

Crisis Response Unit changing Olympia's response to public safety calls



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Crisis Responder Aana Sundling (left) and Anne Larsen, Outreach Services Coordinator for the Olympia Police Department, talk about the work of the two-year-old Crisis Response Team, which sends mental health workers instead of police to respond to 911 calls.

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It's quarter to 11 on a Monday morning and two police SUVs are parked on the grass field that curls downtown Olympia's Capitol Lake.

Leaning on the bumper of a police cruiser is a bearded man wearing a black hat. Two officers ask him questions and he speaks fast and gesticulates, possibly towards the luxury apartment building across the street, where a young man holds a baseball bat and watches.

A fourth man stands beside the officers. His name is Buck Williams, and he is dressed in a blue polo shirt and dark cargo pants and listening patiently. After about 10 minutes of chit-chat, the bearded man walks away, the police get back in their SUVs, and Williams sums up the conversation succinctly.

"We encouraged him to stay away from people who want to hit him with a bat."

This is an ordinary morning for Williams, who works alongside Eric Andersen as part of Olympia's Crisis Response Unit (CRU), a team of six unarmed mental health workers who respond to 911 calls.

While crisis teams are often conceived of and talked about as an alternative to police, CRU frequently co-respond alongside officers, or, if there's a possibility of violence, after an officer has first scoped out the scene.

This particular call was for disorderly conduct: a man allegedly "chasing people down and throwing stuff at cars" in a nearby alleyway. Patching in over the radio static, an officer responded and asked if CRU was available.

The CRU shares a radio frequency with officers, so during the interaction when a name went out over police radio, Williams opened an application on his phone that logs the names of people CRU has previously contacted. The bearded man was not on there, which is rare, because CRU is often called to deal with people who in law-enforcement jargon are called "high-utilizers," meaning they are frequently the subject of 911 calls.

A lot of situations end like this, with the subject of the call walking away.

This kind of resolution is not always satisfying for the reporting party, but Williams takes a more expansive view of success, especially when it concerns people with complex trauma or mental illness. Something as minor as practicing a coping strategy they can use in the future (such as walking away) counts, in his book, as a win.

"When you see somebody in the midst of a pretty visible crisis, especially a lot of the folks that we work with, the culmination of their life experience has led to this point," Williams said. "I wish I had the magic words to be able to fix that all in a five-minute conversation but, if anybody finds the words out, please tell me, I'll use them."

Of course, there are much worse possible outcomes for people in crisis.

Across the country, those suffering from mental illness make up nearly 1 in 4 people shot and killed by police, according to data tracked by the [Washington Post](#). Since 2015, 62 people with mental illnesses have been killed by police in Washington state alone.

You don't have to look far to find examples.

In 2017, a Washington State Patrol [Deputy shot and killed](#) 22-year-old National Guard reservist Michael Anthony Rude on Interstate 5 near Lacey. Rude's [family later said](#) he was acting uncharacteristically and called 911 for help.

Or 29-year-old [Joel Nelson](#), who ran from a Thurston County Sheriff's Deputy in January 2016, which precipitated a chase where Nelson allegedly tried to steal the deputy's car. He was shot and killed on scene.

Olympia's alternative-first response

In 2019, Olympia became the second city in the nation to adopt a mental health first responder program. It was modeled after the 32-year-old CAHOOTS (which stands for Crisis Assistance Helping Out on the Streets) program in Eugene, Oregon.

Since Olympia's launched, similar mental health "co-responder" programs have rolled out in Portland, San Francisco, Denver, Phoenix, and other cities. Earlier this summer Seattle Mayor Jenny Durkan [announced plans to create a crisis team](#), dubbed "Triage One," sometime in 2022. And in July, the city of Lacey voted to approve the creation of a four-person "[Mobile Crisis Unit](#)" which will embed peer specialists and crisis clinicians within the police department.

Olympia's program is still fledgling compared to Eugene's CAHOOTS, which [responded to over 18,000 calls](#) for service in 2019.

The idea of bringing a CAHOOTS-like program to Olympia is credited to former Police Chief Ronnie Roberts, who worked in Eugene before running Olympia's police department until 2019.

Aaron Jelcick, who retired last week as Olympia's interim police chief, told The Olympian that the CRU has alleviated pressure on officers, who view it as a helpful resource.

"Not having a uniformed police officer tied up on all of these folks that are suffering from substance use disorder and suffering from mental health issues provides us an opportunity to focus in on crime prevention," Jelcick said.

CRU responds to a small minority of calls compared to Olympia police — 866 in the year spanning April 2020-April 2021 — but those numbers are growing. And the decision by Olympia's police department in July to largely stop responding to mental health calls has led to a busy summer for CRU.

Welfare checks are one category of call that are now frequently being redirected, along with other low-level, non-criminal situations. Another change for CRU: more contingency planning with officers ahead of time.

"We're asking a lot of questions, we're calling officers and being like, how do you feel about us going to this call, or do you mind being on standby if we need you, because this person may or may not be violent today," CRU member Teal Russell said.

While many cities are just now beginning to create their own crisis teams, dispatching mental health workers to 911 calls is not an entirely new idea.

Since the 1974 Involuntary Treatment Act, Washington state has funded designated mental health professionals — since 2018, they're called Designated Crisis Responders or DCRs — to perform evaluations on people who may meet criteria to be forced into psychiatric treatment against their will.

This work is done locally by Olympic Health and Recovery, a quasi-governmental organization that serves both Thurston and Mason counties and employs a team of about 20 mental health workers. It also has been upended by the police response to legislative police reform bills with many officers now unwilling to transport people to involuntary detention.

Unlike DCRs, Olympia's CRU team cannot detain people; everything they do is voluntary.

What CRU does

When they're not responding to calls, CRU teams do proactive outreach, walking around downtown, checking in with residents of homeless encampments or people sleeping in alcoves, and offering clothes, food, or help finding other resources.

That kind of relationship-building makes up the majority of CRU's contacts — 923 in that April-April year — with the goal of preventing situations from escalating into emergencies.

“The best 911 call is the one that never happens,” said Anne Larsen, the Outreach Director for OPD who has run CRU since its inception in 2019.

In between shifts, responder Charlie Wilkins hand rolls batches of cigarettes to give away during the week. Not everyone smokes, however, so sometimes they get creative.

“When I'm stressed out, I blow bubbles,” said Russell, who works alongside Wilkins. “I've been keeping them with me, and one day we had a woman who was, she was in and out of suicidal ideation.”

Russell started blowing bubbles and asked if she wanted to try. And it worked — the tone of the interaction completely changed, and they were able to get the woman some help.

“It brings some levity to the moment, because you're meeting someone in a really deep and sometimes dark human space,” Russell said. “No one is angry when they're blowing bubbles.”

One of the biggest things CRU does is give people rides, often to a hospital, clinic, shelter, or even home, if the person has one. They also buy bus tickets for people Andersen described as “stuck” in Olympia after a trip or move that went awry, which happens several times each month.

“In conversation, we find they're saying, ‘I came out here thinking my life was going to be better, and I've been robbed and lost everything I had, and I just need to get home,’” Andersen said.

Each duo has their own dynamic: Williams and Andersen play off each other's opposite temperaments.

Williams is bouncy and energetic, and when he speaks the words escape his mouth as if they are struggling to keep up with the pace of his thoughts. It's a quality that helps him relate to some of the manic people he encounters who talk in stream of consciousness monologues.

Andersen, meanwhile, is stoic and even-keeled. At 54, he is one of the older CRU team members, and his slow, deliberate affect seems to draw people into conversation. That steady, unshakable manner in the face of tragedy comes by way of a previous 19-year career as a director at various funeral homes.

“I'm the grief and loss and trauma guy,” Andersen said.

Williams, who is fond of talking about brain chemistry, traced his interest to growing up in a family where relatives suffered from alcoholism, heroin addiction, and mental health issues.

“It's really easy to cast judgment on some of these behaviors you see if you don't understand some of the science behind it,” Williams said. “Once I better understood the brain chemistry involved, the actual science behind addiction — and further that made me realize how little the general public seems to understand about it — it made me be a lot more compassionate towards my relatives who I'd seen behave in horrible ways.”

Learning about the science shattered the social stigma that casts addiction as a moral failing or indicative of someone's “true nature,” Williams said. That realization also led him to a career as a chemical dependency counselor in Puyallup, where he worked mostly with people in court-ordered drug

treatment, and later at an inpatient psychiatric treatment facility — which provides involuntary treatment — which provided a lot of training for de-escalation.

One of the things many people don't understand about substance abuse and mental illness, Williams said, is how pointedly it affects people's ability to regulate emotions and control impulses.

“Your brain has this neural plasticity, the ability to heal itself, form new pathways to go around damage spots. But it takes time. And the older you are, the longer it takes. And the longer you've been using, the longer it takes,” Williams said. “I'm not trying to absolve people of any agency or responsibility, but it's much, much more difficult for them.”

Olympia doubles down on policing alternatives

CRU is set to double in size in the coming months, from six to 12 responders.

A seventh CRU responder will start Monday, Oct. 4, and the team is in the process of hiring four more. That's in addition to a Providence nurse who will begin working full-time with CRU to administer low-level medical care and refer people to doctors, with the goal of diverting patients away from emergency rooms.

“We are working towards having greater coverage and ultimately having a CRU team operating 24/7,” Larsen said.

It's not clear exactly when that will happen, but by December Larsen is hoping to have new staff hired and gradually expand hours to 6 a.m. to 3 a.m. Current hours are 7 a.m. to 8:40 p.m. Mondays through Thursdays and 10 a.m. to 8:40 p.m. Fridays through Sundays.

Although it continues to expand, CRU's resources are slim compared to the police department which it is administratively a part of.

CRU recently acquired three vehicles – a Ford van previously driven by probation officers and two unmarked black Nissan Rogue SUVs, which are leased OPD detective cars that the department was going to return but gave to CRU instead. Prior to that, some CRU team units were driving to calls in borrowed Intercity Transit vans.

In 2021, CRU cost the city \$1.05 million, with much of that funding coming from the public safety property tax levy that voters approved in 2017. Olympia's Police Department as a whole, which includes CRU, was apportioned \$21.8 million in the city's [most recent operating budget](#) — the most for any department and accounting for a quarter of the city's general fund expenditures.

This year, CRU team members were hired on as city employees (previously they were contractors). Their salary starts at \$57,687 per year (or \$28/hour), similar to a probation officer or a parking meter checker, but significantly less than police officers, who start at \$36/hour.

What an average CRU calls looks like

Most calls boil down to three things, Larsen says: poverty, mental health, or substance use. Sometimes a call is ostensibly about one thing, but turns out to be about something else.

“Things are not always what we think they are going to be when we go in, so we try to go in with a really obviously open mind and also knowing things might change in a second,” Russell said.

Take this recent call for example: Around noon on a Tuesday in July, Wilkins and Russell get a call about someone smoking fentanyl and having loud outbursts at a house on a suburban street in northeast Olympia. Since it's nearly impossible to identify fentanyl by sight from a distance, it's not clear what the caller means.

The door is open when they arrive, so they ask if anyone's home. A man appears in the doorway sporting an elaborate bandage on his arm and a metal bracelet on his ankle.

Wilkins and Russell know him from a previous 911 call a few weeks prior, when he was screaming in his yard. Wilkins responded with the police and stayed after they left, sitting on his stoop and talking. The man works at a gas station and is trying to move forward in his life, Wilkins says.

Russell and Wilkins ask him about his wounds. He says he missed his last wound care appointment because it was in a different county and his relative who would usually drive him couldn't, so the CRU team offers to get someone to give him a ride to the next one, but he says what he really needs is a closer doctor.

They refer him to Familiar Faces, another OPD diversion program that pairs people with lived experience to work one-on-one with people who generate a lot of 911 calls. Last Wilkins heard, the man said he planned to enter drug treatment.

How to call CRU

Before the legislative changes upended the 911 response system in July, there were multiple ways to call CRU, including through two direct phone lines. Those cell numbers were not publicly available, but were given out to staff at homeless shelters and other service providers who prefer calling CRU to 911.

But since September, CRU is taking all calls through Thurston County dispatch – either 911 or the non-emergency dispatch line.

The reason for the change, Larsen said, is because some past calls have slipped through the cracks because the CRU team unit on shift was busy dealing with a live human in front of them.

“We need to prioritize calls due to urgency and need and not, ‘this person’s blowing up my cell phone,’” Larsen said.

Larsen acknowledged that some people are hesitant to call 911, but she hopes that the CRU has earned enough trust that people will call and feel confident about getting the CRU response they request.

“As I watch that [emergency call] number grow, in my mind that means, ‘hey, the community knows about us and they’re using us as a resource.’”

Restoring the public's faith in 911 may be too much to ask of the CRU. But as cities across the country face calls to defund police departments, crisis response teams are one thing that nearly everyone — from abolition activists to police officers themselves — seems agree is a step in the right direction.

“The work speaks for itself,” Larsen said. “We’re a pretty hard group to be mad at.”

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