



# Responding to Persons with Mental Illness and/or Emotional Distress

An Evaluation of the Prince William County Police Department Crisis Intervention Team (CIT) Program



Frank Straub, PhD  
Melissa Reuland  
Blake Norton  
Ben Gorban

September 2018

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# Introduction

## Overview of Crisis Intervention and Law Enforcement

Responding to persons who are affected by mental illness or who are in an emotional crisis has become an increasingly-larger issue for law enforcement officers nationwide.<sup>1</sup> In addition to facing the challenges posed by limited government funding and provision of mental health services or treatment resources, these persons likely have limited options available to them and are prone to behave in ways that bring them into contact with law enforcement.<sup>2</sup> Public safety calls-for-service involving persons with mental illness are frequently complex, time-consuming, resource intensive and often involve safety concerns for the officers and the persons they are trying to assist.

The prevalence of, and challenges associated with, responding to calls-for-service involving persons in a mental health crisis necessitates a collaborative effort by law enforcement, fire/EMS, behavioral and mental health practitioners, advocates, persons with mental illness and their family members and friends, and other relevant stakeholders to develop solutions for safely diverting persons from the criminal justice system to community services and treatment.<sup>3</sup> Law enforcement officials are increasingly partnering with behavioral and mental health partners to develop Police-Mental Health Collaboration (PMHC) programs to improve outcomes for people with mental illnesses.<sup>4</sup>

For many jurisdictions, the most effective PMHC program is the Crisis Intervention Team (CIT). CIT programs offer safer, more empathetic, and cost-effective ways for law enforcement agencies and their community partners to respond to persons with mental illness. Successful CIT programs consist of multiple components and rely on the strength of the collaborative working relationships between law enforcement, behavioral and mental health practitioners, and the community to invest in providing education and training for law enforcement as well as effective services and support for people with mental illness and their significant others.<sup>5</sup> The first component of the CIT program is a strong training curriculum that provides information about mental illness, perspectives of persons with mental illness

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<sup>1</sup> IACP National Law Enforcement Policy Center. *Responding to Persons Affected by Mental Illness or In Crisis*. January 2014. Alexandria, Virginia: International Association of Chiefs of Police. [http://www.theiacp.org/model-policy/wp-content/uploads/sites/6/\\_mediavault/2017/07/MentalIllnessPaper.pdf](http://www.theiacp.org/model-policy/wp-content/uploads/sites/6/_mediavault/2017/07/MentalIllnessPaper.pdf) (accessed July 11, 2018).

<sup>2</sup> IACP National Law Enforcement Policy Center. *Responding to Persons Affected by Mental Illness or In Crisis*. January 2014. Alexandria, Virginia: International Association of Chiefs of Police. [http://www.theiacp.org/model-policy/wp-content/uploads/sites/6/\\_mediavault/2017/07/MentalIllnessPaper.pdf](http://www.theiacp.org/model-policy/wp-content/uploads/sites/6/_mediavault/2017/07/MentalIllnessPaper.pdf) (accessed July 11, 2018).

<sup>3</sup> CIT International. "CIT Program Overview 2017." 2018. <http://www.citinternational.org/resources/Documents/CIT%20Program%20Overview.2017.pdf> (accessed July 11, 2018).

<sup>4</sup> Schwarzfeld, Matt, Melissa Reuland, and Martha Plotkin. *Improving Responses to People with Mental Illnesses: The Essential Elements of a Specialized Law Enforcement-Based Program*. 2008. New York, NY: Council of State Governments Justice Center.

[https://www.nccpsafety.org/assets/files/library/Improving\\_Responses\\_to\\_Mental\\_Illnesses\\_-\\_LE-Based\\_Program.pdf](https://www.nccpsafety.org/assets/files/library/Improving_Responses_to_Mental_Illnesses_-_LE-Based_Program.pdf) (accessed July 11, 2018).

<sup>5</sup> International Association of Chiefs of Police. *Building Safer Communities: Improving Police Response to Persons With Mental Illness – Recommendations from the IACP National Policy Summit*. June 2010. Alexandria, Virginia: International Association of Chiefs of Police.

<http://www.theiacp.org/portals/0/pdfs/ImprovingPoliceResponsetoPersonsWithMentalIllnessSummit.pdf> (accessed July 11, 2018).

who have been involved with the criminal justice system and their families, and crisis intervention de-escalation skills. These trainings are best delivered by a combination of law enforcement, mental health service practitioners, and persons with mental illness and their loved ones. In addition to classroom lectures, training frequently includes role-play exercises, visits to mental health facilities, and discussions between people with mental illness and officers.<sup>6</sup> The second component of successful CIT programs is collaborative partnerships with the community mental health providers and other stakeholders. These partnerships provide referral opportunities for officers and assistance for persons in need of emergency services.<sup>7</sup> The third component of these programs is the enhanced ability of CIT-trained officers to use their specialized skills to identify someone who is in mental health crisis, de-escalate the situation and direct the person away from the criminal justice system and into appropriate treatment and supports.<sup>8</sup>

## Crisis Intervention Training in Virginia

One of the first CIT programs in Virginia was developed by the New River Valley Crisis Intervention Team (NRVCIT) in 2001, using federal grant funds from the Substance Abuse and Mental Health Services Administration (SAMHSA) over a three-year period. To develop a rural adaptation of the CIT model that was developed by Memphis, Tennessee, the NRVCIT brought together 14 local law enforcement agencies—including police departments, sheriffs’ offices, and two campus police departments—across five localities; local mental health practitioners; and local advocates including the chapter of the National Alliance on Mental Illness.<sup>9</sup> In 2007, the NRVCIT received a line item allocation from the Virginia General Assembly through the Virginia Department of Criminal Justice Services (DCJS) to focus on statewide expansion of CIT initiatives, including developing a train-the-trainer program and providing technical assistance for communities interested in creating their own CIT programs.<sup>10</sup>

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<sup>6</sup> Reuland, Melissa. *A Guide to Implementing Police-Based Diversion Programs for People with Mental Illness*. January 2004. TAPA Center for Jail Diversion.

<http://www.pacenterofexcellence.pitt.edu/documents/A%20Guide%20to%20Implementing%20Police-Based%20Diversion%20Programs.pdf> (accessed July 12, 2018).

<sup>7</sup> Reuland, Melissa. *A Guide to Implementing Police-Based Diversion Programs for People with Mental Illness*. January 2004. TAPA Center for Jail Diversion.

<http://www.pacenterofexcellence.pitt.edu/documents/A%20Guide%20to%20Implementing%20Police-Based%20Diversion%20Programs.pdf> (accessed July 12, 2018).

<sup>8</sup> Reuland, Melissa. *A Guide to Implementing Police-Based Diversion Programs for People with Mental Illness*. January 2004. TAPA Center for Jail Diversion.

<http://www.pacenterofexcellence.pitt.edu/documents/A%20Guide%20to%20Implementing%20Police-Based%20Diversion%20Programs.pdf> (accessed July 12, 2018).

<sup>9</sup> Department of Criminal Justice Services and Department of Behavioral Health and Developmental Services. *Essential Elements for the Commonwealth of Virginia’s Crisis Intervention Team Programs (CIT)*. October 1, 2014. Virginia Department of Criminal Justice Services. <http://www.dbhds.virginia.gov/library/forensics/fofo%20-%20vacitessentialelements.pdf> (accessed July 12, 2018).

<sup>10</sup> Department of Criminal Justice Services and Department of Behavioral Health and Developmental Services. *Essential Elements for the Commonwealth of Virginia’s Crisis Intervention Team Programs (CIT)*. October 1, 2014. Virginia Department of Criminal Justice Services. <http://www.dbhds.virginia.gov/library/forensics/fofo%20-%20vacitessentialelements.pdf> (accessed July 12, 2018).

## Prince William County Police Department Crisis Intervention Team

The Prince William County Police Department (PWCPD) was one of the largest Virginia police departments to take advantage of the opportunity to establish a CIT program. The longstanding PWCPD CIT program is built on the department's commitment to enhancing its training and response to community members with mental illnesses. Beginning in 2006, PWCPD implemented many of the mental health training recommendations for law enforcement personnel that were identified by the *Criminal Justice / Mental Health Consensus Project* in 2006.<sup>11</sup> Included in the implementation was sending PWCPD officers to other law enforcement agencies in the state to complete the 40-hour CIT certification course.<sup>12</sup>

Three years later, the Community Services Board (CSB) and law enforcement agencies within Prince William County—including PWCPD—established a planning group for a mental health and criminal justice systems collaboration known as Diversion Intercepts for Varied Emergency Responses and Treatments (DIVERT). DIVERT included the establishment of a separate court docket that, in part, allowed courts the option of releasing from jail defendants who PWCPD officers had identified as having mental health issues into intensive pretrial supervision. Under this supervision, these defendants would receive outpatient mental health treatment, rather than being incarcerated or managed in a prison facility.<sup>13</sup>



### PRINCE WILLIAM COUNTY COMMUNITY SERVICES BOARD

The Prince William County Community Services Board (CSB) is, “a 10-member policy-making Board that serves residents of Prince William County, the City of Manassas and Manassas Park who are in need of mental health, intellectual disability, substance abuse, early intervention and emergency services.” The Emergency Services Division of the CSB provides crisis intervention, emergency evaluations, and intake services for community members in need.

Sources: "Board Members." Prince William County Virginia. Prince William County Government. <http://www.pwcgov.org/government/dept/cs/Pages/Board-Members.aspx> (accessed July 19, 2018) and "Emergency Services." Prince William County Virginia. Prince William County Government. <http://www.pwcgov.org/government/dept/cs/Pages/Emergency-Services.aspx> (accessed July 19, 2018).

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<sup>11</sup> Council of State Governments Justice Center. *Criminal Justice / Mental Health Consensus Project*. 2002. New York, NY: Council of State Governments. <https://csgjusticecenter.org/wp-content/uploads/2013/03/consensus-project-full-report.pdf> (accessed July 3, 2018).

<sup>12</sup> Prince William County Police Department. “Early History of the PWCPD CIT Program.” Provided to the Police Foundation assessment team by the Prince William County Police Department on May 1, 2018. Reviewed by the Police Foundation assessment team May – August 2018.

<sup>13</sup> Livesay & Myers, PC. “New Mental Health Docket in Prince William County.” September 4, 2014. <https://www.livesaymyers.com/new-mental-health-docket-prince-william/> (accessed July 3, 2018).



In 2011, PWCPD actively participated in the establishment of a countywide CIT program to expedite training for PWCPD officers in response to the increase in calls-for-service involving individuals with mental health issues. In 2012, PWCPD hosted its first CIT certification course. Additionally, in 2012, the first PWCPD CIT Coordinator was appointed to work with other law enforcement agency CIT coordinators to create a Greater Prince William Crisis Intervention Team. The countywide team is charged with coordinating, developing and implementing a training and data collection plan; supporting more efficient and effective access to assessment sites and establishing their location(s); developing policies and procedures to streamline access to services in lieu of incarceration; and collecting data to monitor statutory outcome measures.<sup>14</sup>

Since 2012, PWCPD has continued to enhance its CIT program. Each year, the department has increased the number of CIT certification courses it conducts annually from one to at least four; a total of 176 PWCPD officers (26% of the sworn officers) have been trained as of the date of this report. PWCPD trainers have also embedded some of the key principles of CIT into shorter training sessions provided during academy classes and in-service trainings, and have expanded trainings for County dispatchers and civilian personnel. PWCPD has also increased its outreach to, and engagement with, relevant stakeholders in the community including teachers, service providers, and hospitals. The department has tailored some of its CIT curricula for academy instruction and for use in internal defensive tactics and use of force trainings and provided trainings to other law enforcement agencies, attended coordination and planning meetings, and shared successes with their partners.<sup>15</sup> CIT personnel also remain abreast of promising practices in the field of law enforcement-mental health collaboration and regularly seek opportunities to implement those practices in the department. On a number of occasions, PWCPD has served as a pilot site for national-level technical assistance programs.

PWCPD Chief Barnard requested that the Police Foundation conduct an examination of the full range of CIT training, policies, and practices that guide officers in responding to persons challenged by mental illness and/or who are in crisis, and to provide the command staff with findings and recommendations to support the implementation of best practices and a blueprint for continued enhancement of the CIT program.

## Virginia Legislative Review

Following the April 2007 mass shooting at Virginia Polytechnic Institute and State University (Virginia Tech), and based on the recommendations of the Commonwealth of Virginia Commission on Mental Health Law Reform—which had been created in October 2006—and the Virginia Tech Review Panel, the Virginia General Assembly significantly overhauled laws related to mental health. The Commission on Mental Health Law Reform determined that the most significant problems with Virginia’s civil commitment process included: not allowing enough time to conduct emergency custody orders (ECOs) and temporary detention orders (TDOs); not having enough services to help persons who are released after an ECO because they do not meet the criteria; delays and logistical challenges caused by the

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<sup>14</sup> “Early History of the PWCPD CIT Program.” Prince William County Police Department. Provided to the Police Foundation evaluation team by the Prince William County Police Department during an interview on May 1, 2018. Reviewed by the Police Foundation evaluation team May – August 2018.

<sup>15</sup> Police Foundation evaluation team interview with Prince William County Police Department sergeant. May 1, 2018.

requirements for a medical prescreening and clearance; and confusion amongst many stakeholders regarding the civil commitment process.<sup>16</sup> These findings were supported by the Virginia Tech Review Panel, which noted that: the time periods allotted to conduct ECOs and TDOs were insufficient, but that increasing them would require law enforcement to spend more time with persons in emergency custody in cases where hospital security could not assume responsibility; there were ongoing challenges in understanding the roles of emergency physicians and CSB staff; there were unreasonably high standards and differing evaluations for involuntary commitments; and a lack of specificity in multiple areas created challenges for stakeholders in the ECO and TDO processes.<sup>17</sup>

New legislation passed during the 2008 session of the General Assembly provided additional criteria for involuntary commitments to promote more consistent application of the process and allow involuntary treatment in a wider range of cases involving severe mental illness; established clear procedures for ordering, delivering, and monitoring court-ordered outpatient treatment while making mandatory outpatient treatment more effective and consistently-implemented; increased oversight by CSB and other providers; and made considerable enhancements to the ECO and TDO processes, clinical examinations, and hearings, to standardize and improve quality and accuracy.<sup>18</sup> Part of the legislation also required the Virginia Department of Criminal Justice Services (DCJS)—in consultation with the Virginia Department of Behavioral Health and Developmental Services (DBHDS)—to, “develop a training program for all persons involved in the crisis intervention team programs, and all team members shall receive this training.”<sup>19</sup>

Five years later, Virginia passed additional legislation—Senate Bill (SB) 260—amending key elements of the emergency mental health system to help ensure treatment is obtainable for individuals in crisis situations. State Senator Creigh Deeds introduced the legislation approximately two months after an incident in which his son stabbed him multiple times and then committed suicide the day after he was released from emergency custody for a psychiatric evaluation. Deeds’ son was released because mental health workers in Bath County could not locate a psychiatric treatment facility with availability prior to the expiration of the time limit for an emergency custody order (ECO).<sup>20</sup>

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<sup>16</sup> McGarvey, Elizabeth L. EdD. *Civil Commitment Practices in Virginia: Perceptions, Attitudes, and Recommendations - A Report for the Commission on Mental Health Law Reform Commonwealth of Virginia*. April 2007. Charlottesville, Virginia: University of Virginia. [http://www.courts.state.va.us/programs/concluded/cmh/reports/civil\\_commitment\\_practices\\_focus\\_groups.pdf](http://www.courts.state.va.us/programs/concluded/cmh/reports/civil_commitment_practices_focus_groups.pdf) (accessed July 13, 2018).

<sup>17</sup> Virginia Tech Review Panel. *Mass Shootings at Virginia Tech April 16, 2007: Report of the Review Panel*. August 2007. <http://www.policefoundation.org/wp-content/uploads/2016/08/Mass-Shootings-at-Virginia-Tech.pdf> (accessed July 13, 2018).

<sup>18</sup> Commonwealth of Virginia Commission on Mental Health Law Reform. *Progress Report on Mental Health Law Reform*. December 2008. [http://www.courts.state.va.us/programs/concluded/cmh/reports/2008\\_1222\\_progress\\_report.pdf](http://www.courts.state.va.us/programs/concluded/cmh/reports/2008_1222_progress_report.pdf) (accessed July 13, 2018).

<sup>19</sup> Title 9.1 Commonwealth Public Safety. "9.1-188. Crisis intervention team training." Code of Virginia. 2018. <https://law.lis.virginia.gov/vacode/title9.1/chapter1/section9.1-188/> (accessed July 11, 2018).

<sup>20</sup> Sluss, Michael. “Creigh Deeds: New mental health law is just a start.” *The Roanoke Times*. April 7, 2014. [https://www.roanoke.com/news/politics/creigh-deeds-new-mental-health-law-is-just-a-start/article\\_c028ba10-be76-11e3-b827-0017a43b2370.html](https://www.roanoke.com/news/politics/creigh-deeds-new-mental-health-law-is-just-a-start/article_c028ba10-be76-11e3-b827-0017a43b2370.html) (accessed June 29, 2018).

The law increased the time during which a law enforcement officer can take an individual into custody to locate an available treatment facility from four to eight hours for adults and from six to eight hours for minors. The law also allows for a community services board employee or employee of a state facility to extend the eight-hour ECO time period for an additional four hours if needed to continue identifying alternative facilities that can provide temporary detention and care for a particular individual. To reduce the likelihood of this time extension occurring, SB 260 required the DBHDS to “develop and administer a web-based acute psychiatric bed registry to collect, aggregate, and display information about available acute beds in public and private inpatient psychiatric facilities and public and private residential crisis stabilization units to facilitate the identification and designation of facilities for the temporary detention and treatment of individuals who meet the criteria for temporary detention.” The registry was intended to provide up-to-date information about the number of available beds in each facility, the type of patient that may be admitted and the level of security provided at each facility, and other information to facilitate the timeliness of finding available beds for those in need of treatment. Additionally, SB 260 required greater communication between law enforcement and mental health practitioners, by requiring a representative of the primary law enforcement agency responsible for executing an emergency custody order or otherwise taking an individual into custody for mental health reasons to notify the community services board responsible for conducting the evaluation as soon as possible.

An emergency custody order (ECO) involves the taking into custody of an individual that:

1. has a mental illness and there is a substantial likelihood that, because of their mental illness, the person will, in the near future:
  - a. cause serious physical harm to themselves or others, as evidenced by recent behavior causing, attempting, or threatening harm and the existence of other relevant information, or,
  - b. suffer serious harm due to their lack of capacity to protect themselves from harm or to provide for basic human needs;
2. is in need of hospitalization or treatment; and,
3. is unwilling to, or incapable of, volunteering for hospitalization or treatment.

The ECO process can be initiated by either a magistrate or a law enforcement officer. A magistrate—based upon the testimony of any responsible person or a treating physician, or of their own accord—can issue an ECO that specifies the primary law enforcement agency to execute it and provide the necessary transportation. A law enforcement officer who observes or hears reports from others and has reason to believe that the individual meets the criteria may also initiate the ECO process by immediately taking the individual into custody.<sup>21</sup> Either way, once an individual is in custody, the primary law enforcement agency is responsible for transporting the individual to obtain an evaluation to determine whether the individual meets the criteria for a TDO, to a hospital for an emergency medical evaluation, and/or to a treatment facility. The evaluation must be conducted by a CSB designee who is certified in the diagnosis and treatment of mental illness. However, if a physician at the receiving facility requires a mental health evaluation of the subject of the ECO prior to admission, law enforcement must transport the individual to a facility where the evaluation can be conducted. Once the evaluation is conducted and a treatment facility has agreed to accept the individual for treatment, the law enforcement officer must transport the individual to the facility, regardless of the territorial limits of their jurisdiction.

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<sup>21</sup> Virginia Acts of Assembly. “Emergency custody and temporary detention; duration; facility of temporary detention; acute psychiatric bed registry.” April 2014. <https://lis.virginia.gov/cgi-bin/legp604.exe?141+ful+CHAP0691> (accessed July 2, 2018).



The legislation also updated the TDO process and timeframes. While much of the process for issuing a TDO is similar to the process for an ECO, the law was enhanced to include that if a facility of temporary detention cannot be identified by the expiration of the ECO, the individual, “shall be detained in a state facility for the treatment of individuals with mental illness.” The legislation also increased the duration of a TDO from 48 to 72 hours.<sup>22</sup>

Although extending the time periods associated with critical parts of the ECO and TDO processes was intended to enhance the care provided to individuals with mental illnesses, the legislation simultaneously increased the burden on local law enforcement agencies. Particularly with the ECO process—given that the individual is legally considered to be in custody—a law enforcement officer must remain with the individual until a TDO is issued, the individual is released, the ECO expires, or the facility or location that the individual is transported to meets certain safety and security criteria.<sup>23</sup>

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<sup>22</sup> Virginia Acts of Assembly. “Emergency custody and temporary detention; duration; facility of temporary detention; acute psychiatric bed registry.” April 2014. <https://lis.virginia.gov/cgi-bin/legp604.exe?141+ful+CHAP0691> (accessed July 2, 2018).

<sup>23</sup> Virginia Acts of Assembly. “Emergency custody and temporary detention; duration; facility of temporary detention; acute psychiatric bed registry.” April 2014. <https://lis.virginia.gov/cgi-bin/legp604.exe?141+ful+CHAP0691> (accessed July 2, 2018).

## Methodology

The Police Foundation (PF), in partnership with the Prince William County Police Department (PWCPD), assembled an evaluation team with expertise in crisis intervention team (CIT) programs, trainings, policies, and practices; law enforcement response to persons with mental illness and/or emotional distress; law enforcement–mental health collaboration; and providing technical assistance to law enforcement agencies nationwide. The PF evaluation team developed a comprehensive methodology to review the PWCPD CIT program and the department’s response to emotionally-disturbed persons (EDPs) to assist PWCPD in enhancing its CIT program and operations to provide the most-effective, high-quality services to the community in a manner sustainable for the long term.

The PF evaluation team used the totality of the information collected to conduct a gap analysis, which focused on identifying key areas to develop a set of findings and suggestions for PWCPD and the larger law enforcement and mental health community.

The evaluation involved three methods of information gathering and collection: (1) on-site data collection, (2) resource material review, and (3) off-site data collection and research. Each method is described in more detail below.

### On-Site Data Collection/Interviews

The PF evaluation team conducted two site visits: on May 1-2 and on May 16, 2018. During these site visits, the evaluation team conducted semi-structured individual interviews and focus groups with approximately 30 individuals, including:

- PWCPD chief and command staff;
- PWCPD supervisors and officers, some who were CIT-trained and some who were not;
- Prince William County dispatchers;
- Prince William County mental health practitioners; and
- Community mental health stakeholder.

One PF evaluation team member also conducted a ride-along with a PWCPD CIT officer. The PF evaluation team also visited the Prince William County Crisis Assessment Center (CAC).

### Resource Material Review

PWCPD provided the PF evaluation team exceptional access and assistance in gathering information for this review. The department provided policies and procedures, training curricula and lesson plans, data, memoranda of understanding, brochures and fact sheets, and other documents requested by the PF evaluation team. Materials reviewed include the following:

- PWCPD General Orders;
- Calls-for-service numbers and dispositions;
- PWCPD CIT, EDP, and use of force training plans and curricula as well as percentages of sworn officers who are trained in CIT;
- PWCPD EDP transport logs;

- Memoranda of Understanding between PWCPD and the CAC and PWCPD and the Prince William County Sheriff's Office; and
- Prince William County Office of Public Safety Communications standard operating procedures.

Each resource was reviewed to inform the questions asked during the interviews and focus groups, and to better understand the department's response to emotionally-distressed persons.

### **Off-Site Data Collection and Research**

In addition to the information collected from Prince William County—and to ground the incident review in national standards, model policies, and recognized promising practices—the PF evaluation team researched and reviewed professional and academic resources related to the police response to persons with mental illness and/or emotional distress. PF evaluation team members reviewed resources publications prepared by:

- Police Foundation
- Council of State Governments Justice Center
- International Association of Chiefs of Police
- National Alliance on Mental Illness
- Police Executive Research Forum

## Analysis

### Organizational Structure

The successes of the Prince William County Police Department (PWCPD) Crisis Intervention Team (CIT) program are directly related to the level of support the program has received from Chief Barnard and the command staff. Since being appointed in June 2016, Chief Barnard has committed personnel and resources to enhancing the department's CIT program. The PWCPD has increased the number of CIT certification courses it provides, enhanced collaboration with mental health practitioners and community service providers, and proactively participated in technical assistance and evaluation programs to further enhance the PWCPD response to persons with mental illness. For example, PWCPD was one of six agencies nationwide to pilot the Integrating Communications, Assessment, and Tactics (ICAT) training, which focuses on, "training police officers in how to respond to volatile situations in which subjects are behaving erratically."<sup>24</sup> According to one of the PWCPD CIT trainers, Chief Barnard also attends each CIT certification course graduation and has increasingly included successful resolutions of challenging situations involving suspects with mental illnesses in the department's Valor Award recognitions. The command staff leadership has afforded the CIT program officers considerable flexibility to experiment with pilot programs that have worked in other law enforcement agencies.<sup>25</sup> The PWCPD has also allocated considerable resources to the CIT program, allowing staff to participate in regional CIT meetings and trainings.<sup>26</sup> Chief Barnard requested the Police Foundation conduct this review of the full range of the PWCPD training, policies, and practices and provide the command staff with findings and recommendations to continue to enhance the CIT program.

The support of the CIT program and its principles demonstrated by Chief Barnard and the members of the command staff is reflected throughout the department. All PWCPD employees involved in the CIT program exhibited true passion, commitment, and a desire to learn more about persons with mental illness to enhance the program. The foundational principles of CIT have been embedded in the department's sworn ranks which greatly enhances the impact of the program. Officers who completed the certification course recounted multiple instances in which they leveraged what they learned. First-level and mid-level supervisors who have not attended CIT understand and appreciate its importance and ensure that any of their officers that are interested in receiving the training are able to attend. This support has alleviated some of the challenges created by the relatively new structure of the CIT program.

Under Chief Barnard and the command staff's leadership, the CIT program is managed by a lieutenant who serves as the CIT Coordinator. The current CIT Coordinator was promoted to lieutenant and appointed as the CIT coordinator in January 2018, taking the place of the previous CIT Coordinator who had been promoted to captain and transferred to the PWCPD Office of Professional Standards at the

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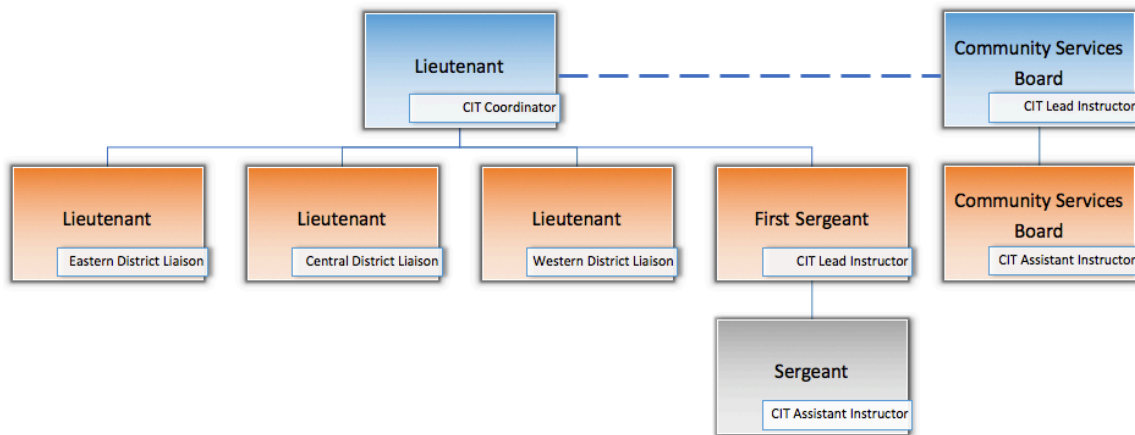
<sup>24</sup> "About ICAT." Police Executive Research Forum. <http://www.policeforum.org/about-icat> (accessed July 9, 2018).

<sup>25</sup> Police Foundation evaluation team interview with Prince William County Police Department sergeant. May 1, 2018.

<sup>26</sup> Police Foundation evaluation team interview with Prince William County Police Department lieutenant. May 16, 2018.

same time. The CIT Coordinator is a collateral assignment for the lieutenant—who is also currently assigned as a district station lieutenant in the evening shift —and involves overseeing all internal and external aspects of the CIT program. The CIT Coordinator is also supported by two CIT instructors—a CIT Lead Instructor and a CIT Assistant Instructor—and a public-facing CIT liaison in each of the three police districts, as is illustrated in Figure 1 below, which illustrates the CIT program organizational structure.

**Figure 1: PWCPD CIT Organizational Chart<sup>27</sup>**



Internally, the role of the CIT Coordinator is to supervise academy and in-service trainings, ensure that sergeants and officers are following state and department regulations, sign off on memoranda of understanding with CSB staff and community stakeholder to conduct pilot programs and facilitate CIT trainings, and make programmatic decisions that do not have any budgetary implications. Externally, the primary role of the CIT Coordinator is to serve as the department’s primary liaison to the Community Services Board (CSB)/Crisis Assessment Center (CAC) employees, community service and treatment providers, and the public. In this regard, the CIT coordinator is also responsible for representing PWCPD at important stakeholder meetings.

The PWCPD lieutenant who serves as the CIT Coordinator oversees the CIT Lead Instructor and the CIT Assistant Instructor. The two instructors work with the CSB staff to develop the curriculum, and schedule and administer the CIT certification courses. Additionally, since the CIT Lead Instructor has been involved in the department’s CIT program for approximately five years, he currently conducts many of the day-to-day CIT activities, which include collecting feedback and information from previously-trained officers to help inform future CIT certification courses, and collecting and reviewing data about the deployment of CIT-certified officers and supervisors across shifts and districts. In addition to the CIT Coordinator and training staff, each of the three police districts has a lieutenant who serves as a public-facing CIT liaison. These liaisons are responsible for staying abreast of community services that are available in their district so that officers can more readily connect persons with mental illness or their family members to services, particularly as an alternative to the issuance of an emergency custody

<sup>27</sup> Provided to the Police Foundation evaluation team by a Prince William County Police Department captain electronically on May 17, 2018. Reviewed by Police Foundation evaluation team May – August 2018.



order (ECO) or other police action. District lieutenants also attend stakeholder and community meetings to discuss and gather community feedback regarding the CIT program.

While there is a general understanding of the CIT program's organizational structure within the PWCPD, some confusion is caused by the lack of clearly-defined roles. For example, because the CIT Coordinator and the three district liaisons are all lieutenants, the CIT Coordinator can occasionally run into coordination challenges with the other district liaisons. The majority of the coordination challenges center around the uncertainty of the CIT-specific chain-of-command; the three district liaisons do not officially report to the CIT Coordinator.

Some external PWCPD partners expressed frustration with efforts to coordinate aspects of the CIT program with the department. Community mental health providers, advocates and training personnel maintain the most regular contact with the PWCPD CIT Lead Instructor as opposed to the department's program coordinator mainly because the CIT Coordinator is currently assigned to a district station in the evening shift. At PWCPD, District CIT liaisons are typically assigned to day shift which allows them to coordinate with the community stakeholders who are also working a day schedule to facilitate routine partnerships.

## **Program Response Protocols: Staffing and Resources**

The PWCPD CIT program, the drop-off program at the CAC, and the legal requirement that officers transport people to mental health facilities require a significant dedication of resources to responding to persons in mental health crises. The largest drain on PWCPD resources appears to relate to the increasing number of people who are being brought to the CAC for assessment and the resulting increase in time officers spend transporting people in crisis. As discussed earlier, Virginia has extensive requirements for the assessment and treatment of persons with mental illness. These requirements have placed a significant burden on law enforcement agencies to maintain custody of individuals who meet certain criteria through the lengthy process of placing them in a treatment facility in lieu of incarceration.

### **Crisis Assessment Center**

PWCPD worked with its partners to designate a Community Services Board (CSB) location—known as the Crisis Assessment Center (CAC)—on the west side of the County for officers to take all persons with mental illness deemed to meet the necessary criteria, so they may be assessed by a clinician. This agreement also detailed a police officer to the CAC for a 12-hour shift to facilitate a more-efficient drop-off process and to remain with the individual while they are being evaluated, so that on-duty officers may return to patrol. This detail is a voluntary overtime position for the officers, who are required to be CIT-certified before they can be scheduled. The detail is paid for by the CSB and reimbursed to them through state grants.

This approach has provided an effective means for assessment, and the number of persons PWCPD officers transport to the CAC has been steadily increasing. Further, the data indicates that officers are spending a considerable amount of time on transports of persons with mental illness.

- First, they wait at the CAC for the clinician to assess the individual.
- If the clinician determines the individual meets criteria for an involuntary hold, the detail officer then transports the person to the hospital for medical clearance.

- An officer must wait there with the person as well, until the CAC staff has identified a bed through the registry.
- This can be extremely time-consuming due to paper-based information exchange practices: for example, the CAC clinician must fax a copy of the complete application for admission to each hospital individually before they can be told whether the person can be admitted there. If a fax machine fails, certain pages do not transmit, or more information is needed, clinicians ultimately have to send multiple application packages to several hospitals.
- Once a hospital has determined the person can be admitted, policy requires that two officers transport the person to the receiving mental health facility.
  - Oftentimes, the person being transported must go to a facility outside of Prince William County, and in some cases the facility may be as far away as an eight-hour round-trip drive. The Police Foundation evaluation team learned that some sergeants allow their officers to do two-hour rotations for officers staying with a person at the hospital to keep officers in service and reduce frustration for long wait times during the intake process.

CSB staff and PWCPD personnel reported to the Police Foundation evaluation team that as often as several times a week, the officer who is detailed to the CAC is already with another client when another officer arrives with a person who needs to be admitted for a mental health evaluation. Since the CAC can only accommodate one individual at a time, the County identified funds to build another Crisis Assessment Center. This new center will be located on the eastern side of the County—to balance the CAC currently on the western side of the County—to improve the intake process and provide more consistency for officers and persons in mental crisis across the entire County. CSB staff believe the new CAC in the East District will also help alleviate some of the reluctance of PWCPD officers in that district about driving to the current CAC, as the number of people in need of emergency evaluation continues to exceed the current available resources.

### **Co-Responder Model – Pilot Study**

When the PWCPD CIT program began in 2012, department leadership was concerned about officer and community member safety. With the recent increase in the number of people presenting with symptoms that require emergency custody, the problem has become diverting people from the CAC and hospitals. To divert individuals away from the necessity of a custodial transport through on-scene crisis de-escalation and connection to community-based resources, in January of 2018, PWCPD conducted a pilot test of the co-responder model.

The pilot involved one mental health clinician riding along in a patrol car once a week. The goal of the co-responder team is to bring mental health expertise to scenes involving someone who may – or may not – meet criteria for emergency evaluation, to ultimately reduce the number of people who are taken into custody. Mental health clinicians may be able to determine that the person’s behavior does not rise to the level of danger to self or others, a determination that police officers, who are not trained clinicians, should not be expected to make. Through their access to mental health records, clinicians can determine if the person has an existing relationship with a provider, and can help re-establish that connection and set up safety planning. While there were challenges—some officers felt having the clinician in the car was a detriment because the officer then had to be concerned with the clinician’s safety—the pilot demonstrated potential and is still operating in the East District squad during the evening shift led by the CIT Coordinator.

Multiple CSB staff and PWCPD officers expressed to the Police Foundation evaluation team that it might be helpful to enhance the frequency and consistency of co-responder units to allow mental health practitioners to do comprehensive assessments at the scene and prevent some ECOs. Several staff members noted that even though CFS are increasing, officers typically only respond to one or two calls a shift – across all the districts. They noted that if CSB employees had a radio, they could provide insight and expertise without needing to be on scene, especially for evenings and midnights.<sup>28</sup>

## Data Availability and Analysis Capacity

The computer-aided dispatch (CAD) data system administered by the Prince William County Office of Public Safety Communications (OPSC) captures a large amount of data regarding incoming calls-for-service (CFS) and incidents involving persons with potential mental illness. The CAD system has assigned four codes to categorize calls-for-service involving persons in mental health crises for OPSC dispatchers and PWCPD officers. These calls are categorized as: suicide threat, suicide in progress, overdose, and mental subject. OPSC dispatchers explained to the Police Foundation evaluation team that PWCPD officers are supposed to clear calls that they determine involve a person in mental health crisis by using one of these codes to update the call type. OPSC personnel advised that this is not a consistent practice among law enforcement officers.<sup>29</sup>

PWCPD data analysts are well versed in collecting and analyzing data related to the amount of time officers spend on calls-for-service involving EDPs. PWCPD analysts and CIT staff use CAD data to report the number of calls-for-service involving the four call types and to track the amount of time officers spend on these calls. For example, Figure 2 compares the number and duration of calls-for-service for each of the four categories above from September to November for 2010 and 2016 (representing periods before and after the creation of the CIT program, as well as the 2014 legislation increasing the time period for ECOs and TDOs). Overall, the total number of CFS with any of these codes has increased; there were 477 such calls in 2010 and 803 in 2016. The trend has continued; in the first four months of 2018, PWCPD logged 692 of these calls. This figure shows the increase in calls and their duration. This data provides an important baseline for the County to use as it works to reduce the burden these calls are placing on department resources.

In addition to the four call types to label the type of incoming calls-for-service, the CAD system also provides officers with five different disposition codes to clear calls, which are also used to track the resolution of calls involving persons in mental health crisis:

- EDPA: Emotionally-Disturbed Person Advised/No Police Action (where the person is advised and no police action is needed);
- EDPR: Emotionally-Disturbed Person (where a TDO is not issued);

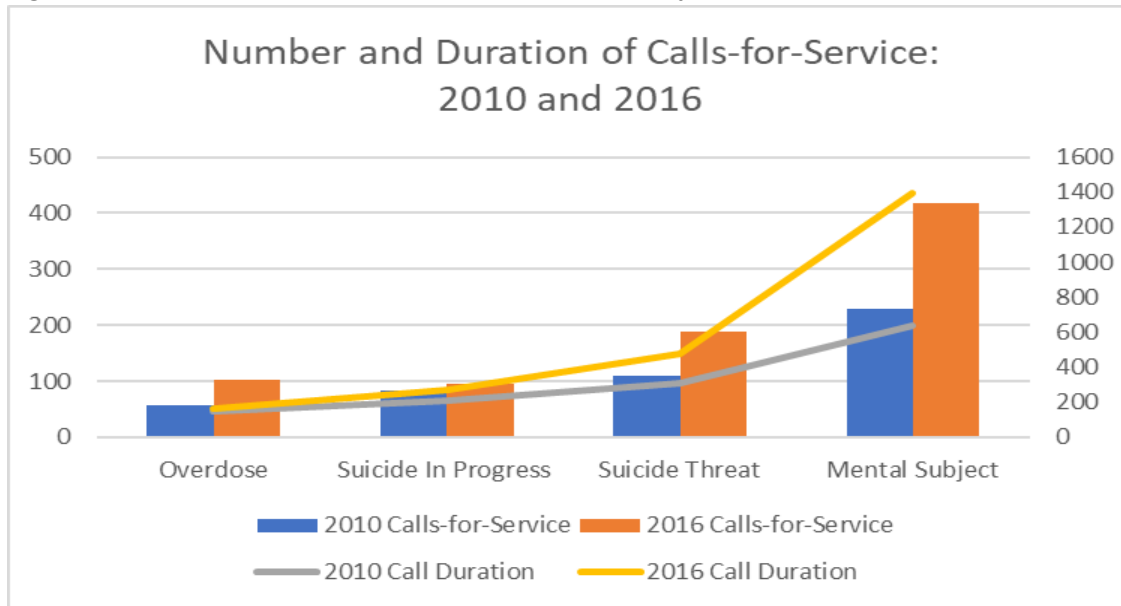
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<sup>28</sup> “Law Enforcement-Mental Health Learning Sites: Los Angeles (CA) Police Department.” November 2017. New York, NY: Council of State Governments Justice Center. [https://csgjusticecenter.org/wp-content/uploads/2017/11/Law-Enforcement-Mental-Health-Learning-Sites\\_Los-Angeles\\_11.6.17.pdf](https://csgjusticecenter.org/wp-content/uploads/2017/11/Law-Enforcement-Mental-Health-Learning-Sites_Los-Angeles_11.6.17.pdf) (accessed July 19, 2018). See also, Reuland, Melissa, Laura Draper, and Blake Norton. *Improving Responses to People with Mental Illnesses: Tailoring Law Enforcement Initiatives to Individual Jurisdictions*. 2010. New York, NY: Council of State Governments Justice Center. [https://www.bja.gov/publications/csg\\_le\\_tailoring.pdf](https://www.bja.gov/publications/csg_le_tailoring.pdf) (accessed July 19, 2018).

<sup>29</sup> Police Foundation evaluation team focus group with Prince William County Office of Public Safety Communications dispatchers. May 2, 2018.

- EDPS: Emotionally-Disturbed Person Sheriff’s (where a person is transported by the Sheriff’s office)<sup>30</sup>;
- EDPT: Emotionally-Disturbed Person Transport (where a person is transported for TDO by the police department); and
- EDPV: Emotionally-Disturbed Person Voluntary Commit/Courtesy Transport (where officers provide a courtesy transport for someone in crisis who does not qualify for emergency assessment or voluntarily agrees to be taken to treatment).

**Figure 2: Number and Duration of Calls-for-Service – September-November 2010 and 2016<sup>31</sup>**



	Overdose	Suicide In Progress	Suicide Threat	Mental Subject
2010 Calls-for-Service	56	82	110	229
2016 Calls-for-Service	102	94	189	418
2010 Call Duration	151.2	209.7	306.2	639.3
2016 Call Duration	164.1	271.1	476.3	1394.5

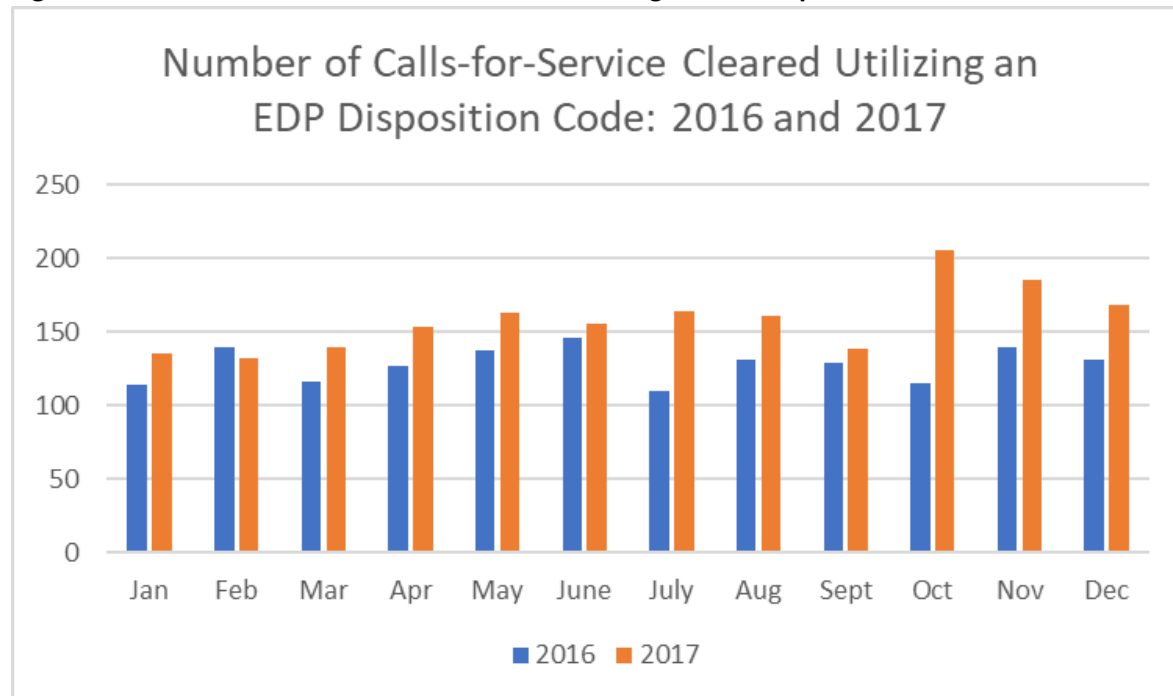
PWCPD analysts also examine these disposition codes to better understand the agency’s resource utilization and to identify demands on the department caused by the increasing response to CFS involving persons with mental illness. This analysis has revealed a trend that the number of calls-for-service involving one of the five EDP disposition codes is much higher than the number of calls that are categorized using one of the four call types. Figure 3 shows the number of calls with one of the five EDP disposition codes, by month, for calendar year 2016 (a total of 1,534 such calls) and 2017 (a total of 1,898 such calls). Analyzing the number of calls-for-service that are cleared utilizing one of the five EDP

<sup>30</sup> The Prince William County Sheriff’s Office conducts all juvenile EDP transports in the County, as well as a limited number of other EDP transports when available.

<sup>31</sup> Provided to the Police Foundation evaluation team by Prince William County Police Department Data Analyst. Reviewed by Police Foundation evaluation team May – August 2018.

disposition code is a more accurate way to assess the impacts of these calls on police department resources than using the data based on incoming call type.

**Figure 3: Number of Calls-for-Service Cleared Utilizing an EDP Disposition Code – 2016 and 2017<sup>32</sup>**



Number of Calls-for-Service Cleared Utilizing an EDP Disposition Code: 2016 and 2017												
	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
2016	114	139	116	127	137	146	110	131	129	115	139	131
2017	135	132	139	153	163	155	164	161	138	205	185	168

The data on EDP calls noted above reveals:

- Calls are increasing. CIT has become entrenched in the community and citizens are more comfortable calling the police in crisis situations.
- Transporting a person to a mental health facility is time consuming because of the statutory requirement to find someone a bed. If CAC staff cannot find a bed in PWC, they must look beyond County facilities and drive across the state to available beds.
- Department policy is to dispatch the two closest officers to calls-for-service involving a mental health crisis. Though a CIT-trained officer responded to only 13% of calls involving someone in a mental health crisis, they will respond if requested and may volunteer to respond if available and not requested.

Additionally, from January 1 – April 30, 2018, there were 692 EDP calls—calls that ended with one of the five disposition codes. For this dataset, there were 571 calls with only a single disposition code:

<sup>32</sup> Provided to the Police Foundation evaluation team by Prince William County Police Department Data Analyst. Reviewed by Police Foundation evaluation team May – August 2018.



Disposition code	Number of calls	Percentage
EDPA	150	26%
EDPT	172	30%
EDPV	175	31%
EDPR	38	7%
EDPS	36	6%

This chart demonstrates that the police department is transporting for TDO approximately 30% of the calls they respond to. A similar percentage of calls result in a voluntary transport to mental health or no official police action. Further analysis of this data also identified several locations with more than three EDP calls to police in the period January 1, 2018 to April 30, 2018. The majority of these repeat locations were healthcare providers or the police department, totaling 270 calls of the 692 (39%). There were an additional 16 residential locations that had three calls for service during this period, totaling 48 calls, or 7% of the 692 calls.

Combined, all the data demonstrates that the calls involving those in crisis in Prince William County are an ongoing challenge, and this has prompted the PWCPD team to consider additional specialized responses and staffing structures to address responding to these calls-for-service. For example, PWCPD staff noted that a unit detailed to the hospital emergency department to do transports would alleviate some of the burden on patrol. The data also supports looking at additional response options – such as added co-responder teams and case management teams that focus on locations in which persons challenged by mental illness are encountered or individuals who are high users of public safety, public health and/or community mental health services. Other law enforcement agencies have also experimented with different ways to bring clinical expertise to the scene; as one PWCPD officer mentioned, the clinician could carry a police radio and respond to the scene when requested, rather than spending time riding along with an officer on regular patrol. Clinicians could also carry department-issued cell phones, so that officers could reach them with questions about a situation in the field. Some agencies are even using tele-health, which involves video conferencing on iPads, so that clinicians can “be” at the scene remotely.

PWCPD also provided the Police Foundation evaluation team with memos and datasets that demonstrated an advanced capability to conduct substantial analysis of data related to various characteristics of EDP calls-for-service. For example, PWCPD provided a 2011 memo that includes an analysis of the number of instances in which a PWCPD officer took custody of an EDP and the impacts—primarily on the amount of time spent responding to these calls—on patrol staffing.<sup>33</sup> Additionally, PWCPD CIT personnel prepare reports on an ad hoc basis related to the number of EDP calls, the amount of time spent responding to these calls, and the dispositions of the calls.

PWCPD also gathers information related to its CIT program through other means. A PWCPD sergeant keeps track of the department’s use of the CAC, as well as its use by other law enforcement agencies within Prince William County. The data collected includes which of the three geographical PWCPD divisions officers who utilize the CAC are from.

<sup>33</sup> Master Police Officer, Planning and Budget Unit. “Emotionally Disturbed Person (EDP) Calls for Service.” January 17, 2011. Prince William County Police Department. Provided to Police Foundation evaluation team in person on May 16, 2018. Reviewed by Police Foundation evaluation team May – August 2018.

Once an officer arrives at the CAC with an individual, they are to complete a form for all CIT calls for service—the “CIT Data Sheet”—that was created by PWCPD and CAC staff. The form captures information about the time of officer arrival with the individual, if they transferred custody to the officer that is employed at the CAC or remained with the individual, the CAC staff that assessed the person and the processes that were undertaken to conduct the assessment, and the amount of time the officer spent at the CAC. While officers from other law enforcement agencies in Prince William County complete these forms, PWCPD leverages the forms completed by its officers as another data source to determine how long officers are involved in various stages of the ECO process and to determine the effectiveness of the CAC.

PWCPD CIT-certified officers are also supposed to complete a form when they used their CIT-related skills during a general call-for-service. This form—which was implemented before the CAC was opened and the new CAD system was implemented—was originally intended for officers to provide information about the suspect and location, detail the CIT steps the officer took on scene, and document the reasons that the officer determined it was necessary to take a person into emergency custody. Once the CAC opened, the form became a secondary means of gathering CIT-related information in situations when the CAC was not used—because it was closed, already occupied, or the officer determined it was too far away—and the form now serves as a “quality control system” for officers to explain their thought process and actions if they took an EDP into custody.<sup>34</sup> In an effort to collect as much data as possible, PWCPD also placed a checkbox on its use of force documentation form for officers who must use force to indicate if the incident involved CIT. While PWCPD overall uses of force are extremely low—approximately 12 in 2017 and used in 2% of arrests—the checkbox serves as another means for officers to identify their response to calls-for-service involving EDPs.

## CIT Program Training

Since 2012, PWCPD has provided a state-approved CIT certification course to its officers and other law enforcement personnel within Prince William County. PWCPD initially offered one training per year, but has increased the number of classes provided annually to four to meet increasing requests. The courses are based on the *Virginia Crisis Intervention Team Coalition CIT 40-Hour Core Training* model. This model was developed in 2009 by the Virginia CIT Coalition (VACIT) in consultation with the VDBHDS to meet the minimum standards for CIT Core Training courses developed by the Virginia Department of Criminal Justice Services (DCJS).

The DCJS standards include: 40 consecutive hours of training delivered over five days; a maximum class size of 30 students; a didactic component that includes modules on Legal Issues and Civil Commitment, Cultural Diversity, Basic Mental Health Diagnoses or Clinical States, Verbal De-escalation, Crisis Intervention Skills, and other mental and medical courses; consumer and family presentations and virtual experience programs; role play scenarios; and opportunities to include region-specific or department-specific modules.<sup>35</sup> The training consistently receives high reviews from attendees and is

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<sup>34</sup> Police Foundation evaluation team interview with Prince William County Police Department sergeant. May 16, 2018.

<sup>35</sup> Department of Criminal Justice Services and Department of Behavioral Health and Developmental Services. *Essential Elements for the Commonwealth of Virginia’s Crisis Intervention Team Programs (CIT)*. October 1, 2014.

continually updated based on body-worn camera footage and officer experiences throughout the county.

PWCPD trainers have also embedded some of the key principles of CIT into shorter sessions provided during academy classes, in-service trainings, and role plays. Recruits receive four hours of instruction on emotionally disturbed persons (EDP) and have a day of practical exercises devoted to EDP and Missing Persons. A PWCPD 2017 in-service refresher training required all sworn employees to review types of mental illness, potential signs and behaviors associated with mental illness, factors that cause violent behavior or a crisis state, interacting with persons with mental illness and tools for officers to use, the ECO and TDO processes, and potential officer safety implications.<sup>36</sup>

Approximately 176 PWCPD officers—which equates to just over 26% of the sworn capacity of the department—have completed the 40-hour CIT certification course.<sup>37</sup> This includes members of specialized units - school resource officers (SROs), and hostage negotiation unit and special weapons and tactics (SWAT) unit members. More than half of the 34 PWCPD SROs have completed the CIT certification course.<sup>38</sup> One SRO—who had served in other positions during a decade of service in PWCPD, but had not completed the CIT certification course prior to being an SRO—explained to the Police Foundation evaluation team that the training was instrumental in helping resolve incidents of student misbehavior. The SRO noted that there were multiple occasions where students with mental illnesses would act out in class or convey a possible threat, but that the CIT training provided the officer with information and skills necessary to reduce and prevent suspensions and expulsions and to divert the students and their parents to necessary treatment.<sup>39</sup> Additionally, approximately half of the PWCPD hostage negotiators have also completed the CIT certification course, some of whom now also serve as CIT instructors. In some cases, as the leader of the Special Operations Bureau explained, the CIT-trained hostage negotiators accompany the forward SWAT team members and help resolve potential incidents before a full callout is necessary. He noted that mental health practitioners have also made themselves available to help in SWAT callouts. The leader suggested that full SWAT callouts have decreased as the number of CIT-certified officers in PWCPD increases.<sup>40</sup>

In addition to sworn officers, PWCPD has also provided training to civilian personnel. In 2017, for example, as part of its compliance with CALEA and Department standard, PWCPD developed a modified CIT training program and required all non-sworn PWCPD employees to complete it. Course materials

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Virginia Department of Criminal Justice Services. <http://www.dbhds.virginia.gov/library/forensics/fofo%20-%20vacitessentialelements.pdf> (accessed July 11, 2018).

<sup>36</sup> “Emotionally Disturbed Persons Refresher for Sworn Members.” Prince William County Police Department. Provided by Prince William County Police Department to the Police Foundation evaluation team electronically on February 15, 2018. Reviewed by Police Foundation evaluation team February – August 2018.

<sup>37</sup> “CIT Percentages Excel After May.” Prince William County Police Department. Provided by Prince William County Police Department to the Police Foundation evaluation team electronically on May 15, 2018. Reviewed by Police Foundation evaluation team May – August 2018.

<sup>38</sup> “CIT Percentages Excel After May.” Prince William County Police Department. Provided by Prince William County Police Department to the Police Foundation evaluation team electronically on May 15, 2018. Reviewed by Police Foundation evaluation team May – August 2018.

<sup>39</sup> Police Foundation evaluation team focus group with Prince William County Police Department CIT-certified officers. May 1, 2018.

<sup>40</sup> Police Foundation evaluation team interview with Prince William County Police Department Special Operations Bureau. May 1, 2018.

focused in part on: types of mental illness, potential signs and behaviors associated with mental illness, factors that cause violent behavior or a crisis state, interacting with persons with mental illness, and personal safety concerns.<sup>41</sup> In terms of role plays, PWCPD use of force and CIT instructors have collaborated to create Shoot/Don't Shoot scenarios<sup>42</sup> involving a suspect that is acting erratically, and requires the trainee to recognize the potential of a mental illness and use de-escalation techniques rather than deferring to force.<sup>43</sup>

## Stakeholder Relationships

PWCPD CIT program leadership have consistently sought to develop and maintain relationships with stakeholders throughout the county. These relationships have played an integral role in facilitating the ability of PWCPD officers to connect persons in need to community services and treatment, standardizing and enhancing the overall department and County response to persons suffering from mental illness, improving relations and working cooperatively to address the challenges associated with the involuntary commitment and ECO processes, and further enhancing police-community relations.

PWCPD CIT program leadership and command staff also regularly engage in at least four separate meetings with external stakeholders:

1. DIVERT: the special court docket—Diversion Intercepts for Varied Emergency Responses and Treatments (DIVERT)—for defendants with potential mental illnesses;
2. ICP: the involuntary commitment process (ICP);
3. CIT/CSB: the PWCPD CIT program; and,
4. CIT Training: the CIT training curriculum and debriefs.

These meetings include representatives from the Community Services Board (CSB), CAC staff, and other mental health practitioners; local hospital and emergency room representatives; and County magistrates and other representatives of the criminal justice system. Each of these meetings provide the department a unique opportunity to distinguish roles and responsibilities, discuss enhancements to alleviate challenges, and identify opportunities for continued advancement of the CIT program in Prince William County.

PWCPD, CSB, and other mental health and criminal justice systems stakeholders collaborated to establish the DIVERT court docket to provide criminal defendants with potential mental health issues the opportunity to be released from jail into intensive pretrial supervision in order to receive treatment services on an outpatient basis or directly in conjunction with a treatment facility, rather than being

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<sup>41</sup> "Emotionally Disturbed Persons Refresher for Non-Sworn Members." Prince William County Police Department. Provided by Prince William County Police Department to the Police Foundation evaluation team electronically on February 15, 2018. Reviewed by Police Foundation evaluation team February – August 2018.

<sup>42</sup> "Shoot/Don't Shoot" scenarios are training drills in which officers are required to respond to a scene as they would in real-life and react to the situations by determining if, when, and to what extent force—including deadly force—needs to be used. <http://www.policemag.com/channel/careers-training/articles/2018/03/training-simulators-going-beyond-shoot-don-t-shoot.aspx> (accessed July 19, 2018).

<sup>43</sup> Police Foundation evaluation team interview with Prince William County Police Department academy trainer. May 2, 2018.

incarcerated or managed in a prison facility.<sup>44</sup> At DIVERT meetings, stakeholders seek to identify additional opportunities to divert individuals from incarceration and connect them with needed services both pre-trial and prior to reentry or release from temporary detention order (TDO).

PWCPD lieutenants also meet with local hospital and emergency room representatives in each of the districts, CSB employees, and County magistrates regarding the involuntary commitment process (ICP). These meetings provide an opportunity for each of the stakeholders to identify their roles, responsibilities, and limitations throughout the process. Stakeholders also use these meetings to develop solutions to ease bottlenecks throughout the ICP, including transitions between one another and the process of ER personnel conducting medical clearances and admissions, and seek input and direction from the County magistrates. Especially given the time and resource strains caused by the statewide legislative requirements and the disparate goals of each of the stakeholders involved throughout the ICP, a PWCPD lieutenant explained that these meetings are important to understanding one another and the challenges that each face. For example, a recent meeting focused on potential resolutions to challenges associated with the length of time it takes between the time an individual is admitted and when an available treatment facility is located. PWCPD personnel interviewed by the Police Foundation evaluation team suggested that these meetings have been beneficial in alleviating some of the smaller challenges and keeping open lines of communication with partners throughout the ICP, even though large-scale changes have been difficult to achieve.

In addition to meeting with larger groups of stakeholders, PWCPD and CSB have two separate meetings: one to discuss the CIT certification training curriculum and one to discuss the overall CIT and CAC relationship and opportunities to enhance the overall CIT program. PWCPD CIT trainers meet regularly with CAC staff to revise and update the curriculum for the CIT certification course, share information, and discuss enhancements to the current partnership and identify opportunities for growth. For instance, following each CIT certification course, the PWCPD and CAC training staff review the curriculum and exercises to ensure that the information being provided to trainees is consistent with the realities that PWCPD patrol officers encounter. The trainers also review feedback submitted by trainees and encourage previously-trained officers who have utilized their CIT lessons in the field to submit feedback so that any needed updates can also be made.

PWCPD command staff and CSB leadership meet occasionally to identify opportunities to enhance the overall CIT program. The leadership meetings address the roles, responsibilities, and limitations—both personnel and resources—that affect the partnership between CAC staff and the PWCPD. CAC staff explained to the Police Foundation evaluation team that they have noticed PWCPD officers making a different interpretation of the laws. In these situations, CAC staff must obtain a TDO pending medical clearance from a local magistrate to require an officer to act. Additionally, CAC staff suggested that some officers do not understand the roles that clinicians can and do play in crisis response.

PWCPD also leverages its certification courses as opportunities to partner with community stakeholders and practitioners. As part of the first day of the CIT certification course, a local representative from the

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<sup>44</sup> Livesay & Myers, PC. "New Mental Health Docket in Prince William County." September 4, 2014. <https://www.livesaymyers.com/new-mental-health-docket-prince-william/> (accessed July 3, 2018).



National Alliance on Mental Illness (NAMI) presents information about the positive impact that officers who are CIT-trained and use their training effectively can have on family members and friends related to persons with mental illness. Representatives from a community non-profit that provides a continuum of services to persons with mental illness—the Trillium Drop-In Center—also conducts part of the CIT course, educating officers about some of the resources that can serve as diversions from the ECO process.

PWCPD also opened its CIT certification course to officers from other law enforcement agencies in the county and from the Adult Detention Center (ADC). While facilitating relationships and understanding between county law enforcement and the ADC, providing training to the smaller law enforcement agencies within Prince William County has helped to standardize the majority of CIT practices and processes. Especially with law enforcement and the ADC, the coordination has helped connect offenders with pre-trial services and treatment in lieu of incarceration and has helped connect individuals awaiting reentry with services to increase their likelihood of success. Additionally, all the law enforcement agencies in Prince William County can use the CAC for mental health assessments and assist in providing officers to serve as overtime staff.

PWCPD officers also speak about the CIT program during community meetings and seek opportunities to share success stories. Some PWCPD officers and County dispatchers interviewed by the Police Foundation evaluation team inferred a level of success in the CIT program by noting that an increasing number of community members specifically request that a CIT-trained officer be dispatched.

## Findings and Suggestions

**Finding 1: The Police Foundation evaluation team review found that PWCPD's implementation of the CIT core elements – collaboration, training, and response – was extremely thorough and of high quality.** The CIT-certification training consistently receives high reviews from those who have been trained, and first-level and mid-level supervisors who have not attended understand and appreciate its importance and arrange for interested officers to attend trainings. The training has been recently expanded from three training sessions to four annually to accommodate the growing demand of the officers and that of other Prince William County law enforcement agencies. Dispatchers also noted an increase in the number of 911 calls in which the caller has requested to have a CIT-trained officer dispatched to the scene. Relevant stakeholder agencies—including the CSB and mental health advocates—that engage regularly with PWCPD on mental health issues also spoke positively about the department's commitment to the CIT program and to continuing to enhance the response to persons with mental illness.

**Suggestion 1.1: PWCPD should continue to identify opportunities to enhance the CIT program.** The PWCPD should continue to balance and recognize the role of CIT, HNT and SWAT within the organization and within its efforts to prevent, respond to, and recover from critical events. PWCPD should consider expanding CIT training to all school resource officers to further improve school safety and security. The recent increase in, and the lethality of, mass casualty attacks and recent school shootings has influenced the command staff to re-evaluate the role of the Special Operations Bureau, including the SWAT team and the HNT in department operations.

**Suggestion 1.2: PWCPD should continue to work with relevant stakeholders to seek funding to expand successful pilot programs.** PWCPD should expand pilot programs, seek additional training and resources, and consider opportunities for additional funding. The department and its stakeholders should investigate and identify potential federal and non-governmental organization opportunities for CIT-related funding and support, and develop processes and procedures for applying for relevant funding to offset the costs associated with enhancing the CIT program.

**Finding 2: With the transfer of command-level staff some members of the police-mental health collaboration have experienced communication gaps between the new commander and the collaboration partners.** In January 2018, multiple promotions and reassignments occurred, which impacted the CIT program. The previous CIT Coordinator was promoted and moved to the PWCPD Office of Professional Standards and a new CIT Coordinator was appointed. As this transition occurred—and as the new CIT Coordinator continues to get acclimated to the position—some officers and external stakeholders experienced communication gaps and expressed confusion regarding who they should bring CIT-related issues to within PWCPD. Additionally, the current CIT Coordinator works an evening shift, which also creates challenges in interacting with relevant stakeholders who work more traditional schedules and schedule meetings during those times.

**Suggestion 2.1: PWCPD should identify permanent command-level personnel to oversee Police-Mental Health Collaboration Initiatives, coordinate program activities, and make necessary resource allocations.** This command-level individual should collaborate with a corresponding executive at the Community Services Board (CSB) and other mental health practitioners and service providers in Prince William County to ensure Countywide CIT

communication and collaboration. Appointing a command-level individual with appropriate decision-making and resource allocation authority will also enhance the timeliness of decisions and support the Chief's efforts to strengthen the CIT program.

**Suggestion 2.2: Establish a clearly-defined CIT chain-of-command.** External partners interviewed by the Police Foundation evaluation team discussed gaps in communication and confusion regarding which PWCPD personnel they were supposed to communicate with regarding CIT program-related questions including training and funding opportunities. Additionally, some PWCPD officers expressed confusion regarding the CIT command structure.

Creating a definitive chain-of-command will alleviate internal communication challenges—particularly between the three District Commanders and the CIT Coordinator—and provide relevant partners and stakeholders with clear points of contact for issues and questions. Therefore, consideration should be given to making the CIT Coordinator a permanent position and/or assigning the coordinator to a day shift to increase the coordinator's availability for meetings and other activities during regular business hours. Consideration should also be given to the CIT Coordinator's rank to facilitate coordination among the district lieutenants.

**Suggestion 2.3: PWCPD should continue to identify opportunities to increase communication with relevant stakeholders and community partners.** With new leadership in place, PWCPD should also develop a strategy to enhance communication and collaboration with hospital emergency room staff, CSB staff, and other mental health practitioners and resource providers. Enhancing communication, collaboration and cooperatively identifying and addressing challenges may decrease the time officers spend on the ECO/TDO process.

**Suggestion 2.4: PWCPD should collaborate with relevant stakeholders to identify opportunities to implement better processes and procedures, and enhance understanding of one another's roles and responsibilities.** PWCPD officers and leadership stated that the ECO/TDO process is fraught with challenges related to timeliness of admissions, hospital requirements, and paper-based records transmission on a weekly, if not a daily, basis. This is especially true when hospitals do not have enough room to accommodate the individual who is waiting for a bed in a treatment facility. PWCPD should leverage the four routine meetings—Involuntary Commitment Process (ICP), DIVERT, CIT Training coordination, and CIT/CAC, which are each designed to address a specific intersection of partners—to identify strategies to address and ease the time-consuming processes associated with the ECO and TDO processes and enhance understanding.

**Finding 3: PWCPD collects data related to its CIT program, but has not routinely used this data to inform changes or updates in policies and procedures.** A majority of the focus of PWCPD data analysis related to CIT is centered on the amount of time officers spend during the ECO and TDO processes. For example, data compiled by PWCPD from 2017 showed that officers spent more than 481 days responding to calls-for-service with EDP dispositions.<sup>45</sup> Additional data demonstrate that PWCPD officers spend a considerable amount of time transporting persons with mental illness to a hospital for medical clearance and then to mental health facility. However, the ad hoc nature with which PWCPD gathers and

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<sup>45</sup> Prince William County Police Department. "CFS with EDP Dispositions." February 5, 2018. Provided to Police Foundation evaluation team member electronically by Prince William County Police Department sergeant on February 15, 2018. Reviewed by Police Foundation evaluation team February – August 2018.

analyzes its data limits the ability to use the data to keep current on the community problems related to the response to people in crisis, develop novel approaches to addressing them and demonstrate success.

***Suggestion 3.1: PWCPD should conduct routine data analysis to inform staffing allocations.***

Given the extent of the data captured in police systems and the significant capability of department staff in culling and analyzing these data, PWCPD should examine its available data to identify current trends to inform enhancements to policies, procedures, trainings, and resource allocation.

For example, the department collects data on the number of officers and supervisors that are CIT-certified, and the results could be used to make shift allocation decisions or to prioritize individuals who request to be CIT-trained.

Additionally, an analysis of calls from January 1 – March 30, 2018 showed that: 1) the number of calls relating to persons in crisis has increased significantly from the same time period in 2016, and 2) the current percent of those calls that have a CIT-trained officer as the primary responder is approximately 13%. This data does not account for situations where a CIT officer may have responded secondarily, and this information should be added and assessed. The Police Foundation evaluation team recommends that CIT-trained officer staffing allocations be examined to attempt to ensure that CIT-officers are available in the areas that most need them.

***Suggestion 3.2: PWCPD should leverage data to develop approaches that augment CIT and address increasing EDP calls.*** PWCPD data show a clear and compelling trend in increasing numbers of calls-for-service, which is not solely understood in the context of new legislation and requirements. Increases in call types can reveal a change in the CAD data coding or staff training, such that calls are now being characterized more accurately. Likewise, when CIT programs take hold in communities, departments can see an increase in calls because the community has more trust in how officers will respond to these crises. PWCPD should examine—in an ongoing manner—the number of EDP calls, frequent response locations.

During the interviews, The Police Foundation evaluation team learned from 911 call-takers and dispatchers that callers had begun requesting a “CIT officer,” which indicates the program has permeated parts of the community.

Using data, the PWCPD could explore ways to proactively reduce calls-for-service in an effort to lessen the strain on resources. One approach to reducing calls-for-service that has worked for other police departments involves identifying repeat callers and working with stakeholders to establish customized care plans for them. These “case assessment management programs” are designed to allow creative and innovative problem solving for the subset of people that repeatedly encounter police.

PWCPD data highlighted earlier revealed that a set of 16 locations in Prince William County generated 7% of the EDP calls to police over a four-month period, from January 1 – April 30, 2018. Additional analysis found approximately 40 additional locations that had two calls to police over the same four-month period. Using these data points, PWCPD could start to forecast calls-for-service and should consider working with the CAC, property owners, and family members to prioritize those individuals who represent these repeat calls – to get them engaged

in services proactively, which might serve to potentially reduce the number of responses to these locations.

***Finding 4: Virginia has extensive requirements for the treatment of people with mental illness who are in crisis, which have placed a significant burden on law enforcement agencies around the state, including PWCPD.*** In 2014, Virginia passed statewide legislation—Senate Bill (SB) 260—which increased the time from when a law enforcement officer takes an individual into custody to locating an available treatment facility from four to eight hours for adults and from six to eight hours for minors. The law also allows for a community services board employee or employee of a state facility to extend the eight-hour ECO time period for an additional four hours to continue identifying alternative facilities that can provide temporary detention and care for an individual. To alleviate some of the burdens the legislation places on law enforcement, PWCPD worked with its partners to designate a Community Services Board (CSB) location—known as the Crisis Assessment Center (CAC)—for officers to take all persons with mental illness who are deemed to meet the necessary criteria, so they may be assessed by a clinician. This approach has been successful, but the volume of persons transported by PWCPD’s to the CAC has been steadily increasing.

***Suggestion 4.1: PWCPD should continue to create and test pilot programs—including its co-responder model—to alleviate the challenges caused by statewide legislation.*** PWCPD should evaluate its staffing and resource allocations to identify potential opportunities to expand the activities of the co-responder team and/or to hire a full-time mental health professional to assist officers.

According to anecdotal data, provided during the Police Foundation evaluation team interviews, beginning in January 2018, PWCPD conducted a pilot test of the co-responder model in 2018, which showed potential in having officers divert clients away from the ECO and TDO processes. The pilot program demonstrated that having a mental health practitioner in a police vehicle increased the likelihood that the officer would not have to affect an emergency custody order. Also, some sergeants allow their officers to do two-hour rotations for officers staying with a person at the hospital to reduce frustration with how long the process takes, which was anecdotally successful.

## Conclusion

Chief Barnard and the Prince William County Police Department (PWCPD) command staff requested that the Police Foundation conduct an examination of the full range of Crisis Intervention Team (CIT) program. The department's CIT training, policies, practices guides officers and civilian employees, including 911 call-takers and dispatchers, in effectively responding to persons with mental illness and/or who are in crisis. The Police Foundation evaluation team reviewed the department's CIT organizational structure, staffing and resources, data availability and analysis capacity, training, and relationships with external stakeholders. The goal of the evaluation was to provide findings and recommendations to support the implementation of promising practices and a blueprint for continued enhancement of the PWCPD CIT program.

It was apparent to the Police Foundation evaluation team that the PWCPD CIT program is part of the department's overall community policing philosophy. PWCPD regularly engages community members and stakeholders to enhance its services and responses, and the CIT program is built on this foundation. The CIT program is built on the department's commitment to enhancing its training and response to community members with mental illnesses. All PWCPD employees involved in the CIT program that the Police Foundation evaluation team interviewed exhibited true passion and commitment to the program and to learning more about their consumers. The support of the CIT program and its principles demonstrated by Chief Barnard and the members of the command staff is reflected throughout the department and it was apparent that the foundational principles of CIT have been embedded in the department's ranks.

PWCPD already has a strong CIT program. Considering and implementing the suggestions provided in this report will help further enhance the department's CIT program.



## About the Authors

**Chief Frank Straub (ret.), PhD, Director of Strategic Studies and the Center for Mass Violence Response Studies**, provided on- and off-site leadership throughout the review of the Prince William County Police Department Crisis Intervention Team (CIT) practices, policies, and procedures, management structures, operational strategies, and organizational structure. A 30-year veteran of law enforcement, Dr. Straub currently serves as the Police Foundation's Director of Strategic Studies and the Center for Mass Violence Response Studies. Before joining the Police Foundation, Dr. Straub served as the Chief of the Spokane, Washington, Police Department. In Spokane, he received national recognition for major reforms, community policing and significant crime reductions. To improve police responses to persons with mental illness, Dr. Straub mandated that all department members receive 40-hours of CIT training, and he created a specialized team of officers who received over 100-hours of CIT training. As the Director of Public Safety in Indianapolis, he reduced homicides to the lowest levels in twenty years. Additionally, the department collaborated with the City's primary trauma center to reduce youth violence and gang activity through hospital-based interventions. In White Plains, New York, as Commissioner of Public Safety, he established the first police-community mental health response team in Westchester County to proactively assist persons challenged by mental illness, homelessness, and domestic violence. Dr. Straub holds a PhD in Criminal Justice from the City University of New York's Graduate Center, an M.A. in Forensic Psychology from John Jay College of Criminal Justice, and a B.A. in Psychology from St. John's University. He was also a certified Crisis Intervention officer.

**Melissa Reuland, Subject Matter Expert**, provided on- and off-site subject matter expertise in the areas of mental health and law enforcement, focused on Specialized Police Responses (SPR). Ms. Reuland is currently a Senior Research Program Manager at the Johns Hopkins School of Medicine in the Department of Psychiatry, managing health care services research. Prior to joining Johns Hopkins School of Medicine, Ms. Reuland worked with the Council of State Governments (CSG) Justice Center and the Police Executive Research Forum (PERF) on the BJA-funded Law Enforcement/Mental Health Partnership Project. For the Law Enforcement/Mental Health Partnership Project, Ms. Reuland developed products designed to support expansion of specialized responses to people with mental illnesses, including: [Improving Responses to People with Mental Illnesses: Tailoring Law Enforcement Initiatives to Individual Jurisdictions](#) and [Statewide Law Enforcement / Mental Health Efforts: Strategies to Support and Sustain Local Initiatives](#). In addition, she has published several community policing curricula, edited books on crime analysis and problem solving, and written articles for peer-reviewed journals. Ms. Reuland holds an M.S. in criminal justice from the University of Baltimore.

**Blake Norton, Senior Vice President**, provided off-site leadership in the areas of law enforcement and mental health and oversaw all planning, organization, and conduct of activities related to this evaluation. As the Senior Vice President at Police Foundation, Ms. Norton oversees Police Foundation projects aimed at providing local police agencies with assessments and technical assistance to improve operations. Prior to joining the Police Foundation in March 2014, she was the Division Director for Local Government Initiatives at the Council of State Government's Justice Center. She oversaw four program areas: Law Enforcement, Mental Health, Reentry, and School Discipline, providing technical assistance to cities, counties, and nonprofits focused on cross-system collaborations between law enforcement and other criminal justice entities, with a significant focus on the intersection between law enforcement and behavioral health systems. Before joining the Justice Center, Blake spent more than 19 years with the Boston Police Department, where her last position was as the Director of Public Affairs and Community Programs. Blake helped shape the agency's reentry efforts and successfully worked with citizens and

faith-based organizations to advance consensus-based strategies for improving public safety. She designed and managed the police department's community affairs activities, including programs for court-involved and at-risk youth. She received her B.A. from the University of Massachusetts and her M.Ed. from Boston University.

**Ben Gorban, Policy Analyst**, provided on- and off-site input as well as document writing, review, and editing. Mr. Gorban is a Policy Analyst with nearly 10 years of experience supporting law-enforcement related projects, including the provision of technical assistance and policy analysis support on projects related to countering violent extremism, community policing, and the role of social media in law enforcement. Before his work with the Police Foundation, Mr. Gorban served as a Project Coordinator for the International Association of Chiefs of Police (IACP). He received his M.S. in Justice, Law and Society from American University in 2011 and received his B.A. in both Philosophy and Justice, Law and Society from American University in 2009.

## About the Police Foundation

Incorporated in 1970, the national Police Foundation is the oldest nationally known, independent, nonprofit, non-partisan, and non-membership driven organization dedicated to improving public safety in America.

Over the Police Foundation's history, its leadership has insisted that the organization's work have practical impact on public safety, and that the knowledge gained through empirical investigation be applicable outside the "laboratory," directly informing improvement in public safety strategies. Our organization's ability to connect clients with subject matter expertise, supported by sound data analysis, makes us uniquely positioned to assist public safety departments of all sizes across the United States.

The Police Foundation works with state governments, cities, counties, and private foundations to conduct organizational, operational, technological, and administrative analyses, assessments of responses to critical incidents, and studies regarding the extent to which evidence-based approaches are or could be leveraged.

The Police Foundation prides itself in a number of core competencies that provide the foundation for critical incident reviews, including a history of conducting rigorous research and strong data analysis, an Executive Fellows program that provides access to some of the strongest thought leaders and experienced law enforcement professionals in the field, and leadership with a history of exemplary technical assistance program management.

Police Foundation assessments and incident reviews include:<sup>46</sup>

- [\*2017 Presidential Inauguration First Amendment Assembly Independent Law Enforcement Review\*](#)
- [\*Advancing Charlotte: A Police Foundation Assessment of the Charlotte-Mecklenburg Police Department Response to the September 2016 Demonstrations\*](#)
- [\*Rescue, Response, and Resilience: A critical incident review of the Orlando public safety response to the attack on the Pulse nightclub\*](#)
- [\*Engaging Communities One Step at a Time: Policing's Tradition of Foot Patrol as an Innovative Community Engagement Strategy\*](#)
- [\*Collaborative Reform Initiative: An Assessment of the St. Louis County Police Department\*](#)
- [\*Maintaining First Amendment Rights and Public Safety in North Minneapolis: An After-Action Assessment of the Police Response to the Protests, Demonstrations, and Occupation of the Minneapolis Police Department's Fourth Precinct\*](#)
- [\*Bringing Calm to Chaos: A critical incident review of the San Bernardino public safety response to the December 2, 2015 terrorist shooting incident at the Inland Regional Center\*](#)

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<sup>46</sup> For a full list of Police Foundation publications, visit <https://www.policefoundation.org/publications/>.



Police Foundation

1201 Connecticut Avenue N.W., Suite 200  
Washington, DC 20036

(202) 833-1460

[www.policefoundation.org](http://www.policefoundation.org)