DATA-DRIVEN JUSTICE: DISRUPTING THE CYCLE OF INCARCERATION

July 12, 2017

TODAY'S CALL



- NACo and Arnold Foundation updates
 - www.naco.org/webinars
 - Annual Conference
 - DDJ Tech Tools survey
- Presentation
 - Dr. Daniel Duhigg, Medical Director for the CIT ECHO Knowledge Network





An Introduction to the CIT ECHO Clinic: The CIT Knowledge Network

Daniel Duhigg, DO, MBA

Medical Director, CIT ECHO

Clinical Associate Professor, Psychiatry





The ECHO model as used in Healthcare





Use Technology to leverage scarce resources

Sharing "best practices" to reduce disparities

Case based learning to master complexity

Web-based database to **monitor outcomes**





Algorithm

Check Lists

Process

Wisdom Based on Experience





Train physicians, physician assistants, nurse practitioners, nurses, pharmacists, educators in HCV, other diseases

Train to use web-based software — iECHO & ECHO

Health®

Conduct teleECHO™ clinics — "Knowledge Networks"

Initiate case-based guided practice — "Learning

Loops"

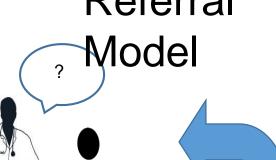
Collect data and monitor outcomes centrally

Assess cost and effectiveness of programs

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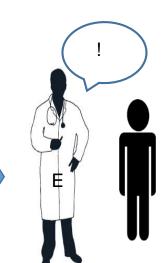
Medical Use of ECHO Model

Referral



Missed Opportunity:

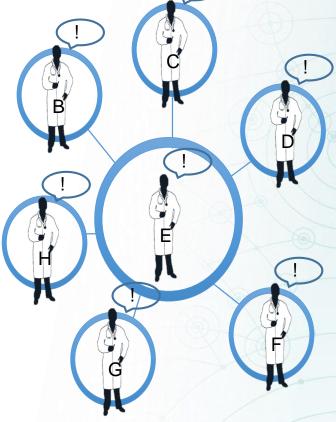
- Delayed Communication
- No Knowledge Migration



ECHO Model









Patient Travel

- Delayed Treatment
- Specialist Co-pays
- · Cultural Illiteracy



























ECHO Model™ is Cost Effective

In 60 Percent of Patients treated for HCV the model was cost savings

Overall Cost per Discounted Quality of Life Year Gained was less than 3500 dollars

Arora S, Thornton K, et al. N Engl J Med. 2011 Jun; 364:2199-207.



Disease Selection for an ECHO clinic

Common diseases

Management is complex

Evolving treatments and medicines

High societal impact (health and economic)

Serious outcomes of untreated disease

Improved outcomes with disease management



The ECHO model applied to law enforcement



Background

2014: US DOJ report on Excessive Use of Force

• Findings:

- Albuquerque police officers too often use deadly force in an unconstitutional manner in their use of firearms
- Albuquerque police officers also often use less lethal force in an unconstitutional manner.*
- A significant amount of the force we reviewed was used against persons with mental illness and in crisis.
- The use of excessive force by APD officers is not isolated or sporadic. The pattern or practice of excessive force stems from systemic deficiencies in oversight, training, and policy.

^{*}a force application not intended or expected to cause death or serious injury and which is commonly understood to have less potential for causing death or serious injury than conventional, more lethal police tactics.





Self-regulate, or you will be regulated.

UNITED STATES DISTRICT COURT FOR THE DISTRICT OF NEW MEXICO

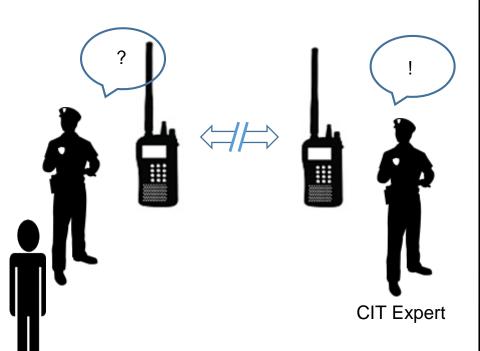
UNITED STATES OF AMERICA, Plaintiff,)))
v.) CIVIL NO. 14
CITY OF ALBUQUERQUE,)
Defendant.)))

SETTLEMENT AGREEMENT

The Problem

•APD has had <u>no consistent guidance for best practices</u> in the field for mental health and law enforcement interactions. There is <u>insufficient access to experts</u> available to police officers when dealing with difficult cases.

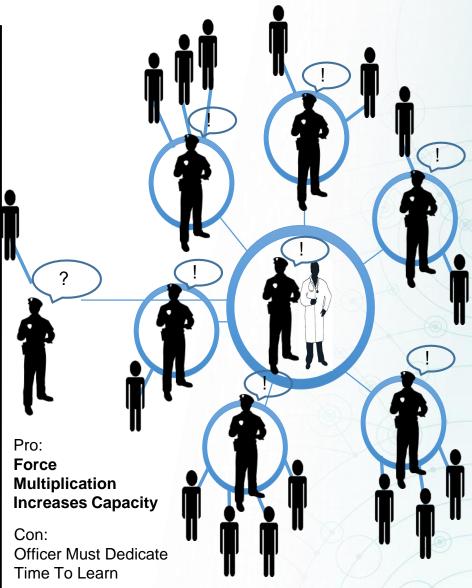
Traditional call to "on call" CIT officer



Pro: Immediate Increase in Access to Expertise Con:

Does Not Increase Capacity

ECHO CIT Model



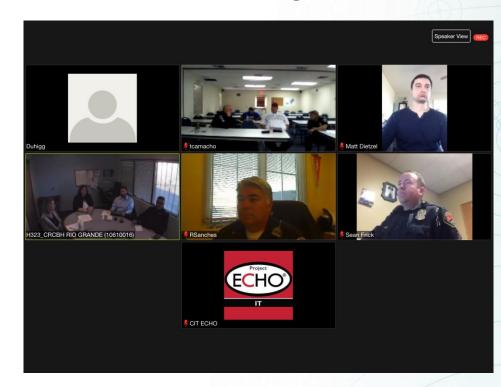


A Two-Part Solution

Crisis Intervention Team (CIT)

- CIT is a pre-booking approach to increase officers' abilities to respectfully and safely interact with persons with mental illness and is associated with improved knowledge and attitudes (Compton et al, 2006).
- A report from the National Council of State Governments documented that there is considerable variation in the implementation and training methods used by CIT initiatives (2002).

CIT ECHO Knowledge Network





Grant Funding





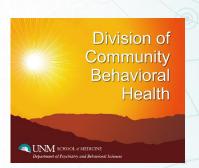
- \$250,000
- Three Year Grant
- BJA FY 2015 Justice and Mental Health Collaboration Program: Planning and Implementation













Curriculum Focuses On Key Areas Needed By Law Enforcement

- •Behavioral Health 101: Review of behavioral health diagnoses, symptoms, treatment, and appropriate communication techniques for law enforcement interacting with an individual with a behavioral health diagnosis. Examples – *PTSD and Bipolar Disorder*
- •CIT Policing: Principles of the Crisis Intervention Training model of policing; including CIT policies, program creation, development, and maintenance. Examples – Community Collaboration in CIT policing and the Use of Data in CIT Programs
- •Self-management: Officer self-care and techniques for stress management; how and where officers can seek care for themselves. Example – Suicide in Law Enforcement
- •De-escalation/communication: Skills and techniques for communicating with someone in a mental health crisis; how to properly de-escalate a crisis situation and when possible avoid/limit use of force. Example – Verbal Defense and Influence
- •Special training: A clinic without any case presentations that is open to the general public to attend. Example – Identifying Drug Induced Intoxication
- •Resources: Programs, services, and networks (locally and nationally) that public safety personnel can refer to when interacting with an individual living with a mental illness. Examples – NAMI and Albuquerque Health Care for the Homeless

Curriculum

MODULE 1: CIT POLICING

- Intro to CIT policing
- •CIT Team Roles
- •CIT Guidelines
- •How to Interface with the Medical System
- Triage
- Spree Killings
- Homelessness
- Barricades and High Risk Suicide
- •Recognizing signs and side-effects of medications, drugs, mental illness for police: What is a threat vs. a side-effect?
- •When to go to the hospital (psychiatric emergencies)
- •Hallucinations and psychosis: how to respond

MODULE 2: RESOURCES

- Adult Protective Services
- Disability Rights

Resources for Veterans

MODULE 3: PSYCHIATRIC DIAGNOSES 101

- Schizophrenia and First Episode Psychosis
- Bipolar Disorder
- Depression
- Anxiety I: GAD, OCD, Panic
- Anxiety II: PTSD
- Autism Spectrum Disorders
- Substance Use Disorders
- Medication Awareness for Police
- Traumatic Brain Injury

MODULE 4: DE-ESCALATION & COMMUNICATION

- De-escalation Techniques
- •7 Active Listening Skills
- •Police Zen
- •PURE Model I

•PURE Model II

MODULE 5: SELF MANAGEMENT

- Officer Suicide
- Burnout prevention for police
- Workplace mental health awareness
- Mindfulness Based Stress Reduction for police
- •10 Deadly Errors: How to Avoid Becoming a Victim Cop

MODULE 6: SPECIAL TRAININGS

- Identifying Drug Induced Intoxication in the Field
- Rising Rates of Homicide: A look at the data
- Media Relations Q&A



Weekly Clinics Cover A Diverse Range Of Topics Of Importance To Law **Enforcement Officers Who Deal With Individuals In Crisis**

ADDIE MODEL of Curriculum Development	Common Drug Street Names	John Hyde Case Study	aso Study Relations		Ongoing elements of a CIT program	COAST Program	NAMI		sability Ihts			
APD's Crisis Intervention Program	Community Collaboration in CIT		Q&A			DD Waivers						
Assistant Outpatient				VA Justice Outreach								
Treatment	Drug Laws	CIT pr	CIT program		Use of Data in CIT	Homelessness - Healthcare for the Homeless		ı Informatio	n &			
CIT Programs and setup	Initial bootcamp	C Spree Killings	CIT program	Programs	Homeress	Resources						
						Active Listening Skills						
Alcohol Withdrawal	Attention Deficit Hyperactivity Disorder Drugs and their effects Perspectives			Verbal	Verbal defence and							
				of Psychotic and Manic PTSD	of Psychotic and Manic PTSD	of Psychotic and Manic PTSD	of Psychotic and Manic	chotic PTSD	Basics of the PURE		influence	Drug
Antisocial Personality Disorder	Bipolar disorder		nnabis, Hash, hers	Symptoms		Model			Drug			
Anxiety	Borderline Personality Disorders	Medication Awareness		Schizophrenia		Law Enforcement Suicide & Mental Health	Officer Self-care					

Category

CIT Policing

- Behavioral Health 101

- De-escalation/communicati.. Self-management
- Resources Special Training





Innovations on the ECHO Model

- HIPAA does not apply
- Hub team:
 - CIT detective
 - Psychiatrist
 - Social worker
 - Clinic coordinator



- Law enforcement organizations
- First responders (fire/ems)
- Closed Sessions restricted to law enforcement/public safety only
- No paperwork for hubs



CIT ECHO Clinic Format

- Connect to clinic through Zoom Tuesdays 1:30-3:00 MT
- Cases presented to the Network for feedback and discussion
- Brief didactic on topic related to law enforcement and mental health
- Cases presented to the Network for feedback and discussion
- Certificates distributed following clinic

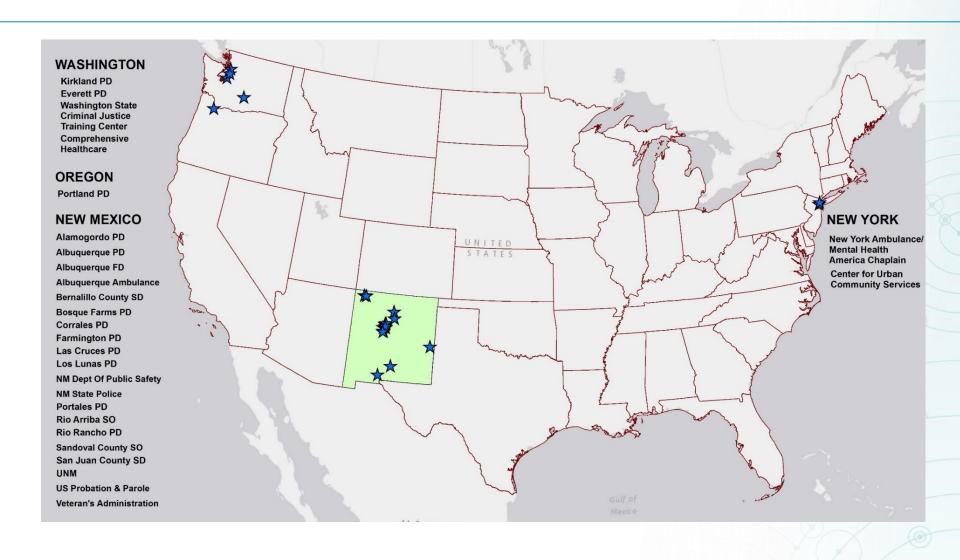
Benefits to Law Enforcement

- Training without travel
- Decreasing variability in tactical responses
- Identification of areas needing improvement/training/changes to SOPs
- Real time access to specialty consultation with CIT experts, psychiatrists, law enforcement trainers
- Development of CIT programs and infrastructure
- Decreasing liability through peer review
- Development of best practices
- Access to medical professionals

- Sharing of high risk situations that do not fit criminal activity
- **Suicides**
- Threats to others
- Release of violent offenders
- Missing violent offenders
- Safety Alerts
- Cases

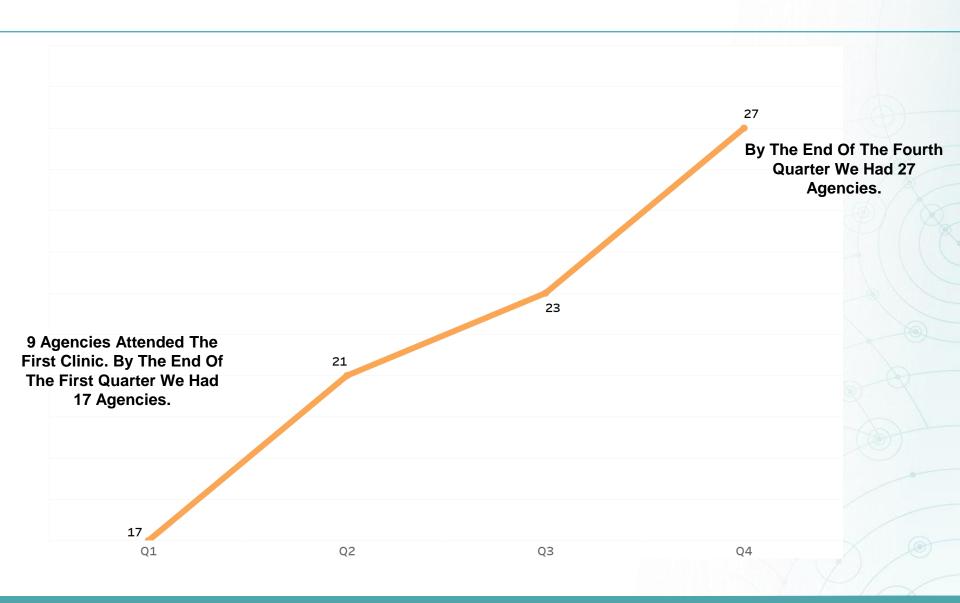


Implementing the CIT ECHO Network





Implementing the CIT ECHO Network







Next Steps: Advanced CIT Training

 Additional 8 hour certification for CIT trained officers

 Training certificates provided by the University of **New Mexico**

 Advanced certification achieved after attending 8 clinic hours

Questions?

Dr. Dan Duhigg Medical Director for the CIT ECHO Knowledge Network



Detective Matthew Tinney Crisis Intervention Unit Albuquerque Police Department



Dr. Nils Rosenbaum Behavioral Health Division Albuquerque Police Department







QUESTIONS?





THANK YOU FOR ATTENDING AND PARTICIPATING!

We will send a follow-up email and post notes from today's webinar

krowings@naco.org

