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C.I.T.
the
L.E.A.D.E.R.
Philosophy
A Lifesaving Model



Prepared
by
Lieutenant Mike Blaser

This project is the collaboration between several stakeholders and individuals who are committed to the City of Janesville. This can not be done alone or without support and teamwork. Each person involved is a true professional and a pillar in the community.

- The Janesville Police Department
- Janesville CIT Officers
- Rock County Human Services
- Mercy Health Systems

- **Key Project Team Members**

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- Lt. Tim Hiers
- Sergeant Robert Perkins
- Officer Jeff Winiarski
- Officer Corey Matulle
- Officer Craig Klementz
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Pre-amble

I would first like to thank you for taking time to review our submission for the Herman Goldstein Award. Officer Craig Klementz and I presented at the International POP conference in 2018 on the Mental Health Awareness Flag. We did not submit our efforts for the award as I felt the program was, and still is developing. What I have found is we will continually be moving the bar forward. I have come to a place of understanding and feel our efforts are now worth discussing at length.

Stephen Covey states, “start with the end in mind.”¹ This could not be truer. Unfortunately for us we had to start in a place without an end in mind. I believe based on the program we now run we have an end in mind. I firmly believe if you provide us the opportunity to share our efforts others will advance their community engagement, reduce injuries to officers and citizens and most of all restore the trust and respect our communities expect from the profession of law enforcement.

No one is compelled to choose the profession of police officer, but having chosen it, every-one is obligated to perform its duties and live up to the highest standard of its requirements.

- *President Calvin Coolidge*²

City Demographics and Information

The City of Janesville is situated in the heart of Rock County, Wisconsin. It covers 33.86 square miles and has 64,359 residents. (1). This is an average of 1877.6 residents per square mile. The median household income is \$52,617.00 with 13.3 percent of the population living in poverty³.

The Janesville Police Department is comprised of 105 sworn officers. 66 of the 105 officers are assigned to the patrol division. The 66 officers are divided into 3 shifts. 21 on the early/day shift, 24 on the afternoon shift, and 21 officers on the overnight shift. The accepted

¹ Steven Covey and Associates, 7 Steps to Effective Leaders in Law Enforcement

² Steven Covey and Associates, 7 Steps to Effective Leaders in Law Enforcement

³ U.S Census Bureau

minimum staffing at this point is 10 officers per shift per day. This equates to approximately 3.3 square miles of patrol area per officer and 6435 residents per officer.

The Janesville Police Department deployment map is divided into 8 patrol areas. These areas are devised to maximize resources. While the deployment map is somewhat antiquated the patrol officers have adapted to maximizing their effectiveness. We deploy one follow-up car to follow up on in-depth investigations. That leaves one extra car to assist, at minimum staffing.

The police department responds to nearly 70,000 calls for service per year. These calls range from civil disputes to suicides and homicides. The calls we respond to have varying degrees of danger that must be mitigated. Of the number of calls we respond to officers deploy force options, that require a use of force investigation, on average 28 Times per year.

Why are we here?

The issue of emotionally disturbed persons (EDP) and law enforcement is quickly becoming one of the most widely discussed topics in law enforcement. Litigation and wrongful death suits are the norm in law enforcement use of force cases. Police handling of EDP's and use of force are the most recently targeted area for fourth amendment litigation cases.

Traditional training and response for law enforcement personnel when responding to EDP's may not work. EDP's require a special level of consideration, due to their illness when law enforcement encounters them. Officers receive countless hours of training to handle the wide range of calls for service they respond to every day. More now than ever before there is an increasing call on police officers to interact with EDP's. The public is asking police officers to solve problems involving EDP's. Police officers are in need of more training experience and tools to help address these complex issues. Issues that are behavioral, medical and disruptive to the community. Moreover, officers need access to medical records during emergent situations so they can effectively help those in need.

The pages that follow will illustrate the issue, the training short fall, the litigation affecting law enforcement and a series of changes to improve the outcome in relation to police responses to EDP's. What is most evident is that traditional policing tactics are no longer suitable when handling these calls. A collaborative effort of community services is needed for a successful outcome. The goal of this effort will improve officer safety, community service and assure those we serve will receive the appropriate level of assistance. The idea is to create community trust and develop a police force that is regarded as the guardians for all. To do this we will need partnerships, education and effort.

The President's Task Force on 21st century policing has looked at several issues, some that involve police response and use of force. The basic model of the report and the effort put forth is a guide for how policing can recover the reputation it so richly deserves. The task force created a document and framework for policing in a world that has changed in the years following 9-11, and will change again. The recommendations I will present for handling EDP's will offer protection to the families, officers and community affected by mental illness.

How did we get here?

In the spring of 2015, officers from The Janesville Police Department responded to a loud noise complaint. The noise was gone by the time officers arrived on scene. The officers checked the hallway of the apartment complex and heard nothing. All of a sudden a man exited an apartment naked and covered in blood. This man was experiencing some sort of mental health event and was combative as well. It was several hours before we learned that this man stabbed his neighbor to death during this health event.

This call for service prompted the discussion about how we should handle events like this. The Janesville Police Department was already sending officers to CIT training. This just did not seem to be enough to help manage the issue. In June of 2015 former Deputy Chief Holford

came to me and explained the organization would like some kind of a CIT program. I was assigned to oversee the effort and determine what was needed.

Crisis Intervention

According to the CDC there will be 47 million people affected by mental illness this year. The average person experiences 8-10 mentally unhealthy days per year⁴. According to the CDC that means The City of Janesville will manage approximately 9100 mental health events in the upcoming year. As we look at our calls for service over the past several years we see these numbers are reflective of our community.

Last year our patrol officers managed the following calls for service involving people in crisis.

Call Type	2016	2017	2018
Welfare Check	1751	2130	2479
51.15	139	129	135
51.45	66	57	68
CIT	60	537	333

This chart illustrates this is one of our most significant call for service types. Unfortunately, in many of these cases we are not engaging and communicating with rational people. These are people that may have armed themselves because they are delusional They may be off of medication and experiencing delusions that impact all rational thought process. In some cases they maybe considering suicide but cannot manage to do it on their own. Providing officers with readily accessible tools to resolve these issues is necessary.

Assign the right personnel

The following outline is a portion of the initial short term action plan for the Janesville Police Department CIT team. The second portion is listed further down. This was the low hanging fruit that we thought we could assess implement and react to. What you will see as we

⁴ THE Center for Disease Control

move forward is a refinement of the program from its original state and a problem solving model.

1. **Create and maintain a CIT unit.** This was created and implemented in July of 2015. The program is functional in its current form. It will require the following
 - a. Annual evaluation
 - b. Assessment of agency needs
 - c. Assessment of personnel
 - d. Review of pertinent case law that could affect the program
2. **Assign CIT officers to each shift.**
 - a. This occurred in July of 2015
 - b. Allow CIT officers to take over a call, consistent with Title II ADA claims, reasonable accommodation (Covered in the SWAT TL power point)
3. **Create a command structure for CIT.**
 - a. This is complete as far as the program is to date.
 - b. The command structure will change as the program evolves
 - c. The final command chart is attached

Develop a mission statement

► MISSION STATEMENT

The Janesville Police Department is committed to serving individuals experiencing mental health crisis in a manner that protects the safety of the individual and the community while respecting the rights of the individual. The Crisis Intervention Team (C.I.T.) facilitates that commitment by:

Building effective relationships with individuals to enable a cooperative effort to address their mental health needs.

Coordinating with locale treatment providers, community resources, and mental health stakeholders to provide individual access to the appropriate care and resources for consumer specific needs.

Providing leadership to facilitate crises intervention programs and playing an integral role in the design of training for officers of the Janesville Police Department.

Determine what problems need to be addressed

During this step we had several problems that needed attention. They are listed in the outline below. As we did our research we found answers to all of the questions listed. We found solutions that were already present in case law, state law and the U.S. code. We then found applicable solutions that we were able to put into action.

- 4. Create a process to gather health information from health care providers (CSIS and the MHAf)**
 - a. We have a process for mental health consumers to allow law enforcement to; (2016)
 - i. Access safety plans
 - ii. Access mental health records
 - iii. Share those records with law enforcement
 - b. We need a process to access records during emergent situations
 - c. 45 CFR 164.512 (j)(1)(i) the following applies
- 5. Create a process to utilize police volunteers to assist with mental health management**
 - d. Home visits
 - e. Create a resource for mental health consumers
 - f. Create a support network for mental health consumers
- 6. Create a personal data form for law enforcement to view that contains the following; The MHAf**
 - g. Personal information
 - h. Trigger information
 - i. Support services used

Stay in our lane

The program I was asked to develop had very few parameters. There was no supervisory oversight prior to my involvement. This program started a direction that was evolving into areas that were not law enforcement specific. I knew each professional has a role and each professional has a responsibility. When law enforcement starts to indicate they are performing roles outside their expertise, a stakeholder conflict develops. I requested a meeting with stakeholders that could provide guidance on their role, and put us “back in our lane.”

The police role was very quickly put back in the police lane which is where I wanted it. I did not want police officers acting like social workers or mental health professionals. We just do not have the training. At the development phase of this program we had 102 sworn police officers. Only one of them had a bachelor’s degree in psychology. This illustrates that we are not trained to do counseling.

I wanted police professionals to be able to communicate accurately and effectively. I wanted police officers to be leaders in the community. I wanted law enforcement to encourage

stakeholder buy in and re-establish any trust that was lost following the events that took place around the country following Ferguson, Missouri 2012.

The stake holders asked, what will you call this program and what will it do? They were looking to me for guidance. I was on the spot and we needed a name and a philosophy right now.

L.E.A.D.E.R. Philosphy

Enter the L.E.A.D.E.R. Philosophy. I was at a meeting with 15 social workers and medical staff from around the county. I developed this on the spot at that meeting. While I wasn't sure what else I would say, it just started to make sense. The Law Enforcement Aligned Development Education and Resource (L.E.A.D.E.R.) program.

The team of officers I selected would become the embodiment of this program which turned into a philosophy. It spoke to the needs of the community. It spoke to the mission of our police department and the CIT Team. It would hopefully help repair trust in a profession that was damaged. This team would sit at the table with stakeholders form across the area and solve problems together.

The goal is right in the name. We would align problems with the resource. Not do a job that we weren't trained for. We would develop programs that improved police officer encounters, specifically with people affected by mental health. We would search out training, do the research and provide education to whoever asked for it including police officers. Finally we would be a resource for all who needed us. We would then find a place for those people to get the services they needed.

The MHAF

One of the core areas needing attention in crisis interactions is officer information. We wouldn't expect a surgeon to start doing surgery without knowing what the issue was. The surgeon would know from several other physicians what the problem was. There would be

exams, and imaging and a series of reports to tell the surgeon what to repair. So I will ask, how can we expect an officer to solve a crisis without any information?

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We developed a method to provide officers with critical information that can improve the officer citizen contact. Through policy development program development and Memorandum of Understanding we have a county wide initiative to use the “Mental Health Awareness Flag. (MHAF)

This flag is in our county wide law enforcement record management system. This flag alerts officers to any special issues that the person may be affected by. This flag is a visual indicator of a possible mental health related issue. It does not indicate they are violent, armed or dangerous. It indicates we may need to address that person differently. It is very similar to a medical ID bracelet. The attached presentation to this file explains the MHAF in greater detail.

SWAT Response

Tangential to our MHAF we needed to address how SWAT responds to suicidal barricaded subjects. We did research on case law to determine what level of response we were required to have. What I found in very simple terms is it made no sense to turn a suicide into a homicide. Why are police officers required to shoot someone who is considering killing themselves? The answer, we aren't. The approach needed to be changed. The research and the training we provided to every S.W.A.T. Team in Rock County is attached as part of our CIT initiative. Subsequently, we had a policy change and we do not send S.W.A.T. Teams to manage suicidal persons who have not committed a crime.

Stakeholder Engagement

The next step was to start working with stakeholders. A monthly meeting program quickly evolved with CIT officers, social workers, emergency medical providers, psychiatry support personnel, and medical executives from the area hospitals. Once the introductions were

complete we began assessing the needs of all involved. We identified several areas of concern, all which were related to safety and understanding. We prepared solving problem training.

We conducted several levels of training. The first was Grand Rounds Training. This training provided an explanation to medical staff regarding what law enforcements limitations were. We discussed the 4th Amendment, Emergency Detention for incapacitation by alcohol, and emergency detention for mental health related issues. This helped improve stakeholder communication and understanding of what law enforcements role in a medical emergency really is.

ICAT

Persons in crisis are not criminals. Persons in crisis are just that, in crisis. They on occasion arm themselves and on occasion are in an environment that we cannot disengage from them. These instances require multiple alternatives to manage. Tactics, communication and tools are necessary to resolve these issues.

Our next step was to determine the needs of the department and look into the police fad of “de-escalation.” We looked for training that exemplified what we were trying to accomplish. How do we improve officer contacts with people experiencing a mental health event? We wanted to find training that focused not just on “de-escalation” but every option we have for solving problems. We landed on Police Executive Research Forum (PERF). They developed ICAT, Integrated Communication Assessment Tactics. So we sent a team of six officers to New Orleans to attend the (PERF) conference on ICAT. ICAT was a direction we felt made sense. We attended the conference and evaluated the useful parts and developed a training plan.

In the fall of 2017, we spent four months developing a 2 day course that would focus on ICAT tactics and provide real life scenario based training to improve the skills of our officers. Our goal was to provide training that was realistic and safe. We wanted to push the limits of training options to allow the officer to use all of their options without a predetermination about

which level of force option was required. We wanted to reduce use of force by improving skillset. In the spring of 2018, we conducted 10 training sessions. Each session had 6 instructors and 10 students. The goal was to elevate the student officer ratio to maximize learning objectives.

The training consisted with a 4 hour discussion powerpoint class room model. We described the model and method for assessing situations and using tools. We discussed and trained communication styles and tactics. The next 4 hours was isolation drills. The students were given a scenario and told how to solve the problem. They were told exactly how to solve the problem. The next day we went to a venue that offered real life scenario settings. The officers were given all of their tools. They had access to use every tool, all tools were inert for safety. We dispatched the officer and sent hem into the environment to solve the problem.

The post incident consisted of a lengthy debrief. A solving problem assessment of the officer actions. The officers were afforded instruction on how to adjust their response and perform a subsequent time if needed. The debriefs included DAAT instructors, negotiators, CIT officers and supervisors. This allowed for a cross section training and debrief models. The last step of the day was to have an open discussion about what went well and what needed changing in the program. The evaluation of the course yielded a 92 percent approval rating from officers.

In the spring of 2019 I evaluated use of force numbers compared to calls for service and found we have improved. Supervisors do a use of force review on all use of force complaints. Anecdotally I was sensing we were using force less frequently. The actual calls and use of force numbers are listed below.

Year	2016	2017	2018
Use of Force	28	39	19
Calls for service	64473	68373	66638

VDI

ICAT provided us an opportunity to retrain our staff on the total approach. We felt there was something missing with the communication piece. Is there a better way to communicate? We felt there may be. We looked for some additional training and landed on Vistelar and Verbal Defense and Influence (VDI). We sent the same ICAT training cadre to VDI training in North Carolina. Again we evaluated the training and determined how we could we implement and use the training. We quickly found there was an area of police work and crisis intervention that was not being addressed, safety in the emergency room setting.

The Chief of Police and I were called by the Vice President of operations at Mercy health Systems in Janesville Wisconsin. This is the largest hospital in our jurisdiction. At the same time I was contacted by the lead nursing educator in the emergency department. Their concerns were medical staff were getting injured by people in crisis, in their facility. OSHA estimates that 30 percent of all work place injuries occur in the medical field. Fifty percent of those injuries occurred in the emergency department. I reviewed several of the local cases as the lead CIT supervisor. It became clear to me communication and human conflict was where the problem was occurring. Training and partnering between stakeholders could help in this situation.

The direction we landed on was to have two nurses trained within the Mercy Health System on VDI. The Janesville Police Department and Mercy Health System partnered a police officer team and a nurse to provide training to the entire emergency department staff. In November of 2018 those two nurses were trained as trainers in Verbal Defense and Influence. Immediately following the training we developed a training program for the entire emergency department.

We conducted 11 training sessions for 127 staff members at Mercy Hospital. The emergency staff saw a change in morale, a change in process and a change in safety levels. While it is to early to assess how this has improved with statistics, we do have anecdotal information. Law enforcement is responding less frequently to unruly patients.

As a CIT team part of our philosophy is to educate. We continued this educational path and in May of 2019, we partnered with the Rock County Human Services Division to provide the same VDI training. This training will not have a conclusive outcome by the time of the submission of this application. The important and most notable part of the illustration is we all have the same training now.

The Roadmap for CIT

The Janesville Police Department used the L.E.A.D.E.R. philosophy to align all who have contact with persons in crisis. We chose a communicative path that focusses on Dignity Empathy and respect. Now when someone in crisis has contact with the multitude of stakeholders in our area they get the same level of respect. They get the same type of communication. Imagine if you have never been treated with respect and suddenly you were? How would this impact your emotional equilibrium. “Inconsistency is the enemy of peace.”⁵ Persons in crisis are now getting consistent treatment.

CIT has a goal of working with persons in crisis. Law enforcement responds to roughly 68 million calls per year. 47 million people will experience a mental health event this year. These events will take those individuals into several stakeholder destinations. The profession of police work must embrace the guardian mindset. As guardians we must engage other stakeholders and work with them, not for them or independent of them.

To date we have found that our approach to CIT goes beyond CIT response. It’s a law enforcement model. It’s a model that can restore trust and strengthen communities.

- ▶ **Assign the right personnel**
- ▶ **Develop a mission statement**

⁵ Joel Lashley Vistelar

- ▶ **Determine what problems need to be addressed**
- ▶ **L.E.A.D.E.R. Philosophy**
- ▶ **MHAF**
 1. **SWAT response**
 2. **Officer Response**
- ▶ **Stakeholder engagement**

CIT is an ever-evolving process. Laws, stakeholders and resources are constantly changing. While our data is limited, we are seeing anecdotal success. Attached you will see training plans we delivered to our stakeholders which illustrate the totality of the program.

CIT the L.E.A.D.E.R. Philosophy

In 2015 The Janesville Police Department embarked on the development of a C.I.T. program. Like many police jurisdictions we were experiencing a rise in mental health related calls for service. I was tasked with overseeing the project. The initial direction is not where we ended up. This is an ever revolving program. The key at this point is we haven't stopped learning and we are taking C.I.T. past law enforcement.

The key area of response for our program is officer response. How are we responding and what are we doing when we respond. More over what do we know when we respond? When we looked at this area we very quickly learned that we needed a path. Our time line and what you will see with our community based efforts are;

- ▶ **Assign the right personnel**
- ▶ **Develop a mission statement**
- ▶ **Determine what problems need to be addressed**
- ▶ **L.E.A.D.E.R. Philosophy**
- ▶ **MHAF**
- ▶ **Stakeholder engagement**

C.I.T. is not a new concept. What we are doing with the concept is expanding it past traditional law enforcement lines and engaging the community. To date we have developed several resources that you will read about, reduced use of force and developed a work force that has a level of emotional intelligence that embraces, problem solving and collaboration with those that can impact mental health consumers.

The issue of engaging with emotionally disturbed persons (EDP) and law enforcement is quickly becoming one of the most widely discussed topics in law enforcement. Litigation and wrongful death suits are the norm in law enforcement use of force cases. Police handling of

EDP's and use of force are the most recently targeted area for fourth amendment litigation cases.

The development of an effective CIT program must address the needs of all parties involved. It must address the training short fall, the litigation affecting law enforcement and a series of changes to improve the outcome in relation to police responses to EDP's. What is most evident is that traditional policing tactics are no longer suitable when handling these calls. A collaborative effort of community services is needed for a successful outcome. The goal of this effort will improve safety for all, community service and assure those we serve will receive the appropriate level of assistance. The idea is to create community trust and develop a police force that is regarded as the guardians for all. To do this we will need partnerships, education and effort.