



The Milwaukee Mental Health Task Force is the voice of the community on issues related to the quality and responsiveness of mental health and substance use disorder services.

**Milwaukee County Mental Health Task Force Testimony
Public Comments on
*Standard Operating Procedures 160 – Persons with Mental Illness***

**Delivered by Mary Neubauer, MHTF Co-chair
March 24, 2022**

On behalf of the Milwaukee Mental Health Task Force (MHTF), thank you for this opportunity to share our comments on agenda item #4 [FPC21463](#), the ***Standard Operating Procedures 160 – Persons with Mental Illness***. The MHTF was established in 2004 to work collaboratively to identify issues faced by people affected by mental illness and by substance use disorders, facilitate improvements in services, give consumers and families a strong voice, reduce stigma, and implement recovery principles. The MHTF includes over 40 community organizations and comprises service providers, individuals who live with a mental illness or substance use disorder, advocates, family members, and other stakeholders.

We appreciate the opportunity to share our frontline perspective with the Fire and Police Commission Policies and Standards Committee. We thank members of the Commission and of MPD for their work to ensure that responders to a mental health crisis are trained in how to de-escalate and respond, to understand and respect the civil rights of the person in crisis, and when appropriate, to connect community members with services and supports such as the Crisis Resource Centers or housing division.

In reviewing the current policy, some positives to reflect on are:

1. Calls to dispatch can now request a CIT officer.
2. LE will transport the person to their Hospital of Choice
3. Hand cuffs are not used routinely anymore.

The Milwaukee Mental Health Task Force asks for your consideration of the following recommendations to update and enhance the current policy:

We ask the FPC to work with the mental health community to plan for the major changes in the delivery of inpatient and crisis services in Milwaukee County. Milwaukee County Behavior Health Services (formerly BHD) will be ending their role as a provider of inpatient services. In addition, Psychiatric Crisis Services (PCS) will be closing, and a new Mental Health Emergency Center will be the receiving site for emergency detentions. As a result of these system changes, the FPC will need to make major revisions to ***Standard Operating Procedures 160 – Persons with Mental Illness***.

- **Recommendation:** In preparation for these major changes and to serve as an ongoing resource for department policies, we recommend that the FPC establish an advisory committee of individuals with lived experience of mental illness and other disabilities (autism, deaf, blind, mobility, etc), advocates, family members, and clinicians to provide

input and serve as a resource for updating the policy and for broader policy issues related to law enforcement response to a mental health crisis.

While this document provides comprehensive documentation for the procedures and the law in relation to responding to a mental health crisis, it does not address what should be in place to collect and track data and provide accountability.

For example:

- How does MPD track whether CIT officers or CART teams are involved with police contacts when there is a mental health crisis?
- Is the least restrictive detention option really used?
- How many individuals who need support but are not appropriate for detention are successfully diverted to the Crisis Resource Centers?
- Who is turned away from the CRC and why?
- **Recommendation:** Review the data collection and oversight that is currently in place, identify gaps, and determine how to address these to ensure accountability and identify opportunities for improvement.

The policy states that Crisis Assessment Response Teams (CART) do not assess or assist with individuals under the age of 18.

- **Recommendation:** MPD should work with Milwaukee County Behavioral Health Services to expand use of CART to individuals under age 18. BHS has made a commitment to have a youth clinician on duty for response and consultation; having that expertise available is essential. This would enhance capacity to reach youth experiencing a mental health crisis and connect them to voluntary help.

The document states that if an individual has to be placed in restraints in PCS when they are brought in, that the officer is to help with the restraints. This statement is not correct. If the transfer of custody has already occurred, officers are NOT to assist with any restraints.

- **Recommendation:** Revise the document to reflect this correction: If the transfer of custody has already occurred, officers are NOT to assist with any restraints.

As stated in the policy, after medical clearance, if a person has an active warrant they will be taken to jail. The Mental Health Task Force asks that the policy be updated to reflect the following

- **Recommendation:** Officers should have a warm handoff with jail staff and provide discharge paperwork from the hospital - PE-18's should be provided directly to Wellpath, the provider of medical and mental health services at the Milwaukee County Jail. There should be a mechanism to inform family members or other concerned parties that the person has been remanded to custody.

Suicidal individuals in the jail, according to this policy, will be examined by mobile crisis staff. Mobile crisis staff are not on site and are not available to immediately respond if an individual is suicidal and/ or has made an attempt.

- **Recommendation:** This should be changed to reflect that these individuals will receive immediate attention from medical staff at the jail, currently Wellpath clinical staff are contracted to do so.

Additional Recommendation. While not directly addressed in this policy, the Mental Health Task Force would ask the FPC to address the important role of MPD staff who take calls and dispatch officers. Some positives to reflect on are that calls to dispatch can now request a CIT officer. There should also be an effort to review the current protocol to ensure they are asking the right questions and appropriately deploying CIT trained officers, as intended. There should also be a review of the current protocols for dispatch staff when responding to a situation where there is a possible mental health component.

Thank you for your consideration of our comments, and for your service. The Mental Health Task Force stands ready to be a resource as you review policies for responding to individuals with mental health needs.

Note: Questions regarding this testimony can be referred to Mental Health Task Force Coordinator, Barbara Beckert, Disability Rights Wisconsin, at barbara.beckert@drwi.org