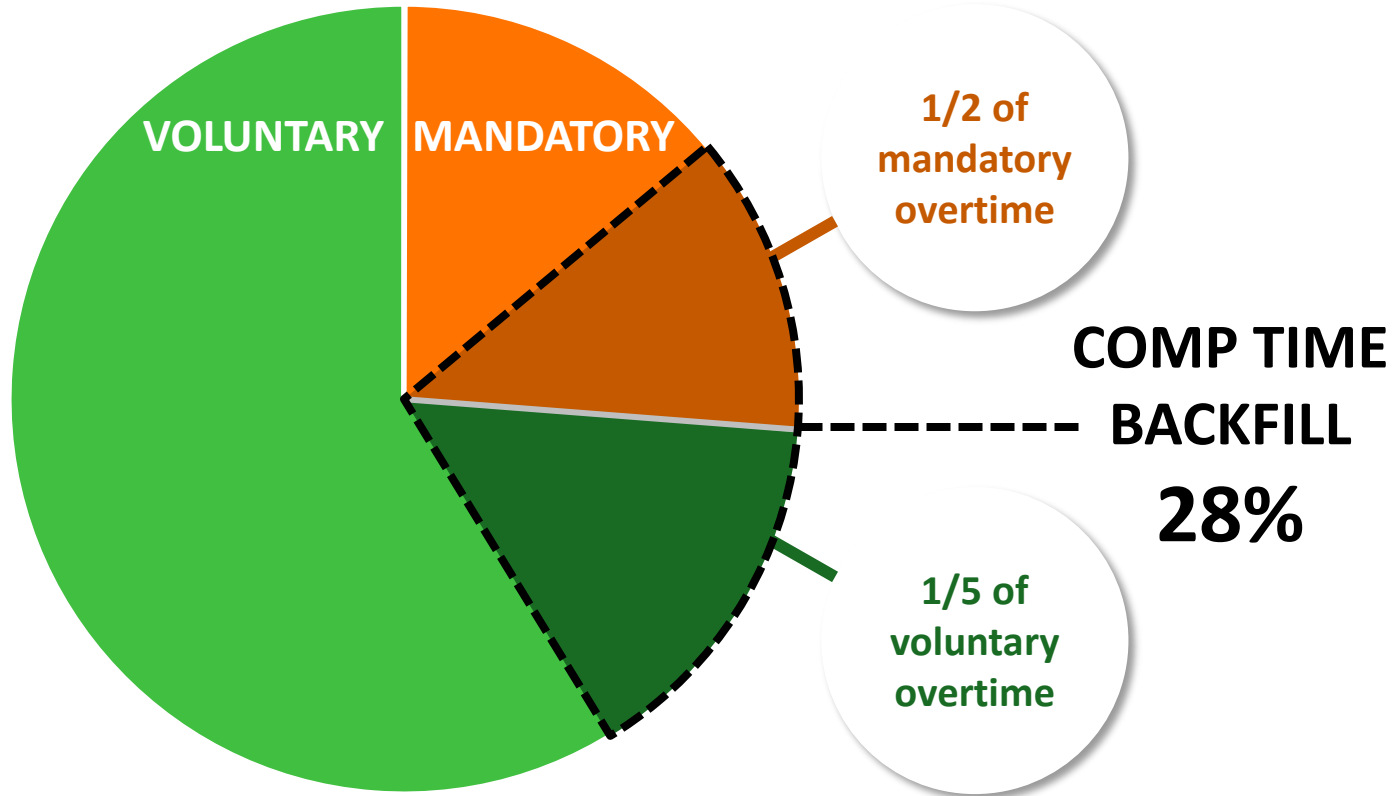
Mandatory overtime unevenly distributed

Who gets mandatory overtime depends on:

- Availability
- Seniority
- Recently-worked voluntary overtime
- Medical restrictions



Half of mandatory OT due to comp time





Recommendation

Propose modification to comp time leave to help reduce mandatory overtime



Scheduling on paper takes a lot of time

1500-0100			-	-	-	-	-	-	-
B	MTW	V	V	F	F	F	F	V	
C	TWT	84	84	42	1/TP 19-01	1/TP 19-01	F	F	V
G	TFS	F	V						F
L	SSM	F	F	F	45	45	FMLAM		F
R	FSS	F	F	F				1/15 to 1/15	F
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/TP 19-01	1/TP 19-01	1/TP 19-01		V
B	SMT	BRV	F	F	F	F			
E	FSS	F	F						
M	SMT								

		0500	0700	0900	1100	0500	0700	0900	1100	0500	0700	0900	1100	0500	0700	0900	1100	0500	0700	0900	1100	0500	0700	0900	1100				
P	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
P	DSPT	5	5	8	8	5	5	7	7	4	4	6	6	3	3	3	3	3	3	5/4	4	4	4	6	6	4	4	6	6
P	DSPT NEEDED									1	1			3	3	2	2	2	2	1	1	1	1			1	1		
W	PHONES	2	1	5	5	3	1	7	7	2	2	4	5	3	1	4	4	3	2	4/3	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	3/4	4	3	3/3	3		2	3	3	

4	3	4	4	5	3	5	4	4
0	2	3	3	2	4	3	3	



Recommendations

- Ensure new time and labor software meets needs of communication center
- Connect unit supervisors to share knowledge about scheduling options





Key takeaways



Limited use of behavioral health options



Supporting some vulnerable 911 callers



Relying on mandatory overtime



Thank you!

Full report available online at
KingCounty.gov/Auditor

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