VIRGINIA DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

Virginia's Crisis Intervention Team Programs

2012 Survey Results and Status Report

Office of Behavioral Health and Criminal Justice Services

1/15/2013

This document describes the history and development of Virginia's Crisis Intervention Team Programs (CIT), the current status of Virginia's 30 CIT initiatives and an analysis of data obtained through a survey distributed to programs in August 2012.

Virginia's Crisis Intervention Team Programs

The Crisis Intervention Team (CIT) Program is the premier police-based, mental health crisis response initiative in the nation. CIT is an interdisciplinary, collaborative, community program that enhances law enforcement capability to respond to situations involving individuals with symptomatic behavioral health issues. CIT creates a coalition of local stakeholders, including law enforcement, emergency dispatchers, mental health treatment providers, consumers of mental health services and others (such as hospitals, emergency medical care facilities, non-law enforcement first responders, and family advocates) to oversee and guide the program. The program provides 40 hours of advanced training for law enforcement first responders and other team members, enhances coordination between the local criminal justice and behavioral health systems and improves access to services for persons with behavioral health concerns who come into contact with law enforcement.

In the course of their regular duties, law enforcement and other first responders or corrections and jail personnel often interact with individuals who are exhibiting symptoms or behaviors which are inappropriate, or even potentially dangerous or violent. These actions can be misinterpreted as criminal in nature. Additionally, law enforcement officers routinely interact with individuals with behavioral health disorders as a result of the statutory structure of Virginia's civil commitment process. CIT programs increase the likelihood that such individuals will be more effectively identified, receive skilled intervention by a trained CIT responder to reduce the risk of danger or injury and be linked to services in lieu of arrest, whenever appropriate.

Virginia's CIT programs started in the New River Valley in 2001. From 2001 – 2004, that community worked with the originators of the CIT model in Memphis, Tennessee, to develop the nation's first rural, multi-jurisdictional CIT program. From 2004 – 2009, New River Valley CIT worked with the Department of Criminal Justice Services (DCJS) to provide technical assistance and identify funding sources to initiate several additional programs, including those in the Thomas Jefferson Area, Mt. Rogers, Hampton/Newport News, and Virginia Beach.

In 2009, responding to increasing interest in CIT program development, sections 9.1-102, 9.1-187, 9.1-188, 9.1-189 and 190 of the *Code of Virginia* were amended. The legislation provides a more effective, consistent process for CIT development and oversight, directing the Department of Criminal Justice Services in conjunction with the Department of Behavioral Health and Developmental Services (DBHDS) to "…support the establishment of crisis intervention team programs in areas throughout the Commonwealth…"

The goals for CIT programs are included in the *Code of Virginia*, §9.1-187, and are generally oriented toward reducing injuries to both law enforcement and citizens, reducing arrest of persons in behavioral health crisis, improving access and linkage to appropriate community treatment and supports, and promoting dignity and respect for individuals with behavioral health disorders. In 2011, DBHDS and DCJS, along with the leadership from the Virginia CIT Coalition[1], developed a guidance document (*Essential Elements for the Commonwealth of Virginia's CIT Programs)* to establish consistent minimum requirements for the development and implementation of CIT programs in Virginia.

[1] The VACIT Coalition is led by a team of key CIT stakeholders from established CIT programs, along with DBHDS and DCJS staff. VACIT assists with policy development, program guidance, technical assistance and training. VACIT membership is open to any stakeholder interested in developing or involved in a CIT Program in Virginia.

At its core, CIT provides 1) law enforcement crisis intervention training to enhance response to individuals exhibiting signs of a mental illness; 2) a forum to promote effective systems change and problem solving regarding interaction between the criminal justice and mental health care systems; and, 3) improved community-based solutions to enhance access to services for individuals with mental illness. Successful CIT programs improve officer and consumer safety, reduce inappropriate incarceration and redirect individuals with mental illness from the criminal justice system to the health care system when to do so is consistent with the needs of public safety.

The 2012 CIT Program Inventory Survey

In August of 2012, DBHDS developed a survey to gather information on Virginia's statewide CIT initiative. The survey, to be administered annually, will aid DCJS and DBHDS in the development of effective policy and resource planning and provide accurate information on the status of these programs.

The 2012 CIT Program Inventory Survey was administered electronically and had a 100% response rate. Where information was missing or incomplete, DBHDS staff followed up with individual programs to clarify. All programs had the opportunity to review this report prior to publication. Any significant deviations in response are noted herein.

I. CIT Program Status

As of August 2012, Virginia has 30 CIT Programs. These 30 programs are active in 101 of Virginia's 134 localities - 75% of the state; 83% of Virginia's total population lives in an area with a CIT Program initiative underway.

CIT programs are classified as Operational, Developing or Planning[2]. Of the 30 CIT programs, 9 are Operational, 12 Developing, and 9 Planning. A complete listing of CIT programs, the localities they serve, and their classification type can be found in Table A.

[2] **Operational**: 1) Task Force meets regularly, provides program oversight and educational outreach; 2) CIT coordinator in place; 3) 24/7 CIT response capability (based on number or percentage of active CIT officers); 4) Therapeutic assessment site exists and is consistently utilized and/or protocols are in place to enhance linkage to services and reduce officer involved call time; 5) Collects data to assess program effectiveness

Developing: 1) A well-established stakeholder Task Force in place; 2) CIT coordinator in place or other dedicated leadership: 3) Significant number of CIT-trained officers and CIT faculty; 4) Working toward the implementation of a therapeutic assessment location or the establishment of protocols to enhance service linkage in lieu of incarceration

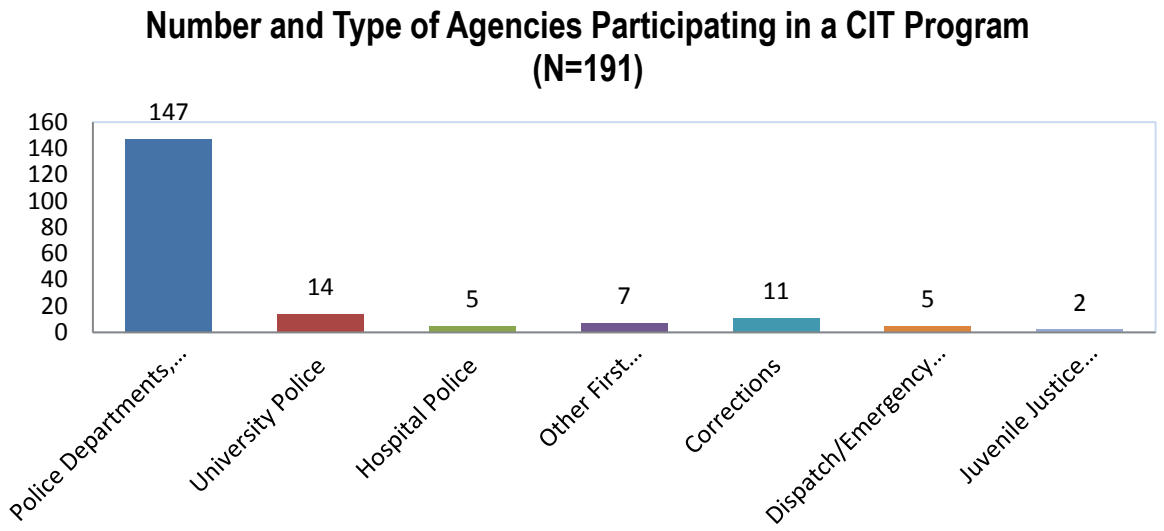
Planning: 1) Working to establish a stakeholder Task Force; 2) Studying the CIT model; 3) Providing initial officer and mental health provider training; 4) Developing partnerships to address options for implementing assessment sites or establishing protocols to enhance linkage to services and reduce officer involved time on mental health calls

Table A: Virginia's CIT Programs

CIT Program	Localities Served	Classification
Alexandria CIT	City of Alexandria	Operational
Arlington County CIT	Arlington County	Operational
Blue Ridge CIT	Augusta County, Highland County, Cities of Staunton and Waynesboro	Operational
Hampton-Newport News CIT	Cities of Hampton and Newport News	Operational
Henrico County CIT	Henrico County	Operational
New River Valley	Floyd, Giles, Montgomery, and Pulaski Counties and the City of Radford.	Operational
Rappahannock Area CIT	City of Fredericksburg and Stafford, Spotsylvania, King George, and Caroline Counties	Operational
Thomas Jefferson Area CIT	City of Charlottesville and Counties of Albemarle, Nelson, Fluvanna, Louisa, Goochland, Orange, Madison, Greene	Operational
Virginia Beach CIT	City of Virginia Beach	Operational
Chesapeake CIT	Chesapeake	Developing
Chesterfield County CIT Program	Chesterfield County	Developing
Colonial Area CIT	Cities of Williamsburg and Poquoson, James City County, York County	Developing
Fairfax County CIT	Fairfax County	Developing
Loudon CIT	Town of Leesburg and Loudoun County	Developing
Mount Rogers CSB CIT	Wythe, Smyth, Bland, Grayson, and Carroll Counties, and the City of Galax	Developing
Piedmont Regional CIT	Martinsville City, Franklin County, Henry County, Patrick County	Developing
Portsmouth CIT	Portsmouth City	Developing
Richmond CIT	City of Richmond	Developing
Roanoke Valley CIT	Roanoke City, Roanoke County, Botetourt County, Craig County, and Salem City	Developing
Rockbridge and Bath Regional CIT	Bath County, Rockbridge County ,City of Buena Vista, and City of Lexington	Developing
South-Central Virginia CIT	Colonial Heights, Dinwiddie, Emporia, Greensville, Hopewell, Petersburg, Prince George, Surry, Sussex	Developing
Cumberland Mountain CIT	Tazewell, Russell, and Buchanan Counties	Planning
Hanover County CIT	Hanover County	Planning
Harrisonburg/Rockingham CIT	Harrisonburg City and Rockingham County	Planning
Lynchburg Police Department	Lynchburg City	Planning
Middle Peninsula/Northern Neck CIT	Counties of Mathews, Middlesex, Gloucester, Lancaster, Northumberland, Westmoreland, King & Queen, King William, Richmond, and Essex	Planning
Northwestern CIT	Winchester City, Frederick County, Clarke County, Warren County, Shenandoah County and Page County	Planning
Planning District One	Wise County	Planning
Rappahannock Rapidan CIT	Fauquier, Rappahannock, and Madison Counties, and City of Culpeper	Planning
Western Tidewater CIT	Isle of Wight, Franklin, and Southampton Counties and Suffolk City	Planning

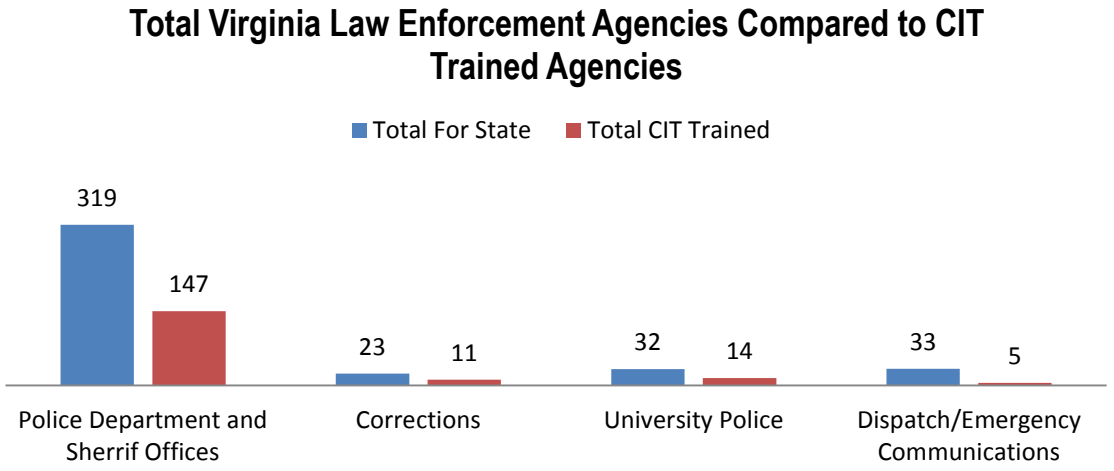
At the time of this survey, 191 criminal justice agencies are participating in a CIT program. Agencies include police departments, sheriff's offices, corrections, other first responder agencies, probation, dispatch and emergency communications. Table B provides an overview of the types of agencies CIT programs report as participating in their CIT program.

Table B: Participating Agencies



Compared to the total number of law enforcement agencies in Virginia (as reported by DCJS, December 2012), 46% of Police Department and Sheriffs Offices have trained CIT officers (147/319), 48% of Corrections agencies have CIT officers (11/23), 44% of University Police have CIT officers (14/32) and 15% of Dispatch/Emergency Communications agencies (5/33) have CIT trained dispatch officers, as shown in Table C.

Table C: Total LE Agencies Compared to CIT LE Agencies



II. CIT Training

CIT programs enhance community collaboration, develop effective infrastructure, and provide outstanding law enforcement training. A basic requirement of the CIT training is 40 consecutive hours of training delivered over five days. The 40-hour training includes a didactic component, an experiential component and a practical component. A more complete overview of the 40 hour core training is available in the Essential Elements document available on the Virginia CIT Coalition website: http://vacitcoalition.org/.

Additionally, CIT programs become self sustaining as they identify key local officers and mental health personnel who have completed the 40 hour training to participate in an advanced "Train the Trainer" course. These CIT become local Core Faculty and work with the CIT Coordinator to provide the 40 hour training in their locality. The CIT Train the Trainer course ensures effective and consistent training across CIT programs. At the time of our survey, 94 train-the-trainer classes were held with 519 individuals in attendance. 17 CIT Programs have completed Train the Trainer and are conducting their own local 40 hour training classes.

As of August 2012, 4,337 individuals completed a 40-hour CIT Training. Of that total, 3,758 were Police, Sheriffs Deputies, or Jail Corrections Officers, 333 were Other First Responders (EMS, Fire, Rescue), and 246 were Mental Health professionals. Compared to the total number of active law enforcement officers in Virginia as reported by DCJS (December 2012), the total number of CIT trained Law Enforcement represents 13% of all Law Enforcement across the state.

III. CIT Task-Force

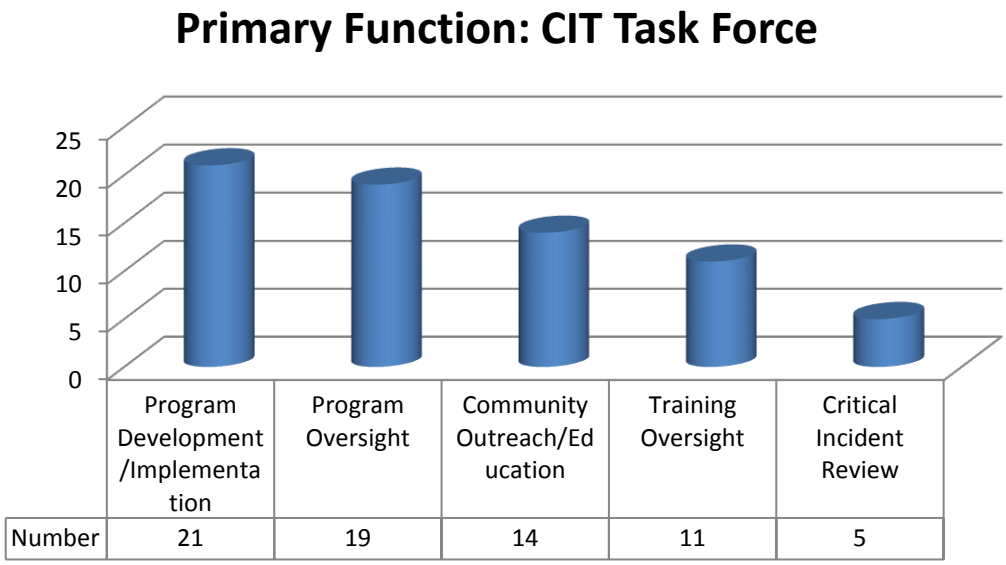
Central to the success of CIT is the utilization of local oversight committees or advisory boards, hereinafter referred to as a CIT Task Force. CIT Task Forces help to guide the initial planning and implementation of a CIT program. Once a program is established, Task Forces provide oversight of the program's continued operation and sustainability, critical incident review, funding and community outreach and education.

27 CIT programs have an established CIT Task Force. Of these programs, 12 indicate their task force meets monthly, 11 quarterly, 2 bi-annually, and 1 bi-monthly[3].

Programs were also asked to report on the primary function of their Task Force. Primary functions include Program Oversight, Training Oversight, Community Outreach and Engagement, Program Development/Implementation, or Critical Incident Review. Programs describe the primary function of their Task Force as shown in Table D[4]:

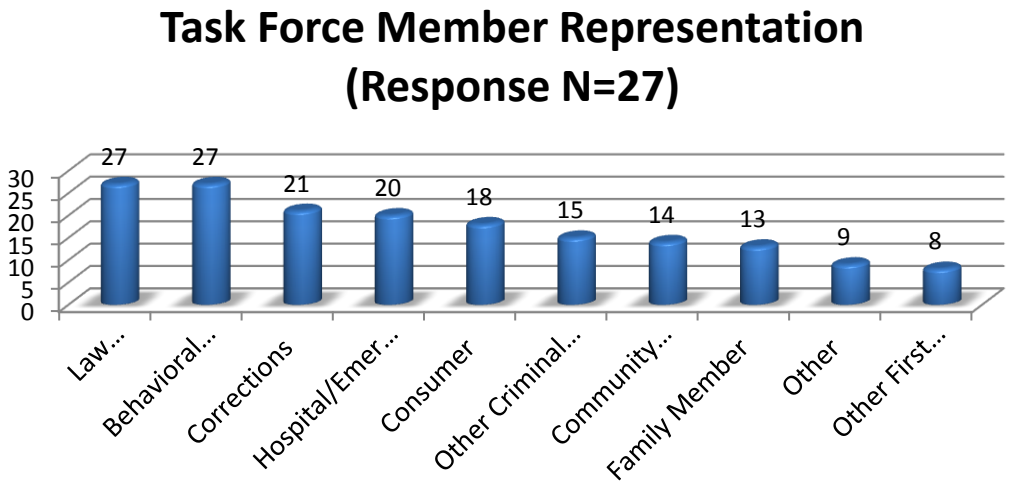
[3] No response from Mt. Rogers.
[4] A number of programs reported multiple rather than primary functions – all functions identified are included here.

Table D: Task Force Primary Function



Task Force membership includes representation from law enforcement, mental health, community stakeholders, and consumers and consumer groups. Table E provides an overview of CIT Task Force membership.

Table E: Task Force Members



IV. Assessment Sites

The ideal CIT program has a physical location (herein referred to as an Assessment Site), which is not a jail, lock-up or other criminal justice venue. The site is designed so an officer can take a person in crisis for access to treatment and quickly return to their regular law enforcement duties. Assessment sites centers are intended to serve as a therapeutic, non-criminal justice affiliated alternative to incarceration. Ideally,

these sites intended to be available and accessible for a law enforcement custodial hand off, clinical assessment for possible civil commitment, referrals and linkage to services for acute and sub-acute mental health treatment needs 24 hours per day. Sites should be compatible with the statutory and policy goals of Virginia's CIT programs.

Eight CIT programs have an active therapeutic assessment site as of the survey date.[5] Few of the sites are fully accessible to all CIT officers around the clock, due to limited funding and resources. Additionally, most sites have protocols in place to determine whether specific individuals are clinically appropriate for the setting and may have limitations on the number of individuals who can be served at the site simultaneously.

Table F: Assessment Sites

CIT Program	Assessment Site Location	Hours of Operation
Arlington County	CSB Crisis Intervention Center – Located near local hospital	99 hours/wk (otherwise available on call)
Blue Ridge CIT	Private Hospital ER	24/7
Hampton-Newport News	Adjacent to ER and CSU	24/7
Portsmouth	23 Hour CSU	112 hours/wk
Rappahannock Area	CSU	24/7 (limited custodial transfer from 3pm-11pm)
Roanoke Valley	CSU – Ltd. Availability	24/7 (limited capacity)
Thomas Jefferson Area	Public Hospital	24/7
Virginia Beach	Private Psychiatric Hospital	24/7

V. CIT Program Funding

Funding for CIT programs has developed from an initial $150,000 Federal Substance Abuse and Mental Health Services Administration (SAMHSA) grant to the New River Valley in 2001, to a complicated patchwork of Federal and state grants, ongoing state General Funds for jail diversion and local program contributions. An overview is provided in Table G, CIT Funding, showing the major funding categories and amounts received by all of Virginia's CIT programs over the past 11 years from 2001 – August 2012.

[5] Three new assessment sites were funded through DJHDS beginning in October 2012 and will all be operational as of January 2013. One site merges the Portsmouth site into a sub-regional program site in partnership with Chesapeake to be located in Portsmouth at Maryview Hospital ER. The second site with the New River Valley program is located at Montgomery Regional Hospital adjacent to the ER. The third site for the Henrico program is located at Parham Doctor's Hospital ER, as of January, 2013, bringing the number of CIT programs with formal assessment sites to 11.

Table G: CIT Funding[6]:

Funding Source *FY 2002-2013	**Amount**
DBHDS Ongoing General Funds for Jail Diversion	$1,251,960
DCJS Federal Byrne Grant Funds	$2,894,516
DCJS/DBHDS General Fund Grants for CIT	$441,703
DBHDS CIT General Fund Planning Grants for CIT	$144,755
Other (Federal/State/Local)	$504,000
Total	**$5,236,934**

VI. Outcome Data

Virginia's statewide CIT initiative is widely supported by law enforcement and criminal justice stakeholders, mental health providers, consumers and family members. Among the 17 programs providing training, participants consistently rate it between 4 and 5 on a 5 point scale, often commenting that it is best training they have ever received. Still among the challenges CIT faces is the development of a consistent and comprehensive method for collecting and analyzing outcome measures. Individual programs, among them, Blue Ridge, Hampton-Newport News, Thomas Jefferson Area and Virginia Beach, have collected local data verifying reductions in officer time, reduced costs for incarceration, reductions in injuries and arrests. However, due to the overwhelming diversity of processes and data bases among individual criminal justice agencies in identifying and cataloging relevant mental health calls and CIT responses, statewide outcome data is not yet available. However, the Thomas Jefferson Area program is utilizing DCJS Byrne grant funding to help develop an effective statewide data plan. Additionally, the three new programs which received funding to create Assessment Sites (Chesapeake/Portsmouth, Henrico and New River Valley) will be providing quarterly reports to DBHDS which will provide information describing both the foregoing law enforcement encounter data, as well as clinical outcomes for persons receiving services through the Assessment Site.

[6] An additional $267,594 was reported from various programs as additional one-time funding ongoing funds received by local CIT programs and not readily categorized.

Authors

Victoria Cochran, JD
Director, Office of Behavioral Health and
Criminal Justice Services
DBHDS
1220 Bank Street, Rm. 1228
Richmond, VA 23218
(540) 392-4101 or
(804) 786-9084
victoria@victoriacochran.com or
victoria.cochran@dbhds.virginia.gov

Jana Braswell, M.S.
Project Manager, Office of Behavioral Health
and Criminal Justice Services
DBHDS
1220 Bank Street, Rm. 1217
Richmond, Virginia 23218
(804) 786-1095 office
(804) 356-2859 cell
jana.braswell@dbhds.virginia.gov

A.C. Cosby
Intern
Virginia Department of Behavioral Health
and Developmental Services
P.O. Box 1797
Richmond, VA 23218
(804) 786-6027 (office)
anne.cosby@dbhds.virginia.gov