

**Ad Hoc Police Practices Review Commission
Mental Health and CIT Subcommittee
July 8, 2015, 7:30PM
Room 232, Fairfax County Government Center**

Meeting began at 7:40

Committee Members Present:

Del. Marcus Simon
Robert Cluck
Gary Ambrose
Ron Kidwell
Darryl Washington
Del. Vivian Watts
Kevin Bell
Michael Pendrak

Members Absent:

Jim Diehl
Pete Earley
Daria Akers
Claudette Pilger
Michael Buckler

Others Present:

Clayton Medford
Matt Graham
Gordon Dean
John Lovaas
Claudia Arko

Minutes moved by Mr. Ambrose, seconded by Mr. Pittman, approved unanimously.

Mr. Washington presented the Gap Analysis.

Intercept I

Mr. Cluck asked about co-occurring mental health problems (more than intoxication). Mr. Washington said that was not part of the analysis.

Mr. Washington mentioned the Healing Place in Richmond, a peer-run center for intoxicated individuals – less expensive than jail or detox center. Center is a safe place with engagement and possible services.

Ms. Watts asked about jurisdiction over Mason – Mr. Washington said students are eligible for self-admission to the detox center.

Mr. Simon asked whether the Memphis Model included dispatch. Several members said the Virginia Essential Elements does include dispatch but the Memphis Model may not necessarily include it.

Mr. Simon talked about team concept, and Mr. Cluck said currently there are usually not enough CIT trained officers to use the team concept.

Intercept II

Mr. Simon asked what was the difference between pre-trial officer and deputy? Mr. Washington said both are deputies, assignments are different.

Ms. Watts confirmed that no behavioral health training for pre-trial officers and insufficient training for deputies.

Mr. Pittman said Court Services is the Sheriff's Office division.

Mr. Washington discussed the different laws governing the process within the jail and outside the jail.

Ms. Watts said she serves on the Deeds Commission and there has been focus on a subcommittee of the commission on emergency custody process initiated by community (i.e. not law enforcement). She wants to know if the options for the individual are the same if picked up by law enforcement or brought in by citizen.

Mr. Washington said officer can initiate emergency custody order process, but there is no such process if an individual is already in jail. Mr. Washington said within ADC there is no timeline – inmate in need of mental health care, as determined by a judge, might wait several days.

Mr. Bell asked proportion in Fairfax County of people who go before judge get community care or go to jail. Mr. Washington said 2:1 or 3:1 people stay out in community.

Mr. Pittman said ADC does not hold people for ECO or TDO – they must be charged with a crime. Ms. Watts asked if charges are placed in order to keep them detained. Mr. Pittman said it is often a minor violation – trespassing as one example.

Ms. Watts said Deeds Commission looking at some sort of statewide requirement for a form of CIT training for magistrates. She added there is no advocacy on the part of magistrates for such training unlike with sheriff's deputies.

Mr. Washington said CIT training for magistrates has been found to be very helpful in other places.

Mr. Simon said the subcommittee should consider including magistrates in recommendations in some way.

Mr. Bell said funding is the key issue. He suggested before next meeting for CSB to recommend funding amounts for gaps in analysis. Mr. Simon said there are costs to fill the gaps, but there are savings, too. The subcommittee should have these costed out, but the subcommittee should also find the cost avoidances.

Mr. Pittman said Norfolk has a mental health docket.

Subcommittee discussed the medication distribution at the ADC. Inmates can be released 25 days off medication. Mr. Pittman said there are a lot of gaps between how medicine is given in the ADC and how it is outside.

Mr. Washington said a "discharge planning model" is what is needed such as is mandated for state psychiatric hospitals.

Mr. Washington said Fairfax has one of the lowest hospitalization rates per capita in the state. There is a system of care. The issue is the county knows what works but does not have enough of it. Ms. Watts concurred, and said facilities around the state are successful because of the lower population they serve.

Ms. Watts discussed tele-psychiatry and success in other areas of the state – Highland County. Mr. Pittman said the idea would greatly benefit FCSO.

Mr. Simon asked Mr. Washington to talk about Stepping Up Initiative (NACO).

Discussion moved to the “Recommended Fairfax Priorities” section

Mr. Bell stressed the need for dollar amounts be attached to recommendations.

Mr. Washington said CSB is already looking at #10.

Mr. Ambrose said Bexar County says it saves \$10 million annually via diversion.

Mr. Washington said tele-psychiatry is a positive tool, but doctors are the highest single expense in the system and increasing the number of doctors would reduce the ability to do other diversion activities.

Ms. Watts said a recommendation should be greater use of tele-services.

Discussion moved to the site assessment grant.

Mr. Washington said of the \$1.4 million recurring requested, the county will receive over \$100,000 one time. DBHDS did not feel Fairfax County was advanced enough. Other areas received money to expand assessment centers.

Mr. Cluck said CIT was brought to Loudoun only three years ago. How are they more advanced? Mr. Bell called attention to WTOP article regarding Loudoun’s system.

Discussion moved to PERF Report

Mr. Simon said he would distribute a summary of the CIT-related portions.

Recommendation #6 – De-escalation, Crisis Intervention Teams

Recommendation #67 – Establish Memphis Model which is the same as the Virginia model

Recommendation #68 – Request DCJS approval of FCPD course

Subcommittee questioned this

Recommendation #69 – integrate dispatch into crisis intervention response

Mr. Simon said next steps are to figure out money implications (cost and cost avoidance), potentially splitting into smaller groups to draft recommendations.

Mr. Pendrak asked the term “CIT-Lite” be abandoned in favor of “CIT Awareness” or something that is fair to the importance of the training.

Mr. Simon said if the goal of FCPD is 100% trained, that isn't the Memphis Model.

On Rec. #68 – Mr. Pittman said the purpose is to have that type training available at the basic level at the academy.

Ms. Watts recommended the following be added to Recommendation #3 of the Gap Analysis: “with availability to assessment by mental health professionals through tele-screening, -assessment, -psychiatry, and remote locations.”

Mr. Simon asked about the efficacy of tele-contact. Ms. Watts said where it has been used in Virginia it has been very beneficial (Henrico and Highland counties).

Mr. Bell asked Mr. Pittman if that type of access would be helpful. He confirmed it would for assessment purposes as well as medication.

Meeting concluded at 9:25pm