

Ad Hoc Police Practices Review Commission
Mental Health and CIT Subcommittee
Final Report and Recommendations

INTRODUCTION

Police officers have increasingly become the first responders when a citizen is in the midst of a psychiatric crisis. This is certainly true in Fairfax County, where the Police Department responds annually to over 5,000 calls for service related to individuals living with a mental illness who need assistance. According to the National Alliance on Mental Illness (NAMI), up to 40% of adults who experience serious mental illness in their lifetime will come into contact with the police and the criminal justice system at some point in their lives.¹ The vast majority of these individuals will be charged with minor misdemeanor and low-level felony offenses that are a direct result of their psychiatric illnesses - the most common being trespassing or disorderly conduct.

Despite the minor nature of these crimes, encounters between persons with mental illness and the police can escalate, sometimes with tragic consequences. Nearly half of all fatal shootings by law enforcement locally and nationally involve persons with mental illnesses. A poignant example of a fatal encounter between the Fairfax Police and an individual in crisis is the January 2010 fatal shooting by Fairfax Police of David Masters, a 52 year-old man with mental illness who'd been accused of taking flowers from the front of a business.

Jails and prisons have become the largest psychiatric facilities in our nation. There are nearly fourteen times as many people with mental illnesses in jails and prisons in the United States as there are in all state psychiatric hospitals combined. Each year, roughly 2.2 million people experiencing serious mental illnesses are arrested and booked into jails nationwide. Jails are not designed or adequately equipped and staffed to provide the treatment those individuals need.

On any given day, 500,000 people with mental illnesses are incarcerated in jails and prisons across the United States, and 850,000 people with mental illnesses are on probation or parole in the community.² In July of 2013, Virginia's local and regional jail systems reported 6,346 incarcerated persons with mental illness, of which 56% qualified for a diagnosis of serious mental illness.³ The recent death of an inmate with schizophrenia in the Fairfax County Adult Detention Center has focused a spotlight in our county on this troubling reality.

According to Fairfax County Sheriff Stacey Kincaid, nearly half of all Fairfax County Jail inmates at any given time have mental health and/or co-occurring substance abuse disorders. Nationally, persons with mental illnesses remain incarcerated four to eight times longer than

¹NAMI Public Policy Research Institute document, "Spending Money in all the Wrong Places: Jails & Prisons", Page 1.

http://www2.nami.org/Content/NavigationMenu/Inform_Yourself/About_Public_Policy/Policy_Research_Institute/Policy_makers_Toolkit/Spending_Money_in_all_the_Wrong_Places_Jails.pdf

² 2014 Virginia Office of State Inspector General's Report "A Review Of Mental Health Services In Local And Regional Jails", Page 1. <http://www.fairfaxcounty.gov/policecommission/subcommittees/materials/attachment-1.pdf>

³ 2014 Virginia OSIG Report, Page 2.

those without mental illnesses for the exact same charge and at a cost of up to seven times higher, making their incarceration a financial burden for taxpayers, as well as, a social/health/justice issue.⁴

The importance of appropriate responses to helping individuals in mental health crises and to diverting individuals who might be arrested into treatment programs cannot be overstated.

The Task of The Mental Health and CIT Subcommittee

The subcommittee was asked to review current policies and practices of the Fairfax County Police Department and the Fairfax County Sheriff's Office that involve their personnel's interactions with persons in physical or mental health crisis and/or those with intellectual disabilities, and to develop recommendations to propose to the full Ad Hoc Police Practices Review Commission to be included in the Commission's Report to the Fairfax County Board of Supervisors and the Fairfax County Sheriff.

The subcommittee was specifically asked to review Crisis Intervention Team training for law enforcement officers, which helps law enforcement officers recognize, evaluate, and de-escalate encounters with individuals in mental distress.

The "gold standard" for Crisis Intervention Team training was established by the Memphis City Police Department in 1988 after a police officer fatally shot a man who was mentally ill. Since implementation, Memphis has dramatically reduced fatal police shootings, officer injuries and costly lawsuits. It has also greatly improved police/community relations. The Memphis Model has been widely accepted and implemented throughout the United States.

Of special interest to this Commission, the subcommittee believes that continuing the move to the Memphis Model will have a positive impact on every police interaction with the public in Fairfax County, not just those residents who suffer from mental illness. In the City of Memphis, the change in approach has resulted in an attitudinal shift within the police department as it relates to all of their encounters with the community, a shift from military/aggressive or warrior mentality to a community/service or guardian one.

The Memphis Model requires forty hours of training for law enforcement officers. However, this model is not simply a forty hour training program for law enforcement officers. Rather, according to its chief architect, retired Major Sam Cochran, the so-called "Father of CIT" the

⁴ Testimony from Miami Dade County Judge Steve Liefman before the U.S. Senate.

"Several years ago, the Florida Mental Health Institute at the University of South Florida completed an analysis examining arrest, incarceration, acute care, and inpatient service utilization rates among a group of 97 individuals in Miami-Dade County identified to be frequent recidivists to the criminal justice and acute care systems. Nearly every individual was diagnosed with schizophrenia...Over a five year period, these individuals accounted for nearly 2,200 arrests, 27,000 days in jail, and 13,000 days in crisis units, state hospitals, and emergency rooms. The cost to the community was conservatively estimated at \$13 million with no demonstrable return on investment in terms of reducing recidivism or promoting recovery. Comprising just five percent of all individuals served by problem-solving courts targeting people with mental illnesses, these individuals accounted for nearly one quarter of all referrals and utilized the vast majority of available resources."

Model emphasizes broad Crisis Intervention Team training. Cochran explained in an email, “Police training is great, but training without supportive state, county, and local support and participation is a cosmetic approach: a Band-Aid approach at best.”⁵

The Memphis Model requires law enforcement, citizens, mental health providers, and the judicial system to work together to achieve two core goals: “(1.) Improving officer and consumer (persons with mental illnesses) safety and (2.) Redirecting individuals with mental illnesses from our judicial system into our health care system.” (Underline added by subcommittee for emphasis.)⁶

Fairfax Police Chief Edwin C. Roessler, Jr. and Fairfax Sheriff Stacey A. Kincaid have endorsed the Memphis Model and it is fully supported by the Community Services Board. However, Fairfax County has not yet implemented all of the necessary elements of the supportive collaborative network required to take full advantage of the Memphis Model and go beyond the “Band-Aid” stage.

How It’s Done – Best Practices

One nationally recognized example of the Memphis Model can be found in Bexar County, Texas, home of San Antonio, which was visited by three subcommittee members and Sheriff Kincaid among others on a recent fact-finding tour.

Using a Crisis Intervention Team training approach, Bexar County diverts more than 4,000 individuals in mental health crises into appropriate services at a savings of at least \$5 million annually in jail costs and \$4 million annually by preventing inappropriate admissions to emergency rooms. Estimated total savings since adopting their variation of the Memphis Model eight years ago exceed fifty million dollars.⁷ As importantly, subcommittee members learned on their fact-finding tour that the use of force in Bexar County inside the jail has gone from fifty incidents per year, to three incidents in six years, according to Bexar County officials.

A key component of the Crisis Intervention Team training approach in Bexar County is the operation of an assessment site where persons in crisis can be taken by police rather than being booked into jail or transported to an emergency room. At this 24-hour center, new arrivals are evaluated by mental health professionals and, when possible, diverted from the criminal justice system into community mental health care.

In Bexar County, individuals who face criminal charges have the option of appearing before a mental health court judge who can direct them into appropriate treatment programs and monitor their compliance rather than a regular district court judge who would sentence them to jail terms where their conditions often worsen and from which they are eventually discharged untreated. These court involved diversions have proven effective at, in the vast majority of cases, ending repeated arrests.

⁵ Email notes from Sam Cochran. <http://www.petearley.com/2010/02/23/a-lecture-from-a-hero-of-mine/>

⁶ Crisis Intervention Team Core Elements, Page 3. http://www.cit.memphis.edu/information_files/CoreElements.pdf

⁷ Blueprint for Success: The Bexar County Model, Page 1.

<http://www.fairfaxcounty.gov/policecommission/subcommittees/materials/jail-diversion-toolkit.pdf>

How and When To Implement in Fairfax County

Here in Fairfax County, the average annual cost of incarcerating an individual in the County jail is estimated to be approximately \$50,000. By comparison, the subcommittee learned that the average cost for the CSB to serve someone in an intensive case management program is approximately \$7,500 per year. The opportunity to realize significant savings similar to what Bexar County has experienced certainly exists here and Fairfax County already has some of the required infrastructure in place.

Crisis training for law enforcement, crisis assessment sites, and mobile crisis units are considered “best practices” in a diversion program and recommended/endorsed by the federal government and state government. The Virginia Department of Behavioral Health and Disability Services (DBHDS) has issued grants to local communities to establish the Memphis Model. It has set aside \$1.8 million to add six crisis assessment sites to the eighteen already operating in the Commonwealth.⁸

In addition, Virginia currently has mental-health dockets in four jurisdictions, with one most recently established in Prince William County. A study by Old Dominion University found that the Norfolk mental-health docket translated into fewer repeat offenders, less jail time, improved mental health through treatment, and a jail-costs savings of \$1.63 million over eighteen months. Similarly, in Petersburg’s mental health docket, only four of fifty people (8%) in the program re-offended, in sharp contrast to the 60% to 75% recidivism rate through the normal court process.⁹ At the August 3, 2015 initial meeting of the Diversion First program established by Chairman Bulova, Judge Thomas Mann, of the Juvenile and Domestic Relations District Court, advised that he would commence a mental health docket in Fairfax County.

Fairfax County officials recently requested a \$1.4 million state grant to improve Crisis Intervention Team/Jail Diversion services. Part of this grant would have helped fund the opening of a Merrifield crisis assessment site. The Fairfax/Falls Church Community Services Board has space allocated at its new Merrifield facility for a crisis assessment site, but cannot utilize the space until funding is found.

The Virginia Department of Criminal Justice Services approved only \$140,000 of the request because Fairfax’s CIT programs did not fully meet the state’s standards for the essential elements of a CIT program, i.e. the Memphis Model. The funds that Fairfax did receive were ear-marked for the hiring of a CIT coordinator to assist the County in meeting those standards by overseeing training and helping Fairfax create a more effective jail diversion program. That CIT Coordinator has been appointed.

The County Executive has recommended the use of Carryover FY15 funds to:

⁸ Compensation Board Mental Illness in Jails Report, Page 25. <http://www.dbhds.virginia.gov/library/document-library/fofo%20-%202014%20scb%20mental%20illness%20in%20jails%20report.pdf>

⁹ Virginia Association of Community Services Board – Response to 2014 OSIG Report, Page 4. http://sfc.virginia.gov/pdf/Public%20Safety/2014/011714_Comments2_VACSB.pdf

- Provide an increase of \$800,000 and 6 FTE positions to support a second Mobile Crisis Unit providing crisis intervention and assessment services to individuals in psychiatric crisis.
- Provide an appropriation of \$500,000 from fund balance reflecting “bridge” funding to further enhance the crisis intervention services in the County.¹⁰

The subcommittee strongly and unanimously recommends that Fairfax County make implementation of the Memphis Model of Crisis Intervention Team training a priority. Full implementation would require, at a minimum, the opening of strategically located crisis assessment sites, mobile crisis units, and the creation of a mental health court docket by the judiciary.

The subcommittee’s review of best practices shows that the Memphis Model approach can better use tax dollars, reduce police shootings and use of force, reduce officer injuries, help restore public trust in law enforcement, treat those with mental illness in a more appropriate and humane manner, and help ease unnecessary suffering.

No community would send its officers onto the streets without providing them with firearms training. Yet many officers retire without ever firing their weapons in the line of duty. By contrast, most officers encounter persons with severe mental illnesses many times during their careers. Learning how to de-escalate these encounters must be a priority for county law enforcement. But, as already stated, depending entirely on police training alone is insufficient. To implement the Memphis CIT/Jail Diversion Model in the most optimal manner, Fairfax County must develop a collaborative community approach. This will require bringing to the table: law enforcement, the Community Services Board, mental health providers, the Commonwealth Attorney’s Office, public defenders, Fairfax judges, the Board of Supervisors, state legislators, families with loved ones with mental illnesses, consumers, community organizations, hospitals, faith communities, and residents to work together collaboratively to improve public safety and end tragedies that should and can be prevented.

The subcommittee has outlined a number of specific recommendations that it believes, when implemented, will move Fairfax County much closer to achieving these outcomes.

BACKGROUND

Scope of Work

On May 28, 2015 the Chair of the Fairfax County, Virginia (the “County”) Ad Hoc Police Practices Review Commission (the “Commission”) directed the Mental Health and CIT Subcommittee (the “Subcommittee”) to:

“...undertake a review of the current policies and practices of the Fairfax County Police Department (the “FCPD”) and the Fairfax County Sheriff’s Office (the “FCSO”) with regard to their interaction with persons in physical or mental health crisis or those with intellectual disabilities, and develop recommendations to propose to the full Commission to forward to the

¹⁰ Fairfax County FY2015 Carryover Package, Page 88.
<http://www.fairfaxcounty.gov/dmb/carryover/fy2015/fy2015-carryover-package.pdf>

Fairfax County Board of Supervisors (the “Board”) and the FCSO.” The Commission asked the subcommittee to “specifically:”

- Review both past and current FCPD and FCSO Crisis Intervention Training (CIT) policies and practices, including the rationale for those policies.
- Evaluate the quality and curriculum of Fairfax County’s programs when compared with other jurisdictions in Virginia as well as national models.
- Review what statistics and data other jurisdictions collect regarding their interaction with vulnerable individuals and how do they use that data to refine and improve their policies.
- Review models that involve not only diversion of vulnerable individuals to treatment rather than criminal justice, but also those models that have a process for transferring individuals out of the Criminal Justice context and into treatment.

Members

Members of the Subcommittee included seven individuals who are also members of the Commission and nine individuals who are not; in total, they are:

- **Del. Marcus Simon, Chair** – Mr. Simon is a Member of the Virginia House of Delegates where he serves on the House Militia, Police and Public Safety Committee.
- **Daria Akers*** - Mrs. Akers is a mother of 2 who is successfully living with Bipolar disorder. In 2010, during a manic event, she was arrested and sent to Fairfax ADC.
- **Gary Ambrose*** - Mr. Ambrose is a retired Air Force brigadier general and former IBM executive. He is the Board Chairman of the Fairfax-Falls Church Community Services Board, Chairman of Fairfax County's "Diversion First" jail diversion initiative, and a member of Concerned Fairfax, a local mental health advocacy group.
- **Kevin Bell** – Mr. Bell is the Chair of the Fairfax County Human Services Council and is the Senior Associate General Counsel For Dispute Resolution for the Securities Investor Protection Corporation in Washington, D.C..
- **Michael B. Buckler, Jr.*** - Mr. Buckler is a management consultant with Manler Partners in Alexandria, Virginia.
- **Chris Cavaliere*** - TBF
- **Robert Cluck** – Mr. Cluck is the immediate Past President of NAMI Virginia and the immediate Past Treasurer and Board Member of NAMI Northern Virginia. He also is a family member presenter for Fairfax CIT training and occasionally for Arlington.
- **Jim Diehl** –Mr. Diehl is a member of the Fairfax County Police Dept Citizens’ Advisory Council and is a retired Marine infantry officer.
- **Pete Earley** - Mr. Earley is a journalist and author of thirteen books, including the New York Times bestseller, *The Hot House*, and the 2007 Pulitzer Prize finalist, *Crazy: A Father’s Search through America’s Mental Health Madness*.

- **Ron Kidwell** – Mr. Kidwell is a Major in the Fairfax County Sheriff’s Office, assigned as the Commander of the Adult Detention Center. Major Kidwell has spent twenty-seven years working as a law enforcement officer.
- **Ryan Morgan*** - A Lieutenant with the Fairfax County Police Department who has served since 1994, Lt. Morgan was recently appointed the County’s CIT coordinator.
- **Michael Pendrak*** - TBF
- **Claudette Pilger*** - TBF
- **Kevin Pittman*** - Mr. Pittman is President of the Fairfax County Deputy Sheriffs Union, an Executive Board Member of Virginia's Department of Criminal Justice Services, and a nineteen-year veteran of the Fairfax County Sheriff’s Office.
- **Bob Vernola*** - Mr. Vernola is a former Fairfax County Corporal and is now a northern Virginia business owner. His granddaughter is currently a member of the Fairfax County Police Department.
- **Darryl Washington** - A licensed clinical social worker, Mr. Washington is the Deputy Director of the Fairfax-Falls Church Community Services Board.
- **Del. Vivian Watts***- Ms. Watts is a Member of the Virginia House of Delegates where she serves on the House Courts of Justice Mental Health Subcommittee and on the Joint Subcommittee to Study Mental Health Services in the Commonwealth in the Twenty-First Century. She has also served as Virginia Secretary of Public Safety.

* Subcommittee members not also on the Commission.

During its work, the subcommittee received assistance and support from Claudia Arko, Gordon Dean, and Clayton Medford from the County’s professional staff.

Meetings

All meetings were open to the public, held at the Fairfax County Government Center (FCGC), and conformed to the applicable sections of the Commonwealth of Virginia Code. The Subcommittee met at 7:30 p.m. on the following dates in 2015: May 14 in FCGC room 8; May 28, June 10, July 8, 23, and 30, and August 6 in FCGC room 232. Minutes from these meetings are available on the Subcommittee’s webpage.

The initial meetings of the subcommittee were devoted to defining the tasks necessary to meet its Scope of Work and receiving presentations from the FCPD, FCSO, and the Fairfax-Falls Church Community Services Board (CSB) to determine the current state of the County’s crisis intervention and mental health programs.

Materials Reviewed

During its meetings, the subcommittee reviewed and discussed the following documents, which are available on its webpage.

- FCPD General Order 603.3 – Emotionally Disturbed Persons Cases
- The Stepping Up Initiative – Overview
- Crisis Intervention Training: Fairfax Implementation Facts

- Authorization to Apply for Crisis Intervention Team Assessment Site Grant (Page 51, Approved by the Board of Supervisors on April 28, 2015)
- Sequential Intercept Models from the county police departments in Arlington, Fairfax, and Prince William
- CIT Essential Elements
- The Bexar Model
- "Cross Systems Mapping Statewide Initiative 2008-2013: Final Report," Office of Forensic Services, Virginia Department of Behavioral Health and Developmental Services (the "VA DBHDS")
- Transforming Services for Persons with Mental Illness in Contact with the Criminal Justice System, Final Report, Fairfax County/Fairfax City, 2011
- CIT Assessment Grant Application
- June 9, 2015 Letter from Lt. Ryan Morgan, FCPD, Planning & Research Bureau
- FCPD Release on CIT Training
- CIT Assessment Site Reporting Guide
- Gap and Resource Analysis – "Assessment of Status of Cross-System Mapping: Mental Health, Substance Use & Justice"
- Sample CIT Training Schedule
- County Jails at a Crossroads – National Association of Counties Report
- Miami-Dade County, Florida Mental Health Judicial Project
- Standard Operating Procedure 430 – Pharmaceuticals
- Cost-Benefit Knowledge Bank for Criminal Justice: A Guide to Calculating Justice-System Marginal Costs Justice (Report, Fact Sheet, and Article)
- Four States (Memphis, Virginia, Florida, Ohio) CIT Essential Elements
- Calls for Service, Emotionally Disturbed Persons, March-July 2015
- Mobile Crisis Unit Service Data, April-May 2015
- Emergency Custody Orders Data
- 2014 Virginia Inspector General's Report "A Review Of Mental Health Services In Local And Regional Jails" ("OIG Report")
- Compensation Board Mental Illness in Jails Report
- The Final Report of the Police Executive Research Forum Use-of-Force Policy and Practice Review of the Fairfax County Police Department (the "PERF Report")

Presentations Received

During its meetings, the subcommittee received presentations from:

- Kay Fair, CSB Division Director for Emergency Services regarding the County's single mobile crisis unit, the services it was designed to provide, and the limitations of having a single unit to serve the entire county with staffing for limited hours of operation.
- 2nd Lieutenant Derrick Ledford, FCSO, about the office's then current CIT training regimen.
- Lt. Ryan Morgan, FCPD, on CIT Training then being given at the Police Academy.

SPECIFIC RECOMMENDATIONS

The subcommittee has a number of Specific Recommendations. These Recommendations are presented in five parts:

- I. Fairfax County Police Department
- II. Sheriff's Office & CSB
- III. The Judiciary and Mental Health Dockets
- IV. More Thorough Implementation of the Virginia CIT Essential Elements
- V. Greater Community and County Involvement in Mental Health Awareness and A More Developed Public Outreach Program

Part I. Fairfax County Police Department

Recommendation 1 – Establish Memphis Model/Virginia CIT Essential Elements

The subcommittee agrees with and adopts recommendation #67 from the Final Report of the Police Executive Research Forum Use-of-Force Policy and Practice Review of the Fairfax County Police Department (the “PERF Report”) presented to the full Commission in June of 2015.

The subcommittee recommends that the FCPD should immediately establish the Memphis Model for Crisis Intervention Team training as adopted by the Virginia Essential Elements of CIT, with specially-trained teams as well as base-level training for all officers.

The subcommittee approves of the Police Chief's current goal to provide a 40-hour course, which meets the requirement of the Virginia Essential Elements of CIT, to enough officers to ensure that an adequate number of trained CIT patrol officers are available on 24/7 basis. This subcommittee also endorses the PERF Report's recommendation to implement the best practice of forming specialized Crisis Intervention Teams. In implementing this best practice, FCPD should establish the goal of: (1) ensuring each patrol squad has at the very minimum one CIT trained officer (with CIT being a specialty designation); and, (2) creating a squad of select CIT trained officers who would work closely with the Community Services Board (perhaps even be assigned to CSB) and would coordinate with mobile crisis units and also assist with transfer of custody.

The subcommittee agrees that these Crisis Intervention Teams should be made up of volunteers best suited to Crisis Intervention Teams. It should be noted that the U.S. Justice Department's Civil Rights Division specifically opposed the general training of all officers in its 2012 “findings letter” prior to entering a settlement agreement with Portland, OR Police Bureau (PPB).¹¹

¹¹ USDOJ Findings Letter to the Mayor of Portland, Page 1. <http://www.clearinghouse.net/chDocs/public/PN-OR-0001-0003.pdf>

Recommendation 2 – Attract the Right Officers

In addition to the recommendations found in the PERF Report, the subcommittee recommends that the FCPD create incentives to make serving on a Crisis Intervention Team attractive to potential volunteers. The incentives could include, for example, flexible shift hours to coincide with peak hours for calls involving individuals in mental health crisis and issuance of temporary detention orders (TDOs).

Recommendation 3 – Identify Crisis Intervention Team Trained Officers to the Public

The subcommittee recommends that the FCPD create a CIT uniform pin. This is common among many law enforcement agencies that have implemented Crisis Intervention Team training and would be a visible sign to members of the community that the officer has specialized training in dealing with complex situations.

Recommendation 4 – Make CIT a Requirement for Selected Command Assignments

The subcommittee recommends that FCPD leadership consider CIT training and experience in selections to certain command positions, for instance in the patrol division. The subcommittee leaves it to the discretion of the Chief to identify the specific command opportunities for which CIT training should be a requirement. Making this a requirement underscores the priority of CIT training in the Police Department.

Recommendation 5 – Form Teams

Regarding the deployment of CIT trained officers, the subcommittee recommends that officers detailed to Crisis Intervention Teams maintain their regular patrol duties, but also form partnerships with mental health workers and community partners trained and experienced in dealing with residents living with mental illness. These teams of police and mental health experts should be available to be dispatched to identified mental health crisis events or to be dispatched to calls for CIT assistance from any responding officer.¹² CIT trained officers could monitor and watch for calls-for-service meeting a certain criteria, assist mobile crisis when back-up is required, and respond to scenes if a police supervisor determines the service of a CIT trained officer is appropriate. CIT trained officers have the knowledge, skills, and abilities to perform all other levels of day-to-day police work but require the latitude to respond if their assistance is requested.

Recommendation 6 – Be Proactive

The subcommittee recommends that Crisis Intervention Teams be empowered to work proactively to help mentally ill persons obtain treatment and take other steps to manage their illness, diverting them from the criminal justice system and the courts.

¹² CIT Essential Elements Page 18-19.

<http://www.fairfaxcounty.gov/policecommission/subcommittees/materials/va-cit-essentialelements.pdf>

Recommendation 7 – Integrate Dispatch Personnel

The subcommittee recommends 100% of all dispatchers continue to receive at least eight hours of CIT training. Call takers and dispatchers are two security layers that can recommend CIT trained officers be immediately deployed as appropriate. As call takers receive calls they can gauge an appropriate level of concern and advise the dispatcher who can find the most appropriate police resources available. (Note: Dispatch is working on training separate from PD training, which is in line with Virginia Essential Elements program.)

Fairfax County already emphasizes awareness and training of its call taking and emergency dispatch personnel in how to handle behavioral crisis events. However, as the FCPD expands its training of patrol officers and creates specialized Crisis Intervention Teams, the County's call takers and dispatchers will need additional training to understand and effectively support the police department's enhanced response to these situations.

Part II. Sheriff's Office & CSB

In addition to developing recommendations for the Fairfax County Police Department to train and deploy officers using the Memphis Model for Crisis Intervention Team training as adopted by the Virginia Essential Elements of CIT, the subcommittee undertook to develop recommendations for a more comprehensive approach to Crisis Intervention that included the Sheriff's Office and the Community Services Board (CSB).

While it is important for Sheriff's Deputies working in the jail to be properly trained to deal with inmates living with mental illness, current best practices, as underscored by initiatives such as "Stepping Up,"¹³ emphasize the importance of keeping people living with mental illness out of jails to the maximum extent possible. Doing so saves money for communities and produces improved outcomes for mentally ill individuals who come in contact with law enforcement. Crisis Intervention Team training and jail diversion programs using the Sequential Intercept Model are among the most often-cited tools to achieve those results.

In October of 2011, the Fairfax County Community Criminal Justice Board held a Cross-Systems Mapping workshop based on the Sequential Intercept Model (SIM) developed by Patty Griffin and Mark Munetz for the National GAINS Center.¹⁴ Workshop participants included

¹³ The Stepping Up Initiative is a national effort to divert people with mental illness from jails and into treatment. The campaign brings together a powerful coalition of national organizations, including NAMI, the Council of State Governments Justice Center, the National Association of Counties, the American Psychiatric Foundation and numerous law enforcement associations, mental health organizations, and substance abuse organizations. See more at: <http://www.nami.org/About-NAMI/Partners/The-Stepping-Up-Initiative#sthash.VE0WCeBw.dpuf>

¹⁴ The Sequential Intercept Model is a framework for understanding how people with mental illness interact with the criminal justice system. The model, which was described by Mark Munetz and Patricia Griffin in 2006 in Psychiatric Services, presents this interaction as a series of points where interventions can be made to prevent a person from entering the justice system or becoming further entangled. The points of interception include law enforcement and emergency services; initial detention and hearing; jails, courts, forensic evaluation and forensic hospitalizations; reentry from jails, prisons and hospitalization; and community supervision and community support services. According to the model, at each of these points, there are unique opportunities to assist a person in getting appropriate services and preventing further justice involvement.

twenty-nine individuals representing multiple stakeholder systems: mental health, substance abuse treatment, human services, consumers, law enforcement, state and local probation, Office of the Commonwealth Attorney, Office of the Public Defender, and the Courts. However, assignments were made to just a handful of participants, many of whom no longer work in the county. Most assignments went unfulfilled.

CSB Deputy Director for Clinical Operations Daryl Washington, Assistant Deputy Director Lyn Tomlinson (who oversees Emergency Services), Assistant Deputy Director Jean Hartman (who oversees Forensic Services), and Executive Director Tisha Deeghan conducted a review of the workshop in which they identified a number of gaps and recommendations.

The subcommittee adopts the following key recommendations and, given that they were first made in 2011, encourages the Board of Supervisors to make implementation of these particular overarching recommendations a top priority.

Recommendation 8 – Implement “Stepping Up”

The Board of Supervisors (BOS), the CSB, the Judiciary, State legislators, and the Sheriff’s Office should work together to implement a community-wide system of care overhaul using the BOS-endorsed national initiative known as "Stepping Up;"

Recommendation 9 – Fully Implement Diversion First

The subcommittee recommends Fairfax County develop a mechanism for oversight of systems of mental health/substance use/justice services – a diversion-oriented system of care collaborative stakeholder group now known as Diversion First. This recommendation is consistent with “Stepping Up” and terms of the DBHDS Assessment Site grant that Fairfax County applied for with limited success. The first step in this implementation occurred on August 3, 2015 with the initial meeting of Diversion First.¹⁵

Recommendation 10 – Identify and Collect Pertinent Data to Establish Metrics for Success

The subcommittee strongly emphasizes the importance of data collection and its intimate linkage to measuring the progress and impact of CIT programs. Deputy County Executives for Public Safety and Human Services Dave Rohrer and Pat Harrison emphasized the importance of data collection at the initial meeting of Diversion First on August 3, 2015 but cautioned that there are serious obstacles that must be overcome to achieve successful data collection metrics. The subcommittee urges that the obstacles be obliterated.

In Virginia, CIT programs are required to develop capacity to implement a statewide data collection process targeting the key statutory concerns in mental health-related calls: 1) how CIT Officers are linked to such calls; 2) how long a CIT Officer remains involved in the call; 3) the number of injuries involved, if any; and 4) the final disposition of the call.¹⁶

¹⁵ Diversion Oriented System of Collaborative Care Inaugural Meeting. <http://www.fairfaxcounty.gov/csb/diversion-first/2015-08-03-doscc-presentation.pdf>

¹⁶ CIT Essential Elements, Page 13. <http://www.fairfaxcounty.gov/policecommission/subcommittees/materials/va-cit-essentialelements.pdf>

Recommendation 11 – Increase Language and Cultural Competency

The subcommittee recommends that Fairfax County increase services to special populations to include cultural competency to better serve non-English-speaking justice-involved individuals. De-escalation and diversion require the ability to effectively communicate with those who come into contact with the criminal justice system.

Recommendation 12 – Provide CIT Training to Jail and Custodial Personnel

The subcommittee recommends that the Sheriff's Office provide the forty-hour Crisis Intervention Team training course to Deputies detailed to courtroom security and Deputies working inside the adult detention center. In its CIT Program Development Guidance document, the Virginia Department of Criminal Justice Services and Department of Behavioral Health and Developmental Services recommends Crisis Intervention training for jail and custodial personnel, stating:

While CIT was originally created as a law enforcement based first responder program, there is a large population of incarcerated persons with mental illness in Virginia jails who are not appropriate for jail diversion through CIT. Utilization of the 40-hour core CIT training curriculum for jail and custodial staff can have a positive impact for local jails. CIT training and utilization of de-escalation techniques for local jail personnel may diminish the risk of injuries to consumers and jail staff as well as reducing the incidence of persons receiving additional charges as a result of symptomatic behaviors.

Recommendation 13 – Establish Strategically Located CIT Assessment Sites

The subcommittee recommends that Fairfax County establish strategically located 24-hour assessment sites staffed and operated by CSB, FCPD and the Sheriff's Office collaboratively. These should be secure crisis assessment sites staffed by officers capable of processing and receiving individuals who would otherwise need to be taken to the Jail for a transfer of custody. It is important to note that, although Fairfax County has the facilities in the Community Services Board's Merrifield Center to accommodate a secure assessment site, no staffing has been identified to operate the site. The County Executive has proposed funds to begin to address this budget shortfall in the Advertised FY2015 Carryover Budget.

Admission to state hospitals coupled with absence of sufficient forensic beds in Fairfax County hospitals leads to excessive time spent by FCPD officers waiting idly while CSB attempts to find forensic beds. Having CIT officers permanently assigned to assessment sites to ease transfer of custody would save money spent on overtime and allow the patrol officers to get back on the street faster, thereby reducing the burden on FCPD and the Sheriff's Office.

The subcommittee recommends the funding of five FTE Deputy Sheriffs to immediately staff an assessment site in Merrifield with 24/7 coverage by one deputy per shift, at an annual cost of \$1.4 million.¹⁷ These positions would allow for the transfer of custody from the FCPD to Sheriff's Office, getting patrol officers back on the street faster, and transferring the

¹⁷ FY2015 Carryover Package, Page 13, http://www.fairfaxcounty.gov/dmb/carryover/fy2015/ca_att_b.pdf

responsibility back to the agency (Sheriff's Office) that possesses the most authority in civil matters.

Recommendation 14 – Redeploy CSB to Provide Services When They Are Needed Most

The subcommittee recommends that the CSB should redeploy both forensic and community-based teams to expand capacity to provide mental health services at each point in the criminal/community mental health continuum where there is an opportunity to provide preventive services rather than incarcerate individuals. Using the "Sequential Intercept Model" these are known as intercept points and include 1) initial contact with police and/or emergency Services, 2) initial detention/first appearance before a court 3) first time in jail and/or court system 4) at re-entry after a stay in jail or a mental health facility and 5) community corrections/community support. This would likely include release planning staff, diversion staff, emergency housing, transportation, and other needs.

Recommendation 15 – Expand Mobile Crisis Unit Program to Strategic Locations in Fairfax County

The Mobile Crisis Unit (MCU) program is an emergency mental health program of the Fairfax-Falls Church Community Services Board that provides on-scene evaluation, treatment, and crisis intervention in the community. The MCU specializes in providing these services to individuals who are experiencing a mental health emergency and who need, but are unwilling or unable to seek, mental health treatment. In many of these situations there is concern that, as a result of a psychiatric condition, the person may be a danger to themselves or others or may not be caring for themselves.

While the goal of the MCU is to enlist the individual's cooperation and develop the least restrictive treatment options, the MCU is authorized to recommend and facilitate involuntary hospitalization and treatment when necessary. The MCU also specializes in responding to referrals from the Police, Fire and Rescue Service, and other public safety agencies on cases where mental health consultation and intervention are needed. In many situations, the MCU is able to assume responsibility for the case; enabling first-responder personnel to quickly clear the scene to resume their other duties. MCUs are complementary to the Jail Diversion Program (CIT, Assessment Site, and Mental Health Dockets).

The CSB has one MCU for the entirety of Fairfax County. That has been the fact since its establishment in 1995 when Fairfax County had a smaller population. That one MCU has hours of operation from 8:00am to midnight.

The subcommittee recommends that the CSB immediately set up one additional strategically located MCU with an annual cost of \$800,000 per MCU (as proposed by County Executive in the Third Quarter FY 15 Carryover Board item/adopted by the Board of Supervisors) with a goal to stand up at least two additional MCUs by January 1, 2017. The CSB should immediately assess the optimal MCU coverage model (daily hours of coverage) and adjust coverage as necessary by January 1, 2016.

Recommendation 16 – Increase CSB Clinician Hours Inside the Jail

Inside the Adult Detention Center (ADC) there is a lack of 24/7 medical personnel trained in behavioral health issues.

The subcommittee recommends that the CSB and the Sheriff's Office should explore an increase in behavioral health clinician hours of availability. Clinicians need not be available in person. The CSB and Sheriff's Office should consider the use of tele-psychology and other uses of video conference and telepresence to assist the personnel inside the jail or other lock-up facilities in the County.¹⁸

It's not clear that simply adding CSB staff to the ADC is the solution. The CSB and the Sheriff's Office should evaluate which CSB services are required in the ADC versus those available. Staffing recommendations should be based upon the result of this review by January 1, 2016.

Recommendation 17 – Increase Release Planning & Reentry

The subcommittee recommends that more CSB staff resources be devoted to release planning inside the Adult Detention Center (ADC). At the Criminal Justice Board Cross-Systems Mapping workshop participants note that release planning was not systematic or well-coordinated. This is especially challenging for inmates who are not residents of Fairfax County. The CSB and the Sheriff's Office should develop formal policies, such as routine release planning, that support successful reentry by January 1, 2016.

The subcommittee recommends that the Fairfax County Department of Family Services make available resources required to initiate the eligibility process to determine whether inmates qualify for benefits such as SSI/SSDI Outreach, Access and Recovery (SOAR), Medicaid, etc. while those inmates are still in the ADC. This would speed up the process of initiating benefits to those individuals when they are released and provide them with economic resources necessary to continue treatment successfully by January 1, 2016.

Recommendation 18 – Review Pharmacy Policies Inside the Jail

The subcommittee recommends that the CSB and ADC medical staff review medication policies, especially for psychotropic medications, to ensure that inmates are being administered the most effective medications relative to their conditions and personal medication histories by January 1, 2016.

According to the 2014 OSIG Report, medication management is the primary form of mental health treatment in local and regional jails. The OSIG Report noted that challenges caused by the emphasis on medication cost containment, vary in jail formularies.

This appears to be true in Fairfax County. Fairfax County Policy currently limit delivery of inmates' medications by family members to a 5-day supply in an original container with no option to refill when the 5-day supply is depleted. In order to compensate for specific

¹⁸ 2014 OIG Report, Pages 21-23

<http://www.fairfaxcounty.gov/policecommission/subcommittees/materials/attachment-1.pdf>

prescription medications (e.g. psychotropic drugs prescribed by a non-ADC psychiatrist) that would otherwise be supplied by inmates' families, current practices include shifting inmates to substitute medications. This appears to be done without regard to the actual effectiveness of the substitute medications or the inmates' clinical histories that led to prescription of a specific medication (i.e., the medications delivered by the families were those that were proven over time to have positive benefit for the inmates).

The currently 5-day policy should be included in the overall review of pharmacy and medication policies.

Part III. The Judiciary and Mental Health Dockets

Review of successful diversion programs, such as the one in Bexar County, Texas, underscores the critical roles played by judges and magistrates. In those successful jurisdictions, judges, and magistrates who receive CIT-related training and are active participants in the process. Currently, Virginia judges and magistrates do not receive CIT-related training. In addition, other Virginia officials, such as probation and parole officers who may come into contact with offenders living with mental illness, receive limited training. The subcommittee recommends that judges and magistrates be encouraged to receive CIT-related training.

Recommendation 19 – Implement Mental Health Dockets

The subcommittee recommends that Fairfax County work with the judges and Clerk of the Court to establish a Mental Health Docket for both adults and juveniles by January 1, 2016. The absence of specialty dockets (other than the recently convened Veterans Docket) precludes effective use of Sequential Intercepts 2 and 3 as tools to reduce the population of people in jail living with mental illness.

Recommendation 20 – Encourage Mental Health Awareness Training for Judiciary

The subcommittee recommends that appropriate mental health awareness training be developed and deployed for judges, magistrates, probation and parole officers, and other officials who may come into contact with people who are living with mental illness by January 1, 2016.

The subcommittee recommends that the Board of Supervisors emphasize the importance of diversion with judges and magistrates. The Board of Supervisors could, for instance, request that the State judicial education department and judicial education committee include a mental health and criminal justice training among education modules for judges and magistrates. Specifically, a four hour interactive training, “Judicial Work at the Interface of Mental Health and Criminal Justice,” was created by judges and psychiatrists working in partnership with the American Psychiatric Foundation and the Council of State Governments, Justice Center, with input from the National Judicial College and SAMHSA’s GAINS Center for Behavioral Health (attached). It is designed to educate all judges who hear criminal cases in their role in achieving better outcomes for individuals with behavioral health needs in their jurisdictions.

Part IV. More Thorough Implementation of the Virginia CIT Essential Elements

Recommendation 21 – Establish Standing Mental Health Units

As noted in our introduction, several members of this subcommittee and Sheriff Kincaid toured San Antonio/Bexar County in mid-July to take a look at what many agree is the “gold standard” in how a community addresses the needs of its most vulnerable citizens. Recognizing that the San Antonio/Bexar Model in its current state has evolved over the last eight years, there are key components that were deemed essential at the inception of their program and that the subcommittee recommends be adopted in Fairfax County sooner rather than later. Chief among these is the establishment of standing Mental Health Units that emulate those created by the Bexar County Sheriff’s Office and the San Antonio Police Department.

A standing Mental Health Unit in Bexar County is staffed by full time police officers and deputy sheriffs tasked with responding to individuals experiencing a mental health crisis that come into contact with law enforcement. These police officers/deputy sheriffs are highly trained and specialized in dealing with this vulnerable demographic and are serve their agencies as a training resource for CIT/Mental Health Awareness. These units are staffed by volunteer officers/deputies and selected after undergoing a thorough interview and competitive selection process.

This selective process is designed to ensure that officers/deputies responding to individuals in crisis not only have the training, but also the demeanor to successfully de-escalate. The effectiveness of these units is evidenced by the dramatic reduction in instances where force is used in responding to mental health crisis situations.

Recommendation 22 – Institute Plain Clothes Mental Health Unit Officers

Mental Health Unit officers in Bexar County wear civilian clothing and use unmarked vehicles during the course of their duties. When someone is experiencing a mental health crisis, being confronted by a uniformed officer can unintentionally escalate an already tense situation. As this would be a voluntary assignment with a comprehensive selection process, candidates seeking assignment to the Mental Health Unit would understand that it is a different way of policing which requires a different and perhaps non-traditional approach. The subcommittee recommends that standing CIT units be equipped with unmarked police vehicles and “softer-looking” attire, which may reduce situational anxiety issues.

Recommendation 23 – Re-focus Mental Health Training at the Criminal Justice Academy

As noted above, the Essential Elements states that all law enforcement agencies must be involved as stakeholders for CIT programs to be a success. The Fairfax County Criminal Justice Academy provides training for the FCPD, the Sheriff’s Office, as well as police recruits from the Town of Vienna, the Town of Herndon and other agencies with arrest powers.

The subcommittee recommends disability and mental health awareness training for all new law enforcement officers at the training academy; however, the subcommittee also recommends that

this training not be labeled CIT to avoid confusion and to be compliant with the DBHDS standards for CIT programs.

Recommendation 24 – Clarify Mental Health Protocol For First Responders

The Fairfax County Fire and Rescue respond to more than 50,000 calls on an annual basis. Although many of those individuals don't have a medical condition, they must be taken to an emergency room rather than a mental health facility. At the present time, this is a requirement in the Code of Virginia. The subcommittee recommends that the Fairfax County Board of Supervisors consider supporting a bill that would allow first responders to transport individuals whose primary condition is a mental health issue directly to a mental health facility once the individual has been medically cleared by the EMT.

Recommendation 25 - Involve Peers Whenever and Wherever Possible

According to Virginia's Essential Elements program guide for CIT, dynamic community involvement should reflect the composition of the local community, with particular emphasis on the inclusion of persons with mental illness. The ideal practices for therapeutic assessment sites include 24/7 availability of peer support for individuals awaiting evaluation or transportation to dispositional options. The subcommittee recommends that the County work hard to involve peers and peer support at every step in the criminal justice/diversion process. This could include having peers serve in standing mental health units, staffing the secure assessment sites, being part of the mobile crisis units, and being available inside the jail.

Part V. Greater Community and County Involvement in Mental Health Awareness and A More Developed Public Outreach Program

Community Effort

According the Virginia Essential Elements for CIT Document, "Central to the formation and ongoing success of Crisis Intervention Team programs is the creation of fully integrated, collaborative community partnerships." At a minimum these partnerships need to include representatives from local police departments, sheriffs' offices and other relevant law enforcement agencies and other first responders; local community services boards, educators and private providers within the mental health treatment and provider community; and members of the community with particular emphasis on the inclusion of persons with mental illness. Involvement of all other appropriate community partners is highly suggested, to include but not limited to: judges, magistrates, special justices, attorneys, emergency department directors, psychiatric hospitals, local human rights organizations, etc.

Up to this point, the subcommittee recommendations have been focused on discrete public agencies to facilitate their prompt implementation. The following recommendations will be more challenging to implement as they involve multiple agencies and require a level of coordination and cooperation that is a step beyond what Fairfax County currently provides.

Recommendation 26 – Develop Public Outreach Program

The subcommittee recommends that the FCPD work with the CSB to develop materials for delivery to the public, to increase awareness of steps that may be taken prior to the time of possible interaction. This handout should describe available resources, use of advance directives, and provide contact information. As Supervisor Cook emphasized at the initial Diversion First meeting on August 3, 2015, Fairfax County must deploy its Public Information Officers to inform the citizens of Fairfax County of the resources available to them.