In collaboration with the Step-
ing Up initiative, the Data-
Driven Justice initiative and
the One Mind Campaign, the
Substance Abuse and Mental
Health Services Administra-
tion (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 strat-
egies and advance implementa-
tion efforts to prevent or reduce
the jail involvement of individ-
uals 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.

FAIRFAX COUNTY, VA.

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

Fairfax County launched its Diversion First initiative in 2015 to offer alternatives to incar-
ceration 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 eval-
uation, 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 sher-
iff’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 practi-
tioners also needed a mechanism for diverting these individuals from the jail.
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 memorandum 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. 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). 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.

For more information on Fairfax County’s efforts, please contact:
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2 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/.