



# Public Safety and Behavioral Health Response Models

October 27, 2020



# Issue and Background

On June 23, 2020, Council Members requested preliminary findings within 120 days of new approaches to community safety practices, with a specific interest in:

- Alternative approaches that prioritize non-law enforcement responses to homelessness, public gatherings, after-hours construction, noise, and other quality of life complaints;
- The creation of a mobile crisis unit trained in crisis prevention and management such as suicide prevention and intervention, domestic disputes (*see infra*), substance abuse, and other mental wellness calls; and
- Budget alternatives as part of the Fiscal Year 2022 budget process.

The presentation is organized by these three interests, but labeled as “Quality of Life,” “Current Situation” and “Resource Needs/Next Steps.”



# Quality of Life

- **311:** The City established the new system at the beginning of calendar year 2020. This system now allows residents to easily report quality of life concerns, including noise, homelessness, and Behavioral health services to the City without calling 911. City staff suggest reviewing data from the 311 and 911 system annually and analyze trends related to potential decreases in non-law enforcement responses through 911 and resulting outcomes.
- **Public Gatherings:** APD will continue to monitor public gatherings in the community-oriented way they have done in the past, in coordination with Recreation, Parks, and Cultural Activities (RPCA).
- **After-hours Construction & Noise:** APD will continue to monitor after-hours noise complaints, in coordination with Transportation & Environmental Services (T&ES) and Planning & Zoning (P&Z). A team of city staff is developing a revised response framework for future Council consideration.
- **Homelessness:** DCHS operates state-funded PATH (Projects to Assist with Transition from Homelessness) services to identify, engage and serve individuals experiencing homelessness. The community provides two shelter options and other housing supports and subsidies including Permanent Supportive Housing for individuals with mental illness, to prevent a return to homelessness. Improved coordination with DCHS staff will be part of the APD Community Partnership Team scope of work.
- **Intoxication:** For over 20 years, DCHS had operated a “Police Diversion” program through ARTC (formerly known as Detox). This alternative approach is used by police between 200-300 times each year and allows officers to bring intoxicated persons to treatment, rather than incarceration.

# Current Initiatives



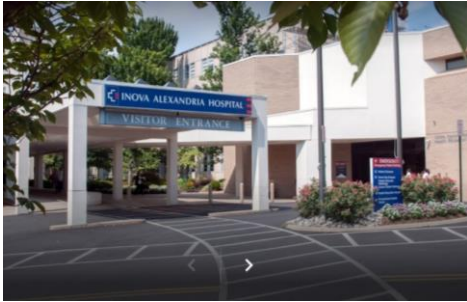
- **CIT Training:** DCHS created the Crisis Intervention Team in 2010. Over the last decade, this program has trained hundreds of police officers and other first responders in crisis response and de-escalation.
- **Alexandria Community Criminal Justice Board (CCJB) Jail Diversion Subcommittee:** Multi-disciplinary committee comprised of first responders, behavioral health and criminal justice professionals dedicated to continually improving the City of Alexandria's systemic response to individuals with behavioral health challenges.
- **Crisis Behavioral Health Services for Special Populations:** Through State funding, Alexandria, as part of the Northern Virginia region, contracts for provision of two separate specialized mobile crisis response programs, one for youth and one for individuals with Intellectual and Developmental Disabilities (I/DD).

# CIT Graduates and Award Winners



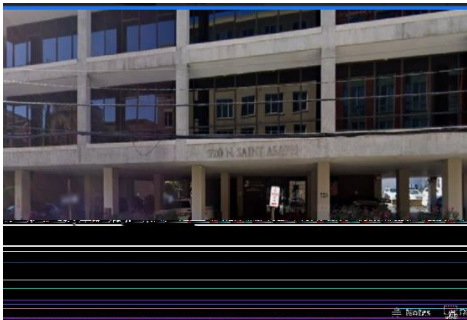


# Current Initiatives



## **Crisis Intervention Team Assessment Center (CITAC):**

- Located in the Inova Alexandria Hospital Emergency Department, CITAC opened in 2016 with support from a State grant. CITAC serves as a location for police to bring persons in custody for a behavioral health assessment and to transfer custody from patrol officers to CITAC staff. CITAC is open 16 hours per day and currently staffed by a combination of behavioral health security guards and off-duty APD officers who serve on a CITAC Detail.
- Locating a 24/7 assessment center in the community, would expand the number of persons it could serve as it could serve not only those under APD custody but also, those who might voluntarily seek crisis assistance after hours when ES is not able to provide office-based assessments.



## **CSB Emergency Services:**

- The DCHS Emergency Services team provides Code-mandated 24/7 assistance to individuals in crisis. The team provides assessment and crisis intervention by phone 24/7 and also, in-person at 720 N. St. Asaph Street during normal business hours.
- ES clinicians provide, as needed and as staff are available, community-based mobile crisis services in community settings such as CSB residential programs, adult and juvenile detention centers, homeless shelters, schools, and private residences.

# Current Initiatives

## **Outreach and Engagement**

- DCHS created an “Outreach and Engagement” position through State grant funds almost two years ago, to proactively reach out to individuals in the community who were identified as needing behavioral health assistance.
- The intent is to prevent situations from escalating to a crisis point.

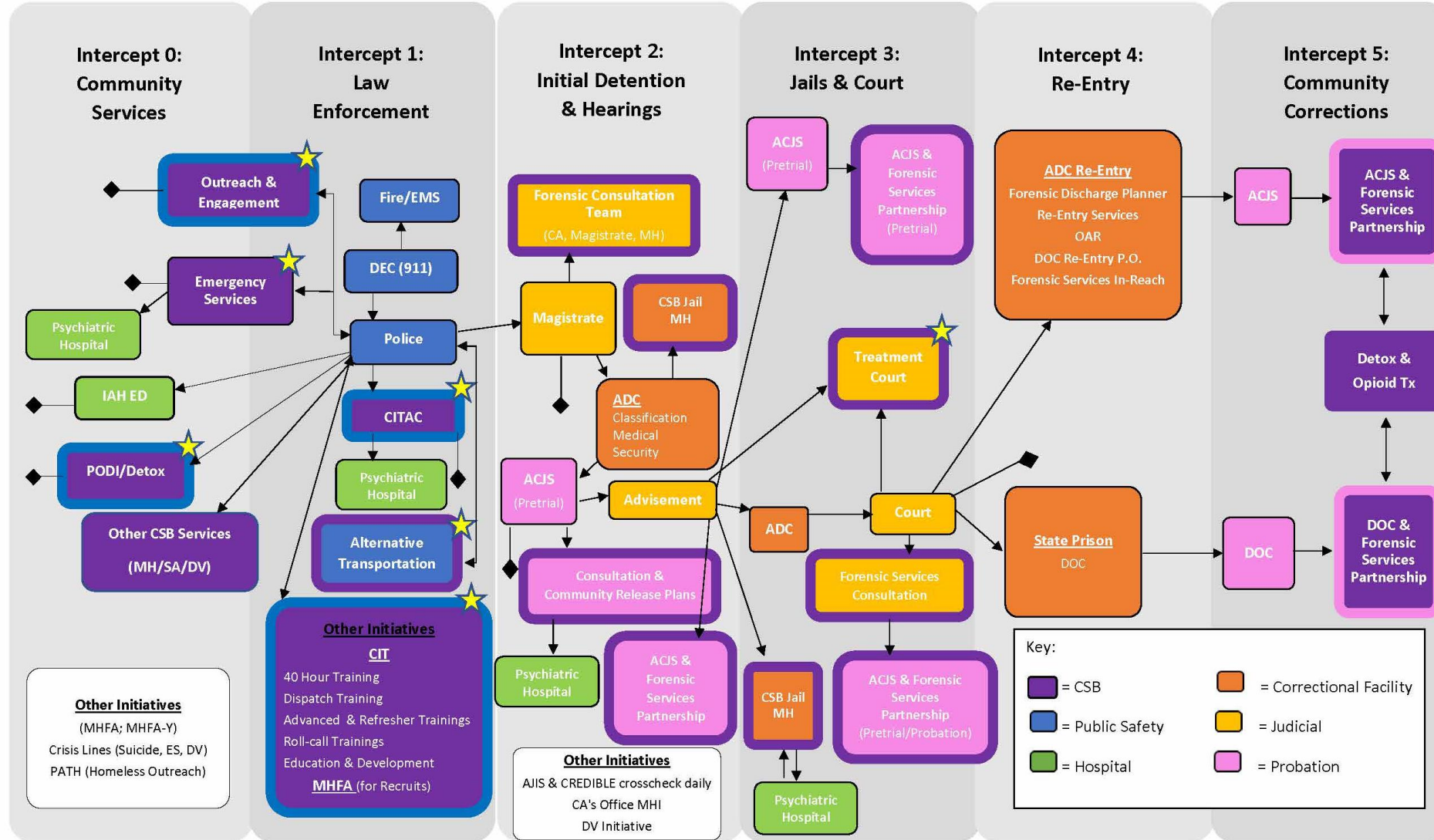
## **Intimate Partner Violence Approach**

The current Police Intimate Partner Violence/Domestic Violence (IPV/DV) Directive, provides policy for officers to call the Domestic Violence Program from the scene on domestic violence cases. Once connected, the advocate can speak with the survivor immediately after an incident has occurred whether or not it is a criminal offense or not.

# Current Initiatives

Alexandria Behavioral Health & Criminal Justice Collaboration

06.20.19







# State Response: STEP-VA and Marcus Alert

- In 2017, the General Assembly initiated System Transformation Excellence and Performance (STEP-VA). It is a multiphase initiative designed to ensure all Virginians have access to quality behavioral health services in their communities. Historically, CSBs have offered various services based on local needs and available funding. The goal of STEP-VA is to reduce that variation, ensuring all 40 CSBs provide access to certain quality community-based behavioral health services.
- DCHS has been provided State funding to create and implement the first three steps, which are 1) Same Day Access, 2) Primary Health Screening and 3) Outpatient Behavioral Health Services. The fourth step is “Behavioral Health Crisis Services.” The specific deliverables and expectations behind this step have yet to be defined by DBHDS, as does any associated funding.
- In FY 2021, the State had been planning to implement and begin funding regional mobile crisis response programs as part of the STEP-VA legislation. A revised State Senate bill [no. 5038], referred to as the “Marcus Alert Bill,” proposes a set of protocols to initiate a behavioral health response to a behavioral health crisis.
- If the bill passes with appropriated funds to each region, DBHDS, in collaboration with the Department of Criminal Justice Services, shall develop a written plan for development of the Marcus alert system by July 1, 2021, though potential funding to jurisdictions may not be identified and available until FY23 or later. In the interim, DCHS and APD will be able to base the City’s potential implementation of the system upon data collected and analyzed over the next year that would identify the City’s specific needs and resources for such a system. If the data shows to warrant a Crisis Intervention Co-Responding service, a pilot system could be in place during FY22 and then supplemented with additional resources if and when the Marcus Alert appropriations or other State funding for Crisis Intervention becomes available.

# Co-Responding:

- The Co-Responder model involves the use of non-police behavioral health professionals and/or social workers with experience in behavioral health to collaboratively respond to and engage individuals with behavioral health related issues in conjunction with the police. Two approaches to Co-Response include:
  - *Outreach and Engagement*: This proactive approach provides outreach and follow-up by behavioral health and police staff to keep people connected to care and reduce the number of contacts with police and emergency response systems. This model focuses on prevention, not crisis response, and exists currently in the City.
  - *Crisis Intervention*: In this model, behavioral health and police staff respond to crisis calls together. Calls would be triaged by DECC and patrol officers on duty and if a call was determined to require a behavioral health response, a co-responding team would respond. This model does not currently exist in the City; more data analysis and resolution of State proposals are needed to determine next steps.



# Stakeholder Feedback

- In February 2020, the CCJB Jail Diversion Subcommittee held a half-day planning retreat to review the status of all current initiatives and begin planning a process to frame its work over the next three to five years.
- Committee was renamed “Alexandria Behavioral Health Alliance” (ABHA) and agreed on priority focus areas for the coming years.
- Over the past 120 days, staff from various departments have had extensive discussions on improvement and resources needs, many aligned with the ABHA.
- DCHS and APD will hold stakeholder engagement opportunities to hear from the community on these issues.



# 21<sup>st</sup> Century Policing Initiatives

- APD's 21<sup>st</sup> Century Policing Plan has been revised to specially address the following issues:
  - APD will discuss the SRO program with the Alexandria City Public Schools System in October.
  - APD will update its youth engagement plan for the department.
  - APD will conduct townhalls throughout the city especially in those areas where there is a need to improve relationships. These townhalls will focus on obtaining community input on issues APD should address to improve community relationships.
  - APD will revise its plans to address community relations.
  - APD will work with the City's Office of Housing to identify opportunities to promote officer's residing within the City. The results of this effort will be completed by Dec. 31.





# 21<sup>st</sup> Century Policing Initiatives

- APD is currently reviewing its arrest data to identify any potential areas of disproportional representation. This review will focus on systematic and policy drivers which may influence disproportionality. The data review will be completed by October 31, 2020. A plan outlining corrective action if required will be completed by December 1, 2020.
- APD will update its leadership training program by November 1, 2020
- APD will report data quarterly as required by the Community Policing Act. Additionally, APD will also post the public contact/field interview information it has captured at the same time. These data will also be posted on the department's website.
- APD will be redeveloping its website to make it easier to find reports, directives, and other information the public may be interested in. The new site will also include a calendar of APD events.



# Resource Needs/Next Steps

Through the internal discussions and understanding of 21<sup>st</sup> Century Policing initiatives, staff have recognized resource needs in four areas:

1. Data Tracking, Sharing, and Analysis
2. Inter-Departmental Organizational Development/Creation of an APD Community Partnership Team
3. Behavioral Health Response Collaboration
4. Prevention, Intervention, and Outreach

# Resource Needs/Next Steps: Data Tracking, Sharing, and Analysis

## **Problem:**

- There is no shared, comprehensive way to electronically track, share, and analyze information on individuals with behavioral health issues and referrals between APD, DCHS, ABHA, and the CIT Steering Committee.
- This issue prevents the police and staff from being fully informed for improved response and service.
- It also inhibits our ability to follow trends, analyze, predict future needs, and make continuous process improvements.

## **Proposed Solution:**

- A mechanism to link and share data, both in the aggregate and on individual cases. A data lake is one model that serves a storage repository that holds a vast amount of raw data in its native format until it is needed.
- An analyst using an application system, such as Tableau, can then pull together the raw data in its various formats and then allow for analysis and evaluation. In order to proceed with a data lake solution, each involved department.
- Would need to participate in a comprehensive inter-departmental memorandum of understanding (MOU) that allows for data sharing while protecting client privacy. In the MOU's there would need to be a commitment to reconciliation of data, including analysis and refinement.
- This approach would require a data analyst to manage the MOU, data collection, data analysis, and evaluation.



# Resource Needs/Next Steps: Organizational Development

## Problem:

- There has been confusion amongst staff simply because of inconsistent terminology related to behavioral health practices. We have also noted the need for more consistent relationships between department staff to ensure increased collaboration and open conversation, as well as dedicated staff to manage shared initiatives.

## Proposed Solution:

- ***Establishment of a Community Partnership Team within APD:*** In August 2020, APD assigned Captain Shannon Soriano to create and oversee a Community Partnership Team of officers. This team will become the direct line of contact between DHCS and other behavioral health service providers. DHCS currently has a designated team that works on Behavioral Health collaborative efforts.
- ***Shared Language and Protocol:*** Staff from various departments have differing terminology on similar processes, often leading to confusion in dialogue. This recommendation calls for developing joint standard operating procedures on all operations overlapping among departments working on behavioral health related issues.
- ***Collaborative Training:*** Staff recommend bolstering the City's current CIT program, following the Virginia CIT Coalition's Recommended Essential Elements, including appropriate training targets, train the trainer and data collection approaches. Staff also recommend increased opportunities for inter-departmental training, such as race and social equity workshops, to provide occasions for more dialogue, shared understanding and increased relationship building and collaboration.

*These recommendations can begin within the next six months. Trainings and organizational development will be on-going. Additional resources are needed for inter-departmental training.*



# Resource Needs/Next Steps: Behavioral Health Response Collaboration

## **Problem:**

- Staff recognize the need for a formalized, collaborative behavioral health response approach so that we people can be engaged in the least restrictive environment possible and avoid escalation of an individual's crisis.

## **Proposed Solution:**

- The first step in establishing a coordinated response is the development of the Community Partnership Team in APD to work directly with DCHS on improved 1) Outreach and Engagement; 2) CIT and CITAC; 3) and Crisis Intervention.
- This partnership team is the first step in determining the need for a robust Crisis Intervention Co-Response model. Comprehensive data analyses are then needed to determine if additional, evidence-based initiatives are necessary and, if so, how these should be structured and supported to best respond to demands.
- Preliminary data analysis on shared APD/Behavioral Health initiatives in approximately six months.



# Resource Needs/Next Steps: Prevention, Intervention, and Outreach

## **Problem:**

- There will always be a need for behavioral health response for individuals experiencing a behavioral health emergency however, by reducing the adverse effects of youth and childhood exposure to trauma and building developmental assets, particularly in historically marginalized parts of the City, it is possible to prevent a significant number of individuals from ever reaching the point of needing a public safety and mental health “response.”

## **Proposed Solution:**

- The Children and Youth Master Plan draft 2025 and APD Strategic Initiatives (2022) specifically recommend the following actions:
  - Provide services and information in the communities at trusted spaces in multiple languages.
  - Participate and facilitate discussions with ACPS staff regarding issues, needs, and responses.
  - Increase mentorship opportunities, specifically in marginalized communities, in partnership with faith-based and other organizations (examples: college trips, peer advisor program, city employee mentorship).
  - APD Participation and support in after-school programs and tutoring programs.
  - APD expansion of outreach efforts to immigrant and West End communities.
  - Collaborate and expand on community outreach and events.
  - Continue APD Community and Youth Academies
  - Attend community and school events and develop youth programs in collaboration with partners, COPS, SROs and Volunteer Unit.



# Questions?