



DIVERSION FIRST

2017 Annual Report

Fairfax County, Virginia

Letter from Diversion First Leadership

On January 1, 2016, Fairfax County launched Diversion First so that incarceration would no longer be the default solution for individuals experiencing a mental health crisis. Leading up to the launch and the opening of the Merrifield Crisis Response Center, we had built and fostered a large stakeholders group, representing the diverse interests of the criminal justice and behavioral health systems. With over 180 members, that group is as strong and committed as ever. As county leaders, we agree that the most critical key to success for any jurisdiction is wide-ranging and sustained collaboration.

Our emphasis in the first year of Diversion First was to divert individuals to assessment and treatment in lieu of arrest. This should and will remain a top priority — keeping people with mental illness, co-occurring substance use disorders and/or developmental disabilities out of the criminal justice system.

However, not every person in crisis is diverted from arrest. Sometimes the alleged offense is too serious to ignore. For a broader systemic reach, we expanded our focus in 2017 to strengthen diversion at initial detention and in court hearings. Our intent is to leverage people into community-based treatment while still holding them accountable for their actions.

We will continue to house men and women in our jail who have committed serious crimes and do not meet the criteria for supervised release into the community. For them, we provide behavioral health services or, in the most serious of cases, a jail transfer to a secure psychiatric hospital for stabilization.

Over the past two years, we have trained police officers, Sheriff's deputies, magistrates, dispatchers, fire and rescue personnel and members of our community in crisis intervention and Mental Health First Aid. We are moving the pendulum forward in recognizing that mental illness is not a crime and should not be treated as such. In doing so, we reduce stigma and increase understanding throughout our community.

We still actively seek information from other jurisdictions with strong diversion programs. However, we now often find ourselves on the receiving end of requests for guidance based on our own set of accomplishments. We are honored to speak by invitation throughout the year at local and national conferences and events.

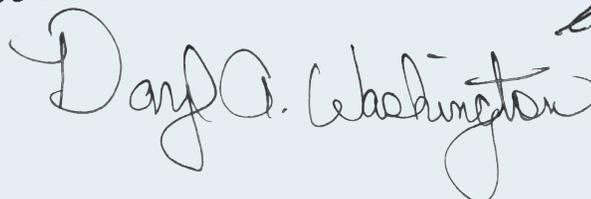
In this report, we are sharing many of our 2017 achievements from the perspectives of our varied stakeholders. Although we may approach individuals and circumstances differently based on our professional roles and personal experiences, we share a common goal of improving public safety and promoting a healthier community.

Sincerely,

Stacey A. Kincaid, Fairfax County Sheriff

Edwin C. Roessler, Jr., Fairfax County Police Chief

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



778 people were diverted from potential arrest in the first two years of Diversion First.

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, save public dollars and — most importantly — help people who are in crisis recover and take control of their lives.

Jail baseline analysis: Inmates with behavioral health issues



Roughly **1 in 3** jail inmates have **behavioral health issues**.

20 Days

Inmates with behavioral health issues **stay 20 days longer** in jail than inmates without behavioral health issues.



More than half of the jail population **recidivate** in 3 years.

Diversion Success: A Mother's Story

Valerie's 35-year-old son was diagnosed as bipolar 12 years ago, but he believed he had no illness and that the world was the problem.

Our son was an honor society student, went to college, became a golf professional and then began to show symptoms of mental illness. He moved home for seven years and had various jobs, many of which he was fired from or left suddenly. He was mostly non-compliant and not engaged in treatment. Then he was homeless for three years. The Fairfax-Falls Church Community Services Board referred my son to the jail diversion team, an invaluable connection. He met with his contact several times but, also failed to meet him several times. My son was a tough one — paranoid, difficult to connect with, and in disbelief that anyone could help. But they didn't give up on him, and I am grateful.

My son would sleep on the streets, in building stairways, the woods and hypothermia shelters. I would see him walking down streets and try to steer him toward help but to no avail. He landed in jail many times. We used the route of an emergency custody order (ECO) to have him involuntarily committed to a psychiatric hospital. He was released after 12

days. Still unable to take his meds on his own while being homeless, he became psychotic again, leading to another hospitalization. The vicious cycle continued.

Then came a turning point. The jail diversion team found him housing at Pathway Homes within a few weeks of his upcoming court date for his latest arrest. We sent letters and emails to the commonwealth's attorney and his public defender so that all could understand that treatment, not jail, would be the best solution. The court ruled that if he stayed on medication, worked with the CSB and stayed out of trouble, his case would be dismissed in a year. Unbelievably, he finally agreed and his case was dismissed.

I think the court and the threat of going back to jail scared him; he was tired and had finally reached a level of acceptance. For him, housing and medication were the answer. One without the other would not have worked. These coupled with the court's compliance requirement made a perfect recipe for jail diversion.

Diversion First works. My son continues to be on an injectable medication that has balanced him and brought him back to being the fine young man that no one had seen for a very long time. He continues to be supported by the CSB and Pathway Homes. I am hopeful for my son. He is a wonderful person and is enjoying life again after almost 12 years. Understanding the illness is key. Empathy is key.

What's New in Year Two

Diversion First is based on the Sequential Intercept Model (pictured below) that identifies specific points of intervention to prevent individuals from entering or moving deeper into the criminal justice system. The model provides a framework for people to begin to understand how to look across systems to reach the best possible outcomes. During 2016, the county primarily focused on Intercept 1, which aims to divert — rather than arrest — people at their first contact with law enforcement.

In 2017, the county enhanced its diversion efforts at the second and third intercepts and touched on Intercept 4, jail reentry. As our efforts to divert expand, the Leadership Group has brought additional partners to the table, including the Fire and Rescue Department, the Office to Prevent and End Homelessness and the Office of the County Attorney. Notably, we have raised awareness and provided mental health training to more county employees and members of the community who may potentially come in contact with people eligible for diversion.

Working collaboratively, we are making a difference.

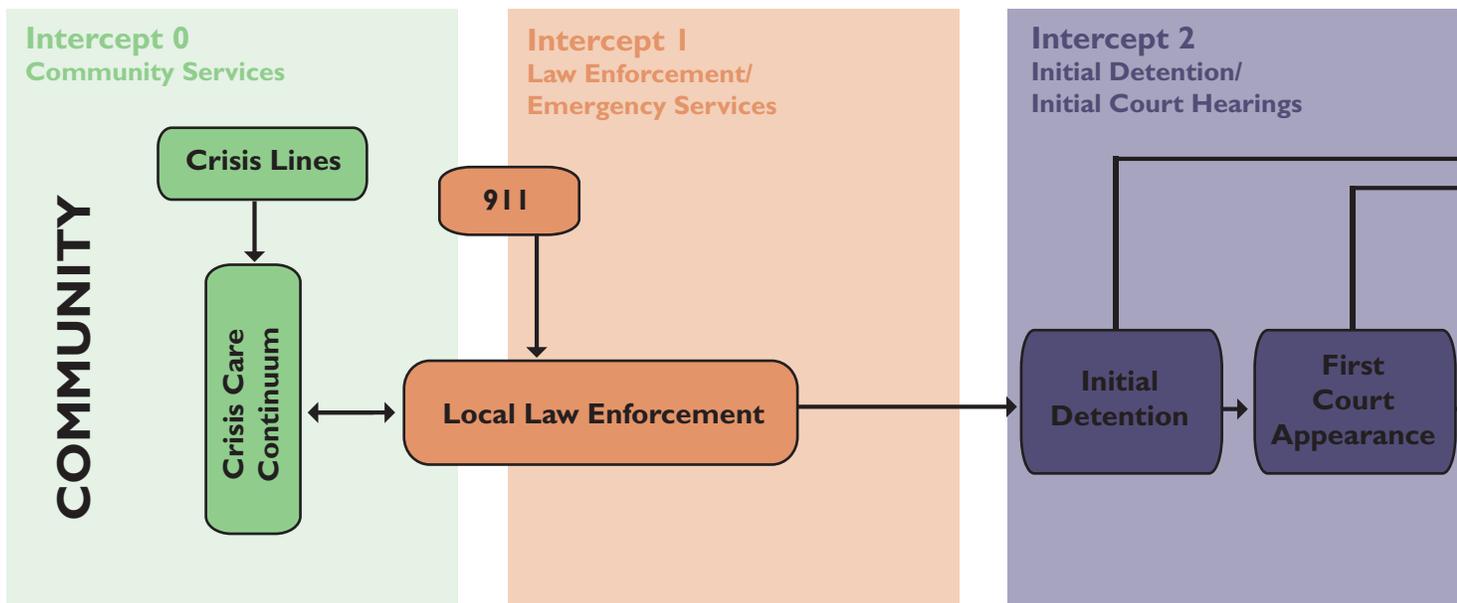


I am so proud of how far we've come since Fairfax County officially launched Diversion First on January 1, 2016. Community leaders and residents alike understand the importance of diverting people with mental illness, co-occurring substance use disorders or developmental disabilities into treatment or needed supports instead of sending them to jail for low-level offenses. Thanks to incredible cross-collaboration between our public safety personnel and health and human services staff, 778 people have been successfully diverted since the program began.

Diversion First is working, and I look forward to moving the program forward even more with the help of the court system, our public safety family, county agencies, stakeholders and community leaders. Diversion First is a reflection of our community's values, and I thank everyone who has been at the table to help make a difference in many people's lives.

*- Fairfax County Board of Supervisors Chairman
Sharon Bulova*

The Sequential Intercept Model updated 2017



The Sequential Intercept Model provides a framework for Diversion First. It helps localities identify key areas where supports. The concept of "Intercept 0" was unveiled nationally in 2017. This new prevention focus captures Mental Health First Aid training to community members has been one approach to help people learn basic skills. In addition, our Crisis Intervention Team training and additional de-escalation training

The Way to Treatment: Stories Along the Intercept Model

Diversion in Lieu of Arrest

Redic Morris, Second Lieutenant
Fairfax County Sheriff's Office
Assistant Supervisor, MCRC

In 2017, the Fairfax County Sheriff's Office continued its commitment to the Diversion First initiative by staffing the Merrifield Crisis Response Center (MCRC), undertaking mental health training and safely transporting mental health consumers to treatment facilities. The direct impact of MCRC law enforcement staff has proven to be very valuable.

As a supervisor assigned to MCRC, I experience firsthand the benefits Diversion First provides to Fairfax County residents. Since implementing our 24/7 law enforcement operations, we are experiencing an increase in Emergency Custody Order (ECO) transfers from law

enforcement field units. Our mental health training is critical for the seamless transfer of custody and in our efforts to lessen the psychological impact of these events.

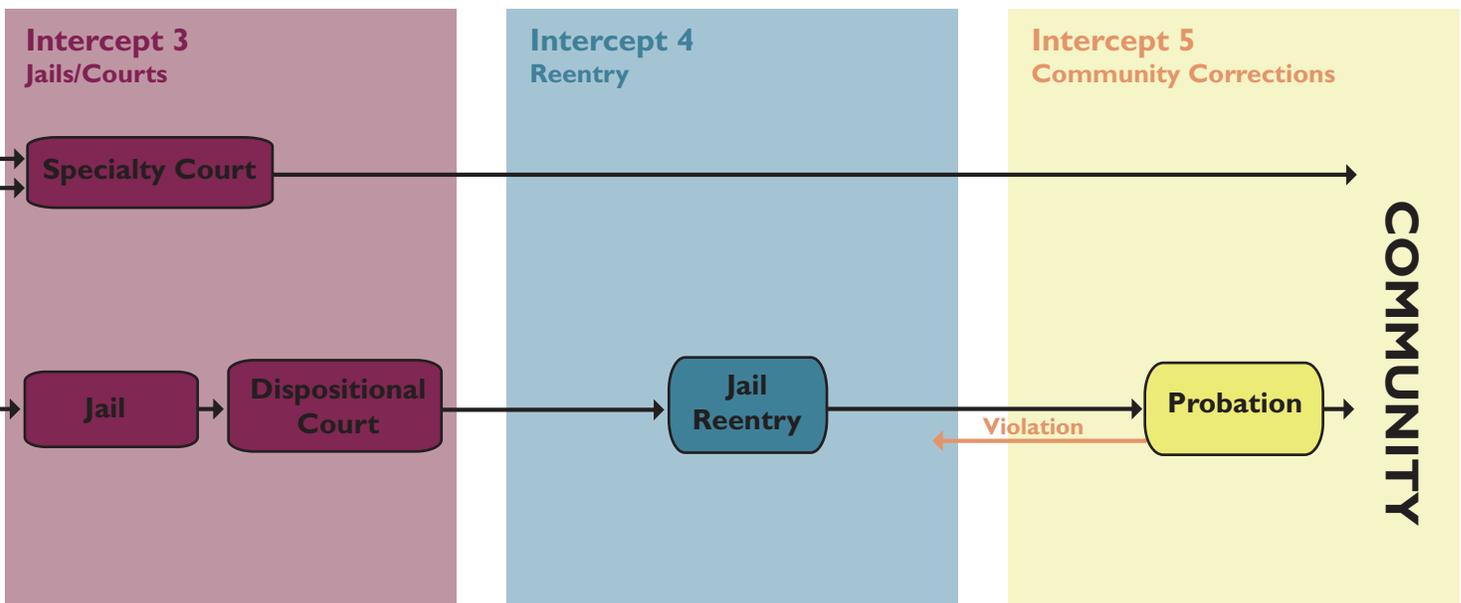
To remain on the forefront of mental health advances, MCRC staff consistently attend mental health conferences, roundtables and seminars. Information shared through these events encourages us to re-evaluate our current business processes. Additionally, these trainings inspire conversations to address the need to expand MCRC law enforcement services into the community.

I am often asked if we take a moment to look at the success of law enforcement at MCRC. My short answer is yes; we see the daily and monthly statistics attesting to our accomplishments. However, our true success is measured one consumer and family at a time.



“It’s staggering to see how many people come to us experiencing a mental health crisis. This job is one of the hardest I’ve had, but it’s very rewarding. I can leverage the skills I’ve developed over the years to effectively interface with other agencies and organizations. Working collaboratively, we are making progress by getting people into treatment and avoiding or reducing jail time.”

- Redic Morris, Fairfax County Sheriff's Office



where a person with behavioral health concerns can be identified and referred to needed treatment and recovery a shift to help identify people before they experience a behavioral health crisis. In Fairfax County, providing skills to identify people with mental health issues, provide assistance and share information about local resources. ing for law enforcement are included when we consider our local “Intercept 0” focus.

Diversion Post Arrest

Marissa Farina-Morse
Service Director, Diversion First
Fairfax-Falls Church Community
Services Board



Over the past year, CSB staff members have been working with individuals in the ADC and in the community to link them with services that have the potential to prevent recidivism.

Early in the year, the CSB partnered with Court Services to provide early morning (6 a.m.) staff who could quickly identify individuals who might benefit from mental health services. This partnership helps ensure that treatment recommendations are considered in legal proceedings and, when ordered, enhance the likelihood that someone will follow up in getting mental health services.

In 2017, the CSB began planning a work space within the Courthouse, which is adjacent to the ADC. Individuals getting released from the ADC face many challenges. Following up with mental health services may be an added burden when trying to meet other life demands, such as looking for a job, taking care of a family or finding a place to live. By providing CSB services in the Courthouse, we will minimize transportation barriers and also increase the likelihood of follow up with Court Services.

On a daily basis the CSB partners with the Sheriff's Office to provide critical mental health services within the ADC. At times, individuals at the ADC may need care at one of the state hospitals. Our shared goal is to get individuals who are in crisis and in need of hospitalization admitted as quickly as possible. This work requires good communication between CSB, Sheriff, courts and attorneys.

In the past year, teams from these areas have provided dozens of training events for staff, families and the community to learn how to access services, understand ADC processes and provide feedback on how we as partners can enhance our efforts at serving those in need of mental health treatment.

The CSB has more work to do to increase our services and opportunities to divert

individuals who are already involved in the criminal justice system. This past year we developed strong partnerships between behavioral health providers and the criminal justice system. Looking to the future, we will work to strengthen communication between behavioral health, courts and Court Services about treatment compliance for individuals on supervised release. We aim to increase participation in treatment to bolster recovery.

Shawn M. Lherisse
Supervisor, Diversion First Unit
General District Court Services

Prior to the commencement of Diversion First, inmates were released into the community without any screening for possible mental health issues. Screening was designated a focal point for Court Services. For six months in 2016, Court Services piloted the Brief Jail Mental Health Screen, a concise, evidence-based instrument of eight questions for Sheriff's deputies to use to identify possible significant mental illness and acute psychiatric issues during the ADC booking process. [The screening is now conducted by a Sheriff's Office nurse stationed in the booking area.] We interviewed over 1,000 inmates during the pilot, and results scored at a 30 percent positive rate. We also piloted several advanced screening instruments to assist deputies in making appropriate referrals and settled on the Mental Health Screening III. Once we established a process to identify individuals who may be experiencing a mental health crisis, we started working on Intercept 2.

Court Services works closely with the judiciary, CSB and the Sheriff's Office to divert persons with mental illness away from detention to treatment providers in the community. Court Services and CSB staff conference each morning before arraignments to develop a release plan for individuals who meet criteria for both mental health services and pretrial release. We provide additional mental health information on the Pretrial Questionnaire, which is used by both prosecutors and defense counsel at bond motions. As a result, defendants are no longer released into the community without proper mental health



“We measure pretrial success by our court appearance rate, so our main objective is to get these folks to court while keeping them and the community safe. In 2017 for diversion cases, we had a 90% court appearance rate.”

- Shawn M. Lherisse, Supervisor
Diversion First Unit, Court Services

screening, evaluation and supervision.

Diversion First probation officers have reduced caseloads, allowing for increased defendant interaction, collateral contacts and court appearances, as well as the submission of timely progress and non-compliance reports to the court. In 2017, we designated one case manager to supervise clients with serious mental illnesses. Court

Services also established a database to help generate Diversion First specific statistical reports to assist in improving outcomes. We continually meet with various Diversion First stakeholders to improve the delivery of services in the community to our clientele.

In 2017, we actively supervised over 400 defendants with various levels of mental instability, completing over 250 advanced screenings and referrals for further assessments.

Defender, Prosecutor and Judge

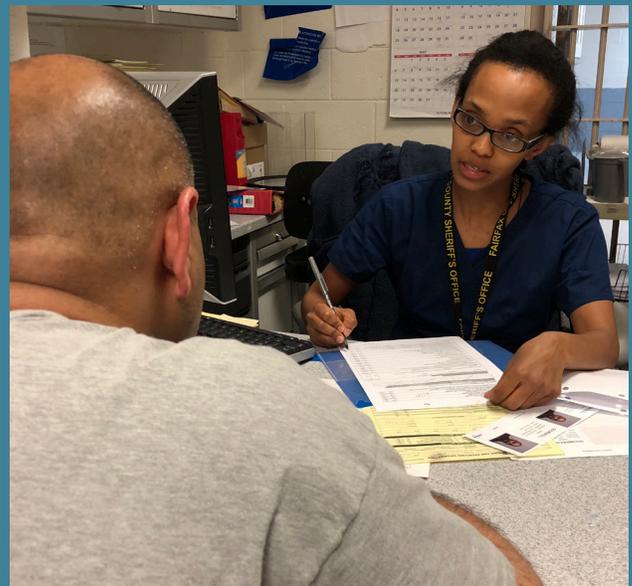
Dawn Butorac
Chief Public Defender
Fairfax County Office of the
Public Defender



While it is hard to see an effect that translates into fewer cases for us, we have seen the effects at the remaining intercepts. Because of the increased awareness, resources and probation officers, more of our clients are able to get out of jail on bail shortly after arrest. Once in the community, our clients are able to access services and remain stable during the pendency of their cases.

I believe another big impact on our clients has been at sentencing and beyond. We now have clients who can have a caseworker who can give immediate and personal

As part of the Adult Detention Center booking process, Correctional Health Nurse Meskerem Atomssa interviews a new inmate using the Brief Jail Mental Health Screen form. Implemented by the Sheriff's Office in early 2017, the form has eight direct questions that identify a possible need for further mental health assessment. The Sheriff's medical team provides the completed forms to Court Services and the jail-based CSB for follow up as needed.



attention. Our clients now have a real shot at getting stable housing. And, with Merrifield being a one-stop-shop, our clients can get just about everything they need in one place. As transportation is always a hurdle for them, only needing to go to one place has a great impact on their ability to follow through with treatment.

Finally, the overall cooperative effort of the courts, law enforcement and the public defender is a welcome change. It is a rare occasion that law enforcement and the Public Defender Office are on the same page, but we are when it comes to these diversion efforts and keeping mentally ill people out of jail.

Casey Lingan
Assistant Commonwealth's Attorney

I think the biggest impact of Diversion First is that through the Crisis Intervention Team (CIT) trained officers, residents who are experiencing a mental health crisis are provided immediate assistance through our community resources to deal with the crisis. As a result of this street-level diversion, these individuals in crisis are no longer coming through the Adult Detention Center or Courthouse doors. Additionally, it has been beneficial to our office to have centralized resources available to refer concerned residents to and to recommend to the court when needed.

Michael J. Cassidy
Chief Judge
General District Court
19th Judicial District



One of the most significant and possibly devastating steps taken by a judge at the beginning of a criminal prosecution is the setting of the terms of release for the accused. If the defendant is not able to meet those terms and is kept in jail, he or she faces the loss of a job; loss of contact with family and friends; loss of property; and significant challenges to raising and preparing a defense to their charges. The General Assembly of Virginia requires that a judge consider whether the defendant will appear for trial and whether their release will constitute an unreasonable danger to the public or defendant. An existing mental health condition may suggest problems with meeting those conditions or have been a cause of such prior problems when a defendant was released on previous charges.

While the defendant possesses a presumption of innocence prior to verdict, people with mental illness suffer significant problems because they do not keep their freedom prior to trial. The result prior to Diversion First's mental health support for the 19th Judicial District's Pre-Trial Service Supervised Release Program left many defendants in jail well past the time someone without behavior or appearance problems would have served on their charges. This resulted not only in a loss of liberty to the defendant but a lost opportunity to direct the defendant to rehabilitation services as part of a sentence of probation if found guilty.

Setting standards for release to protect the public and parties involved in criminal prosecutions will always be a challenge to the court, but the added options with community mental health support provided by the agencies involved with Diversion First provide more humane and appropriate treatment before and after trial, along with saving significant incarceration costs.

Jail Diversion and Supportive Housing

Connie Price
Special Housing Initiatives
Administrator
Fairfax Falls-Church
Community Services Board



In 2016, the Fairfax County Board of Supervisors approved \$500,000 in funding for the Diversion First Housing Project in FY 2017, which translates to 30 permanent supportive housing opportunities for CSB clients.

Diversion First housing is accessed primarily by an assigned CSB case manager. As a condition for housing, an individual must participate in ongoing case management services from any service area of the CSB. Clients referred directly from the Jail Diversion Service Area receive priority consideration for housing; however, referrals from all service areas of the CSB are accepted.

In addition to the housing dollars, a special "Diversion First Housing Client Assistance Fund" helps clients secure their own rental housing and/or prevent the loss of their current rental housing. The funds may also cover transition supports, such as securing proper identification, purchasing emergency food and moving items out of storage. By mid-April of 2018, 21 clients had been approved for Diversion First housing. They are now living in the community and thriving with a support team that includes a housing specialist from New Hope Housing Inc.

New Hope Housing is our contracted partner that identifies the housing opportunities and leasing services in the community. The organization has a solid reputation for providing a variety of housing and support services in the Northern Virginia area. The CSB continues to provide clinical services. In some cases, supplemental services are secured from other providers to support the client.

Overall, the CSB contributes to the Diversion First initiative by providing housing opportunities and targeted clinical services for individuals being released from jail with no immediate housing plan. Also, housing is provided for frequent utilizers of Crisis Care, Detox Center and psychiatric hospitalization, as well as for those who are experiencing homelessness.

The Value of Data

Laura Yager
Director of Systems Transformation
Office of the County Executive

The Diversion First initiative again gained national attention by competing and being accepted as one of 30 communities around the country participating in the Data Driven Justice and Behavioral Health Design Institute in Rockville, Maryland, Sept. 6-8, 2017. This provided an opportunity for a team from Fairfax to dig deeper into our data, and to learn new approaches to data sharing and evaluating for results. Diversion First stakeholders have a keen interest in measuring the effects of Diversion First efforts as well as quantifying cost savings and return on investment.

The Institute focused on advancing the work of jurisdictions committed to meeting the needs of people with complex physical health, behavioral health and social service needs while reducing unnecessary use of jails and

Chloe Lee, Ph.D.
Data and Evaluation Manager
Fairfax-Falls Church Community
Services Board



Diversion First is still in its infancy, but it has already made significant progress. We have expanded the scope and depth of data collection and evaluation. Data has helped us to identify at-risk populations and implement targeted interventions in order to break the cycle of criminal justice involvement and provide an opportunity for treatment. Achievements in the past year include establishing a baseline for the jail behavioral health population and building a predictive model for criminal justice involvement for individuals with behavioral health issues. The Data and Evaluation team will continue to work collaboratively to support the initiative to better serve the population with behavioral health needs and to make cultural changes in our community.



“The institute was inspiring and helped remind us that every number we collect is a real person who has a unique experience in the world. This makes the work we do and the data we consider all the more important and meaningful. Each time we interact with someone is a data point, but it’s also an opportunity to make a difference in someone’s life.”

- Laura Yager, Director, Systems Transformation, Office of the County Executive

high-cost emergency rooms. The Institute provided a framework to focus on “super utilizers” of these systems, which tend to be fragmented and uncoordinated, costing thousands of dollars and generally without good outcomes. By studying individual data from across systems, we are able to quantify how much is being spent and, more importantly, collaborate across these systems to intervene in better ways. As we work together to build customized, collaborative approaches to serving these individuals, we will also be able to demonstrate cost savings and cost avoidance.

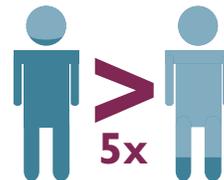
The ability to learn about the impact of Diversion First is important on many levels. Our evaluation efforts help us improve services, calculate effectiveness of our investments and see if our changing practices have improved the lives of individuals and families we serve.

The county data team examined a sample of 125 adults who received services from the CSB within 12 months following their MCRC visit with law enforcement officers. Those who were homeless were five times more likely to be incarcerated within 12 months than those who were not homeless.

Risk factors for criminal justice outcomes

HOMELESSNESS

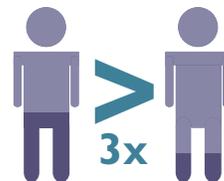
Homeless? YES
86% were incarcerated within 12 months.



Homeless? NO
15% were incarcerated within 12 months.

ALCOHOL USE

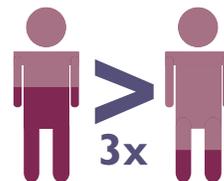
Alcohol? YES
44% were incarcerated within 12 months.



Alcohol? NO
16% were incarcerated within 12 months.

PREVIOUS INCARCERATION

Jail History? YES
55% were incarcerated within 12 months.



Jail History? NO
17% were incarcerated within 12 months.

2017 AT A GLANCE

IN THE FIELD



CIT⁺



40% of the total MCRC LEO cases

*LEO = Law Enforcement Officer, +CIT = Crisis Intervention Team

IN THE ADULT DETENTION CENTER

2,411 referred to CSB jail-based services

↓ **74%**

1,782 received behavioral health intake and/or screening services from CSB

↓ **67%**

1,191 received face-to-face and/or case coordination services

Stepping Up with NACo

I attended the National Organization of Counties (NACo) “Stepping Up” Peer Exchange in Phoenix, Arizona, in November 2017, along with about 25 other elected county officials from around the country. The Arizona program was the focal point of our discussion, but we learned about each other’s efforts as well. Many counties across the country, like Fairfax, are working on jail diversion.

Why? Because keeping people in jail is expensive. In fact, incarceration is so expensive that Arizona’s number one metric for its diversion program’s success is reducing the number of inmates’ days in jail. People with behavioral health issues need treatment that is not available in a jail setting. In as short of a time as four days, jail can disrupt the stabilizing influences of family and jobs. Meanwhile those with mental illness begin to deteriorate after staying so long in a stressful environment. People charged with low-level crimes would be better served in community-based treatment programs.

With this in mind, counties nationwide are adopting alternatives to incarceration that address the negative side effects within the criminal justice system. Now those with serious mental health issues are given treatment instead of shackles. Substance users can also receive the help they need with the use of drug courts, which permit Medicaid expansion funds to pay for drug treatment. (Arizona now only suspends, but does not terminate, Medicaid when someone is in jail.) After jail, “Smart Justice” concepts address underlying factors that increase the likelihood of more criminal activity. This includes job training programs that begin in jail so inmates can leave jail and immediately be employed.

The good news is Fairfax is not alone on this journey to improve our criminal justice system. Thankfully, we have impressive peers ready to share their good ideas and support us along the way.

- Braddock District Supervisor
John C. Cook



2017 Year in Review — By the Numbers

	Jan-Mar	Apr-June	July-Sep	Oct-Dec	Total 2017	Total 2016
Police Department						
Mental health investigations written in the field - Fairfax County Police Dept.	993	988	1,067	1,104	4,152	3,566
- Involved Merrifield Crisis Response Center (MCRC) for all jurisdictions ¹	449	490	468	524	1,931	1,580
Merrifield Crisis Response Center/Emergency Services						
Total service encounters	1,475	1,593	1,423	1,629	6,120	5,024
- General Emergency Services (non-law enforcement involved)	1,026	1,103	955	1,105	4,189	3,444
- Involved Law Enforcement	449	490	468	524	1,931	1,580
- Voluntary transports to MCRC	135	147	131	152	565	547
- Emergency Custody Order (ECO) transports to MCRC	314	342	337	372	1,365	1,033
Diverted from potential arrest	96	115	94	98	403	375
Unduplicated number of people served at Emergency Services					3,662	3,081
Mobile Crisis Unit²						
- Total number of services (attempts and contacts)	385	407	395	410	1,597	1,484
- Total number of services (contacts)	284	291	270	293	1,138	1,029
- Services with law enforcement involvement or referral	121	156	145	162	584	467
Unduplicated number of people served (contacts)					928	791
Office of the Sheriff						
- Criminal Temporary Detention Orders (CTDOs) from Jail	13	8	2	4	27	35
- Transports from MCRC to out of region mental health hospitals	42	23	10	31	106	128
- Jail transfers to Western State Hospital (forensic)	9	8	17	15	49	23
Crisis Intervention Team Training (CIT)						
- Graduates					451³	265 ⁴
- Dispatchers trained					117⁵	42
Mental Health First Aid (MHFA)						
- Fire and Rescue					606⁶	N/A
- Sheriff Deputies					468⁷	248
Court Services						
- Total number of Pretrial Supervision					2,089	N/A
- Screened positive on the Brief Jail Mental Health Screening (BJMHS)					529	N/A
- Screened positive on the BJMHS, had an advanced screening and were referred to treatment					256	N/A

¹Jurisdictions include (Cities of Fairfax & Falls Church, Towns of Herndon & Vienna, George Mason University, Northern Virginia Community College, Virginia State Police) ²One MCU Unit until September, 2016 ³Graduates since September, 2015 ⁴Graduates since September, 2015 ⁵Trained to date ⁶Trained to date ⁷Participants since September, 2015

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.