LAW ENFORCEMENT AND
THE MENTAL HEALTH AWARENESS FLAG

JANESVILLE POLICE DEPARTMENT
JANESVILLE, WI

Service with pride, honor, courage, and respect.
Agenda

• INTRODUCTIONS

• C.I.T. AT THE JANESVILLE POLICE DEPARTMENT

• PROVIDE A BUNCH OF BORING INFORMATION
  • Hope no one falls asleep (or at least that they don’t snore…too loudly)

• THE MENTAL HEALTH AWARENESS FLAG
  • Why didn’t I just lead with that?

• Q&A
  • You ask the Q’s, I talk out my A.
Officer Craig G. Klementz

- 25 years with the Janesville Police Department (I started at the age of ten)
- Member of our Crisis Intervention Team
- Co-Facilitator for CIT training in Rock County Wisconsin
- Peer Support Team member
- QPR Instructor (Suicide awareness/prevention)
- Board of Directors Rock County NAMI

klementzc@ci.janesville.wi.us
Lieutenant Michael J Blaser Jr

- 20 years in Law enforcement
- CIT Lead Supervisor
- FTO, Gang Investigator, Street Crimes Unit
- S.W.A.T. Team Leader
- Bachelors Degree from UW-Whitewater
- Certified Public Manager
- Working on my masters degree in Organizational Change Leadership
  - blaserm@ci.janesville.wi.us
C.I.T. at J.P.D.

- CIT (team) vs CIT (training)
- The Team
- Duties
C.I.T. at J.P.D.

- CIT (team) vs CIT (training)
  - All officers will be offered CIT training opportunities
    - CIT is not mandatory
    - Some training in mental health awareness is mandatory
  - Those with wishing to do more, join the CIT (team)
    - Voluntary
    - Part-Time
C.I.T. at J.P.D.

The Team

- Thirteen current members
  - Three Patrol Officers per shift (9)
  - One Sergeant per shift (3)
  - One Lead Lieutenant (1)
  - Try to maintain 24/7 coverage

- One part-time crisis worker
C.I.T. at J.P.D.

**Duties**
- Education S.W.A.T.
  - Interdepartmental
    - Crisis Laws (51.15/51.45)
    - Crisis Response
      - Armed/Isolated/Alone
    - HIPPA
  - De-escalation
- Community
  - About the program
C.I.T. at J.P.D.

- **Duties**
  - Assigned Individuals
    - Backgrounds
  - Contact with providers (release of information)
  - Cooperatively create crisis plans
  - Share with patrol
  - POLICE, NOT EXPERTS
C.I.T. at J.P.D.

**Duties**

- Regular meetings with key stakeholders
  - Rock County Crisis
  - Mercy Hospital
  - SSM Hospital
  - Private Mental Health Providers
  - NAMI
  - Other law enforcement agencies
  - District Attorney’s Office
C.I.T. at J.P.D. (The Future)

- Enhanced tracking of C.I.T. related calls
  - Labeling of reports
  - Routing of reports
    - To C.I.T.
    - To Rock County Crisis
  - Better access to consumer plans/Mental Health Awareness Flag
    - On mobile computers
    - Voluntary vs. Mandated
  - Continued/Increased Education

- Ever evolving
Behavioral Health Information Sharing Initiative (EBDM)

- A collaborative effort
  - Rock County Law Enforcement Agencies
  - Rock County Human Services
  - Rock County National Alliance on Mental Illness
  - Rock County District Attorney’s Office
  - Public Defender’s Office
  - Rock County Corporation Counsel
  - Rock County EBDM Committee
Behavioral Health Information Sharing Initiative (EBDM)

PURPOSE
- Improve Outcomes
  - For Mental Health Community
  - For all stakeholders
- Appropriately align people with services
- Safety
- Communication
Behavioral Health Information Sharing Initiative (EBDM)

WHAT IT’S NOT

- A mechanism to stigmatize any individual with mental illness.
- An indicator that tells law enforcement that this person is likely to be violent.
- A means to misuse confidential protected health information.
Behavioral Health Information Sharing Initiative (EBDM)

All parties agree to take steps within each agency’s scope to prevent behavioral health information, shared for the purpose of collaboration on behalf of the client, from being used in a manner that would adversely affect a client (such as evidence in criminal court or in chapter 51 proceedings).
Steps taken to assure adherence to client rights and confidentiality?

- We included empowered consumer voice at the decision making table.
- We involved our local NAMI.
- We clearly articulated that the purpose of the mental health awareness flag is to improve outcomes for individuals living with mental illness (vs. just protecting the officers and community from potential violence), and information shared as part of this initiative will not be used in a manner that adversely affects the client.
- We requested review of our process and documents by clients’ rights experts.
Behavioral Health Information Sharing Initiative (EBDM)

We are doing this *for* the public, *not to* the public.
EBDM

Mental Health Awareness Flag
MEDICAL ALERT

Peanut Allergy
Use Epi-Pen
Call 911
MENTAL HEALTH ALERT

Bi-Polar Disorder

Police uniforms may make me fear for my life.

Call my doctor 555-5555
What is the Mental Health Awareness Flag?

- A visual indicator, in Spillman.
- Intended to provide information.
- It is a prompt to the officer.
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<th>Alert</th>
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Calls for Service

Mental Health Awareness Flag added

1817

Equal number of days before the flag

941

Equal number of days after the flag
Calls for Service

48%*

Decrease

*Not sustainable, or intended to be.
Who adds the Mental Health Awareness Flag?

The **investigating officer**, based on the following guidelines:

- **Officer Observations**
  - (Seems to talk to people not present)
- **Collateral Information**
  - (Mother said he has Bi-Polar disorder)
- **Medical diagnoses that is provided with consent of the patient**
  - (Crisis said he takes medication for schizophrenia)
Who adds the Mental Health Awareness Flag?

- The **investigating officer**, based on the following guidelines:
  - Disclosure from the subject of the investigation
    - (He said he is being treated for major depressive disorder)

*The Mental Health Awareness Flag shall not contain speculative medical information or terminology*
### MENTAL HEALTH AWARENESS FLAG
#### ENTRY FORM

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<td>SUBJECTS NAME</td>
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<td>D.O.B.</td>
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#### OBSERVED BEHAVIOR/DIAGNOSIS
A brief description will include what the illness is (or appears to be). The information can be provided by the individual, a family member, a mental health provider (with a release of information), or the officers observations. **DO NOT GUESS A DIAGNOS**

#### WHO PROVIDED THE INFORMATION
(subject, named relative, officer observed, etc.)

#### HELPFUL TIPS (if any)

- **CHECK IF ENTRY FORM MENTIONED IN REPORT (FULL OR MIR)**

  Just mention in your report (full or MIR) that a MHAF Entry Form was completed (supervisors need to know)

*Examples of Observed Behavior/Diagnosis:

  - *From a family member*
    - "His mother (Judy N Smith) said he has bi-polar disorder"
  - *Self-disclosed*
    - "He told me he has schizophrenia"
  - *Officer’s Observations (w/Tip)*
    - "He was talking to people that were not there.” Do not say you hear the voices."
CSIS

Crisis Strategy Information Sheet
CSIS

- What is it?
  - A crisis plan
  - A tailored approach for each individual
  - Information is only disclosed to law enforcement
  - All Rock County LEO who utilize Spillman will have access to the CSIS.
What we see

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What we see

Name: KLEMENTZ, CRAIG G

Address: 3822 HUNTINGTON CT
JANESVILLE, WI 53546

Driver License: K455-1077-0137-08 - WI - Exp: 04/17/2021

Social Security:

Home Phone:
(608)755-3100

Work Phone:

State ID:

FBI Number:

Type: INDIV - Individual

Moniker:

Age: 48
Birth Date: 04/17/1970
Race: N-White, Non-Hisp
Sex: M
Height: 5'10"
Weight: 160
Eyes: Brown
Hair: Brown
Gender:

Number: 38774

Critical Notices: Behavioral Health

Name History:

Comments: JV18XXX Craig will speak to people that are not present. Craig has

Involvements: Vehicle - 05/20/2016 - GRN/GRN 2004 TOYOTA COROLLA WI - Owner

Files: [ 1 File ]
Crisis Plan (condensed)
Name: Craig G Klementz
DOB: 04-17-1970
Address: 1234 XXXX Ave, Janesville
Phone: 608-290-XXXX

Background:
Andrew has ongoing mental health issues and become paranoid when off his medications. Contact with Andrew is generally because of neighbors calling for unsafe or odd behavior within the neighborhood.

Strategies that help in a crisis situation
He is a Marine Corps Vet and bringing this up can sometimes build rapport
Contacting Crisis and having them respond to the incident location helps with behavior and placement
He is particular about his property and generally prefers not to speak or have officers on his property. He understands we will knock at the door, but contact from the sidewalk is usually more productive.

Strategies that do NOT help in a crisis situation
Do not argue with him. He tends to use circular arguments and they accomplish nothing

Family and/or friends who help
No family, but has a good relationship with Tracy BXXXX, employee at RCCC. Daytime phone is 608-751-XXXX.

Additional Information
Advise Crisis during contacts and have them respond for assessment
Is currently on commitment and should be taking meds
Like to practice sword fighting and knife throwing. Has been told he needs to stay on his property.
Case Study L.G.

- Significant calls-for-service
- Fake seizures in public
- Create 911 hang-up calls
- Watch the police on-duty/off-duty
- Fight with police/paramedics to obtain Ketamine
- Criminal vs. mental health vs. both?????
- Early childhood trauma
- Met with
  - District Attorney
  - Rock County Crisis
  - General private provider
  - Eventually her provider (with signed ROI)
- Crisis Strategy Information Sheet created
- On-going information sharing
Case Study L.G.

CSIS plan put into place
Case Study S.B.

- Significant calls-for-service for decades
- History of self harm/significant cutting of self
- Alcoholism
- Met with
  - CESA 2 regarding job placement
  - Rock County Crisis
- Crisis Strategy Information Sheet created
- Added to the No-Serve List
- Warrant issued
- On-going information sharing
Outcomes

- Why have one?

Collaboration begins
Frequently asked questions

- Can information about an individual’s Flag or Crisis Strategy Information Sheet (CSIS) be released to the public?

- Are the Flag’s and CSIS ever reviewed?

- Is there supervisory oversight on adding a Mental Health Flag?

- How does a CSIS get generated?
YOUR QUESTIONS