

## **Mental Health and CIT Subcommittee Report Presentation**

### **Marcus Simon, Chair**

Mr. Chairman, Chairman Bulova, Members of the Commission:

Nationwide, police officers have become the first responders when a citizen is in the midst of a psychiatric crisis. This is certainly true in Fairfax County, where the Police Department responds annually to over 5,000 calls for service related to individuals living with a mental illness who need assistance. The Fairfax County Community Services Board also has a mobile crisis unit (MCU), staffed by mental health professionals, to respond to individuals in crisis, but this single unit in a county of about 1.2 million people is insufficient to meet the need and often the police must fill in the gap. When police are first responders, or when they assist the MCU, they are often called upon to help de-escalate situations or provide safety, security, or transport for the individuals involved.

Further, according to the National Alliance on Mental Illness (NAMI) up to 40% of adults who experience serious mental illnesses in their lifetime will come into contact with the police and the criminal justice system at some point in their lives. The vast majority of these individuals will be charged with minor misdemeanor and low-level felony offenses that are a direct result of their psychiatric illnesses - the most common being trespassing, or assault disorderly conduct disturbing the peace or illicit drug use.

When individuals living with a serious mental illness are arrested in Fairfax County, and are not diverted under existing policies, they become inmates of the Fairfax Adult Detention Center. This situation is a local example of a national phenomenon in which jails and prisons have become the largest psychiatric facilities in our nation. There are nearly fourteen times as many people with mental illnesses in jails and prisons in the United States as there are in all state psychiatric hospitals combined. Each year, roughly 2.2 million people experiencing serious mental illnesses requiring immediate treatment are arrested and booked into jails nationwide. Jails are not designed or adequately equipped and staffed to provide the treatment those individuals need.

Our subcommittee strongly and unanimously recommends that Fairfax County make implementation of the Memphis Model of Crisis Intervention Team training a priority. Full implementation will require, at a minimum, the opening of strategically located crisis assessment sites, expanded use of mobile crisis units, and the creation of a mental health court docket by the judiciary.

Our review of best practices shows that the Memphis Model approach can better use tax dollars, reduce police shootings and use of force, reduce officer injuries, help restore public trust in law enforcement, treat those with mental illness in a more appropriate and humane manner, and help ease unnecessary suffering.

As we heard here at this table in June following the presentation of the PERF report, no community would send its officers onto the streets without providing them with firearms training. Yet many officers retire without ever firing their weapons in the line of duty. By

contrast, most officers encounter persons with severe mental illnesses many times during their careers. Learning how to de-escalate these encounters must be a priority for county law enforcement.

Depending entirely on police training alone, however, is insufficient to solve the underlying problems that have resulted in so many people living with mental health winding up in the Fairfax County Adult Detention Center.

Implementing the Memphis CIT/Jail Diversion Model in the optimal manner will require a commitment on the part of the entire community to changing our approach to residents living with mental illness. This includes law enforcement, the Community Services Board, mental health providers, the Commonwealth Attorney's Office, public defenders, Fairfax judges, the Board of Supervisors, state legislators, families with loved ones with mental illnesses, consumers, community organizations, hospitals, faith communities and our citizens to work together collaboratively to improve public safety and end tragedies that should and can be prevented.

We have outlined a number of specific recommendation that we believe, when implemented, will move our County much closer to achieving these outcomes.

Before I get into the specifics on how our subcommittee proposes we implement CIT training and diversion in Fairfax County, allow me to acknowledge the hard work and contributions of the very able and committed individuals who volunteered their time and expertise to this effort.

- **Del. Marcus Simon, Chair** – Mr. Simon is a Member of the Virginia House of Delegates where he serves on the House Militia, Police and Public Safety Committee.
- **Daria Akers\*** - Mrs. Akers is a mother of two who is successfully living with Bipolar disorder. In 2010, during a manic event, she was arrested and sent to Fairfax ADC.
- **Gary Ambrose\*** - Mr. Ambrose is a retired Air Force brigadier general and former IBM executive. He is the Board Chairman of the Fairfax-Falls Church Community Services Board, Chairman of Fairfax County's "Diversion First" jail diversion initiative, and a member of Concerned Fairfax, a local mental health advocacy group.
- **Kevin Bell** – Mr. Bell is the Chair of the Fairfax County Human Services Council and is the Senior Associate General Counsel For Dispute Resolution for the Securities Investor Protection Corporation in Washington, DC.
- **Michael B. Buckler, Jr.\*** - Mr. Buckler is a management consultant with Manler Partners in Alexandria, Virginia.
- **Chris Cavaliere\*** - TBF
- **Robert Cluck** – Mr. Cluck is the immediate Past President of NAMI Virginia and the immediate Past Treasurer and Board Member of NAMI Northern Virginia. He also is a family member presenter for Fairfax CIT training and occasionally for Arlington.
- **Jim Diehl** – Mr. Diehl is a member of the Fairfax County Police Dept Citizens' Advisory Council and is a retired Marine infantry officer.

- **Pete Earley** - Mr. Earley is a journalist and author of thirteen books, including the New York Times bestseller, *The Hot House*, and the 2007 Pulitzer Prize finalist, *Crazy: A Father's Search through America's Mental Health Madness*.
- **Ron Kidwell** – Mr. Kidwell is a Major in the Fairfax County Sheriff's Office, assigned as the Commander of the Adult Detention Center. Major Kidwell has spent twenty-seven years working as a law enforcement officer.
- **Ryan Morgan\*** - A Lieutenant with the Fairfax County Police Department who has served since 1994, Lt. Morgan was recently appointed the County's CIT coordinator.
- **Michael Pendrak\*** - TBF
- **Claudette Pilger\*** - TBF
- **Kevin Pittman\*** - Mr. Pittman is President of the Fairfax County Deputy Sheriffs Union, an Executive Board Member of Virginia's Department of Criminal Justice Services, and a nineteen-year veteran of the Fairfax County Sheriff's Office.
- **Bob Vernola\*** - Mr. Vernola is a former Fairfax County Corporal and is now a northern Virginia business owner. His granddaughter is currently a member of the Fairfax County Police Department.
- **Darryl Washington** - A licensed clinical social worker, Mr. Washington is the Deputy Director of the Fairfax-Falls Church Community Services Board.
- **Del. Vivian Watts\***- Ms. Watts is a Member of the Virginia House of Delegates where she serves on the House Courts of Justice Mental Health Subcommittee and on the Joint Subcommittee to Study Mental Health Services in the Commonwealth in the Twenty-First Century. She has also served as Virginia Secretary of Public Safety.

Of special interest to this Commission, we believe continuing the move to the Memphis Model will have a positive impact on every police interaction with the public, not just those members who suffer from mental illness. In the City of Memphis, the change in approach has resulted in an attitudinal shift within the police department as it relates to all of their encounters with the community, a shift from military/aggressive or warrior mentality to a community/service or guardian one.

The Memphis Model requires 40 hours of training for law enforcement officers. However, this model is not simply a law enforcement-training program, according to its chief architect, retired Major Sam Cochran, the so-called "Father of CIT."

The Memphis Model requires law enforcement, citizens, mental health providers and the judicial system to work together to achieve two core goals: "(1.) Improving officer and consumer (persons with mental illnesses) safety and (2.) Redirecting individuals with mental illnesses from our judicial system into our health care system."

Fairfax Police Chief Edwin C. Roessler, Jr. and Fairfax Sheriff Stacey A. Kincaid have endorsed the Memphis Model. However, Fairfax County has not implemented the necessary elements of the supportive collaborative network required to take full advantage of the Memphis Model and go beyond the "Band-Aid" stage.

In addition to developing recommendations for the Fairfax County Police Department to train and deploy officers using the Memphis Model for Crisis Intervention Team training, the subcommittee undertook to develop recommendations for a more comprehensive approach to Crisis Intervention that included the Sheriff's Office, the Community Services Board (CSB), the Courts, and potentially other first responders.

Let's look at the power point.