



May 4, 2015

The Honorable Debra Ferguson, PhD  
Commissioner  
Virginia Department of Behavioral Health and Developmental Services  
P.O. Box 1797  
Richmond, VA 23218

Dear Dr. Ferguson:

Enclosed you will find the Fairfax-Falls Church Community Services Board's (CSB) application for funding from DBHDS for a Crisis Intervention Team (CIT) Assessment Site. While we have been involved in CIT training for years, several high profile incidents in the Fairfax-Falls Church community have united our key leaders and law enforcement organizations to move our CIT efforts to best practice standards and develop a CIT Assessment Site.

We are putting in to place required elements related to develop a CIT Assessment site that should have us prepared for full implementation in July. These include:

- Implementing a training in May that aligns with the Memphis Model and Virginia standards.
- Implementing training of law enforcement staff starting in June.
- Establishment of a stakeholder group for the CIT Assessment Site by the Fairfax County Board of Supervisors on April 28.
- Obtaining permission and endorsement from our CSB Board and the Board of Supervisors to submit this application with full support of our law enforcement and community partners.
- Development of CIT Assessment Site Memoranda of Agreement with all stakeholders to be in place by July.
- Development of policies and procedures related to operational and administrative operations of the CIT Assessment Site.
- Development of Data Collection processes to assure compliance with DBHDS reporting requirements to be in place by July 1 and in practice within 60 days of funding award.
- Development of position descriptions to establish the new positions and hire within 60 days of funding announcement.
- Ongoing dialog with elected officials and law enforcement partners to assure alignment and success of our CIT Training and Assessment Site efforts.
- The opening of our new Merrifield Center which was specifically designed as a state-of-the-art CIT Assessment site.

These efforts have been necessary to assure alignment with CIT Assessment Site requirements and are building the foundation for successful implementation. The establishment of a CIT Assessment site is a community priority and we look forward to successful implementation. Thank you for your consideration of this application.

Sincerely,

A handwritten signature in black ink that reads "Tisha Deeghan". The signature is fluid and cursive, written over the printed name.

Tisha Deeghan

<b>Issue Date:</b> March 24, 2014	<b>Request for Application #:</b> 720C-04440-15M
<b>Issuing Agency:</b> Department of Behavioral Health and Developmental Services (DBHDS) P. O. Box 1797 Richmond, VA 23218	<b>Location of Work:</b> Statewide
<b>Title:</b> Crisis Intervention Team (CIT) Assessment Site	<b>Period of Performance:</b> July 1, 2015 - June 30, 2017  <b>Renewals:</b> Three (3) one- Year Renewals; subject to availability of funding
<b>Application Due Date &amp; Time:</b> May 5, 2015 @ 2pm	<b>Contracting Officer/Contact:</b> Michelle Bailey (804)371-8723 <a href="mailto:Michelle.bailey@dbhds.virginia.gov">Michelle.bailey@dbhds.virginia.gov</a>
<b>Pre-Application Conference:</b> No pre-application conference will be held	

If Applications Are **Mailed**, Send Directly To Issuing Agency Shown Above.

If Applications Are **Hand Delivered**, Deliver To:

**Jefferson Building, Office of Administrative Services, 8<sup>th</sup> Floor,  
1220 Bank Street, Richmond, VA 23219**

**\*Please note Due Date/Time Above - Late Proposals WILL NOT be accepted under any circumstances\***

In compliance with this Request For Applications (RFA) and all conditions imposed in this RFA, the undersigned applicant hereby offers and agrees to furnish all goods and services in accordance with the attached signed application or as mutually agreed upon by subsequent negotiation, and the undersigned applicant hereby certifies that all information provided below and in any schedule attached hereto is true, correct, and complete.

**NAME AND ADDRESS OF FIRM:** Fairfax-Falls Church Community Services Board

12011 Government Center Parkway; Suite 836  
Fairfax, VA 22035-1100

Telephone: 703-324-7000 FAX No.: 703-653-6626 E-Mail Address: tisha.deeghan@fairfaxcounty.gov

Virginia Offeror License No: 113 eVA Vendor ID or DUNS No: 0748376260000

OFFEROR'S SIGNATURE: Tisha Deeghan

Name & Title: Tisha Deeghan, Executive Director  
(Please Print)

Date: 5-4-15

**BUSINESS SIZE AND CLASSIFICATION (Check all that apply):**

- Small Business       Woman-Owned Business - Small       Minority-Owned Business - Small
- Large Business       Woman-Owned Business - Large       Minority-Owned Business - Large
- Offeror is Certified by Dep. of Minority Business Enterprise (DMBE); Certification # \_\_\_\_\_
- Offeror is an eVA Registered Vendor; Vendor # See Attached

Note: This public body does not discriminate against faith-based organizations in accordance with the *Code of Virginia*, § 2.2-4343.1 or against a bidder or offeror because of race, religion, color, sex, national origin, age, disability, or any other basis prohibited by state law relating to discrimination in employment.

**FORM 1 –Solicitation Questions**  
(Applicants to reproduce as needed.)

Questions will be accepted through **April 6, 2015 – 5:00 PM Local Time**

TO: Procurement Operations, Office of Administrative Services  
Virginia Dept. of Behavioral Health and Developmental Services  
1220 Bank Street, 8<sup>th</sup> Floor, Richmond, Virginia 23219

Questions should be submitted via email to: michelle.bailey@dbhds.virginia.gov

Please record your question(s) regarding the above referenced solicitation:

Your Company: Fairfax-Falls Church Community Services Board

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Your Name: Tisha Deeghan

Email: tisha.deeghan@fairfaxcounty.gov

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Phone: 703-324-7015

Fax: 703-653-6626

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From: Fairfax-Falls Church Community Services Board \_\_\_\_\_  
 \_\_\_\_\_  
 Name of Bidder/Offeror Due Date Time  
 \_\_\_\_\_  
12011 Government Center Pkwy; Suite 836  
 Street or Box Number IFB No./RFP No.  
 \_\_\_\_\_  
Fairfax, VA 22035-1100  
 City, State, Zip Code IFB/RFP Title

DSBSD-certified Micro Business or Small Business No. See Attached

Name of Contract/Purchase Officer or Buyer Michelle Bailey

7. **CONFIDENTIALITY OF PERSONALLY IDENTIFIABLE INFORMATION:** The contractor assures that information and data obtained as to personal facts and circumstances related to patients or clients will be collected and held confidential, during and following the term of this agreement, and unless disclosure is required pursuant to court order, subpoena or other regulatory authority, will not be divulged without the individual's and the agency's written consent and only in accordance with federal law or the Code of Virginia. Contractors who utilize, access, or store personally identifiable information as part of the performance of a contract are required to safeguard this information and immediately notify the agency of any breach or suspected breach in the security of such information. Contractors shall allow the agency to both participate in the investigation of incidents and exercise control over decisions regarding external reporting. Contractors and their employees working on this project may be required to sign a confidentiality statement.
  
8. **E-VERIFY PROGRAM:** Pursuant to *Code of Virginia, §2.2-4308.2.*, any employer with more than an average of 50 employees for the previous 12 months entering into a contract in excess of \$50,000 with any agency of the Commonwealth to perform work or provide services pursuant to such contract shall register and participate in the E-Verify program to verify information and work authorization of its newly hired employees performing work pursuant to such public contract. Any such employer who fails to comply with these provisions shall be debarred from contracting with any agency of the Commonwealth for a period up to one year. Such debarment shall cease upon the employer's registration and participation in the E-Verify program. If requested, the employer shall present a copy of their Maintain Company page from E-Verify to prove that they are enrolled in E-Verify.

**Yager, Laura**

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**From:** Bailey, Michelle (DBHDS) <michelle.bailey@dbhds.virginia.gov>  
**Sent:** Tuesday, April 28, 2015 4:49 PM  
**To:** Yager, Laura  
**Subject:** RE: eVA registration question for CIT Assessment Site application

Hi Laura,

It's not a requirement for the CSBs because of the transaction type (government 2 government). Thanks.

Michelle Bailey  
Admin Services  
P O Box 1797  
Richmond, VA 23218  
P: (804)371-8723  
F: (804)786-3827  
[michelle.bailey@dbhds.virginia.gov](mailto:michelle.bailey@dbhds.virginia.gov)  
[www.dbhds.virginia.gov](http://www.dbhds.virginia.gov)

-----Original Message-----

From: Yager, Laura [<mailto:Laura.Yager@fairfaxcounty.gov>]  
Sent: Monday, April 27, 2015 4:05 PM  
To: Bailey, Michelle (DBHDS)  
Subject: eVA registration question for CIT Assessment Site application

I am working on our application (Fairfax-Falls Church CSB) for CIT Assessment Site funding. We do not have an eVA vendor number-- is this a requirement of CSBs or is it just for private businesses? Please let me know so I can take care of this if it is an absolute requirement. Many thanks.

**CIT Assessment Site – Statement of Intent to Comply**

1. Name, address, telephone and e-mail contact information of CSB Executive Director

Tisha Deeghan  
Executive Director  
Fairfax-Falls Church Community Services Board  
12011 Government Center Parkway; Suite 836  
Fairfax, VA 22035-1100  
703-324-7015  
[Tisha.deeghan@fairfaxcounty.gov](mailto:Tisha.deeghan@fairfaxcounty.gov)

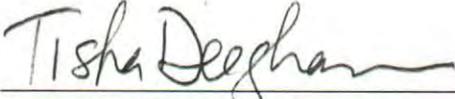
2. Name, address, telephone and e-mail contact information of CSB fiscal representative

Valecia (Lisa) Witt  
Senior Fiscal Officer  
Fairfax-Falls Church Community Services Board  
12011 Government Center Parkway; Suite 836  
Fairfax, VA 22035-1100  
703-324-5834  
[Lisa.witt@fairfaxcounty.gov](mailto:Lisa.witt@fairfaxcounty.gov)

3. Names, address, telephone number and contact information of all 'Drop-off Center'  
(Assessment Site) project partners

Merrifield Center  
8221 Willow Oaks Corporate Drive  
Fairfax, VA 22031  
703-559-3000

4. Statement of intention to comply: Upon notice of the successful funding of this application, the undersigned Community Services Board, by signature of its designee, agrees to enter into a contract for funds with Department of Behavioral Health and Developmental Services, to abide by the terms of the contract to be entered into, to ensure cooperation with all project partners and the and Office of Behavioral Health and Criminal Justice Services for the implementation and operation of the Assessment Site, for completion of semi-annual progress reports and participation in an annual review process.

  
\_\_\_\_\_  
Executive Director or Designee

\_\_\_\_\_  
April 29, 2015  
Date

**APPLICATION FOR FY '16-'17 CIT ASSESSMENT SITE FUNDING**

1. When was the CIT program established?

2011

2. Current status of the applying CIT:

Operational                       Developing                       In Planning

3. Does your CIT currently have a program coordinator?

Yes                                       No (skip to question 4)

a. If there is a coordinator, please indicate if that position is full or part time, who employs and supervises the coordinator, and briefly describe the coordinator's duties and responsibilities.

There is an *acting* CIT coordinator who works for the CSB, in addition to other clinical duties. This person is working collaboratively with CSB staff and local law enforcement to fulfill the required elements of the CIT coordinator. The proposal includes a position for the required full time CIT Coordinator who will be on board within 60 days of funding. The acting coordinator will help transition duties.

4. Does the applying community have an existing CIT stakeholder group or Task Force that focuses specifically on CIT related issues?

Yes                                       No (skip to question 6)

a. If Yes to #4, when was the CIT stakeholder group for this program formed?

The Chairman of the Fairfax County Board of Supervisors formally established the CIT stakeholder group on *April 28, 2015* to align with the requirements of this proposal and to assure an aligned approach to CIT and the CIT Assessment Site. Additional information is referenced in the news article citation at the end of this section of the proposal.

b. How often does the stakeholder group meet?

This group is in the process of arranging their initial meeting but it is anticipated that they will meet monthly.

c. Who is responsible for the content and management of stakeholder meetings?

We anticipate that the CIT Coordinator will facilitate these meetings with leadership from the CSB Executive Director and law enforcement leadership.

**APPLICATION FOR FY '16-'17 CIT ASSESSMENT SITE FUNDING**

d. What are the roles and functions of your CIT stakeholder group?

(Check all that apply)

- Oversight of CIT program operations
- Aid/Aided I planning of the CIT program
- Review of critical incidents
- Community outreach and education
- Seek funding for CIT program

Other: Quality assurance and data review, policy review and approval

Please describe some topics discussed at recent stakeholders' meetings and/or include copies of meeting agendas.

Not applicable.

5. Which agencies are actively involved in your stakeholder group?

These groups are slated to be involved: Local law enforcement, Fire and Rescue, CSB, NAMI, local advocates, consumers, magistrates, commonwealth attorneys, community support organizations, and local elected officials.

6. Geographic areas to be served by CIT Assessment Site (counties and cities)

Fairfax County; towns of Herndon and Vienna; cities of Falls Church and Fairfax

a. Current population estimate for these areas combined

1.13 million

7. Does your CIT program conduct its own 40 hour Core training classes?

- Yes                       No (skip to question 13)

a. How closely does your training program match the training described in the ***Essential Elements for the Commonwealth's Crisis Intervention Team Programs*** (pages 7-10)?

- Training fully adheres to recommendations
- Training is similar, but has minor variations (describe below)
- Training is somewhat similar, but due to local or other circumstances there are significant variations from recommended training (describe below)

**APPLICATION FOR FY '16-'17 CIT ASSESSMENT SITE FUNDING**

A revised CIT curriculum has been sent to DBHDS. Our next TOT training will be in full compliance with the CIT Essential Elements, conducted by Henrico CSB, and based on the Memphis Model.

8. List the total number of CIT Instructors in your CIT program

15 are attending the train the trainer training (14 LEO, 1 CSB)

9. What training did your instructor's complete to become CIT instructors? (Check all that apply)

- Virginia CIT Coalition instructor taught Train the Trainer
- Self-developed Train the Trainer program
- Train the Trainer offered by different Virginia CIT program

Name of the program sponsoring training:

- Train the Trainer offered by CIT program outside Virginia

Name of program sponsoring training: N/A

- None – Trainers are selected from current CIT-trained officers but do not undergo any additional Train the Trainer session.

- Other (explain): Train the Trainer CIT program scheduled for May 2015 to align fully with required training design and model.

10. Does your training faculty meet regularly?

- Yes
- No (skip to question 12)

11. Describe the purpose and accomplishments of the faculty meetings

N/A- This group will begin meeting as implementation moves forward after the May TOT.

12. How many 40 hour Core training classes were conducted by your program in calendar years 2013 and 2014?

3 in each year

How many total students were certified in these classes?

260

What was the average number of students in each class?

**APPLICATION FOR FY '16-'17 CIT ASSESSMENT SITE FUNDING**

40+ (Note: we will follow the required per class design after our May TOT class/in future implementation training)

Which of the following types of employees have been trained by your trainers? (Check all that apply)

- Police                                       Sheriff's Deputies (road)       CSB staff  
 Sheriff's Deputies (courts/jail)    ER/ED staff                                       Fire Dept.  
 Regional Jail Staff                               Magistrate's Office  
 Private/Hospital Security                       Other

13. For law enforcement agencies, how are first line operations staff selected to attend CIT Core 40 hour training? (Check all that apply)

- Self-selected / volunteer    Supervisor recommendation  
 Mandated for all sworn employees  
 CIT 40 hour incorporated into basic academy curriculum  
 Officers with behavior / demeanor complaints are sent  
 Other (please describe) "Volun-told"

14. For law enforcement agencies, what was the average length of time (in months) of on the job experience post academy prior to an employee participating in CIT 40 hour training?

Estimated more than 60 months

15. For each program partner agency listed above, please list raw numbers and correlating percentage of staff who have completed the CIT 40 Hour Core training in the appropriate blocks (non-law enforcement agencies only need data for last two columns)

AGENCY	FIRST LINE OPERATIONS STAFF		OTHER SWORN STAFF		ADMINISTRATIVE STAFF		TOTAL STAFF	
	#	%	#	%	#	%	#	%
Fairfax County PD	397	43%	79	30%	#	%	#	%
	#	%	#	%	#	%	#	%
	#	%	#	%	#	%	#	%
	#	%	#	%	#	%	#	%
	#	%	#	%	#	%	#	%
	#	%	#	%	#	%	#	%

**APPLICATION FOR FY '16-'17 CIT ASSESSMENT SITE FUNDING**

#	%	#	%	#	%	#	%
#	%	#	%	#	%	#	%
#	%	#	%	#	%	#	%
#	%	#	%	#	%	#	%
#	%	#	%	#	%	#	%

16. Does your CIT program have a separate CIT training for dispatchers?

- Yes, there is a separate class designed specifically for dispatchers  
(describe below)
- No, dispatchers participate in same CIT 40-hour core as law enforcement
- No, dispatchers do not receive CIT training in our program
- Yes and No, the agencies in our program train dispatchers differently  
(describe below)

a. If there is a separate dispatcher training, please describe below (hours, topics, role plays)

8 hour training block during basic dispatch school

17. Have the partner law enforcement agencies developed written policies and/or procedures specifically related to CIT?

- Yes
- No (skip to question 19) but they are under development to be completed at time of July 1 funding. Using the "Essential Elements" document and samples from Virginia Beach, Henrico, and Middle Peninsula-Northern Neck.

18. Which of the following key elements are included in the written policies and procedures? (Check all that apply) These are in development with completion by 7/1:

- Availability of CIT officers on all shifts
- Dispatching of CIT-trained officers to mental health calls
- Procedures to assign CIT-trained officers as back-up on calls
- Authorizing CIT-trained officers to lead interventions, regardless of rank
- Policies/procedures specifically encouraging diversion from arrest
- Guidelines for the transport of individuals in mental health cases
- Accessing behavioral health services
- Transfer of Custody

**APPLICATION FOR FY '16-'17 CIT ASSESSMENT SITE FUNDING**

- Roles of officers involved in Assessment Site operations
- Responsibility of officers for data collection

19. Do the non-law enforcement partner agencies have policies/practices in place specific to CIT?

- Yes      No (skip to question 20) but they are under development to be completed at time of July 1 funding. Using the "Essential Elements" document and samples from Virginia Beach, Henrico, and MPNN.

a. Please describe the content of the policies and/or practices for each agency. (Additional space on last page if necessary)

20. Please *briefly* describe any MOUs in place between partner agencies and/or facilities. Attach copies for any preliminary or completed MOU to this application. If none currently exist, please mark "N/A" and continue to question 21.

N/A but Fairfax is in the process of developing agreements, based on Essential Elements document and other best practice samples we have received. They will be complete at time of funding July 1.

21. If no MOUs currently exist, please describe what efforts have occurred at the time of the application to develop MOUs.

Since the partner organizations are all connected to Fairfax County government, we share a common foundation. We have reviewed many best practice examples and have extensive experience with MOUs. Discussions have occurred between the Fairfax CSB and Police on items that need to be included in an MOU, and how that can be accomplished.

22. Please describe any data collection that occurs in your CIT program and how it adheres to the collection recommendations outlined in the ***Essential Elements...*** (pp. 13-14) check the BEST response.

- Collection is in full compliance with recommendations
- Collection is similar, however some minor variations exist (describe below)
- Collection is similar, but due to local issues there are significant deviations from the recommendations (describe below)
- CIT program is not collecting data at this time

Explanation:

We currently do not collect all required data but this will shift as we align with the

**APPLICATION FOR FY '16-'17 CIT ASSESSMENT SITE FUNDING**

CIT Assessment Site requirements.

23. Please provide the following data for agencies within the catchment area of the Applicant CSB: (this includes combined totals for all program agencies)

	# Paperless ECOs	# Paper ECOs	# TDOs
CY 2013	329	16	345
CY 2014	409	36	445

	Dispatched MH Calls	Dispatched Wellness	Dispatched Other	CIT Interventions
CY 2013	2,743			
CY 2014	2,973			

- \* If any of the data above was not available at the time of this application, describe what efforts were made to attempt to obtain the data, and what steps are being taken to ensure complete data would be available in the event the Assessment Site funds are awarded.

Dispatched MH Calls is under reported related to mental health calls. Examples: (1) If an individual is acutely psychotic and is taking a bath in a stranger's house, it is logged as "B&E" rather than "EDP" (emotionally disturbed person). (2) If an individual is attacking a park bench with a knife, it is logged as "destruction of property". Paperless ECOs is also a significant undercount as our LEOs often bring individuals to be seen (handcuffed, LEO won't let them leave) but deny individual is under ECO. However, in any given month, our CSB serves more than 200 "police" cases or 2400 law enforcement cases per year. As the data reporting becomes more refined and aligned with CIT standards, it is anticipated that this number will dramatically increase. Our law enforcement partners are committed to the data requirements related to this proposal as evidenced in the letters of support.

24. Please list/describe the peak hours for ECOs and TDOs.

CSB Emergency Services are busiest 11 a.m.-1 a.m. The ECO and TDO peak hours are 12 p.m. to 2 a.m.

25. When a TDO is issued, what is the average time a law enforcement officer spends with a consumer from initial contact until the TDO is issued. (This should be an average of all law enforcement agencies within the applicant CSB's catchment)

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We do not have a current timeframe at this time but will have a baseline estimate to track changes and system improvements in time of July 1 funding.

26. How many officers are required to remain with a consumer while a TDO is being sought? If this is different for each agency within the catchment area, please explain:

This varies. For the vast majority of TDOs, LEO involvement does not begin until after the TDO is issued by the magistrate. Conversely, on occasion an individual is so violent the several LEOs are involved.

27. For those agencies requiring more than one officer, please describe how that staffing is accomplished (e.g. aux. officers. taking two off of patrol, the use of admin. staff. OT paid, etc.)

For ECOs: No agencies require more than one

For TDOs: No agencies (including the CSB) require a LEO until the TDO is issued. And the only time two officers are required is if the individual is being transported to a hospital outside of No. Va.

28. What are your goals for a CIT Assessment Site? (Check all that apply)

- Divert individuals with mental illness away from the criminal justice system
- Decrease the amount of time officers are involved in the ECO/TDO process
- Improve communication and collaboration between law enforcement and mental health professionals
- Decrease the number of mental health patients waiting in Emergency Departments
- Establish mechanisms to link consumers with mental health services
- Streamline the ECO/TDO process
- Decrease officer and/or consumer injury
- Consolidate mental health crisis services in a centralized location
- Infuse peer support services into a crisis response network
- Decrease rate of crisis for high intensity mental health consumers
- Decrease recidivism for mental health consumers
- Other (explain)

29. Self-Assessment: Describe any challenges encountered regarding any of the above

**APPLICATION FOR FY '16-'17 CIT ASSESSMENT SITE FUNDING**

questions and topics, including what actions have been taken to remedy the concern and clear the way for future Assessment Site development and operations

Heightened concerns and interest in our community and the identified need for coordinated, standardized CIT training have help evolve our system in the past 6 months. This funding opportunity has generated discussions and unified the CSB, police, and Sheriff's office in our combined vision to establish a CIT Assessment site. The required components for CIT and a CIT Assessment site are in place and moving rapidly to establish a model program.

**Additional Information:**

Link to media reports about support for the application:

<http://www.wusa9.com/videos/news/local/virginia/2015/04/28/official-cause-of-death-raises-questions-about-va-inmate-transport/26539503/>

<http://www.fairfaxtimes.com/article/20150429/NEWS/150429171/county-looks-to-improve-mental-health-programs&template=fairfaxTimes>

Text from the Board of Supervisors Item 4/28/15 related to this application:

Authorization for the Fairfax-Falls Church Community Services Board to Apply for and Accept Funding from the Virginia Department of Behavioral Health and Developmental Services for a Crisis Intervention Team Assessment Site Grant

**ISSUE:**

Board authorization for the Fairfax-Falls Church Community Services Board (CSB) to apply for and accept grant funding, if received, from the Virginia Department of Behavioral Health and Developmental Services (DBHDS) for Crisis Intervention Team (CIT) Assessment Site funds. If awarded, grant funding of \$1,402,058 per year for two years for a total of \$2,804,116 will support a secure assessment site at Merrifield Center open 24 hours a day, 7 days a week, 365 days a year for individuals experiencing a mental health crisis. As a therapeutic alternative to arrest, authorized law enforcement officers will be able to transfer custody of individuals experiencing an acute or sub-acute mental health crisis to qualified emergency mental health professionals for clinical assessment, civil commitment, referrals and linkage to appropriate services in a secure environment. The period of performance is July 1, 2015 to June 30, 2017 with three one-year renewals, subject to availability of funding. A total of 10/10.0 FTE new grant positions and 5/5.0 FTE new Police Officer II merit positions for a total of 15/15.0 FTE new positions are associated with this funding. A required local match of 20 percent in the first year and 30 percent in the second year will be met with in-kind resources. If the actual award received is significantly different from the application amount, another item will be submitted to the Board requesting appropriation of grant funds. Otherwise, staff will process the award administratively per Board policy.

**APPLICATION FOR FY '16-'17 CIT ASSESSMENT SITE FUNDING****RECOMMENDATION:**

The County Executive recommends that the Board authorize the CSB to apply for and accept funding, if received, from DBHDS for CIT Assessment Site funds. Funding in the amount of \$1,402,058 per year for two years for a total of \$2,804,116 will support a secure assessment site at Merrifield Center open 24 hours a day, 7 days a week, 365 days a year for individuals experiencing a mental health crisis. A total of 10/10.0 FTE new grant positions and 5/5.0 FTE new Police Officer II merit positions for a total of 15/15.0 FTE new positions are associated with this funding. A required local match of 20 percent in the first year and 30 percent in the second year will be met with in-kind resources.

**TIMING:**

Board action is requested on April 28, 2015 due to an application deadline of May 5, 2015. The CSB Board approved the application on April 22, 2015.

**BACKGROUND:**

DBHDS released a Request for Applications (RFA) on March 25, 2015 to support initiatives to develop and expand CIT Assessment Sites. The General Assembly and the Governor of Virginia have allocated funds for the development and expansion of CIT Assessment Sites in FY 2016. It is anticipated that the funds will be included in CSB's State Performance Contract with DBHDS. This grant supports the CSB's larger service framework for individuals with mental illness who come in contact with the criminal justice system. It is intended to reduce inappropriate incarceration at the Adult Detention Center (ADC) by redirecting individuals with mental illness from the criminal justice system to the health care system. Funding will specifically support a CIT Assessment Site at Merrifield Center open 24 hours a day, 7 days a week, 365 days a year for individuals experiencing a mental health crisis. As a therapeutic alternative to arrest, authorized law enforcement officers will be able to transfer custody of individuals experiencing an acute or sub-acute mental health crisis to qualified emergency mental health professionals for clinical assessment, civil commitment, referrals and linkage to appropriate services in a secure environment. Funding will also be used for necessary training, evaluations, and enhanced performance management processes. A total of 10/10.0 FTE new grant positions and 5/5.0 FTE new Police Officer II merit positions for a total of 15/15.0 FTE new positions are associated with this funding. The breakdown of positions is as follows:

**Grant Positions**

- 1/1.0 FTE Emergency Services Supervisor
- 4/4.0 FTE Mental Health Supervisor Specialists
- 5/5.0 FTE Peer Support Specialists
- 5/5.0 FTE Police Officer IIs

To meet grant requirements, one Mental Health Supervisor Specialist will also serve as CIT Coordinator, responsible for establishing policies and procedures governing operations, including transfer of custody, data collection, Crisis Intervention Training, and best practices. If funded, the CSB, the Police Department and the Office of the Sherriff will establish a Memoranda of Understanding governing operations, including transfer of custody, data collection, Crisis Intervention Training, and best practices.

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It should be noted that this program is different from the current Jail Diversion program as this new funding will allow individuals to be transferred to a CIT Assessment Site instead of being arrested while the Jail Diversion program can be an alternative to being incarcerated at the time of sentencing.

**FISCAL IMPACT:**

Grant funding in the amount of \$1,402,058 per year for two years for a total of \$2,804,116 is being requested from DBHDS for a CIT Assessment Site. Funding will support a secure assessment site at Merrifield Center open 24 hours a day, 7 days a week, 365 days a year for individuals experiencing a mental health crisis. A required local match of 20 percent in the first year and 30 percent in the second year will be met with in-kind resources. This grant does allow for the recovery of indirect costs; however, because of the highly competitive nature of the award, the CSB did not include indirect costs as part of the application. This action does not increase the expenditure level in the Federal-State Grant Fund, as funds are held in reserve for unanticipated grant awards.

**CREATION OF NEW POSITIONS:**

A total of 10/10.0 FTE new grant positions and 5/5.0 FTE new Police Officer II merit positions for a total of 15/15.0 FTE new positions are associated with this funding. The County is under no obligation to continue funding the 10/10.0 FTE grant positions once grant funding expires; however, since it is anticipated that the funds will be included in CSB's State Performance Contract with DBHDS, funding is expected to be ongoing. The County is required to continue funding the 5/5.0 FTE Police Officer II positions if grant funding is eliminated. The cost of continuing these positions is \$589,054.

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Grant Summary Provided to the Board of Supervisors on 4/28/15:

Attachment 1

**Crisis Intervention Team Assessment Site  
Summary of Grant Proposal**

Please note: the actual grant application is not yet complete; therefore, this summary has been provided detailing the specifics of this application.

<b>Grant Title:</b>	Crisis Intervention Team (CIT) Assessment Site
<b>Funding Agency:</b>	Commonwealth of Virginia Department of Behavioral Health and Developmental Services (DBHDS)
<b>Funding Amount:</b>	Funding of \$2,804,116 (\$1,402,508 per year) over two years is requested. It is anticipated that these funds will be ongoing and included in the CSB's State Performance Contract with DBHDS
<b>Proposed Use of Funds:</b>	Funds will support a CIT Assessment Site at Merrifield Center open twenty four hours a day, year-round, for individuals experiencing a

**APPLICATION FOR FY '16-'17 CIT ASSESSMENT SITE FUNDING**

mental health crisis. As a therapeutic alternative to arrest, authorized law enforcement officers will be able to transfer custody of individuals experiencing an acute or sub-acute mental health crisis to qualified emergency mental health professionals for clinical assessment, civil commitment, referrals and linkage to appropriate services in a secure environment. If funded, CSB, the Fairfax County Police Department and the Office of the Sheriff will establish Memoranda of Understanding governing operations, including transfer of custody, data collection, Crisis Intervention Training, and best practices, as well as funding, including in-kind support to fulfill local match requirements.

Because program space exists at the Merrifield Center, the funds requested for this proposal are to support the required personnel costs to staff the program. Positions to be funded out of this proposal include: 15/15.0 FTE merit grant positions, including 1/1.0 FTE Emergency Services Supervisor (S27), 4/4.0 FTE Mental Health Supervisor Specialist (S26), 5/5.0 FTE Peer Support Specialist (S15), and 5/5.0 FTE law enforcement positions (O18) to provide appropriate transfer of custody, clinical assessment, civil commitment, referral and linkage to appropriate services for individuals in crisis in a secure environment.

Funding will complement the existing continuum of services including emergency, detoxification, and jail based and forensic services.

**Performance Measures:**

The project goal is to reduce incarceration of individuals experiencing a mental health crisis by providing a therapeutic alternative to custodial arrest. Authorized law enforcement officers will be able to transfer custody of individuals experiencing an acute or sub-acute mental health crisis to qualified emergency mental health professionals for clinical assessment, civil commitment, referrals and linkage to appropriate services in a secure environment open all day, every day, all year. In addition, the project will coordinate CIT training and standardized policies and procedures among Fairfax County stakeholders to meet Commonwealth of Virginia requirements required for successful implementation.

Performance Measures

- 1- Development and ongoing active involvement of a CIT Assessment Site stakeholder group to provide oversight and leadership to the project implementation.
- 2- Development and execution of MOUs, policies and protocols with all law enforcement groups and the CSB to establish a solid program based on agreed upon partnerships and shared responsibility.

**APPLICATION FOR FY '16-'17 CIT ASSESSMENT SITE FUNDING**

- 3- Assure tracking system developed and utilized to obtain relevant data related to CIT Assessment site use and dispositions. Data will include call types, time in service for call, on-scene activities, primary field disposition and location.
- 4- Develop CIT Coordinator position to assure standard, ongoing approach to the required 40 consecutive hour CIT training, with a maximum class of 30, to include didactic, experiential, and practical components. Develop standard policies and procedures related to CIT training.
- 5- Implement CIT Assessment site to support people in mental health crisis as a therapeutic alternative to custodial arrest. Complete monthly process and outcome measures.
- 6- Develop communication strategy for community awareness around CIT Assessment site.

**Grant Period:**

July 1, 2015- June 30, 2017 with annual subsequent baseline funding.

**Site Development Plan for Programs with New CIT Assessment Sites**

1. Name of CIT: Fairfax Crisis Intervention Team
2. Proposed hours of operation: 24/7
  - a. How were the proposed hours chosen? Include data that supports this decision.

The Fairfax-Falls Church CSB's Emergency Service operates (on-site) 24/7. And, while our busiest times are 11am-1am, our only "down time" tends to be between 5am and 9am. The proposed times were chosen based upon the present use of the CSB's emergency services unit and anticipated use when the Assessment Site is operational.

- b. which stakeholders were involved in the choice of operational hours?

Fairfax County Police Department and Fairfax-Falls Church CSB

3. Proposed location of Site: (if more than one possible choice please include both)

Address: 8221 Willow Oaks Corporate Dr. Fairfax, VA 22031

Description (ED, Self standing, number and purposes of rooms, etc):

Merrifield Center is the CSB's new state-of-the-art behavioral health care site. The CSB's 24-hour emergency services (ES) is located at this site, as well as other CSB programs. In addition to the ES, there are several exam rooms that have already been built to accommodate a CIT assessment center. The total ES/CIT space is 17,300 square feet.

4. Please describe other consumer services within the region such as Crisis Stabilization Units, medical facilities, and other mental health services. How far are they from the proposed site?

Four CSUs; the closest is 0.5 mile away. Three medical hospitals; the closest is 0.5 mile away. One State psychiatric facility, one private psychiatric facility and two psychiatry units; the closest is 0.5 mile away. Comprehensive mental health services on site (including 24/7 psychiatric services). Pharmacy services are on site and, within one year, primary care will also be on site.

**Site Development Plan for Programs with New CIT Assessment Sites**

5. Describe any challenges encountered in the process to select site(s):

Organizations, stakeholders, and elected officials of the Fairfax-Falls Church community share a long-standing commitment and desire to operate a CIT Assessment Center. Space was designed into the centrally located Merrifield building several years ago to support this future service. The long-term development process was challenging but a model site was created, that helped prepare us for this funding application.

6. For those sites located in or adjacent to hospitals, please describe the relationship between the hospital and site with regard to patients; will the consumer be considered a patient of the hospital while at the Assessment Site? Please explain reasoning behind the decision.

This CIT assessment site will be located within .5 miles of a hospital, but individuals will not become patients of the hospital unless medically necessary. We will be building medical screening capacity, and feel that this service can be done onsite at the Merrifield site.

7. How will medical clearance be addressed at your site? Consider the following:

- a. Does the site have the capacity to conduct medical clearance? Explain

At present, we do not have capacity to perform immediate on-site medical clearances. However, the 4<sup>th</sup> floor of the building is being configured for primary health care, and we are confident that within the next year the Fairfax CIT assessment site will have the capacity for on site medical clearance.

**Site Development Plan for Programs with New CIT Assessment Sites**

- b. If the site does not have the capability, how far is the closest medical facility used for this purpose, and what will be the procedures for the transportation?

The closest medical facility is 0.5 mile away. If the individual is under an ECO (or TDO) he/she will be transported by LEO.

- c. Explain any other procedures or considerations for medical clearance that are planned at your proposed site.

In CY 2016, a primary care clinic will open on site, that will prioritize CSB clients. This is a county partnership that includes our local Health Department and a contracted provider. In addition, the Fairfax CIT Assessment Site will collaborate with Northern Virginia Mental Health Institute (NVMHI) on primary health care capacity. NVMHI is located 0.5 miles away. Procedures for medical clearance will be developed once the new provider contract is awarded.

8. Please describe any procedures, policies, and practices that have been implemented that will streamline the TDO process at your proposed site:

Individuals brought in by LEO (regardless of whether an individual is under an ECO) are triaged and are our first priority. Our TDO process is fairly streamlined now but additional processes will be proceduralized over the next few months with full operations ready within 60 days of funding award.

**Site Development Plan for Programs with New CIT Assessment Sites**

- a. Does the proposed site have a plan to use video conferencing with magistrates? If yes, please explain any steps needed to facilitate this process. If not, why not?

We do have video conferencing available, but it is not required for the CIT Assessment Site as our magistrates do not require face/face. We recommend and they issue the ECO/TDO "on their own motion".

9. What communities (counties, cities, towns) will be served by the site?

Fairfax County, the cities of Fairfax and Falls Church, the towns of Vienna and Herndon.

- a. Are all partner agencies planning to participate in use of the site? If not, what are the reasons?

Yes

**Site Development Plan for Programs with New CIT Assessment Sites**

10. Who will have access the site's services? (Check all that apply)

- consumer in custody of CIT trained law enforcement
- consumer in custody of any law enforcement in program area
- voluntary referrals from ED/ER
- family referrals
- walk-ins
- Other (explain) Referrals from other agencies, the private sector, and other CSB clinicians

11. Based on the previous calendar year's data (ECO's, voluntary referrals for Emergency Services), how many assessments does your program anticipate conducting at the site in FY 2015?

9,600

b. How many consumers can be served in the assessment site at any one time?

8

**Site Development Plan for Programs with New CIT Assessment Sites**

- c. What will be the policies and/or procedures for additional consumers when the site reaches maximum capacity?

We don't have a maximum capacity in that sense. We see anyone/everyone that presents for services. The "triage" process determines how quickly they are seen (again, LEOs are our highest priority). Sometimes the wait is longer but we strive to keep the process moving efficiently and, in most cases, do so.

- d. What will be the policies/procedures when a consumer is being served in the site at the scheduled closing time? Include staff responsibilities and who will be responsible to make decisions regarding the course of action.

This is not an issue for us since we will operate 24/7, 365 days per year and the Merrifield site is never closed.

12. List the average number of ECO's (paper & paperless) during the a 24 hour period for calendar year 2014 (please break into 4 hour increments)

time	time	#
08:00 to	11:59	68
12:00 to	15:59	90
16:00 to	19:59	96
20:00 to	23:59	87
00:00 to	03:59	69
04:00 to	07:59	35

**Site Development Plan for Programs with New CIT Assessment Sites**

13. How many consumers were arrested by partner law enforcement agencies during CY 2014 who would otherwise have been diverted from arrest if an Assessment Site had been in operation? This number is approximately 2000.

14. Who will provide security at the Assessment Site? (off-duty L.E., private security, etc.)

CIT Trained LEO

a. What percentage of personnel planned provide security in the Assessment Site will have completed the forty hour core CIT training? Within one year of operation = 100%

b. Will the proposed site have a percentage goal of CIT training for staff? Explain:

The Fairfax police chief has expressed a wish to have 100% of his officers CIT trained. The Fairfax community has been conducting a training that is similar to the Memphis model for a number of years. The first "Memphis Model" training is scheduled for June 2014, following TOT training in May. Officers trained will be individuals who have street experience, and wanted to take the CIT training.

c. Based on the security staff chosen, are there sufficient personnel to staff the site during all proposed hours of operation?

Yes, if we have no more than one "difficult" ECO at a time. We will have back up from LEO if needed (transporting officers will remain on scene until custody transfer can take place).

15. Did your CIT program have a process for transfer of custody during in CY 2014?

Yes       No (skip to question 15C)

a. How many transfers occurred during CY 2014?

b. Are all current partner agencies using the current transfer agreement? IF not, why not?

This agreement is under development to be in place by July 1.

**Site Development Plan for Programs with New CIT Assessment Sites**

- c. Are all partner law enforcement agencies (including the Chief Executive) in agreement on a future transfer of custody at the proposed site? If not, why not and what procedure will be used to address that discrepancy?

Yes

- d. What policies and/or procedures have been developed regarding which consumers are and are not appropriate for transfer of custody?

The Fairfax CIT has received sample policies and procedures from other jurisdictions. We are in the process of developing those procedures for our jurisdiction. This is also highlighted in our letters of support.

- e. Who will have final decision making authority on-site regarding whether a transfer will occur? Explain.

This decision will be finalized when our local policies and procedures are completed by July 1.

16. Does your proposal include any on site Peer services?

Yes       No (skip to question 17)

IF yes, explain how many and what duties the peers will fulfill

The Fairfax CIT assessment site intends to have five trained peer support specialists. They will be responsible for providing 24/7 engagement and support as well as education, WRAP, and navigation services. The peers will be vital team members and supporting individuals throughout the assessment and diversion process.

**Site Development Plan for Programs with New CIT Assessment Sites**

17. Please indicate the proposed type of staffing at your site by CSB emergency services clinicians:

- Always on-site during hours of operation
- On-call and respond immediately when needed, occasionally staffing site
- No on-site staff schedule, but on-call with immediate response
- Other (explain)

- a. IF staff will be assigned to the site, will they be dedicated to the site, or will emergency services staff rotate and/or share the responsibility?

All Emergency Clinicians are dedicated "ES Staff"

18. Describe how the personnel needed to operate the proposed site will need to be deployed if it will be different from how the emergency mental health process currently operates in your CSB? (e.g. re-assignment of on-duty E.S. workers, hiring new staff, etc.)

Fifteen additional positions are being requested via this grant to provide sufficient staffing for a 24/7 operation to include Clinical, Peer, and Law Enforcement staff.

- a. If hiring new ES staff is necessary, what are the anticipated difficulties in recruiting sufficient staff to fill the needs?

Throughout Virginia, Emergency Services are having difficulty recruiting individuals willing to do this work and work the hours; we are no different. We do anticipate strong interest in this new line of service and the opportunity to collaborate with LEO. The support for this service also makes it a cutting edge opportunity that will attract talented staff.

**Site Development Plan for Programs with New CIT Assessment Sites**

19. What duties and tasks will be accomplished by staff when there are no consumers in the proposed site to receive services?

It is very rare in our jurisdiction to have no consumers receiving services at any given time. With data collection and service requirements, we feel confident that staff will be busy. In addition, we would like some of the staff to be involved in CIT training, community education, follow-up, and outreach to individuals and community partners.

20. For consumers who were hospitalized under TDO in CY 2014, where were they most frequently placed (e.g. which hospitals/facilities does your region utilize for TDOs?)

Primarily Fairfax Hospital (0.5 mile) but also Northern Virginia Mental Health Institute (0.5), Dominion (4 miles) and Mt.Vernon Hospital (17 miles)

- a. How far is this location from your proposed Assessment Site? 0.5 miles

21. What do you expect to be the biggest challenges encountered during operations of your proposed Assessment Site?

We anticipate challenges of multiple ECOs at one time (five simultaneously is not uncommon) but believe that our developing policies and procedures will help guide these processes. Developing staff relationships from multiple organizations and LEO will be ongoing and having enough time to do this may be a challenge. Creating stakeholder group structure and sharing information with staff will be developed. With our new facility that is designed for LEO involvement (secure sallyport entrance, etc.), we do not anticipate space challenges.

**Site Development Plan for Programs with New CIT Assessment Sites****Data Collection**

1. What types of data will you collect at the Assessment Site that are not collected currently by law enforcement and mental health in your area?

- a. How will this data show the future success of your Assessment Site?

The Fairfax CIT assessment site intends to collect all required data elements listed in appendix A. This includes: call type, injuries, start date and time, end date and time, elapsed time, primary field disposition and location. We will also collect training data as required. We also capture data in our Electronic Health Record that is related to CSB services (mental health case data, supportive peer services, etc.) and not law enforcement.

- b. What steps will you take to improve the quality and reliability of any data currently collected to conform to reporting requirements and support the operation of the site?

The Fairfax CIT Assessment Site will have quarterly data meetings to review information, discuss progress, and make any necessary data changes. Our EHR staff will be engaged in the next month to assure CSB record keeping processes are in place and work with LEOs will assure that required data elements are in place that are necessary for the CIT Assessment Site.

- c. Describe what steps will be taken to ensure all partner agencies collect the required data in a timely fashion. Include who will collect, process, and ensure accuracy of data prior to submission to DBHDS.

The CIT coordinator will have a data quality team that will review the information on a quarterly basis. A representative from each law enforcement agency and the CSB will be responsible for this process. We will also develop performance measures and Results Based Accountability measures to frame required data elements within County performance requirements. In addition, these data will be shared with the Stakeholders group for review and quality improvement processes.

**Site Development Plan for Programs with New CIT Assessment Sites**

- d. Describe and attach any forms for data collection that your CIT already uses or has developed for future use in an Assessment Site.

Forms are under development and will be in place by September 1.

Additional space provided on next page

**Site Development Plan for Programs with New CIT Assessment Sites**

Additional information:

**Budget Detail Worksheet**  
**FY 2016 CIT Assessment Site Funding Program**

**Total Program Costs**

Total DBHDS Funds Requested		Total Anticipated Local Match (20%)	
Ongoing \$ 1,402,058	One Time \$	Ongoing \$ 982,102	One Time \$ 10,000
<b>Total Program Costs FY2016 (DBHDS funds+local match)</b>		<b>\$ 2,394,160</b>	

**Personnel Costs** (full time)

Position Title	Salary	Benefits and contributions	Total Position Cost FY 2016	Fund Source (select from list)
1. Emergency Services Supervisor (1.0 FTE)	\$ 75,594	\$ 32,452	\$ 108,046	DBHDS
2. Mental Health Supervisor/Specialist (4.0 FTE)	\$ 288,177	\$ 123,714	\$ 411,891	DBHDS
3. Peer Support Specialist (5.0 FTE)	\$ 185,137	\$ 79,479	\$ 264,616	DBHDS
3a. Police Officer II (5.0 FTE)	\$ 384,074	\$ 208,730	\$ 592,804	DBHDS
4. CSB Service Director (1.0 FTE)	\$ 6,932	\$ 2,976	\$ 9,908	Locality
4a. Indirect Cost, 13.14%			\$ 122,594	

Total Full Time Costs FY 2016	\$ 1,377,357	Match funds in this category	\$ 132,502
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**Personnel Costs** (wage positions)

Position Description	Estimated Monthly Wages (include required contributions)	Fund Source (select from list)
1.--	\$--	DBHDS
2.--	\$--	DBHDS
3.--	\$--	DBHDS
4.--	\$--	DBHDS

Total Anticipated Wages FY 2016	\$--	Wage Match FY 2016	\$--
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<b>Total Personnel Costs FY2016</b>	<b>\$ 1,509,859</b>
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**Budget Detail Worksheet**  
**FY 2016 CIT Assessment Site Funding Program**

**Facility Costs** (recurring)

Rent/Lease (month)	Utilities	Maintenance	Total Monthly Cost	Fund Source (select from list)
1.50,500	\$10,100	\$4,300	\$64,900	Locality
2.--	\$--	\$--	\$--	DBHDS

**Other Recurring Costs** (Supplies, Technology, Materials, etc.)

Description	Anticipated Monthly Cost	Total Cost FY 2016	Fund Source (select from list)
Training	\$ 1,250	\$ 15,000	DBHDS
Information Technology: monthly service charge for mobile phones	\$ 700	\$ 8,400	DBHDS
Supplies	\$ 108	\$ 1,301	DBHDS
Information Technology: monthly service charge- desk phones, copiers; Annual charge- computer / software replcay & maintenance	\$ 2,800	\$ 33,600	Locality
Vehicle monthly replacement cost:	\$ 3,100	\$ 37,200	

<b>Total Recurring Costs FY2016</b>	\$ 24,701	<b>Local Match of Recurring</b>	\$ 849,600
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**One Time Cost Request** *Max 5-10% of total* (description to follow in Budget Narrative)

DBHDS Funds Requested	Local Funds Committed	Total One Time Costs
\$0	\$10,000	\$10,000

**Budget Detail Worksheet**  
FY 2017 CIT Assessment Site ongoing cost budget

**Total Program Costs**

<b>Grant funds requested</b>	<b>Anticipated Local Match Funds (30%+)</b>
\$ 1,402,058	\$ 982,102

<b>Total Program Costs FY2017 (DBHDS funds+local match)</b>	<b>\$ 2,384,160</b>
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**Personnel Costs** (full time)

<b>Position Title</b>	<b>Salary</b>	<b>Benefits and contributions</b>	<b>Total Position Cost FY 2017</b>	<b>Fund Source</b>
1. Emergency Services Supervisor (1.0 FTE)	\$ 75,594	\$ 32,452	\$ 108,046	DBHDS
2. Mental Health Supervisor/Specialist (4.0 FTE)	\$ 288,177	\$ 123,714	\$ 411,891	DBHDS
3. Peer Support Specialist (5.0 FTE)	\$ 185,137	\$ 79,479	\$ 264,616	DBHDS
3a. Police Officer II (5.0 FTE)	\$ 384,074	\$ 208,730	\$ 592,804	DBHDS
4. CSB Service Director (1.0 FTE)	\$ 6,932	\$ 2,976	\$ 9,908	Locality
4a. Indirect Cost, 13.14%			\$ 122,594	

<b>Total Full Time Costs FY 2017</b>	<b>\$ 1,377,357</b>	<b>Match funds in this category</b>	<b>\$ 132,502</b>
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**Personnel Costs** (wage positions)

<b>Position Description</b>	<b>Estimated Monthly Wages (including mandatory contributions)</b>	<b>Fund Source</b>
1.--	\$--	DBHDS
2.--	\$--	DBHDS
3.--	\$--	DBHDS
4.--	\$--	DBHDS

<b>Total Anticipated Wages FY 2017</b>	<b>\$--</b>	<b>Wage Match FY 2017</b>	<b>\$--</b>
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**Budget Detail Worksheet**  
 FY 2017 CIT Assessment Site ongoing cost budget

<b>Total Personnel Costs FY2017</b>	<b>\$ 1,509,859</b>
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**Facility Costs** (recurring)

Rent/Lease (month)	Utilities	Maintenance	Total Monthly Cost	Fund Source
1.50,500	\$10,100	\$4,300	\$64,900	Locality
2.--	\$--	\$--	\$--	DBHDS

**Other Recurring Costs** (Supplies, Training & Materials, etc.)

Description	Anticipated Monthly Cost	Total Cost FY 2017	Fund Source
Training	\$1,250	\$15,000	DBHDS
Information Technology: monthly service charge for mobile phones	\$700	\$8,400	DBHDS
Supplies	\$108	\$1,301	DBHDS
Information Technology: monthly service charge- desk phones, copiers; Annual charge- computer / software replacement & maintenance	\$2,800	\$33,600	DBHDS
Vehicle monthly service cost:	\$3,100	\$37,200	

<b>Total Recurring Costs FY2017</b>	<b>\$ 24,701</b>	<b>Local Match of Recurring</b>	<b>\$ 849,600</b>
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**Budget Narrative Form**  
**FY 2016 CIT Assessment Site Funding Program**

1. Describe the financial need for grant funding through the DBHDS CIT Assessment Site grant program for FY 2016. Included justification for the need for continued funding through FY 2017.

Our community has a long-standing need for a CIT Assessment Site and there is increased attention on our LEOs and the need to evolve our CIT Training. All key stakeholders are engaged in this process, MOAss are being prepared as are policies and procedures. While the need is great and the stakeholder commitment has peaked, we have faced ongoing budget cuts for over five years. This funding will create a new line of business for the CSB and will unite law enforcement in approaches that best meet the needs of people with mental illness in our community. We need continued funding in FY2017 to remain operational and look forward to this as ongoing funding. Without funding we would not be able to operate a CSB Assessment Site that would match our community needs.

2. Explain how the In-kind matching funds will be increased in subsequent years if the submitted proposal is awarded. Include the source(s) of the matching funds including projected contributions from CIT partners.

Our CIT in-kind support greatly exceeds the requirements. Our in-kind Assessment Site space is in a state-of-the art, integrated building with a fair market value of over \$500,000 annually for 17,300 square feet, a cost that will increase with time. We also are providing our county indirect rate for proposed budget compensation of 13.14% (over \$122,594) as in-kind support. The time provided by our leadership for the stakeholder group and by our data team is also being included. While we are requesting funds for police positions, the cost of cruisers and related equipment is provided in-kind. We have a tremendous commitment to the CIT Assessment Site and CIT Training along with a united community and LEOs which will help make this program very successful and improve outcomes for people with mental illness. Our annualized in-kind support is \$982,102.

3. Describe how the listed funds will be used for equipment, supplies, and any one-time projects.

In year one we will purchase iphones and computers for CSB staff. We have budgeted for a small amount of supplies for all CIT Assessment Site staff. These are the only one-time costs requested for this proposal.

**Budget Narrative Form**  
**FY 2016 CIT Assessment Site Funding Program**

4. Include job descriptions and duties for any position for which funding has been requested in whole or in part, as well as whether or not that position has existed previously under the funding of any other entity and why it can no longer continue to be funded without the funds provided by this grant.

No proposed/requested positions have existed previously. Proposed positions include: 1 Emergency Services Supervisor to manage Assessment Site clinical operations; 3 additional mental health specialists to staff the site; 1 CIT Coordinator to manage training and administrative operations of the Assessment Site, reporting requirements, facilitating the stakeholder meetings, and data collection; 5 Peer Support Specialists to provide 24/7 staff coverage, engagement, and supportive services as well as education and adjunct training to people engaged at the CIT Assessment Site; 5 Police officers to provide 24/7 coverage at the Site. Position classifications are included at the end of this proposal. Classification information about these positions is included.

5. Explain any anticipated income from the operation of the Assessment Site. Include any necessary data to support this estimation.

We do not bill if an individual is under an ECO but if an individual is brought in by the officer, not under an ECO, we bill based on our fee schedule. We do not have an estimate of the amount as this is a new line of service. We can estimate income through a baseline calculation after 6 months of operation.

6. Outline the hiring and employment responsibilities for each position requested under the grant program. Include the fiscal responsibilities (wages, benefits)  
The Emergency Services Manager (existing) will manage the hiring processes for the Assessment Site staff except for the police officer positions, which will be managed through the FCPD. We follow standard hiring practices through Fairfax County which manages our recruitment, wages/benefits, time and attendance reporting, and other administrative processes. As the clinical supervisor is hired, s/he will work closely with the ES manager to assure a strong team is hired. The goal will be to create a collaborative team who will work closely together on this important service area. Additional information about hiring can be found at <http://www.fairfaxcounty.gov/hr/human-resources-faqs.htm>.

**Budget Narrative Form**  
**FY 2016 CIT Assessment Site Funding Program**

7. Detail any cost saving measures attained during the planning stages for this Assessment Site proposal including any donations of materials, space, and/or personnel.

The space at the Merrifield site (valued at well over \$500,000 per year) is already completed. This site has been under development for over 20 years, through discussions and becoming part of the county's capital building plan. It was made possible through bond funding, a land exchange with Inova Fairfax Hospital, and lease savings as CSB programs move out of leased facilities. This is offered as in-kind support to this proposal. The space is furnished and only minimal technology-related equipment is requested in the budget. The remaining budget request is for personnel which we do not have the capacity to provide due to local budget limitations. Info:  
<http://www.fairfaxcounty.gov/csb/about/merrifield-center.htm>

8. Explain how the proposed operational details (staffing, location, renovations, hours of service) provide the greatest amount of service at the best possible cost savings.

Our community and large population makes 24-7 operations a best practice in order to support the need. Our brand new building is energy efficient (LEED certified), centrally located and provides integrated behavioral health services (with primary care coming in about 12 months). No renovations are needed to move to full operational status. The in-kind support of the space also includes utilities, cleaning costs, and administrative support. This site houses over 1/2 of CSB staff and the CIT Assessment site is adjacent to the Emergency Services offices with a sallyport for safe, respectful police entry with people in psychological distress. The vast majority of proposed funding is for personnel costs that we do not have a present capacity to cover.

### **CIT Coordinator Responsibilities**

The Crisis Intervention Team (CIT) Coordinator is responsible for organizing and standardizing CIT trainings within the Program. This position can be under either a behavioral health agency or a law enforcement agency or both. Building on the CIT Training model, the CIT Coordinator is responsible for the following duties:

1. managing the logistics and coordination of training presenters and activities;
2. developing and producing a training manual for participants;
3. overseeing course evaluations and enhancing the quality of the training;
4. enhancing the system for gathering and analyzing data;
5. working with the planning committee to develop smaller, more focused trainings for other criminal justice players such as probation/parole officers, dispatchers, and EMS;
6. educating the community about the goals and purpose of the program;
7. enhancing community awareness as well as following state mandates and protocols;
8. interfacing with the criminal justice system, county and private social services, mental health services, state and other systems;
9. maintaining and completing all appropriate records related to logistics and planning, preparing written reports, entering statistical data; and
10. conducting program evaluation and monitoring.

The Coordinator will develop close working relationships with various agencies including (but not limited to) the Police Department, Magistrates, Sheriff's Office, Probation and Parole, Commonwealth's Attorney and Public Defender's Office. The Coordinator must be able to communicate and understand the many complexities that arise from interaction with different systems.

### **QUALIFICATION REQUIREMENTS**

Minimum: Bachelor's degree in Criminal Justice, Sociology, Psychology, Social Work, Communications, Business Administration or related field plus one year's experience working with criminal justice system and or mental health. Substitution: Additional qualifying experience may substitute for educational requirement on a year for year basis. Directly-related higher level criminal justice degrees may substitute for the Bachelor's degree, education requirement and one year of experience. Desirables: a) experience with law enforcement, criminal justice system and logistics; b) experience in developing and training professionals; c) experience in general knowledge regarding mental health and community based mental health programs.

**CLASS SPECIFICATION**  
**County of Fairfax, Virginia**

**CLASS CODE:** 3630

**TITLE:** EMERGENCY/MOBILE CRISIS UNIT SUPERVISOR

**GRADE:** S-27

**DEFINITION:**

Under general clinical and administrative direction, serves as a first-level supervisor assigned to the Emergency Services or Mobile Crisis Unit, providing direction to a group of therapists; and performs related work as required.

**DISTINGUISHING CHARACTERISTICS OF THE CLASS:**

The Emergency/Mobile Crisis Unit Supervisor differs from the Mental Health Supervisor/Specialist in that the Emergency/Mobile Crisis Unit Supervisor serves as a first-level supervisor over a group of therapists assigned to Emergency Services or the Mobile Crisis Unit, for which additional emergency certifications are required, whereas the Mental Health Supervisor/Specialist serves as a first-line supervisor over a group of professional therapists in a residential or outpatient setting, or functions as a therapist assigned to Emergency Services or the Mobile Crisis Unit.

The Emergency/Mobile Crisis Unit Supervisor differs from the Mental Health Manager in that the Emergency/Mobile Crisis Unit Supervisor functions as a first-level supervisor over a group of therapists assigned to Emergency Services or the Mobile Crisis Unit, whereas the Mental Health Manager is responsible for administering a direct service therapeutic program within a major service area.

**ILLUSTRATIVE DUTIES:**

Responds to requests from Fairfax County Courts, Police, Magistrates, Fire and Rescue and the Department of Family Services (Adult and Child Protective Services) to evaluate and intervene with individuals who are high risk and unable or unwilling to go to a mental health facility for evaluation or treatment, and are in need of psychiatric hospitalization;  
Builds psychological profiles of hostage takers, coaches negotiators, treats victims, and facilitates involuntary hospitalizations when necessary in hostage/barricade situations;  
Responds to public safety personnel who have been exposed to psychologically traumatic events in the course of duty, providing critical incident stress management techniques, including debriefings;  
Supervises day-to-day program operations;  
Interviews and recommends applicants for appointment to the program;  
Plans, assigns, and reviews work of team members;  
Develops and writes procedures and service protocols;  
Ensures that program is in compliance with applicable federal, state, and local policies, regulations, and statutes;  
Provides emergency and/or crisis intervention services to extremely high-risk patients;  
Evaluates clients whose lives may be in substantial and imminent danger or who may pose an imminent, substantial risk to the lives and safety of others;

**CLASS CODE:** 3630

**TITLE:** EMERGENCY/MOBILE CRISIS UNIT SUPERVISOR

**GRADE:** S-27

Page 2

Recommends and coordinates Emergency Custody Orders and Temporary Detention Orders; Evaluates clients' need for psychotropic medications and completes an initial evaluation for psychiatric disorders of medical origin; Receives referrals from and collaborates closely with Federal agencies (Secret Service, FBI, CIA, DIA) when individuals in the CSB's catchment area pose a threat to the President, other federal officials, diplomats, or federal installations within the County; Plans, develops, and provides specialized training programs for public safety agencies and non-emergency trained clinicians; Provides liaison to criminal justice, public safety, human services and other community agencies to facilitate communication and service provision for extremely high risk, seriously mentally ill clients; Represents Emergency Services on multi-disciplinary clinical staffings involving high-risk patients.

**REQUIRED KNOWLEDGE, SKILLS, AND ABILITIES:**

Extensive knowledge of the principles, theories, and methods of crisis intervention;  
Extensive knowledge and experience in hostage/barricade negotiations;  
Extensive knowledge and experience in critical incident stress debriefings;  
Thorough knowledge of interviewing techniques;  
Thorough knowledge of psychiatric, psychological, and/or sociological terminology and concepts;  
Thorough knowledge of federal, state, and county laws regarding Emergency Custody Orders, Temporary Detention Orders, and Involuntary Commitments;  
Knowledge of clinical supervisory methods and techniques;  
Skill in conducting prescreening evaluations for voluntary and involuntary psychiatric hospitalizations;  
Ability to independently conduct risk assessments and mental status evaluations;  
Ability to formulate complex diagnoses;  
Ability to prepare, produce, and conduct program presentations;  
Ability to supervise and train service professionals;  
Ability to conduct performance evaluations and implement personnel procedures;  
Ability to function independently in high-stress situations;  
Ability to successfully perform as a team leader;  
Ability to develop and maintain effective working relationships with subordinates, co-workers, public and private sector organizations, community groups, and the general public;  
Ability to communicate effectively, both orally and in writing.

**EMPLOYMENT STANDARDS:**

Graduation from an accredited college or university with a master's degree in Clinical or Counseling Psychology, Clinical Social Work, or Psychiatric Nursing; PLUS  
Three years of related professional experience; OR  
Graduation from an accredited college or university with a doctoral degree in Clinical or Counseling Psychology, Clinical Social Work, or Psychiatric Nursing; PLUS  
One year of related professional experience;

**CLASS CODE:** 3630

**TITLE:** EMERGENCY/MOBILE CRISIS UNIT SUPERVISOR

**GRADE:** S-27

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**CERTIFICATES AND LICENSES REQUIRED:**

Valid Motor Vehicle Driver's license with fewer than six demerit points (or equivalent in another state) at time of appointment and maintained throughout employment with CSB;

Certification in Hostage-Barricade Negotiation Techniques, within six (6) months of appointment;

Certification in Critical Incident Stress Debriefing, within six (6) months of appointment;

Certification in Preadmission Screenings and Involuntary Detentions, and maintained throughout employment with CSB.

**NECESSARY SPECIAL REQUIREMENTS:**

Criminal background record check;

TB screening upon hire and annually thereafter;

Hepatitis C screening upon hire and annually thereafter;

Contingent upon area of assignment, some positions within this class will require a National Provider Identifier.

REVISED:	February 17, 2011
REVISED:	January 2, 2007
REGRADED:	July 8, 2006
ESTABLISHED:	September 7, 2000

**CLASS SPECIFICATION**  
**County of Fairfax, Virginia**

**CLASS CODE:** 3653

**TITLE:** MENTAL HEALTH SUPERVISOR/SPECIALIST

**GRADE:** S-26

**DEFINITION:**

Under general clinical and administrative direction, serves as a first-level supervisor, providing direction to a group of professional therapists in the implementation of a specific service or in a residential setting; OR coordinates an agency-wide support function with clinical orientation; OR serves as a therapist assigned to Emergency Services or the Mobile Crisis Unit; and performs related work as required.

**DISTINGUISHING CHARACTERISTICS OF THE CLASS:**

The Mental Health Supervisor/Specialist differs from the MH/MR/ADS Senior Clinician in that the Mental Health Supervisor/Specialist functions as a first-level supervisor over a group of professional therapists, which may include facility management, or as a certified therapist assigned to Emergency Services or the Mobile Crisis Unit, whereas the MH/MR/ADS Senior Clinician functions as a licensed/certified primary therapist in a designated area which requires a broad range of clinical expertise.

The Mental Health Supervisor/Specialist differs from the Mental Health Manager in that the Mental Health Supervisor/Specialist functions as a first-level supervisor over a group of professional therapists, which may include facility management, or as a certified therapist assigned to Emergency Services or the Mobile Crisis Unit, whereas the Mental Health Manager is responsible for administering a direct service program within a major service area, or an agency-wide support function with clinical orientation.

**ILLUSTRATIVE DUTIES:**

Provides staff supervision for all clinical aspects of the program;  
Plans, assigns, and reviews work of team members;  
Interviews and selects candidates for various positions;  
Performs complex evaluations and makes independent diagnoses using Diagnostic and Statistical Manual of Mental Disorders;  
Provides individual, family and group treatment;  
Maintains a caseload of diverse, complex, and high-risk clients;  
Develops treatment plans and adapts treatment interventions and approaches;  
Provides assessment and treatment services to clients presenting a wide variety of emotional, social, and mental disorders over a range of severity;  
Consults with professionals on a variety of problems including delivery of needed services for clinically complex cases;  
Provides liaison to community agencies to facilitate communication and service provision for clients requiring multiple services;  
Evaluates clients whose lives may be in substantial and imminent danger or who may pose an imminent, substantial risk to the lives and safety of others;

**CLASS CODE:** 3653

**TITLE:** MENTAL HEALTH SUPERVISOR/SPECIALIST

**GRADE:** S-26

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Recommends and coordinates Emergency Custody Orders;  
Responds to high-risk hostage/barricade situations;  
Responds to public safety personnel who have been exposed to psychologically traumatic events in the course of duty;  
Develops and implements program activities and services, including training and educational activities;  
Under direction, develops and implements a specialized program which is designed to maximize the effectiveness and efficiency of service provision;  
Supervises day-to-day program operations;  
Promotes awareness of program services through presentations;  
Develops and monitors program's policies and procedures;  
Facilitates voluntary or involuntary hospitalization of high-risk clients;  
Ensures that program is in compliance with applicable federal, state, and local policies, regulations, and statutes;  
Mediates and facilitates inter-and intra-program issues needing a systems perspective;  
Plans, recommends, and executes quality initiatives related to mental health standards;  
Monitors and analyzes the impact of psychotropic medication on client's functioning and mental status;  
Provides risk assessments for dangerousness to self and others;  
Provides crisis stabilization and crisis management;  
Ensures that facility is maintained and in good operating condition.

**REQUIRED KNOWLEDGE, SKILLS, AND ABILITIES:**

Extensive knowledge of the principles, theories, and methods of the psychological and social development of the individual;  
Thorough knowledge of intake procedures, social history development, and interviewing techniques;  
Thorough knowledge of major schools of treatment of emotionally and socially disturbed individuals;  
Knowledge of psychiatric, psychological, and/or sociological terminology and concepts;  
Knowledge of clinical supervisory methods and techniques;  
Knowledge of federal, state, and county laws regarding Emergency Custody Orders, Temporary Detention Orders, and involuntary commitment;  
Ability to conduct mental health assessments and apply treatment approaches/modalities;  
Ability to formulate diagnoses;  
Ability to diagnostically interpret data obtained from psychological test results, social histories, and interviews;  
Ability to prepare, produce, and conduct program presentations;  
Ability to develop, implement, manage, and evaluate programs;  
Ability to supervise and train service professionals;  
Ability to conduct performance evaluations and implement personnel procedures;  
Ability to function independently in high-stress situations;  
Ability to develop and maintain effective working relationships with subordinates, co-workers, public and private sector organizations, community groups, and the general public;

**CLASS CODE:** 3653

**TITLE:** MENTAL HEALTH SUPERVISOR/SPECIALIST

**GRADE:** S-26

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Ability to successfully perform as a team leader/member;  
Ability to communicate effectively, both orally and in writing.

**EMPLOYMENT STANDARDS:**

**For those positions serving as Mental Health Supervisors:**

Graduation from an accredited college with at least a bachelor's degree in social work, psychology, sociology, counseling or nursing (or, for certain positions providing services to children and adolescents, a Bachelor's degree in special education) PLUS four years of clinical experience OR a master's degree in social work, psychology, sociology, counseling or nursing (or, for certain positions providing services to children and adolescents, a Master's degree in special education) PLUS three years of clinical experience OR a doctoral degree in psychology, social work, counseling or nursing plus one year of clinical experience. Clinical experience means providing direct clinical services to individuals with mental illness and includes supervised internships, practicums, and field experience.

**For those positions serving as Mental Health Specialists:**

Graduation from an accredited college with at least a master's degree in social work, psychology, counseling, or nursing PLUS three years of clinical experience OR a doctoral degree in psychology, social, counseling or nursing plus one year of clinical experience and be eligible to be licensed to practice in the Commonwealth of Virginia in one of the following: Licensed Clinical Social Worker, Licensed Professional Counselor, Clinical Psychologist, Licensed Marriage and Family Therapist, or Clinical Nurse Specialist.

**CERTIFICATES AND LICENSES REQUIRED:**

MANDT Certifications within six (6) months of appointment and annually thereafter, for positions in CSB residential services;

First Aid and CPR certification within 90 days of appointment and maintained throughout CSB employment, for positions in residential programs;

Medication Administration Assistance Certification within 90 days of appointment, for positions in residential programs.

**NECESSARY SPECIAL REQUIREMENTS:**

Criminal background record check;

TB screening upon hire and annually thereafter;

Contingent upon area of assignment, some positions within this class:

- Must be eligible to provide services that can be reimbursed by Medicaid in accordance with the Virginia Department of Medical Assistance Services' requirements;
- Must meet the requirements to be a provider of Case Management Services as set forth by the Virginia Department of Medical Assistance Services;
- Must be currently licensed to practice in the Commonwealth of Virginia in one of the following: Licensed Clinical Social Worker, Licensed Professional Counselor, Clinical Psychologist, Licensed Marriage and Family Therapist, or Clinical Nurse Specialist;
- Within six (6) months of appointment, certification in
  - Hostage-Barricade Negotiation Techniques

**CLASS CODE:** 3653

**TITLE:** MENTAL HEALTH SUPERVISOR/SPECIALIST

**GRADE:** S-26

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- Critical Incident Stress Debriefing,
- Preadmission Screenings and Involuntary Detentions
- Require a valid Motor Vehicle Driver's license with fewer than six demerit points (or equivalent in another state) at time of appointment and maintained throughout employment with CSB;
- Require a Hepatitis C screening upon hire and annually thereafter;
- Require a National Provider Identifier.

REVISED:	February 17, 2011
REVISED:	January 2, 2007
REGRADED:	July 8, 2006
REISSUED W/O CHANGE:	July 18, 2000
REVISED:	June 26, 2000
ESTABLISHED:	May 23, 2000

**CLASS SPECIFICATION**  
**County of Fairfax, Virginia**

**CLASS CODE:** 3639

**TITLE:** PEER SUPPORT SPECIALIST

**GRADE:** S-15

**DEFINITION:**

Under close clinical and administrative supervision, provides information, advocacy and peer support services for consumers of mental health services; performs a variety of limited paraprofessional duties in support of wellness and recovery by assisting individuals in articulating their goals for recovery, helping them monitor their progress, modeling effective coping techniques and self-help strategies based on the specialist's own recovery experience; and performs related work as required.

**DISTINGUISHING CHARACTERISTICS OF THE CLASS:**

Not applicable.

**ILLUSTRATIVE DUTIES:**

Facilitates wellness and recovery groups (psycho-educational) and teaches recovery principles one on one;

Assists individuals to fully participate in the communities where they live and work by orienting individuals to community resources, educating how to access, and advocating for increased opportunities for involvement;

Facilitates communication and understanding between recipients and providers of services so that providers make better informed recommendations and recipients make better informed choices;

Explains services and procedures to individuals being served, and anyone they want to be involved for their support, so they know what to expect;

Assists recipients to articulate their needs and concerns to providers;

Provides a welcoming and supportive atmosphere for individuals receiving services;

Serves as advocate and liaison between individuals, families, staff, and physicians;

Assists clinical staff with supporting those being served and reviewing their progress in life skills and activities of daily living, and immediately consults with clinicians when consumers are in psychiatric crisis or appear to be at risk;

**REQUIRED KNOWLEDGE, SKILLS AND ABILITIES:**

Ability to use one's lived personal experience of mental illness and experience with accessing different levels of care;

Ability to use one's lived experience to further healthy, positive interactions with consumers at differing levels of engagement;

Knowledge of the principles, process and components of recovery;

Knowledge of ethics and boundaries as they relate to the peer specialist practice;

Knowledge of human services available from public, private and volunteer organizations;

Ability to establish rapport and maintain effective relationships and boundaries with individuals receiving services, staff, and the general public;

Ability to retrieve, compose and save progress notes into the electronic health record;

Ability to maintain confidentiality of clinical and medical records;

Ability to communicate effectively both orally and in writing;

**CLASS CODE:** 3639

**TITLE:** PEER SUPPORT SPECIALIST

**GRADE:** S-15

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**EMPLOYMENT STANDARDS:**

Any combination of education, experience and training equivalent to:  
Graduation from high school or a G. E. D. issued by a state department of education; PLUS  
One year of experience in providing peer/recovery support services.

**CERTIFICATES AND LICENSES REQUIRED:**

Certificate of Completion of Wellness and Recovery Action Plan (WRAP);  
WRAP Facilitator Certification within six months of appointment;  
Valid Motor Vehicle Driver's license with fewer than six demerit points (or equivalent in another state) at time of appointment and maintained throughout employment with CSB, for positions in residential programs;  
MANDT Certifications within six months of appointment and annually thereafter, for positions in CSB residential services;  
First Aid and CPR certification, within 90 days of appointment and maintained throughout CSB employment, for positions in residential programs;

**NECESSARY SPECIAL REQUIREMENTS:**

Criminal background record check;  
TB and Hepatitis C screening upon hire and annually thereafter.

ESTABLISHED: May 16, 2011

**CLASS SPECIFICATION**  
**County of Fairfax, Virginia**

**CLASS CODE:** 4117    **TITLE:** POLICE OFFICER II

**GRADE:** O-18

**DEFINITION:**

Under supervision, performs the full range of police patrol duties; trains/leads entry-level police officers; performs specialized duties in the area of criminal investigation, special operations, fingerprint identification, training, traffic safety, canine handling, crime prevention, or public information; or serves as a crime scene technician, bomb technician, helicopter pilot, helicopter observer/medical technician, applicant detective/recruiter, or motorcycle officer; and performs related work as required.

**DISTINGUISHING CHARACTERISTICS OF THE CLASS:**

This is full-performance level police work. Positions in this class may serve as lead officers over Police Officer I employees or perform specialized non-supervisory police duties.

**ILLUSTRATIVE DUTIES:**

As a field training officer/lead patrol officer: trains new recruits in the daily performance of their duties; investigates fatal motor vehicle accidents; assists in the investigation of serious personal injury accidents; assists in the preliminary investigation of serious crimes; acts as evidence collector/technician; fully investigates crimes not forwarded to a criminal investigator.

As a criminal investigator: conducts a thorough investigation for a variety of complex criminal offenses, including collecting and interpreting physical evidence, interviewing victims, witnesses, and suspects, securing appropriate warrants, and coordinating with the Commonwealth Attorney's Office in presenting the case at trial.

On the Tactical Squad: participates in special operations, such as surveillances, crowd and riot control, service of warrants, raids, decoy operations, barricade and hostage situations, VIP security, selective enforcement.

In fingerprint identification: classifies inked fingerprints; compares latent and inked fingerprints; develops and enlarges photographs of prints; enters prints into the automated fingerprint identification system (NOVARIS); prepares and presents evidence in court.

In the Training Division: develops comprehensive lesson plans and training programs; researches and analyzes training needs; instructs recruits and experienced officers.

In the Traffic Safety Section: identifies traffic hazards and develops/implements plans to remove them; develops and presents traffic safety programs to student, business, and civic groups.

As a canine officer: trains and cares for a police dog; responds to calls in which police dogs can

**CLASS CODE:** 4117    **TITLE:** POLICE OFFICER II

**GRADE:** O-18

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assist, such as tracking suspects or lost persons and searching for evidence.

As the crime solvers coordinator: administers the Crime Solvers Program.

As a crime prevention officer: prepares and delivers presentations on a variety of law enforcement topics to a wide range of business, professional, student, and civil groups; presents crime prevention programs; acts as an agent in ensuring that the law enforcement needs of the community are met.

In the Public Information Office: serves as official departmental spokesperson with the news media and public; responds to the scene of major police incidents and coordinates the release of information to the news media.

As a crime scene technician: lifts and develops latent fingerprints; takes, develops and enlarges photographs; collects evidence; prepares crime scene sketches; prepares and presents graphics and oral testimony in court.

As a bomb technician: identifies and renders safe a variety of explosive devices.

As a helicopter pilot: operates a rotor-wing aircraft performing aerial traffic surveillance, crime detection/prevention, rescue and transport of critical trauma patients to local hospitals.

As a helicopter observer/medical technician: carries out routine police aviation duties; performs observer/spotter activities when responding to crime scenes or performing aerial surveillance of suspects; and administers emergency medical care to seriously injured trauma patients or seriously ill cardiac care patients during transport to a medical facility.

As an applicant detective/recruiter: conducts background investigation on all applicants for agency positions; interviews applicants; coordinates and attends job fairs and recruiting trips; conducts background investigation on candidates for County department head positions.

As a motorcycle officer: maintains a safe and efficient flow of traffic at the scene of accidents, traffic signal malfunctions, disasters, and large gatherings; provides an escort for parades, funerals, and dignitaries; collects and analyzes information relating to traffic problems; develops and implements selective enforcement tactics.

**CLASS CODE:** 4117    **TITLE:** POLICE OFFICER II

**GRADE:** O-18

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**REQUIRED KNOWLEDGE, SKILLS, AND ABILITIES:**

Thorough knowledge of the assigned specialty;  
Knowledge of modern methods and practices of criminal investigation and identification;  
Knowledge of departmental rules and regulations;  
Knowledge of the geography of the County;  
Skill in applying the methods and techniques of the assigned speciality;  
Skill in the use of firearms;  
Ability to effectively communicate with persons of all ages and walks of life;  
Ability to remember names, faces, and details;  
Keen sense of observation;  
Ability to comprehend and execute complex oral and written directions;  
Ability to exercise good judgement in stressful situations;  
Good physical condition.

**EMPLOYMENT STANDARDS:**

Any combination of education, experience, and training equivalent to:  
Graduation from high school or a G.E.D. issued by a state department of education; PLUS  
Two years of experience as a Fairfax County Police Officer I.

**CERTIFICATES AND LICENSES REQUIRED:**

Possession of a valid Motor Vehicle Drivers License;  
Certification as a Law Enforcement Officer by the Virginia Department of Criminal Justice Services;  
Certification in the Virginia Crime Information Network (VCIN);  
Certification in firearms proficiency.

If assigned to the Motor Section, a Motorcycle Operator's License;  
Possession of the Fairfax Motor Certification.

If assigned as a helicopter paramedic, certification as an Emergency Medical Technician-Cardiac (EMT-C) or Emergency Medical Technician-Paramedic (EMT-P).

If assigned as a helicopter pilot, possession of a current Commercial Rotor Craft (or higher appropriate) Pilot's License and possession of a current Class II (or higher) Federal Aviation Administration medical certificate.

If assigned to the Criminal Justice Academy, certification by the Commonwealth of Virginia as a Law Enforcement Instructor, in addition to certification as a Firearms Instructor or Driver Training Instructor, corresponding with assignment.

**CLASS CODE:** 4117

**TITLE:** POLICE OFFICER II

**GRADE:** O-18

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**NECESSARY SPECIAL REQUIREMENTS:**

Must be a citizen of the United States;

Must have successfully completed a criminal background investigation, a polygraph examination, a psychological examination, and a physical ability test prior to appointment;

Must be able to perform essential job functions (reasonable accommodation may be made on a case-by-case-basis);

Must have never committed, been involved in, or been convicted of, a felony or serious misdemeanor;

Must be of good character and reputation.

REVISED: October 1, 1999

REVISED: July 28, 1984

# Letters of Support



# County of Fairfax, Virginia

To protect and enrich the quality of life for the people, neighborhoods and diverse communities of Fairfax County

April 28, 2015

Debra Ferguson, PhD  
Commissioner  
Virginia Department of Behavioral Health and Developmental Services  
P.O. Box 1797  
Richmond, VA 23218

Dear Dr. Ferguson,

The purpose of this letter is to lend our support to the Fairfax-Falls Church Community Services Board's (CSB) application for funding for a Crisis Intervention Team (CIT) Assessment Site.

The County Executive's office fully supports this application and will work to assure collaboration and cooperation across the county government system as well as involvement of members of our community. Developing a local CIT Assessment Site will enhance our efforts to support people with mental illness in our community.

Prior to the funding award, we will support the formalization of our Memoranda of Understanding with key law enforcement and CSB partners. We will also support the development of policies and procedures related to funding requirements to assure operational and administrative success. We will work to assure that all positions are in place to successfully launch programming within DBHDS required timeframes. The stakeholder group was formalized by the Board of Supervisors on April 28 and we will actively participate in all aspects of successful CIT Assessment Site implementation.

The establishment of a CIT Assessment site is a need in our community and I fully support this application. Thank you for your consideration of this application.

Sincerely,

Patricia Harrison, Deputy County Executive  
Dave Rohrer, Deputy County Executive

cc: Tisha Deehgan, Executive Director Community Services Board



# County of Fairfax, Virginia

To protect and enrich the quality of life for the people, neighborhoods, and diverse communities of Fairfax County

Colonel  
Edwin C. Roessler Jr.  
*Chief of Police*

May 4, 2015

Dr. Debra Ferguson, PhD  
Commissioner  
Virginia Department of Behavioral Health and Developmental Services  
P.O. Box 1797  
Richmond, Virginia 23218

Dear Dr. Ferguson:

This letter is to provide written commitment to the Fairfax-Falls Church Community Services Board's (CSB) application for funding for a Crisis Intervention Team (CIT) Assessment Site. The Fairfax County Police Department (FCPD) fully supports this application and has shared a long-term partnership with the CSB.

The FCPD will be actively engaged in the CIT Assessment Site and consider it a vital component to our efforts to support people with mental illness in our community. Prior to the funding award, we will participate in the formalization of our Memorandum of Understanding and policies and procedures related to: transfer of custody, dispatching CIT-trained officers on known mental health calls, transportation to CIT Site guidelines, officer roles at CIT Site, diversion approaches, integration of the CIT Site into the CIT Program, data collection responsibilities, and operational and administrative policies. We have recently formalized the establishment of a local stakeholder group and are fully committed to participating in all aspects of a successful CIT Assessment Site.

The establishment of a CIT Assessment site is a need in our community and I fully support this application. Thank you for your consideration of this application.

Sincerely,

Edwin C. Roessler Jr., Colonel  
Chief of Police

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**Fairfax County Police Department**  
4100 Chain Bridge Road  
Fairfax, Virginia 22030  
703-246-2195, TTY 711  
Facsimile 703-246-3876  
[www.fairfaxcounty.gov](http://www.fairfaxcounty.gov)





# County of Fairfax, Virginia

To protect and enrich the quality of life for the people, neighborhoods and diverse communities of Fairfax County

**Stacey A. Kincaid**  
Sheriff

Debra Ferguson, PhD  
Commissioner  
Virginia Department of Behavioral Health and Developmental Services  
P.O. Box 1797  
Richmond, VA 23218

**Lieutenant Colonel  
Kevin B. Andariese**  
Chief Deputy of  
Administration

April 28, 2015

**Lieutenant Colonel  
Mark W. Sites**  
Chief Deputy of  
Operations

Dear Dr. Ferguson,

I am writing in support of the Fairfax-Falls Church Community Services Board's (CSB) application for funding for a Crisis Intervention Team (CIT) Assessment Site. The Fairfax County Sheriff's Office is in full support of this application and has shared a long-term partnership with the CSB.

Accredited by:

American Correctional  
Association

National Commission on  
Correctional Health Care

Virginia Department  
of Corrections

Virginia Law Enforcement  
Professional Standards  
Commission

The Sheriff's Office is committed to the development of a local CIT Assessment Site and it will add a needed service to our efforts to support people with mental illness in our community. Prior to the funding award, we will participate in the formalization of our Memorandum of Understanding and related to our partnership with the CSB. We will develop policies and procedures related to transfer of custody, CIT training for staff from the Sheriff's office, transportation guidelines, CIT Site roles, diversion approaches, integration of the CIT Site into the CIT Program, data collection responsibilities, and operational and administrative policies. A stakeholder group was formalized by the Board of Supervisors on April 28 and we will actively participate in all aspects of a successful CIT Assessment Site.

The establishment of a CIT Assessment site is a need in our community and I fully support this application. Thank you for your consideration of this application.

Sincerely,

Stacey A. Kincaid  
Sheriff

**Fairfax County Sheriff's Office**  
4110 Chain Bridge Road, Fairfax, VA 22030  
703-246-3227; TTY 711  
Facsimile 703-359-4192  
[www.fairfaxcounty.gov/sheriff](http://www.fairfaxcounty.gov/sheriff)





# County of Fairfax, Virginia

To protect and enrich the quality of life for the people, neighborhoods and diverse communities of Fairfax County

**Office of the Fire Chief**

April 30, 2015

Debra Ferguson, PhD  
Commissioner  
Virginia Department of Behavioral Health and Developmental Services  
P.O. Box 1797  
Richmond, VA 23218

Dear Dr. Ferguson:

The purpose of this letter is to lend our support to the Fairfax-Falls Church Community Services Board's (CSB) application for funding for a Crisis Intervention Team (CIT) Assessment Site.

Fairfax County Fire and Rescue is in full support of this application and will work to assure collaboration and cooperation with all first responders as well as involvement of members of our community. Developing a local CIT Assessment Site will enhance our efforts to support people with mental illness in our community. Prior to the funding award, we will support the formalization of our Memoranda of Understanding with key first responders and other CSB partners. We will also support the development of policies and procedures related to funding requirements to assure operational and administrative success. We will also serve on the stakeholder group.

The establishment of a CIT Assessment site is a need in our community and I fully support this application. Thank you for your consideration of this application.

Respectfully,

Fire Chief Richard Bowers  
Fairfax County Fire and Rescue





April 29, 2015

Debra Ferguson, PhD  
Commissioner  
Virginia Department of Behavioral Health and Developmental Services  
P.O. Box 1797  
Richmond, VA 23218

Dear Dr. Ferguson,

I am writing on behalf of the National Alliance on Mental Illness (NAMI) Northern Virginia to express our support of the Fairfax-Falls Church Community Services Board's (CSB) application for funding for a Crisis Intervention Team (CIT) Assessment Site. NAMI Northern Virginia and Concerned Fairfax, an advocacy group of NAMI Northern Virginia, fully endorse this application.

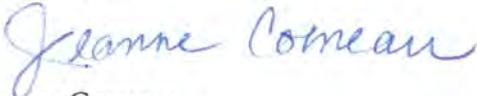
NAMI Northern Virginia is the local affiliate of the National Alliance on Mental Illness. We provide education to the community and support to individuals and family members whose lives have been affected by mental illness. We have worked with the Fairfax-Falls Church CSB through a long-term partnership.

Through the experiences of our members, and the many calls and emails our Help Line receives, we are well aware of the many challenges that individuals—and their families—face when they come in contact with the criminal justice system. Further, we understand the challenges that local law enforcement officers face in these instances. It is important for our community that there is available capacity to provide acute behavioral health services to those in need, when they need it.

A local CIT Assessment Site is greatly needed to help divert people living with mental illness from incarceration and into the supportive services they need. We are very pleased that this proposal includes peer specialists in addition to clinical staff and law enforcement officers. We are committed to this effort as members of the stakeholder group and will participate in the development of policies and procedures to be completed by July 1. We will actively participate in all aspects of successful CIT Assessment Site implementation.

The establishment of a CIT Assessment site is an essential component to promoting and supporting wellness in our community. On behalf of NAMI Northern Virginia and the community we serve, I respectfully urge your approval of the Fairfax-Falls Church Community Services Board's (CSB) application. Thank you for your time and attention to this important matter. Please feel free to contact me if you have any questions.

Sincerely,



Jeanne Comeau  
Executive Director