DIVERSION FIRST

Briefing, Progress-to-Date, and a Look to the Future

Presentation to the Public Safety Committee of the Fairfax County Board of Supervisors

February 9, 2016
Today’s Briefing

• What is Diversion First?

• National trends and contextual framework.

• Overview of goals and progress to date.

• A look to the future.
**BIG GOAL:** Decrease the use of arrest and incarceration of people experiencing mental health behavioral crises by diverting them to treatment instead of bringing them to jail.

- Intervene to help people access treatment at many points of contact.
- Provide people with behavioral health concerns a sense of dignity and needed support in crisis situation.
- Reduce the likelihood of physical confrontation and use of force.
- Collaboration between law enforcement, other first responders, and mental health services.
- Follow best practices and evidence-based approaches.
What happens when we do this?

- Specialized response by trained law-enforcement officers and well-trained dispatchers.
- Reduced time officers spend out of service awaiting mental health assessment and disposition and increased support for mental health staff.
- Improved outcomes for individuals.
- Cost savings to County.
- Decreased need for mental health interventions in jails and decreased recidivism.
Behavioral health issues are real and prevalent...

1 in 5 adults in the U.S. experience a mental illness. More than half did not receive treatment in the past year.

1 in 25 adults in the U.S. experience a serious mental illness. Approximately one third did not receive treatment in the past year.

1 in 10 adults in the U.S. experience a substance abuse disorder. Approximately 90% did not receive treatment in the past year.

Approximately 8.5 million adults have both a mental health and substance abuse disorder.

http://www.naco.org/resources/behavioral-health-matters-counties
National Context

- The United States accounts for 5% of the world’s population BUT 25% of the world’s prison population.
- **356,000** people with mental illnesses in U.S. prisons and jails vs **35,000** in state hospitals
- **850,000** people with mental illness are on probation or parole in the communities across the country

*This is not an issue unique to our community!*

Source: TAC Center
Persons with mental illness remain incarcerated:

• **Four to eight times longer** than those without mental illness for the exact same charge;

• **At a cost of up to seven times** higher.

*The criminalization of mental illness is a social/health/justice issue and a financial burden for taxpayers.*
Incarceration is not treatment
The need is tremendous...

The Problem

The number of people with mental illness in U.S. jails has reached crisis levels. In counties across the nation, jails now have more people with mental illnesses than in their psychiatric hospitals.
According to the Office of the Sheriff, as many as half of all Fairfax County Jail inmates at any given time have mental health and/or co-occurring substance use disorders.*

Important to note: We are still determining how many incarcerated people may have been eligible to be diverted prior to being jailed and how many now incarcerated may benefit from additional intervention.

* Source: Ad Hoc Police Practices Review Commission, Mental Health and CIT Subcommittee, Final Report and Recommendations
There is no health without mental health!

• Behavioral health disorders negatively affect all of the issues that County services – public safety and human services – are designed to address.

• Many of the impediments to an individual’s ability to achieve economic self-sufficiency, a healthy lifestyle, positive living, and sustainable housing stem from behavioral health issues.

• Treatment of behavioral health issues improves an individual’s ability to achieve success in all aspects of a healthy self-determined life.

Prevention works. Treatment is effective. People recover.
Stepping Up: National Call to Action Adopted at Local Level

- County elected officials are asked to pass resolutions, work with other leaders: Public safety, treatment providers, community members, policymakers, people with lived experience, families, advocates.
- Fairfax County was an ‘early adopter’ passing a Stepping Up resolution in June 2015.
- Goals include develop an actionable plan that can be used to achieve county and state systems change.
- Participation in Stepping Up includes technical assistance and learning collaborative opportunities.
- See more at [www.stepuptogether.org](http://www.stepuptogether.org).

Our Response
The Response to Date:
What has happened in Fairfax County

- May 29, 2015: Memphis Model Crisis Intervention Team (CIT) “Train-the-Trainer” complete.
- June 2, 2015: Fairfax County passes resolution supporting “Stepping Up” national initiative.
- June 12, 2015: First Memphis Model CIT class graduates.
- August 3, 2015: Inaugural Diversion First stakeholders meeting.
- September-December 2015: Monthly stakeholders meetings along with work groups focused on CIT and Mental Health First Aid (MHFA) training, crisis response center, data/evaluation, courts, Fire and Rescue (FRD) initiative, and more. Multiple, complex policies developed to make this happen.
- November 2015: Launch of MHFA training for all Sheriff’s Office jail-based staff.
- January 1, 2016: First transfer of custody at Merrifield Crisis Response Center.
- January 2016: First dispatch CIT training completed + pilot MHFA for FRD.
- February-March 2016: MHFA for all Magistrates and Juvenile Court intake officers.
Local Efforts to Date

- Multiple components of *Diversion First* have launched, built around the *Crisis Intervention Team (CIT)* and *Sequential Intercept Models*.
- Stakeholders group includes more than 100 people/organizations.
- Law enforcement, citizens, mental health service providers, and the judicial system are united and collaborating to:
  1. Improve officer and consumer safety
  2. Redirect individuals with mental illnesses from our judicial system into our health care system
  3. Reduce financial cost to taxpayers

...and, it’s effective!

*Numerous, notable examples of the success of this approach.*
Sequential Intercept Model – 5 “Intercept” points

– Predictable points of contact between offenders and the law enforcement/judicial systems.
– Each is an opportunity to divert to treatment, if we’re equipped to take advantage of the opportunities.
– What has often been missing at each of these intercepts is effective mental health interventions.

The 5 intercepts are:

1. Law Enforcement and Emergency Services
2. Post-Arrest/Initial Hearings (Magistrates)
4. Reentry
5. Community Corrections and Community Supports
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Sequential Intercept Model

Predictable points of contact offering opportunities for intervention!
Sequential Intercept Model
Predictable points of contact offering opportunities for intervention!
Current Activities

- Crisis Intervention Team
- Mental Health First Aid training
- Merrifield Crisis Response Center
- FRD Diversion Activities
- Evaluation and Data Collection

- Future activities: sobering center, 3rd and 4th Mobile Crisis Unit, housing supports
Crisis Intervention Team

- The Crisis Intervention Team (CIT) Program is an evidence-based, first responder-based, mental health crisis response initiative.
  - Interdisciplinary, collaborative, community program that enhances law enforcement capability to respond to situations involving individuals with symptomatic behavioral health issues
- CIT includes a coalition of stakeholders
  - Oversight and program guidance
- CIT Training
  - 40 hours of advanced training for law enforcement, first responders and others
Sequential Intercept Model
Predictable points of contact offering opportunities for intervention!
Intercepts 2 and 3

**Intercept 2: Initial Detention/Initial Court Hearing**
- MHFA training for all Magistrates Review bond options and requirements
- Business process improvements
- On-site behavioral health strategies to best support Magistrate work
- Provide community education about Magistrate roles
- Housing supports

**Intercept 3: Jails/Dockets**
- MHFA training for jail-based Sheriff’s staff
- Assess current MH screening processes
- Continue to expand TDO processes for those incarcerated
- Provide additional best practice mental health supports for inmates
- Ongoing strategy development with courts, prosecutors, and Public Defender
- Collaborate with Probation and Parole to add to the planning/strategy effort
- Multi-Systemic Therapy- an intensive family- and community-based treatment program for young people designed to make positive changes in the various social systems that impact a young person’s life
- Housing Supports
Sequential Intercept Model
Predictable points of contact offering opportunities for intervention!
Intercepts 4 and 5

Intercept 4: Reentry
- Discharge planning
- Focus on solid transition planning and supportive services. Good transitions mean solid cost savings from future law enforcement officer (LEO) and justice involvement.
- Need for housing supports to prevent recidivism

Intercept 5: Community Corrections/Community Supports
- Key area of development and need for long term success
- New work group about to form
- Focus on housing, employment, community resources
- 2ND Jail Diversion (mental health) team
Fairfax County Police Department

- 265 mental health investigations by officers in the field
- 107 (40%) involved MCRC

**NOTE:** other investigations may have been classified differently and others may have been arrested.

Community Services Board Emergency Services

- 386 total people served
  - 279 walk-ins
  - 107 involved law enforcement
    - 42 (39%) involved CIT-trained officers
    - Jurisdictions: 103 (96%) FCPD, 2 (2%) City of Fairfax, 1 (1%) Town of Herndon, 1 (1%) City of Falls Church
Merrifield Crisis Response Center (MCRC)

• Of the 386 total served, 107 (28%) involved law enforcement
  – 66 (62%) cases were informal hand-offs to MCRC Emergency Services staff
  – 41 (38%) cases were Emergency Custody Order (ECO) police transports to MCRC
  • In 29 of the 41 (71%) cases, custody was assumed by an MCRC officer/deputy

**NOTE:** 44 (41%) of the 107 were diverted from the criminal justice system (violation or potential violation of law, statute or ordinance)

Mobile Crisis Unit

• 91 clients served by MCU staff (in addition to the above)
  – 18 cases (20%) with law enforcement involvement or referral
    • 2 of those cases involved an ECO
Data Snapshot: January 1-31, 2016

Office of the Sheriff Data

• 9 Temporary Detention Orders (TDOs) from jail
• 10 out-of-county transports to mental health hospitals
• 10 jail transfers to Western State Hospital
Data Snapshot

CIT Training Graduates
• 2015: 90 CIT Training graduates
• 2016: 160 projected graduates, 2 dispatcher classes graduated (18 to date), 1 class dedicated to City of Fairfax, Northern Virginia Community College and George Mason University

Mental Health First Aid
• To date, 99 jail-based deputies trained
• 2016: 300 projected jail-based staff trained
• All Magistrates will be trained by spring 2016 (27 Magistrates)
• All Juvenile Intake Officers will be trained by 3/1/16 (18 officers)
• 19 FRD/EMT staff trained, including key leadership of Fairfax and City of Fairfax
Criteria for Diversion

• Diversion to the assessment site can take place when an officer has probable cause related to low level/low risk crimes and the individual is experiencing a mental health crisis.

• Criteria are being detailed at each intercept point as the work rolls out and will be more clearly defined.
Resources
Identified and Needed

• Resources committed for 2016
  – All key agencies redeployed resources to stand up partial implementation of the MCRC
    • Facilitates transfer of custody, ECOs, TDOs and collaborative mental health and public safety resources
    • Carryover resources committed to stand up 2\textsuperscript{nd} Mobile Crisis Unit
      • Mental Health First Aid Training for first responders
  • CIT Training Coordinator funds from state ($140K)
Resources Needed

Identified service and resource gaps needed to fully implement an effective Diversion First Model

– Reviewed Commission and Stakeholder recommendations
– Reviewed existing resources in all agencies

Proposed a 3-year funding plan

– Identifies critical resource needs in year 1 to fully operationalize MCRC and provide partial services for critical components of a successful model of diversion
– Year 1- $5.09 million
– Year 2- $5.24 million
– Year 3- $3.44 million
– TOTAL: $13.77 million

• Years 2 and 3 funding requirements are placeholders and may change based on the numbers of individuals diverted, services needs of those individuals, and a review of existing resources that may have potential for redeployment
• Every opportunity will be explored to secure resources through grants
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<th>Diversion First</th>
<th>Total Cost</th>
<th>Merit Positions</th>
<th>FY 2017</th>
<th>FY 2018</th>
<th>FY 2019</th>
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<td></td>
<td></td>
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Return on Investment

• Multiple studies across the country demonstrate massive savings and improved health outcomes through diversion.

• Benefits to individual and community health.

• Data and Evaluation team is coordinating process and outcome measures at each intercept and data sharing protocols.
Return on Investment

• Investments at the front end of the process and the intercepts, result in savings at the deeper end.

• Investments in mental health treatment results in cost savings in jail and hospital services.

Solid evidence points to reduced costs:

– Health care
– Police down time and other costs
– Fewer individuals entering the emergency room
Office of the Sheriff

• Strong commitment to this effort
• Sponsored visit to Bexar County, Texas to benchmark and learn from their diversion efforts
• Staff support at MCRC
• Staff serve on CIT Training Team
• Transport support to mental health hospitalization
• Co-leadership of Data and Evaluation work group
Fairfax County Police Department

• Strong commitment to this effort
• CIT Training Coordination Lead and commitment to workforce development
• Staff support at MCRC
• Staff support to stakeholder workgroups
Fairfax County Fire and Rescue

• FRD commitment to this program
• ER diversion
  – Protocol development (medical screening)
  – Transport to MCRC vs. emergency room
• Training
  – Pilot development for mental health first aid training for FRD personnel
• Next steps / vision
  – Training
  – Protocol
  – Implementation
  – Palliative care initiative
Juvenile Court

- Strong commitment to this effort
- Juvenile Diversion Initiative
- Evidence-based assessment and decision tools to guide diversion process
- Outcomes
Challenges

• Information sharing/assuring confidentiality
• Medical clearance
• Need for data system interoperability
• Criteria for diversion
  – Needs to be considered for each intercept
• Resources
  – Present efforts supported through small CIT Training grant from state + organizational commitment of existing budget/personnel
  – To continue to build diversion interventions, there are multiple resource and system needs
  – Small CIT Training grant request submitted 1/27/16 ($15K)
  – Anticipate RFP for additional assessment site funding this spring
  – Additional grants for housing, health care, homelessness prevention
• If emergency mental health services are needed:
  – Call 911 if it is a crisis situation and involves imminent risk/threat
  – Walk-in at the Merrifield Crisis Response Center
    (8221 Willow Oaks Corporate Drive, Fairfax, VA 22031).
  – Call the Mobile Crisis Unit (703-560-0224 or 703-573-5679).
  – Go to a hospital emergency room.
• CIT-trained police officers can be requested when calling 911.
• Mental Health First Aid training is open to the public.
• Questions and comments
• For more information: www.fairfaxcounty.gov/diversionfirst
• Next Diversion First Stakeholders meeting: Monday, April 4, 2016 7 to 9 p.m. Fairfax County Government Center
The Bottom Line: Benefits to Fairfax County

• Improved outcomes for people with mental illness.
• Enhanced public safety for law enforcement and residents.
• Cost savings for Fairfax County.