



The CIT Knowledge Network (CIT ECHO)

Final Report, January 2019

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EXECUTIVE SUMMARY

In January 2016 the Albuquerque Police Department received a three-year grant (10/01/2015–9/30/2018) from the Bureau of Justice Assistance, U.S. Department of Justice to develop, implement and evaluate the CIT ECHO, a video-conferencing network that uses case debriefings and supplemental training to promote Crisis Intervention Team (CIT) best practices among law enforcement and other emergency first responders. A 20-month long evaluation of the CIT ECHO program was conducted by the Department of Psychiatry and Behavioral Sciences, Division of Community Behavioral Health at the University of New Mexico (UNM). This report provides an overview of CIT ECHO and findings of the evaluation.

HIGHLIGHTS: RESULTS

Increase in Confidence and Comfort

Among participants who attended three or more CIT ECHO sessions, **89.6%** agreed that after participating they felt comfortable interacting with people living with mental illness.

Changes in Attitudes Towards People Living with Mental Illness

Before participating in CIT ECHO sessions **20.8%** of participants agreed with the statement, “people living with mental illness often require the use of force to maintain officer safety.” **After** participating only **3.63%** of participants agreed with the statement.

Increase in Awareness of Resources

85.7% of participants agreed that after participating in CIT ECHO sessions they know who to call for advice about how to interact with a person living with mental illness.

Increase in Knowledge about CIT Best Practices

80.3% of participants agreed that because of their participation in CIT ECHO sessions they are able to determine if a person living with mental illness who has committed a crime should be taken to jail or a hospital. Additionally, **84.2%** of participants agreed that because of their participation in CIT ECHO they are able to utilize verbal de-escalation techniques effectively.

INTRODUCTION

Interactions between law enforcement and people living with a mental illness and/or substance use disorders (referred to as behavioral health problems) are frequent. In the community, 10%-25% of people with mental health problems have a history of police arrest (Chappell, 2013; Livingston, 2016), 12%–15% have police involvement in their entry to the mental health system (Brink, J. et al., 2011; Livingston, 2016), and 1%–5% of police calls for service, or dispatches, involve people with mental health problems (Brink, J. et al., 2011; Livingston, 2016). While there is tremendous variation in the type and amount of training police departments provide for their officers in how to respond to people in behavioral health crisis (Plotkin & Peckerman, 2017), the **Crisis Intervention Team (CIT) model** is probably the most common with 2,645 local CIT Programs and 351 Regional CIT Programs (As reported September 2018 on the “CIT Center: A Resource for CIT Programs Across the Nation”). The CIT model is “designed to improve officers’ ability to safely intervene, link individuals to mental health services, and divert them from the criminal justice system when appropriate” (Compton, Broussard, Munetz, Oliva, & Watson, 2011).

A key component of CIT programs is classroom training. This training is a stand-alone class of up to 40 hours provided by law enforcement trainers, mental health clinicians, consumers, and family advocates. The curriculum includes training on signs and symptoms of mental illness, co-occurring disorders, mental health treatment, and de-escalation techniques (Watson & Fulambarker, 2012). The CIT course is considered the gold standard for training law enforcement in understanding behavioral health (Compton, Bahora, Watson, & Oliva, 2008; Watson et al., 2010; Watson & Wood, 2017). This training has been associated with improved knowledge, attitudes, self-efficacy, and outcomes between law enforcement and people living with mental illness (Bahora, Hanafi, Chien, & Compton, 2008; Bonfine, Ritter, & Munetz, 2014; Compton et al., 2014; Compton, Demir Neubert, et al., 2011; Compton, Esterberg, McGee, Kotwicki, & Oliva, 2006; Ellis, 2014; Skeem & Bibeau, 2008; Teller, Munetz, Gil, & Ritter, 2006; Watson et al., 2010). A major limitation of the CIT model, however, is that it is a one-time course, and opportunities for continuing education in CIT principles and best practices are variable and limited (Plotkin & Peckerman, 2017). **In response, CIT ECHO (Extension for Community Healthcare Outcomes) - a videoconferencing network that uses case debriefings and supplemental training to promote CIT best practices (Agency for Healthcare Research and Quality, 2017; Ochwat, 2017) - was developed in 2015 to address this limitation.**

CIT ECHO

CIT ECHO developed out of a need for the Albuquerque Police Department (APD) to provide an opportunity for ongoing training in CIT principles and best practices and to connect public safety agencies in New Mexico that do not have access to behavioral health training, experts, or resources. In 2014, the need for ongoing CIT training was especially important in New Mexico, as 43% of officer-involved shootings involved people living with mental illness (Hammer, 2015) and the number of behavioral health-related calls received by the APD increased by 40% between 2010 and 2014 (Winograd & Brown, 2018). Also, a 2014 report of findings of the U.S. Department of Justice's civil investigation of the APD concluded that "APD's policies, training, and supervision are insufficient to ensure that officers encountering people with mental illness or in distress do so in a manner that respects their rights and is safe for all involved" and that "the way officers have communicated with (or failed to communicate with) individuals in mental health crisis shows a clear lack of appropriate training on mental illness" (U.S. Department of Justice, 2014). The need for additional mental health and crisis de-escalation training for law enforcement is not unique to New Mexico (Brooks, 2018; Lamb, Weinberger, & DeCuir, 2002; Ornstein & Leifman, 2017).

CIT ECHO was funded through a three-year grant (10/01/2015–9/30/2018) from the Justice and Mental Health Collaboration Program (JMHC), Bureau of Justice Assistance, U.S. Department of Justice (2015-MO-BX-009). It is a partnership between the APD, the University of New Mexico's (UNM) Department of Psychiatry and Behavioral Sciences, the UNM School of Medicine's Project ECHO, Presbyterian Healthcare Services, and Crisis Intervention Team Inc.

SESSION ELEMENTS

CIT ECHO connects law enforcement around the state and country via videoconferencing to a central hub of experts in Albuquerque, New Mexico. This hub team includes two psychiatrists, a CIT detective, a crisis specialist, and a project coordinator (Figure 1). Members of the hub team participate in every CIT ECHO session. They organize the didactic lecture, find presenters, and facilitate the actual sessions. CIT ECHO sessions are held weekly for 90 minutes and consist of two main parts: (1) a brief didactic presentation related to CIT policing or behavioral health, and (2) case debriefings presented by officers on cases involving mental illness and/or substance use. The first five minutes of a CIT ECHO session is dedicated to introductions and announcements, and the last five minutes is reserved for wrap-up. Currently CIT ECHO is intended for individuals who respond to behavioral health crises as it relates to public safety such as law enforcement, CIT coordinators, fire fighters, emergency medical services, correction officers, probation and parole, and mental health providers who work with first responders. CIT training or CIT certification are not a prerequisite for participating in CIT ECHO.

Figure 1. CIT ECHO Hub and Spokes



The Didactic Presentation:

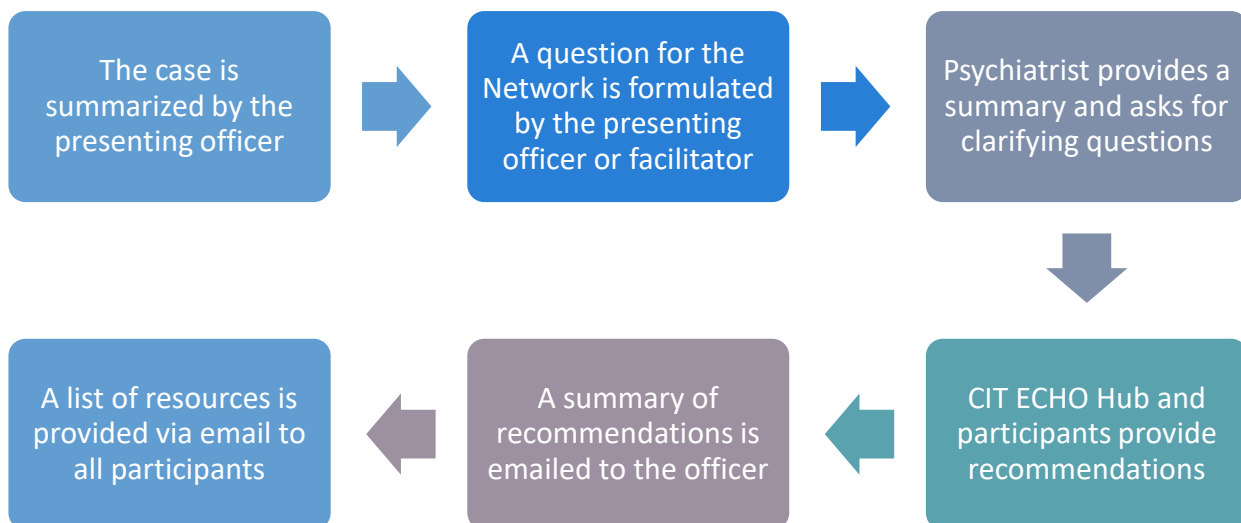
The didactic presentation follows the introductions and announcements and lasts 30-40 minutes depending on the number of questions and length of discussion. In the course of curriculum development, the CIT ECHO hub team identified seven key training themes as follows: (1) CIT Policing, (2) Resource Knowledge, (3) Psychiatric Diagnosis, (4) De-escalation and Communication Skills, (5) Officer Self-Care, (6) Substance Use, and (7) Special Training. They also identified the following three learning objectives: (1) de-stigmatization, (2) safety, and (3) resources. The didactic presentations must fall within one of the seven themes and address all three learning objectives. Experts in topic areas are recruited from New Mexico and biannually from across the country to present. CIT ECHO participants are provided access to the project's website (www.goCIT.org) where the PowerPoint slides from presentations and video recordings of didactic sessions are archived for continual access.

The Case Debriefing:

After the didactic presentation, real-world calls for service are presented to the network, giving officers an opportunity to receive feedback and recommendations from their peers on the videoconferencing network, as well as to get feedback from the hub of experienced CIT detectives and psychiatrists on ongoing cases involving behavioral health crises (Figure 2). Officers debrief cases for a variety of reasons ranging from seeking resource referrals to requesting guidance on communication techniques. A debriefing may last between 20–40 minutes depending on the complexity of the case. Debriefings follow a standard format. The case is first presented by the officer, who provides information on the individual involved in the call, their behaviors and criminal history (if any), and a description of how they approached the situation. From this information, a

specific question to the network is formulated to facilitate the discussion and inform recommendations. Once the details of the case are presented, a CIT ECHO psychiatrist provides a summary of the call and elicits clarifying questions for additional details. After questions about the case are answered, fellow officers and hub experts provide recommendations to guide all police officers on the network in a way that is consistent with CIT best practices, should they find themselves in a similar situation in the future. During the debrief, the hub of experts identifies specific learning issues related to the case and uses these teaching moments to reinforce best practices. Any unanswered questions are noted for review during the next session. Case discussions often stimulate identification of potential resources both nationally and locally that help in community policing. The hub team then disseminates the contact information for these resources to the entire network. Between sessions, the project coordinator emails a written summary of the main recommendations to the presenting officer.

Figure 2: Case Debriefing Process



For tracking purposes, the CIT ECHO hub team captures the details of the case presentation and summary of recommendations, as well as categorizes the primary theme of the presentation (e.g., identification of resources, tips on communication techniques). Two examples of cases debriefed via CIT ECHO are reviewed below.

Case example 1.

Reason for presentation. The presenting officer wanted advice on how to effectively communicate with an individual who was experiencing hallucinations and how to convince the woman to seek help for her symptoms.

Case summary. A middle-aged woman had called the police department approximately 60 times in the last month making reports of stalking, harassment, and trespassing. The woman stated that she was being followed by her neighbors and believed the neighbors had put a tracking device on her car. She believed that she could hear the tracking device and that paint chips on her vehicle were proof of break-in attempts by the neighbors. Police officers followed up on these claims and found no evidence of criminal activity. There was no prior history of mental illness or substance use. The primary officer referred the case to Adult Protective Services but was concerned the case would be closed since the individual appeared to be meeting the required daily living activities. The individual became so paranoid that she decided to move out of her house and into a shelter. She did not sleep for four days. To complicate matters further, the woman had an adult child with a developmental disability whom she cared for full-time. Officers were concerned about the safety and well-being of the daughter, since the mother had chosen to enter a shelter. The primary officer suggested she see a doctor, but she refused.

Recommendations. The CIT ECHO network of peers and hub of experts suggested that the officer frame seeking medical care in terms of non-behavioral health. The rationale was that by framing the need for a medical evaluation in less threatening terms the individual may be more willing to access care. More specifically, the officer was advised to suggest to the client that she seek medical attention not for hallucinations but rather for disruptions to her sleep cycle.

Case example 2.

Reason for presentation. The presenting officer wanted advice on how to de-escalate an individual who had become increasingly agitated.

Case summary. A man who had frequent interactions with law enforcement was becoming more aggressive during those interactions. The individual had a diagnosis of schizophrenia and history of methamphetamine use. Law enforcement learned that his spouse had recently left him and believed this had caused increased substance use and agitation. In a recent encounter he was noted to have pressured speech and attempted to kick officers.

Recommendations. The network of peers and CIT ECHO hub of experts had several recommendations, including (1) visit the subject when he was not in crisis to get a better understanding of what his baseline behavior might be, (2) coordinate with the police department's Crisis Intervention Unit to have a clinical team observe the visit, (3) connect the client with local substance use disorder services, and (4) use other conversational hooks to distract the subject from those topics that he fixates on and result in increasing agitation.

IMPLEMENTATION

The most innovative component of CIT ECHO is its unique method of using videoconferencing technology, a system adapted from a specific and extremely successful medical model. CIT ECHO uses the UNM's Project ECHO® model, an evidence-based videoconferencing platform designed to link primary care physicians to a network of healthcare specialists to receive ongoing mentoring and feedback on complex patient cases (Arora et al., 2011). The ECHO model increases local expertise by leveraging resources that may be unavailable or difficult to access locally. A hub of experts connects to participant spokes through the videoconferencing software to create a virtual community with a shared focus. While the ECHO model has been documented as an effective tool for continuing medical education in several subspecialty areas (Arora et al., 2017; Komaromy, Bartlett, Manis, & Arora, 2017), it has not previously been used in law enforcement. CIT ECHO uses a videoconferencing platform (i.e. Zoom) to provide ongoing training on CIT best practices through didactic presentations and feedback on real-world cases involving an interaction between a law enforcement officer and a person with behavioral health problems or a person in crisis. Participants can connect to CIT ECHO through their smartphones, tablets, laptops, and patrol vehicle computers (for law enforcement). Participants can also participate in person (conference room located in the Department of Psychiatry and Behavioral Sciences' Division of Community Behavioral Health) or can just call in.

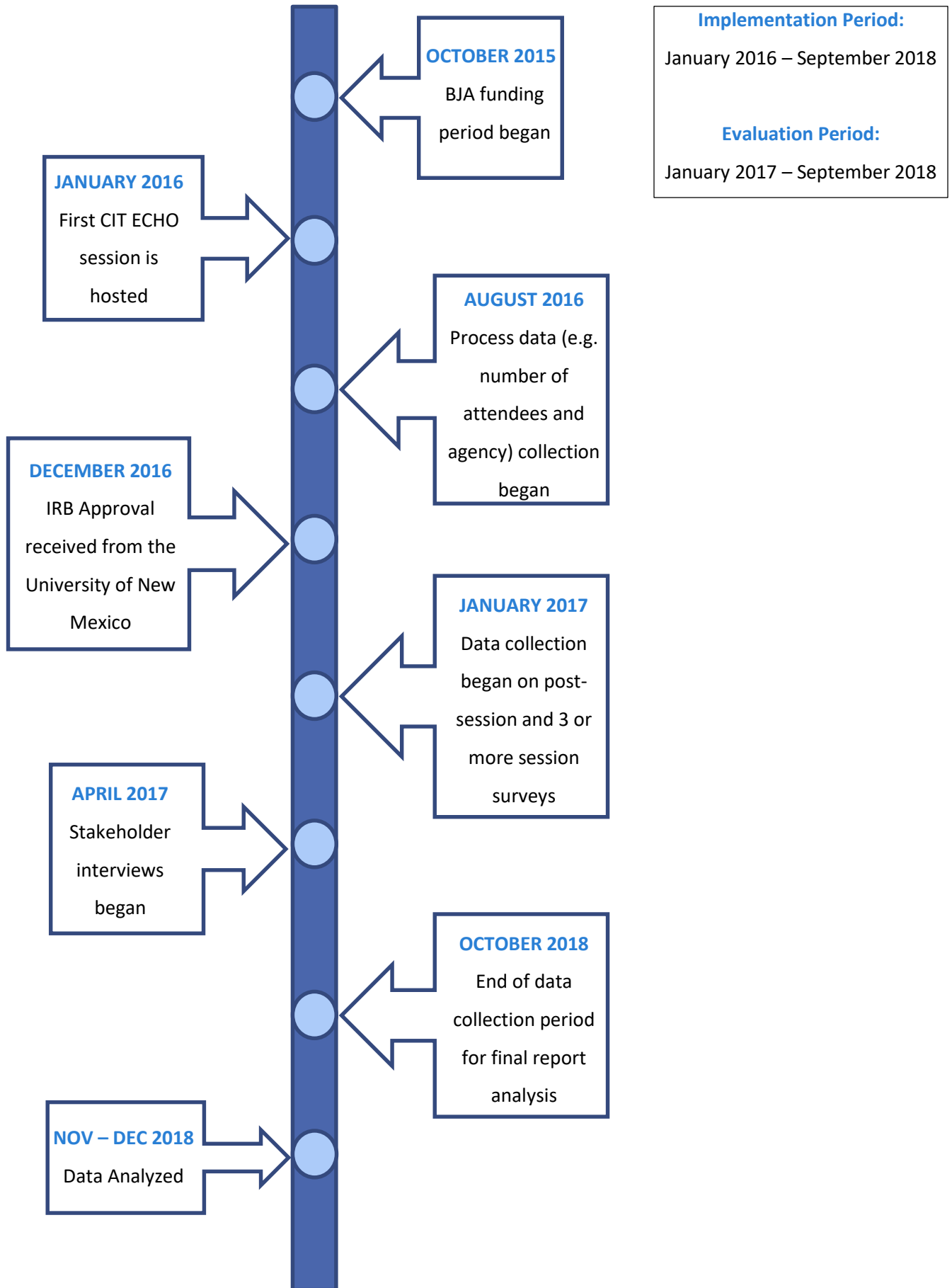
EVALUATION

Researchers from the UNM's Department of Psychiatry and Behavioral Sciences conducted an evaluation to determine:

1. the level of satisfaction among stakeholders and participants with CIT ECHO training content and the videoconferencing technology, and
2. the impact of CIT ECHO on participants' knowledge of CIT best practices, attitudes toward mental illness, and self-efficacy with respect to interactions with individuals living with behavioral health problems.

The evaluation used a mixed methods approach, which included the collection of qualitative data through semi-structured interviews and quantitative data through rating scales. Participants were asked to complete a brief survey at the end of each session to assess impact on knowledge related to the content shared during the didactic presentation. All participants who attended three or more sessions were sent an online survey assessing satisfaction with the technology and curriculum and impact on self-efficacy. Semi-structured interviews were conducted with key stakeholders in leadership positions to obtain feedback about the face validity and practical utility of CIT ECHO. Process evaluation data were also collected to determine the reach of CIT ECHO. Data collection tools are included in Appendix A. The evaluation timeline is depicted in Figure 3.

Figure 3: Evaluation Timeline



THE REACH OF CIT ECHO

The original target population for the CIT ECHO program was law enforcement in New Mexico. However, soon after its start, CIT ECHO expanded to include personnel from all fields of public safety to enhance cross-discipline collaboration. Because of interest beyond New Mexico and the ease with which others can join through the videoconferencing technology, the geographic catchment area of CIT ECHO was also expanded.

Throughout the implementation period, 214 unduplicated law enforcement officers, emergency first responders, and other public safety personnel from 13 states representing 35 separate agencies in New Mexico and across North America attended CIT ECHO sessions. Areas represented include: Florida, Illinois, Maryland, Minnesota, New Mexico, New York, North Carolina, Ohio, Oregon, Texas, Washington, West Virginia, Wisconsin, and Ontario, Canada (see Table 1). A map of agencies is included as Appendix B.

Table 1. CIT ECHO Participating Agencies Listed by State

Participating State	Participating Agency
Florida	Pinellas County Sheriff's Office
Illinois	Aurora Police Department Chicago Police Department
Maryland	Wicomico County Health Department
Minnesota	St. Paul Police Department
New Mexico	Alamogordo Police Department Albuquerque Ambulance Albuquerque Fire Department Albuquerque Police Department Bernalillo County Sheriff's Department Corrales Police Department Jicarilla Apache Police Las Cruces Police Department McKinley County Sheriff's Department New Mexico Department of Public Safety New Mexico State Police New Mexico Probation & Parole Rio Arriba Sheriff's Office Rio Rancho Police Department San Juan County Sheriff's Department Sandoval County Sheriff's Office
New York	New York Ambulance/Mental Health America Chaplain Center for Urban Community Services
North Carolina	Gastonia Police Department Johnston County Mental Health Center
Ohio	Dayton Police Department
Oregon	Portland Police Department
Texas	North Richland Hills Police Department Lubbock Police Department
Washington	Comprehensive Healthcare

	Everett Police Department King County Sheriff's Department Kirkland Police Department Washington State Criminal Justice Training Center
West Virginia	Huntington VA Medical Center
Wisconsin	Stevens Point Police Department
Other	United States Probation and Parole

One hundred and twenty-three didactic presentations have been offered through CIT ECHO since the program's implementation. Table 2 provides a summary of CIT ECHO presentations for the period January 2016 through September 2018 categorized by key training themes. The curriculum was co-developed by CIT ECHO planning committee members from APD and UNM's Department of Psychiatry and Behavioral Sciences. Presenters are requested to focus on three learning objectives in their presentations: (1) safety of both persons living with mental illness and law enforcement, (2) de-stigmatization of mental illness, and (3) knowledge of community resources. Additionally, didactic presentations must fit into one of the following curriculum categories: CIT policing, psychiatric diagnoses, substance use, de-escalation/communication, officer self-care/stress management, resources, or specialized trainings. The complete list of CIT ECHO sessions categorized by key training theme is included in Appendix C.

Table 2. CIT ECHO Sessions Categorized by Key Training Theme

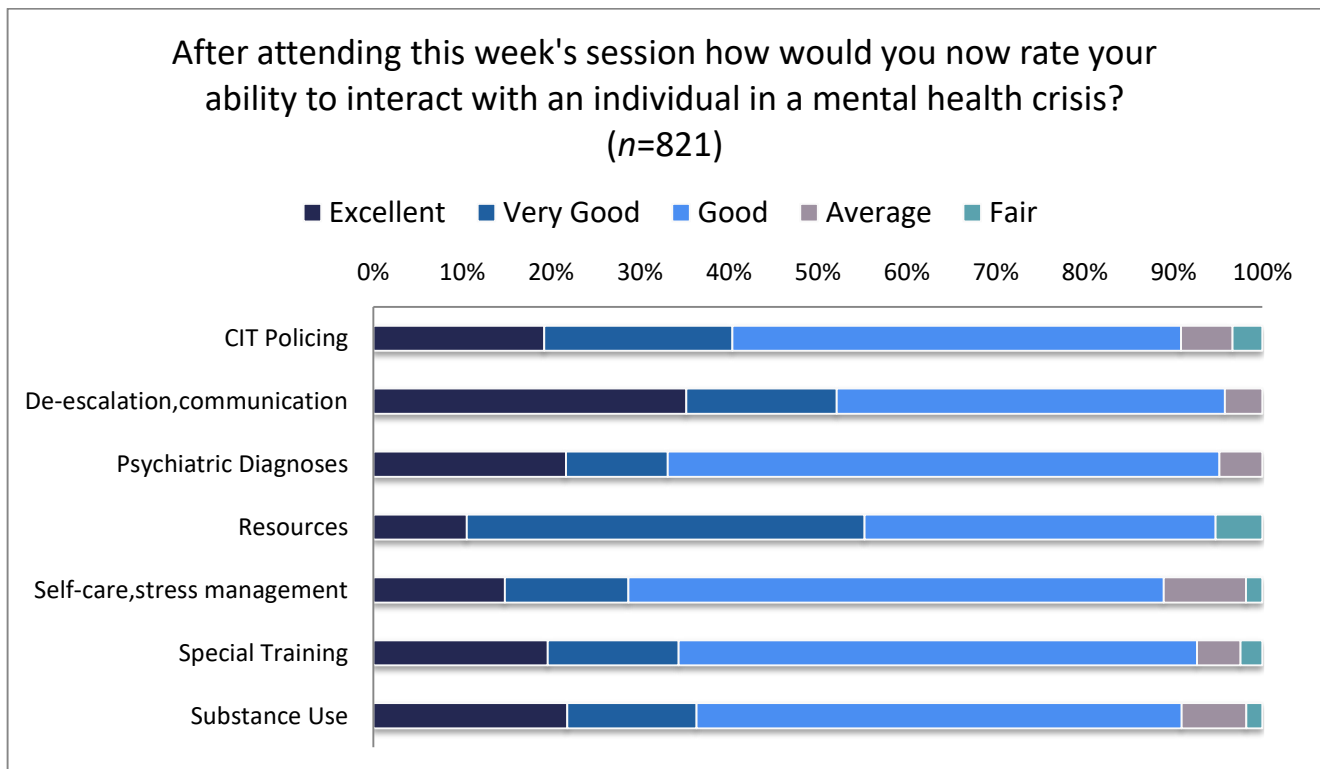
Curriculum Area	Number of Topics Presented
1. CIT Policing	42
2. Psychiatric Diagnoses	23
3. Substance Use	13
4. De-escalation & Communication	9
5. Officer Self-care	14
6. Resources	7
7. Special Trainings	15
TOTAL	123

IMPACT ON KNOWLEDGE

At the end of each weekly session, participants were asked to complete a brief survey to assess impact on knowledge related to the content presented in the session. Feedback responses were received 821 times during the evaluation period, January 2017-September 2018. Given the duplication of respondents in this database, demographics are not reported.

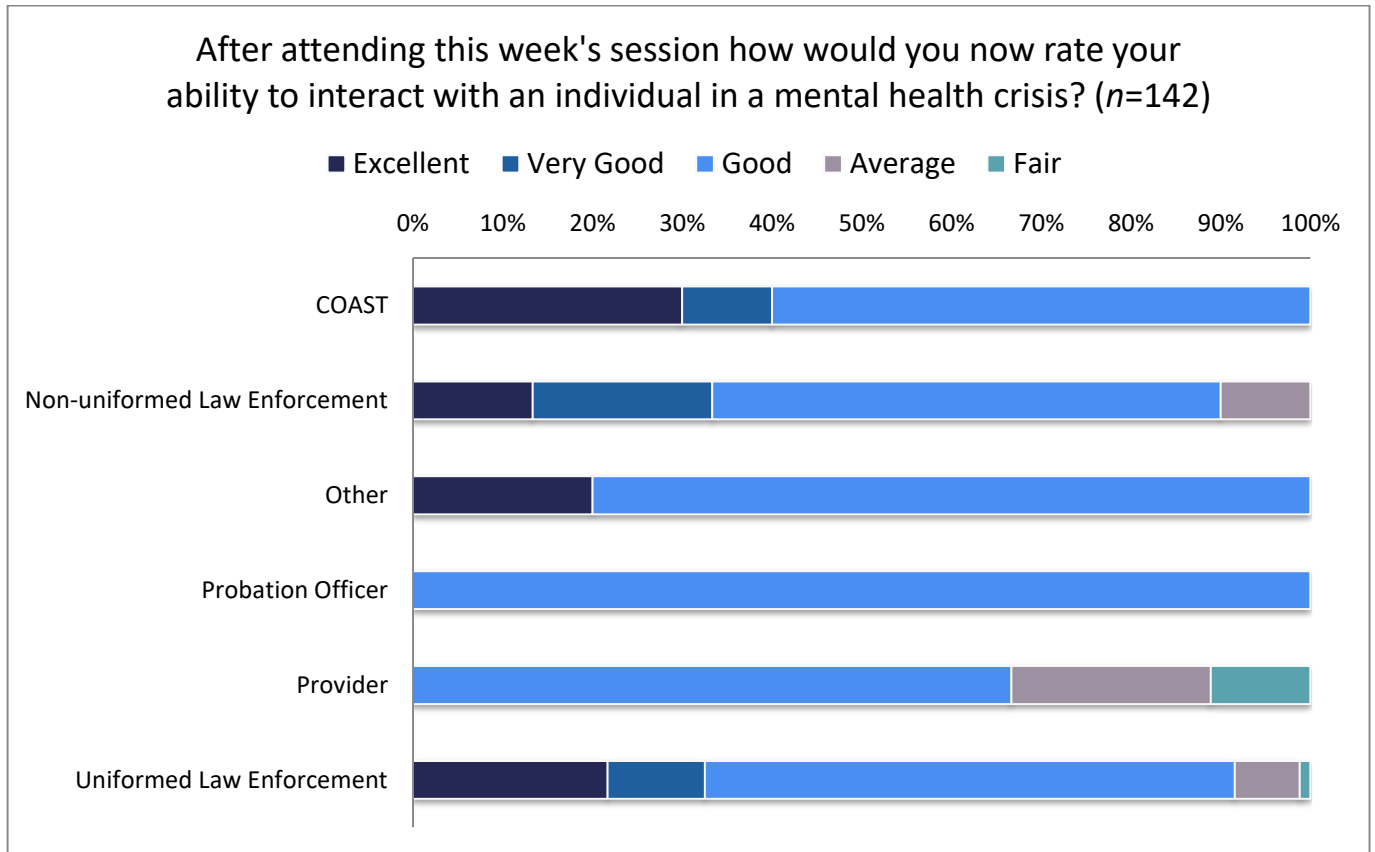
An examination of the impact of sessions categorized by modules on participants' perceived ability to interact with an individual in a mental health crisis showed that sessions that related to de-escalation and communication had the biggest impact. Sessions related to psychiatric diagnoses and substance use had the second and third biggest impact, respectively, on participants' perceived ability to interact with an individual in a mental health crisis (see Figure 4).

Figure 4. All CIT ECHO Curriculum Areas



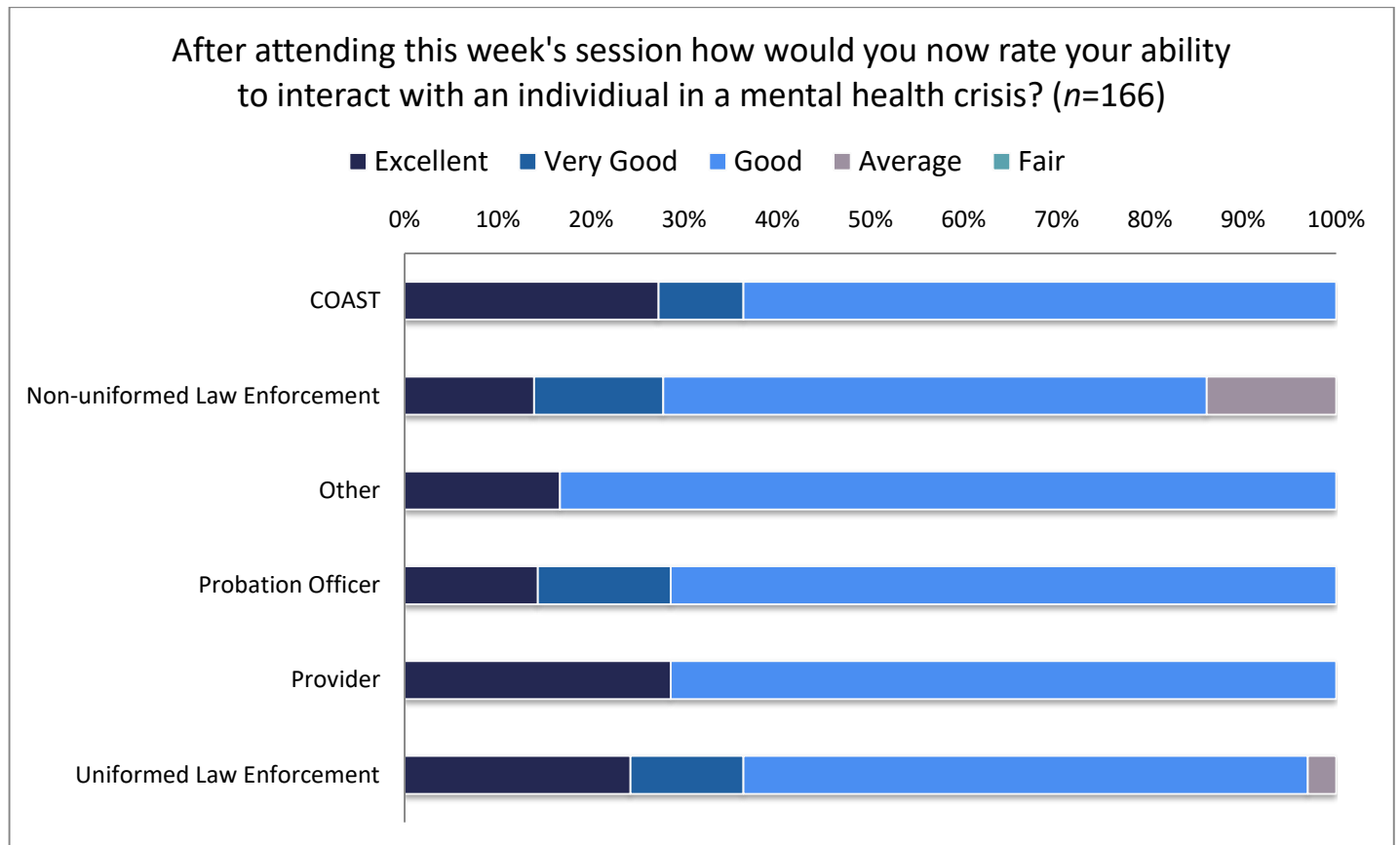
When just the sessions that focused on CIT Policing Curriculum were examined, the impact of these sessions on participants’ perceived ability to interact with an individual in a mental health crisis varied by field of service. Members of the APD Crisis Outreach and Support Team (COAST) reported having the greatest impact followed by uniformed law enforcement (see Figure 5). COAST team members are non-law enforcement crisis specialists. Other participants included civilians who either work for law enforcement or co-respond with officers on mental health calls.

Figure 5. CIT Policing Curriculum



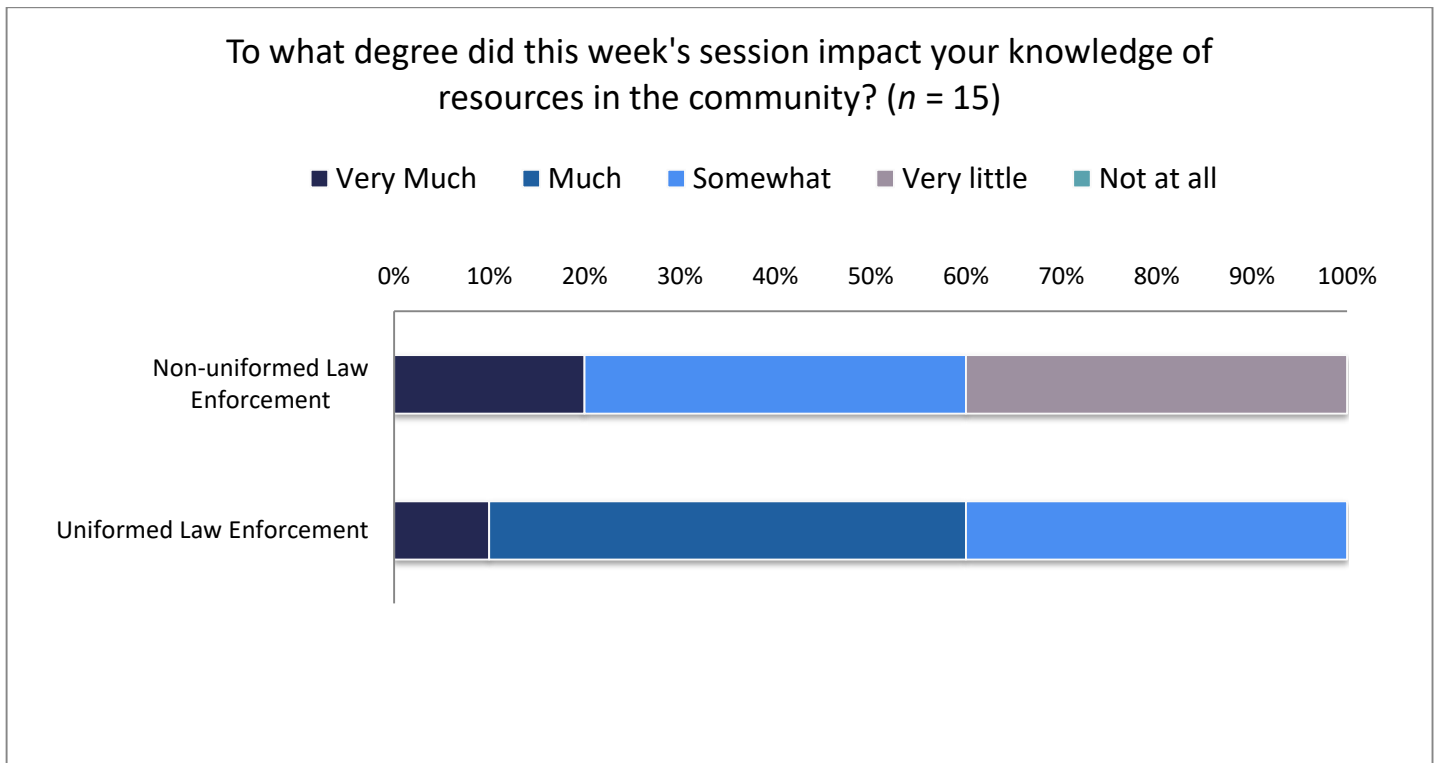
When just the sessions that focused on Psychiatric Diagnoses were examined, the impact of these sessions on participants' perceived ability to interact with an individual in a mental health crisis varied by field of service. Providers and members of COAST reported similar benefits followed by uniformed law enforcement (see Figure 6).

Figure 6. Psychiatric Diagnoses Curriculum



When just the sessions that focused on Resources were examined, the impact of these sessions on knowledge of resources in the community varied among non-uniformed and uniformed law enforcement. Twenty percent of non-uniformed law enforcement reported that the sessions on resources increased their knowledge of resources “very much” compared to 10% of uniformed law enforcement (see Figure 7).

Figure 7. Resources Curriculum



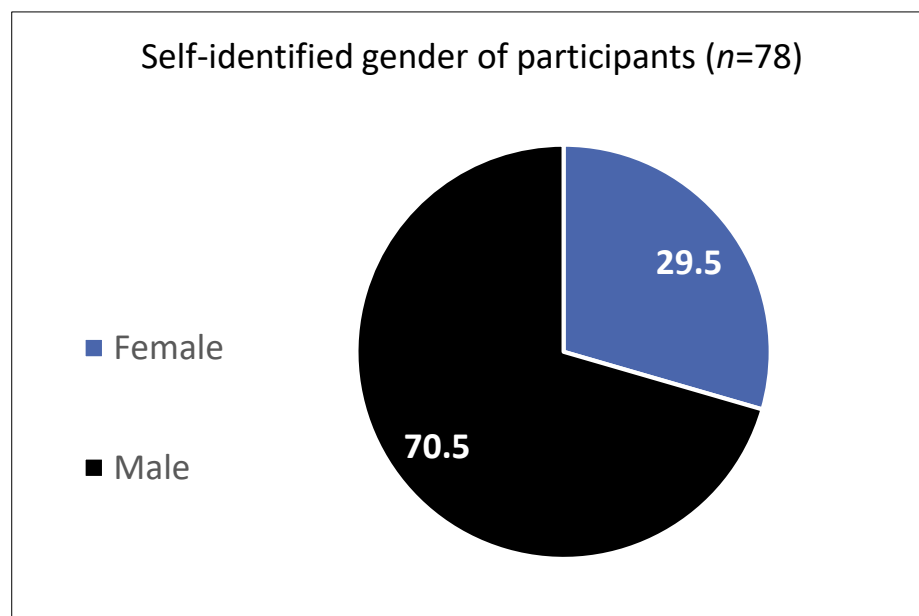
SELF-EFFICACY AND SATISFACTION WITH CURRICULUM AND TECHNOLOGY

After the completion of **three** CIT ECHO sessions, participants were emailed a link to an online survey that assessed satisfaction with the technology and curriculum and impact on self-efficacy. The survey included questions on basic demographics, 10 likert-type questions on self-efficacy when interacting with individuals living with mental illness, and four questions on effectiveness of the technology used to attend trainings. A link to the online survey was emailed to 119 participants who completed three or more sessions. **Seventy-eight participants completed the survey**, resulting in a 65.5% response rate. Because these responses are unduplicated, we begin the presentation of these data by summarizing basic demographics.

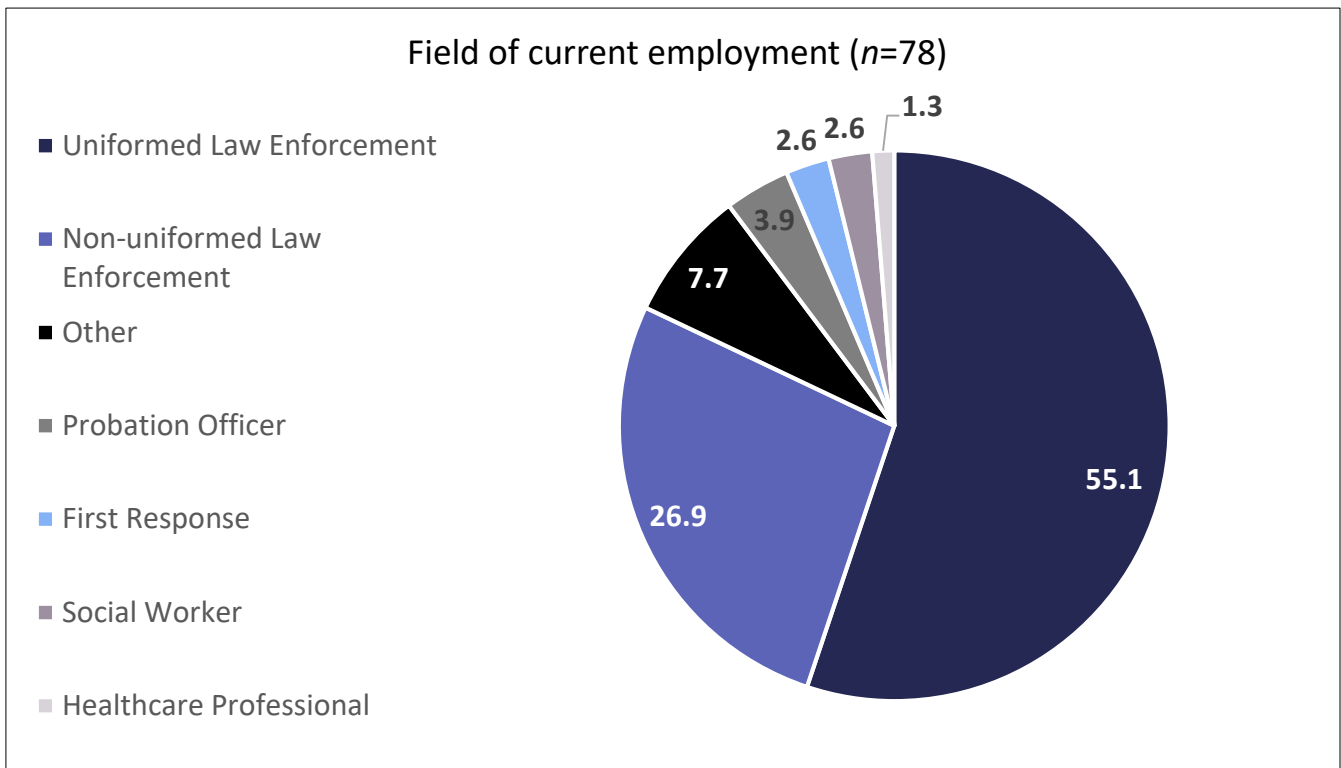
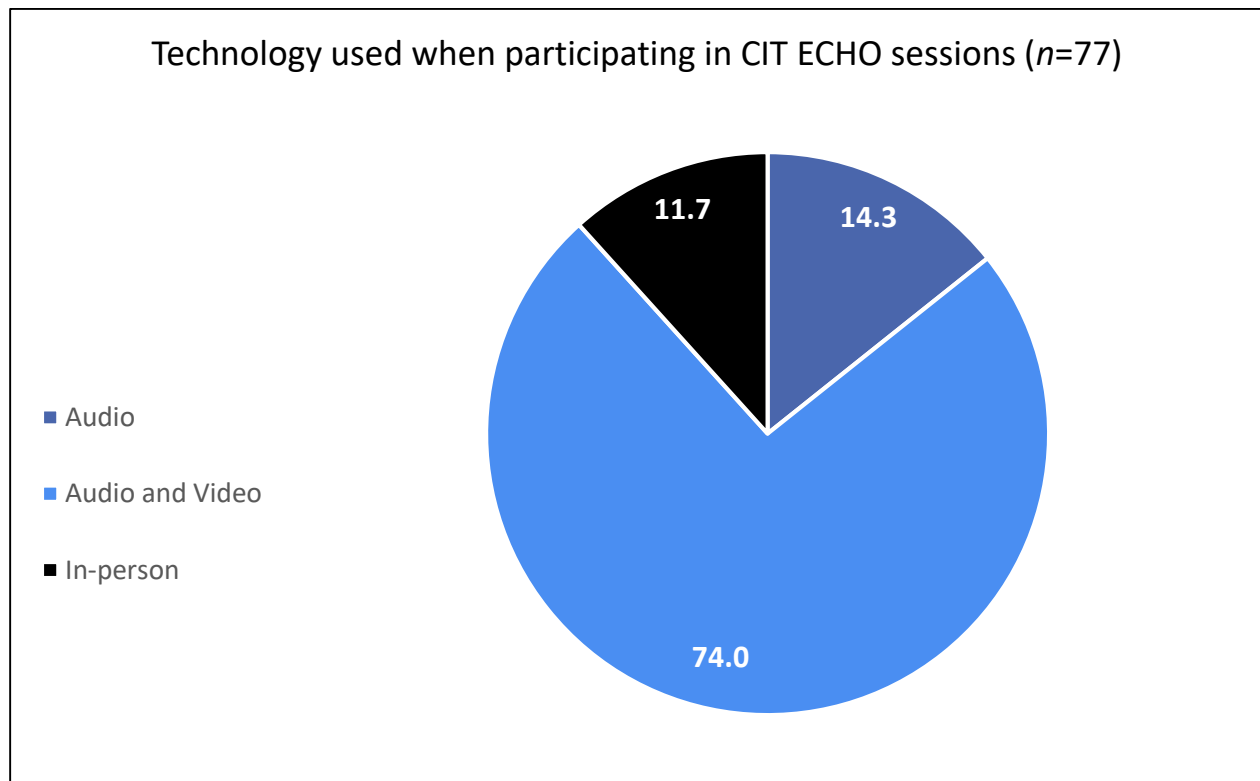
DEMOGRAPHICS

Nationally, law enforcement agencies have fewer female officers. According to the Federal Bureau of Investigation, Criminal Justice Services Division female officers account for 11.6% of employees compared to males who were 88.4% (United States Department of Justice, Federal Bureau of Investigation, 2014). We see the same trend for CIT ECHO participants as the majority were male (see Figure 8).

Figure 8. Participants' Gender



A majority of CIT ECHO participants were uniformed law enforcement officers. Uniformed officers are those that respond to public calls for service. The next largest group, non-uniformed officers, are those employed in specialty or investigative units such as the Crisis Intervention Unit. Participants categorized in the "other" category would include civilians who either work for law enforcement or co-respond with officers on mental health calls, such as APD's Crisis Outreach and Support Team (COAST) (see Figure 9). A majority of CIT ECHO participants connected via audio and video (74.3%) (see Figure 10).

Figure 9. Participants' Occupation**Figure 10. Technology used to Participate**

As shown in Table 3, uniformed law enforcement participants tended to have more years of experience. This was a surprising finding from the evaluation. We initially believed the program would be attractive to officers with less law enforcement experience.

Table 3. Years of Experience: Law Enforcement Only

Field	1 to 5	6 to 14	15+
Uniformed Law Enforcement	16.7%	26.2%	57.1%
Non-Uniformed Law Enforcement	23.8%	38.1%	38.1%
Total	19.0%	30.2%	50.8%

Through this survey we learned that BECAUSE OF PARTICIPATING in CIT ECHO:

- **89.6%** of participants agreed that they felt **comfortable interacting with people living with a mental illness.**
- **80.3%** of participants agreed that they felt able to **determine if a person living with mental illness who has committed a crime should be taken to jail or a hospital.**
- **84.2%** of participants agreed that they are able to **utilize verbal de-escalation techniques effectively.**
- **85.7%** of participants agreed that they know **who to call for advice about how to interact with a person living with mental illness.**

ATTITUDES TOWARDS MENTAL ILLNESS: RETROSPECTIVE PRE-POST

A retrospective pre-post method was also used to evaluate the impact of the training. In a retrospective pre-post method, trainees rate themselves before and after a training in a single data collection point in time (Bhanji, Gottesman, Grave, Steinert, & Winer, 2012). The retrospective pre-post method has been determined to be a valid and reliable way to evaluate changes in attitudes over time (Wingate, 2016). According to Wingate (2016), *“the main benefit of using this method is that it reduces response-shift bias, which occurs when respondents change their frame of reference for answering questions. It is also convenient, more accurate than self-reported data gathered using traditional pre-post self-assess methods, adaptable to a wide range of contexts, and generally more acceptable to adult learners than traditional testing”*.

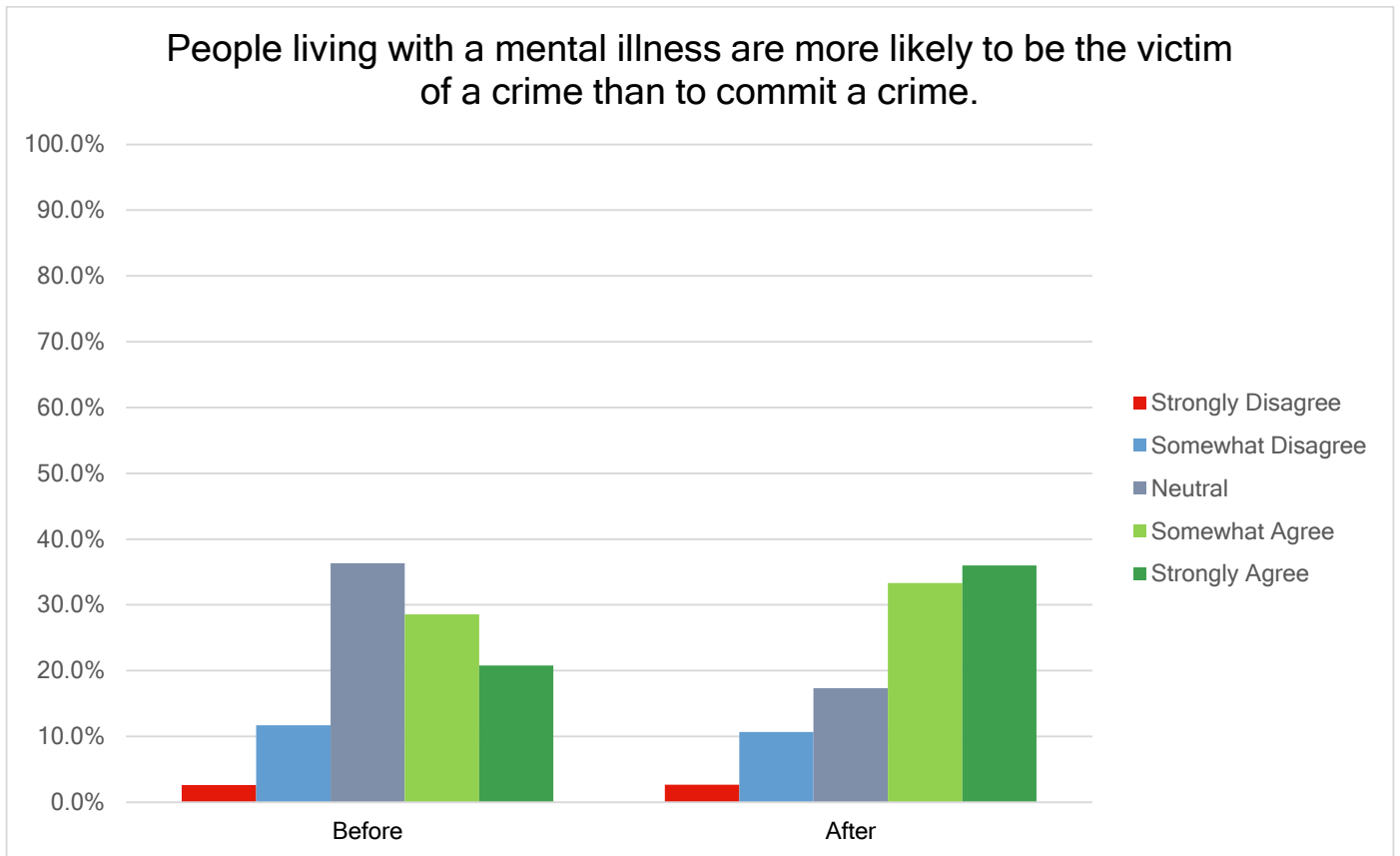
Using the retrospective pre-post method, participants were asked to respond to the following six questions designed to assess attitudes towards mental illness using a five-point likert-type scale ranging from “strongly disagree” to “strongly agree”. We hoped that after participating in CIT ECHO, participants would be more likely to strongly agree to these statements.

1. People living with a mental illness are more likely to be the victim of a crime than to commit a crime.
2. People living with a mental illness are more likely to be the victim of violence than to be violent to others.
3. The symptoms of mental illness get better with treatment.
4. It is the job of law enforcement to link/connect people living with mental illness into treatment.
5. People living with mental illness respond to de-escalation techniques.
6. Use of force is not often required to maintain officer safety in interactions with people living with mental illness.

As shown in Figure 11, compared to the way they thought before participating in CIT ECHO, after participating in CIT ECHO, participants were much more likely to agree (somewhat and strongly) to the statement that “People living with a mental illness are more likely to be the victim of a crime than to commit a crime.”

Somewhat and strongly agree responses increased from 49.5% to 69.3%, retrospective pre-post participation in CIT ECHO.

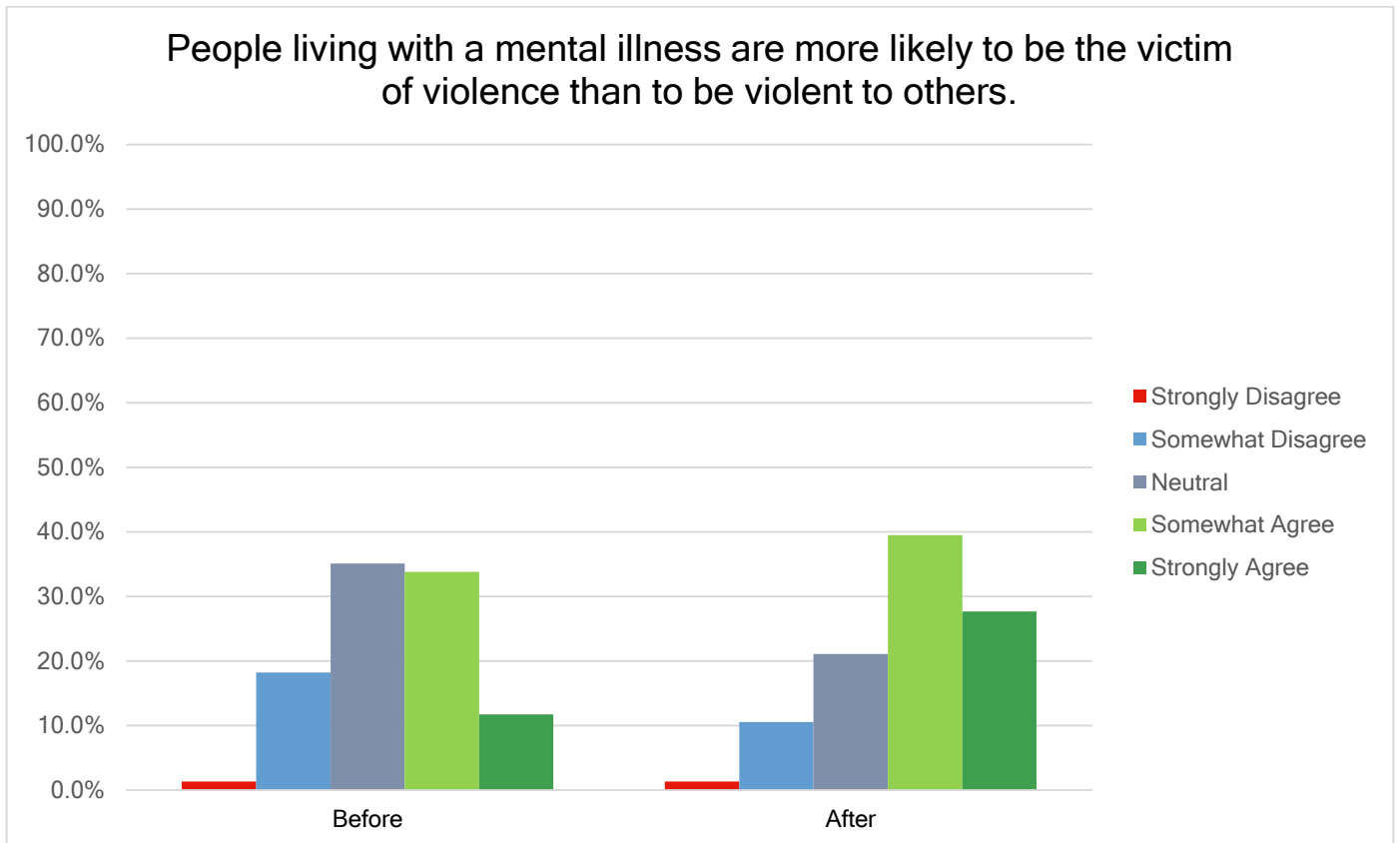
Figure 11. Retrospective Pre/Post: Victims of Crime



Compared to the way they thought before participating in CIT ECHO, after participating in CIT ECHO, participants were much more likely to agree (somewhat and strongly) to the statement that “People living with a mental illness are more likely to be the victim of violence than to be violent to others” (see Figure 12).

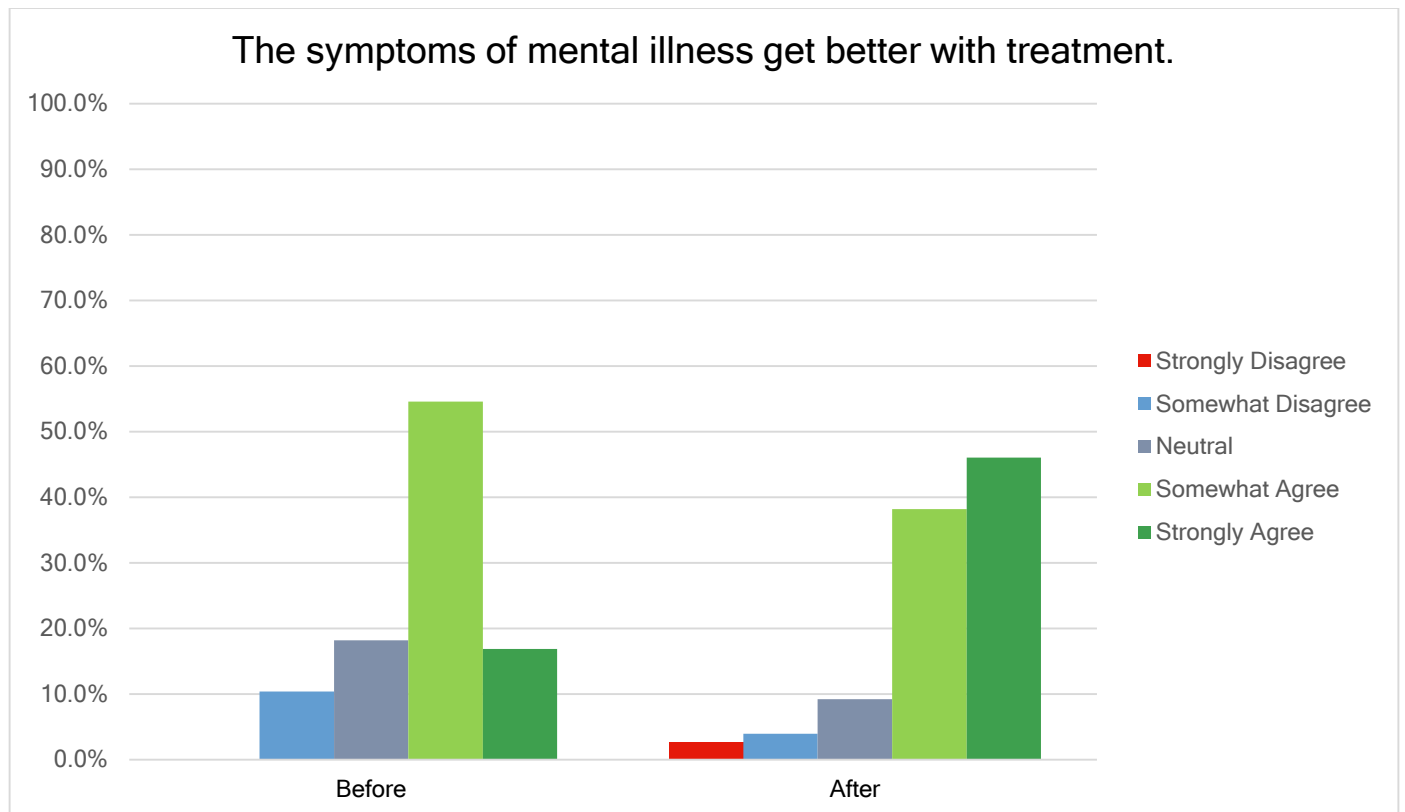
Somewhat and strongly agree responses increased from 45.4% to 67.1%, retrospective pre-post participation in CIT ECHO.

Figure 12. Retrospective Pre/Post: Victims of Violence



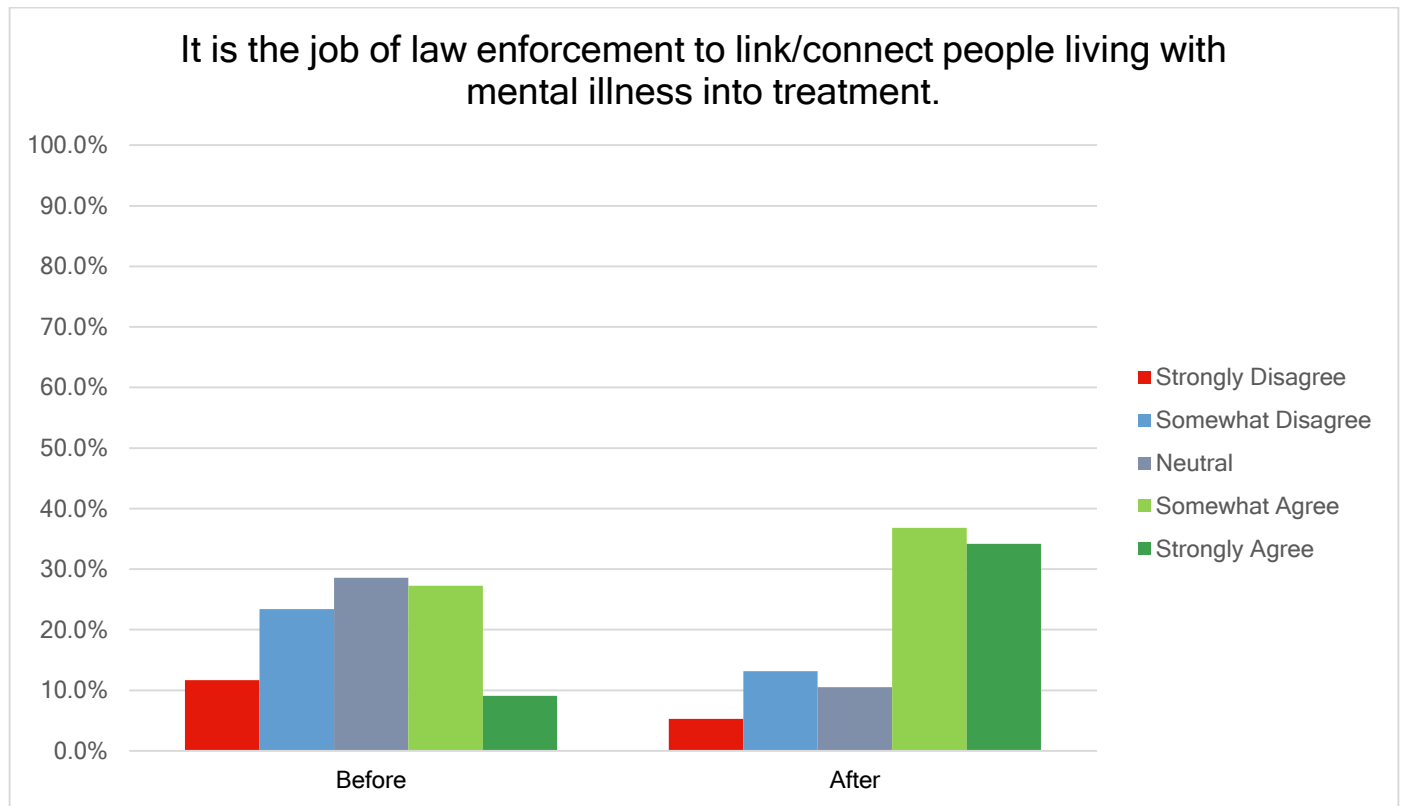
Compared to the way they thought before participating in CIT ECHO, after participating in CIT ECHO, participants were much more likely to agree (somewhat and strongly) to the statement that “The symptoms of mental illness get better with treatment” (see Figure 13). **Somewhat and strongly agree responses increased from 71.4% to 84.2%, retrospective pre-post participation in CIT ECHO.**

Figure 13. Retrospective Pre/Post: Symptoms of Mental Illness



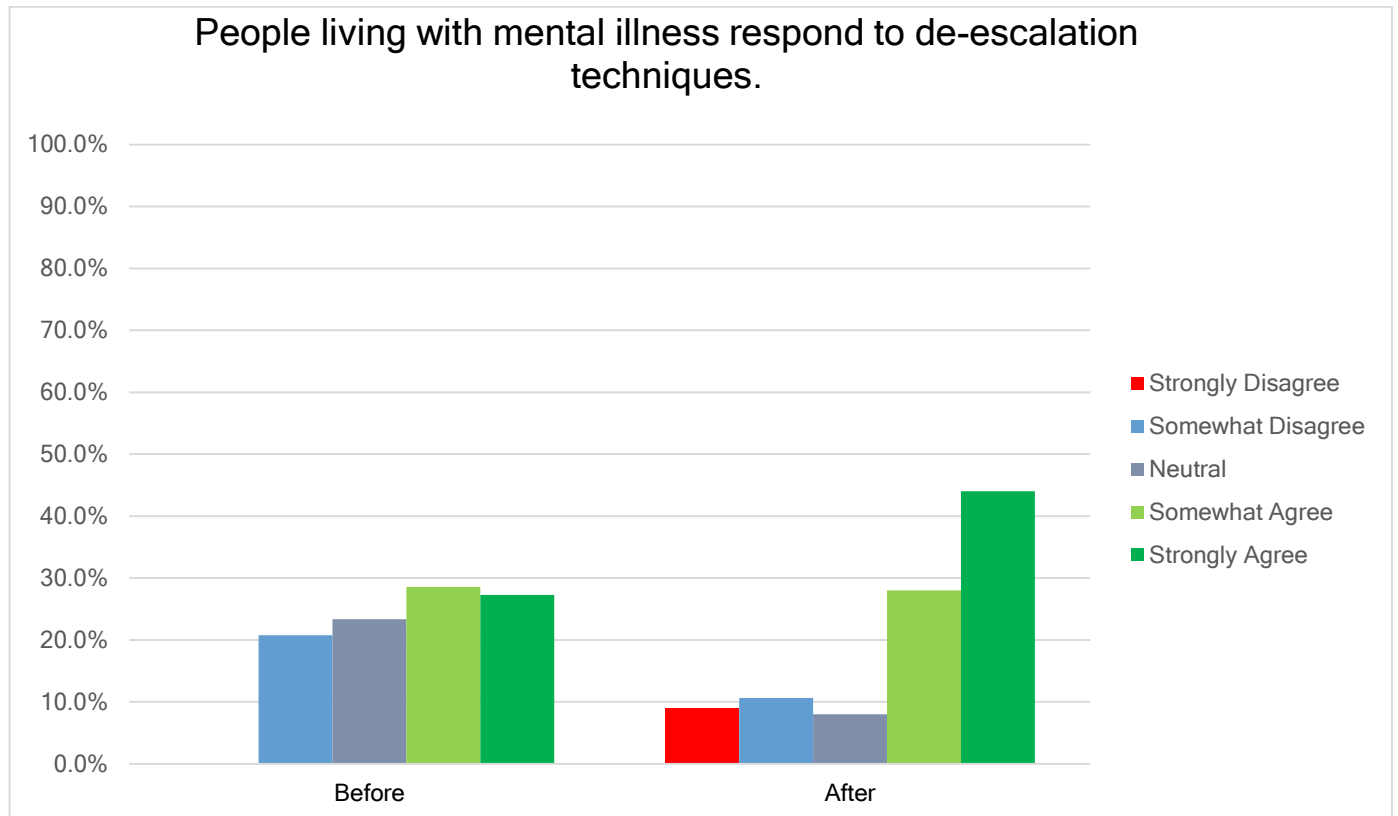
Compared to the way they thought before participating in CIT ECHO, after participating in CIT ECHO, participants were much more likely to agree (somewhat and strongly) to the statement that “It is the job of law enforcement to link/connect people living with mental illness into treatment” (see Figure 14). **Somewhat and strongly agree responses increased from 36.4% to 71.1%, retrospective pre-post participation in CIT ECHO.**

Figure 14. Retrospective Pre/Post: Connecting to Services



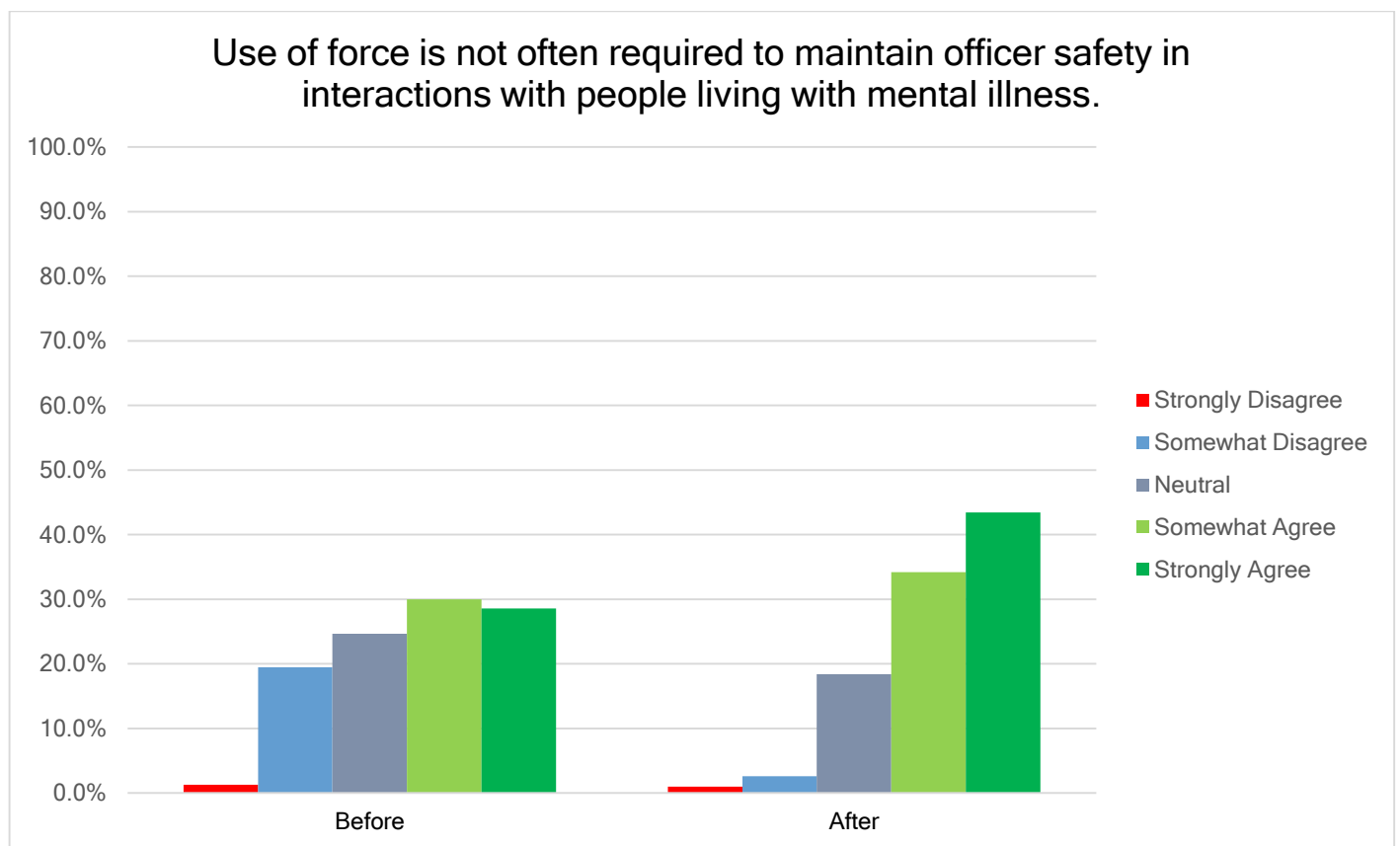
Compared to the way they thought before participating in CIT ECHO, after participating in CIT ECHO, participants were much more likely to agree (somewhat and strongly) to the statement that “People living with mental illness respond to de-escalation techniques” (see Figure 15). **Somewhat and strongly agree responses increased from 55.8% to 72.0%, retrospective pre-post participation in CIT ECHO.**

Figure 15. Retrospective Pre/Post: De-escalation Techniques



Compared to the way they thought before participating in CIT ECHO, after participating in CIT ECHO, participants were much more likely to agree (somewhat and strongly) to the statement that “Use of force is not often required to maintain officer safety in interactions with people living with mental illness” (see Figure 16). **Somewhat and strongly agree responses increased from 58.5% to 77.6%, retrospective pre-post participation in CIT ECHO.**

Figure 16. Retrospective Pre/Post: Use of Force



ATTITUDES TOWARDS MENTAL ILLNESS: SUMMARY SCORES

A summary score was developed by summing responses to the six questions identified above with a possible total score ranging from 6-30. The average retrospective pre-test post-test scores were: 20.90 (SD = 3.89) and 23.78 (SD = 3.28), retrospectively. This difference was significant with a p value of $< .0001$. **This indicates that participants had significantly more favorable attitudes towards people living with mental illness as a result of CIT ECHO.**

Using the retrospective pre-post summary scores, an examination of **average change scores** showed that CIT ECHO had the most impact on attitudes towards mental illness among:

- Non-uniformed law enforcement officers (average change score pre-post = 3.45) compared to uniformed law enforcement officers (average change score pre-post = 2.83) (Table 4);
- Law enforcement officers with 1-5 years of service (average change score pre-post = 3.79) compared to 6-14 years of service (average change score pre-post = 2.25) or 15 plus years (average change score pre-post = 3.3) (Table 5).

Table 4. Average Change Score for Law Enforcement

Field	Average Change in Score Retrospective Pre- Post Training
Non-Uniformed Law Enforcement	3.45
Uniformed Law Enforcement	2.83

Table 5. Average Change Score by Years of Experience Law Enforcement

Years of Experience	Average Change in Score Retrospective Pre- Post Training
1 to 5	3.54
6 to 14	2.43
15+	3.67

VALIDITY AND PRACTICAL UTILITY OF CIT ECHO

Semi-structured interviews were conducted with four key stakeholders to obtain feedback about the face validity and practical utility of the CIT ECHO. More specifically, questions asked about the comprehensiveness of the training and value of the CIT ECHO. Stakeholders were identified by the Crisis Intervention Team Network Detective. Each interview lasted approximately 60-90 minutes. Interviews were transcribed and then coded for themes. Four themes were identified. These themes are listed below with examples of statements that support each theme.

Theme 1: “Refresh” Skills Originally Learned in CIT 40-Hour Training

“And it’s funny you could know this and you’ve already learned it, but I mean sometimes you don’t use it out there in the field, so it’s just going over it again, it kinda makes it resurface and your like, oh well, okay I knew that, but I haven’t put it into practice, cause I haven’t had to, but it’s good to know that it’s there.”

“But just that it’s a refresher, just that if I don’t remember something it’s great to constantly be learning about something, like you said, you’re supposed to be an expert in.”

Theme 2: Increase in Knowledge of Resources and How to Interact with People with Mental Illness

“I leave every time tucking away a little bit like oh there’s a resource.”

“Helps us understand why this person acts this way and this is what helps me communicate with them the best.”

Theme 3: Increase in Accessibility to Additional Training, Experts, and a Community of Law Enforcement and First Responders

"The guys don't want to be away from their families any more than they already are"

"I think having doctors in the room is a big deal, that's not something we have access to"

"Provides opportunities for collaboration"

Theme 4: Impact on Implementation of CIT Best Practices

"So I'm much better at articulating why I do certain things and I can teach my guys to do certain things and that's the real value of ECHO."

"Totally pertinent and relevant to what a law enforcement officer does out in the field."

"Now I have names for things that I was doing. I can defend them better in court, if I need to, which is huge right now! I can defend them better to my chain, if they want to question why I did something and I've had to do that a couple times, cause I've done things where they looked at me like, why did you do that?"

CHALLENGES

We encountered several unique challenges during the initial implementation of CIT ECHO. A common misconception of CIT ECHO is that it is equivalent to the basic 40-hour CIT training course. CIT ECHO is not meant to be a replacement for the traditional CIT training but rather a means for providing supplemental knowledge and skill development beyond the standard 40-hour course. This is an important distinction to communicate, especially during recruitment with law enforcement and public safety agencies. Initially, some agencies misunderstood the purpose of the program and believed that by joining the CIT ECHO program they could receive certification in the 40-hour course. To correct this misinterpretation, CIT ECHO revised its recruiting materials, including recruitment presentations, to clearly articulate its purpose as a model for continuing education.

A second challenge faced by the project was how to explain the ECHO model to a non-healthcare audience, since it was originally developed as a healthcare model to “improve access to care for underserved populations with complex health problems, such as hepatitis C virus (HCV) infection” (Arora et al., 2011). More specifically, healthcare jargon needed to be translated into terms that would be understandable and acceptable to the culture of law enforcement. For example, Project ECHO uses terms such as *clinic*, *didactic*, *virtual grand rounds*, and *case presentations* in descriptions of the model. Because these terms were unfamiliar to law enforcement, their use created further confusion about the missions and objectives of CIT ECHO. It became increasingly important for us to adapt these terms to blend in with the culture of law enforcement. We replaced the term *clinic* with *session*, *didactic* with *presentation*, and *virtual grand rounds* and *case presentations* with *debriefing calls for service*.

A third challenge relates to the videoconferencing technology used for weekly sessions. During early phases of the project’s first year there was low attendance at weekly sessions. Through interviews with project stakeholders we learned that a reason for this was intimidation of the technology. Efforts were made to demonstrate the ease of connecting to the network, including monthly how-to sessions led by the project coordinator. We also created an instructional video to walk participants through the software download process on their own, as well as a step-by-step instructional guide of the download process. Finally, in response to low attendance at the beginning of the project, we obtained approval from APD leadership to provide incentives for CIT ECHO participation by approving overtime for participation to officers who are certified as Enhanced CIT. We also obtained approval from the New Mexico Department of Public Safety to provide continuing education units (CEUs) for New Mexico participants who connect to the network.

SUCSESSES AND IMPACT ON LAW ENFORCEMENT PRACTICES

The CIT ECHO Model is an innovative approach to providing ongoing education in CIT best practices. Several of the cases staffed on the CIT ECHO had an impact on law enforcement practices at APD. For example, in one case debriefed by the CIT ECHO an individual had barricaded himself on a roof and officers on scene had struggled to communicate with the individual using a public announcement system. After debriefing the case, the CIT ECHO hub team noted that the police department's academy had no training in place for the use of public announcement systems in crisis calls where a different approach to public announcement communication is required. Recognizing this as a gap in training, members of the CIT ECHO hub team implemented crisis scenario training involving a public announcement system into the crisis communication curriculum taught at the academy.

The concept of continuing education in mental health for law enforcement is still new and opportunities for additional trainings remain limited. As such, the CIT ECHO Hub Team prioritized the dissemination of our model throughout the last three years. Descriptive presentations and preliminary outcome data were presented at several conferences. A full list of our presentations is included below. The CIT ECHO was also featured in publications by the Albuquerque Journal, the Agency for Healthcare Research and Quality, the Hospitals and Health Networks website, and Undark Magazine. Additionally, the project won the International Association of Law Enforcement Planners Phil E Keith Project of the Year Award in 2018.

Publications:

1. Crisanti, A.S., Earheart, J.A., Rosenbaum, N.A., Tinney, M., and Duhigg, D.J. Beyond crisis intervention team (CIT) classroom training: videoconference continuing education for law enforcement. *International Journal of Law and Psychiatry*, 62, 104-110. <https://doi.org/10.1016/j.ijlp.2018.12.003>

Poster Presentations at Conferences:

1. *Implementing the CIT Knowledge Network: A New Model for Training Law Enforcement*. MetaECHO 2017 conference, Albuquerque, NM, September 13-16, 2017. Authors: Earheart, J., Tinney, M., Rosenbaum, N., Duhigg, D., and Crisanti, A.S.
2. *Decreasing Police Use of Force through ECHO: The Crisis Intervention Team ECHO Knowledge Network*. MetaECHO 2016 conference, Albuquerque, NM, April 6-9, 2016. Authors: Duhigg, D., Tinney, M., Rosenbaum, N., and Crisanti, A.S.

Oral Presentations at Conferences:

1. *Beyond CIT Classroom Training: Continuing Education for Law Enforcement*. National Association of Rural Mental Health Conference, New Orleans, LA, August 23-26, 2018. Authors: Crisanti, A.S., Earheart, J., Tinney, M., Rosenbaum, N., and Duhigg, D.

2. *How to bring psychiatric training to law enforcement in your community: An innovative approach.* American Psychiatric Association 2018 Conference, New York, NY, May 5 -9, 2018. Authors: Earheart, J., Martin, N., Melendrez, B., Rosenbaum, N., and Tinney, M.
3. *Preliminary outcomes of a continuing education program for law enforcement to improve responses to people in behavioral health crisis.* The New Mexico Public Health Association Conference, Albuquerque, New Mexico, April 3-5, 2018. Authors: Crisanti, A.S., Earheart, J., Tinney, M., Rosenbaum, N., and Duhigg, D.
4. *Implementing the CIT Knowledge Network: A New Model for Training Law Enforcement.* International Association of Chiefs of Police Annual Conference, Philadelphia, PA, October 21-24, 2017. Authors: Tinney, M., Rosenbaum, N., Duhigg, D., Crisanti, A.S., Winograd, P., and Earheart, J.
5. *Learning Together: The CIT Knowledge Network.* 2017 CIT International Conference, Ft. Lauderdale, FL, August 16-18, 2017. Authors: Tinney, M., Rosenbaum, N., Duhigg, D., Crisanti, A.S., Winograd, P., Saavedra, L., and Earheart, J.
6. *Modern CIT: The CIT Knowledge Network.* Northwest Regional CIT Conference, Tacoma, Washington, September 21, 2016. Authors: Tinney, M. and Rosenbaum, N.

Grand Rounds Presentations:

1. *Project ECHO: Delivering High Quality MHA Care Wherever Patients Are.* Presented at the University of Ottawa, Department of Psychiatry Grand Rounds, Ottawa, Canada, January 3, 2018. Authors: Duhigg, D. and Tinney, M.
2. *Crisis Intervention Team (CIT) ECHO: A Collaboration Between UNM, APD and Project ECHO to Train Law Enforcement.* Presented at the University of New Mexico, Department of Psychiatry Grand Rounds, Albuquerque, New Mexico, October 13, 2017. Authors: Crisanti, A.S., Duhigg, D., Tinney, M., Rosenbaum, N.

Other Presentations:

1. *An Introduction to the CIT ECHO Clinic: The CIT Knowledge Network.* Presented as a webinar for the National Association of Counties (NACo), by Dr. Dan Duhigg on July 12, 2017.
2. *CIT ECHO: A Data Driven Initiative.* Presented to the Albuquerque Police Department (APD) Chief of Police and Leadership, November 28, 2018. Authors: Crisanti, A.S., Earheart, J., Tinney, M., and Rosenbaum, N.
3. *Evaluating the CIT ECHO.* Presented to the City of Albuquerque, Albuquerque Police Department, Mental Health Response and Advisory Committee (MHRAC), November 20, 2018. Authors: Crisanti, A.S., Earheart, J., Tinney, M., and Rosenbaum, N.

The number of presentations achieved by members of the CIT ECHO Hub is an accomplishment attributed to a strong collaborative partnership between local law enforcement and behavioral health service providers and researchers. The Department of Psychiatry and APD recognize the importance of a partnership with open communication and understanding of each other's practices. Both institutions share a goal of helping people living with behavioral health issues. CIT ECHO is a way in which these institutions can reinforce their commitments to this partnership and shared goal.

LESSONS LEARNED

Three major lessons were learned over the 2.5 years of implementing the CIT ECHO.

First, the need for continuing education in CIT best practices and behavioral health is not limited to law enforcement officers. When we first started this project our primary target population was sworn police officers. However, early on we began receiving requests to participate in CIT ECHO sessions from mental health and substance use providers, civilian law enforcement trainers, social workers, and other healthcare professionals. Like law enforcement, these professions have the potential to come into contact with someone in crisis and often need ongoing training in how to interact in those situations. There are many potential points of contact for people in behavioral health crisis. Individuals may come into contact with crisis lines, 911 dispatchers, law enforcement, court personnel, corrections staff, probation and parole, and community-based providers. These various intercepts have the opportunity to raise community standards around behavioral health interactions.

Second, police officers want additional information on self-care. More and more, we are hearing from our participants that they want to see presentations focused on the mental health of law enforcement employees. In one of our surveys we asked CIT ECHO participants what didactic topics they would like to see included in the CIT ECHO curriculum. Some of the responses we received were, “suicide awareness among fellow officers”; “tips to help surviving a police marriage”; and “staying healthy as a mental health officer”. The mental health of public safety is an important topic, but can often get overlooked in day-to-day activities of personnel. Providing a platform to discuss these issues has become a critical component of the CIT ECHO.

Third, providing incentives for continuing education is imperative. Often CIT ECHO participants will attend sessions during their off-time. Incentivizing this participation through training certificates, accredited training hours, or other forms of compensation is crucial to sustaining this level of participation. For example, The CIT ECHO was able to provide overtime pay to APD officers who are enhanced CIT certified and attended a session on their day off. We learned the importance of this incentive after we were no longer able to provide overtime pay and saw a decline in the number of APD officers attending. After noting this decline APD implemented a new policy in which officers can receive compensatory time for attending during off-work hours and we again saw an increase in participation. We know that law enforcement personnel work long hours in what can be a stressful and challenging job. Asking officers to attend additional trainings is difficult. We would encourage other agencies to think “outside the box” when promoting additional trainings, and if possible, incentivize participation.

CONCLUSIONS

The goal of CIT ECHO is to create a sustainable network where law enforcement and public safety personnel can receive ongoing training in CIT and feedback on their encounters with persons living with mental illness and/or substance use disorders. By providing feedback on real-world cases paired with up-to-date teaching on best practices, CIT ECHO aims to improve interactions between law enforcement and people living with behavioral health problems and increase the level of community policing, while also reinforcing the use of and refining best-practices in law enforcement and public safety.

In the long term, given the need for local expertise on state regulations and lack of available resources, we hope that this model will be replicated in many other communities.

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Appendix

Appendix A: Evaluation Tools

Appendix B: Map of Agencies

Appendix C: CIT ECHO Curriculum Schedule

Appendix A

Post-CIT Knowledge Network Session Survey

1. Select the gender you identify as.

Female	Male
--------	------

2. Select from the drop-down box the field in which you're currently employed.

Uniformed Law Enforcement
Non-uniformed Law Enforcement
Corrections
EMT/Paramedic
Fire Department
Probation Officer
Social Worker
Healthcare Professional
Other

If Other, please indicate your field in the box below.

3. Select from the dropdown box the number of years you have worked in public safety.

Less than one year
1-3
3-5
5-10
10-15
15-20
More than 20 years

4. What city and state do you currently work?

Based on your participation in this week's CIT ECHO session please answer the following questions.

1. To what extent did the information in this week's session improve your knowledge of the presentation topic?

Not At All	Very Little	Somewhat	Much	Very Much
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2. How likely are you to use the information that you learned in this week's session in your job?

Definitely Not	Probably Not	Possibly	Probably Will	Definitely Will
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3. To what degree did this week's session impact your knowledge of resources in the community?

None	Very Little	Somewhat	Much	Very Much
------	-------------	----------	------	-----------

4. After attending this week's session how would you now rate your ability to interact with an individual in a mental health crisis?

Poor	Fair	Average	Good	Excellent
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5. Based on the information you received in this week's session are there any changes that you would make in your interactions with people living with mental illness?

Yes	No
-----	----

If yes, please feel free to elaborate below.

6. Are there any challenges or concerns about implementing the information that you received in this week's CIT ECHO session?

Yes	No
-----	----

If yes please feel free to elaborate below.

7. What did you like **best** about this week's session?

8. What did you like **least** about this week's session?

CIT Knowledge Network Impact on Self-efficacy and Technology Use

1. Select the gender you identify as.

Female	Male
--------	------

2. Select from the drop-down box the field in which you're currently employed.

Uniformed Law Enforcement
Non-uniformed Law Enforcement
Corrections
EMT/Paramedic
Fire Department
Probation Officer
Social Worker
Healthcare Professional
Other

If Other, please indicate your field in the box below.

3. Select from the dropdown box the number of years you have worked in public safety.

Less than one year
1-3
3-5
5-10
10-15
15-20
More than 20 years

4. What city and state do you currently work?

For each number, please select the option that describes your opinion.

1. After participating in the CIT ECHO sessions I feel comfortable interacting with people living with a mental illness

Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree
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2. Because of my participation in the CIT ECHO sessions I feel I am able to determine if a person living with a mental illness who has committed a crime should be taken to jail or to a hospital/emergency room

Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree
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3. Because of my participation in the CIT ECHO sessions I am able to utilize verbal de-escalation techniques effectively

Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree
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4. After participating in the CIT ECHO sessions I know who to call for advice about how to interact with a person living with a mental illness

Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree
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Now that you have attended several CIT Knowledge Network ECHO sessions, please rate how you felt about the following statements before participating in CIT ECHO sessions and how you feel after participating in CIT ECHO sessions.

5. People living with a mental illness are more likely to be the victim of a crime than to commit a crime.		Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree
		1	2	3	4	5
How would you rate your thinking about this statement	Before participating in the CIT sessions					
	After participating in the CIT sessions					

6. People living with a mental illness are more likely to be the victim of violence than to be violent to others		Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree
		1	2	3	4	5
How would you rate your thinking about this statement	Before participating in the CIT sessions					
	After participating in the CIT sessions					

7. The symptoms of mental illness get better with treatment		Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree
		1	2	3	4	5
How would you rate your thinking about this statement	Before participating in the CIT sessions					
	After participating in the CIT sessions					

8. It is the job of law enforcement to link/connect people living with mental illness into treatment		Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree
		1	2	3	4	5
How would you rate your thinking about this statement	Before participating in the CIT sessions					
	After participating in the CIT sessions					

9. People living with mental illness do not respond to de-escalation techniques		Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree
		1	2	3	4	5
How would you rate your thinking about this statement	Before participating in the CIT sessions					
	After participating in the CIT sessions					

10. People living with mental illness often require the use of force to maintain officer safety		Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree
		1	2	3	4	5
How would you rate your thinking about this statement	Before participating in the CIT sessions					
	After participating in the CIT sessions					

Please rate the technology you used to join the weekly trainings.

11. The technology I use when participating in the CIT Knowledge Network sessions is usually:

Audio	Audio and Video	In Person

12. Rate the effectiveness of the technology (e.g., quality of sound, quality of picture) of the regular weekly sessions based on what you used:

	Not effective	Somewhat Effective	Neutral	Effective	Very Effective	N/A
	1	2	3	4	5	
Audio only						
Audio and Video						
In-person						

13. Rate the following statements based on your experience using technology to join sessions:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A
	1	2	3	4	5	
Overall, I have been satisfied with the technology associated with the CIT Knowledge Network weekly sessions						
Overall, the technology for the CIT Knowledge Network functioned smoothly and without failure at my site						

14. Please feel free to write in any additional comments about the technology associated with the CIT Knowledge Network that you would like to share:

CIT Knowledge Network Stakeholder Interviews

Interviewer's Guide V1.0

Interview

1. Let's get started by talking about your experience using the Zoom technology to join the CIT Knowledge Network sessions.

PROBE: How do you typically access the CIT Knowledge Network?

PROBE: How easy is the Zoom technology to download? Did you experience any difficulties with downloading Zoom? How did you initially download it?

PROBE: A step by step guide was developed to help with the initial download – did you use that? If so, was it helpful or are there things that should be clarified or presented differently?

PROBE: How easy is the Zoom technology to use?

PROBE: Have you ever experienced any difficulties using Zoom software? If so, can you elaborate.

PROBE: What are some of the limitations conducting training over Zoom?

PROBE: Is there anything that we can do differently with the technology or guides to improve access to the CIT Knowledge Network?

2. Next we would like to talk about what you did and did not like about the trainings.

PROBE: What did you think about the training topics?

PROBE: How effective were the presenters of the training topics?

PROBE: What did you find the most helpful about the trainings?

PROBE: What did you find the least helpful?

PROBE: Currently a case is reviewed during each session and input is provided by a psychiatrist, the CIT detective and a crisis specialist – what do you think about this format? Is this helpful? Do you think another format would be more helpful?

3. Finally, we would like to ask you a few questions about the relevance of the trainings.

PROBE: Do you think the trainings offered are relatable to your role in law enforcement?

PROBE: Do you think the topics covered so far (the one's you have participated in) have aligned with the needs of police officers in terms of the issues they are dealing with on the streets?

PROBE: While attendance varies from week to week, we have had fewer people than expected participate in the trainings. What are your thoughts about why this might be? Is there something we can do differently to increase participation?

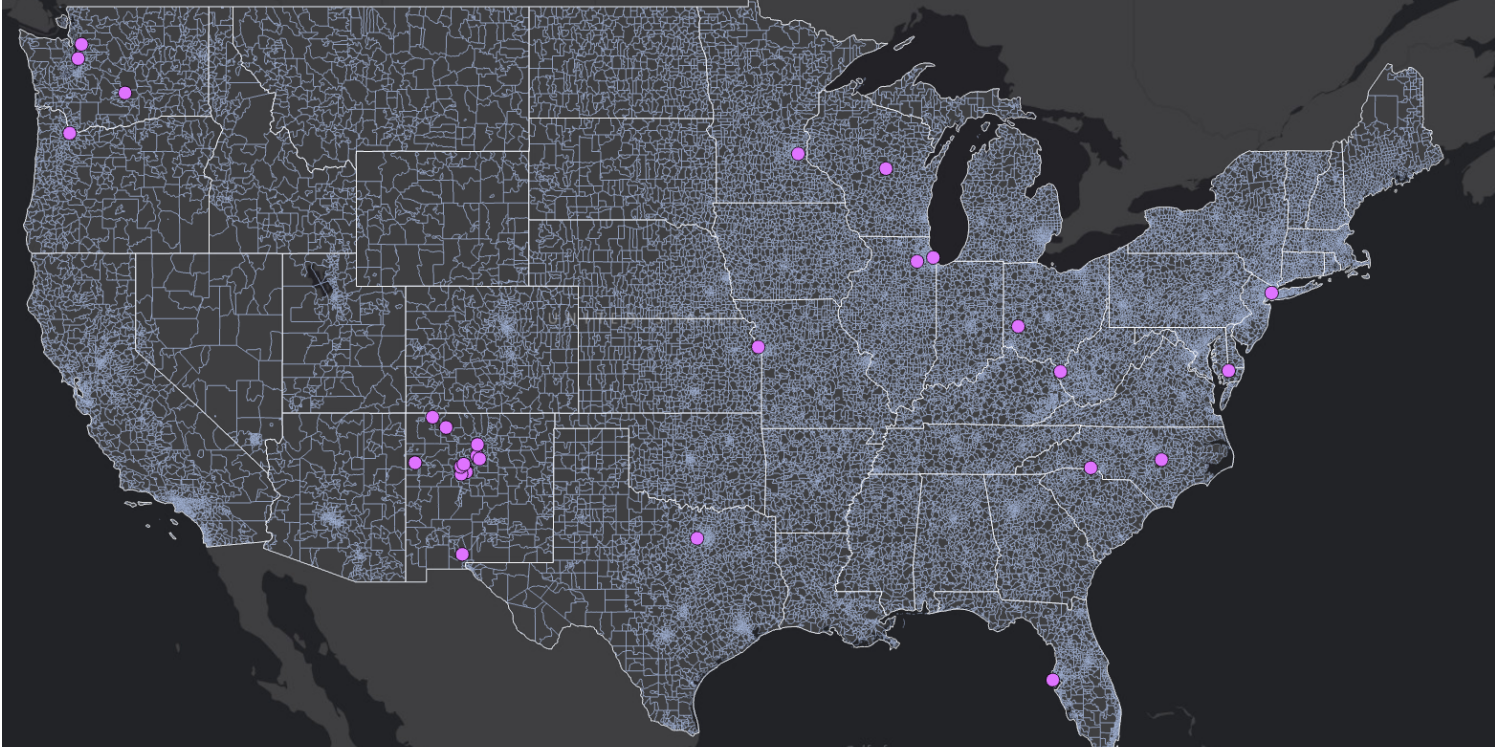
Do you have anything more to add about the CIT Knowledge Network that we haven't covered already?

This is the end of today's interview. Thank you for giving us your feedback on this project. If you have any questions about what we talked about today, please feel free to contact myself at 505-924-6068 or Dr. Annette Crisanti, Associate Professor with the University of New Mexico's Department of Psychiatry and Behavioral Sciences and the Principle Investigator of this project at 505-850-7430.

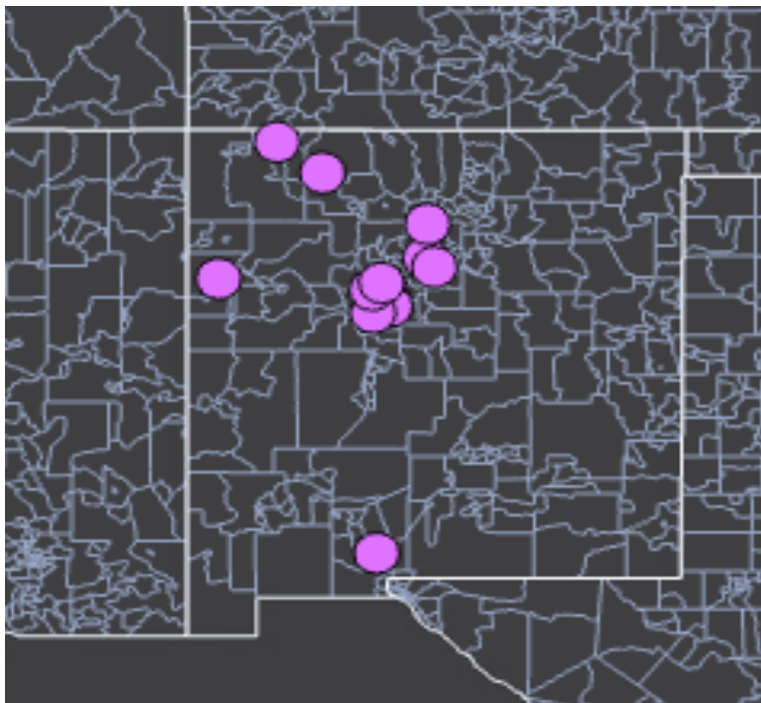
We hope that you have a great day.

Appendix B

CIT ECHO Participating Agencies in the United States



CIT ECHO Participating Agencies in New Mexico



Appendix C

CIT ECHO Curriculum Schedule January 2016 – September 2018

Curriculum Theme	Date	Presentation Title	Presenter(s)
CIT Policing	1/12/2016	<i>Initial bootcamp</i>	Dr. Dan Duhigg
Psychiatric Diagnoses	1/22/2016	<i>Bipolar disorder</i>	Dr. Nils Rosenbaum
CIT Policing	1/19/2016	<i>Veteran Information & Resources</i>	Ray Maynes
CIT Policing	2/5/2016	<i>CIT Programs and setup</i>	Detective Matt Tinney
Substance Use	2/12/2016	<i>Drugs and their effects</i>	Dr. Dan Duhigg
Substance Use	2/19/2016	<i>Marijuana, Cannabis, Hash, & Others</i>	Dr. Dan Duhigg
Psychiatric Diagnoses	2/26/2016	<i>Borderline Personality Disorders</i>	Dr. Nils Rosenbaum
Substance Use	3/4/2016	<i>Common Drug Street Names</i>	Dr. Dan Duhigg
De-escalation	3/11/2016	<i>Active Listening Skills</i>	Detective Matt Tinney
CIT Policing	3/18/2016	<i>NM Disability Rights</i>	Katie Gordon
Self-management	3/25/2016	<i>Law Enforcement Suicide & Mental Health</i>	Dr. Dan Duhigg
Psychiatric Diagnoses	4/1/2016	<i>Perspectives of Psychotic and Manic Symptoms</i>	Dr. Nils Rosenbaum
CIT Policing	4/15/2016	<i>VA Justice Outreach</i>	Lisa Anderson
CIT Policing	4/22/2016	<i>Media Relations Q&A</i>	Celina Espinosa

Substance Use	5/6/2016	<i>Alcohol Withdrawal</i>	Dr. Dan Duhigg
Substance Use	5/13/2016	<i>Medication Awareness</i>	Dr. Dan Duhigg
CIT Policing	5/20/2016	<i>NAMI</i>	Betty Whiton
Psychiatric Diagnoses	5/27/2016	<i>Schizophrenia</i>	Dr. Dan Duhigg
CIT Policing	6/3/2016	<i>COAST Program</i>	Ray Maynes
CIT Policing	6/10/2016	<i>John Hyde Case Study</i>	Detective Tasia Sullivan
CIT Policing	6/17/2016	<i>APD's Crisis Intervention Program</i>	Lieutenant John Gonzales
CIT Policing	6/24/2016	<i>Use of Data in CIT Programs</i>	Dr. Peter Winograd
CIT Policing	7/1/2016	<i>Community Collaboration in CIT</i>	Detective Matt Tinney
De-escalation	7/8/2016	<i>Basics of the PURE Model</i>	Detective Matt Tinney
Substance Use	7/15/2016	<i>Discussion on Portugal's Drug Laws</i>	Dr. Dan Duhigg
CIT Policing	7/22/2016	<i>News Trends in Mental Health and Law Enforcement</i>	Dr. Dan Duhigg
CIT Policing	7/29/2016	<i>Assistant Outpatient Treatment</i>	Brian Stetton
CIT Policing	8/5/2016	<i>ADDIE MODEL of Curriculum Development</i>	Detective Matt Tinney
Psychiatric Diagnoses	8/12/2016	<i>Antisocial Personality Disorder</i>	Dr. Dan Duhigg
Self-management	8/19/2016	<i>Officer Self-care</i>	Dr. Nils Rosenbaum/Detective Matt Tinney
Psychiatric Diagnoses	8/26/2016	<i>Attention Deficit Hyperactivity Disorder</i>	Dr. Nils Rosenbaum
CIT Policing	9/2/2016	<i>Ongoing elements of a CIT program</i>	Detective Matt Tinney

CIT Policing	9/9/2016	<i>Operational elements of a CIT program</i>	Detective Matt Tinney
CIT Policing	9/16/2016	<i>Verbal defense and influence</i>	Detective Lawrence Saavedra
CIT Policing	9/30/2016	<i>Sustaining elements of a CIT program</i>	Detective Matt Tinney
Psychiatric Diagnoses	10/7/2016	<i>Anxiety</i>	Dr. Dan Duhigg
Special Training	10/21/2016	<i>Drug Induced Intoxication</i>	Dr. Dan Duhigg
CIT Policing	10/28/2016	<i>Homelessness - Healthcare for the Homeless</i>	Tina Carlison
Psychiatric Diagnoses	11/4/2016	<i>PTSD</i>	Dr. Nicole Duranceaux
CIT Policing	11/18/2016	<i>Verbal de-escalation</i>	Mary Magnusson, RN
CIT Policing	12/2/2016	<i>Spree Killings</i>	Dr. Nils Rosenbaum
Resources	12/16/2016	<i>DD Waivers</i>	Lauriann King/Gay Finlayson
Special Training	1/10/2017	<i>Homicide Rising</i>	Dr. Peter Winograd/Sergeant Liz Thomson
Psychiatric Diagnoses	1/17/2017	<i>Bipolar disorder</i>	Dr. Nils Rosenbaum
Self-care	1/24/2017	<i>Mindfulness</i>	Dr. Nils Rosenbaum/Det. Matt Tinney
CIT Policing	1/31/2017	<i>10 Deadly Errors: How to avoid becoming a victim cop</i>	Sergeant Justin Trebitowski/Detective Matt Tinney
CIT Policing	2/7/2017	<i>Barricades</i>	Detective Lawrence Saavedra
Self-care	2/14/2017	<i>Sexuality and Stress</i>	Dr. David Ley
Resources	2/21/2017	<i>NMCAL</i>	Wendy Linebrink-Allison

CIT Policing	2/28/2017	<i>Adult Protective Services</i>	Loretta Lavadie
Psychiatric Diagnoses	3/7/2017	<i>First Episode Psychosis</i>	Lindsay Smart and Dawn Halperin
Psychiatric Diagnoses	3/14/2017	<i>Brain Injuries</i>	John Pimentel
CIT Policing	3/21/2017	<i>Suicide by Cop</i>	Dr. Orlando Ortiz
Self-care	3/28/2017	<i>Stress Management</i>	Mary Baca
Special Training	4/4/2017	<i>The Role of Media in Reporting Mass Shootings</i>	Dr. Shawn Sidhu
CIT Policing	4/11/2017	<i>Communicating with doctors: how to talk to medical personnel</i>	Dr. Nils Rosenbaum/Detective Matt Tinney
Special Training	4/18/2017	<i>Identifying Intoxication in the field</i>	Dr. Dan Duhigg
Psychiatric Diagnoses	4/25/2017	<i>Psychiatric emergencies: who gets hospitalized and who gets discharged</i>	Dr. Nicole Lederman
De-escalation	5/2/2017	<i>The PURE Model Part I</i>	Dr. Nils Rosenbaum/Detective Matt Tinney
De-escalation	5/9/2017	<i>The PURE Model Part II</i>	Dr. Nils Rosenbaum/Detective Matt Tinney
Psychiatric Diagnoses	5/16/2017	<i>Paranoia</i>	Dr. Nils Rosenbaum
Self-care	5/30/2017	<i>Effective Coping Mechanisms - Part I</i>	Mary Baca
Psychiatric Diagnoses	6/6/2017	<i>Communicating with someone living with TBI</i>	John Pimentel/Chris Love
CIT Policing	6/13/2017	<i>Responding to Jumpers and High Risk Suicides</i>	Detective Lawrence Saavedra/Detective Matt Tinney
Psychiatric Diagnoses	6/20/2017	<i>Autism Spectrum Disorders</i>	Dr. Nancy Martin
Psychiatric Diagnoses	6/27/2017	<i>Psychosis</i>	Dr. Carli Bonham

De-escalation	7/11/2017	<i>The PURE Model Part III</i>	Dr. Nils Rosenbaum/Detective Matt Tinney
Special Training	7/18/2017	<i>Transgender 101</i>	Adrien Lawyer
Substance Use	7/25/2017	<i>Alcohol Use Disorder</i>	Dr. Dan Duhigg
De-escalation	8/1/2017	<i>PURE Model Part IV</i>	Dr. Nils Rosenbaum/Detective Matt Tinney
Psychiatric Diagnoses	8/8/2017	<i>Alzheimer's and dementia</i>	Dr. Mohamad Khafaja
CIT Policing	8/22/2017	<i>The Sequential Intercept Model (SIM)</i>	Dr. Annette Crisanti
Psychiatric Diagnoses	8/29/2017	<i>Psychiatric illness due to medical causes</i>	Dr. Nils Rosenbaum
Self-care	9/5/2017	<i>Peer Support</i>	Melissa Schultz
CIT Policing	9/19/2017	<i>Capacity and Consent</i>	Dr. Kerry Mendes
Substance Use	9/26/2017	<i>Cannabis: Myth Busting</i>	Dr. Dan Duhigg
CIT Policing	10/3/2017	<i>Peer Perspectives: Managing symptoms and interactions with the criminal justice system</i>	Robert Salazar
Substance Use	10/10/2017	<i>Suboxone vs Methadone</i>	Dr. Dan Duhigg
CIT Policing	10/17/2017	<i>Graham vs. Behavioral Health</i>	Detective Matt Tinney
Special Training	10/31/2017	<i>"That can't be real...or is it?!" A guide to delusions, illusions, and hallucinations.</i>	Dr. Nancy Martin
Self-care	11/7/2017	<i>Tips for Happiness</i>	Detective Matt Tinney
Self-care	11/14/2017	<i>Tips for Happiness: Part II</i>	Dr. Nils Rosenbaum
CIT Policing	11/21/2017	<i>Myth Busting: Suicide Around the Holidays</i>	Dr. Annette Crisanti
CIT Policing	11/28/2017	<i>Introduction to the criminal psychology of serial killers</i>	Detective Ben Melendrez

Psychiatric Diagnoses	12/5/2017	<i>Diagnosing Depression</i>	Dr. Nils Rosenbaum
Special Training	12/12/2017	<i>Introduction to the Madison Addiction Recovery Initiative</i>	Captain Cory Nelson
Special Training	12/19/2017	<i>It's Beginning To Look A Lot Like Christmas...You'll Need A Psych Consult: Human Psychopathology Around Ingestants</i>	Dr. Nancy Martin
Special Training	1/9/2018	<i>Motivations of Serial Killers</i>	Detective Ben Melendrez
De-escalation	1/16/2018	<i>Talk Verbal Judo to Me</i>	Detective Matt Tinney
CIT Policing	1/23/2018	<i>Certificate of Evaluation</i>	Detective Tinney/Detective Saavedra/Lieutenant Del Greco
Self-care	1/30/2018	<i>Officer Involved Shootings</i>	Troy Luna
Resources	2/6/2018	<i>Assertive Community Treatment Model</i>	Dr. David Ley
Substance Use	2/13/2018	<i>International Drug Trafficking</i>	Dr. Dan Duhigg
Substance Use	2/20/2018	<i>The Opioid Overdose Epidemic, Naloxone, and the Myths about Illicitly Manufactured Fentanyl</i>	Bernie Lieving
Resources	2/27/2018	<i>COAST Program</i>	Celina Lopez/Detective Hoisington/Denise Hovey-Thomas
Special Training	3/6/2018	<i>Gun violence mental illness and the law</i>	Dr. Jeffrey Swanson
Self-care	3/13/2018	<i>Tactics for officer well-being</i>	Melissa Schultz/Detective Tinney
CIT Policing	3/20/2018	<i>Who are we serving? A study of the individuals involved in CIT incidents in Albuquerque</i>	Dr. Peter Winograd
Special Training	3/27/2018	<i>The Notion of Emotion</i>	Detective Matt Tinney
CIT Policing	4/3/2018	<i>Violent Behavior: risks, myths and facts</i>	Dr. Martin Gonzales
Resources	4/10/2018	<i>NAMI Overview of Services</i>	Betty Whiton

CIT Policing	4/17/2018	<i>High Element Suicide</i>	Detective Briones/Detective Saavedra
CIT Policing	4/24/2018	<i>Suicide by Cop</i>	Dr. Orlando Ortiz
CIT Policing	5/1/2018	<i>Responding to children in crisis</i>	Dr. Kristina Sowar
Substance Use	5/15/2018	<i>Medication Assisted Treatment in Criminal Justice Populations</i>	Dr. Timothy Condon
Psychiatric Diagnoses	5/22/2018	<i>Schizophrenia</i>	Dr. Nils Rosenbaum
CIT Policing	5/29/2018	<i>Facial Features</i>	Detective Ben Melendrez
Psychiatric Diagnoses	6/5/2018	<i>Bipolar Affective Disorder</i>	Dr. Nils Rosenbaum
Special Training	6/12/2018	<i>Sleep Part I</i>	Dr. Nancy Martin
Special Training	6/19/2018	<i>Sleep Part II: Abnormal Sleep Pathology</i>	Dr. Nancy Martin
CIT Policing	6/26/2018	<i>Threat Assessment in the School Setting: Working with Students, Families, and the Educational System</i>	Dr. Kristina Sowar
Resources	7/3/2018	<i>NMCAL: Supporting People Experiencing Opioid Use Disorder</i>	Wendy Linebrink-Allison
Psychiatric Diagnoses	7/10/2018	<i>Personality disorders commonly contacted by Law Enforcement</i>	Detective Ben Melendrez
Self-care	7/17/2018	<i>Exercise in the treatment in the depression</i>	Dr. Ruma Mian
De-escalation	7/24/2018	<i>The Way You Make Me Feel: Are you the Influencer or the Influenced?</i>	Dr. Rachael Hatfield
De-escalation	7/31/2018	<i>Practicing Persuasion</i>	Detective Matt Tinney
Resources	8/7/2018	<i>Heading Home/ABQ StreetConnect</i>	Carol Brusca
Psychiatric Diagnoses	8/21/2018	<i>Shared Psychosis</i>	Detective Ben Melendrez

Special Training	8/28/2018	<i>Human Trafficking</i>	Lynn Sanchez
CIT Policing	9/4/2018	<i>Forensic Psychiatry</i>	Dr. Bridget McCoy
Self-care	9/11/2018	<i>Vicarious Trauma</i>	Carol Brusca
Self-care	9/18/2018	<i>Resiliency</i>	Dr. Nils Rosenbaum
Substance Use	9/25/2018	<i>Huffing and Puffing Blows the Mind: An Overview of Inhalant and Meth Abuse</i>	Dr. Martin Gonzalez