Essential Elements for the Commonwealth of Virginia's

Crisis Intervention Team Programs (CIT)

CIT Program Development Guidance
Department of Criminal Justice Services
and Department of Behavioral Health and Developmental Services

Developed in Collaboration with the Virginia CIT Coalition Leadership Committee
and Virginia CIT Stakeholders
September 8, 2011 (Updated October 1, 2014)

Introduction: The CIT Concept

Crisis Intervention Teams (CIT) are programs that bring together local stakeholders, including law enforcement officers, emergency dispatchers, mental health treatment providers, consumers of mental health services and others (such as hospitals, emergency medical care facilities, non-law enforcement first responders, and family advocates). The goal is to improve multi-systems' response to persons experiencing behavioral health crises who come into contact with law enforcement first responders. Such individuals may come to the attention of law enforcement and other first responders or corrections and jail personnel due to exhibiting symptoms or behaviors that are misinterpreted as criminal in nature, inappropriate, dangerous or violent. Additionally, law enforcement officers routinely interact with individuals with behavioral health disorders as a result of the statutory structure of Virginia's civil commitment process. In many of these situations, it is necessary to help such persons access mental health treatment, or place such persons in custody and seek either mental health treatment referral or incarceration for criminal acts.

Effective CIT programs enhance community collaboration, develop a stable infrastructure and provide outstanding training to improve criminal justice and mental health system response to individuals with mental health issues. The CIT model was originally developed by the Memphis, Tennessee Police Department, and has subsequently spread throughout the country. The impetus for its development was an incident in which a man with mental illness was fatally shot by police during a confrontation. The incident created a public uproar and the community began to examine its procedures in such cases, seeking alternative means of addressing these situations. Eventually, through the development of a widely representative stakeholders' task force, Memphis created a program to provide specialized training for a select cadre of patrol officers, as well as training all police dispatchers, and established a therapeutic treatment site as an alternative to incarceration. The 40-hour training enabled officers to more effectively communicate with and understand the particular needs of individuals with mental illness. In so doing, officers were able to reduce the potential for misunderstanding and enhance their ability to de-escalate situations involving persons with mental illness. Additionally, with education about treatment options and access to a therapeutic assessment site, officers were able to connect individuals with needed treatment, in lieu of incarceration, consistent with the needs of public safety and addressing the underlying issue of mental illness.

Development of CIT in Virginia

In the past 25 years, this approach has spread internationally. The concept was first developed in Virginia in 2001 by what became the New River Valley Crisis Intervention Team (NRVCIT). This program drew together 14 local law enforcement agencies in five localities to create the nation's first multi-jurisdictional, rural adaptation of the Memphis CIT model. Police departments, sheriffs' offices, and two local campus police departments worked together with the local Community Services Board (New River Valley Community Services), the Mental Health Association of the New River Valley, the New River Valley Medical Center and the local chapter of the National Alliance on Mental Illness to establish their

CIT program. The initiative was developed using federal grant funds from the Substance Abuse and Mental Health Services Administration (SAMSHA) over a three-year period.

In 2007, NRVCIT received a line item allocation from the Virginia General Assembly through the Department of Criminal Justice Services to focus on statewide expansion of CIT initiatives. NRVCIT utilized the funds to develop a Train the Trainer program for Virginia, as well as provide technical assistance and provide initial 40 hour training for representatives of communities interested in starting a CIT Program. NRVCIT worked predominantly with the Thomas Jefferson Area (TJACIT) and Mt. Rogers CIT programs, leveraging the impact of those programs' Byrne Memorial Grant fund allocations for CIT, administered through DCJS. Faculty from the NRVCIT and TJACIT programs then assisted with the development of the Hampton-Newport News CIT (HNNCIT) program. These three programs (NRVCIT, TJACIT, and HNNCIT) worked together, utilizing this model, to continue Virginia's statewide CIT expansion initiative. There are currently a number of state recognized CIT program initiatives underway in Virginia. Together, they make up the ever growing Virginia CIT Coalition, under the leadership of the three initial programs, representatives from the Virginia Beach and Henrico County programs, and staff from the Department of Criminal Justice Services (DCJS) and the Department of Behavioral Health and Developmental Services (DBHDS).

Legislative Initiative for CIT in Virginia

The 2009 Virginia General Assembly, through Senate Bill 1294, amended Sections 9.1-102, 187, 188, 189 and 190 of the *Code of Virginia* to direct the Department of Criminal Justice Services in conjunction with the Department of Behavioral Health and Developmental Services to "…support the 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, and directed that a status report be submitted November 2009 to the Joint Commission on Health Care, and further, that a report assessing the effectiveness of Crisis Intervention Team programs be submitted to the Joint Commission on Health Care in November 2009, 2010, and 2011. The new and amended code sections are:

§9.1-102. Powers and Duties of the Board and the Department of Criminal Justice Services

> The Department, under the direction of the Board, which shall be the policy-making body for carrying out the duties and powers hereunder, shall have the power and duty to: … 51. Assess and report, in accordance with §9.1-190, the crisis intervention team programs established pursuant to §9.1-187.

§ 9.1-187. Establishment of crisis intervention team programs

> A. By January 1, 2010, the Department of Criminal Justice Services and the Department of Behavioral Health and Developmental Services, utilizing such federal or state funding as may be available for this purpose, shall support the development and establishment of crisis intervention team programs in areas throughout the Commonwealth. Areas may be composed

of any combination of one or more counties, cities, towns, or colleges or universities contained therein that may have law-enforcement officers as defined in § 9.1-101, or campus police officers appointed pursuant to the provisions of Chapter 17 (§ 23-232 et seq.) of Title 23. The crisis intervention teams shall assist law-enforcement officers in responding to crisis situations involving persons with mental illness, substance abuse problems, or both. The goals of the crisis intervention team programs shall be:

1. Providing immediate response by specially trained law-enforcement officers;
2. Reducing the amount of time officers spend out of service awaiting assessment and disposition;
3. Affording persons with mental illness, substance abuse problems, or both, a sense of dignity in crisis situations;
4. Reducing the likelihood of physical confrontation;
5. Decreasing arrests and use of force;
6. Identifying underserved populations with mental illness, substance abuse problems, or both, and linking them to appropriate care;
7. Providing support and assistance for mental health treatment professionals;
8. Decreasing the use of arrest and detention of persons experiencing mental health and/or substance abuse crises by providing better access to timely treatment;
9. Providing a therapeutic location or protocol for officers to bring individuals in crisis for assessment that is not a law-enforcement or jail facility;
10. Increasing public recognition and appreciation for the mental health needs of a community;
11. Decreasing injuries to law-enforcement officers during crisis events;
12. Reducing inappropriate arrests of individuals with mental illness in crisis situations;
13. Decreasing the need for mental health treatment in jail.

B. The Department, in collaboration with the Department of Behavioral Health and Developmental Services, shall establish criteria for the development of crisis intervention teams that shall include assessment of the effectiveness of the area's plan for community involvement, training, and therapeutic response alternatives and a determination of whether law-enforcement officers have effective agreements with mental health care providers and all other community stakeholders.

C. By November 1, 2009, the Department, and the Department of Behavioral Health and Developmental Services, shall submit to the Joint Commission on Health Care a report outlining the status of the crisis intervention team programs, including copies of any requests for proposals and the criteria developed for such areas.

§ 9.1-188. Crisis intervention team training

The Department, in consultation with the Department of Behavioral Health and Developmental Services and law-enforcement and mental health stakeholders, shall develop a training program

for all persons involved in the crisis intervention team programs, and all team members shall receive this training. The curriculum shall be approved for Department-certified in-service training credits for law-enforcement officers from each crisis intervention team and shall include four hours of mandatory training in legal issues.

§ 9.1-189. Crisis intervention team protocol

Each crisis intervention team shall develop a protocol that permits law-enforcement officers to release a person with mental illness, substance abuse problems, or both, whom they encounter in crisis situations from their custody when the crisis intervention team has determined the person is sufficiently stable and to refer him for emergency treatment services.

§ 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.

Program Description for CIT in Virginia

At its core, CIT provides 1) law enforcement-based crisis intervention training for assisting individuals with a mental illness; 2) a forum to promote effective problem solving regarding interaction between the criminal justice and mental health care system; and 3) improved community-based solutions to enhance access to services for individuals with a mental illness. Successful CIT programs improve officer and consumer safety, and appropriately redirect individuals with mental illness from the criminal justice system to the health care system.

Essential Elements for Virginia's CIT Programs

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 in CIT programs throughout the Commonwealth, the departments created the Virginia CIT Coalition (VACIT). Membership in VACIT is encouraged for all programs. DBHDS, DCJS and the VACIT leadership and coalition members worked together to establish these essential elements for the development and operation of CIT programs:

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

These elements are central to the success of CIT programs and the achievement of CIT program goals. What follows are the minimally required essential elements established for Virginia CIT programs and a brief description of the necessary components of each element.

1. Community Stakeholder Collaboration and Oversight

Central to the formation and ongoing success of Crisis Intervention Team programs is the creation of fully integrated, collaborative community partnerships. At a minimum these partnerships need to include representatives from:

- *Law Enforcement* – local police departments, sheriffs' offices, campus police departments, other relevant law enforcement agencies and other first responders.
- *Mental Health* – local community services boards, educators and private providers within the mental health treatment and provider community.
- *Community* – dynamic community involvement should reflect the composition of the local community, with particular emphasis on the inclusion of persons with mental illness. Historically, consumer advocacy organizations (National Alliance on Mental Illness or Mental Health America) are highly involved in the development of CIT programs. However, some communities within the Commonwealth do not have operating consumer advocacy organizations. Therefore, at a minimum, all CIT programs should have a strategy for consumer and family member involvement, and, where possible, should also include consumer advocacy organizations. Involvement of all other appropriate community partners is highly suggested, to include but not limited to: judges, magistrates, special justices, attorneys, emergency department directors, psychiatric hospitals, local human rights organizations, etc.

A community oversight committee of critical community partners and stakeholders is essential in order to guide the initial planning and implementation of a CIT program and provide ongoing oversight of the program's continued operation and sustainability, including critical incident review, funding and community outreach and education. These committees have taken a variety of names across the Commonwealth, including oversight committee, advisory committee, task force, etc.

2. CIT Coordinator

Each CIT program requires a designated individual or individuals to serve as CIT Coordinator(s) in order to manage the various training and program elements, including day-to-day logistics of inter-departmental communication, data collection and management, scheduling trainings and working with the community oversight committee.

The existence of both the CIT Coordinator(s) and a community task force are critical in achieving program goals and objectives. CIT programs bring together professionals from mental health treatment, from criminal justice and public safety, and from consumers and community members in a new and unique partnership. This requires close coordination, collaboration, problem-solving, and negotiation. Without at least one person tasked with facilitating this process and a local task force of the key stakeholders to work out details, reach consensus on local policies and procedures and provide ongoing program review and adjustments, CIT programs are significantly challenged.

The ideal candidate for the position of CIT Coordinator will possess a basic understanding of the issues confronting law enforcement and emergency services and should have pre-existing relationships and connections to the law enforcement and mental health communities. Refer to Appendix A for a job description for the CIT Coordinator.

3. 40 Hour CIT Core Training for Law Enforcement Personnel

Community stakeholders and law enforcement have debated what makes a CIT Program a "true" Crisis Intervention Team Program. Different regions have different issues which require flexibility to develop a diverse and regionally effective version of the CIT program model. Just as Virginia has adapted the Memphis Model to its laws and needs, so, too, have rural and urban localities made additional adaptations to suit their needs. However, there are central tenets of the training which must be maintained.

The following are absolute minimum standards, although programs are strongly encouraged to exceed and expand these to enhance the scope or depth of their individual programs.

a. 40 Consecutive Hours

A basic requirement of the CIT Core training program is 40 consecutive hours of training delivered over five days. Breaking the training up into blocks with a lapse of time in between interferes with the CIT training's goals, namely to build program cohesion, instill in officers a deeper awareness of the needs of individuals with mental illness and the capacity to utilize and integrate their newly developed skills.

b. Maximum Class of 30

Class size will vary from locality to locality in regards to the maximum number of students that can be provided with effective instruction and sufficient opportunity to engage in role play

exercises. Experience across Virginia demonstrates that a class size of 20-25 is ideal, and minimal standards require that no class shall exceed 30 students. Programs should always keep in mind that a larger class size can constrain students obtaining the maximum functionality of role play exercises and participation in discussion.

c. Didactic Component

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, and Cultural Diversity. Other topics such as Adolescent 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.

d. Experiential Component

An important goal of CIT training is to increase sensitivity and awareness through direct experience. The Memphis Model utilizes the second day of the 40 hour training for site visits and other interaction with consumers to provide a personalized perspective not otherwise achievable. Virginia will continue to utilize this approach. Training modules must include consumer and family presentations and virtual experience programs such as Hearing Disturbing Voices by Pat Deegan (preferred). This portion of the curriculum and its timing greatly enhance the overall experience of the 40-hour training.

e. Practical Component

Role Play within CIT seeks to build upon the foundation of didactic and experiential information provided earlier in the training week. Role play within CIT will in all cases begin with an overview of 'The Four Coaching Plays' of CIT. These are the essential tools for developing de-escalation and relationship building skills. Role play exercises are to be integrated into the training over each of the program's final three days with each day increasing in intensity and difficulty. This ensures practical knowledge and skill building lessons are turned into useable abilities for the CIT student. The role plays are to be utilized both as a practical experience for the officers involved and as a learning opportunity for the rest of the class by their observation and feedback in each of the exercises. Additionally, each role play must utilize a specially trained feedback panel. The feedback panel must include at least one law enforcement officer and one mental health representative and may also include consumer representatives when feasible to provide appropriate feedback and foster growth of the officer's confidence and abilities. Role players should be law enforcement officers and CIT program stakeholders using

scenarios that will be created from real life experiences and NOT utilize students or professional actors.

Prior to role play exercises, students will be asked to secure any weapons that may be in their possession. The use of weapons, including inert weapons, by students shall not be permitted during role play exercises. Also, students are not permitted to go "hands on" (use physical force/defensive tactics) during role play exercises. Should a student feel that the circumstances of the exercise require them to use force, they will be instructed to raise their hand and indicate how they would proceed if the scenario were real. There are plenty of valid arguments for the use of weapons and defensive tactics during role play exercises. However, the focus of CIT training and role play exercises is for law enforcement personnel to develop and utilize communication skills. Furthermore, the use of force and weapons in the classroom pose potential safety concerns.

f. Presentation Order

As noted above, the flow and order of the training units is significant. Therefore, all 40 hour core CIT trainings will follow these guidelines for the placement and timing of specific units:

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

g. Training Attire

Law enforcement personnel are strongly encouraged to wear civilian clothes throughout the duration of the training. However, it is understood that officers may have to be uniformed on occasion because of a court appearance or other obligation. On the day that site visits are conducted, civilian clothing is mandatory.

4. CIT Train the Trainer Training (TTT)

Just as Crisis Intervention Team Core Training has basic elements, so does CIT Train the Trainer Training (TTT). TTT develops the local 40 hour training faculty to enhance their capacity and expertise to provide the 40 hour CIT training consistently for their team. CIT TTT ensures uniformity among trainers involved with creating and participating in CIT Role Play, developing effective presentation and proficient feedback skills for students. Subject Matter Experts instructing clinically-focused didactic modules are not required to take a TTT course as there is a line between didactic classroom instruction and the practical methodology of CIT skill building. However, mental health instructors who are involved in the 40 hour role play training component are to participate in the TTT course. Officer instructors need special attention to ensure they understand and emulate the proper CIT role play model. Mental Health instructors engaging in role play likewise require special attention to ensure that their message carries the proper tone, being neither too clinical nor too simplistic, for the trainees. It is important to note that while a student taking the CIT TTT class will be adequately prepared to assist with a 40 hour Core CIT Training; it will require ongoing observation, assistance and tutoring with TTT veteran instructors before that student is a veteran instructor and sufficiently prepared to teach a TTT class.

The CIT TTT is a 20 consecutive hour program, provided over two and a half days, for no more than 18 students at a time. Individualized attention is critical, hence the required smaller class size. The first day consists of classroom instruction on CIT fundamentals of theory, public presentation, and methodology required to instruct CIT Core students. Elements that are required include CIT theory from a process perspective, public speaking, effective role play, feedback skills and 'The Four Coaching Plays.'

The second and third day will focus on CIT role play development and implementation. Students will develop, plan and perform scenarios developed under instructor supervision. Student developed scenarios will gradually increase in complexity to better prepare the class to teaching in a full CIT Core class. Instructors will act as mock students to ensure that participants are exposed to a wide variety of potential situations and problems.

Prerequisite for the TTT is successful completion of the CIT 40 hour core training to ensure that officers have the message and foundational skills that the TTT will further develop and build upon. It is strongly recommended that students have a solid experience base after becoming a CIT Officer before attending the CIT TTT. Six months as a CIT Officer is generally felt to be adequate to put into practice in the field the foundational training.

5. CIT Dispatcher Training

Dispatcher training is an important piece of CIT that ensures trained officers on duty are properly utilized in the community. Dispatcher training in Virginia is minimally a four hour course whose key elements include basic CIT concepts, Clinical States, Experiential Exercises and Role Play. Role plays for dispatchers must provide for no visual contact between dispatcher trainee and subject. Some CIT programs in Virginia offer CIT Dispatcher training as six, eight or sixteen hours. A longer more intensive training program is advantageous and more desirable. It should be noted that CIT Dispatcher training of four hours is viewed as an absolute minimum that may be built upon. Four hours to instruct 10 students is adequate where four hours to instruct 20 is not. A larger class will require more time and coordination of these efforts should be made accordingly.

6. Policies and Procedures

Policies and procedures are a necessary component of CIT. They provide a set of local guidelines that direct the actions of law enforcement, dispatch and mental health providers. Due to the large number of stakeholders in CIT, it is important that these guidelines be designed by all agencies and individuals affected.

Each CIT program or law enforcement agency will develop their own policies regarding the size of their CIT-trained patrol division. The number of trained CIT officers available to each shift must be adequate to meet the crisis response needs of the community. Experience suggests that a successful CIT program will, at a minimum, have trained 20—25% of the agency's patrol division, which will likely result in 24/7 CIT officer coverage. There are differences that exist between large urban communities and small rural communities. Smaller agencies may need to train a higher percentage of officers. The ultimate goal is to have an adequate number of patrol officers trained in order to ensure that CIT-trained officers are available at all times. Additionally, 100% of dispatchers should be trained to appropriately elicit sufficient information to identify and respond to a mental health-related crisis.

Training 100% of an agency's patrol personnel in CIT is discouraged, except as necessary to achieve 24/7 coverage. Just as officers for other specialty areas in law enforcement are not equally suited to every job, so it is with CIT officers. CIT is a training that demands officers have certain skills and experience in order to be effective. For example, because CIT asks officers to take a very different approach in dealing with certain situations, it is beneficial to train officers who are extremely comfortable with their basic policing skills and procedures and have been on the road for a significant period of time. Additionally, CIT training is NOT effective as a means of 'fixing' an officer who may not have a well developed set of interpersonal skills. Therefore, it is essential that programs only train those officers who are:

1. Self-selected;
2. Supervisor-approved; and
3. Experienced.

Within the law enforcement community, policies are needed in order to provide guidelines regarding how to safely and respectfully transport consumers and how to develop supportive program infrastructure through a system of partnerships and inter-agency agreements. Policies must be in place to address the actions of both emergency dispatchers and patrol officers. Emergency dispatcher policies should clearly define and describe the role of dispatchers in the CIT program, which is to identify and dispatch the nearest available CIT Officer to respond to the crisis. Additionally, the responding CIT Officer leads the intervention, regardless of rank, except under unique or complicated circumstances that dictate otherwise. Policies and procedures that maximize the CIT Officer's discretion are critical. CIT Officers should be allowed to integrate their wide range of law enforcement training when handling CIT calls. Refer to Appendix B for a sample law enforcement agency CIT policy.

Within the mental health community, policies must accommodate the serving of individuals in the least restrictive setting and allow for a wide range of inpatient and outpatient referral sources. Barriers that prevent officers from accessing immediate mental healthcare for an individual should be examined and processes put in place to reduce or eliminate the amount of time officers spend off the road when involved in a mental health call.

7. Therapeutic Assessment Location or Procedures to Streamline Access to Services

While the statewide model for CIT is currently built upon the Memphis CIT model and the utilization of a therapeutic assessment center, each community must assess their available resources, context, and the practicality or reality of operating a fully functioning receiving facility. Each locality or program at a minimum must develop a diversion mechanism or protocol that is an agreement-based process incorporating the community's strengths, resources and needs, in order to divert individuals into community care and treatment while also reducing officer involved time.

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 this situation. Sometimes, it is a combination of the two. CIT programs must not use criminal justice facilities for assessing or triaging the treatment needs of mental health clients, absent a significant threat to public safety or incarceration on criminal charges.

The ideal for a CIT program is to have a physical location that is *not* a jail or criminal lock-up always available to 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. A person for whom a therapeutic, community-based alternative is not appropriate due to the nature of the crime charged, may well need mental health treatment and care provisions at the jail to which he or she is taken. Under those circumstances, effective utilization of de-escalation skills by a CIT officer is likely to reduce the difficulties which a jail might encounter.

The following six components represent the ideal elements which are necessary to achieve the most successful type of triage/assessment site:

- 24/7 availability of the assessment site for law enforcement to use as an access point for services which is an alternative to incarceration
- 24/7 availability at that site of emergency services/clinical personnel who can determine clinical status and assess treatment needs for the individual
- 24/7 availability of security to support the site/program in accepting transfer of the individual and to provide for the safety of all persons involved
- 24/7 ready availability of medical screening
- 24/7 ready access to dispositional options including TDO beds, crisis stabilization, detox, and other community based service
- 24/7 availability of peer support for individuals awaiting evaluation or transportation to dispositional options

Therapeutic treatment alternative sites are often the most challenging element for a CIT program to establish. The concept of a secure local facility available around the clock for civil commitment assessment under an Emergency Custody Order is new to Virginia. They are not common in most localities, utilize different protocols where they do exist and are often challenged when it comes to providing appropriate staffing levels, both from a security and a treatment perspective. As such, while the ideal standard is a site that operates 24/7, a community's inability to fund 24/7 site coverage should not preclude their pursuit of developing a site. There are numerous programs that operate sites on a 12 or 16-hour model, 7 days a week. The Department of Behavioral Health and Developmental Services supports the development of alternative therapeutic crisis assessment sites for all localities in Virginia.

8. Data Collection

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 a mental health crisis for which responding officers were not well trained or prepared to handle with alternatives to physical arrest. Identifying such incidents and emphasizing alternative resolutions is critical to measuring the success of a CIT program.

In Virginia, CIT programs are required to develop capacity to implement a statewide data collection process targeting the 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; 4) the final disposition of the call.

The required data elements for CIT Programs are:

1. Call Type:
    a. Dispatched MH Call
    b. Dispatched ECO
    c. Dispatched Wellness Check
    d. Self Initiated Call

2. Time in Service for Call [1]:
    a. Less than 30 min
    b. 30 min- 2 hours
    c. 2 – 4 hours
    d. More than 4 hours

3. On-Scene Injuries:
    a. None
    b. Officer
    c. Individual(s)
    d. Both

4. Primary Field Disposition
    a. Cleared on scene
    b. Voluntary transport
    c. ECO
    d. Criminal charge and arrest

5. Primary Field Disposition Location
    a. CIT assessment site
    b. Other location
    c. Jail/Criminal justice

Additionally, programs are required to utilize a pre and post training test to measure trainees' self assessment of their knowledge and skills in mental health crisis incidents. A standardized format is available on the Virginia CIT Coalition website.
http://vacitcoalition.org/evaluation/40HR_TRAININGS/40hr_PreTraining_Test.pdf
http://vacitcoalition.org/evaluation/40HR_TRAININGS/40hr_PostTraining_Test.pdf

Waiver of Requirements

Although each of the foregoing elements is required by these policies, the very nature of CIT demands that localities be afforded some flexibility in the development of their programs as community needs

[1] When possible, actual start time and end time should be captured. Start time should begin when the Officer arrives on the scene, not when the call was received.

and resources may dictate. To that end, in any case where a program wishes to obtain a waiver of a specific required element, it shall do so by notifying the VACIT leadership through its DCJS or DBHDS representatives, as indicated on the Coalition web site (www.vacitcoalition.org), and submitting their request on the simple form located there. The leadership team will work with the program to resolve the matter in a timely manner. Refer to Appendix C for a copy of the waiver form.

Recommended optional components of CIT programs in Virginia

- Crisis Intervention training for jail and custodial personnel: While CIT was originally created as a law enforcement based first responder program, there is a large population of incarcerated persons with mental illness in Virginia jails who are not appropriate for jail diversion through CIT. Utilization of the 40-hour core CIT training curriculum for jail and custodial staff can have a positive impact for local jails. CIT training and utilization of de-escalation techniques for local jail personnel may diminish the risk of injuries to consumers and jail staff as well as reducing the incidence of persons receiving additional charges as a result of symptomatic behaviors.
- Crisis Intervention training for non-law enforcement first responders and mental health treatment personnel: Elements of CIT may easily be applied to other first responders dealing with consumers in the community. While CIT is primarily designed for law enforcement, Virginia should continue to offer training to these other groups to enhance the effectiveness and safety of all public service persons and the public.
- Advanced and In-service Training Courses for all CIT Trained Persons.
- Active participation of program coordinators and other key program personnel in statewide coalition (VACIT) meetings and events.

APPENDIX A:

CIT Coordinator Job Duties

The Crisis Intervention Team (CIT) Coordinator is responsible for organizing and standardizing CIT trainings within the Program. This position can be under either a behavioral health agency or a law enforcement agency or both. Building on the CIT Training model, the CIT Coordinator is responsible for the following duties:

1. managing the logistics and coordination of training presenters and activities;
2. developing and producing a training manual for participants;
3. overseeing course evaluations and enhancing the quality of the training;
4. gathering and analyzing data;
5. working with the planning committee to develop smaller, more focused trainings for other criminal justice players such as probation/parole officers, dispatchers, and EMS;
6. educating the community about the goals and purpose of the program.;
7. enhancing community awareness as well as following state mandates and protocols;
8. interfacing with the criminal justice system, county and private social services, mental health services, state and other systems.;
9. maintaining and completing all appropriate records related to logistics and planning, preparing written reports, entering statistical data;
10. conducting program evaluation and monitoring.

The Coordinator will develop close working relationships with various agencies including (but not limited to) the Police Department, Magistrates, Sheriff's Office, Probation and Parole, Commonwealth's Attorney and Public Defender's Office. The Coordinator must be able to communicate and understand the many complexities that arise from interaction with different systems.

QUALIFICATION REQUIREMENTS

Minimum: Bachelor's degree in Criminal Justice, Sociology, Psychology, Social Work, Communications, Business Administration or related field plus one year's experience working with criminal justice system and or mental health.

Substitution: Additional qualifying experience may substitute for educational requirement on a year for year basis. Directly-related higher level criminal justice degrees may substitute for the Bachelor's degree, education requirement and one year of experience.

Desirables:
a) experience with law enforcement, criminal justice system and logistics;
b) experience in developing and training professionals;
c) experience in general knowledge regarding mental health and community based mental health programs.

APPENDIX B:

SAMPLE LAW ENFORCEMENT CIT POLICY

This policy is for Department use only and shall not apply in any criminal or civil proceedings. The Department policy should not be construed as a creation of a higher legal standard of safety or care in an evidentiary sense with respect to third party claims. Violations of this directive will be basis for Department administrative sanctions. Violations of law will form the basis for civil and criminal sanctions in a recognized judicial setting.

I. **PURPOSE**

The Department will exercise leadership in the community in responding to incidents involving persons with a mental illness who are in crisis. An immediate and well-executed response can make a major difference in the proper disposition of the case and enhance the quality of life of all concerned.

II. **POLICY**

It is the policy of the Department to promptly respond to and seek to resolve calls where a citizen with a mental illness is in need of services. It is the duty of police officers responding to a mental illness call to provide for the safety of all persons, and attempt to assist the individual through the immediate crisis. When the person remains in crisis and exhibits signs that they are a danger to themselves or others, officers shall take the person into emergency custody and transport them to a health care professional. In cases that do not warrant an emergency custody detention, officers will endeavor to assist the individual by providing reference materials related to mental health care providers for their continued well being beyond the immediate call for assistance.

III. **PROCEDURE**

A. **Definitions**

1. Crisis Intervention Team Officer (CIT): An officer who has received specialized training in recognizing symptoms of mental illness, identifying persons who are in crisis, and communication skills to assist in de-escalating potentially dangerous situations.

2. Crisis: A person is in crisis when they are unable to cope with internal or external stimuli creating an inability to function at a reasonable level, thus creating a risk of harm to themselves or others.

3. Mental Illness: A condition described in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM IV) in which a person may experience random or disorganized thought patterns, or demonstrate bizarre or unusual behavior.

4. Emergency Custody Order (see General Order titled Legal Process and COV § 37.1-67.01).(VA Code 37.2-808 for adults and 16.1-340 for juveniles)

5. Temporary Detention Order (see General Order titled Legal Process and COV § 37.1-67.1).(VA Code 37.2-809 for adults and 16.1-340.1 for juveniles)

B. Communication Center Responsibilities

1. Because the Communication Officer is likely to be the first person to receive a call, the Communication Officer becomes a vital link in recognizing calls where CIT officers should be dispatched. These calls include suspected mental illness, ECO service, and persons with prior Department contact who officers suspect or have reason to believe have issues related to their mental health.

2. When a Communication Officer receives a CIT call they shall advise the Uniform Division supervisor on duty and dispatch any available on duty CIT officer. A list of CIT officers is maintained in the Communication Center.

3. The Communication Officer is responsible for dispatching a call's priority which is assigned by CAD. The Communication Officer will, when possible, gather the following information to aid in determining the appropriate call type:

   a. type of incident reported,

   b. location of incident,

   c. name of assailant,

   d. if a weapon is involved,

   e. have any persons at the address been injured,

   f. if any protective orders, injunctions, ECO or TDO's are in effect, and

   g. call history including previous CIT officer involvement.

4. If there is evidence of an injury, the presence of a weapon, or a crime is in progress, the call will be assigned as a Priority I. The Communication Officer will keep the complainant on the phone if possible and obtain additional information, such as:

   a. the assailant's whereabouts, (if not known, obtain direction of travel and elapsed time), and

   b. are alcohol, drugs, or medications involved.

5. The Communication Officer will attempt to maintain telephone contact until the officers arrive in order to advise the victim of the Department's response and to monitor the incident and provide support to the victim.

C. **Sworn Officer's Responsibilities**

1. CIT Officers should respond and should be the primary officers on all calls for service which pertain to subjects with a suspected mental illness. These include but are not limited to ECO service.

2. The shift supervisor will monitor dispatched calls involving suspected mental illness and ECO service. Supervisors should assign a CIT Officer in place of, or in addition to, the CAD assigned officer.

3. All officers who respond to calls involving a subject with a suspected mental illness will complete a CIT Report form. The primary officer who is not CIT trained, but is required to handle a call due to unavailability of CIT personnel, will complete the form as accurately as possible for potential follow-up by CIT.

D. **Supervisor's Responsibilities**

1. A copy of all CIT reports will be forwarded to the CIT program supervisor for review and possible follow-up.

2. The CIT program supervisor will maintain a log of CIT contacts with subjects and any assigned follow-up. The logbook will be maintained by the CIT program supervisor in a locked file cabinet. The CIT supervisor will submit a yearly evaluation of the CIT program to the Chief no later than the end of January for each preceding calendar year. This report will include, at a minimum:

   a) the number of CIT calls to which officers responded,

   b) the number and percentage of these calls in which, CIT officers were assigned as primary responders,

   c) the number of CIT officers that conducted call follow-ups,

   d) any other information relative to the evaluation of the CIT function, and an assessment of the effectiveness of the CIT program.

3. The CIT program supervisor will be responsible for updating the CAD premise hazard log in the Communication Center using the information obtained from the CIT contact logbook.

4. The CIT program supervisor will normally be available by pager for CIT officers to consult on appropriate courses of action.

E. **ECO DECISION**

1. Once officers have assessed the situation, they must make a determination whether or not to take the person into emergency custody. The decision is made based on the belief that the individual is a danger to themselves or others.

2. Even when the officer is able to assist the individual through a crisis, the individual will be encouraged to seek additional professional assistance. This should be accomplished by having a family member or friend take them to a health care provider for a voluntary committal, or referral back to their counselor the next day.

3. The CIT program supervisor may assign a Team member for follow-up when it is deemed that it could be beneficial. While not qualified to provide treatment or make a diagnosis, the CIT Officer's goal will be to serve as a resource to the individual when possible.

END OF GENERAL ORDER 10.9.1
4th Edition CALEA References 55.1.3 (a, d)

APPENDIX C:

Virginia Crisis Intervention Team Coalition

Essential Elements for Virginia CIT
Waiver of Requirement Form

CIT Program:_____

CIT Program Contact:_____

Street Address:_____

City:_____ **State:**_____ **Zip Code:**_____

Phone:_____ **Email:**_____

Please explain the essential element of concern to your program.

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Please explain the modification your program is requesting.

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