



# DIVERSION FIRST

**2020 Annual Report**

**Fairfax County, Virginia**

# Letter from Diversion First Leadership

In 2020, we saw our collective world turned upside down with the onset of a pandemic that claimed hundreds of thousands of lives in the U.S. and affected the health of millions more. Like elsewhere, the effect on all of us in Fairfax County has been quite profound. In many respects, we had to change the way we do business to protect the health and safety of the people we serve and those for whom we are responsible. Masks were added to our toolbox. Zoom and Microsoft Teams became our meeting places. And COVID-19 and social distancing were added to our vocabulary.



Guests social distancing at the October 7, 2020, Veterans Treatment Docket outdoor graduation ceremony.

Diversion First, in its fifth full year, continued and expanded despite pandemic-driven obstacles, and we met the challenges head-on. Training for Crisis Intervention Team certification took place in August and September at larger facilities, allowing for appropriate social distancing and more law enforcement participants. At the Merrifield Crisis Response Center, the Community Services Board, with support from the Sheriff's Office and Police Department, continued to accept for initial assessments individuals diverted from potential arrest and others in need of crisis services. The number of people transported to MCRC by law enforcement remained steady throughout 2020 and was on pace with previous years. Behavioral health services in general were provided in person and/or via video.

The specialty dockets/courts operated virtually for much of the year. Graduations to celebrate participants' successful completion of the respective programs' requirements were modified with limited in-person attendance, mandatory mask-wearing and the absence of hugs and handshakes. Medical clearance for psychiatric hospitalization launched at MCRC with the goal of reducing the need for law enforcement to transport patients to a hospital emergency room for medical clearance and allowing patients to remain in a comfortable setting onsite.

For Court Services, pre-trial supervision cases increased. Jail-based programs continued to make headway with grant support for Medication Assisted Treatment. Ensuring a strong transition to the community with recovery services helps mitigate risk factors related to recidivism.

Our commitment to Diversion First has not waived. For 2021, we hope the availability of COVID vaccinations along with adherence to proven safety measures will return us to a semblance of normalcy following a very challenging year.

*Footnote: Near the end of 2020, Police Chief Edwin Roessler and Deputy County Executive Tisha Deeghan both announced their upcoming retirements from County service. The participating agencies and community partners sincerely thank them for their significant contributions in establishing and expanding Diversion First and wish them good health and happiness in their future endeavors.*

Sincerely,

Stacey A. Kincaid, Fairfax County Sheriff

David M. Rohrer, Acting Chief, Fairfax County Police

Daryl Washington, Executive Director, Fairfax-Falls Church Community Services Board

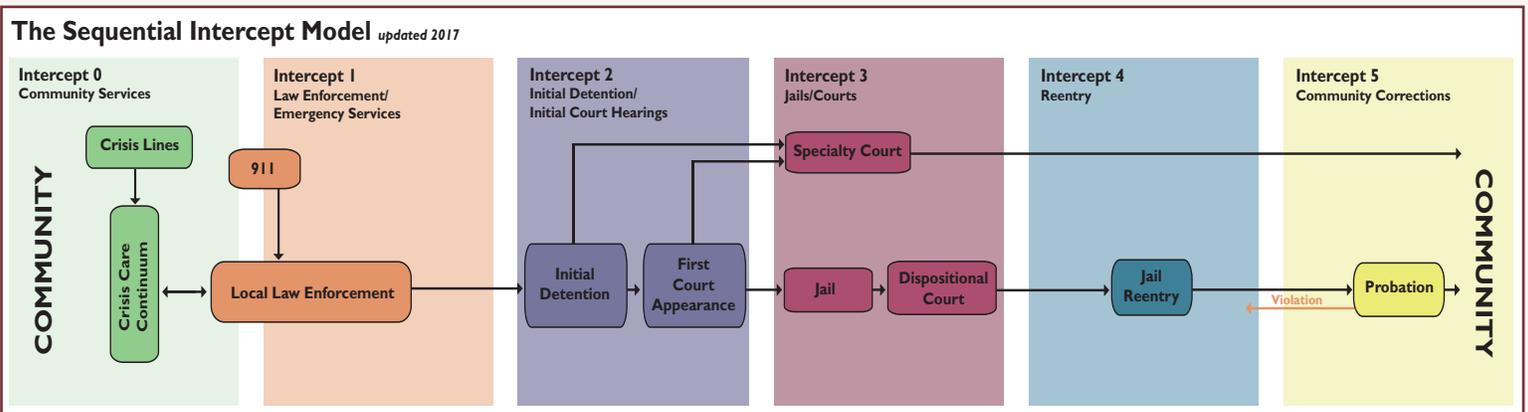
# What Is Diversion First?

Diversion First offers alternatives to incarceration for people with mental illness, developmental disabilities and co-occurring substance use disorders who come into contact with the criminal justice system for low-level offenses.

The program aims to prevent repeat encounters with the criminal justice system, improve public safety, promote a healthier community, efficiently utilize resources and — most importantly — help people who are in crisis recover and take control of their lives. The Sequential Intercept Model continues to be the basis for developing and enhancing services and supports at each of six distinct intercept points. Ideally, we can intervene at Intercept 0 to provide crisis services before criminal justice involvement.

**Over 2,100 people have been diverted from potential arrest thanks to Diversion First.\***

\*As of December 31, 2020



## Diversion First Impacts By the Numbers

<p><b>Jail Behavioral Health Population with Misdemeanor Charges</b></p> <p><b>28% decrease</b> From 2015 to 2020</p>	<p><b>Inmates Who Were Referred to CSB Jail-Based Services</b></p> <p><b>21% increase</b> From 2015 to 2020</p>
<p><b>Merrifield Crisis Response Center Cases Per Year</b></p> <p><b>37% increase</b> From 2016 to 2020</p>	<p><b>Emergency Custody Orders at Merrifield Crisis Response Center</b></p> <p><b>56% increase</b> From 2016 to 2020 (248% increase from 2015)</p>

## MCRC Onsite Medical Assessment and Clearance

The Merrifield Crisis Response Center (MCRC) provides 24-hours-a-day comprehensive walk-in psychiatric emergency services to the community. This includes a Crisis Intervention Team (CIT) Assessment Center that aims to reduce the number of individuals in jails and divert them to more appropriate treatment services in the community. Individuals in psychiatric distress may walk in for services or may be transported by law enforcement for assessment and evaluation. If psychiatric hospitalization is needed, MCRC staff must arrange for a medical assessment prior to psychiatric admission.

Whenever possible, onsite medical assessment is optimal. Emergency departments are not an ideal location for someone in crisis and often bring long wait times in a non-therapeutic environment. This is a difficult location for law enforcement to maintain individuals' safety and security. In addition, law enforcement spends hours waiting with individuals in emergency departments for individuals to be medically cleared and are not available for patrol in the community.

The MCRC was awarded funding from the Virginia Department of Behavioral Health and Development Services to enhance services at the MCRC CIT assessment site by providing onsite medical assessment. MCRC contracted with Neighborhood Health (NH), a Federal Qualified Health Center, to provide onsite ambulatory medical assessment during the high-volume times of 1 p.m.-9 p.m., Monday through Friday, for individuals requiring medical assessment prior to psychiatric or crisis stabilization admission. The Medical Assessment Program was officially launched in October of 2020. Onsite medical clearance is completed in an average of less than 90 minutes per medical assessment, which is a 67% decrease in the average time from the emergency department assessment in the previous year.

The goals of this program are to reduce client and law enforcement time spent in emergency departments; increase the number of transfers of custody of individuals under ECO at the MCRC CIT assessment center; reduce the number of injuries to the client and law enforcement; increase the number of individuals connected to follow-up primary care services; and reduce costs for medical assessment in an outpatient ambulatory setting versus an inpatient emergency department.

NH provides a rapid COVID test, a physical exam and necessary laboratory tests required prior to psychiatric inpatient or crisis stabilization admission. While there are times when an individual's health issues still require emergency department medical assessment, the MCRC staff and NH partner with receiving hospitals to ensure the most appropriate location for assessment and hospitalization.



Sarah B Franz, Family Nurse Practitioner, and Dessaray Johnson, Medical Assistant

NH has been able to provide an invaluable service to individuals in need of medical clearance, ease the demand on the emergency departments during a global pandemic, and in many cases reduce client and law enforcement time spent in the emergency department.

NH Nurse Practitioner Sarah Franz commented, "I feel that we are providing a valued community service by offering medical clearance for patients needing psychiatric stabilization, either through admission to an inpatient psychiatric unit or to a residential crisis care program. Our clinic is helping to reduce the burden on local emergency departments by providing this service. We can also help establish primary care services for patients that do not yet have a medical home."

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## Medication Assisted Treatment in the Adult Detention Center

On January 1, 2020, the Fairfax County Sheriff's Office adopted Medication Assisted Treatment (MAT) for opioid use disorder (OUD) as one of its chronic care priorities for the Adult Detention Center (ADC). The goal of the MAT program is to prevent opioid overdoses and reduce the rate of recidivism, a key component of Diversion First.

MAT is a priority change for the Sheriff's Office from past practices when OUD concerns were not considered a medical issue beyond possible withdrawal treatment

and a referral to onsite behavioral health staff from the Community Services Board. Medical treatment of OUD required a large-scale cultural shift among Sheriff's Office staff – both sworn and civilian – and challenged individual beliefs about, and understanding of, substance use disorders.

As the operator and administrator of the ADC, the Sheriff's Office is legally responsible for providing medical care for chronic health issues. Following in-depth presentations and ongoing consultation with subject matter experts, the Sheriff's Office came to recognize in 2019 that an OUD is a chronic health issue that must be treated. Through MAT, they are addressing both opioid withdrawal and dopamine depletion, which can persist for months, and even years, after individuals stop using. Buprenorphine (also known under the brand name Suboxone) is the primary prescribed MAT medication. It activates the same receptors in the brain as other opiates but to a much lesser degree. In doing so, it weakens intoxication from other opioids, prevents cravings and allows individuals to transition from a life of addiction to a life in recovery. Treatment is provided throughout an individual's time in the ADC, if needed. The prescribing team has received extensive training and technical assistance on best practices and works closely with nursing, reentry and CSB staff to assure continuity of care as patients stabilize and continue their treatment upon release.

Validated screening tools for OUD and other substance use disorders have been added to the booking process. Urinalysis further confirms positive screens at time of booking. For women, pregnancy tests are administered after a positive screen to ensure that the type of medication used to treat the OUD will not impact the pregnancy or baby. In addition, the Clinical Opiate Withdrawal Scale (COWS), a screening tool that quantifies the severity of opiate withdrawal, has been adopted as part of the withdrawal protocol.

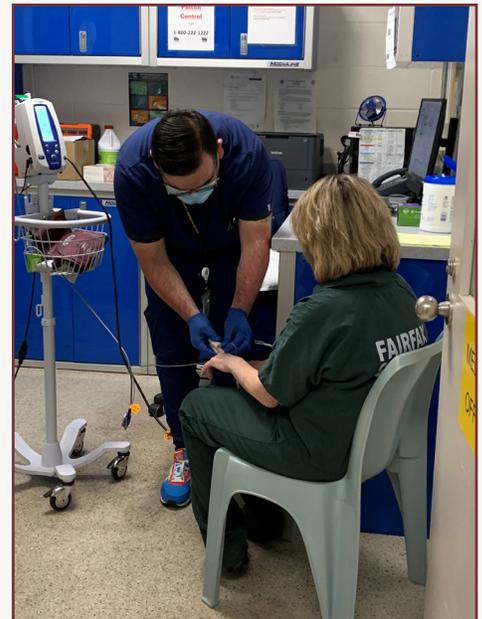
To no one's surprise, buprenorphine has an economic value in a jail. Once diverted from its prescribed purpose, buprenorphine can be sold or traded. To reduce opportunities for medication diversion in the ADC, medical and sworn staff work together closely to control how it is dispensed and taken.

The Sheriff's Office is focused not only on identifying and offering evidence-based treatment for individuals

while they are incarcerated but also ensuring wrap-around reentry recovery supports at release. These efforts are vital to offering hope and recovery to those with OUD who are at greatest risk for recidivism and overdose.

Peer recovery specialists are engaging with inmates receiving MAT and helping with community recovery connections at reentry. The Sheriff's office established a Reentry Counselor position and a Recovery Navigator position to help inmates develop solid plans for future release. The team signs them up for Medicaid, if needed, 45 days prior to release and connects them with community-based health care. Working with behavioral health staff, the team connects individuals with the outpatient MAT clinic in the community to provide coordinated services and no lapse in treatment. The medical staff also provides bridge dosing for the first community appointment, ensuring a solid reentry.

The Sheriff's Office offers recovery housing scholarships that pay for initial rent and a damage deposit at an Oxford House, resulting in safe housing and a window of time to find employment. Each Oxford House is a democratically run, self-supporting, drug-free home aimed at providing an effective, low-cost method of preventing relapse. A small transportation fund allows for sending people via Uber to recovery housing or the outpatient clinic immediately upon release. Coordination of these resources is crucial to keeping individuals connected to treatment and recovery supports.



A nurse treats a MAT inmate.

The Washington/Baltimore High Intensity Drug Trafficking Area (HIDTA) awarded the Sheriff's Office a grant that helped fund many of the unique components of the MAT effort.

## Diversion First Housing

Diversion First Housing is a partnership between the Fairfax-Falls Church Community Services Board (CSB) and New Hope Housing to provide permanent supportive housing to individuals whose situation includes some or all of the following:

- Struggle with mental health and substance abuse issues
- Repeated stays in local psychiatric hospitals
- Frequent involvement in the criminal justice system
- Multiple incarcerations
- Frequent crises

The program has been successful in keeping 30 individuals housed while helping to decrease their rate of psychiatric hospitalization and time spent in jail. This program costs considerably less than what it does to house an individual in jail – more than 50% less.

Since inception, 39 individuals have been served. Successful outcomes include:

- 94% maintained housing
- 94% had no psychiatric hospitalizations
- 85% were not seen at the Merrifield Crisis Response Center (MCRC) in 2020

- 85% remained connected with the CSB
- 47% are employed or in job training

### New Hope Housing

The New Hope Housing team consists of Candice Stan-cil, the Director of Fairfax Permanent Supportive Housing Programs, one Housing Specialist and two interns. In 2020, New Hope Housing worked in collaboration with the CSB to help keep people connected to services and wraparound supports to prevent leasing violations with landlords or returning to homelessness or institutions. Twenty-four of current participants are engaged with program supports to address housing challenges. Components of these wraparound supports include, but are not limited to:

- Frequent New Hope Housing staff visits
- Skill building services
- Connecting to a representative payee
- Connecting to the Food for Others mobile pantry

New Hope Housing partnered with Food for Others during the COVID-19 pandemic so that food being directly provided to individuals in the Diversion First Housing Program could continue, thereby reducing travel and exposure. Additionally, the program assists the participants in passing home inspections and keeping their homes safe and habitable.

## Diversion First Success: Josh's Story

Josh was homeless and unsheltered when he was referred to the Jail Diversion team. Due to his mental illness, functional impairments and lack of access to basic needs such as housing, he was frequently missing required court appearances and was unable to keep up with the conditions of his probation. Josh was being arrested repeatedly for minor offenses. He was not willing to take psychiatric medications and became isolated from his family because they believed he was not stable enough for interaction.

The Jail Diversion case manager often could only speak with Josh when a local Subway restaurant allowed him to make telephone calls from time to time. After an arrest in January of 2019, Josh was ordered to Western State Hospital for inpatient restoration to competency. He was later deemed unrestorably incompetent to stand trial and began six months of inpatient treatment with a successful medication regimen.

Immediately upon release, Josh was housed at a local hotel. In the following months, he worked with his Jail Diversion case manager on continued stabilization and case management needs. Thanks to Diversion First Housing and Josh's hard work and dedication, he is now housed in his own apartment, compliant with medications, awaiting social security benefits and reunited with his family.

## Jail Diversion

The Jail Diversion program is a team of clinicians, peers and medical staff who provide intensive, community-based case management to justice-involved adults with mental illness. The goal is to divert them away from the criminal justice system and into appropriate treatment. The full team typically serves 110-130 individuals by assisting them with many critical needs including psychiatric medications, substance abuse treatment, health insurance, primary medical care, housing and access to meaningful day activities.

When Covid-19 began to spread in the community, the Jail Diversion team quickly modified operations to adapt to this new reality. Unlike many behavioral health programs, much of Jail Diversion's work cannot be provided in a virtual setting. Many of the clients are unsheltered and do not have access to technology. Many are actively experiencing psychiatric symptoms and must be seen in-person to ensure safety. Nearly half of all clients are on injectable medications which must be provided by nursing staff. The intensive level of care provided often requires seeing clients at homeless shelters, drop-in centers and a variety of public locations.

At the same time, the team needed to minimize the risk of spread to clients, staff and the public, and adopted a hybrid model of service. This included the essential in-person community work as well as a rotation of staff at physical offices to minimize the congregation of staff. Virtual techniques and telework were used to the extent possible when the team did not need to see a client in person. When the team interacted with clients in person, they maintained physical distance, wore appropriate personal protection equipment (PPE), provided PPE to clients and sought out open, well-ventilated spaces.

Other in-person work during the pandemic included filling medication planners with clients, facilitating medical appointments, attending justice-related requirements such as court hearings, attending probation appointments and attending jail visits. The Jail Diversion team continues to provide critical services to some of our community's most vulnerable residents.



Kim Berlin administers injectable medications to a Jail Diversion client.

## Diversion through Courts

### Court Services

On March 16, 2020, Court Services, along with our entire community and the rest of the world began dealing with COVID-19 and adapting a new lifestyle to reduce the risk and spread of infection. Like other human services fields, Court Services temporarily halted in-person meetings with clients, which made meaningful connections and the monitoring of behavioral health issues extremely challenging. The structure that supervision provides to clients, a necessity to change behavior, was disrupted.

Bond hearings continued to be held while trials and preliminary hearings were continued as Courthouse traffic

was limited. The average active daily caseloads for pretrial and probation officers substantially increased with an unknown timeline of when charges would be resolved.

After July 2020, Court Services slowly began in-person office visits by seeing high-risk clients, especially those with substance use concerns. To keep both clients and officers safe, telework schedules were developed to limit the number of people in an office, barriers were put in place to prevent the spread of the virus, and everyone was required to socially distance and wear face masks. Video technology enabled clients and probation officers to engage remotely.

Many adjustments were made through very difficult circumstances, and both Court Services and its clients

demonstrated the resiliency to push through the uncertainty of the pandemic. At the same time, the County reaffirmed its mission to protect individuals and public safety by using all available resources while closely following best practices.

### Veterans Treatment Docket

In mid-March 2020, the COVID-19 pandemic, in conjunction with the Commonwealth of Virginia's Stay at Home Order and Judicial Emergency, pitched a major curveball into the Veterans Treatment Docket (VTD).



Judge Azcarate presides over the VTD graduation.

As with the rest of the Diversion First programs, the VTD program was forced to adjust to an unknown, unimaginable future.

The VTD is a 14–24-month intensive court-supervised treatment program that has served 54 veterans with behavioral health needs since 2015. Specialty dockets are extremely

structured and highly dependent on in-person reporting, such as bi-weekly court hearings and in-person observed drug tests. When COVID hit, the question suddenly became, “how does a specialty docket operate effectively without in-person contact?”

In the first few weeks of COVID, the VTD team immediately suspended all in-person program operations and went straight to work. Operationally, the team's focus was to safely adjust court and probation procedures to be as structured and effective as possible during this challenging time — but the team's most important goal was to keep the 18 veterans with mental health and/or substance use disorders stable, sober and focused on their recovery.

Throughout April and June, bi-weekly in-person court hearings transitioned to virtual court appearances via Zoom, probation office visits turned into virtual check-ins, saliva/swab drug tests were sent out to participants and conducted via videoconferencing, and virtual home visits were implemented. For behavioral health treatment, veterans had to adjust to the new normal of engaging in outpatient substance use groups and/or individual therapy through teleconference technology

with the U.S. Department of Veterans Affairs and other providers. Through it all, the VTD team was readily available for any emergency situations that required in-person contact.

In October 2020, the VTD program hosted a COVID-friendly outdoor graduation ceremony to celebrate and recognize the hard work of the four veterans who completed their program requirements.

Overall, 2020 was a challenging year for this program—especially for the impact it had on the emotional, physical and mental well-being of veteran participants. Ultimately the judges, VTD team and veterans came together and through creativity, compassion and determination were able to navigate an unprecedented time.

### Drug Court

The Drug Court was designed to divert justice-involved individuals into treatment while receiving high levels of supervision, so they are able to address their substance dependence and co-occurring disorders.

Despite numerous challenges, the Drug Court has continued operations through COVID-19. Missing only two court days in March, virtual dockets began in April 2020. As the months progressed, Drug Court adopted a hybrid of virtual and in-person dockets. In addition to virtual therapy and probation meetings, participants were required to check in on a daily basis for accountability.

While the pandemic did postpone the first graduation, Drug Court celebrated its first three graduates in September 2020. These individuals completed all five phases and treatment requirements and maintained sobriety for an extended period of time. To mark their hard work and completion of the docket, each graduate received a challenge coin designed by one of the first graduates. Challenge coins symbolize a sense of belonging. Judge Azcarate told the graduates, “This means that you belong, you are one of us. That is exactly how we feel about our graduates.



Many court proceedings, including Drug Court, were virtual due to COVID-19.

You have forever earned a place on our team.” These individuals have repaired relationships, maintained housing and employment, and achieved personal goals. They are working hard to create a new path to follow outside of the criminal justice system.

As noted by the keynote speaker, Board of Supervisors Chairman Jeff McKay, “We are invested in them, and we know that they will do well as they move forward, but they invested in themselves, and to do that deliberately takes a lot. You did it. You were determined and focused, and you wanted to improve your lives.”

### Mental Health Docket

Launched in July 2019, the Fairfax County Mental Health Docket works to serve participants who are struggling with mental illness and are currently involved in the criminal justice system. In lieu of traditional punishment, the docket diverts participants with diagnosed mental illness away from the criminal justice system and into treatment. Participants are required to receive ongoing mental health treatment and intensive supervision. Upon successful completion of the program, their charges are resolved (dismissed or reduced, depending on the original agreement between defense counsel and the Commonwealth). The Mental Health Docket is a collaborative effort between the Community Services Board, General District Court, Office of the Public Defender, Office of the Commonwealth’s Attorney, Court Services, Fairfax County Police Department’s Victim Services Division and Sheriff’s Office.

Whenever a new participant enters into the Mental Health Docket, they receive a thorough assessment that considers the needs of the whole person. Many docket participants join the program with extensive case management needs and few natural supports – the docket seeks to connect participants not only to mental health treatment but also to housing, health insurance, benefits, recovery supports, peer support, substance abuse treat-

ment, family therapy and medical treatment.

The docket held its first graduation on October 2, 2020 at the Government Center. It celebrated three program graduates with Gary Ambrose, past Chair of the Diversion First Stakeholders



Gary Ambrose speaks about the Mental Health Docket.

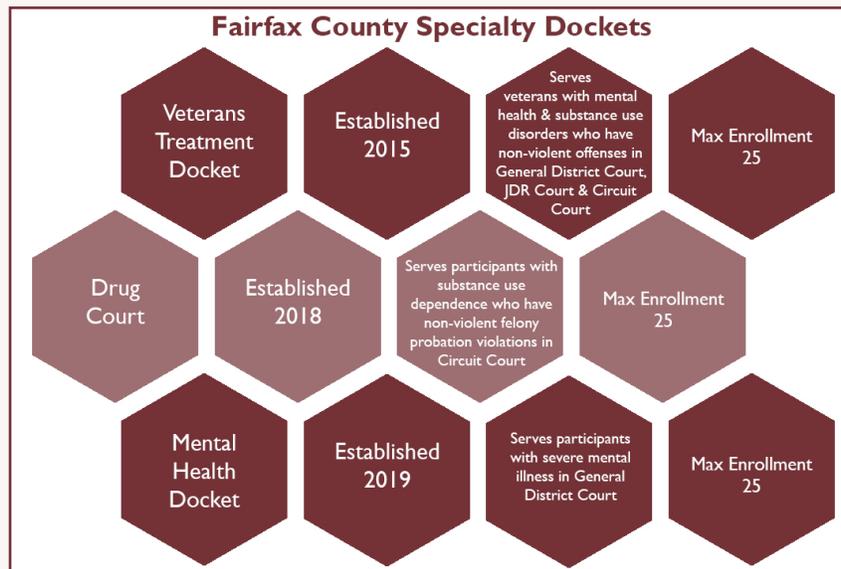
group, providing opening remarks. Each graduate engaged in varying levels of treatment, including individual therapy, group therapy, psychoeducational groups, medication management, intensive case management and vocational counseling. At graduation, two graduates were employed full time and one was taking classes full time at a local university. All three were in permanent housing

and connected to benefits, health insurance and the resources and services necessary to continue to manage their mental health.

### Recovery Challenge

A major theme of the three specialty dockets/court programs during the pandemic was to incentivize progress toward recovery. To this end, the docket coordinators

initiated the “Specialty Docket Recovery Challenge.” Participants could engage in prosocial and treatment activities such as exercising outside for 30 minutes, attending virtual AA/NA recovery meetings and taking online cooking classes. For each activity completed, participants would earn points that could be traded for incentives, including advancing through their program phase faster, being recognized as STAR OF THE WEEK at court and receiving small motivational items. This Recovery Challenge is used by the National Association of Drug Court Professionals and the National Drug Court Institute.



## Community Response Team

In November 2018, Fairfax County launched the Community Response Team (CRT) to provide outreach visits, assessment and case management services to community members with unmet behavioral health and medical needs and frequent interactions with the public safety system. The goal of the program is to intervene and provide services focused on improved outcomes, more efficient use of available resources and a reduction in public safety calls.

The CRT is comprised of a mental health provider, a Fire and Rescue Technician, a Crisis Intervention Team (CIT) trained law enforcement officer as needed and a peer support specialist, with strong support from a Fire Department Public Health Nurse and the Department of Public Safety Communications. The team works collaboratively to identify and engage individuals in the community who are “super utilizers” of the public safety system and could benefit from ongoing services and supports. The team also helps to link this vulnerable population to treatment services, medical care, medication, medical equipment and community-based services to meet their basic needs.

The CRT has developed partnerships with local agencies and organizations such as Inova Health System, Fairfax County Services for Older Adults, Adult Protective Services, Office to Prevent and End Homelessness and Department of Code Compliance. Referrals and collaboration with partners have connected individuals with CRT and resulted in a downward trend in use of the public safety system, emergency department visits and hospitalizations.

Since its inception in October 2018, the CRT has processed over 400 referrals and maintains an active case load of 10-20 clients at any given time. In 2020, 232 people were served.



Presenters at the first national Co-Responder Conference.

In March 2020, the CRT presented at the first national Co-Responder Conference, held in Johnson County, Kansas. The team provided information about how the program was developed, how it operates, and its successes and challenges. The team was also able to hear about programs from across the country and make connections with other co-responder teams to help support their mutual goals.

The CRT provides critical services and connections to vulnerable community members and will continue to look for opportunities to enhance operations, expand partnerships and promote a healthier community.

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## What's Ahead in 2021

- Diversion First is in its sixth year of implementation and has made great strides in providing alternatives to arrest and incarceration. In 2021, as we anticipate emerging from the pandemic, we will continue efforts to enhance and expand services and supports to people with mental illness, substance use disorders and/or developmental disabilities involved in the criminal justice system. We will also address gaps in our continuum of programs.
- In 2021, there will be increased emphasis on crisis response services in our community to provide services and interventions prior to criminal justice involvement. We will explore ways to expand these services and align with the newly enacted Marcus Alert legislation to expand crisis response service statewide.
- We will also continue to focus on other intercept points, addressing continuity in care for those returning to the community from correctional facilities and community providers and enhancing post-release supports to ensure linkages to needed programs and services. Additionally, efforts will continue to ensure consistent data and evaluation across all intercept points.
- As a national Stepping Up Innovator County, we are part of a cohort of jurisdictions across the country. While we will continue to develop innovative solutions locally, we will also collaborate with our national partners to share best practices, successes and lessons learned to strengthen our programs.

## 2020 Year in Review — By the Numbers

	2016	2017	2018	2019	2020
<b>Police Department</b>					
Total calls for service with police response involving mental illness <sup>1</sup>	3,566	4,152	7,925	8,203	9,989
- Involved Merrifield Crisis Response Center (MCRC) for all jurisdictions <sup>2</sup>	1,580	1,931	2,278	2,109	2,165
<b>Merrifield Crisis Response Center/Emergency Services</b>					
Total service encounters	5,024	6,120	6,665	6,424	5,145
- General emergency services (non-law enforcement involved)	3,444	4,189	4,387	4,315	2,980
- Involved law enforcement	1,580	1,931	2,278	2,109	2,165
- Voluntary transports to MCRC	547	565	662	555	550
- Emergency Custody Order (ECO) transports to MCRC	1,033	1,365	1,616	1,554	1,615
Diverted from potential arrest	375	403	530	387	438
Unduplicated number of people served at emergency services	3,081	3,662	3,810	3,635	3,150
<b>Mobile Crisis Unit<sup>3</sup></b>					
Total number of services (attempts and contacts)	1,484	1,597	1,751	1,557	1,458
- Total number of services (contacts)	1,029	1,138	1,220	1,040	862
Services with law enforcement or referral	467	584	675	562	489
Unduplicated number of people served (contacts)	791	928	911	816	704
<b>Office of the Sheriff</b>					
Criminal Temporary Detention Orders (CTDOs) from jail	35	27	30	27	11
Transports from MCRC to out of region MH hospitals	128	106	118	108	109
Jail transfers to Western State MH Hospital (forensic)	23	49	78	88	59
<b>Crisis Intervention Team Training (CIT)</b>					
Graduates	265	451	734	907	952 <sup>4</sup>
Dispatchers trained	42	117	151	157	163 <sup>5</sup>
<b>Mental Health First Aid (MHFA) and Mental Health Literacy Training</b>					
Fire and Rescue (Mental Health Literacy)	NA	606	1,239	1,377	1,624 <sup>6</sup>
Sheriff's Deputies, correctional health nurses, administrative staff	248	468	571	667	675 <sup>7</sup>
<b>Court Services</b>					
Total number of Pretrial Supervision	NA	2,089	1,830	1,896	1,966
- Screened positive on the Brief Jail Mental Health Screen (BJMHS)	NA	529	579	417	330
- Screened positive on the BJMHS, had an advanced screen and were referred to treatment	NA	256	370	303	181
Total number of Juvenile and Domestic Relations District Court Pretrial Services Program (PSP)				545	497
- Ordered to have a mental health assessment or treatment				117	78

<sup>1</sup> Changed from Mental health investigations written in the field (2016/2017)

<sup>2</sup> Jurisdictions include (Cities of Fairfax & Falls Church, Towns of Herndon & Vienna, George Mason University, Northern Virginia Community College, Virginia State Police)

<sup>3</sup> One MCU Unit until September, 2016

<sup>4</sup> Graduates since September 2015

<sup>5</sup> Trained to date

<sup>6</sup> Trained to date

<sup>7</sup> Participation since September 2016

## Diversion First Partner Agencies



FAIRFAX - FALLS CHURCH

**Community  
Services Board**



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Fairfax County is committed to nondiscrimination on the basis of disability in all county programs, services and activities. Reasonable ADA accommodations will be provided upon request. For information, call the Office of Public Affairs at 703-324-31887, TTY 711.