



DIVERSION FIRST

2022 Annual Report

Fairfax County, Virginia

Letter from Diversion First Leadership

Diversion First marked its 7th full year in 2022, and the commitment to this county initiative continues to thrive. In this report, you will read about new and enhanced services and programs, systemwide partnerships and community impact.

Diversion First partners have expanded their services at the earliest possible point of intervention and have enhanced the behavioral health crisis response system. Through the Co-Responder program, clinicians and police officers respond to calls for service related to behavioral health issues. The Community Response Team provides a community-based response for those who frequently come into contact with the public safety system.

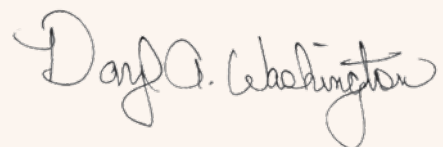
Other cross-system collaborations continue to develop and grow. Through a partnership among the Community Services Board, Sheriff's Office and Chris Atwood Foundation, the HOPE Team's peer recovery specialists have delivered recovery and re-entry services to those who are incarcerated. This forward-thinking partnership gives men and women the resources, support and hope they need to maintain a healthy and safe life in recovery.

Diversion continues through the courts, and the Specialty Dockets offer a pathway to recovery. When Chief Circuit Court Judge Penney Azcarate gave the keynote speech at the Spring 2022 Drug Court graduation ceremony, she aptly advised the graduates:

“You will experience tragedy and hardships, but what happens after that is what’s important. It is during these hard days, when you are challenged to your very core, that you will determine who you are. This will define you, not by your achievements but how you survive and overcome adversity. That’s what defines your character.”

As a county, we will continue to focus on diverting individuals with behavioral health and developmental disability issues from the criminal justice system, while also ensuring that those who are caught in a cycle of criminal justice involvement are given opportunities and resources to change their life trajectory and increase their success in the community.

Sincerely,



Kevin Davis, Chief, Fairfax County Police

Stacey A. Kincaid, Fairfax County Sheriff

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



Judge Penney Azcarate speaks during the Drug Court graduation. Included in the photo are Docket Coordinator Jennifer Fuller, Judge Dontae Bugg and Judge Thomas Mann.

What Is Diversion First?

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

The program aims to prevent repeat encounters with the criminal justice system, improve public safety, promote a healthier community, efficiently utilize resources and — most importantly — help people who are in crisis recover and take control of their lives.

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's the **right thing to do** to offer treatment to people who need it, instead of jail being the default solution.
- It's **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.**

Diversion First Impacts by the Numbers

21%

decrease in the jail behavioral health population with misdemeanor charges from 2015 to 2022

44%

increase in the number of Merrifield Crisis Response Center (MCRC) cases from 2016 to 2022

Over
3,200
diversions
from
potential arrest
since 2016*

52%

increase in the number of jail inmates referred to CSB jail-based services from 2015 to 2022

Over 80%

of individuals transported to the MCRC by law enforcement in 2021 did not have a repeat visit related to criminal justice involvement within the following year

*as of December, 2022

Co-Responder Team

As a critical component of the Fairfax County Behavioral Health Crisis Response System, the Co-Responder program continued to grow in 2022.

The Co-Responder Team program is a collaboration between the Fairfax-Falls Church Community Services Board (CSB) and Fairfax County Police Dept (FCPD). Co-Responder Teams are comprised of a Crisis Intervention Team (CIT) trained FCPD Officer and a CSB Crisis Intervention Specialist, who respond to public safety calls for service that are related to behavioral health issues. Co-Responder Team members ride together and respond to calls in a variety of community settings.

The program serves youth and adults who are experiencing emotional distress potentially related to mental illness, substance use, developmental disability and/or other behavioral health concerns and who would benefit from crisis intervention services. Following a brief pilot in the spring of 2021, the program officially began in September 2021. The program initially launched with one team and expanded to two teams in 2022, with plans underway for four teams to respond to behavioral health-related calls for service.

The Co-Responder Team was designed to:

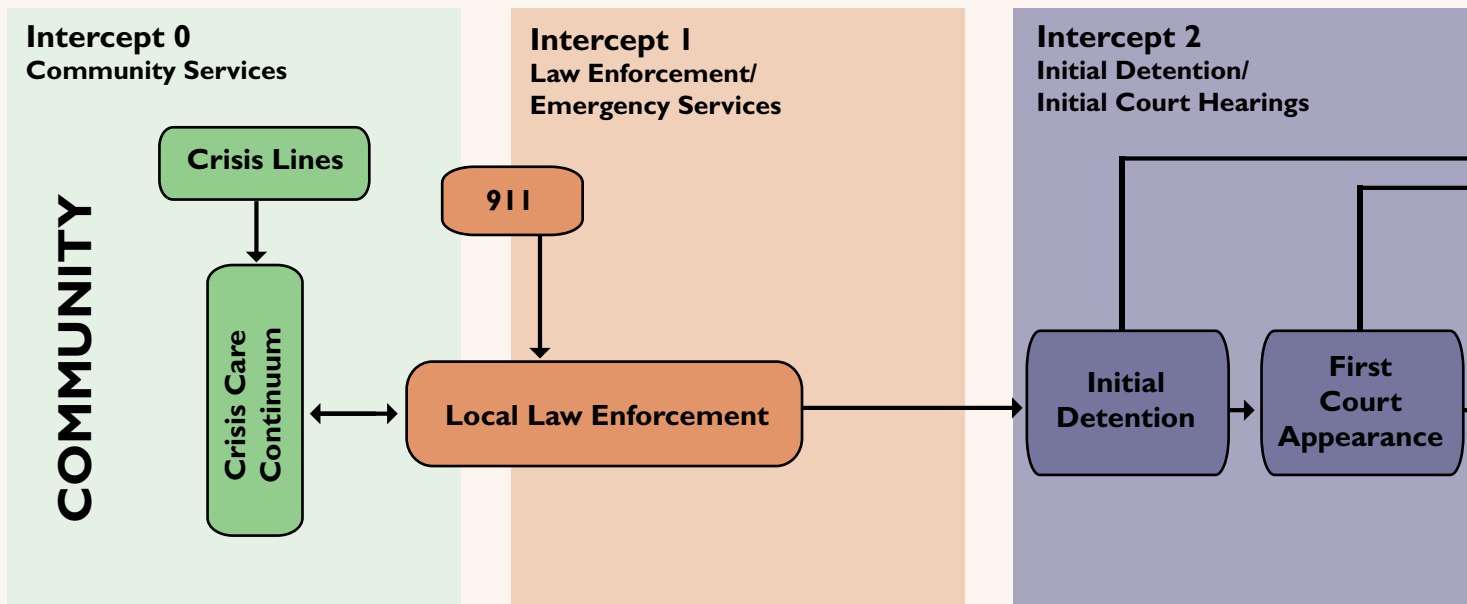
- Increase timely on-scene assessment and de-escalation of behavioral health crises.

- 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.

Co-Responders routinely provide linkages for services and work closely with other county and community-based programs to enhance continuity of care. The team also provides support and resources for family members, caretakers and concerned others.

Data indicates that the program is making a difference in our community. At the end of 2022, Co-Responders provided approximately 650 responses, and over 50% were resolved in the field, with no further action needed. Close to 30% of the responses resulted in diversion from potential arrest or hospitalization. In some situations,

The Sequential Intercept Model *updated 2017*



The Sequential Intercept Model is a framework that jurisdictions across the country use to inform their community-based intervention at the earliest possible point of a crisis, often before criminal justice involvement.

hospitalization was the most appropriate course of action, and approximately 18% of individuals were placed under an Emergency Custody Order and/or a Temporary Detention Order.

As the Co-Responder Team grows, the program will also include CSB peer recovery specialists, as well as Behavioral Health Liaisons based at the Department of Public Safety Communications. Peer recovery specialists are trained, certified professionals with their own lived experience. Behavioral Health Liaisons are clinicians deployed by the CSB to the Department of Public Safety Communications who will assist with calls that need behavioral health resources.

In 2023, the Co-Responder Program will continue to expand, monitor data, utilize industry best practices and provide critical services to meet the needs of our community.

Community Reponse Team

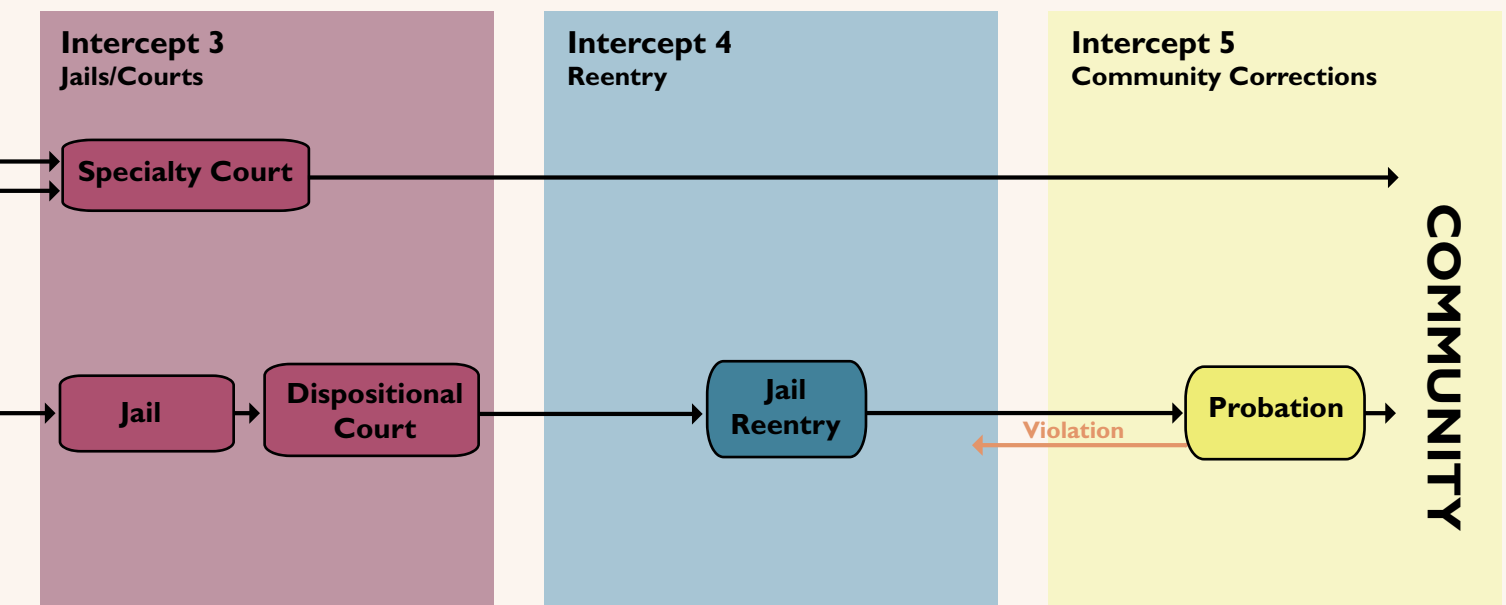
The Community Response Team (CRT) is a collaborative program comprised of clinicians and peer recovery specialists from the Fairfax-Falls Church Community Services Board (CSB), technicians from Fairfax County Fire and Rescue Department (FRD), peer recovery specialists (PRS), and Crisis Intervention Team (CIT) trained law enforcement officers as needed. CRT also receives invaluable support from a FRD Public Health

Nurse and the Department of Public Safety Communications. The team operates Monday through Friday throughout the county, in communities of varying socioeconomic status, racial and ethnic backgrounds and provides quality care with respect and dignity.



Members of the Community Response Team Shane Brillhart (FRD Technician), Nick Thomas (CSB Crisis Intervention Specialist) and Mojtaba Ahmadi (CSB Peer Recovery Specialist).

CRT focuses on super utilizers of the county's Public Safety System who are referred after meeting the team's outreach criteria of at least six calls for public safety services in a 60-day timeframe. Referrals are made by public safety personnel and identify an array of unmet behavioral health and medical needs that lead to repeated calls for service. CRT maintains a caseload of 10-20 individuals at any given time. While the team serves individuals of all ages, 52% of those served are over the age of 60.



responses to the involvement of people with behavioral health issues in the criminal justice system. Intercept 0 was prevention.

The team's goal is to reduce non-emergency calls for service and connect this vulnerable population to community-based services. To achieve this goal, CRT has established strong partnerships with other Fairfax County agencies to include Adult Protective Services (APS) in the Department of Family Services, Services for Older Adults in the Department of Neighborhood and Community Services, Office to Prevent and End Homelessness in the Department of Housing and Community Development and the Department of Code Compliance. Additionally, CRT has partnerships with the Inova Health System, HCA Healthcare and Virginia Hospital Center. These partnerships are essential in coordinating care across health care systems to decrease unnecessary public safety service transports and reduce emergency department visits.

An example of how CRT impacts health and safety involves "Bea," a 73-year-old woman who lived alone and did not have any family members in the area. CRT received multiple referrals regarding Bea from FRD. Bea called 911 repeatedly, sometimes several times daily, with a primary complaint of trouble breathing. Bea also had mental health issues, including thoughts of suicide. FRD would routinely transport Bea to local emergency departments to address her symptoms. However, due to severe memory impairment caused by a neurocognitive disorder, she would consistently leave against medical advice, only to call 911 again a few hours later without any memory of visiting the emergency department earlier in the day. The CRT worked with APS to help address this pattern and determine if Bea's basic needs were being met. Ultimately, due to Bea's inability to care for herself due to cognitive and mental health challenges, CRT facilitated a psychiatric hospitalization. Prior to and during Bea's hospital stay, CRT continued coordination efforts with APS, Inova and Bea's adult son. These efforts resulted in Bea's placement in a long-term skilled nursing facility, where she is receiving the level of care she needs.

CRT has continued to receive wide recognition, and in the coming year, CRT members will be featured speakers at state and national conferences.

Public Safety Communications

The Fairfax County Department of Public Safety Communications (DPSC) has a critical role in the behavioral health crisis response system. The agency is Virginia's largest Public Safety Answering Point (PSAP; 9-1-1) and

the tenth largest nationally. DPSC manages a total call volume of 1.2 million annually to include an average of 400,000 9-1-1 calls. In addition to call management, DPSC dispatches Fairfax County public safety resources, serves as the county's primary PSAP and verifies active local and national warrants. DPSC also maintains systemwide data for the county's public safety system, which is essential to making informed decisions as the crisis response system continues to evolve and expand.



DPSC recognizes and responds to an everchanging community landscape and has significantly advanced several state, regional and county crisis response and diversion initiatives. DPSC is part of the statewide Marcus Alert Stakeholders Group and the Training Workgroup, shaping crisis response for public safety and behavioral health agencies across all localities in Virginia. In addition, DPSC participation in the statewide 988 Workgroup has contributed to how behavioral health-related calls are diverted and dispatched. DPSC also supports the Community Response Team and Co-Responder Teams through data reporting, consultation in meetings and referrals of individuals who could benefit from services.

As an expansion of a pilot conducted in 2021, DPSC has been working with the Community Services Board (CSB) to embed behavioral health clinicians to serve as Behavioral Health Liaisons in their dispatch center. The goal of this partnership is to help identify callers who may need behavioral health services, provide resources, and support the mobile crisis teams.

Through cross-system collaboration, DPSC partnerships will continue to enhance the crisis response system with a focus on serving the community.

Crisis Intervention Team Success

On July 4, 2022, a Fairfax County Police Department lieutenant assigned to the Crisis Intervention Team responded to a call for service for a person experiencing a mental health crisis. When the officer arrived, he located the individual in crisis behind an apartment building. Once he saw the officer, the individual immediately began running into a wooded area. The

individual was a veteran, and the sounds of the July 4th fireworks were an emotional trigger for him.

The lieutenant began calling out to the individual, identifying himself as a member of the Crisis Intervention Team. He located the individual in the nearby wooded



area, where he was holding a knife. The individual began challenging the lieutenant, asking if he felt threatened. While maintaining a safe distance, the lieutenant was calm and

talked with the individual in a conversational tone, ultimately convincing him to place the knife on the ground.

The individual then asked the lieutenant to kill him and advanced on him in an aggressive manner. The lieutenant continued to maintain his composure and sought to build a rapport with the individual, introducing himself by rank and allowing the man to call him by his first name. He quickly identified the man as a veteran and used his own military experience and veteran status to find common ground with him. Both men were veterans of Operation Iraqi Freedom and Operation Enduring Freedom and were able to establish a connection over these shared experiences. The individual was extremely volatile throughout their interaction. He discussed suicide several times, asked the lieutenant to kill him, ripped and tore his shirt off and broke the beer bottle he was carrying over his head. The lieutenant did not react negatively to any of these actions and instead maintained a calm presence to gain the man's cooperation.

Once the man dropped the knife, the lieutenant spent several minutes speaking to him, crouched on the ground, learning about his family and background. He eventually walked the man out of the wooded area where he willingly accompanied the lieutenant to the hospital for mental health treatment.

The lieutenant's kindness, compassion and application of Crisis Intervention Team techniques are examples of how using de-escalation to diffuse a crisis situation can lead to a safe outcome.

Mental Health Docket

After working through the challenges that come with starting a new program and 2+ years of COVID, 2022 has been a year of growth and stability for the Mental Health Docket. With a full census of current participants and a steady flow of new referrals, the Mental Health Docket has expanded its focus to include not only current participants and referrals, but our growing base of alumni.

Graduations are truly a time to celebrate the hard work and success of the docket participants, resolve the criminal charges that brought them onto the docket and look forward to the



Former Chairman of the Board of Supervisors Sharon Bulova addresses graduates from the Mental Health Docket.

Court Specialty Dockets In the News



In May 2022, WNBC's Northern Virginia Bureau Chief Julie Carey reported on the progress of the Fairfax County Mental Health Docket in the segment "Mental Health Program Changes Minds and Lives." The news feature was a follow-up to a 2019 WNBC story on the launch of the Mental Health Docket. This section highlighted the benefits of the docket, a May graduation and the story of a docket graduate.

bright future for each graduate. For the graduates who have come to rely on the docket for support, camaraderie, structure and fellowship — what comes next? Does all of that structure and support end with graduation?

That question was addressed in 2022 with the roll out of the Mental Health Docket Alumni Group. The Alumni Group meets twice monthly through a combination of virtual and in-person meetings at the courthouse. The groups are an opportunity for alumni to come together, catch up with one another, laugh, tell stories and build fellowship. They are also a safe place for alums to talk to a trusted group of staff and peers, seeking guidance and support as they navigate their current life situations.

All alumni are encouraged to attend, and current docket participants are invited to attend once a month. The goal is to connect current participants with an already established community of peers and staff so as they near graduation themselves, they have a built-in community already established.

The primary objective in creating these alumni groups is to build community, which is essential to overall mental health and wellness. Community provides us with a feeling of belonging, acts as a powerful source of support and offers a sense of purpose. People who are grappling with serious mental illnesses often struggle to find the type of community that all human beings crave. Ideally, these alumni groups will result in a sense of community and support for all alumni and current participants of the Mental Health Docket, both while they're participating in the program and long after they graduate.

Veterans Treatment Docket

2022 was a year of invention and expansion for the Fairfax County Veterans Treatment Docket (Vets Docket). Early in the year, the Vets Docket team was accepted into a National Association of Drug Court Professionals (NADCP) Multi-Track Training, which focused on approaches to expanding treatment courts to serve those with



Col. Tracy L. Roux, US Army, Retired, served as keynote for the Veterans Treatment Docket graduation.

varying levels of needs. The Vets Docket team worked to determine what a “low risk/high needs” (LR/HN) track would look like and who it would serve, complementing the program’s traditional “high risk/high needs track” (HR/HN) that was established in 2015.

The new track serves veterans who are considered to have a low risk to recidivate, are usually first time offenders, but who have significant treatment needs to be addressed. Many of these needs stem from transitioning from the military and dealing with the traumas of past deployments and their military service time. The

“ I understand that you wouldn’t be here unless you had experienced a bump in the road and likely even several. This graduation represents and champions you. You have walked the line, made real changes and learned how to use resources when you hit the next bump.

You raised your right hand and served your country. I want to remind you that you don’t need to be in uniform with a patch on your shoulder to serve. You will continue your service to this country in your communities and in your family by continuing each day to better yourself and your surroundings. I know you will find yourself helping someone else with what you have learned in this docket — with this amazing collection of talent and resources that the veterans docket brings together. It will cause a ripple effect in a positive and powerful way with your actions. I am convinced our best place to continue our service is in our communities — local and right next to you.

This Veterans Treatment Docket forms the infrastructure of opportunity that can only happen in a collective effort. It draws support at the federal and local levels — community, schools, companies, families, as well as personal and professional networks. I see in the feedback from you graduates and watching Judge Earman in the courtroom with this docket, that it takes all we can do together to be successful. You are now armed with tools and resources — and a network — to find opportunity and serve your community each day. “

— excerpt from Col. Roux’s keynote speech



Col. Tracy L. Roou, U.S. Army, Retired, shakes hands with a Veterans Treatment Docket graduate. Also pictured are the graduate's mentor and Judge Grace Burke Carroll.

LR/HN track is designed to be less intensive court supervision and shorter in duration (a minimum of 11 months) than the traditional HR/HN track (minimum of 14 months). It is an appropriate diversion program for veterans who are willing to do the hard work involved in the docket, typically resulting in having their charges dismissed or reduced.

After a lot of planning and coordination, the new LR/HN track officially launched and had its first three veterans enter the program on July 13, 2022. The veterans were welcomed into the program by the docket treatment team, including representatives from the Community Services Board, Department of Veterans Affairs, Virginia Department of Veteran Services, Court Services probation officers, Public Defender's Office, Commonwealth Attorney's Office, Sheriff's Office and volunteer mentors to address their behavioral health needs.

The addition of this new track immediately doubled the total Vets Docket program numbers and allowed a previously unserved cohort of veterans the structure, comradery and treatment benefits that this program provides. In 2022, the LR/HN track served seven veterans in the first six months and continues to grow at a rapid rate.

The Vets Docket program plans to continue growing and looks forward to having the first graduation for the Low-Risk Vets Docket in the fall of 2023.

Drug Court

The past year has brought experiences both new and old for the Adult Drug Treatment Court (Drug Court), but in the best ways. In 2022, the Drug Court was able to return to conducting most program functions in person, while still taking advantage of the many ways that technology and virtual services can benefit participants. The Drug Court is held in person every Thursday morning, but we are able to stay connected with participants who are in higher levels of treatment and incentivize them by using a virtual platform. This reduces visits to the courthouse as participants progress through the docket.

Also in 2022, the Drug Court established the vital role of Treatment Coordinator, which is essential to the success of the program's participants. As a member of the Drug Court team, the Treatment Coordinator meets with participants on a regular basis to help them establish personal and recovery related goals. Additionally, this role is focused on connecting participants to resources and services, including substance use treatment and benefits that provide housing, employment and food, which they may need to be successful.



Judge Dontae Bugg, one of two judges to preside over the Drug Court, speaks. Seated behind is Judge Thomas Mann, who formerly served as a Fairfax County Circuit Court Judge (now sits on Virginia Supreme Court). Seated is Jennifer Fuller, Drug Court program coordinator.

The Drug Court was selected to host an international delegation from the United Kingdom who were seeking to learn more about how the Drug Court operates as they look into expanding this type of program in Britain. The Drug Court team was proud to serve as a model for the delegation to observe.

Judge Dontae L. Bugg and Judge Stephen C. Shannon preside over the Drug Court, bringing their passion and commitment to this pivotal role. Both judges exemplify the court's mission of providing support and accountability and assisting the participants along their path to sobriety and recovery.

In the coming year, the Fairfax County Adult Drug Treatment Court is excited to continue serving members of the community who are seeking the benefits of recovery.

Court Services Supervised Release Program

The past year has been a time of immense growth and development for Court Services. The Fairfax County General District Court Mental Health Docket and Competency and Compliance Docket continue to yield positive results through the hard work of participants, treatment teams, providers and support personnel.

- The Treatment Team provides quality care centering on individual support by connecting participants to mental health and substance use resources as well as individualized services, such as therapy and vocational counseling.
- The Mental Health Docket focuses on individuals who have a medium to high risk of recidivism and those with high needs.
- The Competency Docket focuses on individuals struggling with pretrial compliance.

Court Services also identified a need for additional support and services for justice involved participants with a low risk of recidivism and high needs. Spearheaded by General District Court Judge Tina L. Snee, and in collaboration with Diversion First stakeholders, a Deferred Disposition Trespass Pilot Program (DDT) was initiated in the spring of 2022. The DDT Program is needs-based



The Fairfax County Courthouse

and aims to divert individuals with trespass charges from the criminal justice system by connecting them to community-based treatment services and support. The goal is to address the root issues of trespassing and decrease recidivism. Individuals are screened for program eligibility by Court Services. If the individual is eligible and agrees to participate, the case will be deferred while the individual engages in services. Upon successful completion of the recommended services, the trespass charge is dismissed and expunged. Recommended services may include case management, mental health and substance use treatment, community service, supportive housing and vocational and educational services.

Diversion efforts have been increased by Court Services for justice involved individuals with co-occurring and substance use disorders by renewing, strengthening and developing collaborations with community providers to include the Community Services Board (CSB), National Capital Treatment and Recovery, Recovery Unplugged and the CSB's Peer Outreach Response Team (PORT). Court Services also partners with the Fairfax Coun-

ty Opioid and Substance Use (OSU) Task Force and Fairfax County Sheriff's Office. In addition, an Underage Possession of Marijuana Diversion Program was initiat-

Jail Diversion in Our Community

The Community Services Board (CSB) Jail-Based Team met with Ms. Smith while she was incarcerated at the Adult Detention Center (ADC). The team determined that she needed intensive psychiatric services and facilitated a placement at Western State Hospital. When Ms. Smith returned to the ADC, she was connected to Jail Diversion Engagement Services to assess and coordinate the support and resources she needed for successful community re-entry. Once she was released from the ADC, the team coordinated her admission to the Wellness Circles Crisis Stabilization Unit for further treatment. The treatment team continued to build rapport with her and worked with her family to support her integration back into the community.

Following crisis stabilization, Ms. Smith also began working with a Jail Diversion Peer Recovery Specialist to gain insight and understanding of her mental illness. Ms. Smith gained independent living skills within a Jail Diversion Apartment, as she and her treatment team worked to establish her own personal residence. She also reconnected with her family members and focused on rebuilding those relationships. Since her release from the ADC, Ms. Smith has not had any legal/law enforcement interactions. She and her Jail Diversion Treatment Team are a true reflection of Diversion First mission in action.



Before going into the community to see a new client, Jail Diversion Intensive Case Management staff, Linda Johnson and Bipana Pokharel, discuss engagement strategies.

ed under the guidance of the General District Court to target individuals charged with Underage Possession of Marijuana. Similar to the DDT program, participants are connected to community-based treatment services and support and, if compliant, can have the charge dismissed.

Recognizing the importance of input from individuals receiving services, Court Services conducted Client Feedback Surveys to ensure that the agency is meeting individuals where they are and providing services based on their needs. Court Services continues to explore avenues of support and approaches to reduce recidivism for those served.

Project HOPE

Since 2020, the HOPE Team has delivered “Recovery Re-entry” services to individuals incarcerated at the Fairfax County Adult Detention Center (ADC). Through a collaboration of the Community Services Board (CSB), Fairfax County Sheriff’s Office and The Chris Atwood Foundation (CAF), services are delivered by trained CAF peer recovery specialists who possess personal lived experience of substance use disorder (SUD) and incarceration. Peer recovery specialists engage individuals who are incarcerated, offer resources and bring the hope that only comes from connecting with someone who’s walked in their shoes — someone who “gets it.”

There are several pathways for someone to connect with a HOPE peer recovery specialist. Anyone incarcerated in the ADC can send a message to the team, requesting resources or a meeting. Referrals may also come through other professionals working in the ADC. Special populations of focus include individuals with a positive SUD screen and those on medication for opioid use disorder (MOUD).

Every individual booked into the ADC is screened for SUD. This practice leads to follow up from a CSB Jail-Based Team clinician for treatment support and referrals. The HOPE Team augments this capacity and engages everyone who screens positive in a recovery-focused manner, usually within a few days. This engagement may be face-to-face in ADC housing units or in writing through the “Jail Mail” system if needed. During this connection, a peer recovery specialist shares a bit of their lived experiences, listens closely to needs, offers in-the-moment support and then follows up. A critical focus is making connections to recovery pathways, which include

HOPE Stories of Success

In December 2022, “Caleb” was released from the ADC. During his incarceration, a HOPE Team peer recovery specialist developed a connection with Caleb and was there to meet him at the front door. Caleb remains highly committed to working with the HOPE Team, and they’ve supported him as he moved into a recovery house, started Drug Court and reconnected with his family. He uses the phone the HOPE Team gave him to connect with his probation officer, therapist, housemates and peer recovery specialist.

options available in the ADC (e.g. MOUD treatment, 12-step groups and re-entry services), and community options available after release (e.g. CSB’s Addiction Medicine Clinic, recovery housing scholarships and CAF Comprehensive Harm Reduction services). Peer recovery specialists offer continued connection and support both during incarceration and post-release. If a release date is imminent, support is accelerated.

Collaboration is key. The HOPE Team works closely with the Sheriff’s Office re-entry and medical teams and the CSB’s Clinical Jail-Based and Peer Teams. This teamwork is critical, especially when addressing complex needs, such as individuals on MOUD. The team meets weekly, and sometimes connects daily to address challenges such as unexpected releases and difficulty maintaining adherence to treatment protocols. The HOPE Team members are equal partners in providing this “whatever it takes” support.

Practical needs are a frequent barrier to effectively re-entering the community. HOPE partners with the CSB and Sheriff’s Office to include a cell phone in the property of individuals on MOUD, and others as needed. This phone has free minutes and is pre-programmed with phone numbers for the Chris Atwood Foundation, CSB Addiction Medicine Clinic and others. HOPE offers scholarships that pay the first two weeks of living in a recovery house.

Each month, HOPE delivers peer recovery services to 80-90 individuals incarcerated in the ADC and those recently released. In 2023, the HOPE Team will expand from three staff to a team of six.

Striving to Achieve Recovery (STAR) and Beyond

Julio's Success Story

Wearing faded jeans, new sneakers and a crewneck sweatshirt, Julio Delet stood in front of inmates in the Striving to Achieve Recovery (STAR) program. All eyes were glued on their visitor. Julio told them that coming into the Adult Detention Center to meet with them was the final item on his "jailhouse check list." As some of the current participants knew, Julio was once one of them. His substance use disorder led to multiple arrests, the loss of his driver's license and a revolving door in and out of the jail. "I came back to share my experience," he said. "It's how I express my gratitude for the opportunities I've been given."

Several months into his last incarceration, Julio volunteered for the STAR program. He stayed with it for 22 months until his release in November 2020.



Sheriff Stacey Kincaid presents Julio with a certificate of completion for Phase I of the STAR program.

More than two years later, Julio remains in recovery, is happily married to a woman he has known for 15 years and is living and working in California.

Sheriff Stacey Kincaid launched the STAR program in November 2018. She explained, "Julio flew across the country to share his story and let others with substance use disorders know that recovery is possible. That's what being a peer is – one person with lived experience sharing that experience to help others."

Julio's drug of choice was alcohol. While in the STAR program, he often would share the difficulty he faced navigating recovery. "Alcohol is socially accepted by society. The messaging is 'Drink responsibly.' 'Go to happy hour.' 'Have a drink to relax.' But alcohol is a drug. For me, it's a very dangerous drug."

When Julio advanced to Phase 3 of the STAR program, which usually includes work outside the unit, he was selected to be a mentor for inmates housed elsewhere in

the ADC. "Mentoring in a trauma group has given me a sense of purpose," he said at the time, "and allows me to make amends for the wreckage of my life. Trauma and addiction go hand in hand."

He also was assigned to the inside-the-jail workforce. That work experience proved useful after his release. When he moved to California, he was able to get a job in maintenance at an apartment complex. "For the first six months, I walked four miles to work every day," he says. "Then I got a bicycle. And after that, I took a train. I learned to be patient and take one day at a time... even one minute at a time." Today Julio is a lead maintenance engineer in a high rise building.

"The good stuff in my life is overwhelming sometimes. I ask myself, is this too good to be true? I'm still an alcoholic in recovery." Julio continues to attend Alcoholics Anonymous and/or Narcotics Anonymous three times per week. "Just because the monkey is off your back," he says, "doesn't mean that the circus has left town."

When Julio was a STAR participant, his mother sent a letter to Sheriff Kincaid. "At first I had my doubts about this program," she wrote. "After all, my son was out of control and in and out of jail with no regard for how he was breaking my heart on a daily basis and on a path that many are not as fortunate to return from."

She described her son as "an adult making adolescent decisions." She wrote that she has learned much about trauma and addiction through the STAR program. "I am better able to understand the root cause, the process and the treatment." Now she says, "he has learned to take responsibility for his actions and stopped blaming me or others for his downfall."

Positive affirmation from his peers has helped him to keep working the program.

"I can only stay sober if I want to be sober," he says. "Every day I make a conscious effort to be the best I can be, even when no one is looking."



Julio speaks to participants in the STAR program at the Adult Detention Center.

National Spotlight

Seven Years of Stepping Up A Justice Briefing Live Event



Fairfax County was featured on a panel with Lubbock County, Texas and Franklin County, Ohio during a national event in recognition of the Stepping Up initiative, a program aimed at reducing overincarceration of people with mental illnesses.

Seven Years of Stepping

Up — A Justice Briefing Live Event was sponsored by the Council of State Government’s Justice Center, the National Association of Counties and the American Psychiatric Association Foundation. The event and panel highlighted Stepping Up counties’ achievements, explored emerging trends in the field and charted a path forward for Stepping Up.

““ Diversion is not a program — it’s more of a philosophy that goes across programs. ““

— John C. Cook, Chairman
Diversion First Stakeholders Group

Virginia Association of Counties Visits Diversion First Programs

In September, representatives from the Virginia Association of Counties (VACo) visited Fairfax County for a tour of Diversion First programs. The site visit included a tour of the Merrifield Crisis Response Center and a briefing on crisis response services, a presentation on the role of the courts in diver-



Representatives from the Virginia Association of Counties (VACo) visited Fairfax County to tour the STAR program in the Adult Detention Center.

sion efforts and overview of programs and services in the Adult Detention Center. The site visit also featured a discussion with participants in the Striving to Achieve Recovery (STAR) program, who shared the journey through the program and the positive impact it has had on their lives.

Sharon Bulova Center for Community Health

On May 12, the Merrifield Center was renamed the Sharon Bulova Center for Community Health, honoring former Fairfax County



Supervisors Chairman Sharon Bulova. Bulova led county efforts to launch Diversion First, and under her leadership the Fairfax County

Colleagues, friends and family all came to celebrate the renaming of the Sharon Bulova Center for Community Health.

Board of Supervisors passed a Stepping Up resolution, leading to countywide change to address the prevalence of mental illness and co-occurring substance use disorders in the criminal justice system.

“Lives are changed and lives are saved thanks to the work done in this building as a result of Diversion First,” said Bulova. “To the professional staff and to individuals who serve as peer coaches and counselors, thank you. What you are doing is making a difference.”

““ Diversion First is a revolutionary concept that was and remains ahead of its time. This remarkable facility and its community impact on a daily basis are a testament to the type of change that forward-thinking, innovative local government involvement can make. ““

— Jeffrey C. McKay, Chairman
Fairfax County Board of Supervisors

What's Ahead in 2023

- Diversion First will continue to assess gaps and opportunities to divert people with mental illness, substance use disorders and developmental disabilities to the services and supports they need to break the cycle of criminal justice involvement.
- Using the nationally recognized and applied Sequential Intercept Model (SIM), we will continue to develop and enhance service along six distinct intercept points, each with possibilities for intervention.
- In 2023, Diversion First partners will:
 - o Focus on July 1 implementation of the statewide Marcus Alert law, which emphasizes coordination between 9-1-1 and regional crisis call centers and establishes a specialized behavioral health response from law enforcement when responding to a behavioral health situation.
 - o Enhance the crisis response system by expanding the Community Response Team and Co-Responder program.
 - o Continue to collaborate with other national Stepping Up Innovator Counties to exchange best practices, lessons learned, resources and strategies to inform local practices.
 - o Remain focused on all intercept points, to include expanding the specialty dockets and resources for community services and supports.



Co-Responder Team Members Irina Rasner (CSB Crisis Intervention Specialist) and MPO Keith Castilon discuss strategies.



Rasner and Castilon meet with a resident as a team.

Forwarding the Mission of Fairfax County

SHAPING THE
FUTURE
OF FAIRFAX
COUNTYWIDE STRATEGIC PLAN

Diversion First integrates multiple outcome areas in the Countywide Strategic Plan, including Safety and Security, Community Health, and Empowerment and Support for Residents Facing Vulnerability. The program also supports the related One Fairfax equity drivers of Community Health and Wellbeing and Community Safety and Justice.

2022 Year in Review — By the Numbers

	2016	2017	2018	2019	2020	2021	2022
Police Department							
Total calls for service with police response involving mental illness ¹	3,566	4,152	7,925	8,203	9,989	10,534	10,455
- Involved Merrifield Crisis Response Center (MCRC) for all jurisdictions ²	1,580	1,931	2,278	2,109	2,165	2,170	2,280
Merrifield Crisis Response Center/Emergency Services							
Total service encounters	5,024	6,120	6,665	6,424	5,145	5,811	6,174
- General emergency services (non-law enforcement involved)	3,444	4,189	4,387	4,315	2,980	3,641	3,894
- Involved law enforcement	1,580	1,931	2,278	2,109	2,165	2,170	2,280
- Voluntary transports to MCRC	547	565	662	555	550	661	341
- Emergency Custody Order (ECO) transports to MCRC	1,033	1,365	1,616	1,554	1,615	1,509	1,939
Diverted from potential arrest	375	403	530	387	438	505	588
Unduplicated number of people served at emergency services	3,081	3,662	3,810	3,635	3,150	3,536	3,727
Mobile Crisis Unit³							
Total number of services (attempts and contacts)	1,484	1,597	1,751	1,557	1,458	1,813	2,113
- Total number of services (contacts)	1,029	1,138	1,220	1,040	862	1,013	1,148
Services with law enforcement or referral	467	584	675	562	489	420	924
Unduplicated number of people served (contacts)	791	928	911	816	704	784	924
Office of the Sheriff							
Criminal Temporary Detention Orders (CTDOs) from jail	35	27	30	27	11	25	20
Transports from MCRC to out of region MH hospitals	128	106	118	108	109	35	34
Jail transfers to Western State MH Hospital (forensic)	23	49	78	88	59	53	78
Crisis Intervention Team Training (CIT)							
Graduates	265	451	734	907	952	1,044	1,075 ⁴
Dispatchers (condensed version of training)	42	117	151	157	163	163	171 ⁵
Mental Health First Aid (MHFA) and Mental Health Literacy Training							
Fire and Rescue (Mental Health Literacy)	NA	606	1,239	1,377	1,624	1,736	1,847 ⁶
Sheriff's Deputies, correctional health nurses, administrative staff	248	468	571	667	675	711	716 ⁷
Court Services							
Total number of Pretrial Supervision	NA	2,089	1,830	1,896	1,966	2,316	2,864
- Screened positive on the Brief Jail Mental Health Screen (BJMHS)	NA	529	579	417	330	377	396
- Screened positive on the BJMHS, had an advanced screen and were referred to treatment	NA	256	370	303	181	242	240
Total number of Juvenile and Domestic Relations District Court Pretrial Services Program (PSP)				545	497	575	641
- Ordered to have a mental health assessment or treatment				117	78	136	131
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 One MCU Unit until September, 2016 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. July 2023.

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.