



## APPLICATION FORM

All applications must include the following information. Separate applications must be submitted for each eligible program. **Deadline: June 1, 2018.** Please include this application form with electronic entry. If you do not receive an email confirming receipt of your entry within 3 days of submission, please contact [Gage Harter](#).

### PROGRAM INFORMATION

County: Fairfax County, Virginia

Program Title: Diversion First

Program Category: Criminal Justice and Public Safety

### CONTACT INFORMATION

Name: Tony Castrilli

Title: Director of

Department: Office of Public Affairs

Telephone: 703-324-3189

Website: www.fairfaxcounty.gov

Email: anthony.castrilli@fairfaxcounty.gov

### SIGNATURE OF COUNTY ADMINISTRATOR OR DEPUTY/ASSISTANT COUNTY ADMINISTRATOR

Name: Bryan J. Hill

Title: County Executive

Signature: J Hill

## **2018 VACo Award Application**

**Project Title:** Diversion First

**Category:** Criminal Justice and Public Safety

### **Executive Summary**

About one in five Americans has a mental health issue. In the Fairfax County Adult Detention Center, the percentage is much higher. On January 1, 2016, Fairfax County launched Diversion First, which offers alternatives to incarceration for people with mental illness or developmental disabilities who come into contact with the criminal justice system for low level offenses. The goal is to intercede whenever possible to provide assessment, treatment or needed supports. People needing diversion may also have a substance use disorder, which often co-occurs with mental illness.

Diversion First changes the way behavioral health and criminal justice systems interact, resulting in better outcomes for individuals and the community. **To date, 908 people have been diverted from potential arrest thanks to Diversion First, preventing an average of more than one person per day from going to jail.** This innovative program has proven to be a great asset to the county and is helping break down the stigma of mental illness within the community.

In summary, Diversion First is designed to prevent repeat encounters with the criminal justice system, improve public safety, promote a healthier community and is a more cost-effective and efficient use of public funding. The program's success is the result of collaboration and commitment among a broad group of stakeholders, including law enforcement; government leaders; judges and magistrates; the public defender and commonwealth's attorney; and mental health providers, consumers and advocates.

## **The Challenge**

One in five Americans has a mental health issue. In the Fairfax County Adult Detention Center (ADC), the percentage is much higher. An estimated 40 percent of the ADC population has a mental illness, often with a co-occurring substance use disorder. Too many people are in jail due to their mental health issues, due to incarceration once serving as the default solution for individuals experiencing a mental health crisis. The Fairfax County Sheriff's Office, which manages the ADC, works in partnership with the Fairfax-Falls Church Community Services Board to stabilize inmates experiencing a mental health crisis. However, jail is NOT the appropriate setting to provide a long-term sustainable treatment program.

Diversion to treatment instead of incarceration would help prevent repeat encounters with the criminal justice system, improve public safety, promote a healthier community and be a more cost-effective and efficient use of public funding. Most importantly, diversion can help people who are in crisis recover and take control of their lives.

## **The Diversion First Initiative**

Fairfax County leaders recognized that the jail had become a warehouse for people with mental illness. Responding to local and national trends urging governments to find alternative solutions, the county created Diversion First to offer treatment to those in need rather than defaulting to incarceration. As part of this commitment, the county also signed on with larger, national programs including the Stepping Up Initiative and the White House Data-Driven Justice Initiative.

In the summer of 2015, Sheriff Stacey Kincaid took representatives from the Sheriff's Office, Police Department and Community Services Board to visit Bexar County, Texas, to learn about and bring back best practices from a nationally recognized mental health system. In August 2015, Fairfax County



launched Diversion First with the goal of reducing the number of people with mental illness brought to jail. On Jan. 1, 2016, the Merrifield Crisis Response Center opened with law enforcement on-site to accept custody of individuals diverted by officers in the field.

Diversion First is based on the Sequential Intercept Model that identifies specific points of intervention to prevent individuals from entering or moving deeper into the criminal justice system. During 2016, the county primarily focused on Intercept 1, which aims to divert – rather than arrest – people at their first contact with law enforcement.

In a typical diversion scenario, a law enforcement officer arrives on the scene of a possible crime and recognizes that a person may be experiencing a mental health crisis. If the offense is minor, the officer will try to resolve the situation on-scene. If that is unsuccessful, the officer can take the individual to the Merrifield Crisis Response Center (MCRC) for a mental health assessment. If the individual will not go voluntarily, the officer can take the person by Emergency Custody Order (ECO).

Once a Community Services Board clinician completes an assessment at the MCRC, the patrol officer will be relieved of custody and can return to regular duties. If the clinician determines that hospitalization will not be necessary, the ECO is lifted and the individual is provided with other services. If the clinician determines that the individual needs to be hospitalized, the person will be transferred to the custody of an MCRC police officer or sheriff's deputy. At this time, the clinician will petition the magistrate for a Temporary Detention Order (TDO) to facilitate the transfer of the individual to a hospital.

This sort of diversion has been practiced in the county since Diversion First's inception, but in 2017, Fairfax County enhanced its diversion efforts at the second and third intercepts and touched on

Intercept 4, jail reentry. Additional mental health assessments are given during the regular booking process, and court and judicial staff are being trained in mental health first aid so that they can assist in recognizing potential diversion candidates. A housing component launched at the beginning of 2017 to provide stability and long-term self-sufficiency for people who may have been incarcerated previously. First responders also developed specific questions for their initial patient care reporting and Neescreening to attempt identification of possible mental illness at the earliest possible contact.

Additional partners have been added to the county's Diversion First Leadership team to help with expanded diversion efforts, including the Fire and Rescue Department, the Office to Prevent and End Homelessness and the Office of the County Attorney. Notably, the county has raised awareness and provided mental health training to more county employees and members of the community who may potentially come in contact with people eligible for diversion.

Work is in progress to expand mental health supports within the court system, as well as to expand partnerships with healthcare providers to streamline medical clearances for those needing hospitalization. A Circuit Drug court was just approved by the Virginia Supreme Court and will be launched in the fall of 2018. A Veterans Docket has also been established.

To measure long-term diversion outcomes, the county's Department of Information Technology is developing a multi-organizational, interoperable system for collecting and reporting data that also assures adherence to confidentiality requirements. A pilot has launched that will identify data elements to include in the system. With reliable cross-system data, the county will be able to gauge system-wide return on investment of its diversion efforts and the impact on individual outcomes related to recidivism, treatment successes, housing, employment and other supports.

### **Staffing and Cost of the Program**

Today, staffing for Diversion First represents a significant commitment of human and financial resources from a full spectrum of government agencies. This includes newly created positions within the Police Department, Sheriff's Office, Court Services and Community Services Board. Additionally, an emphasis has been placed on training staff across the county in Mental Health First Aid, with many first responders receiving the state-approved 40-hour Crisis Intervention Team (CIT) training.

The county's three public safety agencies and the CSB reallocated existing resources in order to launch Diversion First. This included training, staffing and equipment to get the program off the ground. In FY 2017, the Fairfax County Board of Supervisors added just over \$5 million to add positions and enhance programs to continue moving Diversion First forward.

The Board increased funding for the Diversion First initiative by \$1.99 million in FY 2018, and increased staffing by 18 employees dedicated to supporting the program and \$1.89 million in FY 2019. In addition, county staff continue to seek funding from diverse sources in support of the program. In FY 2017, over \$630,000 was awarded to fund Diversion First efforts.

### **Program Success**

Diversion First is working in Fairfax County. **To date, 908 people have been diverted from potential arrest thanks to Diversion First, preventing an average of more than one person per day from going to jail.** This innovative program has proven to be a great asset to the county and is helping break down the stigma of mental illness within the community.

Diversion First serves as a national model for how to collaborate effectively across diverse systems to gain efficiencies and improved outcomes. The success of Fairfax County's diversion efforts also helped inspire new legislation approved by the Virginia General Assembly to develop a model for the use of alternative transportation providers (other than law enforcement personnel) to transport people who are involved in emergency custody orders or involuntary psychiatric hospital admission. As more people are diverted from incarceration to mental health assessment, requiring secure transport, it is important to develop ways to lessen the burden on law enforcement to provide such transport.

Fairfax County's Board of Supervisors is committed to this effort, recognizing that jail is NOT the appropriate setting to provide long-term sustainable treatment for people with mental illness and developmental disabilities. Diversion First has also energized county staff and the community. More staff now have the tools and training they need to recognize the symptoms of mental illness and to intervene to help people get the help they need. The community is also engaged with increased requests for presentations and outreach from county staff to learn more about the program.

All of this has helped shift the county's culture around how the criminal justice system responds to people with mental illness and is helping our community champion a diversion-oriented system of care.



## **Program Overview/Summary**

About one in five Americans has a mental health issue. In the Fairfax County Adult Detention Center, the percentage is much higher. Fairfax County leaders recognized that the jail had become a warehouse for people with mental illness. Responding to local and national trends urging governments to find alternative solutions, the county created Diversion First to offer treatment to those in need rather than defaulting to incarceration. **To date, 908 people have been diverted from potential arrest thanks to Diversion First, preventing an average of more than one person per day from going to jail.**

Diversion First offers alternatives to incarceration for people with mental illness or developmental disabilities who come into contact with the criminal justice system for low level offenses. The goal is to intercede whenever possible to provide assessment, treatment or needed supports. People needing diversion may also have a substance use disorder, which often co-occurs with mental illness. The program is based on the Sequential Intercept Model that identifies specific points of intervention to prevent individuals from entering or moving deeper into the criminal justice system. During 2016, the county primarily focused on Intercept 1, which aims to divert – rather than arrest – people at their first contact with law enforcement. In 2017, Fairfax County enhanced its diversion efforts at the second and third intercepts (the courts and adult detention center services) and touched on Intercept 4, jail reentry. Work is in progress to expand mental health supports within the court system, as well as to expand partnerships with healthcare providers to streamline medical clearances for those needing hospitalization.

Diversion First represents a significant commitment of human and financial resources from a full spectrum of government agencies. This includes newly created positions within the Police Department, Sheriff's Office, Court Services and Community Services Board. Additional partners have been added to the county's Diversion First Leadership team to help with expanded diversion efforts, including the Fire



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# DIVERSION **FIRST**

**2017 Annual Report**

**Fairfax County, Virginia**

## Letter from Diversion First Leadership

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

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

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

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

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

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

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

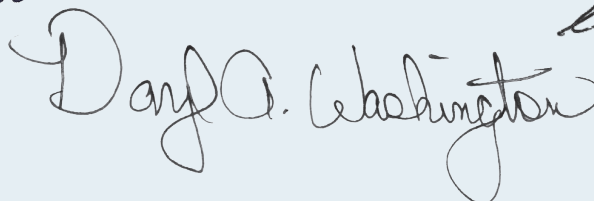
In this report, we are sharing many of our 2017 achievements from the perspectives of our varied stakeholders. Although we may approach individuals and circumstances differently based on our professional roles and personal experiences, we share a common goal of improving public safety and promoting a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

Sincerely,

Stacey A. Kincaid, Fairfax County Sheriff

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

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



# What Is Diversion First?

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

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

## Jail baseline analysis: Inmates with behavioral health issues



## Diversion Success: A Mother's Story

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

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

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

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

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

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

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



## What's New in Year Two

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

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

Working collaboratively, we are making a difference.

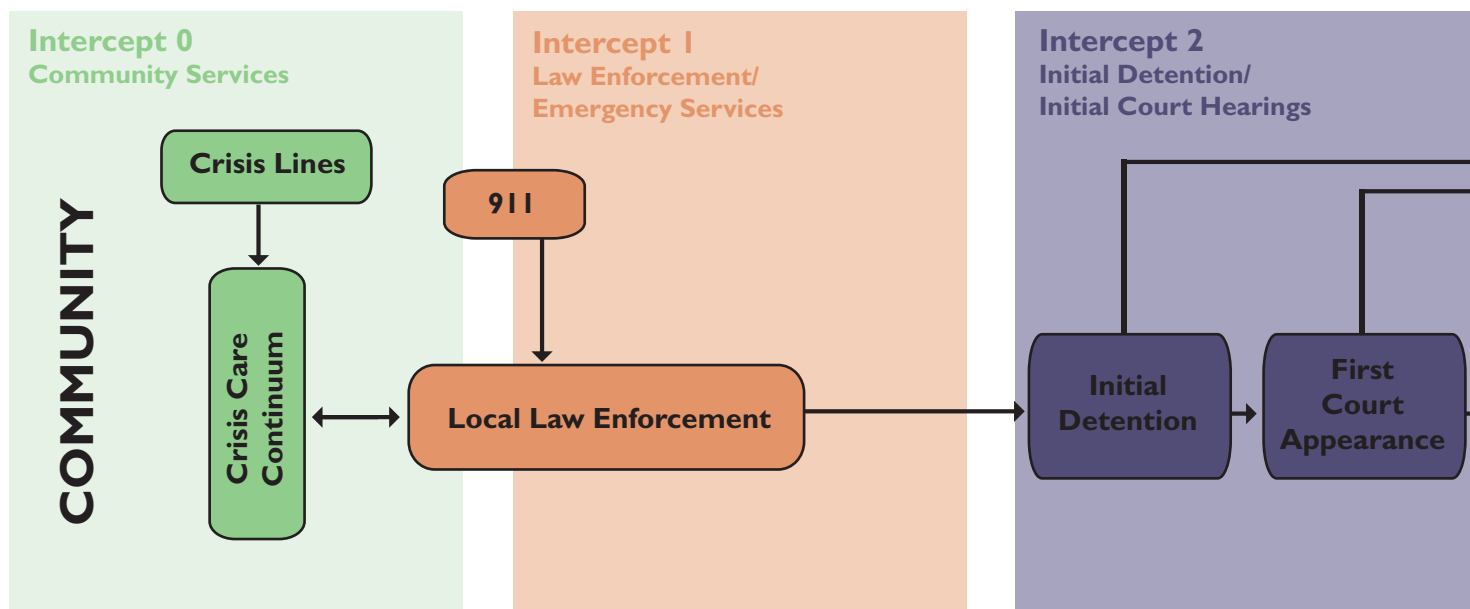


I am so proud of how far we've come since Fairfax County officially launched Diversion First on January 1, 2016. Community leaders and residents alike understand the importance of diverting people with mental illness, co-occurring substance use disorders or developmental disabilities into treatment or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

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

*- Fairfax County Board of Supervisors Chairman  
Sharon Bulova*

## The Sequential Intercept Model updated 2017



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

# The Way to Treatment: Stories Along the Intercept Model

## Diversion in Lieu of Arrest

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

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

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

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

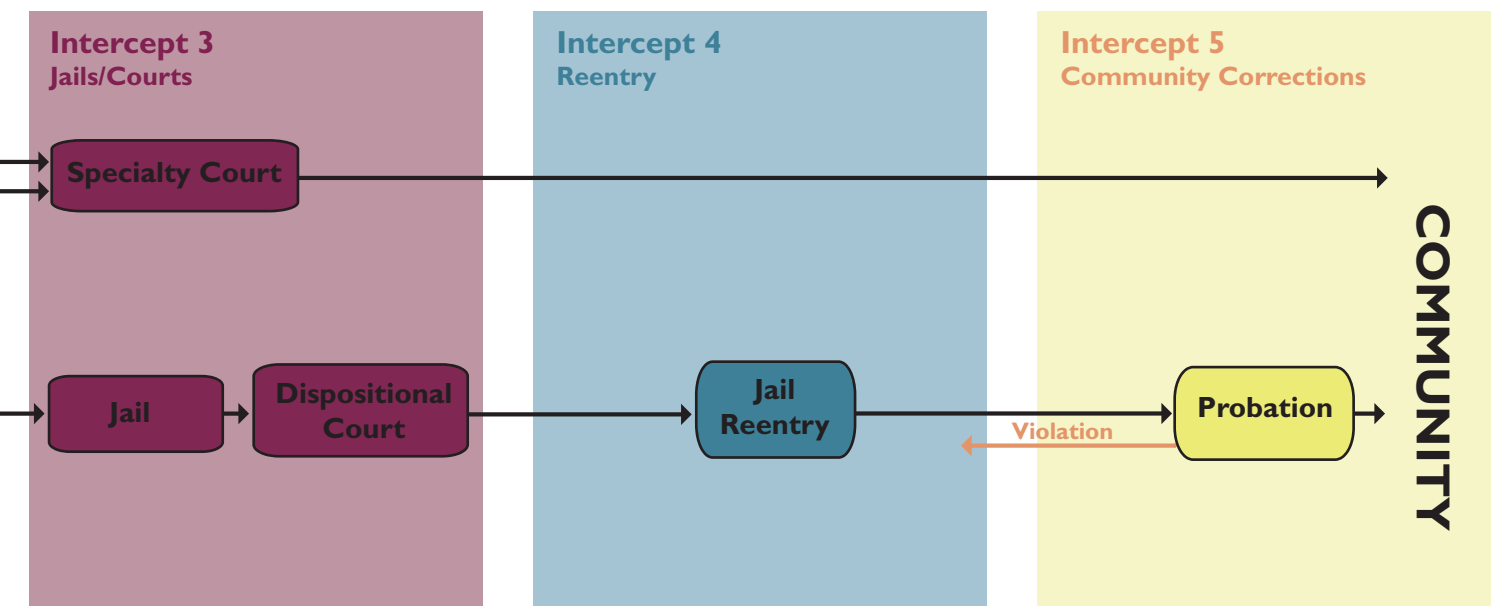
To remain on the forefront of mental health advances, MCRC staff consistently attend mental health conferences, roundtables and seminars. Information shared through these events encourages us to re-evaluate our current business processes. Additionally, these trainings inspire conversations to address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

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



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

- Redic Morris, Fairfax County Sheriff's Office



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

## Diversion Post Arrest

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



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

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

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

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

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

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

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

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

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

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



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

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

screening, evaluation and supervision.

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

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

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

## Defender, Prosecutor and Judge

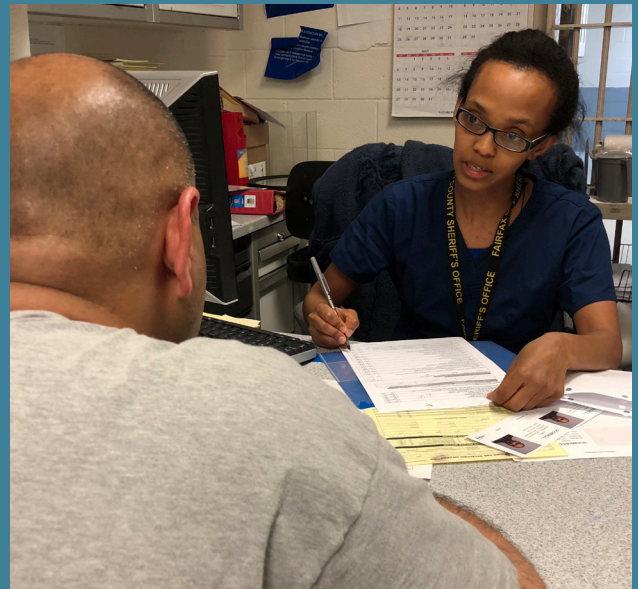
**Dawn Butorac**  
**Chief Public Defender**  
**Fairfax County Office of the**  
**Public Defender**



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

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

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



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

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

**Casey Lingan**  
**Assistant Commonwealth's Attorney**

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



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



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

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

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

## **Jail Diversion and Supportive Housing**

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



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

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

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

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

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

# The Value of Data

**Laura Yager**  
Director of Systems Transformation  
Office of the County Executive

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

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

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



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



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

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

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

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

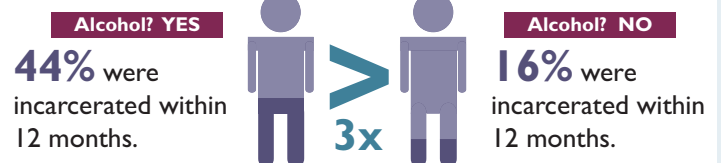
The county data team examined a sample of 125 adults who received services from the CSB within 12 months following their MCRC visit with law enforcement officers. Those who were homeless were five times more likely to be incarcerated within 12 months than those who were not homeless.

## Risk factors for criminal justice outcomes

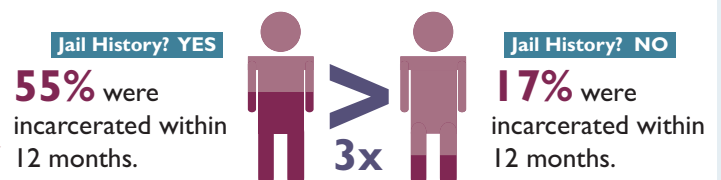
### HOMELESSNESS



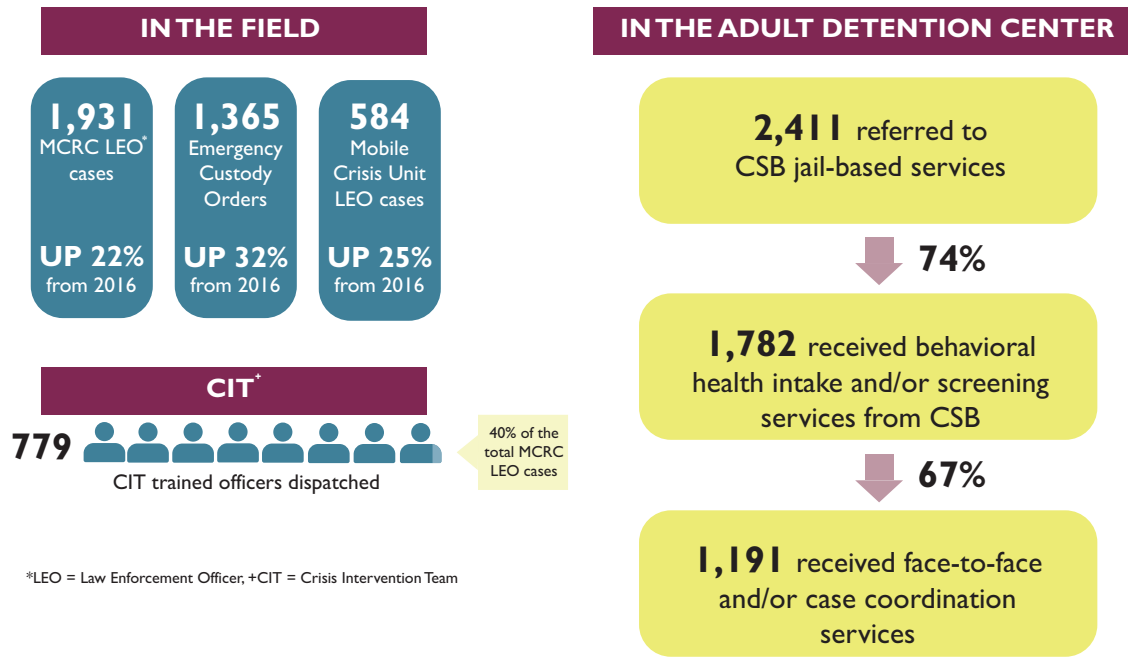
### ALCOHOL USE



### PREVIOUS INCARCERATION



## 2017 AT A GLANCE



## Stepping Up with NACo

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

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

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

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

- Braddock District Supervisor  
John C. Cook



## 2017 Year in Review — By the Numbers

	Jan-Mar	Apr-June	July-Sep	Oct-Dec	Total 2017	Total 2016
<b>Police Department</b>						
Mental health investigations written in the field - Fairfax County Police Dept.	993	988	1,067	1,104	<b>4,152</b>	3,566
- Involved Merrifield Crisis Response Center (MCRC) for all jurisdictions <sup>1</sup>	449	490	468	524	<b>1,931</b>	1,580
<b>Merrifield Crisis Response Center/Emergency Services</b>						
Total service encounters	1,475	1,593	1,423	1,629	<b>6,120</b>	5,024
- General Emergency Services (non-law enforcement involved)	1,026	1,103	955	1,105	<b>4,189</b>	3,444
- Involved Law Enforcement	449	490	468	524	<b>1,931</b>	1,580
- Voluntary transports to MCRC	135	147	131	152	<b>565</b>	547
- Emergency Custody Order (ECO) transports to MCRC	314	342	337	372	<b>1,365</b>	1,033
Diverted from potential arrest	96	115	94	98	<b>403</b>	375
Unduplicated number of people served at Emergency Services					<b>3,662</b>	3,081
<b>Mobile Crisis Unit<sup>2</sup></b>						
- Total number of services (attempts and contacts)	385	407	395	410	<b>1,597</b>	1,484
- Total number of services (contacts)	284	291	270	293	<b>1,138</b>	1,029
- Services with law enforcement involvement or referral	121	156	145	162	<b>584</b>	467
Unduplicated number of people served (contacts)					<b>928</b>	791
<b>Office of the Sheriff</b>						
- Criminal Temporary Detention Orders (CTDOs) from Jail	13	8	2	4	<b>27</b>	35
- Transports from MCRC to out of region mental health hospitals	42	23	10	31	<b>106</b>	128
- Jail transfers to Western State Hospital (forensic)	9	8	17	15	<b>49</b>	23
<b>Crisis Intervention Team Training (CIT)</b>						
- Graduates					<b>451<sup>3</sup></b>	265 <sup>4</sup>
- Dispatchers trained					<b>117<sup>5</sup></b>	42
<b>Mental Health First Aid (MHFA)</b>						
- Fire and Rescue					<b>606<sup>6</sup></b>	N/A
- Sheriff Deputies					<b>468<sup>7</sup></b>	248
<b>Court Services</b>						
- Total number of Pretrial Supervision					<b>2,089</b>	N/A
- Screened positive on the Brief Jail Mental Health Screening (BJMHS)					<b>529</b>	N/A
- Screened positive on the BJMHS, had an advanced screening and were referred to treatment					<b>256</b>	N/A
<sup>1</sup> Jurisdictions include (Cities of Fairfax & Falls Church, Towns of Herndon & Vienna, George Mason University, Northern Virginia Community College, Virginia State Police) <sup>2</sup> One MCU Unit until September, 2016 <sup>3</sup> Graduates since September, 2015 <sup>4</sup> Graduates since September, 2015 <sup>5</sup> Trained to date <sup>6</sup> Trained to date <sup>7</sup> Participants since September, 2015						



## Diversion First Partner Agencies



FAIRFAX - FALLS CHURCH

**Community  
Services Board**



A Fairfax County, Va., publication. May 2018

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.



# DIVERSION **FIRST**

**2016 Annual Report**

**Fairfax County, Virginia**

# Letter from Diversion First Leadership

About one in five Americans has a mental health issue. In our county jail, the percentage is much higher. In 2015, Fairfax County launched Diversion First so that incarceration would no longer be the default solution for individuals experiencing a mental health crisis. All of us agree that jail is not the most appropriate place to provide mental health treatment.

In the first year of this collaborative program, we focused on diverting individuals in our community at the point of potential arrest. What steps did we take?

**375** people were diverted from potential arrest in 2016.

- We built and fostered relationships among a broad group of stakeholders, including law enforcement, mental health providers, advocates and county government leaders.
- We opened the Merrifield Crisis Response Center and put police officers and sheriff's deputies on-site to accept the transfer of custody, allowing responding officers to return to their duties more quickly.
- We focused on training first responders in crisis intervention and mental health first aid.
- We expanded our mobile crisis response team in the community.
- We developed extensive community outreach tools to raise awareness about Diversion First and what it means for mental health consumers and their families and caregivers.

Despite our successes, there have been some challenges. Perhaps the biggest hurdle this first year has been allocating – and funding – sufficient staff to support our commitments. Each partner agency has had to assign additional employees dedicated to ensuring that those in need of mental health treatment receive the best care possible. Also of concern is where to place people who require a longer-term solution beyond the initial assessment and services they receive at our Merrifield Crisis Response Center. For example, we need more bed space and affordable permanent supportive housing in our community. Beyond this, we need to expedite medical screenings and seek more funding in 2017.

What else is on the horizon for our second year? Our leadership team will continue to engage local judges, court services, prosecutors and public defenders to bring our program into the court system as an alternative to criminal prosecution. Also, we will evaluate data and case scenarios to look for gaps in service and ways to improve the diversion process.

We are committed to working with the community to ensure all residents are treated with dignity and respect. Thank you for your continued support of our Diversion First program.

Sincerely,

Tisha Deeghan, Executive Director, Fairfax-Falls Church Community Services Board  
Stacey Kincaid, Fairfax County Sheriff  
Edwin C. Roessler, Jr., Fairfax County Police Chief



## What is Diversion First?

Diversion First offers alternatives to incarceration for people with mental illness or developmental disabilities who come into contact with the criminal justice system for low level offenses.

The goal is to intercede whenever possible to provide assessment, treatment or needed supports. People needing diversion may also have a substance use disorder, which often co-occurs with mental illness.

Diversion First is designed to prevent repeat encounters with the criminal justice system, improve public safety, promote a healthier community and is a more cost-effective and efficient use of public funding.

## Why is it Necessary?

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 at the earliest point possible** may de-escalate situations and help avoid arrest.
- It is **less costly** for people to receive treatment instead of spending time in jail.
- **Treatment reduces recidivism** and therefore reduces crime in the community.
- **Treatment offers hope** by helping people recover and take control of their lives.
- **Having a mental illness is not a crime.**

## What is Our Commitment?

Fairfax County recognized that our jail had become a warehouse for people with mental illness. Responding to local and national trends urging governments to find alternative solutions, our leadership created Diversion First to offer treatment to those in need rather than defaulting to incarceration. As part of this commitment, the county also signed on with larger, national programs including the Stepping Up Initiative and the White House Data-Drive Justice Initiative.

In the summer of 2015, Sheriff Stacey Kincaid took representatives from the Sheriff's Office, Police Department and Community Services

## How Diversion First Can Help

Daria Akers has bipolar disorder, which is characterized by periods of depression and mania. Despite taking her medication as prescribed, she had a manic episode in 2010, was arrested for family abuse and brought to jail. She refused to take medication and eventually attempted suicide. She was declared incompetent to stand trial and sent to a state mental hospital.



Forty-five days later Daria was returned to the jail. She pled guilty and was given two years' probation with the requirement that she see her psychiatrist and follow a treatment plan. Daria was successful, and the charges were dropped from her record. Had Diversion First been in place years ago, Daria might have been diverted to treatment rather than incarcerated.

Today, Daria is a Diversion First stakeholder. She shares her story with police officers and sheriff's deputies during Crisis Intervention Team training. She wants them to understand that anyone, anywhere and at any time can experience a mental health crisis, regardless of their age, educational background, gender, race or socioeconomic status. She wants them to see that people like her can – and do – recover from a severe mental illness and live a happy and successful life.



Board to visit Bexar County, Texas, to learn about and bring back best practices from a nationally recognized mental health system. In August 2015, Fairfax County launched Diversion First with the goal of reducing the number of people with mental illness brought to jail. On Jan. 1, 2016, the Merrifield Crisis Response Center opened with law enforcement on-site to accept custody of individuals diverted by officers in the field.

Today, we have more county staff involved in the Diversion First effort. This represents a significant commitment of human and financial resources from a full spectrum of government agencies and includes newly created positions within the Police Department, Sheriff's Office, Court Services and Community Services Board. Additionally, an emphasis has been placed on training staff across the county in Mental Health

First Aid, with many first responders receiving the state-approved 40-hour Crisis Intervention Team training.

## Look for this Pin

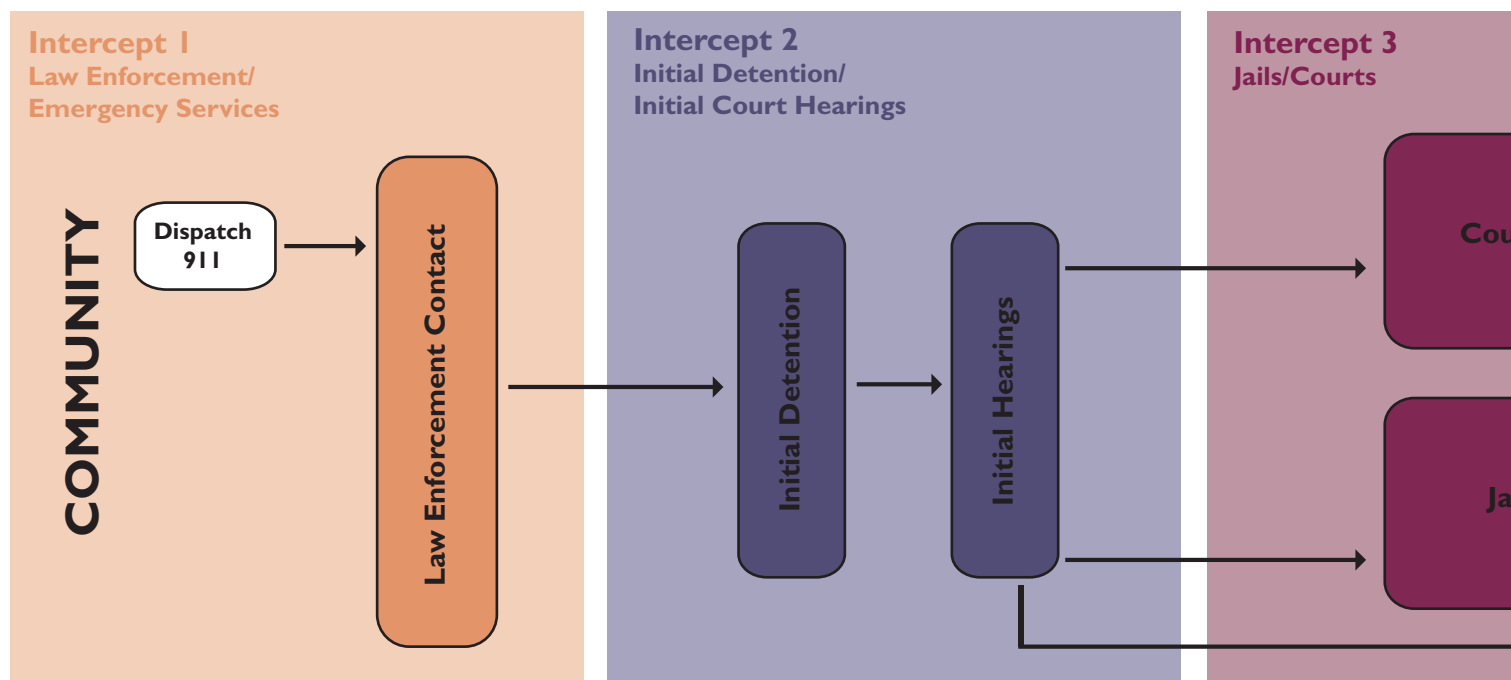
Many police officers and sheriff's deputies are also receiving Crisis Intervention Team (CIT) training to help them recognize symptoms of mental illness and de-escalate emergency situations on-scene. If a resident calling 911 suspects that a situation may involve a mental health issue, they may request a CIT-trained responder. Residents can identify first responders who are trained to handle these situations by the pin (pictured here) on the officer's or deputy's uniform.



## How Does Diversion First Work?

Diversion First is based on the Sequential Intercept Model (see below) that identifies specific points of intervention to prevent individuals from entering or moving deeper into the criminal justice system. During 2016, the county primarily focused on Intercept 1, which aims to divert – rather than arrest – people at their first contact with law enforcement.

## The Sequential Intercept Model



The criminal justice system in Fairfax County is a process that moves from arrest to booking. The Sequential Intercept Model represents the five stages of the process.

## Emergency Custody Order

An emergency custody order (ECO) gives a law enforcement officer permission to take a person into custody temporarily (up to 8 hours) in an emergency situation. This provides time for staff from the Fairfax-Falls Church Community Services Board to evaluate the person and locate a treatment facility for them if necessary.

The ECO can be issued by a magistrate, or by the law enforcement officer, when it is believed that a person:

- Has a mental illness and is highly likely in the near future to seriously harm himself or others, or to suffer serious harm due to incapacity to protect himself or to provide for his own basic needs,
- Needs hospitalization or treatment, and

- Is unwilling or incapable of voluntarily seeking hospitalization or treatment.

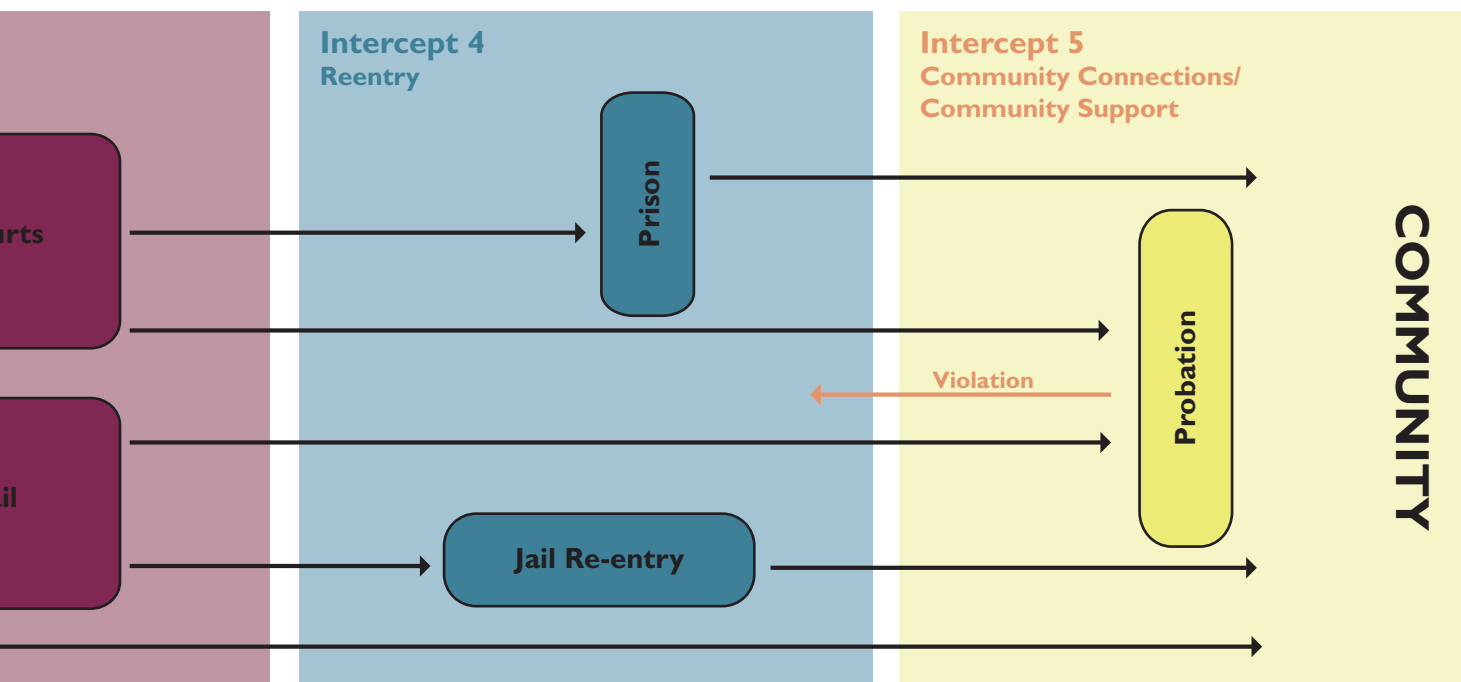
With an ECO, the person remains in custody until a temporary detention order is issued, until the person is released or until the ECO expires.

## Temporary Detention Order

A temporary detention order (TDO) is an order issued by a Magistrate that requires an individual to be held in a psychiatric facility for a period of 1 to 5 days until a commitment hearing is held. How long the person is hospitalized before the hearing occurs depends on when the TDO is issued and whether there is an intervening weekend or legal holiday. Magistrates are available to issue a TDO every day of the year, 24 hours a day.

In a typical diversion scenario, a law enforcement officer arrives on the scene of a possible crime and recognizes that a person may be experiencing a mental health crisis. If the offense is minor, the officer will try to resolve the situation on-scene. If that is unsuccessful, the

officer can take the individual to the Merrifield Crisis Response Center (MCRC) for a mental health assessment. If the individual will not go voluntarily, the officer can take the person by Emergency Custody Order (ECO).



booking, to court appearance, and then to either probation or jail and eventual release. areas in the process where diversion can intercede.



“Helping individuals get the treatment they need instead of going to jail helps people regain control of their lives.”

- Board of Supervisors Chairman Sharon Bulova

Once a Community Services Board clinician completes an assessment at the MCRC, the patrol officer will be relieved of custody and can return to regular duties. If the clinician determines that hospitalization will not be necessary, the ECO is lifted and the individual is provided with other services. If the clinician determines that the individual needs to be hospitalized, the person will be transferred to the custody of an MCRC police officer or sheriff's deputy. At this time, the clinician will petition the magistrate for a Temporary Detention Order (TDO) to facilitate the transfer of the individual to a hospital.

## What's Next?

In 2017, Fairfax County will look to expand the Diversion First program to address Intercepts 2 and 3 of the Sequential Intercept Model. In fact, this past year we got a jump start on Intercept 2 with 28 ECOs from the jail. Working together, the Sheriff's Office, Community Services Board and Magistrate were able to get individuals into treatment immediately after release on bond or time served.

Work is in progress to expand mental health supports within the local court system, as well as to expand partnerships with healthcare providers to streamline medical clearances for those needing hospitalization. A housing component will launch at the beginning of the year to provide stability and long-term self-sufficiency for people who may have been incarcerated previously. First responders are also developing specific questions

for their initial patient care reporting and screening to attempt identification of possible mental illness at the earliest possible contact.

## Who Should I Contact?

- If a situation is immediately life-threatening, call 911. Ask for a Crisis Intervention Team officer.
- Otherwise, call Community Services Board (CSB) Emergency Services (ES): 703-573-5679 or TTY 711 for the hearing impaired.
- Or go to the Merrifield Crisis Response Center, 8221 Willow Oaks Corporate Drive, Fairfax, VA 22031. The emergency services entrance is on the lower level.

## For More Information

- Visit [www.fairfaxcounty.gov/DiversionFirst](http://www.fairfaxcounty.gov/DiversionFirst).
- Request a group presentation by emailing [diversionfirst@fairfaxcounty.gov](mailto:diversionfirst@fairfaxcounty.gov).

Diversion First is a joint effort of the following Fairfax County agencies:



“Diversion First will help people get treatment and become self-sufficient, reduce crime by combatting recidivism, and save money by reducing our jail population.”

- Braddock District Supervisor John Cook



# Fairfax County Diversion First 2016 Year in Review - By the Numbers

	Jan. - Mar.	April-June	July-Sept.	Oct.-Dec.	Total 2016
Police Department					
Mental health investigations in the field - Fairfax County Police Dept.	831	916	900	919	3,566
- Resolved in the field (Fairfax County)*	471	505	479	504	1,959
- Involved Merrifield Crisis Response Center (MCRC) for all jurisdictions**	360	411	393	416	1,580
Merrifield Crisis Response Center/Emergency Services					
Total service encounters	1,296	1,380	1,170	1,178	5,024
- General Emergency Services (non-law enforcement involved)	936	969	777	762	3,444
- Involved law enforcement	360	411	393	416	1,580
- Voluntary transports to MCRC	158	141	127	121	547
- Emergency Custody Order (ECO transports to MCRC	202	270	266	295	1,033
Diverted from potential arrest	103	106	85	81	375
Unduplicated number of people served at Emergency Services					3,081
Mobile Crisis Unit					
- Total number of services (attempts and contacts)	319	361	415	389	1,484
- Total number of services (contacts)	215	242	294	278	1,029
- Services with law enforcement involvement or referral	79	126	148	114	467
Unduplicated number of people served (contacts)					791
Sheriff's Office					
- Emergency Custody Orders and Criminal Temporary Detention Orders (ECOs/CTDOs) from Jail	3	13	9	10	35
- Transports from MCRC to out of region mental health hospitals	26	37	28	37	128
- Jail transfers to Western State Hospital (behavioral health)	5	2	6	10	23
Crisis Intervention Training (CIT)					
- Graduates (since June 2015)					265
- Dispatchers trained					42
Mental Health First Aid (MHFA)					
- Magistrates					30
- Sheriff's deputies					248

\* Officer dispatched and provided services; no further action required.

\*\* Jurisdictions include Fairfax County, Cities of Fairfax & Falls Church, Towns of Herndon & Vienna, George Mason University, Northern Virginia Community College, Virginia State Police





“The Sheriff’s Office is proud to be at the forefront of creating Diversion First. Mental illness is not a crime and should not be treated as such. Jails were never designed to be psychiatric hospitals and shouldn’t be the default for those individuals in need. This is about human capital!”  
- Sheriff Stacey A. Kincaid

“The Fire and Rescue Department is excited to be a partner in this Initiative. Diversion First puts the patient first!”  
- Fire Chief Richard R. Bowers, Jr.



“Diversion First has helped hundreds of people over the past year get needed treatment and support for mental health and substance use disorders who might otherwise have been sent to jail. But our challenge is far from over. Individuals need a supportive community. We all do better when we all do better.”  
- Fairfax-Falls Church Community Services Board Director Tisha Deeghan

“Through robust collaboration with our Diversion First stakeholders, we are providing training to all law enforcement personnel and mental health providers to deliver essential wellness services.”  
- Police Chief Colonel Edwin C. Roessler Jr.



A Fairfax County, Va., publication. February 2017

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