FAIRFAX COUNTY
VIRGINIA

Status Update on Public Safety Response to Behavioral Health Calls

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Public Safety Committee Meeting
February 2, 2021

Marcus Alert

Phase 1 Implementation

- Five localities in Virginia will participate in Phase 1 implementation- Dec. 1, 2021
- In our region, another locality was selected for Phase 1
- As the largest jurisdiction in our region, we expect to be in Phase 2 implementation- Dec. 1, 2022

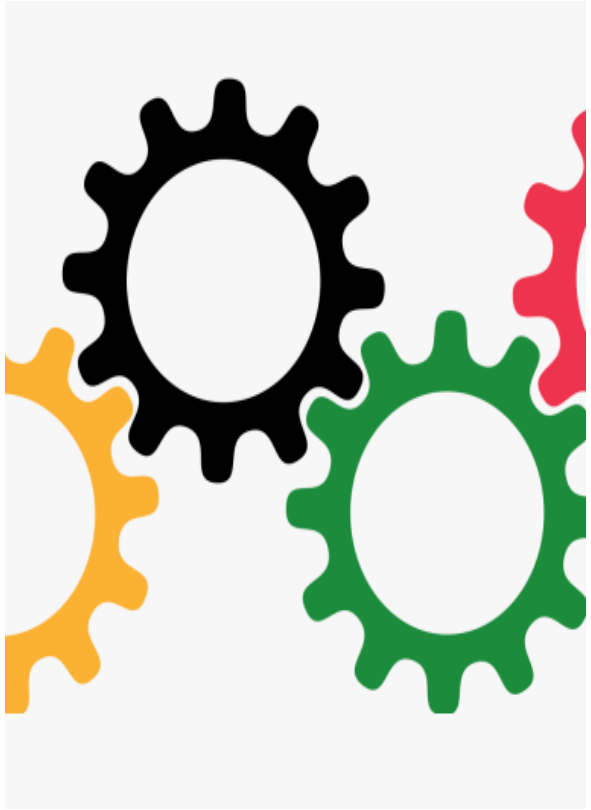
Statewide Stakeholders Group

- Stakeholder group will catalog existing programs and help to develop statewide protocols and requirements for implementation and program evaluation
- 40 stakeholders on group; over 300 applications received
- Community Services Board (CSB) Executive Director and Department of Public Safety Communications (DPSC) Strategic Planning Manager selected to participate

Micropilot Part 1

DPSC/CSB Collaboration

- CSB clinicians rotated through DPSC for 8 weeks
- Received an orientation to DPSC operations and systems and spent time with dispatchers and Police and Fire and Rescue Liaisons
- Listened to a sampling of potential behavioral health calls and identified calls that could potentially receive a behavioral health response (i.e., possible co-response, possible de-escalation over the phone, case management/linkage to other behavioral health services)
  - 82% of the calls reviewed by clinicians indicated that a behavioral health/co-response would have been beneficial
  - An additional 15% indicated that additional behavioral health involvement/resources would have been beneficial
- Reviewed these calls with DPSC micropilot facilitators



Micropilot Part 1- Lessons Learned

- Calls are complex, and it may not be immediately clear whether there is a behavioral health component
- Given the nature of 911 calls, the DPSC triage process requires quick decision-making
- In contrast, the process for Mobile Crisis calls allows for more research prior to a response
- Based on sampling of calls reviewed by CSB staff, a significant percentage could have benefitted from a co-response
- Micropilot enhanced communication and collaboration; participants agreed that it would be helpful to have a long-term behavioral health presence at DPSC

Micropilot Part 2

After a thorough review of models and consideration of the best starting place for Fairfax County, there are plans to launch a Micropilot Part 2 focusing on a co-response approach

Why this approach?

- Safety of community and team members
- Enhanced communication and collaboration
- Aligned with Marcus Alert, and neighboring jurisdictions

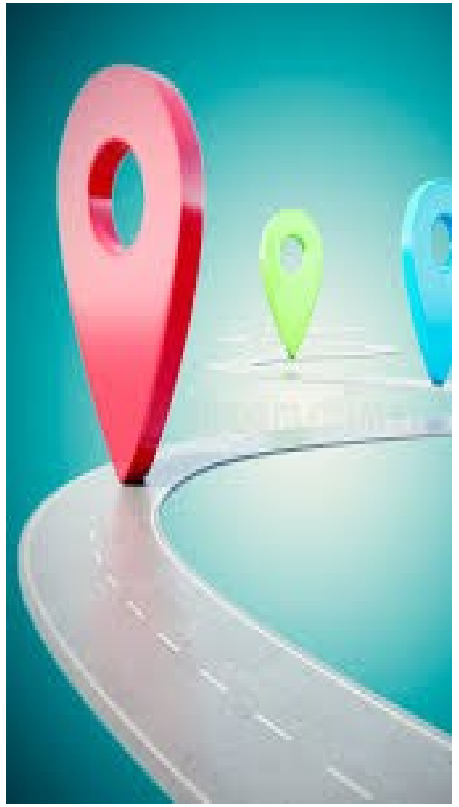
Several other jurisdictions across the country use a co-response approach

Examples include: Bexar County, TX, Houston, TX, Tucson, AZ, Boston, MA, Colorado Springs, CO

Micropilot Part 2

Crisis Intervention Specialist from the Mobile Crisis Unit (MCU) paired with CIT Police Officer

- One of the two existing MCUs will participate in the micropilot
- 3 days a week, 8-hour shifts (Wednesday-Friday; 12:00-8:00pm)
- Fire and Rescue can request co-response (MCU or MCU/PD)
- Weekly meeting to assess what is working well and what might need to be adjusted
- Planning to start in February; anticipating 6 weeks and will re-assess capacity throughout process



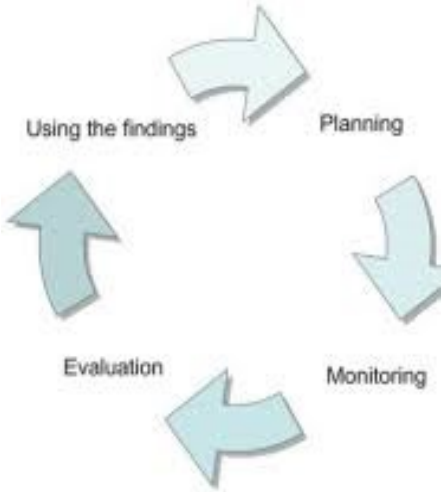
CSB Crisis Intervention Specialist at DPSC

- Mirror co-response shifts
- Assist with identifying potential calls for co-response and/or provide DPSC with behavioral health resources
- Research calls to assist team

Micropilot Part 2

Goals:

- Learn more about calls that would be appropriate for a behavioral health response
- Gather data for co-response events (i.e., response time, duration, number diverted from arrest/incarceration and hospitalization)
- Link community members to needed behavioral health services
- Help inform next steps, to include a long-term crisis response approach
    - Assess logistics and resource needs
    - Is this approach feasible long-term?
    - Are there other partners that should be included to expand the scope?
    - What would it take to scale up to a 24/7/365 countywide system?
- Ensure we continue to be aligned with Marcus Alert implementation
- ***Assess whether this approach provides the right intervention, at the right time, by the right person***



Moving Forward

Timeframe and scope of pilot limited by existing resources

- Utilizing one of the two existing MCUs will impact MCU operations and existing crisis response services available to community members
- Resources have been further limited by the pandemic

Dedicated and assigned staff will be needed for implementation beyond the Micropilot Part 2

Ultimate goal is a 24/7/365 response

- Continued collaboration between DPSC and CSB
- Teams could include Crisis Intervention Specialists, Law Enforcement Officers, Fire and Rescue/EMS, Peer Support Specialists and a Behavioral Health Liaison at DPSC
- For a 24/7/365 response, multiple staff needed for each team to provide coverage
- More information will be gleaned from the Micropilot Part 2 (i.e., calls/events received, volume, duration, outcome)

Actively monitoring the state process/Marcus alert implementation and potential impact on our approach

Next Steps

- Launch Micropilot Part 2
- Evaluate Micropilot Part 2
- Determine resources for implementation beyond the Micropilot

Questions?