City of Alexandria, Virginia

MEMORANDUM

DATE: OCTOBER 21, 2020

TO: THE HONORABLE MAYOR AND MEMBERS OF CITY COUNCIL

FROM: MARK B. JINKS, CITY MANAGER /s/

DOCKET TITLE:
Public Safety and Behavioral Health Response Models.

ISSUE: Response to City Council's June 23, 2020 request.

RECOMMENDATION: That City Council:

1. Direct staff to continue work on policing and behavioral health issues identified in this report, including (a) data outcomes, (b) stakeholder engagement, (c) human services outreach in city facilities, (d) and coordination of the Children and Youth Master Plan Initiatives, and report back with an update to Council in six months;

2. Consider resource needs related to policing and behavioral health issues in upcoming budget and policy discussions, and

3. Allocate $75,000 from the FY 2021 Policing Initiatives contingent to fund the recommended data analyst position for half a year.

BACKGROUND: This memo represents a coordinated City staff response to City Council's June 23, 2020 request for information on 21st Century Public Safety Models in Alexandria. The request sought preliminary findings of new approaches to community safety practices that prioritize unarmed professional's intervention in non-criminal, non-emergency and non-life threatening 911 calls and service calls, 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 discussion below provides background on Alexandria's current alternative approaches, including its Outreach and Engagement Program, Emergency Services Team, and Public Safety response to quality of life issues. It also identifies potential improvements to the City's approach, some of which are already underway and others that are proposed, with identified resource needs.

It is important to note that while Council requested information regarding public safety models, the identified improvements discussed below also emphasize a greater focus needed on prevention, intervention, and outreach in our communities - particularly as it relates to youth and families. While there will always be a need for response for individuals experiencing a behavioral health emergency, by reducing the adverse effects of youth and childhood exposure to trauma, particularly in historically marginalized parts of the City, the City can aim to prevent a significant number of individuals from ever reaching the point of needing a public safety and behavioral health "response."

COUNCIL REQUEST #1: Alternative approaches that prioritize non-law enforcement responses to homelessness, public gatherings, after-hours construction, noise, and other quality of life complaints

The discussion below addresses each of the areas identified in the Council request based on current practices and any proposed improvements. An important element to consider in future analysis of quality of life complaints is the new 311 system. 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 recommends 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

The Alexandria Police Department (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 at this time continues 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 in conjunction with a new revamped noise ordinance. A new noise ordinance is scheduled to be presented to Council in the next few months.

Homelessness

The Department of Community and Human Services (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, as described further below.

Intoxication
For over 20 years, DCHS had operated a "Police Diversion" program through Alexandria Residential Treatment Center ("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. *This program has been paused since the beginning of the COVID-19 crisis as there was not a way to serve clients within the existing physical space and ensure compliance with safety recommendations for distancing and management.*

COUNCIL REQUEST #2: The creation of a mobile crisis unit trained in crisis prevention and management such as suicide prevention and intervention, domestic disputes, substance abuse, other mental wellness calls

Current Situation
The following discussion outlines services and initiatives aimed at helping individuals experiencing an emergency behavioral health crisis:

CIT Training
DCHS created the Crisis Intervention Team (CIT) 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 has historically been recognized as a leader in the State for CIT and other collaborative initiatives aimed at diverting persons with behavioral health concerns away from the criminal justice system and into the treatment system. Full CIT training for all police officers is planned (60% now CIT trained), full officer training estimated to be completed by April 1, 2021.

CCJB Jail Diversion Subcommittee
In 2010, DCHS also created the Alexandria Community Criminal Justice Board (CCJB) Jail Diversion Subcommittee. This group is a 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 and guide City initiatives which occur at the intersection of the behavioral health and criminal justice systems. This committee supports the development of initiatives that promote a healthy, safe, equitable, inclusive and resilient Alexandria.

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). The CR2 and REACH programs, respectively, provide community-based mobile crisis intervention (without law enforcement) to youth and to individuals with I/DD before and during a crisis episode to prevent the need for psychiatric hospitalization.

CITAC
Through State funding, the CIT Assessment Center (CITAC) opened in February, 2016. CITAC is located in the Inova Alexandria Hospital (IAH) Emergency Department and 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. The primary goal of CITAC is to decrease the amount of time patrol officers spend maintaining custody during an evaluation by providing opportunities for custody to be transferred to other qualified staff. CITAC is open

sixteen 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.

An alternative, community-based assessment center is currently under consideration. Currently, the IAH CITAC can only serve clients brought to the Emergency Department (ED) by APD officers. While this model is helpful for APD and saves officers time when custody is transferred, locating it in the ED limits the number of persons served to simply those under APD custody. 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. A community-based assessment center would provide a place for APD and EMS to bring in voluntary clients but also, would allow voluntary clients to seek after-hours crisis assessments without having to go to the ED. Additional resources would be necessary to create a community-based assessment center which could serve as both an opportunity for officers to transfer custody and also, as a place where persons not in APD custody could be served 24/7.

CSB Emergency Services

DCHS/Community Services Board (CSB) has long been State Code-mandated to provide 24-hour Emergency Services (ES) for any individual within the City experiencing a behavioral health emergency. The DCHS ES team receives direct calls to a 24-hour phone number from individuals in crisis as well as concerned others and provides assessment and crisis intervention by phone and through in-person office-based (720 N. St. Asaph Street) services, community or hospital-based evaluations sometimes with and sometimes without police involvement.

ES clinicians provide, as needed and as staff are available, community-based mobile crisis services. Referrals are received from a variety of sources and when appropriate, ES staff provide crisis assessment services in community settings such as CSB residential programs, adult and juvenile detention centers, homeless shelters, schools, private residences, etc. Just as occurs during an office-based intervention, staff provide crisis assessments, interventions, and referrals for follow-up to ensure linkage to recommended services after the crisis is resolved. Most often when ES staff are asked to provide mobile crisis services, staff request APD presence to ensure staff and citizen safety. It is not uncommon for APD to call ES directly and ask that ES staff join them on a call for service when it is felt that behavioral health assessment may be required.

Because mobile crisis services require more staff time, this is a service that would need substantial additional resources to implement.

Critical Incident Response Team (CIRT)

The DCHS Emergency Services Program operates a Critical Incident Response Team that provides debriefing services after small- and large-scale crisis events. The team consists of clinicians with different areas of specialty who are trained in crisis response.

Examples of the types of critical incidents this team responds to include unexpected workplace deaths, Simpson Field shootings, bank robberies where multiple employees were affected, etc.

Outreach and Engagement

DCHS created an “Outreach and Engagement” capability almost two years ago, to proactively reach out to individuals in the community who were identified as needing behavioral health assistance. This position is not intended to provide crisis response but rather, to prevent situations from escalating to a crisis point. As of

August 2020, APD assigned a member of their leadership team to partner with DCHS on Outreach and Engagement in a co-responding way. In addition, this APD lead will oversee the creation and management of the "Community Partnership Team" within APD. This team will partner with DCHS and other agencies on City -wide collaborative initiatives aimed at promoting a healthy, safe, equitable and resilient community. The function and resource needs of this team are outlined and further discussed in section 3 of this memo.

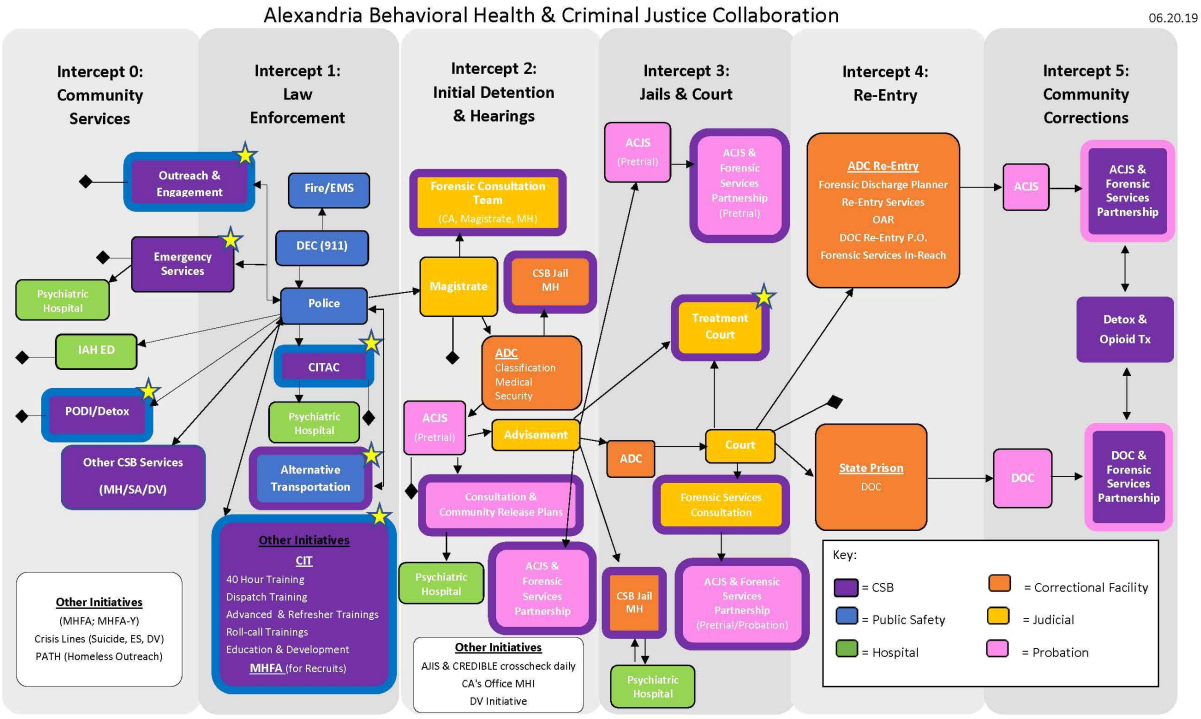
Intimate Partner Violence Approach

The current Police Intimate Partner Violence/Domestic Violence (IPV/DV) Directive, provides the capability 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. When officers call into DVP, they provide information on what happened that lead the police to be called, as well as information on the victim and the suspect. This allows advocates to provide services such as safety planning, counseling services, services to assist with basic needs, etc. The advocates also assist the survivor through the criminal process, explaining the process to them, setting up pre-trial meetings with the prosecutors, explaining what protection orders are, the process for applying for them, different provisions that can be awarded on the orders, answering questions, etc. Studies have shown, that the sooner a domestic violence survivor is in touch with an advocate the more likely they are to cooperate with the process. Enhanced services are provided to survivors who do not want to cooperate with criminal proceeding to see what barriers might be preventing them from cooperating.

In strangulation cases, the survivor can go to the Forensic Assessment Consultation Team (FACT) Department to have specially trained nurses view their injuries and ensure that they receive proper medical care as well as document the survivor's injuries. The FACT function is open 24 hours a day seven days a week.

Criminal Justice System Mapping

In addition to the initiatives noted above, a number of other initiatives and services have been created over the last decade aimed at identifying persons with behavioral health challenges, providing opportunities for these person to engage in treatment, increasing community trust in the "system," and decreasing unnecessary involvement with the criminal justice system. These initiatives can be found on the current "Map" below (also see Attachment).



Alexandria Police Department Response to Calls

APD has consistently recognized the importance of early detection and intervention in mental health cases with qualified experts in mental health treatment or social work access is the best way to reduce the number of mental health crisis cases requiring a police response.

Since 2010, APD has supported the training of its officers in Crisis Intervention (CIT, as noted above). Typically, three CIT courses occur each year, training approximately twenty staff in each class. Hundreds of police officers have graduated from the 40-hour CIT course since 2010 and have used the de-escalation and "client-centered" skills learned during the class to intervene with persons experiencing behavioral health challenges, helping link them with treatment services best suited to help. DCHS clients and others regularly share their gratitude for these interventions. Further CIT training of APD officers is planned.

For several years, the Alexandria Police Department (APD) has noted a common factor in many of its calls for service. That factor involves individuals who are displaying individual behavior that presents as an emotional disturbance or, in some other cases, a recognized mental health crisis. APD has discovered in the analysis of its call and case data that these situations can often be masked by the traditional coding of calls/cases. For example, an individual presenting with these symptoms may be arrested because they engaged in some criminal activity that dictates an arrest being made. It has been APD's view for some time that the criminal justice system is not the appropriate place to treat or deal with many of these mental health related incidents.

Findings and Potential Improvements

In the referenced Council memo, Council Members requested exploring the creation of a Mobile Crisis Unit. While the City can provide mobile crisis services on a limited basis through the DCHS Emergency Services Team as outlined above, staff researched programs in other jurisdictions and considered potential improvements

to our existing services. Research included the "Cahoots" model in Eugene, Oregon (currently being replicated in other cities, such as Oakland, CA) and Co-Response models in jurisdictions such as Prince William County and Denver, Colorado.

In the Cahoots model, if a resident calls a 911 dispatcher for a non-life threatening event, homelessness, mental health needs, etc., the dispatcher can call a "services van" to the scene, rather than police, to assist with on-site services. The model requires significant resources in the front end, to provide 24/4 on-site services and also requires a computer aided dispatch system which is configured to dispatch beyond fire, police, and EMS. Dispatchers must be trained on how to make the most accurate determination of who should be called to the scene, placing a much heavier weight on the dispatcher's judgement before police could be sent to the scene, if needed.

The other model researched is referred to as "Co-Response." The Co-Responder model involves the use of non-police mental health professionals and/or social workers with experience in mental health to collaboratively respond to and engage individuals with mental health related issues in conjunction with the police. There are a variety of different approaches that are used to do co-response but the two most common are:

- *Outreach and Engagement*: In this model, mental health clinicians in partnership with law enforcement and perhaps other emergency responders like EMS, respond to non-crisis situations in order to better meet the needs of "high utilizers" or individuals at risk of involvement with the legal system. This proactive approach provides outreach and follow-up to keep people connected to care and reduce the number of contacts with police and emergency response systems. Strategies may include short-term follow-up and linkages or longer-term case management in the community. The Outreach and Engagement initiative currently provides this type of co-responding service; staff anticipate (if funded) an expansion of this service as APD creates its Community Partnership Team.

- *Crisis Intervention*: In this model, ES clinicians would respond to crisis calls with CIT-trained police officers. Calls would be triaged by DECC and patrol officers on duty and if a call was determined to require a behavioral health response, a team consisting of at least an ES clinician and a CIT officer would respond. Some approaches also use these same staff to conduct home visits and other techniques to check the on the welfare of known mental health clients. The general goals of Crisis Intervention Co-Responding teams are to reduce unnecessary emergency department visits and psychiatric hospitalizations; reduce arrests and unnecessary involvement in the criminal justice system; increase safety for all involved; and provide linkage to appropriate care and supports in the community. Additional potential benefits include better experiences for people suffering a crisis in the community, reductions in repeated contacts with hospital and first responding staff, and an associated reduction in costs.

The participation of law enforcement in Co-Response initiatives is to provide public safety assistance during a call for behavioral health assistance. The officers selected to participate in Co-Responder models should be trained in de-escalation techniques and graduates of a 40-hour CIT training.
In 2017, the General Assembly initiated STEP-VA (System Transformation Excellence and Performance). STEP-VA 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. By providing Virginians with timely access to these services, STEP-VA is expected to reduce the need for crisis services and inpatient behavioral health

services at public and private hospitals.

There are nine steps to STEP-VA. 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.

Recently, the State had been planning to implement and begin funding regional mobile crisis response programs as part of the STEP-VA legislation. The General Assembly has just passed the "Marcus Alert Bill," that proposes a set of protocols to (i) initiate a behavioral health response to a behavioral health crisis, including for individuals experiencing a behavioral health crisis secondary to mental illness, substance abuse, developmental disabilities, or any combination thereof; (ii) divert such individuals to the behavioral health or developmental services system whenever feasible; and (iii) facilitate a specialized response in accordance with § 9.1-193 when diversion is not feasible. Currently, the fiscal cost of this initiative is not clear, but likely substantial, and the State appears ready to fund a few pilot programs in the Commonwealth.

To expand the City's current mobile crisis services into a fully-operational Crisis Intervention Co-Responding Team would require additional resources, including data support, as further outlined under Council Request #3 below.

If the bill passed is signed into law with appropriated funds to each region, Department of Behavioral Health and Developmental Services (BHDS), in collaboration with the Department of Criminal Justice Services, would 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
FY 2022 and then supplemented with additional resources if and when the Marcus alert system or other state funding for crisis response is available, as further outlined in section #3 below.

Stakeholder Outreach
In February 2020 in the days just before COVID-19 struck the CCJB Jail Diversion Subcommittee held a half-day planning retreat to review the status of all current initiatives and begin a planning a process to frame its work over the next three to five years. Because so many initiatives have been created since its inception in 2010, one of the first items the Committee agreed to was the need to change its name to reflect its expanded role from one of simply diversion to one that now includes an emphasis on prevention and early intervention of persons in need of services. The committee's new name is The Alexandria Behavioral Health Alliance (ABHA). In addition to this name change, ABHA also agreed on the following areas of focus in the coming years:

- Create a reliable data sharing expectation so that progress can be measured and areas of need identified. This is particularly needed in CIT, where data collection efforts have been challenging. Because there is a lack of reliable data related to CIT, it is difficult to make informed decisions about where areas for improvement exist.

- Develop an educational component to ABHA that can provide information on jail diversion and other efforts at the crossroads of behavioral health and the criminal justice system, provide education to the

courts/judges, educate court-appointed attorneys who are not Public Defenders, and present at community events/trainings

- Support the expansion/creation of the following initiatives:
    - Create a Behavioral Health Team *(referred to in the recommendations below as the "Community Partnership Team")* within the APD to actively partner with DCHS on CIT, CITAC, Outreach and Engagement, and other shared initiatives
    - Fully implement the new DCHS Outreach and Engagement program by identifying staff at APD with whom DCHS staff can partner
    - Expand CITAC hours to 24/7 and create a community-based assessment center
    - Solidify CIT, including developing refresher and advanced courses, collect APD/CIT data, expand CIT instructor pool, and increase DEC involvement
    - Increase diversions in Booking/at the Magistrate level
    - Formalize a Mental Health court/docket
    - Expand the Alexandria Treatment Court
    - Implement Medication Assisted Treatment at the Alexandria Detention Center

In following up on these issues, over the past 120 days, staff from APD, DCHS, DECC, and Fire have had extensive discussions on the City's current programs and potential improvements, with consideration to Crisis Intervention Models from other jurisdictions. The conversations included large meetings with staff from various teams as well as interdepartmental virtual "workshops." These discussions lead to consensus on improving four areas:

1) Data Tracking, Sharing, and Analysis;
2) Inter-departmental Organizational Development;
3) Mental Health Response Collaboration; and
4) Prevention, Intervention, and Outreach.

These four areas are consistent with many of the topics ABHA identified as priority areas of focus.

Staff also discussed that prior to proposing structural changes to the City's system, such as adopting a Crisis Intervention Co-Response model, resources should be dedicated, as outlined below, to these four areas. Additionally, DCHS and APD should provide stakeholder engagement opportunities to hear from the community. This engagement would include listening sessions with small community neighborhood groups and APD Town Halls with community organizations.

COUNCIL REQUEST #3: BUDGET ALTERNATIVES AS PART OF THE FISCAL YEAR 2022 BUDGET PROCESS.

As stated above, staff have categorized its resource needs into four areas: 1) Data Tracking, Sharing, and Analysis; 2) Inter-departmental Organizational Development, 3) Mental Health Response Collaboration; 4)

Prevention, Intervention, and Outreach. The discussion below outlines the issues and challenges for each area. Following the discussion is a breakdown of resources needs to begin resolution of the issues.

Data Tracking, Sharing, and Analysis

While City agencies currently collect considerable data which they use for their individual programmatic needs, 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, while also ensuring privacy. This issue prevents the City's police and case workers from being prepared for improved response and service. It also inhibits our ability to follow trends, analyze, predict future needs, and make continuous process improvements.

Staff have discussed the need to develop joint metrics to demonstrate outcomes and the most appropriate mental health services needed. Examples of key areas to be developed include: number of behavioral health/intimate partner violence calls for services; outcomes of all CIT and other calls for service; and use of currently-available tools (eg, CITAC, Alternative Transportation, etc.) to more efficiently and appropriately use APD time. Staff also suggest reviewing data from the 311 and 911 system annually and analyze data trends related to potential decreases in non-law enforcement responses through 911 and resulting outcomes.

There are two approaches to resolve the data sharing needs which would then allow for data analytics and evaluation:

1. ***Data Lake Solution****:* A data lake is a storage repository that holds a vast amount of raw data in its native format until it is needed. An analyst using a software application system, such as Tableau (which the City utilizes), 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.

2. ***Data Warehouse Solution****:* A data warehouse pulls together data from multiple departments into one data system. This model makes it easy for departments to collaborate, share, and make informed, analytical decisions. Data warehouses have been successfully used in other jurisdictions, but are extremely costly to procure and establish, in addition to the personnel needs for management. There is also a multi-year timeframe from start to completion of a data warehouse solution. A comprehensive data sharing MOU would also be required in this scenario.

Recommendation and Resource Needs

Staff recommends pursing a Data Lake solution to this issue, which requires an additional staff position as a Behavioral Health Data Analyst. With additional resources, the City can begin to resolve this data challenge within six months.

Organizational Development

As in any organization, there can be a gap in information and communication between agencies. This is particularly true when there are technical terms, directives, and policies that are specific to an organization's functionality. Through our discussions over the past few months we have discovered some disconnect amongst

staff simply because of inconsistent terminology related to behavioral health practices. Staff have also noted the need for more consistent relationships between department staff to ensure increased collaboration and open conversation. The departments involved include: APD, DCHS, FIRE/EMS, ACPS, RPCA, Courts, and DECC.

To begin to address this problem, staff developed three recommendations:

1. ***Establishment of a Community Partnership Team within APD:*** In August 2020, APD assigned a senior leader to oversee a Community Partnership Team of officers. This team will become the direct line of contact between DHCS and other behavioral health service providers. This will be particularly useful in Outreach and Engagement programs, CIT/CITAC, Alternative Transportation, the Alexandria Treatment Court, etc.

2. ***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, such as transfer of custody to CITAC officers, Outreach and Engagement Co-response, and asset building initiatives. The first effort will be to collectively look at existing policies, procedures, and directives to see if there is a need for revision, clarification, and cohesion.

3. ***Collaborative Training*****:** Staff plans to bolster 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 during the next six months. Training and organizational development will be on-going. Additional resources will be needed for inter-departmental training.

Mental Health Response Collaboration

Staff recognize the need for a formalized, collaborative mental health response approach so that the City can engage people in the least restrictive environment possible and avoid escalation of an individual's crisis.

The first step in establishing a coordinated response is the development of the Community Partnership Unit in APD to work directly with DCHS on improved 1) Outreach and Engagement; 2) CIT and CITAC; 3) Crisis Intervention, including working with Emergency Services staff on Emergency Custody Orders (ECOs), Temporary Detention Orders (TDOs), and Alternative Transportation (AT). Outreach and engagement would include joint efforts to connect people to care and reduce the number of contacts with police and emergency response systems. Coordinated crisis intervention may include on-duty DCHS staff riding with APD to respond to calls in certain situations. Staff from both departments are currently working on specific guidelines that can be included an interagency agreement for the program and specific operating guidelines for the participating staff.

The general goal of this partnership is to reduce unnecessary emergency department visits and psychiatric hospitalizations; reduce arrests and unnecessary involvement in the criminal justice system; increase safety for all involved; and provide linkage to appropriate care and supports in the community. Additional potential

benefits include better experiences for people suffering a crisis in the community, reductions in repeated contacts with hospital and first responding staff, and an associated reduction in costs.

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. Examples of needed data include:

- Law Enforcement Officer encounters and outcomes
- Demographics of persons served
- Community satisfaction

DCJS and APD expect to have a preliminary analysis completed on this program following six months of operation and a report on this will be completed and issued soon after this period. More comprehensive reports will be developed following a longer operational periods which is envisioned to be at 6 months and after one year of operation.

While the initial partnership team will use existing staffing resources, a Behavioral Health Data Analyst is needed in the near term to evaluate outcomes. If a comprehensive data analysis determines that additional Co-Responding services are needed, this will require additional staffing resources.

Prevention, Intervention, And Outreach Needs

As stated in the introduction, there will always be a need for mental 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, we can prevent a significant number of individuals from ever reaching the point of needing a public safety and mental health “response.”

The Children and Youth Master Plan (CYMP) (2013) and the upcoming revised plan, CYMP 2025, lays out goals and strategies needed to support our families, particularly adolescents who may have endured trauma or are starting to confront behavioral health issues. The CYMP 2025 is a guide for how people can come together to create the conditions in Alexandria for all children and youth to thrive today and tomorrow. The proposed Plan aims to align with the Partnership for a Healthier Alexandria’s Community Health Improvement Plan and Alexandria City Public Schools Strategic Plan. All three plans employed a trauma-informed lens, an equity lens, and the developmental assets framework when developing strategies.

The City’s approach to addressing the youth and families who need city services can be improved through increased collaboration between departments and data analysis. Further, 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.
- Increased 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 and events.

Providing resources for the actions above could have a significant impact on our community and aim to avoid long-term health crisis. It is important that partners coordinate our efforts, align our resources, data collection and measurement, and community outreach processes.

21st Century Policing Initiatives

In addition to the major initiatives discussed above, APD's 21st Century Policing Plan has been aims to specially address the following issues:

- APD plans to update it's a youth engagement plan for the department.
- APD plans to 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 plans to revise it plans to address community relations.
- APD plans to 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 December 31, 2020.
- Determination of the future School Resource Officer program with the Alexandria City Public Schools System.
- 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 this disproportionality. The data review will be completed within the next month. A plan outlining corrective action if required will be completed by December 1, 2020.
- APD plans to update its leadership training program by November 1, 2020
- APD plans to report data quarterly as now required by the Community Policing Act. Additionally, APD plans to 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 plans to update 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.

Recommended Next Steps:

1. ***Data Analyst:*** A full-time Behavioral Health Data Analyst is recommended to track, analyze and evaluate outcomes related to:

- Outreach and engagement and crisis intervention services
- CIT and CITAC outcomes
- 311 and 911 trends
- Prevention, intervention, and outreach strategies

Through data analysis of the Outreach and Engagement and Crisis Intervention Services, DCHS and APD could develop an informed plan to start a Crisis Intervention Co-Response pilot system in FY 2022 and, potentially, implement the Marcus legislation.

The Data Analyst would also manage the inter-departmental memorandum of understanding (MOU) for data sharing.

2. ***Assessment Center:*** Additional resources would be necessary to create a community-based assessment center which could serve as both an opportunity for officers to transfer custody of a person under an Emergency Custody Order and also, as a place where persons not in APD custody could be seen for a behavioral health assessment 24/7. A determination of the cost and details would be the next step.

3. ***Stakeholder Engagement:*** DCHS and APD must hold further stakeholder engagement opportunities to hear from the community. This engagement would include listening sessions with small community neighborhood groups and APD Town Halls with community organizations.

4. ***Shared Language and Protocol:*** Collectively look at existing policies, procedures, and directives to see if there need to be revisions, clarifications, and cohesion.

5. ***Training:*** Hold 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.

6. ***Increased Human Services in Communities:*** Provide services and information in the communities at trusted spaces in multiple languages. As proposed in the proposed Coordinated Community Recovery Plan, staff recommend engaging the community to develop an understanding of the types of services needed in a more accessible space and plan to ensure city facility space is maximized by creating flexible areas that can accommodate different uses and adapt to community needs. This would allow prioritization of offerings and space requirements. Once complete, departments would need to develop a plan to re-deploy staff with rotating hours to provide services at these locations. Additionally, self-service kiosks for service applications could be deployed to these City Facilities. AHD and DCHS would lead the process to determine the services needed in facilities.

This recommendation should be a factor considered in the Joint Facilities Master Plan for future site renovations of city facilities and school sites, preparing for flexibility of spaces that allow for private counseling.

7. ***Coordination with ACPS and other youth providers through implementation of the Children and Youth Master Plan:*** This coordination includes:
    a. Participate and facilitate discussions with ACPS staff regarding prevention and intervention issues, needs, and responses.
    b. Increase APD participation and support in after-school programs and tutoring programs.

c. Continue APD Community and Youth Academies.
d. Continue APD attendance at community and school events in collaboration with partners, Volunteer Unit.
e. Develop youth programs and events in collaboration with partners.
f. Increase mentorship opportunities, specifically in marginalized communities, in partnership with faith-based and other organizations. (examples: college trips, peer advisor program, city employee mentorship)

8. ***Increase APD Outreach:*** Collaborate and expand on community outreach and events.

Providing resources for the actions above will have a significant impact on our community and aim to avoid long-term behavioral health challenges and crises. It is important that partners coordinate our efforts, align our resources, data collection and community outreach processes.

FISCAL IMPACT: The eventual total impact of mental health related policing improvements will likely be material, but is not yet known. A factor in the cost of these initiatives to the City will be availability of state financial assistance. In the immediate term the FY 2021 half-year cost of the recommended data analyst would be $75,000, and annualized $140,000 for FY 2022.

ATTACHMENTS:

1. Chart Depicting Alexandria Behavioral and Criminal Justice Collaboration
2. Powerpoint Presentation

STAFF:
Debra Collins, Deputy City Manager
Michael L. Brown, Chief, Alexandria Police Department
Kate Garvey, Director, Department of Community and Human Services
Dana Wedeles, Special Assistant to the City Manager