

# THE INSIDER

## NORTHWESTERN COMMUNITY CRISIS INTERVENTION TEAM

SPONSORED BY: NWCSB

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NEWSLETTER DATE  
FEBRUARY 2008

### WELCOME TO OUR FIRST C.I.T. NEWSLETTER !!

#### OFFICERS TRAINED TO DATE:

Winchester	6
Page County	4
Warren County	3
Shenandoah Co.	2
Clarke Co.	1
NWCSB	6
<b>TOTAL</b>	<b>22</b>
Trainers	3

Welcome! We are very excited to bring to you our very first quarterly newsletter. As most of you know CIT is a successful model of improving interactions between law enforcement, mental health, community resources and people experiencing acute episodes of mental illness. This publication is just another vehicle to open up communication throughout the organization, community, and taskforce. This is a forum to share information and stories with others within the field. It is a way to communicate any issues that may come about in this endeavor that we have embarked upon! I want to take this time to

thank all those who have devoted much time and effort in seeing this project take the first steps to resolve an issue that is bigger than one department or agency can manage alone. Coming together as a large community takes patience, **communication**, foresight, **communication**, respect and did I mention **COMMUNICATION**. As a **TEAM** communication is essential, without it we can not achieve our goal of helping **our** community. If at any time you have questions, concerns or just wish to discuss a case, please do not hesitate to reach out.

— CIT Team



FIRST CIT TRAINING GROUP IN  
NEW RIVER VALLEY.

#### CONTACT NUMBERS:

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### C.I.T. GOALS FOR FY 08:

- 10% OF LAW ENFORCEMENT AGENCIES WITH TRAINED C.I. T. OFFICERS
- 20-25% OF CORRECTIONAL OFFICERS TRAINED IN C.I.T.
- INITIALIZATION OF A MOBILE CRISIS UNIT
- FINALIZED PLANS FOR THE CRISIS STABILIZATION UNIT

## CAPTAIN STEVE BARR SPEAKS OUT



“WE LOOK TO SEE POSITIVE ACTIONS TAKEN AT FEDERAL AND STATE LEVELS.”

— CAPT BARR

Virginia’s leadership decided to close many of its hospital beds for mental patients and shift care to local areas and jails. Warren County has 24% of its population with mental issues. With no staff with mental care training, the challenges facing day to day operations are high. We have accepted the States budgetary considerations. On a positive note, North-western’s Crisis Intervention Team has addressed many of the jail inmate issues. The group sessions they hold with inmates has set up a system

to evaluate and interact and address many issues the inmates have on a daily basis. These sessions are used to make the needed recommendations on seeing a Crisis Physician. Carol Schott and Nicole G Wilee (the newlywed) chair these sessions and are always positive and motivated to make a difference to mental care of inmates. We have the need to have these types of professionals on our staff on permanent basis. With the surveys being done for the State, it is our hope the Virginia Compensation

Board will consider funding for these needed positions. Over the past several years, the increase in inmate mental needs has grown to become one of the biggest issues, in any jail setting nationwide. We look to see positive actions taken at Federal and State levels. Until that happens, we will keep looking at Crisis Intervention Team to make the needed difference for our jails.

— Captain Steve Barr

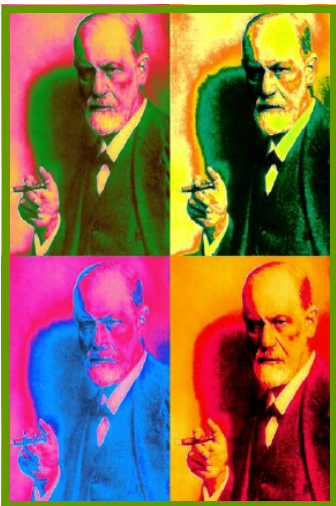
## WESTERN STATE’S PIECE

In my role as Forensic Intake Coordinator at Western State Hospital, I am a huge believer in partnerships. In Recovery, we serve as partners with each other to prepare for happy and successful community living. Because of the large geographic area we serve as well as a large population of mentally ill in the Northern Virginia jails, we sometimes lose sight of the virtues of this type of partnership. When I started working in the Admission Office in 2006 after a long career in mental health at Western State Hospital, I had much to learn about the jail population and their needs.

It wasn’t long before I was introduced to the three small jails in Page, Shenandoah, and Warren County and their frequent need for hospital beds. Our office takes each call seriously, but as we all know many times there were no beds available. It was then that the first of several beneficial ideas began to change the service provision at these jails. In December 2006 two crisis workers from NWCSB began the CIT Program. Ramona Dobbs was hired as the CIT Coordinator, and Carol Schott began the jail program. These two are “gems”, because they know the psychiatric and

medical needs of the individuals at the jails, and are absolute pleasures to work with. Groups provide psychosocial education for the inmate and needs are evaluated for both jail living and release. The concern shown for the individual’s well-being is paramount, and it has been extremely successful in keeping clients out of WSH. A new addition is Nicole Wilee, case manager and group facilitator. Now we are truly in partnership with our clients, our CIT Team, CSB, Police Officers, and family members. I am delighted and proud to be a part of such a wonderful team.

— Lucinda Caldwell





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**NEW ADDITION!!!**

NICOLE GOFORTH WILEE IS THE NEWEST ADDITION TO THE CIT FAMILY. NICOLE HAILES FROM LOUISIANA AND WELCOMES THE CHANGE VIRGINIA BRINGS. SHE COMES FROM A CRIMINAL JUSTICE AND PSYCHOLOGY BACKGROUND. NICOLE WILL BE WORKING AS A TEAM ALONGSIDE CAROL SCHOTT WITHIN THE JAILS AND SHE ASSISTS RAMONA DOBBS WITH OUTREACH WITHIN THE COMMUNITY AND TECHNICAL NEEDS. WE HOPE NICOLE HAS A BRIGHT FUTURE WITH NWCSB AND CIT!!



**REFERENCES/INFORMATION**

- NATIONAL INSTITUTE OF MENTAL HEALTH. U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
[WWW.NIMH.NIH.GOV](http://WWW.NIMH.NIH.GOV)
- NAMI – WINCHESTER – [WWW.NAMIWINCHESTER@LIVE.COM](mailto:WWW.NAMIWINCHESTER@LIVE.COM)
- NATIONAL INSTITUTE OF HEALTH. U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
- [WWW.WEBMD.COM](http://WWW.WEBMD.COM)

**SCHIZOPHRENIA**

Schizophrenia is a chronic, severe, and disabling brain disorder that has been recognized throughout recorded history. It affects about 1% of Americans regardless of race, religion, sex or socio-economic status. Onset of this illness usually appears in the mid-20s to early 30s for women and late teens to early 20s in men. There is still uncertainty at this time regarding a cause for schizophrenia. Some say genetics and some say environmental or the combination of both. Those with schizophrenia

sometimes hear voices others don't, believe others are broadcasting their thoughts or reading their minds and/or they are convinced people (government) are plotting against them. Having a first episode or "break" of schizophrenia places a person at a higher risk for suicide. Due to symptoms and sometimes the medication to treat the symptoms a person diagnosed with schizophrenia has more difficulty holding down a job, paying their bills, socializing with others and just doing the basics of

day to day living. Often the burden of care is shifted to the family and society. With the support and advances in medication many people live rich and valuable lives. The importance of finding the right combination for each individual case is essential to success. For further info of schizophrenia go to:

**[WWW.NIMH.NIH.GOV](http://WWW.NIMH.NIH.GOV)**

