

Crisis Intervention Teams assist law enforcement



Retired Anchorage Police Officer and former CIT Coordinator Wendi Shackelford (L) and Anchorage Police Officer Ruth Adolf, current CIT coordinator.

Pamela Cravez

Retired Anchorage Police Officer Wendi Shackelford remembered an incident from when she was working as a School Resource Officer inside Chugiak High School. She saw a man walking the hall who seemed out of

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place. The school had five or six unlocked entrances at the time. Though there were some older special needs adults at the school, Shackelford didn't recognize this man. She followed him and engaged him in conversation, asked who he was and why he was at the school. He was slow to answer her questions.

Just as she was about to put hands on him to detain him for trespass, he got out a few words indicating he'd gotten lost after going to use the bathroom. He could not find his classroom with the Life Skills teacher.

"I left about 60 feet of mental skid marks," Shackelford said. Although trained and

highly experienced in identifying signs of behavioral health problems and disabilities, the time it took Shackelford to see beyond the surface of suspicion was nearly not enough to avoid escalating a situation. In that moment, she felt the physical tension between her duty to serve, and her duty to protect.

► Specialized training

Police are increasingly being called upon to deal with people who have a mental illness and/or addiction disorder (Watson & Fulambarker, 2012). These interactions, though, pose challenges for law enforcement. Ques-

CIT is a police-based, first responder pre-arrest jail diversion model for individuals with mental illness and/or addiction disorder.

tions and commands may be misunderstood. Situations may escalate quickly. Police must determine whether an individual's behavior requires an arrest or treatment: delivery to jail or a hospital. To improve encounters between people with mental illness and/or addiction disorders, law enforcement agencies are partnering with mental health providers

and their communities to develop "specialized policing responses" (SPRS). These include specialized training that emphasizes de-escalation techniques. They incorporate collaborations that better connect law enforcement with community health providers and support systems, helping officers prioritize treatment over jail when appropriate (Reuland, Draper & Norton, 2010). One of the most established SPRS is the Crisis Intervention Team (CIT).

Developed by the Memphis Police Department in 1988 in response to the shooting of a man with mental illness, the Memphis Cri-

sis Intervention Team Model (Memphis Model) is a police-based, first responder pre-arrest jail diversion model for individuals with mental illness and/or addiction disorder. The Memphis Model emphasizes partnerships between law enforcement, the community, mental health providers, individuals with mental illness, their family, and advocates.

It is a collaborative approach that helps law enforcement address the needs of persons with mental illness and/or addiction disorders in a way that emphasizes treatment for nuisance crimes, rather than incarceration.

The Memphis Model includes 40 hours of specialized training. The training is provided by mental health clinicians, consumers, family advocates, and police trainers. It includes information on the signs and symptoms of mental illness, role playing, and de-escalation techniques. Dispatchers are trained to identify calls involving people with mental illness and to steer the calls to officers with CIT training. The model also involves designating a single point of entry treatment facility where patients may be taken for evaluation and treatment.

Since its development nearly 30 years ago, the Memphis Model has been embraced by jurisdictions throughout the country. There are 2,645 local Crisis Intervention Teams, according to the University of Memphis CIT Center website. This includes 348 regional programs. The Anchorage Police Department, Juneau Police Department and Fairbanks Police Department have CITs. A new CIT is developing in the Mat-Su Borough.

What makes SPRS such as the Memphis Model particularly effective is how a community adapts the program to reflect its unique needs. (Reuland, Draper & Norton, 2010). Each jurisdiction must do critical program planning and development in order to develop an effective CIT. A commitment to collaboration is a key element to CIT success.

► Mat-Su adapts CIT

In response to a growing number of 911 calls involving individuals with mental health and/or substance use, Alaska State Trooper Captain (now Colonel) Hans Brinke led the creation of a Mat-Su Borough Crisis Intervention Team Coalition in January 2015. The initiative is based on the Memphis model, and receives technical assistance and financial support from the Mat-Su Health Foundation and the Alaska Mental Health Trust Authority.

Mat-Su Borough, roughly the size of West Virginia, is served by Alaska State Troopers

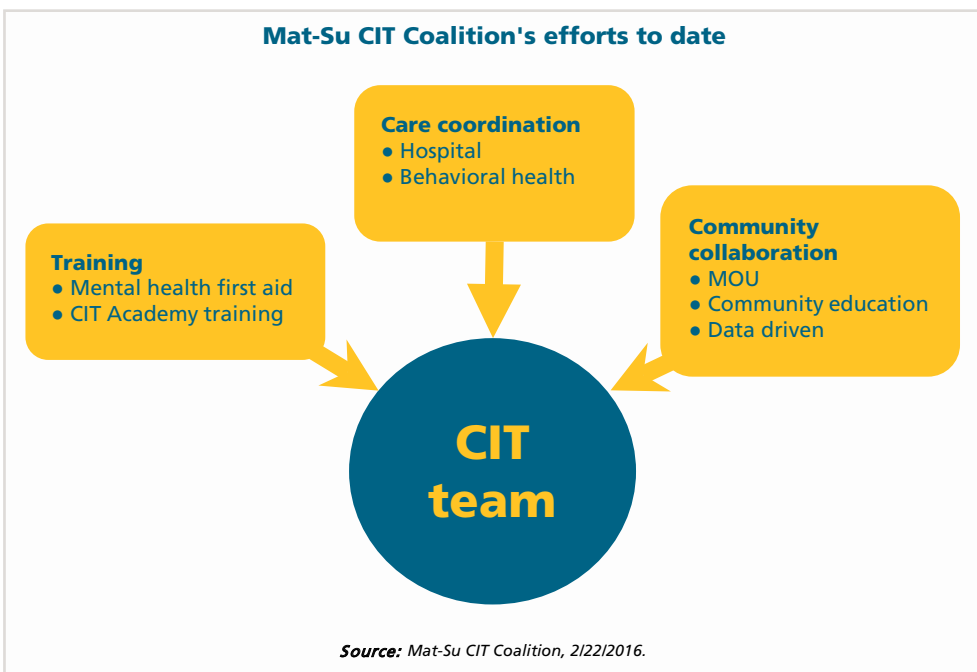


Alaska State Trooper Col. Hans Brinke spearheaded the creation of Mat-Su CIT Coalition. Photo courtesy Mat-Su Valley Frontiersman. Robert DeBerry, photographer.

(AST), Palmer Police Department, and Wasilla Police Department. Unlike more urban areas, the Mat-Su Coalition includes all three law enforcement agencies, Mat-Su Regional Medical Center Emergency Department, Emergency Medical Services, Fire Department, and professionals in the behavioral health and justice system, as well as family members and volunteers. The coalition is developing a multi-disciplinary

team (MDT) and a high utilizers program (HUMS) as part of their care coordination efforts.

Coalition meetings are held monthly and a memorandum of understanding between first responders (troopers, police, firefighters, paramedics) medical and behavioral health providers, state law, corrections, courts, and family service providers is being developed.



Specialized police response models

Jurisdictions throughout the country use a variety of strategies to develop specialized police responses to calls involving individuals with mental illness and/or addiction disorders. Three response models are listed below, however each jurisdiction tailors its response to its individual resources and demands.

► Crisis Intervention Team model

The first law enforcement-based CIT model established by the Memphis Police Department in 1988. A cadre of patrol officers, often self-selected, receive specialized training. In addition to their regular duties, they are deployed on crisis calls involving people with mental illness. Through training and networking they become knowledgeable about service providers and effective strategies for de-escalation. The model is a collaborative partnership between first responders and community resources.

► Co-Responder Model/Mobile Crisis Team

The Los Angeles Police Department (LAPD) partnered with the Los Angeles County Department of Mental Health to develop police/

mental health co-responder teams (Systemwide Mental Assessment Response Team, or SMART) in 1993. SMART is a team approach to responding to individuals. Both an officer and treatment professional are dispatched when it is determined that a call involves an individual with mental illness. The program is designed to link persons with a mental illness to appropriate services.

► Case-Management Approach

In 2005, the LAPD developed the Case Assessment and Management Program (CAMP) to identify, monitor, and engage those subjects and to construct a case management approach that links them to appropriate services. The CAMP averages 15–20 new cases each week and its cases never close. The CAMP pairs police detectives with psychologists, nurses and/or social workers from the LACDMH to develop long-term solutions for the individual client's needs.

Retired APD Officer Wendi Shackelford, one of the first CIT-trained officers in Alaska and former coordinator of APD's CIT, is leading Mental Health First Aid courses for the Mat-Su CIT Coalition. As a training coordinator currently employed at UAA Center for Human Development's Alaska Training Cooperative, Shackelford partnered with AST Captain Brinke to lead the first 40-hour CIT training in Mat-Su in April 2017. At the training, Shackelford shared the story of her experience at Chugiak High School, showing how easy it is for first responders — even with training — to misinterpret responses to simple questions in a state of heightened alert.

Thirty people graduated from the CIT training academy, including troopers, Palmer and Wasilla police officers, emergency medical personnel, behavioral health providers, corrections and probation officers.

► CIT requires culture shift

With 20 years on the police force and more than 15 years working with the CIT model, Shackelford understands the tremendous effort that goes into the culture shift and understanding necessary to make the program effective.

"It was like turning the Titanic," she said, recounting how CIT challenged the traditional models of policing when first introduced in Alaska in 2001. By the time she retired from APD in 2015, there were over 90 CIT trained officers and 30 dispatchers in APD.

Although CIT is not yet an evidence-based practice, it has become a best practice. The

"It was like turning the Titanic" when CIT was introduced in Alaska in 2001. Now it is a best practice.

IACP (International Association of Chiefs of Police), the professional association for law enforcement worldwide, advocates for responding in ways that maintain police and public safety and de-escalating situations. It encourages all staff, officer and support personnel to be trained in Mental Health First Aid.

Does CIT divert people with mental illness and/or substance use disorders from the criminal justice system? There is little data to suggest that. However, there are some

reported success stories since the trainings in Mat-Su. Dr. Anne Zink, medical director of Mat-Su Regional Medical Center, is seeing a change.

Before Mental Health First Aid and CIT trainings, the police would just drop a person off at the emergency department, "get a cup of coffee, and take off," Zink said. They didn't see interacting with emergency department doctors and staff as part of their job. "Their job was to be on the street," Zink said.

"Now they share information about the person and situation that brought them to the emergency department. They fill out paperwork that helps the doctors understand the situation and better serve the patient. It's become a partnership," she said.

Police officers meet people who are in crisis nearly 100 percent of the time, Shackelford said. CIT gives first responders a chance to hear the stories of recovery and to understand the physical and emotional challenges of mental illness. It helps them see the individual behind the crisis.

Pamela Cravez is editor of the Alaska Justice Forum and author of the recently published "The Biggest Damned Hat: Tales from Alaska's Territorial Lawyers and Judges."

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