



DIVERSION FIRST



2019 Annual Report

Fairfax County, Virginia



Letter from Diversion First Leadership

Four years ago, Fairfax County launched Diversion First to significantly change the way the criminal justice and behavioral health systems interact. As a result, we are improving public safety and promoting a healthier community where mental illness and substance use disorders are addressed proactively with ongoing treatment and needed supports.

Today, we see diversions in lieu of arrest for low level offenses. We have court supervised, community-based programs post-arrest that are showing increased compliance by defendants who are given second chances. When incarceration is unavoidable, we are addressing critical needs in the jail and providing resources for the best possible reintegration to our community upon release.

Through our collaborative efforts with committed stakeholders, we are giving people the help they desperately need and are working diligently to erase the stigma associated with behavioral health issues.

In 2019, we bid farewell and best wishes to several leaders in the Diversion First initiative. Gary Ambrose, a member and past Chair of the Fairfax-Falls Church Community Services Board (CSB) and Chair of the Diversion First Stakeholders Group, stepped down from both roles for a well-deserved retirement. We sincerely thank him for his insight, advocacy and support.

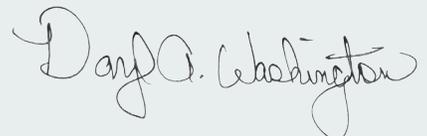
Board of Supervisors Chairman Sharon Bulova retired from the Board, choosing not to run for re-election after more than 30 years in office. Braddock District Supervisor John Cook also chose not to run for another term. Their commitment to Diversion First and their tireless support of our objectives and accomplishments helped Fairfax County become a model for jurisdictions across the country. Best wishes to both!

Looking ahead to 2020, the Merrifield Center, where the Merrifield Crisis Response Center is located, will be re-named to honor Sharon Bulova.

Also in 2020, the Sheriff's Office, in partnership with the CSB, will take a more comprehensive approach to the opioid epidemic and other substance use disorders among the incarcerated. Using best practice protocols for health care, we are going beyond detox to actually treating more people with medication to address their addiction issues. Additionally, we will ensure a strong transition to the community with links to behavioral and primary health care, housing, transportation and employment. As with all Diversion First efforts, our goal is to reduce recidivism and improve opportunities for a lifetime in recovery.

We appreciate your continued interest in Diversion First.

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



From Left to Right: Sharon Bulova, Gary Ambrose, Sheriff Stacey Kincaid, John C. Cook, Tisha Deeghan

What Is Diversion First?

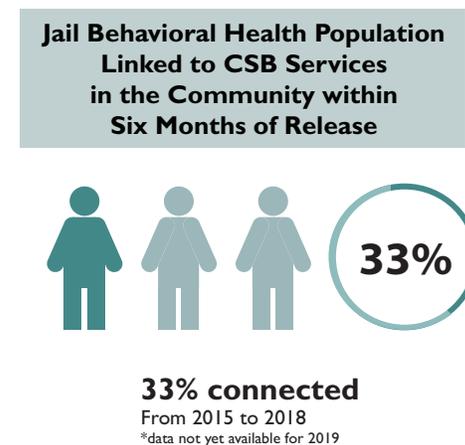
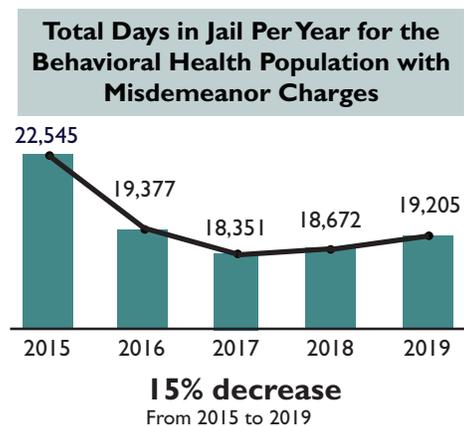
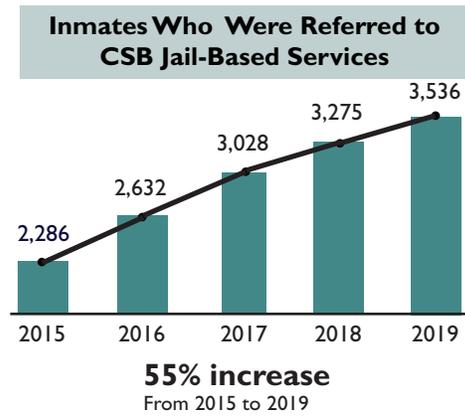
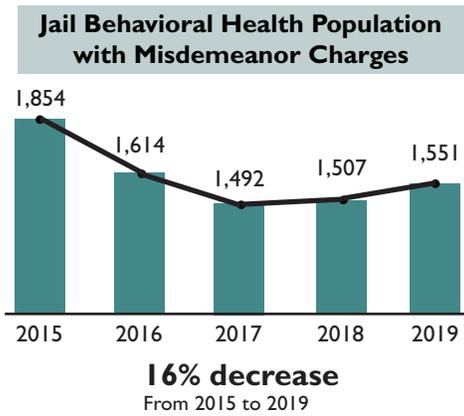
Diversion First offers alternatives to incarceration for people with mental illness, developmental disabilities and co-occurring substance use disorders who come into contact with the criminal justice system for low-level offenses.

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.

*As of December 31, 2019

Nearly 1,700 people have been diverted from potential arrest thanks to Diversion First.*

Diversion First Impacts in the Adult Detention Center



The Fairfax-Falls Church Community Services Board works with the Sheriff's Office to provide behavioral health services for inmates in the Adult Detention Center. During the booking process, detainees are screened by a nurse using the widely used and validated Brief Jail Mental Health Screen.

Sequential Intercept Mapping

The Sequential Intercept Model (SIM) was developed as a conceptual framework to inform community-based responses pertaining to the involvement of people with mental illness and substance use disorders in the criminal justice system. It serves as a focal point for states and communities to assess available resources, determine gaps in services, improve cross-system collaborations and plan for community change.

The SIM identifies how people with mental illness and substance use disorders flow through the criminal justice system along six distinct intercept points, each with possibilities for intervention. The goal is to intervene with people with behavioral health issues at the earliest possible point and divert them to needed community-based services.

Intercepts:

- 0 - Community Services
- 1 - Law Enforcement/Emergency Services
- 2 - Initial Detention/Initial Court Hearings
- 3 - Jails/Courts
- 4 - Reentry
- 5 - Community Corrections

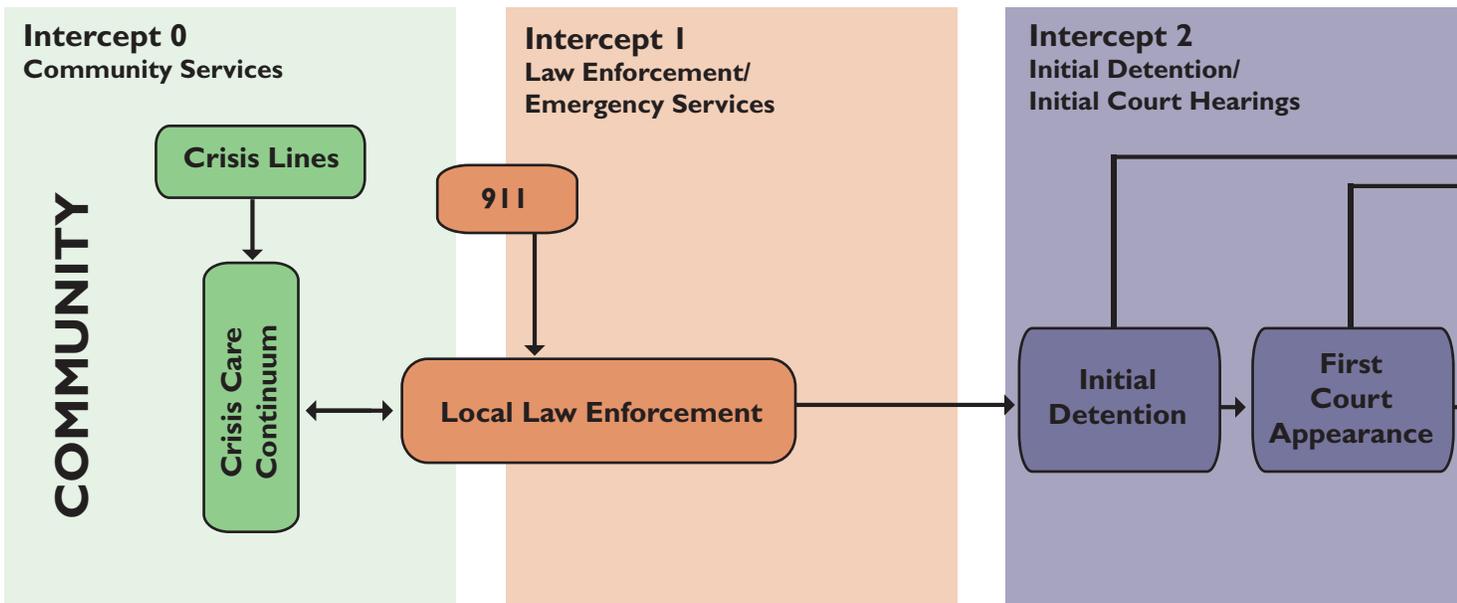
In August 2019, a group of nearly 50 county and community partners came together to map diversion efforts

across all intercept points in Fairfax County. The day-and-a-half workshop, sponsored by the Substance Abuse and Mental Health Administration’s GAINS Center, included stakeholders representing behavioral health, law enforcement, pretrial services, courts, jails, community corrections, housing, health care, peers and family members.

Facilitators from the GAINS Center helped participants identify local services and resources and also gaps and opportunities to prevent interaction and/or deeper involvement in the criminal justice system. Facilitators also reviewed evidence-based practices and emerging best practices from around the country—many of which have already been implemented by Fairfax County.

Participants identified priorities to leverage and improve existing services while also enhancing linkages. One of the major themes of the workshop was the need to continue to bolster efforts at Intercept 0. The goal of Intercept 0, which was added to the model in 2016, is to align systems and services and connect individuals in need of services and support before a crisis begins or at the earliest possible stage of system interaction. While Fairfax County has some existing Intercept 0 services (e.g. Mobile Crisis Unit, Community Response Team), identified needs include peer services, increased community outreach, greater awareness of existing services and increased capacity for 24/7 crisis services/crisis lines.

The Sequential Intercept Model *updated 2017*



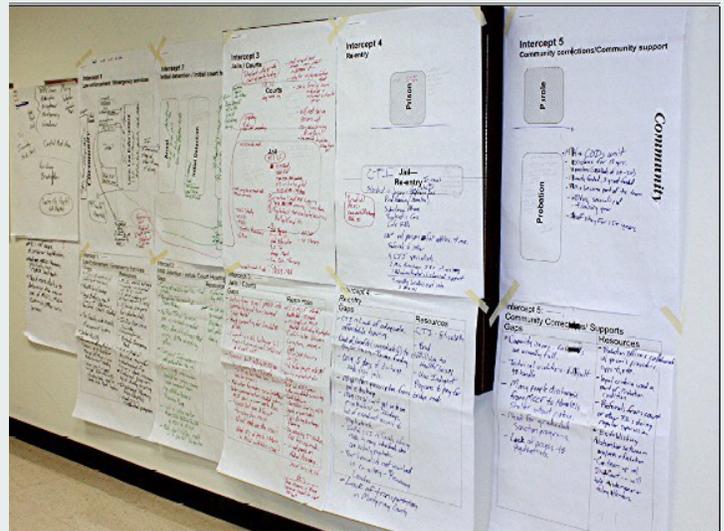
Another major theme was the need for reentry and community services such as housing, peer supports and post release supports.

The top five priorities identified were:

1. Improve community awareness of available behavioral health services and how to access them.
2. Increase number of subacute (short-term, intensive, recovery-oriented services designed for stabilization) and other crisis service options.
3. Increase affordable and accessible housing options with appropriate supports.
4. Increase/Improve data and information sharing across all intercepts.
5. Employ peer support specialists across all intercepts to match other priorities.

Work is currently underway to address these priorities, including increasing awareness of services; increasing resources for housing and peer supports; developing automated processes and a data warehouse; and enhancing our community-based approaches to people who are super-utilizers of public safety systems.

The SIM serves as an important strategic planning tool, and the workshop helped align existing efforts and develop targeted strategies. The resources identified and connections made through the workshop will set the course for Diversion First efforts over the next several years.

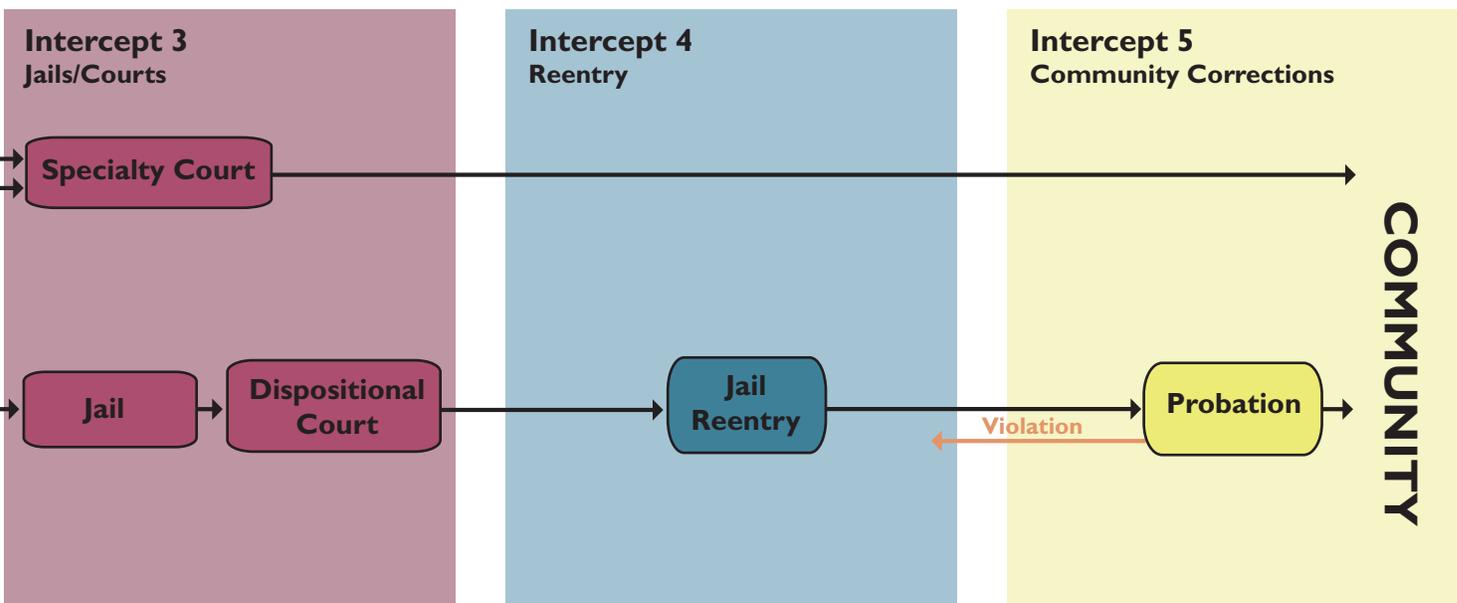


Peer Recovery

During the 2019 Sequential Intercept Mapping event, there was wide stakeholder agreement for increasing the number of peer recovery specialists (PRS) and deploying across all intercepts. Their services were available at several Intercepts, including CSB Emergency Services (Intercept 0), in the courtroom (3), and the STAR program in the Adult Detention Center (3). In 2019, Diversion First added peer support services to the Community Response Team (0/1) and Jail Diversion (0/1/2) programs.

What is a Peer Recovery Specialist?

A PRS is in successful and ongoing recovery from a mental illness and/or substance use disorder and uses his



or her lived experience to help others achieve recovery. In addition to this lived experience, a PRS receives specialized training to promote hope and coach and support individuals in identifying their goals and dreams and creating a plan to get there. For many individuals, meeting with a PRS is transformational. In the last decade, PRS services have expanded throughout the country as new research indicates these services lead to positive recovery outcomes in a cost-effective manner.

A Success Story

Here in Fairfax, Fire and Rescue EMTs have observed that a PRS may connect with people in a way that uniformed public safety and even clinicians cannot.

In February 2019, the Community Response Team (CRT) knocked on the door of a woman with 12 calls to 911 in six weeks. The woman continued to struggle with substance abuse and thoughts of suicide and had been verbally abusive to emergency responders. She was at high risk of overdose, recurrent hospitalization and arrest. CRT offered her a care-based approach, a differ-

ent way forward. Within minutes, the woman agreed to detoxification. The EMT arranged for transport while the clinician phoned detoxification providers to arrange admission. During this time, the woman experienced distress and aggravation about the process and crouched down on the ground. Then, the PRS stepped in, kneeling next to her and introducing himself as a person in recovery. He gently coached her through the questions she needed to answer for admission, so she was able to engage. At the hospital for medical clearance, the PRS continued to connect, promoting a calm environment through a difficult experience. The woman successfully completed a 5-day detoxification process and came in a week later for a CSB assessment. The woman told the PRS that she held tightly onto his words through the physical and emotional toll of detoxification. That helped her get through it, to engage in recovery. She was no longer calling 911.

In 2019 there were 70 peer encounters through the CRT. In all the programs with peer support, similar outcomes are realized every day. Peer support changes lives.

Stepping Up Innovator County

Fairfax County has been named an Innovator County by The Stepping Up Initiative for its expertise in collecting baseline data on the number of people in its jail who have mental illnesses. Currently, Fairfax County is one of only 17 counties nationally that have been recognized as Innovator Counties.

“We are honored that our significant work in Diversion First has received this recognition,” says former Braddock District Supervisor John C. Cook. “From the beginning, we understood that data collection would be key both in refining the program moving forward and in maintaining and growing community support. As a Stepping Up Innovator County, we will continue to put data, which translates into tangible results for real people, at the center of our efforts. We are helping people and it shows.”

The Stepping Up Initiative was launched in May 2015 by the National Association of Counties (NACo), the Council of State Governments Justice Center and the

American Psychiatric Association Foundation to mobilize local, state and national leaders to achieve a measurable reduction in the number of people in jail who have mental illnesses. Fairfax County joined Stepping Up during the program’s inaugural year.

Fairfax County was chosen as one of a small group of Innovator Counties who are using the Stepping Up suggested three-step approach to collect and analyze timely data on the prevalence of people in their jails who have serious mental illnesses (SMI). These steps include establishing a shared SMI definition for their Stepping Up efforts across criminal justice and behavioral health systems, ensuring everyone booked into jail is screened for mental illnesses and reporting regularly on this population.

As an Innovator County, Fairfax County will help other counties improve their ability to collect accurate and accessible data by participating in training sessions, taking part in presentations and sharing information about its experiences through the Stepping Up website, and more.

STAR Program

Jail is a place that creates sobriety because drugs and alcohol are not available. But what happens when these individuals get out of jail? While they are clean and sober, they still have addiction issues. And people with untreated addictions often return to the same people, places and circumstances that got them into trouble in the first place.

The Sheriff's Office STAR program – Striving to Achieve Recovery – is voluntary and aimed at rehabilitation. Grounded in peer support, the intensive, highly structured addiction treatment and recovery program for inmates addresses underlying trauma, restores dignity, provides hope and creates a plan for a future in recovery. Participants must assume responsibility for their own recovery and the recovery of their peers.

The STAR Program has three phases. Phase I takes 18 weeks and is designed to help inmates develop knowledge, skills, accountability and connections necessary for a lifetime of recovery. Participants attend four to five groups per day in addition to completing their service assignments inside the unit. Core groups include Feelings and Focus, Living in Balance, and Trauma Recovery and Empowerment Model. Additional groups include yoga, meditation/tapping, Narcotics Anonymous, Celebrate Recovery and other groups requested by the participants.

Phase II focuses on the two dimensions of building recovery capital – personal and social – as measured by the Assessment of Recovery Capital (Groshkova, Best, & White, 2012). The assessment tracks progress and identifies areas in which a participant needs to work. Participants also develop a recovery plan with goals, activities to achieve each goal, measurable outcomes and a timeline. Daily and weekly groups continue. Each participant maintains weekly contact with an external recovery support person and serves as a mentor to a Phase I participant. Phase II includes a family support group that helps inmates and their loved ones learn ways to engage, communicate, listen, respond and



heal. Once a month, family members join the participants in the STAR unit.

Phase III focuses on re-entering the community and is tailored to the particular needs of each participant. Participants meet with a peer recovery specialist to develop a detailed plan for re-entry, increase recovery capital, become a recovery role model and give back to the community. Participants may leave the unit up to four days per week for GED classes or Moral Reconciliation Therapy. They receive training on resume-writing and interviewing. The Sheriff's Office re-entry specialist works with participants as they approach their release date, planning for CSB outpatient support and other services they might need, such as health insurance, healthcare and clothing. They are connected to recovery housing. They are encouraged to work with OAR, a local nonprofit restorative justice organization that provides opportunities and resources for justice-involved individuals and their families. All participants must provide "community service" on or off the unit for up to eight hours per week. Examples include facilitating recovery groups outside of STAR, serving on an ADC maintenance crew or teaching skills to fellow STAR members. Participants serve as mentors to those in Phase II. There is no advancement from Phase III. It lasts until the participant is released from the ADC, either into the community or to another facility.

The STAR program recognizes that there will never be a one size fits all solution. The goal is to help each participant find what will work best and then create a sustainable recovery plan to achieve it.

Stories from the Front Lines

Perhaps no one understands the benefits of the Diversion First program better than those who work at the Merrifield Crisis Response Center (MCRC). These employees have worked with emergency services within the county for years, each having experienced the changes that the implementation of diversion programs has brought to their respective positions. Here is what they have to say about Diversion First in Fairfax County.

Private First Class John Embrey Fairfax County Sheriff's Office

Embrey is a Crisis Intervention Team (CIT) deputy assigned to the MCRC. His primary role is to work with and assist individuals who are at MCRC because they are experiencing a mental health crisis: wanting to hurt themselves or others or not possessing the ability to care for themselves.



When no other avenues are available, he will execute a Temporary Detention Order (TDO) to allow admission to a mental health hospital for treatment and keep the person from harm. When he is not directly working on these cases, he helps train other public safety personnel in CIT and/or other facets of MCRC work.

Having been stationed at the MCRC since 2016 gives Embrey a different perspective. "To describe the people that come through the MCRC, it really runs the gamut," he explains. "They're all races, genders and nationalities. Mental health issues affect a greater percentage of the population than what the general public realizes." Embrey adds that he means more than just the people receiving mental health and emergency services. "It's also the families, the community. Our job is to make sure the people brought to us are kept as comfortable as possible and oversee them through the medical clearance process which is required before they can be admitted to a mental health hospital. MCRC deputies and officers explain the process to them and ensure that everyone understands the initial steps with involuntary treatment."

Embrey worked at the Adult Detention Center (ADC) before being transferred to the MCRC, so he has witnessed the difference diversion makes first-hand. "The ADC is not designed to treat people with mental health

issues. The ADC behavioral health staff do a terrific job, but the MCRC is really a much better place for people who meet diversion criteria. If their incarceration involves a minor, nonviolent charge, it's better for these individuals to be diverted to MCRC because there's a better chance for them to get the treatment they require at a mental health hospital."

Along with other MCRC deputies and officers, Embrey has received thank you cards and other updates from individuals who have received services and their family members. Embrey attests to the impact. He notices fewer people incarcerated at the ADC for minor charges and fewer people returning to MCRC for emergency visits. If someone does come back, he says it is often for continued services. In Embrey's eyes, the improvement is marked. "I really do feel this is an important community service," Embrey shares. "It does change many people's lives and for the better."

Officer First Class Joseph Schlenz Fairfax County Police

Schlenz wears a few different hats when it comes to Diversion First. He has served as an assigned officer to the MCRC for three years, taking custody of cases that came into the center from patrol officers when TDOs or Emergency Custody Orders (ECOs) were sought. In 2019, Schlenz began facilitating the 40-hour CIT classes at the Criminal Justice Academy. He also provides presentations about diversion to advisory councils, community groups and others and still finds time to assist as a police officer at the MCRC, which gives him a very good view of the changes that Diversion First has brought to public safety.



"Diversion First changed my focus as a trainer and my entire mindset," Schlenz says. He explains how in the past, officers tried to handle or resolve an issue as quickly as possible, always focusing on the end result. Now, Schlenz says the focus has turned toward the front end, with officers trying to recognize what assistance an individual may need to get treatment and mitigate repeat encounters. "The whole diversion program, in collaboration with CIT, the Community Services Board, Police and Sheriff, is to look for and work for those long-term resolutions. That's really the huge change that I've seen, and the whole point to me."

Schlenz also feels that diversion has been good for public safety, explaining that it gives the officer another resource to use when assessing options for encounters. “Diversion First has modified the way that we look at things, particularly with mental health,” he says. “We look at these cases through a different lens and I know that this resonates with people that I work with.” Schlenz also thinks the diversion program has helped change public perceptions of law enforcement. He says that when he presents to the public, he can see the community becoming aware of their efforts to change, and it results in positive feedback.

Schlenz has spent time looking at records to see the type of interactions people experienced after their initial trip to the MCRC. From what he has seen, there have been only a few individuals that have had post-interaction with law enforcement. He finds this to be a strong sign that the program is working, and that gives him hope. “Being a part of this, it has been very satisfying on a personal level.”

Nichelle Staten **Community Services Board**

Staten is a crisis intervention specialist at the MCRC. She evaluates those who come in under custody orders to help determine the best course of action based on an individual’s needs. Before MCRC opened, Staten worked in crisis care at Woodburn Place.



Staten explains that before Diversion First began, police rarely brought in people under ECOs for assessments. She says that since the county began training first responders in Mental Health First Aid and CIT, the volume of individuals she has assessed has gone up dramatically. Now, police will bring someone who they suspect may need behavioral health services to MCRC instead of solely pressing charges. “This means we aren’t incarcerating people unnecessarily,” Staten says. “Instead, they are evaluated to determine their treatment needs.”

At the MCRC, people can be placed in different settings based on an assessment by a psychiatrist or clinician. As reported by Staten, “They may go to an inpatient setting, a crisis stabilization unit, or be referred to Assessment and Referral for a screening to get them connected to

outpatient mental health services. All of this helps them receive needed services.”

Staten gives the example of a case she worked where the person had a potential criminal charge of misdemeanor assault. Instead, the person was transported to MCRC and was able to receive needed mental health treatment. She likes where diversion is going and looks forward to continuing her work with the program. She adds, “I think it’s been great for the clients and great for the system. I really do.”

Brian Stewart **Community Services Board**

Stewart works at the MCRC as a certified peer recovery specialist. In this role, Stewart meets with people individually to listen and share his own recovery journey and in some cases to help individuals de-escalate. Stewart also advocates for MCRC visitors while they are waiting to be seen by other emergency staff members.



Having gone through CIT training and recognizing how some of its teachings parallel his own work in peer support, Stewart thinks the increased training for all MCRC staff is invaluable. “I often see Diversion First change people’s lives. People who come in handcuffs and full of fear, shame and remorse are able to not only seek recovery but sustain it and turn their experience into a life of wellness and enrichment,” says Stewart. “Watching CIT officers engage and interact with clients, I can’t imagine what it must have been like before Diversion First.”

Stewart says that diversion helps individuals get the support they need, whether it be mental health or substance use recovery. These services keep those diverted out of jail, which can often make pre-existing challenges worsen.

“I saw a person come in appearing hopeless, with mental health challenges and suicidal ideations. But because he was treated with dignity, respect and given proper support, he was able to get his current needs met and go on to take peer support training,” Stewart explains. “He took positive steps toward turning his life around and continues to seek ongoing treatment and has a newfound zest for life. It is a true joy to witness.”

Diversion through Courts

Mental Health Docket

In the summer of 2019, the Fairfax County General District Court held its first Mental Health Docket for pre- and post-adjudication defendants experiencing mental health issues and at risk for incarceration. The docket diverts participants from jail to a system of court-supervised treatment and support.

The Mental Health Docket is divided into three phases and takes from 12 to 24 months complete, depending on an individual's progress. Participants who successfully complete the program may have their current charges reduced or dismissed. Participation in the docket is voluntary, and an individual can decide at any time not to be involved. All participants are represented by the Office of the Public Defender.

While in the program, individuals are required to participate in ongoing mental health treatment and regular supervision from the court and the multidisciplinary Diversion First Docket Team. This team holds participants accountable and helps them achieve long-term stability. This includes a life without further criminal court involvement, loving relationships with friends and family, gainful employment and participation in their community.

Court Services

Court Services is part of the multi-disciplinary Docket Team. Most of the current Mental Health Docket participants were supervised through Court Services prior to being placed on the docket. Having participants with current and past supervision history allows the Docket Team to mitigate risk, organize the cases, and evaluate and connect the participants to services appropriately and effectively. Additionally, it allows the team to observe a participant's response to supervision with the goal of a smooth transition to the docket.

Each participant remains with the same probation officer during the pre-trial phase for consistency and continuity. The supervision requirements of the docket differ from traditional pre-trial or post-conviction supervision. Docket participants must meet more frequently with probation officers to monitor drug use, community service, the completion of sanctions, work schedules and compliance with electronic monitoring.

Probation officers work closely with the participants and the Fairfax County-Falls Church Community Services



Standing: Kam Tavarez, Danyelle Thomas, Shawn Lherisse, Janelle Westry and Jeannette Hodge
Kneeling: Melanie Cruz, Katrina Taylor and Daniel Hill

Board (CSB) to ensure compliance with treatment and resolve issues before court intervention is needed. They also provide progress updates to the Docket Team to ensure that appropriate decisions are made regarding the individual's continued participation on the docket.

The docket provides needed structure and support for participants as they navigate the criminal justice system while managing their mental health concerns. Court Services also benefits from the docket as it has provided additional tools, practices and techniques that probation officers can use for defendants not on the docket but who may experience behavioral health concerns.

Non-Compliance Docket

The Supervised Release Non-Compliance Docket was the precursor to the Mental Health Docket. In this docket's first year (August 10, 2018 to August 7, 2019), 108 supervised release violations were heard. In the 108 cases, 42% of the individuals were connected or reconnected to services as a result of appearing on the docket. In the balance of cases, the individuals had already been connected to treatment, their case was continued, they missed a court appearance, the violation was dismissed, or they were sent to a competency hearing. Only 10% were removed from the docket due to non-compliance.

Veterans Treatment Docket

The Fairfax County Veterans Treatment Docket (VTD) has included the Circuit Court and General District Courts since 2015 and 2016, respectively. In 2019, the Virginia Supreme Court approved the Juvenile and Domestic Relations District Court to join the docket. From

February 2015 to December 2019, the docket served 46 veteran participants, including 21 who graduated.

Following a four-day training through Justice for Vets in 2019, the team revised the program's entire manual and implemented significant programmatic changes to meet Veterans Treatment Courts Best Practices and Drug Court National Standards. These changes included expanding eligibility to include veterans who are not eligible for Veteran's Administration benefits and can instead use the CSB for their behavioral health treatment needs. The program transitioned from three phases to five to give participants more tangible objectives and incentives to mark progress. Through collaboration with the Sheriff's Office Alternative Incarceration Branch, the team expanded drug testing hours to include weekends, evenings and holidays to meet the best practice standard of twice weekly random testing and to reduce barriers for veterans who work full-time and cannot leave for a drug test.

In September 2019, the Veterans Treatment Docket was approved for a \$500,000 Drug Court Enhancement Grant through the Federal Bureau of Justice Administration for the period of October 1, 2019 through September 30, 2022. This grant will be used to increase the number of veteran participants served, continue to meet national and best practice standards, expand docket programming and services to support veterans' unique strengths and needs, and work towards implementing the best practice of 4:1 incentive-to-sanction ratio in order to positively reward participants' progress in the docket.

Drug Court

The mission of the Fairfax County Drug Court is to enhance public safety and the quality of the community by providing a cost-effective, integrated system of treatment and judicial supervision that facilitates participants' accountability and reduces recidivism.

In December 2018, the Drug Court Docket was officially launched through the efforts and ongoing partnership of the Sheriff's Office, the CSB, the Public Defender's Office and the Office of the Commonwealth's Attorney and led by Circuit Court Judge Penney Azcarate. As of January 2020, there were 20 participants in the Drug Court program, each of whom was referred as the result of a pending felony probation violation.

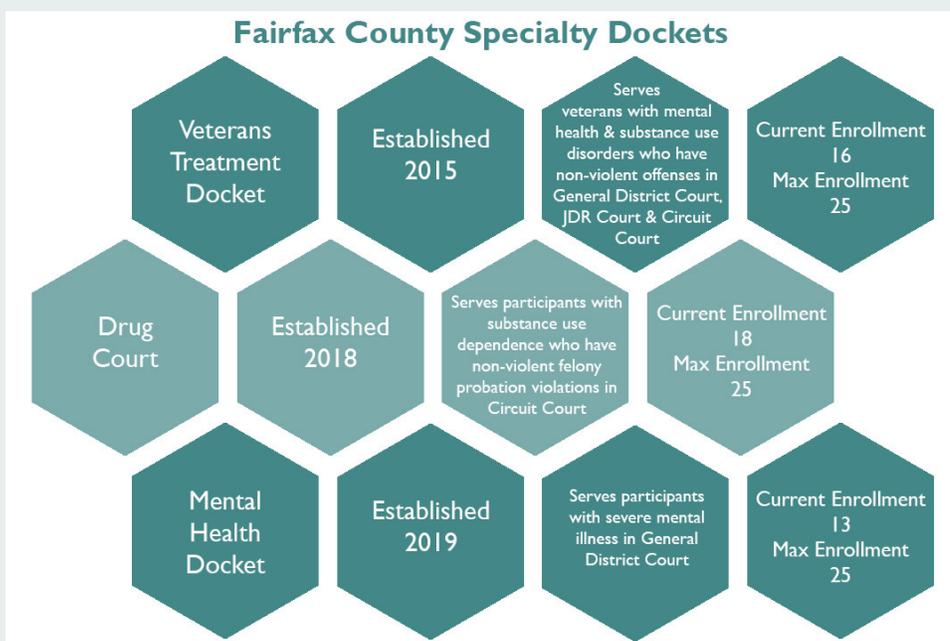
The integration of judicial accountability and evidence-based treatment is central to the concept of the Drug Court. This provides the opportunity for individuals with criminal histories involving substance use to receive treatment at the level of care that they need while having regular contact with court and probation. The program teaches behaviors that contribute to a more prosocial, healthy lifestyle.

Permanent change is the goal of Drug Court. Each participant is expected to obtain employment and establish a recovery network of supportive, sober people. Participants are also required to attend recovery support groups. The goal is to help participants build a foundation for a life without substances or further criminal involvement.

While research suggests that participants who only partially complete Drug Court programs still benefit, individuals who graduate from Drug Court will truly have accomplished something meaningful. They will have stopped using substances and found healthy ways to cope with life-stressors. They will have repaired relationships, achieved goals and laid the foundation for more opportunities in life. The Drug Court is doing its part to make Fairfax County a healthier, happier and more hopeful community!

Juvenile Court Intake Services

To enhance diversion options for youth, the Fairfax County Juvenile Court redesigned the juvenile intake



process to better incorporate the use of evidence-based assessments. Since 2015, Juvenile Intake Services uses two screening instruments for diverting eligible youth. The Youth Assessment and Screening Instrument assesses risk, need and protective factors. Over half of all youth diverted during FY 2019 were at low risk to reoffend. This is consistent with previous years.

Juvenile Intake Services also uses the Global Appraisal of Individual Needs—Short Screener, which identifies the need for mental health and substance abuse services. In FY 2019, Juvenile Intake Services saw an increase in the percentage of youth who were eligible for referral to a treatment provider. The diversion process has had favorable outcomes. In FY 2019, 94% of eligible intake complaints were diverted. Additionally, 90% of youth participating in diversion programming were successful, thus avoiding a criminal record.

Recidivism rates for youth participating in diversion programming are promising with only 15% of youth reoffending within six months of completing diversion. 78% of youth diverted in FY 2018 had no new charges within one year. While there was a small decline from

FY 2017 to FY 2018, this may be due in part to higher numbers of low-risk youth being diverted through the Alternative Accountability Program (AAP) before even reaching the court system.

The AAP is a partnership with law enforcement (in Fairfax County, Fairfax City, Herndon and Vienna), Fairfax County Public Schools, Neighborhood and Community Services and Northern Virginia Mediation Services. AAP allows for increased utilization of restorative justice processes for incidents that occur within the schools and the community without requiring formal juvenile justice involvement. Essentially, the program operates as an early diversion option for youth involved in the juvenile justice system. Further, this program is aimed at addressing racial and ethnic disparities and the school-to-prison pipeline.

The robust diversion process will continue to keep low-risk youth out of the formal court system in order to promote better outcomes and meet individual needs. This also allows the agency to better align resources and focus on public safety.

Community Response Team

Across the country, Police and Emergency Medical Services have noted an increase in the frequency of 911 calls from a very vulnerable segment of the population. Individuals who may have a mental illness, substance use disorder or developmental disability often have multiple complex needs and frequently call 911 because they need help and do not know where else to turn. Over the last several years, jurisdictions around the country have implemented co-responder teams as a cross-system approach to meeting this need.

Fairfax County officially launched its own co-responder team in November 2018. The Community Response Team (CRT) has already provided outreach visits to 122 individuals since its inception. The CRT is comprised of a mental health provider, a Fire and Rescue technician, a Crisis Intervention Team (CIT) trained law enforcement officer and a peer support specialist. The team works collaboratively to identify and engage those individuals in the community who are “super utilizers” of the public safety system and who may benefit from ongoing behavioral health services and supports. The goal of the program is to intervene and provide services focused

on improved outcomes, more efficient use of available resources and a reduction in public safety calls.

When an individual is referred for behavioral health and non-emergency medical concerns, the CRT provides outreach visits, assessment and case management services. These concerns are often coupled with social or financial problems and/or issues related to self-care and the inability to meet their own needs. One of the benefits of a multidisciplinary team approach is that the individual can receive care, guidance and support from a variety of professionals addressing that individual’s medical, behavioral health and support needs.

The CRT has developed partnerships with several local organizations such as Inova Health System, Fairfax County Services for Older Adults, Adult Protective Services, the Office to Prevent and End Homelessness and the Department of Code Compliance. Referrals from these agencies have connected individuals with CRT and resulted in a notable decline in 911 calls, Emergency Department visits and even inpatient hospitalizations.

CRT is working to improve public safety and promote a healthier community through a collaborative outreach and case management approach.

Diversion First Success: Ricky's Story

Ricky, age 29, was an original inmate participant in the Striving to Achieve Recovery (STAR) program when the Sheriff's Office launched it on November 1, 2018, in the Adult Detention Center. It was not always smooth sailing for him. "I got kicked out for a while because I broke a rule that threatened the integrity of this brand new program. If they let it slide, it would have set a bad precedent."

When Ricky was allowed back into the program, he had a new appreciation for the missed opportunity. He immersed himself in recovery and the process of holding himself and others accountable every step of the way.



Ricky is the first of many success stories from the STAR program. After he was released from the ADC in late March 2019, he took public transportation to the Social Security Office and the Virginia Department of Aging and Rehabilitation Services. He walked to OAR, a local nonprofit restorative justice organization. He applied for food stamps and Medicaid and met with his probation officer. He also got a library card.

Ricky's new home was at Oxford House—a supportive, sober living environment—occupied by several older men. "No one in the house forgets why we're living there," he said. "I've learned so much from them, including how to cook, something I'd never done before. I've become self-reliant." Within two weeks of his release, Ricky had a job at a local restaurant and spent the first several months walking there and back from home. Eventually, he received a bicycle for quicker commuting. "It's a perfect job for me," he explained. "Alcohol and drug use arrested my development. I had a lot of awkwardness interacting with people. As a server, I get about 20 tables a shift. Sometimes the guests share their stories and sometimes they ask me questions. One guest cried when she heard my story."

He says that since he spent much of his life incarcerated, he didn't learn to be respectful, courteous and compassionate. He is learning that now through his work. In his continued recovery efforts, he can relate to others. He doesn't compare himself. Instead he observes.

He offers advice to those who follow him in the STAR program: "Take your time. Be honest with yourself. Everything is a learning experience."

Ricky visited the ADC in November 2019 for the one-year celebration of the STAR program. He had marked eight months of sobriety. One of his fellow STAR participants, who is still incarcerated, was inspired by Ricky's speech to the assembled group and regularly keeps in touch with him by phone.

"I've known Ricky for a long time," explained Edgar. "We've been in and out of jail since we were teens. If he can change, I can, too. His success shows that he's re-learned how to live and be a whole new person."

Edgar also believes it took a lot of humility for Ricky to become a server when he used to work construction. And riding a bike? "He used to be really into driving cars, even with a suspended license. I'm very proud and happy for him."

What's Ahead in 2020

As we move in to our fifth year of this countywide initiative, we will continue to identify needs and gaps we must address to break the cycle of criminal justice involvement for the Diversion First population. We must continue to support the growing specialty dockets, continue to expand Crisis Intervention Team (CIT) training and services at the MCRC and expand the reach of the Community Response Team.

In addition, the focus for Diversion First will align with the priorities established during the 2019 Sequential Intercept Mapping Workshop. Teams will concentrate on:

- Intercept 0, connecting individuals in need with treatment before a behavioral health crisis begins or at the earliest possible stage of system interaction;
- Intercept 4, addressing the continuity of care between correctional facilities and community providers as people return to their communities; and
- Intercept 5, focusing on community supervision and supports to increase post release success. Services in these areas will emphasize peer supports, increasing housing opportunities, and enhancing linkages between the courts and treatment programs.



Efforts will also include ensuring consistent data and evaluation elements at each intercept. This involves continued work to develop automated solutions for current manual processes and piloting a data warehouse to have a centralized platform for Diversion First data across agencies.

Expert Panelists for SAMHSA Guide

Services Director Marissa Fariña-Morse of the Community Services Board, 2nd Lieutenant Redic Morris, formerly from the Sheriff's Office, and Captain Tony Shobe, of the Sheriff's Office, were acknowledged as expert panelists in the 2019 publication, "Principles of Community-based Behavioral Health Services for Justice-Involved Individuals: A Research-based Guide." This guide, published by the Substance Abuse and Mental Health Services Administration (SAMHSA), provides information and practices that behavioral health providers can implement with individuals who are involved in the criminal justice system.

“ The *Principles* provide a foundation for realizing a quality, community-based behavioral health treatment system.”

-SAMHSA

2019 Year in Review — By the Numbers

	2016	2017	2018	2019
Police Department				
Total calls for service with police response involving mental illness ¹	3,566	4,152	7,925	8,203
- Involved Merrifield Crisis Response Center (MCRC) for all jurisdictions ²	1,580	1,931	2,278	2,109
Merrifield Crisis Response Center/Emergency Services				
Total service encounters	5,024	6,120	6,665	6,424
- General emergency services (non-law enforcement involved)	3,444	4,189	4,387	4,315
- Involved law enforcement	1,580	1,931	2,278	2,109
- Voluntary transports to MCRC	547	565	662	555
- Emergency Custody Order (ECO) transports to MCRC	1,033	1,365	1,616	1,554
Diverted from potential arrest	375	403	530	387
Unduplicated number of people served at emergency services	3,081	3,662	3,810	3,635
Mobile Crisis Unit³				
Total number of services (attempts and contacts)	1,484	1,597	1,751	1,557
- Total number of services (contacts)	1,029	1,138	1,220	1,040
Services with law enforcement or referral	467	584	675	562
Unduplicated number of people served (contacts)	791	928	911	816
Office of the Sheriff				
Criminal Temporary Detention Orders (CTDOs) from jail	35	27	30	27
Transports from MCRC to out of region MH hospitals	128	106	118	108
Jail transfers to Western State MH Hospital	23	49	78	88
Crisis Intervention Team Training (CIT)				
Graduates	265	451	734	907 ⁴
Dispatchers trained	42	117	151	157 ⁵
Mental Health First Aid (MHFA) and Mental Health Literacy Training				
Fire and Rescue (Mental Health Literacy)	NA	606	1,239	1,377 ⁶
Sheriff's Deputies, correctional health nurses, administrative staff	248	468	571	667 ⁷
Court Services				
Total number of Pretrial Supervision	NA	2,089	1,830	1,896
- Screened positive on the Brief Jail Mental Health Screen (BJMHS)	NA	529	579	417
- Screened positive on the BJMHS, had an advanced screen and were referred to treatment	NA	256	370	303
Total number of Juvenile and Domestic Relations District Court Pretrial Services Program (PSP)				545
- Ordered to have a mental health assessment or treatment				117

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 from September, 2015 through December, 2019

⁵ Trained through December, 2019

⁶ Trained through December, 2019

⁷ Participation from September, 2016 through December, 2019

Diversion First Partner Agencies



A Fairfax County, Va., publication. June 2020

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