

# Madison Police

## Mental Health Team

### 2017 Annual Report



#### Captain:

Jim Wheeler

#### Crisis Workers:

Sarah Henrickson & Rachel Barloon

#### Mental Health Officers:

Carlin Becker, Roberta Stellick, Andy Naylor,  
Andrew Muir & Ryan Jennissen

# Introduction

As one of ten 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 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 services in this area, MPD drew from the ten 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, all of whom receive comprehensive mental health/crisis intervention training in our pre-service academy, offer the first and most essential layer of service. 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. MPD's commitment to this high level of training continues with current academies.

A second layer of police service in place since 2004 is provided by our volunteer district Mental Health Liaison Officers (MHLs). These forty volunteer officers across our six districts are regularly assigned patrol officers who take on the added responsibility of working proactively in their respective districts (when workload permits) to provide subject matter expertise to better assist their fellow patrol officers, mental health service providers, and individuals with mental illness. 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 fully transitioned from monthly hour-long meetings to a full eight-hour day of training offered once a quarter, which most liaisons are able to attend.

To build on the success of our MHL Program and to more consistently and comprehensively address mental health issues in our community, MPD added a third layer of specialized response by creating a team of five full-time Mental Health Officers. By creating this team in February of 2015, we gained increased opportunities to work with Patrol Officers and MHLs, mitigate demands on patrol resources, and collaborate with mental health caseworkers to meet the needs of consumers.

A critical element of our team is the clinical expertise provided by social workers from Journey Mental Health who are embedded in our unit. Their responsibilities include reading mental health reports, follow-up home visits, assessment, and consulting. This program began in March 2016 and has expanded thanks to generous funding from Dane County. There is funding for 2.0 FTE split over three individuals working part time at MPD. Sarah Henrickson continued and we added Rachel King Barloon in 2017. Jon Baskin started his training at Crisis late in the year and will be starting at MPD shortly.

## 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 for expanding our approach to the ways in which our two systems (criminal justice and mental health) intersect. The role of an 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 focusing 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 citywide unit with district responsibilities, rather than district resources with citywide accounts. 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 Department selects MHOs through a competitive process based on their demonstrated qualifications. These 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. They provide front-end support to patrol by fielding Emergency Detention calls for service when their other duties allow. MHOs review all routed reports and identify individuals in need of outreach and issues in need of follow-up at the district level. They coordinate follow-up with district Mental Health Liaison Officers and attend briefings to share and receive information. They coordinate home visits and other follow-up in conjunction with mental health providers; advocate to connect individuals to necessary resources; attend relevant community and stakeholder meetings; and serve as points of contact for officers, consumers, family, mental health providers, and other community partners. Lastly, they contribute by 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 as well as Alzheimer's and Dementia, and facilitates speaker panels for MPD trainings. Officer Andy Naylor specializes in homelessness issues and veterans' issues, including Veteran Outreach and the VA hospital. Officer Andrew Muir specializes in threat assessment and suicide by police intervention and liaises with local hospitals.

Officer Carlin Becker specializes in Hoarding Disorder and Autism, and is a Mental Health First Aid USA instructor. She has participated in the MFD/UW CARE event and pursued additional autism spectrum disorder training. Officer Ryan Jennissen focuses on juvenile mental health, developmental disabilities, and group homes.

## 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

In our 2016 Annual Report we established the following goals for the team in 2017.

GOAL	RESULT
Fully integrate the 2.0 FTE crisis workers.	Recruitment proved to be an enduring issue this year. We did bring on a second crisis worker in August and hired the third in January 2018.
Improve and formalize the MHL program through quarterly training and clearer expectations.	This training has begun and is regularly scheduled with exceptions for department-wide staffing priorities. It has received high-level management support and receives a significant investment in staff time. MHL expectations have been shared with all supervisors.
Increase collaboration between MHOs and MHLs.	The demands of patrol and the specificity of scheduling for some appointments continue to present a challenge, though collaboration continued through 2017.
Improve the quality of MHO data tracking through more detailed, leveled data collection and monitoring interventions.	Leveled data collection was fully introduced. Significant effort was invested in data collection and analysis on the mental health team and emergency detentions. Work began on systems to study program outcomes, with detailed analytical deliverables expected in 2018.
Improve officer and consumer safety by fully digitizing mental health bulletins and connecting them with jackets and mobile alerts.	MHOs utilize in-house LERMS alerts, complete with built-in expiration dates. Work remains to be done on fully integrating the database.
Collaborate with the SWAT Crisis Negotiation Team.	MHOs met with the full CNT team for training, have worked closely with CNT commanders, and have deployed to assist CNT during call-ups to positive effect. One Crisis Worker is integrated into CNT as a clinical resource.
Expand case-based and system-wide partnerships with other service providers in Dane County.	Our established partnerships continued and strengthened. We prepared for new partnerships related to the Family Care transition. MHOs joined new committees and boards.

## 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:

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

Officer Becker is a member of NAMI Dane County's Advocacy Committee and the Dane County Hoarding Task Force, and Officer Muir is a member of the Board of Directors of Family Service Madison. Officer Stellick is a member of the ADRC's Dementia Friendly Leaders group. Sarah Henrickson facilitates the bi-monthly Forensic Systems Meeting. 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 living with mental illness.

# Year in Review<sup>1</sup>

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. They also work to lower the acuity of calls. 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 contributing subject matter expertise to emergency detentions.

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 2017<sup>2</sup> there were 43,772 distinct cases investigated by MPD, of which 4,202 or 9.4% were mental health-related. This is an increase from 8.6% in 2016. More robust data collection likely improved accuracy in 2017, though opportunities for improvement remain in this area.

In 2017, the MHOs spent 309.5 hours on seventy-two emergency detention evaluations. Of those evaluations, forty resulted in formal emergency detention. The department as a whole had 196 emergency detentions in calendar year 2017, meaning the five MHOs did 20%. This process entails coordinating with Journey Mental Health crisis workers, hospital social workers, psychiatrists, and physicians.

Together, we determine appropriate placement and treatment for individuals with mental illness who present a danger to themselves or others. The 309.5 hours that the MHOs spent on emergency detentions in 2017 translated into over 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, and 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.

In addition to the EDs, the MHOs conducted twenty-two Chapter 51 commitment returns (62.5 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 responded to active mental health calls 357 times and accompanied Journey Mental Health workers on 115 home visits – and our Crisis Workers went on even more with other MPD officers including the MHLs. The MHOs followed up on cases 1494 times, created or updated 168 individual safety/response plans, assisted patrol with 118 calls for service, attended 169 community meetings, attended or provided 110 professional trainings, devoted nearly 300 hours to over 180 problem-solving initiatives, and spent over 500 hours reviewing mental health-related police reports.

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<sup>1</sup> This report refers to the 2017 MPD Patrol Shift year, that is, February 2017 through and including January 2018.

<sup>2</sup> These statistics, however, refer to the calendar year of 2017.



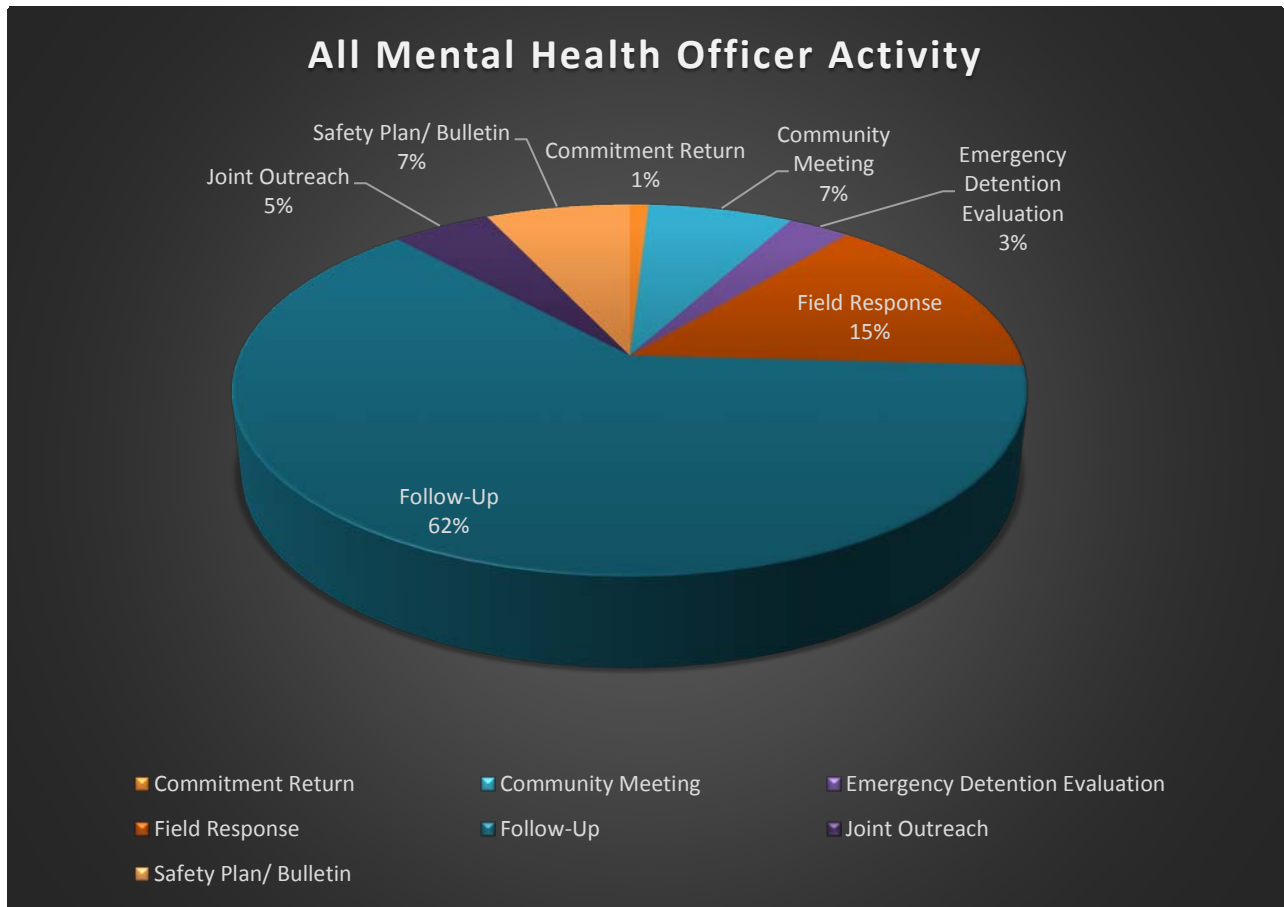
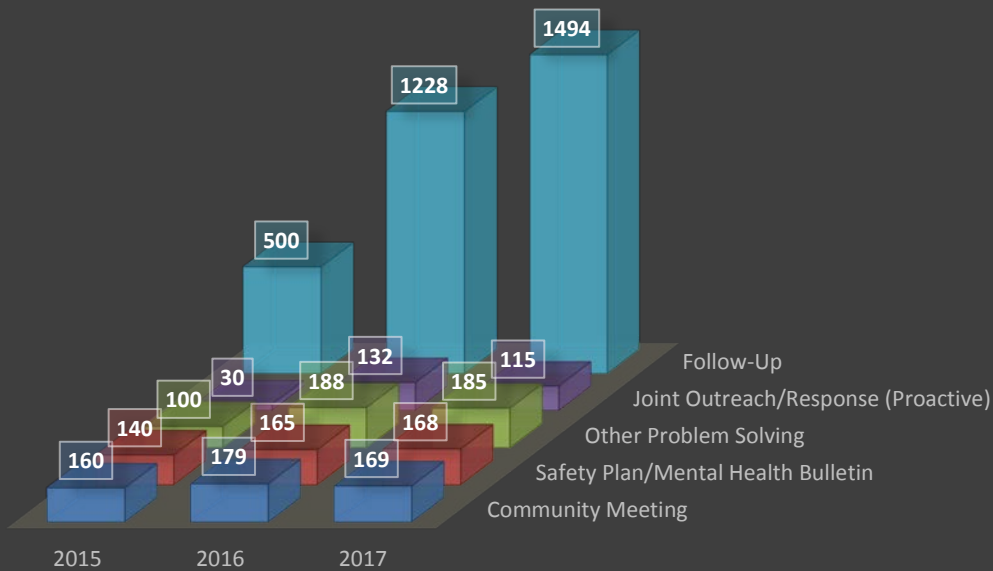


Figure 1: Excludes Trainings Presented and Attended, Other Problem Solving, and Assist Patrol

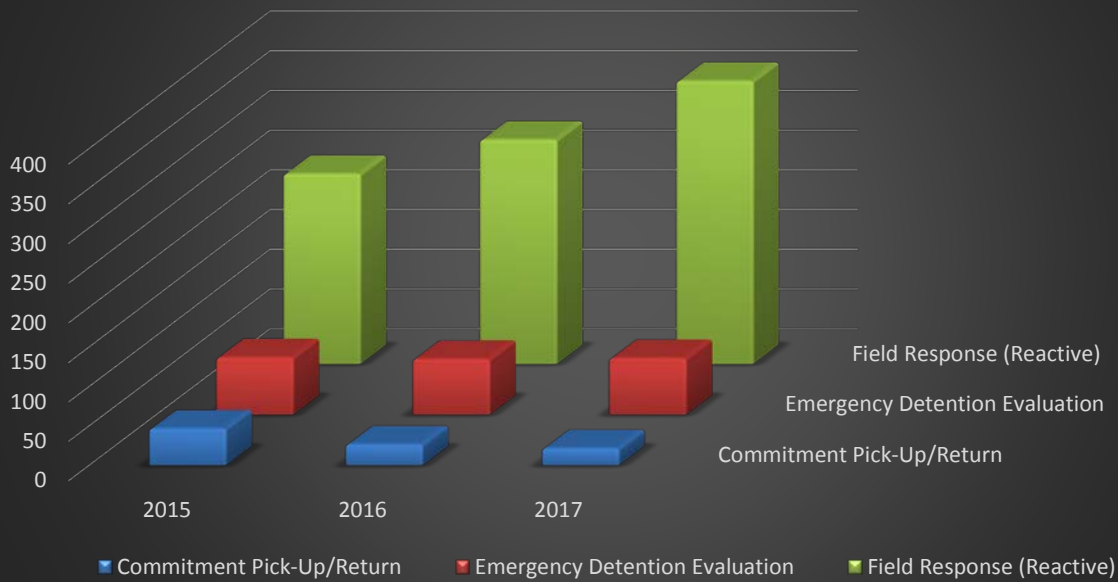
# Year-over-year comparison

## YEAR-OVER-YEAR MHO PROACTIVE ACTIVITY

- Community Meeting
- Safety Plan/Mental Health Bulletin
- Other Problem Solving
- Joint Outreach/Response (Proactive)
- Follow-Up



## YEAR-OVER-YEAR REACTIVE ACTIVITY



"The scenario training the MHOs provided was very realistic. Once solo, I had a call that was exactly like one of the scenarios. The MHOs' training helped prepare me to realistically address mental health crises in the community." - An MPD Patrol Officer



MHO workload is split into two categories for the purpose of this report: reactive and proactive. The key determination in categorizing the different work codes is whether that work would be conducted by patrol absent the MHO program.

The year-over-year comparison shows that proactive work by the MHOs has continued to increase. Although the number of emergency detention evaluations has remained essentially constant over the program's three years, the number of commitment returns is down slightly from 2016 and less than half of the number done in 2015. The growing volume of follow-up is the core of the MHO function. This work is key to the MHOs' outreach mission, reduces patrol calls for service in the long run, and improves community and officer safety. This year, following the suggestion of our program evaluator, we implemented a tiered system to collect better data on our follow-up activities. Instead of counting follow-up activities generally, we now identify:

- Tier One Follow-Up: phone calls and emails, taking less than 10 minutes
- Tier Two Follow-Up: case review, backgrounds, taking more than 10 minutes
- Tier Three Follow-Up: in-person meetings, visits, field work, but in response to a CFS

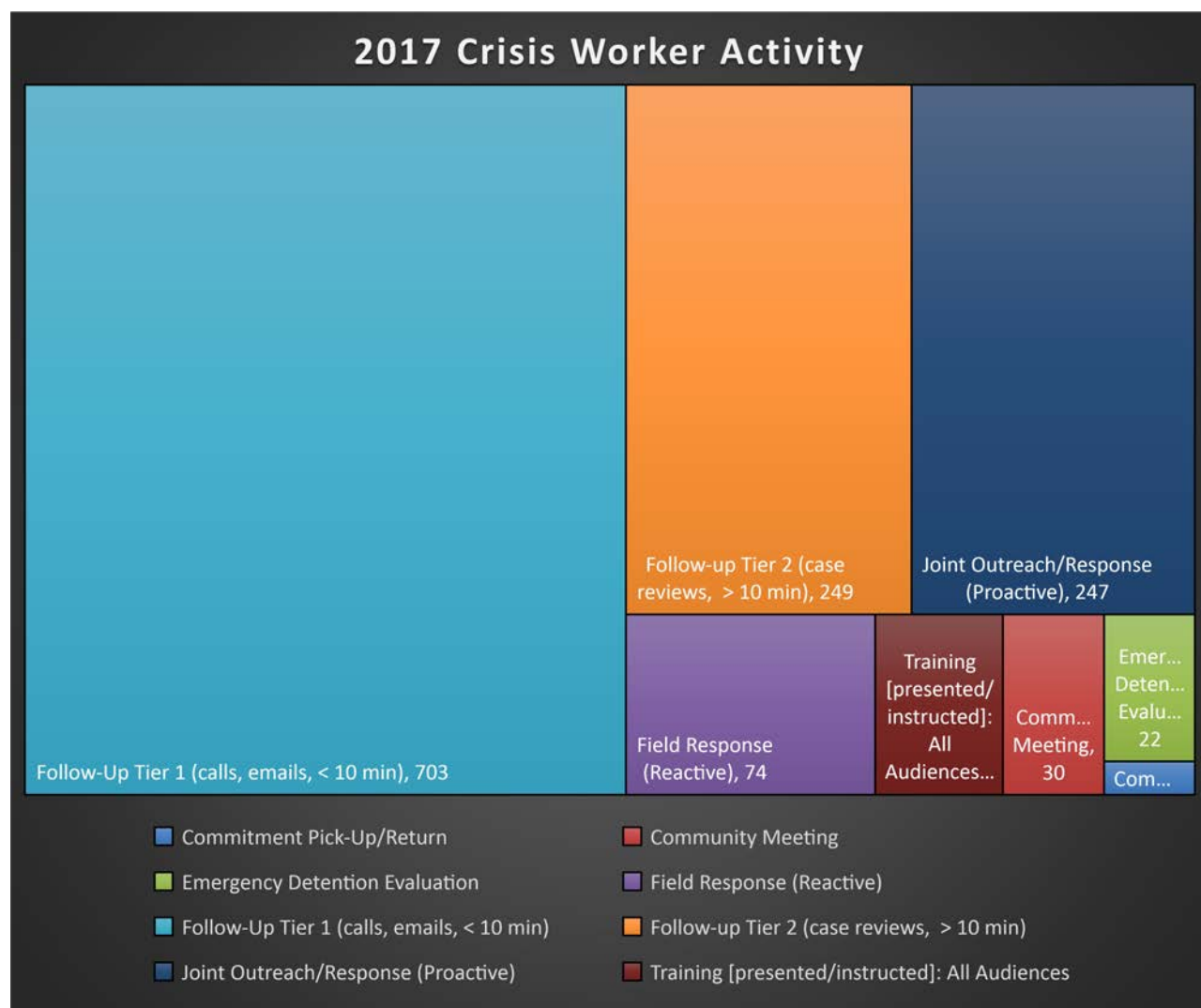
For year-over-year purposes, we added these together to compare to previous years. Total follow-up in 2017 was up 22% from 2016, and follow-up activity was up nearly 200% since 2015. We accomplished this increase without diminishing our availability to active calls, increasing our field response activity by 26% between 2016 and 2017. Of particular note is the expansion in joint outreach with Crisis, a factor of having two crisis workers positioned within the team and an increase in communication with the Crisis Unit as a whole. Crisis worker-recorded Joint Outreach increased from 109 instances in 2016 to 247 in 2017.

In addition to these recorded categories, the five MHOs also did 55 staffing contingency days, when they backfill vacancies in the patrol schedule. MHOs also have a variety of other assignments on the department, including two officers on the Special Events Team and three who are Investigative Support Officers. Commitment to those assignments and contributions to the department-wide violence reduction efforts in the summer of 2017 also affected the MHOs' workload.

Due to the addition of a second crisis worker in 2017, year-over-year comparison of crisis worker activity

<sup>3</sup> Photo Courtesy of PO G. Sosoka

is not meaningful. As is shown below, the bulk of their work, similar to MHOs, was in follow-up. This graph does not include time reviewing reports.



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 MHOs' reactive work as described above.

The Mental Health Team was again central to the agency's fall in-service curriculum. Pursuant to the Department's on-going commitment to improvement and implementation of best practices, the Department tapped the Mental Health Team to address best practices for Emergency Detention calls in order to increase efficiency in this process.



*Photograph 1: The Mental Health Unit attended the NAMI Gala at the invitation of Executive Director Lindsay Wallace, below, in red. Photo Courtesy of NAMI Dane County*

# Mental Health Officer Individual Activities

## North District: PO Carlin Becker

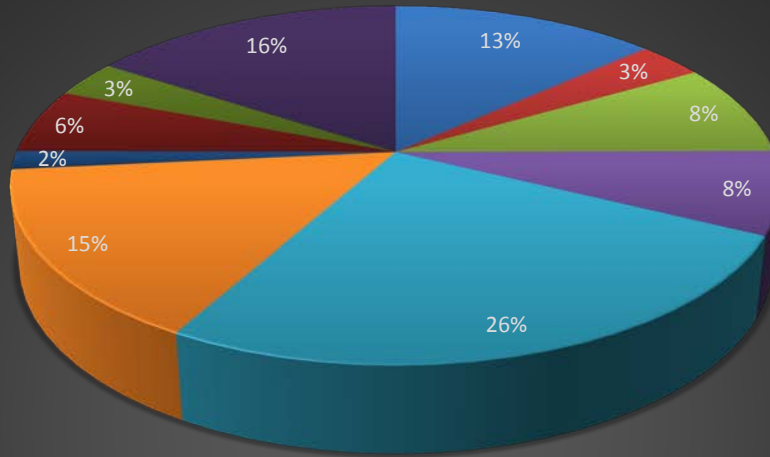
Like all of the MHOs, the past year was about being out and involved in community events and training opportunities that ultimately build relationships between Police and consumers and families. Many of us liaison with specific groups or centers where we visit frequently and engage with and have become not just community partners with but often friends. I know I have a regular contact with individuals at many places where I find myself checking in with as many as I can to let them know I'm still here and ready to help if or when I can.

Another theme of the past year was making attempts at positive contacts for people who may have been the subject of a call for service during a crisis or otherwise negative emotional event. An additional Social Worker embedded with the group made it possible to go back and visit folks under less stressful circumstances and establish a relationship of trust and collaboration so that even if there is another crisis, we're now a face they have seen before and will stick with them while we try to figure out the best possible resolution.

One day, many months after I was part of an intervention for a family with a son who was experiencing severe symptoms of his mental disorder that he had stopped treatment for, I received a phone call from his mother. She told me that I had "changed our life" and things had been on track ever since. This was humbling and heartwarming because the system we work in sometimes misses important opportunities to intervene sooner or divert people from criminal court or it feels like it's taking too long and not enough is being done.



## North MHO 2017 Activity



- Community Meeting
- Emergency Detention Evaluation
- Field Response (Reactive)
- Follow-Up Tier 1 (21s, emails, etc < 10 min)
- Follow-Up Tier 2 (case reviews, F/U > 10 min)
- Follow-Up Tier 3 (field response but not active CFS)
- Joint Outreach (Proactive)
- Training [presented/instructed]: Law Enforcement
- Training [presented/instructed]: Community
- Other Problem Solving

Figure 2: For visual clarity, Assist Patrol, Report Review, Training Attended, Training Presented: Mental Health Practitioners, Safety Plans, and Commitment Returns are not shown. Those totaled 15% of PO Becker's workload. She spent 123 hours reviewing reports.

## West District: PO Ryan Jennissen

2017 was my first year as the West District MHO. The role of an MPD MHO is rewarding and challenging. I have found that a carefully structured day of home visits with clients and community service can change quickly with an emergent call or individual in crisis. This variety makes for a dynamic and interesting workday.

Much of my time in 2017 was spent identifying mental health issues that generated police calls and developing methods to reduce them. This was accomplished by working with Journey/Crisis, county service providers and engaging family. Many times through these efforts we were able to reduce or avoid tickets, and on occasion divert individuals to treatment instead of criminal charges.

A portion of my time is also responding to and assisting with active calls for service. Many times the individuals we work with will call or generate 911 calls. If I am familiar with a subject I will work with the responding patrol officers with the hopes that the background information and familiarity I bring to the scene will assist MPD reach the best possible resolution.

One of the enjoyable aspects of being an MHO is the opportunity to partake in and present mental health trainings. This fall my fellow MHOs and I presented to all commissioned officers in our fall in-service. We trained all officers on best practices when presented with an emergency detention to provide high quality service efficiently as possible. I have also been the beneficiary of trainings provided in our periodic mental health liaison meetings.

2018 will be a big year as we will be welcoming another MHO as a member of the opening Midtown Police District. The impact of adding this position will be removing a significant geographic responsibility from my workload. I believe this will allow me to provide a higher quality service to the citizens of the west police district and provide the opportunity to further support patrol services.



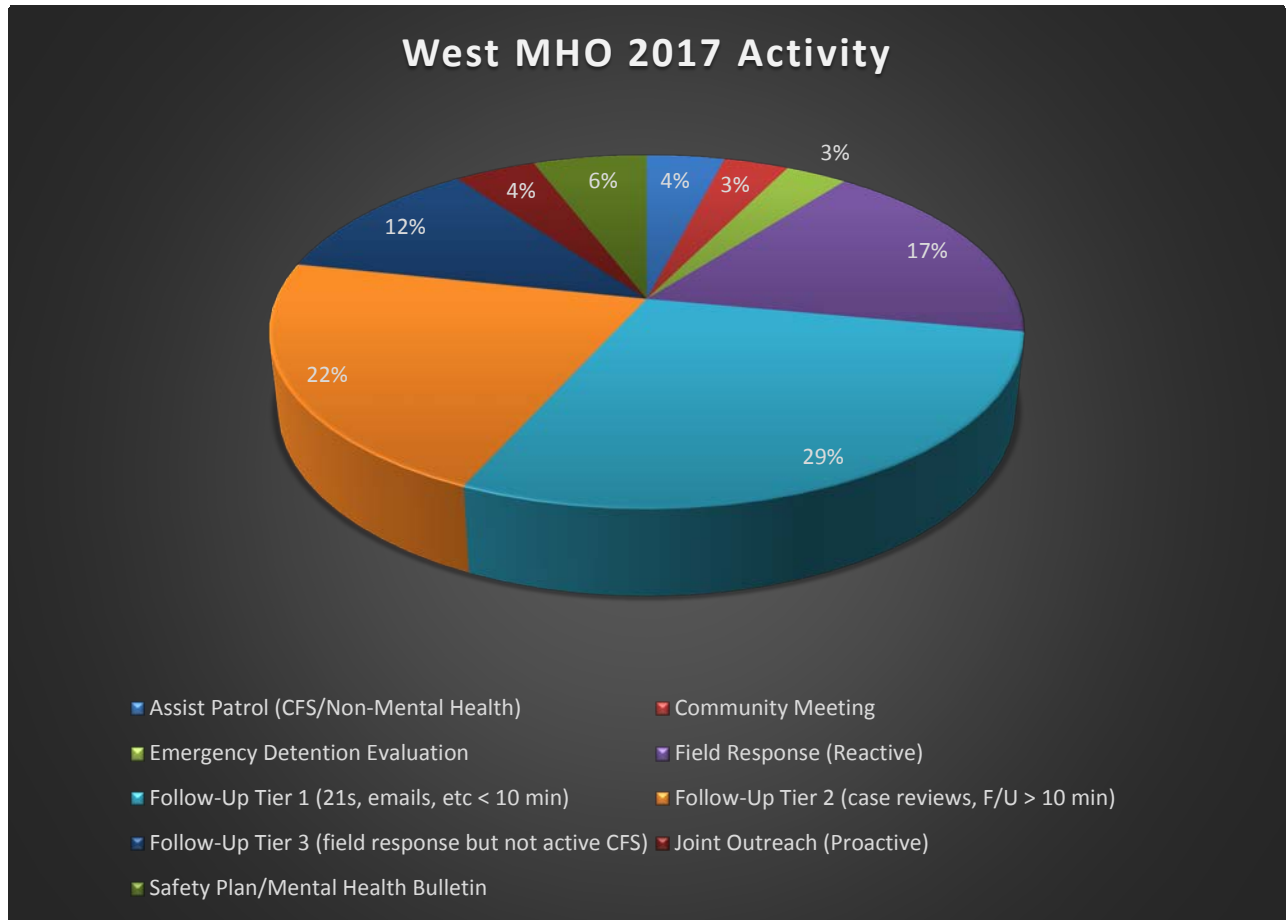
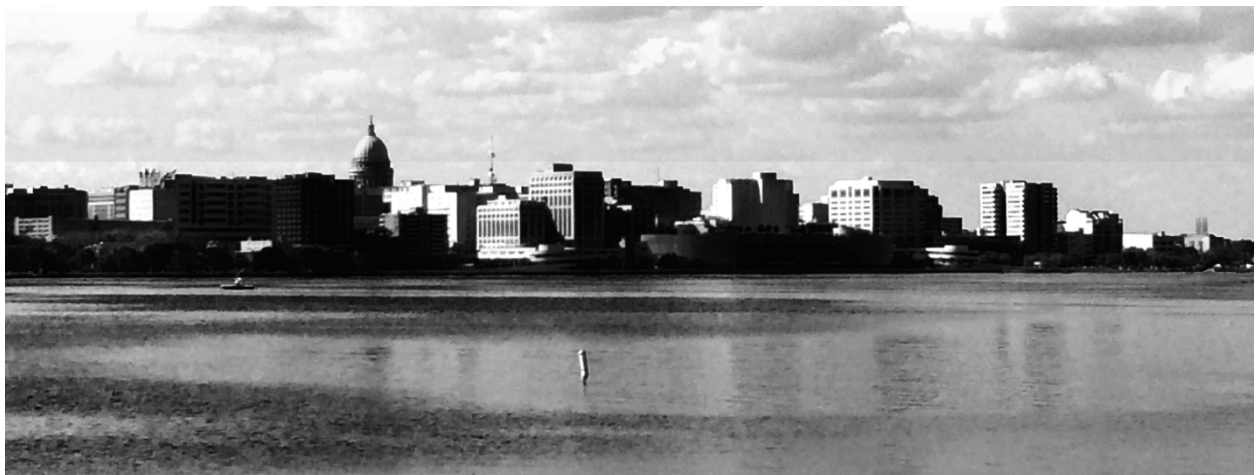


Figure 3: For visual clarity, Commitment Returns, Report Review, Training Attended and Training Presented, and Other Problem Solving are excluded. These categories totaled 5% of PO Jennissen’s workload. He spent 113 hours reviewing reports.



## East District: PO Roberta Stellick

In 2017, I assisted in providing trainings for our community partner agencies and within MPD as part of our fall in-service training for all officers. This year’s in-service training topic involved an Emergency Detention update including tips for completing them smoothly. I continued my role in arranging for consumers of mental health services, their loved ones, and case managers to be a part of a speaker’s panel for MPD’s Academy Class. This is a very important segment of the Academy because new officers can learn from members of the mental health community during a non-crisis time. I attended the 5<sup>th</sup> VA Community Mental Health Summit, a Cultural Competency Skills Workshop put on by Journey Mental Health, and participated in UW-Madison’s Spring Speed Mentoring session for legal studies and criminal justice majors. I also continued my routine activities, including: creating/updating mental health bulletins; conducting proactive home visits with our Crisis Workers; working with community care providers and the DA’s office to divert subjects from the criminal justice system, as possible; and regularly communicating with East district officers about individuals who are currently having police contact.

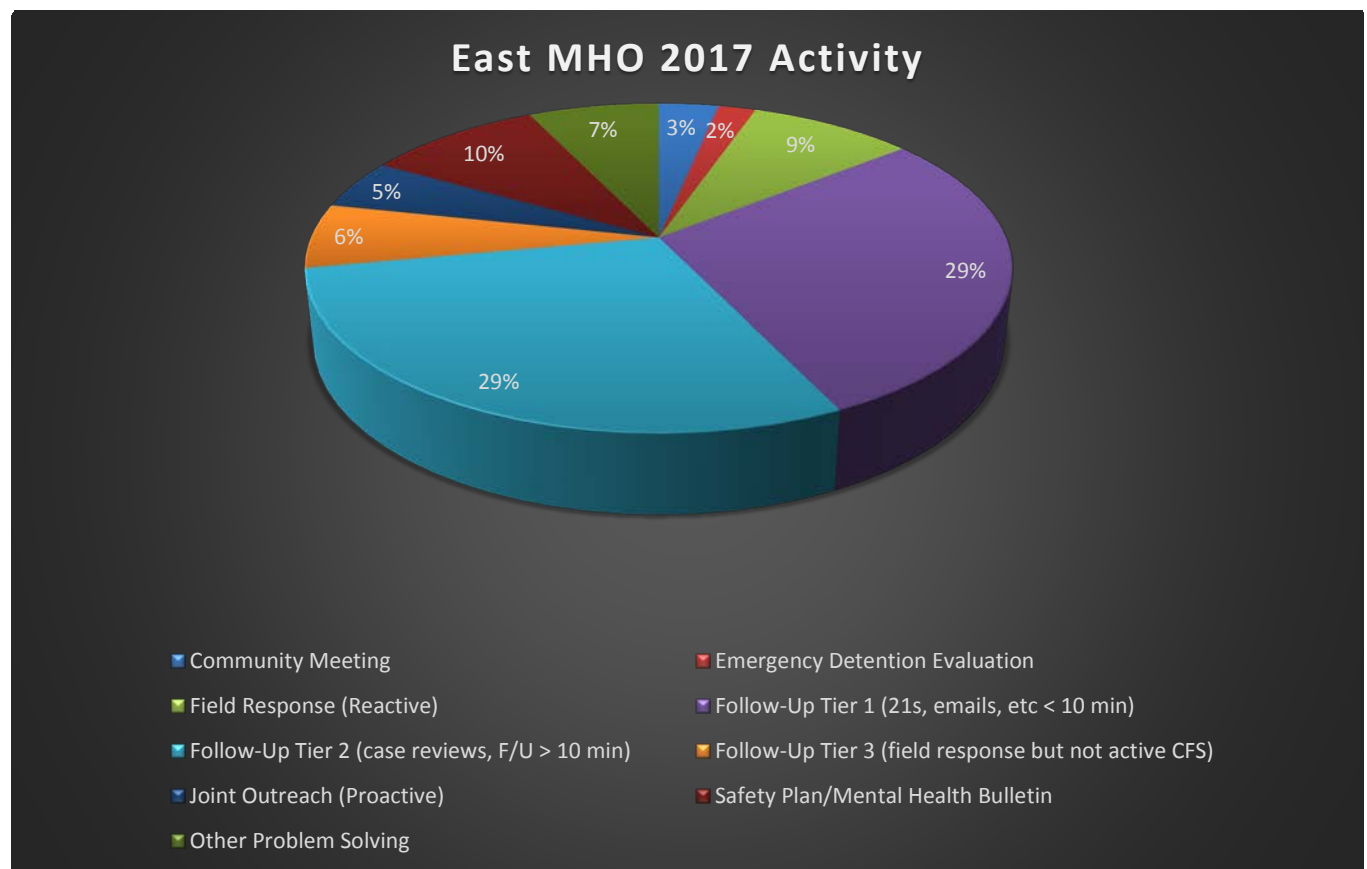


Figure 4: For visual clarity, Assist Patrol, Commitment Returns, Training Presented and Attended, and Report Review are excluded. These totaled 7% of PO Stellick’s workload. She spent 146 hours reviewing reports.

## South District: PO Andrew Muir

I started at the South District in February of 2017, replacing Investigator Joanna Hollenback who had been promoted. During this period, I also helped to get MHO Jennissen up to speed on the West District caseload and took advantage of the MHO's city-wide function to continue working on a few cases from West. Early on in the year, I established a good working relationship with the neighborhood officers in the South District, and collaborated with them on a number of cases, including hoarding and other dangerous behavior. The Special Victims Unit is also located at the South District and throughout the year, I had the opportunity to assist them with cases involving a mental health component.

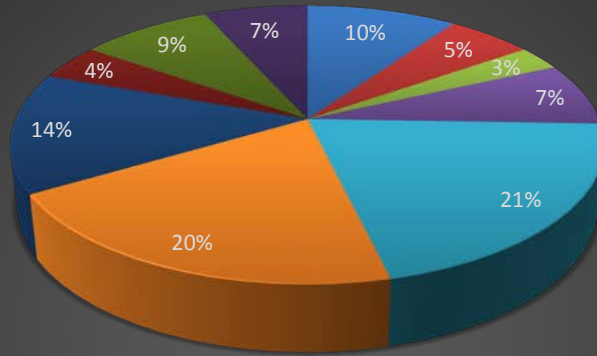
In June, I had the opportunity to attend the MPD-hosted CIT training, presented by Sergeants Kane and Woehrle. It was a great experience and a solid refresher, combining scenario based training and an impressive roster of external presenters. I also joined the Board of Directors of Family Service Madison, a local non-profit founded in 1910. Although I was approached due to my perspective as a law enforcement officer specializing in mental health, I do not perform this function while on duty.

I supervised an intern over the summer of 2017 and coordinated work with a volunteer statistician, Bradley Stieber. This resulted in a detailed officer-hours study of MPD's emergency detentions over the summer, MPD's busiest season. The focus of this study was on medical clearance duration and the effect of local hospital choice on duration and disposition. The data collection and statistical expertise of the intern and volunteer, respectively, was crucial in preparing the final report. I have also been working on strengthening our data collection and analysis and continue to pursue more program analytics, working towards better documentation and understanding of the MHO's impact and outcomes.

Throughout 2017 I continued to develop my specialty in threat assessment through research, training, and collaboration; ultimately contributing to a number of cases. I also worked with members of MPD's SWAT CNT program to help improve coordination and processes between these two work groups.

My goals in 2018 are to continue to be responsive to district needs and work to mitigate the frequency and acuity of calls for service, seeking to improve outcomes and quality of life for consumers and reduce risks. I also plan to continue developing my threat assessment proficiency and improve processes for this type of investigation.

### South MHO 2017 Activity



- Assist Patrol (CFS/Non-Mental Health)
- Emergency Detention Evaluation
- Follow-Up Tier 1 (21s, emails, etc < 10 min)
- Follow-Up Tier 2 (case reviews, F/U > 10 min)
- Follow-Up Tier 3 (field response but not active CFS)
- Safety Plan/Mental Health Bulletin
- Community Meeting
- Field Response (Reactive)
- Joint Outreach (Proactive)
- Other Problem Solving

Figure 5: For visual clarity, commitment returns, report review, and trainings attended and presented are excluded. These categories comprised 2% of PO Muir's workload. He spent 36.75 hours reviewing reports.

## Central District: PO Andy Naylor

In 2017, I continued my role in working with various community agencies to set up system meetings and home visits with consumers, to provide various de-escalation and safety trainings for the agencies, and to discuss best practices when collaborating with law enforcement. Those agencies included the Madison Public Library, The Monona Terrace, Tellurian, The VA Hospital, and The UW Behavioral Intervention Team. I continued my community engagement with the weekly “Lunch with a Cop” program at the Off the Square Club and with the monthly “Coffee with a Cop” event as part of the Veterans Outreach Program.

In addition to acting as the de facto MPD liaison to the homeless and homeless resource community and the VA Hospital, I was invited by UW-Madison staff to act as the MPD mental health liaison to UW. I also remained active in the bi-weekly homeless outreach group spearheaded by the City of Madison and Operation Welcome Home. The homeless outreach group identifies homeless individuals who have significant medical concerns and could therefore be considered for immediate housing placement. I attended the 5<sup>th</sup> annual VA Mental Health Summit and assisted with instructing the Implicit Bias presentation for Journey Mental Health’s Cultural Competency Workshop. I assisted with scenario acting for MPD’s CIT training and for UW’s CIP training.

The other Mental Health Officers and I assisted with instruction during MPD’s fall in-service, teaching a block on the emergency detention process and best practices to the entire department. I also instructed part of the State-developed Crisis Management block of instruction to the MPD academy recruits.

In addition to continuing my routine activities such as reading reports, consulting with patrol officers, and creating mental health bulletins, I maintained my vital relationship with the DA’s Office to divert individuals from the criminal justice system when appropriate. I also collaborated with the Civil Executions Deputies with the Dane County Sheriff’s Department during evictions in order to provide subjects with the necessary resources post-eviction.

As in years prior, my primary goals for 2018 will be to divert people from the criminal justice system and to work with consumers and community agencies to prevent the need for police involvement in the future.

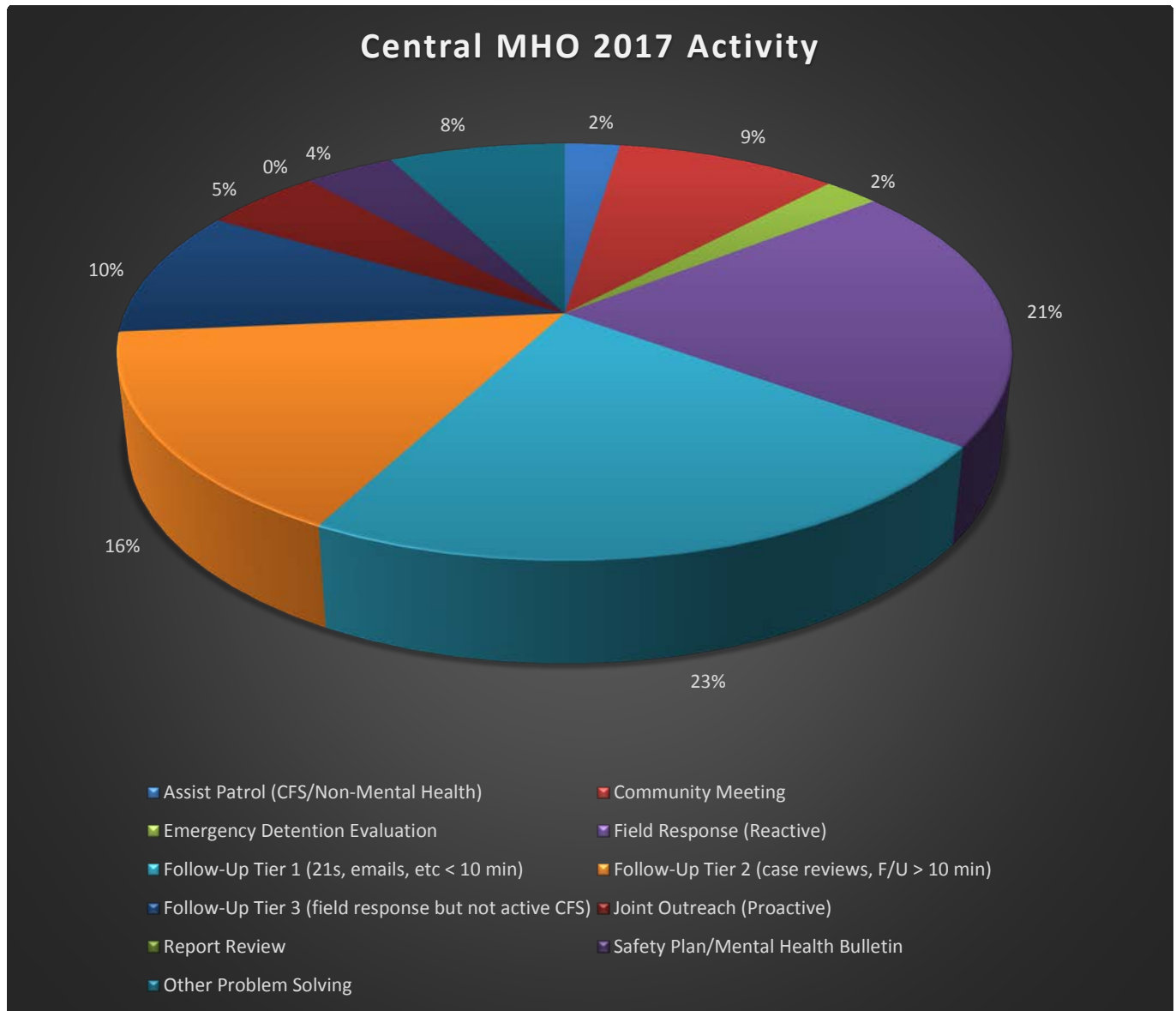


Figure 6: For visual clarity, commitment returns, report review, and trainings both attended and presented are excluded. These categories comprise 7% of PO Naylor’s workload. PO Naylor spent 121.5 hours reviewing reports.



## Mental Health Liaisons

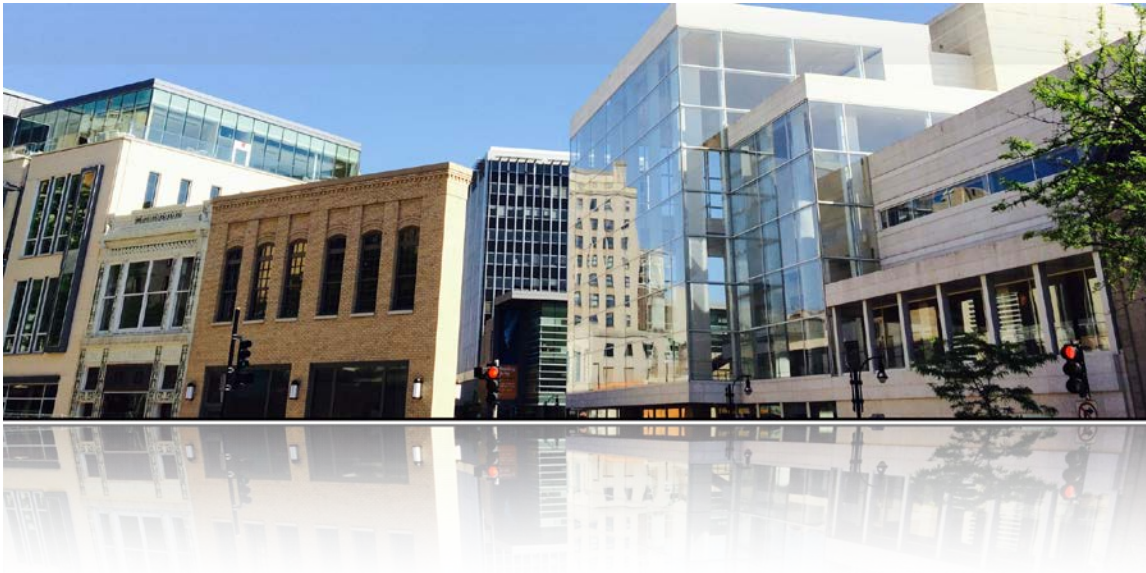
In 2017, we greatly expanded the training offered to Liaisons, moving from a monthly one-hour meeting to a quarterly eight-hour training day. This made for a significant improvement in the professionalism and development of this group. This training exemplifies how we value partnership and communication and included officers from many Dane County partner agencies like Sun Prairie, Fitchburg, Middleton, UWPD, DCSO, and others. Sergeant Sarah Shimko took the lead in this program. Training topics included:

- Response to Persons with Altered State of Mind
- Veterans' Affairs Suicide Prevention Programs
- Journey Mental Health's UJIMA Treatment Program
- VI SPIDAT housing need assessment providers

We also had a number of highly qualified expert guest speakers present, including Dr. David Mays, presenting on:

- Borderline and Narcissistic Personality Disorder & Bipolar Disorder
- Working with angry and violent/dangerous individuals
- Communication strategies with the actively psychotic
- Working with persons living with chronic suicidality

This program also continued to grow in 2017, reaching the highest number of participants ever. We now have forty officers and sergeants, spanning all shifts, districts, and experience levels.



## Bureau of Justice Assistance Learning Site

Sergeant Eugene Woehrle served as the coordinator for this program throughout 2017. On a monthly basis, the Mental Health Team provides training, guidance, and subject matter expertise to other agencies in line with the BJA's goals. Sergeant Woehrle additionally represents MPD on a national platform as part of our department's Learning Site status. Sergeant Woehrle presented to approximately twenty BJA grantee law enforcement agencies at a conference in New York, NY in April 2017. He also presented on behalf of MPD at the CIT International Conference in August 2017. He and Sarah Henrickson have also worked with BJA to review future proposals and initiatives that BJA is advancing. He and Sarah Henrickson attended a BJA conference in Washington, DC in January 2018 to help develop a new police-mental health collaboration toolkit with BJA.



Throughout 2017, MPD also hosted a two-day site visit from St. Paul, MN Police Department and a separate three-day site visit from Minneapolis, MN Police Department. Sergeant Woehrle has provided on-going information and support to the Chicago Police Department as they continue to explore their own police-mental health collaboration program as well.



BJA chose the Council of State Governments Justice Center to administer this grant nationally.

## MPD-Hosted Crisis Intervention Training



Photograph 2: CIT patch and Uniform Pin

In June of 2017, MPD hosted a 40-hour CIT class at the MPD Training Center. This training was offered in partnership with NAMI Dane County with funding from Dane County. Twenty-eight officers attended from fifteen agencies in seven different counties.

Sergeants Kane and Woehrle also provided all of Columbia County Sheriff's Office in-service, providing three eight-hour classes.

In 2018, staffing concerns at MPD will prevent us from hosting a CIT course. We aim to do so again in 2019. MPD continues to offer training well in excess of the CIT content to all new recruits.



## Crisis Worker

### Sarah Hendrickson

In my second full year as a crisis worker embedded with the MHO team, I have continued to refine this role and identify effective ways to implement it. This has included collaborating with not only the MHOs, but patrol officers, command staff, detectives, crisis negotiators, and others, to provide timely clinical consultation and assistance with complex cases involving mental health issues. I continue to appreciate the opportunity to respond to active calls for service when an individual is experiencing a mental health crisis, and I also value the flexibility and time that the MHO team has to engage in pro-active outreach to more effectively help mental health consumers who are struggling in our community. Along with my colleague who joined the MHO team as a second embedded crisis worker, I assisted MPD with their fall in-service by providing training to all commissioned staff about understanding suicide risk. I have also conducted trainings about suicide risk, mental illness, Chapter 51 mental health commitment statutes, and other topics to specialized units within MPD and to other outside agencies in conjunction with the Mental Health Officers.

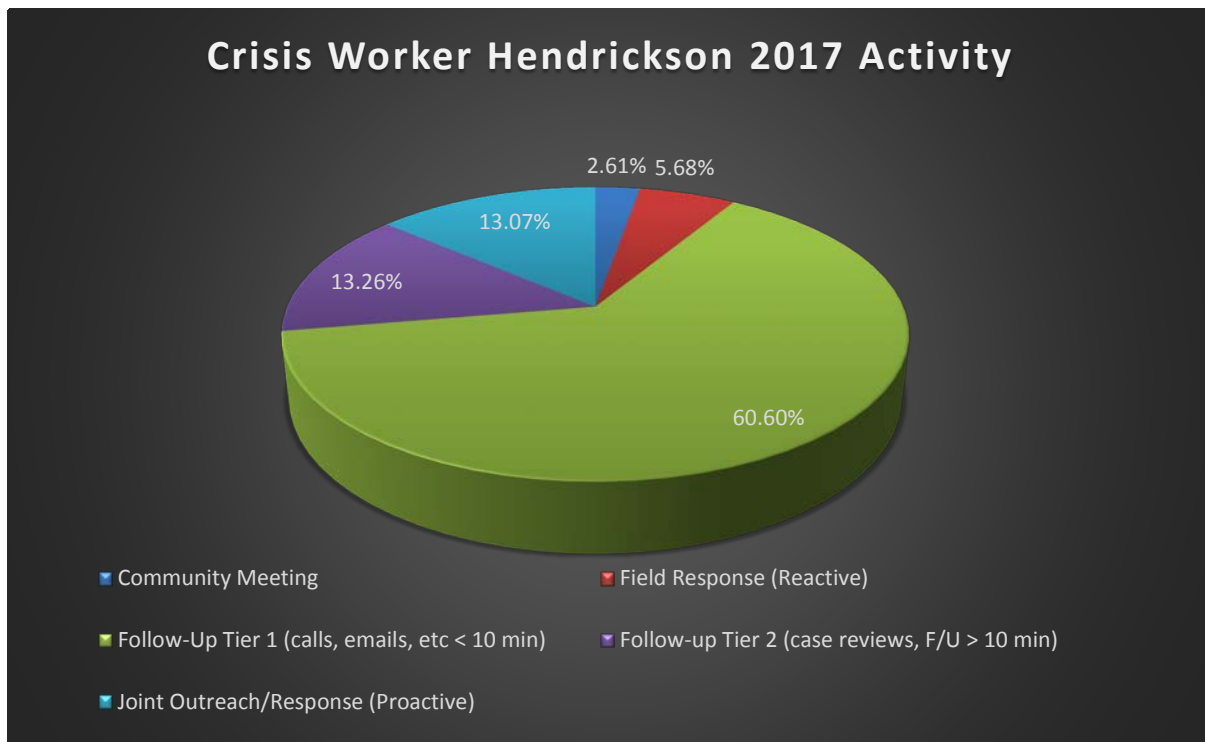


Figure 7: For visual clarity, commitment returns, emergency detention evaluation, training attended and presented, and other problem solving are not shown. These totaled 4.77% of her activity. She did assist on 19 Emergency Detention Evaluations, but this is a very small percentage of the total workload given the quantity of follow-up performed.

### Crisis Worker 2017 Total Activity

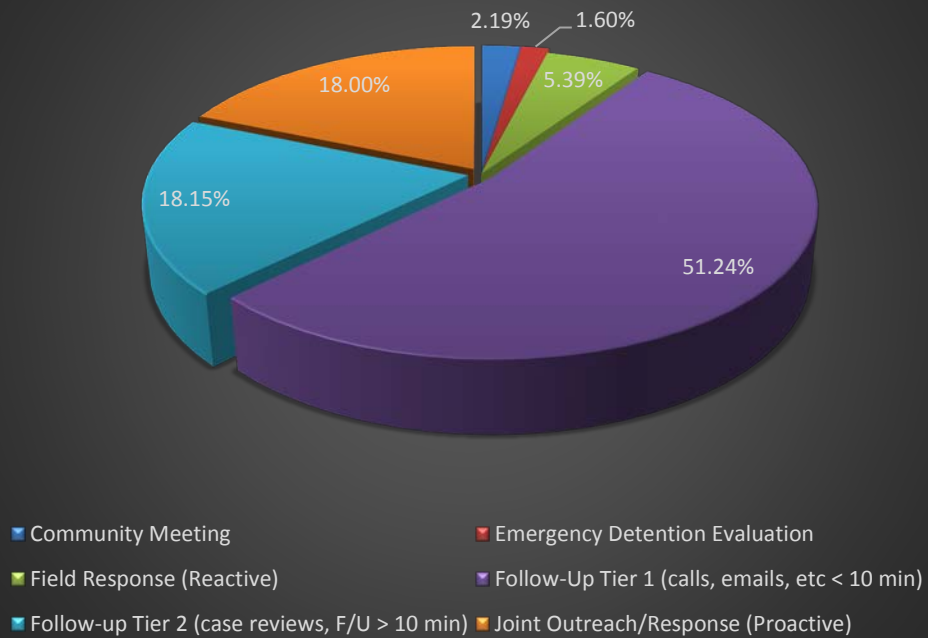


Figure 8: Rachel Barloon served on the unit for part of 2017 before accepting a full-time position at the main Crisis Unit. Because of her shorter time with us, her activity is not analyzed independently. This graph breaks down the 1372 activities recorded by both Henrickson and Barloon. It does not include activity undertaken during their regular crisis shifts, nor does it include report review. Commitment returns, meetings, Emergency Detention Evaluations (totaling 22), training attended or presented, and other problem solving, totaling 7.21% of activity, are not shown for visual clarity.

## Looking Ahead

There are three big changes coming to the mental health team in 2018. First, the department and City Council continue to support this initiative through funding a sergeant, which will bring front-line supervision to the team and bring the Mental Health Team into line with the structure of all other MPD special teams.

Second, the new Midtown District Station will mean the addition of a Midtown Mental Health Officer. This will be a much-needed addition to the team, and will greatly assist in making the workload manageable for the West Mental Health Officer in particular. In conjunction with the Sergeant, this new position will bring the Mental Health Team to full staffing for the first time.

Third, we will be integrating a new crisis worker and looking to fill a crisis worker vacancy. We welcomed Rachel Barloon to the team in 2017 as the second of three authorized embedded Crisis Workers. She will be returning to Journey Mental Health Emergency Services Unit (Crisis) full time starting in March 2018. Jon Baskin, who has concluded initial training and is beginning to work at the police department now, will replace her. Dane County continues to support this vital program by funding up to three Crisis Workers who are embedded at the Police Department 3 days a week. We will fill all of these positions in 2018.

The MHO team is excited to continue presenting training such as the Mental Health First Aid series to community groups and law enforcement. MHOs also assist heavily in mental health-related scenario-based training for the MPD recruit academy and other agencies such as the Sheriff's Office and Dane 911, and we will continue to provide this training in 2018.

## Needs

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. Sometimes, because the vehicles are shared, MHOs must return the cars at 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. The OIR assessment also suggested issuing unmarked vehicles to the MHOs.

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. Sometimes MHOs work different hours four or even five days a week, 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 2018. We would then seek additional vehicles in subsequent years until the unit is fully equipped.

## 2018 Goals

As mentioned, 2018 will be a year of change and growth for the unit. Our goals are to:

- Fully integrate the new sergeant and MHO
- Work with the sergeant to strengthen workflow, processes, and program management
- Recruit, select, and on-board a third embedded crisis worker
- Strengthen and expand partnerships with other agencies, community partners, families, advocates, and consumers to reduce acuity and frequency of police contact and to increase safety for all
- Increase identification of veterans and resource connections and information sharing
- Measure program outcomes for consumers
- Conduct additional, detailed program analysis and resource analysis to better understand MHO efficacy and the investment of police resources in emergency detentions

Respectfully submitted on behalf of the Mental Health Unit,

A handwritten signature in black ink that reads "Andrew Muir". The signature is written in a cursive, flowing style.

Police Officer Andrew Muir, 4497  
Mental Health Unit  
Community Outreach Division  
Madison Police Department