A Report on Status:

CIT Assessment Sites

FY2015

C risis I Intervention T eams

Collaborate *Innovate* *Transform*

Department of Behavioral Health
and Developmental Services

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ANNUAL REPORT FY15

JANUARY 12, 2016

The Evolution of CIT in Virginia

1987. Memphis, Tennessee.

A man was shot and killed by the police. He was experiencing a mental health crisis at the time. This story has been shared many times as the catalyst for the creation of the Memphis model of the Crisis Intervention Team (CIT).

In the early 2000's, several localities in Virginia travelled to Memphis and returned with a plan to implement this life saving program in our Commonwealth. In 2007 the Virginia General Assembly realized the important of Crisis Intervention Teams and allocated funding for its expansion and formalized training in the New River Valley.

In lean fiscal times, however, funding remained unavailable on a large scale and programs were forced to piece together training and CIT programs with various grants and any local funds that could be spared.

The General Assembly came through again in 2009 with Senate Bill 1294 amendments directing support for the establishment of CIT throughout the Commonwealth. Total allocated funds were increased in FY13,14, and 15 to $678,209, $1,503,209, and $3,095,789 ,respectively.

2012 saw the creation of the first state funded "drop off centers", receiving money from DBHDS to support operations and staffing. These locations allowed law enforcement and mental health workers to provide for immediate and appropriate care of mental health consumers while also decreasing what had often been very lengthy periods of time that police and deputies had spent awaiting mental detention evaluations required under the emergency custody and temporary detention statutes.

The first three locations, now called CIT Assessment Sites were soon joined by three more, and then an addition of six in the fall of 2014 for a total of twelve.

The program has continued to expand through a greater allocation, and in FY16 twenty-eight programs operate thirty-two individual assessment site locations around the Commonwealth.

Recommendations of Task Force and the logical progression to Assessment Sites

Virginia Code 9.1-187 outlines the goals of Crisis Intervention Team programs. Among many others, the goals outlined by the General Assembly include "Providing a therapeutic location or protocol for officers to bring individuals in crisis for assessment that is not a law enforcement or jail facility."

The logical next step for CIT programs after equipping officers with the knowledge and skills to de-escalate mental health emergencies, is providing a safe environment in which to seek proper evaluation and treatment options. This is accomplished by creating community partnerships to address the needs of individuals with behavioral health issues who become involved in the criminal justice system.

CIT Assessment Sites offer an opportunity for the law enforcement officers in the Commonwealth to intervene in the lives of citizens in crisis in a meaningful and lasting way. By receiving CIT training and using that knowledge to recognize mentally ill persons in crisis, they have the ability to divert them to a secure environment where they will be protected, will receive proper care, and remain outside of the criminal justice system.

Collaboration leads to success

An involved stakeholder group aids the creation of a successful CIT training program, but that is not where the support ends.

The partners of a successful CIT Assessment Site enter into agreements to provide resources, training, personnel, facilities, and the intangibles. The mark of a successful site is evidenced by the shared burden among the various agencies across all involved disciplines.

CIT, and more specifically the Assessment Sites funded by the General Assembly through DBHDS have shown in many cases to be vehicles for stronger collaboration through the creative use of resources supported by strong group collaboration.

Police, Consumers, and families and friends are all welcome at Assessment Sites in the interest of providing the best care for consumers through support systems.

CIT training in support of Assessment Sites

There are currently 37 active Crisis Intervention Team programs within the Commonwealth. By the end of fiscal year 2014, according to self reporting, there were over 7,400 CIT trained personnel in the Commonwealth including law enforcement officers from all levels of organizations. In addition, CIT programs are training non-law enforcement first responders, courts, civil process deputies, regional and local and state corrections officers, emergency dispatchers probation officers, mental health clinicians, and nurses and doctors.

The breadth of experienced professionals involved in CIT grows every day, widening the knowledge base and positive impact in our communities.

An added benefit of CIT Assessment Sites is the ability to share CIT training across multiple disciplines. As more locations are established, each finds a new way to apply creative solutions to undiscovered challenges. One way programs have been able to do this is by including the array of professionals from mental health, law enforcement, legal, medical, and other professions into CIT core forty hour and train the trainer sessions.

Assessment Sites return law enforcement to the community

A secondary goal of CIT assessment sites is to reduce the amount of time that law enforcement officers and consumers spend together while waiting for evaluation and a proper course of intervention. This keeps law enforcement officers off of the streets for extended periods of time, and keeps consumers waiting longer for a disposition. Since the inception of formal sites in the Commonwealth the times from contact with a consumer until officers can leave the consumer in capable hands and return to service has continued to reduce.

Anecdotal evidence and program accounts tend to show that the time a consumer must be in the care of a primary law enforcement officer is steadily declining for programs that have established Assessment Sites.

Future data is expected to support the hypothesis of shortened times.

Program Catchment Area	Agencies and Facilities
Arlington	Arlington Police, Arlington CSB, Virginia Hospital Center
Colonial (Williamsburg)	Colonial CSB, James City County Police, York-Poquoson Sheriff, William and Mary Police, Williamsburg Police, Poquoson Police, Riverside Doctor's Hospital
Hanover	Hanover CSB, Hanover Sheriff, Ashland Police, Bon Secours Medical Center
Henrico	Henrico CSB, Henrico Police, Henrico Sheriff, Henrico Fire, Parham Doctor's Hospital
Horizon (Lynchburg)	Horizon CSB, Lynchburg Police, Lynchburg Fire,, Lynchburg Sheriff, Amherst Sheriff, Campbell Sheriff, Bedford Sheriff, Centra Health
Middle Peninsula-N. Neck	Middle Peninsula-Northern Neck CSB, Northumberland Sheriff, Mathews Sheriff, Middlesex Sheriff, Richmond County Sheriff, King and Queen Sheriff, King William Sheriff, Gloucester Sheriff, Tappahannock Police, Westmoreland Sheriff, Kilmarnock Police, Lancaster Sheriff, West Point Police, Warsaw Police, Essex Sheriff, Colonial Beach Police, Whitestone Police
New River Valley	New River Valley CSB, Blacksburg Police, Montgomery Sheriff, Giles Sheriff, Radford Sheriff, Radford Police, Pulaski Sheriff, Floyd Sheriff, Christiansburg Police, Virginia Tech Police, Pulaski Police, Pearisburg Police, Narrows Police, Lewis Gale Hospital. Radford University Police, Dublin Police
Piedmont (Martinsville)	Piedmont CSB, Martinsville Police, Franklin Sheriff, Ferrum College Police, Henry Sheriff, Patrick Sheriff, Martinsville Sheriff, Carilion Franklin Memorial Hospital
Portsmouth/Chesapeake	Chesapeake IBH, Portsmouth CSB, Chesapeake Police, Portsmouth Police, Safe Harbor at Maryview MC, Chesapeake Regional MC
Region Ten	Region Ten CSB, Charlottesville Police, Albemarle Police, Louisa Sheriff, University of Virginia Police, University of Virginia MC
Richmond/Chesterfield	Richmond Behavioral Health Authority, Chesterfield CSB, Richmond Police, Chesterfield Police, Virginia Commonwealth University Police, Chippenham MC
South Central (District 19)	District 19 CSB, Hopewell Police, Petersburg Police, John Randolph MC, Southside Regional MC

Ongoing Funds

Program	FY15	FY16
Alexandria	N/A	$224,966
Arlington	$281,000	$503,225 (2 sites)
Blue Ridge (Roanoke)	N/A	$241,401
Chesapeake-Portsmouth	$219,000	$566,972 (2 sites)
Colonial	$280,536	$360,336
Danville-Pittsylvania	N/A	$298,240
District 19 (South Central CSB)	$307,635	$430,647 (2 sites)
Hampton-Newport News	N/A	$133,053
Hanover	$220,379	$220,379
Harrisonburg-Rockingham	N/A	$185,094
Henrico	$214,000	$459,814
Horizon (Lynchburg)	$222,300	$608,355
Loudoun	N/A	$266,160
Middle Peninsula-Northern Neck	$294,250	$669,365 (2 sites)
Mount Rogers	N/A	$336,231
New River Valley	$245,209	$545,820 (2 sites)
Norfolk	N/A	$305,295
Piedmont (Martinsville & Rocky Mount)	$263,000	$490,829 (2 sites)
Prince William	N/A	$309,040
Rappahannock Area	N/A	$251,099
RBHA/Chesterfield	$281,000	$408,182
Region Ten	$267,480	$315,580
Southside	N/A	$293,014
Valley CSB	N/A	$217,260
Virginia Beach	N/A	$38,227
Western Tidewater	N/A	$252,148
Totals	**$3,095,789**	**$8,930,732**

Financial support shows commitment by Virginia's General Assembly

As the benefits of CIT have entered the national consciousness, Virginia has taken a strong stance in the movement toward inclusive treatment options for our seriously mentally ill citizens. In support of the mission to have existing options for proper intervention, the General Assembly has shown increasing understanding of, and support for, CIT Assessment Sites by increasing the annual funding for operations of these critical facilities. Beginning in FY2013 with $678,209, then increasing in FY2014 to $1,503,209, and again raised to $3,095,789, our Senators and Delegates showed they were willing to put forth what was available even in leaner budget years to support our programs that allow for better care of our mentally ill population.

FY2016 however, shows the serious commitment made by those who have the ability to provide for our citizens in need of treatment, when a total of $10.5 million was made available in Virginia's budget in support of the Governor's Taskforce on Mental Health. This tremendous support will enable Virginia to come closer than ever to having a crisis assessment site within the easy reach of the majority of Virginia's population of mentally ill. This support and the hope it brings for the future show the true belief in the Department of Behavioral Health and Developmental Services vision : *"A life of possibility for all Virginians*"

Many places, many models.

Virginia's diversity is showcased in many ways, and this is no more evident than through the different CIT Assessment Site programs throughout the Commonwealth, and the ways they have adapted successful service models to serve our consumers in need.

Programs thrive in metropolitan areas of approximately 475 square miles with over 550,000 residents, to rural landscapes covering more than 2,200 square miles and ten counties. Each of these circumstances as well as many other examples each presents a unique challenge to providing the best service, in a manner most effective at utilizing funds provided for CIT Assessment Sites.

Urban environments often struggle to locate suitable space due to high cost of real estate and lack of availability. The CIT programs of Chesterfield and Richmond were able to present the importance of diversionary care to Hospital Corporation of America in order to facilitate the use of space at Chippenham Hospital, adjacent to Tucker Pavilion, one of the largest psychiatric facilities in Virginia. With this teamwork they are able to work alongside an established system of care providers that understand the needs of individuals experiencing mental health crises and gain support from many years of combined experience.

On the other end of the spectrum, the Middle Peninsula/Northern Neck (MPNN) community services board worked through the challenges presented with building an Assessment Site process to serve a population covering ten counties and over 2,000 square miles. This included the renovation of office space to provide for as safe and confidential patient care environment as possible outside of a hospital setting.

A key facet of time saving measures in a law enforcement involved mental health crisis is the time required of on duty officers and deputies to transport a consumer to a willing hospital bed in an appropriate psychiatric care facility.

MPNN sought an answer by creating a transportation solution that allows law enforcement officers the ability to return quickly to duties in the community while also providing for a secure and dignified journey for the consumers in their time of need.

Program (months providing assess-ments in FY15)	Hours per week	Total hours (annualized)	Service hours FY15 (approx.)	Total Assessments FY15
Arlington (12)	168	8,736	8,736	451
Chesapeake-Portsmouth (12)	168	8,736	8,736	266
Colonial (10)	84	4,368	3,640	426
District 19 (12)	105	5,460	5,460	188
Hanover (9)	112	5,824	4,853	130
Henrico (12)	126	6,552	6,552	629
Horizon (10)	168	8,736	7,280	302
Middle Peninsula-Northern Neck (6)	56	2,912	1,456	17
New River Valley (12)	112	5,824	5,824	488
Piedmont (12)	70	3,640	3,640	344
Region Ten (10)	168	8,736	7,280	263
Richmond-Chesterfield (12)	98	5,096	5,096	349
Totals	-	-		3,853

FY15 Service hours listed correspond to the total months of FY15 that a location was operational, therefore may show less actual service hours than the total annualized hours represented.

Program	Location Type	Security Type	Days and Hours of Service	Medical
Arlington	M, H/O	CS/CL	24/7/365	On site
Chesapeake	M,Hx2	CL	1. 24/7/365 / 2. 12p - 4a	On site
Colonial	H	CS	12p-12a Sun - Sat	On site
Hanover	H	CL	9a-1a Sun - Sat	On site
Henrico	H	CL	8a-2a Sun - Sat	On site
Horizon	H	CL	24/7/365	On site
MPNN	M,O	CL	2p-10p Sun - Sat	Off site
NRV	M,H	CL/OL	9a-1a Sun - Sat/ 24/7/365	On/Off
Piedmont	M,Hx2	CL	2p-12a Sun - Sat (x2)	On/On
RBHA/Chest.	H	CL	10a-12a Sun - Sat	On site
Region 10	H	CL	24/7/365	On Site
South Central	H,O	CL	9a-12a Sun - Sat (divided)	On/Off

KEY

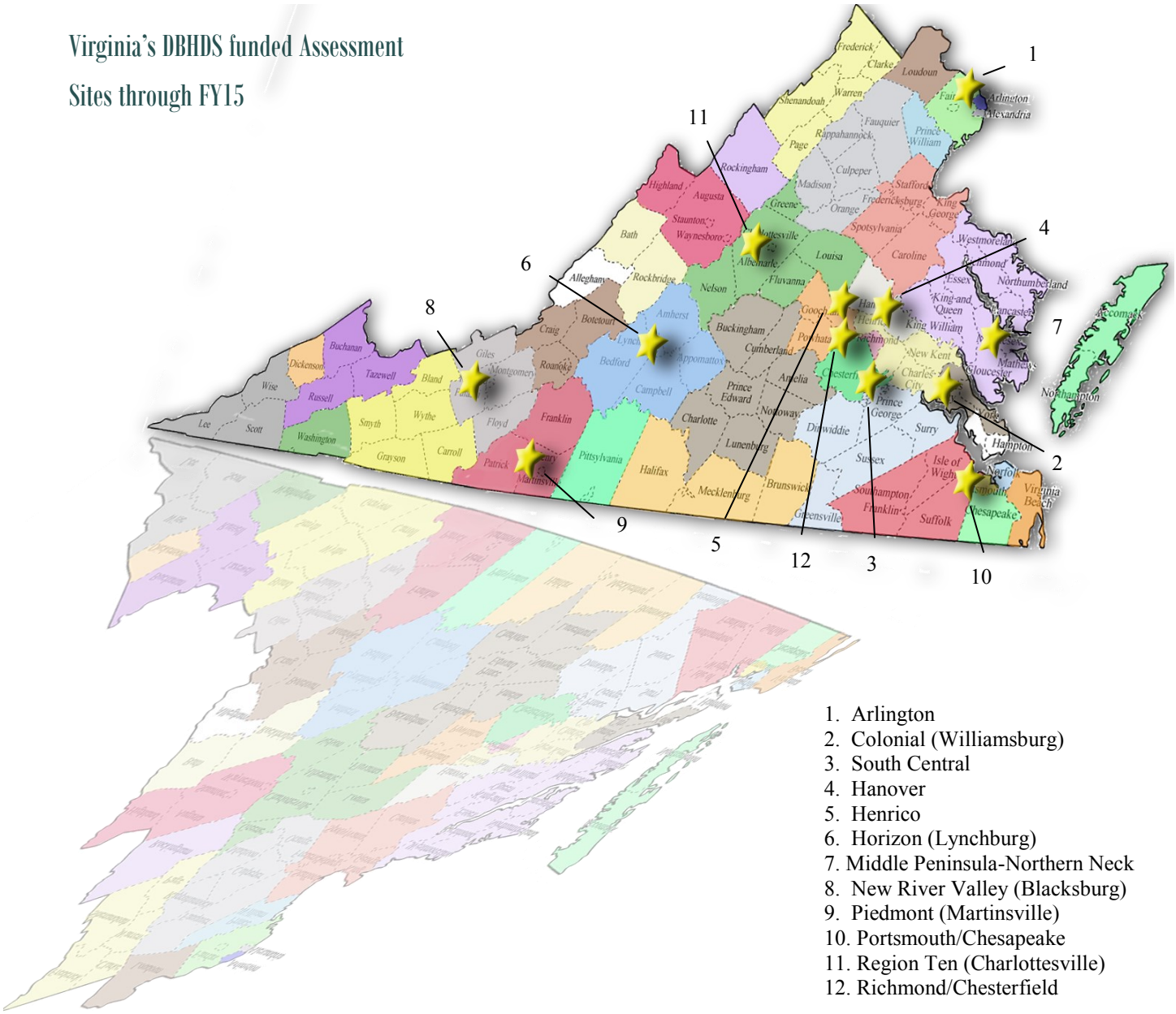
Location Type	M= multiple sites	**Security Type**	CL= Off-Duty CIT Law enforcement Officer
	H= co-located in hospital		L= Off-Duty Law enforcement- no CIT
	O= located outside hospital		CS= Private/Hosp. Security CIT trained
	P=Psychiatric facility		S= Private/Hospital Security- no CIT
			OL= On-duty CIT law enforcement

CIT Assessments Site locations during FY15

Program	Facility Name	Address 1	Address 2
Arlington	1. Arlington Hospital Center/ 2. Sequoia Bldg.	1701 N. George Mason Dr. Arlington	2100 Washington Blvd. Arlington
Chesapeake Portsmouth	1. Safe Harbor /Maryview MC 2. Chesapeake Regional MC *	3636 High St. Portsmouth	* 736 Battlefield Blvd. Chesapeake
Colonial	Riverside Doctor's Hospital	1500 Commonwealth Ave. Williamsburg	N/A
District 19	1. John Randolph MC / 2. Southside Regional MC	411 W. Randolph Rd. Hopewell	3335 S. Crater Rd. Petersburg
Hanover	Bon Secours Regional Medical Center	8260 Atlee Rd. Mechanicsville	N/A
Henrico	Parham Doctor's Hospital	7700 E. Parham Rd. Richmond	N/A
Horizon	Centra Lynchburg General Hospital	1901 Tate Springs Rd. Lynchburg	N/A
MPNN	1. Kilmarnock Office Park / 2. Self Standing *	26 Office Park Dr. Kilmarnock	* 1922 Tappahannock Blvd.
NRV	1. Lewis Gale Montgomery/ 2. Self Standing *	3700 S. Main St. Blacksburg	* 1201 W. Main St. Radford
Piedmont	1. Martinsville Memorial / 2. Carillion Franklin *	320 Hospital Dr. Martins-ville	* 180 Floyd Ave. Rocky Mount
RBHA/ Chest.	Tucker Pavilion Intake at Chippenham Hospital	7101 Jahnke Rd. Richmond	N/A
Region 10	UVA Health System Medical Center	1215 Lee St. Charlottesville	N/A

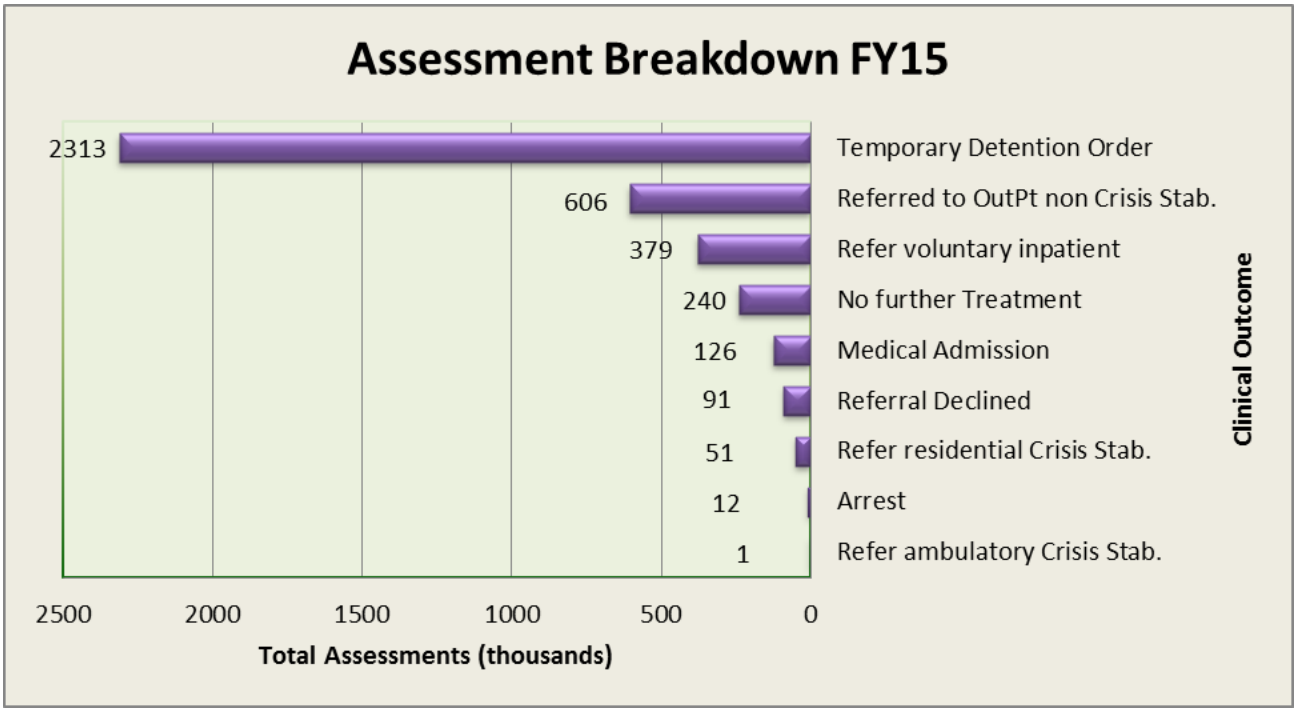
* indicates the program was active in FY15 however the second location was established through an expansion in FY16

Virginia's DBHDS funded Assessment Sites through FY15



1. Arlington
2. Colonial (Williamsburg)
3. South Central
4. Hanover
5. Henrico
6. Horizon (Lynchburg)
7. Middle Peninsula-Northern Neck
8. New River Valley (Blacksburg)
9. Piedmont (Martinsville)
10. Portsmouth/Chesapeake
11. Region Ten (Charlottesville)
12. Richmond/Chesterfield

During FY15 DBHDS funded twelve programs through the CIT Assessment Site funding award for a total of 14 individual sites. Those sites currently serve the populations of central Virginia, parts of the greater Tidewater area, and a portion of southern Virginia. As shown on the above map, there are still many localities who do not yet have access to immediate therapeutic intervention through this program. Fiscal year 2016 funding awards and beyond aim to fill in many gaps and in conjunction with the Virginia CIT program will continue to support programs in the goal to establish effect, sustainable assessment sites around the Commonwealth.



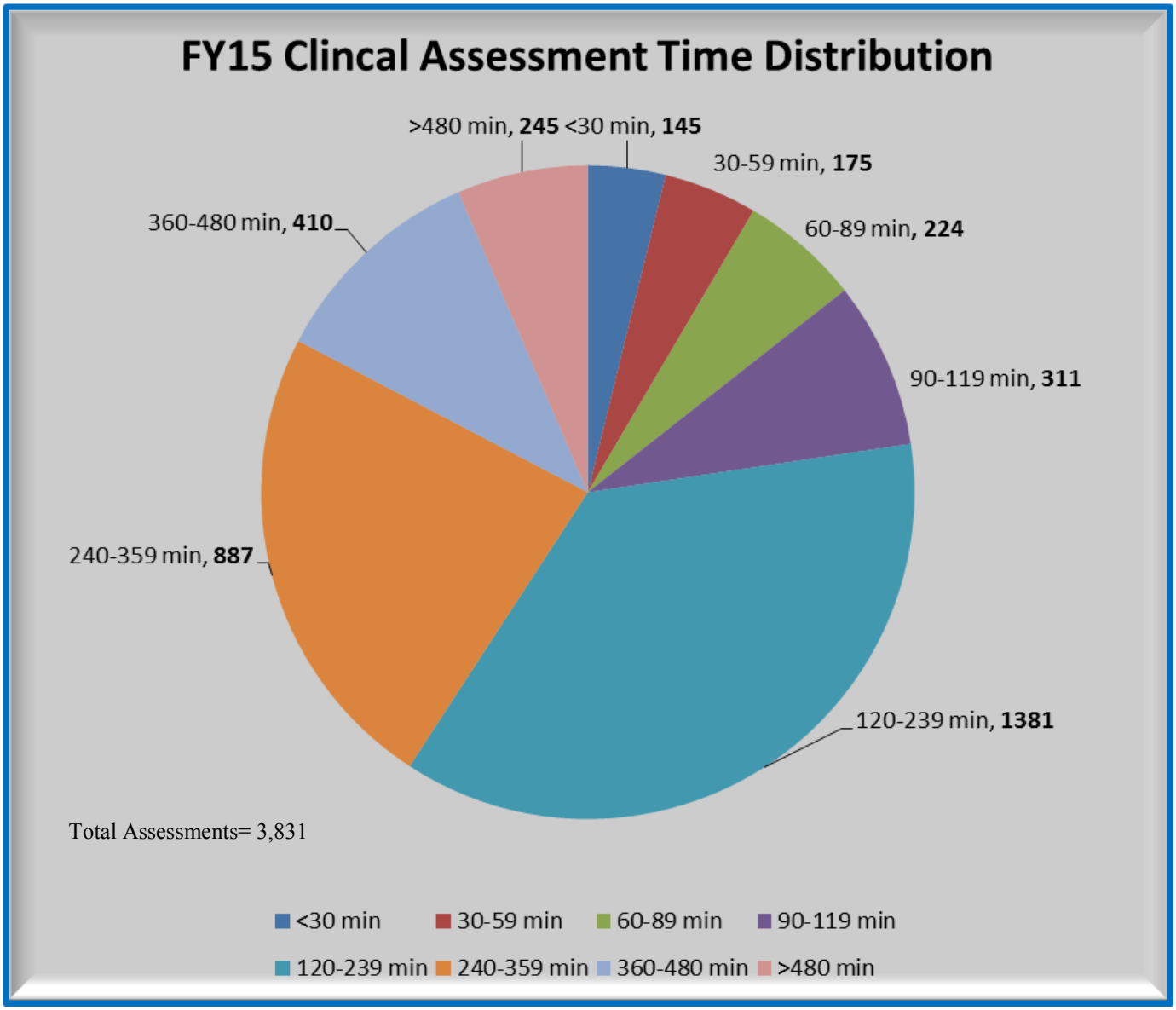
Program	TDO	RVI	NFTx	Med	OPxR	Arrest	Decl.	Ambu	Res.	Total
Arlington*	249	25	30	32	111	0	2	0	1	450
Chesapeake*	186	32	19	15	5	0	0	0	0	257
Colonial	220	29	40	20	108	1	5	0	3	426
District 19*	19	20	1	0	100	0	26	0	13	179
Hanover	97	6	10	0	7	0	5	0	5	130
Henrico	459	76	64	14	9	5	0	0	2	629
Horizon	150	58	2	16	65	1	1	0	9	302
MPNN	7	0	0	0	11	0	0	0	0	18
New R.V.	341	28	19	6	70	0	9	0	15	488
Piedmont	208	30	21	15	56	2	11	1	0	344
Region 10	163	33	15	6	37	1	5	0	0	260
RBHA*	214	42	26	2	32	2	27	0	3	348
Total	2,313	379	247	126	606	12	91	1	51	3,831

* indicates submitted records were incomplete or contained one or more errors resulting in slight variations in totals

Percentage of each clinical disposition when compared to total assessments

Program	TDO	RVI	NFTx	Med	OPxR	Arrest	Decl.	Ambu	Res.	% / Total
Arlington	55.3%	5.5	6.6	7.1	24.6	0	0.4	0	0.2	11.7
Chesapeake	72.3%	12.4	7.3	5.8	1.9	0	0	0	0	6.8
Colonial	51.6%	6.8	9.3	4.6	25.3	0.2	1.1	0	0.7	11.3
District 19	10.6%	11.1	0.5	0	55.8	0	14.5	0	7.2	4.7
Hanover	74.6%	4.6	7.6	0	5.3	0	3.8	0	3.8	3.4
Henrico	72.9%	12.0	10.1	2.2	1.4	0.7	0	0	0.3	16.3
Horizon	49.6%	19.2	0.6	5.2	21.5	0.3	0.3	0	2.9	8.0
MPNN	38.8%	0	0	0	61.1	0	0	0	0	0.4
New R.V.	69.8%	5.7	3.8	1.2	14.3	0	1.8	0	3.0	12.9
Piedmont*	60.4%	8.7	6.1	4.3	16.2	0.5	3.1	0.2	0	9.1
Region 10	62.6%	12.6	5.7	2.3	14.2	0.3	1.9	0	0	6.9
RBHA	63.5%	12.8	7.8	0.7	9.4	0	5.0	0	0.5	9.2
Average	60.1%	10.7	6.4	3.4	15.0	0.3	2.4	0.02	1.3	

KEY (pp.12,13)	
TDO	Consumer was committed to involuntary inpatient treatment
RVI	Consumer was referred to inpatient treatment on a voluntary basis
NFTx	Consumer did not require any further immediate treatment or intervention
Med	Consumer was admitted for medical reasons
OPxR	Consumer referred to outpatient services other than a crisis stabilization unit
Arrest	Consumer not eligible for intervention and was taken into custody for criminal case
Declined	Consumer declined referral and no involuntary action was taken
Ambu	Referred to ambulatory crisis stabilization
Res	Referred to residential crisis stabilization



Clinical service times for therapeutic interventions are, by necessity, longer than the time the initial law enforcement officer usually spends with a consumer in most circumstances in a CIT Assessment Site. Data provided during FY15 revealed the following trends for assessment times:

- approx. 8.4% of assessments were completed in less than 60 minutes
- approx. 22.6% of assessments were completed in less than 2 hours
- approx. 59.1% of assessments were completed in less than 4 hours

Time savings for law enforcement officers:

Percentage of assessments during which officers were released to duty prior to specified time increments

	Less than 1 hour	Percentage	Less than 2 hours	Percentage	Less than 4 hours	Percentage
Arlington	105	23.2%	284	62.9%	395	87.5%
Colonial	185	81.4%	200	88.1%	211	92.9%
Hanover	30	31.9%	73	77.6%	91	96.8%
Henrico	275	47.8%	445	77.3%	556	96.6%
Horizon	226	75.8%	271	90.9%	292	97.9%
Middle Peninsula-Northern Neck	14	82.3	17	100%	17	100%
New River Valley	214	75.3%	247	86.9%	261	91.9%
Piedmont	290	83.8%	296	85.5%	303	87.5%
Portsmouth/ Chesapeake	79	36.4%	116	53.4%	151	69.5%
Region Ten	51	21.4%	144	60.5%	215	90.3%
Richmond/ Chesterfield	6	2.4%%	87	25.0%	280	80.4%
South Central (D19)	32	58.1%	34	61.8%	37	67.2%
Statewide Totals	1,515	39.4%	2,259	58.8%	2,860	74.%

* assessment numbers used in the chart represent only those assessments that involved law enforcement officers. Others may have been referrals for service from self, family, or others, therefore are not included

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APPENDIX 1

The bar graphs in Appendix 1 represent breakdowns of both clinical assessment times (top ,tan background) and law enforcement officer service time (bottom, blue background) increments relating to assessments of mental health consumers that occurred at CIT assessment sites funded by DBHDS only during FY15.

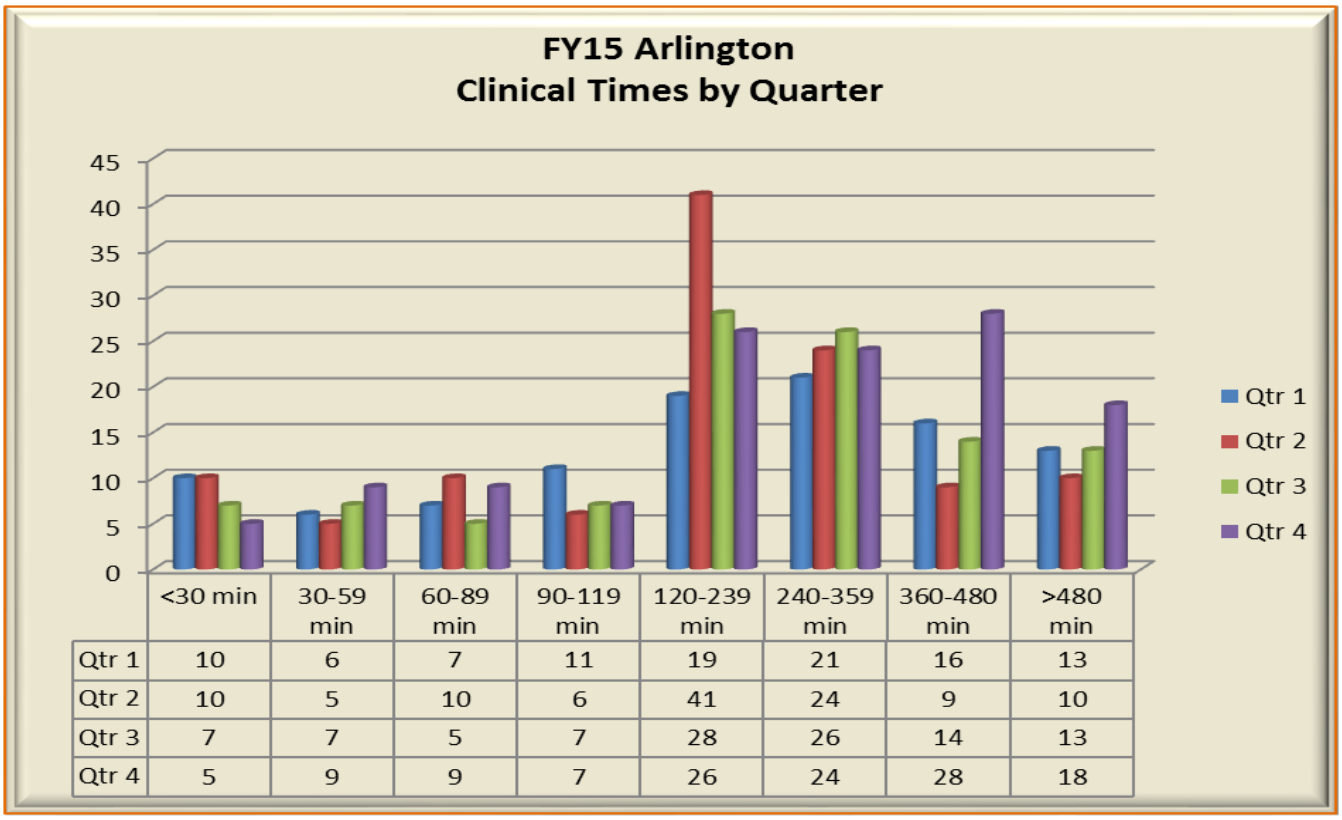
The locations presented were opened at different times based on the readiness of each individual program at the outset of the program's funding period, therefor some programs show information from the first quarter of FY15 through the end and others are not able to show complete data until the second quarter.

The breakdown of times is in increments designated as follows:

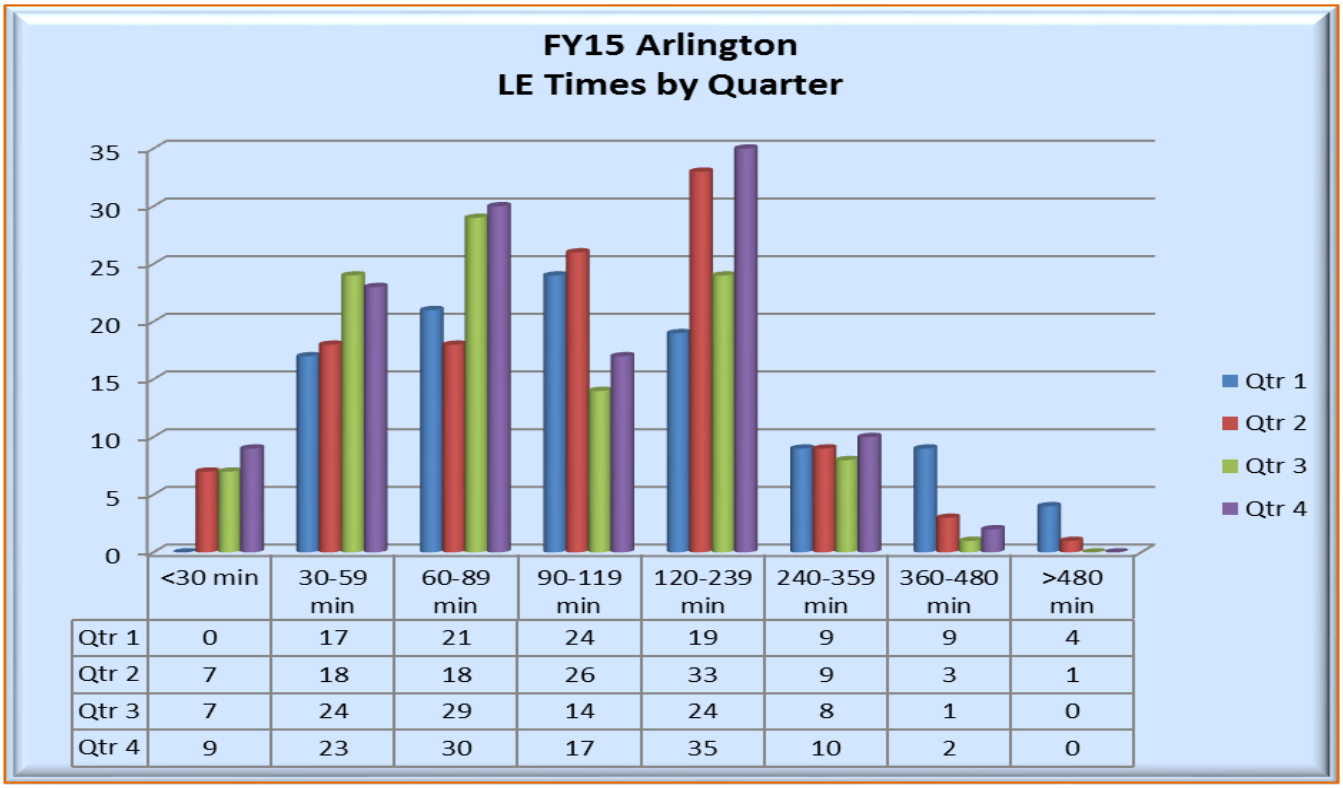
N.R./0 = no record, or no time accrued by a law enforcement officer. This may indicate that the consumer received services without law enforcement involvement or that a transfer of custody did not occur.

<30 min= The accrued time was less than 1/2 hour.
30-59 min= The accrued time was greater than 1/2 hour but less than 1 hour.
60-89 min= The accrued time was 1 hour or greater but less than 1 1/2 hours.
90-119 min = The accrued time was 1 1/2 hours or greater but less than 2 hours.
120-239 min = The accrued time was 2 hours or greater but less than 4 hours.
240-359 min = The accrued time was 4 hours or greater but less than 6 hours.
360-480 min = The accrued time was 6 hours to 8 hours.
>480 min = The accrued time was greater than 8 hours.

Appendix 1



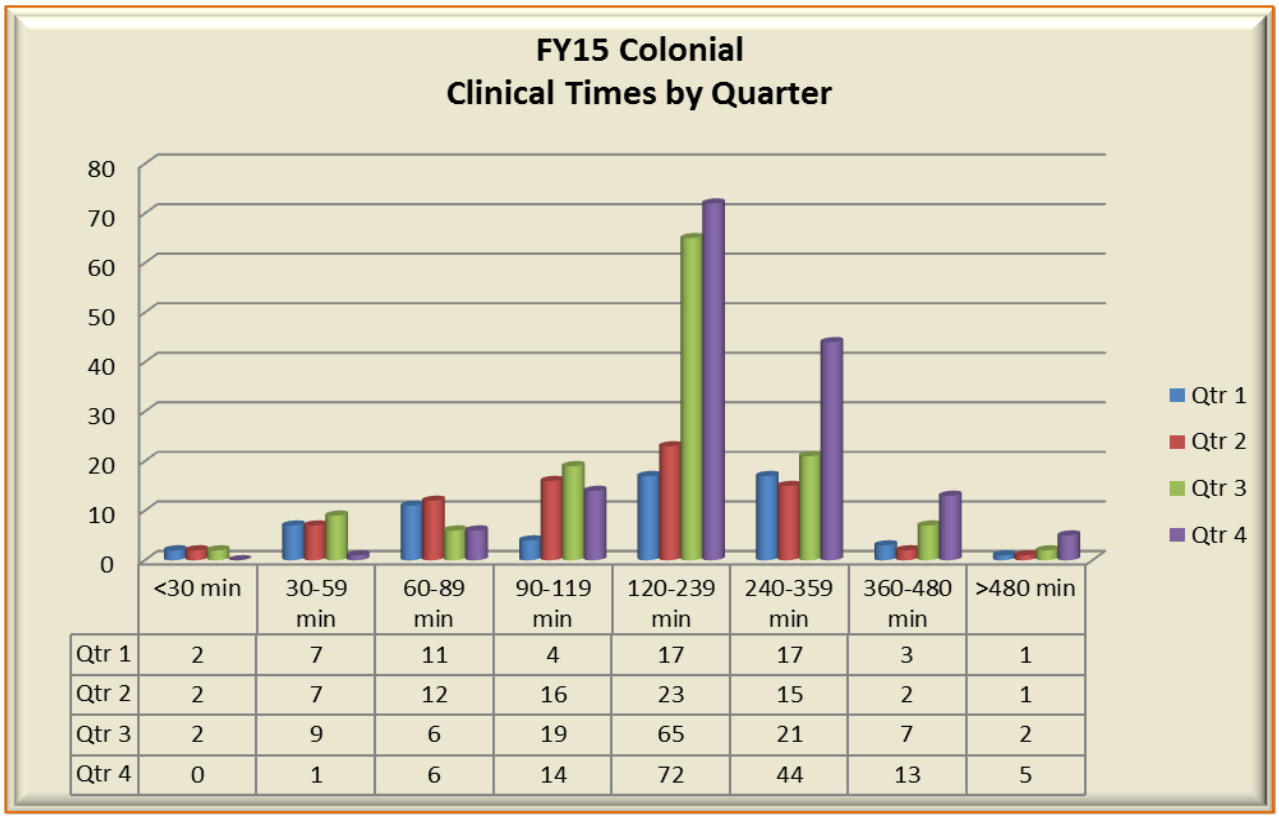
	<30 min	30-59 min	60-89 min	90-119 min	120-239 min	240-359 min	360-480 min	>480 min
Qtr 1	10	6	7	11	19	21	16	13
Qtr 2	10	5	10	6	41	24	9	10
Qtr 3	7	7	5	7	28	26	14	13
Qtr 4	5	9	9	7	26	24	28	18



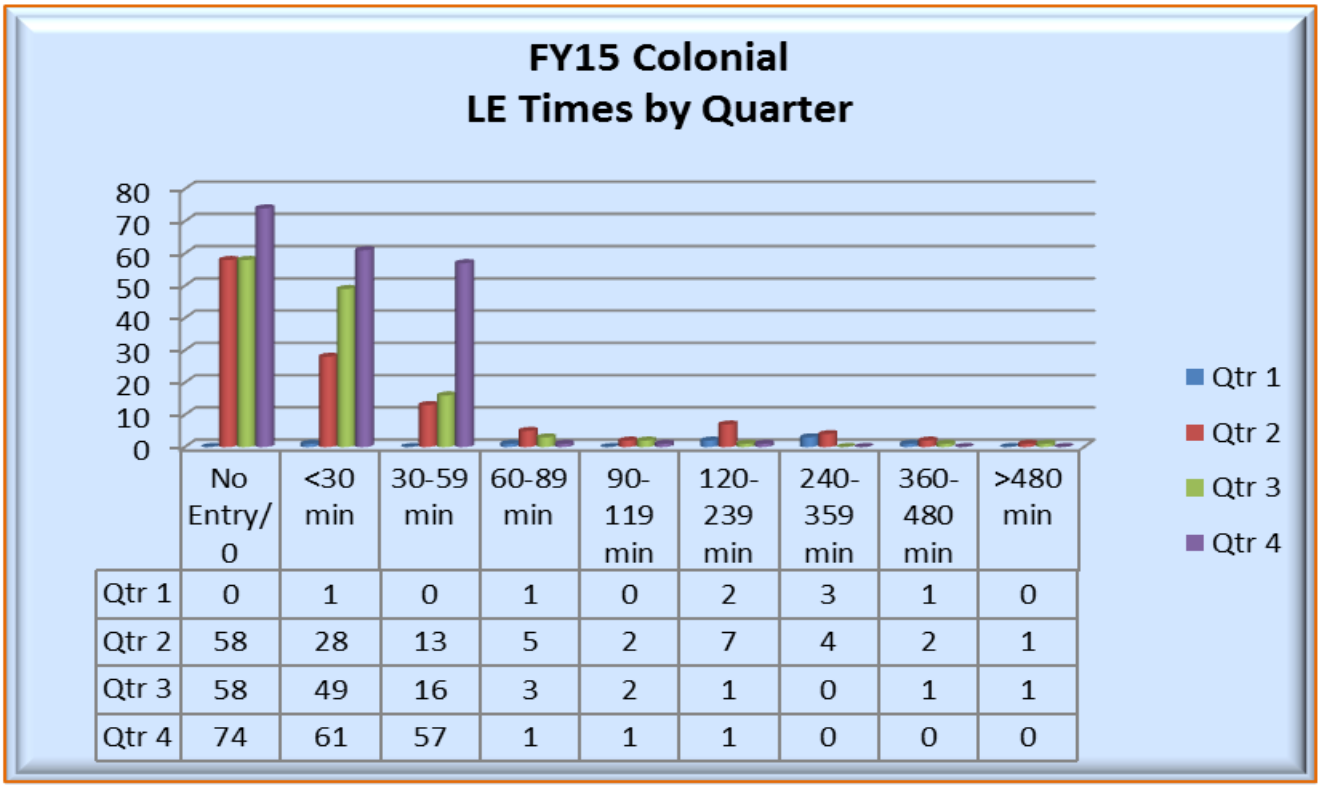
	<30 min	30-59 min	60-89 min	90-119 min	120-239 min	240-359 min	360-480 min	>480 min
Qtr 1	0	17	21	24	19	9	9	4
Qtr 2	7	18	18	26	33	9	3	1
Qtr 3	7	24	29	14	24	8	1	0
Qtr 4	9	23	30	17	35	10	2	0

* N.R./0 may indicate that a referral for services did not involved law enforcement, or that a transfer of custody did not occur for counted assessments

Appendix 1



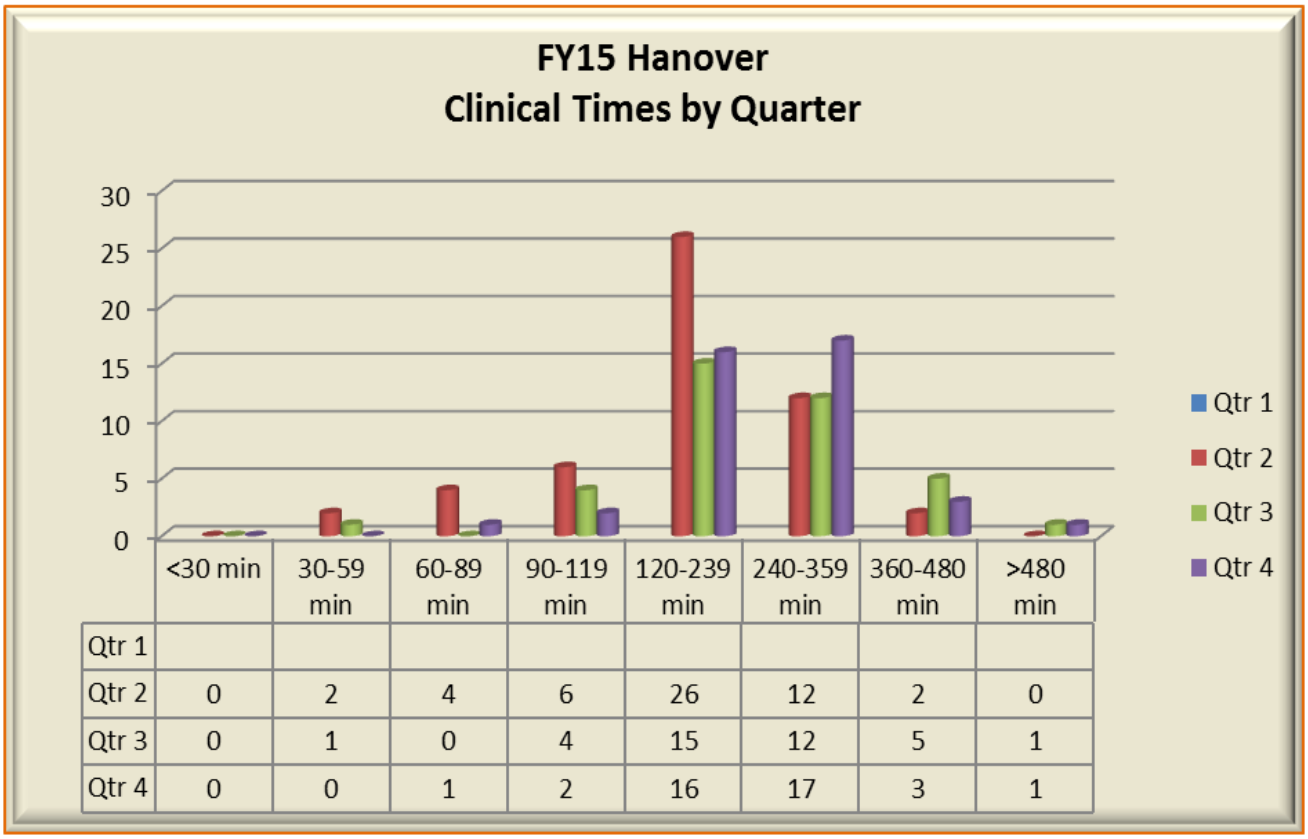
	<30 min	30-59 min	60-89 min	90-119 min	120-239 min	240-359 min	360-480 min	>480 min
Qtr 1	2	7	11	4	17	17	3	1
Qtr 2	2	7	12	16	23	15	2	1
Qtr 3	2	9	6	19	65	21	7	2
Qtr 4	0	1	6	14	72	44	13	5



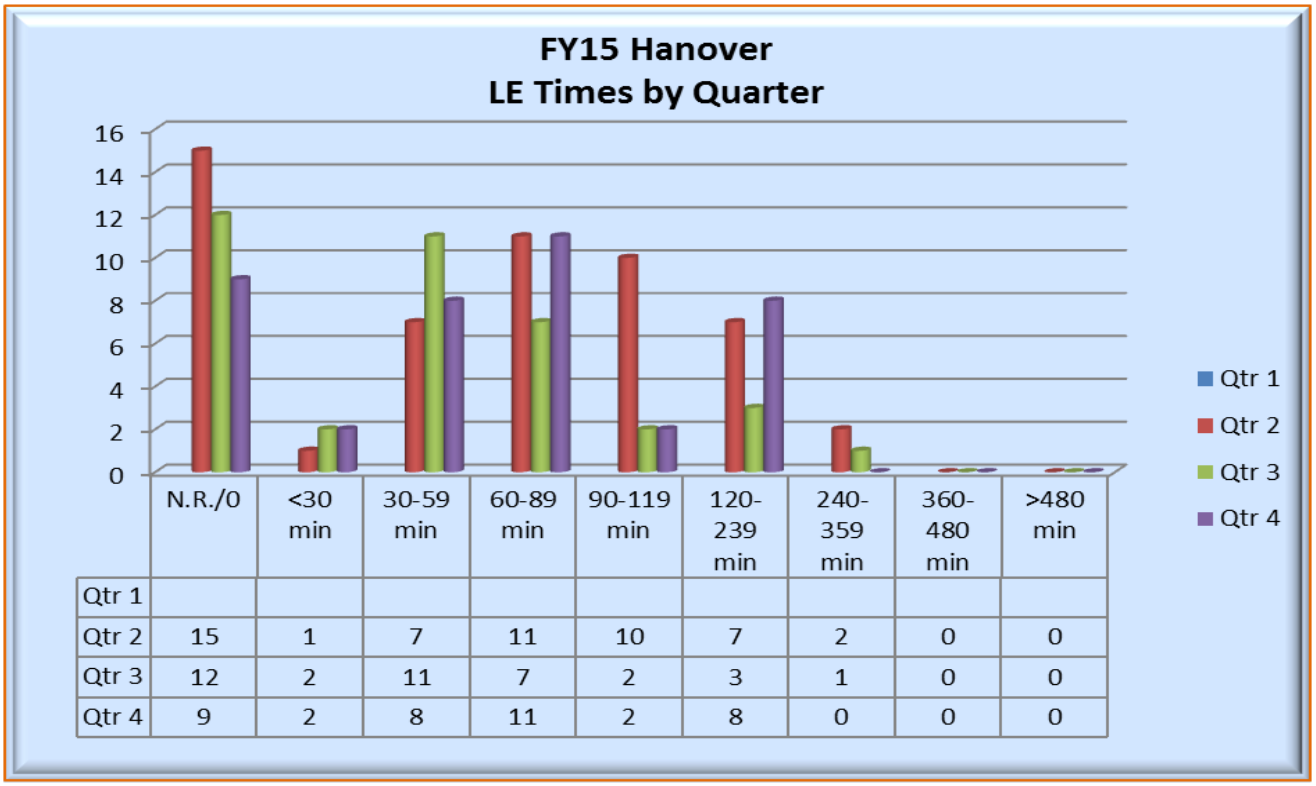
	No Entry/ 0	<30 min	30-59 min	60-89 min	90-119 min	120-239 min	240-359 min	360-480 min	>480 min
Qtr 1	0	1	0	1	0	2	3	1	0
Qtr 2	58	28	13	5	2	7	4	2	1
Qtr 3	58	49	16	3	2	1	0	1	1
Qtr 4	74	61	57	1	1	1	0	0	0

* N.R./0 may indicate that a referral for services did not involved law enforcement, or that a transfer of custody did not occur for counted assessments

Appendix 1

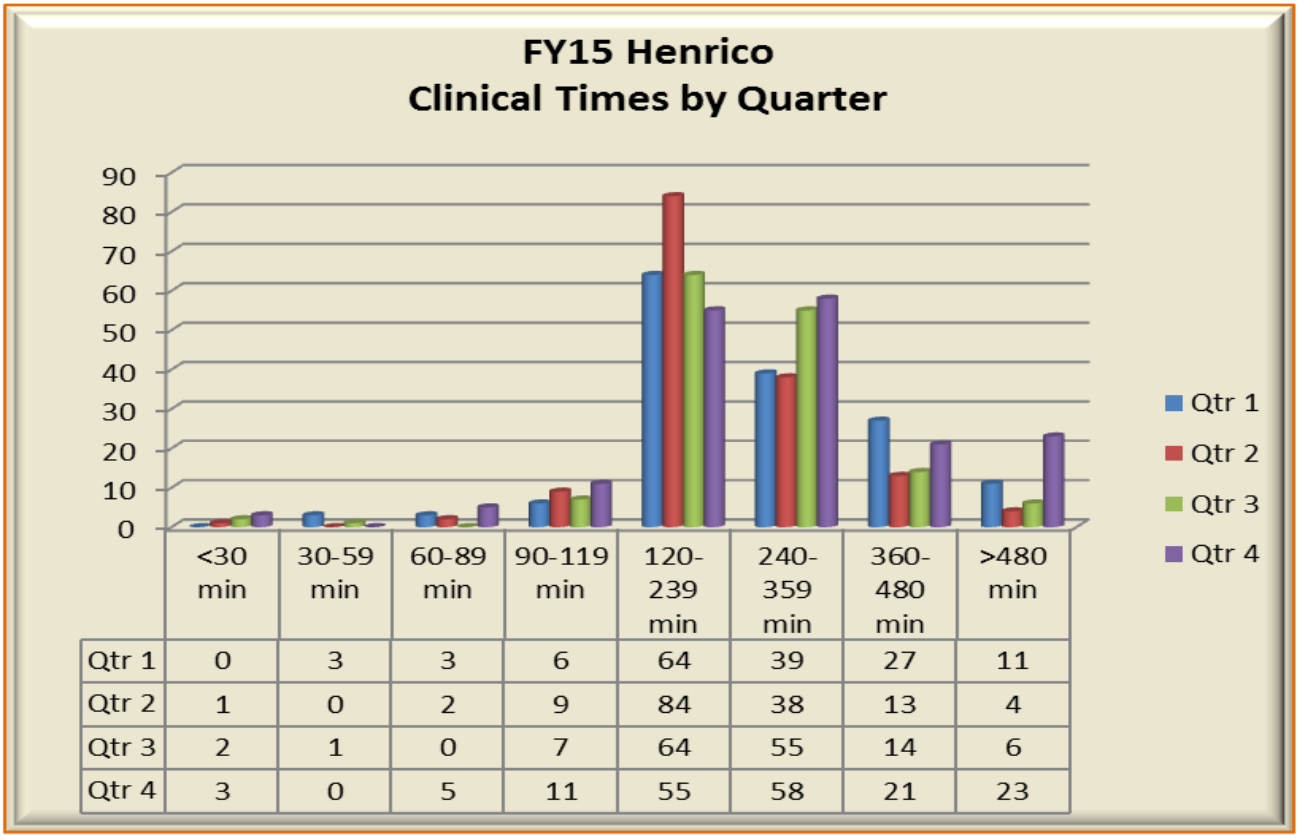


	<30 min	30-59 min	60-89 min	90-119 min	120-239 min	240-359 min	360-480 min	>480 min
Qtr 1								
Qtr 2	0	2	4	6	26	12	2	0
Qtr 3	0	1	0	4	15	12	5	1
Qtr 4	0	0	1	2	16	17	3	1

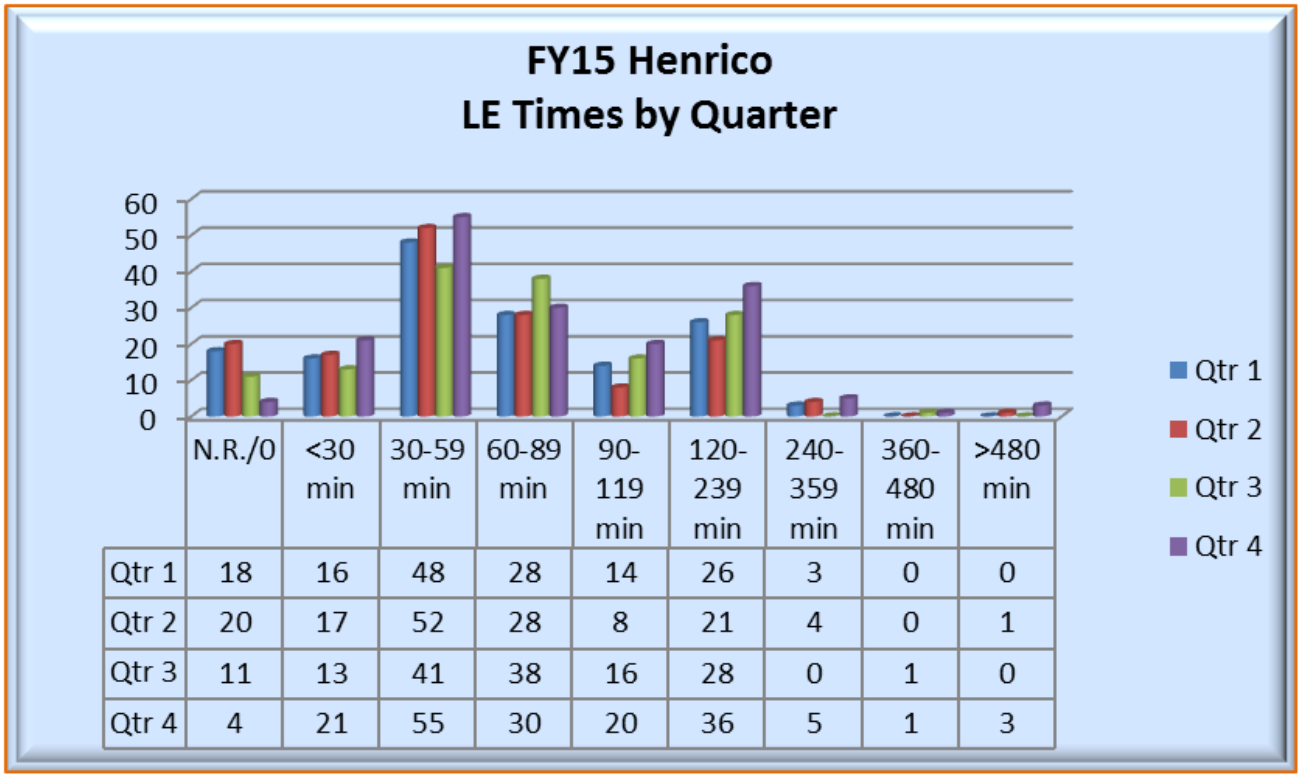


	N.R./0	<30 min	30-59 min	60-89 min	90-119 min	120-239 min	240-359 min	360-480 min	>480 min
Qtr 1									
Qtr 2	15	1	7	11	10	7	2	0	0
Qtr 3	12	2	11	7	2	3	1	0	0
Qtr 4	9	2	8	11	2	8	0	0	0

* N.R./0 may indicate that a referral for services did not involved law enforcement, or that a transfer of custody did not occur for counted assessments

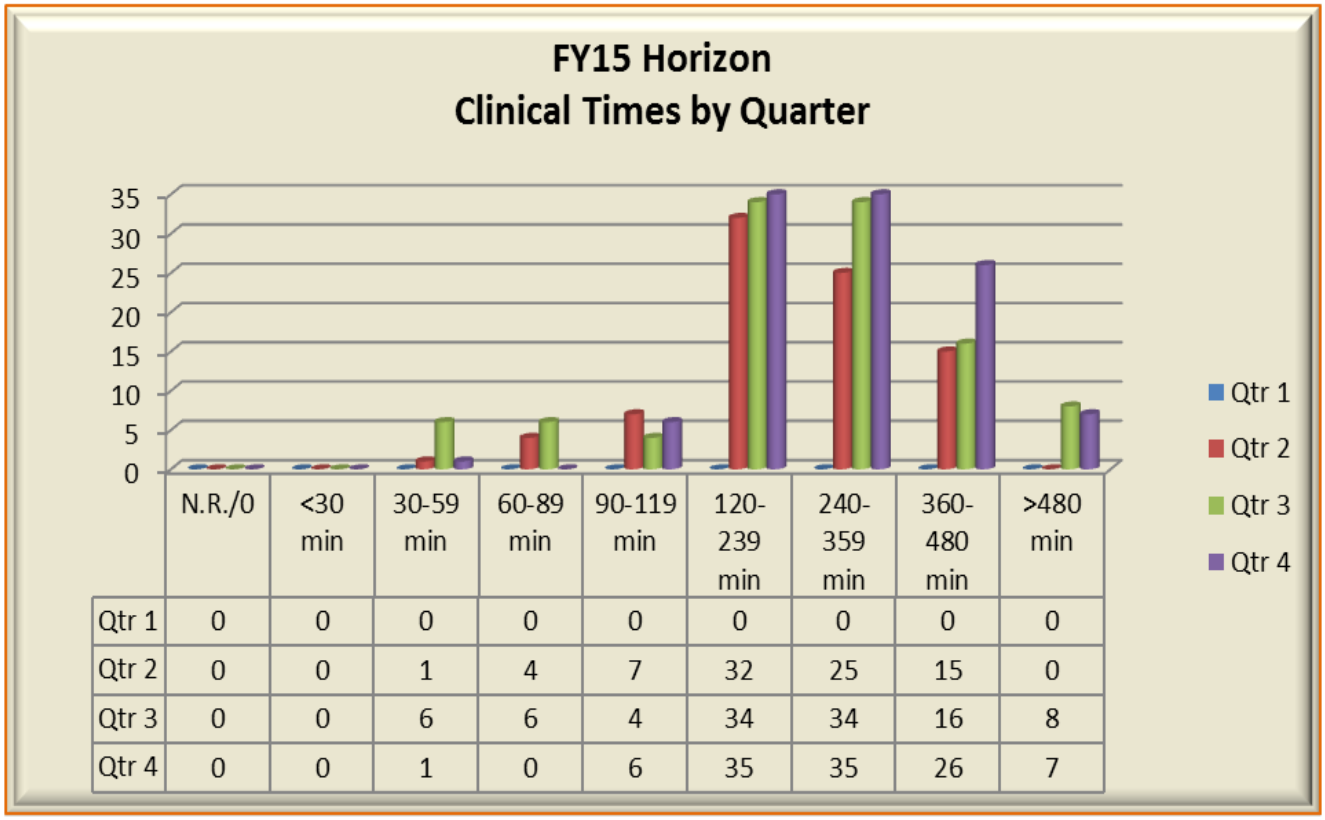


	<30 min	30-59 min	60-89 min	90-119 min	120-239 min	240-359 min	360-480 min	>480 min
Qtr 1	0	3	3	6	64	39	27	11
Qtr 2	1	0	2	9	84	38	13	4
Qtr 3	2	1	0	7	64	55	14	6
Qtr 4	3	0	5	11	55	58	21	23

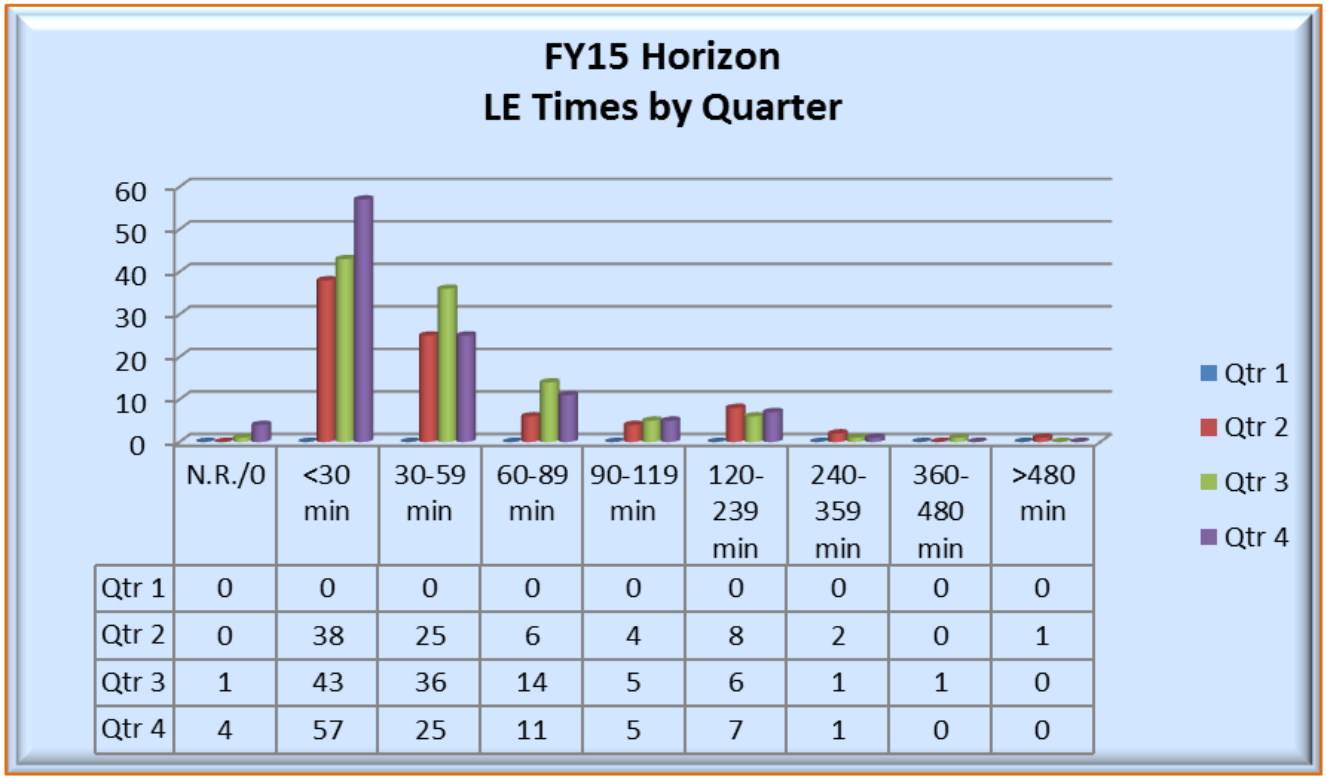


	N.R./0	<30 min	30-59 min	60-89 min	90-119 min	120-239 min	240-359 min	360-480 min	>480 min
Qtr 1	18	16	48	28	14	26	3	0	0
Qtr 2	20	17	52	28	8	21	4	0	1
Qtr 3	11	13	41	38	16	28	0	1	0
Qtr 4	4	21	55	30	20	36	5	1	3

* N.R./0 may indicate that a referral for services did not involved law enforcement, or that a transfer of custody did not occur for counted assessments

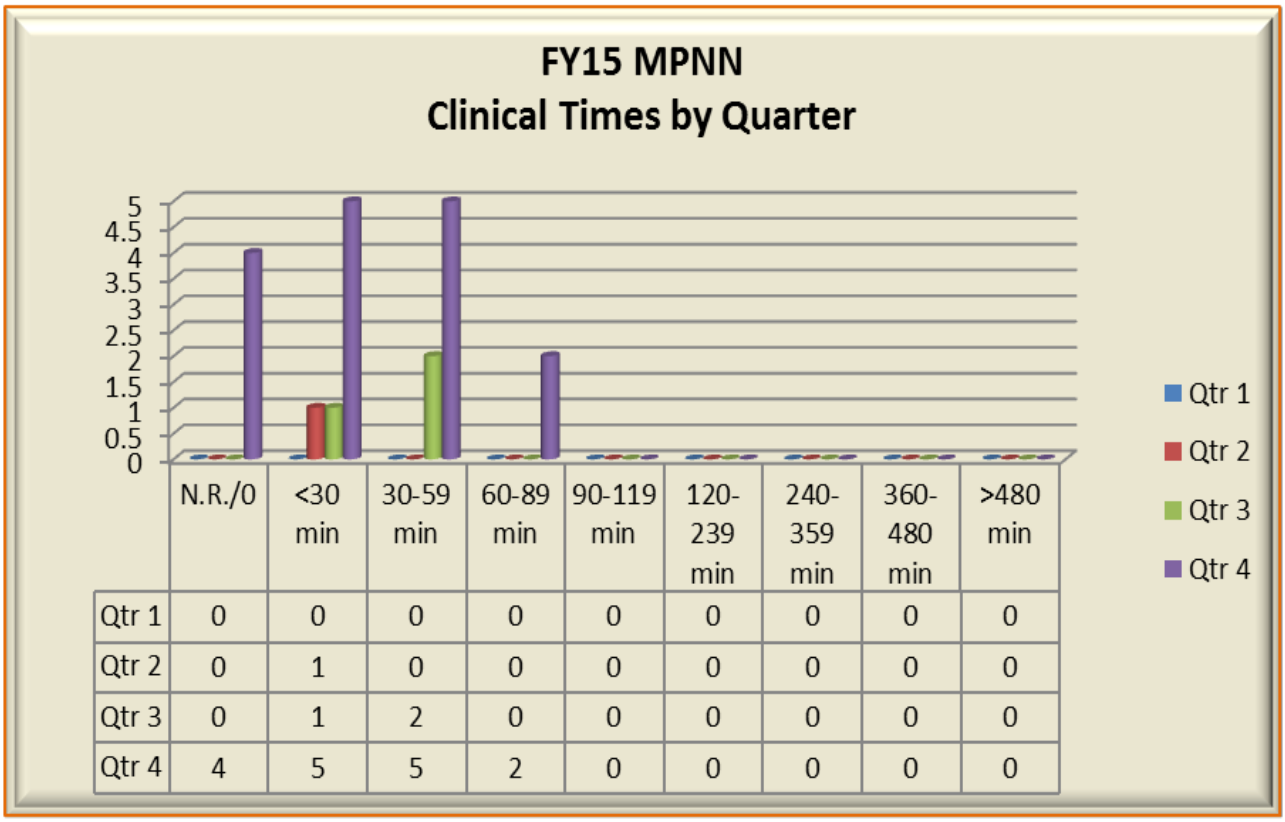


	N.R./0	<30 min	30-59 min	60-89 min	90-119 min	120-239 min	240-359 min	360-480 min	>480 min
Qtr 1	0	0	0	0	0	0	0	0	0
Qtr 2	0	0	1	4	7	32	25	15	0
Qtr 3	0	0	6	6	4	34	34	16	8
Qtr 4	0	0	1	0	6	35	35	26	7

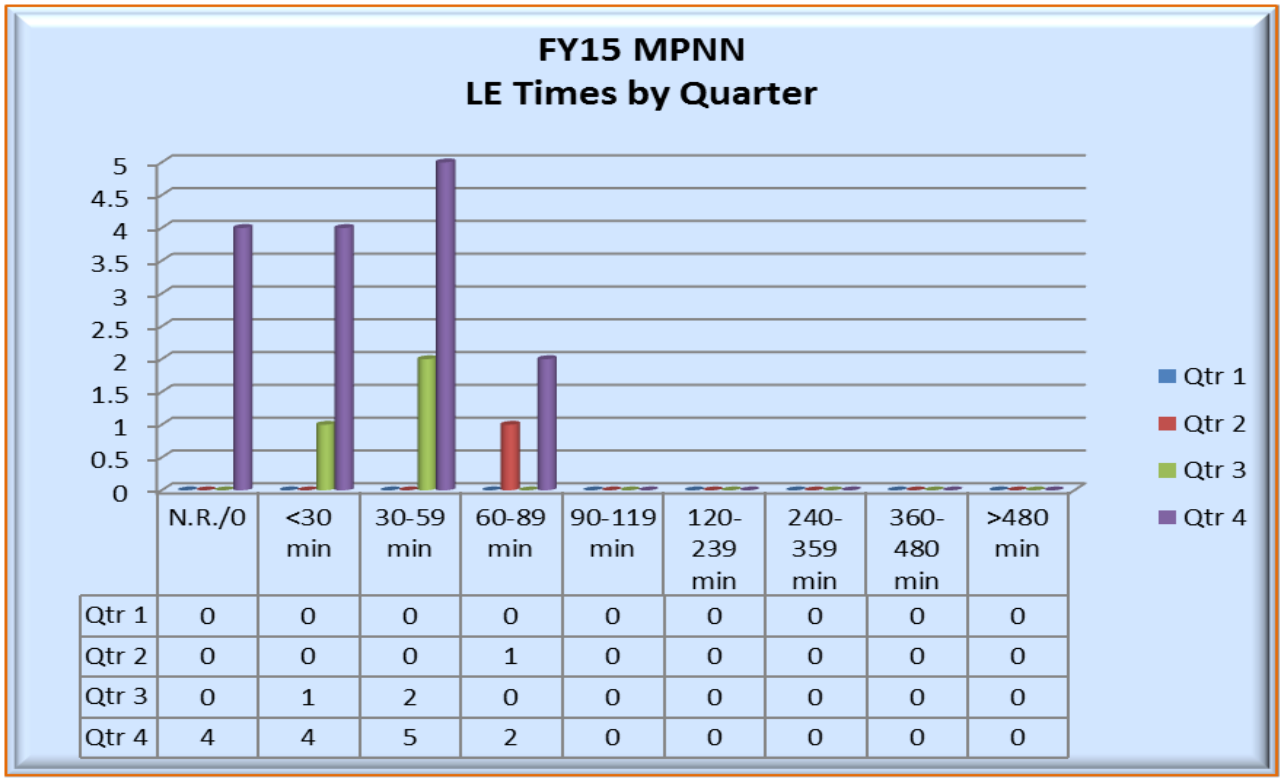


	N.R./0	<30 min	30-59 min	60-89 min	90-119 min	120-239 min	240-359 min	360-480 min	>480 min
Qtr 1	0	0	0	0	0	0	0	0	0
Qtr 2	0	38	25	6	4	8	2	0	1
Qtr 3	1	43	36	14	5	6	1	1	0
Qtr 4	4	57	25	11	5	7	1	0	0

* N.R./0 may indicate that a referral for services did not involved law enforcement, or that a transfer of custody did not occur for counted assessments

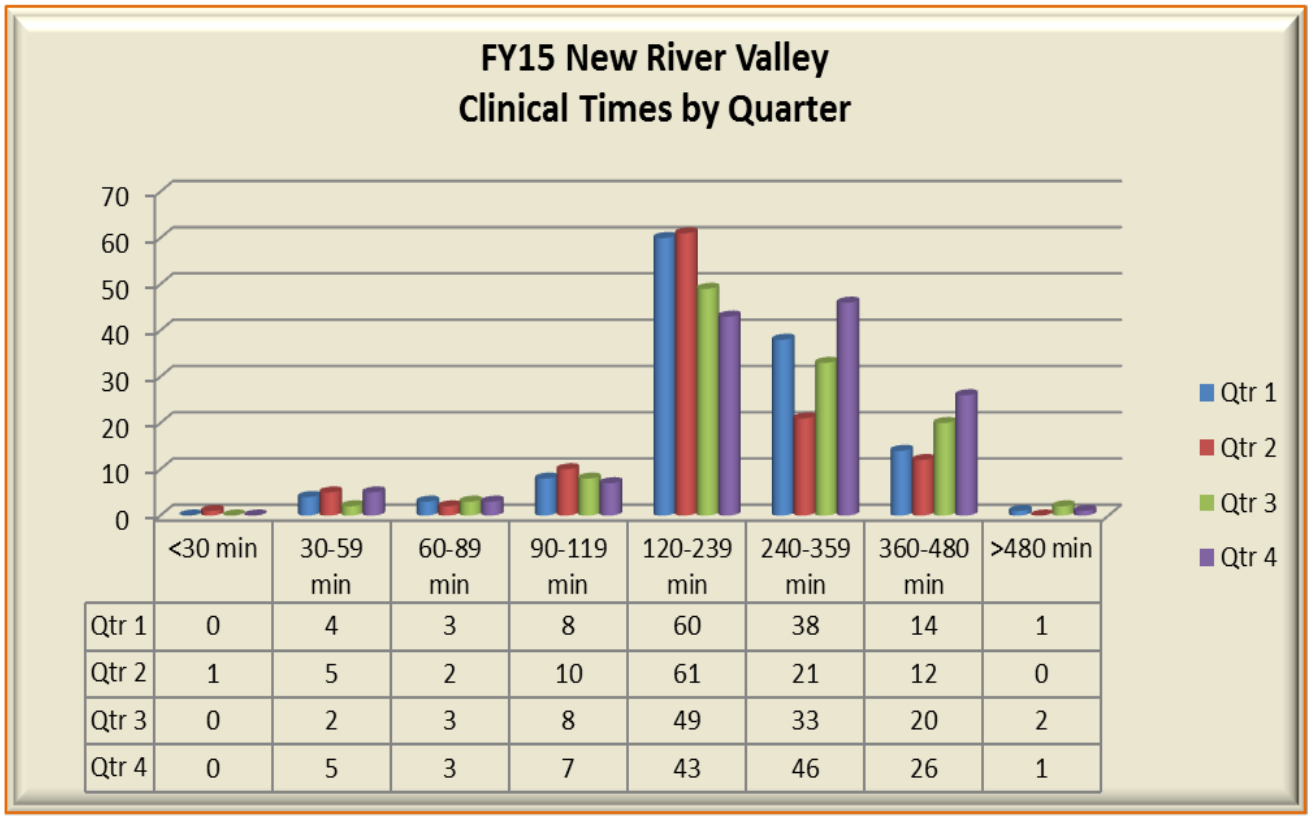


	N.R./0	<30 min	30-59 min	60-89 min	90-119 min	120-239 min	240-359 min	360-480 min	>480 min
Qtr 1	0	0	0	0	0	0	0	0	0
Qtr 2	0	1	0	0	0	0	0	0	0
Qtr 3	0	1	2	0	0	0	0	0	0
Qtr 4	4	5	5	2	0	0	0	0	0

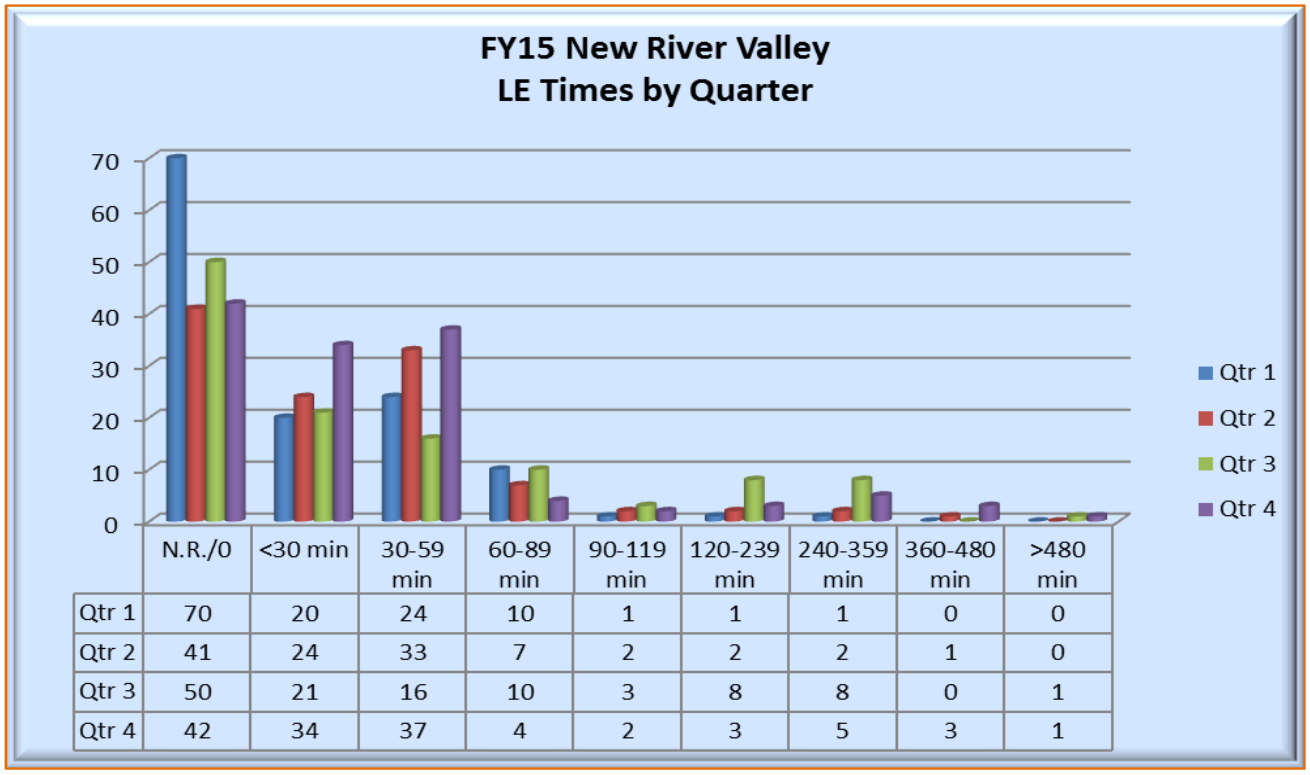


	N.R./0	<30 min	30-59 min	60-89 min	90-119 min	120-239 min	240-359 min	360-480 min	>480 min
Qtr 1	0	0	0	0	0	0	0	0	0
Qtr 2	0	0	0	1	0	0	0	0	0
Qtr 3	0	1	2	0	0	0	0	0	0
Qtr 4	4	4	5	2	0	0	0	0	0

* N.R./0 may indicate that a referral for services did not involved law enforcement, or that a transfer of custody did not occur for counted assessments

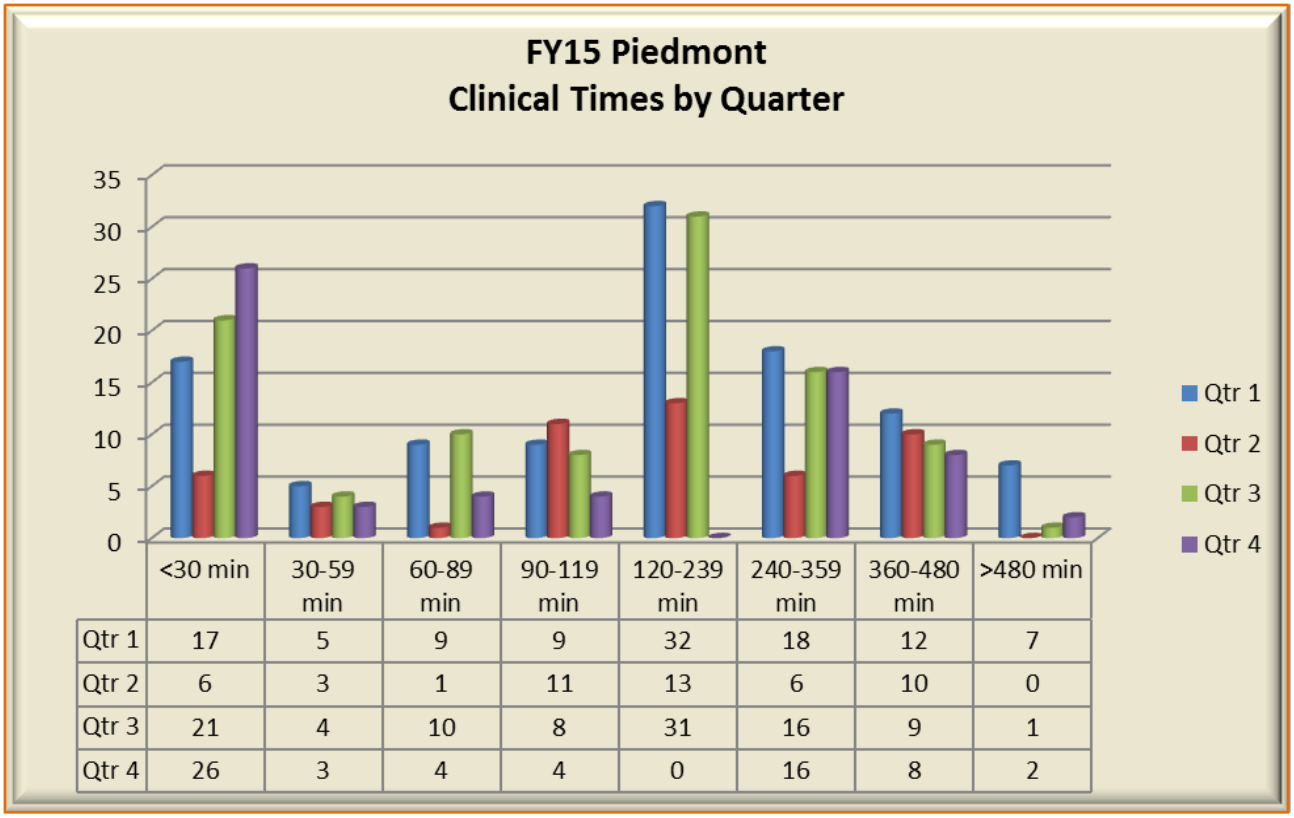


	<30 min	30-59 min	60-89 min	90-119 min	120-239 min	240-359 min	360-480 min	>480 min
Qtr 1	0	4	3	8	60	38	14	1
Qtr 2	1	5	2	10	61	21	12	0
Qtr 3	0	2	3	8	49	33	20	2
Qtr 4	0	5	3	7	43	46	26	1

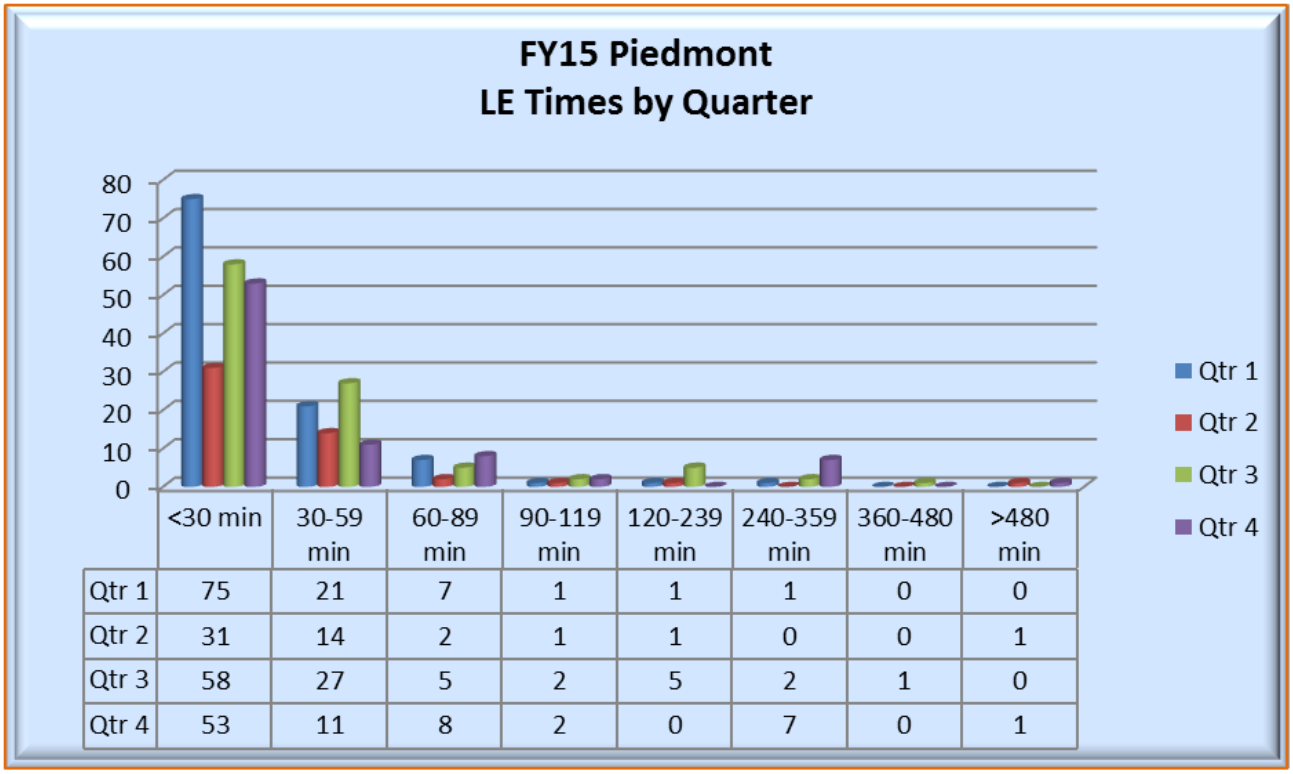


	N.R./0	<30 min	30-59 min	60-89 min	90-119 min	120-239 min	240-359 min	360-480 min	>480 min
Qtr 1	70	20	24	10	1	1	1	0	0
Qtr 2	41	24	33	7	2	2	2	1	0
Qtr 3	50	21	16	10	3	8	8	0	1
Qtr 4	42	34	37	4	2	3	5	3	1

* N.R./0 may indicate that a referral for services did not involved law enforcement, or that a transfer of custody did not occur for counted assessments

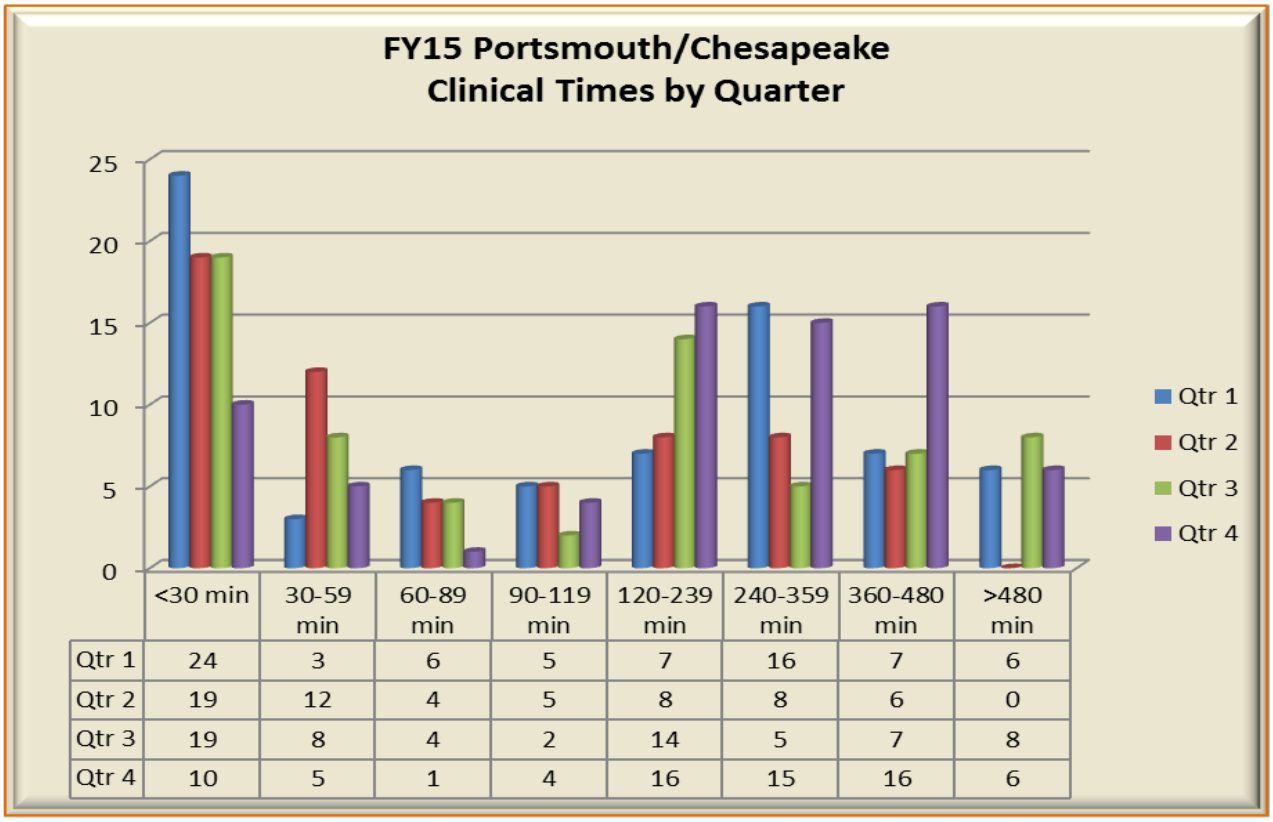


	<30 min	30-59 min	60-89 min	90-119 min	120-239 min	240-359 min	360-480 min	>480 min
Qtr 1	17	5	9	9	32	18	12	7
Qtr 2	6	3	1	11	13	6	10	0
Qtr 3	21	4	10	8	31	16	9	1
Qtr 4	26	3	4	4	0	16	8	2

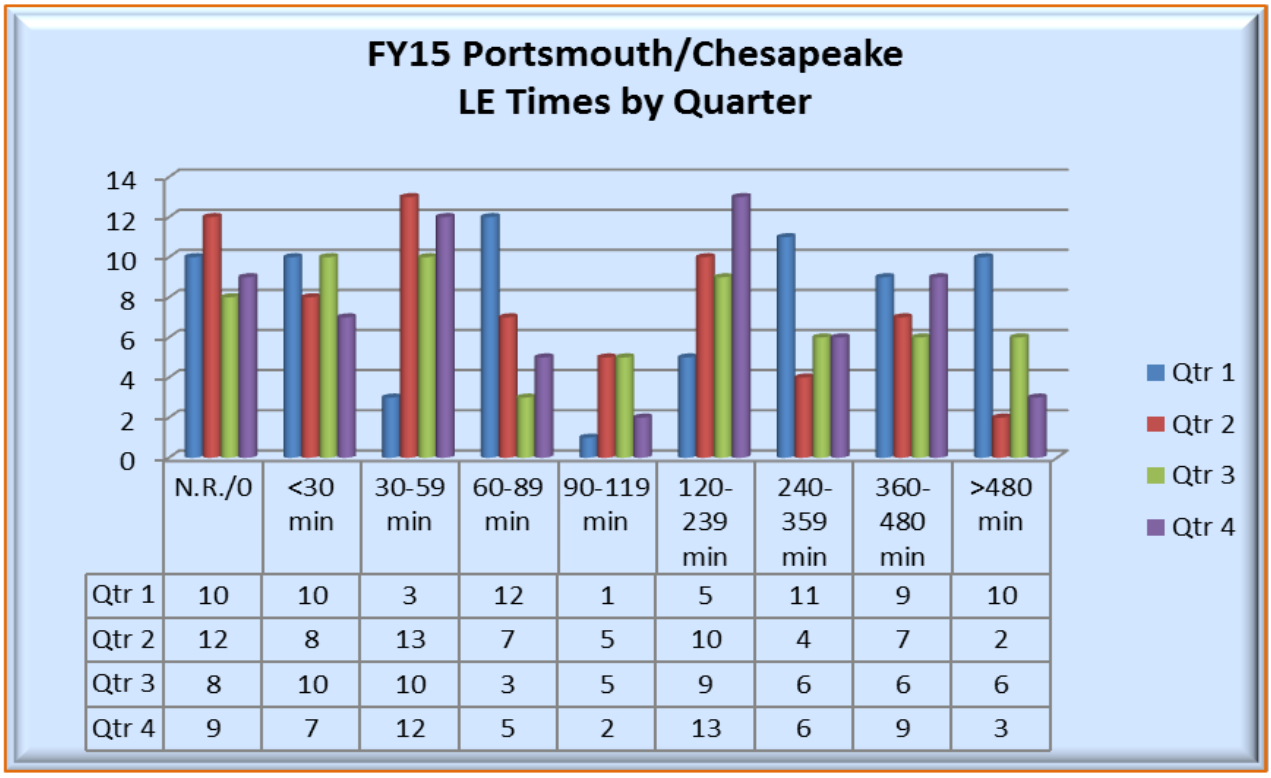


	<30 min	30-59 min	60-89 min	90-119 min	120-239 min	240-359 min	360-480 min	>480 min
Qtr 1	75	21	7	1	1	1	0	0
Qtr 2	31	14	2	1	1	0	0	1
Qtr 3	58	27	5	2	5	2	1	0
Qtr 4	53	11	8	2	0	7	0	1

* N.R./0 may indicate that a referral for services did not involved law enforcement, or that a transfer of custody did not occur for counted assessments

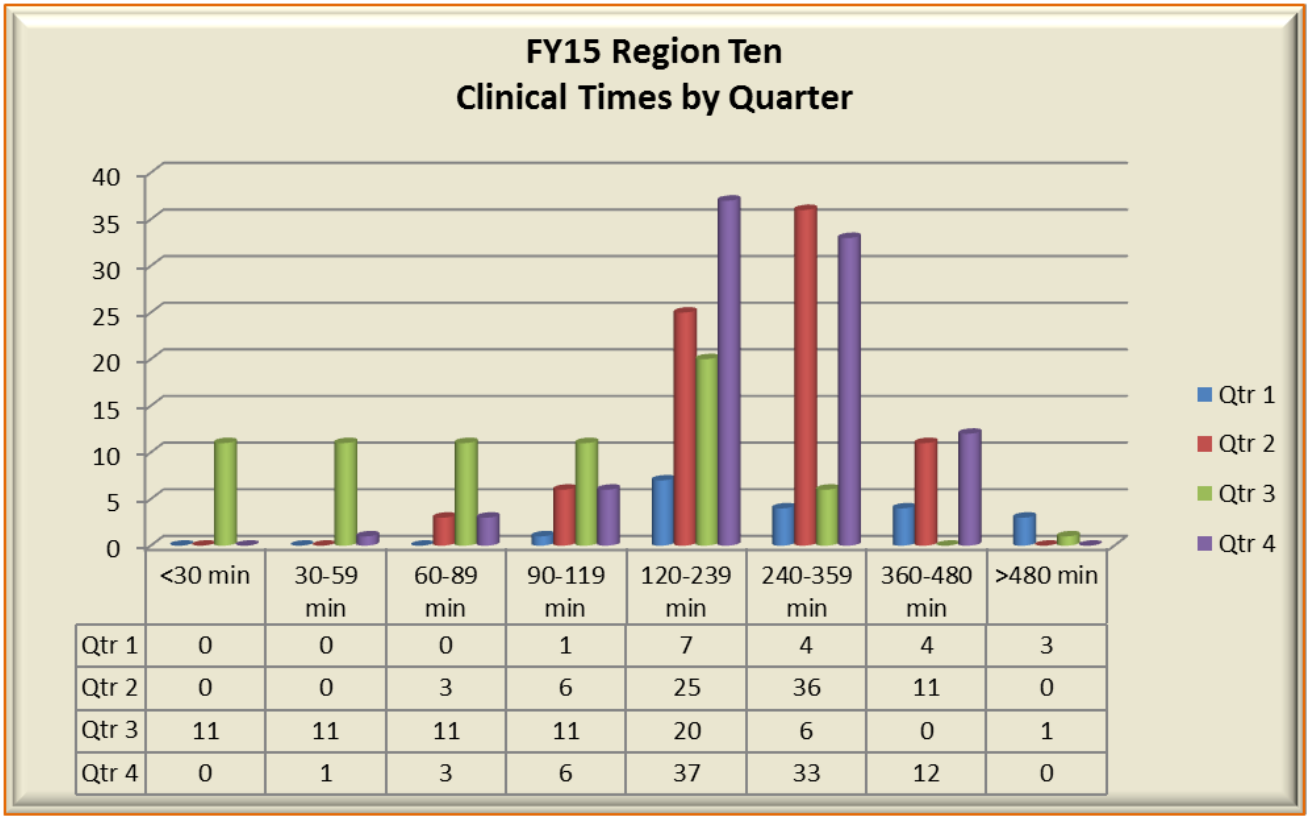


	<30 min	30-59 min	60-89 min	90-119 min	120-239 min	240-359 min	360-480 min	>480 min
Qtr 1	24	3	6	5	7	16	7	6
Qtr 2	19	12	4	5	8	8	6	0
Qtr 3	19	8	4	2	14	5	7	8
Qtr 4	10	5	1	4	16	15	16	6

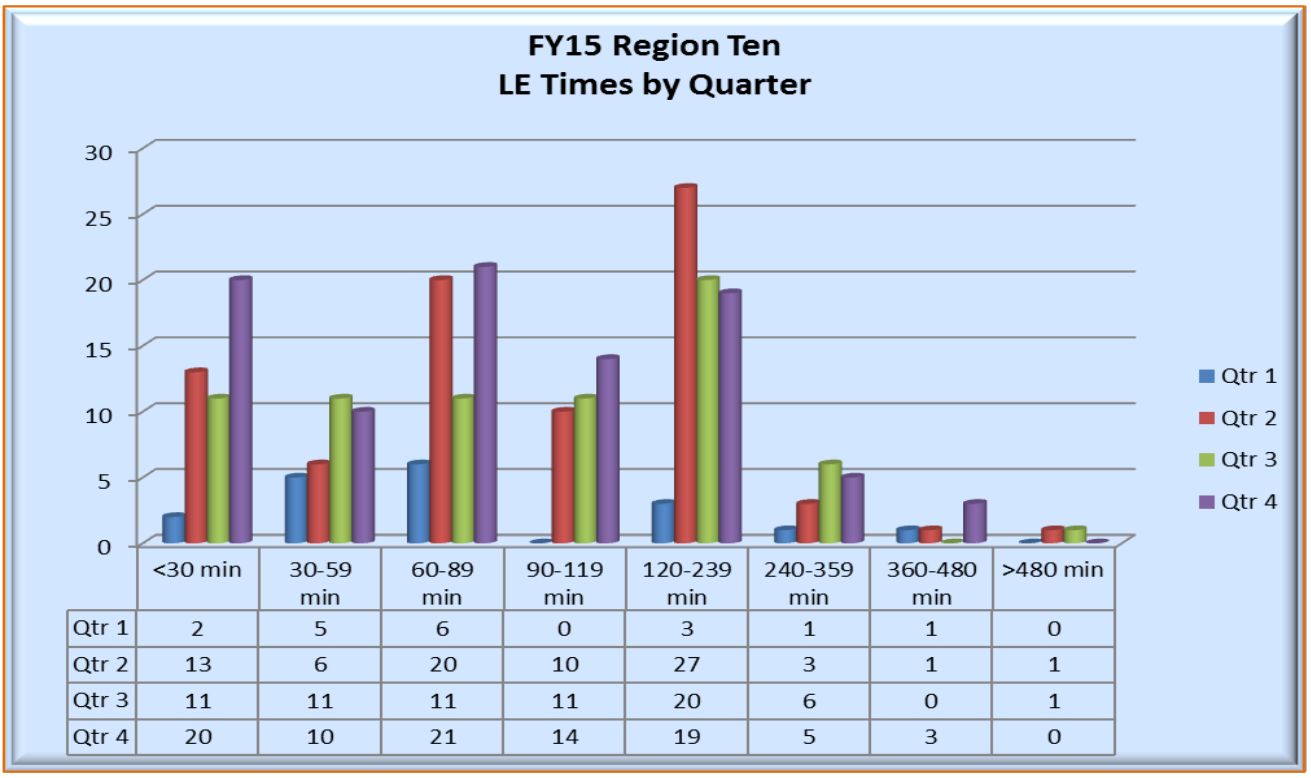


	N.R./0	<30 min	30-59 min	60-89 min	90-119 min	120-239 min	240-359 min	360-480 min	>480 min
Qtr 1	10	10	3	12	1	5	11	9	10
Qtr 2	12	8	13	7	5	10	4	7	2
Qtr 3	8	10	10	3	5	9	6	6	6
Qtr 4	9	7	12	5	2	13	6	9	3

* N.R./0 may indicate that a referral for services did not involved law enforcement, or that a transfer of custody did not occur for counted assessments

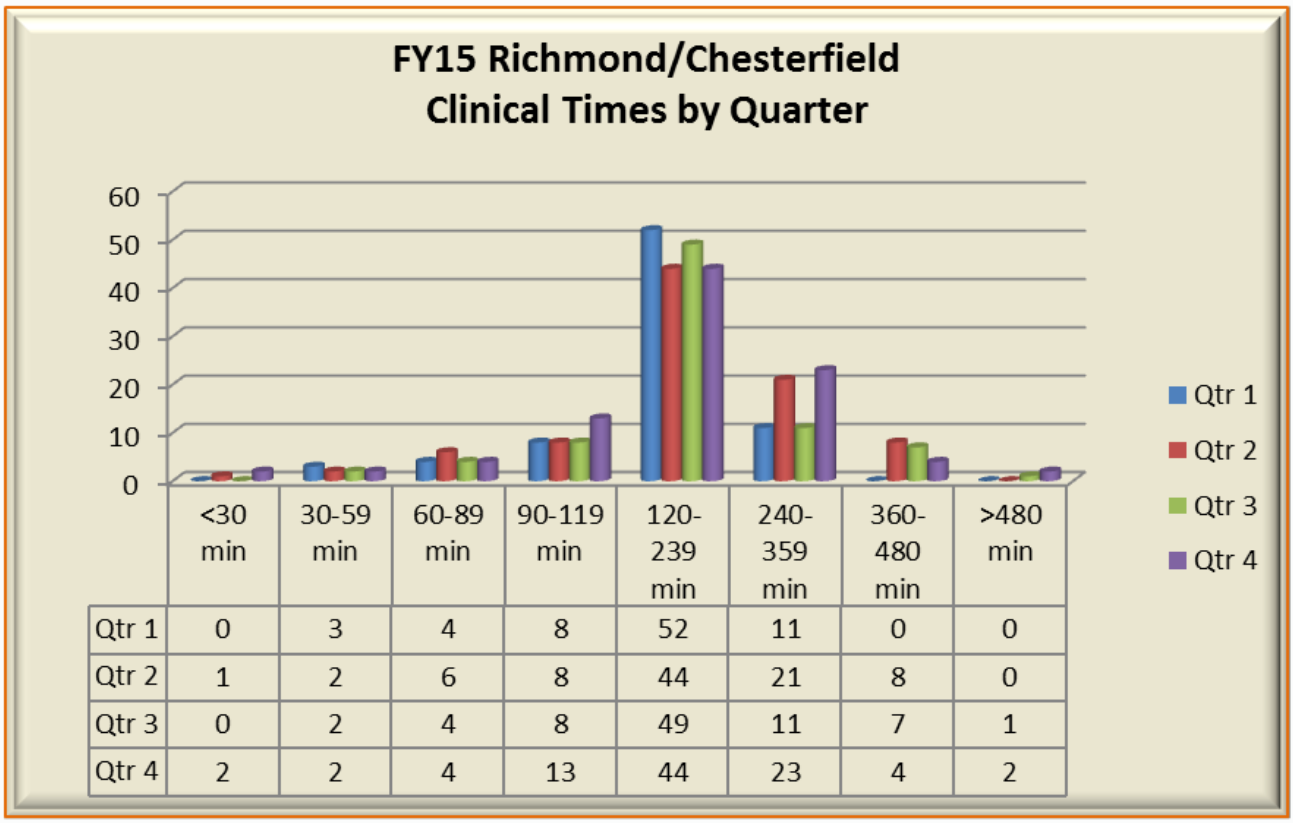


	<30 min	30-59 min	60-89 min	90-119 min	120-239 min	240-359 min	360-480 min	>480 min
Qtr 1	0	0	0	1	7	4	4	3
Qtr 2	0	0	3	6	25	36	11	0
Qtr 3	11	11	11	11	20	6	0	1
Qtr 4	0	1	3	6	37	33	12	0

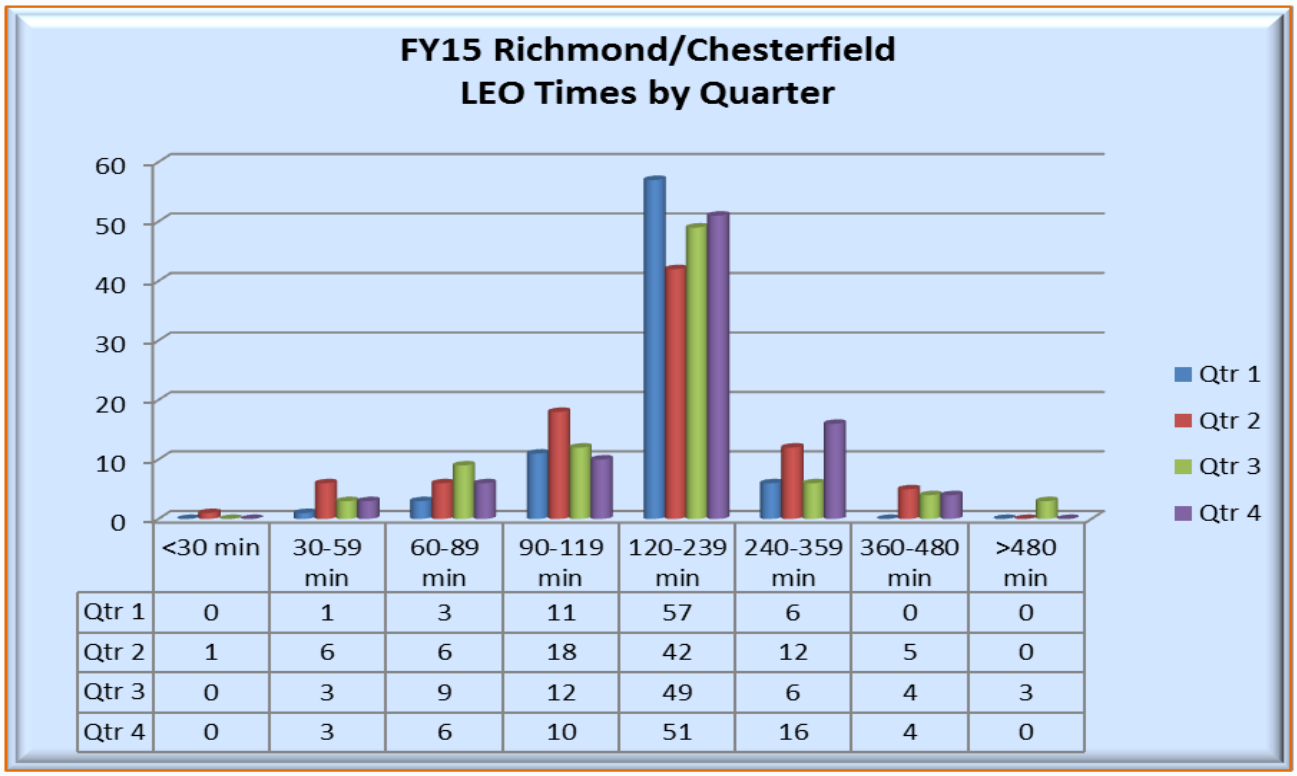


	<30 min	30-59 min	60-89 min	90-119 min	120-239 min	240-359 min	360-480 min	>480 min
Qtr 1	2	5	6	0	3	1	1	0
Qtr 2	13	6	20	10	27	3	1	1
Qtr 3	11	11	11	11	20	6	0	1
Qtr 4	20	10	21	14	19	5	3	0

* N.R./0 may indicate that a referral for services did not involved law enforcement, or that a transfer of custody did not occur for counted assessments

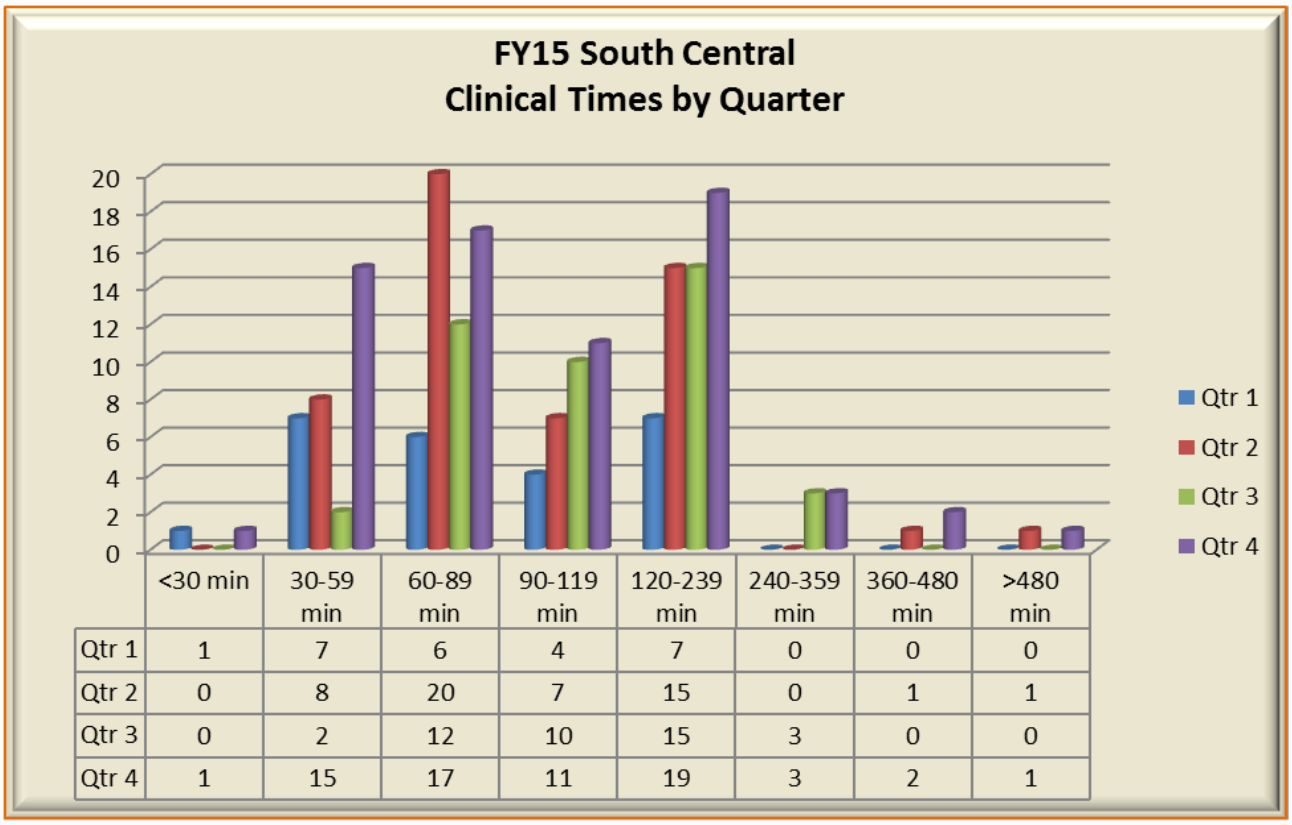


	<30 min	30-59 min	60-89 min	90-119 min	120-239 min	240-359 min	360-480 min	>480 min
Qtr 1	0	3	4	8	52	11	0	0
Qtr 2	1	2	6	8	44	21	8	0
Qtr 3	0	2	4	8	49	11	7	1
Qtr 4	2	2	4	13	44	23	4	2

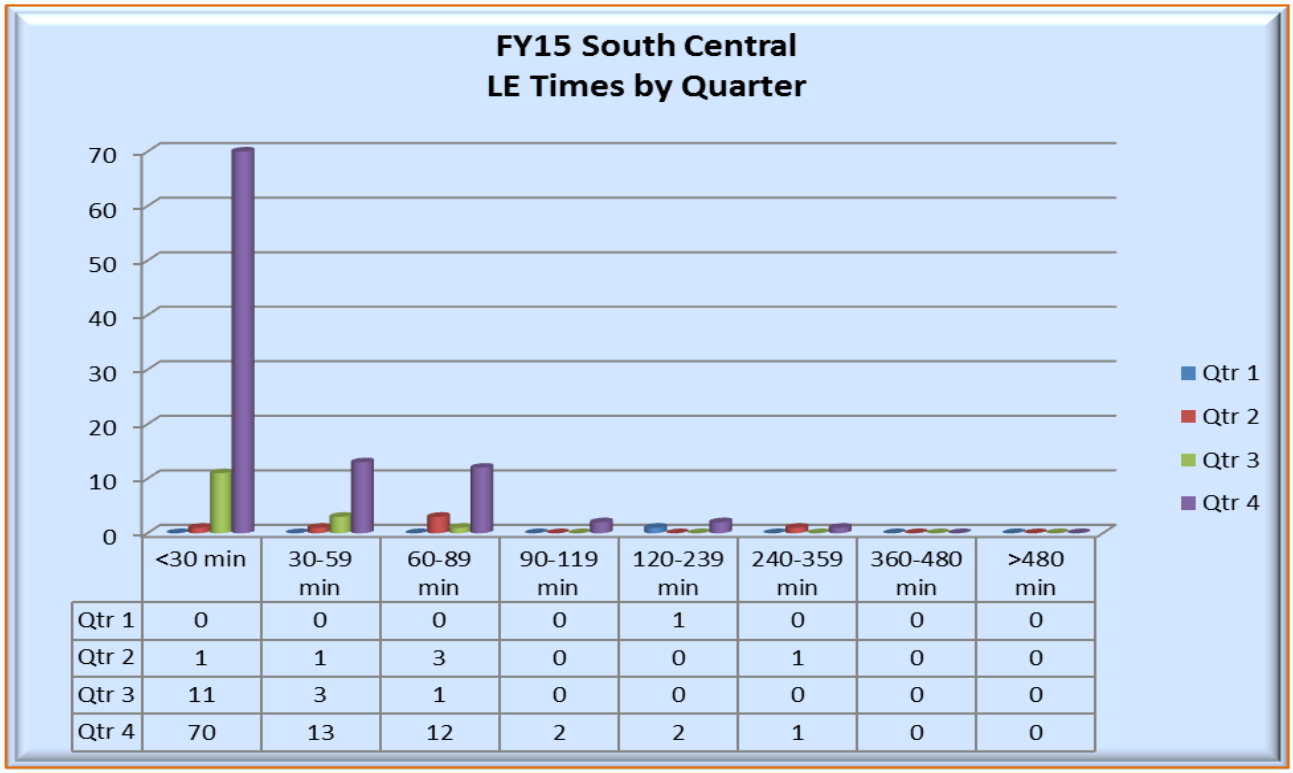


	<30 min	30-59 min	60-89 min	90-119 min	120-239 min	240-359 min	360-480 min	>480 min
Qtr 1	0	1	3	11	57	6	0	0
Qtr 2	1	6	6	18	42	12	5	0
Qtr 3	0	3	9	12	49	6	4	3
Qtr 4	0	3	6	10	51	16	4	0

* N.R./0 may indicate that a referral for services did not involved law enforcement, or that a transfer of custody did not occur for counted assessments



	<30 min	30-59 min	60-89 min	90-119 min	120-239 min	240-359 min	360-480 min	>480 min
Qtr 1	1	7	6	4	7	0	0	0
Qtr 2	0	8	20	7	15	0	1	1
Qtr 3	0	2	12	10	15	3	0	0
Qtr 4	1	15	17	11	19	3	2	1

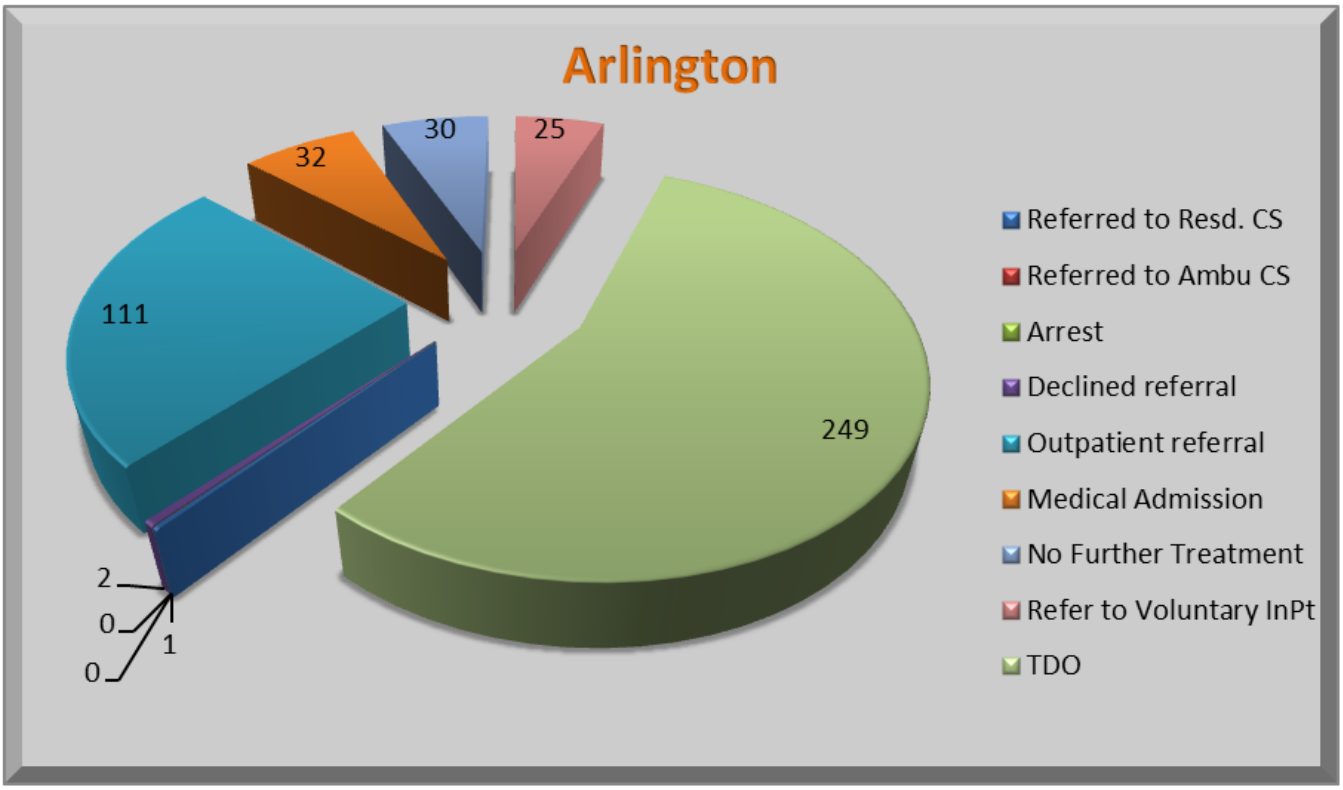


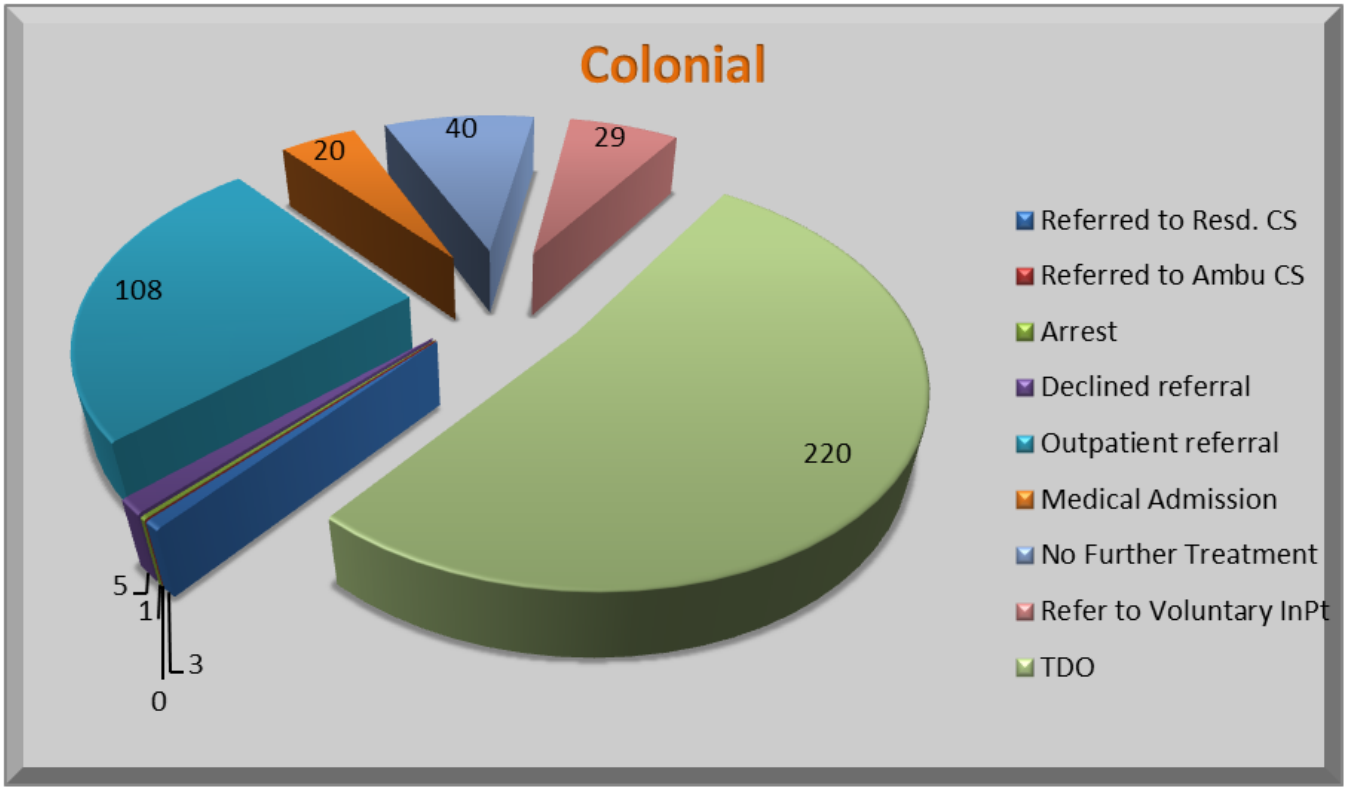
	<30 min	30-59 min	60-89 min	90-119 min	120-239 min	240-359 min	360-480 min	>480 min
Qtr 1	0	0	0	0	1	0	0	0
Qtr 2	1	1	3	0	0	1	0	0
Qtr 3	11	3	1	0	0	0	0	0
Qtr 4	70	13	12	2	2	1	0	0

* N.R./0 may indicate that a referral for services did not involved law enforcement, or that a transfer of custody did not occur for counted assessments

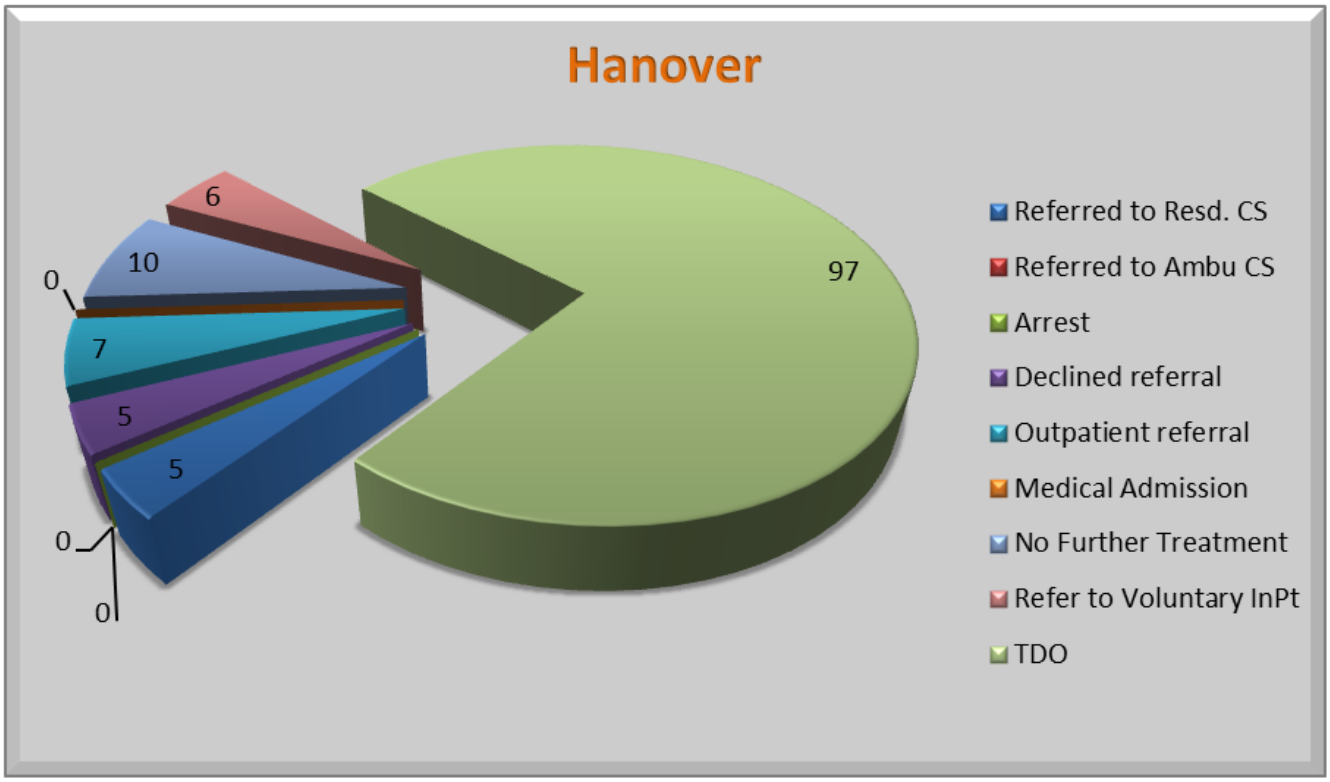
Appendix 2

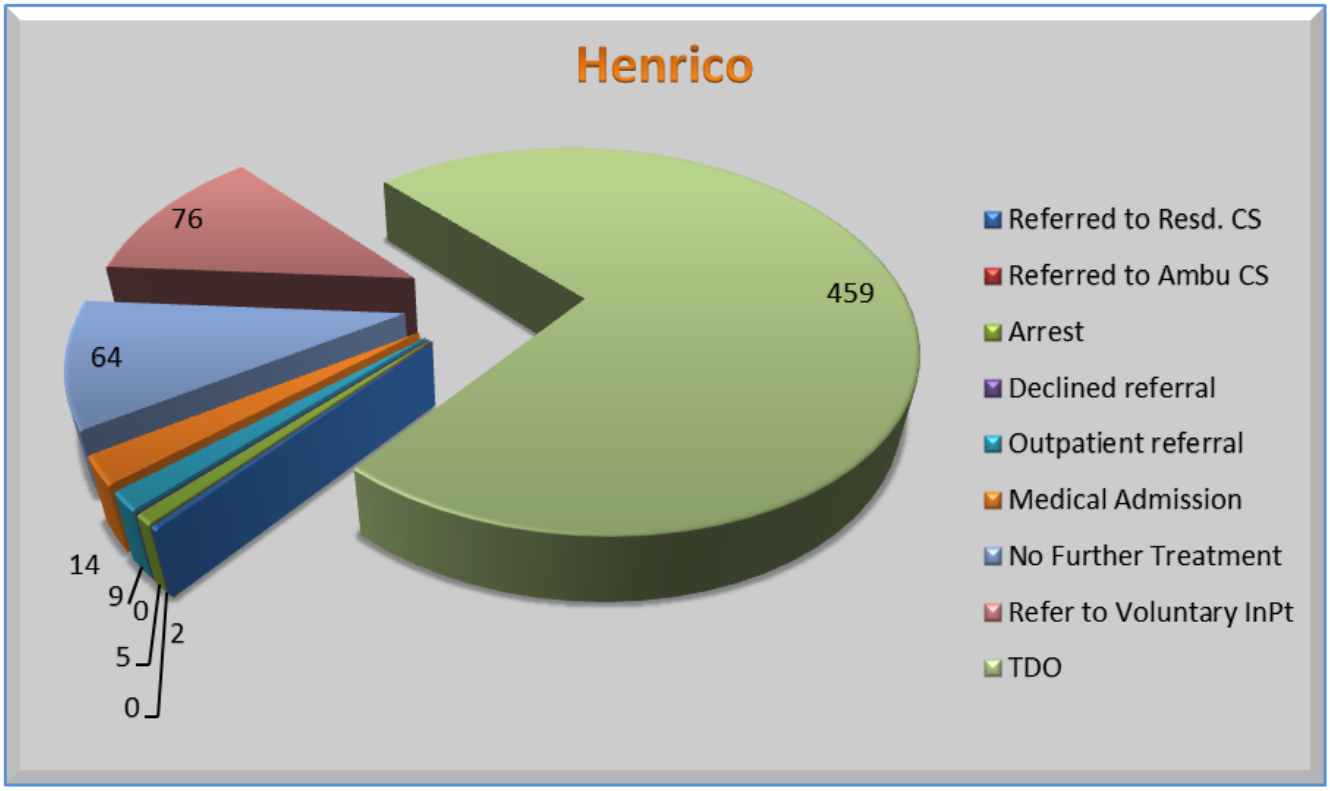
Appendix 2


Arlington
30
25
32
111
249
2
0
1
0
Referred to Resd. CS
Referred to Ambu CS
Arrest
Declined referral
Outpatient referral
Medical Admission
No Further Treatment
Refer to Voluntary InPt
TDO

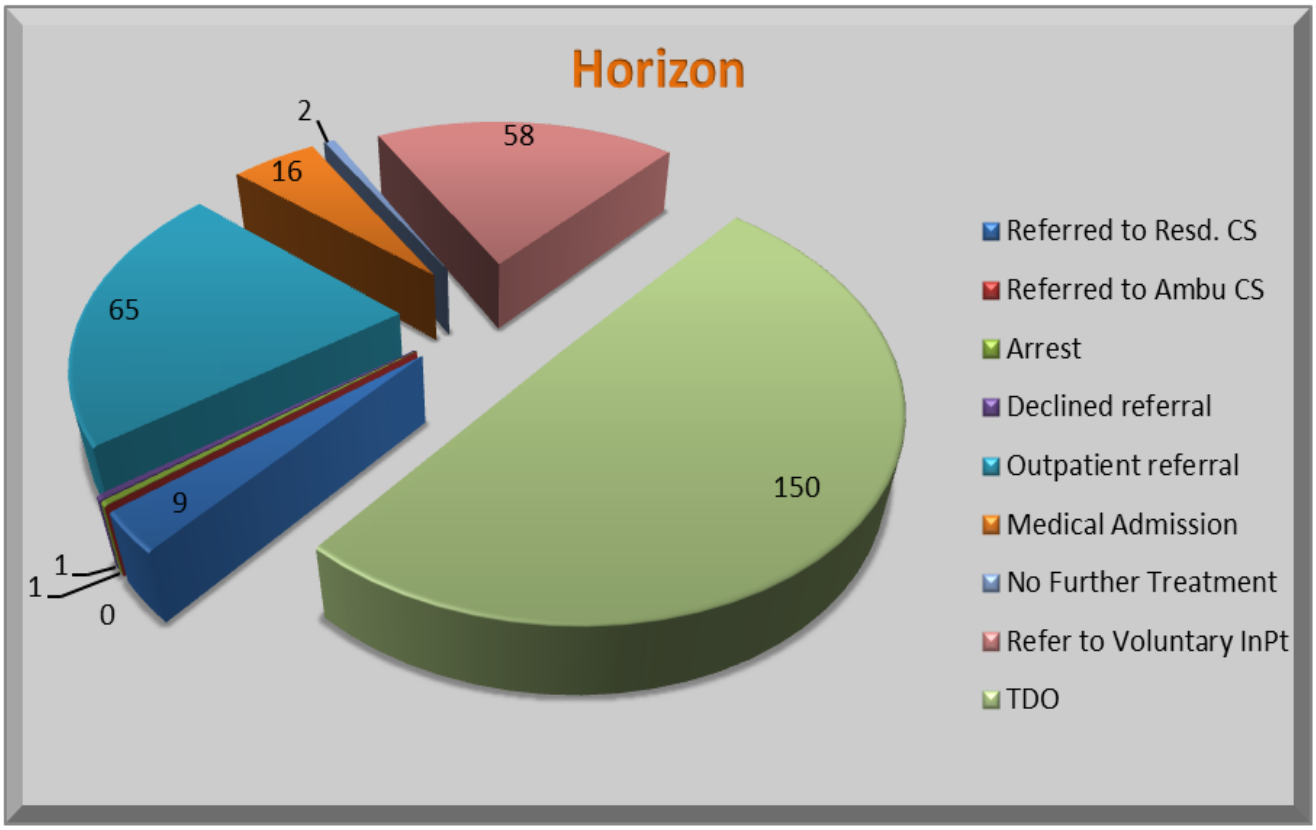

Colonial
40
29
20
108
220
5
1
3
0
Referred to Resd. CS
Referred to Ambu CS
Arrest
Declined referral
Outpatient referral
Medical Admission
No Further Treatment
Refer to Voluntary InPt
TDO

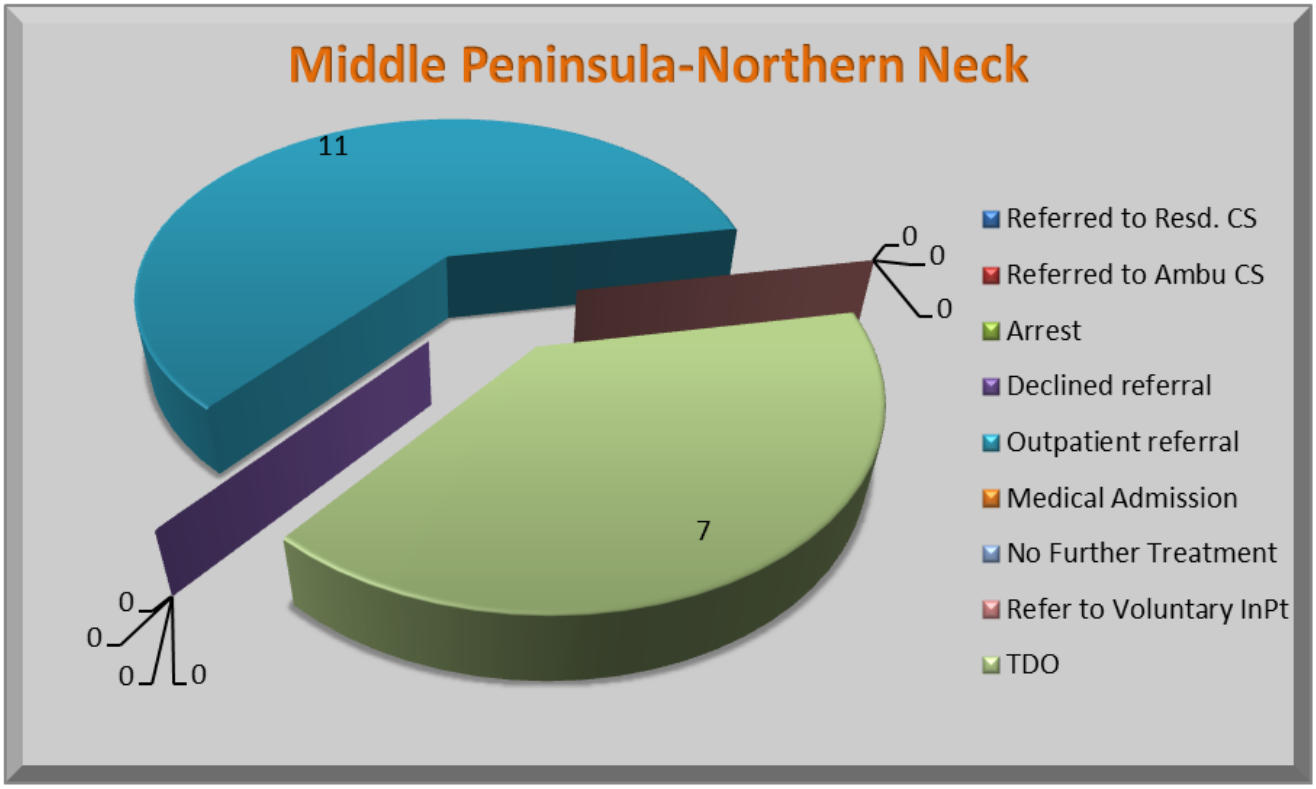
Appendix 2

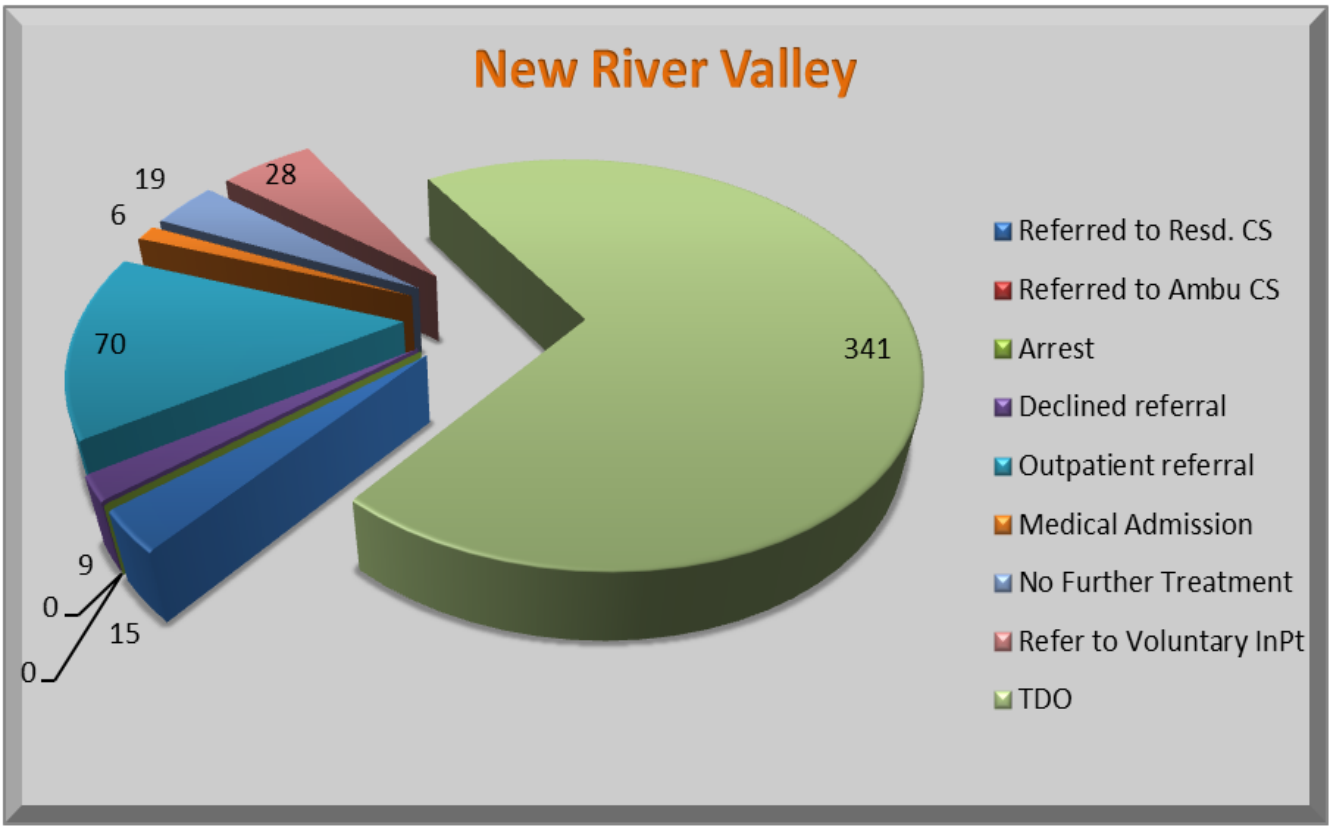

Hanover
97
6
10
0
7
5
5
0
0
Referred to Resd. CS
Referred to Ambu CS
Arrest
Declined referral
Outpatient referral
Medical Admission
No Further Treatment
Refer to Voluntary InPt
TDO

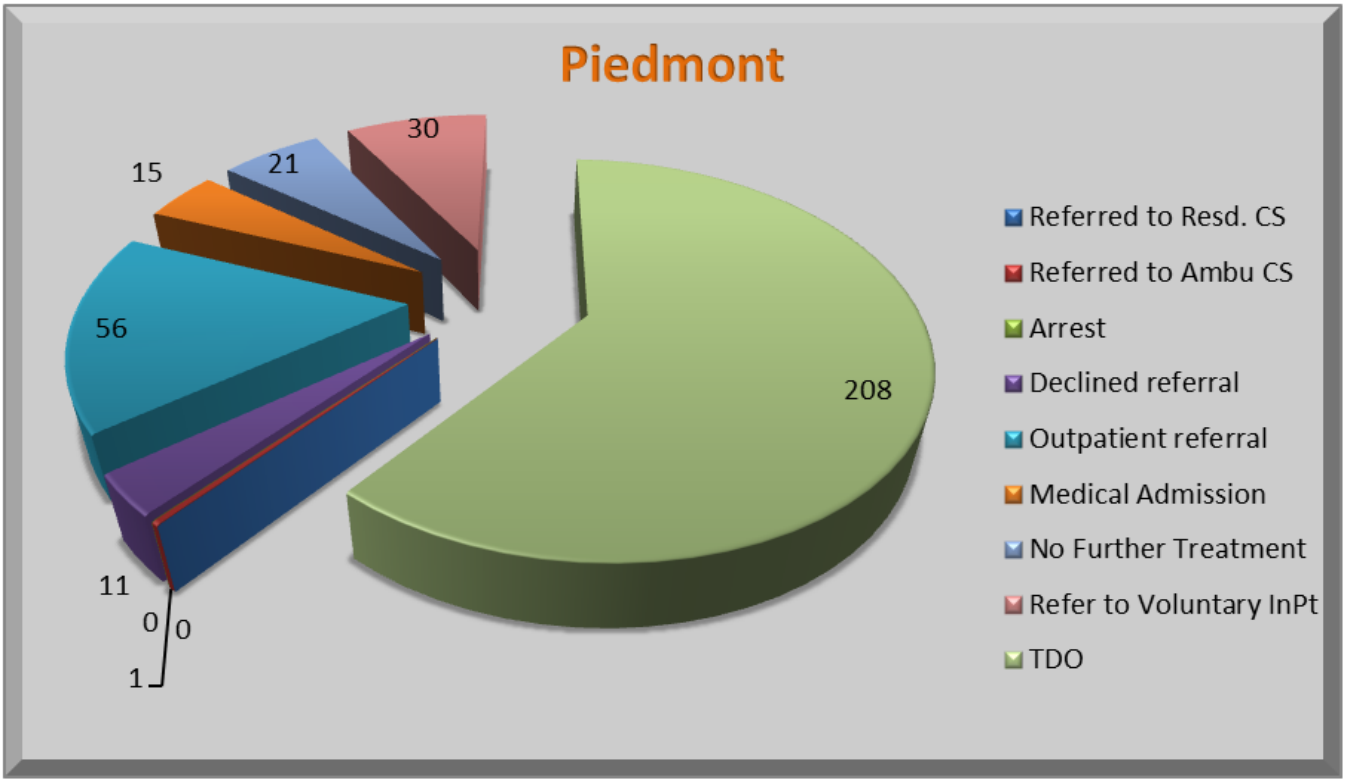

Henrico
459
76
64
14
9
0
5
0
2
Referred to Resd. CS
Referred to Ambu CS
Arrest
Declined referral
Outpatient referral
Medical Admission
No Further Treatment
Refer to Voluntary InPt
TDO

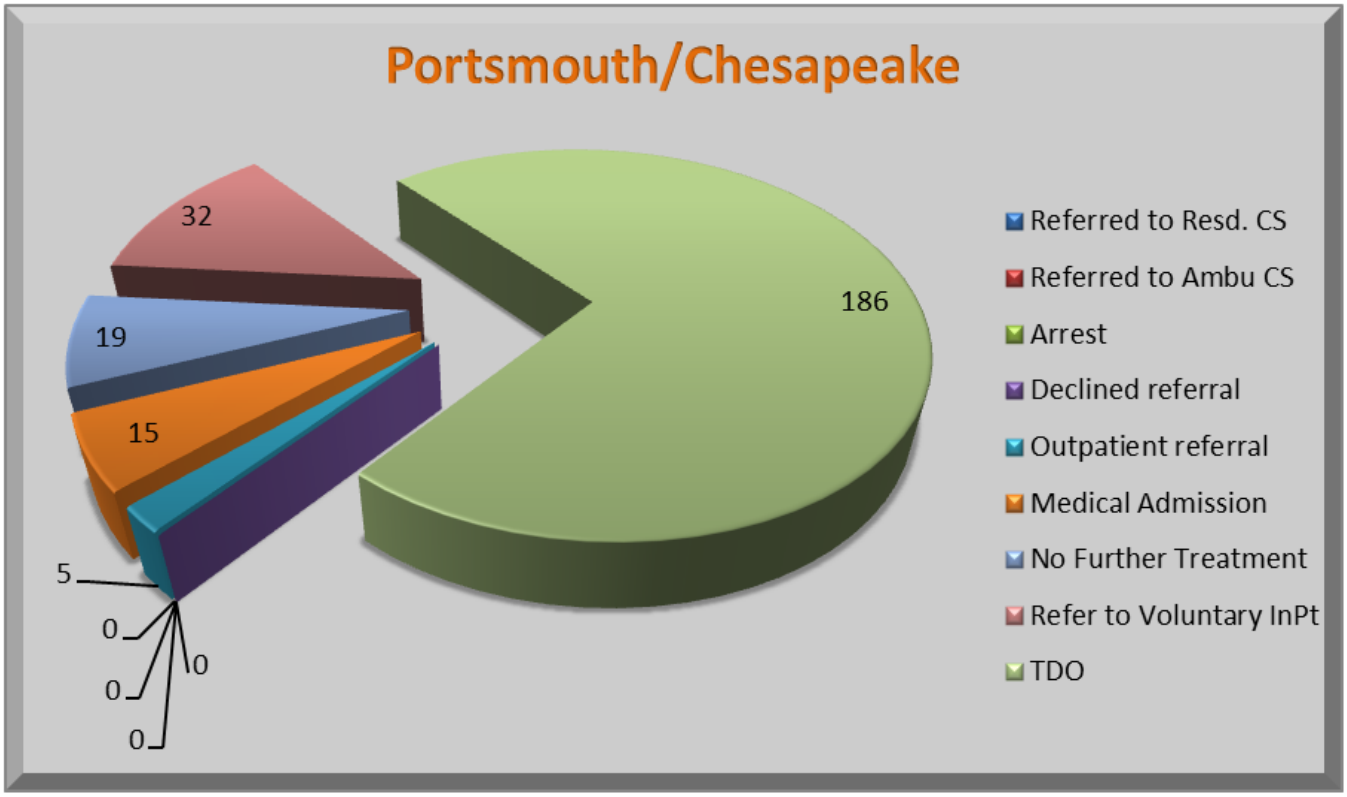
Appendix 2

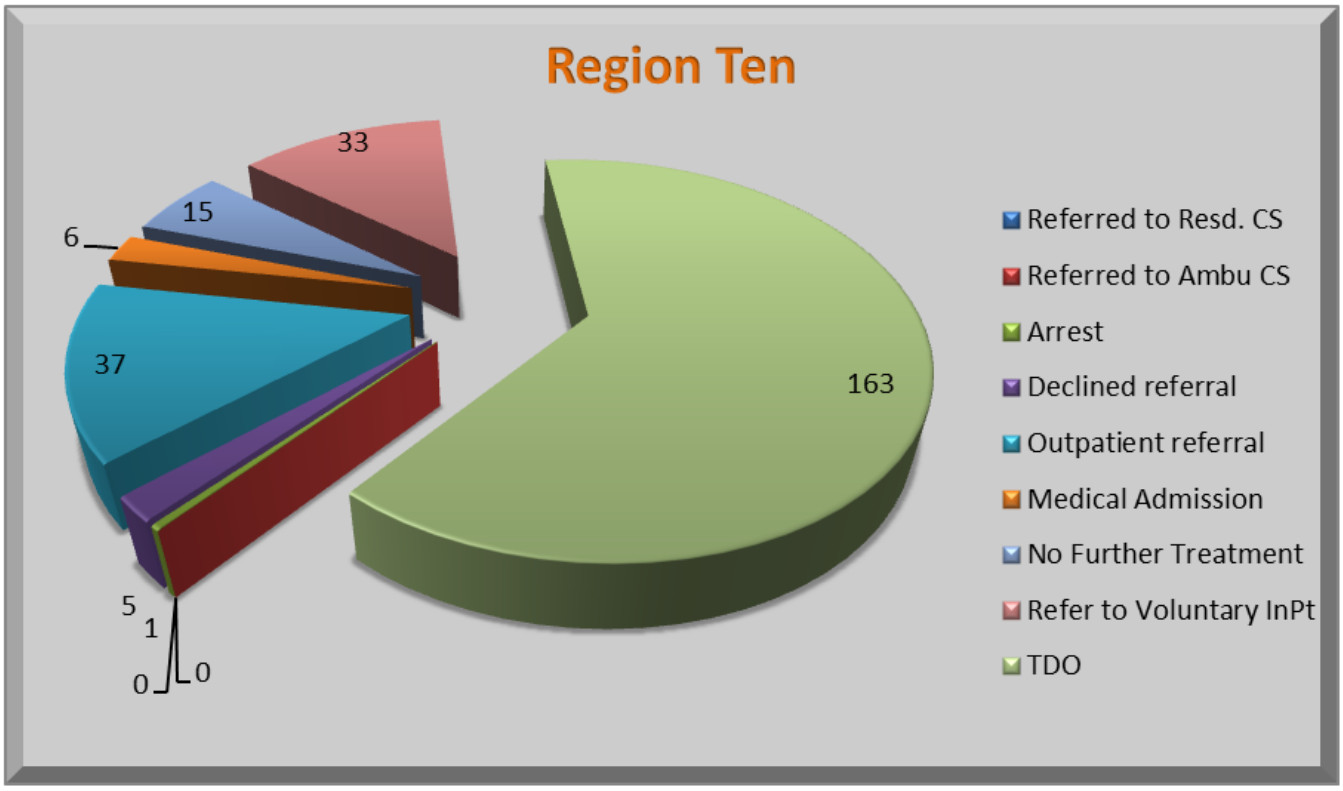

Horizon
2
58
16
65
150
9
1
1
0
Referred to Resd. CS
Referred to Ambu CS
Arrest
Declined referral
Outpatient referral
Medical Admission
No Further Treatment
Refer to Voluntary InPt
TDO


Middle Peninsula-Northern Neck
11
0
0
0
7
0
0
0
0
Referred to Resd. CS
Referred to Ambu CS
Arrest
Declined referral
Outpatient referral
Medical Admission
No Further Treatment
Refer to Voluntary InPt
TDO

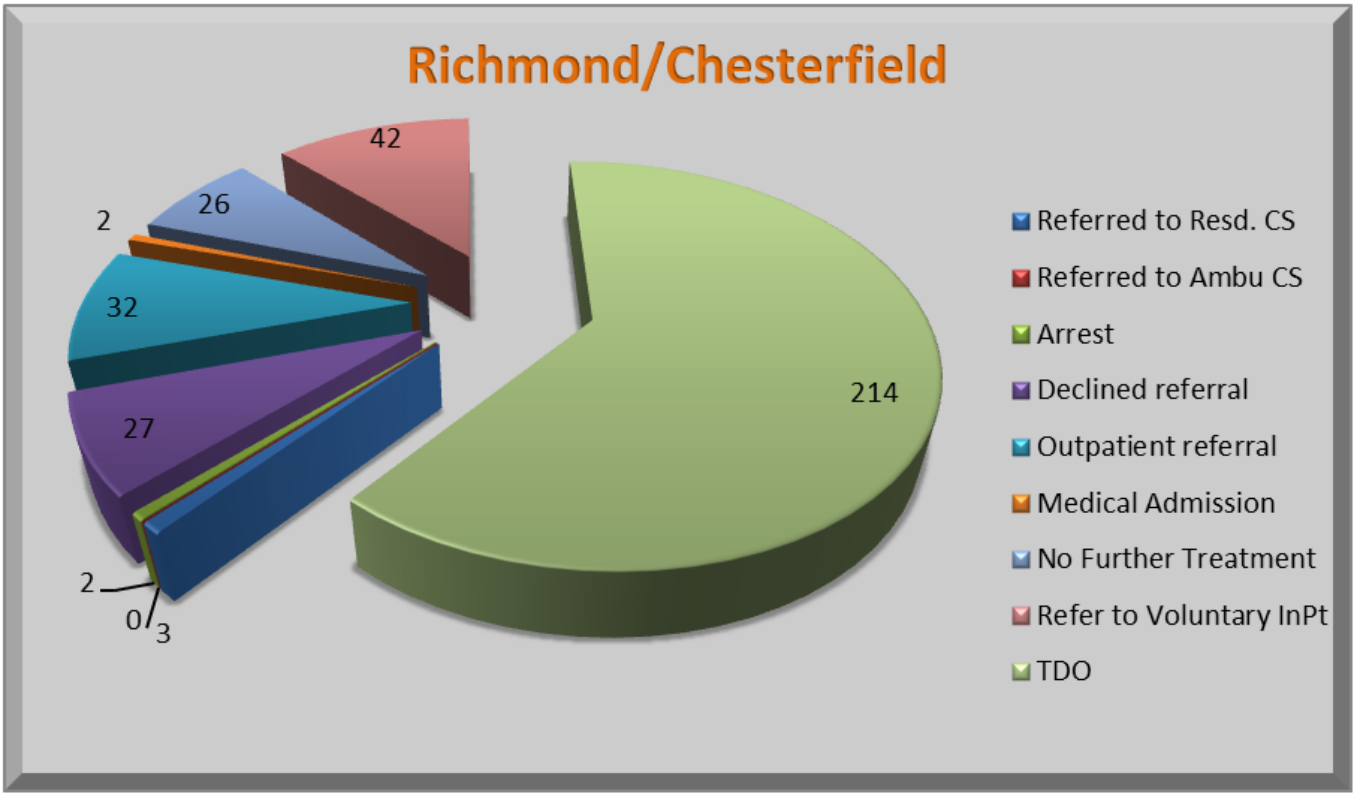

New River Valley
19
28
6
70
341
9
0
15
0
Referred to Resd. CS
Referred to Ambu CS
Arrest
Declined referral
Outpatient referral
Medical Admission
No Further Treatment
Refer to Voluntary InPt
TDO

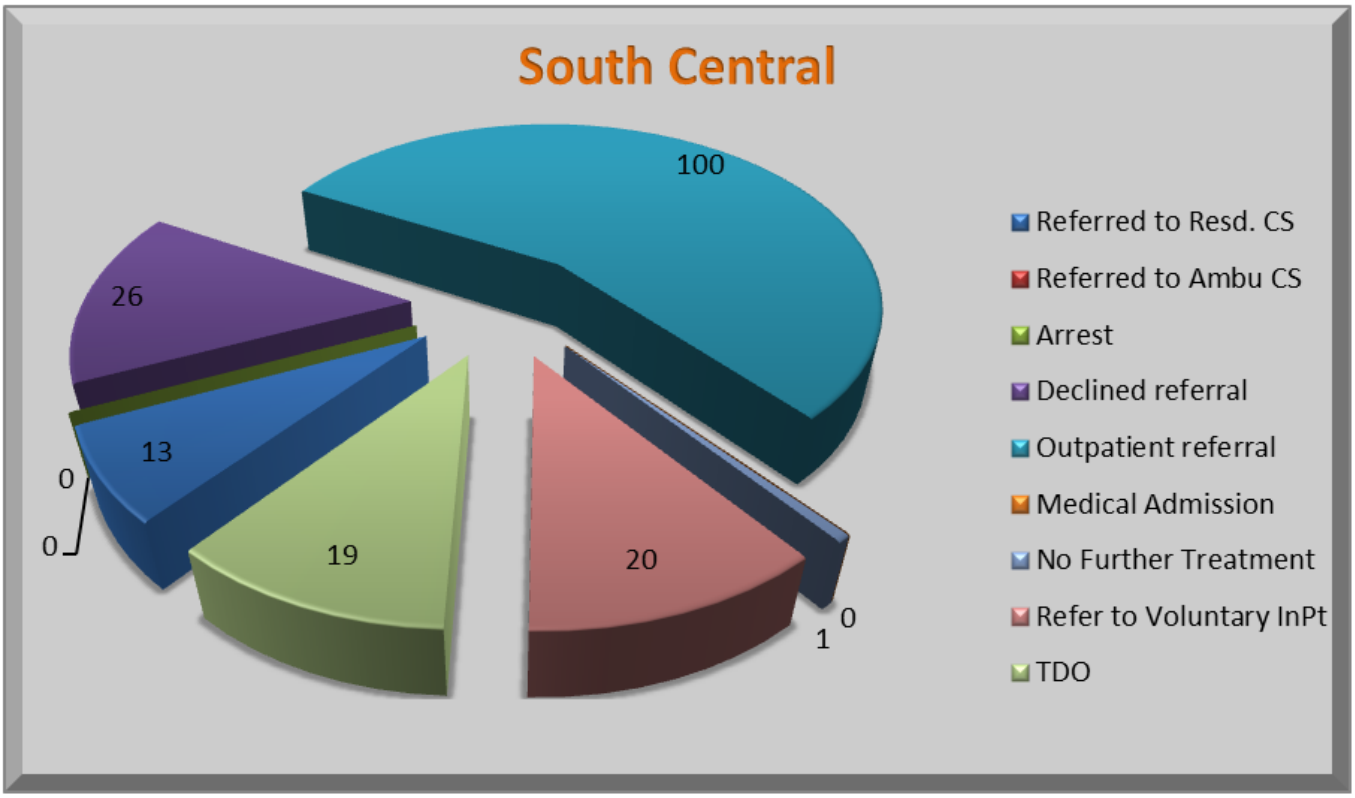

Piedmont
30
15
21
56
208
11
0
0
1
Referred to Resd. CS
Referred to Ambu CS
Arrest
Declined referral
Outpatient referral
Medical Admission
No Further Treatment
Refer to Voluntary InPt
TDO


Portsmouth/Chesapeake
32
19
15
5
0
0
0
0
186
Referred to Resd. CS
Referred to Ambu CS
Arrest
Declined referral
Outpatient referral
Medical Admission
No Further Treatment
Refer to Voluntary InPt
TDO


Region Ten
33
15
6
37
5
1
0
0
163
Referred to Resd. CS
Referred to Ambu CS
Arrest
Declined referral
Outpatient referral
Medical Admission
No Further Treatment
Refer to Voluntary InPt
TDO

Appendix 2


Richmond/Chesterfield
42
26
2
32
27
2
0
3
214
Referred to Resd. CS
Referred to Ambu CS
Arrest
Declined referral
Outpatient referral
Medical Admission
No Further Treatment
Refer to Voluntary InPt
TDO


South Central
100
26
13
0
0
19
20
0
1
Referred to Resd. CS
Referred to Ambu CS
Arrest
Declined referral
Outpatient referral
Medical Admission
No Further Treatment
Refer to Voluntary InPt
TDO

Virginia Department of Behavioral Health & Developmental Services

Office of Forensic Services

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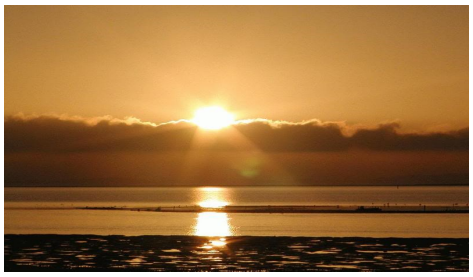
Looking to the Future

As CIT and the CIT Assessment Site programs continue to grow more challenges will be uncovered. As programs have done already, they will continue to find new and creative solutions.

Consumers, law enforcement, and the mental health profession in the Commonwealth will realize growing and substantial benefits from the addition of programs and services in many areas of Virginia that had not yet been reached.

In the near future, concrete data will be available for comparison of statistics involving therapeutic assessments.

The DBHDS data warehouse project will allow for program outcomes including time spent for both law enforcement and consumers, types and amounts of services received, and types of referrals citizens are receiving for services. The clinical and criminal justice data will hopefully show the impact the supported mental health interventions will have on recidivism rates of offenders involved in lesser crimes.

These categories of information will be able to support what had historically included much anecdotal data. Additionally it will reveal any trends that allow for the necessary improvement in the delivery of services to one of our populations in the most need for immediate, skilled care.