

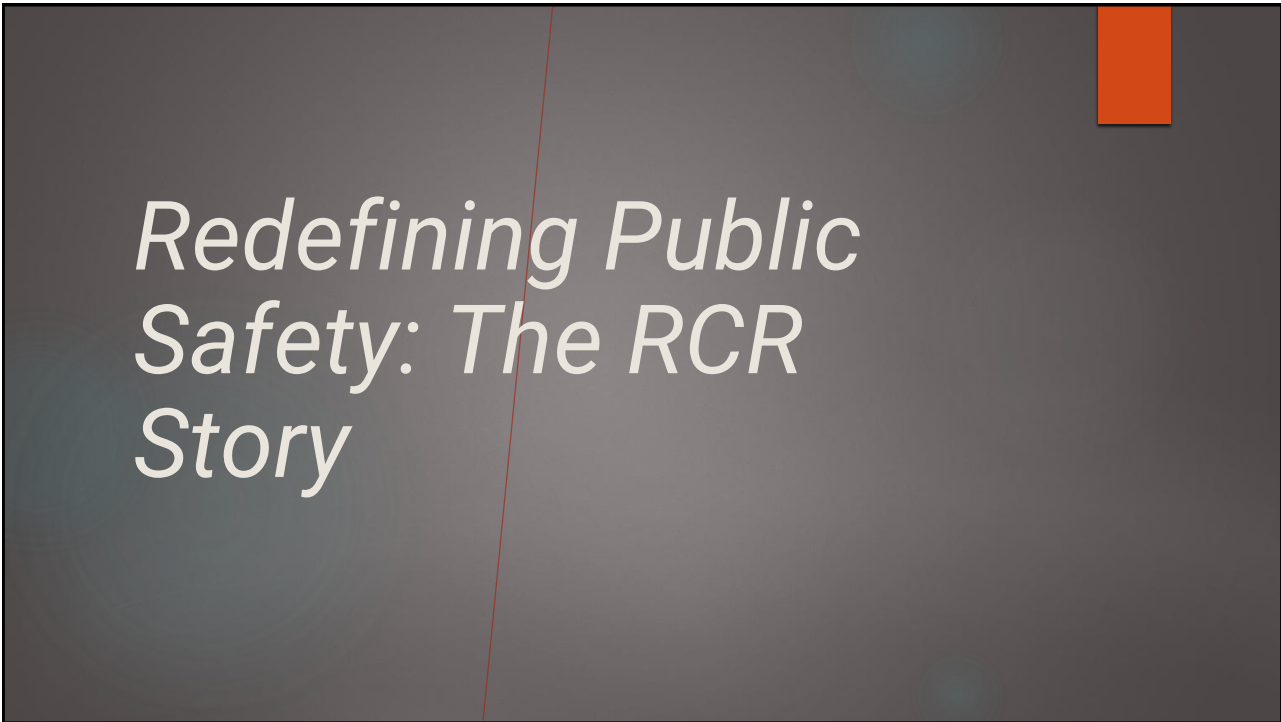


**Innovative Delivery of Public Safety:  
City Behavioral Health Initiatives**

**Five City Regional Crisis Response Program  
City of Poulsbo Recovery Resource Center**

- Brook Buettner, Executive Director, Regional Crisis Response Agency, Kirkland
- Ron Harding, Chief, Poulsbo Police Department
- Kimberly Hendrickson, Director, Housing, Health and Human Services, Poulsbo
- Stephanie Lucash, Deputy City Manager, Kenmore (Moderator)

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*Redefining Public Safety: The RCR Story*

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# Redefining public safety

- *Call to serve the community and help people*
- *Building trust through outreach and connection*
- *Need to shift service delivery*
- *Calls for change in policing nationwide and in Washington state*
- *Legislation around pursuits, use of force and possession*
- *Fentanyl crisis/drug use/drug overdoses*
- *Recruitment and retention challenges*

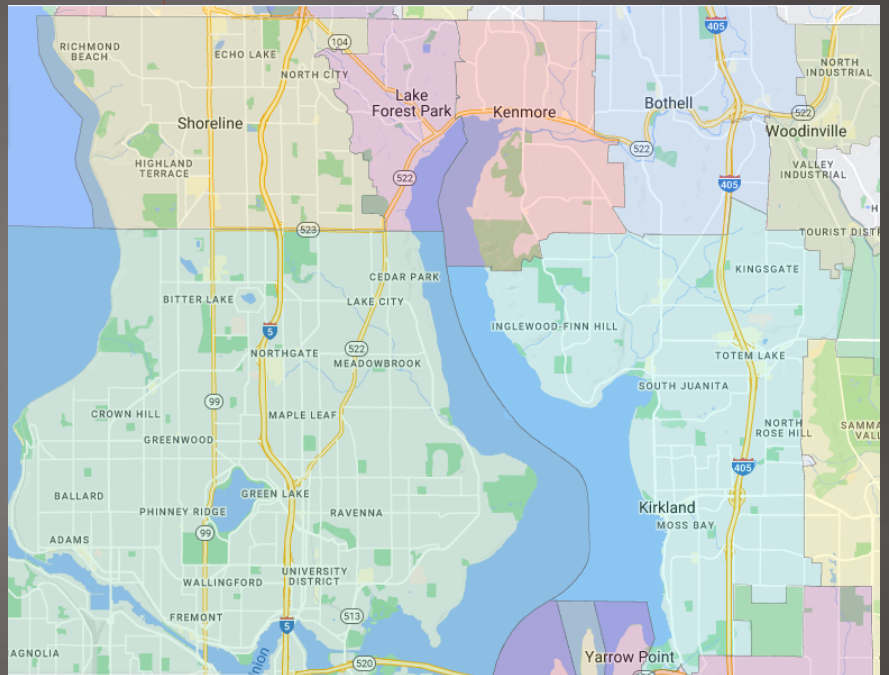


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## North King County Landscape

- *Combined population of five cities is approximately 240,000*
- *Strong history of cooperation*
- *Political will and support and regional mindset*
- *Bothell, Kirkland and Lake Forest Park have their own city police departments*
- *Kenmore and Shoreline contract for police services with King County*



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# Alternative response as a new approach



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## The RCR Timeline

- **2016:** pilot Risk Awareness, De-escalation, and Referral (RADAR) Program launched in collaboration with King County Sheriff's Office
- **2019:** Cities of Bothell, Lake Forest Park, Kenmore, Kirkland, and Shoreline see need for more responsive behavioral health services and recognize those needs cross city boundaries
- **2021:** Kirkland creates its own alternative response program
- **2021:** the five cities begin to discuss expanding RADAR program to seven day a week coverage
- **2022:** the five cities research options and come together with a proposal for a new entity
  - Propose combining RADAR with the Kirkland program into a new entity called Regional Crisis Response (RCR) (pronounced "racer")
  - Propose new governance structure
  - Propose a 13-member team (Executive Director, Lead, Administrative Assistant and ten in-field Crisis Responders)
  - Kirkland offers to assume lead agency responsibility
  - Draft an interlocal agreement and articles of incorporation
- **2022:** the City Councils of the five cities adopt the proposed ILA and articles of incorporation
- **2023:** the new entity is created and begins its work

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## Regional Crisis Response (RCR) Agency

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## RCR overview

- *Just celebrated one year anniversary of RCR's creation*
- *Partnership between the cities of Bothell, Kenmore, Kirkland, Lake Forest Park, and Shoreline*
- *Interlocal Agreement effective January 1, 2023*
- *Annual budget for 2024 is \$2.5 million*
- *Funded by contributions from member cities and grants*

WHEREAS, the Formation Principals are committed to improving outcomes and services to community members experiencing crisis through a variety of programs and finding ways to reduce the potential of use of force by law enforcement; and

WHEREAS, the Formation Principals have been members of the North Sound RADAR Navigators, a grant-funded regional "co-response" pilot program (the "RADAR Program") that pairs a contracted mental health professional with law enforcement to provide crisis de-escalation, reduce use of force, and improve outcomes for community members in behavioral health crisis, through an interlocal agreement among the Formation Principals dated as of May 2019 (the "2019 Agreement"); and

WHEREAS the City of Kirkland created a Community Safety Initiative in 2021 to fund "community responders" to respond to calls from people in crisis with underlying behavioral health conditions (the "Kirkland Community Responder Program"); and

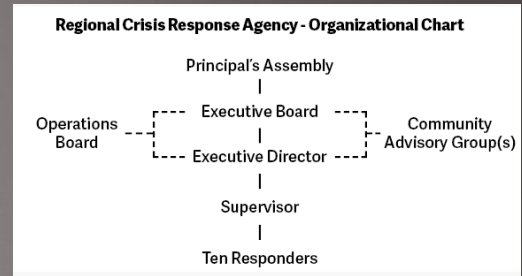
WHEREAS, in early 2022, the Formation Principals determined to explore creation of a regional mobile crisis response entity, recognizing the potential benefits of merging the RADAR Program and the Kirkland Community Responder Program in order to achieve expanded crisis response coverage in all Formation Principal jurisdictions, elevate shared governance of these programs to city managers and/or elected officials within the Formation Principal jurisdictions, and align with regional efforts by the Formation Principals to site a crisis stabilization clinic in north King County, among other benefits; and

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# RCR organizational structure

- **Principals Assembly**
  - One elected official from each member agency
- **Executive Board**
  - One city manager/administrator from each member agency
- **Operations Board**
  - Police chiefs from each member agency
  - Public safety dispatch agencies
  - Fire departments
  - Partner agencies
- **Community Advisory Group**
  - Individuals with lived experience receiving behavioral health services



# Behavioral Health First Response

- Deploy with police and fire
- In-progress calls
- Crisis de-escalation
- Referral to community of care
- Some follow up as needed



## Early program outcomes

67% reduction in adult jail bookings

60% reduction in crisis services events

14% increase in behavioral health enrollment

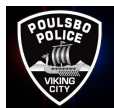
4% reduction in all-cause hospital emergency department admissions

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### Innovative Service of Public Safety in Poulso: Finding the Sweet Spot Between Policing and Behavioral Health

- Ron Harding, Chief, City of Poulso
- Kim Hendrickson, Director of Housing Health and Human Services, City of Poulso



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# Overview: Police

The Mission of the **Poulsbo Police Department** is to safeguard the lives, property, and rights of all people; to reduce the incidence and fear of crimes; and to enhance public safety while working with our community to improve their quality of life.



- Department overview
- Community needs in Poulsbo
- Legislative reform: opportunities and challenges

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# Overview: H3

The **Housing, Health, and Human Services Department** considers matters related to the health and well-being of Poulsbo residents, with an emphasis on our city's vulnerable populations.

The Department was added to the City in 2020 to strengthen the City's social safety net and improve services to residents.

- Affordable, emergency, and supportive housing
- Low barrier behavioral health services
- Public health and access to health services
- Services for individuals with low and limited income across age groups, with a focus on low-income seniors.

Origins of the Department in a police department initiative...



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## Focus on First Responders *critical part of behavioral health system*

### **Police Navigator Program** *launched in 2018*

Pair behavioral health professionals with police to improve response to 911 calls involving mental illness, drug and alcohol use, unsheltered homelessness (real time and follow up).

Led to creation of “H3” in 2020

### Led to creation of **Poulsbo Fire CARES** *launched in 2021*

Pair behavioral health professionals with firefighters/EMTs to improve response to 911 calls involving non-emergency medical needs (real time and follow up).



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## Lessons Learned From Outreach Programs

**Lesson one:** Poulsbo police and fire respond frequently to people struggling with drug and alcohol use disorders.

First responders/co-responders responding to calls involving

- Youth/schools
- Parents
- Older adults
- All incomes
- All types of housing status

There is no “us” and “them.”

National estimates: **17% of population 12+** has a substance use disorder in the past year (SAMSHA report, 2021)

- 30 million alcohol use disorder
- 24 million drug use disorder.

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## Lessons Learned From Outreach Programs

### Lesson two:

substance use disorders are a **public health concern**

Studies suggest people with SUD are more likely to experience trauma, report low quality of life, and be diagnosed with cancer, heart disease, mental illness and other health conditions.

- Steady stream of emergency room visits related to intoxication and overdose
- Frequent 911 calls concerning health issues exacerbated by substances (including mental health disorders)
  - Injuries, accidents and lack of self care

Effect on taxpayers: high medical and insurance costs, strained emergency response system and (in a small subset of cases) impact on public order and safety.

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## Lesson Three from Outreach Programs: People Who Need Help Often Don't Receive It

Not motivated to change behavior/not able to change behavior

Difficulty of finding appropriate help

People receiving help "falling through cracks"

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According to SAMHSA, 94% of people aged 12 or older with a substance use disorder do not receive treatment to address it (2021).

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## New drug laws in Washington State (passed 2023) make drug possession and use a city responsibility.

PDF RCW 69.50.4013

**Possession, use of controlled substance—Penalty—Referral to assessment and services—Possession of useable cannabis, cannabis concentrates, or cannabis-infused products—Delivery.**

\*\*\* CHANGE IN 2024 \*\*\* (SEE 1249-S.SL) \*\*\*

(1) Except as otherwise authorized by this chapter, it is unlawful for any person to:

(a) Knowingly possess a controlled substance unless the substance was obtained directly from, or pursuant to, a valid prescription or order of a practitioner while acting in the course of his or her professional practice; or

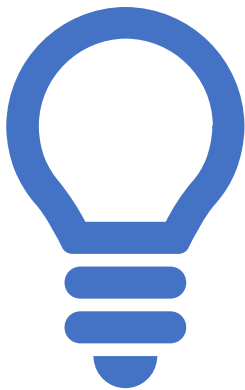
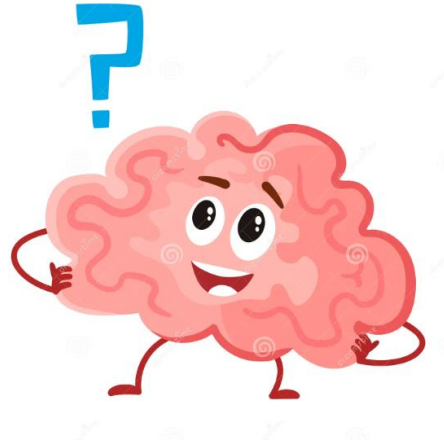
(b) Knowingly use a controlled substance in a public place, unless the substance was obtained directly from, or pursuant to, a valid prescription or order of a practitioner while acting in the course of his or her professional practice.

(2)(a) Except as provided in RCW 69.50.4014 or 69.50.445, a violation of subsection (1)(a) or (b) of this section is a gross misdemeanor punishable by imprisonment of up to 180 days in jail, or by a fine of not more than \$1,000, or by both such imprisonment and fine, however, if the defendant has two or more prior convictions under subsection (1)(a) or (b) of this section occurring after July 1, 2023, a violation of subsection (1)(a) or (b) of this section is punishable by imprisonment for up to 364 days, or by a fine of not more than \$1,000, or by both such imprisonment and fine. The prosecutor is encouraged to divert such cases for assessment, treatment, or other services.

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**Police Department/Housing, Health and Human Services Challenge:**

- Can we create a place where people who are negatively impacted by drugs/alcohol get the support they need?
- Can we create a place that satisfies state expectations about drug crime diversion?
- Can we create a place that, instead of negatively impacting our city, is seen as a positive part of our community?
- What is the right balance between help and accountability?



First Idea: Community Court and Affiliated Resource Center

Second Idea: Focus on Resource Center

**Health engagement hubs pilot program.**

(1)(a) The authority shall implement a pilot program for health engagement hubs by August 1, 2024. The pilot program will test the functionality and operability of health engagement hubs, including whether and how to incorporate and build on existing medical, harm reduction, treatment, and social services in order to create an all-in-one location where people who use drugs can access such services.

(b) Subject to amounts appropriated, the authority shall establish pilot programs on at least two sites, with one site located in an urban area and one located in a rural area.

(c) The authority shall report on the pilot program results, including recommendations for expansion, and rules and payment structures, to the legislature no later than August 1, 2026.

(2) The authority shall develop payment structures for health engagement hubs by June 30, 2024. Subject to the availability of funds appropriated for this purpose, and to the extent allowed under federal law, the authority shall direct medicaid managed care organizations to adopt a value-based bundled payment methodology in contracts with health engagement hubs and other opioid treatment providers. The authority shall not implement this requirement in managed care contracts unless expressly authorized by the legislature.

(3) A health engagement hub is intended to:

(a) Serve as an all-in-one location where people 18 years of age or older who use drugs can access a range of medical, harm reduction, treatment, and social services;

(b) Be affiliated with existing syringe service programs, federally qualified health centers, community health centers, overdose prevention sites, safe consumption sites, patient-centered medical homes, tribal behavioral health programs, peer run organizations such as clubhouses, services for unhoused people, supportive housing, and opioid treatment programs including mobile and fixed-site medication units established under an opioid treatment program, or other appropriate entity;

(c) Provide referrals or access to methadone and other medications for opioid use disorder;

(d) Function as a patient-centered medical home by offering high-quality, cost-effective patient-centered care, including wound care;

(e) Provide harm reduction services and supplies; and

(f) Provide linkage to housing, transportation, and other support services.

[ 2023 sp.s. c 1 § 26.]

**Funding**

- H3 grants from regional ACH, Health Care Authority, County
- Police Department grant from Washington Sheriffs and Police Chiefs
- City contributions from local housing tax (Council passes resolution authorizing up to 40% of tax to be used for behavioral health) and opioid settlement funds

**Location**

- rent private office space

**Operations**

- multiple providers contracting with H3
- Open 5 days a week
- Walk ins welcome
- Membership model



*doors open October 2023*



FRIENDLY  
COMMUNITY RESOURCE



STAFFED BY PEERS



FREE

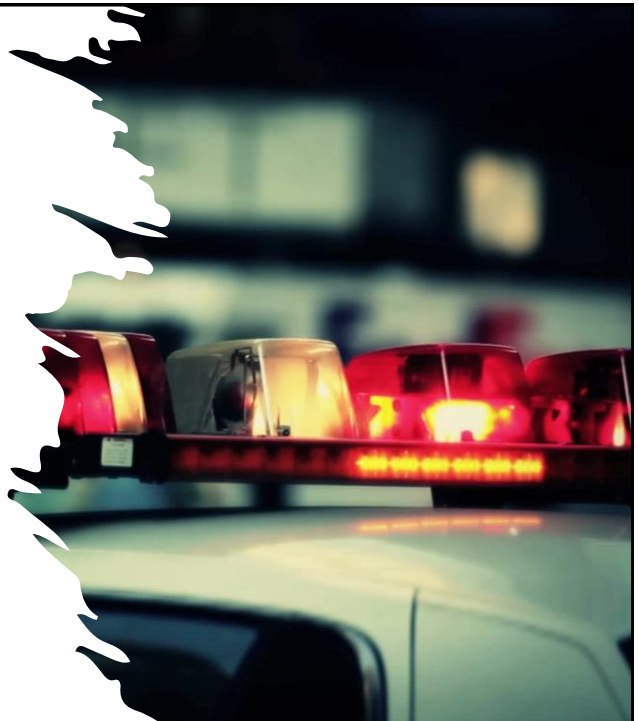


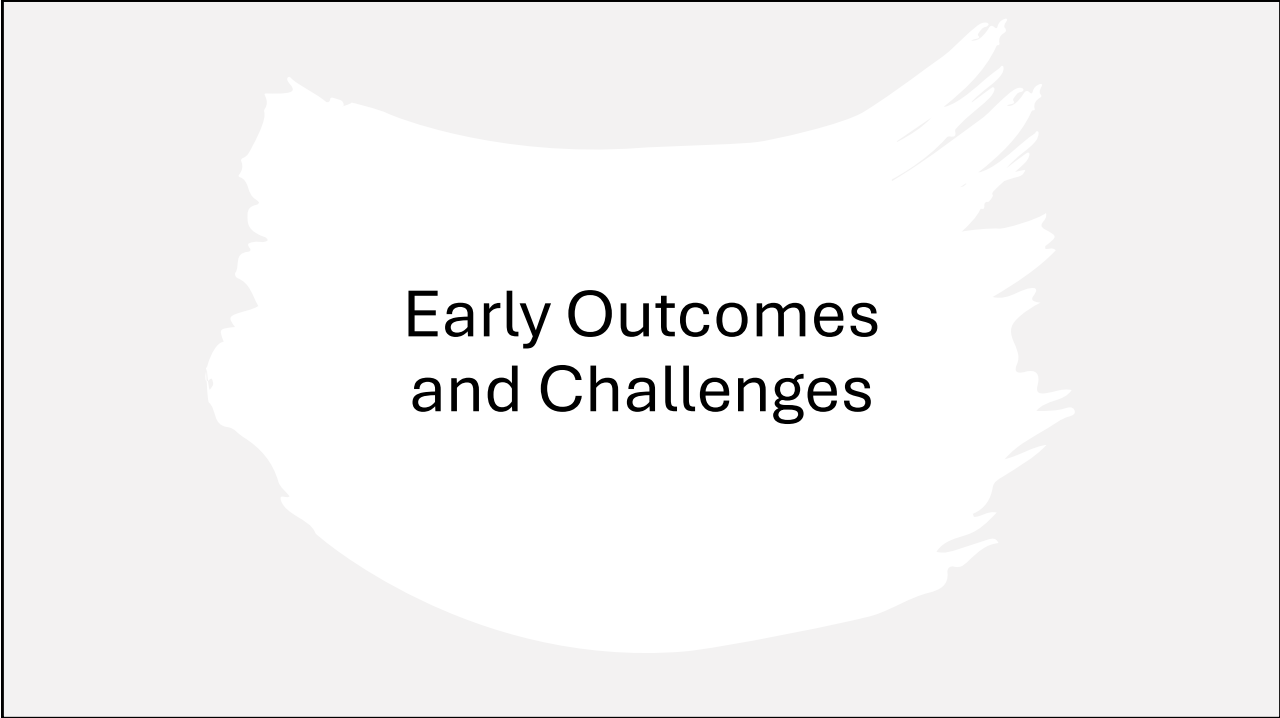
"ONE STOP SHOP"  
MULTIPLE SERVICE  
PROVIDERS IN ONE PLACE



RESOURCE NAVIGATION

## Relationship with Police and Courts





## Early Outcomes and Challenges