



DIVERSION FIRST



2021 Annual Report

Fairfax County, Virginia



Letter from Diversion First Leadership

In 2021, the COVID-19 pandemic continued, but many mental health and substance use recovery programs moved from virtual to hybrid to in-person. In this report, you will read about the advances and success stories in a variety of programs.

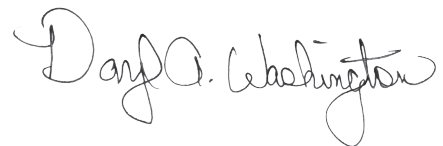
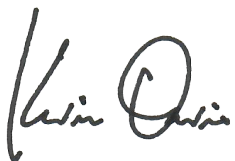
The impact Diversion First has on participants and also county staff is remarkable. We can and do change people's lives with actions as comprehensive as intensive therapy and as simple as a few kind words. As one CIT deputy sheriff assigned to the Merrifield Crisis Response Center (MCRC) observed, "CIT law enforcement officers have the opportunity to see people on one of the worst days of their lives. Many go above and beyond to allay the anxiety of hospitalization, protecting and serving people in crisis and easing the first steps in what is, for many, a new lease on life."

Diversion First marked its sixth full year and continues to be a model for other jurisdictions. About 550 counties across the United States have signed on to the Stepping Up Initiative, which supports local jurisdictions in establishing and reaching measurable goals that signify a lower occurrence of serious mental illness across the criminal justice system. Fairfax is the only county in Virginia recognized by Stepping Up as an Innovator County and one of only 33 in the United States. Innovator Counties lead the nation in successfully collecting and applying data driven decisions to bring about meaningful changes and reduce the number of people with behavioral health needs in local jails. Fairfax County is recognized for operating MCRC 24/7 where law enforcement can transport individuals in crisis for services and supports in lieu of arrest or incarceration. Our county is also recognized for identifying and serving super utilizers who frequently cycle through the public safety/law enforcement/hospital systems. Diversion First programs that include various collaborations among behavioral health clinicians, law enforcement, fire and rescue, dispatchers, nurses and/or social services provide outreach, de-escalation, coordination of care and linkages to needed community-based services and supports.

In addition to community-based crisis and treatment programs, those who are incarcerated are offered critical services. Men and women with Opioid Use Disorder (OUD) in the Adult Detention Center are offered Medication Assisted Treatment (MAT) for OUD along with behavioral health services. The Courts also provide alternatives to incarceration, with programs providing a path out of the criminal justice system.

With broad stakeholder collaboration, Diversion First continues to give individuals with mental illness, substance use disorders and/or developmental disabilities the treatment and supports they need to create and maintain a healthy lifestyle in the community and avoid further involvement in the criminal justice system.

Sincerely,



Kevin Davis, Chief, Fairfax County Police

Stacey A. Kincaid, Fairfax County Sheriff

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

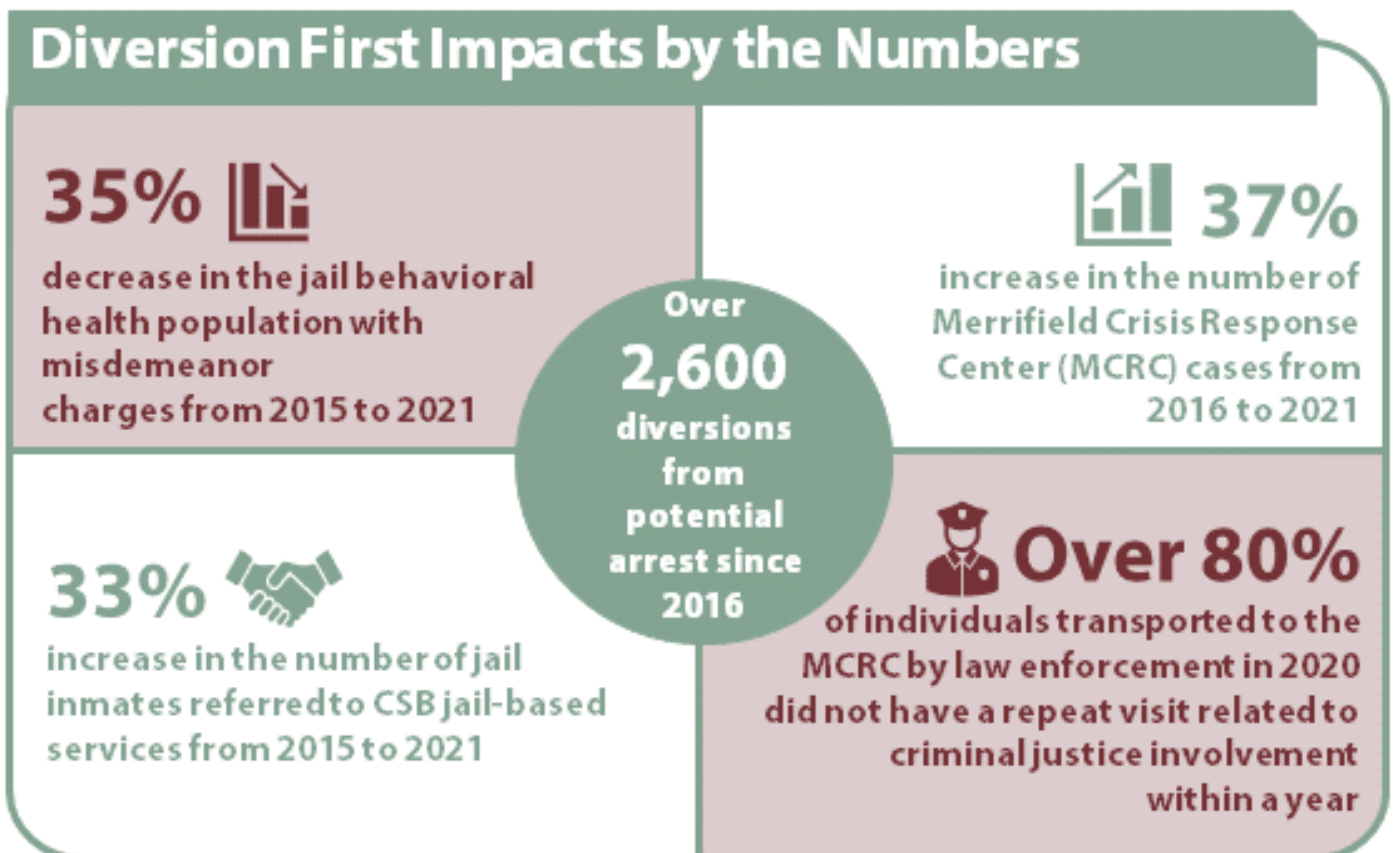
What Is Diversion First?

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

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

Diversion First was implemented because:

- **Too many people are in jail** due to mental health issues. Jail is not the appropriate place to provide mental health treatment.
- There is a need to **prevent the incarceration of people** with intellectual/developmental disabilities.
- **Intervening and de-escalating situations at the earliest point possible** helps to avoid arrest and incarceration.
- It's the **right thing to do** to offer treatment to people who need it, instead of jail being the default solution.
- It's **less costly** for people to receive treatment instead of spending time in jail.
- **Treatment offers hope** by helping people recover and take control of their lives.
- 1 in 5 Americans has a mental illness. **Having a mental illness is not a crime.**



Community Response Team

The Community Response Team (CRT), launched in 2018, works collaboratively to engage and connect “super utilizers” of Fairfax County’s Public Safety System to behavioral health, medical and community-based services to meet their essential needs. CRT includes a mental health clinician from the Fairfax-Falls Church Community Services Board (CSB), Fire and Rescue Technician, Crisis Intervention Team (CIT) trained law enforcement officer and a peer support specialist. The team also receives strong support from a Fire and Rescue Public Health Nurse and the Department of Public Safety Communications.

The CRT has established partnerships with Fairfax County agencies, including Adult Protective Services (APS) in the Department of Family Services, Services for Older Adults in the Department of Neighborhood and Community Services, Office to Prevent and End Homelessness in the Department of Housing and Community Development, and Department of Code Compliance.

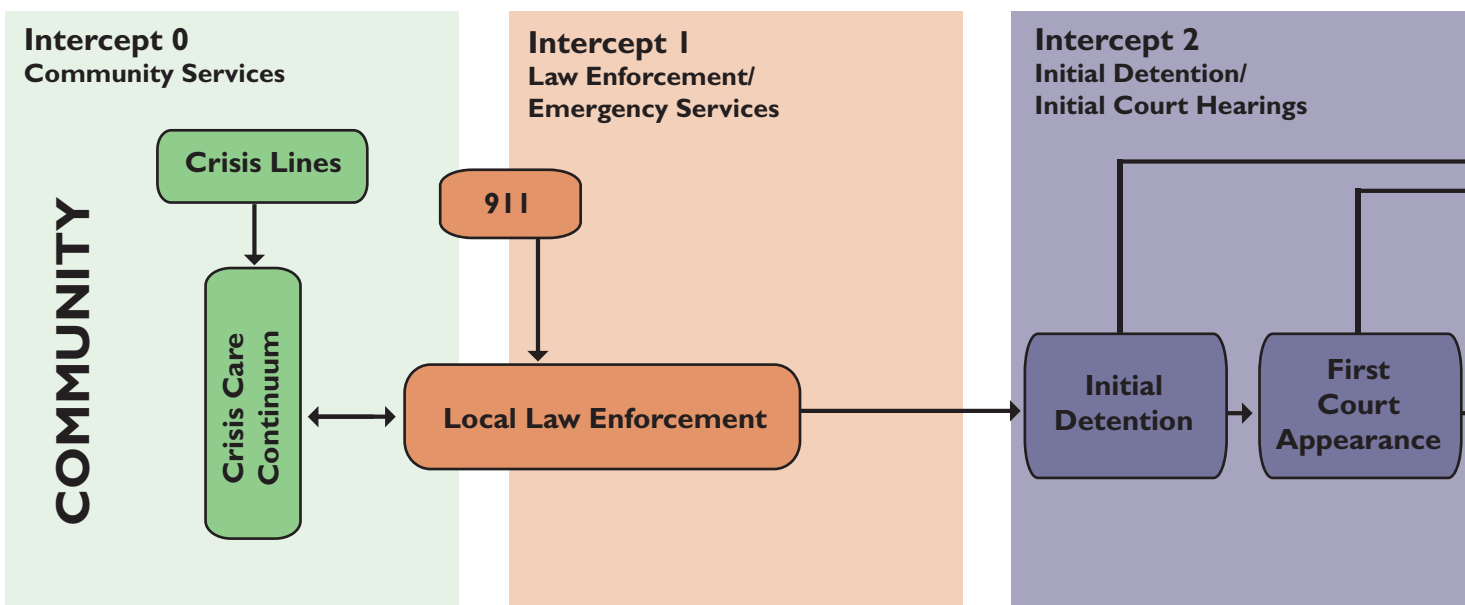
CRT’s partnership with Inova Health System has been invaluable for coordinated care across health care systems and to reduce the use of public safety services and Emergency Departments.

These collaborations have been very effective in providing cross-system interventions to assist individuals with



Community Response Team: CRT Members Shane Brillhart (FRD Technician), Nick Thomas (CSB Crisis Intervention Specialist) and Mojtaba Ahmadi (CSB Peer Support Specialist) provide community-based services.

The Sequential Intercept Model updated 2017



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

unmet behavioral health and/or medical needs. As an example, an elderly homeless female repeatedly contacted 911, confused about her husband's whereabouts; recently he had been placed in a nursing home. She initially refused help from APS, but with CRT's engagement and partnership with APS, the woman was placed in a shelter. She received support from the CRT related to her grief, loneliness and anxiety and case management services from Cornerstones Housing Program. She is no longer contacting 911 for these concerns and has the support she needs.

The team maintains an active case load of 10-20 clients at any given time. In 2021, 355 individuals received over 1,160 CRT services, including face-to-face visits in the community, services by phone and case management.

The CRT has received national and state attention. In November 2021, the team presented at the statewide Emergency Medical Service conference, providing information about its mission and goals, impact on the community and public safety system, and benefits of the multidisciplinary approach. The conference also provided an opportunity for the team to collaborate with other jurisdictions and share successes, challenges and lessons learned.

Also in 2021, CRT partnered with medical staff from the CSB and the Fire and Rescue Department to provide

a bridge to longer term services in the community. In addition, CRT worked closely with the Fairfax County Department of Information Technology (DIT) to develop automated systems to track data and gain access to community data systems to enhance care coordination and measure successes.

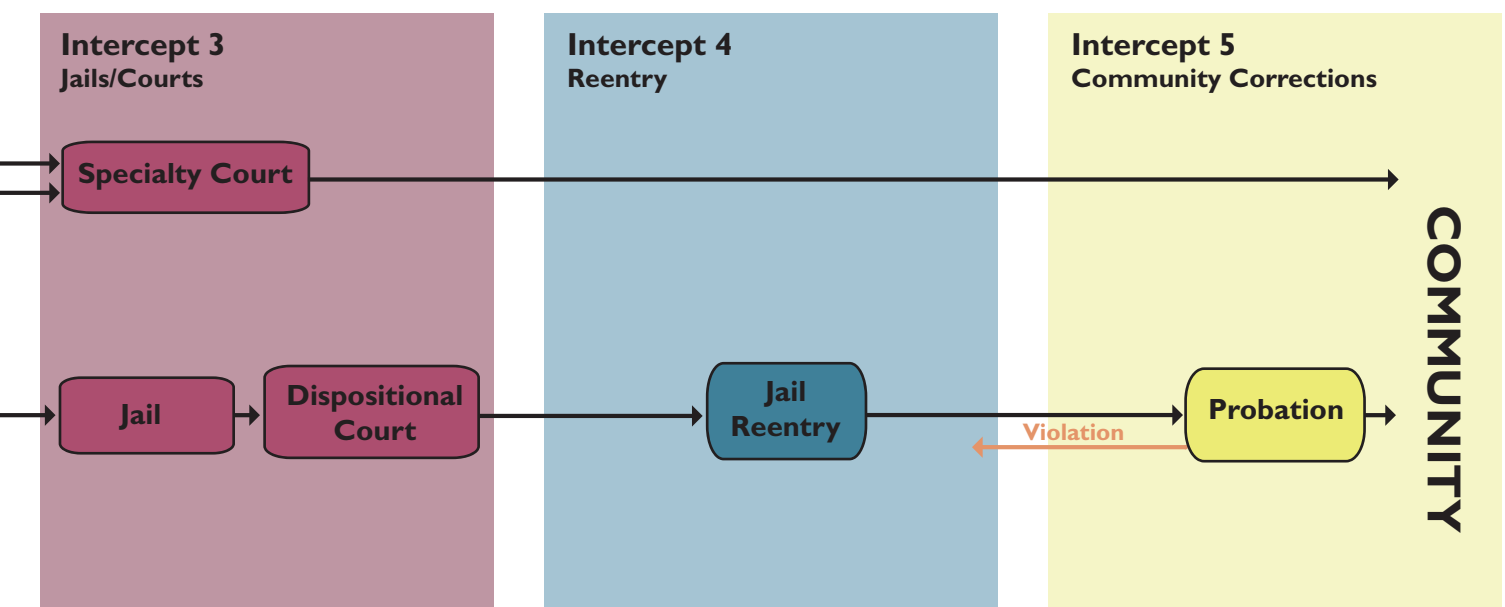
Co-Responder Efforts

Nationally and locally, jurisdictions are looking at ways to triage and respond to behavioral health crisis calls. As part of Fairfax County's commitment to community crisis response, efforts have been underway to establish Co-Responder Teams under Intercepts 0 and 1 of the Sequential Intercept Model, which involves opportunities for intervention before a behavioral health crisis begins or at the earliest possible stage of involvement with public safety.



The Crisis Intervention Team pin is worn by law enforcement officers to help identify them as trained to handle behavioral health crisis situations.

The goals of the Co-Responder Team are to provide the right service, at the right time, by the right person; link community members in crisis, as well as their families, to needed services and supports; divert from potential



nesses to the involvement of people with behavioral health issues in the criminal justice system. Intercept 0 was introduced in 2017

arrest whenever possible; minimize unnecessary hospital visits; and maximize safety for all involved.

In the spring of 2021, the Community Services Board (CSB), Fairfax County Police Department (FCPD) and Department of Public Safety Communications (DPSC) collaborated to establish a pilot to learn about logistical and operational considerations for launching a Co-Responder program. During this pilot, a CSB Crisis Intervention Specialist and Crisis Intervention Team (CIT) trained police officer were paired to respond to public safety calls. In addition to the Co-Responder Team, a CSB Crisis Intervention Specialist was deployed to DPSC to serve as a Behavioral Health Liaison (BHL). The BHL provided DPSC staff with behavioral health resources and researched calls to assist the Co-Responder Team.

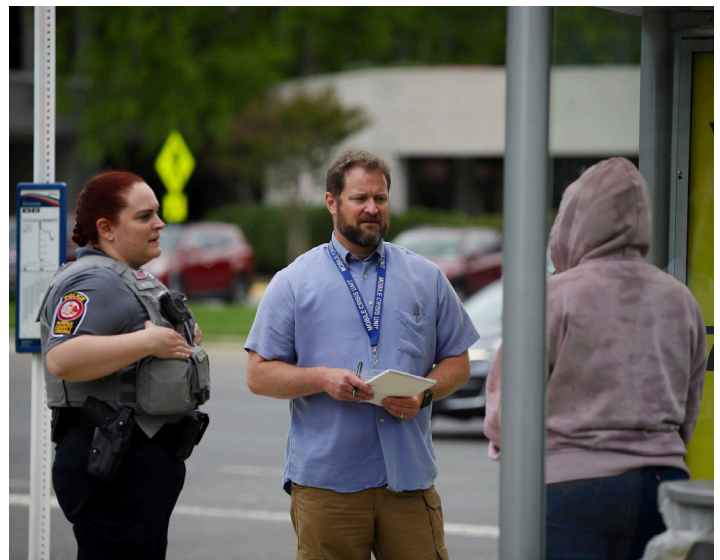
This co-responder model was selected from a variety of models following a thorough review of programs and consultation with experts from across the country. The pilot utilized the existing collaborative relationships between the CSB and FCPD, which have been strengthened through the Merrifield Crisis Response Center. Since the Co-Responder Team will provide a primary/ immediate response to calls for service, the inclusion of law enforcement is critical due to a number of unknown variables and, in some cases, potentially high-risk situations.

This initial effort demonstrated that the Co-Responder approach was effective in responding to and de-escalating behavioral health issues. In addition to providing crisis de-escalation, safety planning and resources on scene, the team worked with family members, assessed the need for more intensive services (i.e., crisis stabilization units, hospitalization) and made connections with other programs for follow up. Approximately 40% of the responses resulted in diversion from potential arrest or hospitalization.

The Co-Responder Teams will enhance county and regional crisis response services, such as Mobile Crisis Units; Community Regional Crisis Response (CR2); Regional, Education, Assessment, Crisis Services, Habilitation (REACH) for individuals with developmental disabilities and their families; and PRS CrisisLink, a 24/7 call and text line.

Following the pilot, the Co-Responder Team resumed their efforts, on a limited basis, in the fall. It is anticipated that days/hours will increase, and additional teams will be added to serve county residents in 2022. In December 2021, the Co-Responder Team responded to a call involving a man inside his home with a gun and threatening suicide. The Co-Responder clinician was able to speak with “Sam” over the phone and convinced him to exit the home unarmed and then surrender his gun. The Co-Responder Team worked with Sam on a safety plan that he agreed to follow. Due to the actions of the Co-Responder Team and the agreed upon safety plan, an Emergency Custody Order and hospitalization were avoided. Sam continues to receive follow-up services at the Merrifield Center and has had no police contact since this incident.

Having a highly trained clinician and CIT certified officer on the scene in the moment of a crisis continues to be an invaluable resource for the residents of Fairfax County and ensures we can provide the right intervention, at the right time, by the right person.



Master Police Officer Michelle Ritter and CSB Crisis Intervention Specialist Scott Carter assist a person in crisis at a bus shelter.

Behavioral Health Jail Based Team

The Behavioral Health Jail Based Team consists of behavioral health clinicians, nurses and supervisors. The team serves individuals who are incarcerated at the Fairfax County Adult Detention Center (ADC) and need mental health, substance use and/or developmental disability services. Screening and identification are a main function of the team, who served close to 2,000 individuals in 2021, with over 1,200 intake assessments completed.

The Jail Based Team serves individuals who may be incarcerated for a few hours, as well as those who may stay days, weeks or longer. Regardless of the length of incarceration, the team works to engage individuals and assess the services they might need or want while at the ADC, strengthen motivation for treatment, and determine options for community-based services post-release. From the first interaction, the team works with the individual on a release plan. The plan might involve connecting or re-connecting the individual to behavioral health services in the community, working with their support system for a safe place to stay upon release, ensuring that individual is released with medications, and finding any other community re-entry supports the individual needs.

The work of the Jail Based Team has evolved over time. In 2015, the team served 17% of the jail population, compared to 41% in 2021. From 2015 to 2021, there has been a 33% increase in referrals to the team, likely due to increased training and recognition of mental illness, substance use disorders and developmental disabilities. Team members routinely collaborate with Sheriff's Office staff to provide vital care to the individuals at the ADC.

The Jail Based Team provides services in specialized units for individuals with mental health concerns, as well as psychiatric and medication services and Emergency Custody Orders when an individual is released from jail and is a danger to themselves or others or cannot substantially care for themselves. The team collaborates with the Sheriff's Office to serve individuals receiving Medication Assisted Treatment (MAT). These services include case management and linkages to continued MAT in the community.



The Fairfax County Adult Detention Center is on Judicial Drive, next to the Courthouse and just west of Chain Bridge Road in Fairfax.



The Fairfax County Courthouse is located at 4110 Chain Bridge Road in Fairfax.

Striving to Achieve Recovery (STAR) and Beyond Jon's Success Story

Three years ago, an inmate named Jon was in the Fairfax County Adult Detention Center (ADC) on drug-related charges, not for the first time. In fact, Jon had been in and out of jail over a period of several years and was unsuccessful with addiction recovery programs.

Within two months of his latest incarceration, Fairfax County Sheriff Stacey Kincaid launched an innovative recovery program in the ADC. Striving to Achieve Recovery (STAR) is aimed at inmates with chronic substance use and a commitment to holding themselves accountable while finding a new way to live. Participating inmates live together in a housing unit that serves as a therapeutic community.

Four Sheriff's deputies are assigned to the unit, one covering each shift. The deputies are there to ensure the safety and security of the unit, but they also encourage the participants to resolve among themselves any disagreements or concerns.

With support from jail-based medical and behavioral health professionals, the program is led by peer recovery specialists who have lived experience with substance use disorders, mental health challenges, or both; are now in a sustained recovery; and are trained to help others on a path to recovery. They are relatable for the STAR participants because of their shared experiences, and they represent success stories: "If they can do it, so can we."

Jon became one of the 11 original STAR participants. At the end of the first month, he relayed positive thoughts about the program. "This is a huge learning experience for us. The program shows us how to live a healthy lifestyle that is not just for us but for our families and our community when we are released," he said.

When Jon was released from the ADC in the summer of 2019, he moved directly into an Oxford House. Every Oxford House is democratically run, self-supporting and drug-free. Jon also attended daily recovery meetings. After only two weeks, he had a full-time job in customer service for a remodeling company. About a year later, Jon's sponsor invited him to move in with him. Jon accepted the offer, leaving Oxford House to live more independently.

About two years later, in the midst of the COVID-19 pandemic, Jon was laid off due to budget cuts. "I used the tools, resources and networks that I learned from STAR and was employed again within two months."



Sheriff Stacey Kincaid presents to Jon a certificate recognizing his completion of Peer Recovery Specialist (PRS) training while incarcerated. Also pictured is CSB Certified Peer Recovery Specialist Nick Yacoub who works in the STAR unit and teaches the PRS class.

The new job was also in customer service, but it was not what Jon wanted.

“It was time for me to buckle down and go after what I was passionate about,” said Jon. “I completed Peer Recovery Specialist training while in the STAR program and am now pursuing certification at Northern Virginia Community College (NVCC) as a substance abuse counselor.”

In class, he asked if anyone knew of open positions in the field. A classmate suggested an opening at the Psychiatric Institute of Washington, a 130-bed facility with inpatient, outpatient and partial hospitalization programs for children and adults with behavioral health issues.

Jon applied, interviewed and was hired as a peer recovery specialist. “I have a horrible record, a criminal background, but now I am following my passion to help others and give back.”

In addition to this full-time job, he will continue the certification program part-time at NVCC. “My mom was in tears when I told her I was starting college,” he added.

At the time of his last incarceration, Jon’s mom Terri was at the end of her rope. “Any rehab program can be fantastic, but if people in the program aren’t ready, it won’t work,” she said. “Over the years we paid a lot of money to get Jon help, but he wasn’t ready. We couldn’t say or do anything to change that.”

Terri credits the STAR program in combination with incarceration for finally making him ready. “I was a non-believer in the program initially because I was worn down from so much disappointment,” she explained. When the family component was introduced to the program, she was still a skeptic. “But eventually something clicked. Everyone in the group was desperate. We learned that something good can come from something so terrible,” she added.

The Chris Atwood Foundation (CAF) leads the family sessions, working with family members to create an environment that supports recovery. Together, families learn ways to engage, communicate, listen, respond and heal.

Sheriff Kincaid often speaks about second chances. “Gone are the days of locking people up and throwing away the key. We give people second chances, and third chances, to succeed. I am very proud of Jon and the success he has found in a life of recovery. I wish him and his family all the best for many years to come.”

In 2019, the CAF honored Sheriff Kincaid with the Family Hero award for initiating the STAR program in the ADC and including families as part of the recovery process. In 2021, the CAF honored Jon with the Recovery Hero award “for his devotion to the recovery community, for sharing his recovery with others and his enthusiastic volunteerism at the CAF.”



Shelly Young, Director of Programs for the Chris Atwood Foundation, presented Jon with the organization's 2021 Recovery Hero award.

Diversion through Courts

Drug Court

Reflecting on the past year in the Fairfax County Adult Drug Treatment Docket (also known as Drug Court), two words come to mind: growth and transition. Since the Drug Court gained its first participant in December 2018, significant work has been done to foster growth and development for both the program and participants. Since inception, Drug Court has accepted 39 individuals into the program, and there are currently 18 active participants. The Drug Court team anticipates doubling capacity from 25 to 50 active participants. Without the support of the stakeholders and agencies involved in Drug Court, meeting the needs of 50 participants would seem daunting. Fortunately, the Drug Court will be able to add a Treatment Coordinator to connect participants with resources in the community, help monitor progress in the program and address treatment needs.

In 2021, the Drug Court welcomed Judge Dontae L. Bugg to preside over the weekly dockets. Judge Bugg and Judge Thomas P. Mann have shared the crucial task of seeing participants and holding them accountable to the program's requirements, while also providing a level



In 2021, the court welcomed Judge Dontae Bugg (at the podium) to preside over Drug Court. He and Judge Thomas Mann (seated) share the vital task of holding participants accountable to the program's requirements while also providing a high level of support that is unique to specialty dockets. Also pictured is Jennifer Fuller, Drug Court Program Coordinator.

of support that is unique to specialty dockets. Research by the National Association of Drug Court Professionals (NADCP) indicates that the ongoing relationship between the judge and the docket participant is the highest indicator of positive change in the individual.

While the COVID-19 pandemic has caused uncertainty, Drug Court staff and participants have shown a high level of resilience and adaptability. In 2021, the Drug Court incorporated "hybrid dockets" to allow participants to join the docket both in person and in a virtual format, allowing those in treatment elsewhere to remain in touch with the Drug Court team and receive regular updates and encouragement from the judge.

In the coming year, the Adult Drug Treatment Docket will continue to use best practices and face new challenges with the support of its community partners.

Mental Health Docket

While a strange year in so many ways, 2021 was a year of growth and success for the Fairfax County Mental Health Docket. Launched in July 2019, the docket is no longer a novice program. The Docket Team has spent the past year focused on providing quality care and support to participants by connecting them to mental health and substance abuse treatment, family and individual therapy, vocational counseling, and the basic resources (i.e., housing, health insurance) necessary for them to remain on a track of recovery and resilience.

The Mental Health Docket has received a tremendous amount of interest and support. Despite the disruption that the COVID-19 pandemic caused, the docket continued to receive a high volume of referrals, with 32 new referrals in 2021. The docket has served 33 individuals and has had 14 graduates. Even more is expected of our current participants to graduate in 2022. None of the 14 graduates has had a new charge or any involvement in the criminal justice system since graduating.

The docket works with participants through a combination of mental health/substance abuse treatment and intensive court supervision. Participants are required to come to court bi-weekly to update the court on their treatment progress and receive feedback and guidance to help them achieve their treatment goals and avoid future encounters with the criminal justice system. The length of the program is between 12-24 months, depending on the time it takes for a participant to achieve treatment goals.



In November 2021, Nathaniel Hester was one of seven graduates of the Mental Health Docket, the largest class since the start of the docket. He said, "This is a better route to changing your life than going to jail. It may seem hard, but there is light at the end of the tunnel." General District Court Judge Tina Snee, standing behind Nathaniel, presides over the docket.

The docket challenges participants to look at the patterns of behavior and circumstances which led to their involvement in the criminal justice system – and to change those behaviors. Sometimes those changes involve connecting the participant to basic resources such as food and housing. It is amazing how the trespassing and petit larceny charges stop when an individual has somewhere to go at night and enough food to eat. Other changes involve working with a psychiatrist to find a medication regimen to help manage symptoms; developing adaptive coping skills; and expanding support systems to include family, friends, peers and treatment providers.

Prior to joining the docket, a May 2021 graduate spent much of his adult life either incarcerated, homeless or involuntarily hospitalized at a state psychiatric hospital. By the time he graduated, he had repaired damaged relationships with his family and was living in permanent supportive housing, psychiatrically stable on injectable medication, working part time, sober for over a year, and connected to a support system made up of family members, peers and treatment providers.

"There were some days I wanted to curse all of you out. And a lot of days I didn't think I was going to make it to graduation – days I wondered if I should have just taken the jail time. But I look at where I am now, how my life is different. And I'm grateful. I might actually miss you guys."

– *Mental Health Docket graduate*

Veterans Treatment Docket

As the oldest of the three specialty dockets in Fairfax County, the Veterans Treatment Docket (VTD) has been a successful court supervised diversion program since its inception in 2015. The VTD has served 57 veterans, graduating 38, all of whom have exhibited transformative change through their hard work and determination in tackling their mental health and substance use challenges.

Over the past seven years, the VTD has met national best practices through ongoing training and consultation with national treatment court agencies such as Justice for Vets and National Association of Drug Court Professionals (NADCP). Last year, the Fairfax VTD had a site visit from Justice for Vets, who provided an evaluation report of how the docket is currently operating and made recommendations for improvement. Justice for Vets was so impressed with the Fairfax VTD that the organization shared program materials, such as VTD's Police & Procedure Manual, with other jurisdictions around the country as an example on how to implement VTD best practices.

Even with the stellar evaluation, the VTD team had a goal of serving even more veterans who are deserving of the resources and benefits they have earned so they can untangle themselves from the criminal justice system and lead productive and meaningful lives.

The VTD team went to work to see how program eligibility could be expanded. To date, the VTD program



Circuit Court Chief Judge Penney Azcarate, a Marine Corps veteran, presides over the Veterans Treatment Docket. She spearheaded the initiative to create the first such docket in Virginia after seeing a pattern of veterans coming before her on criminal charges but with no prior criminal history. Her goal continues to be preventing veterans from getting criminal records and getting them needed treatment instead.

has served “high risk” veterans who are likely to recidivate and have significant clinical treatment needs. After exploring national best practices and evaluating Fairfax County veteran data, the VTD determined they could serve even more veterans by creating a new program track for “low risk” justice-involved veterans. This second track would be a shorter, less intensive court supervised program that would serve veterans with a lower likelihood to recidivate, usually first-time offenders, but who have just as substantial clinical treatment needs to address as the “high risk” veteran population.

By the end of 2021, the team decided to pursue the second track by consolidating all the “high risk” veterans into the Circuit Court VTD program and developing the “low risk” track in the General District Court and Juvenile & Domestic Relations Court VTD programs.

Recently, the Fairfax VTD team was accepted into the NADCP Multi-Track Treatment Court training to learn best practices for the development of a “Low Risk” track. The VTD is excited about this opportunity to serve more veterans and has a goal of starting a “low risk” track by July 2022.

Juvenile Court Diversion and 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 has used 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 2021 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. Youth identified in need of either or both services decreased from 13% in FY 2019 to 5% in FY 2021.

The diversion process has had favorable outcomes. In FY 2021, 94% of eligible intake complaints were diverted. Additionally, 89% 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 9% of youth

reoffending within six months of completing diversion. 87% of youth diverted in FY 2020 had no new charges within one year.

The AAP is a partnership between the Court Services Unit, law enforcement (in Fairfax County, Fairfax City, Herndon and Vienna), Fairfax County Public Schools, Neighborhood and Community Services and Northern Virginia Mediation Services. AAP utilizes restorative justice and educational interventions with first-time offenders who commit low level incidents within the schools and the community. The AAP is a community-based diversion program and an alternative to referral to the formal juvenile justice system. Further, this program’s mission is to help victims of juvenile crimes overcome the harm that has been done to them, hold offenders accountable for their crimes and lower the number of youths entering the justice system, including youth of color.

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 Juvenile and Domestic Relations District Court (JDRDC) to better align resources and focus on public safety.



Located at the intersection of Little River Turnpike and Chain Bridge Road, the Historic Fairfax Courthouse has stood here since construction was completed in 1800. The Historic Fairfax Courthouse is the third iteration of the Fairfax County Courthouse, with the first being built near Tysons Corner around 1742.

A Law Enforcement Officer's CIT Success

The human condition is defined as the positive or negative aspects of being human, such as birth, growth, reproduction, love and death. While working at Merrifield Crisis Response Center (MCRC), officers and deputies (law enforcement officers or LEOs) have encountered numerous negative aspects of “being human” well before natural death.

It is often said that Crisis Intervention Team (CIT) LEOs, have the opportunity to see people on one of the worst days of their lives. One such instance occurred on the evening of December 25, 2021, when a CIT deputy assumed custody of Mr. Tan*, who was brought to MCRC by police. Mr. Tan made numerous suicidal statements earlier in the day, and an MCRC clinician determined he needed to be hospitalized. The deputy assumed custody and transported Mr. Tan to the hospital. After they settled in a room to begin the medical clearance process, Mr. Tan explained that life was not going well, and he had no desire to continue living.

The CIT deputy spoke with Mr. Tan for hours, trying to find something positive on which they could connect. Knowing they were roughly the same age, the deputy attempted to find out his interests, hobbies, books he had read, views of world news, etc. The deputy wasn't getting very far until Mr. Tan finally mentioned he liked music. The deputy asked Mr. Tan what styles he listened to. (In the deputy's previous career, he produced music for client projects, so he believed he could speak intelligently on this topic.) Mr. Tan mentioned musical styles he liked and didn't like, but he was still fairly unmoved by the conversation.

The deputy then asked him to name one of his favorite pop songs from the early 70's. Mr. Tan told the deputy he probably had never heard of it but said, “Precious and Few.” He continued to look at the deputy with indifference. The deputy asked Mr. Tan if he knew the name of the band, but before he could answer, the deputy told him the band's name and said he still owned the original 45 rpm record he had purchased around the age of 12. Mr. Tan appeared more than a little surprised. This song, which was a top five hit in 1971-72, broke the ice.

For the rest of the evening, until the deputy was relieved, they discussed a variety of topics in addition to music. When relief arrived, the deputy introduced the oncoming LEO and said he hoped Mr. Tan's situation improved and that he received the help he needed. Mr. Tan looked at the deputy and said, “I really enjoyed meeting you, and our conversation was one of the best I've had in a long time.” (This is not something CIT LEOs normally hear from people they detain, against their will, to be sent to a mental health hospital.)

The deputy thanked Mr. Tan for his kind words and suggested he take advantage of the coming New Year to give himself a fresh start on life. The good news is that Mr. Tan has been following the program established for him and has not needed to be hospitalized involuntarily since the deputy spent Christmas evening with him.

The job of CIT LEOs is to follow the Code of Virginia when working with mental health cases. Many CIT LEOs go above and beyond to allay the anxiety of hospitalization, protecting and serving people in crisis and easing the first steps in what is, for many, a new lease on life.

*Client's name was changed to protect his privacy.

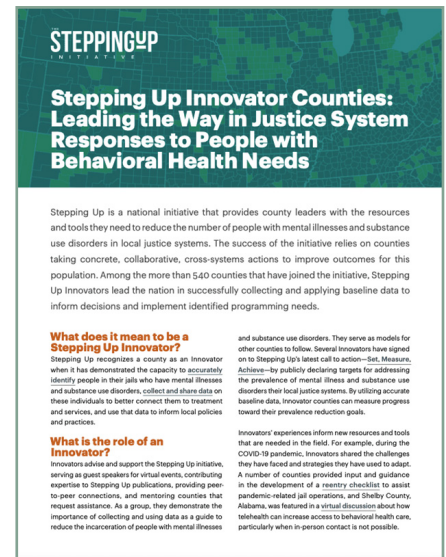
National Spotlight: Stepping Up Initiative

Fairfax County has been part of the national Stepping Up initiative since 2015 when the Fairfax County Board of Supervisors passed a resolution to decriminalize mental illness and take action to decrease the number of people with behavioral health issues in jail. The national Stepping Up initiative has grown significantly since 2015, and has since launched a Strategy Lab of programs, policies and practices to inform jurisdictions across the country about successful program implementation.

In 2021, Fairfax County was selected to add three additional programs to the national Strategy Lab:

- **Intensive Case Management Teams** engage individuals with serious mental illnesses and/or co-occurring substance use disorders in services to help them remain stable in the community, transition to less intensive services and avoid hospitalization, incarceration and homelessness.
- **Assertive Community Treatment** refers to multidisciplinary teams that provide mental health services for people whose needs have not been met by more traditional service delivery approaches, and who, as a result, have experienced recurring hospitalizations, incarcerations and homelessness episodes.
- **Community Response Team** is a multidisciplinary team that provides outreach, assessment and care coordination services to people with unmet behavioral health and/or medical needs and frequent interactions with the public safety system.

In addition, the Community Response Team and the Merrifield Crisis Response Center (MCRC) were both recognized by The Council of State Governments Justice Center in August 2021. The brief, titled “Stepping Up Innovator Counties: Leading the Way in Justice System Responses to People with Behavioral Health Needs” included information about how Innovator Counties are bringing about meaningful change in the movement to reduce the number of people with behavioral health needs in local jails.



What's Ahead in 2022

- Diversion First will continue to assess gaps and opportunities to divert people with mental illness, substance use disorders and developmental disabilities to the services and supports they need to break the cycle of criminal justice involvement.
- Using the nationally recognized and applied Sequential Intercept Model (SIM), we will continue to develop and enhance service along six distinct intercept points, each with possibilities for intervention.
- In 2022, Diversion First partners will:
 - Work toward implementation of the statewide Marcus Alert legislation, which emphasizes coordination between 9-1-1 and regional crisis call centers and establishes a specialized behavioral health response from law enforcement when responding to a behavioral health situation.
 - Enhance cross-system efforts with the Department of Public Safety Communications, who often have the first contact with the Diversion First population.
 - Continue to share with jurisdictions across the country best practices, program information, successes and challenges, and resource opportunities, with the goal of strengthening diversion efforts in Fairfax County and beyond.
 - Remain focused on all intercept points, to include expanding pre-trial services, enhancing opportunities for intervention earlier in the criminal justice system, and developing additional resources for community re-entry services and supports.

2021 Year in Review — By the Numbers

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

Diversion First Partner Agencies



FAIRFAX - FALLS CHURCH

**Community
Services Board**



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