



CITY OF MADISON POLICE DEPARTMENT
STANDARD OPERATING PROCEDURE



Mendota Mental Health Institute Response (MMHI)

Eff. Date 01/15/2020

I. GENERAL

- A. Mendota Mental Health Institute (MMHI) Overview. MMHI consists of two separate institutions managed by one administration: MMHI and Mendota Juvenile Treatment Center (MJTC).

1. MMHI

- a) 293 inpatient bed State psychiatric hospital. With the exception of the coed geriatric civil unit in Stovall Hall, all patient beds are for adult male patients.
- b) Patients are placed at MMHI through the State's mental health laws:
 - i. Chapter 51 or Chapter 55 through the "civil commitment" process
 - ii. Chapter 971, the forensic commitment" process (the majority of MMHI patients are forensic patients)

2. MJTC

- a) 29 bed juvenile treatment center
- b) Houses male residents who have been adjudicated delinquent under Chapter 938
- c) Residents have both behavioral and mental health concerns and are transferred from the Wisconsin Juvenile Corrections System

B. Patient Buildings

- 1. Goodland Hall: Houses 5 maximum security units (93 male patient beds) and 3 medium security units (63 male patient beds). Visitors are all metal detected and packages searched.
- 2. Lorenz Hall: Houses 2 medium security units (42 total male patient beds).
- 3. Lorenz Hall Annex: Houses 1 MJTC unit (29 male juvenile beds) and 1 maximum security forensic unit (14 beds).
- 4. Stovall Hall: Houses 1 civil unit (16 coed geriatric patient beds); one medium/minimum (25 male patient beds); and one minimum security forensic unit (25 male patient beds).
- 5. Building 10: Houses 1 minimum security unit (15 male patient beds) designed to help transition patients to community placement.

NOTE: Hope Haven, an adult residential substance abuse treatment program, located on the southwest corner of Memorial Drive on MMHI grounds, is managed by Catholic Charities rather than by MMHI. If issues arise regarding Hope Haven or its clientele, please contact their on-site staff at (608) 441-0204.

C. Weapons Policy

- 1. Officers are permitted to carry weapons anywhere on the grounds. However, unless called to an on-going, major disturbance involving multiple patients, weapons (firearms, ammo, knives, ECD, baton, OC spray, etc.) may **not** be brought into a building where patients may be present (including all buildings listed above and Food Service).
- 2. Officers entering patient care buildings have two options regarding their weapons:

- a) In the trunk of their squad
 - b) In a designated gun lock box available in Goodland Hall, Lorenz Hall, and Stovall Hall
3. If police are called to a major incident at the request of Security involving multiple patients in an on-going, major disturbance (e.g., a hostage or active shooter situation), police would be allowed to take any weapons and gear any place on the grounds, including patient buildings.

II. MMHI DISTURBANCE PLAN

- A. MPD will be the initial law enforcement agency contacted in the event of a disturbance, escape, hostage taking, etc.
- B. MPD will advise the Director/Designee of MMHI on all law enforcement/public safety concerns.
- C. MPD will provide an appropriate number of officers to respond to the situation.
- D. MPD will provide appropriate specialized law enforcement capabilities (such as S.W.A.T. or hostage negotiating expertise).
- E. MPD will be the lead coordinating agency for all law enforcement agencies that may respond.

III. REQUESTS FOR CRIMINAL INVESTIGATION

- A. MPD will be the point of contact in the event of a potential criminal action by a patient (whether it is a patient-to-patient event or a patient-to-staff event).
- B. Self Reports. For less significant events (e.g., those that do not involve injury or there is question regarding whether or not an incident occurred), MMHI provides patients or staff with Self Reports they can complete and send to MPD.
- C. When an incident meets certain criteria, MPD may be contacted for a criminal complaint investigation. At times, a patient or a patient's family member will call MPD directly requesting an investigation. MPD is encouraged to contact Security prior to arrival so that MMHI Security can facilitate the investigation including gathering documentation.
- D. Interviewing Patients
 - i. When an officer is called to investigate an incident involving a patient, staff will make the patient available for an interview.
 - ii. Because MMHI patients are generally deemed to be "in custody," any suspect patient interviews should be preceded by a Miranda warning.
 - iii. Recordings must be taken for any juvenile suspect interviews and for adult suspect interviews that involve possible felony offenses unless good cause is shown for not making an audio or audio and visual recording of the interrogation. MMHI/MJTC does not provide recording equipment.
 - iv. Mental Capacity: Issues about competency and mental responsibility will often be raised with respect to criminal offenses occurring at MMHI. Accordingly, evidence of the offender's mental status at and around the time of the offense is important. The interview should include questions regarding whether the offender understood his conduct was wrong and whether the offender was capable of conforming his/her conduct

to the rules/laws. To the extent possible, evidence should include observations by staff, statements made by suspect, prior relationship between suspect and victim and motive.

- v. MMHI Patient Documentation will be gathered by MMHI Security and provided to MPD. The documentation packet will include the following:
 - a) Request for Criminal Investigation Review
 - b) Patient Statements
 - c) Patient Facesheet
 - d) Legal Charges/Commitment Status
 - e) Social History
 - f) Progress Notes/Documentation of Incident
 - g) Photos of any injuries
 - h) Possible DVD of Incident
- vi. MJTC Youth Documentation will be gathered by MJTC staff and provided to MPD. The MJTC documentation packet will include the following:
 - a) Face Sheet (DOC-1701)
 - b) Detainer
 - c) Extension/Dispositional Order
 - d) Waiver (Staff and Resident Battery)
 - e) Inter-Institution Transfer Summary (DOC-1980)
 - f) Conduct Report and Placement (DOC-1843/1843A & DOC-1842)
 - g) Progress Notes (DCTF-457H)
 - h) Commitment Information
 - i) Progress Summary (DOC-1941)
 - j) Admission Psychiatric Evaluation
 - k) A & E Report (DOC-1933)
 - l) List of Medications (DCTF-1833 & DCTF-1834)
 - m) Annual Medical Review
- vii. Police Report and Staff Information: If the police report includes an interview with staff, please do **not** include staff personal contact information (home address or personal phone number) in the police report. Instead, please include the MMHI address (301 Troy Drive, Madison, WI 53704) and the MMHI Number switchboard number, (608) 301-1000.
- viii. Arrest/Custody: Given that MMHI patients are already considered to be “in custody,” as a general rule, patients will rarely be subjected to physical arrest. In extremely rare cases, a physical arrest could be made. If that situation were to arise, consult with the Officer in Charge (OIC).
- ix. Referral to the District Attorney (DA): In most situations where Probable Cause (PC) exists, the case will be referred to the DA's Office. This is in the interest of MMHI and MPD. The North District Detective Lieutenant will route incident reports to the Criminal Intake Unit for referral to the DA's Office.

IV. SPECIAL POLICE RESPONSE

There are a varying number of MMHI patients specifically designated as High Risk/Security housed in Goodland Hall Maximum Security. Due to the serious escape risk, the following procedure has been developed if a need arises to convey a high risk/security patient to a local hospital for an emergency visit.

1. All conveyances will be made by Madison Fire Rescue. The patient will be placed in full restraints before leaving the institution and will remain in restraints unless a medical emergency dictates otherwise as determined by the physician.

2. Under emergency circumstances, MMHI staff will call "911" and request "an ambulance and two Madison Police Officers to assist in transferring the patient to UW Hospital." MMHI staff will remind the dispatchers that the request is in regard to a "High Risk/Security" patient and will request the officers and ambulance respond to Goodland Hall.
3. Upon arrival, the EMS unit, in consultation with emergency room personnel, will assess the patient and determine whether transport to UW Hospital is necessary. If transport is needed, the EMS unit will not leave for the hospital prior to the arrival of the escorting MPD squads. However, should medical considerations dictate an immediate departure, EMS will communicate with MPD via "911" and arrange to meet or communicate their location and direction of travel. Two unarmed, MMHI personnel will ride in the ambulance with the patient and remain with the patient at the hospital.
4. When departing from MMHI, two MPD officers will escort the ambulance to the hospital. Officers should be mindful that the escape risk may involve the patient acting alone as well as the possible use of accomplices to assist them or provide them with contraband. While en route to the hospital, officers shall communicate their ETA to UW Hospital to alert them of their arrival and to prepare security procedures.
5. Upon arrival, officers will be relieved of security responsibilities by UW Police who will assume this task while the patient is in the hospital. However, MPD officers will not leave the hospital until UW Police are present and the official transfer of security has been clearly established.
6. Should a need arise to transfer the patient back to Mendota from the hospital, MMHI security will again contact the "911" Center and request a two officer escort back to the institution. Two MPD officers will be dispatched to UW Hospital who will again follow the same security precautions in escorting an MMHI security vehicle with the patient back to MMHI.
7. In the event of a preplanned medical appointment, MMHI staff will utilize the Special Duty Police Work process.

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