

## **Health and Safety Coordinating Committee**

### **Minutes**

**Friday, March 7, 2025**

**8:30 a.m.**

**Alexandria City Hall, Room 1900**

#### **I. Call to Order & Opening Remarks**

The meeting was called to order at 8:30 a.m. by Mayor Gaskins. Councilmember Jacinta Greene joined the meeting via Zoom. Prior to the start of the meeting, an agenda was distributed, outlining the following discussion points:

- Committee Reports: Significant Data Changes and Crime Data Spotlight
- Presentation: Health and Safety Coordinating Committee Approach – Complexities of Inmate Health and Social Service Needs
- Discussion: Barriers and Prioritization of Next Steps
- FY 2025 Workplan

Mayor Gaskins opened with historical context, citing the committee's origins under former City Manager Vola Lawson. The Mayor referenced research tracing the committee's formation to 1988 in response to the crack cocaine epidemic. She noted that Mayor Jim Moran and Lawson identified seven neighborhoods for focused intervention and mapped these using targeted circles, aligning police and community services to address systemic challenges.

Mayor Gaskins shared insights from her conversation with former Councilmember Del Pepper, noting the committee's early popularity and emphasis on police drug enforcement, ARHA eviction actions, and gang violence prevention.

#### **II. Committee Reports and Crime Data Spotlight**

Dana Wedeles, Strategic Initiatives Officer, highlighted key data points, including a decrease in the city's jail population and a notable reduction in aggravated assault cases. She introduced Alexandria Police Chief Tarrick McGuire for further insight.

##### **Chief McGuire's Remarks:**

- Noted decreases across major crime categories.

- Larceny offenses remain a concern, particularly due to repeat theft at three commercial locations.
- Discussed theft rings stealing high-dollar items, working across jurisdictions including Gaithersburg, MD.
- APD is collaborating with vendors and institutions (e.g., George Mason University) to analyze and address theft trends, with a forthcoming report expected in late April or early May.
- Emphasized regional differences in crime definitions and reporting practices, which affect public perception and crime dashboards.

**Discussion:**

- Mayor Gaskins raised concern over public perceptions of increased crime despite falling statistics.
- Chief McGuire and City Manager Jim Parajon emphasized the importance of developing shared definitions of crime across jurisdictions for better regional coordination.
- Councilmember Greene inquired about specific retail theft patterns, including ABC stores. Chief McGuire described store layout and product placement as factors, and discussed the role of loss prevention officers.

**III. Presentation: Complexities of Inmate Health & Social Service Needs**

*Presenters: John Teumer and Ellietta Lazaro*

**Key Highlights:**

- Decreased jail population has coincided with increased case complexity, especially regarding behavioral health needs.
- Ongoing collaboration between the Department of Community and Human Services (DCHS) and Alexandria Sheriff's Office (ASO) was emphasized.
- Discussion included housing for formerly incarcerated individuals and innovative programs such as:
  - **Critical Care Unit:** High clinician-to-inmate ratio mental health unit
  - **Sober Living Unit:** 90-day substance use treatment program
  - **MAT (Medication-Assisted Treatment) Unit:** Supports individuals with opioid addiction

- Provided data on jail population trends (local vs. federal), mental health referrals, and daily census from 2019–2024.
- Explained the **Sequential Intercept Model**, detailing five key intervention points:
  1. Law Enforcement
  2. Initial Detention/Court Hearings
  3. Jails/Courts
  4. Re-entry
  5. Community Corrections
- Introduced triage process and new technology enabling inmates to submit service requests digitally with a 3-business-day response window.
- Discussed individualized case management, considerations for treatment timing, and challenges related to isolation protocols and prioritizing acuity.
- Presented slides on suicidal behavior, forensic hospitalizations, and real case studies.
- Councilmember Greene asked about the speed of service delivery; Mr. Teumer confirmed triaging occurs immediately, with high-priority individuals seen within the day.

#### **IV. Group Discussion & Breakouts**

Participants were divided into pairs for five-minute discussions based on the following reflection prompts:

1. What is one curiosity you are left with after this discussion?
2. What insight from your work might be helpful here?
3. If you were on City Council, what else would you want to know?

Key Themes Shared:

1. **Administrative Burden & Data Duplication**
  - Heavy, repetitive data entry across agencies is inefficient and resource-intensive. There's a need to streamline administrative tasks and consolidate efforts across departments (Groups 1, 2, 13, 14).
2. **Resource Prioritization & Triage**

- With limited resources, it's essential to accurately and quickly identify and serve individuals with the highest acuity to ensure a safe and supportive environment (Groups 3, 4, 5).

### **3. Equity of Standards & Access**

- Discrepancies in standards of care between jail and community settings should be addressed. Equity in mental health treatment access, regardless of setting or demographic status (e.g., insured vs. uninsured, veteran status), is crucial (Groups 5, 10, 11, 12).

### **4. Physical & Structural Barriers**

- Lack of space and facilities, like a sober living unit, significantly hinders effective service delivery and impacts court outcomes and jail operations (Groups 6, 8).

### **5. Coordination & Communication**

- Better tools and systems are needed for seamless collaboration among staff to reduce redundancies and improve efficiency (Groups 7, 12).

### **6. Transportation & Service Accessibility**

- Barriers like transportation and service hours prevent individuals from accessing treatment. Models like street outreach or nontraditional hours were suggested as potential solutions (Group 9).

### **7. Outcome-Oriented Practice & Prevention**

- A shift toward prevention, long-term planning, and defining tangible success measures was emphasized to improve both individual and system-level outcomes (Groups 10, 14).