MACHINE TRANSCRIPT · CORAGGIO CONSULTING

Fairfax County Board of Supervisors Safety and Security Committee, Tuesday, August 1, 2023

Date	Tuesday, August 1, 2023
Place	Fairfax County Board of Supervisors, Virginia
Length	1h 17m (video)

- Official meeting video (Fairfax County): https://video.fairfaxcounty.gov/player/clip/2988
- Official Board of Supervisors page (Fairfax County): https://www.fairfaxcounty.gov/boardofsupervisors/

> Machine transcript (speech-to-text) produced by Coraggio Consulting. Not an official county record. Names and numbers may be misspelled; check the video at the timestamp before quoting.

Speech-to-text: whisper.cpp, model large-v3-turbo. Produced 2026-11-03. Each paragraph starts with its time [HH:MM:SS] in the meeting video.

[00:00:04] ready? Okay, good morning, guys. We're going to go ahead and start our next committee, which is our public safety and security committee for today. We've got two items on the agenda. The first is an update on our co-responder model, and really excited to hear this update. I'll make a point here in saying that at our last committee meeting, we discussed the matrix working group recommendations and one of their recommendations was the full implementation of the co-responder

[00:00:40] model. So we made it clear that Chief Davis would be coming back and provide an update on where we are in terms of reaching that full coverage across Fairfax County. So we will be doing that here today for item number one. Item number two is the civilian review panel, their annual update.

[00:01:03] I believe that Dirk Hargraves is here, who is their chair. I just don't see him at the moment, but he will be providing an update on the work of the panel over the course of this past year, which is calendar year 2022. So with that, let me go ahead and pivot to the discussion first on the co-responder.

[00:01:26] So what I will probably do is it looks like Lisa Potter is the person I might hand it off to. I know she's got a number of folks here. I'll let her do those specific introductions, but look forward to hearing the presentation. So thank you very much, Ms. Potter. Hi, good morning, everyone.

[00:01:44] Thank you for having us here with you today. This morning, our team will provide updates on the behavioral health crisis response system in Fairfax County, which includes the co-responder program. Today, our team includes Reddick Morris, strategic planning manager from the Department of Public Safety Communications, Laura Maddock, who is the director of emergency and Crisis Services for the Community Services Board, and Lieutenant Joanna Culkin, the Crisis Intervention Team Commander for the Fairfax County Police Department. So we're going to start with just a brief overview of the Behavioral Health Crisis Response System in Fairfax and how the

[00:02:23] components are interconnected. Nationally, statewide, locally, there's really been a tremendous movement to transform crisis services really throughout the country and provide intervention and needed treatment and support to help people access the services they need and also to avoid any further interaction with the criminal justice system and hospitalization when it's really not necessary.

[00:02:52] Just last year, SAMHSA, the Substance Abuse and Mental Health Services Administration, released a best practices tool guide and highlighted the model that you see here. It's also sometimes called the Crisis Now Model, so you may have seen it referred to that way.

[00:03:08] So we're going to talk about many of these components today, and starting out with someone to talk to, that really involves crisis lines, including the Regional Crisis Call Center, which you'll hear about this morning, as well as the Department of Public Safety Communications non-emergency and 911 lines, which are often the first point of contact for someone experiencing a crisis. Someone to respond really encapsulates our crisis response system. It includes CIT trained law enforcement officers, mobile crisis units operated by our community services board,

[00:03:44] our co-responder teams, and others who are working to respond to that crisis once they're made aware. Someone to go someplace to go involves a physical location for folks that may need that post-crisis response. So currently, we do have a number of resources in Fairfax. We have the Merrifield Crisis Response System, sorry, Crisis Response Center at the Sharon Bouliva Center for Community Health. We also have a detox unit and a crisis stabilization unit, which is called Wellness Circle. There are lots of anticipated services capacity that's going to be coming

[00:04:23] online. For example, Prince William County is in the process of building a crisis receiving center that will be open next year, and we will have access to the beds in that center, and they will serve both adults and youth. Loudon is currently in the process of a similar project, and also the youth crisis stabilization and detox facility that was referenced in the recent carryover package would potentially be a place to go for youth in our community.

[00:04:56] And all of these services that are coming online, as well as our existing services, will really give us an opportunity to see, does the capacity meet the demand in the community? Are the current resources and coming resources sufficient, or do we need to look at something additional?

[00:05:14] So this graphic really represents the crisis response system in Fairfax. And one of the things that nationally we hear often and we certainly believe locally is that crisis response isn't a service, but it's really a system. And all parts of the system need to communicate, they need to be interconnected, and they need to make sure that they're providing the most appropriate response at the right time for each individual.

[00:05:40] This chart includes both regional and local services. The first two bubbles at the top, the Regional Crisis Call Center, which also serves as the 988 answering point, which you'll hear more about, is state-funded. It's operated 24-7, and that is one of our regional resources. The regional mobile crisis teams are also 24-7, also state-funded, and those teams may be deployed through the regional crisis call center.

[00:06:11] So that is yet another resource for folks in our community. 988 and the regional mobile crisis teams are run by vendors. They're both contracted services, and the rest of the services you see here are operated through the county. So, for example, the CSB mobile crisis teams, the co-responder program, 911, which is, as I mentioned, often the first point of contact, and also our public safety personnel are a huge part of crisis response. They are often the ones who are on the first line of identifying what may be a behavioral health crisis. It may not look like that at the beginning,

[00:06:50] but once they arrive on scene and really begin talking to the individuals involved, they quickly recognize that it is a behavioral health response that they're involved with. And this includes our police officers, our fire and rescue personnel, our sheriff's deputies, and certainly our call takers and dispatchers at the Department of Public Safety Communications.

[00:07:13] Off to the right, you also see a box that includes post-crisis response and behavioral health services. And we wanted to mention this because even though we have all of these initial response services, people need something after that.

[00:07:28] So in Fairfax County, we do have the community response team, which is comprised of a CSB clinician and a fire and rescue technician that provide follow-up, case management, care coordination for people who've been identified as very frequent utilizers of public safety services who have unmet behavioral health needs.

[00:07:48] We also have a detox diversion team. Certainly there are services through our school system and through our community services board. And you'll hear a little bit more about this, but we're also in the process of developing a follow-up team post-co-responder response.

[00:08:09] And fairly recently, a behavioral health crisis response became state law. I know we've talked to you before about the Marcus Alert or the Marcus David Peters Act, which is commonly known as the Marcus Alert. It really requires public safety and behavioral health agencies to work together to provide a behavioral health response whenever possible.

[00:08:33] It's really aligned with a lot of our Fairfax County efforts, including Diversion First. And we were really well positioned to implement the Marcus Alert because we have all of these things in place. We've been working together collaboratively for years.

[00:08:50] We have the infrastructure. We had some crisis response services. So for us, it was a little bit different in terms of implementation than I think it will be in other parts of the state. We were in the second phase of implementation.

[00:09:06] We started locally on June 28th of this year, so just a little over a month that we've been in full implementation. July 1st was the actual date, but that fell on a weekend, and we wanted to make sure that we had all the bugs worked out, so that was our official launch date. So what changed as a result of that? Certainly, you'll hear more about the Regional Crisis Call Center and the interaction between 988 and 911. But this four-level framework that you see on the bottom of this slide really indicates how calls are triaged using a common

[00:09:44] language. So behavioral health agencies, public service agencies are really working together to identify are calls more routine? Are they lower level, meaning somebody may be concerned about daily life stressors, or do they rise all the way up to somebody who is actively suicidal?

[00:10:06] And we know that all calls related to behavioral health fall somewhere on this continuum. So this framework really allows us to have that common language to provide the right response to the right person and ensure that connectivity between all of the different parts of the system.

[00:10:23] So at this point, I will pass it over to Reddick Morris to talk more about behavioral health calls. Thank you, Lisa. As just mentioned, June 28th, we launched. In advance of the July 1st date, we thought that was a very big success for us.

[00:10:42] As I mentioned, in reference to the great work that we've done as a collaborative group, one of the first things we did, we launched the emergency health profile That was required in advance to judge out July 1st date. With that, individuals are able to register online if there's an individual in their home or themselves who may have a behavioral health or a health issue, at which time the individuals, when they do call in, if it does pop up on the screen, we can look in to see if the information in there is appropriate to put into the actual call itself.

[00:11:17] Moving forward to June 28th, we partnered or are collaborating with the Regional Crisis Call Center for the Marcus Alert piece. This here allows us to transfer calls on low level to the 988 Center, of which individuals may receive care at that particular point, or if it does rise to a level, it can make its way back to us.

[00:11:43] If it goes beyond the level 1, 2, if it rises to a 3 or to a 4, which was in the previous slide that you saw there. From the 988 perspective, we're very, very, very lucky. PRS is right here in Oakton, and we have a great partnership with them, and that's going quite well for us.

[00:12:01] To date, we've had several different calls that we have sent to them, and we're very glad to say that our folks on the other end of that phone, we have not had one call make its way back to us. So that's a very good thing for folks over at DPSC. With that, we do see that there is a donut hole in there, because not everyone is going to say, hey, yes, I'd like to be transferred.

[00:12:26] Some folks would still like a public safety response. So we have now, we just finished BHL training, behavioral health liaisons. That's our partnership continuing with the CSB. They just finished three weeks of training. They are scheduled to start next week in-house with us.

[00:12:43] So if that call is sitting and waiting to be dispatched out, they can take a look at that call and say, hey, maybe I can wrap this person into services either through 988 or through themselves. So again, this could potentially reduce the number of calls that make their way to the field, which would reduce the interaction that our law enforcement may have with individuals in the community as well.

[00:13:06] So again, they look to start with us on August 7th. I'm very happy to have them as we continue to build this program, which we do hope will be a prototype for the state as well as nationally. So I wish to pass it on over to Laura Maddock. Oh, I'm sorry.

[00:13:24] I'm sorry. Lieutenant Culkin. Lieutenant Culkin, Fairfax County Police Department. So our co-responder program is set up with teams that are consisting of a law enforcement, CIT-trained law

enforcement officer paired with the CSB crisis intervention specialists. They ride around the same patrol cruiser together.

[00:13:41] They can self-dispatch proactively to calls if they hear that there's a behavioral health component, or they can be dispatched by the dispatchers at DPSC to any calls for service where they're needed. When we were looking to set up our co-responder program, some of our initial goals were to increase the timely on-scene assessments and de-escalation of behavioral health calls.

[00:14:02] We've definitely seen success in the timely on-scene assessment part. We've also, just by the mere presence of the clinician, seen success with de-escalating those calls for service. Sometimes just having the clinician show up paired with their law enforcement counterpart puts people at ease and lets them know that really behavioral health is the main focus of our response. And so we've seen success with those two of our initial goals.

[00:14:26] Additionally, we wanted to see an increase in linkages to behavioral health services and support. We, again, having that CSP clinician in the car, they're well-versed in the myriad of resources available throughout the county. Our co-responder officers, because they're riding around with these clinicians for that duration of that shift, are also more well-versed in the resources available, and we are seeing the linkages to higher levels of care. One of the things that we've always had to focus on here is looking at de-escalation and, or looking at our diversion piece, and so when we are looking at to set up our co-responder program and implementing it, we really wanted to

[00:15:04] make sure that we were diverting and making, you know, avoiding the criminal justice system whenever possible for arrest and incarceration. With the, again, that educational piece with our co-responders being out there, our teams are better able to facilitate diversion in the field when there's a behavioral health concern on an event that could be a criminal matter.

[00:15:25] And lastly, one of our last points is the decrease to emergency, going to emergency services or spending time in the ERs and the ED. Ideally, we would have seen a decrease from this component of the co-responder team. There is a bed capacity issue across the state of Virginia. That's no secret. And we really, when we're looking at our consumer, we want to look at our client, the best practices for them. It's going to be that least restrictive resource that we can provide for them to get them the best care that they can, community-based care. I'll kick it over

[00:16:00] to Laura. Director Maddock. Thank you, Lieutenant Culkin. Hi, I'm Laura Maddock with the CSB. So I'm going to tell you about where we are in the corresponder program. Currently, we do have three teams operating, two seven days a week, 12 to 12. That's the time we agreed upon based off stats and call volume of, well, calls that come in to dispatch that are mental health-related calls. And then we have our third team that is Monday, Tuesday, Wednesday, 2 to 11. And that one

[00:16:35] is going to go live seven days a week, 12 to 12, August 15th. So we're very proud that that one's going to launch full-time in two weeks. So just so you know, we are constantly having meetings about data, call volume, you know, do we need to change the hours of co-responder? Do we need to add more. So we're consistently looking at that to make sure that we're following that so that we have the best coverage that we can in the community. I'll hold off and tell you later

[00:17:11] where we're going. So I'm passing it back to you. Yeah. So we've had close to 1,300 responses since the start of our program through June 30th. That's the last time we did our data poll. We had 50% of

those calls resolved in the field where no further action was needed.

[00:17:28] 30% of those were diverted from arrest or hospitalization, approximately 30. And then 26 resulted in referrals to the higher levels of care. 17% resulted in emergency custody or a temporary detention order. That 17% is a really good number for us when we're looking at if a regular patrol officer had responded in 1,300 responses without the ability to do those timely on-scene assessments or come up with a safety plan or care plan, you're looking at a significantly higher number of ECOs and TDOs.

[00:17:57] So that 17% is great in terms of trying to cut down on what we're doing in the field. And you know that those people probably really needed that help if we ended up taking them. So the successes of the program operationally, one good example that we've had was recently in the Dunloring area on top of a parking garage there was a distraught subject who was up on top of the ledge.

[00:18:20] And patrol responded first, established a really good dialogue with him. The co-responder was able to expedite and get there. The subject didn't want any more people around him, didn't want to be crowded. So our co-responder patrol officer knew to step back. She let the clinician go forward and work with the patrol officer who had already established that good rapport.

[00:18:38] They were able to talk the subject down and get him the help that he needed. So from an operational standpoint, that's an example of some of the successes that we're seeing out there. From the community outreach aspect, also highlighting the bond that we have between our co-responders and the clinicians that they're driving around with all day.

[00:18:55] On the first day of their tour of duty, one of our subjects was talking to the clinician and the co-responder who responded out to help him when he was in emotional distress. And he indicated that nobody had ever celebrated his birthday. He was upset about what was going on and the situation he was in. So the next day, the co-responder officer and his CSB clinician partner went out and they bought him a birthday cake. They responded back to the address. They gave him that and they celebrated that with him. So it was a good example of kind of both of the ways that our co-responder has had a positive impact um with our community so i just wanted to highlight those and to laura

[00:19:33] thank you again lieutenant culkin so this is the exciting part where are we going um we have the third team starting in two weeks um the fourth team seven well we'll probably start at three days a week just to match the others um september october fall time frame is our goal we also have um what we're calling the telehealth program uh we're going to implement that hopefully september october time frame as well and that is ipads are issued and distributed in two stations reston and

[00:20:10] mclean to help kind of you know bridge that gap of getting that expansion um underway so the officer will have that ipad and have the ability to connect directly with the clinician at merrifield So that's exciting. And we also have our follow-up team that we're going to be starting in the fall.

[00:20:30] And this is going to comprise of a peer and a clinician going out to the co-responder cases so that they can do some follow-up check-ins, maybe do some referrals, and take care of what they need, hopefully, in the community and connect them to those services.

[00:20:47] And in addition, as we have been, we will continue to monitor the stats and the flow of cases to see if we need to adjust the times, to see if we need to maybe add another team or complement what we already have.

[00:21:04] Keep in mind, we still have the co-responder, I'm sorry, the mobile crisis team and the community response team, which has expanded to two teams five days a week. So, we do have the extra coverage as well. And I will end our presentation and open it up for questions.

[00:21:23] Okay. Let me thank you all for the details that you provided here, and thank you for the presentation. It's very well delineated and very clear, so I appreciate all the data that's been provided. Ms. Potter, can I ask just a couple questions on things you said in your initial comments?

[00:21:42] So one is you mentioned the Prince William County's new in-treatment facility. Can you tell me more in terms of number of beds that will be associated with that? And you also mentioned it would be specifically for kids, if I heard that correctly, or include kids?

[00:21:59] It will include kids, yes. So the crisis receiving center that Prince William is going to be bringing online, I think, later next year, it's my understanding, and Daryl, please correct me if I'm wrong, I'm Darrell Washington, CSB Executive Director. I believe there are 16 beds for inpatient and also 16 23-hour beds.

[00:22:21] So 23-hour beds provide some opportunity for somebody to deescalate. They may not need hospitalization, but they definitely need something more intensive. So that really provides an opportunity for us to avoid hospitalization in many cases.

[00:22:38] And the Prince William facility will be for both adults and children. And I believe, I'm looking for nodding heads, that it's 16 beds for adults and 16 beds for kids. So it's going to be quite a large facility. Since it is regional, and I believe there is some regional funding, then we will have access to that facility.

[00:22:58] Now, that's really important because we know that there's a shortage. And I'll be frank in saying that even in my own community and talking to the residents who are trying to get their kids into these inpatient facilities, almost impossible. So I think this is going to make a difference, so I'm really happy to hear that.

[00:23:16] So thank you. You also, just so I'm clear, if we go back to the slide on the co-responder program status, and I appreciate this. I think I heard you say that the teams are going to be all operating at 12 p.m. to 12 a.m.

[00:23:32] Is that correct? eventually. Okay, so help me then, and I think I heard you say, you're looking at additional expansion if necessary. So we don't necessarily envision that this would necessarily be a 24-hour, seven-day-a-week program. This is not what you see today, or maybe you can help me understand.

[00:23:55] Not currently what we see for co-responder. However, we are going to implement an overnight mobiles so that will be coming I did not mention that so that we're trying to you know cover the gaps and earlier yeah that's true mobile crisis does start at 8:00 a.m. so we have that 8:00 to 12:00 you know coverage when co-responder thank you lieutenant Culkin okay that that makes more sense to me and I apologize because I was trying to figure out what happens on those hours that we don't have the coverage and you articulate in term unless if I also might add to the the telehealth pilot with that tablet out in the field that's

[00:24:31] That's also going to be designed with the assistance for those off hours overnight until we can, you know, stand up more teams or look at the data for what that would show for that. So that's one of the reasons why we're piloting that as well, sir. Okay, perfect. And, again, on the numbers, I've got to say 1,300 responses, a pretty significant number over the time that you've had the program started.

[00:24:52] Let me ask, one of the things that's going to be foundational is that the training for the 911 operators. So I know in order for us to make sure we're making the right decisions at the point that the 9-1-1 call comes in, we've got to make sure that the folks who are accepting those calls can determine, is this a behavioral health situation that also needs both the police and clinicians?

[00:25:18] So how do we make sure that we're keeping our, I guess I'm thinking about the change with the staffing at the center too. We have people who are constantly coming in. So what's the protocol for basically training the current as well as the new 911 operators on how to determine if there is a behavioral health issue with these calls?

[00:25:43] Presently, those who are coming in new go through the academy, and that is part of the academy training. Those who are current employees receive training through a roll call training, and they must also sign off on the training that was received. We also continue with CIT training for our folks as well.

[00:26:03] We give them the card in reference to the levels 1, 2, 3, and 4 to be able to decipher through that as well. But also it's the information that is coming in over the call as well. If an individual, as I mentioned, if an individual is displaying what they may consider an individual in need of services, they can request to transfer that person.

[00:26:26] And if the person says, nope, I want a law enforcement response or a fire response, then that will happen. So at that particular point, say, okay, well, I think this is a great call, if it's law enforcement, for the co-responder team to go out at that particular point. So with the staffing itself, those overnight hours, they may get a little dicey for us as far as putting out the right folks.

[00:26:47] But we are looking in line for CIT officers and things of that nature to ensure we get the appropriate resource on scene. And on the CIT-trained officers, do we have an update now in terms of what percentage? I know we had a percentage that we had heard about last year.

[00:27:05] Just curious in terms of where are we with our current training for CIT for police officers. Yes, sir. In patrol, right now we are sitting at around 39 percent, close to 40 percent of our patrol officers have been trained in CIT. At the end of the year when we've concluded our last two CIT classes, we're going to be sitting around 42 percent.

[00:27:26] And then going forward from there, we're obviously hoping to increase those numbers. So that's our patrol-based numbers in CIT trained officers. I would probably argue that, I mean, not to say that that's a bad number, but we certainly want to be a bit more aggressive. I think ultimately the goal, and I think Chief Davis will remember he and I talking about this, the goal is to get 100% of our officers trained in CIT.

[00:27:47] And I know that we've got to strategically do that, but we've got to have some sort of benchmarks to make sure we get to that. So the question is maybe we can have a follow-up, Chief Davis, in terms of what the protocol and process is going to be to get us to that 100% CIT training.

[00:28:08] So thank you. What I'll do now is open it up to the chairman, and I'll open it to my colleagues after that, and I see some hands. So I'll start on this side and go down. Thank you very much. First, this is remarkable progress, and so I congratulate all of you.

[00:28:24] I mean, to think where we were just a few years ago or to even go back to when we started with the simple idea of diversion first to look at what we have in place now in terms of infrastructure is just remarkable. So job well done. I do have a couple quick questions, and I want to ask one a little bit differently than Supervisor Luss asked.

[00:28:44] But with the fourth co-responder team that we're looking at this fall, understanding that we have a little bit of a patchwork of different resources available. When that team is up and standing, are we considering ourselves at that point based on today's data at full staffing? In other words, when that team is here with the combination of things we have and the flexibility to modify hours and other things, just from a sheer people power standpoint, are we considered fully staffed at that point? We would be considered fully staffed for what

[00:29:17] is currently funded. And I think where we are right now, it's safe to say that we have 988 that is fairly recently online. We have the behavioral health liaisons. We have overnight mobile crisis team coming online. We have the telehealth pilot. And we've been thinking that we review this data on a regular basis and we monitor, are we meeting the need in the community or are there still unmet needs. So I think that the short version is yes for what we're funded to stand up and we

[00:29:55] continue to monitor and make sure that if there is a group of people in one part of the county or if there are calls that the corresponders aren't able to take because there aren't enough teams then that's something that we would keep an eye out for. But for right now there are so many pieces that are gearing up. We feel like it's really an opportunity to take a step back and monitor over the next couple of months to even a year. And I think that's a great response because this is a big milestone to get to this point. And we realize that it's fluid. You know, the state of mental

[00:30:31] health changes, the available resources change that might modify those behaviors and sizes and hours and other things that are out there. But this is a big milestone moment for us this fall. and i just wanted to make sure we could acknowledge that um two quick questions uh one is with the um and and mr morris uh mentioned this so you you may want to answer this but we are proud of the fact that the calls that have come in from 9-1-1 that we've sent to 9-8-8 none of them have come back uh to 9-1-1 so i just want to be clear from a logistical standpoint that their 9-8-8 cannot

[00:31:08] dispatch any first responders. In other words, if it reaches that point where a dispatch has to occur, it has to come back through our 911 system for our officers in the field to know that a dispatch is required. Correct. If something does transpire, once that call is transferred, that rises beyond the BH12, they will have to transfer it back for the service to be placed into the field. Okay. And we would know if any of those calls were dropped. The reason I'm asking it is if you're in one of these situations, you don't want to feel like you're getting sent all around to different places. And that's why I'm trying to understand the logistics here and making

[00:31:47] sure this is simple for the person who might be in a crisis that becomes escalated. Yeah. My understanding on a call Friday, I think we had one call that was dropped that went over, but it was only in queue for like 0.6 seconds. So someone disconnected from that call. In order for us to see how it will work in coming back, unfortunately we'll have to see that play out, which we do hope it should work seamlessly. They have a great group of folks over there who do a very good job. So we hope that we don't see that. But if we do, we'll take some lessons

[00:32:23] from it and make sure that if we can work with PRS to increase that as far as, hey, how do we do this? What makes it better for us? What can you all do? We'll be more than glad to take those into account. Okay. And last question. You mentioned the online registration portal, and I just want to be clear on who maintains that, how that's advertised, if that's mobile with people, with people that move around a lot. I mean, one of the concerns I know this was years ago where we talked about this information that we would have maybe in response hopefully in advance of a call that would help us be able to handle the call better you know there were some big liability

[00:33:02] concerns about who owned that how up to date it was what we relied upon through that and so I'm just wondering that online registration portal who runs it who maintains it and how do we use it and if it is effective you know how do we make sure that we spread the word on that yes that's a rapid SOS. It's a tool that actually has geo-verification technology behind it. So if you call from a mobile phone, it'll be able to drop a pin on one of the screens on the floor where you'll be able to see where the person is. If that individual is just saying, hey, I'm in an accident

[00:33:39] and we don't have any reason to open that up to put that information in there, the individual calls and says, hey, I'm having problems coping and I need to talk to someone, then we can open that up and we can place that into the call. Any information that's pertinent to the responders that are going there.

[00:33:57] That is a third-party tool, which is managed by RapidSOS. We wanted to ensure that since it was an unfunded mandate that we didn't extend any additional cost. So it comes at zero cost to us, but there's also some other tools that we use in-house as well with the company itself.

[00:34:15] So it is managed by the individual who puts it in. Also, it's maintained by RapidSOS. As far as a marketing perspective, we did a great job when we first started with it from an online piece. We also have an outreach person that goes out, and they socialize that to our folks.

[00:34:33] And I think we've had some other folks that pushed out the social media posts for us. So that's how we've done that. We've worked closely with OPA when we first started that out. Okay, good. Thank you. Okay, thank you, Mr. Chairman. I'll start with Supervisor Herity.

[00:34:48] Yeah, I'll try to be quick, and I think this is great progress on the right help right now. On the 988, to go back to the chairman's question, I don't know if it's legally possible, but I know your better customer service organizations have the soft handout where they both stay on the line.

[00:35:06] And, again, I don't know if that's something that could be done there so that you don't lose the call. And it's always helpful to have the person you were talking with when it gets transferred again. Yeah, that's something that takes place when the call is going out. So it's one of those things where we can communicate while the person is on the phone.

[00:35:25] And then once they accept it, then we disconnect from the call. And I know that the chief has the goal of 100% CIT train, but what is the time commitment to get CIT training? In terms of the class itself, it's a very intensive class.

[00:35:42] So it's a 40-hour class block. There's a lot of moving parts, a lot of outside people that come in and assist. There's role players that are involved, coaches, panel members that all take part in this training. So right now we're aiming for four classes a year, and it is a heavy lift for the people putting on those classes.

[00:35:59] But obviously we know that it's a priority. And it's a heavier lift when you're down close to 200 officers too. So appreciate the commitment. I know we're working to get it done. You know, the someplace to go in your little three-person chart, I think that's our biggest challenge in front of us now to continue to make progress, but somewhere to go is something we've – and that's a longer-term problem because building stuff takes time.

[00:36:26] But thank you for your commitment. Thank you, Supervisor Herity. Supervisor Alcorn. Thank you very much, Mr. Chairman. Fantastic progress. Thank you all so much for working together. Ms. Potter, I appreciate your note that this really is a system and that, you know, any individual piece has to work with the other pieces to make it work.

[00:36:48] So thank you all for helping build this new system. I do, and I also appreciate the comment about, you know, we're doing what we have within available funding because, you know, based on my conversations with, uh, patrol officers, with constituents, with, uh, mental health professionals, this is soon to be, and I think it needs to be a core element of our first response program. Uh, and it's, it's, it, it, it really is critical in meeting the needs of our

[00:37:23] population, uh, in terms of behavioral crises and other situations like that. So huge progress. Uh, thank you all so much. And I know this is an evolving system and look forward to supporting it. I do have one specific question about the regional mobile crisis units. I'm always excited when the state steps up and does something. But I'm curious, is this intended to be sort of accessory to our first response system? Is it an independent thing? And how many of these

[00:37:59] teams are there or units are we talking about for the region? That's an excellent question. So the regional mobile crisis teams, there are two separate teams. One is called CR2. It's run by a vendor. They serve both youth and adults with behavioral health crises. They're operated 24-7. And I believe they have eight or so units for the area. I think that they're a wonderful supplement to what we're doing and we see that as sort of an expansion of the regional crisis call

[00:38:38] center 988 because that center is able to deploy these mobile crisis teams for situations that are a little more i don't want to say complex but urgent yes we'll send our our teams so whether that be the corresponder team, public safety, CIT trained officers, the whole group of folks around that bubble chart, those are our responses for levels three and four, definitely. But the mobile crisis teams that are regional are really helpful for supplementing the level one and two

[00:39:15] calls. Got it. And then the final thing I'll say, yeah, that's a much easier way to conceptualize it. That helps. Regional mobile crisis, one and two. Of course, there are always some anomalies in there but our local resources three and four the other thing I'll mention quickly about the regional mobile teams is that that includes the reach team which is a mobile crisis response for folks who have developmental disabilities and that's their specialty so it really broadens the portfolio of expertise for additional populations having that regional resource okay fantastic thank you again

[00:39:52] very much, very pleased with this. Thank you, Supervisor Elkhorn. Supervisor Strutt. Thank you, Mr. Chairman. When do you all anticipate county-wide coverage? With our co-responder units, they do cover the entire county. They have gone all over.

[00:40:14] So there's not, if somebody at one end of the county, which right now is Richmond Highway from Washington, if they need support, they get it? Case calls in the story or there's delays or what? Give

me some sense of... I'll let Lieutenant Culkin. When we stand up in the fall, the four teams, we will definitely have better coverage countywide, but right now our co-responder units are active in stations 2 and 6, 4 and 7, 1 and 8, and then 3 and 5, they go up and help out whenever there's a call for service in there.

[00:40:44] Sometimes, obviously, with time delays, they might get called off if officers handle it before they are able to respond, but they're always available to go wherever if they're needed and they're in service and they can do that. In the fall, when we stand up that fourth team, though, we definitely will have better coverage across the county that's for sure so and any idea when we i know we talked you talked about earlier but any sense of what that might be that time you might be for the 14th end of september october all right thank you okay thank you supervisor supervisor walk and chop thank you mr chairman

[00:41:16] um slide slide eight with the program data and lieutenant culkin you mentioned that the 17 percent resulting in an ECO or TDO is a big improvement. I would love to see all of the data on this chart kind of side by side with the status quo before the co-responder, or you probably even could do it with current calls that don't receive a co-response, right? Because I think it's important in terms of looking at the efficacy of the program and the investment to see all of this

[00:41:50] data versus not having a co-responder. And similarly, I'm also interested in the operational differences between the co-responder model and the mobile crisis unit. So I'd love to see the data about, you know, is the co-responder model getting better outcomes than the mobile crisis units that we've had for many years? And also, it seems like the census is yes. So if we can get

[00:42:22] that. That would be great. Can you talk me through operationally how we are pairing the co-responder model with the mobile crisis unit? So are the mobile crisis units responding to different kinds of calls? Maybe talk us through that. Yes, sir. So our mobiles team is clinician based. So they're only clinicians. They do a lot of follow-up appointments. So they will go out and see repeat clients. The main difference is when we have a co-responder unit with the law enforcement officer there, they can go to a lot more, uh, emergency or higher priority calls where there's that sense of danger, whether or not there's a weapon involved or, um, you know,

[00:43:01] they're, they're kind of more responding to those, those calls for service. Our mobile crisis team has a set triage list of people that they can go out with. Sometimes they can respond out to calls for service in the field so they can do kind of a mixture of things, but, um, she can probably explain it. Laura, Laura can explain mobiles a little bit better. Sure. So mobiles does go out without a um officer in the vehicle with them however they can call for backup if the situation should arise um there are referrals from many different sources to include police officers so kind of to answer your question before we had co-responder a lot of the officers would refer

[00:43:38] to mobile crisis and we would go out and assess the situation and sometimes would be able to go in real time, depending on where mobiles was in the county, I think the difference is now we can dispatch some of these calls to the co-responder so we can get a quicker response time. That's the biggest difference I see. But operationally, they see the same types of cases. Yeah. And oftentimes, as supervisors, we have to triage and say, hey, what's a better appropriate response for this call? Is it a mobiles response or should it be a co-responder response when we get a referral?

[00:44:10] them to follow up. So in that scenario, mobiles would be going on their own without an officer. Yeah, or they would be calling for backup in the field. Yes. Yep. Okay. Thank you. Supervisor Walkinshaw.

Thank you. Supervisor Chris. I'm just trying to get around the physicality.

[00:44:29] We're talking about teams, but these are actually individuals who become a team when they're on site. They're not necessarily all going to respond in the same car or anything. So a police officer can use lights and siren. A co-responder doesn't have that ability. So I'm wondering, is there data that indicates anything that there's been a delay because the co-responder

[00:45:02] got caught in traffic? I'm just trying to figure out how we maximize the opportunities for really being there quickly, because some people can get there quickly, some people may not be able to. I apologize to Brother Gross if I wasn't clear.

[00:45:18] Our co-responder clinician rides with our police officer in the cruiser, and so they do have the ability to expedite for calls for service. And, in fact, they have on numerous occasions if they were needed on an emergency. Okay, so they truly are a team in the cruiser. So they're able to do all of that sort of prep when they're by, okay.

[00:45:38] Thank you for the clarification. I was trying to figure out that we've got cars coming from all places. Thank you. Mobile crisis does not, however, have an officer, so they cannot respond with lights and siren. Understood. Understood. Thank you. Okay. Thank you, Madam Vice Chair.

[00:45:55] Supervisor Stewart? I mean, Supervisor Faust? Did you want to? Okay. Supervisor Palchak. Thank you, Mr. Chairman, and thank you so much. A lot of questions have been asked, and clearly this is a complex web, and I think very exciting to see sort of that continued growth in the partnership between the agencies from the time the calls come in to the dispatch and the support.

[00:46:22] And then I appreciate that you also included the follow-up. So critical. I think when I was doing my ride along, the police officer always said, you sound like a social worker the way you look at these things. And so I appreciate that we really have them working together.

[00:46:38] And I think there's a lot being done. I'm pretty excited about telehealth, and I think it would be interesting to see how that's able to support or what the challenges that come along with that? I'm assuming, if I heard correctly, it's going back to the Sharon Bouleville Center, so there will be access to language services as necessary? Yes, we have access 24-7 to language services. We also have multiple clinicians that speak a variety of languages available. Excellent, and I think this was brought up, but the idea of the challenges, current challenges with recruitment and retention, How have those impacted this, and do we see any opportunities?

[00:47:17] Because I'm thinking maybe some clinicians are like, this sounds like a much more interesting opportunity than just sitting behind a desk and taking calls. Yeah, 100%. We've actually done a joint initiative where we advertise together through our PAB, you know, with the seeking to serve kind of motto for those clinicians maybe who are interested in this more dynamic role.

[00:47:39] So we are looking at that. We're struggling like everybody else with, you know, staffing issues and trying to make sure that the people that we do have are very good clinicians and our officers who really have a love for this, you know, are being taken care of and they're not experiencing any burnout, which can happen in units like this.

[00:47:56] So we're doing whatever we can to kind of come up with that holistic picture, but we are working together in terms of our recruiting. Okay, that's excellent to hear and hopefully some good news

out of this. And then, sorry, two follow-up questions. One, you've alluded to it, but I think as we see it is quite complex and I know we still have questions about 988 and how that's working and the issues there. You did bring up geo verification. I can't remember if it was you, Mr. Morris. And I know that's been an issue with just standalone 988. So can you just explain to us a little bit where these different lines are connected with being able to serve and understand geo verification and where

[00:48:34] there are still gaps? I know some of those are federal issues, but I think better understanding where we are and the gaps in that 988-991 integration. Okay. From the 911's perspective here in the county, we are able to geo-verify addresses. If you're calling a cell phone or calling from a house phone, you're able to find out exactly where that person is.

[00:48:55] From a mobile device, again, I mentioned the RapidSOS tool. That is a tool that we use in conjunction with the Emergency Health Profile as well, and that will actually give you a very finite idea as to where that person is. The only thing we do not receive elevation on, we do receive where they are.

[00:49:15] As far as the 988 perspective, as you mentioned, it is a federal piece. There is a lack of geo-verification there. One, just being able to see where a person is or using cell phone towers to ping as to where you can find someone, that is lacking.

[00:49:30] That is something that I do understand they are working on. That's one thing I think when individuals may call, sometimes folks are concerned that you do know where they are because that becomes a concern as well. But from a 911 perspective, it is important to us to know where you are so you can get those services.

[00:49:48] But we do here, we do have, again, house phone or mobile device. We'll be able to know where you're calling from so that we can provide a level of service that you'd expect. I appreciate that because while it's not perfect, it's still in that federal piece, I think that's important that we're able to go that far.

[00:50:04] Sorry, and last question. so much good news on the services we're able to provide. I'm wondering, because I know we've talked about the burden on our officers and our lack of officers and being able to respond to calls and other calls because they're spending so much time on some of these calls, are we seeing yet kind of able to have a little bit more time shifted away from our patrol officers and the amount of time they're spending, all these mental health calls and supports and things like traffic that we care about so much and other supports to the community? We've been fortunate. Our command has authorized some

[00:50:43] overtime assignments that have been very successful in kind of alleviating some of the burden at the hospital for those length these days when we're waiting for bed placement. So we have those type of initiatives in place. I think on a whole, we are obviously still hoping to get more officers, so we're hiring if anyone's interested um but you know just um we are we are seeing that the the time that we're spent on these types of cases are not decreasing yet we're hoping to see that in the future but um that's why we're really hoping to get some different state legislation passed that kind of can get some other facilities you know like crc stood up and and operational so

[00:51:19] well thank you all i think this is a team that is leading the way nationally so really really appreciate the work and the presentation today. Okay. Thank you for a very fruitful discussion, and I want to thank all the staff who are here today, and I will look forward to hearing any follow-ups that you guys want to provide at future meetings. So thank you again.

[00:51:43] So our next presentation is the civilian review panel. So we'll go ahead and welcome up Dirk Hargraves, who is their immediate past chairman. So Dirk will be providing an overview of the panel's work over the past year, looking at 2022.

[00:52:10] And we'll go ahead and turn it over to Dirk for his presentation. Thank you. Good afternoon, panel. Not panel, sorry.

[00:52:25] The Board of Supervisors. I like to follow the rule of the three Bs, be brief, be brilliant, and be gone. Two out of three, hopefully, I'll get. I want to thank, and I'm going to go through my notes so I don't miss anyone, but I'd like to thank, obviously, Chair McKay, Vice Chair Gross, panel supervisor, and chair of the Public Safety Committee, Lusk, County Executive Hill,

[00:53:04] Deputy County Exec Todd Arnold, FCPD Chief, who's left, Davis, Major Todd Billup, and the IAB staff, and as well the panel and the Office of the Independent Auditor for their work.

[00:53:26] And most importantly for me, my fellow panel members and community members. So let's get started. I know that the supervisors understand why we do what we do, but since this is a public meeting, I'd like to kind of reiterate the purpose of the panel, and that is to enhance legitimacy and trust between the FCPD, community members, and the Board of Supervisors.

[00:53:52] We believe we do that by reviewing investigations of incidences of alleged serious misconduct or abuse of authority. We are a bifurcated review panel in that the PCRP does not handle use of force cases.

[00:54:12] That is done by the Office of the Independent Auditor. We handle, as I just said, allegations of serious misconduct or abuse of authority by FCPD members. And when we review the IAB's investigations, we want to make sure that the investigations are complete, accurate, thorough, and partial objective and thorough, as I said.

[00:54:37] So we also have the charge of making recommendations on how we can improve the policing and community interaction with the FCPD. And in some of the supplemental materials, you'll find our recommendations matrix.

[00:54:56] So let me go to the next slide. In 2022, there were 24 complaints brought before the panel, seven of which we actually reviewed and one we made recommendations from the subcommittee process to the full committee to do further review.

[00:55:19] We had, as the outline shows you, 2022 was marked by a lot of changes. At the time, I was the vice chair, and Chairman Behrman at the time rotated off both as chair and as a panel member, and I ascended, and Todd Cranford, who is now our chair, became the vice chair.

[00:55:41] In addition, we would be remiss if I didn't thank the chair, the vice chair and the panel, excuse me, the supervisors for approving the authorization of the executive director. You may recall that in 2021, that summer, then Chairman Behrman and I were petitioning for you all to make that hire.

[00:56:04] We also hired a support staff in the form of Sandita Lisa, who is our management analyst and is doing great work having to supplement or take over from the fantastic job that Ms.

[00:56:24] Ramirez was doing for us from the Office of the Independent Auditor. We also were able to hire our outside counsel, Bynum and Jenkins. I want to thank the almost attorney for helping us make that

happen, or the county attorneys, excuse me, for making that happen to keep us on the right side of the law, as it were.

[00:56:44] The report by the numbers, I won't bore you with the details, but as I said, that there were in 24 complaints. I like to think that the presentation we just went through about the behavior crisis response model might account for some of the decline in community members feeling that they may have been treated in a way that was not in accord with how they felt. And so while I'm hopeful that we will continue to receive greater visibility through

[00:57:19] throughout the community and community members who feel that they need redress, that they'll seek it. And that's something that we want to continue to do. And, in fact, another, you know, rationale for why the numbers might have been somewhat lower is that at the time of 2022, some of those complaints were going through a legal process, The panel, our bylaws, do not review any cases that are pending before a court or being adjudicated.

[00:57:53] So you will start seeing an uptick in 2023 when that report comes through. And that, again, this next thing just tells you what the status of the complaints that were in 2022 going into 2023. One of the other highlights of 2022, you may have noticed, is that we were able to do a lot of outreach.

[00:58:17] I want to thank our former executive director and the staff, along with Fairfax County staff for the Office of the Interfaith, the Community Outreach Office, for helping us identify areas where we need to be throughout the community, throughout the county.

[00:58:35] And so we will continue to do that process. And, of course, the FCPD for being so flexible, for helping us to do that. And so, yeah, as I said, the brief part. So key takeaways in concert with the task force on police reform, with input from fellow panel members, community members.

[00:58:58] You'll note that there's a number of recommendations in the matrix. We appreciate the FCPD for responding to a few of them now, you know, in the process. One I'd like to take the privilege to highlight that may not be in the report that we sent you is we know that we're a long way off from getting investigatory authority.

[00:59:22] Hopefully we'll get there at some point. In the interim, we think that, well, I hear that, we'd love to at least have monitoring authority at this point, just so that we know what's going on as a process, as the independent auditor has in their abuse of, excuse me, their use of force matters.

[00:59:42] The other item I would be remiss not to mention is that we thank the FCPD, Chief Davis in particular, for allowing members to review materials at the stations that are closest to panel members.

[01:00:00] For those who don't live in the South County, I should say, it's a little bit of a hike to come out here during office hours to go review the files. So that's something that we're particularly thankful for. We're also looking, we appreciated the training that the FCPD allows us to participate in, whether it's a use of force so we get an understanding of just kind of the decisions that the police make on an ongoing basis.

[01:00:30] We also were looking to do some more trainings, not just with the FCPD, but with other accredited bodies. As we, I used to say I wanted us to be best in class. I think it's better to say we want to be most effective for this community. And I think that is the brief part.

[01:00:49] And I want to end by saying where I started. I want to thank the board. I want to thank community members. We don't have thin skin, so we appreciate constructive criticism. We're a growing

body.

[01:01:05] And I want to thank the panel. We're all volunteers, have a diversity of life experiences and our approach, but we're all committed to serving our community the best way we can. And with that, I close. Okay. Thank you very much, Chairman Hargraves, I appreciate, or former Chairman Hargraves, I appreciate the report that you've provided, also appreciate the data that you've included.

[01:01:30] And I'll just maybe start with the Appendix A annual report by the numbers. So I also want to acknowledge your point and clarification that for this year, there was one initial complaint that was later reviewed by the panel, and you gave a little bit of color as to why that probably was the case.

[01:01:52] But maybe it might be helpful for us, since I think a lot of folks aren't as familiar with kind of the methodology that the panel uses to kind of decide which cases you're going to actually review. And could you maybe just give a little maybe summary of kind of what happens?

[01:02:08] I mean, what's the protocol at the panel, or what happens when you're conducting that type of review? Sure. So we have a subcommittee process that is rotated out by all the nine, when we're fully staffed, nine members throughout the year.

[01:02:30] One, usually it's the vice chair that chairs that subcommittee with two other members to see if the complaint at least alleges facts that we as a full panel could review. And as we put in our bylaws, we want to make sure that we give the complainant basically two bites of the apple to give them due process.

[01:02:53] And the first is the three member subcommittee members have to vote unanimously to not move or make a recommendation to move that complainant's complaint to the full panel.

[01:03:09] And then the second bite is when the full panel convenes, they can decide to override the recommendation not to review and say, actually, we do want to review. And there are, again, we do not do use of force cases, So there may be elements of a complainant's complaint that alleges that.

[01:03:32] There may be elements of something that is not right because it is still, A, something that has to go through a judicial process. So those are basic things we review to make sure they at least meet the correct criteria for the full panel to review, and that's kind of how the process works.

[01:03:55] Okay, thank you for that. I want to also acknowledge on the slide that shows the 2022 outreach, I appreciate the extensive work in the community that was done over the course of the year. And I want to also make it clear that this board, I think, in making the decision to give additional opportunities for that participation, that was a revision to the bylaws that the county attorney here helped us craft so that you would be able to do more of that outreach so we can get the word out to the community what the role of the panel is

[01:04:32] and the function here in Fairfax County. So really appreciate where this has gone. Let me ask, what do you envision then for this upcoming year as it relates to outreach? What's the protocol and plan there?

[01:04:48] Sure, I don't want to step on the current chairman's goal and vision, but I... I'm not saying what. And I also believe that I'd like to say double-clicking on those areas that are underserved or communities who have members that may have come from environments or backgrounds that have trepidation dealing with law enforcement or authority, so our immigrant-populated communities, et cetera.

[01:05:23] So that's where I think we're going to play a particular emphasis. No, I personally appreciate that and will acknowledge if we're going to build better trust and accountability, we're going to have to get out into the community and have people understand who we are and what we do. So that's number one.

[01:05:40] And then I want to note where you're talking about the formalized training and do appreciate that you've got an estimate that future panel members will get 20 hours training. Can you talk a little bit about what that training will entail specifically?

[01:05:58] And I'll have a couple follow-ups after that. Sure. Again, as an outgoing chair and a current panel member, I don't want to – but the general idea, of course, there is an organization called NACOL, National Association of Law Enforcement Civilian Oversight, if I got the acronym right,

[01:06:22] That, again, using their language, being most effective for the community, finding those modules that fit communities that are of similar size as our community and demographics as well, those kind of modules that work.

[01:06:44] I would add that we are working, we being the staff of the PCRP and the independent auditor, are working closely with jurisdictions within Virginia to create a similar state version or regional version of NACOL.

[01:07:03] I don't think we can use the term VACOL just yet. That might be a legal issue. But the idea is finding those trainings that, A, and this is me, Dirk, not me as a panel member, but finding a way to both be flexible with the volunteer time of our panel members.

[01:07:23] So I don't know if we're spending four hours on a Saturday or allowing folks to do virtual trainings during the week or as they can fit. We'll have to see how that works out. But the idea, again, is to find those training modules and those speakers who can come in and speak to the needs of our community and not just a one-size-fit-all.

[01:07:46] That sounds very logical and very appropriate. Do you envision that there will be an expectation that the panel members will participate in the training? Will there be some sort of documentation for that? I think there should be some accountability, and we should have some skin in the game if we've been so fortunate to be recommended.

[01:08:08] and vetted by the Board of Supervisors to serve our community, that there should be at least some stamp of saying, hey, we participated at this. We have a certain measure of professionalism to the panel. So, yeah, I would think so. Okay.

[01:08:23] No, thank you for that. And then the last point I'll make is this question about investigative authority. And this board has said we do acknowledge that that's been a request. We do acknowledge that there's going to be some work to get us to that place.

[01:08:39] but I am open to your point about monitoring so we will take a look at that and we can get back to you with with an answer on that for the for the panel so thank you very much and let me now excuse me let me turn it over to the chairman for any questions that he has. Thank you Supervisor Lusky good news is you asked almost all of my questions but I do I do want to thank Dirk for for his leadership and and the panel and reiterate something that was said earlier which is these are volunteers who are giving generously of their time and talent because they care. And I don't think a lot of people in the community really understand that point. So I do want to thank you

[01:09:18] for that. I guess I'll start real quickly with where Supervisor Luska left, which is the concept of monitoring authority. Do you have an outline of what in the panel's mind that might look like?

[01:09:33] Well, we'll follow up with something a little more detailed, but the concept would be similar as the independent auditor has with use of force cases, not interfering with the police work, but being able to, particularly in racial bias cases, I think it would be helpful for us to have that ability to kind of see where the police are going and the IAB is going and investigating those cases.

[01:10:06] which I think would make the police's work actually, as they report it, even more thorough than it is now and would reduce the kind of the back and forth that would occur.

[01:10:22] There will be less, I envision, less suspicion because we want to increase the trust and visibility and transparency, and I think that's the element that we're looking at that would be helpful. Okay. So we definitely look forward to seeing what, you know, what that might look like, at least in more detail and then operationally.

[01:10:42] I think we want to be open to thinking about that. I do want to reiterate the training point that was made, and I appreciate the response that you gave about this being, you know, a national, regional, and very localized. Because as you just heard in the last presentation, we're very different than a lot of other communities, even in northern Virginia.

[01:11:01] So there's some particular training and things we're doing that wouldn't exist in other departments that would be useful. And I noticed in your presentation the concept of videotaping some of that I think would be huge because I know that, you know, it's a huge lift to participate in the training, especially on-site or active training or to view that.

[01:11:24] But we can do remarkable things with capturing on video some of this and allowing people in the panel to complete training when it's good for them to do that. And so I think that's great. One question I had on slide four, the annual report by the numbers, and when we look at these charts, there's always one number that just seems to always jump out at me.

[01:11:45] And this one, on this chart, is the number of FCPD investigations still pending under 2021 and that number being three. Is that – do we know what is causing the delays in those?

[01:12:01] I tried to look at the asterisk elements below that give explanations for a lot of things, but I'm not sure what that number three represents there and what the delay is for that. Do you happen to know that? If you don't, someone could just get back to us on that. That would be certainly fine, too.

[01:12:18] It's seeming to get old at this point, especially after a row of zeros. And so if someone could enlighten us on that, I think that would be important just to understand. But with that being said, I really just want to thank you for the work that you're doing.

[01:12:33] And I know the executive director, management analysts have been a huge help in terms of, you know, supporting you administratively and look forward to working with you and making sure we can get an executive director in following Mr. Richardson as quickly as possible so that we don't lose any of that momentum with the panel.

[01:12:52] Thank you. And we'll follow up with you about that, because I don't know. Yeah, and that's perfectly fine. Thank you, Dirk. Okay, thank you, Mr. Chairman. Any colleagues here? Supervisor Walkinshaw. Thank you, and thank you, Mr. Hargraves, for coming and for your work and all the panelists.

[01:13:13] A lot of time, as the chairman acknowledged, a lot of time on a volunteer basis. So thank you for doing it. I want to just appendix F, or I'm sorry, appendix, whichever one is the recommendations, appendix A, and I think this is some of the most valuable work that the panel does because it's, you know, about getting us to an even better place in terms of the quality of our police department and public safety.

[01:13:46] Is the panel confident that you all have received substantive responses to all the recommendations you've made from FCPD? Obviously, there are some I'm rating through it where they disagree, which is okay.

[01:14:02] But the important thing is that the recommendations are being taken seriously, and you're getting a response in a reasonable timeframe. So do you have any concerns on that front? Yeah, I mean, I would say that we may not agree with the responses at times, but in terms of the time frame or the rapidity with which the FCPD responds, it's respectful, and we appreciate that.

[01:14:29] And so, yeah, I definitely think we're moving apace in the FCPD's response to our request. Okay, great. I think that's just important to highlight because, you know, 99.9% of the people in the community are never going to know about that work that you all and FCPD are doing and that dialogue that's taking place. But it does lead to some real improvements. Most of them are in the weeds. Some of them are highly technical, but they're important and it's valuable. So thank

[01:15:03] you for that and to FCPD for being diligent in addressing them. Just on the training and monitoring piece, and I'll link the two, I absolutely appreciate the challenge in asking volunteers to take on additional hours to do the training. I think it's absolutely imperative.

[01:15:24] I think it should be a requirement for members of the panel. And I think I would say if panel members don't have time to do the training, you don't have time to take on additional responsibilities as it relates to monitoring. You know, for me, they have, they would have to be linked. If you're going to take on new and additional responsibilities and authorities and monitoring is in that category, I think the training's got to come first. And I, you know, I know it is, it's a burden and I don't have a view of whether it should be as many hours as

[01:16:03] are laid out here in Appendix F. But I think that panel members will have a better experience on the panel if everyone goes through some kind of structured training. I think it might actually improve retention of panel members, even though it's an added burden up front. But I certainly don't think we can ask panel members to take on additional authority or responsibility as it relates to monitoring if they don't have time to do the training.

[01:16:41] Thank you, Supervisor Walkinshaw. Any other colleagues? Well, that concludes our – so thank you very much, Targrace, and thank you to the panel for the work that you've done, and we'll see you soon.

[01:16:58] Take care. This concludes our meeting for the Public Safety Committee for today. Thank you.



Coraggio Consulting · aguyonx.com