

**Ad Hoc Police Practices Review Commission
Mental Health and CIT Subcommittee
May 28, 2015, 7:30PM
Room 232, Fairfax County Government Center**

Meeting began at 7:30

Committee Members Present:

Del. Marcus Simon
Pete Earley
Robert Cluck
Gary Ambrose
Ron Kidwell
Kevin Bell
Kevin Pittman

Members Absent:

Michael Buckler
Jim Diehl
Del. Vivian Watts

Others Present:

Clayton Medford
Andrea Tetreault
Kay Fair, Presenter, CSB Division Director for Emergency Services
Lt. Ryan Morgan, Presenter, FCPD
Gordon Dean
Darryl Washington, CSB Deputy Director
Carol Bashore
Amissa McFarland
Michael Pendrak
David Mangano

Previous meeting's minutes were moved by Mr. Bell, multiply seconded, passed unanimously.

Mr. Simon discussed the revised work of scope – said work of subcommittee should focus on questions it needs answered. Added Sheriff's Office.
Need to look at applicability of DOJ reports in scope.

Mr. Bell asked about specificity of phrase "Fairfax County's Programs."

Ms. Fair was introduced.

Ms. Fair began with history of the program. Mobile Crisis Unit was one of the first jail diversion programs in the country when established in January 1977 during the nationwide de-institutionalizing of mental health.

Mr. Bell asked whether there had been a cost-benefit analysis of the program at any time. Ms. Fair said no.

MCU hours were expanded 19 years ago.

Ms. Fair said staff has increased from 4 to 8 while population has grown from 750,000 to 1.1 million, estimated.

Mr. Earley asked about the “imminent danger” vs. “violent” standard – said he was told they would not respond unless there was imminent danger and then didn’t when there was violence. Asked how CSB has corrected. Ms. Fair said she has new staff and does not believe in the philosophy Mr. Earley described.

Discussion moved to underlying code and interpretation.

Ms. Fair discussed 7-day event horizon and looking at past behavior as reasonable predictor of future behavior. Mr. Bell asked how that is tracked. Mr. Morgan said medical or other is decision at 911 – FCPD gets other. FCPD may ask for mobile crisis to join at scene depending on case.

Mr. Bell asked how can we help county residents know who to call and how can we keep FCPD from being the responder when MCU is not operating (Midnight to 8am).

Ms. Fair said despite 8 staff, 1 2-person team is available at any time.

Traffic driving from Merrifield Human Services is a challenge.

MCU does not have capacity to address the moderate risk situations that they did in the past.

Mr. Bell asked about status and history of funding requests.

Mr. Simon said a possible recommendation would be a more robust MCU.

Mr. Earley asked what are the options the MCU has when called and entered a dialogue with Ms. Fair: Ms. Fair – is the individual willing? If somewhat willing (not refusing), we have many. Least restrictive – on site crisis intervention. Psychiatrists at Merrifield 24/7 without jurisdictional restriction – they can get back on medication. Ms. Fair and Mr. Washington said they have the capacity for walk-in assessments at Merrifield. Ms. Fair said crisis recovery team with peers is in development. She said peers can make huge difference. If unwilling, civil detention. “Substantial likelihood” recommendation made to magistrate, magistrate makes the decision. Mr. Earley said magistrates (“special justices”) have reputation for being difficult in getting an affirmative substantial likelihood determination. Ms. Fair said Fairfax Crisis Stabilization Units is one of the best in Virginia.

Crisis Stabilization Unit – next least restrictive alternative after medication to voluntary hospital stabilization then involuntary.

Crisis Assessment Center – akin to dropoff center with “exchange of custody.” Currently there is a place where FCPD can bring mentally ill individuals for assessment, but there is no exchange of custody. Law enforcement would be stationed at Merrifield 24/7. Exchange of custody would be from LEO to LEO at Merrifield. Mr. Washington said grant will provide 1 LEO at Merrifield 24/7.

Mr. Kidwell asked if FCSO can utilize on-staff psychiatrists at Merrifield. Ms. Fair said yes.

Mr. Bell asked what the ultimate ask of CSB is for assessment center grant.

Mr. Washington said \$1.4 million in grant that was applied for will give emergency staff to screen and assess, and LEO for 24/7 single coverage. We do not have drop off center now, so the actual situation is unknown.

Mr. Bell asked the application for the grant be given to the subcommittee.

Mr. Earley said Virginia has 7 drop off centers currently.

Ms. Fair will provide estimated budget request.

Mr. Early asked if MCU was busy now. Ms. Fair said they are at capacity 2 hours beyond closing time.

Ms. Fair will provide call data.

Mr. Kidwell asked about exchanging custody between law enforcement agencies.

Discussion moved to III.b. – ADC, CIT and the CSB

Mr. Ledford said CIT training from 2006-2010 (31 of 500 deputies, estimated) is different from current training (2 day to 40 hour). That reduced the number of CIT-trained deputies to 21.

Mr. Bell asked about need for training (how many per shift).

Mr. Ledford said in ADC, everyone needs it because crisis is unavoidable.

Mr. Simon asked how someone can get into ADC with mental illness without that being recognized.

Mr. Kidwell described the screening process policy – three separate screenings: entry, classification, 14 days after entry.

Mr. Earley asked whose responsibility it is in the ADC to identify services for individuals?

Mr. Ledford said “Forensic staff” i.e. CSB staff in ADC.

Mr. Washington said 14-16 CSB staff at ADC including nurses and psychiatrists.

Mr. Earley asked what is preventing 100% CIT training?

Mr. Ledford said Memphis model (40 hour training) is necessary. What is being proposed now is CIT training for all, but money and staffing pose problems. Mr. Pittman articulated those issues and the funding relationship between FCSO, Virginia and Fairfax County. Mr. Pittman said in response to Mr. Earley’s question that the FCSO does not receive, and therefore does not spend, mental health dollars.

Mr. Simon notes that 100% CIT training is discouraged by DCJS and DBHDS (state report).

Mr. Morgan began his presentation. The state’s view is that 100% training waters down program, but FCPD chief believes there is value in all officers receiving the training. 397 of 476 trained at one point were assigned to patrol. Now another 79 in not typical first responder positions (detective, SWAT).

Mr. Bell asked if every station has the capacity to respond at any time.

Mr. Morgan said Memphis model is standard and FCPD goal. Need a cadre of officers to train other officers.

Mr. Simon repeated the state’s concern of 100% training not being an indicator of quality service.

Mr. Morgan said bits and pieces of CIT are found throughout academy training. Academy is moving toward a higher awareness of CIT. Cadets are developing basic LEO skills at that time and it may be too early to ask them to train in CIT concurrently.

Mr. Earley asked if attitude toward CIT at FCPD supports more training and is there a funding issue?
Mr. Morgan said previously training by CSB created a challenge because CSB had difficulty relating with LEOs. Mr. Morgan said challenge is changing mindset of previously trained individuals to raise importance of the CIT training.

Mr. Morgan will provide more information about training to Mr. Medford.

Mr. Morgan said biggest challenge is finding right people to present to FCPD on importance of getting trained.

Mr. Earley said incentives to LEOs for CIT could work. Do other specialized units get paid more?

Mr. Morgan said rarely – K9 might get dog care stipend.

Mr. Earley – would there be resentment?

Mr. Morgan said presenters are paid.

Mr. Morgan said people told him CIT needs to be branded. Mr. Simon agreed and said achievements and rewards (non-monetary) could be explored, such as proficiency pins.

Mr. Morgan said he doesn't support more pay because he wants people that want to do it.

Mr. Morgan said officers self-identify resources (rifle, tazer) in CAD system. CIT could be a part of that.

Mr. Morgan said dispatchers can find closest unit via GPS.

Ms. Pilger relayed a personal experience. She said responding officers were not CIT trained.

Mr. Morgan said CIT could be pre-requisite for promotion as a form of incentive.

Mr. Earley said previous lack of interest at FCPD has been an issue for advocates.

Mr. Bell asked about getting media attention in order to raise awareness of CIT.

Mr. Simon asked about hours of training for other LEO skills.

Mr. Simon moved the discussion to the revised scope of work.

Mr. Simon said the original thought on the scope seemed to be an exploration of training, but the subcommittee has found a more broad issue that includes training. Mr. Earley concurred – CIT and community services are inseparable. Mr. Bell said resource data needs to be in hands of dispatcher.

Mr. Simon said one recommendation could be for an emphasis to be place on CIT training when General Assembly appoints magistrates.

Mr. Ledford said magistrates should consider the level of offense even when repeated by a mentally ill individual.

Mr. Earley said there needs to be better interaction between FCSO, FCPD, CSB. Mr. Bell concurred – need to be a team.

Mr. Ambrose said a recommendation could be a CSB assessment at FCSO of what services are available at ADC and what are needed.

Mr. Kidwell said **the shift of CSB employees at ADC could be divided to provide 24/7 coverage.**

Mr. Simon discussed setting an ideal target akin to response time for EMT.

Mr. Bell asked for written recommendations from FCSO and FCPD.

Mr. Simon said recommendations will go to Board of Supervisors (legislative, budgetary), Sheriff.

Mr. Pittman mentioned a 2013 Inspector General report on mentally ill individuals – will give to Mr. Medford.

Meeting concluded at 9:30

Minutes prepared by Clayton Medford

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