



Legislation Text

File #: 14-3978, Version: 1

City of Alexandria, Virginia

MEMORANDUM

DATE: APRIL 22, 2015

TO: THE HONORABLE MAYOR AND MEMBERS OF CITY COUNCIL

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

DOCKET TITLE:

Consideration of a Grant Application To The Virginia Department Of Behavioral Health And Developmental Services To Develop A Crisis Intervention Team Assessment Site.

ISSUE: Consideration of a grant application from the Alexandria Department of Community and Human Services (DCHS) to the Virginia Department of Behavioral Health and Developmental Services (VDBHDS) to develop a Crisis Intervention Team (CIT) Assessment Site.

RECOMMENDATION: That City Council:

- 1) Authorize the submission of an application to VDBHDS for funding in the amount of \$238,480 to establish a CIT Assessment Site, a therapeutic, non-criminal justice location where law enforcement officers can bring an individual in a behavioral health crisis, as an alternative to incarceration (due May 5, 2015);
- 2) Approve an increase of 1.0 FTE for a CIT Coordinator to assume management responsibility of the current CIT program and the new grant-funded CIT Assessment Site.
- 3) Authorize the Acting City Manager to execute all necessary documents that may be required.

BACKGROUND: Individuals with mental health and co-occurring substance use disorders are an increasing presence in the criminal justice system. National studies have shown that 6.4% of men and 12.2% of women entering U.S. jails have a serious and persistent mental illness, compared to less than 2% of the general population. Of these individuals, 72% have a co-occurring substance use disorder. Because almost all individuals who enter jail will return to the community, effective linkage and access to services is critical in reducing the repetitious cycle of justice involvement.

“Jail Diversion” initiatives are aimed at decreasing crime and recidivism by ensuring that timely, appropriate and individualized services are available to persons with serious mental illness and substance use disorders. There are two primary goals of Jail Diversion initiatives:

- Divert persons with serious mental illness and co-occurring substance use disorders away from arrest and into treatment; and
- Prevent persons with mental illness and co-occurring substance use disorders from penetrating more deeply into the correctional system by providing timely and individualized behavioral health interventions.

Current Jail Diversion programs and activities in the City include:

- *Alexandria Detox/Police Diversion Program* - Through a protocol with the Alexandria Police Department (APD), all persons picked up on sole “drunk in public” charges are offered treatment at Detox rather than arrested and taken to jail. In FY14, 398 persons were admitted to Detox rather than arrested and taken to the Adult Detention Center (ADC).
- *Jail Based Treatment Services* - Through a contract between the Sheriff’s Office and DCHS, 9.5 full time mental health/substance abuse treatment staff works in the ADC, as well as 20 hours per week of psychiatric time. Services include: Critical Care Unit, Sober Living Unit, and Emergency & Treatment Services in General Population and Booking. Approximately 1/3 of all ADC inmates receive Behavioral Health services; 20% are on a psychotropic medication.
- *Forensic Discharge Planner* - Since 2008, this fully state-funded position has provided discharge planning services to persons with mental illness and substance use disorders being released back to Alexandria from the ADC.
- *Jail Diversion Subcommittee of the Alexandria Community Criminal Justice Board* - The subcommittee was created in 2008 to provide oversight and direction to the growing number of initiatives aimed at helping persons with mental illness and substance use disorders live law abiding lives in the City. The following agencies are represented on the Committee: Commonwealth Attorney’s Office, Community and Human Services, Police Department, Sheriff’s Office, Public Defender’s Office, and Probation and Parole.
- *Collaboration for Recovery and ReEntry (CORE)* - CORE began as a VDBHDS grant in 2009 and has evolved into ongoing State funding to DCHS (230K per year). The program provides intensive and specialized services to a targeted group of mentally ill offenders under the supervision of the State Office Probation and Parole in Alexandria. Funding supports a CORE Therapist at DCHS, a Mental Health Probation Officer at Alexandria Probation and Parole, Psychiatric time, and a Client Services Fund. Over 162 clients have been served to date and one year after services, these individuals have seen an 82% decrease in the number of days (13,490 jail days) spent in jail. At the time of enrollment, 80% of participants were medically uninsured. By the time of program completion, 96% of enrollees were insured or had applied for health insurance; an increase of 380%. Only 4% of enrollees remained uninsured after one year or at discharge from the program. In FY 2013, 80% of participants had no SSI/SSDI income at the time of enrollment. After one year or at discharge from the program, 60% were

receiving SSI/SSDI income; an increase of 200%. The remaining 40% had applied for benefits by the time of discharge.

After realizing the significant success and cost savings of the CORE program, City Council approved expanding the program in May 2012 through an agreement with DCHS and the Sheriff's Office. The expansion resulted in the creation of one new position at Alexandria Criminal Justice Services who works with persons on Local Probation/Pretrial, helping them to live law abiding and productive lives.

- *Crisis Intervention Team (CIT)* - Since 2010, this program has taught first responders how to recognize signs of mental illness and when appropriate, divert persons away from arrest and into less costly treatment alternatives. The program was fully supported by State funds for three years and is now supported locally (\$15,000 annually) through an agreement with DCHS, APD, the Sheriff's Office, the Department of Emergency Communication, Alexandria Fire Department/EMS, and the Office of Code Administration. To date, over 400 staff from all of Alexandria's first responding agencies have been trained, resulting in an increase in diversions away from arrest and into treatment. The program is overseen by the CIT Steering Committee.
- *Re-Entry Council* - Because 95% of all offenders in Virginia will be released back to their communities, it is critical that services are coordinated and available to help these individuals be successful and not re-offend. To that end, the Alexandria ReEntry Council, co-led by DCHS and the Office of Probation and Parole, was created in 2011 to look at the myriad of issues facing the men and women returning to Alexandria from jails and prisons. The Council meets monthly and enjoys participation from all human service providers in the City as well as many churches, criminal justice partners, etc.

DISCUSSION: Despite the array of programs noted above, Alexandria lacks a key component in the Jail Diversion continuum: a CIT Assessment Site. The addition of such a program was identified as a strategic priority during Alexandria's Cross Systems Mapping exercise, held in 2010.

CIT Assessment Sites provide a therapeutic, non-criminal justice location where law enforcement officers can bring an individual in a behavioral health crisis, as an alternative to incarceration. The model supported by Alexandria's CIT Steering Committee uses the Inova Alexandria Hospital (IAH) Emergency Department (ED) as the Assessment Site location. The site would be staffed 16 hours a day, 7 days a week by CIT-trained security guards, hired by IAH and supported by grant funding. This staffing pattern would allow for APD officers to execute quick and safe transfers of custody for individuals being held under an Emergency Custody Order (ECO), from police custody to the CIT-trained security personnel stationed in the ED. A written agreement between DCHS, APD and IAH would be developed outlining the conditions under which custody will be transferred, and when such transfers would not be appropriate due to safety or security concerns. In addition, ongoing, joint training between the IAH security force and APD will be held to ensure that there is consistency in the practice of maintaining and transferring custody and that roles and responsibilities are clearly defined.

APD officers bring a significant number of persons to the IAH ED each year to receive mental health evaluations. In FY 2013, 296 persons were brought in to the ED for evaluation; in FY 2014, 281 persons were brought in and to date in FY 2015, 312 persons have been brought to the ED. Staff surmise that this increase is due to a number of factors, including the success of Alexandria's CIT training, the widespread implementation of Mental Health First Aid, and the increased visibility of mental health issues as a result of the Deeds' family tragedy last year. Staff estimates that at least 300 persons each year would be served at the CIT Assessment

Site.

Fiscal Year	Number of persons brought to ED by APD for mental health evaluation	Total APD hours spent in ED providing custody
FY13	296	2368
FY14	281	2248
FY15 (to date)	312	2496

APD practice each time APD officers bring a person to the ED for a mental health evaluation, two officers must remain with the person until the evaluation is complete. On average, each situation takes four hours to resolve, resulting in APD officers spending approximately eight hours per case in the ED. Each time this occurs, officers are removed from their other patrol duties, simply to maintain custody of the person during the evaluation period. This equates to 2368 hours in FY 2013, 2248 hours in FY 2014, and 2496 hours to date in FY 2015. Hiring security guards to provide the custody function, which is allowable by law and encouraged by the VDBHDS, will result in a significant increase of APD officer availability back to traditional patrol duties. This model of custody transfer is being implemented State-wide and across the country, as a way to encourage patrol officers to bring persons in for treatment by making these encounters efficient and safe for all involved.

Staff anticipates requesting grant funding for the following:

- *One full time CIT Coordinator.* This position would assume overall management responsibility of the current CIT program (currently co-managed by DCHS and APD staff), in addition to the new grant-funded CIT Assessment Site. Anticipated cost: \$100,000 (Grade 21, Step C)
- *IAH CIT-trained Security Guards:* These positions would be hired and supervised by IAH, through a written agreement with DCHS and APD. Anticipated cost for 16/7/365 coverage at \$22 per hour = \$128,480.

FISCAL IMPACT: Grant funding is for one year, with three consecutive one year renewals available. Staff anticipates requesting \$238,480 for the first year of this program. There is a 20% match required for FY 2016 and 30% for FY 2017. As this can be an in-kind match, it will be provided partially by the City through project management/supervision by an existing City position and donated space by IAH. There are no funds currently available in the DCHS budget to continue the grant activities should State funding be discontinued in the future.

Grant funding will be used for the CIT Coordinator position and the individual who fills this grant-funded position will be notified that it may terminate if grant funds become unavailable in the future. The employee will also be required to sign an agreement of understanding about this as a condition of employment at the time they are hired. If grant funding becomes unavailable in the future, outcome data will be analyzed to determine the project's effectiveness and may be used to search for alternative funding and/or to reprioritize current DCHS funding to support the program's continuation. If, however, grant funding becomes unavailable and alternative ongoing funding cannot be secured, the position will be eliminated.

The City is responsible for the normal administrative costs associated with this grant. These costs include financial and reporting oversight provided by DCHS, the administering agency. Existing administrative staff

will provide these functions.

ATTACHMENTS:

None.

STAFF:

Kate Garvey, Director, Department of Community & Human Services (DCHS)

Earl Cook, Chief, Alexandria Police Department (APD)

Suzanne Chis, Deputy Director, DCHS

Carol Layer, LCSW, Director, Center for Adult Services, DCHS

La'Keisha Kennedy Flores, Acting Fiscal Officer III, DCHS

Liz Wixson, LCSW, Director of Clinical and Emergency Services, DCHS

Eddie Reyes, Deputy Chief, APD