Virginia's Crisis Intervention Team Programs

2015 CIT Inventory Survey

Office of Forensic Services,
January 2016

Executive Summary

Crisis Intervention Team (CIT) programs are an emerging, best practice, first responder model of police intervention to enhance public safety by aiding those in emotional crisis. At its foundation, CIT relies on cooperative partnerships between law enforcement, other first responders, behavioral health providers, persons with lived experience, families, advocates, and the community as a whole. CIT programs are designed to improve the way law enforcement responds to people experiencing mental health crises by providing law enforcement officers and other first responders with the skills and abilities to recognize signs/symptoms of behavioral health issues and to equip officers with advanced communication and de-escalation skills to successfully assist individuals in crisis. CIT programs also teach officers and other first responders how to access behavioral health services for those in crisis and for operational programs provide officers and other first responders a therapeutic, safe, location where officers can bring individuals in crisis for prompt, thorough assessment and referral for behavioral health services. Each local program creates a coalition of stakeholders including law enforcement, emergency dispatchers, mental health providers, hospitals, consumers of mental health services, and others to oversee and guide the program. CIT programs provide advanced training and coordination between local criminal justice and behavioral health systems to improve access to services for persons with behavioral health concerns who come into contact with law enforcement whenever appropriate.

The CIT Inventory Survey is an annual survey administered by the Department of Behavioral Health and Developmental Services (DBHDS) and the Department of Criminal Justice Services (DCJS) to assess the status of CIT Programs across the Commonwealth. The following report reflects findings from the 2015 Annual CIT Inventory.
In Summary (as of August 1, 2015)[1]:

- There are 37 CIT Programs at various levels of operation[2]
- There are 32 CIT Assessment Sites operated by 28 CIT programs
- CIT programs are active in 117 of Virginia's 133 localities[3]
- Nearly 95% of Virginia's total *population* live in an area where a CIT Program initiative is underway[4]
- 620 criminal justice agencies have participated in a CIT program[5]
- 9,842 individuals have completed a 40 hour Core CIT training (cumulatively) [6].
  Total includes:
    - Police/Sheriffs- 6,877
    - Corrections –1,349
    - Other first responders (e.g., Fire/EMS) – 589
    - Mental Health Practitioners/Consumers –617
    - Dispatch/Emergency Communications- 410[7]
- 1,625 Dispatchers have either participated in 40 hour training or completed a specialized CIT dispatcher course.

As an emerging best practice model and to achieve all the positive outcomes associated with CIT, Virginia CIT programs are strongly encouraged to maintain fidelity to the CIT model as outlined in the "*Essential Elements for the Commonwealth of Virginia's CIT Programs*". The Essential Elements outline the best practice requirements for the development and implementation of CIT programs in Virginia[8]. The Essential Elements were developed by expert leaders in CIT and provide guidance to programs wishing to implement CIT programs in their community.

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[1] The Annual CIT Inventory is a self report survey.
[2] CIT programs are affiliated with local Community Services Boards (CSBs). Virginia has 40 CSBs, one of which classified as a Behavioral Health Authority (Richmond Behavioral Health Authority). These agencies serve as the point of entry into the publicly-funded system of services for mental health, intellectual disability, and substance abuse. CSBs provide pre-admission screening services 24-hours per day, 7 days per week.
[3] 'Active' CIT Programs are defined by the presence of CIT trained law enforcement and/or first responders. Programs classified as 'Developing' or 'Operational' are considered 'Active'. Thirty-three (33) CIT programs are Active. The remaining 4 CIT initiatives are 'In Planning' and not considered fully active although they may have some officers CIT trained.
[4] Based on 2014 Virginia population estimate - 8,326,289
[5] There may be some duplication in this number, as some agencies may have reported the same agencies under both Fire and EMS categories, as well as Sheriff's Dept. and Corrections categories
[6] The State Compensation Board's '2015 Mental Health in Jails' Annual Report notes that 8,774 individuals were CIT trained which is considerably lower than the total reported here. This report includes Virginia Beach CIT (488), Roanoke CIT (393) and Danville-Pittsylvania CIT (187), whose information was not available at the time of the State Compensation Board's report.
[7] Attending a 40 hour class.
[8] A copy of the Essential Elements document can be found at http://www.vacitcoalition.org/essential_elements_of_virginia_cit

Virginia's Crisis Intervention Team Programs Background

Crisis Intervention Team (CIT) programs are collaborative multi-disciplinary programs designed to improve the way people experiencing mental health crises are served in Virginia communities. CIT programs are built on strong local partnerships between law enforcement and other first responders, mental health providers, hospitals, the courts, and individuals and families affected by mental illness. Each local program creates a coalition of stakeholders to oversee and guide the program. CIT programs provide advanced training and coordination between local criminal justice and behavioral health systems to improve access to services for persons with behavioral health concerns who come into contact with law enforcement whenever appropriate.

CIT in Virginia has its roots in Memphis, Tennessee. Communities in Virginia sought out knowledge of best practices from the founders in Memphis and brought CIT to our communities in the early 2000's. Over the past 15 years, CIT in Virginia has grown from a handful of programs in diverse regions to a network of 37 programs that collaborate to support best practices and continued growth of CIT throughout the Commonwealth. 95% of Virginians live in an area covered by a CIT program. An informal poll of other states suggests the Commonwealth of Virginia likely has the largest number of CIT programs.

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 provided a more effective, consistent process for CIT development and oversight, directing the Department of Criminal Justice Services (DCJS) 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[9], developed a guidance document (*Essential Elements for the Commonwealth of Virginia's CIT Programs)* to establish consistent, best practice standards for the development and implementation of CIT programs in Virginia.

At its core, CIT provides 1) law enforcement and other first responders with skills and abilities (through comprehensive advanced training) to recognize and respond to individuals experiencing behavioral health crises; 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.

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[9] 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.
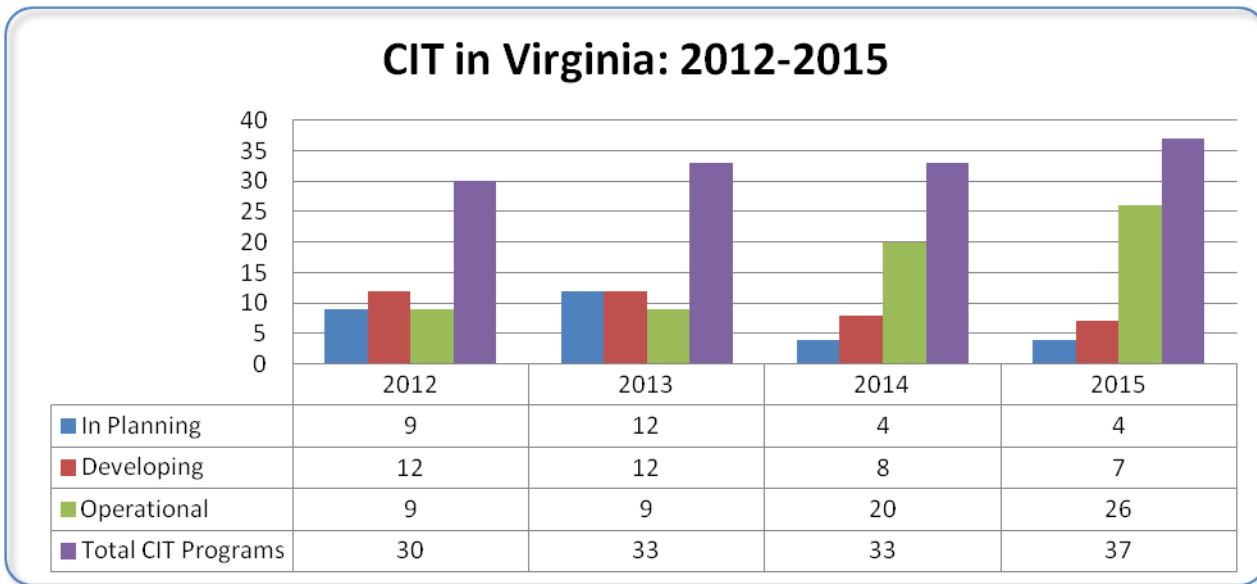
The CIT Program Inventory Survey

In 2012 a Statewide Inventory was developed to collect standardized program information across all of Virginia's CIT initiatives. The survey is administered once a year and collects information including local stakeholder involvement, trainings held, numbers trained, agencies involved, data collected, funding, and other details regarding program implementation. Information collected from the inventory is used by DCJS and DBHDS to assist in policy development, resource allocation, and expansion of CIT across the Commonwealth.

I. 2015 CIT Program Status

As of August 2015, Virginia has 37 CIT Programs at various levels of operation (see **Table A**). These 37 programs are active in 117 of Virginia's 133 localities[10] - 95% of Virginia's total population live in an area where a CIT Program initiative is underway. CIT programs are classified as Operational, Developing or Planning. Of the 37 CIT programs, 26 are Operational, 7 are developing, and 4 are in Planning. Three CSB catchment areas do not have a CIT initiative underway.

Table A: CIT Programs in Virginia

CIT in Virginia: 2012-2015

	2012	2013	2014	2015
In Planning	9	12	4	4
Developing	12	12	8	7
Operational	9	9	20	26
Total CIT Programs	30	33	33	37

A complete listing of CIT programs, the localities they serve, their classification type, and whether or not they have a CIT Assessment Site can be found below in **Table B**. An overview of how classification types are defined can be found in **Table C**.

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[10] 133 independent localities are served by 39 CSBs and one Behavioral Health Authority. CIT programs are affiliated with local CSB partners and serve local CSB catchment areas.

Table B: CIT Programs 2015

CSB	CIT Program	Localities Served	Classification	CIT Assessment Site
ALEXANDRIA CSB	Alexandria CIT	City of Alexandria	Operational	Yes
ARLINGTON CSB	Arlington County CIT	Arlington County	Operational	Yes (2 locations)
BLUE RIDGE CSB	Roanoke Valley CIT	Roanoke City, Roanoke County, Botetourt County, Craig County, and Salem City	Operational	Yes
CHESAPEAKE CSB	Chesapeake CIT	City of Chesapeake	Operational	Yes
CHESTERFIELD CSB	Chesterfield County CIT	Chesterfield County	Operational	Yes (co-operated with Richmond CIT)
COLONIAL CSB	Colonial Area CIT	Cities of Williamsburg and Poquoson, James City County, York County	Operational	Yes
DANVILLE-PITTSYLVANIA CSB	Danville/Pittsylvania CIT	Danville City and Pittsylvania County	Operational	Yes
DISTRICT 19 CSB	South Central CIT	Colonial Heights, Dinwiddie, Emporia, Greensville, Hopewell, Petersburg, Prince George, Surry, Sussex	Operational	Yes (2 locations)
HAMPTON-NN CSB	Hampton/Newport News CIT	Cities of Hampton and Newport News	Operational	Yes
HANOVER COUNTY CSB	Hanover CIT	Hanover County	Operational	Yes
HARRISONBURG-ROCKINGHAM CSB	Rockingham-Harrisonburg CIT	Harrisonburg City and Rockingham County	Operational	Yes
HENRICO CSB	Henrico CIT	Henrico County, Charles City County, New Kent County	Operational	Yes
HORIZON BEHAVIORAL HEALTH CSB	Lynchburg CIT	Lynchburg City, Campbell, Bedford, Appomattox, Amherst	Operational	Yes
LOUDOUN COUNTY CSB	Loudoun County CIT	Town of Leesburg and Loudoun County	Operational	Yes
MIDDLE PENINSULA NORTHERN NECK CSB	MPNN CIT	Counties of Mathews, Middlesex, Gloucester, Lancaster, Northumberland, Westmoreland, King & Queen, King William, Richmond, and Essex	Operational	Yes (2 locations)
NEW RIVER VALLEY CSB	New River Valley CIT	Floyd, Giles, Montgomery, and Pulaski Counties and the City of Radford.	Operational	Yes (2 locations)
NORFOLK CSB	Norfolk CIT	City of Norfolk	Operational	Yes
PIEDMONT CSB	Piedmont Area CIT Initiative	Martinsville City, Franklin County, Henry County, Patrick County	Operational	Yes (2 locations)
PORTSMOUTH DEPT OF BEHAVIORAL HEALTH	Portsmouth CIT	Portsmouth City	Operational	Yes (co-operated with Chesapeake CIT)
PRINCE WILLIAM COUNTY CSB	Prince William CIT	Prince William County, Manassas City. City of Manassas Park	Operational	Yes
RAPPAHANNOCK AREA CSB	Rappahannock Area CIT	City of Fredericksburg and Stafford, Spotsylvania, King George, and Caroline Counties	Operational	Yes
REGION TEN CSB	Thomas Jefferson Area CIT	City of Charlottesville and Counties of Albemarle, Nelson, Fluvanna, Louisa, Greene	Operational	Yes
RICHMOND BHVRL HLTH AUTHORITY	Richmond CIT	City of Richmond	Operational	Yes (co-operated with Chesterfield CIT)
VA BEACH CSB	Virginia Beach CIT	City of Virginia Beach	Operational	Yes
VALLEY CSB	Blue Ridge CIT	Augusta County, Highland County, Cities of Staunton and Waynesboro	Operational	Yes
WESTERN TIDEWATER CSB	Western Tidewater CIT	Isle of Wight, Franklin, and Southampton Counties and Suffolk City	Operational	Yes
FAIRFAX FALLS CHURCH CSB	Fairfax CIT	Fairfax County, Fairfax City, Falls Church City	Developing	
MOUNT ROGERS CSB	Mt. Rogers CIT	Wythe, Smyth, Bland, Grayson, and Carroll Counties, and the	Developing	Yes

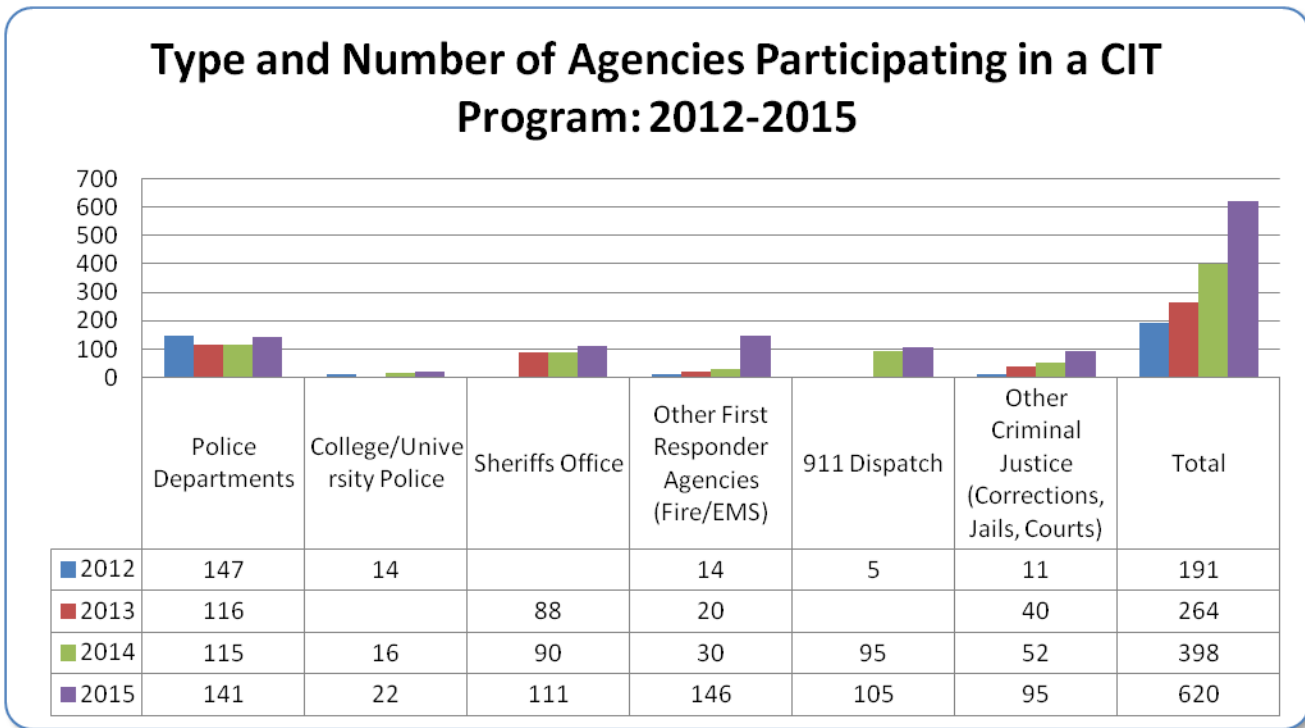|		City of Galax		
NORTHWESTERN CSB	Northwestern CIT	Winchester City, Frederick County, Clarke County, Warren County, Shenandoah County and Page County	Developing	
RAPPAHANNOCK RAPIDAN CSB	Rappahannock-Rapidan CIT	Fauquier, Rappahannock, and Madison Counties, and City of Culpeper	Developing	
ROCKBRIDGE AREA CSB	Rockbridge CIT	Bath County, Rockbridge County ,City of Buena Vista, and City of Lexington	Developing	
SOUTHSIDE CSB	Southside CIT	Counties of Brunswick, Halifax, and Mecklenburg	Developing	Yes
CROSSROADS CSB	Crossroads CIT	Counties of Amelia, Buckingham, Charlotte, Cumberland, Lunenburg, Nottoway, and Prince Edward	Developing	
ALLEGHANY HIGHLANDS CSB	Alleghany Highlands CIT	County of Alleghany and City of Covington	In Planning	
EASTERN SHORE CSB	Eastern Shore CIT	Counties of Accomack and Northampton	In Planning	
GOOCHLAND POWHATAN CSB		Counties of Goochland and Powhatan	In Planning	
PD1 CSB		Lee, Scott, Wise and the City of Norton	In Planning	
CUMBERLAND MTN CSB		Tazewell, Russell, and Buchanan Counties	None	
DICKENSON COUNTY CSB		County of Dickenson	None	
HIGHLANDS CSB		County of Washington and City of Bristol	None	

Table C: Classification Type Defined

Classification	Task Force	CIT Coordinator	Trainings	Assessment Site or Protocol	Data
Operational	Task Force meets regularly, provides program oversight and educational outreach.	CIT coordinator in place	24/7 CIT response capability (based on number or percentage of active CIT officers)	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	Collects data to assess program effectiveness
Developing	A well-established stakeholder Task Force in place	CIT coordinator in place or other dedicated leadership	Significant number of CIT-trained officers and CIT faculty	Working toward the implementation of a therapeutic assessment location or the establishment of protocols to enhance service linkage in lieu of incarceration	
In Planning	Working to establish a stakeholder Task Force.	Studying the CIT model	Providing initial officer and mental health provider training	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	

II. Participating Criminal Justice Agencies

In 2015, 620 criminal justice and other first responder agencies participated in a CIT program[11]. This is over three times the number of participating agencies reported in 2012 (191 in 2012). Participating agencies in 2015 include police departments (141), university police (22), sheriff's offices (111), other first responder agencies/Fire and EMS (146), 911 dispatch/emergency communications (105), and others such as correction agencies, jails, and courts (95). **Table D** provides an overview of the type and number of agencies participating in a CIT initiative.

Table D: 2015 Participating Agencies[12]

Type and Number of Agencies Participating in a CIT Program: 2012-2015

	Police Departments	College/University Police	Sheriffs Office	Other First Responder Agencies (Fire/EMS)	911 Dispatch	Other Criminal Justice (Corrections, Jails, Courts)	Total
2012	147	14		14	5	11	191
2013	116		88	20		40	264
2014	115	16	90	30	95	52	398
2015	141	22	111	146	105	95	620

III. CIT Training: 40 Hour Core

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. Although there is local flexibility for special populations and topics, there are some core components/modules which must be taught in order to maintain fidelity to the CIT model. Additionally, CIT training was developed taking into account adult learning styles and is incremental - building skills throughout the week in a progressive manner. Thus a specific order of training is required by VACIT programs.

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[11] Agency participation implies that individuals from that agency have received CIT training.
[12] The first inventory in 2012 did not ask respondents to distinguish between police departments and sheriff's offices therefore the 147 total combines PD's and SO's. The second inventory (2013) did not distinguish college/university police from police departments, or 911 dispatch from 'Other Criminal justice Agencies''. Please note those agencies are represented under police departments and other CJ agencies.

Below is the order of these core components:

Monday
- Introduction to CIT
- Basic Mental Health Diagnoses (Clinical States)
- Hearing Voices Practical Exercise

Tuesday
- Site Visits

Wednesday
- Basic Crisis Intervention Skills & The Four Coaching Plays (must take place immediately before Basic Role Play Exercises)
- Basic Role Play Exercises

Thursday
- Intermediate Role Play Exercises

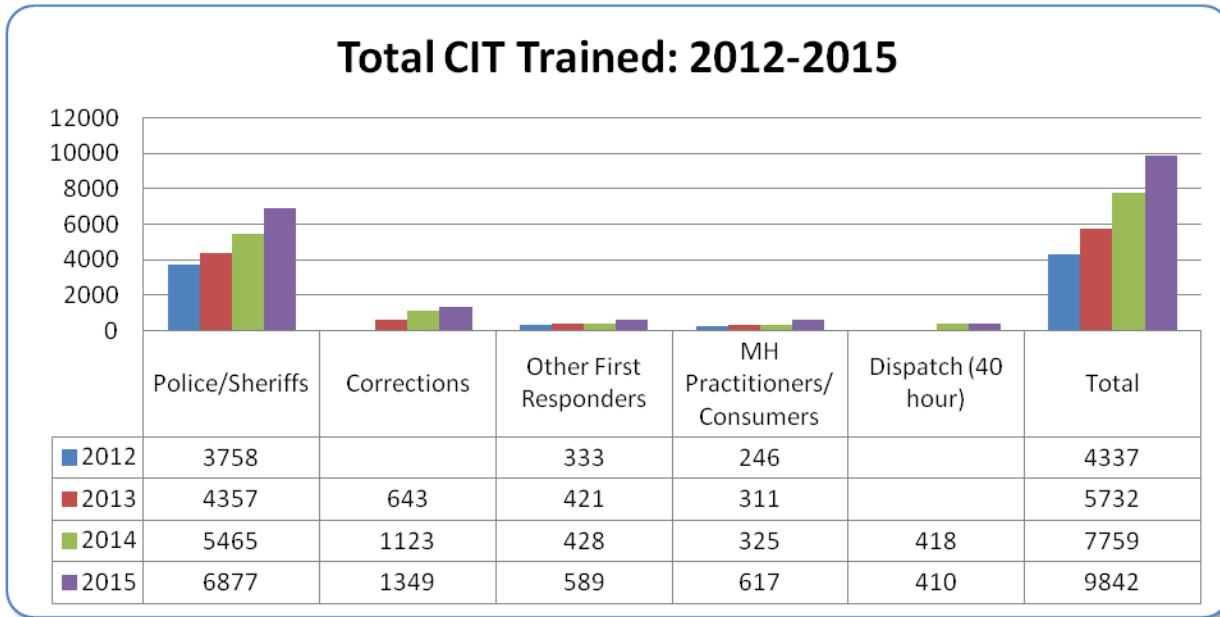**Friday**
- Advanced Role Play Exercises

Didactic CIT training must include modules on:

- Basic Mental Heath Diagnoses or Clinical States
- Basics of Substance Abuse and the Medical Model
- Basics of Intellectual and Developmental Disabilities
- Psychiatric Medications
- Verbal De-escalation and/or Crisis Intervention Skills
- Suicidality
- Legal Issues (e.g., liability, CIT Code provisions, etc.) and Civil Commitment
- Overview of Special Populations
- Cultural Diversity

Other topics such as Adolescent Issues, Intellectual Disability/ Developmental Disability Issues, Veterans Issues, and Geriatric Issues, or other region specific or topical areas should be added by programs as needed, and as long as the basic core curriculum is provided. Required module length may vary from program to program with the exception that Legal Issues and Civil Commitment must be four hours and Cultural Diversity must be two hours, based on legislative or departmental requirements and in order to provide the full 2 years of credit for DCJS officer training requirement.

As of August 1 2015, 9,842 individuals completed a 40-hour CIT Training. Of that total, 6,877 were Police/Sheriffs, 1,349 were Correctional Officers, 589 were Other First Responders (Fire/EMS), and 617 were Mental Health practitioners/consumers, and 410 were Dispatch/Emergency Communications. **Table E** provides an overview of the total number CIT trained.

Table E: Total Trained[13]

Total CIT Trained: 2012-2015

	Police/Sheriffs	Corrections	Other First Responders	MH Practitioners/ Consumers	Dispatch (40 hour)	Total
2012	3758		333	246		4337
2013	4357	643	421	311		5732
2014	5465	1123	428	325	418	7759
2015	6877	1349	589	617	410	9842

CIT Training for 911/Emergency Dispatch

As CIT programs grew throughout the Commonwealth there was a recognition of the value of providing CIT like training for 911/Emergency Dispatchers and a specialized curriculum just for dispatchers was developed focusing on the skills a 911/Emergency Dispatcher might need for a mental health/behavioral health call. The CIT Dispatcher training was developed as an advanced training to supplement the training dispatchers already receive. Starting in 2013, a separate category for Specialized CIT Dispatcher training was collected. In 2013, 101 individuals had completed a specialized CIT training for Dispatchers. By 2014, this number had increased to 602. In 2015, 1,215 dispatchers had attended a specialized CIT training for Dispatchers. **Table F** on page 10 provides an overview.

Although it is common that Dispatchers and 911 Emergency Communications representatives go through the 40 hour core training, the specialized CIT Dispatcher course provides an opportunity for these individuals to really hone their skills. The CIT for Dispatchers course is an abbreviated course that is typically 8 hours in length and covers the following topics:

- Awareness of Mental Health Issues
- Introduction to Clinical States
- Suicide and PTSD
- Hearing Voices
- Community Resources
- Verbal De-Escalation
- Crisis Scenarios

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[13] Correctional Officers were included with Police/Sheriffs in 2012, and there was no separate category for Dispatcher training. In 2013 a separate category for Specialized Dispatcher Training (see Table F) was included and in 2014, dispatchers participating in 40 hour class were also identified.

Table F: Total Emergency/911 Dispatchers CIT Trained: Specialized Class or 40 Hour CIT
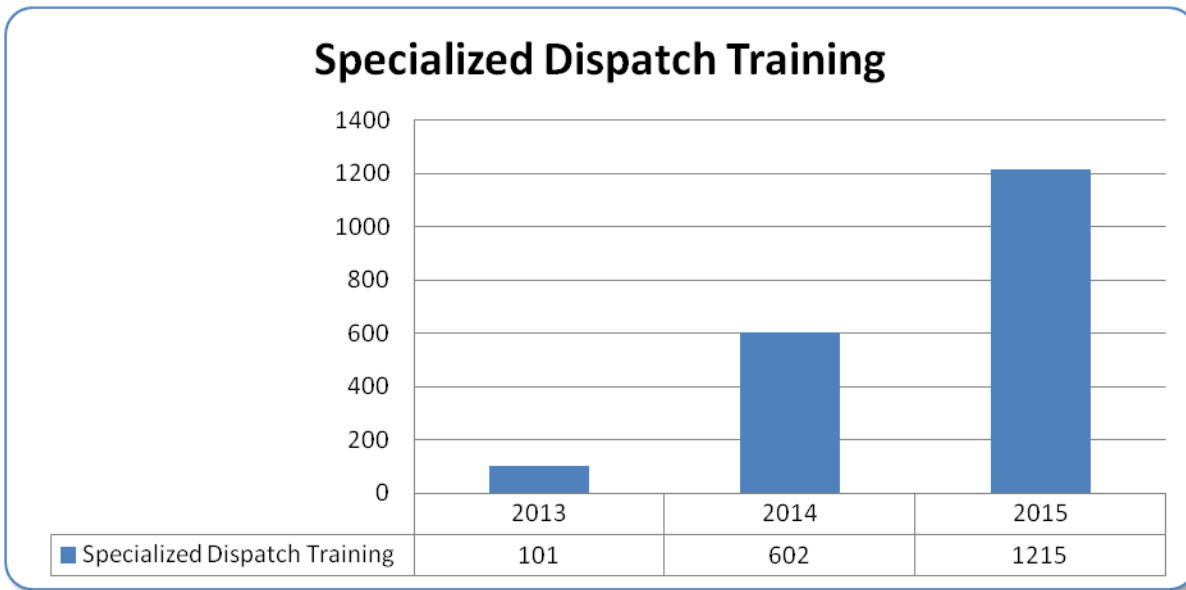

CIT Training: Train the Trainer

In addition to the 40 Hour Core training, 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 team members become local Core Faculty and work with the CIT Coordinator to provide the 40 hour training in their locality. Recognizing the importance of maintaining fidelity to the CIT model, the Virginia CIT Coalition developed a CIT Train the Trainer curriculum to be used across the Commonwealth. The CIT Train the Trainer course ensures effective and consistent training across CIT programs. As of August 1st 2015, 113 train-the-trainer classes were held with 1,038 individuals in attendance.

IV. CIT Task-Force

Central to the success of CIT is the utilization of local oversight committees or advisory boards, also referred to as a CIT Task Force. The CIT Task Force helps to guide the initial planning and implementation of a CIT program. Once a program is established, the Task Force provides oversight of the program's continued operation and sustainability, critical incident review, funding and community outreach and education. 33 CIT programs have an established CIT Task Force. Of these programs, 14 indicate their task force meets monthly, 4 bi-monthly, 13 quarterly and 2 bi-annually.

Task Force membership may include law enforcement, behavioral health, peer/consumers, family members, hospital/emergency departments, magistrates, commonwealth attorneys, defense attorneys, judges, and corrections. **Table G** on the following page provides an overview of the CIT Task Force membership across programs indicating they had an established task force.

Table G: Task Force Membership
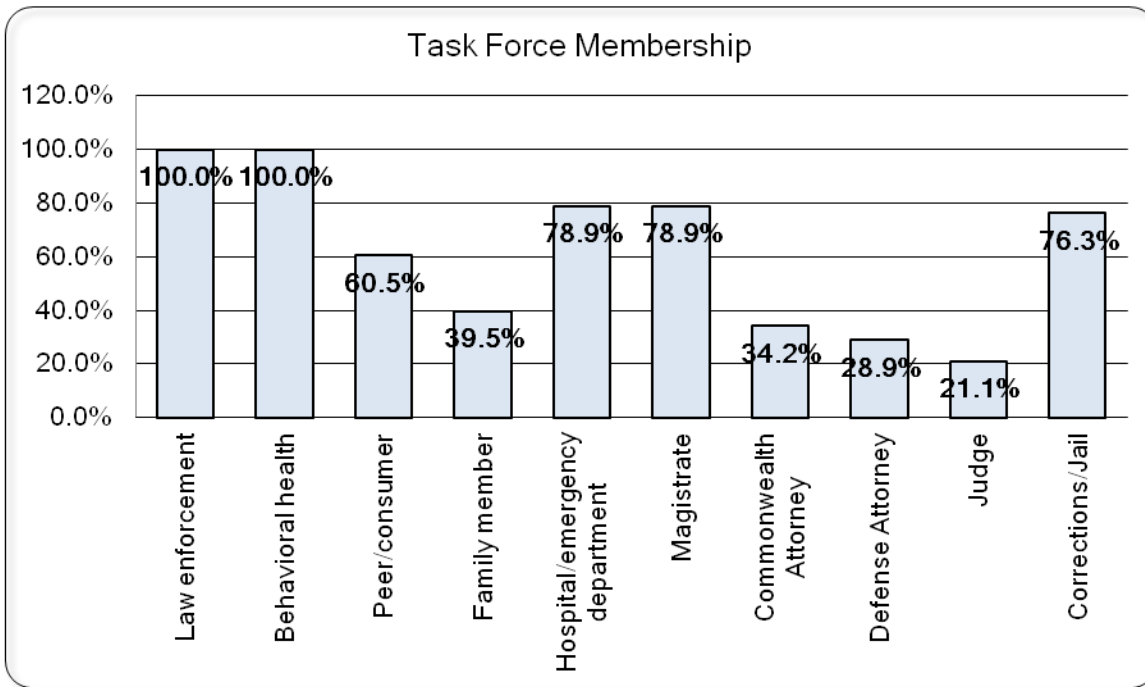
V. CIT Assessment Sites

The ideal CIT program has a physical location that is not a jail or other criminal justice setting, where an officer can take a person in crisis for assessment and linkage to services. Assessment sites are intended to serve as therapeutic, non-criminal justice affiliated alternatives to incarceration. Ideally, these sites are 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.

The Virginia General Assembly has provided $15.9 million to support 32 CIT Assessment Sites as an alternative to incarceration for individuals with serious mental illness. In FY 2015, 3,850 individuals were assessed at CIT Assessment Sites with 2,313 resulting in TDOs.

DBHDS will publish a separate report regarding the operations of the CIT Assessment Sites in the Commonwealth.

VI. CIT Funding

Funding for CIT programs 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. In 2015, 28 CIT programs received state General Funds to support their CIT Assessment Sites, 6 programs received a onetime state CIT Development Grant, and 5 programs reported that they receive ongoing local funds to support their local CIT initiative. Lack of ongoing, sufficient funding to support CIT program operations is consistently reported as the number one threat to CIT in Virginia. While the Commonwealth has invested significant resources into therapeutic assessment sites, similar investments to support CIT training, CIT coordinators, and CIT stakeholder engagement have been lacking.

OAG Asset Forfeiture Grants

In addition to funding provided by state and local sources, as the result of a plea agreement by Abbott Laboratories, the Office of the Attorney General of Virginia made Asset Forfeiture Funds available to state or local law enforcement agencies to be spent by those agencies for a law enforcement purpose. Nineteen (19) local law enforcement agencies affiliated with a CIT program applied for, and received OAG Asset Forfeiture Awards of various amounts to support their local CIT program activities. DCJS in partnership with DBHDS and the Virginia CIT Coalition also applied for and received an award of $800,000 to implement a statewide, multi-phased CIT Train the Trainer program. Funding awarded to us was intended to prevent and deter crime and to improve the functioning of the criminal justice system by developing or enhancing Crisis Intervention Team (CIT) programs that met the requirements of the "*Essential Elements for the Commonwealth of Virginia's Crisis Intervention Team Programs (CIT)".*

The award to implement a statewide, multi-phased CIT Train the Trainer program utilized existing VACIT trained instructors as consultants to teach the train the trainers program in teams of four throughout the Commonwealth, and provide technical and teaching assistance to newly trained instructors as the teach the 40 Hour Core CIT Training Program. Funds were also used to provide scholarships to operational CIT programs to reserve training slots in their 40 hour class for individuals seeking CIT training from outside jurisdictions, and funds to support mentoring activities to new and emerging CIT programs. Although the original award was to occur over a two year period (January 2014 - January 2016), an extension was requested for funds not expended to provide one time grants to support CIT development activities. Grants will be awarded by the end of January 2016.

The OAG Statewide CIT Expansion Grant has had a considerable impact on CIT programs over the course of the last two years. 20 CIT programs received training assistance. 24 40-hour core CIT trainings were supported averaging 25 students per training. In addition, 13 Train the Trainer trainings took place, which average 15 students per class. This amounts to 195 individuals receiving training to enable them to train their own community. In total, 795 individuals directly benefited from the funds.

As result of assistance provided through this initiative, support from the General Assembly, program to program mentoring, and leadership from the VACIT Coalition, CIT Programs continue to thrive across the Commonwealth.