

<b>Anchorage Police Department</b> Regulations and Procedures Manual	<b>Operational Procedures</b> <b>3.09.020</b>	
<b>Policy and Procedure Title</b> Crisis Intervention Team	<b>Effective Date</b> May 22, 2023	Page 1 of 4
<b>Replaces Prior Policy:</b> November 20, 2019	<b>Approved by:</b> Chief Michael Kerle	

**This policy is for internal use only and does not enlarge an employee's civil liability in any way. The policy should not be construed as creating a higher duty of care, in an evidentiary sense, with respect to third party civil claims against employees. A violation of this policy, if proven, can only form the basis of a complaint by this department for non-judicial administrative action in accordance with the laws governing employee discipline.**

### **3.09.020 Crisis Intervention Team (CIT)**

#### **PURPOSE**

The purpose of this policy is to advise all personnel of the proper method of coordinating the activities of the Crisis Intervention Team (CIT) by describing CIT's role and its deployment standards and procedures. In addition, to advise those personnel assigned as police Crisis Intervention Team officers of their duties, authority, and responsibility.

#### **POLICY**

The policy of the Anchorage Police Department is to ensure the preservation of human life and the public's safety. For this reason, it is imperative that personnel responding to crisis related calls are aware of procedures that are in place to assist with having successful conclusions of the calls in the safest manner possible. The special skills and training of the Crisis Intervention Team officers should be employed during intervention with persons who are living with mental illness, addictions, and/or disabilities (going forward referred to as persons living with disabilities), using the standards discussed in this procedure. The end goal is to improve officer and consumer safety and to connect those in need with the respective services.

#### **DISCUSSION**

The duties of a uniformed patrol officer are so wide and varied that it is impossible to be proficient in all areas at all times. Certain specialized situations demand continued proficiency to ensure the safest resolution possible for all. To address this challenge, the Anchorage Police Department has adopted an intervention approach shown to be successful in many other jurisdictions. A group of sworn officers and dispatchers have been selected and have attended specialized training to respond to calls for service involving persons living with disabilities. This is a volunteer assignment in addition to regular assigned duties. This team is called the Crisis Intervention Team (CIT) based on the Memphis (TN) model established in 1988.

The Anchorage Police Department Crisis Intervention Team is composed of volunteer officers and dispatchers who are specially selected and trained to provide an immediate response to crisis involving persons living with disabilities. The CIT team reduces stigma and works with the community to resolve each situation in a manner that shows concern for the individual's well-being. This team is part of a community-based partnership which includes consumers, their family members, and consumer advocacy groups such as the National Alliance for the Mentally Ill (NAMI), and mental health providers.

The mission of CIT is to provide a humane and calm approach to assisting people living with disabilities and connect them with the services available through respective providers. The goal is to reduce potentially violent emotional and physical confrontations with law enforcement and provide individuals with better patient care. Mental illness especially is a health condition, not a crime. It is the desire of the Anchorage Police Department, through these community partnerships, to maintain community confidence in the ability of the police to provide a quality service to all citizens.

It is important to note that the role of a CIT Officer vastly differs from the role of a Crisis Negotiator. The Crisis Negotiation Team (CNT) is a specialty team that is employed during critical incidents involving barricaded subjects, hostages, people experiencing mental illness where there is an immediate threat of injury to themselves or others, persons who are suicidal, especially when there is a weapon involved or if there is an immediate threat of injury (reference Crisis Negotiation Team policy PI 3.09.025).

## **DEFINITIONS**

**Co-Response Team (CRT):** A team comprised of a CIT officer and a social services employee to respond to calls for service and to assist with follow up.

**Crisis Intervention Team (CIT):** Those Department members assigned as CIT officers for crisis intervention with persons living with disabilities.

**Crisis Negotiation Team (CNT):** Those Department members assigned as crisis negotiators.

**Disability:** The CDC defines disability as any condition of the body or mind (impairment) that makes it more difficult for the person with the condition to do certain activities (activity limitation) and interact with the world around them (participation restrictions). There are many types of disabilities, such as those that affect a person's: vision, movement, thinking, remembering, learning, communicating, hearing, mental health, and social relationship. Although "people with disabilities" sometimes refers to a single population, this is actually a diverse group of people with a wide range of needs. It is important to remember that two people with the same type of disability can be affected in very different ways. Some disabilities may be hidden or not easy to see.

**Mobile Intervention Team (MIT):** A team comprised of a CIT Officer and a Behavioral Health Counselor to respond to calls for service and to assist with follow up.

**Special Weapons and Tactics Team (SWAT):** Those Department members assigned as tactical unit officers for high-risk enforcement procedures.

## **PROCEDURE**

**I. ORGANIZATION:** Members of the CIT team are both sworn and non-sworn personnel drawn from the Patrol Division and other units of the Department. CIT officers will respond to a call for service involving a person with disabilities whenever available or requested. CIT officers are not available to be “called out” while off duty without Commander and/or Supervisor approval. CIT officers may be asked to work with a specific person in the community as a continuing assignment until the needed services can put into place by social services agencies.

**II. TRAINING/IDENTIFICATION REQUIREMENTS:** All CIT officers and dispatchers will first obtain their certification after attending a 40-hour course. After certification, CIT trained personnel are encouraged to apply for and attend continuing education regarding mental illnesses, disabilities, de-escalation techniques, medications and current methods. All CIT officers shall wear an approved insignia on their uniform in order to identify the specific training they have received.

### **III. DISPATCH CENTER RESPONSIBILITIES:**

A. **Call Taker.** Upon receipt of a call, the call taker should attempt to determine if there is an element of mental illness, addiction, and/or disability involved with the call. If so, the call taker should indicate those circumstances in the details of call, both in narrative form and by adding the three-letter code “**CTX**” in the text of the call. The call priority should be assigned based upon available circumstances and the established dispatch priority guidelines.

B. **Dispatcher.** Once the call is received, the dispatcher shall determine if there is a CIT Officer available to respond. A CIT officer will be dispatched to handle these calls whenever possible, regardless of area assignment. CIT officers will be assigned to the calls first by beat, then by district, third by sector and finally city-wide. It is within this procedure to have a CIT officer respond outside his or her beat or district for a call with a mental health element.

1. **Mental Patient/Consumer Call for Service.** A minimum of two officers should be dispatched when available, one of whom should be a CIT-trained officer. If no CIT officers are available city-wide, two officers will be dispatched.

2. **Suicide Call for Service.** If the call is in progress, a minimum of two officers will be dispatched. Based on availability, one of the officers should be CIT-trained. The communications supervisor will be notified.

If the suicide attempt has already occurred, but the person has not been transported for medical treatment, a minimum of two officers will be sent. Based on availability, one of the responding officers should be a CIT officer. An on-duty patrol sergeant will be notified.

#### **IV. RESPONDING OFFICER'S RESPONSIBILITIES:**

A. Officers should respond to the scene of a CIT call as soon as available. CIT officers are encouraged to monitor radio traffic to determine if they might be needed at a particular call. The response priority is to be determined by dispatch unless an officer has specific, articulable information to change the response priority.

B. Upon arrival to the scene, the CIT officer will determine how the call is best handled. The CIT officer on the scene of a crisis related call involving a person with a disability has the responsibility for the scene and, if necessary, should request other officers to support a team effort or approach for a safe and appropriate disposition of the call. Additional resources, such as other CIT officers, the MIT if on duty, the CNT Team or SWAT can be summoned if needed. The CIT officer will maintain scene responsibility unless otherwise directed by a scene supervisor or the client/consumer has rapport with the other responding Officer.

C. When Officers recognize they are potentially dealing with a mental health/substance abuse emergency, the officers should consider applying de-escalation techniques. If the responding Officer is not CIT trained, the Officer at any time may request assistance from a CIT Officer.

D. Officers, whether CIT-trained or not, have a responsibility to thoroughly investigate the calls for service and take all necessary actions to keep officers and citizens safe. Officers are encouraged to review the policy, Protective Custody – Persons living with a Mental Illness, 3.02.105 for additional information.

**\*\*\*END OF DOCUMENT\*\*\***