



Status Update on Review of Public Safety Response to Behavioral Health Calls

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Public Safety Committee Meeting
October 27, 2020

Background

Board Matter presented July 14, 2020, directing staff to review the public safety response system to enhance our Diversion First strategies by implementing systems for the deployment of trained unarmed medical, human services, and mental health professionals in instances where mental and behavioral health are the principal reason for the call.

The right intervention, at the right time, by the right person

Work Group convened to research models, potential costs and impact. Membership includes:

Fairfax County Police Department	Office of the County Attorney
Department of Public Safety Communication	Office of Strategy Management
Fire & Rescue Department	Juvenile and Domestic Relations Court
Sheriff's Office	Department of Management and Budget
Office to Prevent and End Homelessness	Department of Information Technology
Fairfax-Falls Church Community Services Board	

Current Crisis Response Programs/Services

- **PRS CrisisLink** - Regional crisis call/text line
- **Merrifield Crisis Response Center** - General Emergency Services and diversion from potential arrest
- **Mobile Crisis Unit** - Crisis response to community calls (2 units)
- **CR2** - Regional crisis response for youth
- **REACH** - Regional crisis response for individuals with developmental disability
- **Detox Center and Detox Diversion** - Detoxification services and diversion in lieu of arrest
- **Community Response Team** - Outreach and care coordination for frequent utilizers of public safety services
- **Crisis Stabilization Centers** - Regional and local

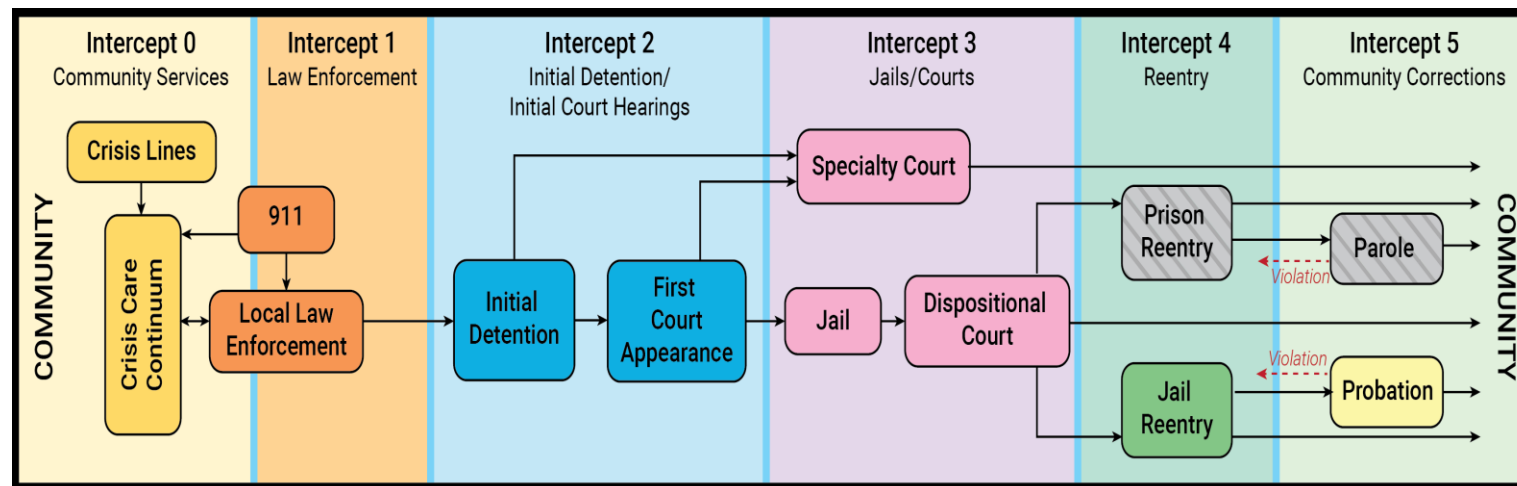


Alignment with Diversion First Initiative

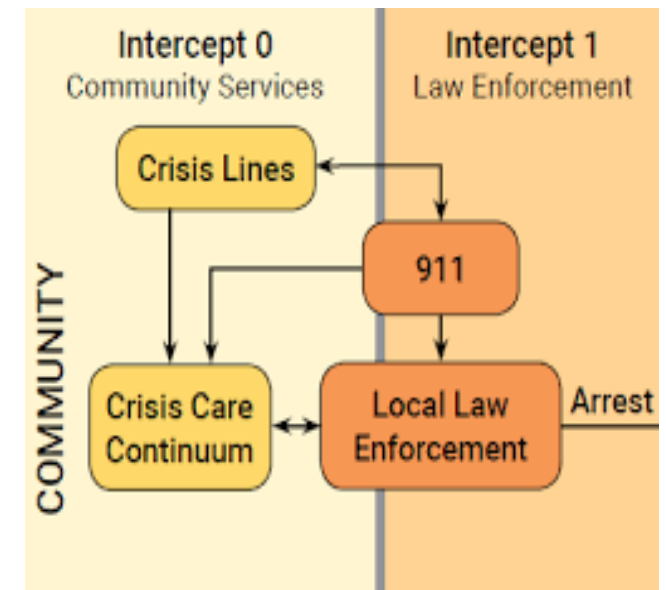
The Sequential Intercept Model (SIM) is a framework to inform community-based responses to the involvement of people with mental and substance use disorders in the criminal justice system.

Intercept 0

- Community-based services designed to intervene at the earlier possible point, either before a behavioral health crisis and/or to prevent criminal justice involvement
- Identified in 2019 county SIM mapping workshop as a gap/priority



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Models Reviewed

Mental Health Clinicians Embedded at the 911 Dispatch Center

Example: Houston, Texas' 911 Crisis Call Diversion (CCD) Program

Mobile Crisis Response

Example: Eugene, Oregon's Crisis Assistance Helping Out On The Streets (CAHOOTS)

Co-Responder Team

Example: Colorado Springs, Colorado's Community Response Team (CRT)

Mental Health Clinicians Embedded with the Police Department

Example: Johnson County, Kansas' Co-Responder Program (CRP)

Mental Health Clinicians Respond with Police

Example: Boston, Massachusetts' Boston Emergency Services Team (BEST) Co-Response Clinicians

Crisis Call Center, Mobile Crisis and Crisis Stabilization Center

Example: Pima County, Arizona's Crisis Services Continuum



Lessons Learned

- Jurisdictions that have successfully implemented a primary response to behavioral health 911 calls do not have a single program, but a network of programs.
- The jurisdictions consulted all have services/programs for identifying and providing outreach to frequent utilizers of the public safety system.
- A major component of program success is cross-agency collaboration and eliminating agency silos.
- Models tend to evolve over time, and some jurisdictions' initial implementation started on a small scale and expanded over time.



Lessons Learned (cont.)

- Jurisdictions have criteria for triaging calls, and MOUs and established policies and procedures for response.
- The role of law enforcement in response to behavioral health crisis calls varies among jurisdictions.
- While several jurisdictions have quantified cost savings, these savings are most accurately described as cost avoidance.
- Implementation of programs requires a significant investment of resources.





Other Considerations

2020 General Assembly Special Session- Update

- Mental Health Awareness Response and Community Understand Service (MARCUS) alert system

Department of Behavioral Health and Developmental Services

- Request for proposals for call platform
- Anticipated by end of 2020

Next Steps

Department of Public Safety Communications and Community Services Board
Collaboration

Monitor legislation and progress of Department of Behavioral Health and Developmental Services Request for Proposals for call platform

Work group - continued work

- Assess the most appropriate crisis response model for a Fairfax County pilot
- Gather and analyze data to make decisions
- Identify resources needed for pilot implementation, anticipated outcomes and potential cost avoidance
- Identify any legal implications with potential models
- Use an equity lens to ensure proposed crisis responses are equitable for all residents

The work group will provide an update to the Board no later than the next Public Safety Committee meeting