

Department of Public Safety Wellness and Training Program

Senate Judiciary Committee

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April 29, 2024



Department of Public Safety

Wellness Program Background

- Created the peer support program for the wellness of our members and to help with retention
- Created under the authority of the Commissioner, the Critical Incident Response Team (CIRT) for peer-to-peer support has been in place since 2013
- Department of Public Safety (DPS) CIRT was modeled after the U.S. Marshals Services Peer Program
- Has improved and expanded significantly under Commissioner Cockrell as the program was restructured to increase utilization



Wellness Program Components: CIRT

- Six Peer Support Teams comprised four teams of sworn department members, one of spouses and family members of active employees, and one of Chaplains; new members are brought onto the teams to prevent burnout
- In 2022, approximately 1,000 peer support contacts were made with little to no therapist engagement
- In 2023, increased peer support contacts to approximately 1,900 and over a dozen people reached out to therapists through the app
- Conducted approximately 18 critical incident stress debriefings, with over 100 people in attendance
- Embraced a “proactive” approach to wellness to help de-stigmatize seeking resources or assistance



Peer Support Program Member Training

- All new peer members are required to attend a five-day training by the International Critical Incident Stress Foundation (ICISF) Response to Group and Individuals in Crisis certification course
- Upon successful completion of the certification course, new peer members are equipped with tools to help their peers
- Advanced ICISF course
- Attend new peers certification course-Powers in Peers



Wellness Program Components: The App

- Funded by the Alaska Police Standards Council and Mental Health Trust Authority Authorized Receipts
- Confidential tool that hosts all its wellness resources in one location
- Primary means for employees to contact the Peer Support Team; second year in use and over 300 users to date
- 90% of officers say cultural stigma creates a barrier to getting help for emotional or behavioral issues. Left unaddressed, stress can lead to destructive behaviors and poor decision-making, including excessive use of force
- Resource for troopers, retired troopers, Village Public Safety Officers, local law enforcement agencies, other first responders, spouses, and civilian employees



Wellness Program Components: Clinician

- Identifying and enhancing existing wellness resources
- Providing counseling services to department members free of charge
- Developing and providing wellness education
- Collaborating with academic institutions on innovative (law enforcement) studies
- Developing partnerships with health and wellness providers
- Staying abreast of wellness program best practices through research
- Serving as an advocate for employees enduring personal or professional difficulties



Crisis Intervention Team (CIT)

- The Department of Public Safety (DPS) supports the Mat-Su CIT Coalition and its certification application to CIT International; first involved in 2015
- The CIT Coalition was formed to develop first responder partnerships, provide training, and explore additional solutions for individuals in crisis with mental illness or addiction disorders beyond the criminal justice system
- DPS developed partnerships establishing crisis intervention programs and delivering Mental Health First Aid (MHFA) training and the CIT Academy; the first CIT training was held in the Mat-Su Valley in 2017
- DPS strives to train more Troopers in CIT to help with interactions with members of the community who are experiencing a mental health crisis.



Crisis Intervention Team (CIT)

- 40-hour training program for law enforcement officers that includes basic information about mental illness, local mental health systems, policies, interaction with consumers and family members to learn about their experiences, verbal de-escalation techniques and strategies, and role-playing
- Consumer and family involvement in steering and advisory committees and in coordinating training sessions
- A community collaboration between mental health providers, law enforcement officers, family, and consumer advocates
- Determines the best way to transfer people with mental illness from police custody to the community mental health systems and ensures adequate services for triage



Mental Health Training Overview

- Recognizing symptoms and identifying strategies to respond to persons in crisis while obtaining voluntary cooperation and maintaining officer safety
- Ongoing goal to improve law enforcement response and service to persons in crisis
- Learning about available resources for persons in crisis
- Understanding the Americans with Disabilities Act, Title 47, and other legal requirements
- Different types of mental health conditions
- Other behavioral health concerns such as suicide



Alzheimer's and Dementia Training

- Knowledge and understanding of Alzheimer's disease (AD) is the key to positive interactions and successful outcomes
- About 50% of dementia cases are Alzheimer's
- With over half of all dementia cases suffering from Alzheimer's, troopers need a strong base of awareness and understanding to effectively handle any situation involving a person with AD
- Familiarize with the unique aspects of AD and learn the best ways to recognize, communicate with, and respond to people with AD
- Proper training and knowledge will encourage successful interactions and outcomes



Alzheimer's and Dementia Training

Things we can do to assist:

- Communicate slower and ask simple questions
- Ask for specifics about where they live and with whom, where they're going, how they got where they are
- Ask who the president is
- Look for identification bracelets
- Be patient and understanding

Sundowning: When an individual becomes disoriented or confused in the evening after being coherent during the early part of the day



Alzheimer's and Dementia Symptoms/Training

- Sometimes steal items – may not want to treat as a criminal case; rather get them to help
- May make calls for assistance or become paranoid, believe items are missing
- Family may have moved some things for the person's own protection
 - Items that would be considered a routine activity, such as cooking, but are now unable to be done safely, so pots and pans are removed



Alzheimer's and Dementia Symptoms/Training

Individuals with dementia may:

- Not know where they are
- Give vague answers to where they live, what they're doing
- Be dressed inappropriately or look disheveled
- Misplace things and lose the ability to retrace steps
- Have decreased or poor judgment



Responding to Alzheimer's and Dementia

- Don't challenge the person's reality
- Work with individuals through de-escalation
- People with Alzheimer's are often frail
- Instruct officers to slow down and help those who need it
- Talk to the individual as if a loved one



Responding to Alzheimer's and Dementia

- They're usually scared due to their confusion
- Address their basic needs
- If you were out there, how would you want to be treated
- Don't be too abrupt; try to talk to them to make them more comfortable
- Taking them into custody is best accomplished verbally if at all possible



Thank you!

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