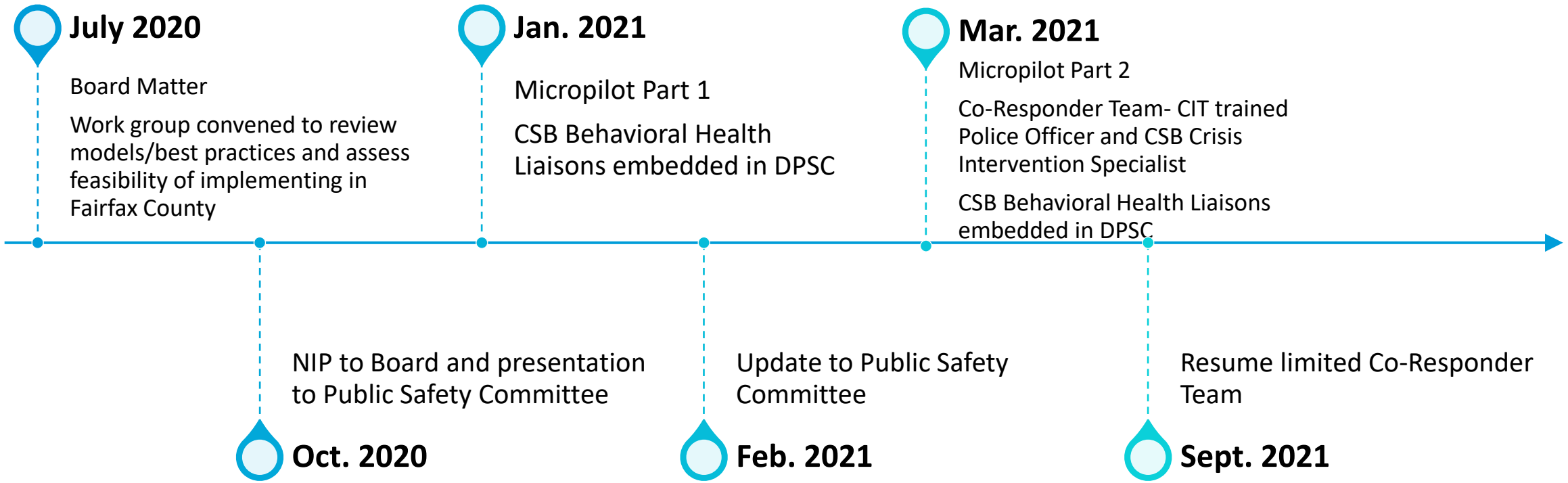
FAIRFAX COUNTY
VIRGINIA

Proposed Response to Behavioral Health Crisis Calls

Lisa Potter, Director, Diversion Initiatives
Abbey May, Director, Emergency and Crisis Services, Community Services Board
James Krause, Captain, Fairfax County Police Department
Redic Morris, Strategic Planner, Department of Public Safety Communications

Public Safety Committee Meeting
September 28, 2021

Background



State Marcus Alert planning

Current Crisis Continuum

The right intervention, at the right time, by the right person

PRS CrisisLink - Regional crisis call/text line

Merrifield Crisis Response Center - General Emergency Services and diversion from potential arrest

Mobile Crisis Unit - Crisis response to community calls (2 units)

Community Response Team - Outreach and care coordination for frequent utilizers of public safety services

Detoxification Center and Detox Diversion - Detoxification services and diversion in lieu of arrest

Crisis Stabilization Centers - Regional and local

CR2 - Regional crisis response for youth

REACH - Regional crisis response for individuals with developmental disabilities

Micropilot Part 2

Exploratory effort to learn about logistical and operational considerations for launching a primary response Co-Responder program in Fairfax County

- CSB Crisis Intervention Specialist and Crisis Intervention Team (CIT) trained police officer paired to respond to 9-1-1 calls related to behavioral health issues
- CSB Crisis Intervention Specialist deployed to Department of Public Safety Communications (DPSC) to serve as a Behavioral Health Liaison (BHL)

Goals:

- Link community members to needed behavioral health services
- Gather data for co-response events (i.e., response time, de-escalation, number diverted from arrest/incarceration and hospitalization)
- Help inform next steps, to include a long-term crisis response approach

Micropilot Part 2 Outcomes

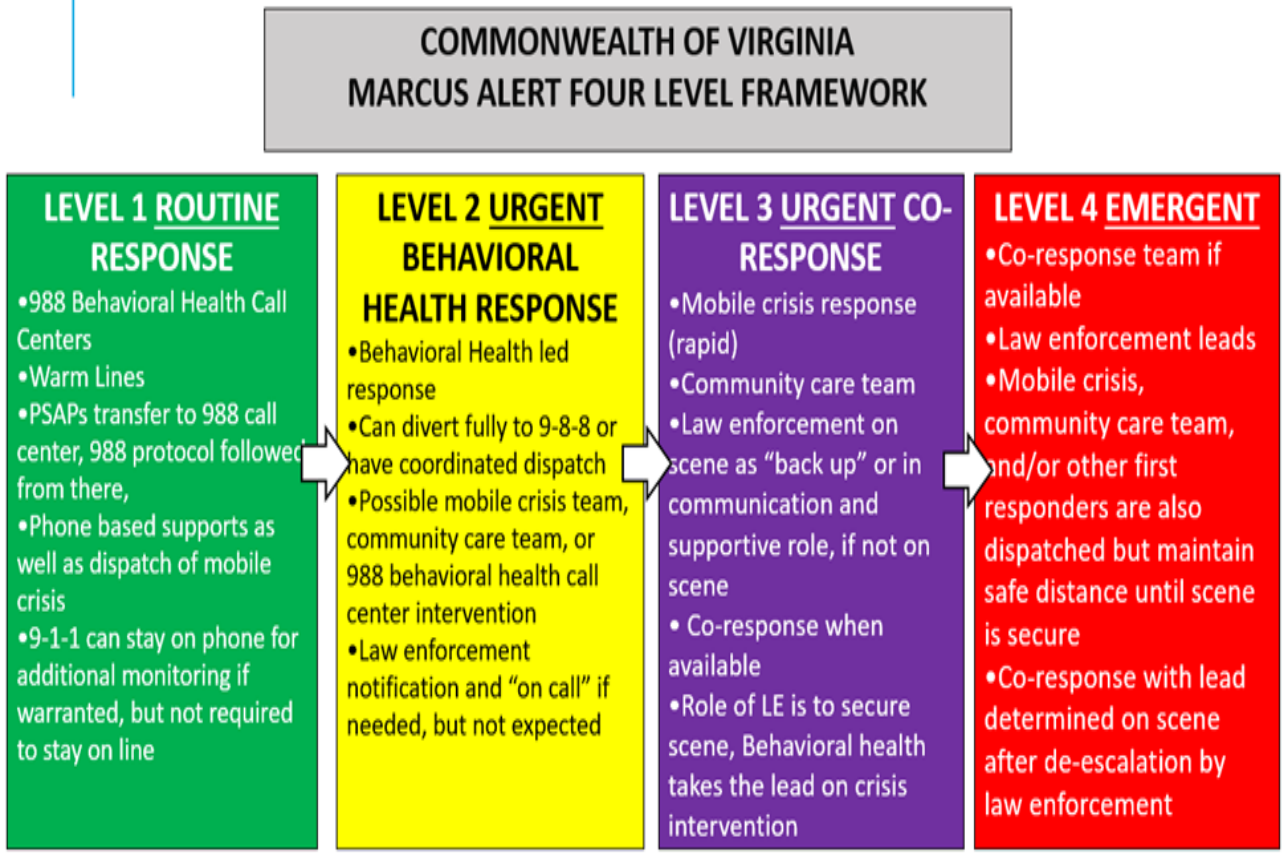
This initial effort demonstrated that this approach was effective in responding to and de-escalating behavioral health crises

- Approximately half of the calls were de-escalated in the community, requiring no additional intervention
- 40% were diverted from potential arrest or hospitalization
- Most responses involved mental health and/or substance related issues, and a few responses involved intellectual/developmental disabilities, domestic disputes and cognitive impairments
- Average response time was 11 minutes
- Average time on scene was 40 minutes
- Sixty-three percent of responses were in residential locations (remaining calls were in commercial or public spaces)
- 90% of the responses involved adults (10% involved youth)
- FRD was dispatched separately, as needed, and could also request the team

Why This Model for the Micropilot Part 2

- This model was selected after a thorough review of programs and consultation with experts from across the country
- Addresses a gap in the current crisis response continuum
- Will draw upon the existing collaborative relationships between behavioral health specialists and CIT trained law enforcement
- With a primary response to 9-1-1 calls, the inclusion of law enforcement is critical
  - In other crisis response models, teams have an opportunity to gather information about the nature of the call and the individual crisis.
  - There are a number of unknown variables and in some cases, potentially high-risk situations.
  - Some behavioral health calls involve individuals who are at risk of harming themselves or others, and an emergency custody order (ECO) is needed. Law enforcement officers have the statutory ability to enact an ECO; having an officer already on scene is essential to continuity of care.

Alignment with Marcus Alert



Level 1

Calls that may come through pending regional crisis call center; or calls that come through 9-1-1 and can be routed to the regional call center

Level 2

Appropriate for regional call center and/or behavioral health response (i.e., Mobile Crisis Units)

Level 3

Appropriate for Co-Responder team response

Level 4

Appropriate for Co-Responder team response

Calls for Service

Mental health related calls for service YTD 2021- 9,081

Mental health related calls for service YTD 2020- 6,638

Mental health related calls for service YTD 2019- 5,189

In addition to mental health related calls, examples of potential call types for Co-Responder team include: suicide threats, disorderly conduct, suspicious person, trespassing, drunk in public, domestic dispute/violence

Proposed Long-Term Program

Component 1- Co-Responder Team

One Officer and one Crisis Intervention Specialist will ride/respond together

Coverage – Shift hours will be data driven

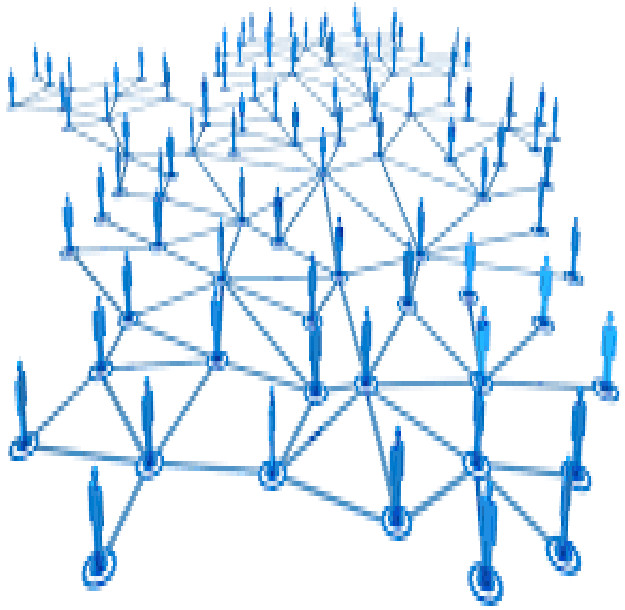
- Phase 1: 8 co-responder teams on a A/B shift schedule
  - 4 teams working every day, each team covering two police districts
  - 7 days a week, 14-16 hours of coverage per day

Future phases could expand to include additional teams/coverage and additional hours

Proposed Long-Term Program

Component 2- Behavioral Health Liaisons

- Crisis Intervention Specialists based at the 9-1-1 dispatch Center
- Help to research calls and provide support to Co-Responder Team
- Can help provide a bridge to pending behavioral health call center



Intersection with Regional Crisis Call Centers and 9-8-8

- Federal legislation passed in 2020 allows the National Suicide Prevention Lifeline (NSPL) to be accessible by dialing 9-8-8 and will be accessible to all localities July 2022
- In the Commonwealth, the Regional Crisis Call Centers will be designated as 9-8-8 Crisis Hotline Centers
- Regional Crisis Call Centers are expected to launch prior to 9-8-8, and will eventually be a part of the 9-8-8 system
- Goal of Regional Call Centers is to have one number to call for behavioral health crises in our community

Proposed Long-Term Program

Component 3- Peer Support Specialists

- Self-identified person with lived experience with mental health and/or substance use issues who is in successful and ongoing recovery
- Certified Peer Recovery Specialists provide non-clinical, person-centered support
- Can respond with Crisis Intervention Specialists to non-emergent calls that do not require a co-response with law enforcement

Resources Needed for Implementation

Year 1/Phase 1

10 Crisis Intervention Specialists
2 Behavioral Health Liaisons
4 Peer Recovery Specialists
1 Behavioral Health Supervisor
8 Police Officers
1 Police Supervisor
26 positions*

Operational costs include vehicles, laptops, mobile phones, equipment, etc.

Cost: Approximately $4.0M

Will evaluate Year 1/Phase 1 to determine future needs and Phases

*Recruitment/hiring/retention challenges

Funding

Recommending funds for Phase 1 through American Rescue Plan Act (ARPA)

*ARPA allows for programs providing behavioral health services

If initially funded through ARPA, baseline costs will be incorporated into the FY 2023 budget process

Questions?