FAIRFAX - FALLS CHURCH
Community Services Board

FAIRFAX-FALLS CHURCH COMMUNITY SERVICES BOARD MEETING

Andrew Scalise, Acting Chair

Wednesday, July 24, 2024, 5:00 PM

Sharon Bulova Center for Community Health
8221 Willow Oaks Corporate Drive, Level 3, Room 3-314 West Fairfax, VA 22031

MEETING AGENDA

1. Meeting Called to Order	**Andrew Scalise**
2. Roll Call, Audibility and Preliminary Motions	**Andrew Scalise**
3. Matters of the Public	**Andrew Scalise**
4. Amendments to the Meeting Agenda	**Andrew Scalise**
5. Approval of the June 26, 2024, Meeting Minutes	**Andrew Scalise**
6. Staff Presentation	**Dr. Debra O'Beirne**
A. Integrated Healthcare: Medical & Nursing Services	**& Yusuf Enum**
7. Director's Report	**Daryl Washington**
A. County, Regional, State and Cross Agency Initiatives	
B. Youth Services and Crisis Response Centers	
C. DD Waivers	
8. Matters of the Board	**Andrew Scalise**
9. Committee Reports	
A. Service Delivery Oversight Committee	**Evan Jones**
B. Compliance & Executive Committee	**Andrew Scalise**
C. Fiscal Oversight Committee	**Andrew Scalise**
D. Other Reports: ***State Performance Contract Approval:*** *Highlighting the recent approval by the Executive Committee of the State Performance Contract.*	
10. Adjournment	

Meeting materials are posted online at www.fairfaxcounty/community-services-board/board/archives or may be requested by contacting Sameera Awan at 703-324-7827 or at Sameera.Awan@fairfaxcounty.gov

FAIRFAX-FALLS CHURCH COMMUNITY SERVICES BOARD
MEETING MINUTES
JUNE 26, 2024

The Fairfax-Falls Church Community Services Board met in regular session at the Sharon Bulova Center for Community Health, 8221 Willow Oaks Corporate Drive, Level 3, Room 3-314 West, Fairfax, VA 22031.

1. **Meeting Called to Order**

   Acting Board Chair Andrew Scalise called the meeting to order at 5:00 PM.

2. **Roll Call, Audibility, and Preliminary Motions**

   PRESENT: **BOARD MEMBERS:** ACTING BOARD CHAIR, ANDREW SCALISE; BETTINA LAWTON; CAPTAIN DANIEL WILSON; JIM GILLESPIE; EVAN JONES; KAREN ABRAHAM; ROBERT BARTOLOTTA; SARAH COUGHTER; SHEILA COPLAN JONAS; ANNE WHIPPLE; PATRICIA ZISSIOS (VIRGINIA BEACH, VA)

   ABSENT: **BOARD MEMBERS:** SRILEKHA PALLE, DARIA AKERS, DAN SHERRANGE

   Also present: Executive Director Daryl Washington, Deputy Director of Clinical Operations Barbara Wadley-Young, Deputy Director of Administrative Operations Jean Post, Division Director of Developmental Disabilities and Support Coordination Sierra Simmons, Director of Medical Services Dr. Debra O'Beirne and Board Clerk Sameera Awan.

3. **Matters of the Public**

   None were presented.

4. **Amendments to the Meeting Agenda**

   The meeting agenda was provided for review; no amendments were made.

   BOARD MEMBER CONSENSUS TO AMEND AGENDA ITEM NO. 4

5. **Approval of the Minutes**

   The May 22, 2024, CSB Board Meeting Minutes were provided for review, and no amendments were made.

   MOTION TO ADOPT MAY 22, 2024, MEETING MINUTES WAS MOVED BY BOARD MEMBER BETTINA LAWTON, SECONDED BY BOARD MEMBER EVAN JONES.

   MOTION TO ADOPT WAS APPROVED BY ANDREW SCALISE, JIM GILLESPIE, EVAN JONES, BETTINA LAWTON, ROBERT BARTOLOTTA, AND KAREN ABRAHAM. SHEILA COPLAN JONAS, ANNE WHIPPLE AND PATRICIA ZISSIOS ABSTAINED.

6. Director's Report

A. County, Regional, State and Cross Agency Initiatives

Deputy Director of Administrative Operations Jean Post shared some exciting updates regarding the new CSB Human Resources Director, Jennifer Wright, who began her role on Monday, June 17th. Jennifer, who holds a Juris Doctor (J.D.) degree, previously led the Human Resource Compliance efforts at the Virginia Department of Social Services (DSS). She has demonstrated exceptional strategic leadership in Employee Relations, Compliance, and Quality Assurance. During her tenure at DSS, Jennifer overhauled the Performance Management processes, authored legislation to codify background check requirements for social service providers and implemented comprehensive staff training standards.

Deputy Director of Clinical Operations Barbara Wadley-Young announced that the annual CSB Spirit of Excellence Awards took place on June 6th in the board room at the Government Center. The event saw a record-breaking number of over 100 nominations for individual and team awards, marking the highest participation since the awards' inception. The ceremony was well-attended by staff, community members, and partners, who were all acknowledged during the event. The county executive and deputy county executive were also present to recognize their 30 years of service to the Community Services Board. Additionally, Brian Hill, Deputy County Executive, and Chris Leonard were in attendance to honor Executive Director Daryl Washington's 30 years of community service with the CSB.

Jenna Beebe-Aryee, three weeks into her position as Program Manager, joined from a similar role in the DC government. She focuses on helping the agency, clients, and guardians navigate clients' rights to ensure a positive client experience within the service system. Jenna quickly proved to be an asset, participating in a meeting with the Guardian, Supervisor Smith, Delegate Delaney, the County Attorney, Barbara, and the support team. Her communication skills, knowledge, and experience in clients' rights were invaluable in enhancing an individual's experience in one of their programs.

B. Youth Services and Crisis Response Centers

Deputy Director of Clinical Operations Barbara Wadley-Young provided updates on Youth Services and Crisis Response Services. It was announced that all 26 positions for the Youth Services expansion had been successfully filled, with the final position filled earlier this week. The Youth Medicated Assisted Treatment (MAT) team kickoff took place on June 7, 2024, at the Gerry Highland Center, marking the beginning of their expansion efforts. The kickoff event for the Herndon Neighborhood Resource Center, a community-based team located in Herndon, is scheduled for Friday, June 21, 2024, from 11:00 AM to 1:00 PM. The ribbon-cutting ceremony at Connections Chantilly was held on Thursday, June 6, 2024, with the facility admitting its first patient on June 11th. Notably, as a regional program, the first patients admitted were from their referring entity.

C. Developmental Disabilities Waivers and Permanent Supportive Housing

Deputy Director of Clinical Operations Barbara Wadley-Young provided updates on the Permanent Supportive Housing Initiative. The Housing and Community Development Agency recently

communicated important information to the Board of Supervisors Housing Committee. Dr. Wadley-Young noted that the agency typically receives a small number of vouchers annually, between three to five, for individuals in service without a dedicated initiative. However, it was beneficial to learn that 1,000 units were added in FY24, with approximately 1,500 units under construction, another 1,000 in the pipeline, and an additional 1,000 in the planning stages. This development is critical because it includes Low-Income Housing Tax Credit (LIHTC) units, which incentivize developers to create affordable housing, significantly impacting individuals' ability to secure housing. The commitment from developers spans over 30 years, providing reassurance about the initiative's sustainability.

Effective July 1, 2024, the state has appointed a dedicated LIHTC liaison to work with all counties and community service boards, focusing specifically on Region 2. This region has a higher number of homeless individuals and people with serious mental illness (SMI) compared to the rest of the state, necessitating a dedicated position. Concerns over the availability of affordable housing stock reflect the worries of community partners in the area. The announcement of new developments is timely, especially with concerns about the availability of 300 units. Creating capacity is one aspect, but having opportunities to lease to the target population is equally important. Therefore, the news of the development was well-received.

The CSB support coordination team held a sponsored orientation with 26 participants, focusing on more advanced information for those anticipating support coordination waivers. The event was well-attended, and while it provided substantial information for families to digest, the team continues to handle ongoing questions through email.

Executive Director Daryl Washington shared that the regional office is negotiating with the Department of Behavioral Health and Developmental Services (DBHDS) and partnering with the local housing department to utilize additional regional dollars. Since the local housing department has projects ready to go, they will be at the forefront. This funding, amounting to $6.5 million, is one-time money for acquisition rather than ongoing lease support. There are several projects in the pipeline where the regional office aims to partner with entities to set aside some units, given the substantial funds available for acquisition. The FY 24 Performance Contract is with the Office of the Attorney General. The lead of the DBHDS indicated that the delay was due to a thorough review of the language related to the DOJ settlement.

7. Matters of the Board

Acting Board Chair Andrew Scalise suggested that the Executive Committee should act on the Board's behalf in August to approve the FY 24-25 State Performance Contract. He inquired if any Board member had an objection or wished to comment on this proposal, emphasizing the importance of ensuring the Board's agreement on this matter.

8. Committee Reports

A. Service Delivery Oversight Committee

SDOC Committee Chair Evan Jones recounted a presentation given by Sara Brinkmoeller, the Health Safety Net Integration Director at the Fairfax County Health Department, which was well-received. Amanda Davis-Scott, Program Manager for Behavioral Health Outpatient & Case Management Services, also delivered a presentation on collaborative initiatives with community partners to improve healthcare outcomes for community members. Health workers from one of the committee's key community partners also attended the meeting. **The next Service Delivery Oversight Committee meeting is Wednesday, August 14, 2024, at 5:00 PM.**

B. Compliance and Executive Committee

Acting Chair of the Compliance Committee, Andrew Scalise noted that the committee reviewed various audit reports. He explained that the CSB has an internal compliance audit function that audits the records and performance of different clinicians and departments. These internal audit reports are reviewed monthly to identify recurring issues or audit concerns. Generally, the reports are positive, highlighting that newer staff are still learning and developing without causing significant compliance issues. He also mentioned that the committee reviews external compliance findings. Typically, issues involve late reporting, such as mandatory reports submitted after the 24-hour window due to weekends. However, there have been no significant concerns. Additionally, the Compliance Committee oversees a new requirement: all departments must now provide performance improvement plans. The committee diligently works with each of the 18 departments to develop these plans, which are due by September or October. Most departments are in the drafting or review phase, with some already completed. This requirement, previously managed at the CSB level, is now mandated at the department level, possibly due to state or other provider requirements. **The next Compliance and Executive meetings are Wednesday, July 17, 2024, at 4:00 PM.**

C. Fiscal Oversight Committee

Acting Chair of the Fiscal Oversight Committee Andrew Scalise, provided updates on the committee. He noted that there is little to report fiscally at the end of the year, but they are currently working on closing the year and managing the carryover process. This involves determining how much money remains in the budget and negotiating with the Department of Management & Budget to carry over some of it for initiatives not funded this year or pushed into 2025. He mentioned that the CSB expects a surplus of about $10 million in expenses. The organization's revenues have exceeded projections, creating a substantial surplus. This surplus presents an opportunity, especially considering the expansion of three services this year: youth services, opioid crisis response, and preparations for Medicaid waivers. There is a reasonable opportunity to use these funds rather than return them. However, he noted that this decision involves negotiations between the CSB, and the county, and final outcomes will likely be known by August or September. **The next Fiscal Oversight Committee meeting is Thursday, August 22, 2024, at 5:00 PM.**

9. Action Item

A. Bureau of Justice Assistance Grant: *Review and Affirmation of Grant Application*

Director of Medical Services Dr. Debra O'Beirne briefly shared details about the Bureau of Justice Assistance Grant, a $1.6 million grant disputed over three years aimed at establishing an urgent care team to address the opioid crisis in the community. This team would consist of a nurse practitioner, nurse, and counselor. The Comprehensive Opioid, Stimulant, and Substance Use Site-Based Program (COSSUP) seeks to mitigate the impact of illicit opioids, stimulants, and other substances on individuals and communities. The program allocates resources to support state, local, tribal, and territorial initiatives focused on enhancing public safety and facilitating access to prevention, harm reduction, treatment, and recovery services. Dr. O'Beirne noted that if the program proves successful, the CSB intends to sustain and expand it, either through additional grant funding if available or by reallocating existing resources within Fund 40040, Fairfax-Falls Church Community Services Board, to integrate the program into its ongoing service delivery framework.

Acting Board Chair Andrew Scalise highlighted the advantage of the three-year grant term, noting that it reduces the risk associated with committing funds and hiring personnel. With three years before potential absorption costs arise, the organization can plan more effectively. He mentioned successful grants may also be eligible for renewal beyond the initial three-year period, providing further stability and continuity.

He further explained that the Fiscal Oversight Committee took action on this matter and approved the grant application. However, Mr. Scalise sought affirmation from the full board regarding the committee's decision. He then asked if there were any objections to approving the grant application as presented. There were no objections raised to approving the Bureau of Justice Assistance Grant application in its current form.

THE BUREAU OF JUSTICE ASSISTANCE GRANT APPLICATION WAS APPROVED UNANIMOUSLY.

B. FY 24-25 State Performance Contract

Acting Board Chair Andrew Scalise conveyed that the final FY 2024 - FY 2025 Community Services Performance Contract amendment ("State Performance Contract") from DBHDS has not been released yet. Upon receipt, it will undergo a mandatory 30-day public comment period. Reviewing and approving this contract stands as the Board's primary responsibility. Nevertheless, it will require posting for the specified period to solicit public feedback.

MOTION TO APPROVE AGENDA ITEM NO. 9B WAS MOVED BY BOARD MEMBER ANNE WHIPPLE AND SECONDED BY BOARD MEMBER BETTINA LAWTON. PATRICIA ZISSIOS ABSTAINED.

C. Policy 1600 - *CSB Board Virtual Meetings and Board Member Electronic Participation*

Executive Director Daryl Washington informed the Board about a recent change in the public meeting law during the last general assembly. The amendment allows individuals

participating remotely for specific reasons to be counted towards a quorum and to vote on items.

MOTION TO APPROVE AGENDA ITEM NO. 9C WAS MOVED BY BOARD MEMBER BETTINA LAWTON, SECONDED BY BOARD MEMBER SHEILA COPLAN JONAS.

THE MOTION WAS APPROVED UNANIMOUSLY.

D. Election of the CSB Board Officers

Board Member Bettina Lawton indicated that the Board has nominated Board Members Dan Sherrange as Board Chair; Andrew Scalise as Vice Board Chair; and Evan Jones as Secretary for the Board. She moved to appoint these as Officers for the following year; Board Member Anne Whipple seconded this motion. All Board Members are in favor and unanimously approve.

10. <u>Closed Session</u>

Acting Board Chair Andrew Scalise requested a closed session with only Board Members and Daryl Washington at 5:47 PM.

MOTION TO ENTER INTO CLOSED SESSION WAS MADE BY ACTING BOARD CHAIR ANDREW SCALISE, SECONDED BY BOARD MEMBER BETTINA LAWTON

MOTION TO ADOPT WAS APPROVED BY ANDREW SCALISE, SHEILA COPLAN JONAS, JIM GILLESPIE, EVAN JONES, ANNE WHIPPLE, KAREN ABRAHAM, CAPTAIN DANIEL WILSON, ROBERT BARTOLOTTA AND BETTINA LAWTON.

Board Members participated in person.

At 7:23 PM, the Board reconvened the open session. At that time, a motion was offered, seconded, and passed with each member certifying, to the best of their knowledge, that only public business matters were lawfully exempted from open meeting requirements prescribed by the Virginia Freedom of Information Act and only such general business matters identified in the motion to convene a closed meeting, were heard, discussed, or considered by the Community Services Board in closed session.

AT 7:23 PM IT WAS MOVED BY ACTING BOARD CHAIR ANDREW SCALISE, SECONDED BY BOARD MEMBER BETTINA LAWTON TO RETURN TO PUBLIC MEETING.

MOTION WAS ADOPTED UNANIMOUSLY WITH UNANIMOUS CERTIFICATION THAT ONLY TOPICS ALLOWED TO BE DISCUSSED DURING CLOSED SESSIONS WERE DISCUSSED.

11. <u>Adjournment</u>

A motion to adjourn the meeting was made by Board Member Bettina Lawton and seconded by Board Member Anne Whipple. The motion was approved unanimously, and the meeting was adjourned at 7:25 PM.

_____ _____

Date Approved CSB Board Clerk

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Integrated Healthcare: Medical & Nursing Services

Debra O'Beirne, MD, FASAM – CSB Medical Director

Yusuf Enum, MSN, PMH-BC – Division Director, Nursing Services

June 2024

AGENDA ITEM
6A.1

Overview

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- Purpose
- CSB Medical & Nursing Services
- Medical & Nursing Teams
- Leadership
- Services Provided
- Supported Programs
- Integrated Healthcare
- Conclusion

Our Purpose

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Community Services Board

To provide:

- **High quality medical, nursing, and pharmacy services.**
- **Ongoing treatment of our target population utilizing medications, monitoring and case coordination.**
- **Integrated medical services, including:**
  - **Psychiatric/Medical Services**
  - **Nursing Services**
  - **Addiction Medical Services (Addiction Medicine Clinic)**
  - **Pharmacy Services/Medication**
  - **Integration of Primary/Behavioral Health Care and Wellness**
  - **Public Health/Infectious Disease/Quality Improvement/Education/Training**

Services

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Medical services provided by:

- Adult Psychiatrists
- Child Psychiatrists
- Addiction Medicine Specialists
- Public Health Physician
- Quality Improvement Nurse Manager
- Physician's Assistant
- Psychiatric Nurse Practitioners
- Nurse Practitioners

Nursing/Integration Services provided by:

- Licensed Practical Nurses (LPN)
- Registered Nurses (RN)
- Health Integration Specialist
- BeWell Health Coaches

BeWell - Peer Support Health Coaches contracted through HopeLink Behavioral Health.

Medical Services
FY 2024 Budget

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Community Services Board

$12.9m Total budget

$9.4m Spent to date as of 6/7/2024

$3.3m Remaining as 6/7/2024

- Revenue Budget = $3,108,240
- Revenue Actuals = $3,660,720
- Personnel Budget = $14,583,336
- Personnel Spending = $12,352,110
- Meds/Labs Budget = $1,404,122
- Meds/Labs Spending = $707,538

As of June 7, 2024

Medical Services Leadership

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Community Services Board

CSB Medical Director: Debra O'Beirne, MD, FASAM

QI Nurse Manager: Florence Hagan, MSN, LNP, ACNS-BC

Lead Psychiatrists:

- **Addiction Medicine Director: Ayesha Mian, MD**
- **Sharon Bulova BHOP: Anjuli Jindal, MD**
- **Chantilly/Reston BHOP: Huma Khalil, MD**
- **Gartlan BHOP: Maria Coica, MD**
- **Youth & Family: Katherine Sikoryak, MD**
- **Emergency Service: Arda Kasaci, MD**
- **ID/DD Psychiatry: Michel Sherer, MD**

ID/DD – Intellectual Disability/Developmental Disability; BHOP – Behavioral Health Outpatient

Medical Services Team

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Medical Services Positions – 140

- Merit MD Positions – 30
- Non-merit/Exempt MD – 64
- Merit Psychiatric NP – 7
- Non-merit Psych NP – 12
- Nurse Practitioners positions – 2
- Non-merit NP – 1
- Other Positions – 24

MD: Medical Doctor; NP: Nurse Practitioner

Filled Positions:

- Merit Positions Filled – 50
- Non-Merit Positions Filled – 42

Vacant Positions

- Merit – 10
- Non-Merit – 38

As of 6/7/2024

Nursing Services Leadership

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- Division Director
  Yusuf Enum

- Outpatient BHN Nurse Manager
  Vacant
- Residential/Detox/AMC BHN Nurse Manager
  Jennifer Scrivener

- 11 BHN Nurse Supervisors

BHN: Behavioral Health Nurse

Nursing Team

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- CSB Employed Nurses – 93
- Contract Nurses – 6
  Total Nurses – 99

- FT Merit Vacancies – 1

- Licensed Practical Nurses (LPN) – 34
- Registered Nurses (RN) – 59

As of 6/7/2024

Others

- 1 Health Integration Specialist

- 7 Peer Recovery Specialists
  Contractors from HopeLink Behavioral Health

Nursing Services Provided

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- Nursing assessments
- STEP-VA Primary Care Integration
- Administer IM injections
- Prior Authorizations
- Nursing support for Regional ID/DD Psychiatry Service
- Nursing support at Adult Detention Center
- Nursing support for ID/DD Group Homes
- Nursing support for the unhoused
- Nursing support for SUD
- Health Education
- Clozapine clinic
- Utilization review
- Benefits and Prescription Access

ID/DD – Intellectual Disability/Developmental Disability

Psychiatric Services

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- Multidisciplinary treatment team model
- Team Members Include:
  - Case managers
  - Therapists
  - Counselors
  - Nurses
  - MD/NP/PA
  - Peer Specialists (some teams)

- Child and Adolescent
- Addictions
- Multiple cultures and languages
- Forensics
- Assertive and Intensive Case Management (Non-office-based services)
- Emergency
- Intellectual & Developmental Disability

PA – Physician Assistant

FY 24 Services Hours

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Prescribers (MD/NP/PA):

Served over 6,200 clients,

accounting for over 31,00 service hours

Nurses:

Served over 7,100 clients

accounting for over 37,000 service hours

Programs Served

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- **Behavioral Health Outpatient (BHOP)**
- **Addiction Medicine Clinic (AMC)**
- **Intensive Community Treatment (ICT)**
  - Assertive Community Treatment (ACT)
  - Intensive Case Management (ICM)
- **Fairfax Detox Center (“Detox”)**
- **Substance Use Disorder Residential Treatment Services (“SUD Resi”)**
  - A New Beginning (ANB)/Cornerstones
  - New Generations
  - Crossroads
- **Regional ID/DD Psychiatry Service**

Programs Served (cont'd)

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- Youth & Family (Y&F)
- Adult Detention Center
- Jail Diversion
- Projects for Assistance in Transition from Homelessness (PATH)
- Benefits & Prescription Access
- Health Integration
- Clinical Informatics

Addiction Medical Services

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- Provides full array of Medication Assisted Treatment (MAT)
- Youth MAT
- 198 active clients in the program (Adults)
- 180 clients in Officed Based Opioid Treatment (OBOT)
- 18 clients in MAT MED Service

- AMC is supported by:
  - 3 Psychiatrists, 1 Resident
  - 2 Psychiatric NPs
  - 4 RNs
  - 3 LPNs
  - 9 Clinicians

Pharmacy/Medication Services

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Provide access to the most effective medication regardless of payor.

Ways clients access medications:

- Insurance with pharmacy benefit
- Self-pay
- County subsidy
- Medication samples
- Pharmacy Assistance Program

Contract with Genoa Pharmacy:

- Two full-service pharmacies (Sharon Bulova Center & Gartlan)
- Three Consumer Medication Centers (Reston, Chantilly, South County)
- Delivery to Group Homes, Residential and clients' homes

Integrated Healthcare

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- **Collaborative and coordinated health care delivery**
- **Primary Care and Behavioral Health Integration**
  - **Florence Hagan, LNP, ACNS-BC – QI Nurse Manager *(Liaison with Genoa, LabCorp, VDH, FCHD and other partners)***
  - **Pouneh Zeraat, M. Ed, LPC, CSAC – Health Integration Specialist *(Liaison with HealthWorks, Neighborhood Health, NVMHF and other partners)***

NVMHF: Northern Virginia Mental Health Foundation

Life Expectancy is about 25 years less for individuals with SMI/SUD than general population.

Preventable and/or treatable illnesses such as:

- ❑ **Nicotine dependence**
- ❑ **Heart disease**
- ❑ **Diabetes**
- ❑ **Hypertension**
- ❑ **Obesity**

Integrated Healthcare

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- Federally Qualified Healthcare Centers (FQHC)
  - Neighborhood Health & HealthWorks
  - Provide primary care to CSB clients. Seamless coordination and collaboration.
  - Reciprocal access to Credible and eClinical Works.
  - Efficient referral of CSB clients for primary care services.

- Primary Care Providers
- Northern Virginia Dental Clinic
- BeWell Peer Health Coaches

Integrated Healthcare

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Clients' Physical Health Issues

Addressed at all stages of treatment

- **Vital signs and weight measurements by nurses**
- **Metabolic labs ordered by providers, processed by nurses and reviewed by providers**
- **LabCorp on-site at CSB sites on appointed days**
- **Referral to primary care for abnormal results**
- **Open communication with FQHCs & other primary care providers**
- **Health education by nurses and providers**

On-Site Primary Care Services

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- **Fairfax Detox Center**
  - MD/NP/PA support 7 days/week
  - Urgent care medical services
  - Physical exams, diagnosis and treatment of acute and chronic illnesses
  - Nursing services 24/7

- **Wellness Circle crisis Stabilization**
  - Similar services as above

Public Health, Quality Improvement & Training

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Public Health/Infectious Disease

- QI Nurse Manager, Florence Hagan liaison with FCHD
- Infectious Diseases (TB, HIV, Hepatitis, COVID-19, Flu, Bed Bugs)
- Annual TB screen for employees

Quality Improvement

- Medication error reviews
- Psychiatric peer reviews and practice guidelines

Training

- Training and supervisor relations with local institutions (GMU, GW, St. Elizabeth, NVMHI)
- Medical administration training
- Ad hoc training

Conclusion & Outlook

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Community Services Board

- Provide high quality medical and nursing services.
- A robust nursing team that is cross-trained and able to provide excellent nursing care across programs.
- Continue to support new programs as needed, such as YMAT.
- Create new psychiatrist supervisor roles.

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Community Services Board

Thank You!

Questions?

www.fairfaxcounty.gov/csb

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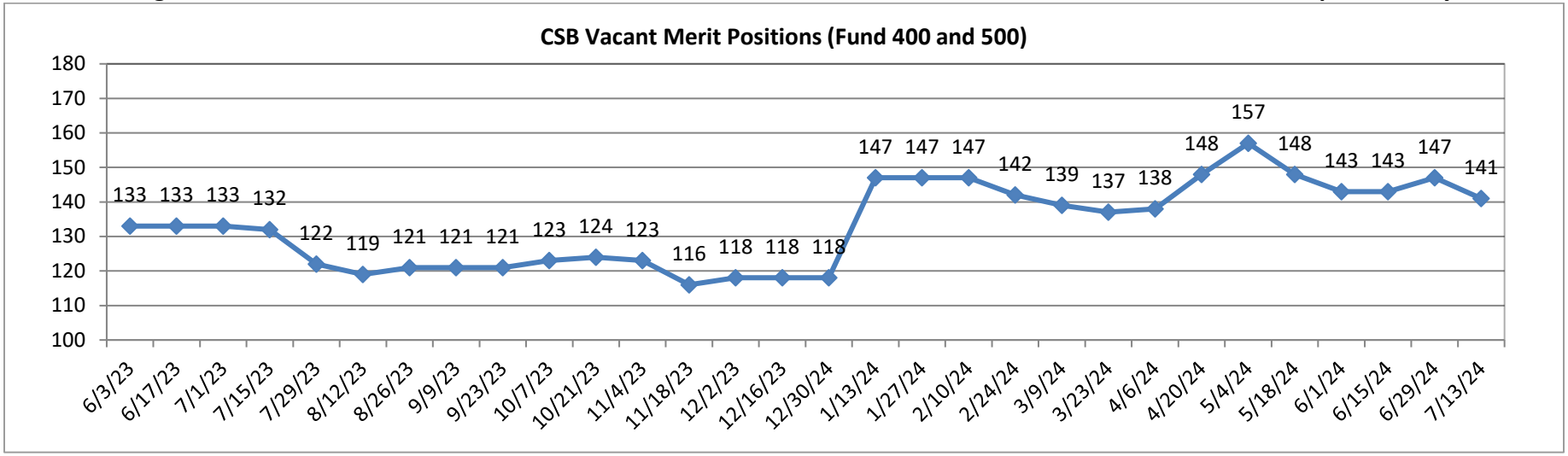
AGENDA ITEM
6A.23



**Note: Increases in vacancies partially attributed to the establishment of 18 positions in January 2024, plus 10 established in April, another 8 in May, and 9 in June.*

Vacancies in critical areas* *includes all merit positions (all funds – regular 400 and grant 500)

Division	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May/June		July	
Emergency Svcs/MCU	13	10	10	9	10	11	11	12	13	12	13	10	5 CIS 2 Peer Support Spec 2 BHS II 1 Emer/Mobile Crisis Unit Supv	7	3 CIS 2 Peer Support Spec 2 BHS II
BHOP	10	11	11	10	8	7	8	10	9	10	9	9	4 BHS II 1 BHS I 3 BH Sr Clin 1 Peer Support Spec	6	3 BHS II 1 BHS I 2 BH Sr Clin
Youth & Family – Outpatient Svcs	7	5	7	5	4	4	4	17	18	18	20	17	9 BH Sr Clin 5 BHS II 1 BHS II 2 Peer Support Spec	16	8 BH Sr Clin 5 BHS II 1 BH Supv 1 BH Mgr 1 Peer Support Spec
Support Coordination	9	10	7	7	6	5	7	10	8	6	13	17	16 DDS II 1 DDS III	24	22 DDS II 2 DDS III
Jail & Court-Based Svcs	13	8	8	5	6	8	9	13	12	9	14	11	6 BHS II 1 BHS I 3 BH Sr Clin 1 BH Supv	9	6 BHS II 1 BHS I 1 BH Sr Clin 1 BH Supv
EAR	3	3	1	2	1	1	1	1	1	1	0	2	BH Sr Clin	2	2 BH Sr Clin

DIVERSION FIRST

2023 Annual Report

Fairfax County, Virginia

AGENDA ITEM
#7A.1

Letter from Diversion First Leadership

Diversion First completed its 8th full year in 2023 and continues to expand its reach in our community. In this report you will read about a number of services, such as Fairfax County's enhanced behavioral health crisis response system that includes the newly established Behavioral Health Liaisons at the Department of Public Safety Communications.

We also highlight positive outcomes for the Co-Responder program, specialty dockets, Jail Diversion program, Diversion First Housing, and the continuum of services through all Diversion First services.

As an example of the continuum of services, in the Adult Detention Center, Striving to Achieve Recovery (STAR) participants continue to thrive in the program and post-release. You will read about a young man who has navigated from a life of hardship and substance use to a life committed to recovery.

Pictured are Ashley Taylor, LPC, Crisis Intervention Specialist, Fairfax-Falls Church Community Services Board; Master Deputy Sheriff John Embrey, Fairfax County Sheriff's Office; and Master Police Officer Leo Buenaventura, Fairfax County Police Department. Together, they represent the primary County agencies assigned to the Sharon Bulova Center for Community Health.

A comprehensive, system-wide strategy is essential for true impact. Diversion First is possible due to unwavering support and partnership between multiple agencies working collaboratively. This collaboration has resulted in a collective mission, co-located staff, shared protocols and tremendous culture change.

Diversion First has highlighted the need for each of us to be a catalyst for change. Programs and services offered through this cross-system initiative will continue to provide alternatives to arrest and incarceration, combat stigma, and offer hope, recovery and a path out of the justice system.

Sincerely,

Kevin Davis, Chief, Fairfax County Police
Stacey A. Kincaid, Fairfax County Sheriff
Daryl Washington, Executive Director, Fairfax-Falls Church Community Services Board

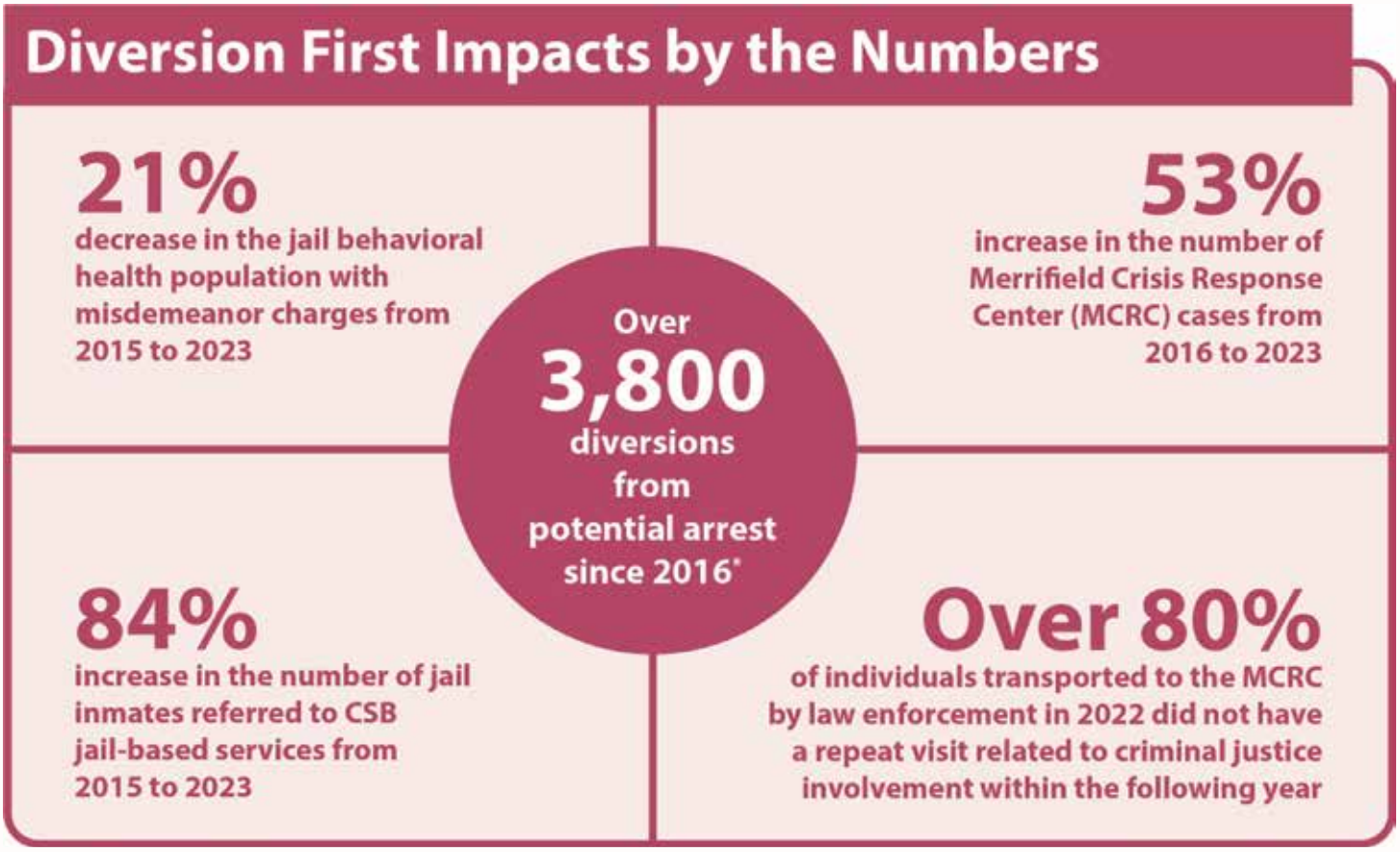
What Is Diversion First?

Diversion First offers alternatives to incarceration for people with mental illness, developmental disabilites 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.

Diversion First was implemented because:

- Too many people are in jail due to mental health issues. Jail is not the appropriate place to provide mental health treatment.
- There is a need to prevent the incarceration of people with intellectual/developmental disabilities.
- Intervening and de-escalating situations at the earliest point possible helps to avoid arrest and incarceration.
- It is the right thing to do to offer treatment to people who need it, instead of jail being the default solution.
- It is less costly for people to receive treatment instead of spending time in jail.
- Treatment offers hope by helping people recover and take control of their lives.
- 1 in 5 Americans has a mental illness. Having a mental illness is not a crime.



*as of December, 2023

Focus on Intervention at the Earliest Stages: Behavioral Health Crisis Response System

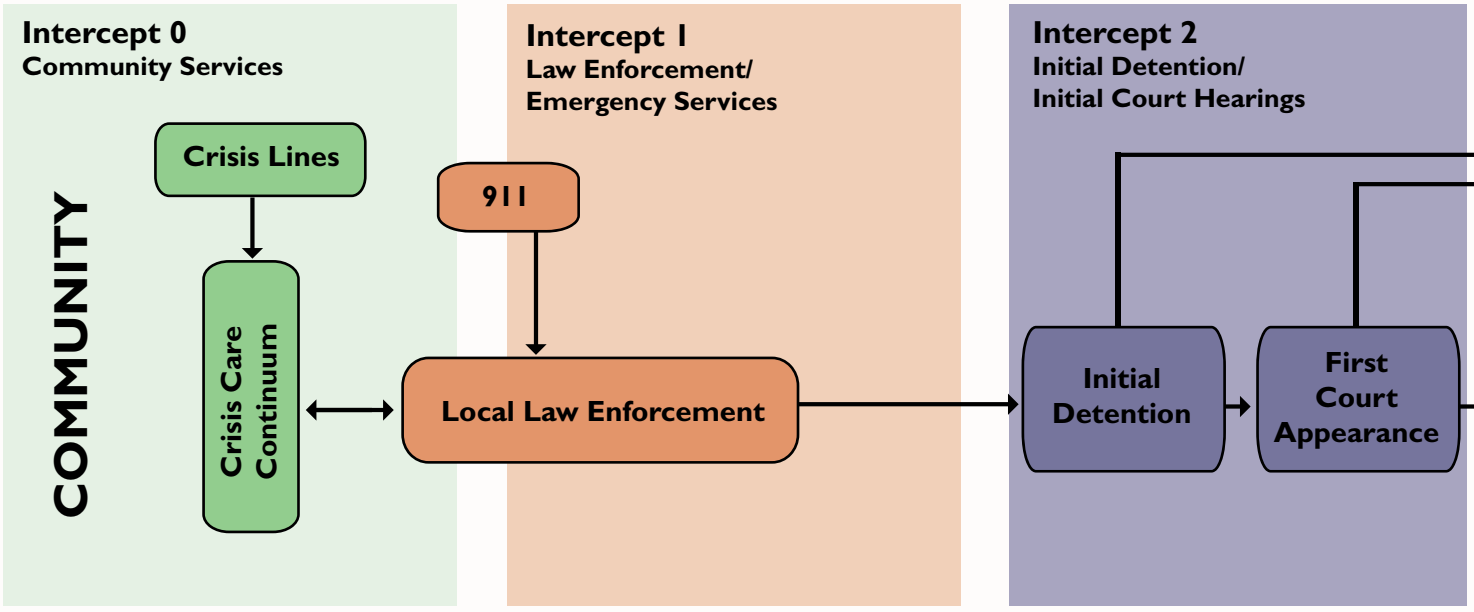
Over the past several years, Fairfax County agencies and stakeholders have worked together to enhance the local behavioral health crisis response system, with interventions at the earliest possible point (Intercept 0 on the Sequential Intercept Model). This system is aligned with national best practices, state legislation and the Diversion First approach.

Essential mobile response elements of this system include the Co-Responder Program, Mobile Crisis Units (operated by CSB Emergency Services), and regional mobile crisis services funded by the Virginia Department of Behavioral Health and Developmental Services (DBHDS).

Enhancements to the behavioral health crisis response system occurred on June 28, 2023, with the local implementation of the Virginia law commonly referred to as the "Marcus Alert." The law requires public safety and behavioral health agencies to coordinate responses to behavioral health crises and divert individuals to care whenever feasible, including diversion to Regional Crisis Call Centers throughout Virginia that serve as 988 answering points (988 is the national 3-digit dialing code for behavioral health assistance). The Regional Crisis Call Center (RCCC) in Northern Virginia is operated by HopeLink Behavioral Health (formerly PRS Inc). The RCCC provides phone support 24/7 to individuals and caregivers with non-emergency behavioral health concerns and deploys regional mobile crisis teams, as needed.

With the implementation of Marcus Alert, first responders in Fairfax County and the Department of Public Safety Communica-

The Sequential Intercept Model *updated 2017*



The Sequential Intercept Model is a framework that jurisdictions across the country use to inform their system. Intercept 0 was introduced in 2017 and focuses on intervention at the earliest possible point of a crisis,

Lt. Joanna Culkin and HopeLink (formerly PRS) Director Joe Getch, with 988 wallet cards for first responders and community members.

tions that operates the county's 911 system can connect individuals seeking behavioral health assistance in non-emergency situations to the RCCC for support and local community resources.

The implementation of Marcus Alert and the formalization of a coordinated behavioral health crisis response system enhanced diversion efforts in 2023 and laid the foundation for future advancements.

Behavioral Health Liaisons

In 2023, the Fairfax County Department of Public Safety Communications (DPSC) and the Fairfax-Falls Church Community Services Board (CSB) initiated a public safety-behavioral health partnership. The collaboration co-locates CSB Behavioral Health Liaisons within DPSC's 9-1-1 Center supporting Fairfax County's Behavioral Health Crisis Response System and aligned with the statewide Marcus Alert legislation.

Behavioral Health Liaisons perform a multifaceted role. They liaison with DPSC staff to support behavioral

Regional Crisis Call Center

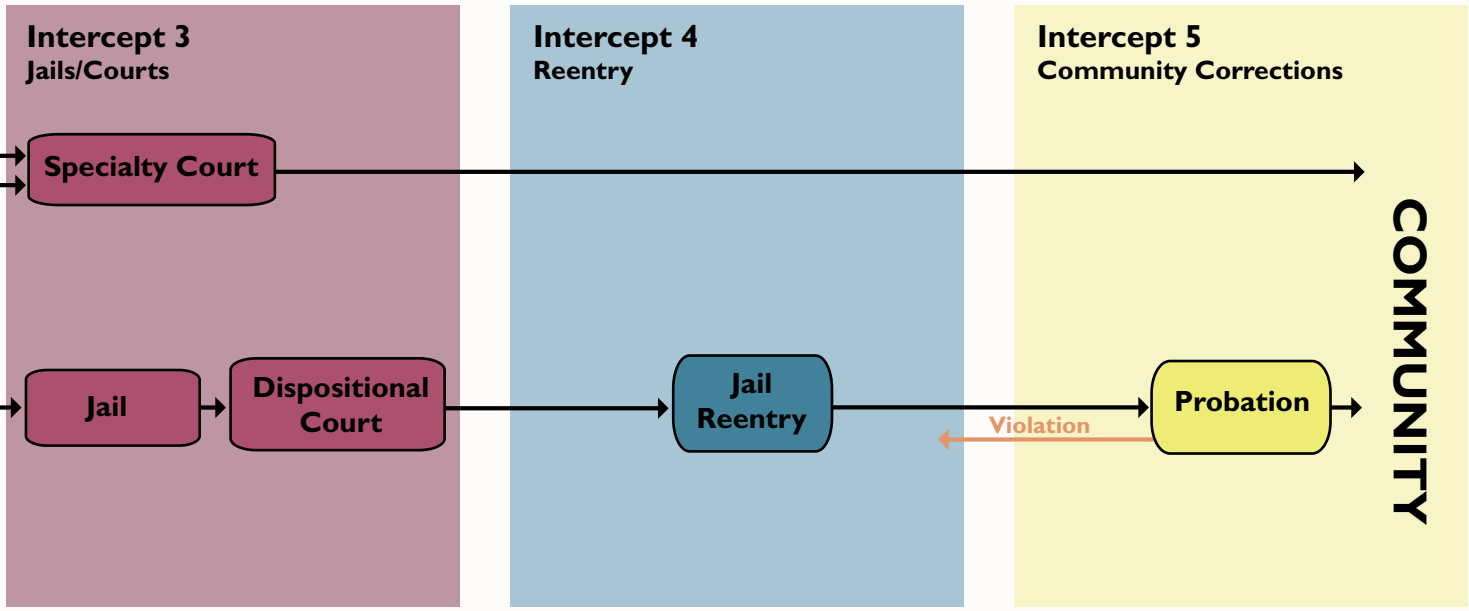
If you need someone to talk to or are experiencing a crisis, contact the Regional Crisis Call Center for free, confidential, 24/7 support. Multiple languages are available.

For a local response and connection to local resources in Fairfax County:

- Call: 703-527-4077
- Text: "CONNECT" to 855-11

For connection to any 988 Center throughout the country:

- Call/Text: 988
- Chat: 988lifeline.org/chat



community-based responses to the involvement of people with behavioral health issues in the criminal justice often before criminal justice involvement.

health resource response gaps and distinguish calls for service that are appropriate for:

- Public safety (law enforcement and Fire & Rescue field consultation)
- Regional Crisis Call Center (RCCC), Mobile Crisis, Community Response Team (CRT) and other behavioral health resource referrals
- Law enforcement and behavioral health involvement
- Monitoring of pending/active public safety events for appropriate referral, field consultation or intervention

Since launching in August 2023, DPSC 9-1-1 Center staff and Behavioral Health Liaisons have collaborated on 400 calls for service. Of these interactions, 66 resulted in no public safety response. This 17% reduction reserved public safety resources for more urgent situations and directed individuals to proper care.

The liaisons currently operate Monday through Friday and alternating Saturdays, and teams are exploring future expansion.

Co-Responder Program

The Fairfax County Co-Responder Program is a partnership between the Fairfax County Police Department and the Fairfax-Falls Church Community Services Board (CSB). The program pairs a Crisis Intervention Team (CIT) trained police officer with a CSB crisis intervention specialist to respond to public safety calls that are related to behavioral health issues.

The Co-Responder Program serves adults and youth who are experiencing emotional distress — potentially related to mental illness, substance use, developmental disability and/or other related concerns — who would benefit from crisis intervention services. The team also works collaboratively with other county and community-based programs to enhance continuity of care.

In 2023, the program expanded and now has four teams responding to calls for service throughout the community, seven days a week, 12 p.m. to 12 a.m.

The program was designed to:

- Increase timely on-scene assessment and de-escalation of behavioral health crises.
- Increase linkages to ongoing behavioral health services and supports.
- Decrease involvement in the criminal justice system and arrests involving behavioral health.
- Decrease the need for emergency custody orders/temporary detention orders, as appropriate.
- Decrease visits to emergency departments and address capacity issues in psychiatric hospitals by providing less restrictive community-based alternatives for people in crisis.
- Avoid use of force whenever possible.
- Enhance relationships between law enforcement and community members.

As of December 31, 2023, Co-Responder teams had responded to over 2,100 calls for service from individuals experiencing a behavioral health crisis.

- Close to 50% of calls were resolved in the field.
- 26% of calls resulted in a diversion from arrest and/or hospitalization.

National Spotlight

In January 2023, the Council of State Governments Justice Center published Site Snapshot: How Five Jurisdictions Are Rethinking Crisis Response with the 988 Suicide and Crisis Lifeline. Fairfax County was one of the jurisdictions highlighted in this snapshot, which focused on planning and implementing 988.

"In Fairfax County, Virginia, experts from local behavioral health and public safety agencies have been meeting in bi-weekly 'synergy sessions' since early 2022 to advance the work of public safety agencies and the regional crisis call center, with the goal of serving community members in crisis. With the national transition to 988, these team members also began using the sessions to discuss 988 implementation and opportunities for enhanced collaboration and to educate each other on internal 911 and 988 processes."

Once an immediate crisis has passed, it is often beneficial to provide follow-up services. An important component of the Co-Responder Program is the Post Response Team (PRT). The PRT is comprised of a clinician and a peer recovery specialist (PRS), who provide support, resources and engagement to link individuals to services following a crisis. A PRS is an individual with lived experience. Through shared understanding, a PRS helps to engage an individual who may not respond as well to other first responders.

Co-Responder team members often go above and beyond to serve the community:

- The Co-Responder Team responded to a request from a police patrol unit to join them at a resident's home. It was determined that the resident had issues with her hearing. Once they arrived, the team discovered that the resident had lost her hearing aids. The CIT officer was able to find her hearing aids and recharge them. The team also discovered that the resident did not have any edible food in her home. Concerned about her ability to secure groceries in the short term, one of the team members went to the store and purchased some items to hold her over until she could obtain additional groceries. The team also helped the resident remove spoiled food from her refrigerator. Before leaving her home, the team contacted the resident's supports for ongoing assistance.
- In another incident, a Co-Responder Team was beginning their shift and witnessed a woman collapse on a sidewalk in Merrifield. Without hesitation, the team's police officer responded to the emergency. The woman did not have a pulse, so the officer requested Emergency Medical Services (EMS), initiated CPR and continued life-saving efforts until EMS arrival. His outstanding response in the face of a life-threatening emergency played a crucial role in saving the woman's life.

Community Response Team

The Community Response Team (CRT) provides outreach visits, assessment and care coordination services to community members who have unmet behavioral health and medical needs and who have frequent interactions with the public safety system. In 2023, the CRT added a second field team. Each team is comprised of a Fire and Rescue Department technician and a Community Services Board clinician. This has allowed CRT to increase its reach and responsiveness in the community and improve outcomes for its consumers.

The CRT continues to utilize peer recovery specialists and, occasionally, law enforcement officers during outreach visits. A police officer may join the CRT field team during outreach visits when there are safety concerns such as aggression, firearms, etc. A police officer may also be utilized when a consumer requests to speak with law enforcement, in which case CRT partners with the officer to evaluate the consumer's concerns and determine the best course of action. A peer recovery specialist is a mental health professional with lived mental health and/or substance use challenges. They provide tremendous insight into behavioral health issues and are uniquely skilled at offering many consumers a supportive and non-judgmental approach to intervention efforts.

The CRT has also expanded its partnership with the Department of Public Safety Communications through the addition of Behavioral Health Liaisons (CSB clinicians) now based there. These professionals share useful information, such as alerts that help first responders determine the status of CRT intervention efforts and other information that would help them approach the consumer during a response to a call for service.

CRT continues to partner with Fairfax County's Department of Code Compliance to help multiple consumers struggling with hoarding. CRT has a unique ability to build rapport and trust with individuals. This has been very useful in efforts to help Code Compliance with individuals who are typically resistant to addressing hoarding conditions in the home.

VCPEA
VA Coalition for the Prevention of Elder Abuse

ICRA
International Co-Responder Alliance

CRT in the Spotlight

In 2023, team members from the CRT and Fairfax County Adult Protective Services (APS) presented at both the 2023 Virginia Coalition for the Prevention of Elder Abuse Conference and the 2023 International Co-Responder Conference. Attendees learned about the intersection between CRT and APS, the benefits of their partnership, and how to replicate a Community Response Team in their locality.

Presenters described how the relationship between CRT and APS grew from one phone call to a true partnership. CRT and APS recognized the intersection between their services and identified a shared population – older adults and persons with disabilities – needing more focused supportive services. Rather than working in silos, a collaborative approach was established, ultimately leading to better outcomes for residents.

Allison Clifford, Adult Protective Services Assistant Program Manager, Department of Family Services, and Freddie Pedreira, Community Health Analyst/Public Health Nurse, Fire and Rescue Department, present at the International Co-Responder Alliance Conference (CoRCon) in June 2023.

CRT and APS hold bi-weekly meetings to strategize on complex cases, explore best practices to address client needs, learn of recent emergency room visits for shared clients, and nurture their professional relationship through information sharing, resource identification and networking. CRT and APS conduct joint home visits to complete a comprehensive assessment of the client.

Fairfax County CRT and APS shared the benefits of their partnership and discussed how to establish these efforts in other jurisdictions across the state and the nation.

Mental Health Docket

Over the past year, the Fairfax County Mental Health Docket has reflected on the questions, "How do we make this program better? What are docket participant's unique treatment needs, and how can they be effectively met?" On the Mental Health Docket, treatment is individualized to meet each participant's needs; every docket participant has their own treatment plan and a treatment team. Although the circumstances that bring each participant onto the docket vary, many Mental Health Docket participants share common struggles and goals.

Judge Tina Snee, who presides over the Mental Health Docket; Michelle Cowherd, Mental Health Docket Coordinator; Sheriff's Deputy Martin Douglas and others.

Every participant on the Mental Health Docket has a serious mental illness; the most common diagnoses are schizophrenia, schizoaffective disorder and bipolar I disorder. At any given time, at least 60% of Mental Health Docket participants are diagnosed with co-occurring substance use disorders. The docket team recognized that many participants struggled specifically with cannabis use; often, participants would enter the docket heavily abusing cannabis products and would tell the team "It's the only thing that helps my mental health!" Their cannabis use would stall their ability to move through the program and reach their treatment goals. While psychiatrists, therapists and case managers would outline concerns about the impact of cannabis use on mental health symptoms (particularly symptoms of psychosis), citing that cannabis use exacerbates and increases the frequency of psychotic symptoms, participants usually had very little information about that link.

It became apparent to the Mental Health Docket team that there was a need for substance use treatment created specifically for individuals suffering from psychotic illnesses (such as schizophrenia and schizoaffective disorder) and using cannabis. From that need, the docket

team developed a curriculum for a new psychoeducational group entitled CAPE – Cannabis and Psychosis Education.

Judge Tina Snee, who presides over the Mental Health Docket, and a December 1, 2023 docket graduate.

CAPE is a 13-week group that takes an in-depth look at the link between cannabis use and psychosis/psychotic illnesses. The group explores how society views cannabis, the impact of the criminalization of cannabis use on communities of color, and how to navigate a culture where cannabis is increasingly legalized, used and accepted. The group also educates participants on the impact that cannabis has on a developing brain, particularly for young adults, and how cannabis use affects mental health symptoms.

Participants were encouraged to speak openly about their own experiences with psychotic symptoms and their relationship with cannabis, and the team has been amazed by their insight and honesty. The docket will continue offering CAPE as a treatment option for participants who would benefit from the group.

Veterans Treatment Docket

In 2023, the Fairfax County Veterans Treatment Docket (VTD) expanded enrollment numbers and met its mission of positively impacting the lives of the participants.

From 2015-2022, the VTD served a total of 85 participants—70 in the High Risk/High Needs track and 16 in the Low Risk/High Needs track. The addition of the Low Risk/High Needs track in July 2022 helped VTD reach the capacity goal of 25 veterans in the program at one time, a goal for the program since its inception.

By the end of 2023, the VTD had graduated a total of 50 participants. In November 2023, the VTD celebrated the first four graduates of the Low Risk/High Needs track along with two graduates from the High Risk/High Needs track. Through hard work, dedication and grit, these graduates not only worked to get a positive legal outcome for their charge(s), but they worked through past military service trauma, tackled substance use issues and substantially improved their overall functioning and lives.

One veteran shared in their graduation application, "I'm a completely different person. I went from a bad example to a good one. From a lonely drunk to a married dad with a career. My mom says I've become who I was always supposed to be. From sleeping on my mom's couch with an ankle bracelet on to a husband with a daughter sleeping in his own home. Comeback story and I'm proud of myself."

Another veteran shared, "The program and the work that I've put in with therapy has truly been life changing. I wake up every morning and feel joy. Like I have a second chance to really live. My confidence is higher, my relationships are better, and I am truly looking forward to everything that comes after this.

The VTD program was privileged to witness the participants achieve sustained sobriety, become promoted and meet their full potential at work, improve their family system, build fruitful relationships with their children, and expand their recovery networks and community impact.

Judge Grace Burke Carroll presides over the Veterans Treatment Docket for the Circuit Court. With her are a docket graduate, his wife and baby and the graduate's veteran mentor.

More than anything, these veterans regained pride and dignity in themselves. They stood taller and prouder than the day they joined the docket, and many have credited this program for saving their life.

Drug Court

The idea of change can cause many to feel apprehensive. However, for the Fairfax County Adult Drug Treatment Court (Drug Court), a long-awaited change is finally taking place. For most of 2023, Drug Court team members and community partners worked hard to increase the capacity of the program. The program's current capacity

Drug Court Keynote Speaker Daniel Adams.

is 25 participants with a waiting list of people eager to join the program.

Due to the high needs in our community, the Drug Court team has worked to secure the staff and resources to double its capacity to 50 people and launch the Young Adult 18-25 track. The plan for this track came from the knowledge that more adolescents and young adults are getting stuck in the cycle of addiction with the increase in access to Fentanyl and other substances. The Young Adult track will function largely the same as the Adult track, but with the added support of more peer recovery specialists and a goal of making family therapy more accessible.

While doubling Drug Court's capacity is already a testament to the program's success in the community, it is always worth highlighting graduation ceremonies and the participants whose lives have changed so dramatically since joining the program. In March 2023, Drug Court celebrated the graduation of another five participants. Daniel Adams of The Chris Atwood Foundation served as the keynote speaker and remarked on the importance of taking what you learn and using it to help others on the same journey. Of the five graduates, three have completed training to become peer recovery specialists. Having trained peers working to help others who are earlier in their recovery journey is vital to participants' success and helps keep the peer accountable for their own recovery at the same time.

The Adult Drug Treatment Court is excited to see the program grow significantly in 2024 and is eagerly awaiting the opportunity to help improve the lives of more people in the community.

Juvenile and Domestic Relations District Court

The Juvenile and Domestic Relations District Court Service Unit (CSU) continues to utilize alternative programming to address low-level juvenile crime and divert youth from and within the system. The Alternative Accountability Program (AAP) is a collaborative partnership between the CSU, the Fairfax County Police Department, Fairfax County Public Schools, Fairfax County's Neighborhood and Community Services and Northern Virginia Mediation Services. The AAP is a community-based diversion program and offers restorative justice (RJ) and educational interventions for first-time juvenile offenders, serving them completely outside of the formal juvenile justice system. In 2023, the AAP served 331 youth, which included 216 in RJ and 115 in educational interventions.

Juvenile Intake offers system-based diversion options including the Diversion Intervention Program (DIP) and Diversion Hearings. Evidence-based assessment tools are used to determine a youth's criminogenic risk to reoffend as well as identify protective factors, areas contributing to risk, and youth who may benefit from interaction with a mental health or substance use professional. The goal of diversion is to hold youth accountable for their actions and provide a learning opportunity without causing the long-term negative consequences associated with formal involvement in the criminal justice system.

In FY23, Juvenile Intake diverted 92% of eligible youth (n=371). Diversion requires an admission of guilt or acknowledgment of wrong-doing, and youth must agree to participate in diversion. Youth may decline diversion and opt to go to court.

Recidivism rates are reported a year behind and have been consistently low for all diversion options. The last

Fairfax JDRDC Youth Program	Percentage with no new charges/ arrests	Total n
FY22 Diversion Completions (6 months post)	88%	134
FY22 Diversion Completions (12 months post)	77%	134
FY22 Probation Releases (12 months post)	60%	90
FY22 Parole Releases (12 months post)	29%	7

study of AAP, conducted in 2022, showed that only 1% of youth committed a new offense within six months and 3% committed a new offense within 12 months of their AAP intervention. For youth completing diversion in FY22 (n=134), 14% had new charges within six months and 23% had new charges within 12 months. In comparison, youth who were released from probation during FY23 (n=90) had a 40% rearrest rate, and youth released from parole (n=7) had a 71% rearrest rate.

Jail Diversion

The Jail Diversion Team includes clinicians, peer recovery specialists 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 justice system into appropriate treatment and assist with critical needs, including psychiatric medications, substance use disorder treatment, health insurance, primary medical care, housing and access to meaningful day activities.

Roger was referred to the Jail Diversion Team while incarcerated at the Adult Detention Center (ADC). He had a long history of homelessness, law-enforcement contacts, substance use disorders and poorly managed psychiatric issues. The Jail Diversion Team immediately met with him to assess his needs, build rapport and plan for his release. The team coordinated with the Jail-Based Behavioral Health Team to ensure Roger would receive his long-acting psychiatric injection prior to his release from the ADC. Upon his release in January, the team supported him by providing a basic cell phone and warm weather clothing before bringing him to a local homeless shelter. The team continued to help with his basic needs while he lived at the shelter, assisting him with obtaining Medicaid health insurance and a monthly Social Security disability payment. They arranged for him to see a primary care provider through the Neighborhood Health clinic at the Community Services Board's Gartlan Center.

During an appointment with Neighborhood Health, they discovered that Roger had a previously undiagnosed medical issue. He was then seen by a specialist who provided treatment and medication. Roger had also begun working with a peer recovery specialist on the team who engaged him in physical and social activities. Over subsequent months, the team brought him to additional medical appointments for dental, neurological and primary care to address basic healthcare needs which previously had been neglected. The team also regularly collaborated with Roger's probation officer to ensure he was in good standing with the conditions of his probation.

In July, Roger reported that he had experienced a relapse and returned to using alcohol. This was indeed a setback, but one that could be managed more effectively because he had the team to assist him with proper care. The team arranged admission to a local inpatient detoxification program, followed by admission to a crisis care facility and ultimately to a residential treatment program. In November, he was ready for discharge and had also satisfied the terms of his probation. He continued working with the team to move into a local group home where he currently resides and continues to do well.

STAR Shows Road to Recovery Can Start During Incarceration

Fairfax County Sheriff Stacey Kincaid launched the Striving to Achieve Recovery (STAR) program in the Adult Detention Center (ADC) in 2018 to address the need for an authentic, holistic, peer-based program for individuals with substance use disorders. "Our program focuses on underlying trauma, restores dignity, provides hope and creates individualized plans for a sober future," she says.

R. Brown, age 41, was arrested and booked into the ADC in June 2022 and transferred into the STAR unit seven months later.

He and his sister had a troubled upbringing. Both his parents had substance use disorders. With their parents and later in foster care, beatings and food denial were regular occurrences. A grandmother came to their rescue and tried to be a good caregiver, providing clothing and food, but after two years, she could no longer manage all of her grandchildren. Brown was sent to live with his father, who was still using drugs and alcohol. His abuse of Brown escalated. By age 14, Brown was kicked

Brown stands in front of the other STAR participants and shares the homework paper he wrote about his path to recovery.

out of school and ran away from his father's home. Out on the street, he was introduced to drugs and alcohol. At 17, he was arrested on a drug charge and confined to the Juvenile Detention Center. During that incarceration, he applied himself and earned his GED.

At 21, he met the woman who would become his wife, "and she changed my life," Brown says. A few years later, he got a job with the federal government, working at the National Institutes of Health in Bethesda, where he stayed until 2021. Over the years, he rose from a GS 5 to a GS 12.

What changed in 2021? His aunt died. He explains that she was the only relative he could always count on for guidance and moral support. When she died, his world came crashing down, he fell into addiction again and found himself in the Adult Detention Center.

Early in his stay in the STAR unit, Brown had a reputation for being withdrawn, for being afraid to speak publicly. He attributed that behavior to his upbringing. "I was afraid of getting beaten by my father, and he didn't allow me to express myself. As a result, I didn't trust people, and I was afraid in the STAR program to get up and speak." He recognized that people are caring in the unit, but he describes himself as being very fragile. "This is my friend," he says about another STAR participant, "but what if he abandons me."

"I sit in my room [cell] a lot. Mentors check in on me. I am getting to the point where I feel lighter. I was carrying so much on my shoulders. I fit in here. I can speak freely."

His favorite day in Phase 2 is Thursday, when each participant presents his homework paper to group and takes questions. "In those papers, I was expressing myself." He also likes Wednesdays for the trauma group, which helps him cope with his feelings of anger and anxiety.

He is now a mentor, which entails making himself vulnerable. "I was anxious before. I didn't want to suffer betrayal like my father did to me. He hurt my feelings and my pride. Here, no one is hurting me. My self- esteem has risen. I am fixing my defects. I am developing listening skills and relating to others and their stories."

In conclusion, he says, "I've become calmer and humble. I can mingle and work within the group. It's awesome."

Lisa is a Peer Recovery Specialist with the Community Services Board and has been assigned to the STAR unit since February 2023. She had been a probation officer in Prince William County for 14 years but left there due to a drug addiction.

Lisa, a person in long-term recovery, is a Peer Recovery Specialist for the STAR program.

"I was someone who had never had a drug or alcohol problem," she says. Surgery in her mid-40s led to an addiction to pain medication. Now she has been in recovery for nearly seven years.

Speaking about Brown brings a broad smile to Lisa's face. "He is someone who, I think, is finding his voice for the first time in his life." She describes him as eager to learn. "He asks, 'What can I do better?' and is very receptive to feedback."

She says he is always looking for ways to help and mentor other STAR participants. "He does this on the down low, not looking for attention or credit." She says he facilitates some of the groups and excels at it.

"I have so much hope for him, and I don't think that hope is misplaced."

Master Deputy Sheriff Cordell is assigned to the STAR program, ensuring that the participants follow the rules. Cordell explains his support for the program: "Having been affected personally by losing family members and a great childhood friend to substance abuse, I really take working in the STAR program to heart. I truly believe that if my family and friends lost to the disease would have had access to this program and all the resources offered through the county, they might still be here today. As a Fairfax County deputy for more than 26 years, I always felt that the regular jail setting was not a place for an addict to recover. Inmates must pay for the crimes they committed; however, they should be given every oppor-

MDS Gregory Cordell is a passionate supporter of the STAR program and has been assigned to the unit for much of the past several years.

tunity to recover from their disease in a safe and supportive place.

I am proud to work in the STAR program and hope I can influence some of the participants to recognize not only that they are in a safe place, but that they can have positive interactions with law enforcement."

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

In 2023, the program increased its number of available beds to 38, a 27% expansion in the capacity to house individuals while helping to decrease their rate of psychiatric hospitalization and time spent in jail. New Hope Housing is working to place individuals into this added available space in the program. The cost to place individuals in Diversion First Housing is about 80% lower than what it costs to house an individual in jail.

- 39 individuals were served in 2023. Successful outcomes include:
- 82% maintained housing
- 87% had no psychiatric hospitalizations
- 90% were not booked into jail, and 90% had no interactions with police going to or at the Merrifield Crisis Response Center (MCRC) in 2023
- 92% remained connected with the CSB

New Hope Housing

The New Hope Housing team consists of the Director of Fairfax Permanent Supportive Housing Programs and one Housing Specialist. In 2023, 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 a return to homelessness or institutions. Thirty-three 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
- Connection to a representative payee
- Assistance in passing home inspections and keeping homes safe and habitable

A Diversion First Success Story

Odilia Rafael, Housing Specialist with New Hope Housing, recounted a particularly memorable appointment with an individual in the Diversion First program. During an especially busy week, one of the individuals that Odilia serves ended their meeting with a surprising declaration. She explained that the moment was, "one of those instances when you realize that the work you do is worth it."

As the visit was wrapping up, the individual stood up with purpose and said: "I express myself little, but today I want to tell you how grateful I am to you, to New Hope Housing and to the Jail Diversion program for the help that they provide me. Thanks to you all I am off the streets and away from the danger of drugs. Having a roof over my head helps me want to be and do things better. For example, I go to church, I work and I don't miss appointments with my therapist. The best of all is that I do it with great pleasure and enthusiasm. Truly, on behalf of all of us who are in this situation, thank you!"

The surprising exclamation from the individual was a pointed reminder to Odilia of the power and effectiveness of the Diversion First initiative. By providing alternatives to incarceration and critical supports for the participants, such as housing, the program lays the foundation for individuals to empower themselves and make positive contributions to the health of the community.

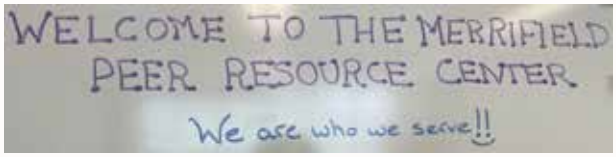
National Stepping Up Community of Practice

In 2023, County staff participated in a Community of Practice: Stepping Up Set, Measure, Achieve (SMA): Leveraging Data to Support Programming, Equity, and Sustainability hosted by the Council of State Governments Justice Center, in partnership with the National Association of Counties and the American Psychiatric Association Foundation. The Stepping Up initiative aims to address the overrepresentation of people with behavioral health issues in local jails.

The cohort of jurisdictions involved in the Community of Practice (CoP) shared program policies, prevalence indicators for individuals with behavioral health issues who are incarcerated, and success and challenges. The CoP provided an opportunity to gain knowledge about diversion efforts across the country, amplify equity practices and share collective lessons learned.

Peer Recovery Supports

A peer recovery specialist (PRS) is someone with lived experience with mental health challenges, substance use disorders, or both, is now in stable recovery, and is trained to help others on their own journey to recovery. A PRS can meet with individuals in a variety of settings to assist in achieving personal goals, provide connections to community resources, support individuals in crisis and share their own experience, strength, and hope. PRSs are embedded throughout many Diversion First programs.



Pictures from the Merrifield Peer Resource Center

What's Ahead in 2024

Diversion First will continue to advance cross-system efforts to provide alternatives to arrest and incarceration and provide the services and supports needed at each intercept point along the Sequential Intercept Model.

In 2023, Diversion First partners will:

- Continue to enhance the behavioral health crisis response system, focusing on the most appropriate level of response for behavioral health calls for service, increasing awareness of community resources and interconnectivity between 988 and 911.
- Expand the Fairfax County Drug Court, adding a second Drug Court Team in Fairfax Circuit Court. Using opioid settlement funds, this expansion will double the current capacity and will serve young adults18-25 years of age.
- Strengthen the continuum of reentry/transition services, to include planning for a Reentry Center as part of the Judicial Center redesign.
- Work with national partners as part of the Stepping Up Innovator community, connecting with other jurisdictions and serving as a peer learning site.

Case Study: Fairfax County

In September 2023, Fairfax County hosted a site visit [or "two-day site visit"?] with the RAND Corporation. RAND was funded by the Pew Charitable Trusts to study different interoperability models between 988 and 911 to address behavioral health crises, with a focus on local planning, partnerships, implementation, and lessons learned. Fairfax County was selected as one of three jurisdictions highlighted in a report that will be published in 2024.

The report will also include process maps and key decisions points for 911 and 988 interoperability and will serve as a resource for jurisdictions that are considering implementation.

2023 Year in Review — By the Numbers

	2016 (Baseline)	2019	2020	2021	2022	2023
Police Department						
Total calls for service with police response involving mental illness[1]	3,566	8,203	9,989	10,534	10,455	9,402
- Involved Merrifield Crisis Response Center (MCRC) for all jurisdictions[2]	1,580	2,109	2,165	2,170	2,280	2,421
Merrifield Crisis Response Center/Emergency Services						
Total service encounters	5,024	6,424	5,145	5,811	6,174	5,996
- General emergency services (non-law enforcement involved)	3,444	4,315	2,980	3,641	3,894	3,575
- Involved law enforcement	1,580	2,109	2,165	2,170	2,280	2,421
- Voluntary transports to MCRC	547	555	550	661	341	310
- Emergency Custody Order (ECO) transports to MCRC	1,033	1,554	1,615	1,509	1,939	2,111
Diverted from potential arrest	375	387	438	505	588	598
Unduplicated number of people served at emergency services	3,081	3,635	3,150	3,536	3,727	3,726
Mobile Crisis Unit[3]						
Total number of services (attempts and contacts)	1,484	1,557	1,458	1,813	1,425	1,118
- Total number of services (contacts)	1,029	1,040	862	1,013	743	629
Services with law enforcement or referral	467	562	489	420	465	326
Unduplicated number of people served (contacts)	791	816	704	784	605	499
Office of the Sheriff						
Criminal Temporary Detention Orders (CTDOs) from jail	35	27	11	25	20	10
Transports from MCRC to out of region MH hospitals	128	108	109	35	34	47
Jail transfers to Western State MH Hospital (forensic)	23	88	59	53	78	73
Crisis Intervention Team Training (CIT)						
Graduates[4]	265	907	952	1,044	1,075	1,161
Dispatchers (condensed version of training)[5]	42	157	163	163	171	190
Mental Health First Aid (MHFA) and Mental Health Literacy Training						
Fire and Rescue (Mental Health Literacy)[6]	NA	1,377	1,624	1,736	1,847	1,936
Sheriff's Deputies, correctional health nurses, administrative staff[7]	254	667	675	691	715	742
Court Services						
Total number of Pretrial Supervision	NA	1,896	1,966	2,316	2,864	3,828
- Screened positive on the Brief Jail Mental Health Screen (BJMHS)	NA	417	330	377	396	496
- Screened positive on the BJMHS, had an advanced screen and were referred to treatment	NA	303	181	242	240	235
Total number of Juvenile and Domestic Relations District Court Pretrial Services Program (PSP)	NA	545	497	575	641	717
- Ordered to have a mental health assessment or treatment	NA	117	78	136	131	124

[1]Changed from mental health investigations written in the field (2016/2017)
[2] Jurisdictions include (Cities of Fairfax & Falls Church, Towns of Herndon & Vienna, George Mason University, Northern Virginia Community College, Virginia State Police)
[3] 2022 numbers have been updated to remove Co-Responder pilot program data reported through other data sources
[4] Graduates since September 2015
[5] Trained to date
[6] Trained to date
[7] Participation since September 2016

Diversion First Partner Agencies

A Fairfax County, Va., publication. May 2024.