



Improving the Behavioral Crisis Response Continuum for the City of Fairfax

A collaborative approach between behavioral health services, human services, police and fire departments.

Why Improving the Crisis Response Continuum is Important



More than half of Americans report that **COVID-19** has had a **negative impact** on their mental health.

28% of adults in Northern Virginia are experiencing symptoms of mental health disorders. (**8% in 2019**)*



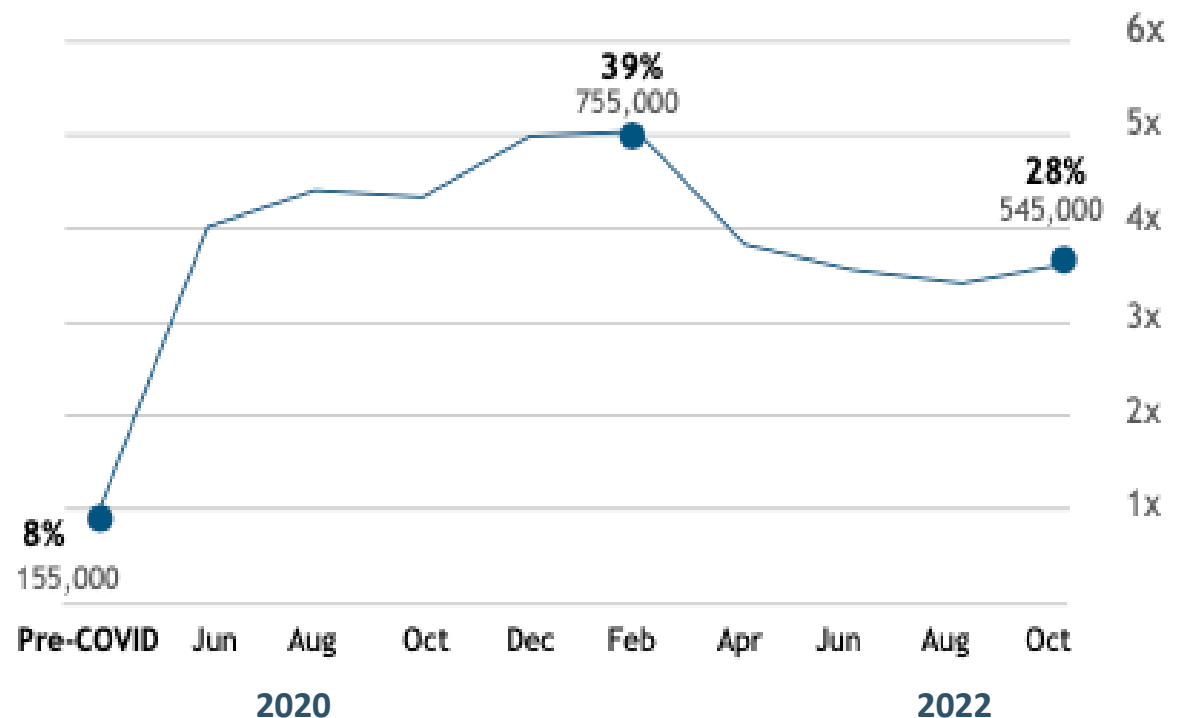
1 in 6 students (16.5%) reported they seriously considered attempting suicide in the past year. (**14.3% in 2019**)**



Substance abuse and fatal overdoses have steadily increased from 2013 to current

Sources: *Finding Our Way Back to Mental Health, Community Foundation Report 2022; ** Fairfax County Youth Survey, 2021

Percent of adults in Northern Virginia with active symptoms of clinical anxiety/depression



Source: Finding Our Way Back to Mental Health, Community Foundation Report 2022

EXPLORING THE REGION'S unmet treatment needs

Elevated anxiety and depression across the region have been accompanied by an increased demand for services and high levels of unmet need. Of those who want therapy, 39 percent did not get it.

Demand for therapy in Northern Virginia, by severity of symptoms and receipt of services



Source: Finding Our Way Back to Mental Health, Community Foundation Report 2022

Mental Health in Virginia

An inadequate mental health system affects individuals, families and communities.



High school students with depression are more than **2x more likely to drop out** than their peers.

56.2% of Virginians age 12–17 who have depression **did not receive any care** in the last year.



5,957 people in Virginia are homeless and **1 in 6 live with a serious mental illness.**



On average, 1 person in the U.S. **dies by suicide every 11 minutes.**

In Virginia, **1,243 lives were lost to suicide** and 267,000 adults had thoughts of suicide in the last year.

1 in 4 people with a serious mental illness has been arrested

by the police at some point in their lifetime –



leading to over **2 million jail bookings** of people with serious mental illness each year.

About **2 in 5 adults** in jail or prison have a history of mental illness.



7 in 10 youth in the juvenile justice system have a mental health condition.



National Alliance on Mental Illness

NAMI Virginia is part of NAMI, National Alliance on Mental Illness, the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness.

This fact sheet was compiled based on data available in February 2021. For full citations, visit: nami.org/mhpolicystats.

2035 Comprehensive Plan & Council Goals

Government and Public Safety Goal 2

Provide high-quality community services.

OUTCOME GPS2.5: Essential health and human services are readily available for all community members.

ACTION GPS2.5.1 Improve access and availability to health and human services, amenities, and products.

ACTION GPS2.5.2 Increase transit service options available to destinations where healthy food is sold or distributed such as food banks, farmers markets and grocery stores.

ACTION GPS2.5.3 Recognizing many human services are provided by outside agencies and are not directly marketed for the City, develop a marketing strategy targeting individuals in the City who could benefit from those services.

The Marcus Alert System

- Goal: To provide a behavioral health response to behavioral health emergencies.

A crisis response framework created by the Substance Abuse and Mental Health Services Administration (SAMHSA) recommends communities build infrastructure that provides **someone to talk to (crisis lines), someone to respond (mobile crisis teams) and somewhere to go (crisis triage centers).**





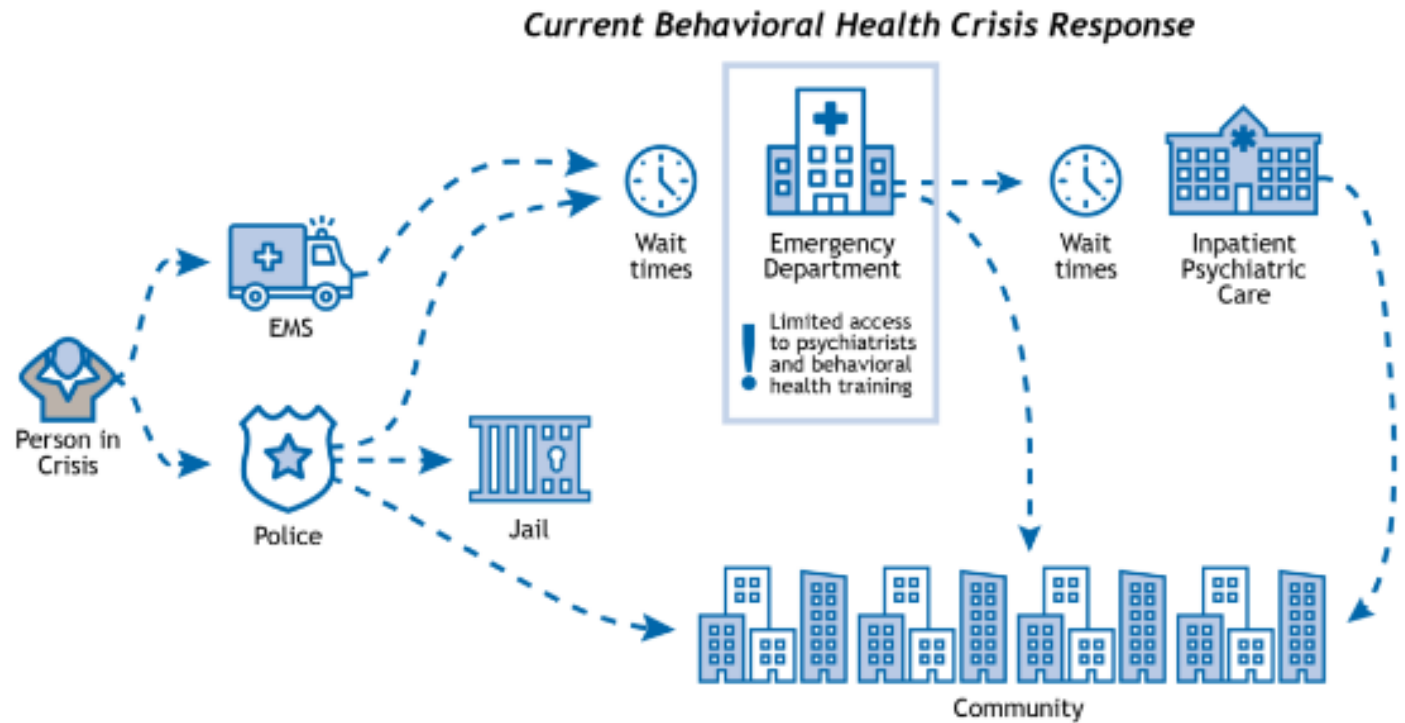
The Marcus Alert System

- Three Goals of the Marcus Alert System:
 - Divert behavioral health calls from 9-1-1 to Regional Crisis Call Centers (9-8-8)
 - Formalize agreements between law enforcement and mobile crisis teams
 - Create a “specialized response” from law enforcement when responding to behavioral health calls

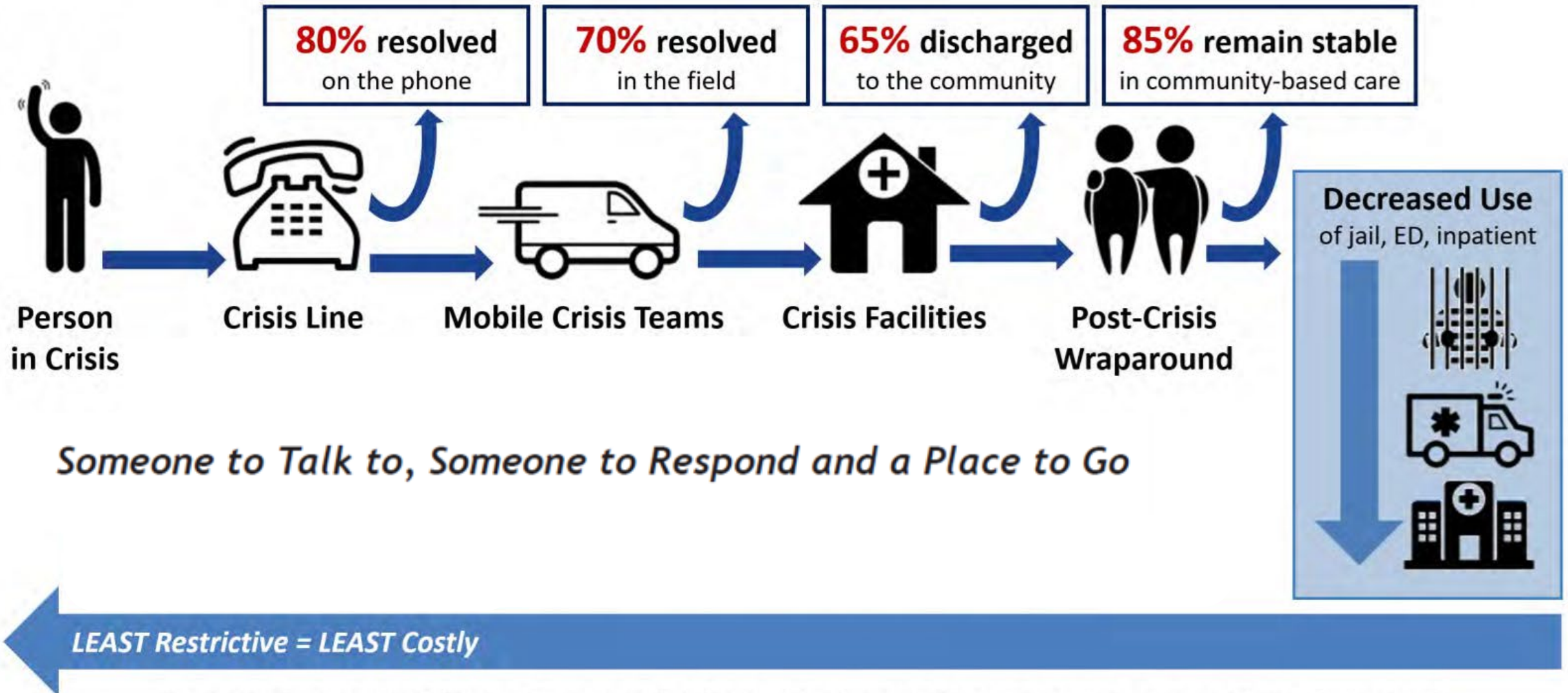
Challenges of the Current Behavioral Crisis Response Model

Our current system of care:

- Is challenged to provide timely access to crisis services
- Is unable to meet individuals “where they are at”
- Relies on law enforcement, the criminal justice system and hospital emergency rooms to respond to behavioral health crisis



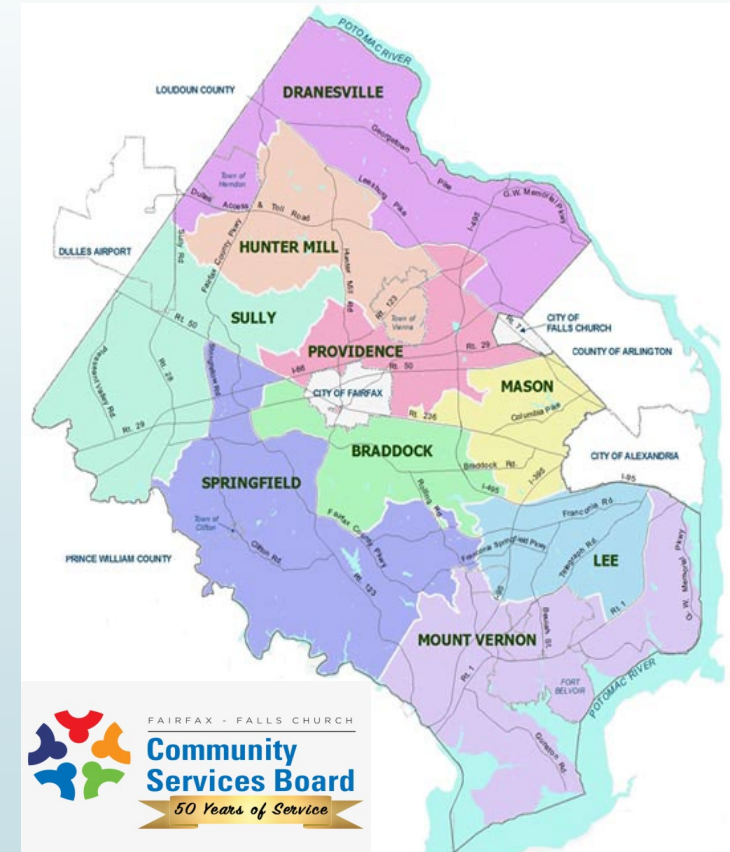
Crisis System: Alignment of services toward a common goal



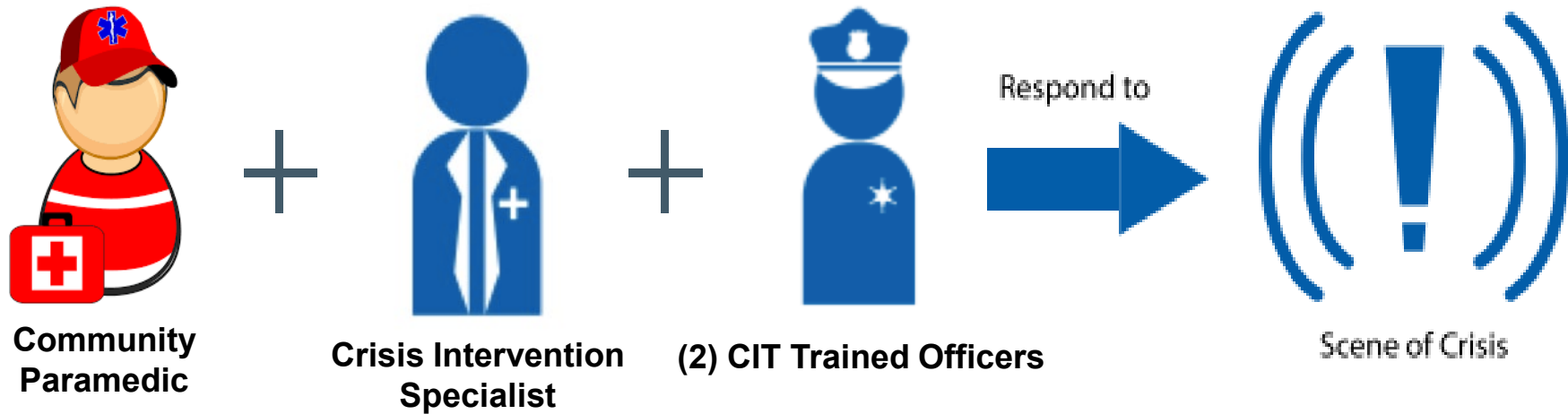
Balfour ME, Hahn Stephenson A, Winsky J, & Goldman ML (2020). *Cops, Clinicians, or Both? Collaborative Approaches to Responding to Behavioral Health Emergencies*. Alexandria, VA: National Association of State Mental Health Program Directors. <https://www.nasmhpd.org/sites/default/files/2020paper11.pdf>

Limited Resources & Increased Crisis Response Needs

- Mobile Crisis Unit (MCU)
 - Single Fairfax County asset to serve the behavioral crisis needs of the Fairfax-Falls Church area
- Serving a population +1.2 million
- Approximately 1,236 city calls for behavioral health services per year
 - PD averages 54 calls per month
 - FD averages 49 calls per month



Co-Responder Team Model



Co-Responder Team Role

- Dedicated, specialized staff to address behavioral health incidents and follow-up.
- Builds trust and rapport with our community.
- Decreases avoidance behavior and stigmatizing mental health.
- Decreases use of emergency custody orders (ECOs) through de-escalation and calls for service through preventative measures.

How Can it Help?

There are many benefits to the co-responder model, including reduced pressure on the justice system and stronger linkages to community supports. Other potential benefits that should be areas for future study include:



Recommended Implementation & 5-Year Cost⁽¹⁾

Position	Start Date	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027	5 Year Totals
Community Paramedic	1/1/23	\$ 37,794	\$ 78,233	\$ 80,971	\$ 83,805	\$ 86,738	367,539
Crisis Intervention Specialist	1/1/23	46,500	96,255	99,624	103,111	106,720	452,209
Police Officers (MPO) 2 FTEs	7/1/23	-	175,950	182,108	188,482	195,079	741,619
Total Salaries		84,294	350,438	362,703	375,397	388,536	1,561,368
Fringe Benefits		45,148	197,653	204,571	211,731	219,142	878,245
Total Compensation		129,441	548,091	567,274	587,129	607,678	2,439,613
Operating Costs		29,972	191,827	42,827	42,827	42,827	350,279
Total Costs		\$ 159,413	\$ 739,918	\$ 610,101	\$ 629,956	\$ 650,505	2,789,892

(1) The Adopted FY23 budget identified formation of a co-responder team consisting of a crisis intervention specialist, a community paramedic, and two master police officers as unfunded FY23 FTE priorities. These positions were identified for possible FY23 funding at a quarterly budget review.



Next Steps

- Phase 1 – October – December 2022 - Funding appropriation, policy, and procedure creation.
- Phase 2 – January 2023 - Licensed clinician and community paramedic recruitment initiated
- Phase 3 – July 2023 (FY24 Budget) – Two dedicated, CIT trained police officers recruitment initiated