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Beyond crisis intervention team (CIT) classroom training: Videoconference continuing education for law enforcement

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ABSTRACT

Continuing education in Crisis Intervention Team (CIT) principles and best practices are limited. In 2015, the Albuquerque Police Department became the first law enforcement agency in the country to provide extended learning for CIT and case debriefings related to behavioral health through videoconferencing technology. The project, known as CIT ECHO, connects law enforcement agencies across New Mexico and the country to an online classroom where CIT experts and psychiatrists review behavioral health topics, and debrief complex cases with officers. An overview of CIT ECHO is provided including key elements, implementation challenges, and how we are evaluating its reach and effectiveness.

1. 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 et al., 2011; Livingston, 2016), and 1%–5% of police calls for service, or dispatches, involve people with mental health problems (Brink et al., 2011; Livingston, 2016). According to Cordner (2006), some police departments report spending more time on managing mental health-related cases than on injury traffic accidents, burglaries, or felony assaults. Moreover, encounters between police officers and people with mental illness are likely underreported. There are many reasons for underreporting, including: (1) the difficulty associated with identifying mental illness in crisis-related calls, especially when substance use is involved; (2) the tendency for law enforcement to focus data collection on crime and prevention and not mental illness; and (3) the necessity to code the primary charge, which fails to recognize the possible influence of a behavioral health problem. For example, many cases of domestic violence due to an assault involve an underlying issue of mental illness and/or substance use but are not coded as such. The frequency of law enforcement encounters involving substance use is even greater than encounters involving mental illness, with drug charges being the largest category among all arrests in the United States ("FBI Persons Arrested", 2015). Furthermore, drug-related arrests are prevalent among people with mental illness (Fisher et al., 2007).

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 2645 local CIT Programs and 351 Regional CIT Programs (As reported September 2018 on the "CIT Center: A Resource for CIT Programs Across the Nation", CIT Center, n.d). 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 CIT classroom training. This training is a stand-alone class of up to 40 h provided by police 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;

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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, Demir Neubert, et al., 2011, Compton et al., 2014; 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.

In this article, we describe the following aspects of CIT ECHO: key elements; implementation; related challenges and how they have been addressed, how we are evaluating its reach and effectiveness, its benefits, and its impact on law enforcement practices thus far. Process data (e.g., number of participants and training topics) for the first year of CIT ECHO implementation are also summarized.

2. CIT ECHO

CIT ECHO developed out of a need for the Albuquerque Police Department (APD) in New Mexico 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). Further, 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 (JMHCP), 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.

3. CIT ECHO 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 (Fig. 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 min 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 certification is not a prerequisite for participating in CIT ECHO.

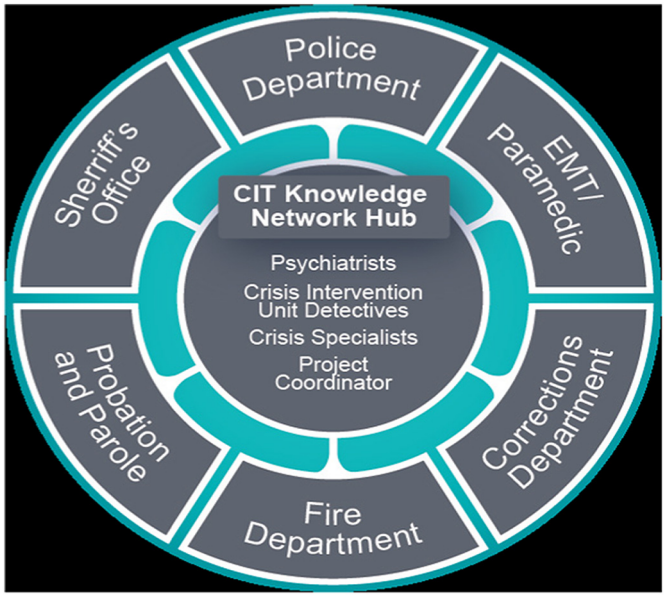

Fig. 1. CIT ECHO hub team.

3.1. The didactic presentation

The didactic presentation follows the introductions and announcements and lasts 30–40 min 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.

3.2. 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. 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 and 40 min 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

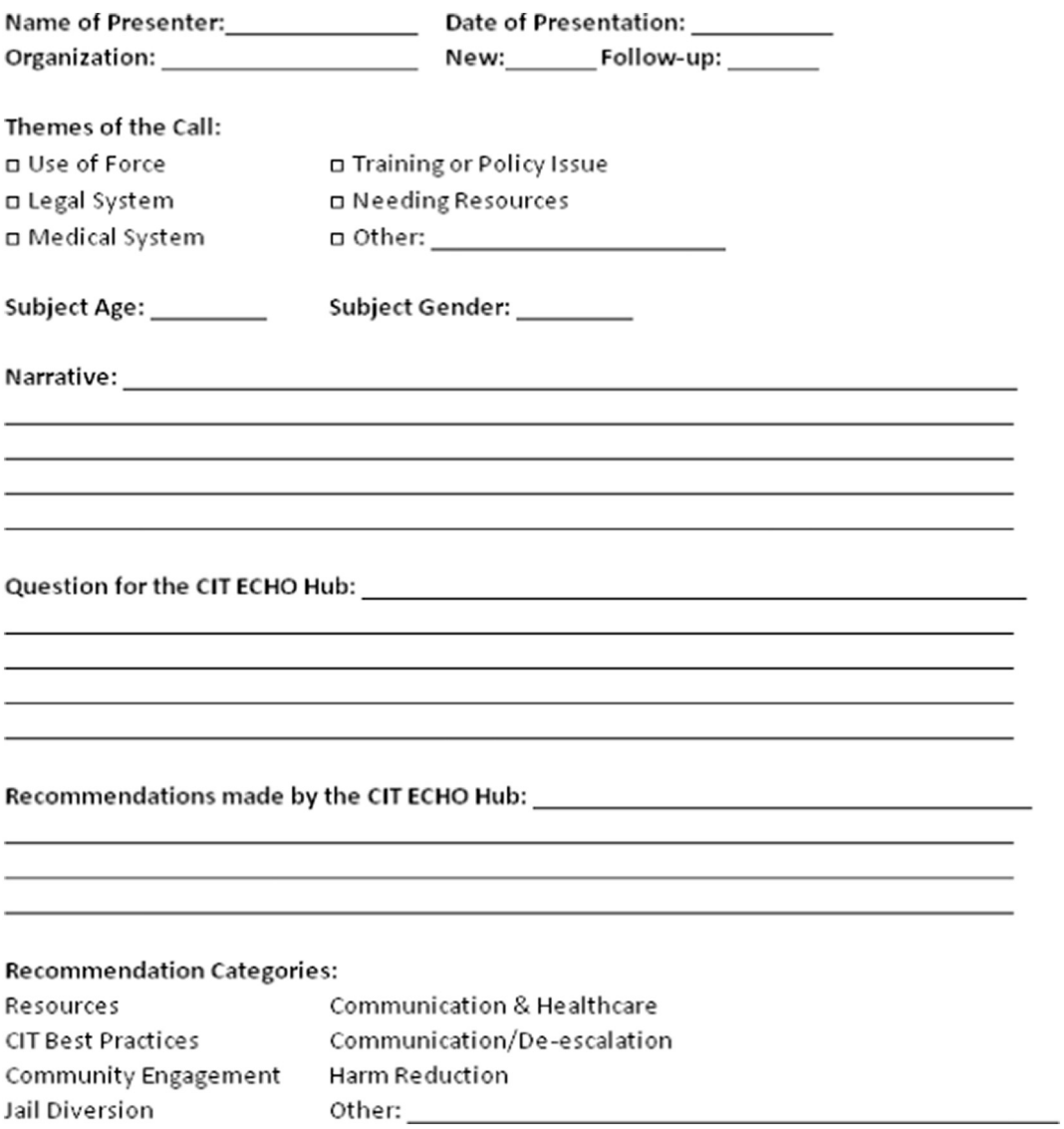

Fig. 2. Case presentation form.

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. 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) (Fig. 2). Two examples of cases debriefed via CIT ECHO are reviewed below.

3.3. 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.

3.4. 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 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.

4. CIT ECHO 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 the videoconferencing platform to provide ongoing training on CIT best practices through didactic presentations and feedback on real-world cases involving an interaction between a police officer and a person with behavioral health problems or a person in crisis. Officers connect to CIT ECHO through their smartphones, laptops, and patrol vehicle computers.

5. CIT ECHO 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 being intimidated by 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.

6. CIT ECHO evaluation

Researchers from the UNM's Department of Psychiatry and Behavioral Sciences developed an evaluation protocol 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 uses a mixed methods approach, including the collection of qualitative data through semi-structured interviews and quantitative data through rating scales. Participants are 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 attend three or more sessions are sent an online survey assessing satisfaction with the technology and curriculum and impact on self-efficacy. Semi-structured interviews are also being conducted with key stakeholders in leadership positions to obtain feedback about the face validity and practical utility 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. During the first 17 months of implementation (08/01/2016–12/31/2017), 159 public safety personnel from 12 states representing 26 separate agencies in New Mexico and across North America attended CIT ECHO sessions. Areas represented include: Florida, Illinois, Maryland, Minnesota, New Mexico, New York, Oregon, Texas, Washington, West Virginia, Wisconsin, and Ontario, Canada. Various public safety agencies have participated, including: police departments (64.8%), probation and parole (10.7%), sheriff's departments (10.7%), fire departments (5.0%), and other (8.8%), which included crisis specialists, paramedics, correction officers, CIT coordinators, and mental health consultants. Sixty unique didactic presentations have been offered through CIT ECHO since August 2016 through December

Table 1
CIT ECHO presentations categorized by theme.

CIT ECHO Curriculum Module	Presentation Title
CIT Policing	The ADDIE Model of Curriculum Development
CIT Policing	Ongoing Elements of a CIT Program
CIT Policing	Operational Elements of a CIT Program
CIT Policing	Sustaining Elements of a CIT Program
CIT Policing	Spree Killings
CIT Policing	10 Deadly Errors: How to Avoid Becoming a Victim Cop
CIT Policing	Barricade Situations
CIT Policing	Suicide by Cop
CIT Policing	Communicating with Doctors: How to Talk to Medical Personnel
CIT Policing	Responding to High Risk Suicides
CIT Policing	The Sequential Intercept Model (SIM)
CIT Policing	Consent and Capacity
CIT Policing	Peer Perspectives: Managing Symptoms & Interactions with the Justice System
CIT Policing	Graham vs. Behavioral Health
CIT Policing	Myth Busting: Suicide around the Holidays
CIT Policing	Introduction to the Criminal Psychology of Serial Killers
De-escalation/Communication	Verbal Defense and Influence
De-escalation/Communication	Verbal De-escalation
De-escalation/Communication	The PURE Model for De-escalation and Negotiations: Part I
De-escalation/Communication	The PURE Model for De-escalation and Negotiations: Part II
De-escalation/Communication	The PURE Model for De-escalation and Negotiations: Part III
De-escalation/Communication	The PURE Model for De-escalation and Negotiations: Part IV
Officer Self-care	Officer Self-care
Officer Self-care	Mindfulness
Officer Self-care	Sexuality and Stress
Officer Self-care	Stress Management
Officer Self-care	Effective Coping Mechanisms
Officer Self-care	Peer Support Programs
Officer Self-care	Tips for Happiness
Officer Self-care	Tips for Happiness: Part II
Psychiatric Diagnoses	Antisocial Personality Disorder
Psychiatric Diagnoses	Attention Deficit Hyperactivity Disorder (ADHD)
Psychiatric Diagnoses	Anxiety Disorders
Psychiatric Diagnoses	Post-Traumatic Stress Disorder (PTSD)
Psychiatric Diagnoses	Bipolar Disorder
Psychiatric Diagnoses	First Episode Psychosis
Psychiatric Diagnoses	Brain Injuries Essentials: Overview and Resources
Psychiatric Diagnoses	Psychiatric Emergencies: Who Gets Hospitalized and Who Gets Discharged
Psychiatric Diagnoses	Paranoia
Psychiatric Diagnoses	Brain Injury Essentials: Communicating with a Person Living with a Brain Injury
Psychiatric Diagnoses	Autism and Law Enforcement Professionals
Psychiatric Diagnoses	Engaging People with First Episode Psychosis
Psychiatric Diagnoses	Alzheimer's and Dementia
Psychiatric Diagnoses	Psychiatric Illness Due to Medical Causes
Psychiatric Diagnoses	A guide to delusions, illusions, and hallucinations
Psychiatric Diagnoses	Diagnosing Depression
Resource Knowledge	Albuquerque Healthcare for the Homeless
Resource Knowledge	Developmental Disabilities (DD) Waiver
Resource Knowledge	New Mexico Crisis and Access Line and Peer to Peer Warmline
Resource Knowledge	Adult Protective Services
Special Training	Drug Induced Intoxication
Special Training	Homicide Rising? Insights from Law Enforcement and Mental Health
Special Training	Media Coverage of Mass Shooting and Casualty Events
Special Training	Identifying States of Intoxication and Withdrawal in the Field
Special Training	Transgender 101
Special Training	Introduction to the Madison, Wisconsin Addiction Recovery Initiative
Special Training	Human Psychopathology Around Ingestants
Substance Use	Alcohol Use Disorder
Substance Use	Cannabis Myth Busting
Substance Use	Suboxone vs. Methadone

2017. Table 1 provides a summary of CIT ECHO presentations for the period August 2016 through December 2017 categorized by key training themes.

7. CIT ECHO benefits

There are several benefits of CIT ECHO. First, the training is provided free to participants, which is a tremendous advantage for law enforcement agencies experiencing fiscal restraint and budget cutbacks. Second, the use of the ECHO model eliminates the travel and associated travel costs required for most training. Third, by being able to join CIT ECHO through smartphones, laptops, and patrol vehicle computers, officers are not removed from calls for service for longer than needed. The use of the ECHO model (i.e., videoconferencing) is especially important for rural police departments and for officers who may find it difficult to step away from the field for more than a few hours at a time (Compton et al., 2010). Fourth, CIT ECHO provides access to specialized behavioral health and CIT policing expertise that is lacking in many jurisdictions. Fifth, overtime pay is available to APD officers who are certified in Enhanced CIT training and attend a CIT ECHO session on a day they are not scheduled to work.

Compared to the traditional one-time training model, the CIT ECHO provides law enforcement with weekly access to specialty consultation and mentoring with CIT experts, psychiatrists, and law enforcement trainers who provide ongoing training in CIT best practices. The addition of CIT ECHO is advantageous to the original stand-alone CIT training model in many ways. For example, through ongoing mentorship, CIT ECHO can assist agencies with the development of their own CIT programs and infrastructures. Developing a new CIT program in any organization can be challenging and finding reliable information and experts who have been through the development process can be burdensome. CIT ECHO gives access to multiple sources of information from individuals who have first-hand experience with the establishment and sustainability of a CIT program. Standard operating policies are shared, along with information on how to interpret and implement them within an agency. Additionally, case presentations and peer review can decrease officers' future liability by improving subsequent interactions in the community. Law enforcement training often stems from case law around the reasonableness of an action, meaning that officers are trained to ask, “What would a reasonable officer do in a particular situation?” The environment of CIT ECHO gives officers the opportunity to debrief the reasonableness of a call for service elaborating on what went well and what did not in a virtual room of their peers. This increases the knowledge of the participant and expands their view of reasonableness. Peer review can also help reinforce best practices and validate officer knowledge.

8. CIT ECHO: impact on law enforcement practices

Didactic presentations and cases debriefed by officers on CIT ECHO have resulted in changes to the APD's mental health training. In 2016, CIT ECHO debriefed a case involving a SWAT situation where an individual barricaded himself on a roof. One of the responding officers decided to debrief this case during a session after observing that the officers on scene had struggled to communicate with the barricaded individual using a public announcement system. The challenge of communicating through the speakers caused the officers to lose their

ability to build rapport with the individual by using control commands that were ineffective. The CIT ECHO hub team of experts debriefed the details of the situation with the officer and provided recommendations for de-escalation techniques while using a public announcement system in crisis situations. 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.

A second example of the impact of CIT ECHO on law enforcement practices relates to changes to suicide training following a didactic on the rising homicide rates in the city of Albuquerque, New Mexico. The didactic presentation, co-presented by the Sergeant of Homicide and an APD policy analyst, reviewed data on the rates of murder, which also included an increase in the city's number of murder-suicides. After the presentation, members of the APD's Crisis Intervention Unit decided to update the CIT curriculum so that topics and scenarios on murder-suicide were included in suicide training. Prior to the didactic presentation, the APD's suicide training didactic focused on risks to the individual alone. Now the course teaches officers how to assess suicidal individuals for factors indicating an increased risk for intent to kill one or more persons before killing themselves.

9. Summary and final remarks

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 real-time 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. The purpose of this paper was to provide an overview of our model to give guidance to other jurisdictions who may want to establish a similar training program. We recognize, however, that certain factors, which could be unique to our local jurisdiction, increased the likelihood of successful implementation. These local factors were especially important with respect to law enforcement participation and may not be present nationwide. For example, due to APD's leadership support of CIT and recognition of the importance of ongoing training, APD officers are encouraged to attend the weekly 90-minute sessions. Furthermore, there are no fees associated with CIT ECHO clinics for any participants because the costs of the program have been absorbed through grants, partnerships, and the support of the APD administration. The video-conferencing equipment and meeting room is provided by the UNM's Department of Psychiatry and Behavioral Sciences. ECHO support is provided by UNM's Project ECHO. The detectives and psychiatrists, which are part of the hub team, use their salaried time to lead CIT ECHO with approval from the APD and the UNM Department of Psychiatry leadership. Grant funding also covered a full time CIT ECHO project coordinator.

Finally, while designing CIT ECHO, the focus was on networking and continuing education, and it was not to focus solely on local CIT teams within their larger community programs. Initially, this design plan raised concerns that it might limit the potential effect of this innovative approach. When information is shared with officers outside the context of their individual community - local resources, policies, and laws may vary, especially when participants from other states or countries participate. Fortunately, we soon discovered that despite the great differences between various locations, participants learn valuable methods for dealing with local problems by comparing and considering other jurisdictions and models. This is the same effect that criminal justice related conferences have in sharing information and best practices. The great advantage that CIT ECHO has over national and international conferences is that it connects people from various locations on a weekly basis, allowing the information to be reinforced and potentially used to change and improve all those involved. During CIT ECHO, information shared and topics covered during didactic and case debriefing sections are not limited because all participants are able to learn from local differences. Furthermore, education relating to de-escalation skills, psychiatric illness, and safety procedures are much less localized. Even in presentations where information is specific to the APD resources, policies, and procedures, these topics provide guidance to other jurisdictions and states on where to look for resources, and how to develop their own local policies and procedures.

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We confirm that this work is original and has not been published elsewhere, nor is it currently under consideration for publication elsewhere. We have no conflicts of interest to disclose.

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