

Report to the House Appropriations and Senate Finance Committees
On the Feasibility and Requirements for Utilizing the Specialized Training
Program of the New River Valley CIT Program
October 2007

The General Assembly appropriated \$150,000 for the New River Valley Crisis Intervention Team (NRVCIT) project for FY 2007. The NRVCIT project is modeled on a highly successful project pioneered in Memphis, Tennessee. The Memphis Police Department established the Crisis Intervention Team (CIT) in 1988 in response to an incident that resulted in police shooting a 27 year-old man who had a mental illness. The Memphis CIT was implemented for the purpose of creating a collaborative community effort to join the police, mental health professionals, and the community to develop a safer approach to crisis events involving persons with mental disabilities.

Funding was appropriated to the Department of Criminal Justice Services (DCJS) to distribute to NRVCIT, accompanied by the following language:

" ... Included within this appropriation is \$150,000 the first year from the general fund for the New River Valley Crisis Intervention Team. The department shall provide a report on the feasibility and requirements for utilizing the specialized training program developed by the New River Valley CIT program in selected additional jurisdictions in other regions of Virginia. Copies of the report shall be provided to the Chairmen of the Senate Finance and House Appropriations Committee by October 16, 2006."

Explanation:

(This amendment provides \$150,000 each year from the general fund for the New River Valley Crisis Intervention Team, and directs the DCJS to study the feasibility of utilizing the training component of this program in other jurisdictions.)

The model has proven so successful that it has been replicated in locations nationwide. A national inquiry by DCJS in 2006 found no alternative models in other states that demonstrated greater success or utility. This training teaches police officers how to recognize a mentally disabled person in crisis and how to defuse the crisis. A mentally disabled person's mental and emotional condition may rapidly deteriorate if he or she is incarcerated, making him or her frantic and violent, and thereby generating added criminal charges or causing harm to law enforcement officers, themselves, and others.

Accomplishments:

DCJS has worked with the New River Valley CIT program staff to facilitate the training of personnel from multiple jurisdictions across the Commonwealth. From July 1, 2006 through June 30, 2007, the following CIT training sessions were conducted:

- November 6-10, 2006. Sixteen (16) law enforcement officers attended from non-New River Valley jurisdictions. Six (6) attended from the New River Valley region.
- January 29- February 2, 2007. Twenty-two (22) law enforcement officers and 7 civilian observers from non- New River Valley jurisdictions, seven (7) law enforcement officers from the New River Valley region attended.
- March 26-30, 2007. Sixteen (16) officers and five (5) civilian observers from non- New River Valley jurisdictions, 4 officers from the New River Valley region attended.

Also, the NRVCIT has trained a total of seventy-one (71) CIT certified law enforcement officers and twelve (12) civilian observers. The civilian CIT personnel, from stakeholder groups, attend the training to assist in establishing core non-officer teaching faculty. The CIT officer training provides an opportunity to understand the nature of the CIT program and philosophy and to provide examples that incorporate the Memphis model. The same training is provided for non-New River Valley participants as for NRVCIT personnel.

Ten (10) members of the NRVCIT faculty have attended the Memphis Police Department's "Train the Trainer" Program. The NRVCIT faculty has utilized the knowledge, skills, and abilities from the Memphis training session to conduct a two and a half day "CIT Train the Trainer" session at the New River Valley Community Services Board location. Several members of the law enforcement and mental health faculty from the Mt. Roger's Community Services Board CIT and the Jefferson Area CIT (Charlottesville-Albemarle) were trained through this program. They are the only other pilot projects developing CIT programs in Virginia at this time.

Further, the NRVCIT faculty members have conducted a CIT dispatcher training session, resulting in 16 specially trained police dispatchers. CIT dispatcher training is a critical component of the Memphis-model CIT, as it trains the dispatchers to identify situations requiring a CIT officer response and sending the appropriate law enforcement personnel to crisis situations.

The NRVCIT also sent three members of the Team faculty to present training sessions at the 2006 National CIT Conference in Orlando, Florida to audiences of CIT law enforcement officers and mental health staff from across the United States. A member of the NRV Crisis Intervention Team Faculty also serves on the National CIT Advisory Board.

The benefits of implementing a CIT program extend to mental health consumers, mental health professionals and law enforcement officers. CITs provide an opportunity to build collaborative community relationships that allow law enforcement officers to be more efficient and effective, provide immediate crisis response to mental health consumers, and provide uniform, standardized procedures for mental health professionals in crisis situations. The results include fewer inappropriate arrests, decreased use of restraints due to violence, decreased officer injuries, better police training in the use of de-escalation techniques, increased public appreciation of police, and cost savings from processing fewer individuals through the criminal justice system. Prior to the availability of the New River Valley CIT program, there was no Virginia source of training in the Memphis model.

To assess the quality and effectiveness of the training that NRVCIT has provided, DCJS constructed a CIT Officer Survey to evaluate the NRVCIT training. Feedback about the utility and effectiveness of the NRVCIT training was obtained from a mailed survey of trainees. Nineteen (19) completed surveys were received from the 71 trainees. Overall, respondents provided positive feedback supporting the New River Valley Crisis Intervention Team training program. (The data collected is compiled in attachment A.)

[Note: While 19 responses out of 71 officers (27%) might seem limited, DCJS observed that the period of time between training and incorporation into an officer's normal duties was quite short preceding this survey. This brevity undoubtedly precluded some of the trained officers from encountering mental consumers or issues prior to the survey and may have led to reluctance to complete the survey for that reason. Conversely, for those officers who did respond, there is consensus opinion supporting the concept, the philosophy, and the continued expansion of this program to other Virginia localities. DCJS recommends extending the length of this study for at least an additional year to gather more data from trained officers.]

Ninety-percent (90%) of the respondents reported that their duties lead them to make use of their new CIT job skills. Seventy-nine (79%) percent said they had identified behaviors indicating mental illness, 47% reported using CIT suicide intervention skills, and 47% said that, since their training, they had diverted individuals to community-based treatment on scene rather than taking them to a hospital or jail. A very significant impact of the training was indicated by 63% of respondents who stated they utilized CIT verbal de-escalation techniques, in both apparent mental health cases as well as other more traditional encounters with citizens. This suggests an added benefit of the training by reducing violent interaction simply by better training police officers to deal with the anger and aggression of others without resorting to violence or arrests requiring physical overpowering.

Regarding training effectiveness, 95% of the respondents reported that NRVCIT training had increased their ability to recognize co-occurring substance abuse and mental health disorders. Eighty-nine percent (89%) said the training improved their ability "to recognize and assess non-verbal communication, to interact with mental health professionals, to communicate with persons who are mentally ill, and to identify or recognize different forms of mental illness. Seventy-four percent (74%) said the training had improved their job performance.

The NRVCIT training did appear to have an impact on work hours and overtime pay. At least 47% of the respondents reported a reduction in the average number of hours they waited before mentally ill persons were processed by hospitals or mental health facilities and 37% said there was a reduction of overtime pay for officers remaining with mentally ill citizens through disposition.

The consensus from trained CIT Law Enforcement officers who responded to the survey was an overwhelming recommendation to incorporate Crisis Intervention Team principles into the Basic Law Enforcement Academy curriculum. [Note: there are other issues to consider whenever a recommendation to expand required training is made. This recommendation does not necessarily include training each and every recruit officer to perform as a fully-trained CIT officer. Rather, it refers to verbal de-escalation techniques and other elements of the CIT training.] The skill sets

gained from the CIT program improve the officers' ability to effectively perform their critical job functions; thereby enhancing officer safety. DCJS staff concluded that continuing to provide this training to other jurisdictions in Virginia has proven feasible.

ATTACHMENT A
New River Valley Crisis Intervention Team
Officer Survey Results
“Training Viewed as Very Useful”

Feedback about the utility and effectiveness of the New River Valley CIT training was obtained from a mailed survey of trainees conducted by the Virginia Department of Criminal Justice Services in August, 2007. Although only 19 completed surveys from the 71 trainees were received, they revealed some very positive information about the training.

Ninety-percent (90%) of the respondents reported that their duties lead them to make use of their new CIT job skills. Seventy-nine percent (79%) said they had identified behaviors indicating mental illness, 63% said they utilized CIT verbal de-escalation techniques, 47% reported using CIT suicide intervention skills, and 47% said that, since their training, they had diverted individuals to community-based treatment on scene (did not take to hospital or jail).

Regarding training effectiveness, 95% of the respondents reported that NRVCIT training had increased their ability to recognize co-occurring substance abuse and mental health disorders. Eighty-nine percent (89%) said the training improved their ability “to recognize and assess non-verbal communication, to interact with mental health professionals, to communicate with persons who are mentally ill, and to identify or recognize different forms of mental illness. Seventy-four percent (74%) said the training had improved their job performance.

The NRVCIT training did have some impact on work hours and overtime pay. Forty-seven percent (47%) of the respondents reported a reduction in the average number of hours they waited before mentally ill persons were processed by hospitals or mental health facilities and 37% said there was a reduction of overtime pay to officers who remained with mentally ill citizens through disposition.

Two CIT-training success stories were reported:

“The training helped immediately upon my return with a female whose family wanted her committed. I could see that there was no reason for immediate hospitalization. In the end, all parties worked well for the best disposition of her case.

I received a report that a female had left a suicide note. I located the female at a boat landing and tried to stop her vehicle. She would not stop. I was able to activate a vehicle stop and saw that she had pill bottles all over the front seat. She locked down her door. I talked to her for 20 minutes and convinced her to unlock door. Had I not had the training, I probably would have had to break in her windows or get involved in a fight with her. As it was, she was taken to a counselor.”

The survey also produced comments of praise and caution:

“We need to have more officers trained in CIT and a team organized...to work continuously on training, and to work with our mental health team on prevention measures. CIT training should be part of basic academy training.”

“Use more video and do the role playing outside the classroom.”

“This was very good training; every police officer, deputy and trooper would benefit from this training.”

“Great training. Good tool. One of the best schools I've ever attended.”

“CIT needs to be taught entirely by law enforcement or people who have knowledge of police work. If this training is used as it is currently taught, it will endanger police officers.”

“One week is very long when you have a small department. This training could be done in three days”

“This training may be good for new officers.”

“There needs to be more training in communications between police and mental health workers. Our mental health workers tend not to listen to us. They generally disregard our information.”

“First line supervisors need to attend this training!!! Most supervisors still take the "old fashion" approach to dealing with those with mental health issues.”