

CASE STUDY: CRU and Familiar Faces

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As communities across the country reconsider enforcement-led approaches to social issues with renewed urgency, efforts to address crises among people experiencing homelessness and the broader community in Olympia, Washington, stand out. In fact, more than 20 percent of people experiencing homelessness in the United States have a serious mental health condition, and roughly a third have a substance use disorder. ¹ Recent Olympia Police Department (OPD)

initiatives have started to reduce officer involvement in these matters. Building on standard CIT training, these initiatives include a Crisis Response Unit (CRU) loosely modeled after CAHOOTS and a Familiar Faces program that provides peer outreach to people who repeatedly come to the attention of police.

This case study examines Olympia's efforts in recent years to launch new alternative responder and peer navigator programs. Key steps in program development have included securing initial funding, determining when and how CRU members are dispatched, shaping strategies for CRU members and Familiar Faces peers to support people with behavioral health needs, and engaging a wide variety of stakeholders to address challenges as they arise.

Funding Olympia's layered approach

Olympia, Washington, has relied on a combination of local tax revenue and grant funding to support its crisis response initiatives. In November 2017, voters in Olympia, Washington, passed a public safety levy that included funds for an enhanced crisis response, with a focus on improving conditions in Olympia's downtown area.² Then-Chief of Police Ronnie Roberts had been an officer and sergeant in Eugene, Oregon, and he had advocated for a similar approach in Olympia.³ The levy allocated \$110,100 and \$497,000 in startup and annual costs, respectively, for OPD to contract with a behavioral health partner that would staff CRU as an alternative-to-police response led by unarmed civilian behavioral health specialists.⁴

While planning for CRU was underway, OPD launched the Familiar Faces program in late 2018 with \$106,000 in state grant funding awarded through the Washington Association of Sheriffs and Police Chiefs (WASPC).⁵ Familiar Faces assigns peer navigators with lived experience to conduct outreach with clients recommended by downtown officers and city staff based on frequent contact with emergency services.⁶ In early 2020, WASPC awarded Olympia an additional \$804,000 grant to expand the program, providing funding for four more peer navigators, a mental health professional, and a program manager.⁷

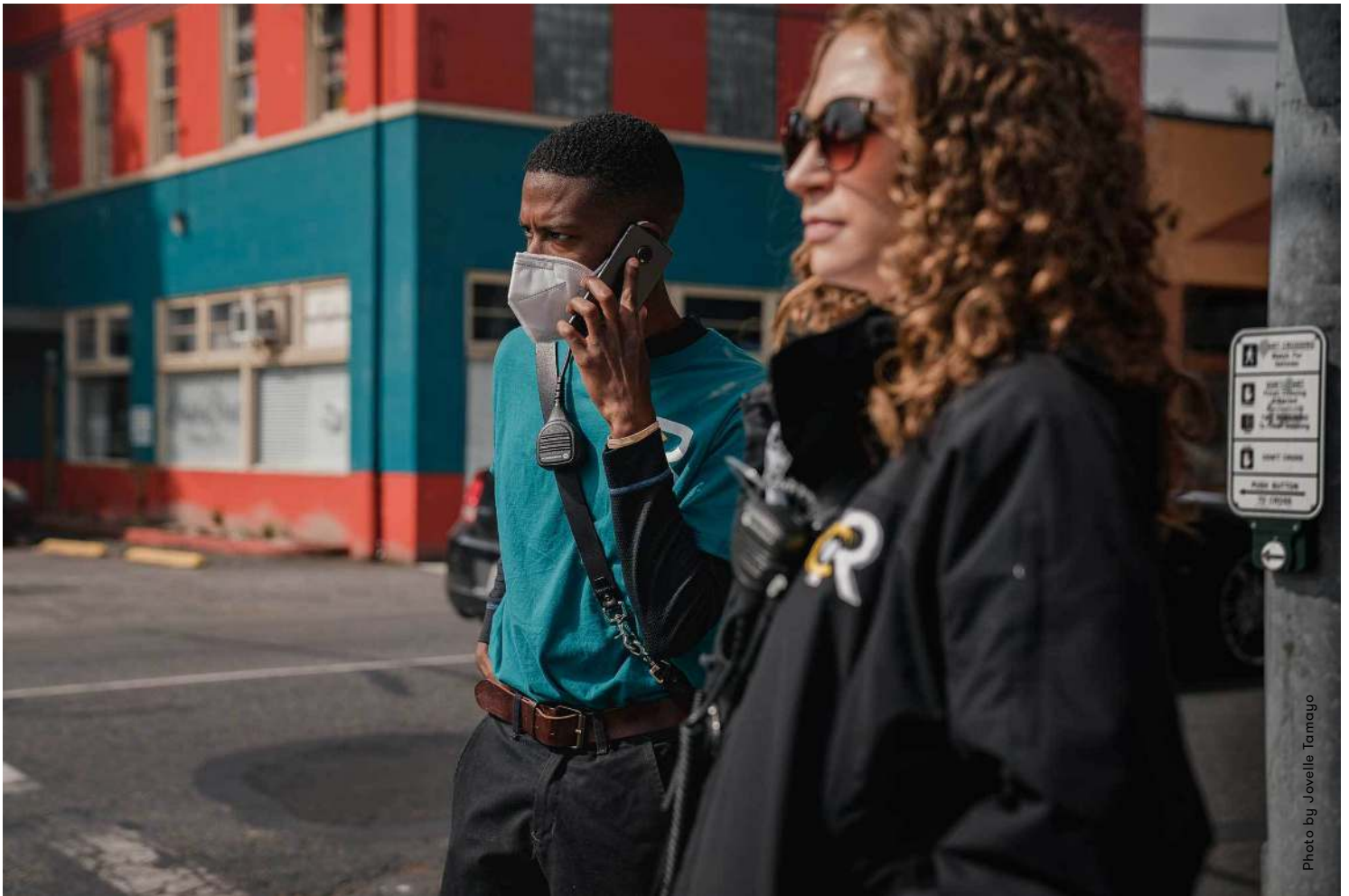


Photo by Jovelle Tamayo

Getting civilians on police radios

Like CAHOOTS, CRU teams use police radios to identify and respond to calls that might otherwise go to police, although there was initial trepidation among OPD officers about the approach, despite its track record in Eugene. “Change is something we’re not good at as a culture,” downtown walking patrol Sergeant Patrick Hutnik explained. It was a significant change to have civilians on the police radio frequency, with some officers expressing concern about the learning curve for new responders using this system for the first time.⁸

OPD worked with line-level officers and the Thurston County 911 communications center (TCOMM 911) to identify calls that would be appropriate for CRU and to determine how CRU would receive calls.⁹

Rather than dispatching CRU directly based on specific criteria, TCOMM 911 shares all potentially eligible calls coming through 911 or Olympia’s non-emergency line over the shared

police frequency. CRU teams hear all the calls on the police frequency while they are working and may decide to respond, or officers may refer calls to CRU if they determine a health-centered response is more appropriate and the apparent threat for first responders is minimal. Callers have also increasingly requested CRU as the unit has established itself in the community.¹⁰ OPD reports 511 contacts between CRU and community members in the second quarter of 2020, 175 of which were initiated by CRU members themselves.¹¹

In addition to proactively engaging with people who appear to be experiencing a crisis or more minor behavioral health issue, CRU can provide a secondary response at the request of first-responding officers. However, OPD officers were only on-scene with CRU 86 of the 511 times the unit engaged with community members in the second quarter of 2020.¹² Although some situations involving a police and CRU response resemble co-responder approaches in other communities, OPD says its objective remains reducing police presence altogether in crisis responses unless police involvement is needed.¹³ According to OPD and TCOMM 911 representatives, CRU members have increasingly responded to calls on their own as officers have demonstrated increased comfort relying on CRU to address pressing behavioral health needs in the community.¹⁴



Health-first first responders

The CRU response is behavioral health-centered, increasing the likelihood that people in crisis are diverted from arrest and jail and connected to local mental health services.¹⁵ CRU currently includes six behavioral health specialists, who work in teams of two in mobile units and on foot to serve community members all over the city. During interviews with Vera, OPD staff acknowledged that CRU can provide greater de-escalation support and more information about needed local resources.¹⁶ The CRU team is also present every day at a City of Olympia-sanctioned encampment for people experiencing homelessness, working to build relationships and better understand the challenges people are facing and how CRU might support them. CRU's goal is to address needs that might spiral and cause later contacts with police.¹⁷

Much of CRU's day-to-day activity involves building relationships in the community, like those with people who live in encampments. According to OPD's Outreach Services Coordinator Anne

Larsen, “They [CRU teams] have great de-escalation skills, but don’t always need them.”¹⁸ Larsen stressed the importance of flexibility in service criteria and delivery, explaining, “If you define crisis to the minute, people won’t use you.”¹⁹

Beyond responding to crisis situations, CRU’s interactions with community members are wide-ranging in service of building trust. Staff see many of the same people every day, and much of their work involves developing relationships so they can effectively respond when crises arise.

²⁰ CRU members are asked to always do what’s best for clients’ health. “They are not snitches; they are not used to gather information to get someone arrested,” Larsen said in a 2019 interview with *The Olympian*. “We address the behavioral health, not the criminal aspect of people’s behavior.”²¹

In addition to completing required state training for behavioral health specialists, CRU members are expected to engage with a wide variety of people, including police officers and vulnerable community members, as well as a range of service providers. As part of their training, CRU members spent time with police on patrol, learned about resources in downtown Olympia, and built relationships with the people they would end up serving. Further, given their role in monitoring the police radio, CRU members established familiarity with police radios and navigating through town.²²

‘Familiar Faces,’ a peer-led response

According to Lieutenant Amy King, OPD leadership had determined that the people generating the most 911 calls would need wraparound support to reduce interactions with emergency services, and the department believed peers could overcome distrust, build meaningful relationships, and deliver that support.²³ OPD launched the Familiar Faces program in November 2018 to strengthen relationships with the people they encountered most frequently. The department contracted with Catholic Community Services, a community partner the department had worked with previously, to hire two peer navigators who could effectively lead outreach efforts.²⁴ The peers bring lived experience with poverty and substance use to their roles, as well as personal histories with the criminal legal system, equipping them to identify with clients in a novel way.²⁵



Early in the program, officers introduced the peers to people on the list so they could begin developing a sense of trust and a better understanding of those people's specific needs. Soon after those initial introductions, the peers began working with clients independently of police, which gave them the space they needed to build meaningful relationships, and it was not long before

their phones saw an influx of requests. “Once consumers saw they were showing up regardless of weather and without judgment,” Larsen explains, “there was more engagement.”²⁶ As of June 2020, the two peers had reported 2,387 contacts with clients since July 2019 and were providing varying degrees of sustained support to a caseload of 24 people.²⁷

Peers provide wide-ranging services. Because they are not funded through Medicaid, peer navigators face fewer restrictions than clinicians around how—and for how long—they engage with clients. They have the flexibility to assess situations themselves and tailor interventions, operating together and independently as needed. Services include problem-solving with clients to address housing transitions and childcare challenges; transporting clients to and from treatment and department stores for necessities; supporting clients with haircuts, laundry, and showers; and providing a listening ear.²⁸ Melissa Mckee, one of the program’s current peer navigators, explained that there is “no typical day” in the role, and the people they work with are often resistant to typical service provision.²⁹

But program stakeholders also note that the systems and services set up to serve people in crisis often defy accessibility. “We do this stuff every day,” peer navigator Keith Whiteman said, “and it’s still super challenging to navigate through the mazes of the mental health system.”³⁰ Keeping up with the level of need in the community has been a persistent challenge, according to Lieutenant King, and the program’s peers have had to “figure out a [sustainable] pace and how you work within the system and obstacles that system presents.”³¹ OPD recently expanded the program in an effort to meet this need, adding four peers to its Familiar Faces team in August 2020 with the goal of providing peer-led case management services for more than 60 community members.³²

‘Same goal, same team’ collaboration

As peer navigators, Mckee and Whiteman carry out their work through both active outreach and collaborative problem-solving alongside system stakeholders. Ongoing stakeholder meetings in Olympia convene Familiar Faces peers, CRU members, OPD leaders, behavioral health partners, the county public defender, and other community representatives, who review difficult cases together as they arise.³³ As Larsen explained, the perspectives represented in this stakeholder

group are wide-ranging, but they are ultimately “working toward the same goal and on the same team.”³⁴

The meetings have provided for meaningful learning opportunities and conversations across disciplines and experiences. “They don’t know everything about police work,” Lieutenant King said of the peers, “and I don’t know everything about being incarcerated and addicted.”³⁵ Mckee described the experience of transitioning into her role with a criminal history as “huge” and “groundbreaking” for shifting culture within the agency as well as in her own “internal landscape.”³⁶ Whiteman echoed this sentiment, saying the collaboration is “changing the culture on both sides of the fence.”³⁷ Larry Jefferson, a longtime public defender and fellow stakeholder in OPD’s roundtable discussions, agreed, noting that participating officers become more likely to refer people to CRU and Familiar Faces as they observe positive changes in the lives of these programs’ clients.³⁸

Based on his personal experience, Jefferson also grounded the community’s efforts in national conversations about the need for public safety and health systems that equitably serve and protect Black lives. “My goal is for every Black family to feel supported by the OPD,” Jefferson said, and programs like Familiar Faces are “the tip of the spear for that.”³⁹ But, he added that more must be done to get everyone the help they need, and OPD’s layered approach cannot overcome every obstacle to finding appropriate housing and health care for clients.⁴⁰ When encounters between first responders and community members are safely resolved, communities must then come together to provide low-barrier, long-term supports and services for people navigating periods of crisis.

< CASE STUDY: CAHOOTS

CASE STUDY: Robust Crisis Care and Diverting 911 Calls to Crisis Lines

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