

DIVERSION FIRST



2018 Annual Report

Fairfax County, Virginia

Letter from Diversion First Leadership

On March 11, 2016, leaders from public safety, behavioral health and the Board of Supervisors gathered in a room filled with local media to formally announce the county's new collaborative initiative, Diversion First. Joining us was a peer support specialist who had been incarcerated in the past without benefit of a jail diversion program. He talked about mental illness and his journey toward recovery.

This public event represented the culmination of many months of research and discussion to change the way the criminal justice and behavioral health systems interact. Jails across our state and nation, including our Adult Detention Center, had become de facto housing for people with mental illness and often co-occurring substance use disorders. Through Diversion First, we intended to change that scenario for Fairfax County.

The Merrifield Crisis Response Center (MCRC) opened on January 1, 2016. Diversion in lieu of arrest became a new reality with the assignment of police officers and sheriff's deputies to MCRC. Patrol officers could now take a person experiencing a mental health crisis to MCRC, transfer custody to a Crisis Intervention Team officer or deputy and return to their primary duties on the street. Bringing someone to jail would no longer be the default option.

1,308 people have
been diverted from
potential arrest thanks
to Diversion First.

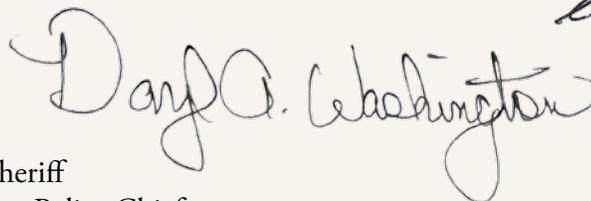
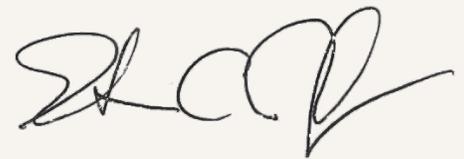
In three short years, over 1,300 people have been diverted from potential arrest, and we have greatly expanded opportunities to divert AFTER arrest. When prosecutors and public defenders are working together to achieve a positive outcome for people with mental illness and/or substance use disorders, we know that Diversion First has made a difference. When clinicians and law enforcement officers are teaming up to get people in crisis the help and support they need, we know that Diversion First has made a difference. And when people in supervised release programs are showing up for their appointments with probation officers and judges, we know that Diversion First has made a difference.

In this report, we are highlighting the dockets and courts that give people second chances after arrest while still holding them accountable for their actions. We are also sharing a new therapeutic program in the Adult Detention Center for addiction treatment and recovery.

In 2019, we will work with the Substance Abuse and Mental Health Administration's GAINS Center to update our county's Sequential Intercept Model map, outlining our current efforts and identifying gaps in our Diversion First continuum. We also look forward to progress in cross-system data analysis to help us document outcomes and drive improvement in our programs.

Finally, we recognize that continued success will be dependent on expanding community-based services, including emergency and long term-housing, accessible treatment, affordable transportation and peer support engagement.

Sincerely,



Stacey A. Kincaid, Fairfax County Sheriff

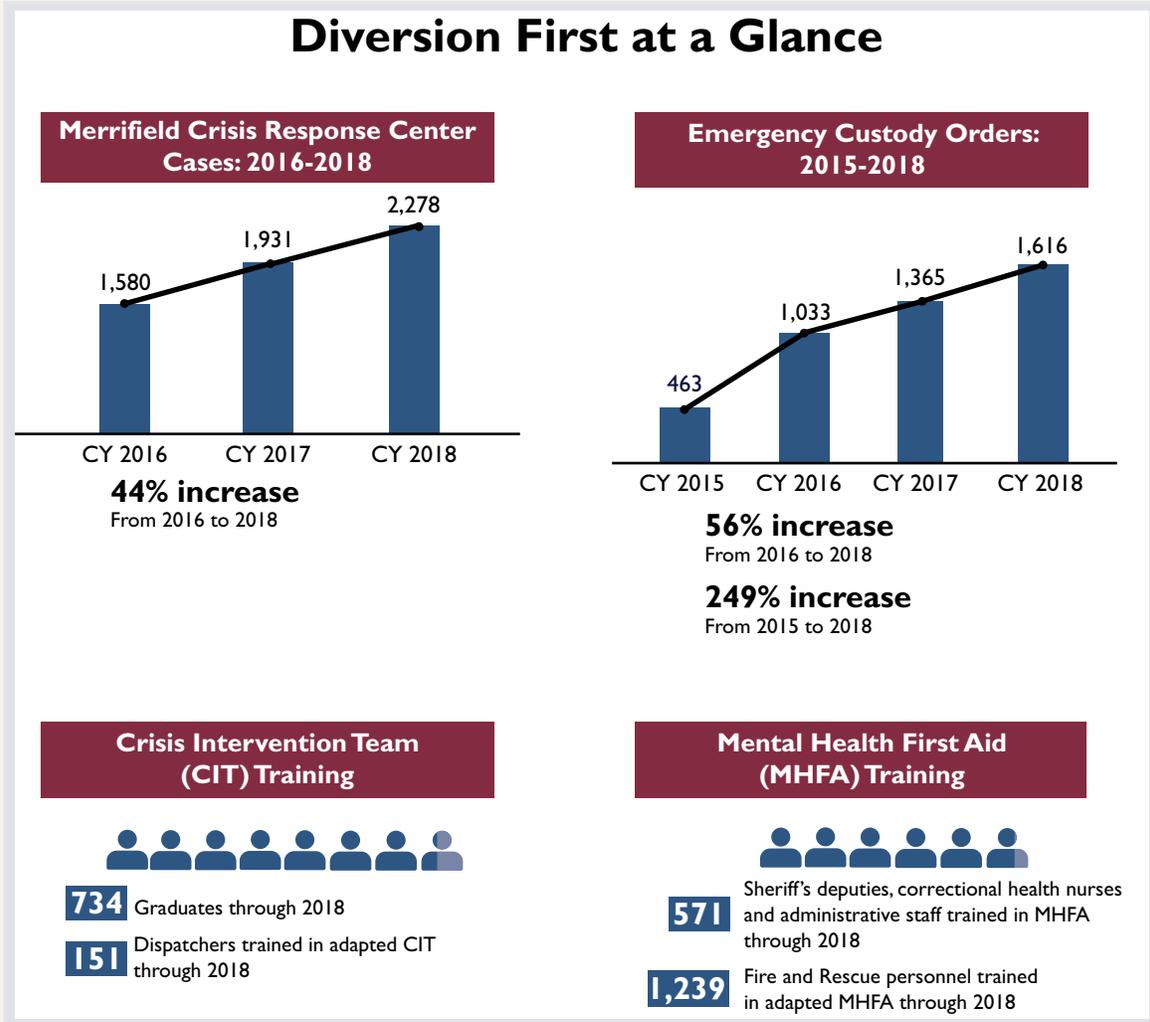
Edwin C. Roessler, Jr., Fairfax County Police Chief

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

What Is Diversion First?

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

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



Each year Diversion First advances Fairfax County further into a healthier and safer community for all. Thanks to the tireless work of Diversion First stakeholders, our public safety personnel are better equipped and aware of how to properly respond to incidents where mental illness is a factor. People with mental illness no longer have to face the trauma of incarceration for minor infractions. Instead, they can receive treatment in a more cost-effective way than incarceration and return to society healthier than before, all for much less than staying in the county jail. Diversion First offers hope to families of those with mental illness in Fairfax County knowing that their loved one will be cared for by the appropriate medical professionals they need. In 2019, the court will start a mental health docket, which will help those who need immediate mental health assistance. I look forward to seeing the progress Diversion First makes in the coming years.

- Braddock District Supervisor
John C. Cook



Diversion Throughout the System

As we continue our work with diversion in Fairfax County, we have gained new ground in helping people as they move through the public safety and court systems.

Supervised Release Non-Compliance Docket

In August 2018, Fairfax County created the Supervised Release (SRP) Non-Compliance Docket for defendants who are on active pre-trial supervision, have mental health and/or substance abuse issues, and are alleged to have violated the terms of probation, including treatment requirements. The goal of the new docket is to hold these defendants accountable for their actions but also to work with them to resolve issues that are hindering compliance.

The docket, which is led by Judge Tina Snee, is a collaboration among the General District Court, Court Services, the Commonwealth’s Attorney, the Public Defender and the Community Services Board. The docket is held twice a month with about 15-18 cases heard during each session. In the past, non-compliance with court-supervised treatment often resulted in bond revocation for the defendant or the SRP violation being

heard on the court date for the underlying charge.

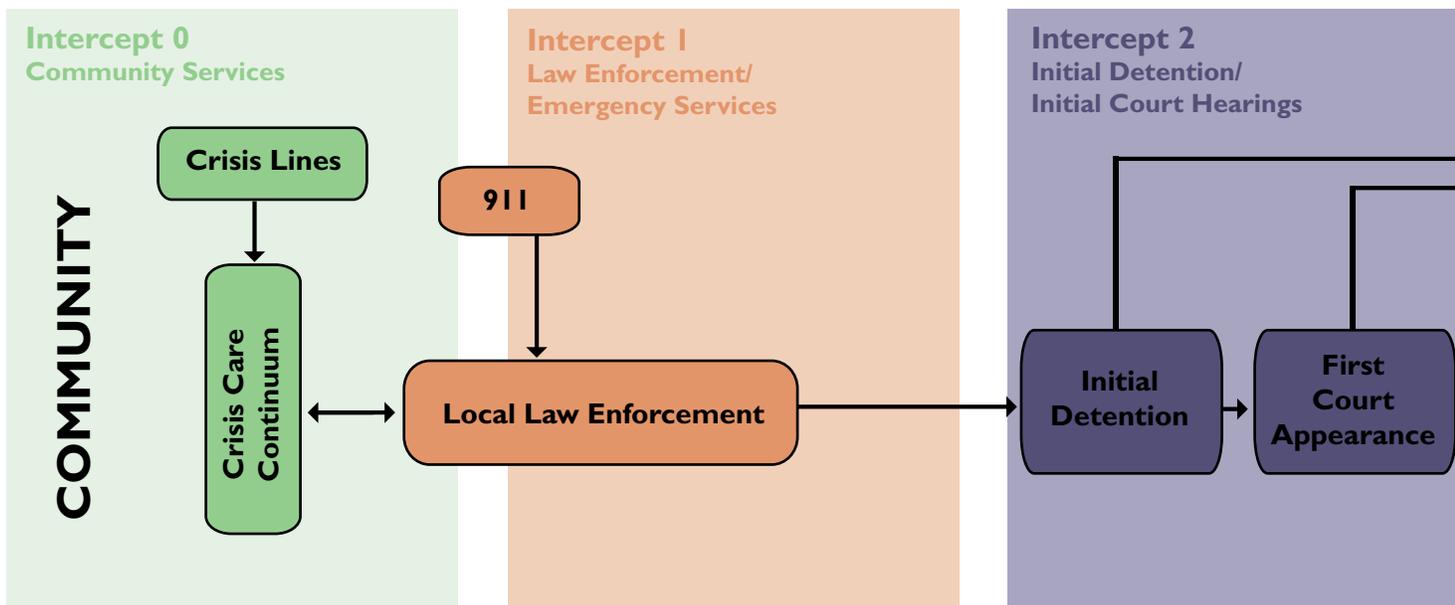
Timely connection to services is a crucial component to reducing recidivism, but obstacles sometimes prevent defendants from accessing services. After a defendant is released from the Adult Detention Center and completes the initial intake with a pretrial officer, his or her circumstances can change – housing, employment, transportation or overall physical and mental health. If a person’s ability to remain safely in the community is threatened by their circumstances, and if interventions have not been successful, the individual is placed on the non-compliance docket and given a formal hearing. The hearing often results in an amended bond to include an increase or decrease in urinalysis, court appearances, office visits and treatment plans, but sometimes the hearing results in a return to confinement.

Peer support specialists play a critical role in the success of the docket by engaging with defendants in a supportive environment and helping with links to community resources, transportation and other needs.



Judge Tina L. Snee

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 SRP Non-Compliance Docket pilot was viewed as the first step in establishing a full Fairfax County Mental Health Docket. Once established, the docket will include cases that have been referred, screened and accepted to the docket. Defendants must be assessed at medium risk of recidivism and exhibit a connection between their mental illness and criminal behavior. Individuals will participate in the Mental Health Docket for 12-24 months, depending on their needs and progress. Participants who successfully complete the program may have their current charges reduced, dismissed or otherwise resolved.

Drug Treatment Court

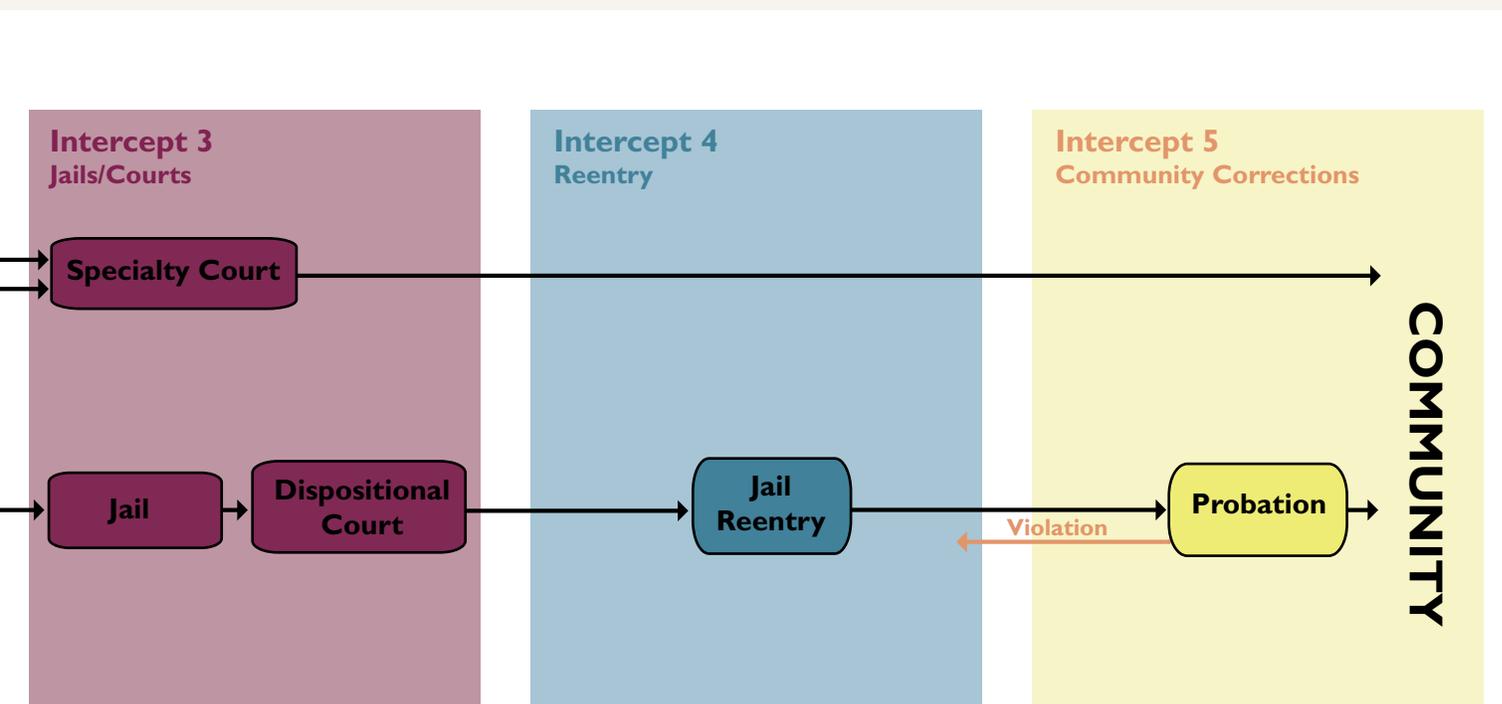
Treatment courts have proven to be successful criminal justice interventions for people with mental illness and/or substance use disorders. Building on Diversion First and the Veterans Treatment Docket, Fairfax County launched a Drug Treatment Court in 2018 led by Circuit Court Judge Penney S. Azcarate. The court’s mission is to enhance public safety through cost-effective, research-based interventions that integrate treatment and court supervision. As a result, the program will save lives, save money and reduce recidivism by breaking the cycle of addiction.

Partners in this initiative include the Community Services Board, Commonwealth’s Attorney, Public Defender, District 29 Probation and Parole and the Sheriff’s Office.

Nationally, 20.2 million adults have a substance use disorder. In 2017, an estimated 72,000 Americans died of a drug overdose. In 2016, the Fairfax County Circuit Court conducted over 630 probation violation hearings, many of which resulted from positive drug tests and non-compliance with a treatment plan.

The Drug Treatment Court is designed for Fairfax County residents 18 and older who have been convicted of a non-violent crime, were placed on probation and subsequently violated the terms of probation due to substance use. Their crime need not be alcohol or drug-related. To qualify for the program, they must meet the criteria for an alcohol or drug dependence diagnosis and be assessed as high risk and high need.

The court has five phases that take at least 14 months to complete, starting with stabilization and concluding with continuing care. Each phase varies as far as how often a participant must come to court and meet with a probation officer. The program recognizes that relapse happens, especially in the earlier phases; relapse is part of recovery. The court meets every Thursday at 9 a.m. If the individual graduates from the Drug Treatment Court program, the judge will terminate probation and the probation violation.



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.

Veterans Treatment Docket

Excerpted from “Veterans Treatment Docket” by the Honorable Penney Azcarate, American Jails – The Magazine of the American Jail Association, November/December 2018, pages 15-18.



Judge Penney Azcarate

I have been a judge for more than 10 years. There comes a time when you believe you have seen everything, and the people before you become a sea of faces with charges that are never-ending. But here he is, standing in front of me visibly nervous, pacing back and forth on his heels and constantly running his hand through his short-cropped hair.

The anxiety is palpable. The man is in clear distress. Since the last docket two weeks ago, he experienced a setback and is scared. He thinks he is going to jail and his demons are present. Here is a man who has served six tours for the U.S. Army in Operation Enduring Freedom and Operation Iraqi Freedom. He was an explosive ordinance disposal specialist. This man before me is a decorated war hero, and now he is broken.

This docket is a post-sentencing docket. The veteran takes accountability for his or her actions. However, instead of going to jail, or after serving a shortened jail

sentence, he or she is diverted into the treatment docket. The program is based on phase progression, starting with a stabilization phase and ending with an aftercare phase, to ensure the whole veteran has been treated, in recovery, and connected to services. The docket addresses issues that include:

- post-traumatic stress
- traumatic brain injury
- military sexual abuse
- substance abuse or co-occurring issues

It is truly a “one-stop shop,” linking veterans to the programs, benefits, and services that they have earned. Believe me, jail can be easier than going through this docket. There are never-ending appointments, probation checks, hundreds of drug-testing screens, life-skills training, community service, and court appearances. It is hard work, and a veteran who graduates from the program has changed his or her life’s course. The community is getting back a whole citizen.

I am very fortunate that the local community is very supportive of this program. A judge must be the one leading the charge to create and operate these dockets. Fortunately, because the veterans come with benefits they have earned, it doesn’t take much money to begin. It should also be noted that Federal grants can be awarded, and community resources can be uncovered—all of which are vital to a successful program.

The docket is just a small way of assisting a hero to get back on his or her feet. It is truly a way that we can thank a veteran for his or her service.

Court Services

Through collaboration with the Sheriff’s Office, all Court Services pre-trial officers have received Mental Health First Aid training, and the majority have completed Crisis Intervention Team (CIT) training. One pre-trial officer earned CIT instructor certification.

Court Services made several other changes over the past year to improve its delivery and workflow of Diversion First services.

- Created a 24-hour pre-trial investigative unit
- Increased pre-trial officer presence at the South County Government Center for defendants living in the Alexandria area
- Provided additional progress reports to the Commonwealth’s and defense attorneys
- Sent court appearance reminders to attorneys and defendants appearing on the SRP Non-Compliance Docket
- Cross-trained with the CSB, Magistrate’s Office and non-profit organizations

Over the past two years, Court Services has supervised almost 1,000 defendants with mental health issues, 70 percent of whom were referred for further assessment.

Co-Responder Pilot

Widespread adoption of Crisis Intervention Team (CIT) training and increased recognition of mental illness, substance use disorders and developmental disabilities have led to the implementation nationally of co-responder models as a best practice.

In Fairfax County, law enforcement (police officers and sheriff's deputies), Fire and Rescue and the Community Services Board have expanded the reach of Diversion First by developing and implementing a Co-Responder Model pilot. This Community Response Team (CRT) takes a proactive approach to people in the community who are "super utilizers" of services, often cycling through public safety, behavioral health and emergency rooms. Cycling through multiple systems often leads to fragmentation of services and a poor prognosis. The goal of the CRT is to intervene and provide customized, collaborative services focused on better outcomes and more efficient use of resources.

The CRT pilot officially launched in November 2018, starting with one day a week and quickly expanding to two days a week. The team has engaged individuals who are frequent utilizers of public safety services and who would benefit from behavioral health treatment services and supports.

People identified as potentially needing CRT services have a pattern of repeated calls to the 911 dispatch center, often with needs related to mental health issues. The CRT meets weekly to review and triage potential referrals and then reaches out to individuals in need of services and supports. The CRT builds relationships with individuals and then assesses for potential needs, such as mental health treatment, transportation and medical



Abbey May, Service Director, Community Services Board (CSB); Redic Morris, 2nd Lieutenant, Sheriff's Office; Officer Robin Wyatt, MCRC-Law Enforcement Team, Police; Adam Willemssen, EMS Technician, Fire and Rescue; Laura Maddock, Emergency Services Supervisor, CSB; Chelsea Sargent, Crisis Intervention Specialist, CSB; John Chesek, Battalion Chief, Fire and Rescue; Belinda Massaro, Mobile Crisis Unit Manager, CSB; Kristina Deemark, Operations, Public Safety Communications.

assistance. The CRT continues outreach efforts to assist individuals through linkages with appropriate services. Early results of the CRT pilot have shown a reduction in 911 calls.

The CRT is a multidisciplinary, joint case management and referral service that relies on the unique knowledge, skills and abilities of each member. Strong collaboration is the most important and valuable part of the team, with members bringing their own perspectives to each individual and situation. Different team members take the lead on outreach calls, depending on the type of expertise needed to provide the necessary engagement in services.

The team is tracking pre- and post-CRT data to determine the effectiveness of the pilot and the impact on people who are served.



Fairfax County's Diversion First program is one of the most impactful initiatives I have had the honor of shaping during my time on the Board of Supervisors. I am immensely proud of Diversion First and how much progress we have made in just three short years. With strong leadership, dedicated county staff and support from community stakeholders, I know this program will be in good hands and continue to expand well into the future.

- Fairfax County Board of Supervisors Chairman
Sharon Bulova

STAR Program

“Addiction is a disease and should be treated as such. The absence of drugs and alcohol in the Adult Detention Center forces sobriety, but recovery is a life-long process. Recovery must become a lifestyle.” – Fairfax County Sheriff Stacey Kincaid

In March 2018, Sheriff Kincaid and her staff visited the Chesterfield County jail to observe its forward-thinking Heroin Addiction Recovery Program, known as HARP. The program is not led by staff or clinicians. Instead, it is led by trained mentors who are inmates in that unit. The participants welcome visitors and respond to questions about their past experiences and their recovery goals and accomplishments. Sheriff Kincaid’s subsequent visits to HARP included representatives of the Community Services Board (CSB), the County Board of Supervisors, George Mason University (GMU) and Oxford House. On November 1, 2018, the Sheriff’s Office launched a pilot program in the Adult Detention Center (ADC): STAR – Striving to Achieve Recovery. The program incorporates the best practices from Chesterfield but is tailored to meet the needs of Fairfax County.

The STAR program is voluntary, not court ordered. Eligible inmates with histories of drug or alcohol involved arrests and chronic substance use live together in a housing unit that serves as a therapeutic community. Participants must commit to living a clean and sober lifestyle upon release from the ADC. They must assume responsibility not only for their own recovery, but also for the recovery of their peers. They pledge to serve as role models, working collectively to hold each other accountable.

The program is led by two peer recovery specialists employed by the CSB and assigned to the ADC. They each have many years of sustained recovery. The participants relate to the peers because they have street credibility. The peers have a self-described mission to serve others. To help get the program off the ground, the Sheriff’s Office borrowed – through a jail

transfer – two inmate mentors from Chesterfield. After two months, they both returned to Chesterfield and two new mentors arrived at the ADC. As the Fairfax County program gets more established, local inmate participants will become the mentors. The Sheriff’s Office also plans to add more men to the unit and open a unit for women.

The STAR curriculum follows the Living in Balance program, which draws from cognitive-behavioral, experiential and Twelve Step approaches. Participants receive several hours of daily programming that focuses on recognizing trauma, identifying triggers, managing stress, developing social supports, setting goals and recommitting after a setback.

One month into the program, one of the participants described it this way: “This environment is conducive to change,” he said. “At times, it takes us out of our comfort zone when we least expect it. It’s an essential time for us to grow.”

What’s next for the STAR program? The Sheriff’s Office is working with GMU to collect and analyze data to measure the success of the program and determine any needed changes. The agency also plans to create a re-entry specialist position to liaison with partners in the community and help participants prepare for life after jail. They will need housing and services. They will need the means to support themselves in a clean and sober lifestyle. Ultimately, they can become role models for those who follow in the program.



Diversion Success: Carol's Story

“Carol” had been living on the streets for several years, homeless and struggling with symptoms of schizophrenia. Because of her untreated illness, she had frequent contacts with law enforcement, including incarceration.

Life wasn't always so difficult for Carol. In her youth she successfully obtained a bachelor's degree and was able to work in her field until the symptoms of her illness made that impossible. Her illness made day-to-day life difficult, and without stable housing and treatment she was getting lost in the criminal justice system.

Her Jail Diversion case manager started off slowly, working to develop trust while helping to get her basic needs met. The case manager and a peer support specialist had regular contact with her, meeting her at bus stops and homeless shelters, encouraging and supporting her as she made progress or as she struggled. After many months of outreach, Carol agreed to start taking medication that helped to stabilize some of her symptoms and restore a higher quality of life.

Addressing her homelessness was also a critical factor for long-term stability and recovery. She worked with the treatment team to apply for housing and eventually moved into an apartment. Stable housing has allowed Carol to return to work part-time for the first time in many years.

She continues to do well and work with the Jail Diversion team to make long-term life changes.

Leadership Lab

In May 2018, Fairfax County was one of four jurisdictions selected to participate in the National Association of Counties' (NACo) Advancing Cross-System Partnerships Leadership Lab. Participating counties are expected to demonstrate progress in making connections between their health, human services and justice systems. They are charged with using data to create and/or expand opportunities that improve the well-being, self-sufficiency, stability and health outcomes for a subset of the justice-involved population by providing effective and efficient services and supports.

Fairfax County identified individuals who are homeless, have a co-occurring substance use disorder and a history with the criminal justice system as a population at-risk for further criminal justice involvement post-diversion from potential arrest.

It is anticipated that providing coordinated services such as housing, behavioral health treatment, peer support and health care services will lead to more positive outcomes for this vulnerable population. The Leadership Lab will also provide an opportunity to find a consistent approach to identifying needs and developing and implementing programs.

Community Recognition

Diversion First is beginning to make a name for itself outside of the behavioral health and public safety community. In 2018, the Northern Virginia Chamber of Commerce presented Diversion First with its “Public Sector of the Year” award.

This recognizes that the work being done in Fairfax County is making an impact on the surrounding community, and that even those not engaged with diversion in their daily jobs are taking notice!



What's Ahead in 2019

Sequential Intercept Model Mapping

The Sequential Intercept Model, a conceptual model to inform community-based responses to the involvement of people with mental illness and substance use disorders in the criminal justice system, provides a framework for diversion programs across the country. It helps localities find key areas where a person with behavioral health concerns can be identified and referred to needed treatment and recovery supports.

The Substance Abuse and Mental Health Administration's GAINS Center selected Fairfax County to receive a Sequential Intercept Mapping (SIM) workshop in 2019. SIM mapping is a dynamic process to assess resources, gaps and opportunities at each intercept point. Mapping workshops promote collaboration among partners across the five intercepts and identify county-specific priorities.

Following the workshop, Fairfax County will develop a county-specific map reflecting efforts across all intercept



points. The SIM map will serve as a strategic tool for future Diversion First efforts and help lay the foundation for our efforts at Intercepts 4 and 5 – Reentry and Post Incarceration/Community Support. The workshop and updated SIM map will help identify evidenced-based practices at these intercepts and opportunities for leveraging existing resources to meet identified needs.

Lisa Potter Named Diversion First Manager

In September of 2018, Lisa Potter took over the role of Diversion First manager. She comes to the position after 20 years of clinical and administrative work with the Fairfax-Falls Church Community Services Board and looks to continue the work that has grown since the program's inception.

"There has been tremendous momentum built around Diversion First," Potter says. "My role involves continuing that work and evolving the initiative to meet the needs of the diversion population."

Potter cites how the countywide initiative spans organizational boundaries and requires integrated policies and programming. Her job, which is now housed under the county's new Health and Human Services Office of Strategy Management, includes overseeing all of the moving parts to make sure multiple efforts are coordinated, gaps are identified and barriers are addressed.

"The agencies and organizations involved in Diversion First are all committed to the mission, and cross-system collaboration has been the key ingredient to success," Potter adds. "Together, Diversion First partners are all working together to make sure that people are getting the services they need to positively impact their lives."



2018 Year in Review — By the Numbers

	Total 2016	Total 2017	Total 2018
Police Department			
Total calls for service with police response involving mental illness ¹	3,566	4,152	7,925
- Involved Merrifield Crisis Response Center (MCRC) for all jurisdictions ²	1,580	1,931	2,278
Merrifield Crisis Response Center/Emergency Services			
Total service encounters	5,024	6,120	6,665
- General emergency services (non-law enforcement involved)	3,444	4,189	4,387
- Involved law enforcement	1,580	1,931	2,278
- Voluntary transports to MCRC	547	565	662
- Emergency Custody Order (ECO) transports to MCRC	1,033	1,365	1,616
Diverted from potential arrest	375	403	530
Unduplicated number of people served at emergency services	3,081	3,662	3,810
Mobile Crisis Unit³			
Total number of services (attempts and contacts)	1,484	1,597	1,751
- Total number of services (contacts)	1,029	1,138	1,220
Services with law enforcement or referral	467	584	675
Unduplicated number of people served (contacts)	791	928	911
Office of the Sheriff			
Criminal Temporary Detention Orders (CTDOs) from jail	35	27	30
Transports from MCRC to out of region MH hospitals	128	106	118
Jail transfers to Western State MH Hospital	23	49	78
Crisis Intervention Team Training (CIT)			
Graduates	265	451 ⁴	734
Dispatchers trained	42	117 ⁵	151
Mental Health First Aid (MHFA)			
Fire and Rescue (adapted version)	NA	606 ⁶	1,239
Sheriff's Deputies, correctional health nurses, administrative staff	248	468 ⁷	571
Court Services			
Total number of Pretrial Supervision	NA	2,089	1,830
- Screened positive on the Brief Jail Mental Health Screen (BJMHS)	NA	529	579
- Screened positive on the BJMHS, had an advanced screen and were referred to treatment	NA	256	370

¹Changed from mental health investigations written in the field (2016/2017)

²Jurisdictions include Cities of Fairfax and Falls Church, Towns of Herndon and Vienna, George Mason University, Northern Virginia Community College, Virginia State Police

³One MCU until September 2016

⁴Graduates since September 2015

⁵Trained to date

⁶Participants since September 2015

Diversion First Partner Agencies



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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.