

Pairing Police with Navigators to Improve Access to Care

**COD & Treatment Washington State Conference
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**CITY OF POULSBO
HOUSING, HEALTH, HUMAN SERVICES**

Theme of Presentation:
Police are a Critical Part of the Behavioral Health Care System
What is Your Agency Doing to Encourage Partnerships and Collaboration?

COD & Treatment
WA STATE CONFERENCE

NAVIGATING COMPLEX SYSTEMS
MEETING COMPLEX NEEDS

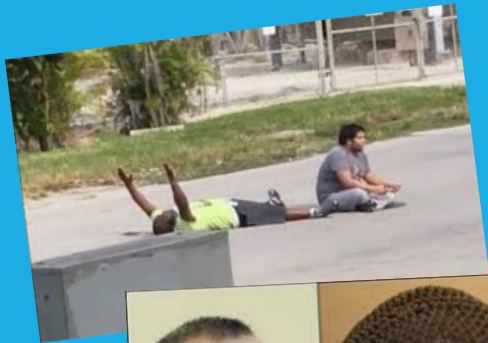
OCTOBER 7-8, 2019
YAKIMA, WA

Washington State Health Care Authority

CALEB BANTA-GREEN, DAN GRIFFIN, JAMES PAKOOTAS, LEAH WEISS, ROY FISHER

**START WITH TWO
CAVEATS...**

POLICING and DISABILITY: PERCEPTION AND REALITY



PERCEPTION:
VIOLENCE, FORCE, FATALITIES



Two cops, an ax and many questions on Bainbridge

Originally published February 25, 2012 at 9:12 pm | Updated February 26, 2012 at 3:39 pm

My story...

LOCAL NEWS

Bainbridge police examiner fired after raising concerns

Islanders for Collaborative Policing issues report, asks for changes in Bainbridge Island Police Department

If policing people with disabilities is aggressive and punitive, what's the solution?

*Focus on Critical Incidents
Focus on Immediate Crisis*

Popularity of CIT Training

IMPROVE RESPONSE TO CRISIS CALLS

FOCUS ON BEHAVIOR—GROWING INTEREST IN COD

ENCOURAGE POLICE TO DIVERT INDIVIDUALS AWAY FROM JUSTICE SYSTEM

“Core Elements” of CIT Programs

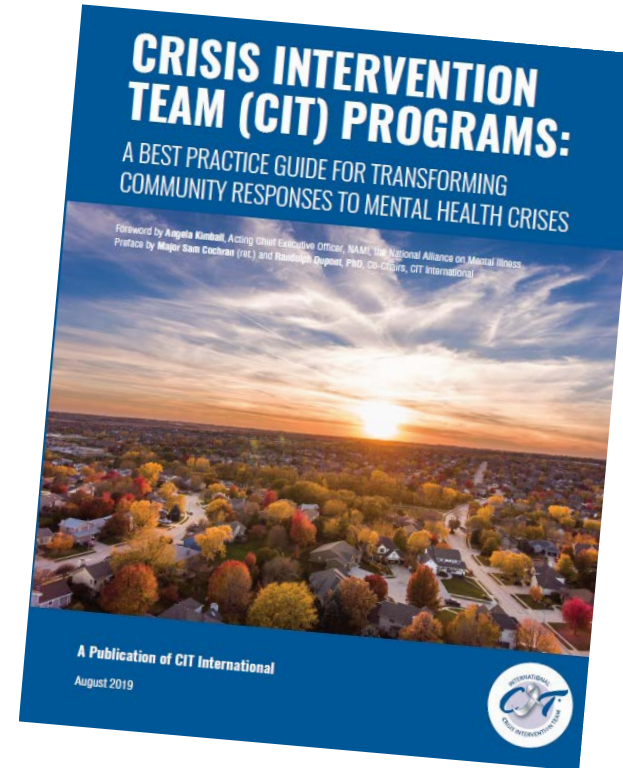
INCREASE KNOWLEDGE AND EMPATHY

understand behaviors, sympathize, de-escalate

CREATE PARTNERSHIPS among police, providers, advocates, individuals with behavioral health issues. Connect individuals to care

USE OF CRISIS RECEIVING FACILITY

Treatment, not punishment for low level offenses



For details:

Citinternational.org/resources/Pictures/CoreElements.PDF

MY WAKE UP CALL: CRITICAL INCIDENTS ARE NOT THE (ONLY OR EVEN PRIMARY) PROBLEM

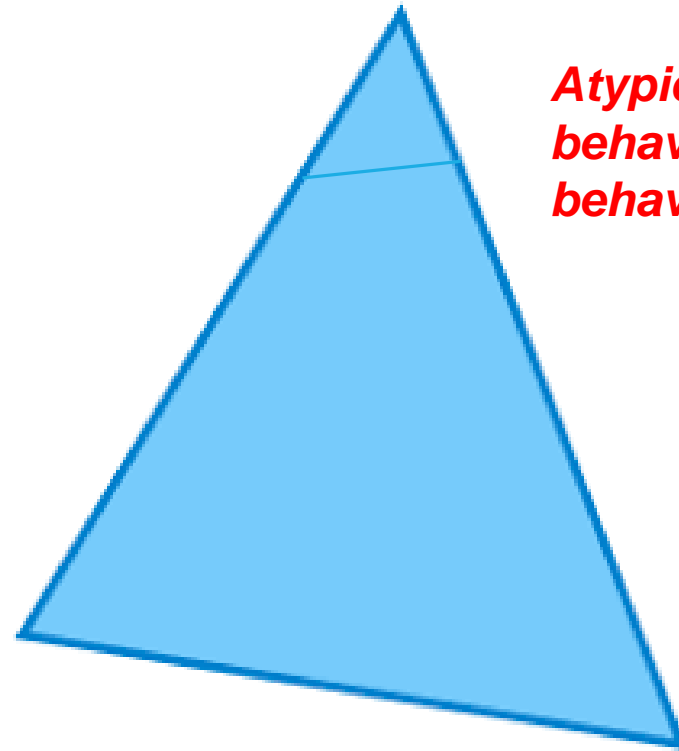


**PERCEPTION:
CONFRONTATIONAL CRISIS
CALLS**

**REALITY:
PROBLEM
SOLVING**



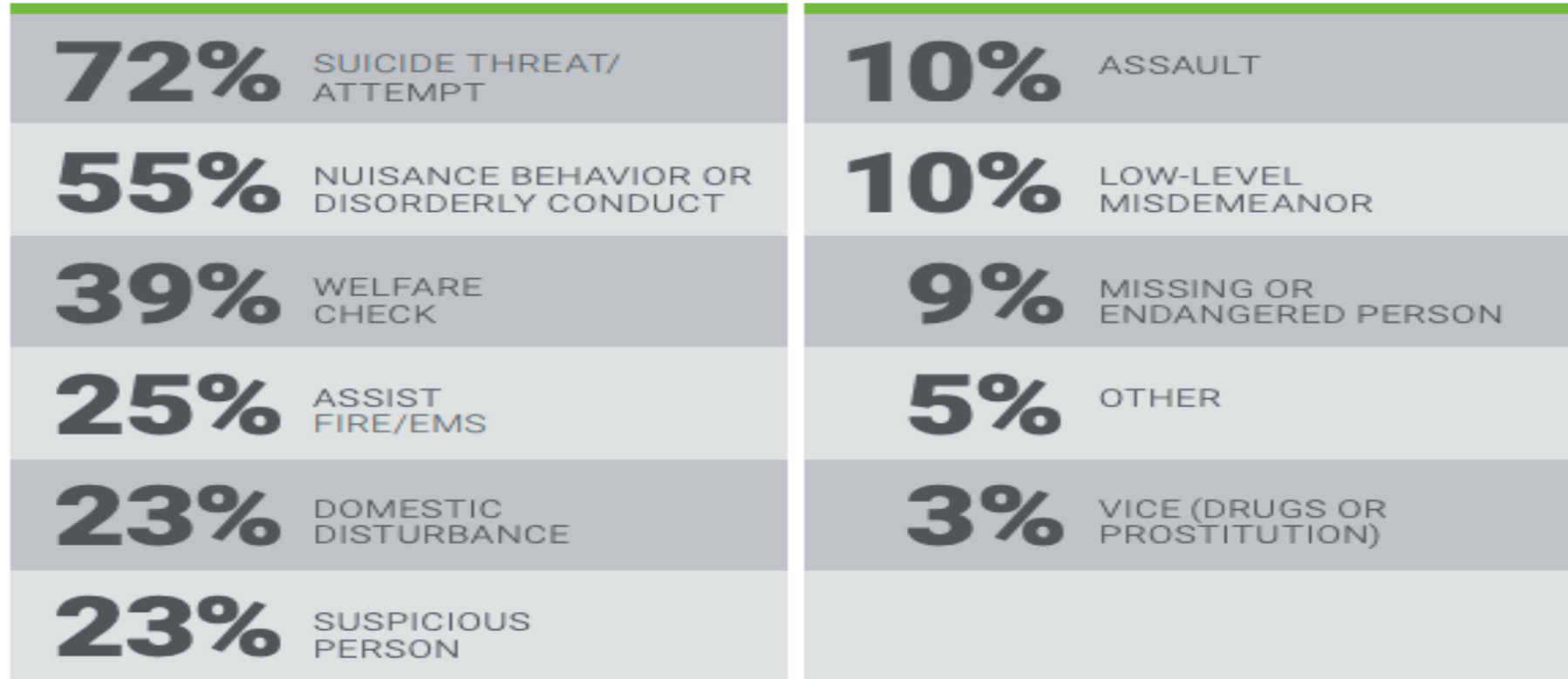
REALITY: WHAT DO ENCOUNTERS INVOLVING COD LOOK LIKE?



Atypical: extreme behavior, criminal behavior, violence

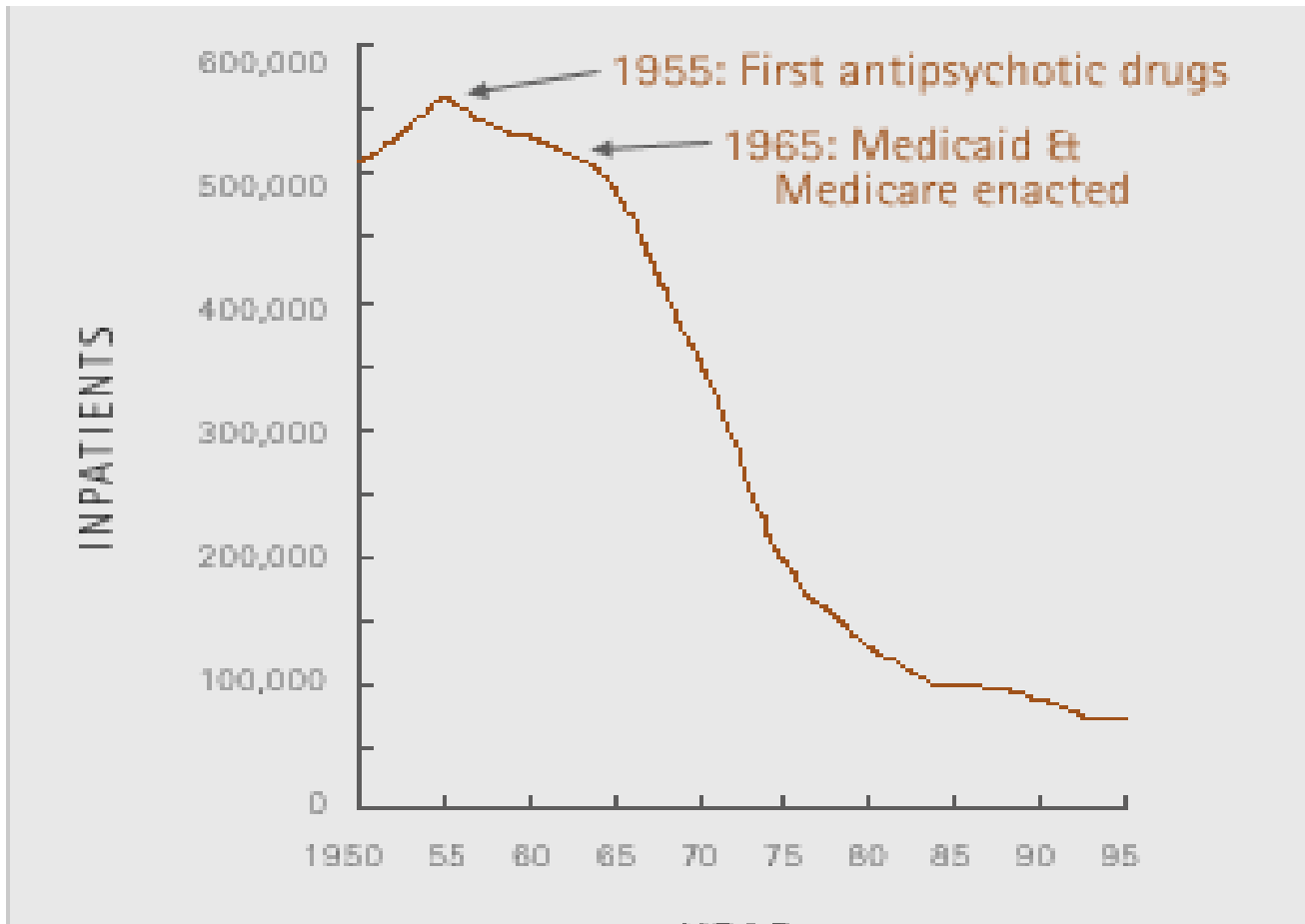
Typical: need for intervention and management; no one else to call

WHAT ARE THE TOP THREE TYPES OF CALLS YOU RESPOND TO THAT INVOLVE INDIVIDUALS WHO ARE MENTALLY ILL OR EXPERIENCING MENTAL HEALTH CRISIS?



Source: "Law Enforcement Response to People in Crisis," Lexipol report, May 2019.

SO WHAT'S THE PRIMARY PROBLEM?



1950's height to 2016: 96% reduction (TAC)

Lack of Adequate Services for people with COD

Decades of...

De-institutionalization and legal obstacles to involuntary treatment

*Challenges with community health care delivery**

Disconnect between MH and SUD treatment

Compounded by...

Opioid use and overdose trends

Rising rates of suicide attempts and completion

Challenges with Community Health Care: Difficulty Finding and Accessing Services— --Even When Available

Limited capacity and availability

Wait times for appointments and prescribers

Communication barriers (caregivers)

Communication barriers (agencies)

Transportation barriers

Insurance barriers

*Organization/motivation issues-conventional
outpatient treatment doesn't work for everyone*

Kitsap 911

Close to 300 calls dispatched in Kitsap County, each month, are coded as primarily suicide related or “mental investigations” (2:1)

Many more dispatched calls involve behavioral health but have different coding.

WHAT'S THE PROBLEM,
CONTINUED

Kitsap County Situation

Staffing shortages—long waits for appointments (public and private)

Crisis center limitations, detox center limitations-high reliance on hospital drop offs (no psych unit)

Psychiatric bed shortages-12 to 16 “E&T” beds, 3 counties

Scarcity of shelter beds, supportive housing

Around a third of our jail population taking medication for MHD, est. 65% struggle with substance use or dependence

Many people doing great work in an underfunded, risk adverse, fragmented system—POLICE OFTEN CAN'T CONNECT TO CARE



“You keep giving us pamphlets but they don’t help our officers out on the streets”



CIT TRAINING AND LUCY'S FOOTBALL

Officers trained to **divert** and lack options for diversion; officers trained to **partner** and lack opportunity to collaborate.

2019 Legislation: *Encouraging Developments*



Teaching hospital at UW School of Medicine

State hospital funding

New kinds of community facilities

Outpatient restoration/forensic navigators

Small WASPC-run grant programs

negligible effects—for now—for struggling individuals in most Washington counties

**CIT APPROACH PUTS THE FOCUS ON IMMEDIATE PROBLEM SOLVING
--BUT IMMEDIATE PROBLEM SOLVING DOESN'T GENERALLY LEAD TO
MEANINGFUL CARE**

**HOW *CAN* POLICE CONTACT LEAD TO MEANINGFUL CARE?
How can police help stop emergency room/inpatient/jail/cycling?**



AHA moment

Co-Response in Kitsap County: Interest in Different Approach

Originally—outside pressure
to improve in the moment
police response

*(Ostling v City of Bainbridge
Island, 2012)*

Increasingly—**police-led** interest
in connecting people to care
more effectively

and breaking the ED/street/jail
cycle



Why Poulsbo?

Co-response concept: growing popularity



*At least 18 Washington cities and counties have co-responder programs.
LE driven -- **Interest in New Approach***

City of Poulsbo Navigator Program

**3 NAVIGATORS IN 4
DEPARTMENTS:
POULSBO, BREMERTON, PORT
ORCHARD
BAINBRIDGE ISLAND**

**POLICE DEPARTMENT EMPLOYEES
NOT MHPS OR DCRS
NOT (PRIMARILY) A CRISIS RESPONSE PROGRAM**



GOAL

Connect individuals to
treatment and other
needed services



Limited Scope of Program

navigation is not therapy or case management

What Navigators do:

Outreach to individuals struggling with COD

Work with parents and caregivers to identify options

CAN NOT NAVIGATE WHEN LACK OPTIONS TO NAVIGATE TO

Why Does it Work?

Field based, person-focused work

Promotes behavioral health criminal justice collaboration

COLLABORTATION IN ACTION

CRITICAL FOR PEOPLE WITH COD



**Connecting primary care,
mental health, disability,
SUD care and treatment**

**Break through
communication barriers**

**Early warning
system/alert system**

Harm reduction orientation



How do you work with your local co-response team?

WHAT MAKES AN EFFECTIVE PROGRAM?

Key to success: breaking down barriers between first responders and behavioral health, service delivery in the field, *accountability mechanisms*.

**CO-RESPONSE ISNT
THE ONLY ANSWER!**

**MANY OTHER
PROGRAMS**

Law Enforcement Assisted Diversion (LEAD)

intensive, ongoing case management for repeat low level offenders with COD.

Peer Care Coordination for people cycling through CJ system.

FACT Teams access to round the clock individualized treatment and other services; criminal justice partner and ongoing communication.

On the fire side-Community Medicine

**Police are a Critical Part of the Behavioral Health Care System
For Some-the Only Access to Care and Treatment**
What is Your Agency Doing to Encourage Partnerships and Collaboration?

A conference poster with a dark blue background featuring a grid of faint numbers and a central compass rose. The text on the poster includes:

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Questions?

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