



Legislation Text

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City of Alexandria, Virginia

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MEMORANDUM

**DATE:** SEPTEMBER 21, 2021

**TO:** THE HONORABLE MAYOR AND MEMBERS OF CITY COUNCIL

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

**DOCKET TITLE:**  
Alexandria Co-Response Pilot Program Update.

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**ISSUE:** Update on the implementation of Alexandria's Co-Response Pilot Program (ACORP).

**BACKGROUND:** At the October 27, 2020 City Council meeting, staff were directed to craft a proposal to create a behavioral health co-response pilot program. Staff presented a proposal for a co-response pilot program at the February 9, 2021 City Council meeting and Council voted to allocate \$184,483 to create the Alexandria Co-Response Pilot Program (ACORP).

ACORP is intended to examine both the effects of a co-response crisis response approach with persons experiencing a behavioral health crisis, as well as of the use of City staff in these efforts. The program pairs a specially trained behavioral health professional and specially trained police officer to respond to calls for service involving a behavioral health crisis or concern. This team responds to calls together with the shared goals of diverting persons experiencing a mental health crisis away from criminal justice settings and into treatment settings when possible; resolving calls without use of force; promoting entry into the least restrictive treatment environment; minimizing unnecessary emergency department visits; and evaluating and comparing outcomes of this approach to those achieved by existing City services to better inform any opportunities for future growth.

The proposal approval by Council at the February 20, 2020 meeting included a design and implementation plan that was broken into three phases.

- Phase 1: Planning and Program Development
- Phase 2: Program Implementation
- Phase 3: Next Steps

Phase 1 was projected to take three to six months after funding was allocated. Program implementation, when

ACORP would officially launch and begin serving Alexandrians, would begin at the completion of Phase 1. **CURRENT STATUS:** Phase 1 is complete. This phase focused on hiring and training the team members, as well as the creation of protocols, policies and a data analysis framework that will guide the work. The ACORP Therapist Supervisor and CIT Officer have been hired and both come with a wealth of pertinent experience. This team will utilize best-practice, trauma-informed approaches that aim to maximize helpful and safe outcomes for persons served, decrease the stigma often associated with behavioral health calls for service, opportunities to promote racial sensitivity and equity, and deliver services in ways that de-emphasize law enforcement as the first response to persons in need of behavioral health assistance, while still maintaining safety for all involved.

In addition to the direct service ACORP team members, the new behavioral health-focused Performance Analyst in the Office of Performance Analytics has been hired and has played a key role in helping to design the critical data collection tools needed to monitor and evaluate the program.

In addition to the hiring and training of these staff, the following deliverables have been completed:

- Training of all APD patrol officers on the role of ACORP and how to access the team's services;
- Crisis Intervention Team (CIT) training of all DECC staff;
- Hiring of the OMNI Institute to serve as ACORP's Program Evaluator;
- Development of policies and procedures to guide the work;
- Development of a Memorandum of Understanding among APD, DCHS and DECC to guide program operations and define responsibilities;
- Development of a Memorandum of Understanding among OPA, DECC, APD, and AFD for Computer Aided Dispatch data sharing purposes;
- Development of data infrastructure, database connection points, clinical data collection, and APD data collection procedures to document and track ACORP evaluation outcomes;
- Revision of the current questions that DECC call takers use when answering a 911 call has been made. Call takers will now use their CIT skills to inquire about a caller's behavioral health needs, when indicated;
- Cross training between ACORP staff;
- Purchase of ACORP "soft" uniforms, equipment, and materials
- Weekly planning meetings with key staff from DCHS, APD, DECC and OPA; monthly meetings with leadership from all agencies and the City Manager's Office.

A "soft launch" of ACORP began on September 7, 2021. DECC call takers began using the new script and referring calls to the ACORP team during the hours of 12pm-8pm, Monday-Friday. In addition to calls being referred from Dispatch to ACORP, referrals can also be made by a police officer already handling a call in the field during which the officer recognizes that the call involves a person with behavioral health needs and also, through calls to DCHS Emergency Services in which staff determine that a call should be referred to ACORP.

Official launch (Phase 2) will begin on September 27, 2021. ACORP staff began responding to calls during the program's operating hours and completing all data collection necessary so that outcomes can be tracked and analyzed. The goals of the pilot are:

- 1. Improve experiences and outcomes for all parties involved.**

- Reduce police use of excessive force and maximize safety for all involved;
- Connect persons in crisis with behavioral health services;
- Minimize arrest of individuals experiencing a behavioral health crisis;
- Minimize visits to the Inova Alexandria Hospital Emergency Department for the sole purpose of a mental health evaluation;
- Reduce stigma around law enforcement and mental illness;
- Improve law enforcement understanding of behavioral health issues and services.

## **2. Improve system responses to individuals experiencing mental health crises in the community.**

- Identify strengths, opportunities and resource needs or changes for future programming;
- Position City services for the eventual implementation of State-directed crisis response initiatives;
- Ensure equitable access to CSB services;
- Identify and address health disparities and inequities for ACORP clients.

Data and outcomes will be measured and monitored through monthly reports produced by OPA. In addition, staff is working closely with the OMNI Institute which will be providing analysis and outcomes at the six-month mark (April 2022) and the one-year mark (October 2022). These six and one-year reports will be provided to City Council. Additional updates can be provided as well based on Council requests.

Finally, staff anticipate significant changes at the State level related to behavioral health crisis response, resulting both from the newly adopted Marcus Alert Legislation and from the implementation of the Mobile Crisis Step under STEP-VA. While many details of these two significant changes are not yet finalized, having ACORP up and running will allow the City to more easily and quickly integrate any mandated changes into our service system. These State changes, coupled with our own local analysis of ACORP outcomes and other shared behavioral health/law enforcement initiatives, will help inform the next steps in the evolution of behavioral health crisis response in Alexandria.

### **ATTACHMENT:** PowerPoint Presentation

#### **STAFF:**

Debra Collins, Deputy City Manager

Kate Garvey, Director, DCHS

Don Hayes, Acting Chief, APD

Renee Gordon, Director, DECC

Liz Wixson, Director of Clinical and Emergency Services, DCHS

Gabriel Duer, Division Chief, Emergency and Crisis Response, DCHS

Courtney Ballantine, Acting Captain, Community Relations Division, APD

Beth Murdock, Senior Performance Analyst, OPA

Megan Hencinski, ACORP Therapist Supervisor, DCHS

Tommy Evans, ACORP Police Officer, APD

Liam Miranda, Performance Analyst, OPA

Dana Wedeles, Special Assistant to the CMO