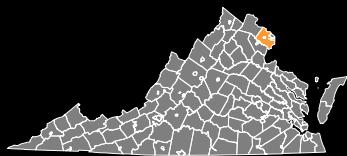


FAIRFAX COUNTY, VA.

# The Diversion First Initiative to Reduce Incarceration of People with Mental Illnesses



**POPULATION:**  
1,081,685

Fairfax County launched its Diversion First initiative in 2015 to offer alternatives to incarceration for people with mental illnesses and/or developmental disabilities who come into contact with the criminal justice system for low-level offenses. The initiative began with an initial 40-person stakeholder group that has expanded to more than 180 members who meet quarterly as a whole and participate in various work groups on issues such as data and evaluation, communications, Crisis Intervention Team (CIT) training and more. A leadership group comprised of two county supervisors, the sheriff and the directors of various county health and human services and public safety agencies meets regularly to make policy and funding decisions based on the efforts of the work groups, and having elected officials steer the initiative has been key to its success. The other integral component was the reallocation of a county staff member to support the day-to-day project management of the initiative and keep it moving forward without additional funds. Through every step of the initiative, the leadership and stakeholders' groups communicate to the community about the work being done and the potential impact of these efforts to gain and maintain public support and trust.

## Workforce Development and Training

Fairfax County adopted Crisis Intervention Teams (CIT) in 2006. While many officers were trained, the training model drifted over time. It was revamped in 2016, with the adoption of the Memphis Model, a 40-hour training, aligning with Virginia CIT best practices and opening opportunities for collaboration and state resources. The Fairfax County Police Department appointed a CIT Coordinator to train more law enforcement officers and 911 dispatchers in the model. While the original CIT program was coordinated out of the Community Services Board (CSB), which is the county behavioral health system, initiative partners found that moving it to the police department with collaboration from the sheriff's office and CSB increased officer buy-in and support for the training. Since mid-2015, the training effort has resulted in over 25 percent of patrol officers and 15 percent of correctional officers completing CIT.

In addition, the CSB has undertaken a major effort to train key personnel and the general public in Mental Health First Aid. The CSB now trains all magistrate judges and court administration staff, juvenile intake officers, fire fighters and EMTs and others in this program. Over 50 percent of jail-based deputies are now trained with the goal of having 100 percent trained over the next 12 months. The training provides these stakeholders with the tools they need to help identify people with potential behavioral health needs and reduce stigma, but initiative leaders recognized that law enforcement officers and practitioners also needed a mechanism for diverting these individuals from the jail.

In collaboration with the [Stepping Up initiative](#), the [Data-Driven Justice initiative](#) and the [One Mind Campaign](#), the [Substance Abuse and Mental Health Services Administration \(SAMHSA\)](#) convened a [Best Practices Implementation Academy to Reduce the Number of People with Mental Illnesses and Substance Use Disorders in Jails](#) (the Academy) in June 2017 in Washington, D.C. At the Academy, delegations from 23 jurisdictions involved in one or more of the three initiatives met to showcase best practice strategies and advance implementation efforts to prevent or reduce the jail involvement of individuals with mental illnesses and substance use disorders.

This case study is part of a series highlighting the six counties that constituted the "Best Practices" teams representing the Data-Driven Justice initiative and the Stepping Up initiative at the Academy.

# Merrifield Crisis Response Center

In January 2016, Fairfax County opened the Merrifield Crisis Response Center (MCRC) to serve as an alternative to jail for individuals experiencing a mental health crisis. At the MCRC, individuals receive a mental health assessment from a CSB clinician and can access services to help them return to the community. A team of law enforcement officers are based in the MCRC 24 hours a day, seven days a week to accept custody of a person experiencing a crisis so that the patrol officer can get back on the street quickly. Co-locating law enforcement in this setting has set a county-wide precedent of collaboration.

The CSB supported this new building as part of a land swap and paid for it with a capital bond. The county operates the 150,000-square-foot building, which includes the MCRC as well as a primary care clinic and four floors of behavioral health services. The CSB developed memoranda of understanding (MOU) with seven law enforcement agencies allowing for exchange of custody and acceptance of drop offs from patrol officers. The MCRC also accepts emergency custody orders (ECOs) from referrals by CSB staff in the jail for individuals who are experiencing an acute mental health crisis. Planning is underway for Fire and Rescue/EMTs to divert people in mental health crisis from transports to emergency department to the MCRC. The MCRC is also staffed with peer support specialists and a service navigator is being added to engage individuals in mental health services beyond the initial crisis.

With the training they receive, law enforcement officers are encouraged to use their discretion to bring someone to the MCRC instead of the jail. **In the first year alone, 1,580 individuals came into the MCRC with law enforcement and 375 of them were diverted from potential arrest.** The county has seen a 123 percent increase in ECOs from the jail.<sup>1</sup>

While 2016 focused on making changes to Intercepts Zero (Community Services) and One (Law Enforcement) of the Sequential Intercept Model, Diversion First is turning its attention in 2017 to changing policies and practices around jail screening and assessment for mental illness, as well as pretrial release and other court services (Intercepts Two and Three).<sup>2</sup> Sheriff's deputies are now conducting universal screening for serious mental illness at jail booking using the Brief Jail Mental Health Screen and are using the data from these screens to determine the jail population's needs, as well as mental health prevalence numbers. The initiative also established a judge-led court stakeholders group with court-specific work groups to identify policy and practice changes to divert even more people from the jail and into services at the pretrial stage. Initiative partners continue to gather and report on data about the practices they are putting in place to evaluate their effectiveness and change course as necessary to further the initiative's reach and better connect individuals with mental health treatment needs to community-based services and supports. Efforts are underway to establish a drug court, strengthen the existing Veteran's Docket and work toward establishment of a mental health docket.

<sup>1</sup> For more information on the Diversion First initiative and first-year results, visit [www.fairfaxcounty.gov/diversionfirst/documents/2016-diversion-first-annual-report-final.pdf](http://www.fairfaxcounty.gov/diversionfirst/documents/2016-diversion-first-annual-report-final.pdf).

<sup>2</sup> The Sequential Intercept Model is a tool for helping jurisdictions determine how to more effectively plan for diversion, treatment, management and reentry for people with mental illnesses and/or co-occurring substance use disorders in the criminal justice system. For more information on the Sequential Intercept Model, visit [www.prainc.com/what-exactly-is-a-sequential-intercept-mapping/](http://www.prainc.com/what-exactly-is-a-sequential-intercept-mapping/).

SAMHSA contracted with Policy Research Associates (PRA), which operates SAMHSA's GAINS Center for Behavioral Health and Justice Transformation, to facilitate the Academy. Additional partners included Optum Health, the National Institute of Corrections (NIC) and the Bureau of Justice Assistance (BJA), as well as the lead organizations of the **Stepping Up** initiative (the National Association of Counties, the American Psychiatric Association Foundation and the Council of State Governments Justice Center), the **Data-Driven Justice** initiative (the National Association of Counties and the Laura and John Arnold Foundation) and the **One Mind Campaign** (the International Association of Chiefs of Police).

**For more information on Fairfax County's efforts, please contact:**

**Laura Yager**  
Director, Systems Transformation  
Office of the Fairfax County Executive  
[DiversionFirst@fairfaxcounty.gov](mailto:DiversionFirst@fairfaxcounty.gov)  
[Laura.Yager@fairfaxcounty.gov](mailto:Laura.Yager@fairfaxcounty.gov)  
703.324.2544

## National Association of Counties

660 North Capitol Street Northwest • Suite 400  
Washington, D.C. 20001 • 202.393.6226 • [www.NACo.org](http://www.NACo.org)

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