VA and CIT: A Community Partnership

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VA Medical Center Memphis
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Frank Kirchberg & Rachel Magley
U. S. Navy W W II

Daniel Kirchberg
U. S. Navy—Marine Doc
Desert Shield—Desert Storm
VA and CIT: 
A Community Partnership

1. Orienting our vision
2. Mental health crisis in the US
3. Crisis Intervention Teams (CIT)
4. VA Memphis and CIT partnership
5. Cambria Valley Pennsylvania
Second Inaugural Address, March 4, 1865

“With malice toward none, with charity for all, with firmness in the right as God gives us to see the right, let us strive on to finish the work we are in,

to bind up the nation’s wounds,

to care for him who shall have borne the battle and for his widow and his orphan,

to do all which may achieve and cherish a just and lasting peace among ourselves and with all nations.”
Early Childhood formation in VISN 9

Lincoln’s boyhood home on Knob Creek, Kentucky
The Civil War
“Leadership is a potent combination of strategy and character. But if you must be without one, be without the strategy.”

H. Norman Schwarzkopf
The Civil War

- Lincoln made more than 12 trips to the front lines (McPherson, 2008)

- Dead soldiers on the battlefields “tore at his heart.” (John Hay, Lincoln’s secretary) (Goodwin, 2005)

- Frequent visits with his wife to sick and wounded soldiers in DC hospitals (Goodwin, 2005)

- 752,000 dead; 2 out of 3 died from disease rather than battle (Gugliotta, 2012)
CASUALTY SHEET

Name: Capt. Mapley
Rank: Capt. Company: 5th Regiment: 59
Arm: Val. State: Md
Nature of Casualty: Death

CAUSE OF CASUALTY—(Name of Disease, &c.)

By whom discharged:

FROM WHAT SOURCE THIS INFORMATION WAS OBTAINED.

REMARKS.

By whom certified.

DATE OF DISCHARGE, DEATH, &c.

PLACE OF DISCHARGE, DEATH, &c.

July 12, 1863

Fort, Sisson, Texas

John T. Bosted
Clerk.
A Soldier with Mental Illness

• Patrick Murphy deserted one regiment and joined another under assumed name
  - Court-martialed
  - Found guilty and sentenced to be shot
  - Court-martial recommended the sentence be commuted because the soldier had mental illness
April 14, 1865
Good Friday

“This man is pardoned, and hereby ordered to be discharged from the service.”

Records of the Judge Advocate General, National Archives, MM 761
Judge Attorney General Office
September 1st 1853

The within named Patrick Murphy was
tried upon the following charges
1st. N.B. In this that he deserted his Company
2nd, 3rd, 4th, 5th, 6th, 7th, 8th, 9th, 10th, 11th, 12th, in the 1st Division of the
Cohens and that he deserted in the 1st Division of the
Cohens on the 2nd of May and in the 2nd Division of the
Cohens. He deserted on the 9th of May 1853
and remained absent until arrested on the
24th of the same month.

2nd. Violation of the 29th Article of War, for that the accused deserted in the 6th
Cohens on or about the 23rd of April 1853 without a regular discharge from the 2nd Cohens
in which he had formerly served.
The accused plead guilty to the 1st Charge
and Specification. All others of the remaining
The Court found the guilt as charged
which was fully sustained by the proof.

He was sentenced to be shot.

All the members of the Court unite in the opinion that the
accused is the person with whom the Members of the Court;
he having been with
for some length of time, and that he was
not considered perfectly sound.

The Court pronounced the record for the action
of the President.

If the men is insane or any similar, he
would be discharged the service.

The Court would judge he was not insane
as to what disposition would be proper he
Resilience

“The hope is not that suffering will go away, for with Lincoln it did not ever go away. The hope is that suffering, plainly acknowledged and endured, can fit us for the surprising challenges that await.”

(Shenk, 2005)
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5. Cambria Valley Pennsylvania
“We have one hell of a lot of good information…We don’t have to guess as much as the old folks did.”

*Kurt Vonnegut*
“America’s mental health delivery system is in a shambles.”

American Psychiatric Association, 2003
Mental Health Crisis

“Most of the mentally ill are referred to cheap single-room-occupancy hotels and rooming houses, found largely in the decaying portion of the inner cities. They share this space with prostitutes, discharged prisoners, and drug addicts. As the mentally ill are the weakest group, they fall easy prey to the predators of our society who victimize, and otherwise physically abuse them....Our present policy of discharging helpless human beings to a hostile community is immoral and inhumane. It is a return to the Middle Ages, when the mentally ill roamed the streets and little boys threw rocks at them.”

Robert Reich, M.D. (1973)
“With the knowledge that state hospitals required 100 years to achieve their maximum size, the precipitous attempt to move large numbers of their charges into settings that in fact did not exist must be seen as incompetent at best and criminal at worst.”

*John A. Talbott, M.D. (1979)*
Mental Health Crisis

“Two hundred years ago, the most common treatment for seriously mentally ill individuals was jail...

...Today it’s back to the 1830s.

Criminalizing the Seriously Mentally Ill: The Abuse of Jails as Mental Hospitals (1992)
Mental Health Crisis

• Effective treatments available
• Poor medication compliance by patients
• Access to care is fragmented, discontinuous, sporadic or unavailable
• E R gridlock as adults and children wait for psychiatric beds
  • 1955—340 psychiatric beds for every 100,000 Americans
  • 2010—14 psychiatric beds for every 100,000 Americans

(Torrey et al., 2012)
Crisis…continued

• Substance abuse among seriously and persistently mentally ill persons (Abram, 1990)

• Epidemic of incarcerated, homeless mentally ill persons (Torrey, 2014)

• Board & care—“Warehousing” (Reich, 1973; Torrey, 2014)
### Highest budget cuts in general mental health funding between 2009 and 2011

<table>
<thead>
<tr>
<th>State</th>
<th>Amount</th>
<th>State</th>
<th>Amount</th>
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<tbody>
<tr>
<td>California</td>
<td>$587.4 million</td>
<td>Wisconsin</td>
<td>$107.1 million</td>
</tr>
<tr>
<td>Kentucky</td>
<td>$193.7 million</td>
<td>Massachusetts</td>
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<tr>
<td>New York</td>
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<td>Ohio</td>
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<tr>
<td>Arizona</td>
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<td>D.C.</td>
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<td>Tennessee</td>
<td>$16.8 million</td>
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<td>Arkansas</td>
<td>$4.2 million</td>
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<td></td>
<td></td>
<td>Mississippi</td>
<td>$38.6 million</td>
</tr>
</tbody>
</table>

(Honberg et al., 2011)
### Largest budget cuts in general mental health funding by percentage between 2009 and 2011

<table>
<thead>
<tr>
<th>State</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kentucky</td>
<td>47%</td>
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<tr>
<td>Alaska</td>
<td>35%</td>
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<tr>
<td>South Carolina</td>
<td>23%</td>
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<tr>
<td>Arizona</td>
<td>23%</td>
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<tr>
<td>Wisconsin</td>
<td>22%</td>
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<tr>
<td>D.C.</td>
<td>19%</td>
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<tr>
<td>Nevada</td>
<td>17%</td>
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<tr>
<td>Kansas</td>
<td>16%</td>
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<tr>
<td>California</td>
<td>16%</td>
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<tr>
<td>Illinois</td>
<td>15%</td>
</tr>
<tr>
<td>Tennessee</td>
<td>10.1%</td>
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<tr>
<td>Arkansas</td>
<td>5.9%</td>
</tr>
<tr>
<td>Mississippi</td>
<td>14.7%</td>
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</tbody>
</table>

(Honberg et al., 2011)

[Image of Jared Lee Loughner]
PORTLAND, ME. — As community mental health systems fray under the strain of state budget cuts and a weak economy, law enforcement officers across the nation are increasingly having to step in to provide the emergency services that clinics have typically offered the mentally ill...

...In Oklahoma, calls to the police involving mental illness have increased by 50 percent in the past year, said Stacey Puckett, executive director of the Oklahoma Association of Chiefs of Police. The state has cut about $17 million in mental health financing this year.

...Ms. Puckett said officers were “traveling from one end of the state to the other and are out of their departments for 6, 8, 10 hours at a time...“It’s the bed shortage,” she said. “We just do not have enough beds for the numbers.”
ALBUQUERQUE — James Boyd, a homeless man camping in the Sandia Foothills here, could hear the commands of the police officers who were trying to move him out. The problem was that Mr. Boyd, 38, had a history of mental illness, and so was living in a different reality, one in which he was a federal agent and not someone to be bossed around.

“Don’t attempt to give me, the Department of Defense, another directive,” he told the officers…the police shot and killed him, saying he had pulled out two knives and threatened their lives.

The shooting…focused attention on the growing number of people with severe mental disorders who, in the absence of adequate mental health services, are coming in contact with the criminal justice system, sometimes with deadly consequences.
Percentage of Jail and Prison Inmates With Serious Mental Illness

Treatment Advocacy Center and National Sheriffs’ Association, 2010.
“...in the United States there are now more than three times more seriously mentally ill persons in jails and prisons than in hospitals...It is thus fact, not hyperbole, that America’s jails and prisons have become our new mental hospitals.”

People with Mental Illness in Jails

• Annually in the US, approximately 11.4 million people are arrested and booked into jails
  (The National GAINS Center, 2004)

• Approximately 1,100,000 people—8 percent of annual jail bookings—have current symptoms of serious mental illness
  (Bureau of Justice Statistics Special Report, 2006)

• Of these approximately 75 percent have co-occurring substance use disorders.
  (Bureau of Justice Statistics Special Report, 2006; Steadman & Naples, 2005)
People with Mental Illness in Prisons

• 1,571,013 prisoners in state or federal prisons
  (Bureau of Justice Statistics, 2013)

• Estimates of persons with psychosis
  – in prison run as high as 15 percent
  – in jail run as high as 24 percent
  (Bureau of Justice Statistics Special Report, 2006)

• Persons with mental illness “often rotate back and forth between being homeless and in jails or prisons”
  (Bureau of Justice Statistics Special Report 2006; Torrey, 1997)
Drug and Alcohol Addiction

• US makes up 5% of the world’s population

• US consumes 66% of the world’s illegal drugs

• US incarcerates 25% of the world’s prisoners

• 65% of the incarcerated meet medical criteria for drug/alcohol addiction or abuse vs 9% of general population

• 11 percent of addicted prisoners get treatment

Drug and Alcohol Addiction

- Between 1996 and 2006 the US population rose by 12 percent
- The number of adults incarcerated rose by 33 percent
- The number of inmates with drug and alcohol addiction or abuse rose by 43 percent

(The National Academy of Sciences, 2014; The National Center on Addiction and Abuse (CASA), 2010)
Drug and Alcohol Addiction

• Crime and drugs are related:
  – 78 percent of violent crimes (e.g., assault and rape)
  – 83 percent of property crimes (e.g., burglary)
  – 77 percent of weapon, public order, immigration, probation and parole offenses

• 2005—Federal, state and local governments spent:
  – $74 billion in court, probation, parole and incarceration costs for drug and alcohol involved offenders

• 2005—Federal, state and local governments spent:

(The National Center on Addiction and Abuse (CASA), 2010)
Problems of Persons with Mental Illness in Jails and Prisons

• Present major management problems because of impaired thinking
• Do not understand jail / prison rules and jail / prison culture
• Are sometimes verbally and physically abused by inmates and staff
• Are victims of rape

(Chamberlin, 2009; James & Glaze, 2006; O’Keefe & Schnell, 2007; Torrey et al., 2010)
Problems of Persons with Mental Illness in Jails and Prisons

- Are often placed in solitary and do not receive medications
- Are unable to describe physical symptoms that may be related to serious medical conditions
- Stay longer and cost more
- Are more likely to commit suicide

(Bland et al., 1990; Hayes, 1989; Mumola, 2005; Mumola & Noonan, 2007; Torrey et al., 1992)
Veterans with Mental Illness in Jails and Prisons

- Veterans constitute 10.4% of US Adults
- Veterans are 11.7% of Jail inmates
- Veterans are 9.4% of State and Federal Prison inmates

(Bureau of Justice Statistics, 2009)
Mental Health Crises Occur Repeatedly

“...sheriffs, police, and courts have become the new psychiatric outpatient system.”

(Torrey, 2014)
Officers and Persons with Mental Illness

• A family member, friend, neighbor or concerned person calls the police for help during a psychiatric emergency.

• A person with mental illness is suicidal and calls police for help.
Officers and Persons with Mental Illness

• Officers on patrol encounter a woman walking in the street in 100°+ weather in bare feet and nightgown
Officers and Persons with Mental Illness

• Bus station manager calls police because unkempt male is pacing and talking to self
Officers and Persons with Mental Illness

- A person with mental illness calls the police for help because of imagined threats.
Managers and Persons with Mental Illness

- Manager calls police because a disheveled male is pacing in front of restaurant, panhandling, cursing, and threatening customers.
Officers and Persons with Mental Illness

• Approximately 10% of contacts in medium to large police departments
  
  (Cordner, 2006; Deane et al., 1999)

• As high as 20% of contacts with intoxicated person experiencing psychiatric symptoms
  
  (Harris & Edlund, 2005; Kaminski et al., 2004)

• Challenging & Difficult to manage
  
  (Borum et al., 1998; Novak & Engel, 2005; Reuland, et al., 2009)
Officers and Persons with Mental Illness

- Take more time than other calls
  (Cordner, 2006; Reuland, et al., 2009)

- May be more likely to result in injury to both police officers and people with mental illness
  (Cordner, 2006; Ruiz, 1993)

- Lack of community mental health resources resulting in “mercy bookings” to jails
  (Borum et al., 1998; Bureau of Justice Assistance, 2006; The Growth of Incarceration in the United States: Exploring Causes and Consequences, 2014)
Officers and Persons with Mental Illness

• Involve repeat contacts  (Green, 1997; Cordner, 2006)

• Involve minor or nuisance offenses “quality-of-life” crimes: petty theft, aggressive panhandling, public urination, littering, trespassing  

• Occasionally involve dangerous situations

• Require special training and skills  
  (Cordner 2006; Reuland et al., 2009; Ruiz, 1993; Ruiz & Miller 2004 )
1. Orienting our vision
2. Mental health crisis
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5. Cambria Valley Pennsylvania
1987

A Mental Health Crisis Becomes a Community Crisis in Memphis

- Memphis Police Officers called to Lemoyne Gardens neighborhood
- Young male threatening family and neighbors with knife
- He ignores police orders to drop knife and advances toward officers
- Young man is shot multiple times and dies

(Dupont & Cochran, 2000)
Community Outcry

- Young man was African American with long history of mental illness
- Lemoyne Gardens is African American Community near Lemoyne Owen College an Historic Black College
- Officers were of European descent

(Dupont & Cochran, 2000)
Memphis: A Painful History

- Racism
- Poverty
- Mistrust of Police
- Memorial park & statue honoring General Nathan Bedford Forrest—slave trader, leader of Fort Pillow Massacre, and founder of KKK
Assassination of Dr. Martin Luther King
“The end is reconciliation, the end is redemption, the end is the creation of the Beloved Community.”

Dr. Martin Luther King
Community Opportunity

- Mayor Richard Hackett organized a meeting of community leaders:
  - Law Enforcement
  - Mental Health Agencies
  - NAMI
  - Academic Institutions

- Initial discussions led to recognition of need for change in how police interact with persons with mental illness

- Police training program envisioned

(Dupont, Cochran & Pillsbury, 2007)
### Integrated Crisis Services for Behavioral Emergencies: A Community Partnership Since 1988

<table>
<thead>
<tr>
<th>Memphis Police Services</th>
<th>Mental Health Community</th>
<th>NAMI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patrol Division</td>
<td>U of Memphis</td>
<td>National Alliance on Mental Illness (NAMI)</td>
</tr>
<tr>
<td>Crisis Intervention Team (CIT)</td>
<td>Regional Medical Center (MED)</td>
<td>NAMI Memphis</td>
</tr>
<tr>
<td></td>
<td>VA Medical Center</td>
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<tr>
<td></td>
<td>Community MHC</td>
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</tbody>
</table>

(Dupont, 2008; Dupont, Cochran, & Pillsbury, 2007)
Psychologist Essential to CIT Success

Dr. Randolph Dupont

Director Psychiatric Emergency Room—MED
Professor, University of Memphis, Department of Criminology
University of Memphis CIT Center
Past President Tennessee Psychological Association
Psychologist Essential to CIT Success

Dr. Burl Gilliland †

US Navy Veteran of World War II and Korean War
University of Memphis, Chair & Professor, Department of Counseling Psychology
Co-Author of Best Selling Text: *Crisis Intervention Strategies*
Psychologist Essential to CIT Success

Dr. Richard K. James

University of Memphis, Professor, Department of Counseling Psychology
Co-Author of Best Selling Text: *Crisis Intervention Strategies*
Memphis Police Department
CIT Commander

Major Sam Cochran (ret), M.S.

First CIT Commander Memphis Police Department 1988-2008
Instructor, University of Memphis Department of Criminology
University of Memphis CIT Center
Crisis Intervention Team

• Systemic change within law enforcement/criminal justice system

• Basic Goals:
  1. *Improve Officer and Consumer Safety*
  2. *Redirect Individuals with Mental Illness from the Judicial System to the Health Care System*

(Dupont, Cochran & Pillsbury, 2007)
Crisis Intervention Team
Core Elements

**Ongoing Elements**
1. Partnerships: Law Enforcement, Advocacy, Mental Health
2. Community Ownership: Planning, Implementation & Networking
3. Policies and Procedures

**Operational Elements**
4. CIT: Officer, Dispatcher, Coordinator
5. Curriculum: CIT Training
6. Mental Health Receiving Facility: Emergency Services

**Sustaining Elements**
7. Evaluation and Research
8. In-Service Training
9. Recognition and Honors
10. Outreach: Developing CIT in Other Communities

*(Dupont, Cochran, & Pillsbury, 2007)*
Two Questions

1. “How much is Crisis Intervention Team training going to cost?”

2. “Who’s going to pay for it?”
“This is our community. We aren’t going to be paid. We will provide the training and resources necessary to make CIT a success because this is our community.”

Dr. Burl Gilliland, 1988
Community Partnerships Nationwide

- 2,800 Crisis Intervention Team Programs
  - Local partnerships with law enforcement, mental health providers, advocates (NAMI) and persons with mental illness
  - CIT is a springboard for broader collaboration:
    - Schools
    - Courts
    - Corrections
    - Homeless service
    - Children’s mental health services
    - VA

(O’Donnell, 2014)
Recognition of CIT

Best practice model:

• NAMI (National Alliance on Mental Illness)
• American Association of Suicidology
• National Association of People of Color Against Suicide
• Department of Justice
• Department of Health and Human Services SAMHSA
• The White House Conference on Mental Health
• John Jay College of Criminal Justice

Promising model:

• International Association of Chiefs of Police
Crisis Intervention Team

- Selected uniform patrol officers & dispatchers
- 40 hours training (Cochran et al., 2000; Compton et al., 2008; Dupont, Cochran & Pillsbury, 2007; Ruiz, 1993; Watson et al., 2008)
- Able to respond immediately to mental health crises (Dupont, 2008)
- Assume command at scene (Compton et al., 2009; Reuland, 2004)
- De-escalate situation (James & Gilliland, 2013)
- Divert people in crisis from jail to specialized crisis triage center (Dupont & Cochran, 2002)
- Law enforcement friendly drop-off points (Dupont, 2008; Steadman et al., 2001;
How does it work?
911 Call to Police Dispatch
Dispatch assigns CIT Officer & Backup
Person is transported to Triage

Officer returns to patrol duties in 10-15 min
## How does it work?

### Sequential Intercept Model

<table>
<thead>
<tr>
<th>Intercept 1</th>
<th>Law enforcement/Initial court hearings</th>
<th>Community</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intercept 2</td>
<td>Initial detention/Initial court hearings</td>
<td>Local Law Enforcement</td>
</tr>
<tr>
<td>Intercept 3</td>
<td>Jails/Courts</td>
<td>First Appearance Court</td>
</tr>
<tr>
<td>Intercept 4</td>
<td>Reentry</td>
<td>Specialty Court</td>
</tr>
<tr>
<td>Intercept 5</td>
<td>Community</td>
<td>Jail - Pretrial</td>
</tr>
<tr>
<td></td>
<td>corrections/Community support</td>
<td>Dispositional Court</td>
</tr>
</tbody>
</table>

- **Community**
- **Local Law Enforcement**
- **Arrest**
- **Initial Detention**
- **First Appearance Court**
- **Specialty Court**
- **Jail - Pretrial**
- **Dispositional Court**
- **Jail - Sentenced**
- **Prison**
- **Probation**
- **Parole**
- **Community**

*(LAW ENFORCEMENT - COURTS - JAILS: VA Veterans Justice Outreach (VJO))

*(PRISONS: VA Health Care for Reentry Veterans (HCRV))*

*(Blue-Howells et al., 2013; Munetz et al., 2006)*
Memphis Model Crisis Intervention Team

Creates positive changes for all involved

1. Improves response time (Dupont & Cochran, 2000)

2. CIT Officers use / endorse less force
   (Canada et al, 2012; Compton et al., 2009; Compton et al., 2011; Compton et al., 2014; Morabito et al., 2012; Skeem & Bibeau, 2008)

3. Improves officer safety (Dupont & Cochran 2000)

4. Improves access to mental health services
   (Canada et al., 2012; Compton et al., 2014; Watson, Ottati et al., 2011)

5. Decreases likelihood of arrest
   (Compton et al., 2014; Steadman et al., 2000)
CIT Model:
Memphis Model
CIT Training

- 40 Hour Training Curriculum for:
  - Selected Uniform Patrol Officers
  - Dispatchers

- Training provided by:
  - Community mental health professionals
  - Experienced CIT Officers
  - Community legal system professionals
  - Persons with mental illness

(Compton et al., 2014; International Association of Chiefs of Police, 2010; James & Gilliland, 2013)
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VAMC Memphis CIT Training

1. PTSD didactic
   Dr. Norman Itkowitz—VA

2. Combat Veteran / CIT Officer dialogue
   Dr. Nancy Jordan—VA
3. Traumatic Brain Injury didactic

Dr. Ellen Crouse—VA

4. Verbal Skills

Dr. Tom Kirchberg—VA

CIT Officer Mike Lash

Officer Terry Thompson

(Canada et al., 2012; James & Gilliland, 2013)
5. De-escalation training / experiential  
   (James & Gilliland, 2013)

6. Ride-along with CIT Officers  
   (Erstling, 2006; International Association of Chiefs of Police, 2010)
2014 Mid-South CIT Inservice

Understanding Traumatic Stress and Suicide: Beyond Checklists

Dr. Veazey-Morris      Dr. Itkowitz    Dr. Jacobson Dr. Jordan    Dr. Crouse    Dr. Kirchberg
“...if an incident rises to the level of police involvement, and if the responding officers understand the Veteran’s perspective, they have a good chance of defusing it. Indeed, the best friend and best hope the combat Veteran may have in a situation escalating out of control is the informed police officer or negotiator.”

CIT Benefits the VAMC Memphis

- VAMC Memphis and Veterans are well-known to CIT Officers
- VAMC recognized as community partner by other mental healthcare facilities
- CIT Officers drop by to visit Veterans with mental illness in non-crisis times
- CIT Commander calls on VA for consultation

- VA Police officers receive CIT Training at no charge to VA
- CIT responds quickly to VAMC requests:
  - Suicide calls
  - Health & welfare
  - MHICM
  - VAMC EAP Program
- Psychology interns benefit from contact with CIT Officers
“Law Enforcement Crisis Intervention Teams (CIT) are another promising avenue for connecting justice-involved Veterans with needed mental health and other services. In Memphis, Tennessee, and other communities using the Memphis Model, VA clinicians train law enforcement personnel on Veteran-specific issues, including PTSD and TBI, to inform encounters with Veterans in crisis.”
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Cambria Valley Pennsylvania
Follow-up

http://cit.memphis.edu/

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