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
Methods

Use Technology to leverage scarce resources

Sharing “best practices” to reduce disparities

Case based learning to master complexity

Web-based database to monitor outcomes

What is Best Practice in Medicine

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
Referral Model

Costs:
- Patient Travel
- Delayed Treatment
- Specialist Co-pays
- Cultural Illiteracy

Missed Opportunity:
- Delayed Communication
- No Knowledge Migration

ECHO Model

Medical Use of ECHO Model
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

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
• 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.
The Problem

• APD has had **no consistent guidance for best practices** in the field for mental health and law enforcement interactions. There is **insufficient access to experts** 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

Pro: **Force Multiplication**
Increases Capacity

Con: Officer Must Dedicate Time To Learn
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).
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*
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

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

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

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**ADDIE MODEL of Curriculum Development**
- Common Drug Street Names
  - John Hyde Case Study
  - Media Relations Q&A
- News Trends in Mental Health and Law Enforcement
- Ongoing elements of a CIT program

**APD’s Crisis Intervention Program**
- Community Collaboration in CIT
- Discussion on Portugal’s Drug Laws
- Operational elements of a CIT program
- Sustaining elements of a CIT program
- Use of Data in CIT Programs

**Assistant Outpatient Treatment**
- Initial bootcamp
- Spree Killings

**CIT Programs and setup**
- COAST Program
- NAMI
- NM Disability Rights
- DD Waivers
- VA Justice Outreach
- Homelessness - Healthcare for the Homeless
- Veteran Information & Resources
- Active Listening Skills
- Verbal
- Verbal defence and influence
- Drug
- Basics of the PURE Model
- Officer Self-care
- Law Enforcement Suicide & Mental Health
Innovations on the ECHO Model

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

By the end of the fourth quarter we had 27 agencies.

9 agencies attended the first clinic. By the end of the first quarter we had 17 agencies.
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?

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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

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