

Documentation for CITAC Evidence Informed Proposed Initiatives

Mental health assessment centers, like the CITAC, are evidence-informed practices to divert individuals experiencing mental health or co-occurring mental health and substance use crises from arrest and into appropriate treatment. A brief overview of supporting research for each program is discussed below.

Mental Health Crisis Assessment Centers

The Rockingham Harrisonburg CIT Assessment Center (CITAC) is not currently aligned with best practice recommendations due to limited operating hours. CITAC allows individuals experiencing mental health or co-occurring substance use crisis to be assessed for the appropriate level of care. Unpublished analysis by James Madison University researchers shows that mental health calls for service in Harrisonburg and Rockingham County have increased by 10% over the past three years, outpacing population growth in the region. A significant portion of call dispositions are brought to the CITAC, either voluntarily or involuntarily through emergency custody orders (ECO). This has led to significant congestion at the CITAC, which presents broad public health and safety concerns, including significant delays in treatment access among individuals with the highest level of need. Law enforcement has noted significant delays in officer response to public safety threats due to long wait times. By state statute (*Va. Code § 37.2-809*), law enforcement must transport individuals subject to an ECO to the CITAC for assessment and transfer them to a CITAC officer or wait until they are admitted or released. During non-operational hours, officers transport individuals to the emergency department. Analysis of average call times for involuntary transport showed an increase from 7 hours 12 minutes in 2019-20 to 10 hours 54 minutes in 2021-22 in officer wait times on ECO calls, as compared to an average 43 minutes on MH-related calls cleared on scene. A substantial portion resulted in a 23-hour officer wait.

Research suggests that relying on emergency department for MHD and MHSUD triage tends to be ineffective and inefficient. Shifting emergency crisis response away from the emergency department to a crisis assessment team has been shown to reduce costs and increase connections to services for individuals with MHDs and MHSUDs.¹ Moreover, crisis assessment centers are a key component of effective Crisis Intervention Training (CIT) programs. CIT is an evidence-informed practice for diverting MHDs and SUMHDs from incarceration, as well as reducing force in police interactions. The 40-hour training is designed to provide law enforcement with the knowledge and skills needed to improve the outcomes of related 911 calls for service involving MHDs or MHSUDs. Currently, 74.9% of officers in the Harrisonburg Police Department and 54.8% of officers in the Rockingham County Sheriff's Office have completed CIT training (training rates among police departments in the county range from 25% to 100%).

Research has shown, however, that the positive results associated with CIT are contingent upon a variety of mediating factors, including community programs and infrastructure.² A core element of effective CIT programs is the presence of "a designated psychiatric emergency receiving facility with a "no-refusal"

¹ Verletta Saxon, Dhruvodi Mukherjee, and Deborah Thomas. "Behavioral health crisis stabilization centers: A new normal." *Journal of Mental Health & Clinical Psychology* 2, no. 3 (2018).

² Jillian Peterson and James Densley. "Is Crisis Intervention Team (CIT) training evidence-based practice? A systematic review." *Journal of Crime and Justice* 41, no. 5 (2018): 521-534.

Amy C Watson, et al. "CIT in context: the impact of mental health resource availability and district saturation on call dispositions." *International journal of law and psychiatry* vol. 34,4 (2011): 287-94.

policy and minimal turnaround time for police officers.”³ Limited hours and long wait times may influence officer willingness to transport individuals for assessment and reduce connections to appropriate treatment for individuals experiencing a mental health or substance use emergency.⁴

³ Michael T. Compton, Beth Broussard, Dana Hankerson-Dyson, Shaily Krishan, Tarianna Stewart, Janet R. Oliva, and Amy C. Watson. "System-and policy-level challenges to full implementation of the Crisis Intervention Team (CIT) model." *Journal of Police Crisis Negotiations* 10, no. 1-2 (2010): 72-85.

⁴ Compton et al., 2010.