

Madison Police Mental Health Team

2016 Annual Report



Captains Kristen Roman and James Wheeler

Journey Mental Health Crisis Worker Sarah
Henrickson

Mental Health Officers:

Carlin Becker, Eugene Woehrle, Roberta Stellick,
Joanna Hollenback, Andy Naylor and Andrew Muir

Introduction

As one of six Law Enforcement-Mental Health learning sites selected by the Council of State Governments Justice Center (CSG Justice Center) and the U.S. Department of Justice's Bureau of Justice Assistance (BJA), the Madison Police Department's (MPD) Police-Mental Health Collaboration Program (PMHC) is an example of how community partners can collaborate to provide improved police services to people with mental illness.

MPD's success has evolved through decades of collaboration with Journey Mental Health Center and other county mental health providers, the National Alliance on Mental Illness of Dane County (NAMI), probation and parole, local hospitals, and other law enforcement agencies. When developing our method of providing services in this area, MPD drew from the 10 essential elements of a specialized law enforcement-based program outlined by BJA and the CSG Justice Center in 2008. While our Mental Health Liaison Officer Program has been the backbone of our PMHC for over a decade, our response to mental health related issues consists of a multi-tiered approach.

Our patrol officers offer the first and most essential layer of service, all of whom receive comprehensive mental health/crisis intervention training (CIT) in our pre-service academy. Training includes an overview of major mental illnesses, scenario-based de-escalation training, emergency detention processes, consumer panel discussions, interagency collaboration and community resource options. This training has ranged from 95.5 hours in 2006 to a high of 125.5 in 2013. In comparison, the national standard CIT training course is 40 hours long.

A second layer of police service in place since 2004 is provided by our volunteer district Mental Health Liaison Officers (MHLs). These 30 volunteer officers across our 5 districts are regularly assigned patrol officers that take on the added responsibility of working proactively in their respective districts (when the calls for service volume permits) to provide subject matter expertise to better assist their fellow patrol officers and mental health service providers with individuals who suffer from mental illnesses. Our Liaison Program is a model that has been emulated by several law enforcement agencies in Dane County in recent years and we are proud to have assisted these agencies in putting their own PMHC programs in place to better serve people with mental illness in their communities. In 2017, we will be providing a total of 32 hours of specialized training in quarterly sessions to these volunteers.

In February 2015, MPD added a third layer of specialized response to our existing approach. Building on the success of our MHL Program and to more consistently and comprehensively address mental health issues in our community as well as mitigate the increasing demands on patrol resources to provide services to people with mental illness, MPD created five full time Mental Health Officer (MHO) positions. Working in conjunction with Patrol Officers and MHLs, the MHOs collaborate with consumers and caseworkers to meet the needs of individuals with mental illness before a crisis occurs.

“Without the Mental Health Officer, we would have spent several more hours on a call”

-MPD Patrol Officer



The five Mental Health Officers apply a problem-oriented approach to their work to address underlying issues that generate mental health related calls for police service. A critical part of our team is Sarah Henrickson, a Crisis Worker from Journey who spends three days a week embedded with MPD. Her responsibilities include reading mental health reports, conducting follow-up home visits and responding with a MHO to an active call. This program began in March, 2016. As a clinician, Sarah provides invaluable insight and expertise to the Department and our community.

Mental Health Officers

The ever-increasing volume of police calls for service and the complexities involved in navigating the mental health resources in our community point to a clear need to expand our approach to the ways in which our two systems (criminal justice and mental health) intersect. The role of a MHO is not to provide mental health treatment services. Rather, these officers work proactively to refer and connect individuals in need of services who have come into contact with police and to divert individuals with mental illness from the criminal justice system whenever possible.

The five MHOs work to address both district-specific and citywide mental health systems issues and conduct outreach to individuals within their district areas of responsibility who are generating or are likely to generate police calls for service. Our MHOs function similarly to our Neighborhood officers, except, rather than focus on a specific geographic area, they serve a specific population. Aside from best serving these individuals, a primary goal is to consistently and comprehensively address mental health issues in our community and by doing so, mitigate the increasing demands on front-line patrol resources. The MHOs are coordinated from a point of centralized oversight within the Department's Community Outreach section.

The benefit to a centrally coordinated group of Mental Health Officers is that their philosophical approach is that of a primarily citywide team, with district responsibilities rather than the other way around. In this way, the five MHOs work as a team,

coordinate efforts and support one another, and stay abreast of systems issues that have a citywide impact. While each MHO coordinates district-specific intelligence, outreach, follow-up, collaboration, and information sharing, they do so within a larger citywide context and perspective.

The work of the MHO is both varied and demanding. The MHOs are selected through a competitive process based on their demonstrated qualifications which include an understanding of various mental disorders and a proven ability to interact with people living with mental health concerns with sensitivity, patience, and compassion; an understanding of Emergency Detention processes and other mental health system processes; effective communication skills and the ability to form strong working relationships with partner agencies. They also must show a proven ability to lead and work in a team environment; strong organizational skills; schedule flexibility and a history of successfully working independently while remaining mindful of the overall team mission.

Responsibilities of the MHO position include attending weekly staff meetings; providing backup to one another and filling in as needed to provide citywide coverage; providing front-end support to patrol by fielding Emergency Detention calls for service; reviewing all routed reports and identifying individuals in need of outreach and issues in need of follow-up at the district level; communicating and coordinating follow-up with district Mental Health Liaison Officers; communicating with district officers regarding individuals with specific mental health issues and attending briefings to share and receive information; coordinating home visits and other follow-up in conjunction with mental health providers, advocates, to connect individuals to necessary resources; attending relevant community and stakeholder meetings; serving as points-of-contact for officers, consumers, family, mental health providers, and other community partners; and assisting in the development and implementation of training, educational initiatives, and community presentations.

As the program has progressed, several areas deserving of concentrated focus or further system expertise were identified and assigned to each one of the five MHOs to take a lead role in addressing. Officer Roberta Stellick focuses on Probation and Parole/DOC re-entry programming, Alzheimer's and Dementia, and facilitates speaker panels for MPD trainings. PO Joanna Hollenback also specialized in corrections re-entry during 2016. PO Andy Naylor specializes in homelessness issues and veterans issues including Veteran Outreach and the VA hospital. PO Eugene Woehrle focuses on Crisis Intervention Training, Developmental Disabilities, Alzheimer's and Dementia. PO Andrew Muir is developing a framework for threat assessment and suicide via police intervention and works closely with Meriter and St. Mary's Hospitals. PO Carlin Becker specializes in Hoarding Disorder, Autism and Mental Health First Aid training.

Mental Health Team Mission

The Madison Police Department Mental Health team is committed to providing a professional, compassionate and dedicated specialized police response to mental health consumers, families and partner agencies. We believe in the dignity of all people and strive for collaboration while improving outcomes for consumers, reducing demands on police resources, and improving safety for officers, consumers and the community.

Mental Health Team Values

Problem Solving: We believe in identifying the underlying issues creating police calls and reducing them.

Collaboration: We engage with partners from across the government, civil society, families and consumers to improve systems, relationships, and outcomes.

Diversion: We aim to reduce the involvement of criminal justice in mental health issues and the criminalization of mental illness.

Professional Development: We seek increased knowledge and expertise within the team and to share our knowledge and experience with the Department at large.

2017 Mental Health Team Goals

- Fully integrate the 2.0 FTE crisis workers
- Improve and formalize the MHL program through quarterly training and clearer expectations
- Increase collaboration between MHOs and MHLs
- Improve the quality of MHO data tracking through more detailed, leveled, data collection and monitoring interventions
- Improve officer and consumer safety by fully digitizing mental health bulletins and connecting them with jackets and mobile alerts
- Collaborate with the SWAT Crisis Negotiation Team
- Expand case-based and system-wide partnerships with other service providers in Dane County

Agency Collaboration

The success of our PMHC program requires significant collaboration with a variety of agencies. These collaborations are longstanding and preceded the expansion of our PMHC to include the full time MHOs but were further enhanced with their added layer of concentrated service. Agencies with whom the Community Outreach Captain and MHOs partner to better serve individuals with mental illness include but are not limited to:

- Journey Mental Health Center (and its many community service programs)
- Dane County Human Services (and its many community service programs)
- NAMI Dane County
- Dane County Adult Protective Services
- Forward Solutions
- Disability Resources
- Joining Forces for Families
- Public Health
- Dane County Corporation Counsel
- Recovery Coalition of Dane County
- Meriter Hospital, Meriter Child and Adolescent Psychiatry, UW & St. Mary's Hospitals
- Waisman Community TIES
- Tellurian

Officer Becker is a member of NAMI Dane County's Advocacy Committee, and Officer Hollenback was a member of the Recovery Coalition of Dane County and Family Services Madison. Combined, our team is well-connected within the mental health services arena, as we regularly attend a variety of relevant committee/community meetings, and have established collaborative relationships within this system that assist us on a daily basis to provide effective and appropriate services to people in our community with mental illness.

Year in Review¹

Given the volume of total calls for service involving a mental health related issue, the work of the five MHOs is focused primarily on proactive problem-solving approaches intended to prevent repeated calls for service related to the same individual. In addition, by collaborating to put support systems in place, coordinate with mental health providers, case managers, advocates, and families, share information with patrol and develop response plans, the MHOs work to prevent mental health crises from occurring, thus not only reducing repeat calls for service that impact patrol resources but promoting safety and diverting individuals with mental illness from the criminal justice system. While much of the work that the MHOs do involves proactive

outreach and follow-up, they do provide front-end support to patrol by fielding mental health calls for service when available and are primary responders for emergency detention assessments, which on average take 6-8 hours to complete.

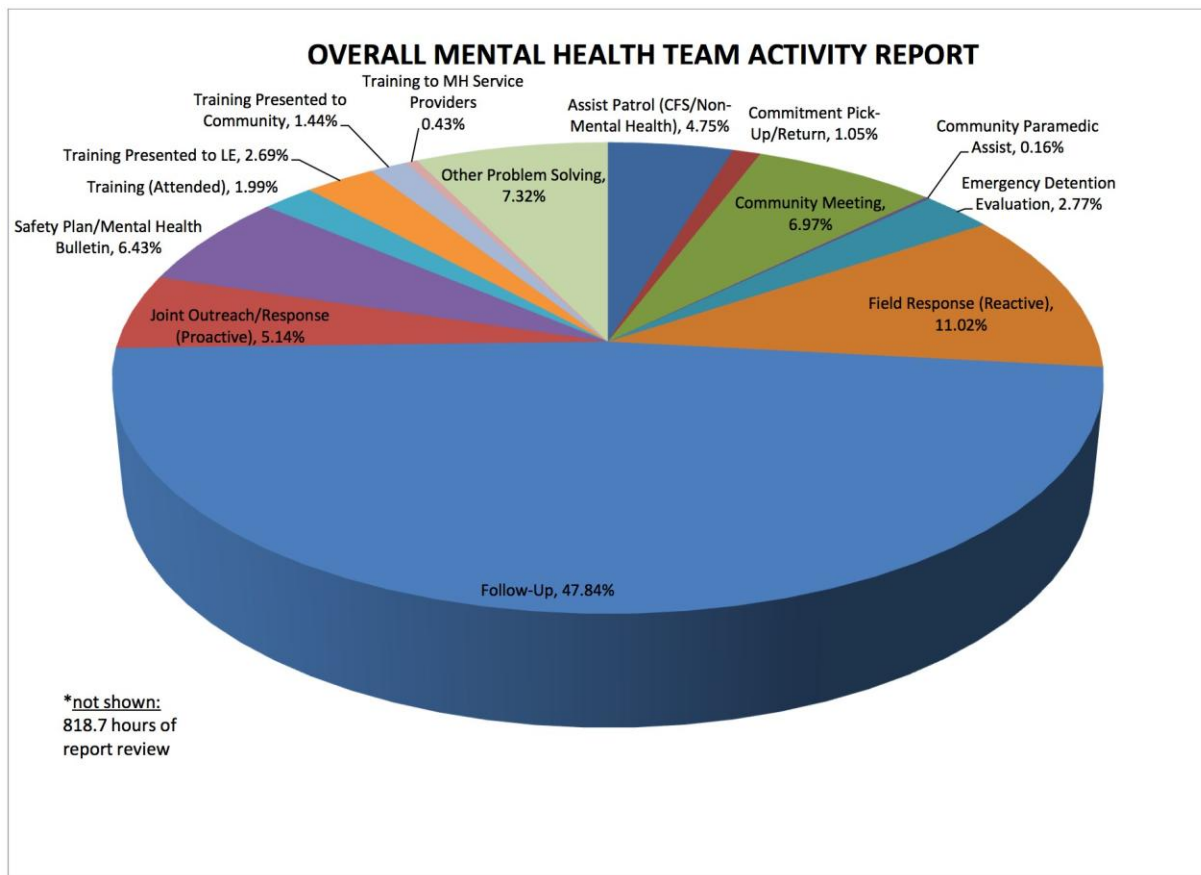
Before October 2016, incidents could only be flagged as mental health related if a report was written. Now, officers can clear an incident as mental health related even if a report is not completed. In 2016² there were 45,563 distinct cases investigated by MPD, of which 3,915 or 8.6%, were mental health related. We expect that easier front-line data collection with the upgrade to our patrol Mobile operating system will increase accuracy in 2017.

In 2016, the MHOs fielded 71 emergency detentions (ED) for a total of 296 hours spent facilitating a mental health assessment that resulted in either a voluntary or involuntary admission. This process entails coordinating with Journey Mental Health Crisis workers, hospital social workers, psychiatrists, and physicians to determine appropriate placement and treatment for an individual with mental illness who presents a danger to themselves or others. The 296 hours that the MHOs spent on emergency detentions in 2016 translated into nearly 8 weeks of officer-time that patrol officers were available to fulfill their primary function as first responders to emergent calls for service. This one area of MHO activity alone has a direct impact on patrol response times, officer/public safety, consistency in coordinating a complex collaborative emergency detention process, and ultimately best serves those individuals experiencing a mental health crisis who are in need of hospital stabilization and treatment.

¹ This report refers to the 2016 MPD Patrol Shift year, which is February 1, 2016-January 29, 2017

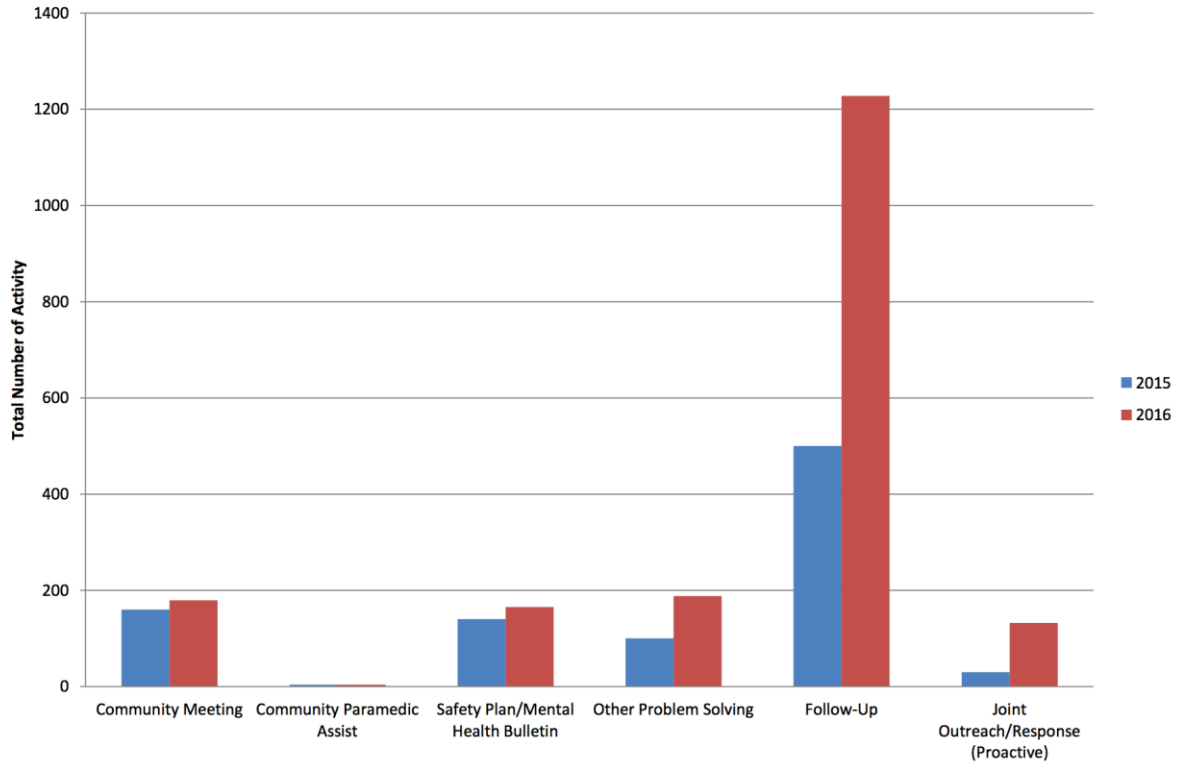
² These statistics, however, refer to the 2016 calendar year.

In addition to the EDs, the MHOs conducted 27 Chapter 51 commitment returns (81 hours) which occur when a patient violates the provisions of a conditional release or settlement agreement and require returning the patient to a medical facility. They also made 283 field contacts; accompanied Journey Mental Health workers on 132 home visits; initiated follow-up on nearly 1,230 cases; created 165 individual safety/response plans for individuals with mental illness; assisted patrol with approximately 122 calls for service; attended 179 community meetings; attended or provided 117 professional trainings; devoted 560 hours to over 180 problem-solving initiatives; and spent over 800 hours reviewing mental health related police reports.

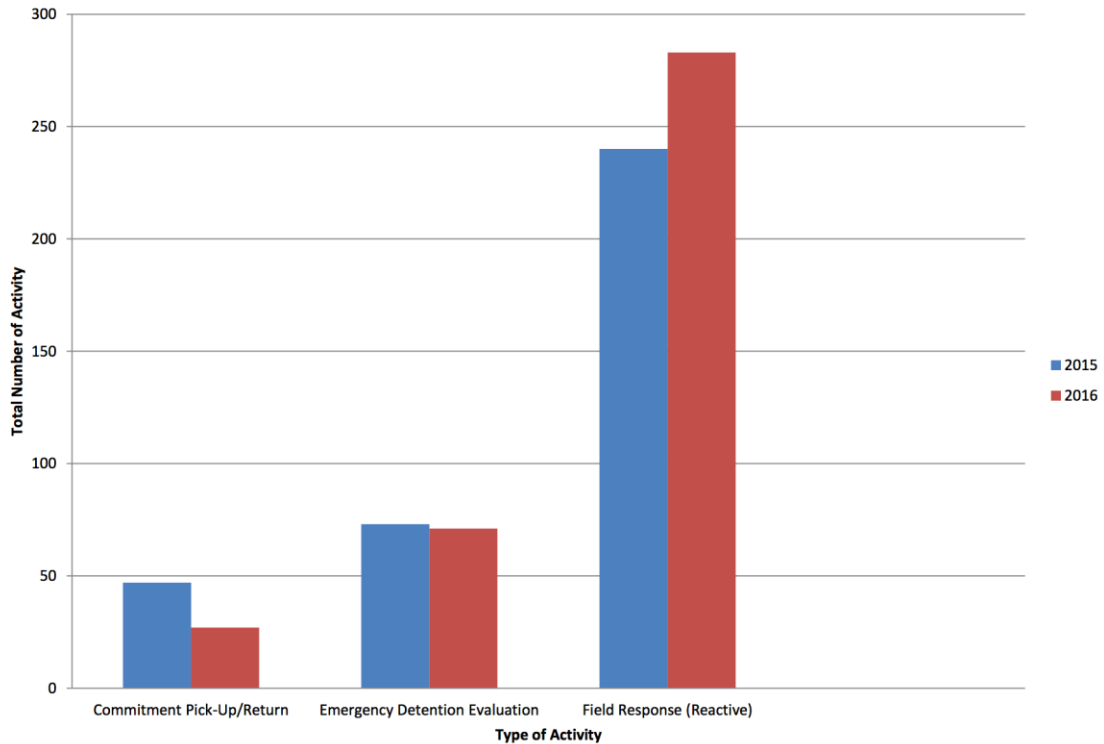


Year-Over-Year Comparison

Year-over-year activity totals for proactive MHO activities



Year-over-year activity totals for reactive MHO activities



“Without your extraordinary assistance our help to [the decedent’s] mother would be hardly possible.”

- A European Consulate General in Chicago regarding MHO assistance with the passing of a citizen in Madison.



MHO work load was split into two categories for the purpose of this report, reactive and proactive. The key determination in categorizing the different work codes is whether or not that work would be conducted by patrol absent the MHO program.

The year-over-year comparison shows that proactive work by the MHOs has dramatically increased, whereas the numbers of emergency detentions and commitment returns have decreased slightly. The growing proactive work completed by the MHOs is important. This work is key to the MHO’s outreach mission, reduces patrol calls for service in the long run, and improves community and officer safety. Of particular note is the expansion in joint outreach with Crisis, a factor of having Sarah Henrickson positioned within the team and an increase in communication with the Crisis Unit as a whole.

The proactive work is all value-added productivity for the police department; without the MHO program, a minimal amount of that outreach, follow-up, case coordination and problem solving would occur. This valuable community service comes in addition to the relief provided to patrol workload by the MHO’s reactive work as described above. As a result, we are pleased to report that this activity increased generally in 2016 and as a proportion of MHO activity.

A highlight in 2016 was the participation of the Mental Health Team as instructors for the Department’s agency-wide fall in-service. Pursuant to the Department’s on-going

commitment to improvement and implementation of best practices, the Department tapped the Mental Health Team as experts in police-consumer relations to plan, develop and execute scenario based training on de-escalation for all sworn officers. The scenario tested two elements for the officers' response: their ability to use tactics and communication to successfully de-escalate a subject in crisis and their decision making concerning addressing the complaint as a mental health crisis or criminal violation. This training gave the Mental Health Team the opportunity to assess and improve officers' de-escalation abilities and to encourage decision making in line with the Department's goals of de-criminalizing behavior when the causal factor is a mental health crisis.



Pictured (left to right): PO Andy Naylor, PO Carlin Becker, Sgt. Eugene Woehrle, Captain Kristen Roman, PO Andrew Muir, Crisis Worker Sarah Henrickson, PO Joanna Hollenback, PO Roberta Stellick, PO Ryan Jennissen

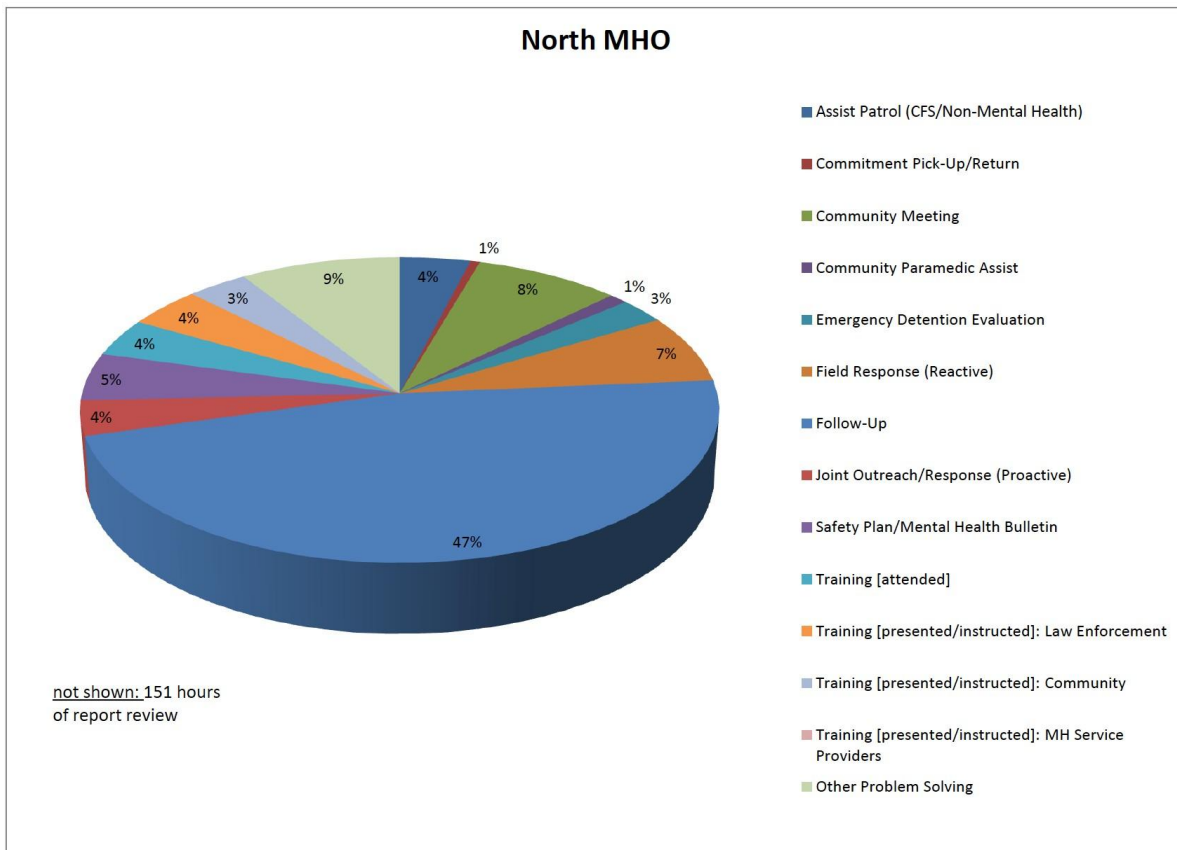
Mental Health Officer Individual Activities

North District:

PO Carlin Becker was the North MHO for the entire year.

“As an MHO in the year 2016, I continued to develop partnerships with various community support providers as well as consumers and family members and work intensely at times with subjects to prevent future Police calls for service. This year also included many hours for all MHOs being devoted to training and presenting on the subject of Mental Disorders to Police and Civilian organizations; both internally and externally. I had become certified as a Mental Health First Aid (MHFA) Instructor and now frequently co-teach MHFA for Adults and Law Enforcement with Journey.

MHOs spent time branching off into various specialties/topics of interest within the realm of Mental Health where each of us networked with other city agencies in these fields so we could be considered points of contact on the subjects. For my part, I worked closely with the Dane County Hoarding Task Force where a collective of social service agencies re-created the task force and updated materials that could be used in the field to address the problem of Hoarding Disorder. I also joined the NAMI Advocacy committee whose current topic of interest is Youth Mental Health.”



West District:

MHO Eugene Woehrle was promoted to Sergeant in September 2016 and Andrew Muir was selected to replace him as the West MHO.

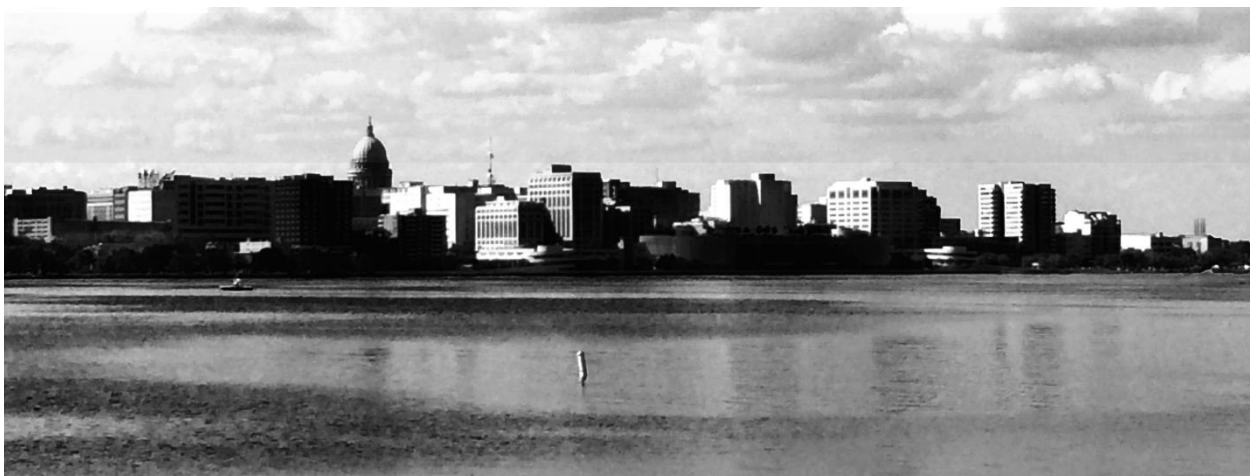
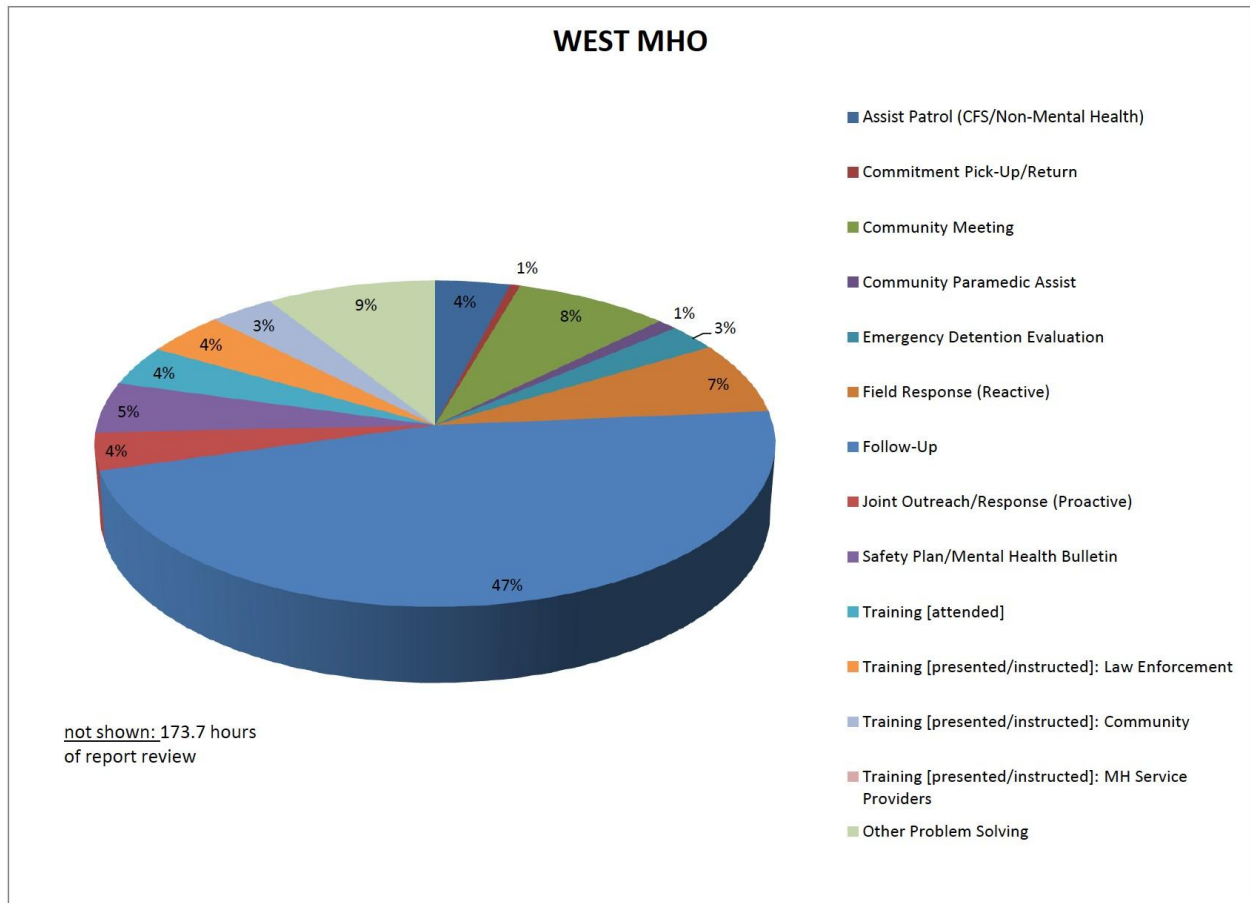
MHO Woehrle: "I routinely communicated and worked with West District officers. As part of this communication, I assisted patrol and neighborhood officers in addressing and following-up on continuous issues or mental health concerns. I followed-up with individuals that frequently reported a variety of issues that has been deemed unfounded and assisted support teams with police plans, presentations, interventions, and positive police visits/contacts with their consumers.

Throughout this past year, one of my primary responsibilities has been following up on call-for-service incidents generated by individuals calling 911 or the non-emergency dispatch number, or filing a report via our self-reporting system. I worked with the families or support teams to address the frequent calls, creating a list of who the individual should call first, second, third, and for what purpose. I also provided individuals with my direct desk phone number for non-emergency concerns or issues that they want to talk to an officer about, especially if a support network is not available to them at the time. This outreach has reduced the number of calls to dispatch and patrol officers, and often results in a more consistent response to the individual. I also personally visited and checked on the individuals when they were not supported.

I have also continued to seek out training for my "specialties" within the Mental Health Unit surrounding the areas of Alzheimer's & Dementia Care, Developmental Disabilities, and Crisis Intervention Team (CIT) Training Facilitator, and continued to be the principal law enforcement contact for Meriter Child and Adolescent Psychiatry, since they are located within the West Police District.

In September, I was promoted to Sergeant and Officer Andrew Muir was selected as the next Mental Health Officer to join the team! Please welcome MHO Muir!"

MHO Muir: "In beginning this role I was able to build off of the extensive network Eugene had developed across the spectrum of mental health professionals. These partnerships were vital to continuing our outreach efforts and seeking to improve call resolutions and outcomes for consumers. A significant portion of my time through the fall was dedicated to a high volume/high risk case which was successfully managed through collaboration with outside agencies, the courts, and WPD command staff. This resulted in increased safety for all parties and a significant workload reduction for patrol. I also rolled out a new, color coded system which highlights de-escalation hooks and potential triggers for responding officers, in order to further MPD's goal of improving de-escalation and reducing the use of force."



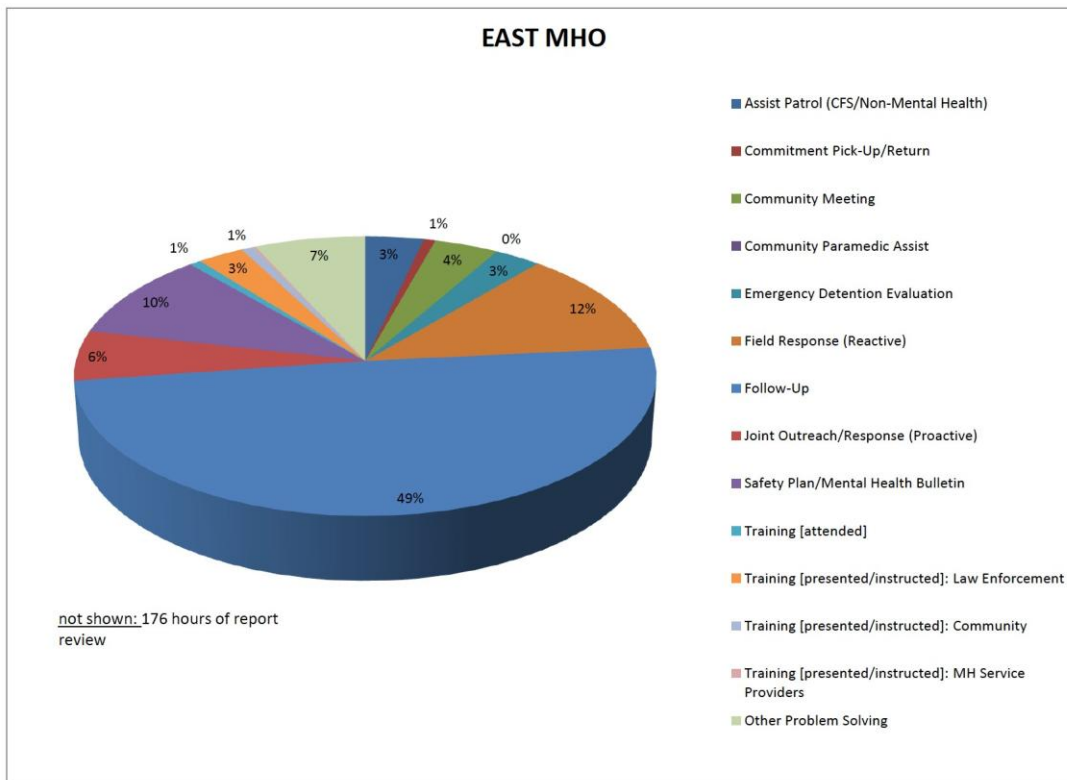
East District:

Roberta Stellick was the East MHO for all of 2016.

“In 2016, as part of my role as Mental Health Officer in the East District, I participated in numerous trainings provided for the community and within MPD for our fall in-service training on the topic of de-escalation. I also continued to organize and arrange for mental health consumers and their families and/or case managers to come talk to law enforcement students as part of Crisis Intervention Training and MPD’s Academy. I also attended several trainings: Judgment Under the Radar and Crisis Negotiation Response to Mentally Ill Subjects, and the Bethel MH Summit. Finally, I continued to work with mental health consumers, their supports, and East district officers in monitoring, developing police response plans, and making connections within and outside of MPD so these consumers are served well.”



Pictured: MHOs Naylor (L) and Stellick (R)



South District

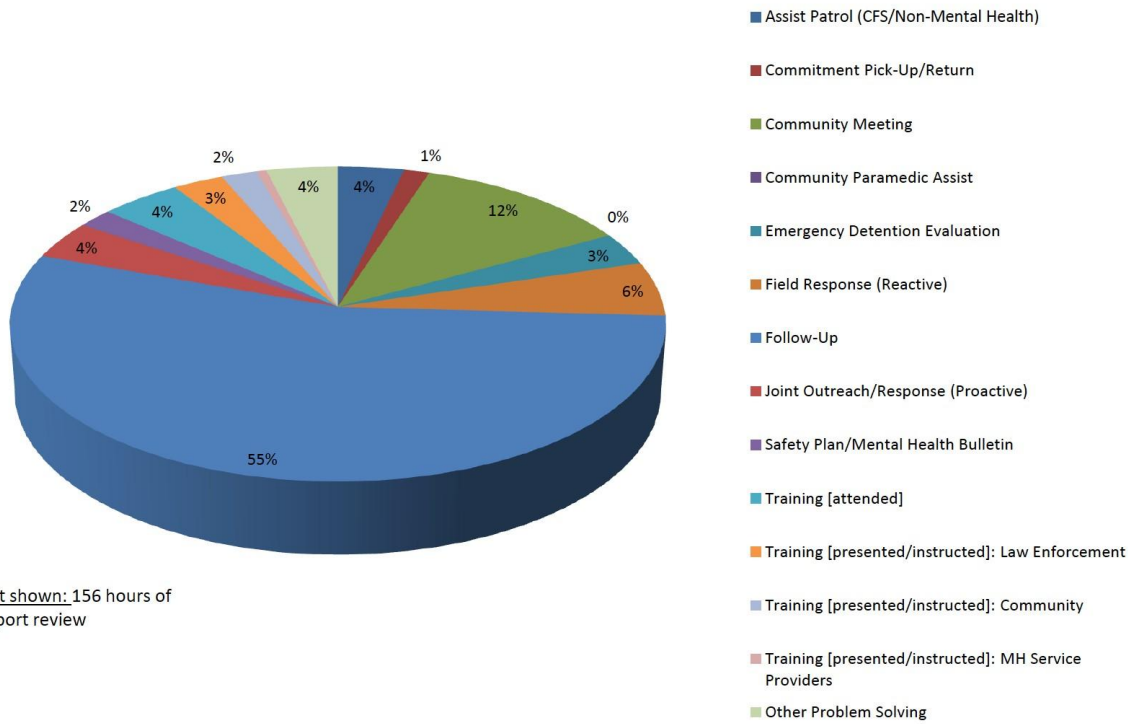
Joanna Hollenback was the MHO in the South District for all of 2016. She was promoted to Forensic Investigator at the end of the year, and spent January of 2017 training for that position. As such, the South District did not have an MHO for that month. PO Muir covered this district during January, before transferring there full time for the 2017 year.

“During this year as the South MHO, I continued my involvement with the Recovery Coalition of Dane County. As a part of this group, I attended monthly meetings and participated in a 4-day training on the ABle Change Framework, which is “a systems change approach designed to help communities more effectively address significant social issues affecting children, youth and families.” Over the course of the four days, various stakeholders (which included staff from various Dane County social service agencies, law enforcement, Journey Mental Health, and the Madison Metropolitan School District, to name a few) discussed plans and began to develop strategies to address systems issues that currently exist in Dane County pertaining to mental health care accessibility.

In addition to the ABle Change Framework training, I attended a variety of trainings in the areas of autism, crisis negotiation for mentally ill subjects, trauma- informed care, and the Zero Suicide Initiative. The MHO Team assisted with the departmental fall in-service and served as actors and facilitators on the topic of de- escalation. I also presented de-escalation instruction to a variety of community groups, including law enforcement recruits at Madison College, EMTs and paramedics from Stoughton EMS, staff at the Community Action Coalition.

Lastly, I continued my routine activities, which included creating/updating safety plans, conducting home visits, reading reports, working with the District Attorney’s office to divert mentally ill subjects from jail, attending systems meetings for subjects experiencing ongoing crises, and educating consumers and treatment providers about MPD’s Mental Health Liaison Program.”

SOUTH MHO



not shown: 156 hours of report review

Central District

PO Andy Naylor was the Central District MHO for all of 2016.

“In 2016, my role as Mental Health Officer in the Central District expanded to include several additional responsibilities. As a liaison to our military veterans and the VA hospital, I created and facilitated the Veterans Outreach Program, which pairs community veterans who may be going through a tough time with MPD veterans who share a similar military background – the idea being to connect veterans with needed services while simultaneously enhancing trust between MPD and our community members. I have also been taking part in a monthly “Coffee with a Cop” Program hosted by Dry Hootch which is a sober day resource center for veterans.

As a liaison to Madison’s homeless population, I was able to facilitate a homeless advocacy panel composed of numerous community homeless service providers with an audience of MPD personnel and representatives from other surrounding police agencies. I have also been taking part in a weekly “Lunch with a Cop” program at the Off the Square Club which is a day resource center for individuals with a mental health diagnosis, many of whom are homeless at any given time.

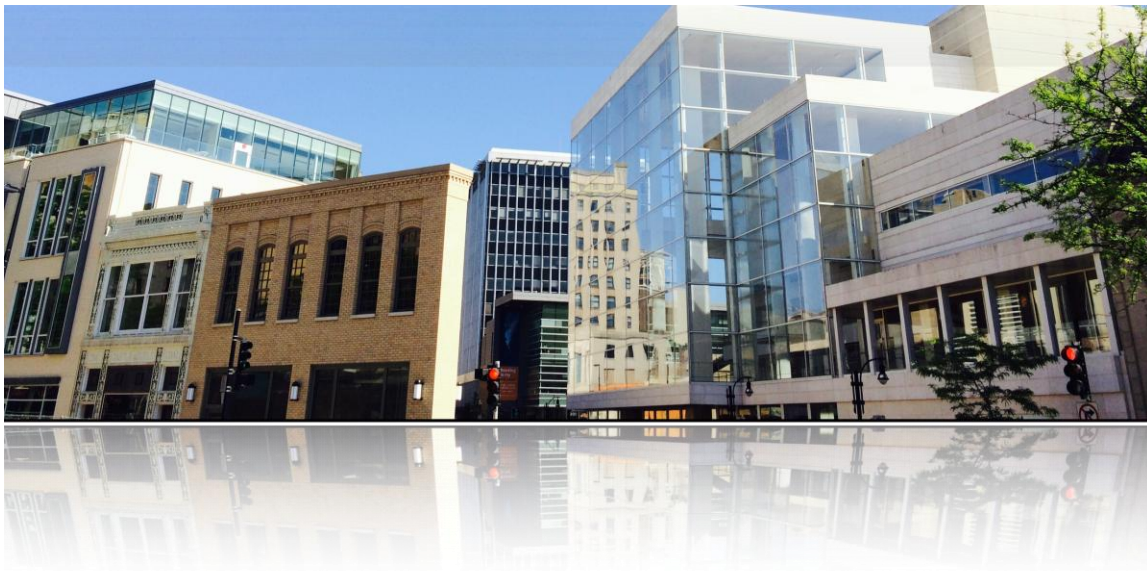
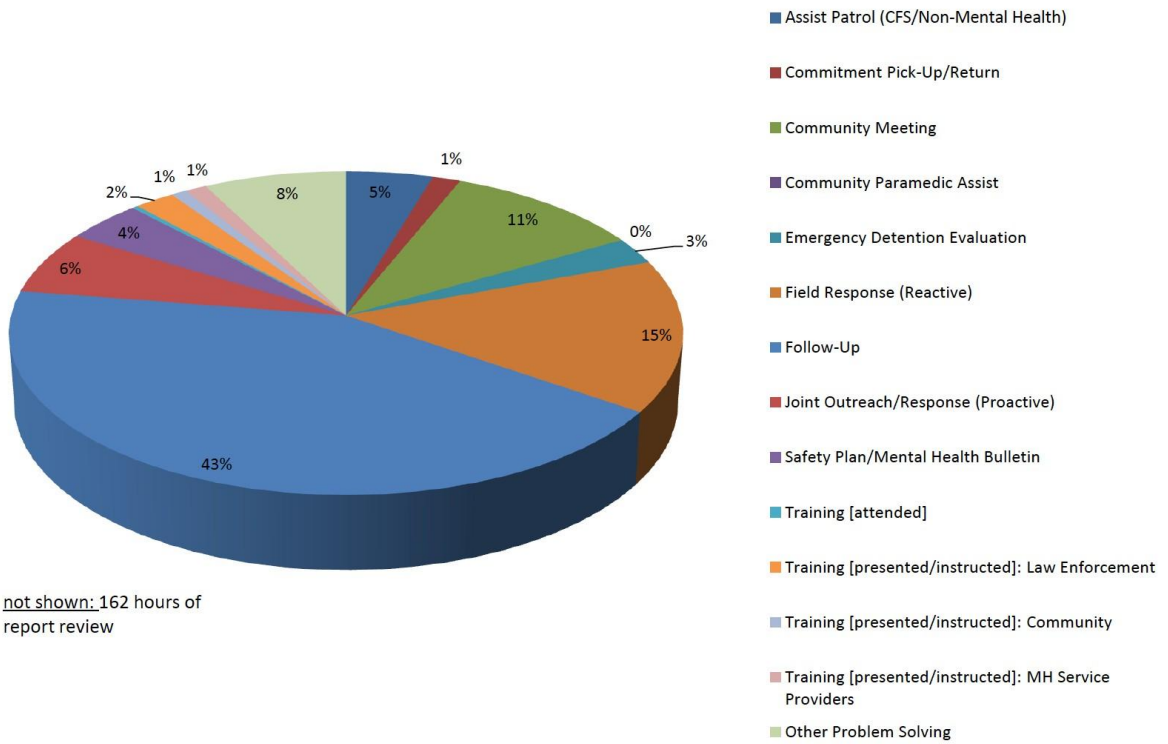
In addition to these added responsibilities, I instructed and co-instructed numerous mental health presentations to different law enforcement agencies, community agencies, and mental health service providers. I also attended several trainings, including an 8 hour “Crisis

Negotiation Response to Mentally Ill Subject” training held at our MPD Training Center and an online “Pro Training – Mental Health Awareness” training program. I received state certification as a Professional Communication Skills Instructor and also completed the pre-required Instructor Development Course.

“We believe that the knowledge you have shared will help immensely in the development of our students and understanding the role of police officers in mental health related crisis” - MATC Instructor

By maintaining an active role within the department and in the community, I have been able to meet numerous consumers in need of various services and subsequently connect those consumers to appropriate resources.”

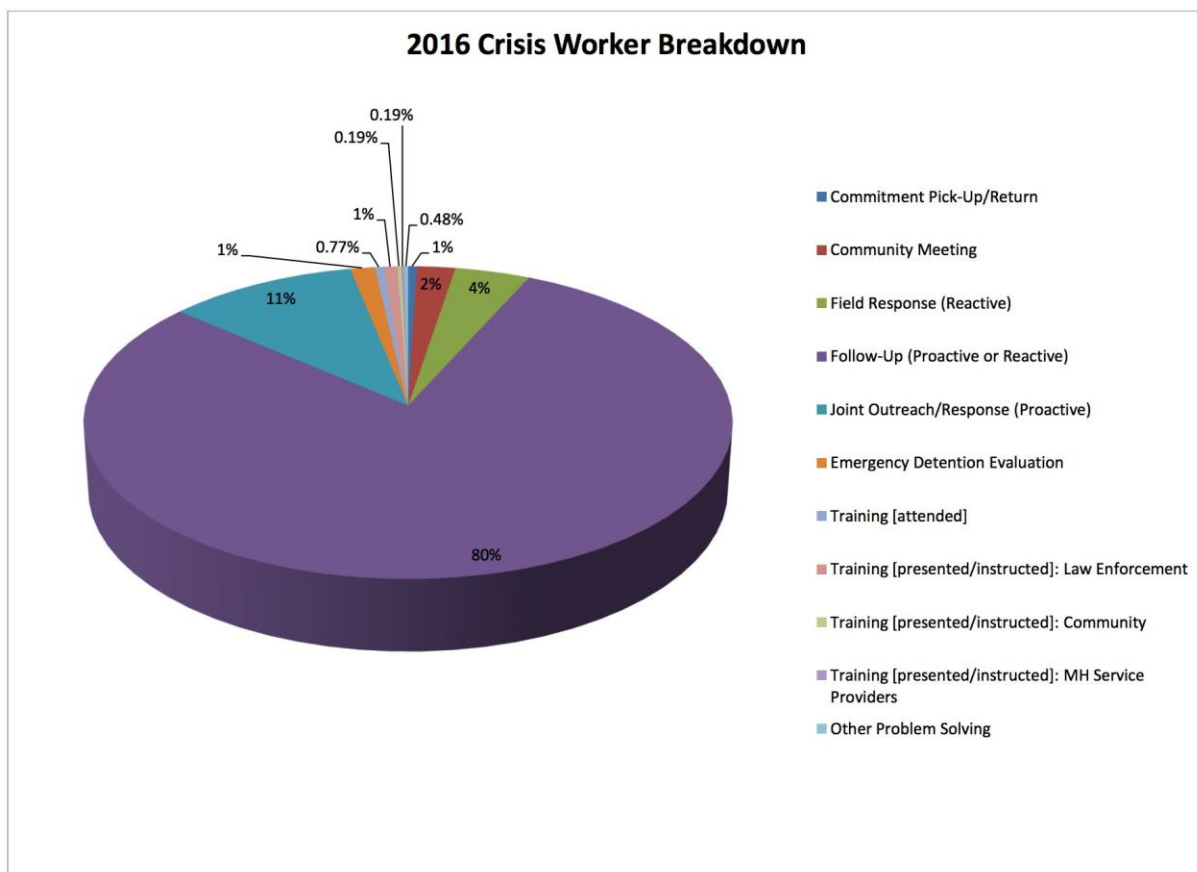
CENTRAL MHO



Crisis Worker Sarah Henrickson

In February of 2016, I was added to the MHO team as a co-located crisis worker. Like the MHOs, most of my time is spent following up on cases and doing proactive outreach, while also being available to patrol officers for consultation, and responding to mental health crises as they occur in the community when possible. Additionally I have assisted with training for MPD officers and recruits. While perhaps less measurable, I think one of the most valuable aspects of my role within MPD has been the on-site expertise in mental health, Chapter 51 commitment law, and related topics that I provide to the department.

The below graph does not include 274 hours that Sarah spent reviewing reports. Sarah’s contribution to the MHO Team has been significant, and the ready availability of her expertise has dramatically improved the quality of the MHO team’s work as well as its quantity. Her placement within the MHO team significantly increases our ability to work towards improved outcomes and safety. This is demonstrated by the 824 incidents she followed up on, 109 joint outreach or responses she made with MPD officers, the 43 responses she made to in-progress calls for service and the 14 emergency detention evaluations she participated in while working at MPD.



Looking Ahead

2017 is already bringing exciting developments for the Mental Health Team. As mentioned above, PO Hollenback was promoted to Forensic Investigator, leaving a vacancy on our team. PO Ryan Jennissen was selected to join the Mental Health Team and began at the start of the 2017 Shift Year. He will be working out of the West District.

We are also very pleased by the expansion of county funding for the embedded crisis worker position. Sarah Henrickson works with MPD as a .60 FTE, and continues to work at the Emergency Services Unit for the remainder of her time. Recognizing the success of this program and its on-going ability to improve consumer outcomes, Dane County increased funding to allow for the expansion of this program to 2.0 FTE. The selection process for these vacancies is continuing, and interested applicants are still encouraged to apply.

The MHO team is excited to continue presenting the 40-hour CIT course for interested MPD officers and outside agencies, alongside advanced courses such as Trauma Informed Care and the Mental Health First Aid series. MHOs also assist heavily in mental health related scenario-based training for the MPD recruit academy and we anticipate continuing or expanding this in 2017.



Pictured: Crisis Worker Sarah Henrickson and Sgt. Woehrle

Our close work with UW-Madison researcher Ellen Dinsmore, a PhD candidate, has given us insight to improve our data-collection methods. We will be collecting more granular data on the types of follow up conducted and be more accurate in connecting MHO work product with a specific consumer. This will allow for better evidence collection concerning the MHO team's impact on individual cases.

The Mental Health Team is also excited to continue a partnership with the Professional Standards and Internal Affairs Section (PS&IA). To our knowledge, this is the only such partnership in municipal law enforcement in the United States. PS&IA receives inquiries and complaints somewhat regularly which may indicate that the complainant is experiencing a mental health crisis. Both PS&IA and the MHOs are committed to protecting the rights of consumers, especially their important access to internal accountability measures within the police; however, sometimes these complaints are effectively the first notice that public services receive about a consumer in urgent need of resources. In these instances, PS&IA relies on the MHO team to provide outreach and attempt to connect the consumer to resources, providing a new avenue for outreach. It should be noted that MHOs do not investigate the underlying complaint, as this duty remains firmly with the supervisors and commanders within PS&IA.

Our outreach within the department will also expand to the SWAT Crisis Negotiations Team (CNT). This new collaboration will see our Crisis Worker posted to the CNT team and increased interoperability, information sharing, and cross training between the Department's negotiators and Mental Health Officers.

Lastly, we are excited to expand and formalize our Mental Health Liaison program. In 2017, we will be transitioning from an in-formal monthly Liaison meeting and moving towards a quarterly 8 hour training for the Liaisons. With Liaisons across all five MPD patrol shifts and many non-patrol specialties, the ability to pull officers from their normal assignments for a full day of formal, specialized Mental Health Training is a major step forward in the Liaison's professional development. The first of what we hope are four trainings is occurring in late March.

Needs

The Mental Health Officers are the only specialized unit within MPD that lacks direct supervision by a Sergeant. Without a front-line supervisor, Mental Health Officers report directly to the Captain of Community Outreach, a position with its own strenuous demands. A Sergeant would provide much needed day-to-day coordination, work-level management and scheduling supervision. A sergeant would also be able to monitor dispositions and help improve incident dispositions throughout the agency in terms of jail/criminal justice diversion and be better able to provide feedback to rank and file officers concerning mental health calls for service.

The MHOs are also the only specialized city-wide team that does not have its own vehicles. MHOs rely on utilizing available vehicles from their district's patrol fleets, detectives, or other specialists. However, vehicles are not always available, leading MHOs to be late or cancel pre-scheduled meetings and follow up, or, because they are shared, must be returned by specific times for their designated users, which leads to sub-optimal service. Being cognizant of the impression we make, there are circumstances in which we value discretion. Frequently the only vehicles available, however, are marked patrol units, which means a pair of MHOs on a follow up visit make a highly visible, but avoidable, statement outside a consumer's home.

A highlight of the MHOs method of service delivery is their schedule flexibility. As MHOs are not tied to a set patrol schedule, they are able to be much more responsive to district and citizen demands by flexing their hours. It is not uncommon for an MHO to work different hours four or even five days a week, all in order to better and more efficiently serve the community. While this flexibility leads to better and quicker service, it also means that it is functionally impossible to share a vehicle with patrol or other units on more fixed schedules - as that vehicle may only be available from 3-11pm, but is needed by the MHO at different times throughout the week.

Realizing that the Mental Health Team's needs come alongside other unit's budgetary requests, the Mental Health Team is seeking to improve the vehicle situation through requesting three unmarked detective style squad cars in 2017. If these are approved we would then request additional vehicles so each MHO had their own in 2018.

In conclusion, the department is continually evaluating our Mental Health Program to ensure that staffing and training needs are up to date to meet the changing needs of the community

Respectfully Submitted,

Captain James Wheeler
Community Outreach

This report was prepared by PO Muir. The photos on page 14 and 20 are courtesy of Channel 3000. The team photograph belongs to MPD. All other photographs courtesy of the author.