Crisis Intervention Team Programs & Assessment Sites

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Crisis Intervention Team (CIT) Overview

• CIT is...
  – A pre-booking criminal justice diversion program for persons with behavioral health issues
  – A community collaboration between criminal justice and behavioral health to better identify and respond to individuals in crisis
  – Designed to give officers the skills & abilities to better respond to individuals in crises with the goal of reducing the need for use of force thus reducing likelihood of risk of harm to officers and individuals in crisis
  – More than a training program for law enforcement...CIT is a community value and culture!
CIT Overview

- CIT was...
  - Developed by Memphis, TN Police in 1988
  - Prompted by the shooting death of an individual with mental illness during a police intervention
  - Replicated across the nation and globe
  - 35 active programs in Virginia covering nearly the entirety of the Commonwealth
  - Virginia leads the nation in the number of CIT programs and CIT assessment sites
5 Legged Stool – Model for CIT

1) Police/ First Responder Training
2) Community Collaboration/ Stakeholder Group
3) Vibrant & Accessible Crisis System (CITACs)
4) Behavioral Health Staff Training
5) Family, Consumers, and Advocates Collaborate & Educate
Leg 1 - Training

• 40 hr comprehensive training on BH issues
  – How to identify signs/symptoms of MI
  – Psychopharmacology
  – The Law
  – Communication & De-escalation with role plays
  – Site visits & interviews with persons with lived experience
  – A portion is standardized with flexibility to tailor to community needs
  – DCJS approves training for PIC credits

• Shorter CIT Dispatcher Training
• Train the Trainer to Maintain Self-Sufficiency
• Annual Refresher
Leg 2 – Community Collaboration/ Stakeholder Group

• To sustain successes, leaders (both CJ & BH) must meet regularly to review program and make adjustments as needed
  – Discuss any problems that have arisen
  – Venue to communicate differences of opinion and settle policy issues
  – Discuss high utilizers and other challenges
  – Recognize successes and provide praise

• Initially must be monthly but over time can decrease to quarterly

• Support is essential to maintain program fidelity and to demonstrate commitment to program
Leg 4 – Behavioral Health Staff Training

• Important for BH staff and BH leaders to understand the challenges of law enforcement
• Understand the Code and how it pertains to diversion
• Understand police resources and limitations
• Understand public safety culture and language
• Enhances collaboration
Leg 5 – Family, Consumers, and Advocates Collaborate & Educate

- Often the forgotten leg
- Can help entrench CIT into community
- Can help ensure fidelity and guard against drift
- Advocate for program needs
- Educate about available resources
Leg 3 – Vibrant & Accessible Crisis System

- Historically, jail was the door to accessing crisis system
- To change, need new door to be accessible, responsive, and quick
  - Goal of moving towards no refusal policy
  - §37.2-808 (E) allows for transfer of custody for individuals under Emergency Commitment Order (ECO)
  - CITACs have off-duty law enforcement of CIT trained security personnel who can accept transfer when appropriate
Overview – Consumer & Law Enforcement Benefits

• Diversion from inappropriate arrest for persons in crisis
• Reduction in time spent in evaluation and medical clearance
• Law enforcement referrals are from disturbances or “nuisance” crimes, violent crimes are not eligible to divert
• Sites assist law enforcement by returning them to primary duties through staffing with CIT officers who can assume custody
  Enhance connections to other components of BH system by building toward a “no wrong door” approach
• Offers connection to certified peers
Forensic Services – CIT Assessment Sites

Funding

• FY 2018 $10.5 million- 37 individual Site locations

• FY2019 $11.4 million- 37 + 5 developing locations

• FY’18 average cost per assessment = $716
  – Low of $147/per to high of $7,744/per
The first General Assembly CITAS programs (3)

*Program with Assessment Site*
FY’14 Expansion doubles the number of programs
General Assembly again doubles sites (12)
FY'16  Largest appropriation increase adding 20  (32)

Program with Assessment Site
Additional five sites added
CIT Assessment Site locations (42) – 6/17/19

Existing Site
FY’19 Developing Site
CIT Locations

• Some located in EDs
• Some located on hospital campus
• Some located in office parks
• Some located in CSB ES/CSU
• Pros and Cons to each model
CIT Hours of Operation

- Seven sites operate 24/7
- Remainder operate 8-16 hours per day
- Communities were asked to operate during peak hours for ECOs & 911 MH calls
- Stop accepting referrals prior to closing time
- For those who don’t operate 24/7, policies related to law enforcement re-assuming custody of individual
Other Limitations of CITACs

- Most can manage 1-3 individuals at a time
- Not all individuals are suitable
  - Most do not accept individuals with more significant offenses
  - Some accept voluntary or family referral but this is exception rather than rule
- Medical screening/clearance at times poses challenges
- Transportation for Temporary Detention Order
# Reported Assessments – FY ’18

<table>
<thead>
<tr>
<th>Assessments &amp; Dispositions</th>
<th>Number</th>
<th>% of Total</th>
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<tbody>
<tr>
<td>Total Assessments</td>
<td>14,664</td>
<td>100</td>
</tr>
<tr>
<td>Assessments Resulting in TDO</td>
<td>8,442</td>
<td>57.6</td>
</tr>
<tr>
<td>All other dispositions</td>
<td>6,222</td>
<td>42.4</td>
</tr>
</tbody>
</table>

## Dispositions

- **TDO**: 8,442 (57.6%)
- **All other**: 6,222 (42.4%)
## Referral Source – FY ’18

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<tr>
<th>Assessments &amp; Dispositions</th>
<th>Number</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Law Enforcement Referrals</td>
<td>9,960</td>
<td>67.9</td>
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<tr>
<td>All other referral sources</td>
<td>4,704</td>
<td>32.1</td>
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</table>

Dispositions

- **LEO**
- **All other**
Transfers of Custody

• Transfer of custody occurred in approximately 60% of referrals overall and 87% of referrals already involving law enforcement.

• Transfers do not occur when:
  – CITAC officer is already watching someone else
  – Individual is deemed to dangerous
  – Nearing closing time
Future Role of CITACs

• Selective Expansion of Hours to Be Available 24/7 in areas where there is greatest demand & where resources would support 24/7 operation
• Selective Expansion of Physical Capacity to Respond to Need
• Selective Expansion of Services to Better Meet Needs of Individuals in Crisis by Providing Psychiatric Services & Acute Detox
• Expansion of CIT Program to Intercept 0 – Prevention of Crisis