THOMAS JEFFERSON AREA
CRISIS INTERVENTION TEAM

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50 WAYS TO IMPROVE YOUR CIT
Thomas Jefferson Area CIT
VIRGINIA CIT COALITION

ALL Presentation documents

www.virginiacit.org
CIT TRAININGS
# 1= INTRODUCTIONS

1. YOUR NAME?

2. AGENCY?

3. # OF YEARS OF EXPERIENCE?

4. WHAT DO YOU SEE?
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
This quiz developed by VOCAL (the Virginia Organization of Consumers Asserting Leadership).

VOCAL is a statewide consumer-run nonprofit organization dedicated to mental health recovery, empowerment, and peer leadership.
# 4= HOUSE RULES

1. START ON TIME.....FINISH EARLY

2. TRAINERS WILL BE INTERESTING & INFORMATIVE

3. CELL PHONES OFF / VIBRATE

4. NO TEXTING DURING CLASS

5. SNACKS.....WHAT EVER YOU WANT!

6. HAVE FUN / NO WEAPONS / BE SAFE
VISION

- Safety for the Officer,
- Safety for the Community
- Safety for the Person in Crisis
# 5 = CLASS/SESSION EVALUATIONS

- Thomas Jefferson Area CIT  EVALUATION FORM
- NAME: __________________(Optional)  AGENCY: ____________ (Optional)
- SESSION ____________________________________________________________
- Interesting & Informative ____  Interesting & Not Informative____
- Uninteresting ___  A Waste of Time ___
- COMMENTS: _________________________________________________________
  _________________________________________________________________
- What did you like best? _____________________________________________
- What did you like least? _____________________________________________
- What would you suggest for the next training on this unit? _____________
  _________________________________________________________________
# 6 = BINDERS OUT.....
FLASH DRIVE / PADFOLLIOS IN....
Orientation to CIT Concept
Introduction to Clinical States
Civil Commitment Procedures & Related Issues (Part 1)
Continuum of Care for Persons with Mental Illness
Introduction to Psychopharmacology
Consumer & Family Perspectives
Site Visit Schedule & Information
Site Visit Review
Professional Liability & Legal Issues
Suicide Intervention Skills for the CIT Officer
Role Playing Exercises
Basic Crisis Intervention Skills
Civil Commitment Procedures & Related Issues (Part 2)
Verbal De-Escalation Techniques
Developmental Disabilities
Role Playing Exercises
Co-Occurring Disorders
Personality Disorders
Adolescent Issues
Community Resources
Role Playing Exercises
Graduation
CIT Officer Roster
CIT Staff Contacts
CIT Faculty Bios
Published Literature on CIT
Media Coverage of the NRV-CIT Program
# 7 = FOOD
(breaking bread together)

- Have foundations/programs sponsor your lunch.

- Virginia Division of the Southern States Police Benevolent Association
Four Outcomes for Officers Responding to Mental Health Crisis Calls

- Resolve At Location
- Voluntary Treatment
- Involuntary Treatment
- Jail
Jail
An exemplary pre-booking jail diversion program for people in crisis due to a mental illness. 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 law enforcement officers. CIT is a mindset!
VISION

- Safety for the Officer,
- Safety for the Community
- Safety for the Person in Crisis
# 10 - Use INDEX CARDS

A. Use index cards to answer questions/comments at the end of each critical and/or sensitive topic presentation.

B. Suicide Beliefs

C. What is your stress / piss you off TRIGGER

D. Mental Heath Awareness - Exercise
LIABILITY: WHAT CIT IS NOT

- Active Shooter
  - Virginia Tech
  - Columbine High School
  - Sandy Hook

- Situations where your personal safety / community safety is endangered

IMPORTANT: Follow your department's protocols on officer safety
# 12 - How to read a drug bottle

- **A**: Phone: 123-4567  Fax: 234-5678  
  JOHN BROWN  Dr: Mary Jones 345-6789

- **B**: Rx No: 0123-3456  Date: 1/1/2006

- **C**: AMIODARONE 200 mg

- **D**: Take 1 tablet every morning  
  Refills: 2  Use before: 1/1/2008

- **E**: DO NOT eat grapefruit or drink grapefruit juice at any time while taking this medication.

- **F**: You should avoid prolonged or excessive exposure to direct and/or artificial sunlight while taking this medication.
# 13 – SUICIDE PREVENTION

ASK THE HARD QUESTION……..

- Don’t say….. “Are you thinking about harming your self?”
- BE DIRECT….ASK….
  - “Are you thinking about killing yourself?”
  - “Are you thing about committing suicide?”
- EXERCISE……..
#14 - VIDEO = Alzhiemers
www.alz.org
# 15 – IT COULD BE EPILEPSY

www.epilepsyfoundation.org
# 16 – VIDEO - Supporting Combat Veterans

**Psychologico Effects on War Veterans, A Soldier’s Heart**

**Summary:** For some, the return home can be as painful as war itself. PBS FRONTLINE (60 minute video) tells the stories of soldiers who have come home haunted by their experiences and asks whether the government is doing enough to help. This workshop will demonstrate the horrific stigma of mental illness in our society. class for your use for CIT Trainings.
# 17 – CULTURAL DIVERSITY

Tale of Two Brains – Male vs. Female

http://www.youtube.com/watch?v=xxtUH_bHBxs
What emotions / behaviors to you see when encountering someone experiencing a mental health crisis.

**VALIDATE THEIR FEELINGS** – People want to know they are being listen to (does mean you have to agree with them)
# 19 How the reptilian brain works...or how we react in CRISIS (in FEAR) (physiological changes)
#20 - LISTENING EXERCISE – Giving Directions

- After leaving the south-east parking lot turn right onto McCormick Blvd. Parkway.
- Drive 8 blocks and merge right onto Rt. 250 Bypass, located just past the Best Buy store and KFC store located on the right side of the road.
- Drive about 2 and half miles and turn right onto McIntire Road by the skate park and rescue squad building.
- At the 2nd street light merge right and drive up Harris Street, a steep and windy road.
- The building located half mile up the road on the left side at 750 Harris Street.
#21 Listening Exercise

- One person reads the sentence on the paper quietly into the next person’s ear. (read only ONE time).

- The person who heard the sentence repeats the sentence told to them to the next person seating beside them. (State the sentence only ONE time).

- Repeat this again to the next person through four total people. (Important: Sentence is only whispered to the next person just ONE time).

- The fourth person writes down on a blank piece of paper what they heard from the third person.
#22 LISTENING - JUDGEMENTALLY

- The stress of trying to keep quiet until the other person shuts the hell up so I can tell them my brilliant insights so they will learn the right thing to do.

- *WE want to “fix it”*
video – JUST Listen!
Stop trying to fix it
(It’s not about the nail)

http://www.youtube.com/watch?v=-4EDhdAHrOg
23 - LISTENING

NON-JUDGEMENTAL

“The most basic and powerful way to connect to another person is to listen. Just listen. Perhaps the most important thing we ever give each other is our attention....A loving silence often has for more power to heal and to connect than the most well-intentioned words.”

EXERCISE.............ADVANCE EXERCISE

Rachel Naomi Remen, Clinical Professor of Family and Community Medicine, University of California. San Francisco School of Medicine.
1. Introduce yourself
   - “Hello, my name is…….”
   - “I’m Mike and I’m a CIT Officer…….”

2. Obtain the person’s name
   - “What’s your name?”
   - “My name is …….., what’s yours?”
   - “Nice to meet you….may I ask what your name is?”
4. Restating and/or summary... a good “active listener”

- “So, let me see if I got this right. You told me that ....”

- “I want to make sure I heard you correctly........the following things are happening to you right now........”
3. Expressive feelings… what you know… what you’ve learned… what you see…

- “I hear you yelling…. I see you’re mad”

- “I heard you say you are angry at your boss, you were fired from your job, you don’t want to go home, and you’re not taking your medications right now.”
#25– VIDEO – Introduction to Georgia CIT Training Video
# 26 – Role Play Evaluations

<table>
<thead>
<tr>
<th>Student name:</th>
<th>Agency:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Day/level:</strong> Thursday/intermediate</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The four plays</th>
<th>Introduce self</th>
<th>Y</th>
<th>N</th>
<th>Other</th>
<th>Ask about mental health treatment</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of citizen</td>
<td>Y</td>
<td>N</td>
<td></td>
<td></td>
<td>Ask about medications</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Reflect feeling</td>
<td>Y</td>
<td>N</td>
<td></td>
<td></td>
<td>Ask about substance abuse</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Summarize</td>
<td>Y</td>
<td>N</td>
<td></td>
<td></td>
<td>Ask about a WRAP/crisis plan</td>
<td>Y</td>
<td>N</td>
</tr>
</tbody>
</table>

| Ask about Suicide | Y | N |
CIT PROGRAM
#14 Data Collection - Measuring the Success of CIT

What gets measured is what gets done.

If you can't measure it, you can't manage it.
APPLES VS. ORANGES
MUST DEFINE YOUR MEASURES
The Need for CIT

Institutionalization in the United States, 1928-2000 (per 100,000 adults)
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
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 = -235 Beds
<table>
<thead>
<tr>
<th>REGIONAL JAIL</th>
<th>RATED CAPACITY</th>
<th>CURRENT COUNT</th>
<th>OPERATING AT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central Virginia</td>
<td>242</td>
<td>400</td>
<td>160%</td>
</tr>
<tr>
<td>Albemarle Charlottesville</td>
<td>329</td>
<td>425</td>
<td>130%</td>
</tr>
</tbody>
</table>
## Estimated Number of Inmates with Mental Illness in Our Local Prison Systems

<table>
<thead>
<tr>
<th>Regional Jail</th>
<th>Current Count</th>
<th>Number of Inmates with Mental Illness (17-18%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central Virginia</td>
<td>400</td>
<td>68 - 72</td>
</tr>
<tr>
<td>Albemarle-Charlottesville</td>
<td>425</td>
<td>80 - 85</td>
</tr>
</tbody>
</table>
#28 - MENTAL HEALTH SCREENING AND ASSESSMENT TOOLS

Reviewed and Approved by: SAMHSA

Substance Abuse and Mental Health Services Administration
OBJECTIVES & OUTCOMES

Objective: Reduce time that officers spend on mental health related calls.

Outcome: 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).
For questions 1-10, please rate yourself by circling an answer as of today and a second circle to indicate before class began on Monday. (1 = Low  5 = High)

1.) How would you rate your comfort level in dealing with an individual suffering with mental illness?

Prior to this week:  

After training week:  

PRE/POST TEST RESULTS

Graph showing pre- and post-test results for various categories.
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
“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
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 60% 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 1,200 officers within TJA-CIT area and throughout Virginia.
#32 Field Data Four

Outcomes for Officers Responding to Mental Health
OBJECTIVES & OUTCOMES

7 Years of 911 Mental Health Crisis Calls

Combination of CIT Statistics

- # of Resolved
- # of Referred
- # of ECOs
- # of Arrests

Fiscal Year
**ACTION:** The consensus was for officers to report to 911 dispatchers the following:

- **931-3** Mental Health Crisis Call = Resolved on location
- **931-7** Mental Health Crisis Calls – Voluntary Committal Transport (to hospital, mental health agency, Club House, home)
- **931-1** Mental Health Crisis Call – Emergency Custody Order (ECO) Involuntary
- **931 & Arrest Code** Mental Health Crisis Call - arrest to jail
#32 OBJECTIVES & OUTCOMES

**Objective:** Reduce officer injuries due to mental health crisis calls.

**Outcome:** Over five years (2008-2012) there were over 6,000 mental health crisis calls with NOT a single documented officer injury (Charlottesville, Albemarle, UVA).
#33 Developed Standard Operating Procedures (SOP)

- With Law Enforcement Departments for improved communications between Officers, Emergency Dispatchers, local Hospitals and Mental Health Agencies with responding and transporting to Emergency Custody Orders (ECO) Crisis Calls.
23 separate CIT law enforcement policies, data sheets and mental health tools from all over the nation.

ADAMHS Board and the joint Cleveland Police Department/ADAMHS CIT Mental Health Response Advisory Committee, Policy Subcommittee if you find this helpful.

#34 Goals of CIT
Crisis Receiving Facility

- Accept All Patients (Regardless of Clinical Status)
- 15 Minute Officer Turnaround
- 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
- Security provided when needed
(2008 to 2012)

<table>
<thead>
<tr>
<th>Statistic</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time in Custody</td>
<td>2:56 Hours</td>
</tr>
<tr>
<td>Originating Officer Time</td>
<td>0:52 Minutes</td>
</tr>
<tr>
<td>ER Custody</td>
<td>2:15 Hours</td>
</tr>
<tr>
<td>MH Evaluator Delay</td>
<td>0:53 Minutes</td>
</tr>
<tr>
<td>Percent Not TDO</td>
<td>50%</td>
</tr>
<tr>
<td>Percent by CIT Officer</td>
<td>40%</td>
</tr>
<tr>
<td>Percent ER Diversion Room Used</td>
<td>21%</td>
</tr>
</tbody>
</table>
Emergency Room Usage for ECOs

UVA Emergency Department: Percent of Time that Rooms 46/47 were used for ECOs
**CRISIS ASSESSMENT DATA SHEETS**

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**CRISIS ASSESSMENT CENTER (CAC) DATA SHEET**

(Updated: July 01, 2015)

**IMPORTANT:** ALL FIELDS MUST BE COMPLETELY FILLED BEFORE SUBMITTING REPORT.

<table>
<thead>
<tr>
<th><strong>Patient Name:</strong></th>
<th><strong>Date of ECO:</strong> / /</th>
</tr>
</thead>
</table>

**ORIGINATING OFFICER**

**UVA OFFICER**

<table>
<thead>
<tr>
<th><strong>Originating Case #</strong></th>
<th></th>
</tr>
</thead>
</table>

**Who called for the ECO:** (check one)

- Patient
- CIT Officer
- CIT First Responder
- CIT Jail/Corrections
- FD / Medical Referral

**Which Law Enforcement agency transported ECO Patient:** (check one)

- UPD
- CPD
- Nelson
- APD
- Greene
- Fluvanna
- Louisa
- Wintergreen
- Town of Louisa
- Lake Monticello

**ECO Documentation:** Paper

**CIT Certified Officer:** Yes

**Time when dispatched:**  

**On Location Time:**  

**Time of custody:**  

**Time officer notified dispatch to call Region Ten:**  

**Time officer arrived at UVA Hospital (Crisis Assessment Center):**  

**ECO Call Type:**

- Dispatched MH Call
- Dispatched ECO
- Dispatched Wellness Check
- Officer Initiated Call
- Dispatched Other

**Injuries:**

- None
- Officer
- Individuals
- Both

**Arrest:**

- Would criteria have been met for Discretionary Arrest? Yes

---

**UVA POLICE Officer taking custody info:**

**Name \ Badge #**  

**UVA SECURITY Officer taking custody info:**

**Name \ Badge #**  

**Time of custody:**  

**ECO searched?** Yes  

**Hospital Room #**  

---

**ORIGINATING OFFICER**

**SUMMARY OF INCIDENT**

---

**Officer Name:**  

**Officer Cell #**  

So if needed medical or MH provider can review incident

**Originating Officer Signature**  

**Badge #**
### #35 COMPUTER DATA COLLECTION: EXCEL SPREAD SHEET

<table>
<thead>
<tr>
<th><strong>Originating Officer</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Originating Case #</td>
<td></td>
</tr>
<tr>
<td>Patient First Name</td>
<td></td>
</tr>
<tr>
<td>Patient Last Name</td>
<td></td>
</tr>
<tr>
<td>Date of EOC</td>
<td>5/22/2014</td>
</tr>
<tr>
<td>EOC Petitioner Name</td>
<td></td>
</tr>
<tr>
<td>Intemmer Relationship to Patient</td>
<td></td>
</tr>
<tr>
<td>EOC Petitioner Phone #</td>
<td></td>
</tr>
<tr>
<td>Agency Transporting</td>
<td>Albemarle PD</td>
</tr>
<tr>
<td>EOC Documentation</td>
<td>Paper</td>
</tr>
<tr>
<td>CIT certified officer?</td>
<td>No</td>
</tr>
<tr>
<td>Time when Originating Officer dispatched</td>
<td>5/22/2014 12:38:56 PM</td>
</tr>
<tr>
<td>Time when Originating Officer Arrived On Scene</td>
<td>5/22/2014 12:38:56 PM</td>
</tr>
<tr>
<td>Time when Originating Officer took Custody</td>
<td>5/22/2014 12:38:56 PM</td>
</tr>
<tr>
<td>Time Officer Notify Dispatch to call CSB Pre-Screener</td>
<td>5/22/2014 12:38:56 PM</td>
</tr>
<tr>
<td>Originating Officer Comments/Additional Info/Other Particular Instructions</td>
<td></td>
</tr>
</tbody>
</table>
#16 MORE THAN JUST TRAINING

Efficient, Effective, Integrated Crisis Intervention System

- Police Departments
- Hospital Systems
- Jail
- Mental Health Resources
- Community Relations

Improve Coordination Among Resources
# 36 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.
LAW ENFORCEMENT, MENTAL HEALTH, AND MEDICAL

- Law Enforcement
  - Officers
  - Magistrates
  - Probation
- Mental Health Agencies
  - Emergency Services
    - VA Wounded Warrior
  - Mental Health Advocates
  - Peer Consumer Specialist
- Hospitals
  - Doctors, Nurses, Psych Dept.
YOUR CRISIS TEAM CONTACTS

- **ALBEMARLE POLICE DEPARTMENT**
  - Det. Mike Wells
  - Cpl. Greg Davis

- **CHARLOTTESVILLE POLICE DEPARTMENT**
  - Sgt. Eric Pendleton
  - Officer Kathryn Saunders

- **UNIVERSITY OF VIRGINIA POLICE DEPARTMENT**
  - Sgt. Casey Acord
  - Officer Debra Davenport
**Meeting Notes**

- **Robert D.** (presented by Det. Wells) – Temporary Detaining Order (TDO) issued on Feb. 12, but now in jail at ACRJ. Concerned about his mental health. Known to carry knives and box cutters. Jail reports that the psych Dr. Coen is now seeing him. He has no known residence, homeless.

  **ACTION:** Any updates about his pending release….Jail will report to Officer Robert Worfell.

- **Patricia B.** (presented by Det. Wells) – Worried about her mental health. She constantly calls 911 to report that people are watching her outside her home even though no is there.

  **ACTION:** Det. Wells will call Officer Mikesh to call Molly Yates (Emergency Services Clinician) to schedule time to visit her together for a **Support/Accountability Intervention.**
#37 Support/Accountability Intervention

- Sending a **Mental Health Professional** and a **CIT Officer** to meet a person in crisis due to a mental illness.

- **SUPPORT** - Offering Mental Health and Community Services

- **ACCOUNTABILITY** – If destructive and disruptive behaviors continues the following actions will happen by a certain process
CRISIS ASSESSMENT TEAM within your law enforcement departments.

See document

The mission of the Crisis Assessment Team is to *intervene* before a crisis becomes acute, to *offer* mental health services to those without current providers, *reduce* the frequent calls for service to 911 or the Police Department, and in the event help is declined, to *leverage* possible criminal charges or other external supports to facilitate recovery for each person served.
#39 Cell Phone / E-mail LIST of Crisis Review Team Members

- The focus is NOT the monthly meeting.
- The focus is developing trust, relationship, and contacts between your mental health, law enforcement and medical personnel.

**QUESTION:** Do you have the cell # of all your team/taskforce in your cell phone???
Patrol Officer Michael Schneider was involved in an OI-ECO (Officer Initiated Emergency Custody Order) yesterday with a young man, stayed with him throughout the 6 hour ECO. Officer Schneider was fabulous! He was very patient with this young man, respectful, and focused. He especially did a great job as the ECO was about to expire in getting this young man to cooperate with hospital officials. My thanks to Officer Schneider for the great work he does!
# 41 YOUR CIT PIN
TWO PRONGS – NOT ONE!!!
Just showing off!!!

BEST CIT PIN OF THE YEAR
1st Annual CIT International Conference
San Antonio, TX
#42 DRUG CARD

## Antipsychotic

<table>
<thead>
<tr>
<th>Brand</th>
<th>Generic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abilify</td>
<td>aripiprazole</td>
</tr>
<tr>
<td>Clozaril</td>
<td>clozapine</td>
</tr>
<tr>
<td>Geodon</td>
<td>ziprasidone</td>
</tr>
<tr>
<td>Haldol</td>
<td>haloperidol</td>
</tr>
<tr>
<td>Risperdal</td>
<td>risperidone</td>
</tr>
<tr>
<td>Seroquel</td>
<td>quetiapine</td>
</tr>
<tr>
<td>Thorazine</td>
<td>chlorpromazine</td>
</tr>
<tr>
<td>Zyprexa</td>
<td>olanzapine</td>
</tr>
</tbody>
</table>

## Mood Stabilizers

<table>
<thead>
<tr>
<th>Brand</th>
<th>Generic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lithium</td>
<td>lithium</td>
</tr>
<tr>
<td>Depakene</td>
<td>valproic acid</td>
</tr>
<tr>
<td>Depakote</td>
<td>divalproex</td>
</tr>
<tr>
<td>Lamictal</td>
<td>lamotrigine</td>
</tr>
<tr>
<td>Tegretol</td>
<td>carbamazepine</td>
</tr>
<tr>
<td>Topomax</td>
<td>topiramate</td>
</tr>
<tr>
<td>Trileptal</td>
<td>oxcarbazepine</td>
</tr>
</tbody>
</table>

## Antidepressants

<table>
<thead>
<tr>
<th>Brand</th>
<th>Generic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Celexa</td>
<td>citalopram</td>
</tr>
<tr>
<td>Cymbalta</td>
<td>duloxetine</td>
</tr>
<tr>
<td>Elavil</td>
<td>amitriptyline</td>
</tr>
<tr>
<td>Effexor</td>
<td>venlafaxine</td>
</tr>
<tr>
<td>Lexapro</td>
<td>escitalopram</td>
</tr>
<tr>
<td>Paxil</td>
<td>paroxetine</td>
</tr>
<tr>
<td>Prozac</td>
<td>fluoxetine</td>
</tr>
<tr>
<td>Remeron</td>
<td>mirtazapine</td>
</tr>
<tr>
<td>Wellbutrin</td>
<td>buproprion</td>
</tr>
<tr>
<td>Zoloft</td>
<td>sertraline</td>
</tr>
</tbody>
</table>

## Anti-anxiety

<table>
<thead>
<tr>
<th>Brand</th>
<th>Generic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ativan</td>
<td>lorazepam</td>
</tr>
<tr>
<td>Klonopin</td>
<td>clonazepam</td>
</tr>
<tr>
<td>Valium</td>
<td>diazepam</td>
</tr>
<tr>
<td>Xanax</td>
<td>alprazolam</td>
</tr>
</tbody>
</table>

## ADHD Medication

| Adderall   | amphetamine  |
| Concerta   | methylphenidate|
| Ritalin    | methylphenidate|
| Straterra  | atomoxetine  |
First Response
Community Connection Card

Crisis / Mental Health Helplines (24 Hours)

Emergency (police, rescue, fire) 911
Region Ten Emergency Services 972-1800
Madison House Help-Line 295-8255
Runaway Emergency Services Program 972-SAFE
Suicide Hotline 800-784-2433/800-273-8255
Poison Control Center 1-800-222-1222
Sexual Assault Resource Agency (SARA) 977-7273
Shelter for Help in Emergency 293-8509

(Collect Calls Accepted)
Alzheimer's Safe Return 1-800-272-3900
Social Services Albemarle 972-4010
Social Services Charlottesville 970-3400

Counseling / Parenting / Mental Health

Children Youth & Family Services (CYFS) 296-4118
Region Ten Community Services Board 972-1800
On Our Own (mental health peer support) 979-2440

Substance Abuse Services

AL-Anon 1-(800) 344-2666 972-7011
Alateen 1-(800) 344-2666 972-7011
Alcoholics Anonymous 293-6565
Narcotics Anonymous 979-8298
Mohr Center 979-8871

Law Enforcement

Albemarle Police 296-5807
Charlottesville Police 970-3282
UVA Police 924-7166
Anonymous Tips
Crime Stoppers 977-4000
Drug Information 970-3376
Community Connection – RESOURCE GUIDE

- **Mental Health America**
  - 911 East Jefferson Street, Charlottesville, VA 22902
  - Phone: (434) 977-4673  
  - Website: [http://mha.avenue.org/](http://mha.avenue.org/)
  - **Hours**: 9am-4:30pm M-F
  - **Services Area**: Albemarle, Charlottesville, Fluvanna, Greene, Louisa, Nelson

- **Description of Services**:
  - Provides direct services for the mentally disabled and their families and/or care givers; promotes mental health; prevents mental illness; assures the proper treatment of mentally ill children, adolescents, and adults. Provides information on community risks and needs for mental health.

- **SEE DOCUMENT**
# 44 - Calling for Help for Someone in a Mental Health Crisis

See document.....
#45 - CIT vs. Deliberate Indifference

- **Defending Claims for Failure to Train**

- In *City of Canton v. Harris*, 489 U.S. 378 (1989), the United States Supreme Court recognized that municipalities may be held liable for failing to properly train officers where those failures represent a “deliberate indifference” to known or obvious consequences. The same theory of recovery is now used to sue departments and their chiefs and sheriffs for failure to adequately train personnel.

- As stated at the outset, risk management is only one benefit of CIT training. The training will better enable your personnel to fulfill their duties to protect and serve.

- Barry T. Meek
- Associate General Counsel
- University of Virginia

- The views expressed in this paper and during CIT liability training are those of the author and may not necessarily reflect those of the Office of the General Counsel or the Office of the Attorney General.
#46 – Crisis Plan Card

I have a **Mental Health Crisis Plan**

- I have an _____ **Advance Directive**
- I have a _____ **WRAP Plan**

*Virginia State Code 37.2.815 requires that a Psychiatric Crisis Plan be reviewed if available when assisting an individual in a psychiatric crisis. This card will help law enforcement, first responders, and emergency personnel assist you in times of crisis. Keep this on you and accessible.*

**VoCAL** See back of card for information.

---

**Crisis Contact Person:** __________________________

**Relationship to me:** __________________________

**Contact Phone Number:** (_____)-________

**Location of Written Crisis Plan:** __________________________

**Allergies or other conditions:** __________________________
# 47 - Honor your best CIT members
Back Side of Challenge Coin

In Recognition of Exceptional Service to the Community
#48 - MARKETING / PROMOTING

CIT

T-SHIRTS

VS.

POLO SHIRTS
# 50 – TRIGGER LOCKS
CONCERNED ABOUT
A FAMILY MEMBER
OR FRIEND?

ARE THEY SUICIDAL?
— Depressed, angry, impulsive?
— Going through a relationship break-up, legal trouble, or other setback?
— Using drugs or alcohol more?
— Withdrawing from things they used to enjoy?
— Talking about being better off dead?
— Losing hope?
— Acting reckless?
— Feeling trapped?

SUICIDES IN VA
for outnumber homicides

FIREFARMS ARE THE
LEADING METHOD

ATTEMPTS WITH A GUN
ARE MORE DEADLY
than attempts with other methods

HOLD ON TO THEIR GUNS
— Putting time and distance between a suicidal person and a gun may save a life.
— For other ways to help, call the National Suicide Prevention Lifeline: 1-800-273-TALK (8255).

Preventing Suicide
Promoting Wellness
#51 – DRUG BOX
MENTAL ILLNESS…

is the only disease that can make you deny its own existence. Certainly the idea that the brain can deny its own illness is a frightening thought.
Mental Illness – A Story

https://www.youtube.com/watch?v=WcSUs9iZv-g
Your Best Ideas

TRAINING or PROGRAM
CONTACT
INFORMATION

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- (434) 987-6699