



Diversion First Stakeholders Group Meeting

May 25, 2022

Welcome!

John C. Cook
Chairman, Diversion First
Stakeholders Group

**DIVERSION
FIRST**

The logo for "Diversion First" features the words "DIVERSION" and "FIRST" in a bold, dark red, sans-serif font. A light orange arrow curves from the bottom left of the word "FIRST" and points towards the top left of the word "DIVERSION".

Agenda

Welcome

Program Highlights

Trespassing Deferral Pilot/Mental Health Docket

Treatment for Opioid Use Disorder and Reentry
Recovery Supports

Co-Responder Team Update

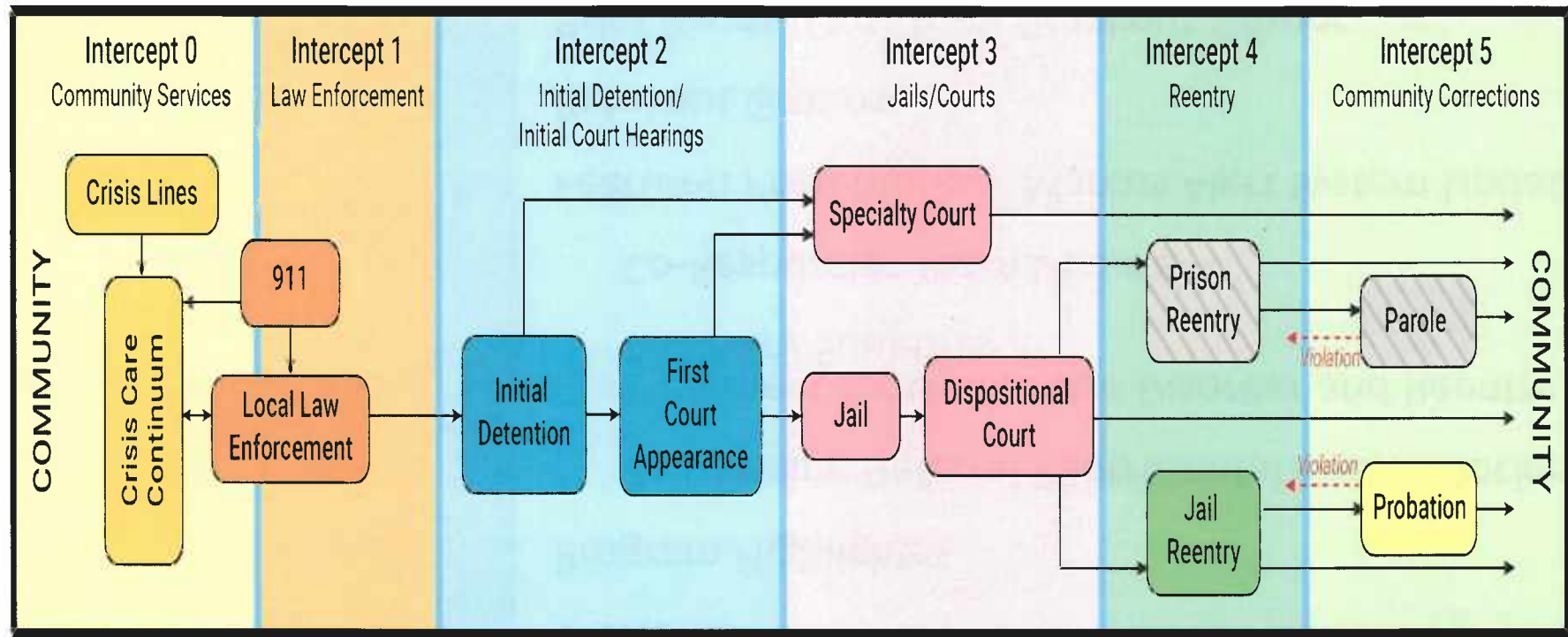
Featured Presentation- Marcus Alert System Update

Breakout Groups

Brief Report Outs from Breakout Groups

Wrap Up

Services Across the Intercept Points....



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Trespassing Deferral Pilot Program

The Honorable Tina Snee
General District Court

Trespassing Deferral Pilot

Trespassing is a Class 1 Misdemeanor that often has a component of behavioral health

- Individuals who repeatedly trespass often spend time pre-adjudication in jail
- Often one of the first charges when first entering the criminal justice system

Pilot is for all stand-alone Trespassing charges, whether an attorney is present or not

- No exclusions based on criminal conviction history or re-arrests, which allows for serving super utilizers
- Individuals are identified at point of arrest, magistrate or initial Court Appearance for trespassing

Individuals are advised of the program, and if interested are screened by Court Services for individual needs

- May include treatment through the CSB or other community-based programs (i.e., case management, treatment, community support groups, vocational or educational services, supportive housing)
- If no need for either, a uniform amount of community service is the requirement

Trespassing Deferral Pilot

Outcome

- Successful engagement/completion results in dismissal and expungement
- If no successful engagement/completion, return to court for adjudication or for additional time to complete program requirements

Overall Goal

- Help individuals obtain services/connections to stop their cycle of recidivism, and to provide needed services individuals who trespass for the first time, so they don't enter the cycle
- Provide individuals who trespass for the first-time who are low risk/low need with the opportunity, through community service, to have their charges dismissed and expunged

Success = systems change- from punishment to care with accountability

General Process



Mental Health Docket

- Launched in July 2019
- On May 20, 2021, celebrated 5th graduation
 - 4 graduates
 - Keynote speaker- former Fairfax County Board of Supervisors Chairwoman Sharon Bulova
- 18 docket graduates to date
 - None of the graduates have had new charges or any involvement in the criminal justice system since graduating
- New Alumni Group
- WNBC story on the Mental Health Docket:
<https://www.nbcwashington.com/news/local/northern-virginia/mental-health-program-changes-minds-lives/3057497/>





Treatment for Opioid Use Disorder and Reentry Recovery Supports

Laura Yager, Director, Correctional Health and Human Services
Fairfax County Sheriff's Office



Sheriff Kincaid's Philosophy on Treating Opioid Use Disorder (OUD)

Medications for OUD are an evidence-based strategy; Goal = reduce overdose deaths and recidivism

Jails are *mandated* to treat chronic illness and OUD is a chronic illness requiring correctional healthcare prioritization.

- Addiction isn't something anyone chooses or a moral failing
- Stigma-busting and staff development has been necessary to change minds and organizational culture
- 24/7 services by SO Medical Branch

Treatment starts at booking but prepares for release

- Screening tools, urinalysis, pregnancy testing, evidence-based withdrawal processes
- Not just as a withdrawal process- current research estimates treatment with Buprenorphine at 18-24 months+
- Treatment provided throughout period of incarceration in most cases

Jail-Based Treatment must be followed by Recovery Supports and Community Treatment Options

- During incarceration, CSB provides behavioral health services and the Chris Atwood Foundation provides peer support

Community partnerships & reentry supports are vital to sustaining long-term recovery & reduced recidivism

- CSB, Chris Atwood Foundation

Treatment works. Recovery is possible.

The Opportunity by the Numbers

- From January-June 2021, **1 in 10** individuals (~60 people) incarcerated at the Adult Detention Center were referred for medication for opioid use disorder (or MAT)
- Data from other jurisdictions shows that there is a higher risk of death from drug overdose within the first two weeks after release from incarceration
- For April 2022, 13% of population on MAT, as much as 70 individuals

Year	Number of Opioid Fatalities in the Fairfax Health District
2017	114
2018	83
2019	83
2020	94
2021	111

Source: Virginia Office of the Chief Medical Examiner

My doctor helps
me manage my asthma,
my acid reflux
and my *opioid use disorder*.

*Buprenorphine is a prescription medication
that is used along with counseling
and/or behavioral therapies
to treat opioid use disorder.*

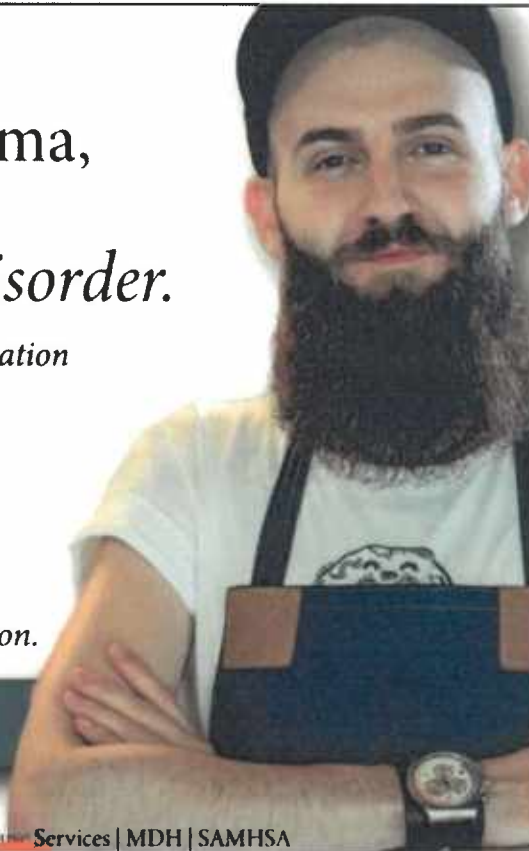
*Buprenorphine can be part of
any successful healthcare regime.*

Call 410-758-1306 for more information.



dontlabelus.org

Queen Anne's Department of Health Alcohol & Drug Abuse Services | MDH | SAMHSA



What does the
future hold?

Robust Health
and Behavioral
Health Care



Co-Responder Team Update

Abbey May, Director, Emergency and Crisis Services,
Community Services Board

J. Mauro , 2nd Lieutenant
Fairfax County Police Department



Co-Responder Team

- One CIT trained police officer and one Crisis Intervention Specialist respond to 911 behavioral health calls for service
- Following a pilot in Spring 2021, resumed efforts in late September; currently operating Wednesday-Sunday 2pm-11pm
- Monthly Team meeting/Debrief for lessons learned
- Follow up/outreach
- Training

Co-Responder Team Data

As of May 14, 195 responses

Over 60% of calls were de-escalated in the field (no further action needed)

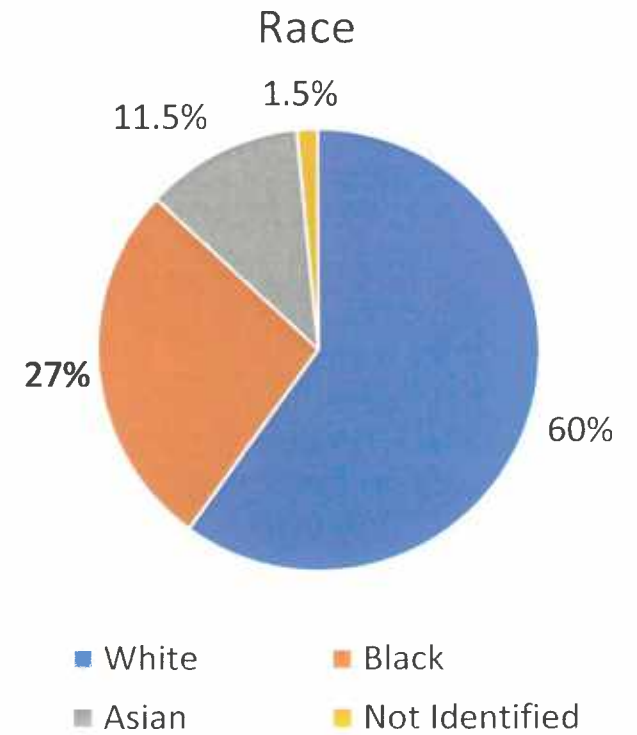
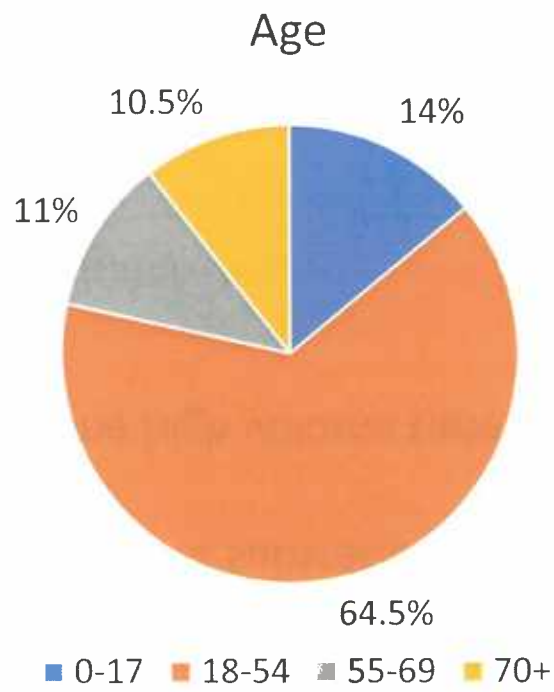
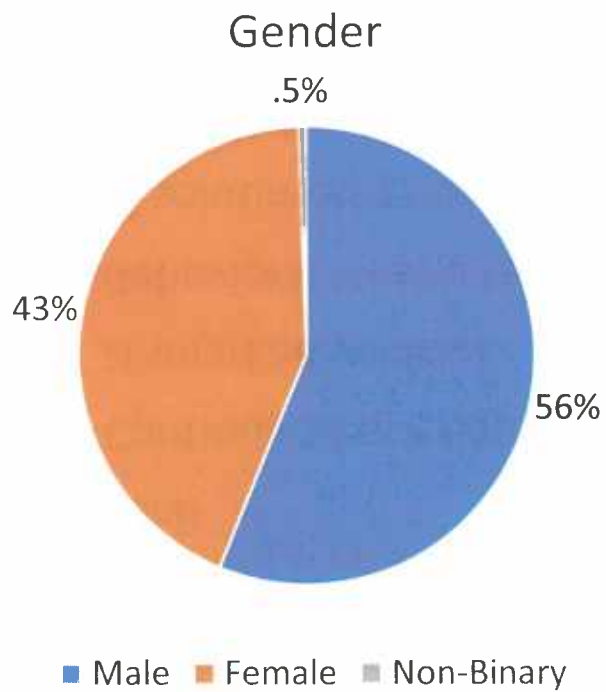
Over a third were diverted from potential arrest and/or hospitalization

Approximately 19% were placed under an ECO and/or TDO

68% of responses occurred in residential settings

Referrals to community providers

Co-Responder Team- Demographics of Individuals Served



Planned Co-Responder Team Expansion

- 4 Teams across the County will cover 2 substations each
- Continue to use data to determine high volume times
- Unmarked vehicles
- Behavioral Health Liaisons in dispatch
- IT solutions to track data
- Part of Marcus Alert response plan
 - Advanced CIT Training for law enforcement expected later in 2022
- Joint training program being developed for new team members





Marcus Alert

Daryl Washington, Executive Director, Community Services Board

Redic Morris, Strategic Planning Manager, Department of Public Safety Communications

Laura Clark, Director, PRS CrisisLink

J. Mauro, 2nd Lieutenant, Fairfax County Police Department

Marcus David Peters Act Overview

- State law named for a young, black biology teacher killed by Richmond Police in 2018 during a mental health crisis
- Became law in 2020 and was amended during the 2022 General Assembly Session
- Requires 911, law enforcement and behavioral health agencies to work together to better respond to behavioral health situations in the community
- Includes a State Plan for implementation



Virginia Department of
Behavioral Health &
Developmental Services



Requirements - Overview



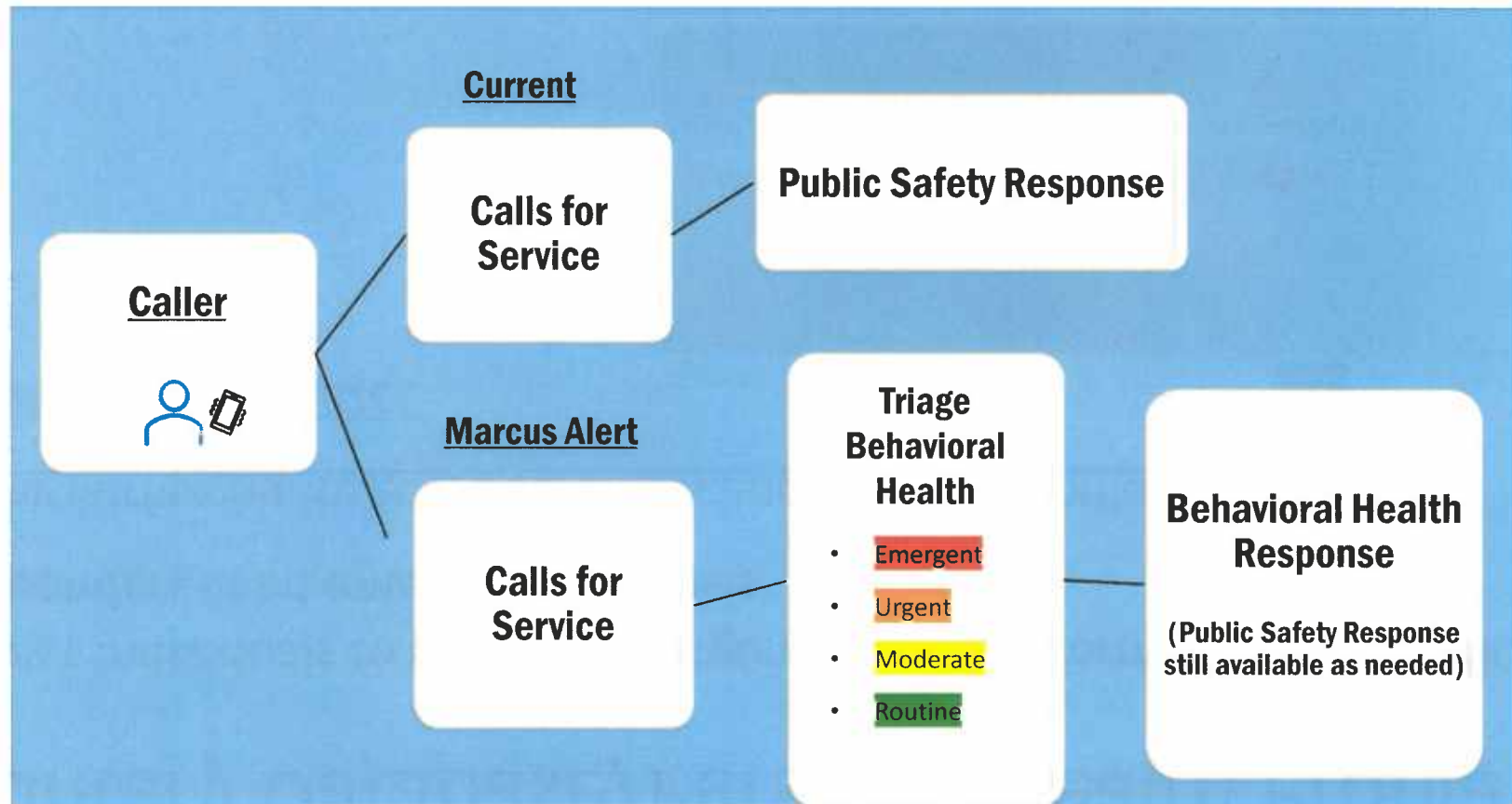
- State Plan allows for local implementation based on local resources
- State Plan provides requirements for a local Marcus Alert crisis response system:
 - Divert behavioral health calls from 911 to a Regional Crisis Call Center
 - Formalize agreements between law enforcement and mobile crisis teams to ensure back up
 - Have a systematic law enforcement approach to behavioral health crises
 - Have a Voluntary Database for community members to share critical health and safety information with first responders

Local Strategy



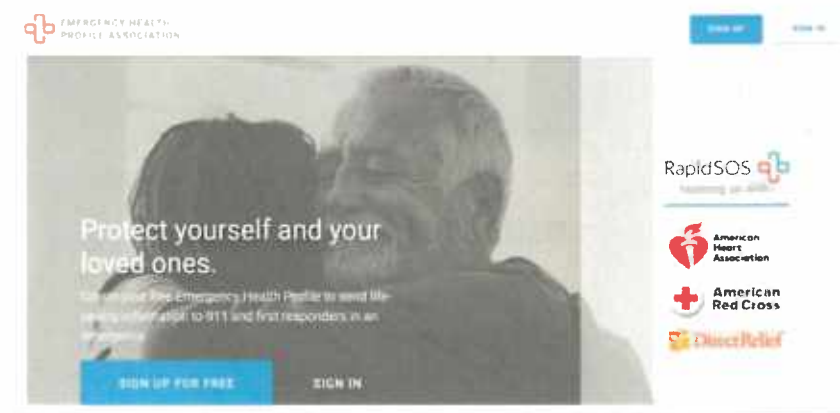
- Align current efforts to the spirit of Marcus Alert & use available resources wisely
 - Diversion First, Co-Responder Pilot, Community Response Team, etc.
- Collaborate with public safety agencies across the Fairfax-Falls Church CSB catchment area
 - Fairfax County (Police Department, Department of Public Safety Communications, Sheriff's Office), City of Fairfax, City of Falls Church, Town of Herndon, Town of Vienna, George Mason University, Northern Virginia Community College
- Remain flexible to address evolving state guidance and requirements
 - State guidance and requirements are evolving over time because Marcus Alert systems will not be statewide until 2028
 - Implement an initial Marcus Alert system by July 1, 2023, and build on it in future years
 - Apply lessons learned from the handful of early adopters

Current vs Marcus Alert



Voluntary Database/Personal Health Profile

- Allows individuals to provide emergency health information to help first responders in an emergency or crisis
- www.fairfaxcounty.gov/911/emergency-health-profile
- Implemented in 2021



Personal Health Profile

**Create Your FREE
Personal Health Profile**

**So Fairfax County 9-1-1 and other
first responders can better
help you during an emergency.**

**FAIRFAX COUNTY
9-1-1**



Create Your Personal Health Profile at:
www.fairfaxcounty.gov/911/healthprofile

National 988



- In 2020, Congress designated a new 988 dialing code to operate through the existing National Suicide Prevention Lifeline's network (NSPL)
- NSPL is over 200 locally operated and funded crisis lines across the country. PRS, Inc. operates the NSPL in our area.
- On 7/16/22, dialing **either** 988 **or** the existing NSPL # 1-800-273-8255 will connect individuals to behavioral health care and support

988 & Regional Crisis Call Center

- Marcus Alert includes a Regional Crisis Call Center
- Marcus Alert precedes the national roll out of 988 that will occur in Summer 2023
- PRS Inc., operates the Regional Crisis Call Center for the Marcus Alert system in our area and 988

Federal

9-8-8

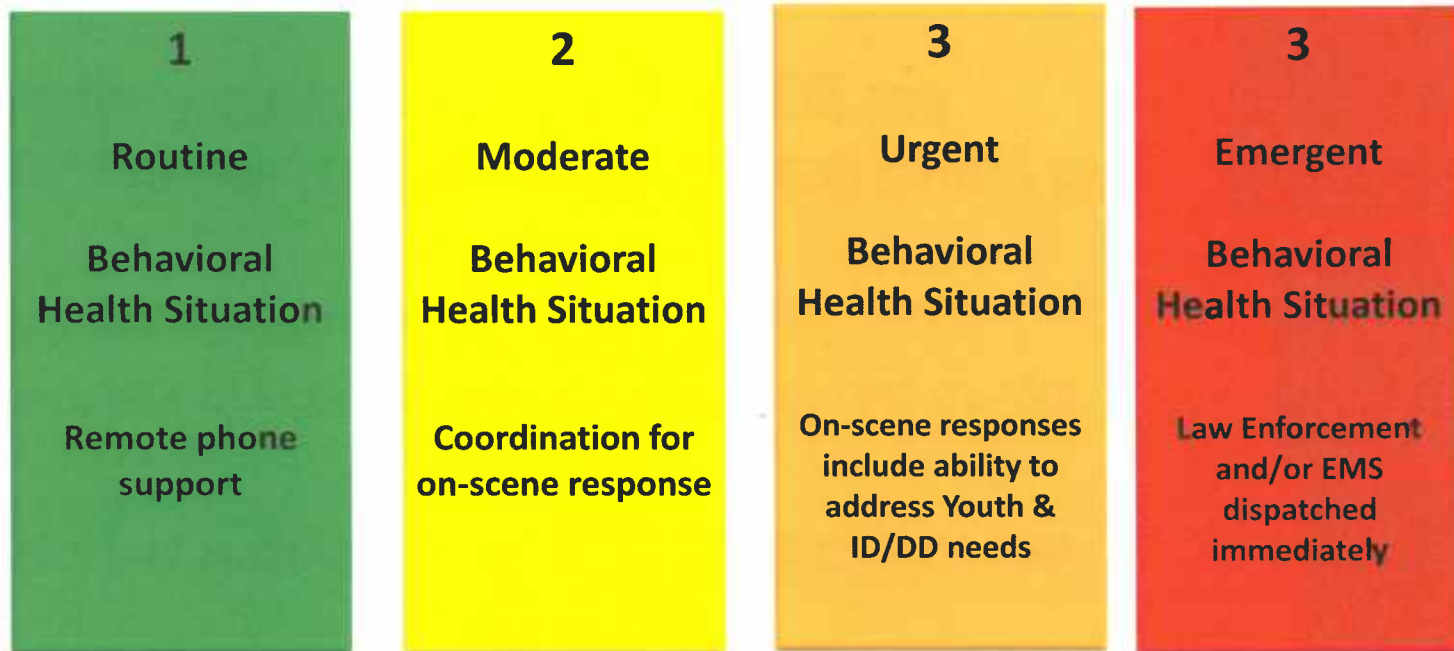
State

Marcus
Alert

Local

Implementation

Triage Common Language



Law Enforcement Requirements



- **State Expectations for law enforcement in a local Marcus Alert system:**
 - Behavioral health situations are dynamic and can change quickly
 - Police interactions with individuals in behavioral health crisis will continue
 - Behavioral health professionals cannot always be involved
 - Where appropriate, law enforcement will respond (Co-Responder Team, CIT Officer)
- Therefore, the State Plan for local Marcus Alert implementation requires law enforcement policies and training that support:
 - A “**specialized**” response for behavioral health situations
 - A systematic law enforcement approach to behavioral health crisis in the community

Systematic Law Enforcement Approach



SOURCE: BALFOUR, M.E., HAHN STEPHENSON, A., WINSKY, J., & GOLDMAN, M.L. (2020). COPS, CLINICIANS, OR BOTH? COLLABORATIVE APPROACHES TO RESPONDING TO BEHAVIORAL HEALTH EMERGENCIES. ALEXANDRIA, VA: NATIONAL ASSOCIATION OF STATE MENTAL HEALTH PROGRAM DIRECTORS.

Progress to Date

- Developed crisis response options at various triage levels
- Collaborated on how callers will be transferred between public safety dispatch and Regional Crisis Call Center
- Reviewed law enforcement policies and training
- Currently:
 - Public safety and behavioral health staff are working on logistics
 - Continue collaboration among all partner agencies





Action Steps



**Give Yourself
and Your Loved Ones
Peace of Mind
During an Emergency**

**Create A Free
Emergency Health Profile**

So that Fairfax County 9-1-1 and other first responders can better help you when needed.

Create Your Personal Health Profile:
www.fairfaxcounty.gov/911/healthprofile



Next Steps for You...

Sign up for Emergency Health Profile...and encourage others to sign up!

Provide your input on behavioral health responses to behavioral health situations

Breakout Groups

Question #1- Which aspects of the Marcus Alert are most important to you and/or the community as a whole?

Question #2- What do you think will be the biggest benefits of the Marcus Alert system?

Question #3- Ideally, what diversion services would you like to see more of in Fairfax County?

Question #4- How do you think we can improve diversion services in Fairfax County?

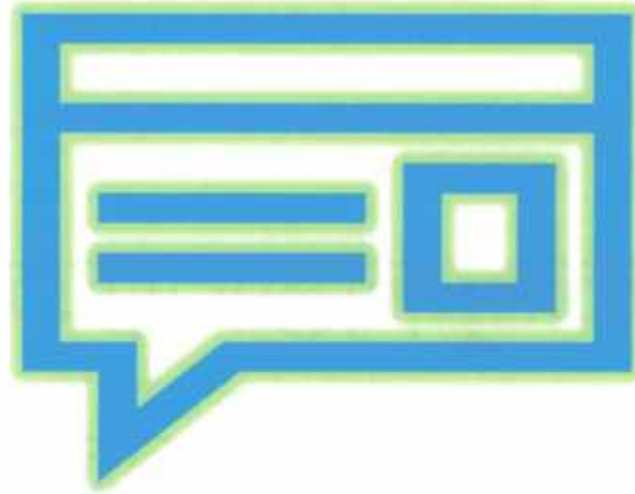
- Breakout groups will convene for 15 minutes
- Please select a breakout group topic
- Each group will have a facilitator and note taker





THEMES FROM BREAKOUT SESSIONS

REPORT OUT



Questions and Comments

Survey

DIVERSION FIRST



<https://www.fairfaxcounty.gov/topics/diversion-first>

DiversionFirst@fairfaxcounty.gov

Diversion First Data Snapshot

January-March 2022

	Q1 Jan-Mar 2022	Q1 Jan-Mar 2021	TOTAL Jan-Dec 2021
Police Department			
- Total calls for service with police response involving mental illness ¹	2,940	2,933	10,534
- Involved Merrifield Crisis Response Center (MCRC) for all jurisdictions ²	547	572	2,170
Merrifield Crisis Response Center/Emergency Services			
Total service encounters	1,569	1,352	5,811
- General Emergency Services (non-law enforcement involved)	1,022	780	3,641
- Involved Law Enforcement	547	572	2,170
- Voluntary transports to MCRC	85	174	661
- Emergency Custody Order (ECO) transports to MCRC	462	398	1,509
Diverted from potential arrest	138	136	505
Unduplicated number of people served at Emergency Services	1,143	1,008	3,536
Mobile Crisis Unit³			
- Total number of services (attempts and contacts)	394	465	1,813
- Total number of services (contacts)	245	254	1,013
- Services with law enforcement involvement or referral	162	109	420
Unduplicated number of people served (contacts)	216	223	784
Office of the Sheriff			
- Criminal Temporary Detention Orders (CTDOs) from Jail	6	7	25
- Transports from MCRC to out of region MH hospitals	8	14	35
- Jail transfers to Virginia State MH hospitals (forensic)	19	14	53
Crisis Intervention Team Training (CIT)			
- Graduates	1,044 ⁴	952 ⁴	1,044 ⁴
- Dispatchers trained	163 ⁵	163 ⁵	163 ⁵
Mental Health First Aid (MHFA)			
- Fire and Rescue (adapted version)	1,762 ⁶	1,638 ⁶	1,736 ⁶
- Sheriff Deputies	711 ⁷	675 ⁷	711 ⁷
Court Services			
- Total number of Pretrial Supervision	631	577	2,316
- Screened positive on the Brief Jail Mental Health Screening (BJMHS)	144	112	377
- Screened positive on the BJMHS, had an advanced screening and were referred to treatment	72	58	242
- Total number of Juvenile and Domestic Relations District Court Pretrial Services Program (PSP)	125	137	575
- Ordered to have a mental health assessment or treatment	31	33	136

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

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

³ One MCU Unit until September, 2016

⁴ Graduates since September, 2015

⁵ Trained to date

⁶ Trained to date

⁷ Participation since September, 2016