THOMAS JEFFERSON AREA
CRISIS INTERVENTION TEAM

MISSION
CIT is designed to educate and prepare law enforcement officers who come into contact with people in crisis, to recognize the signs and symptoms of mental illness and to respond effectively and appropriately to the individual.

VISION
Safety for the Officer, Safety for the Community & Safety for the Person in Crisis

OBJECTIVES & OUTCOMES

1) Reduce officer injuries due mental health crisis calls.
Over four years (2008-2011) there were over 5,000 mental health crisis calls with NOT a single documented officer injury (Charlottesville, Albemarle, UVA).

2) Reduce the time that officers spend on mental health related calls.
Reduced officer ECO / TDO time from an average of 4 to 6 hours per call to an average of 52 minutes (from time of dispatch to the time of releasing custody of patient at UVA hospital ER with Custody Exchange MOA with UVA Police Department).

3) Based on the Virginia CIT Model, train a minimum of 25% of patrol officers within each law enforcement department to be trained in CIT.
- Over 70% of all police officers (Charlottesville, Albemarle, UVA) instructed in 40-Hour Virginia Department of Criminal Justice Services accredited trainings.
- Over 30% of county sheriff deputies within 7 of the 9 rural counties trained in the Thomas Jefferson Area CIT region.
- 100% of Emergency Dispatchers instructed within 6 of the 9 localities in the TJA-CIT area in 4-Hour CIT Training (currently increased to 8 hour trainings).
- Trained over 600 officers within TJA-CIT area and throughout the Commonwealth.

"CIT is still the most sought after training provided locally"
—Chief Mike Gibson, University of Virginia Police Department

"The CIT training was one of the very best training sessions that has been given to me in my 28 years as a police officer"
—Chief Tim Longo, Charlottesville Police Department

"In the law enforcement community the Jail is the biggest benefactor of the CIT Program"
—Col. Ronald Matthews, Charlottesville- Albemarle Regional Jail

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750 Harris Street, Suite 207
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4 Years of 911 Mental Health Calls

Universally, a law enforcement officer can respond to a mental health crisis with one of these four outcomes.

**CHART:** (from Charlottesville, Albemarle, UVA 911 ECC Center) documents that most Mental Health Crisis calls are either “resolved on location” or “voluntary transported to treatment” by police officers. There is also a steady, consistent decline in the number of mental health calls that end with an arrest. The emphasis of CIT program and training is to provide as many resources and options for the responding CIT officers.

5) CIT Taskforce is to design and implement a written protocol that governs the agencies’ interactions in working with people experiencing acute episodes of mental illness and with mentally ill individuals who have found themselves in a situation in which law enforcement has intervened.

A. **Created MOA** contract with UVA Police Department establishing a Regional CIT Custody Exchange Program to enhance the handling of ECO patients at the University of Virginia Emergency Department (UVA ED) for evaluation. 5 localities within the TJA-CIT program have signed the MOA for FY2012.

B. **Developed Standard Operating Procedures** (SOP) with Law Enforcement Departments for improved communications between Officers, Emergency Dispatchers, local Hospitals and Region Ten CSB with responding and transporting to ECO/TDO Crisis Calls.

C. **Initiated Monthly CIT Review Team Meetings** where representatives from local law enforcement agencies (Police, Jail, 911, Probation) meet with community agencies (Hospitals, Mental Health Agencies, Wounded Warrior Program) to proactively review critical mental health cases and develop support and accountability plans to reduce incarceration and recidivism.