



COMMONWEALTH of VIRGINIA

Department of Criminal Justice Services

Garth L. Wheeler
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The Honorable Benjamin L. Cline
Chairman
Joint Commission on Health Care
900 E. Main Street, 1st Floor West
Richmond, VA 23219

Dear Chairman Cline:

Pursuant to Section 9.1-190 of the *Code of Virginia* the Department of Criminal Justice Services (DCJS), in conjunction with the Department of Behavioral Health and Development Services (DBHDS), submits this annual report describing the impact and effectiveness of crisis intervention team (CIT) programs in the Commonwealth.

Please feel free to contact me or Fran Ecker, Director, Office of Programs at DCJS, telephone (804) 786-3967 or Fran.Ecker@dcjs.virginia.gov if you have any questions regarding this report.

Sincerely,

A handwritten signature in black ink, appearing to read "Garth L. Wheeler".

Garth L. Wheeler

cc: The Honorable John Edwards, Senate of Virginia
The Honorable Marla Graff Decker, Secretary of Public Safety
The Honorable Bill Hazel, Secretary of Health and Human Resources
James W. Stewart, III, Commissioner, Department of Behavioral Health and Development Services

Document Title

Report to the Joint Commission on Health Care Regarding Crisis Intervention Team Program Assessment

Author

Department of Criminal Justice Services and Department of Behavioral Health and Developmental Services

Enabling Authority

Chapter 715 (Regular Session, 2009)

Executive Summary

§ 9.1-190. Crisis intervention team program assessment.

The Department, and the Department of Behavioral Health and Developmental Services, shall assess and report on the impact and effectiveness of the crisis intervention team programs in meeting the program goals. The assessment shall include, but not be limited to, consideration of the number of incidents, injuries to the parties involved, successes and problems encountered, the overall operation of the crisis intervention team programs, and recommendations for improvement of the program. The Department, and the Department of Behavioral Health and Developmental Services, shall submit a report to the Joint Commission on Health Care by November 15, 2009, 2010, and 2011.

(2009, c. [715](#).)

**Report to the Joint Commission on
Health Care Regarding
Crisis Intervention Team Program Assessment**

NOVEMBER 15, 2010

Department of Criminal Justice Services
and
Department of Behavioral Health and Developmental Services

**Senate Bill 1294
General Assembly Session 2009**

**Report to the Joint Commission on Health Care
Crisis Intervention Team Program Assessment
November 15, 2010**

**Prepared by:
Departments of Criminal Justice Services and
Behavioral Health and Developmental Services**

Introduction

Legislation passed during the 2009 General Assembly Session to amend Sections 9.1-102, 187, 188, 189 and 190 of the *Code of Virginia* directing the Department of Criminal Justice Services (DCJS) and the Department of Behavioral Health and Developmental Services (DBHDS) to "...support the development and establishment of crisis intervention team programs in areas throughout the Commonwealth." It also established numerous criteria for the departments to use in implementing its provisions, directed that an initial status report be submitted to the Joint Commission on Health Care (JCHC) in November 2009 and that the Departments submit an annual report in 2009, 2010 and 2011, assessing the impact and effectiveness of crisis intervention team programs in meeting statutory program goals.

Background

Crisis Intervention Team (CIT) programs bring together specially trained law enforcement officers, mental health treatment providers and other stakeholders that may include hospitals, emergency medical care facilities, mental health service consumers, and community advocates to improve criminal justice and behavioral health system response for persons experiencing mental health crises and unable to protect and care for themselves. Often these individuals come to the attention of law enforcement and others through behavior that is misunderstood or misinterpreted by the general public, or that is inappropriate, potentially dangerous or violent. Additionally, law enforcement officers are integrally involved with consumer interaction throughout the civil commitment process. CIT programs utilize local community criminal justice and behavioral health collaborations, develop and support policy and infrastructure to improve access to services, and provide specialized law enforcement training to enhance officer skills and knowledge in responding to civil or criminal mental health related incidents.

The CIT model was originally developed by the Memphis, Tennessee Police Department, and there are now over 400 CIT programs throughout the country (see cit.memphis.edu). The impetus for its development was an incident in which a man with mental illness was shot by police during a confrontation. The incident created a public uproar and the community began to

examine its procedures in such cases and sought alternative means of addressing these situations. Ultimately, through the development of a widely representative stakeholders' task force, Memphis created a program to provide specialized training for select officers and establish improved access for case appropriate therapeutic treatment alternatives to incarceration. The 40-hour core CIT training enabled officers to more effectively communicate with and understand the particular needs of those with a mental illness. In so doing, officers were able to reduce the potential for misunderstanding and enhance the ability to de-escalate situations involving individuals with mental illness. Additionally with the streamlined processes to provide access to services, officers were provided more options to connect individuals with needed treatment in lieu of incarceration consistent with the needs of public safety and balanced with the underlying issue of mental illness

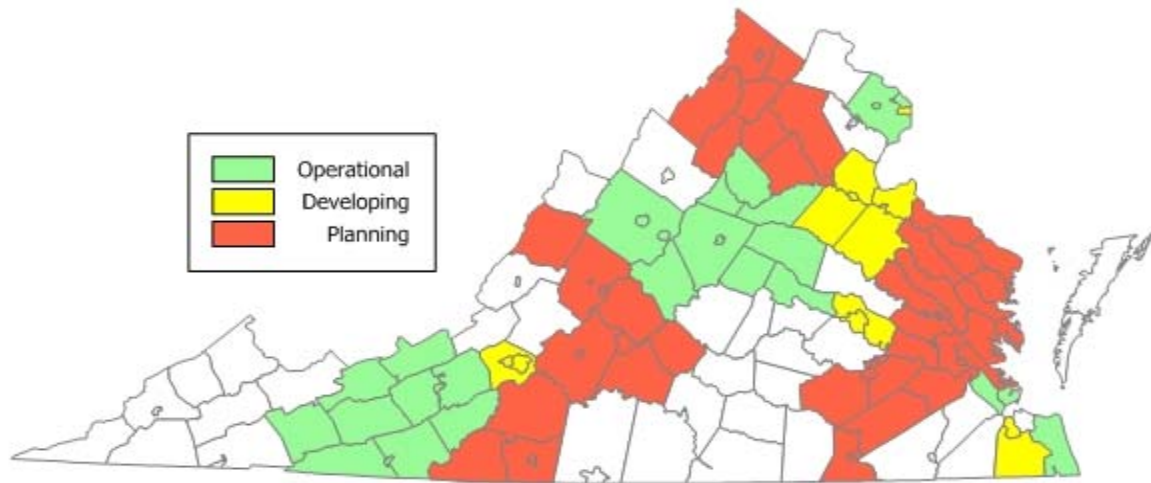
Virginia's first CIT program was initiated in 2002 in the New River Valley. The New River Valley CIT initiative pulled together key mental health and criminal justice stakeholders, including 14 separate law enforcement agencies in five localities, to create the nation's first rural, multi-jurisdictional adaptation of the Memphis CIT model. Police departments, sheriffs' offices, and two local campus police departments all worked together with the local Community Services Board (CSB), Mental Health Association (MHA) and local chapter of the National Alliance on Mental Illness (NAMI) to establish their CIT program. That initiative utilized federal grant funds from the Substance Abuse and Mental Health Services Administration (SAMSHA) over a three-year period and currently serves as one of three programs leading Virginia's statewide CIT expansion initiative.

Implementation Actions

Program Status and Funding

As of November 2010, 23 CIT initiatives throughout the Commonwealth, representing 92 counties and cities, are planning (9), developing (6) or operating (8) successful CIT programs in their localities. During 2010, the Commonwealth witnessed a 60 percent increase in the number of operational CIT programs. Funding for these projects derives from a number of sources, Federal, state, and local, which are most often utilized in conjunction with each other. The two major funding sources are Federal Edward R. Byrne Justice Assistance Grant (JAG) administered through DCJS in collaboration with DBHDS, and state general funds allocated through DBHDS for mental health jail diversion and jail treatment and administered through DBHS in collaboration with DCJS. For full funding data, see Addendum 1. Additionally, ten initiatives are using local funds to support the initial planning and development of CIT programs in their communities.

Figure 1: Map of Virginia CIT Programs (as of September 2010)



Each of these programs represents a wide variety of partnering approaches. Most programs consist of multiple jurisdictions with numerous law enforcement agencies. Generally, they involve a CSB, and a variety of stakeholder agencies such as hospitals, other treatment facilities, consumer groups and advocacy groups.

DCJS and DBHDS advises that all CIT programs employ uniform minimum requirements, often referred to as the Essential Elements of CIT, to assure that the nature of all CIT programs is consistent from region to region throughout the state. The essential elements speak to all three components of CIT: community collaboration, infrastructure and training. DCJS and DBHDS are working with the programs through the Virginia CIT Coalition to formalize these requirements.

Minimally required elements include:

- 40 hour DCJS-certified CIT training for law enforcement personnel;
- CIT Program Coordinator;
- Community stakeholder collaboration and oversight;
- Therapeutic assessment location (not a law enforcement or jail facility) or procedures to streamline access to services in lieu of incarceration (when appropriate);
- Collection of data to monitor outcome measures;
- Local faculty utilizing the CIT Train-the-Trainer program; and,
- Dispatcher training;

In recent years, two closely-related initiatives have developed to assist the advancement of CIT programs throughout the Commonwealth. Primarily, the Virginia CIT Coalition (VACIT) started informally in 2007 as a discussion and support group for developing CIT programs. The VACIT is partially supported through DBHDS allocated general funds for Jail Diversion and Jail Treatment. The second initiative is statewide program support utilizing general funds for jail diversion and jail treatment. These funds help provide technical assistance, initial 40 hour training, the Train the Trainer classes and other support utilizing the three leading CIT programs in the state – New River Valley CIT, Thomas Jefferson Area CIT and Hampton-Newport News CIT. Program representatives from these three areas serve on the VACIT leadership committee and have been instrumental in developing CIT across the state. As a result of their work, communities have conducted or participated in an unprecedented number of CIT classes, dispatcher trainings and Train-the-Trainer trainings.

The VACIT is a state and local partnership between the DBHDS, DCJS, and Virginia's local CIT initiatives. Through this coalition with local programs, DCJS and DBHDS have established the Memphis Model of CIT as the official model for training of Virginia CIT program personnel. All CIT officers must complete the 40 hour training. The curriculum is approved for DCJS-certified in-service training credits for law-enforcement officers and includes four hours of mandatory training in legal issues (see Addendum #2, *Representative 40 Hour CIT Training Curriculum Outline*, attached). Additionally, all mental health and law enforcement practitioners who will serve as CIT faculty must participate in the 40 hour training plus complete a 20 hour Train the Trainer course (see Addendum #3, *Representative Train the Trainer Agenda*, attached). A 4 - 8 hour dispatcher training course is recommended to improve identification of mental health related calls and effectively dispatch CIT officers to those calls (see Addendum #4, *Representative Dispatcher Training Agenda*, attached).

Each grant funded program, as well as programs developing independently with state support and involvement, must achieve the following goals as set forth in *Code of Virginia*:

- Provide immediate response by specially trained law-enforcement officers;
- Reduce the amount of time officers spend out of service awaiting assessment and disposition;
- Afford persons with mental illness and substance use disorders a sense of dignity in crisis situations;
- Reduce the likelihood of physical confrontation;
- Decrease arrests and the use of force;
- Identify underserved populations with mental illness and substance use disorders and linking them to appropriate care;
- Provide support and assistance for mental health treatment professionals;
- Decrease the use of arrest and detention of persons experiencing mental health and/or substance abuse crises by providing better access to timely treatment;
- Provide a therapeutic location or protocol for officers to bring individuals in crisis for assessment that is not a law enforcement or jail facility;
- Increasing public recognition and appreciation for the mental health needs of a community;



- Decrease injuries to law-enforcement officers during crisis events;
- Decrease the need for mental health treatment in jail; and,
- Reduce inappropriate arrests of individuals with mental illness in crisis situations.

Jurisdictions planning, developing or operating CIT programs rely on DCJS and DBHDS staff and the leadership of the VACIT Coalition to provide technical assistance, training and shared resources to support their CIT initiatives. Through this collaborative effort, both departments and CIT stakeholders throughout the Commonwealth are working together to achieve the vision of the CIT program approach to mental health crisis response.

Assessing the Impact and Effectiveness of CIT

DCJS and DBHDS began collaborating in spring 2010 to develop a plan for organizing, assessing and reporting on the impact and effectiveness of CIT programs in meeting established goals. Meetings were held to formalize the efforts of VACIT, which has met twice a year in 2009 and 2010 as well as hosting leadership meeting at least quarterly. VACIT has been developed largely through the cooperation and leadership of three well established CIT programs – New River Valley CIT, Thomas Jefferson Area CIT, and Hampton-Newport News CIT. The CIT coordinators and CIT program stakeholders have devoted many hours working with DCJS and DBHDS to help identify needs and priorities for Virginia’s CIT programs. This includes training and resource needs, assisting new programs in developing their community advisory task forces, and sharing policies, procedures, service and treatment access strategies, as well as data collection techniques. VACIT has developed a website (www.vacitcoalition.org) that makes this useful information readily available.

VIRGINIA CRISIS INTERVENTION TEAM COALITION

HOME · MEETINGS · LINKS · CONTACT · JOIN · LEGISLATION · PROGRAMS · TRAINING SCHEDULES · PROGRAM CURRICULA · PROGRAM RESOURCES		
<p>Welcome to the Virginia CIT Coalition Website</p> <p>The Virginia Crisis Intervention Team (VACIT) Coalition is a collaborative membership group. Members include individuals interested in learning about or supporting CIT initiatives and representatives from CIT programs throughout Virginia, regardless of whether their local program is in initial stages of development, still working to implement various aspects of the CIT program or a fully operational CIT.</p> <p>MISSION STATEMENT</p> <p>The mission of VACIT is to promote and support the effective development and implementation of CIT programs in Virginia in order to improve the criminal justice and mental health systems and to help prevent inappropriate incarceration of individuals with mental illness.</p>		
<p><i>Latest NEWS</i></p>	<p><i>Upcoming EVENTS</i></p>	<p><i>Get INVOLVED</i></p>
<p>Hospital, police agreement saves time, keeps ill out of jail October 28, 2010</p> <p>Hampton-Newport News CIT Program Recognized October 25, 2010</p>	<p>Blue Ridge CIT 40hr Training - October 25-29</p> <p>Arlington County CIT 40hr Training - November 1-5</p> <p>Thomas Jefferson Area CIT</p>	 

VACIT established four committees to which members may belong according to their needs or interests. These are Training, Community and Infrastructure, Data and Evaluation, and Communications and Outreach. Each of these groups has met to draft recommendations for all CIT programs. Through this process, a consensus based approach that considers the variety of

local needs and resources while developing consistency regarding the nature and requirements of CIT's Core Elements was utilized by DCJS and DBHDS.

The Training Committee recommendations rely heavily on curricula initially established and enhanced over time by the Memphis Police Department. These curricula have been modified with the experience and expertise of the three leading Virginia programs to specifically address Virginia's criminal justice and mental health systems and processes. DCJS certifies these courses for mandated law enforcement officer in-service training (see Addenda #2, 3, and 4).

The Community and Infrastructure Committee provides guidance to enhance stakeholder participation at the local level and maximize broad community engagement with each CIT program. Another important aspect of this committee's work is to identify options to enhance access to treatment and services through the establishment of therapeutic alternatives to incarceration. Members of the VACIT and professional staff from DCJS and DBHDS travel throughout the Commonwealth to participate in planning and organizational meetings for communities interested in or working on CIT initiatives.

The Data and Evaluation Committee works with DBHDS and DCJS to address multiple challenges in gathering consistent data from communities and law enforcement agencies statewide. While significant amounts of data are collected by most law enforcement agencies, there remain problems in acquiring similar datasets and comparing it across the Commonwealth. Some law enforcement agencies participate in regional dispatching operations, or share dispatching operations with one or more other agencies. In such cases, it can be problematic to acquire the specific type of data needed for the evaluation purposes of a CIT program. Establishing data collection guidelines and identifying necessary data elements is a priority for the VACIT during the upcoming year. This will result in better compilation and comparison of statewide data to evaluate the success of the CIT programs across Virginia.

The Communications and Outreach Committee includes the creation and ongoing development of a useful and effective website as a platform to share information about funding opportunities, training resources, scheduling of events, and information resources for members. It also provides access to speakers and targets information needs of localities through all stages of program planning and development.

In October 2010, program representatives from the Virginia Beach and Henrico County CIT programs joined the VACIT leadership team. These CIT programs bring geographic and programmatic diversity to VACIT leadership as well as providing the leadership team with active CIT trained law enforcement officer representation. Current members of the VACIT leadership team are:

Thomas Von Hemert, Criminal Justice Planner
Thomas Jefferson Area Offender Aid and Restoration
CIT Coordinator for Thomas Jefferson Area CIT

Dean Barker, Emergency Services Clinician
Hampton Newport News Community Services Board

CIT Coordinator for Hampton Newport News CIT

Andy Warriner, Director
Hampton/Newport News Criminal Justice Agency

Patrick Halpern, Executive Director
Mental Health Association of the New River Valley

Joseph Yost, Jail Diversion Coordinator
Mental Health Association of the New River Valley
CIT Coordinator for New River Valley CIT

Mary Witwer, Emergency Services Director
Virginia Beach Department of Human Services
Co-coordinator for Virginia Beach CIT

Captain William Dean
Virginia Beach Police Department
Co-coordinator for Virginia Beach CIT

Nikki Moon, Emergency Services Clinician
Henrico Community Services
CIT Coordinator for Henrico County CIT

Lieutenant Cynthia Wood
Henrico County Police Department

Victoria Cochran, State Coordinator for Behavioral Health and Criminal Justice Initiatives
Department of Behavioral Health and Developmental Services

Steve Clark, School and Campus Law Enforcement Specialist
Department of Criminal Justice Services

Heather Black, Law Enforcement Grant Program Specialist
Department of Criminal Justice Services

Assessing the impact and effectiveness of CIT in meeting statutory goals requires an integrated analysis of the three essential components of CIT: 1) community collaboration, 2) infrastructure development (policy, services, data) and 3) training. The following findings highlight the work that has been accomplished to date:

1. There are 23 CIT initiatives currently underway in Virginia, covering 92 cities and counties. Eight CIT programs are fully operational having a) an established community stakeholder task force providing program oversight and community outreach, b) a CIT coordinator, c) round the clock CIT officer response capability, d) a therapeutic assessment site or protocols to enhance access to services, e) initiated data collection policy and practices. Six CIT

programs are in varying stages of development, but are on the way to meeting the above requirements. Nine programs are in the initial planning phases of CIT development, identifying their stakeholders, providing the initial CIT training to stakeholders and identifying how their community can move forward to achieve operational status.

2. Throughout the Commonwealth, 1,628 officers have completed the 40 hour CIT training course and 366 officers and civilians have completed the Train the Trainer course to become core faculty members for their local CIT training programs. Through the first quarter of FY2011, 88 local CIT training courses have been held throughout the Commonwealth.
3. With regard to other aspects of CIT program development, 15 areas have established a CIT coordinator position; 16 have a CIT task force in place that is meeting regularly; and 11 of those task forces provide program oversight and/or community education and outreach regarding the program. Eight CIT programs have a therapeutic alternative assessment site; six are actively engaged in developing such a site; 10 have formal protocols to enhance access to services. The other sites are not yet at an appropriate stage to address this issue.

Table 1: 2009 vs. 2010 Comparison of Program Development as of September 2010

	2009	2010	Difference
Total 40hr Trainings Conducted	32	88	+ 56
Total CIT Officers Trained	1,068	1,628	+ 560
Total 40hr Faculty Trained (TTT)	146	366	+ 220

Program Effectiveness and Statewide Impact

Detailed information relating to program effectiveness and statewide impact are set forth in the following tables. The tables also facilitate comparisons between local programs and help to identify the current stage of program development in each locality. DCJS and DBHDS are grateful to local program coordinators and stakeholders who have assisted in the collection and presentation of this data. It represents the most comprehensive picture of CIT on a statewide basis currently available.

Table 2: Impact of Crisis Intervention Team Programs Training (as of September 2010)

Program Affiliated CSB <u>Program Name</u> <i>Localities</i>	Program Status	40 Hour CIT Trainings Held	CIT Officers Trained	Other First Responders Trained	Non First Responders Trained	40 Hour Faculty Trained (TTT)
STATEWIDE TOTALS	9 Planning	88	1,628	151	142	366
	5 Developing					
	9 Operational					
	23 Total					
Alexandria CSB <u>City of Alexandria CIT</u> <i>City of Alexandria</i>	Developing ¹	1	13	0	0	9
Arlington County CSB <u>Arlington County Crisis Intervention Team</u> <i>Arlington</i>	Operational	3	44	0	6	18
Chesapeake CSB <u>Chesapeake CIT</u> <i>City of Chesapeake</i>	Developing	4	63	0	1	0
Colonial CSB <u>Colonial Area CIT</u> <i>Charles City, James City, New Kent, York and the Cities of Poquoson and Williamsburg</i>	Planning ²	0	0	0	0	0
District 19 CSB <u>District 19 CIT Initiative</u> <i>Dinwiddie, Greensville, Prince George, Surry, Sussex and the Cities of Colonial Heights, Emporia, Hopewell and Petersburg</i>	Planning	0	0	0	0	0
Fairfax-Falls Church CSB <u>Fairfax Crisis Intervention Team</u> <i>Fairfax and the Cities of Falls Church and Fairfax</i>	Operational	2	150	0	0	2

¹ Developing programs are those that have a well established stakeholder task force with a CIT coordinator in place, have a significant number of trained local CIT officers and CIT faculty and are working toward the implementation of a therapeutic assessment location or establishing protocols to enhance linkage to services in lieu of incarceration.

² Planning programs are those that are establishing a stakeholder task force, studying the CIT model, providing initial officer and mental health provider training and developing partnerships to address options for implementing assessment locations or establishing protocols to enhance linkage to services.

Program Affiliated CSB Program Name <i>Localities</i>	Program Status	40 Hour CIT Trainings Held	CIT Officers Trained	Other First Responders Trained	Non First Responders Trained	40 Hour Faculty Trained (TTT)
Hampton-Newport News CSB Hampton/Newport News CIT <i>Hampton, Newport News</i>	Operational ³	10	199	14	13	70
Henrico Area Mental Health and Retardation Services Henrico CIT <i>Henrico County</i>	Developing	8	123	125	10	35
Middle Peninsula- Northern Neck CSB Middle Peninsula Northern Neck CIT <i>Essex, Gloucester, King & Queen, King William, Lancaster, Matthews, Middlesex, Northumberland, Richmond and Westmoreland</i>	Planning	0	0	0	0	0
Mount Rogers CSB Mount Rogers Community Services Board Crisis Intervention Team <i>Bland, Carroll, Grayson, Wythe, Smyth, City of Galax</i>	Operational	9	138	0	0	20
New River Valley Community Services New River Valley CIT <i>Floyd, Giles, Montgomery, Pulaski and City of Radford</i>	Operational	14	277	0	33	49
Northwestern Community Services Northwestern CIT <i>Clarke, Frederick, Page, Shenandoah, Warren and the City of Winchester</i>	Planning	1	30	4	16	9

³ Operational programs have a stakeholder task force which meets regularly and provides program oversight and educational outreach, has a CIT coordinator in place, has trained the number of CIT officers necessary to provide 24/7 CIT response capability, has an established therapeutic assessment location or protocol in place and has begun collecting data to assess the efficacy of the program.

Program Affiliated CSB <u>Program Name</u> <i>Localities</i>	Program Status	40 Hour CIT Trainings Held	CIT Officers Trained	Other First Responders Trained	Non First Responders Trained	40 Hour Faculty Trained (TTT)
Piedmont Community Services <u>Piedmont Area CIT Initiative</u> <i>Franklin, Henry, Patrick and the City of Martinsville</i>	Planning	0	0	0	0	0
City of Portsmouth Dept. of Behavioral Healthcare Services <u>Portsmouth CIT</u> <i>Portsmouth</i>	Developing	2	24	3	0	4
Rappahannock Area CSB <u>Rappahannock Area Crisis Intervention Team</u> <i>Caroline, King George, Spotsylvania and Stafford Counties; City of Fredericksburg</i>	Developing	3	61	0	0	5
Rappahannock-Rapidan CSB <u>Rappahannock-Rapidan CIT</u> <i>Culpepper, Fauquier and Rappahannock</i>	Planning	0	0	0	0	0
Richmond Behavioral Health Authority <u>City of Richmond Crisis Intervention Team</u> <i>City of Richmond</i>	Developing	3	34	0	3	27
Blue Ridge Behavioral Health Care <u>Roanoke Valley CIT</u> <i>Roanoke and the Cities of Salem and Roanoke</i>	Planning	2	40	0	0	0
Rockbridge Area CSB <u>Rockbridge Crisis Intervention Team</u> <i>Bath, Rockbridge and the Cities of Lexington and Buena Vista</i>	Planning	0	0	0	3	0

Program Affiliated CSB <u>Program Name</u> <i>Localities</i>	Program Status	40 Hour CIT Trainings Held	CIT Officers Trained	Other First Responders Trained	Non First Responders Trained	40 Hour Faculty Trained (TTT)
Region 10 CSB Thomas Jefferson Area CIT <i>Albemarle, Fluvanna, Goochland, Greene, Louisa, Madison, Nelson, Orange, City of Charlottesville</i>	Operational	17	262	0	23	64
Valley CSB Blue Ridge Crisis Intervention Team <i>Augusta, Cities of Waynesboro and Staunton</i>	Operational	3	48	5	12	15
Virginia Beach Human Services Virginia Beach CIT <i>Virginia Beach</i>	Operational	6	129	0	25	39

Key Elements of CIT Programs Status

The existence of both a CIT coordinator and a community task force has proven critical in achieving program goals and objectives. CIT programs bring together professionals from a variety of backgrounds including mental health treatment and services providers, criminal justice, and public safety as well as consumers and community members. This requires close coordination, collaboration, problem-solving, and negotiation. Without one person tasked with facilitating this process and a local task force of the key stakeholders to work out details and reach consensus on the policies and procedures the programs are significantly challenged.

A therapeutic treatment alternative may consist of an actual physical location to which persons experiencing a mental health crisis may be taken for emergency treatment or stabilization, or it may consist of some other set of alternative means for handling people in these situations. Often, it is a combination of the two. Ideally, there should be always be a physical location available that is *not* a jail or criminal lock up in which an officer can deliver a person in crisis and turn over custody to someone trained to assist that person. This releases the officer to return to other duties and provides the treatment options needed by the consumer. However, this presumes that the person has not committed a serious crime for which he or she would be required to be incarcerated, which likely the individual will require mental health treatment and care provisions at the jail facility. Under those circumstances, effective CIT involvement will reduce the difficulties a jail might encounter.

Therapeutic treatment alternative sites are often the most challenging element to establish a CIT program. The concept of a locally available, round the clock, secure facility for civil

commitment assessment under an Emergency Custody Order (ECO) is new to Virginia. They are not common in most localities, different protocols do exist and are often challenged when it comes to providing the appropriate staffing levels, both from a security and a treatment resources aspect.

Data collection is critical to measuring the progress and impact of CIT programs. It is made difficult by many factors, including the diversity of local data gathering systems and sharing capacities. Each locality has a great deal of autonomy in the design and functioning of their law enforcement and public safety agencies. This has led to development of localized communications and management information systems that are not required to be uniform and consistent from one locality to the next, even in the same county. While all incidents handled by law enforcement officers are typically reported and captured in some data bank, the elements of an incident which may identify it as involving a person with mental illness are not always known or identifiable. Without a CIT program in place in a community, it is believed that many incidents that typically lead to arrest and injuries may have resulted from contact with persons experiencing mental health crises for which the responding officers were not well trained, or prepared to handle with alternatives to physical arrest. Identifying such incidents and alternative resolutions employed, is critical to measuring the success of a CIT program. Initial focus for data collection involves implementing a statewide data collection effort regarding four key statutory concerns in mental health related calls: 1) how CIT officers are linked to such calls; 2) how long a CIT officer remains involved in the call; 3) the number of injuries involved, if any; and, 4) the final disposition of the call.

Table 3: Impact of Crisis Intervention Team Programs Community and Infrastructure Development (as of September 2010)

Program Affiliated CSB <u>Program Name</u> <i>Localities</i>	CIT Program Coordinator	Data Collection Process in Place	Therapeutic Assessment Alternative Options	CIT Task Force
Alexandria CSB <u>City of Alexandria CIT</u> <i>City of Alexandria</i>	Yes	Yes	<ul style="list-style-type: none"> • Yes • Existing Memoranda Of Understandings (MOU) • Enhanced access to services in place 	<ul style="list-style-type: none"> • Meet quarterly • All CJ/MH stakeholders represented • Program oversight and community outreach
Arlington County CSB <u>Arlington County Crisis Intervention Team</u> <i>Arlington</i>	Yes	Yes	<ul style="list-style-type: none"> • No • Planning underway for therapeutic assessment site • Enhanced access to services in place 	<ul style="list-style-type: none"> • Meets monthly • All CJ/BH stakeholders represented • Program oversight and community outreach • Cross systems mapping completed

Program Affiliated CSB Program Name <i>Localities</i>	CIT Program Coordinator	Data Collection Process in Place	Therapeutic Assessment Alternative Options	CIT Task Force
Chesapeake CSB Chesapeake CIT <i>City of Chesapeake</i>	Yes	No	No	<ul style="list-style-type: none"> • Meet bi-monthly • All CJ/MH stakeholders represented • Program oversight and public outreach • Cross Systems Mapping completed
Colonial CSB Colonial Area CIT <i>Charles City, James City, New Kent, York and the Cities of Poquoson and Williamsburg</i>	No	No	No	<ul style="list-style-type: none"> • CCJB involved in planning • Cross Systems Mapping completed
District 19 CSB District 19 CIT Initiative <i>Dinwiddie, Greensville, Prince George, Surry, Sussex and the Cities of Colonial Heights, Emporia, Hopewell and Petersburg</i>	Yes	No	No	<ul style="list-style-type: none"> • CCJB involved in planning • Cross Systems Mapping completed
Fairfax-Falls Church CSB Fairfax Crisis Intervention Team <i>Fairfax and the Cities of Falls Church and Fairfax</i>	Yes	No	<ul style="list-style-type: none"> • No • Enhanced access to services in place 	No
Hampton-Newport News CSB Hampton/Newport News CIT <i>Hampton, Newport News</i>	Yes	Yes	<ul style="list-style-type: none"> • Yes • Therapeutic assessment site 	<ul style="list-style-type: none"> • Meet quarterly • All CJ/MH stakeholders represented • Program oversight and community outreach • 2 cross systems mappings completed
Henrico Area Mental Health and Retardation Services Henrico CIT <i>Henrico County</i>	Yes	Yes	<ul style="list-style-type: none"> • No • Planning underway for therapeutic assessment site 	<ul style="list-style-type: none"> • Meet quarterly • All CJ/MH stakeholders represented • Program oversight and public outreach

Program Affiliated CSB Program Name <i>Localities</i>	CIT Program Coordinator	Data Collection Process in Place	Therapeutic Assessment Alternative Options	CIT Task Force
Middle Peninsula-Northern Neck CSB Middle Peninsula Northern Neck CIT <i>Essex, Gloucester, King & Queen, King William, Lancaster, Matthews, Middlesex, Northumberland, Richmond and Westmoreland</i>	Yes	No	No	No
Mount Rogers CSB Mount Rogers Community Services Board Crisis Intervention Team <i>Bland, Carroll, Grayson, Wythe, Smyth, City of Galax</i>	Yes	Yes	<ul style="list-style-type: none"> • Yes • Planning underway for therapeutic assessment site • Enhanced access to services in place 	<ul style="list-style-type: none"> • Meet quarterly • All CJ/MH stakeholders represented • Program oversight and community outreach
New River Valley Community Services New River Valley CIT <i>Floyd, Giles, Montgomery, Pulaski and City of Radford</i>	Yes	Yes	<ul style="list-style-type: none"> • Yes • Existing Memoranda of Understandings (MOU) • Enhanced access to services in place 	<ul style="list-style-type: none"> • Meet quarterly • All CJ/MH stakeholders represented • Program oversight and community outreach
Northwestern Community Services Northwestern CIT <i>Clarke, Frederick, Page, Shenandoah, Warren and the City of Winchester</i>	Yes	No	No	No
Piedmont Community Services Piedmont Area CIT Initiative <i>Franklin, Henry, Patrick and the City of Martinsville</i>	No	No	No	<ul style="list-style-type: none"> • Meet bi-monthly • All CJ/MH stakeholders represented • Cross Systems Mapping completed
City of Portsmouth Dept. of Behavioral Healthcare Services Portsmouth CIT <i>Portsmouth</i>	No	No	<ul style="list-style-type: none"> • Yes • Therapeutic assessment site alternative • Enhanced access to services in place 	<ul style="list-style-type: none"> • Meet bi-annually • All CJ/MH stakeholders represented • Community outreach

Program Affiliated CSB Program Name <i>Localities</i>	CIT Program Coordinator	Data Collection Process in Place	Therapeutic Assessment Alternative Options	CIT Task Force
Rappahannock Area CSB Rappahannock Area Crisis Intervention Team <i>Caroline, King George, Spotsylvania and Stafford Counties; City of Fredericksburg</i>	Yes	Yes	<ul style="list-style-type: none"> • Yes • Therapeutic assessment site alternative under development • Enhanced access to services in place 	<ul style="list-style-type: none"> • Meet quarterly • All CJ/MH stakeholders represented • Program oversight and Community outreach • Cross systems mapping completed
Rappahannock-Rapidan CSB Rappahannock-Rapidan CIT <i>Culpepper, Fauquier and Rappahannock</i>	No	No	No	No
Richmond Behavioral Health Authority City of Richmond Crisis Intervention Team City of Richmond	Yes	Yes	<ul style="list-style-type: none"> • No • Therapeutic assessment site alternative under development • Enhanced access to services in place 	<ul style="list-style-type: none"> • Meet quarterly • All CJ/MH stakeholders represented • Program oversight and community outreach • Cross Systems Mapping completed
Blue Ridge Behavioral Health Care Roanoke Valley CIT <i>Roanoke and the Cities of Salem and Roanoke</i>	No	No	<ul style="list-style-type: none"> • No • Enhanced access to services in place 	<ul style="list-style-type: none"> • Meet quarterly • All CJ/MH stakeholders represented • Cross Systems Mapping completed
Rockbridge Area CSB Rockbridge Crisis Intervention Team <i>Bath, Rockbridge and the Cities of Lexington and Buena Vista</i>	No	No	<ul style="list-style-type: none"> • No • Planning underway for therapeutic assessment site and/or develop protocols to enhance access to services 	<ul style="list-style-type: none"> • Meet quarterly • All CJ/MH stakeholders represented • Program oversight and community outreach
Region 10 CSB Thomas Jefferson Area CIT <i>Albemarle, Fluvanna, Goochland, Greene, Louisa, Madison, Nelson, Orange, City of Charlottesville</i>	Yes	Yes	<ul style="list-style-type: none"> • Yes • Therapeutic assessment site alternative • Enhanced access to services in place 	<ul style="list-style-type: none"> • Meet quarterly • All CJ/MH stakeholders represented • Cross systems mapping completed

Program Affiliated CSB Program Name <i>Localities</i>	CIT Program Coordinator	Data Collection Process in Place	Therapeutic Assessment Alternative Options	CIT Task Force
Valley CSB Blue Ridge Crisis Intervention Team <i>Augusta, Cities of Waynesboro and Staunton</i>	Yes	Yes	<ul style="list-style-type: none"> • Yes • Therapeutic assessment site alternative being developed • Memoranda Of Understandings (MOU) in place • Enhanced access to services in place 	<ul style="list-style-type: none"> • Meet quarterly • All CJ/MH stakeholders represented • Program oversight and community outreach
Virginia Beach Human Services Virginia Beach CIT <i>Virginia Beach</i>	Yes	Yes	<ul style="list-style-type: none"> • Yes • Therapeutic assessment site alternative • Enhanced access to services in place 	<ul style="list-style-type: none"> • Meet bi-monthly • All CJ/MH stakeholders represented • Program oversight and community outreach • Cross systems mapping completed

Challenges Encountered

Data Collection

As Lord Kelvin said “If you can’t measure it, you can’t improve it.” Virginia’s statewide CIT initiative recognizes the vital importance of collecting and analyzing targeted data. Presently, data gathering has presented a significant challenge for statewide evaluation purposes. DCJS, DBHDS and the VACIT Coalition have identified four key variables which address statutory concerns and which all CIT programs are required to collect:

- 1. Call type:**
CIT officer dispatched to call for assistance with possible mental health involvement
CIT officer dispatched to serve an emergency custody order
CIT officer dispatched for wellness check
CIT officer self-initiated response on scene for any of the above
- 2. Time in service for call:**
CIT officer spent less than 30 minutes
CIT officer spent 30 minutes to 2 hours
CIT officer spent 2 to 4 hours
CIT officer spent more than 4hours
- 3. On-scene Injuries¹:**

¹ On-scene injuries refers only to those that occur after the CIT officer arrives

- No injuries reported
- Injuries to officer(s)
- Injuries to individual(s)
- Injuries to both officer(s) and individual(s)

4. Call disposition:

- Call cleared on scene with no additional action taken
- Individual transported to community treatment or services
- Individual taken into civil custody by officer (ECO)
- Individual arrested

Significant challenges impede successful collection of this data. These challenges include inconsistent methods utilized among law enforcement agencies to identify and collect information, absence of a consistent statewide database in which to submit information as well as limited resources to gather and analyze data.

Three CIT programs are currently able to provide the requested data. They are New River Valley CIT, Arlington County CIT, and Rappahannock Area CIT. In future years, gathering this information from programs across the Commonwealth will help to identify program strengths and identify areas for improvement.

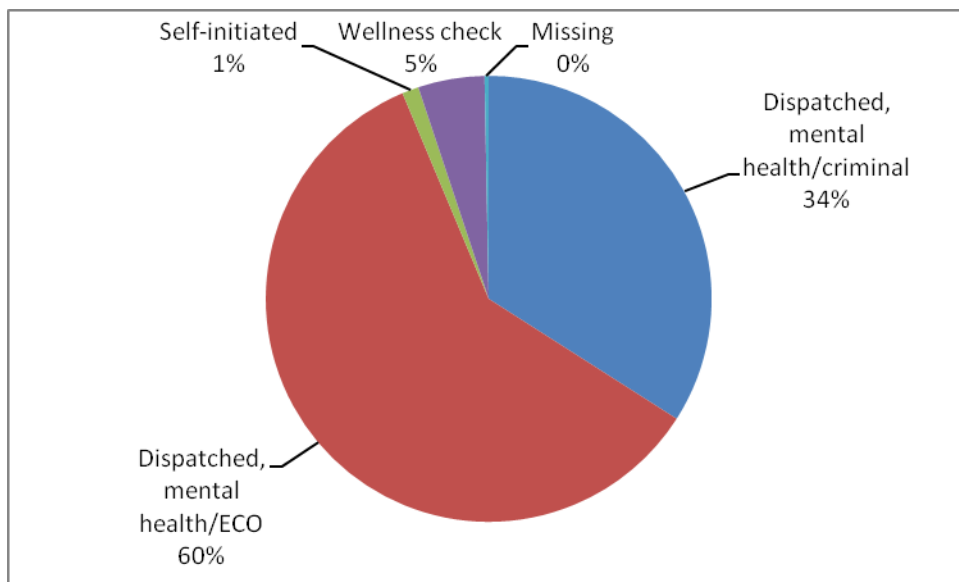


Figure 2: Call Type (n=232)

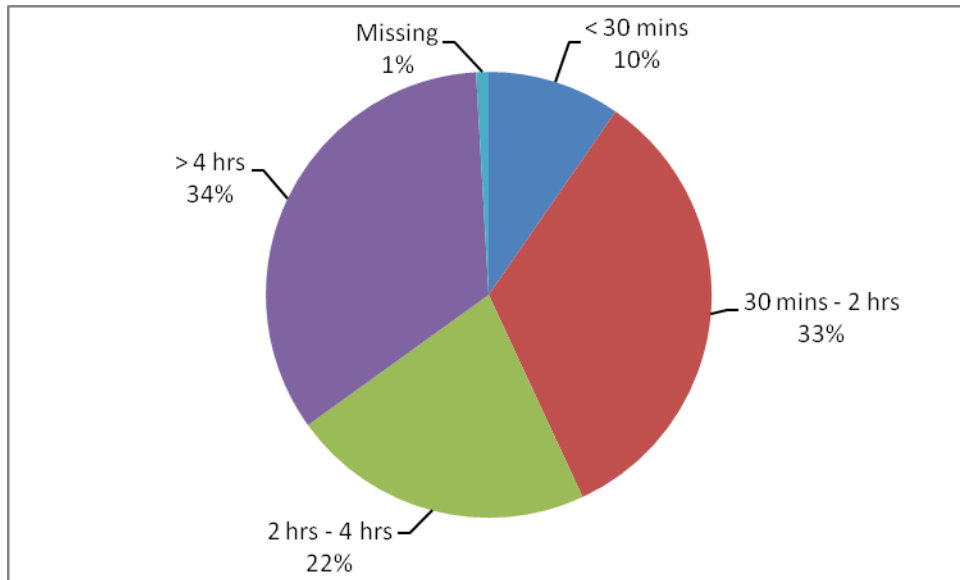


Figure 3: Officer Time (n=232)

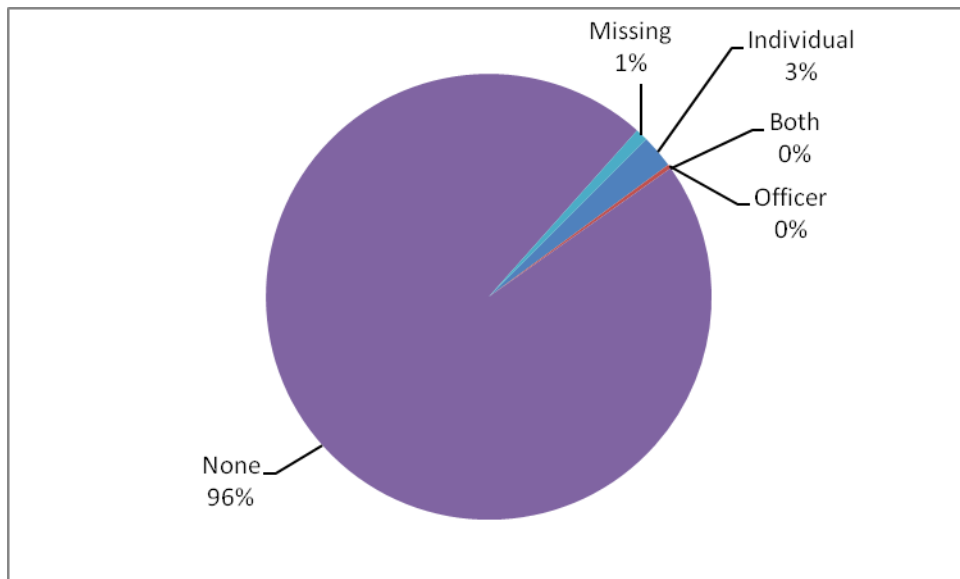


Figure 4: On-scene Injuries (n=232)

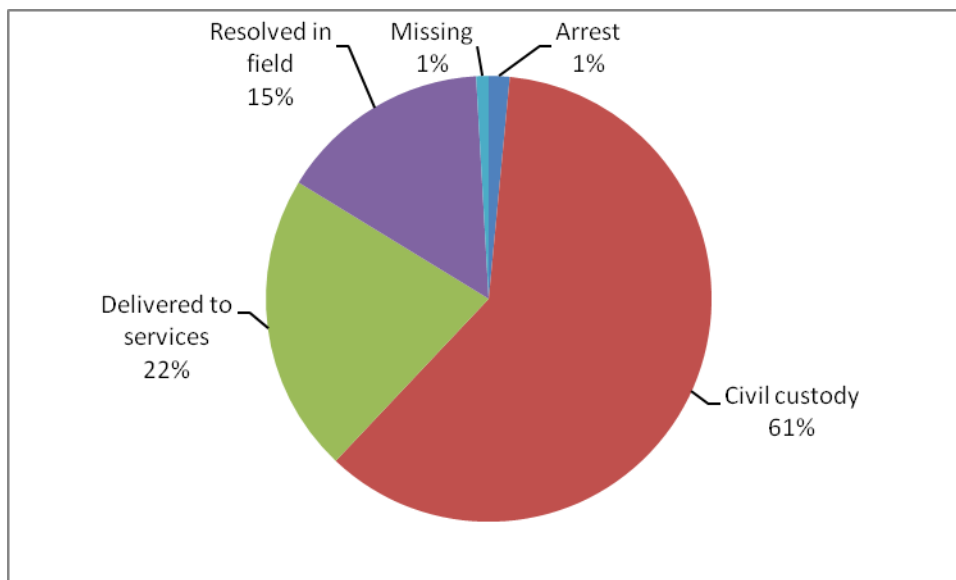


Figure 5: Call Disposition (n=232)

DCJS recently approved a Byrne Justice Assistance Grant (JAG) to develop a statewide system of collecting data on CIT Programs. This initiative is addressing the need for standardized forms and format supported by both a local and statewide database to receive, extrapolate and analyze all the information. The planned outcome of this project is three fold: 1) To provide each of the participating CIT programs in Virginia data statistical forms and software to collect all the required measures mandated by the state legislation. 2.) To develop a statewide web-based program to receive and collect all the information and statistics from each of CIT programs within the Commonwealth. 3.) To provide the state access and ownership to all the above-stated.

Improving Access to Services

Two aspects of this challenge require further evaluation. Virginia’s Civil Commitment Code currently requires officers to maintain custody of individuals under evaluation for civil commitment for up to six hours. This significantly impacts local law enforcement agency resources and increases the stigma experienced by individuals with mental illness. While the Virginia Code provides for transfer of custody under an emergency custody order (ECO) as part of a CIT program, the cost and availability of staff and resources to actualize this opportunity is severely limited. Second, the model of CIT being developed in Virginia ideally provides a 24-7 therapeutic alternative site where officers can bring a person in crisis and safely leave in a therapeutic location. In Virginia, only seven programs have developed full or partial capability to achieve this goal (See Table 2). Many other programs have created effective alternative protocols to enhance the process and reduce the amount of time law enforcement officers remain involved in the ECO process. The VACIT Coalition, along with DBHDS and DCJS continue to work with localities, share effective practices and develop resources and opportunities to improve this system.

Establishing Essential Elements of CIT

DCJS and DBHDS require that CIT programs adhere to a limited number of uniform requirements, referred to as the “Essential Elements of CIT”, to assure that the basic structure of all CIT programs is consistent throughout the state. To support the growth and development in all aspects of CIT programs as well as fully and effectively integrate CIT’s statutory and policy goals throughout the Commonwealth, the departments created VACIT. Membership in VACIT is encouraged for all programs. Establishing the Essential Elements has been a work in progress over the past year and is now ready for final approval by DCJS and DBHDS. Determining the most effective implementation of these consistent aspects of CIT programs across the state will be an important focus for 2011.

Summary

Since July 2009, tremendous progress has been made by DCJS and DBHDS in building the necessary infrastructure to support the development of CIT programs statewide. The VACIT Coalition has proven to be a useful and effective means of bringing together key staff and stakeholders from all programs. This continued collaboration will enable the departments to report comprehensively on all aspects of CIT programs in the future, including the number of incidents, injuries to the parties involved, successes and problems encountered, the overall operation of the crisis intervention team programs, and recommendations for improvement of the program.

ADDENDA

Addendum #1: Crisis Intervention Team Programs Funding

Program Affiliated CSB Program Name <i>Localities</i>	General Fund CIT Jail Diversion Cohort	General Fund CIT	Federal Byrne-JAG	Other *	Total
Alexandria CSB City of Alexandria CIT <i>City of Alexandria</i>		\$48,000.00			\$48,000.00
Arlington County CSB Arlington County Crisis Intervention Team <i>Arlington</i>	\$25,000.00		\$75,000.00		\$100,000.00
Chesapeake CSB Chesapeake CIT <i>City of Chesapeake</i>		\$26,122.00			\$26,122.00
Colonial CSB Colonial Area CIT <i>Charles City, James City, New Kent, York and the Cities of Poquoson and Williamsburg</i>					
District 19 CSB District 19 CIT Initiative <i>Dinwiddie, Greensville, Prince George, Surry, Sussex and the Cities of Colonial Heights, Emporia, Hopewell and Petersburg</i>			\$75,000.00		\$75,000.00
Fairfax-Falls Church CSB Fairfax Crisis Intervention Team <i>Fairfax and the Cities of Falls Church and Fairfax</i>					
Hampton-Newport News CSB Hampton/Newport News CIT <i>Hampton, Newport News</i>	\$100,000.00	\$23,333.00	\$95,499.00		\$218,832.00
Henrico Area Mental Health and Retardation Services Henrico CIT <i>Henrico County</i>		\$49,953.00			\$49,953.00
Middle Peninsula-Northern Neck CSB Middle Peninsula Northern Neck CIT <i>Essex, Gloucester, King & Queen, King William, Lancaster, Matthews, Middlesex, Northumberland, Richmond and Westmoreland</i>	\$10,000.00				\$10,000.00
Mount Rogers CSB Mount Rogers Community Services Board Crisis Intervention Team <i>Bland, Carroll, Grayson, Wythe, Smyth, City of Galax</i>					
New River Valley Community Services New River Valley CIT <i>Floyd, Giles, Montgomery, Pulaski and City of Radford</i>	\$83,000.00	\$23,333.00		\$50,000.00	\$156,333.00

Addendum #1: Crisis Intervention Team Programs Funding

Program Affiliated CSB Program Name <i>Localities</i>	General Fund CIT Jail Diversion Cohort	General Fund CIT	Federal Byrne-JAG	Other *	Total
Northwestern Community Services Northwestern CIT <i>Clarke, Frederick, Page, Shenandoah, Warren and the City of Winchester</i>					
Piedmont Community Services Piedmont Area CIT Initiative <i>Franklin, Henry, Patrick and the City of Martinsville</i>					
City of Portsmouth Dept. of Behavioral Healthcare Services Portsmouth CIT <i>Portsmouth</i>	\$40,000.00				\$40,000.00
Rappahannock Area CSB Rappahannock Area Crisis Intervention Team <i>Caroline, King George, Spotsylvania and Stafford Counties; City of Fredericksburg</i>	\$74,365.00				\$74,365.00
Rappahannock-Rapidan CSB Rappahannock-Rapidan CIT <i>Culpepper, Fauquier and Rappahannock</i>					
Richmond Behavioral Health Authority City of Richmond Crisis Intervention Team <i>City of Richmond</i>		\$50,613.00			\$50,613.00
Blue Ridge Behavioral Health Care Roanoke Valley CIT <i>Roanoke and the Cities of Salem and Roanoke</i>					
Rockbridge Area CSB Rockbridge Crisis Intervention Team <i>Bath, Rockbridge and the Cities of Lexington and Buena Vista</i>					
Region 10 CSB Thomas Jefferson Area CIT <i>Albemarle, Fluvanna, Goochland, Greene, Louisa, Madison, Nelson, Orange, City of Charlottesville</i>		\$23,333.00	\$73,000.00		\$96,333.00
Valley CSB Blue Ridge Crisis Intervention Team <i>Augusta, Cities of Waynesboro and Staunton</i>		\$26,122.00			\$26,122.00

Addendum #1: Crisis Intervention Team Programs Funding

Program Affiliated CSB <u>Program Name</u> <i>Localities</i>	General Fund CIT Jail Diversion Cohort	General Fund CIT	Federal Byrne-JAG	Other *	Total
Virginia Beach Human Services <u>Virginia Beach CIT</u> Virginia Beach	\$104,600.00		\$98,092.00		\$202,692,00

* LOCAL FUNDING AMOUNTS NOT AVAILABLE

Addendum #2: 40hr Training Schedule

**NEW RIVER VALLEY CIT TRAINING SCHEDULE
SEPTEMBER 21-25, 2009**

TIME	MONDAY-21	TUESDAY-22	WEDNESDAY-23	THURSDAY-24	FRIDAY-25
8:00 am	Unit 1 Orientation to CIT Concepts & Awareness of Mental Health Issues	Unit 7 Site Visits	Unit 8 Site Visit Review	Unit 13 Verbal De-Escalation Techniques	Unit 17 Professional Liability and Legal Issues
8:30 am	<i>Patrick Halpern & Lt. Kit Cummings</i>	▪ Southwestern Virginia Mental Health Institute	<i>Ellen Piilonen, LPC, M.A.Ed & Lt. Kit Cummings</i>		<i>Victoria Cochran, JD</i>
9:00 am	Unit 2 Introduction to Clinical States	▪ Against All Odds Clubhouse	Unit 9 Cultural Diversity & CIT Interventions	<i>Lt. Kit Cummings & Melanie Adkins, LPC</i>	Unit 18 Dual Diagnosis (Mental Illness & Substance Use Disorder)
9:30 am	<i>Melanie Adkins, LPC</i>	▪ Program of Assertive Community Treatment (PACT)	<i>Lt. Kit Cummings</i>	Unit 14 Post-Traumatic Stress Disorder	<i>Heather Custer, MS</i>
10:00 am		▪ New Horizons		<i>Sgt. Sam Shumate</i>	Unit 19 Intervention Skills for Special Populations
10:30 am		▪ Carilion St. Albans	Unit 10 Intro to Psychotropic Medications		<i>Heather Custer, MS</i>
11:00 am	Unit 3 Suicide Intervention Skills	(see tab # 7 for complete schedule)	<i>Stephanie Lane, MS</i>		
11:30 am	<i>Ellen Piilonen, LPC, M.A.Ed.</i>		Lunch (<i>on your own</i>)	Lunch (<i>on your own</i>).	Unit 20 Advanced Role Play Exercises
12:00 pm	Lunch (<i>on your own</i>)				(<i>working lunch</i>)
12:30 pm			Unit 11 Basic Crisis Intervention Skills & Facilitated Basic Role Play	Unit 15 Civil Commitment Procedures & Related Issues	<i>CIT Law Enforcement Faculty</i>
1:00 pm	Unit 4 The Legal Context for CIT		<i>Melanie Adkins, LPC & CIT Law Enforcement Faculty</i>	<i>Paul Barnett, Esq. & Jill Long, Chief Magistrate</i>	
1:30 pm	<i>Lt. Kit Cummings & Cheri Warburton, LPC</i>			Unit 16 Intermediate Role Play Exercises	
2:00 pm				<i>CIT Law Enforcement Faculty</i>	Unit 21 Closing & Graduation
2:30 pm	Unit 5 "Hearing Voices" Audio Exercise		Unit 12 Basic Role Play Exercises		
3:00 pm	<i>Patrick Halpern & CIT Law Enforcement Faculty</i>		<i>CIT Law Enforcement Faculty</i>		
3:30 pm					
4:00 pm	Unit 6 Consumer & Family Perspectives				
4:30 pm	<i>Margo Walter & Dawn Crigger</i>				
5:00 pm					

Addendum #3: Train the Trainer Training Agenda

New River Valley Crisis Intervention Team (CIT)

TRAIN THE TRAINER TRAINING (TTT)

AGENDA

Day 1: 9:00 AM-5:00 PM

Unit 1: “Developing a Self-Sustaining CIT Program”

Introductions and Presentation

Faculty/Students

Train the Trainer Goals

CIT Review/Overview

Lecture and Discussion

Why do we do CIT this way?

The learning curve

Checks and balances

Collaborative teaching

Being prepared for special issues

Officer safety, disruptive students, non-volunteers

Break

Unit 2: Role Play and Lecture Assignments

Assignment of New CIT Faculty Trainer Roles for 3 hour training:

Deciding who will present and who will shadow mentors for each section; review of lecture topics

Lunch Break

Unit 3: “How to Introduce Crisis Intervention Concepts and CIT”

Lecture and mentored practice session

Unit 4: “How to teach Basic Mental Health Concepts”

Lecture and mentored practice section

Break

Unit 5: “How to Teach Basic Crisis Intervention Skills”

Lecture and mentored practice session

“The Four Coaching Plays”

Addendum #3: Train the Trainer Training Agenda

Unit 6: “Creating Your Own Role-play Scenarios”

Instructions and Facilitated Discussion for Homework Assignment:
Assigning teams to develop scenarios
Samples and formats for developing basic, intermediate and
advanced role-play scenarios

Day 2: 8:00 AM-5:00 PM

Unit 7: Role-play/Lecture Development Mentored Working Groups

Faculty works with teams and individuals on role play scenario and
lecture development

Break

Unit 8: “Leading Role Plays and Providing Effective Feedback”

Setting up role plays
Styles, rules and types of feedback for role play exercises

Unit 9: Demonstration Role Plays/Feedback by CIT

Collaborative leadership and logistical issues – who does what?
Modeling feedback approaches for beginning, intermediate and
advanced role plays
Stop and start role play training techniques

Lunch Break

Unit 10: New CIT Faculty Leading Role Plays Practice Session

Coordinating, leading and presenting role play scenarios
(TTT Faculty mentor new faculty through role plays and feedback
panels, emphasizing actor/facilitator team work skills, positive and
constructive vs. destructive feedback, stop and start with students)

Break

Unit 11: New CIT Faculty Practices Role Plays/Lectures

Dress rehearsal for three hour training: All facets performed by new
CIT Faculty

Unit 12: Facilitated Discussion

Question and answer session to address issues for tomorrow’s
Training

Addendum #3: *Train the Trainer Training Agenda*

Day 3: 8:00 AM-1:00 PM

Unit 13: Final Preparation for 3-hour training

Gather to go over handouts and address last minute issues (if needed)

Unit 14: 3 Hour Training for Select Law Enforcement, Corrections and Various Personnel

Unit 15: Debriefing with New Faculty and TTT Evaluations

Addendum #4: Dispatcher Training Agenda



**NEW RIVER VALLEY
CIT DISPATCHER TRAINING SCHEDULE
FEBRUARY 24, 2005
8:00 AM – 12:00 NOON
BLACKSBURG, VA**

- 8:00 am – 8:45 am** **Orientation to the CIT Concept**
Amy Forsyth-Stephens, M.S.W.
Executive Director, Mental Health Association of the NRV
- 8:45 am – 9:45 am** **Introduction to Mental Illness and Brief Overview of Psychotropic Medications**
Ellen Piilonen, LPC, M.A. Ed.
ACCESS Clinician, New River Valley Community Services
- 9:45 am – 10:30 am** **Basic Crisis Intervention Skills**
Cheri Warburton, M.S.
Coordinator of Emergency and Adult Outpatient Services
New River Valley Community Services
- 10:30 am – 10:45 am** **Break**
- 10:45 am – 11:30 am** **Suicide Intervention Skills for Dispatchers**
Ellen Piilonen, LPC, M.A. Ed.
- 11:30 am – 11:45 am** **New River Valley Community Resources**
Amy Forsyth-Stephens, M.S.W.
- 11:45 am – 12:00 pm** **Wrap-up and Review**
Ellen Piilonen, LPC, M.A. Ed. &
Dana Lebowitz, CIT Coordinator