

Is CIT Evidence-Based?

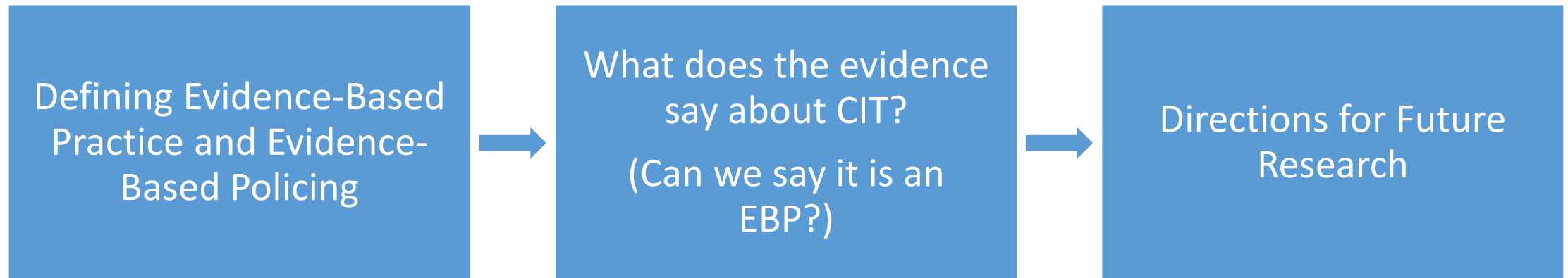
Amy C. Watson, Ph.D. &
Michael T. Compton, M.D., M.P.H.

It depends on two things...

...what you mean by “evidence-based”?

...and for what outcomes?

Overview



What does it
mean to be
evidence-
based in
biomedicine
and mental
health?

Evidence-based as a **process**

- Biomedicine: Approach to making medical practice more scientific through the use of the best available evidence from systematic research, with RCTs and meta- analyses/ systematic reviews as the “gold standard”
- Mental health: Process of clinical decision-making that utilizes clinical experience, critically reviewed external research, expert opinion, and client preferences

What does it
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Evidence-based practice as a **designation**

SAMHSA NREPP criteria

- research has examined behavioral health outcomes of the intervention
- evidence demonstrated in at least one study with experimental design (RCT) or strong quasi-experimental (with pre/post test and comparison group) design
- Results published in peer-reviewed journal or documented in a comprehensive report
- Systematic reviews in the absence of the above are not sufficient

What is evidence- based policing?

A Process.....

Evidence-based policing is the use of the best available research on the outcomes of police work to implement guidelines and evaluate agencies, units, and officers. Put more simply, evidence-based policing uses research to guide practice and evaluate practitioners. It uses the best evidence to shape the best practice. (Sherman, 1998)

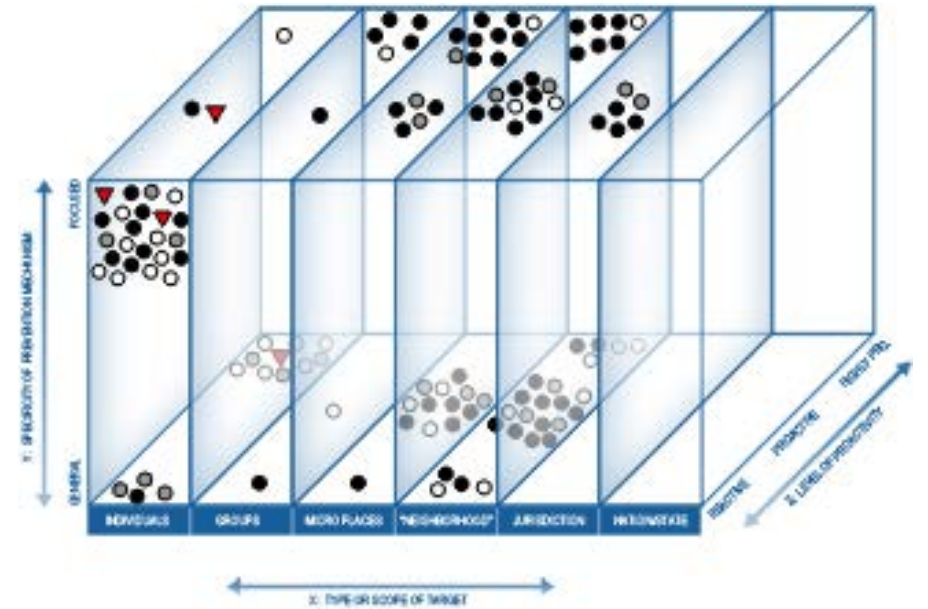
Lum & Koper, 2015 add:

- *Evidence-based policing is a decision-making perspective, not a panacea.*
- *It is grounded in the idea that policies and practices should be supported by research evidence and analytics, not blindly determined by them.*
- *It suggests that research is not ignored and that it at least becomes part of the conversation about what to do...*

What is Evidence-Based Policing? A designation...

George Mason University Center for Evidence –Based Crime Policy: Evidence-Based Policing Matrix
<http://cebcp.org/evidence-based-policing/>

- To be included, studies must meet criteria for:
 - Moderately rigorous
 - Rigorous
 - Very rigorous
 - Must include crime or disorder as a measured outcome

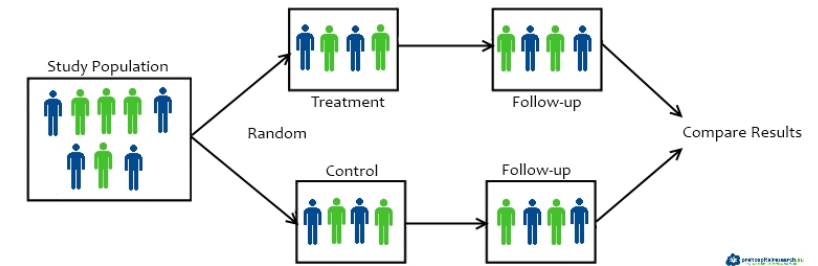


Experimental Design 101

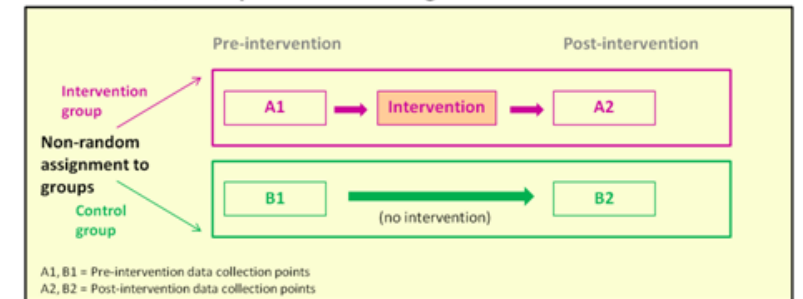
The “gold standard” is the Randomized, Controlled Trial (RCT)

Quasi-experimental design

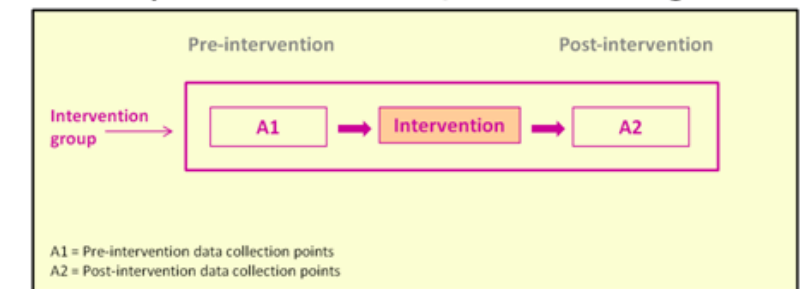
Pre/post test, one group design

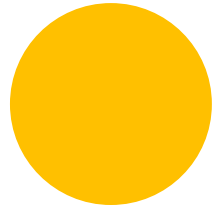
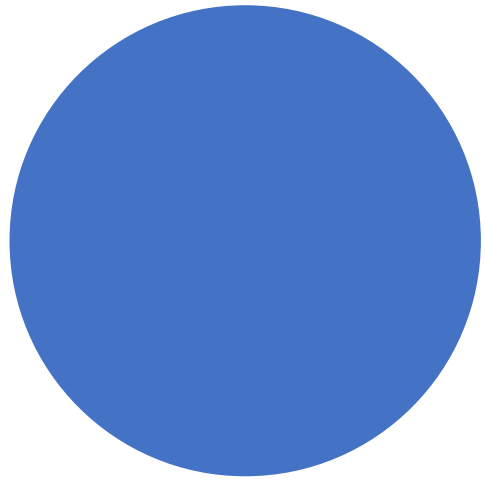


Classical Quasi-Experimental Design



Non-Experimental Pre-Test/Post-Test Design





How strong is the
evidence for CIT?

It depends on the
outcome of interest...

Officer-level cognitive and attitudinal outcomes

- Studies using non-experimental and quasi-experimental designs support CIT training as effective for improving officer:
 - Knowledge
 - Attitudes
 - Desire for social distance
 - Self-efficacy for responding

Bahora, Hanafi, Chien & Compton, 2008

Compton, Esterberg, McGee, Kotwicki & Oliva, 2006

Compton et al 2014a

Ellis, 2014

Kubiak et al 2017

Officer-level behavioral outcomes

Use of force preferences

Endorsement of effectiveness for de-escalation skills and referral decisions

- Vignette studies comparing CIT and non-CIT officers (Compton et al , 2011; Compton et al 2014a)

Use of force in encounters

Call resolution (MH transport/linkage, arrest, resolve on scene)

- Studies of mental health encounters comparing CIT and non-CIT officers (Compton et al, 2014b; Watson et al , 2010, 2011; Morabito et al, 2012)

Increased Police Transports to Triage Center-

- pre post CIT Implementation (Kubiak et al 2017)

More mental health calls identified

Increased transports to MH treatment

Proportion transports voluntary

No change in arrest rates

- Pre and Post CIT implementation design, using dispatch data(Teller et al 2006)

Benefits of Self-Selection/Volunteering for CIT

Two linked studies, Compton et al 2017 compared officers that volunteered for CIT training to those that were “voluntold”

- Study one examined differences on knowledge, attitudes, and skills
 - Officers that volunteered had better scores on measures of attitudes, stigma, self efficacy, de-escalation skills and referral decisions
- Study two examined CIT trained officers' behaviors in actual encounters
 - While volunteered officers were more likely to use some form of physical force,* when they did so, they were more likely to transport or refer to mental health services and less likely to arrest.

* Note, use of handcuffs was included in use of force

Subject level outcomes

SAMHSA Diversion study (Broner et al, 2004)

- Jail diversion by police increased odds of receiving mental health services at 3 and 12 month follow-up
- Diverted individuals at one of the CIT sites experienced reductions in symptoms at 3 month follow-up
- Quasi-experimental non equivalent comparison group study of 8 diversion programs, 3 were police diversion, 2 of the 3 police diversion sites were using the CIT model

Agency-level outcomes

Confidence in response

- In a survey of departments, Borum and colleagues (1998) found greater confidence in mental health response among officers in agencies using the CIT model compared to other models of MH response.

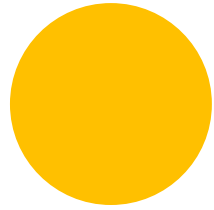
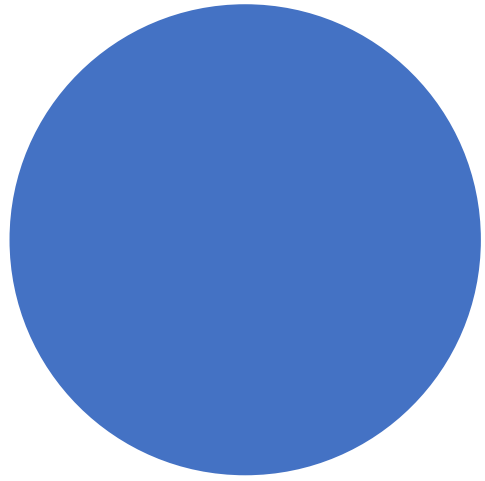
Efficiency

- Dupont & Cochran (2000) reported reduced time per call following CIT implementation.

Community- level outcomes

Cost Savings

- El-Mallakh and colleagues (2014) reported cost savings from deferred hospital and jail costs



So, does the evidence
support CIT as an EBP?



CIT and EBP as Designation

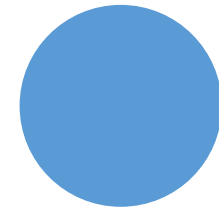
- The evidence supports CIT training as an EBP for improving officers' knowledge, attitudes, self-efficacy, and behavioral intentions
- While studies with strong comparison groups suggest CIT/CIT training is effective for impacting officer behavior (use of force, arrest, mental health linkage) research to date does not meet conservative criteria for EBP designation.
- Existing evidence for call subject, organizational, and community outcomes is limited.

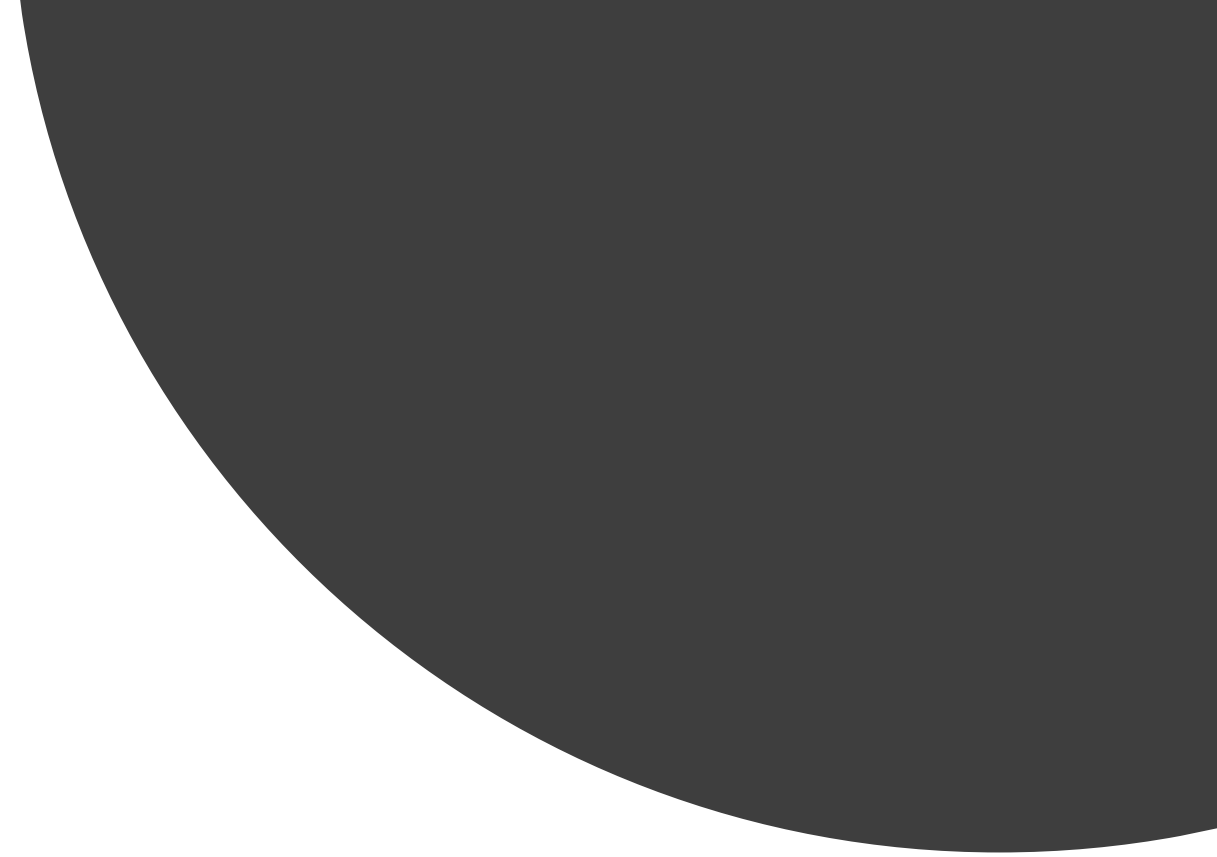
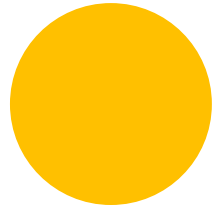
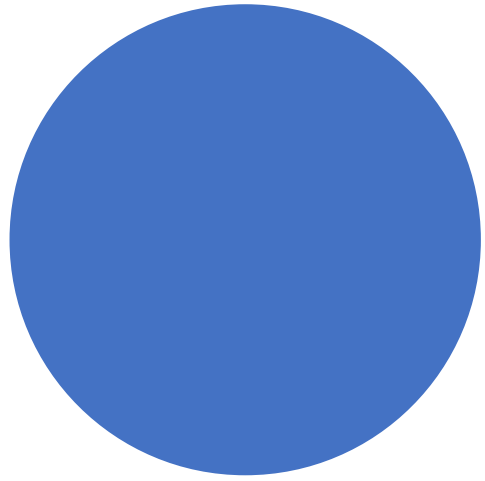
CIT and EBP as
process

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- Need for a CIT Model Fidelity Measure
- Examination of subject-level outcomes
- Examination of system- and population-level outcomes

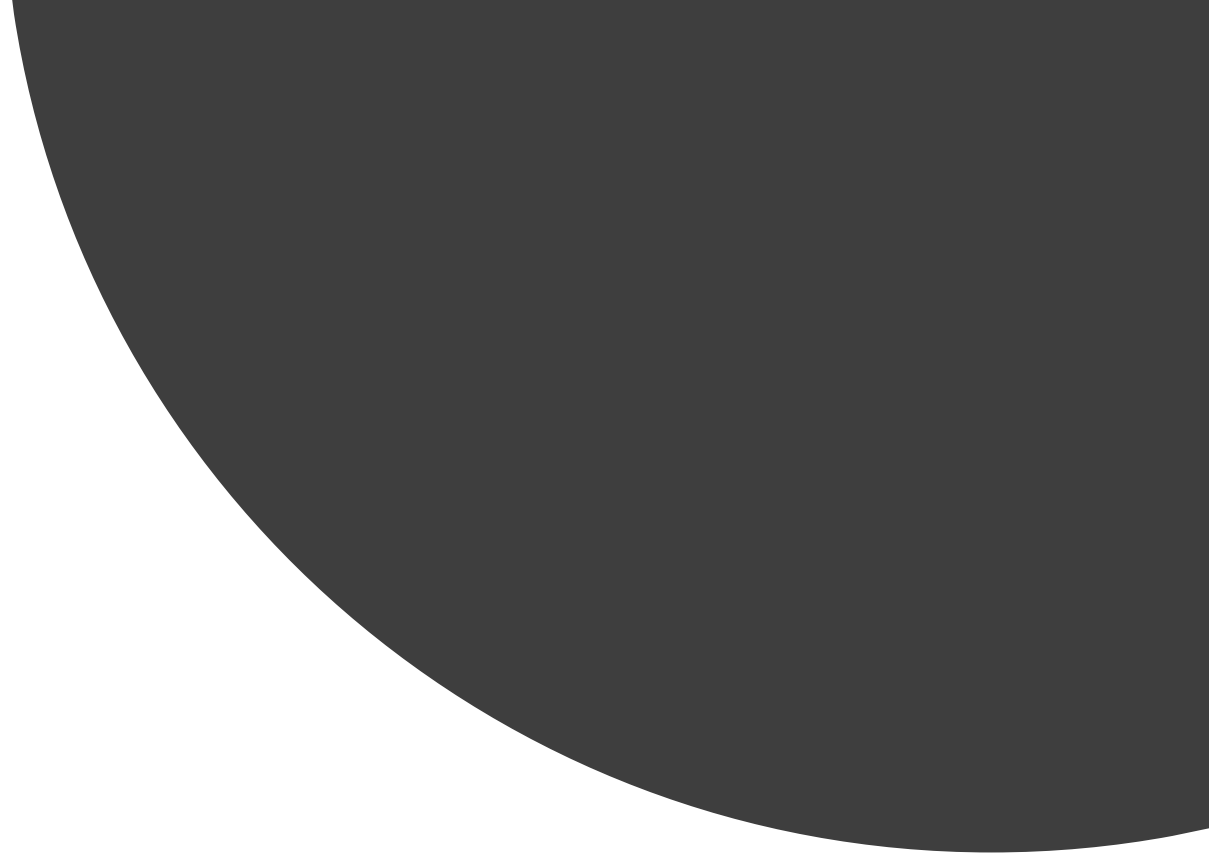
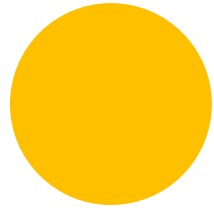
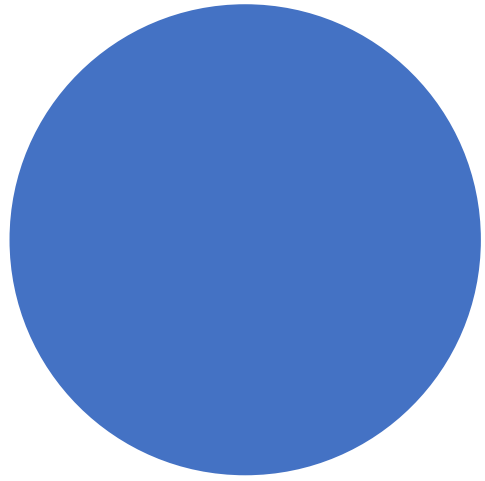
Directions for future research





Other organizations are interested
in advancing research on CIT and
related CJ-MH collaborations...





Two examples: ISMICC and
Serving Safely...



ISMICC

- Interdepartmental Serious Mental Illness Coordinating Committee (Federal Government)
- Reports to Congress and federal agencies on issues related to serious mental illness
- Federal members include Secretaries of Departments of Housing and Urban Development, Education, Labor, etc.
- Non-Federal members include mental health experts, advocates, a CIT International board member, a judge, etc.
- One of ISMICC's focus areas is criminal justice involvement and research on CJ-MH programs

Serving Safely

- National Training and Technical Assistance Center housed at the Vera Institute of Justice in New York City, funded by the Bureau of Justice Assistance (federal agency)
- Develops trainings on police – mental health collaboration models pertaining to both mental illnesses and intellectual/developmental disabilities
- Provides technical assistance to jurisdictions, counties, states, etc.
- Research Committee will be evaluating current research evidence and making recommendations for needed future research

Discussion & Questions



Thank you!

