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[00:00:04] Good afternoon, everyone. I'd like to call our safety and security meeting to order. And we have two items on the agenda today. We'll start with a discussion from our fire department on our EMS service and delivery, providing an update on that.

[00:00:21] And then following, we'll have a discussion on our jail-based programs. We have Sheriff Kincaid here on her team, so we'll welcome her once we complete the discussion with Chief Butler. So at this time, I'd like to recognize our Fire Chief, Chief Butler, for a presentation.

[00:00:40] Thank you. Good afternoon, everyone. My name is John Butler. I'm the Fire Chief for Fairfax County Fire and Rescue Department. The original agenda was to discuss EMS service delivery changes. However, as we have recently analyzed the data and trends in recent recruiting cycles, we believe it's important to discuss overall staffing as well.

[00:01:04] Internally, we're looking at options, and we'll come back to you with a nip, and likely a future presentation to the Safety and Security Committee. To avoid a delay in broaching the topic, we wanted to include countywide staffing with EMS service delivery to give you an overview of our next steps.

[00:01:25] Throughout this process, we have and will continue to work with our International Association of Firefighters Local 2068 as we work through these changes. I want to underscore there are two separate

items on today's agenda, and that's the EMS service delivery and staffing.

[00:01:44] While they're related, the deployment and configuration of our EMS system is based on ensuring proper resources are dispatched to the scene of every call. This internal evaluation could occur regardless of staffing issues that we're experiencing.

[00:02:02] Nationally, the fire departments are having difficulty staffing and maintaining effective response to meet community needs. this is a national issue, recruitment of a capable and trusted workforce, along with retention of those personnel, is a necessity to sustain effective and safe operations. We are committed to evaluating not only our recruiting process, our current recruiting process, but also the myriad of factors that impact our ability to attract qualified candidates. Throughout this

[00:02:36] presentation, you will see we rely heavily on data to inform our decisions. This effort is largely groundbreaking in the fire and EMS service. This is rather new to our industry, a culture of data analytics, and we're proud to lead that way here in Fairfax County. Leveraging useful and accurate data supports our strategic planning efforts and enhances the accuracy of our decisions.

[00:03:01] A large amount of credit goes to our internal team, our data analytics strategies team, as well as a county DIT. For example, there's the Rescue Vision app, which relies heavily on GIS technology.

[00:03:18] From evaluating report writing and providing guidance to write better reports, which gets us the data to our Suppression Quality Assurance program that assists in quantitatively measuring our performance on fire ground. Our data analytics strategy team is helping to inform us to improve our performance. However, without the broader support of DIT, we could not be leaning forward as we are today. While firefighting remains a manual effort, many of the tools we use are digital and we would not be the premier fire department we are without those digital tools. We will continue

[00:03:53] to remain focused on our service delivery, but use every available tool to support and enhance our delivery of those services. Assistant Chief Dan Shaw here, to my right, our operations chief, will provide the details of the EMS service delivery and he will update us and the challenges is faced in our staffing and recruitment efforts. Chief Shaw not only is our operations chief, but he was also integral in navigating our way to a collective bargaining agreement with the local 2068. With most of the fire department functioning and operating in the operations

[00:04:33] bureau, it was imperative that he would be at the table and speak with the technical aspects of what's going on. Next to him, as you all know, and you know him from his previous assignment, Chief John Walzer, who was formerly with the Fire Marshal's Office, who is now our Executive Officer with the Fire and Rescue Department, my right hand, my go-to, to keep us going in the right direction. So both of these gentlemen will be helping me as we move forward through today's presentation. This time I'll pass it over to Chief Shaw.

[00:05:05] All right, thank you, Chief. Good afternoon, and thank you for the opportunity to speak a little bit about our Fire and Rescue Department. As Chief mentioned, my name is Dan Shaw. I'm the Operations Chief, Assistant Chief of Operations for the Fire and Rescue Department. I wanted to start off by talking a little bit about our staffing that the Chief led into and how we are able to successfully execute our mission every single day. And you will find very few Metro departments across the globe that are able to be ISO Class 1 accredited and then meet many of the industry benchmarks for response that we do. We're able to do that through the configuration of the staffing we have every

[00:05:39] single day, which is 1,360 uniformed personnel, 183 civilian staff, and 362 volunteers. And they are spread across three shifts and then also perform some other support functions that allow us to execute that mission every single day to our public. So I wanted to delve a little deeper into how we operate the Fire and Rescue Department and talk about our minimum staffing. And that is first so we can deliver the most effective and efficient service for our citizens, but also it gives us an adequate deployment of personnel to handle the daily dangers of our profession

[00:06:12] and mitigate emergencies. And we achieve this by maintaining four personnel to include a paramedic on all of our suppression apparatus. We have strategically deployed our EMS units to be able to deliver advanced life support, which is a paramedic, and basic life support, which is EMTs, based upon the calls for service that we receive.

[00:06:33] And additionally, several years ago, we addressed a gap in the vital role of command control by introducing the second operations deputy chief in the 8th Battalion. The previous resources I talked about, we deploy across, as you can see visually assigned here in the slide, across this graphic, across eight battalions, and then between them they have four to five fire stations assigned to them.

[00:06:57] Previous to 2020, we had one operations deputy that led eight battalions on duty each day and covered 400-plus miles of the county. With the introduction of the second deputy, we were able to cut that response area in half, but more importantly, or equally important, they provide greater opportunities for coaching and mentoring between the battalion and the deputy chief ranks.

[00:07:18] As the chief talked about with our data team, I can say from a personal level, when I came to the Fire and Rescue Department in 1995, it was because of the reputation of our organization to be a worldwide leader in being progressive and innovative. And like many fire departments, the scope of the request for services has grown exponentially.

[00:07:36] We've faced many challenges from 9-11 to COVID. The ability to remain agile, proactive, and not only a reactive fire department had become much more difficult. Fortunate for us, we did not accept the status quo and truly became a leader in the fire service with the implementation of our data analytics and strategy management team.

[00:07:58] And this really has allowed us to become a data informed organization that we use the data to accurately evaluate our current practices, inform us to make the most prudent decisions, and then implement new and innovative ways to effectively execute our mission. Our data team on a daily basis provides us and informs us on operational decisions from our mutual aid partners when they make a decision and the impact it has on our services, to decisions on daily staffing, to our EMS service delivery and the deployment of our resources, and the assignment of our special

[00:08:33] services across the county. Aside from the daily impact, they have assisted us tremendously in long-term and fiscal decisions, such as replacing an outdated and very antiquated and expensive third-party software that we used at DPSC that allowed us to track resources when we are responding to calls to ensure that there is no service gaps. The team was able to develop one internally that has been much more productive for us. Additionally, our data team has been able to develop a platform for us to combine many of the functions that we do on the fire ground and in

[00:09:08] daily services of citizens into one. That is the Knox box keys, the delivery of smoke detectors, all the way down to the exposure reporting to do for our personnel after a fire. And all that is contained

into one platform that makes it seamless for us. But for the basis of today's presentation, I wanted to provide an example of how our team has been able to provide real-time, relevant, and accurate data to help us make informed operational decisions.

[00:09:34] That is the best for the Fire and Rescue Department, but also our citizens, and that is our EMS service delivery. So the progressive step we took was to evaluate our EMS service delivery first, and that was done to challenge the conventional practices of what we do, to ensure that those are still the best practices for us, but also to determine is it still accurate the way we're operating, is it sustainable, and is it the best use of our resources.

[00:09:59] We coupled this evaluation with the national shortage that the chief mentioned about paramedics that's impacted all departments across the country and an obvious trend where requests for emergency medical services requests were initially being dispatched as ALS requiring a paramedic, but the final disposition ended up being a BOS call of minor nature.

[00:10:21] This results in a paramedic being unavailable for the next potential ALS call in that area. The outcome of that ongoing study led to the reorganization of our EMS service delivery that started with eight units back in January of 2022. We then added four more units in February of 2022.

[00:10:38] This tiered approach that we took was a reflection of us not relying solely on data, but implementing parts of a strategy, evaluating if it was the most effective and efficient for us and be able to accomplish the mission, and then implementing next steps if specific service benchmarks were met. So when we look at our ongoing study, we looked at a national registry EMTs that's a recognized agency across the country, and a study they did that showed a clear decline in paramedics that was looking at somewhere between 10 to 13 percent decline in

[00:11:14] paramedics across the country. And that was a measure of affirmation to us, our overall plan to evaluate and implement our EMS service delivery back in 2022 was correct. Additionally, we have to balance the demands of our workforce to reduce burnout and the potential loss of highly trained members of our team due to this. Also gave us the ability to address the lower numbers of paramedics to recruit that we would be able to recruit to bring into our organization. On top of that, we know we have a known attrition rate and we continue to evaluate every aspect of our delivery of our services. One of the other parts we looked at in this EMS service delivery that was a very holistic

[00:11:50] approach was working with our partners over at DPSC, our dispatch center, to design and implement a new emergency medical dispatch protocols. Because we were finding we were soliciting incorrect information with leading questions when someone would call 911. It would lead to us dispatching many ALS calls that the final disposition would be BOS. So working with our partners at DPSC, we're able to develop a new EMD protocol that allows us to dispatch the correct resources because, as I said before, what we're looking for is not only the call that we are

[00:12:25] addressed to handle, but also the second call that might potentially occur. So the next phase and the expected final phase of what we are looking at in our EMS service delivery is to convert eight more units to BLS, and that would be with the EMT. This would result in a final deployment of 23 ALS units and 20 BLS units, with each suppression unit in every firehouse being staffed with a paramedic. That's 61 suppression units across the county.

[00:12:52] Along with the conversion of this unit, it allows us to match the services to the demand of the citizens calling 911. And so we're also, at the same time converting these units, we're excited to introduce the EMS specialist position, which is a first for us. We identified this position as an opportunity in our EMS 2025 document, and we look forward to implementing this in January of 2024.

[00:13:16] This allows us the opportunity to deploy a paramedic and be able to deliver a higher level of care than our current paramedics do. and they will be in a vehicle by themselves, which allows them to strategically be deployed and then respond to an emergency, determine if it is ALS or BLS, and if it's BLS, the BLS unit continue with it, and then we are able to keep a paramedic in service, and then we have no service gap in that particular area. So the progressive and innovative changes are not without challenges that we're working to address. As the only minimally staffed public safety agency, we aim for the safest working environment for our personnel, which is demonstrated through our

[00:13:54] minimum staffing, and we strive to be able to provide the gold standard of service to our citizens. We need to have a constant influx of people coming to our organization and want to join our team for that to happen. The clear drop of interest in public safety professions is impacting us, and when paired with our attrition rate, we're hitting critical juncture, caring for our workforce, while maintaining fiscal stewardship related to our overtime budget, and ensuring we can safely and accurately position and deploy our resources across the entire county. As I mentioned Generally, we will continue to use all the resources at our disposal to include our data analytics, our tracking of overtime hours, and how we deploy our resources.

[00:14:30] We will continue to challenge conventional practices to make sure what we do is effective, efficient, sustainable, and delivering the highest level of care to our citizens. Thank you. Thank you very much.

[00:14:46] Also, a very informative presentation, and I'll start by saying a couple of things. I very appreciate the commitment that each of you in the department has to ensuring the safety of the residents here in Fairfax County. And I know just by looking at, I guess, the slide number six, where you're showing calendar year and then also showing first ALS provider service in seconds, you can see that there certainly is not a diminution of service in terms of time to the incident scene.

[00:15:22] And I can acknowledge the difficulties, as we've heard, with hiring public safety, both at the police department level as well as the fire department level. So certainly acknowledge that and appreciate that you're able to still meet the needs and provide the highest quality and level of service to the community.

[00:15:46] Let me ask, you kind of talked in that last slide a bit about this third bullet. Fairfax Haring, Fire and Rescue is conducting a thorough analysis of our staffing models, and you're talking about looking at personnel and deployment of resources to mitigate emergencies in Fairfax.

[00:16:11] Can you maybe talk a little bit more about kind of where you might see that kind of study and analysis going, What are some of your thoughts here that you might be able to share with us today? Sure. So it is somewhat of a numbers game, right?

[00:16:27] We have 363 personnel that we need every single day to be able to deploy our resources. We're right now staffed with an allocated number of 431 to 436 in that range. And when we take into account the

number of personnel that could use a leave that is provided to them, It leaves us with a short number of personnel to cover some of the other leaves that exist.

[00:16:50] That's our injury leave, our detailed operations, medical leave, light duty, all those things. So we see there's a noticeable gap that is occurring that leaves us to rely upon personnel to work voluntary overtime. So that number has decreased, as we see generationally.

[00:17:08] A lot of people prefer to have their time off. So we have less and less people. So we see a stark increase in the mandatory overtime that we have. And that puts a burden on the workforce where it leads to increased sick leave, but also, you know, we're trying to balance that need.

[00:17:24] So what we look at is, you know, what resources we have. Right now we have a rescue work group that's looking at our rescue companies, the number we have. Is that the correct deployment of them? Is that the right place for them to be? Is that the correct staffing for them? We just finished a truck one, a truck company work group about a year ago.

[00:17:42] It looks the same thing. So when I say we're looking at that through the data side of it is to look at what resources we're deploying, and then when we hit a critical point of where we're exhausting and going to such a high level of overtime, what resources can we either cross-staff to be able to adequately deploy those, and then have the data to back it up to see that it wouldn't be an insult to our services.

[00:18:06] Okay. I'm thinking you mentioned using the 911 call center to better identify when you would need a paramedic versus not. So this is kind of hearkening to kind of what we've seen with the corresponder model, too, with the police department, determining when you might need to send a clinician.

[00:18:27] So how often have we seen the need for an actual paramedic to be sent? So when we introduced the EMD in September, we've made, I think, two adjustments to it because we look at the data for about 30 days, and then we come back and we refine it.

[00:18:45] So we can not drive the data towards a BLS call, but make sure that we're adequately measuring it. What we look for in 2024 is when we have the ability to look at what the call is dispatched and what the final disposition is, and that gives us an adequate number to be able to answer that question and say, yes, this is how many times we need a paramedic on those calls.

[00:19:05] The data we have right now is still showing a trend that the majority of calls that are dispatches ALS that, you know, typically they're ending up in BLS in that nature. But, you know, I think as we get more and more capability to bridge that delta between those two, we have a firmer number to understand that.

[00:19:24] Okay. We can wait. I thought maybe if you had some data you could share, I'd be curious to hear, but we can certainly wait if that's not available right now. And we've seen in 2017, we had 6,293 calls requiring ALS care.

[00:19:41] In 2023, year to date, we have 5,706. So we're seeing a decline in that number of calls for service that are requiring ALS intervention. We're obviously being very ginger with this, but it looked like a 10% decline or delta on that.

[00:20:01] And the other element to put in the equation here is medical direction. Now, these are not arbitrary movement in the call dispatching. Dr. Scott Weir, our medical director, and others are bringing

science and analytics to the table, not leaving it up to a bunch of firefighters to make these decisions by ourselves.

[00:20:23] I mean, oftentimes when we're at the fire station, we use this example of, you know, 9-1-1, what's your emergency? well, I bumped my toe on the corner of the bed. Are you having trouble breathing? Well, chances are, even if you bumped your toe, you might be having trouble breathing.

[00:20:40] So qualifying the trouble breathing could make a difference on who is dispatched and what is dispatched. It's a very broad and generic example, but just something we usually throw out there. Okay, no, that's fine. And then maybe last, just thinking about I've had the opportunity to come to a number of your academy graduations.

[00:21:00] I see that you are having classes pretty regularly. Maybe can you talk a little bit about how that's going and your work in recruitment? We are. We're proud of this because, as far as I know, we're the only ones doing a quarterly recruit school, one every quarter.

[00:21:16] We are seeing some lower numbers than we would like in those recruit schools, and we have some challenges with that, and we have to work through them. Ideally, I'd like to see 30 and 40, but it's more than looking nowadays like 20s and in the teens.

[00:21:33] We have to rethink, retool how our output is to get the kind of outcomes we want. So we're looking at all of it, quite a bit of what we're doing. I'm not incredibly happy with the numbers right now.

[00:21:48] I'd like to see it go up a little bit. Okay, no problem at all. Well, thank you very much. So with that, I'll turn it over to the chairman. Thank you very much. And before I ask you a couple questions about this, Let me express on behalf of the board our sympathy for the lost firefighter that we learned about recently, not in the line of duty, but far too young to pass.

[00:22:12] And so offer our condolences to the whole department because I know there's a lot of folks affected by that. Thank you for the presentation, always being forward thinking. I don't think any of us thought, hey, this is what we want to do. I think we're at a point where it's a combination of this is what we have to do.

[00:22:30] And, by the way, also can be best practice and, frankly, probably something replicated elsewhere. I guess what I want to drill down on and a question that I have is about the EMS specialist position. Yes. I think that's a big moment, and I know it was a small part of the presentation, but I'm a little bit unclear on how many of those there are going to be, you know, what – how we're going to – I'm assuming that those are positions that may be filled by existing personnel.

[00:23:02] And if that's the case, you know, how does that affect, you know, your basic staffing? And then also you mentioned in a vehicle by themselves. And so I'm just trying to play out in my mind how a real-life call would work, where and how they would intervene.

[00:23:20] Maybe you could give us a hypothetical example and how that might help reduce some of the overtime needs and other things that are mentioned in here, if at all? So the position, in a perfect world, we would be able to add three more positions to the 363, but these are positions that are already existing.

[00:23:36] We were able to allocate those to this in a day work capacity to be able to trial this and see if it works. Between our EMS division and our OMD, we identified this need to be able to look at this to bridge that gap between the level of service we have and be able to strategically deploy these resources. So there

are three internal positions we already had. They were vacant. We were able to use those. They were in a staff capacity, a 40-hour work week. We're just finishing the interviews right now, so they're all internal personnel that came in for the three positions

[00:24:11] we have. We had, I think, 11 or 12 personnel who submitted for it. They went through an interview and a resume review and a trial with the OMD. We expect to name them in the next week. And when we deploy those resources, I mean, we will be able to, I'll use the example of when we have units coming up for EMS training.

[00:24:36] We routinely have to bring units up to EMS training. One of the areas we look at is McLean because the second call, McLean can create a gap. So we could put the EMS specialist at Station 13 and Dunloring or McLean for that day, and then they could be able to be that paramedic there, either the first one or the second one to handle that call.

[00:24:56] Them being in a vehicle by themselves is not uncommon to us. Our EMS supervisors do this right now. So routinely, or what we expect would happen is if they ran a call, if they were the primary paramedic, they would arrive, they would take over care of the patient. One of our other firefighters, either from the EMS unit, from the suppression unit, would then drive their vehicle.

[00:25:16] either to the hospital depending on what station it is or the fire station and then they would come back on the medic unit and they would be able to go back in service most likely they'll go to the hospital because that paramedic will be able to go back in service much quicker than the ems unit because they'll have limited equipment they have to restock and they'll be able to go back in service we look forward to it because we think it would also give us an opportunity right now if if someone was more paramedicine centric they would go from technician and have to captain going to be the next rank for EMS captain. This creates some measure of they can go in technician

[00:25:51] and be an EMS technician. This is a lieutenant position. Then they could go to EMS captain. Still keeping us as a combination system, but providing some opportunity for each one of those ranks to be able to explore and do some things within the paramedicine world. Okay. So if I'm looking at page three, which has the frontline units and the command staff, would they be considered under the front line units?

[00:26:16] They would, but they would not be minimum staff because when they're off, we're not going to be able to back film with overtime. They're off, they're off. Okay. And all the data that we have in here, I mean, you mentioned the McLean example, which is a good one. I assume where they are in the geographic area that they cover is going to be based on that data.

[00:26:37] By that day. I know we've seen in different areas, there's EMS calls, of course, everywhere in the county, but there are peaks and valleys in terms of when those calls come in, and we're going to be able to deploy these three units to kind of match up what our history of calls is, realizing it is just a hypothetical because we don't know what the future holds, but we know what has happened in the past, and so we're going to tie it to that.

[00:27:03] It will be very targeted. Rescue Vision, which is the software you see in the background, that's real time. It looks at where all of our service gaps are. The red would be where we have a gap. The green is where we have coverage, and they can populate this every second, our dispatch center, and be able to even move that EMS specialist to a different area.

[00:27:23] So we will target it based upon the day of what we know, when we have units that are doing training, or they may be out of service for another reason for mechanical or things of that nature, but also they might be in those places to conduct some training for our personnel. And then when we see an uptick in responses, if we see a gap, we can quickly deploy that singular resource right to that area to be able to handle the calls within that area.

[00:27:47] Okay. I think that's helpful because I'm not sure if this is modeled after another department or this exists elsewhere, but I've not heard of it before. I think it's new to all of us, and just trying to understand how it's going to work within our existing structure becomes really important.

[00:28:03] It's clear that it's not going to solve the overtime work hours or anything like that with that number of positions, but it's important for us to know why, why now, and then how it intersects with our existing structure that we have in place, because I know these things are highly technical and this is introducing another layer, and how our folks on the ground know about these positions and what their role is in terms of a response.

[00:28:32] Yeah, and as for the role, I mean, I think that's going to evolve as we look at this process and we see it's taking off. I mean, this was a request from the rank and file is for our paramedics to be able to do something greater and do more skill and work and collaborate.

[00:28:48] I mean, we've had chase cars for the chase car idea for many years in the fire service. Our EMS supervisors essentially fill this. But this was an opportunity that internally we had said we wanted to do this in the EMS 2025 document. And now we have the opportunity to introduce it, not in the manner in which we would love to.

[00:29:06] We make a minimum staffing, but we're starting the process. And this is where we can see if it works and if it is exactly the path we want to go down. Okay, great. Thank you. Sure. Okay, I'll start with Supervisor Herity. I'll work down the line. Yeah, let me start by saying what I'm happy about, then go to the concerns.

[00:29:26] Clearly happy we're reevaluating what we're doing at all different levels. I really like the EMS specialist idea. I think that makes a lot of sense, and we'll see how it works. And like you said, it'll evolve. I'm actually happy to hear you're not happy with where you are in staffing and the need to focus on that and retention.

[00:29:48] You know, my concerns are with the drop in the number of paramedics, and I've said it before. And I know it's a national trend, but Fairfax County needs to do better than the national trend and the national average. And I'll get to the question there in a minute.

[00:30:04] But what I worry about, and I'm going to give two scenarios that, you know, that we've always got to be prepared for the worst case, and in this case it's real life, but where the paramedics are also the captain and they show up on scene, first on scene, there's somebody trapped, there's a fire, and there's somebody severely injured.

[00:30:28] Is he a paramedic or is he the captain? He's a decision maker to get more help on the scene is my immediate answer. I'd want her to be a captain first and assess what resources are needed. I came up the ranks as a dual hatter all my career.

[00:30:47] And, you know, first stabilizing the seine. But when you don't have the ALS unit there with the paramedic on it, it makes it a little more difficult, as you know. That's a BLS unit that's training it or trailing it. Did you want to jump in? Yes, sir.

[00:31:02] Tom Arnold, executive. No, thanks. And I think one of the other aspects to consider also is that oftentimes when you have traumatic injuries and whatever, it starts with the basic life support. You know, much like we teach with CPR. Doing CPR is the most effective means before you worry about electrical shock that comes.

[00:31:20] And so I think you're absolutely right. We would want that provider there as quickly as possible. But often if it's a car example, or I think a car accident example, like what you allude to there, or maybe a fire, oftentimes the people on the scene that all are BLS providers, I think, can provide the level of care that's initially needed while we await for an ALS provider to arrive, and that doesn't cause any sort of decrease in the likelihood of survivability or, you know, release from the hospital.

[00:31:48] But not ideal. Oh, no, no. Okay. And so which is why I'm, you know, which is why I'm a little less accepting of the reduction in the number of ALS units, because we had the gold standard before of all ALS units. And I think we got to work to get back to that as quick as we can, at least I think we do. Because when you have them on the fire truck and they go on the ambulance and your fire truck, the second scenario is your fire truck short-staffed.

[00:32:16] I appreciate that. I appreciate that sentiment. I wouldn't say a medic on everything is the gold standard. That's too one-dimensional to call it the gold standard. The gold standard is getting the right resource to the right patient at the right time at the right.

[00:32:33] And sometimes there's not a medic. I was around the fire service when we had a medic on everything, and it was not considered the gold standard in the U.S. It wasn't. It wasn't the conventional wisdom.

[00:32:51] The best delayed plans, like I said, are tiered and they're, you know, they're focal resources to the call, which it really starts at that early EMD, that dispatch, you know, getting the good information out the sooner the better to get the right resources there.

[00:33:08] One thing we haven't spoken about, and I won't spend too much time, is our VCU program, the Virginia Commonwealth University Paramedic Program that we run out of the academy at West Ox. Every year, we recruit and select at least a dozen rank-and-file, tenured current employees who are basic life support, who raise their hands and pass all the academics and the aptitude testing to go through this program.

[00:33:38] That's a gold standard. It is not something that a lot of people are doing. We're growing our own. Now, it's a push-pull because we're taking 12 people out of the field off of rigs for 18 months, give or take. You know, before they're back on the street.

[00:33:54] So, you know, you're paying Peter and Paul, that whole saying goes. But it's impressive that, you know, we still have people willing to go through the paramedic program. It's rigorous. It's crazy rigorous. So I just wanted to put that. It's not in any of our slides, but I couldn't not bring that to the table that we are growing our own.

[00:34:14] Well, and it's on my little note here. Oh, okay. There you go. Do we have enough capacity in that program? What do you mean, Capat? I mean, do we have more firefighters than spots was my question.

[00:34:32] And then the second question is, what is our success at keeping them as paramedics? That's a good question. Which is another thing because they're starting to, you know, as I hear. I mean, it's anecdotal to say, but I think we're getting five to ten or more years of service out of them being on a transport unit before promotion.

[00:34:54] it's hard to say because i don't you know it all depends when they got into the program you know in their careers but uh the other part to your question um capacity i mean brick and mortar we have the capacity yeah in instructorship we could we could do some things i don't know how many apply and how many we select the impact is on that fire truck that came off yep yep so there's that to be factored in as well how many are taken off of a shift b shift c shift now you're paying you know a lot to cover them there's a there's a little bit of a lot that goes into it and right now we've been doing like a dozen a year yeah anything else you want to add to that no and i

[00:35:32] think you know we look at our numbers um you know we are always concerned about the number of paramedics we've had uh just shy of 15 drop their paramedic in this calendar year and when we go back our ems division does a very good job of going back to figure out why they dropped their paramedic and many times is uh they focus on they want to be an officer they've made a promotion in their career and they want to focus on this next aspect of their career unless they're disgruntled and don't want to be a paramedic so we see less of them leaving because they don't like the paramedic side of it it's more they want to focus on the next uh aspect of their career okay and

[00:36:09] anecdotally i've heard some of them are dropping because you've got a captain that's a paramedic and they've got to go to another station. And I hear that's happening a number of times. And we try to strategically place people, you know, where they are. And it's hard for us and a burn to say to the captain, like, you should drop your medics so your personnel can stay here.

[00:36:28] We like being a paramedic. Yep. So it is a balancing act every day. One of them is a paramedic. Yeah, we want you as a paramedic. All right. And then the last question is, are you getting enough support in terms of recruiting? Do you have the tools you need? And if not, you don't have to answer that now, but what additional tools do you need for recruiting and retention?

[00:36:47] We're evaluating what we have and what we need. We're looking at doing some different things, more aggressive things, just thinking out of the box, which I don't care much without saying, thinking out of the box, but we're looking at ways to increase, you know. Other people, other jurisdictions are doing it.

[00:37:05] We need to do it. We are, too. Sure, sure, sure. I mean, wait a minute here. Wait a minute. We are, too. Let's talk about what we're doing for recruitment. I mean, I am tired of this nonsense about we are behind, we're not getting enough people.

[00:37:22] It is disgraceful to the people who are killing themselves every day recruiting people. Everywhere I go in this county where there's a public safety presence, there's an advertisement, and there's people trying to get folks to get hired. So let's not leave this room without expressing appreciation and updating the board on the work that's being done with recruitment.

[00:37:45] Because the worst thing you can do to recruit people is keep repeating the same thing. And we're hearing it a lot. We're hearing the wrong vacancy number. The police chief has had to correct on

multiple occasions. We're hearing that other people are forward-thinking and we're not.

[00:38:02] That is not true. So let's talk about what we're doing on the recruitment front, please. And let's thank the people who are doing it. Fair. Very true. Thank you. Thank you. I guess that's it for me.

[00:38:18] Thank you, Supervisor Herity. We are 200 officers short when you exclude. Pat, you're not entitled to your own numbers. Yeah, well. Yeah, it's like 127, just so you know. It's not even close. So next, going down the line, Supervisor Stewart.

[00:38:36] Thank you, Mr. Chairman. Every change has some impact, and I know the objective is to minimize that impact, and the results so far show that you've been able to keep the response time in the windows. How does that affect stations that may be a little bit further away from their audience?

[00:38:53] I'm going to specifically mention Gunston, and I realize there are probably some others in the county that are a little bit further away from their potential clients, if you will. It's hard to grasp every single scenario we look at, but this is part of the reason why we use that data analytics to, one, make the suggestion for where we're going to put and convert a unit.

[00:39:21] unit. And we don't solely look at the singular of the first call. We look at the second call. We look at the other units that are in that firehouse. And then when they go out of their first due and where they're responding to calls, 28 is a perfect example where the majority of calls they were running was out of 20's area. They were going up to 19 or going somewhere along Richmond Highway, but still remain a paramedic in the firehouse on the engine company. So it allows us to be able to look at that data. And then when we make a decision, that's one of the things i like about you know what we are doing this administration is that we look at something if it was a wrong decision then we'll adjust and course correct and put the right unit back there

[00:39:57] we did that uh with medic 25 the data suggested that we should have kept it as bls and we quickly realized that we needed to make a transition back to aos because of the impact it was having so i i think for all those outlying stations we we approach it the same way uh we trust some of the data we get the input from the end users and the providers to make sure we're you know check our blind spot. We implement the change, and then we go back and look and see, are we achieving what we are looking to achieve? And if not, then we've got to make an adjustment to it. I look forward to that, I guess. And other than anecdotally, I don't have much to add to it, but the data to me

[00:40:34] matters as well, just to get a sense. And then I, in turn, can respond to the community that may raise that as a question and a reasonable concern about it. And then I know the efforts for recruitment are significant and definitely would love to see something updated routinely about where that is. Secondly, I know part of it is in context. I mean, health professions in general are having a great deal of difficulty. I know we know from CSB, a number of mental health counselors, et cetera, but we also know nursing shortages, et cetera. So some of that context helps, I think, all of us to be able to explain that to others, the challenges that we're facing

[00:41:13] and to making sure that we are and stay the best. So please share that as part of that, any presentation information you give us. Thank you. Thank you. Thank you, Supervisor Stork. Supervisor Walkinshaw, please. Thank you, Mr. Chairman. I just want to go back to the scenario that Supervisor Herdy described, where there's a serious crash, multiple vehicles, a victim who's severely injured and or trapped.

[00:41:39] In that scenario, assuming that a call comes in that accurately conveys the severity of the situation and it's dispatched correctly, an ALS unit would be sent to respond. Correct. Okay, because I don't think that was clear.

[00:41:56] It wouldn't be just the medic who's the captain. Assuming all of the information from the scenario that Supervisor Herdy described is communicated, dispatched, an ALS unit would respond. All right, we've dispensed with that.

[00:42:12] This is on recruitment, and this can be part of the NIP, recruitment of women. And I think if the data that I've seen, we're at about 8% of the department. And national average is higher.

[00:42:28] Okay. All right. The national average is four or five. So we're way above the national average, which is great. I'd like to know, you know, what we're doing to do even better there. What's our target and our goal? If there is one, I know we have the Girls Fire Academy.

[00:42:44] I'm sure there are other efforts. I think that can be part of the NIP because there's obviously a huge opportunity there to continue to do better than others are doing, and I'd like to learn more about it. Thank you. Thank you, Supervisor Walkinshaw, Supervisor Gross. Thank you.

[00:43:00] First of all, I want to thank the Fairfax County Fire and Rescue Department for all the things that they've done for our family personally over the last year, having called 911 at least six times and having somebody show up to whisk my husband to the hospital. Whether it was ALS or BLS, I don't know. I don't really care in that particular situation. But it was, and I must say, members of your department have been spectacular in checking up after the fact. It's been really

[00:43:38] very heartwarming um i do have a couple of questions well also i want to say going to the fire department graduations and i think your next one is the 29th of december um boy those are wonderful opportunities to gauge the energy and commitment of new employees to fairfax county so i would encourage all of my colleagues not to miss those if you can possibly attend they're they're really, it's really terrific. And the VCU program, I thought, was tremendous, too.

[00:44:16] On slide five, it's the one on data and metrics. And I'm not sure I understand some of the numbers here, because, for instance, an engine, you've got, I think, 39 engines listed. On this one, it says you've got 32 available, but 41 have logged on. How could 41 log on when you have 39 engines?

[00:44:37] So I'm trying to figure out what this means. So the volunteers can put an engine in service. So when they log into the system, it automatically populates. We're not hiding two of them. Okay. So this includes the volunteers.

[00:44:54] Anyone who logs into the system, it's going to show them as available. If they're available to be able to run a call, it populates them into the system. Ah, okay. All right. Thank you. And also, what is it that ALS can do that BLS can't?

[00:45:09] I mean, I imagine it's nuanced, but is it a huge gap? Is it a gulf between what they can do? It's pretty significant. It's more invasive. Pharmacologically, there's a big palette of pharmaceuticals.

[00:45:27] So BLS would not be able to insert a central line or anything like that, but ALS might be able to do that. Yes, right. Thank you. Thank you. That's all. Thank you, Supervisor Gross. Supervisor Faust. Thank you. The challenge of getting paramedics, is any consideration given to the requirement that our paramedics also be firefighters?

[00:45:54] I mean, is there any, do we ever look at just having people who are paramedics? It seems to me there's a lot of people out there who would be much more likely to come forward. And I know there's a good reason.

[00:46:11] I just don't know what it is, why we don't make that alternative available to people. That proposition, even that model, is tried and has been tried a number of times.

[00:46:29] They all have their pros and cons. If it was an EMS-only workforce, you would still need another workforce for fire. They wouldn't be cross-trained dual role. most ems only systems around the country are migrating to the other direction to to make them do a role cross-trained um we all we every now and then we'll hear that there are people who would want to be ems only um it's a small number i don't i don't anecdotally i don't know that

[00:47:04] number most uh want to be firefighters emts again i can't prove it to you right here but that model doesn't seem to be um the return it would be a small number of people um that i i can think of basically it's not an option as far as you're concerned it's it's not a business it's not a good option it's not a good option a small number for for a big investment in time and finances as opposed to dual role cross train that can ride any piece of equipment and do most of the things

[00:47:38] that the fire and rescue department needs to do as opposed to a single role medic thank you Supervisor Frouse? Supervisor Paucek. Thank you. I'll be very, very brief. Thank you so much for your work on this. One question, when we talk about recruitment and retention, do you have numbers on how much of that is related to cost of living, especially housing here?

[00:48:03] My understanding, a majority of our firefighters do not currently live within the county. So if you don't have that today, I think that would just be useful. I don't believe we do have that number because, obviously, that would be the applicant who doesn't put in the application to come to us we to be able to garner that information from them but it is something we're is obviously on our our radar as we're looking at as opportunities to be able to overcome that and with exit interviews or other information i think because i think as we talk about the needs for housing wdus adus i know every every fire station i go to we talk about especially the young recruits and they are really concerned that they cannot afford to live

[00:48:38] here and we need to continue to commit to that thank you okay thank you very much so with that I'll thank Chief Butler and the team for a very thoughtful discussion, and we'll look forward to receiving your NIP.

[00:48:53] Thank you very much. So our next presentation is Sheriff Kincaid, so I don't know if she's in the room at the moment, but I don't see her, but she can, her team can start to move out.

[00:49:11] Sure, no problem. You're welcome.

[00:49:13] Okay, so we are now going to start our second presentation for today, and that will be led by Sheriff Kincaid.

[00:51:04] She'll be talking about jail-based programs here in Fairfax County. So with that, let me go ahead and turn it over to Stacey Kincaid. Thank you. Good afternoon, members of the board, Chairman McKay and Supervisor Lusk, chairman of this board.

[00:51:22] Let me tell you what's happening in Fairfax that's not happening everywhere. That's really, really a good thing. The programs that we have in the Adult Detention Center. I brought a couple props,

and I've also, well, we've handed out folders with the publicity, so to speak, or the attention that we're getting because of the work that the men and women of the sheriff's office are doing.

[00:51:48] So, I'm pretty proud to be here today and being able to share what it is because it's something that can not only work inside the adult detention center, but can also work outside of the adult detention center. I also want to thank my friend Tom Arnold, Deputy County Executive, for his patience in helping navigate this PowerPoint presentation.

[00:52:08] So, again, I know I probably drove you a little crazy, great, great, but anyway, thank you very much. So, I just want to start off with a little bit of history. Normally, this presentation is a two-hour, three-hour presentation because aside from me getting up and talking and sharing, you know, my story, our story, we also provide tours.

[00:52:27] So people can walk into these housing locations and these program blocks and see firsthand what we're doing. And it's very transparent. It's authentic. These participants are not telling people what they want to hear because they're going to get extra stuff. They're telling people what they want you to know.

[00:52:45] so i'm going to be rather brief and not take up two or three hours of your time so um as a young deputy sheriff and many of you have maybe heard this before um working the adult detention center and seeing firsthand somebody die from an overdose a young woman um the impact that that had on me was extremely traumatic this was back in the day when you know we brought people were brought to jail lock them up throw away the key the best we could do at that time with the resources we had were to treat people, whether they were mentally ill, but also with substance use disorders,

[00:53:23] with just treat the withdrawal symptoms. So they weren't getting anything other than Tylenol or vitamin B, ribavirin for alcohol withdrawals, etc. It was a pretty powerful thing to, as a young, I mean, I just got out of college, but also not only me, but my staff. We are in the business of taking care of people. So there was a complete change since my administration where we're changing the way that the criminal justice system interacts with the behavioral health system. And what we have found out is that it's resulting in better outcomes for those

[00:54:02] that are incarcerated, but also for our community members, because 50% of my jail population lives in Fairfax. Hello, they're coming back out in the community when they are finished with us. So there is a transition phase. And again, I'll talk about that towards the end about our re-entry efforts and how they're working out very well. So on the first slide, I'm not going to spend a whole lot of time on diversion first, other than to say that we were very happy to spearhead that initiative. Again, going down to Bexar County in San Antonio, meeting with the sheriff at that time with Susan Pomerleau, a very good friend of mine, and seeing how they handled

[00:54:36] everything from homelessness to mental illness to substance use disorders, etc. So, of course, we brought a whole contingency, somebody from NBC News who was going to capture everything, and then our police friends, our sheriff's office staff, as well as the CSB. So, of course, we brought back best practices, and then the rest is history with, you know, having the support of Chairman Boulava at the time, and also Supervisor Cook. The next effort, we created our STAR program, Striving to Achieve Recovery. That was in 2018. And then, of course, our 2020

[00:55:15] program for medication, medication versus addiction treatment. And that was launched, obviously, as a primary intervention to combat the opioid epidemic that we see daily. In talking about stigmas, this is really important.

[00:55:32] I can tell you that words matter. I think you've probably heard that before. Words do matter. And when we treat people less than, it has a very counterproductive impact on them. So, again, we focus on stabilization, rehabilitation, and getting folks back into the community.

[00:55:54] Next slide. So my philosophy. One of the biggest things that I have to smile about, and I know Major Shob is here, and he normally talks, when he talks with groups, we talk about culture change. And anybody that knows public safety and loves us dearly, sometimes not as much on certain days, will realize that changing the culture of any population to include public safety folks is rather hard. But the culture change was the most significant thing that we dealt with because, you know, again, we're focused on what our job is, what we're supposed to do. We're not supposed to be

[00:56:30] psychologists, psychologists. We're supposed to be the law people, people that are making sure people do the right things. So the culture change took quite some time. And again, we found out that everybody has a story. And along with that story, sharing it with others was very helpful in us relaying to our staff and educating our staff that when in fact, I mean, these are diseases we're talking about. Mental illness is a disease. So is substance use disorder. And it should be treated as such. And I know the stigma that's been associated with both, oh, people just do this

[00:57:05] or do that just because they want the attention. That's just not so. So again, just some things that we've recognized as far as mandated to treat chronic illnesses, no different, you know, blood pressure or any other disease. I mean, cancer, we get people that come into our jail that they come in there in hospice. So why wouldn't we treat folks that have cancer and other diseases, just like we're treating the population that needs more help. And again, has generally tend to be disparaging numbers in terms of the population that we see that comes in.

[00:57:39] Our STAR program, I want to give a shout out to Chairman McKay. He came down to Chesterfield with us. A friend of mine, Carl Leonard, Sheriff Carl Leonard, he's a sheriff down in Chesterfield. And we went down there after I learned about their heart program, heroin addiction recovery program.

[00:57:58] So I went down there, and I saw the program. I sat in these housing locations. I spoke with the inmates. I must have gone down there at least 20 times to the point where people were asking me, are you running for sheriff in Chesterfield County? So anyway, went down there, and, of course, I brought, I guess, the whole contingency, and then I kept going down there and down there and down there to the point where I came back, and I said, I want a program like yesterday.

[00:58:23] And I know my staff is very patient, very, very patient, because I wanted this done. when I say yesterday, I wanted to have it launched like within a week. Anyway, we take back best practices. And something that I did was I borrowed to the inmates that belong to the HAARP program, which people were like, you're borrowing inmates from another jurisdiction? Well, yeah, because they were leading the HAARP program in Chesterfield. And I thought, what a unique opportunity, what a thinking outside the box, so to speak, to be able to bring people that are able to help us with a program that are the experts. So again, we launched this program. This is a holistic,

[00:59:03] intense, authentic peer-led program where the peers are holding one another accountable. Historically, when we had a drug treatment program in the jail, we were releasing individuals that were sober addicts, okay? Now, when individuals start this program, they start in the recovery process. So when they leave, they're in recovery. And we've been very fortunate to have Partners, the Chris Atwood Foundation, the Community Services Board. The first time ever I hired my own behavioral health therapist that was focused on trauma-informed care, Sahana Kapoor, who's very instrumental in this program because in this program, the trauma that

[00:59:41] we see, the trauma that comes from many different experiences, life experiences, the trauma people learn from their families, but also bringing the family unit back into this program, which you can do the tough loves only so long but bringing that family component back in after individuals have been in this program which is which is a three-phase program um you have to see it to believe it but it's absolutely incredible so with that program um again um focus on restoring dignity providing individual plans for a sober future our program outcomes um again as i mentioned 50 percent of

[01:00:19] our population inside the adult detention center is going to come out and they're going to go back to Fairfax County. Within five years of starting this program, we have a success rate of 60% who have returned to the community and who have not recidivated, and we look at that as a big deal because we know that it's working. And then also I have data that's a baseline for U.S. Department of Justice, and then again on the horizon, we're focusing on a national accreditation for the first ever jail-based certified peer-led program. And I know Sahana and others are working on that,

[01:00:57] so we're excited about that. Just some common themes about incarcerated individuals, which probably won't surprise anybody. Again, we see people at their worst every single day. When officers bring in folks, they're arrested, and they get to leave, we spend the majority, we probably spend more time with them than officers, investigators, firefighters. So we take this job, I mean, this opportunity very seriously where we know we can create a difference and especially for the marginalized population, which of course we see day in and day out.

[01:01:32] Again, we know that people are incarcerated disproportionately based on several factors. There's some in the PowerPoint, some websites you can go to instead of me taking more time and reading about them.

[01:01:48] Also, the whole part about transitioning folks out of our adult detention center, we recognize that that is a time for increased risk and poor outcomes. So, again, also part of our why we do what we do. Okay, our MAT program, Medication for Opioid Use Disorder Program.

[01:02:07] Full disclosure from your sheriff, when this was presented to me, I said, oh, no, we're not doing this. I don't believe in giving drugs to individuals that are using drugs. And that was a lesson learned, teachable moments about stigmas and how it can impact many of us, even though we all say, oh, no, I see, you know, rose-colored glasses.

[01:02:26] Nope, nope, nope, nope. But, yeah, that was me. So I ended up doing a lot of research and meeting with a lot of experts. And also we ended up adopting best practices, evidence-based practices that we knew would work inside of our facility.

[01:02:44] Certainly the possibility of drug diversion, which means diverting drugs from the person receiving them to somebody else, not just diversion from the drugs. But drug diversion to try to prevent

drugs from getting further on within our facility, that's a challenge.

[01:03:00] We have the opportunity to provide, as you can see, I don't think I mentioned it in here, but sublocate. Sublocate, which is much better to be able to give to an individual because it's an injection and it's a medication that cannot be diverted. So ideally, we'd like to be able to do that.

[01:03:18] Obviously, you know, these drug companies that make these really good drugs that are very helpful and jack up the prices, that's what we deal with just like everybody else. So again, the big game changer was the research and meeting with the experts. So I've changed.

[01:03:35] Anyway, moving on to considerations in terms of post-incarceration. Again, this is our why. You can see up there, there was a study from Washington State regarding a prison, state prison, and releasing their incarcerated prisoners.

[01:03:53] They found that 129% was the percentage of individuals who were more than likely to overdose and die. They also did not have MAT on board, and that's important to recognize. So what we're doing in the jails that's getting attention throughout the country is because we're not seeing the same thing that others are seeing.

[01:04:14] and we're working on a solution to a problem. Let's see. We also recognize one size doesn't fit all. We also recognize that we don't treat everybody the same because you can't, but we do offer everybody the same opportunity.

[01:04:31] So just my mantras. Recovery entry services, again, it's great when we're able to do the work that we're able to do, but we can't do this without the collaboration with George Mason University, with the Community Services Board, with the Chris Atwood Foundation, and, of course, with HIDA High Intensity Drug Trafficking Administration, who's been extremely generous with grants.

[01:04:56] They've been very helpful and very generous with the grants, and will continue to pursue grants. So with recovery and reentry services, we can treat, we can provide all different resources. We have programs where individuals can become certified in food certification when they get out of jail.

[01:05:16] they're already given a job. They're giving housing scholarships. So there's so much that's going on on the inside that's working. And the more we can share this information, the better off we are. Also, assisting with government-issued IDs. You can imagine leaving someplace. You don't have your ID. You can't cash a check. For those of us that still use checks, you also need your ID for many other things. So between that and the other things we're able to offer, we have an Uber account that we use specifically for folks in this program to ensure that when they are released,

[01:05:49] they get to transitional housing or supportive housing as well as to the clinics to continue on their sober, their life of sobriety. Okay, by the numbers, these are just data reflecting our population also within the community and what we provide for release. The numbers that you see, in FY22, 805 individuals received medication for opioid use disorder. That number's gone up significantly, and that has to do with, you know, again, we use evidence-based practices, best practices, best protocols, but we also have changed some of our screening protocols where we

[01:06:28] are finding more people through our screening process, and it's a very intense screening process, and we also have, along with that process, we have a treatment patient agreement. So in other

words, if you want to be on this medication and you need this medication, and that's decided as far as you want to be on it by doctors, not just by that person, you're going to follow the rules, our house, our rules.

[01:06:53] So the next slide, staying ahead of the curb, this is actually part of an article that I co-wrote with um a lady and it came from the opinion um tracy i don't know the tracy's last names anyway but this is not only what we're doing but also what we're focused on especially with medicaid um what happens when someone comes in gets incarcerated comes into the jail and doesn't leave their medicaid benefits are suspended um most people don't know that which means that we get to pay the medical bills and unless the individual goes into the hospital for

[01:07:30] overnight yeah we're picking up that tab so we're working together to try to fix that issue again they'll tell you it's temporarily suspended but then it takes almost 45 days to get somebody enrolled back into that so that's something we're working on with our general assembly friends and I've put in your packets we put in your packets like I said some articles that we think are very very worthy of you know sharing reading um and again um for those of you that may be familiar

[01:08:04] with the movie dope sick the book dope sick by beth macy um i normally don't promote other people's stuff but i'm in we're in this this book and it's important because beth macy came up and spent at least a week with us and stayed and went in and spoke with people spoke with our staff and saw firsthand and if you've read the previous book dope sick this is the sequel to that and what we're doing is saving lives we're doing harm prevention we're doing re-entry efforts we're helping folks get back to where they need to be we're helping our community continue to be

[01:08:41] safe and healthier so if you have a chance please just look at this book page 180 135 which we're in and then there's a couple pictures you can skip my picture it wasn't the best picture but it's and I and in joke kidding aside this is what this is what people we want people to know what we're doing and what we're doing on the inside as I mentioned previously we can certainly do on the outside and again I want to thank big thank you to my staff because they make this happen and just

[01:09:21] like everybody else which I'm not going to talk about today, but they're staffing obstacles for us too. But we do more with less. And I think everybody does that. It's a common theme. So thank you for the opportunity. Okay, Sheriff Kincaid, thank you very much. Very informative. And I've learned a few things. I love the people first approach. So that's really important. And I'll say on the STAR program, I know we got to talk about it a bit when I came to tour, and I wasn't aware of the five years, the success rate of it, so the 60% is extremely compelling.

[01:10:01] Let me ask, in terms of number, how many individuals have gone through the program over that period of time? So over the period of time, I believe it's in the other presentation. I know how many people are on the program.

[01:10:22] I know everything else, but as far as what's currently, let's see. Take your time. This is Star or Matt. Right. He's talking about, oh, the Star. I'm sorry, 133. 130 total? 133. So the graduates, the 60%?

[01:10:39] 66 graduated. Okay. Okay, 133 have been served. Now, again, we could have more graduates, but some folks, as you well know, it's not there for long periods of time, although I will tell you we've had individuals request to stay in the jail.

[01:10:58] Not too many people do that. especially when you hear, this really doesn't feel like a jail share of Kincaid. I'm like, that's because we serve bonbons, right? But no, so that's a very good number for us.

But we try to keep in touch. We've got a few that we never thought would make it that are just doing amazing work that are now become peer instructors.

[01:11:21] They're paying it forward, so that's not too bad. So are they in, I'm assuming they're in employment now. So how have you assisted them in that transition? Because I'm assuming the reason that they've not, you know, recidivated is because they've been able to get into employment and meet their, you know, basic needs.

[01:11:41] Right. So we have one program and certainly anything regarding skill source. And unfortunately, with the pandemic, we had to scale back, but we were still able to bring information in and bring training in to help people learn how to do certain things.

[01:11:59] But our program with Aramark has been very, very successful. And, you know, for somebody to receive that food service certification and know that when they get out of jail, they're going to be employed.

[01:12:15] Their family's going to get money. They're going to get scholarships. That's what they do. That's what, you know, so we focus on other venues. And when we have our inmate resource fairs, which, again, have been sidelined because of COVID, that's another opportunity where we bring in other nonprofits to provide services that folks need.

[01:12:37] Yes. And then acknowledging that many people have alcohol and substance abuse dependencies, they also have mental health issues. So how do you navigate kind of that co-occurring situation? Thanks for that question.

[01:12:54] So that's something that we began navigating with Diversion First and recognizing that that often is the case where, you know, there are co-occurring issues. So with our, we have behavioral health therapists, we've got doctors, we have psychiatrists, not a plethora of psychiatrists, we can do telemedicine through that, but they're evaluated.

[01:13:21] when they first come in that's where they're screened um we've got an amazing screening process that probably is not done in most facilities where they're evaluated assessed and if someone comes in and obviously we recognize that they're experiencing some type of whether it's withdrawal or whether it's mental health crisis then our goal is to get them stabilized that is a focus get them stabilized work with maybe if they have providers on the outside however as we recognize with the individuals that come into jail.

[01:13:52] Many of them don't see doctors. Many of them don't have an access to a doctor. So this might be the first time. So we work with them and with our CSB and our nurses and everybody else to evaluate and stabilize and get them back to where they need to be. That's good.

[01:14:08] No, I appreciate that. And one more question, and I'll turn it over to my colleagues. One of the programs, I know we didn't get to talk about it here today, but Project Lifesaver is one that you guys are very instrumental in providing and overseeing. And I know that we've gotten to a place now where we can't take on new individuals, but we have those that are in the program.

[01:14:30] Just curious in terms of what might be done to reopen. I'm hearing requests from a number of folks in terms of being able to add, you know, their young children or their elderly parent or other because this program can actually identify if someone leaves their home, gets lost, you can actually help locate

them and bring them home safely. And that's a program that we really, really want to return to. We maintain a list

[01:15:03] of clients, a responsible list to make sure that we're not overextending ourselves. We have a vacancy rate. Currently, I'm over 100 deputies down. And once we're able to get more staffing, I expect that program to go back into full force. But we'd love to do it. We just don't have the staff to do that. Yeah, maybe we should continue this conversation because I think there's got to be a way for us to figure out this ability to bring it back because I know there's a desire and a request from the community.

[01:15:40] So I appreciate you sharing that. So with that, let me turn it over to the chairman for his comments and questions. Thank you. First, I want to thank the sheriff for the presentation and clearly the passion for this work. We can see it here today, but you can certainly see it if you look at the detention center.

[01:15:59] And I just want to comment and I want to ask you a question because having seen the STAR program, And you're right, what we saw in Chesterfield was great, but what we're doing right here with the STAR program is pretty amazing if you're able to take an opportunity to go sit down and listen to these inmates, have a conversation with them about what's going on.

[01:16:21] And one of the big takeaways for me in this program, similar to Diversion First, which runs against the grain, so to speak, is the amount of work and effort that the inmates themselves have to put in to be able to participate in this. This isn't just if you sign up on a form, you get in. It takes a lot of work, and it leads to my question because recently I had an opportunity to present at the Virginia Association of Counties about our Diversion First program, but also, of course, you can't really do that without presenting all of these programs and how they

[01:16:56] work together, and one of the folks in the room asked me a question that I didn't really know the entire answer to, and you might be able to help with this, which is what is the real hurdle to making this happen in other parts of Virginia? And I know certainly through the Sheriff's Association or other organizations, this conversation is ongoing. But I ask that question because I think, unfortunately, and luckily we don't suffer from this here in Fairfax, that when you were talking about stigmas, I think there's a stigma out there that these types of

[01:17:31] programs are human services programs that don't work or are soft on crime. And in fact, the exact opposite is true, which is require an amount of discipline and work. And they're not human service programs. In some cases, they're life-saving programs, but they're also economic down payments for society. And the challenge that we face, no matter how good all of our programs here are in Fairfax County, as you mentioned, the 50% number, if other jurisdictions aren't doing the same types of things, then at what point are we taking care of the Commonwealth, so

[01:18:08] to speak, with people coming and going and entering our system? And so the question that was asked is, what is the real hurdle? My guess of an answer was, and I acknowledge that is that, is there still a political stigma attached to these types of programs that's untrue, which is that they're an example of being soft on crime.

[01:18:26] How would you answer the question of what the real hurdles are to beginning a program like this in other parts of Virginia? Thank you for that question. So I agree with you. Yeah, soft on crime. There's also lack of resources.

[01:18:43] Again, there's ways to get around certain things because how do we get to yes? My staff knows how do we get to yes? How do we get to yes? But it's a culture change, too. Like I said, I mean, we had a very large population to try and influence to or convince, so to speak.

[01:19:03] So I think it's a part, it's lack of resources. I think it's that stigma attached to we're not going to be soft on crime, especially in the southwestern part of the Commonwealth. And it's not going to work, right? They're here to serve their time and that's it.

[01:19:18] And they're not as far as having opportunities within their jails. There's only, I don't remember the number of sheriffs that actually have jails. It's quite a bit, but just don't see a need for it. So I just mentioned that because I do think this is a place where, you know, our work at VACO and even to a certain extent NACO highlighting these types of programs and their efficiencies and what they're doing and have been in existence now long enough to have metrics attached to their success.

[01:19:48] I know the diversion first annual report that comes out has very clear numbers in there. And I think it's partly our obligation and association with you to spread this word to other areas because I do get concerned that, you know, you're constantly chasing, you know, a point where your numbers are even higher, but at a certain point you're treating people who aren't from Fairfax County and we don't know what's happening to them after this.

[01:20:14] And you're hopeful that it works out or you're hopeful that if they're arrested in another jurisdiction and they're from Fairfax County, that they have an opportunity to have the type of programs that we have here. And this is an issue that doesn't know jurisdictional boundary, and I do feel like it's something that law enforcement and cooperation with CSBs and courts have to be thinking this way in the future if we're to solve some of the chronic reentry issues that are out there in the community and the constant cycle of crime and generational poverty associated with that.

[01:20:48] And if I could just add to what you said, I mean, every time I hear we need a study group, we need a study group this. I mean, it's no secret that Virginia is at the bottom of the barrel when it comes to dealing, treating mental illness.

[01:21:04] And all these groups that get paid a pile of money, it's so simple. It's so simple. So, you know, find a model or take from all different other models that you may become aware of and make it happen. Because it's not like we need more jails.

[01:21:21] I'd like to have, God bless, I'd like to have, you know, more opportunities. If you build it, they will come. That's what they tell us. But, you know, there's also challenges with that because mental illness, not everybody wants to live somewhere. We see folks that are homeless, unhoused, is the new word, I guess, everywhere.

[01:21:39] But if we have a system, a model that people can focus on and utilize, it's not going to, you know, cost millions of dollars. But if you're going to put a lot of money into it, then just do it. Thank you.

[01:21:56] Thank you, Mr. Chairman. Let me start on the opposite end. So anyone on the end there? Okay. Supervisor Faust. I just want to say I really think what you're doing at the jail is awesome. And I did, I read the book and I also read the Washington Post, what do you call them, where she called you out.

[01:22:19] And so keep up the good work. Yeah, I was surprised, but it was awesome. Thank you, Supervisor Fowles, Supervisor Gross. We talk about, you know, what else is happening in Virginia.

[01:22:36] But what about what's happening in the metropolitan region? You know, when you go across the Potomac, what's happening, and people are doing that all the time, ending up in each other's facilities, what's happening in Maryland and the District of Columbia?

[01:22:53] Are we seeing some of this same kind of approach, or is it pretty unique to our side of the Potomac? It's pretty unique to the side of the Potomac. We've hosted many agencies.

[01:23:08] We've hosted Maryland. We've hosted NACO folks or VACO folks, so ideally they come, they learn. We've offered to come and show them, give them the book. This is how we do it. Again, it's not going to always work in another jurisdiction, but you don't have to reinvent the wheel.

[01:23:29] So hopefully our partners throughout the DMV will. Yeah, it would seem that it would be a great regional approach that would benefit, you know, the jurisdictions in Maryland, as well as our northern Virginia, just taking that sort of bullseye.

[01:23:49] But it doesn't seem to have taken root yet. So maybe it still needs that little more water on that seed. Maybe, although we also recognize that some people are doing their own thing and want to continue to do their own thing. If it's not broke, don't fix it, but I would tell you that it is broke because if it's just, you know, it's the cycle, the vicious cycle.

[01:24:14] Thank you. Thank you, Supervisor Gross. Supervisor Walkinshaw. Thank you, Mr. Chairman, and I think Chairman McKay said it well. You know, your passion for this is what makes it work. If you didn't have the passion for it, you wouldn't have achieved the culture change within the organization that you have, so thank you for what you bring to it.

[01:24:33] And I just wanted to ask, you know, in the context of other jurisdictions in Virginia, and can we help others maybe get to this model? And you've worked with Chesterfield County and others. I'm struck just in looking at your office's budget how little of the funding for this comes from any state source, perhaps like $0 of it.

[01:25:00] And I'm just wondering, have you and other sheriffs around the state had a dialogue about this? You know, could we get funding for a pilot program or a small amount of funding just so the Commonwealth has a little bit of skin in the game on these efforts?

[01:25:22] That's a good question. And we do talk about funding for, obviously, staffing and programs. And more so than not, we look for the grant opportunities that are far and few between.

[01:25:38] But that's a good question. That's something that can be approached and see how we could potentially work that out. But thank you for recognizing. Again, when I say more with less, that's all part of it. But there's certainly ways to be fiscally responsible and make things work, at least with us and Fairfax.

[01:26:00] Okay. Thank you, Supervisor Walkinshaw. Supervisor Stewart. Thank you, Chair Kincaid. The changes that have been made over the last decade are just revolutionary in terms of the approach, changing the culture, making a difference for the folks that are inside as well as the folks that are outside, the families that are only there to support the folks that are inside and only are crucial to hopefully helping those folks on the inside make the transition and not come back.

[01:26:34] The state has been of little help in that process, and that's why your leadership has been so critical in your work with other counties in Virginia. I'm on VACO, along with many other people here. I'm

chair of the Finance Committee on the Virginia Association of Counties, and we just had our state meeting and once again appealed to the state to increase their support for jails.

[01:26:58] Right now it's $15 per state supported. And, of course, your costs aren't any – they're, yeah, 10, 100-fold higher than that. Anyways, so we recognize that ultimately we all have to engage in that process and get that change.

[01:27:16] But the behavioral funding for support, I know they've started – at least have identified some things, but I don't know that they've funded those yet. So maybe you could just comment a little bit about that, if there's anything else that we need to do legislatively or at least even at the VACO level. As chair of the Finance Committee, I know we have a lot of other senior people in VACO here that can help make that difference too.

[01:27:36] So the part about funding, I know that other folks have tried to get more funding who have worked towards it. And it's interesting that, you know, you'll have a tragedy that happens and then everybody will be up in arms and we need to do something.

[01:27:55] And then, of course, you've got the, you know, the law, the delay period where people seem to forget until another tragedy happens. I can tell you in terms of funding and what has been throughout, I guess, Virginia is the suggestion that we're going to fund transportation for, you know, for emergency custody orders or jail transfers.

[01:28:15] And then, of course, you've got individuals who, when somebody's in your custody and you're going to rely on folks that are running a transportation company that perhaps don't have the same training, you know, where I'm going with this, I'm hesitant about using it.

[01:28:32] And again, if they're limited, they'd rather take somebody, and I don't blame them, that's not going to be experiencing a crisis during the transport, because there's nothing worse than my deputies that are doing a transport and somebody experiences a crisis. And then what are you going to do, drive 100 miles an hour to the hospital?

[01:28:50] So that's something that I know has been on the books, because of the amount of time it takes, and certainly the resources that are spending a lot of time at the hospitals, Fair Fairfax Hospital, Fairfax Hospital, all the hospitals where, I mean, again, we shouldn't be using hospitals for, you know, these type of things because they're for medical emergencies, but that's the default. So any suggestion in terms of helping fund, you know, but again, you have to get the attention of people that unfortunately have been subjected, affected,

[01:29:26] maybe know somebody in order for this to matter. And when I talk about this, again, human capital, We shouldn't put a price on it, but we do. Thank you for your focus and putting that effort to make a difference in Fairfax County for the folks that are here.

[01:29:43] Thank you, Supervisor Struck, Supervisor Alcorn. Just thank you. Great work. Keep it up. And I learned a lot today, too. And you're my supervisor. I expect you to not say anything. You didn't pay me to say that. Right. Thank you, Supervisor Alcorn.

[01:30:00] Supervisor Harry. Yeah, I'm just going to echo great work. It's a long way from the HART program back at Chesterfield. um you know and they had the people that wanted to stay in jail and most of that's because the handoffs aren't really there and i think that's the part we need to work on is the handoff

to csb because that's where we lose the people that that's a very good point and we make sure with our re-entry efforts we've hired to uh we have a re-entry coordinator that works with others to ensure that when somebody does leave that they have a place to go and we're not just you know Letting them go with, you know, see you bye.

[01:30:37] Because that five-day window is critical that they don't get back to where they were before. Sure. Thank you very much, Supervisor Herity. And with that, I'll say thank you as well, Sheriff Kincaid. Thank you. Thank you for a very enlightening presentation and an opportunity for dialogue.

[01:30:54] Thank you. We will see you soon. This meeting is adjourned.

