



THOMAS JEFFERSON AREA CRISIS INTERVENTION TEAM

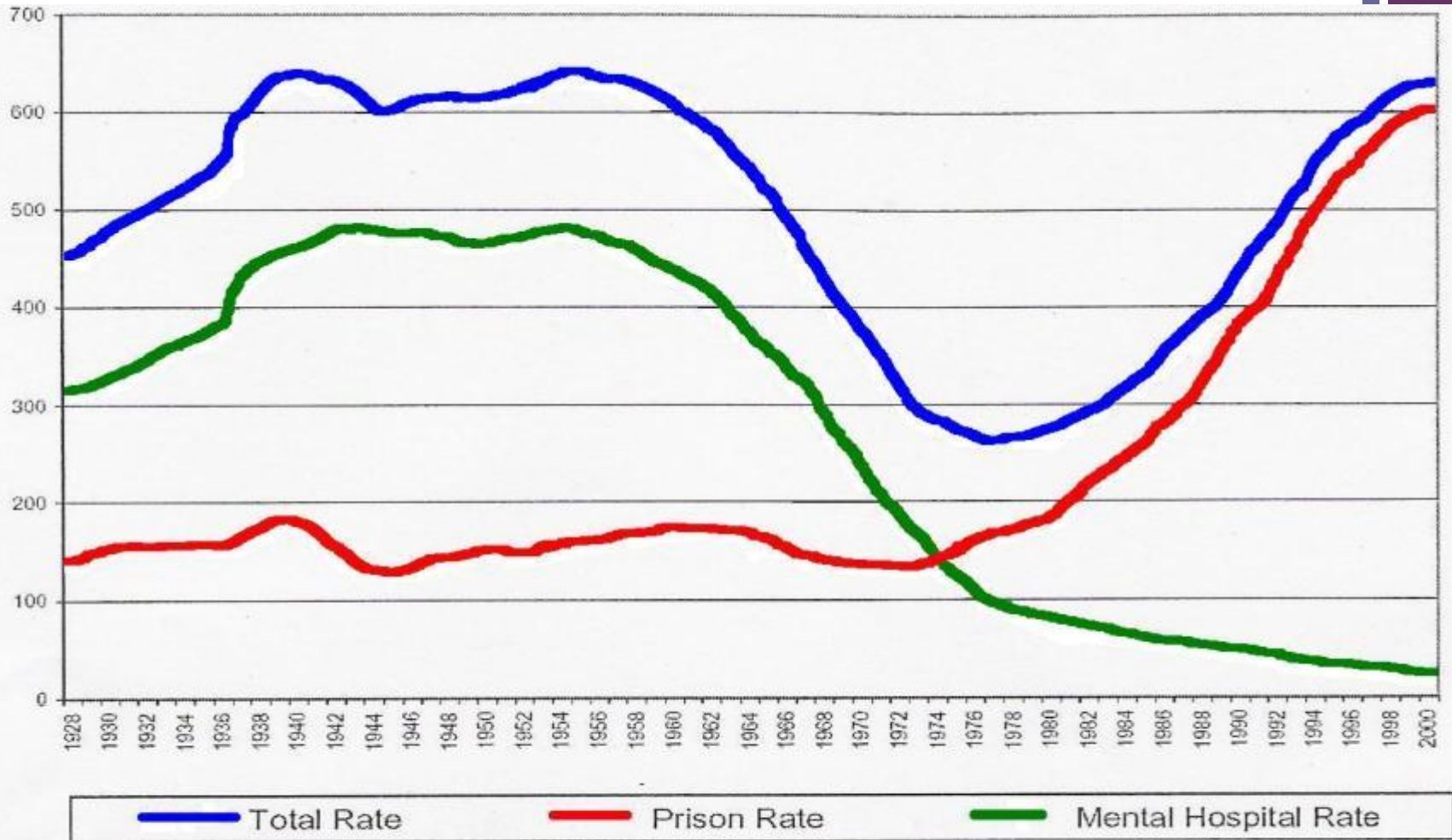
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WHY CIT???

**HOW SUCCESSFUL
IS CIT??**



Institutionalization in the United States, 1928-2000 (per 100,000 adults)*

*U. of Chicago, Public Law Working Paper



Mental Health Bed Loss In The Last 15-20 Years



| | |
|-----------------------|-------------------------|
| ■ Charter Hospital | – 36 |
| ■ Culpeper Pine | – 19 |
| ■ Western State | – 100 |
| ■ Charter Westbrook | – 60 |
| ■ UVA-Rucker 3 | – 20 |
| ■ Total Loss = | <u>-235 Beds</u> |



Jail



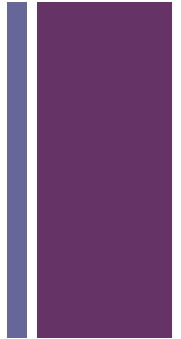
| REGIONAL JAIL | RATED CAPACITY | CURRENT COUNT | OPERATING AT |
|---------------------------|-----------------------|----------------------|---------------------|
| Central Virginia | 242 | 400 | 165% |
| Albemarle Charlottesville | 329 | 530 | 161% |

Estimated Number of Inmates with Mental Illness in Our Local Prison Systems

| Regional Jail | Current Count | Number of Inmates with Mental Illness(17-18%) |
|---------------------------|----------------------|--|
| Central Virginia | 400 | 68 - 72 |
| Albemarle-Charlottesville | 530 | 90 - 95 |



Costs of Jails and Prison



Virginia Taxpayers Dollars

Prison -- State

- \$23,000 per year per inmate
- projecting the building of four new prisons by 2013 at \$100 million each

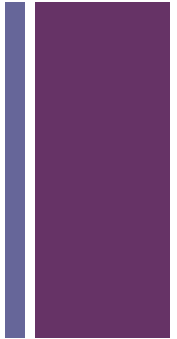
Jail -- Local

- \$67.00 per day –ACRJ
 - Operating at 161% capacity
- \$47.00 per day –CVRJ
 - Operating at 165% capacity





The Need for CIT



- There are **400 to 500 offenders** with mental illness in Charlottesville/Albemarle area
- **3,200 to 3,500** people in Virginia jails on any given day have a mental illness
-(Virginia Department of Correction)
- Inmates with mental illness regularly experience **recidivism rates above 70 percent**
-(National Institute of Corrections)
- Incarceration of offenders with mental illness often exacerbates the problem for two reasons
 - 1.) Predatory inmates mistreat and take advantage of inmates with mental illness.
 - 2.) As with anyone who is taken advantage of, the experience is likely to cause a person with mental illness to increase symptoms, usually leading to an extended period of incarceration and added criminal charges.
-Consensus Project Report
- **1/3** of our regional state psychiatric hospital's (Western State Hospital) released forensic admissions are rearrested.

US Military Veterans



Veterans account for **21-25 %** of all suicides in the US

VHA Undersecretary for Health Information Letter, December 11, 2009 and CDC National Violent Death Reporting System

Overall suicide rate for soldiers in 2006 was **17.3 per 100,000 soldiers**

-US. Army

Overall suicide rate for citizens of US in 2005 was **11.05 per 100,000 citizens**

-CDC

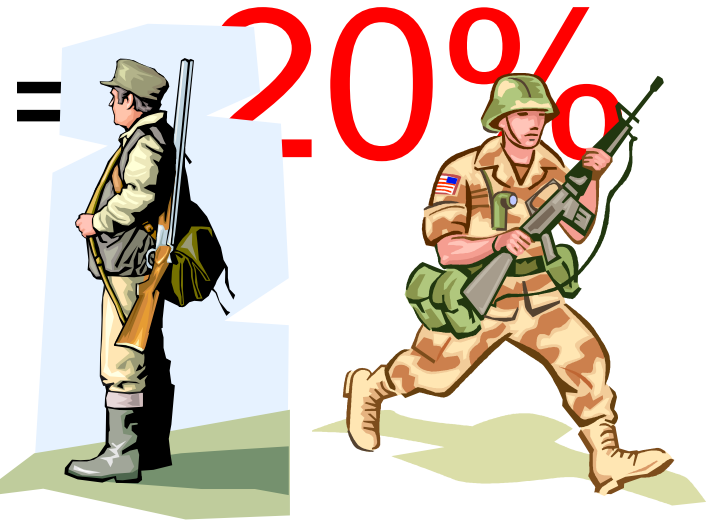
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Post-Traumatic Stress Disorder (PTSD)

Symptoms include reliving the event, avoiding situations related to the event, feeling numb, hyperarousal, feelings of shame and despair, depression, rage, physical symptoms

The rate of diagnosable **1 in 5**

PTSD among returning
for Veterans



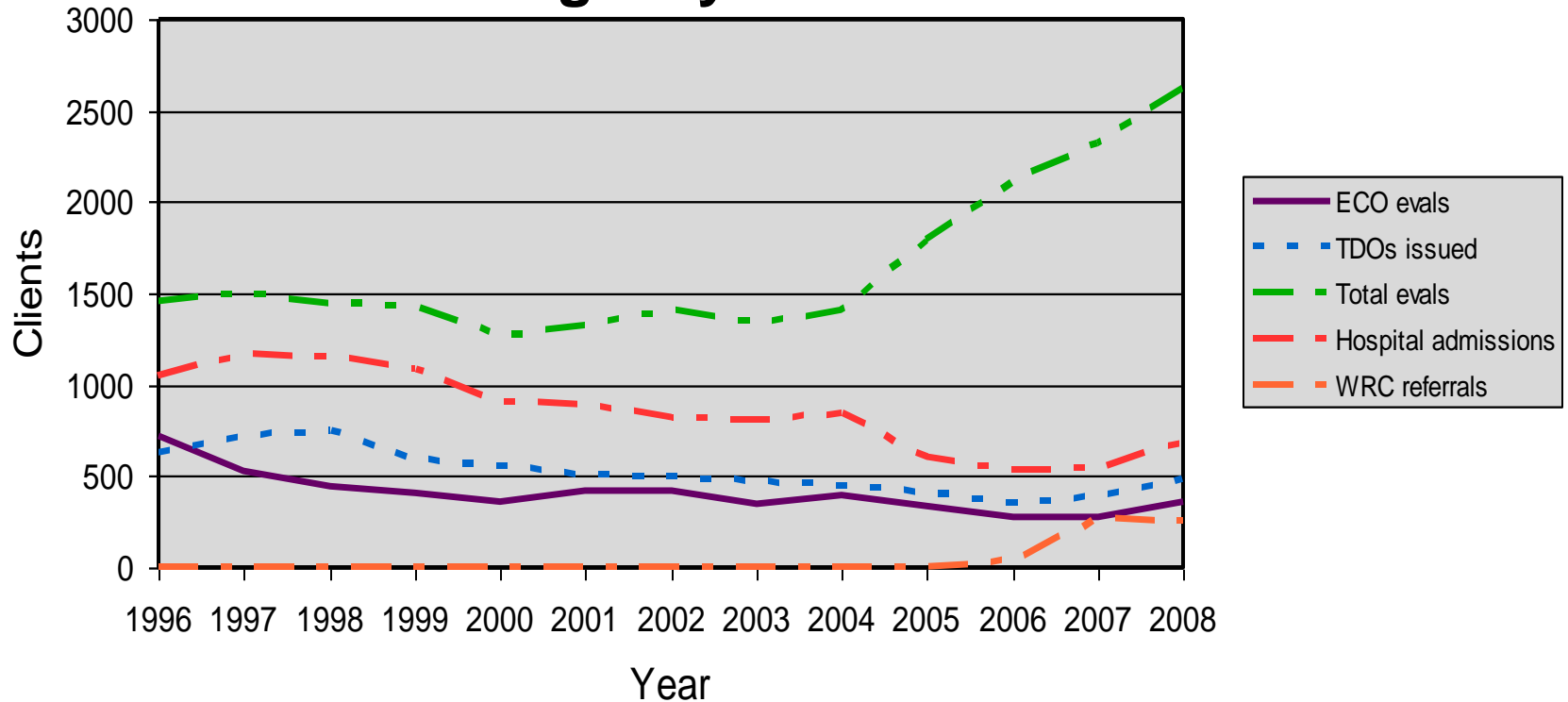


Region 10 CSB

Covering Charlottesville, Albemarle, Green, Nelson, Louisa, and Fluvanna



Trends in the Department of Emergency Services





CIT is...

**An exemplary pre-booking
jail diversion program for
the mentally ill.**

**A process of addressing system
change for crisis care within a
community as a whole.**

**About responsibility to the
community, family members,
and consumers of mental
health services.**

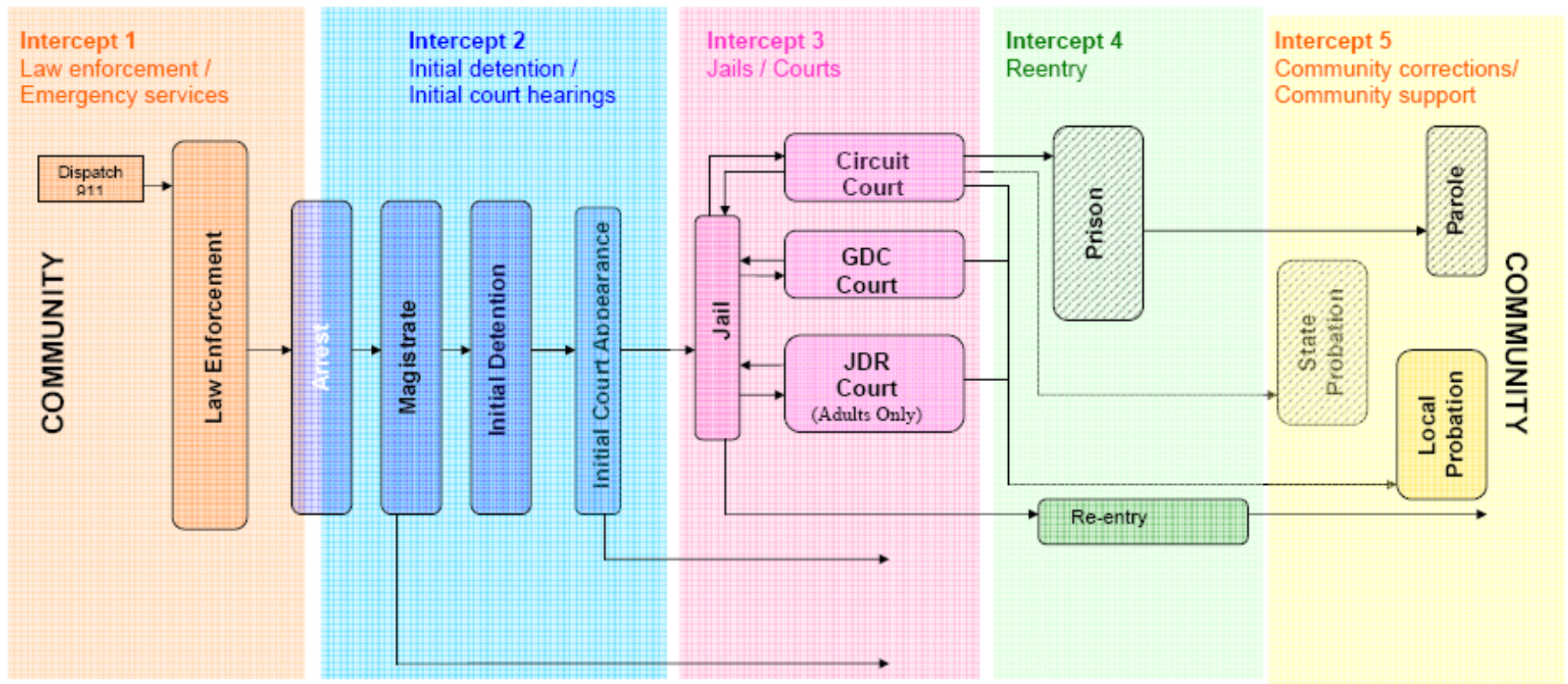
**More than a training program
for selected police officers. CIT is
a mindset!**



+ Sequential Intercept Model: Virginia

ACTION: Sequential Intercepts for Change: Virginia Criminal Justice - Mental Health Partnerships

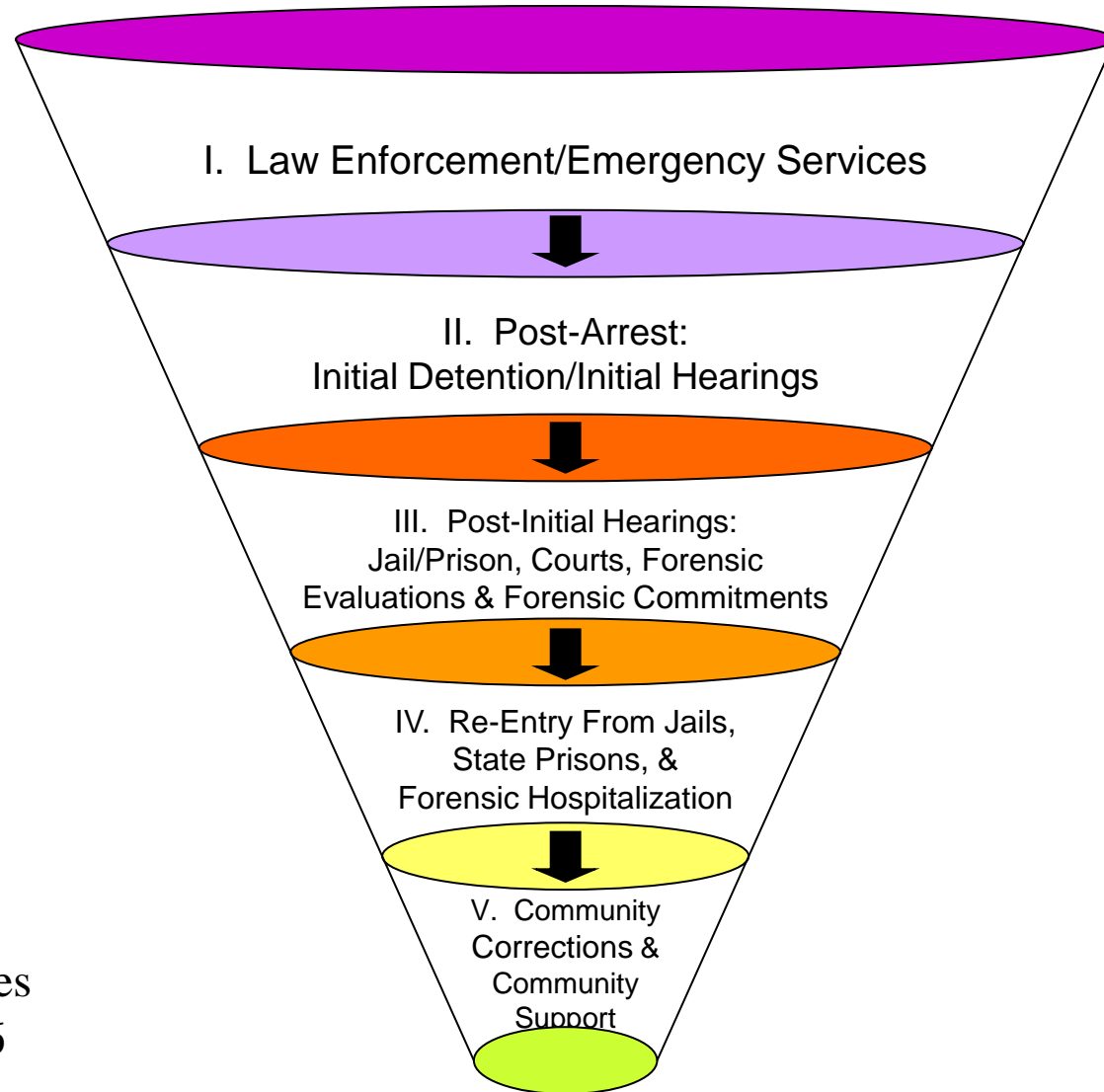
10/2008





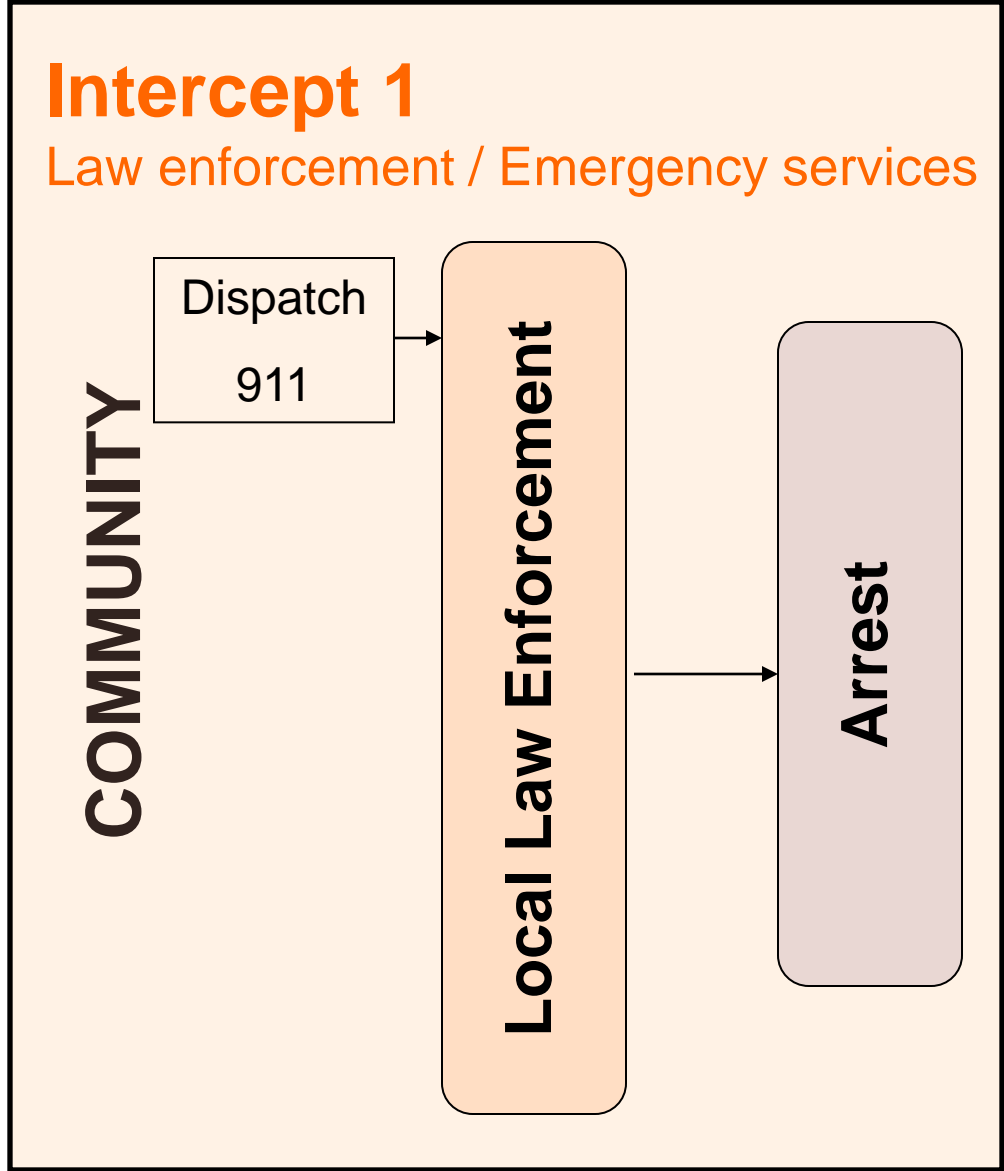
Sequential Intercepts

Best Clinical Practices: The Ultimate Intercept



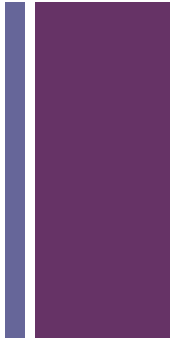
Munetz & Griffin:
Psychiatric Services
57: 544–549, 2006

**Pre-booking Jail
Diversions**



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VISION



- Safety for the Officer,
- Safety for the Community
- Safety for the Person in Crisis





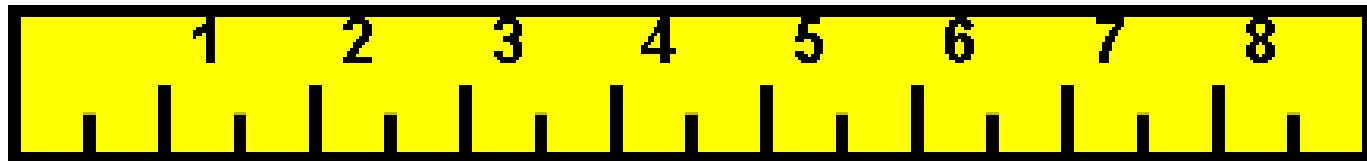
MISSION



- 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.



What gets **MEASURED**
is what gets **DONE**



If you can't **MEASURE** it
you can't **MANAGE** it



OBJECTIVES & OUTCOMES

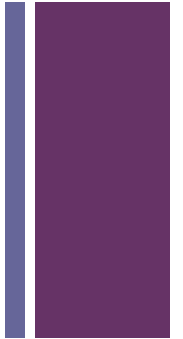


- **Objective:** Reduce officer injuries due to mental health crisis calls.
- **Outcome:** Over four years (2008-2011) there were **over 5,000 mental health crisis calls** with **NOT a single documented officer injury** (Charlottesville, Albemarle, UVA).



OBJECTIVES & OUTCOMES

- Objective: **Reduce time** that officers spend on mental health related calls.
- Outcome: Reduced officer ECO / TD 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).





OBJECTIVES & OUTCOMES



- **Objective:** Based on the Virginia CIT Model, **train a minimum of 25% of patrol officers** within each law enforcement department to be trained in CIT.
- **Outcomes:** Over **70% of all police** officers (Charlottesville, Albemarle, UVA) instructed in 40-Hour Virginia Department of Criminal Justice Services (DCJS) accredited trainings.



OUTCOMES (Continued)



- Over **30%** of county sheriff deputies within 8 of the 9 rural counties trained in the Thomas Jefferson Area CIT region.
- **100%** of Emergency Dispatchers instructed within 8 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 Virginia.

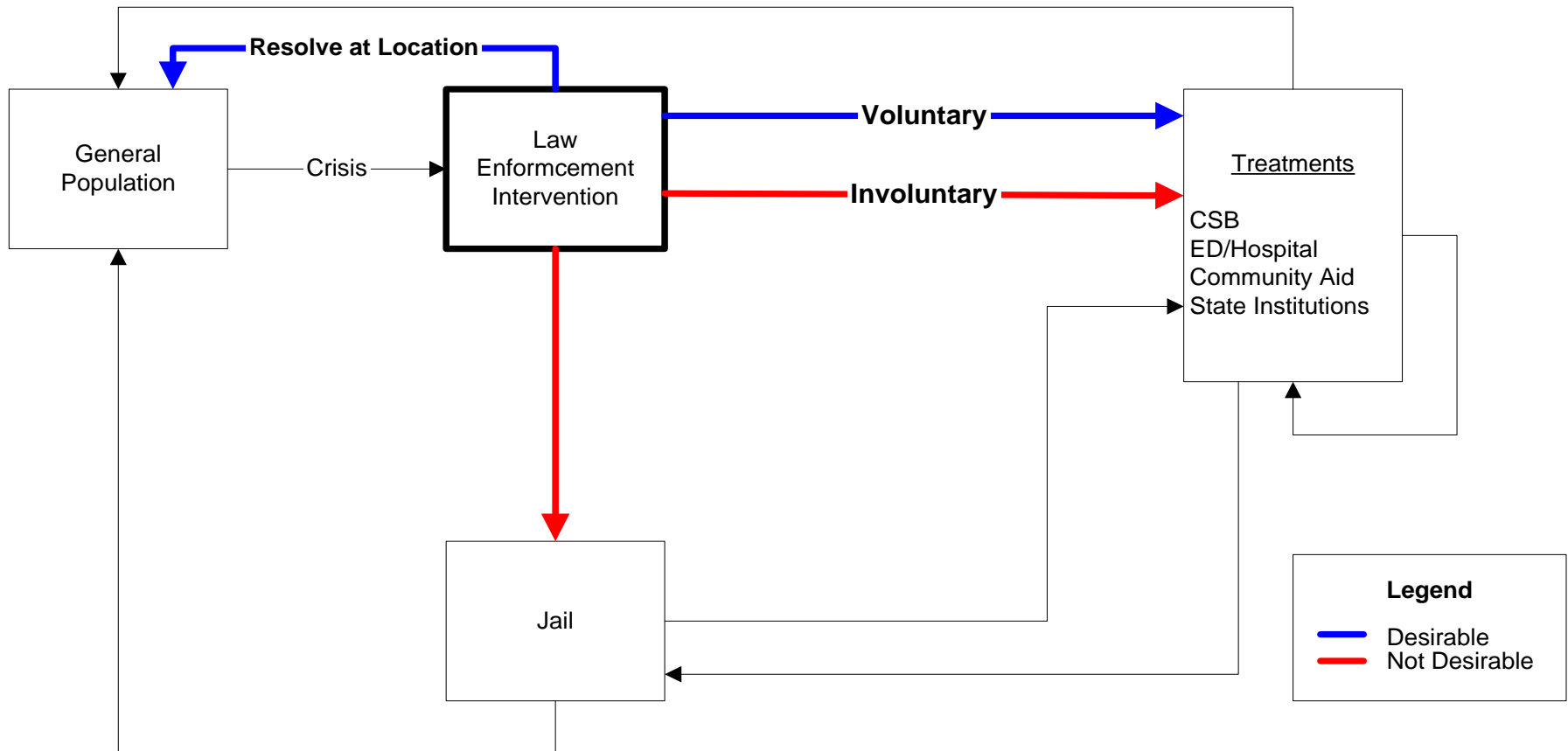


+ OBJECTIVES & OUTCOMES

- Keep many individuals with mental illness out of the criminal justice system *(when safe and appropriate).*



Crisis Intervention System



+ Four Outcomes for Officers Responding to Mental Health Crisis Calls



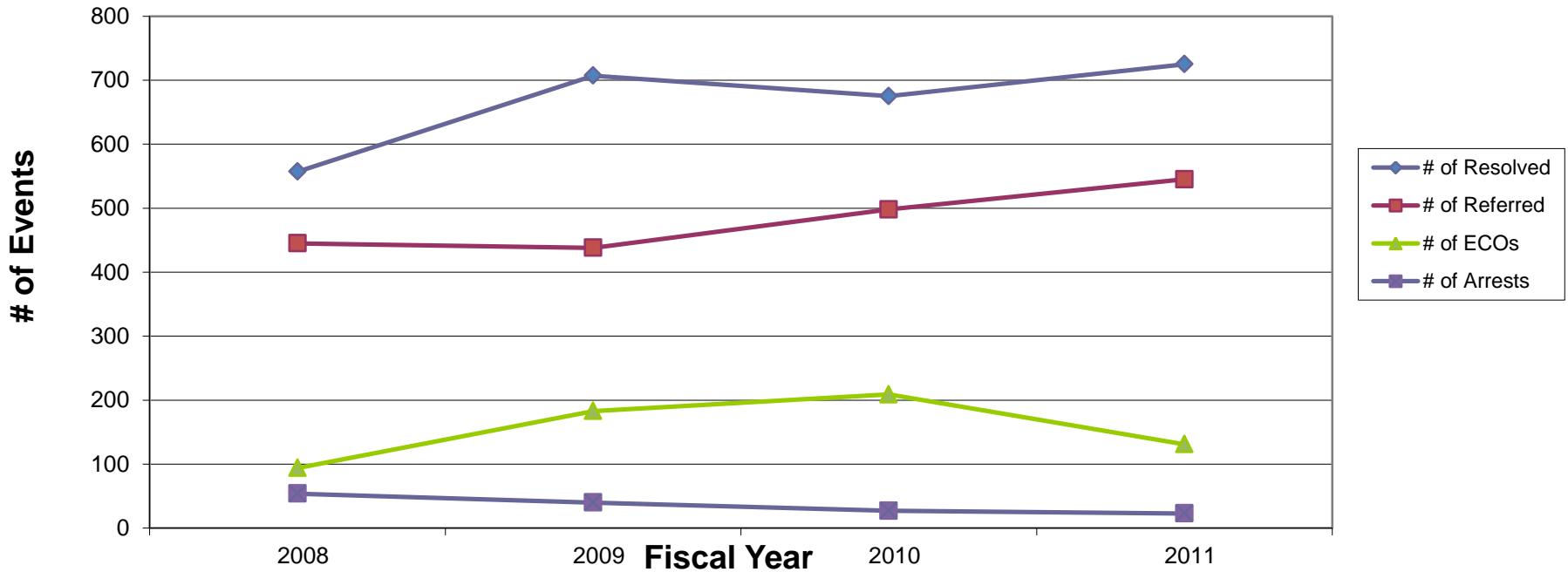


OBJECTIVES & OUTCOMES



■ 4 Years of 911 Mental Health Crisis Calls

Combination of CIT Statistics





OBJECTIVES & OUTCOMES

- **Objective:** CIT Taskforce is to design and implement written protocols that govern the agencies' interactions in working with people experiencing acute episodes of mental illness in situations in which law enforcement has intervened.





OBJECTIVES & OUTCOMES

- Created Memorandum of Agreement (MOA)
- Contracted 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. Five localities signed the TJA-CIT MOA for FY2013.





OBJECTIVES & OUTCOMES



- **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.



OBJECTIVES & OUTCOMES

- **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.



+ CIT Monthly Team

Partner Identification

■ Law Enforcement

- Officers
- Magistrates
- Probation

- Dispatchers(911)
- Jail staff

■ Mental Health Agencies

- Emergency Services
- Mental Health Advocates
- Peer Consumer Specialist

- VA Wounded Warrior

■ Hospitals

- Doctors, Nurses, Psych Dept.



Data Entry Templates

Police /Jail

Hospitals

Region Ten
Emergency
Services

On Our Own

911- ECC

Data Processing

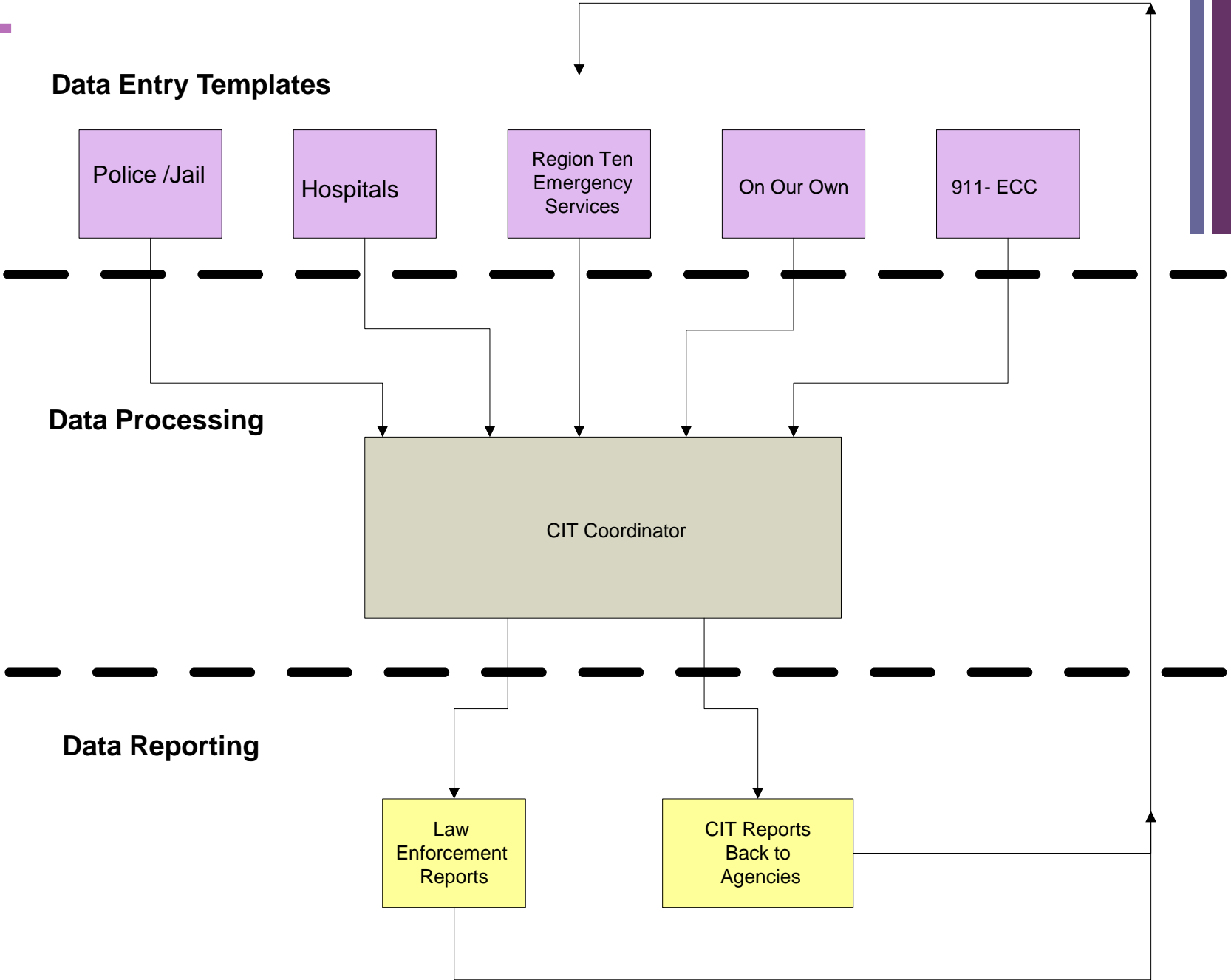
CIT Coordinator

Data Reporting

Law
Enforcement
Reports

CIT Reports
Back to
Agencies

33



ECO Stats

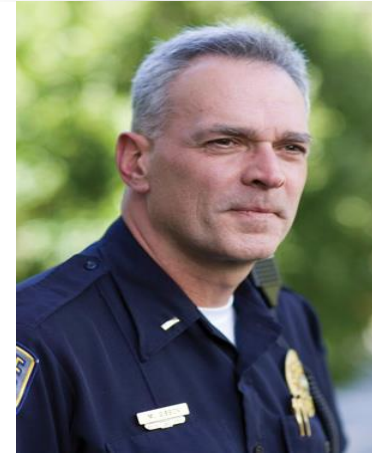
(2008 to 2011)

| Statistic | Average |
|--------------------------------|----------------|
| Time in Custody | 2:56 Hours |
| Originating Officer Time | 0:52 Minutes |
| ER Custody | 2:15 Hours |
| MH Evaluator Delay | 0:53 Minutes |
| Percent Not TDO | 50% |
| Percent by CIT Officer | 40% |
| Percent ER Diversion Room Used | 21% |

+ DIRECT QUOTES ABOUT CIT



- **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*



Timothy J. Longo Sr.

+ DIRECT QUOTES ABOUT CIT

- **“In the law enforcement community the Jail is the biggest benefactor of the CIT Program”**
—*Col. Ronald Matthews Charlottesville-Albemarle Regional Jail*
- **“There is no doubt in my mind that CIT training results in less instances of deadly use of force. I highly recommend that police administrators make this training mandatory for all of their officers”**
—*Col. Steve Sellers, Albemarle County Police Department*



+ DIRECT QUOTES ABOUT CIT

- “Mutual respect, collaboration, and planning between law enforcement and Region Ten has never been better. CIT works!”

—*Buzz*

Barnet, LCSW, Emergency Services Director Region Ten CSB.

- “NAMI applauds CIT and all their efforts to help those in crisis!”

— *Sally Rinehart, President, NAMI-Blue Ridge Family Alliance.*



National Alliance on Mental Illness

+ WHAT CIT IS NOT.....

- Active Shooter

 - Virginia Tech

 - Columbine High School

- Situations where your personal safety / community safety is endangered

- IMPORTANT: Follow your department's protocols on officer safety



+ Receiving Facility

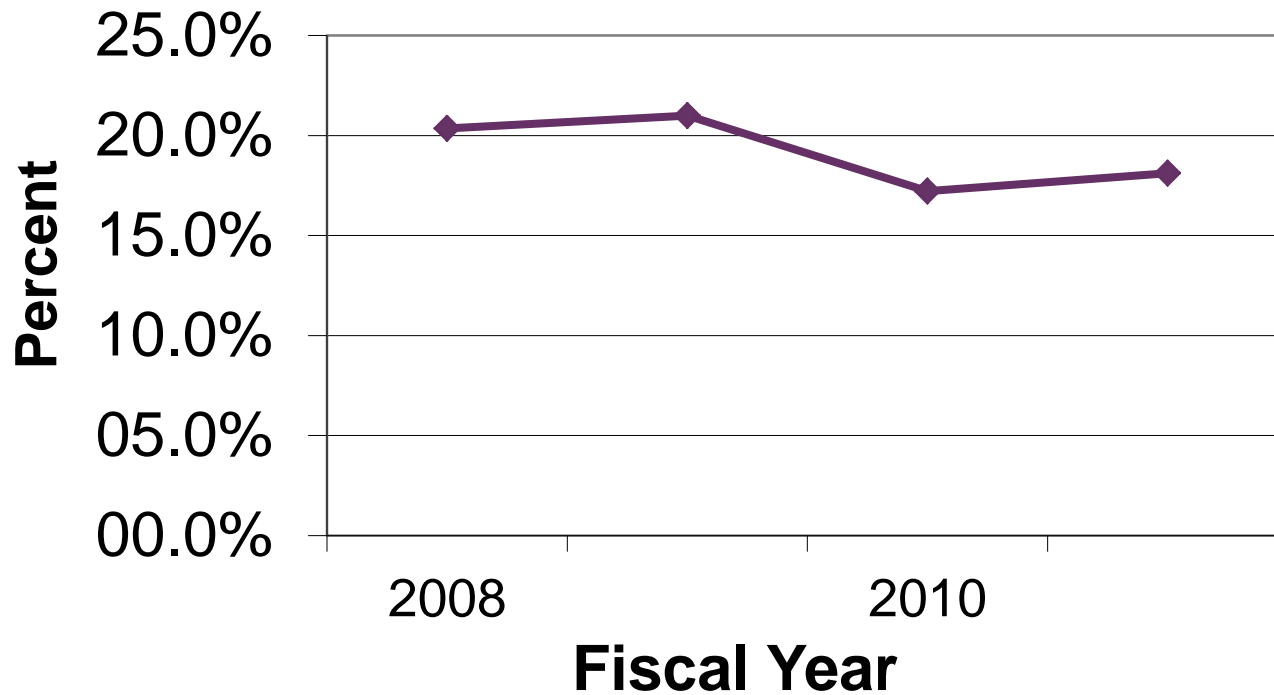
- ❑ Accept All Patients (Regardless of Clinical Status)
- ❑ 15 Minute Officer Turnaround
(Police as Customer)
- ❑ Appropriate Facility (re: Level of Acuity)
- ❑ Evaluations 2 to 6 hours (Up to 24 hours)
- ❑ Medical Examination
- ❑ Complete Mental Status Examination
- ❑ Wide-Ranging Disposition Options



+ Emergency Room Usage for ECOs



UVA Emergency Department: Percent of Time that Rooms 46/47 were used for ECOs





Stigma of mental illness

- **Mentally ill persons denied participation in family life, social networks, and productive employment**
- **Stigma has detrimental effect on mentally ill person's recovery and level of self-acceptance**
- **Rejection of people with mental illness affects family and caretakers**
- **Major causes of stigma are myths, misconceptions and negative stereotypes of people in community**