

MADISON POLICE DEPARTMENT
COMMUNITY OUTREACH
CAPTAIN KRISTEN ROMAN

MENTAL HEALTH OFFICERS:

OFFICER CARLIN BECKER
OFFICER EUGENE WOHRLE
OFFICER ROBERTA STELLICK
OFFICER JOANNA HOLLENBACK
OFFICER ANDY NAYLOR



MENTAL HEALTH OFFICER TEAM
2015 YEAR-END REPORT

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) Specialized Police Response (SPR) program 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 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. [1] While our Mental Health Liaison Officer Program has been the backbone of our SPR 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. Training that all officers receive includes an overview of major mental illnesses, scenario-based de-escalation training, emergency detention processes, consumer panel discussions, interagency collaboration and community resource options, to name a few topic areas covered during this nearly nine-month integrated learning experience. A second layer of police service in place since 2004 is provided by our volunteer district Mental Health Liaison Officers. These volunteer officers – who total over 20 in number 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, mental health service providers, and individuals with mental illness. Our Mental Health Liaison Officer 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 SPR programs in place to better serve people with mental illness in their communities.

Building on the success of our Mental Health Liaison 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 service to people with mental illness, MPD installed five full time Mental Health Officers in February of 2015. This program expansion added a third layer of specialized response to our existing approach. Working in conjunction with Patrol Officers and Mental Health Liaison Officers, the Mental Health Officers collaborate with consumers and caseworkers to meet the needs of individuals with mental illness *before* a crisis occurs. 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.

Patrol Officers

Mental Health Liaison Officers

Mental Health Officers

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 Mental Health Officer (MHO) is not to provide mental health services. Obviously, our Mental Health Officers are not clinicians or diagnosticians. Instead, 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. Not unlike our Neighborhood Officers, Educational Resource Officers, or Gang Officers, the Mental Health Officers address a specific community or population, namely those with or affected by mental illness. 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 patrol resources most often tasked with providing services to people with mental illness. 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 citywide team, with district responsibility 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. Individuals with mental illness and the mental health providers who support them are not restricted by our district boundaries. 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 five officers were selected through a competitive process based on their demonstrated qualifications to include an understanding of various mental illnesses and a proven ability to interact with people living with mental illness with sensitivity, patience, and compassion; an understanding of Emergency Detention processes and other mental health system processes; strong communication skills; an ability to form strong working relationships with partner agencies; proven ability to lead and work in a team environment; strong organizational skills; an ability and willingness to work a flexible schedule when needed; and an ability to work independently while mindful of the overall team mission.

As with any new position, it was expected that certain responsibilities would emerge over time as specific needs were identified and as this pilot program evolved through its early development. 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 year progressed, several areas deserving of concentrated focus or further system expertise were identified and assigned to each one of the five officers to take a lead role in addressing. For example, several individuals facing eviction from housing as a result of their extreme hoarding behavior presented particular challenges. Two of these ultimately took their own lives when confronted with the prospect of eviction and the loss of all their accumulated belongings. As officers worked with these individuals over time, it became apparent that the presenting issues required interagency coordination and a more in-depth understanding of the behavior, resources available, and efforts necessary to help keep individuals whose mental illness involves hoarding behavior safe and in housing. Mental Health Officers Carlin Becker and Roberta Stellick were assigned to take the lead on addressing this specific population and to work with relevant partner agencies that are also called upon to assist in these cases. Other areas of specialization that were assigned within the team include Crisis Intervention Training (CIT), Alzheimer's & Dementia Care, and Developmental Disabilities (Officer Eugene Woehrl); Mental Health First Aid Training (Officer Carlin Becker); Veteran Outreach Program, Homeless Consortium; VA Hospital (Officer Andy Naylor); Consumer Panel Coordination (Officer Roberta Stellick); Recovery Coalition of Dane County, Probation and Parole/Re-entry Programs (Officer Joanna Hollenback).

Agency Collaboration

The success of our Specialized Police Response (SPR) program requires significant collaboration with a variety of agencies. These collaborations are longstanding and preceded the expansion of our SPR to include the full time Mental Health Officers but were further enhanced with their added layer of concentrated service. Agencies with whom the Community Outreach Captain and Mental Health Officers 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 Hospital, St. Mary's Hospital
- Waisman Community TIES
- Tellurian

In addition, Community Outreach Captain, Kristen Roman, currently serves on the Board of Directors for Journey Mental Health Center and previously served (6 years consecutively) on the Board of Directors for NAMI Dane County. Officer Naylor is a member of NAMI Dane County's Advocacy Committee, and Officer Hollenback is a

member of the Recovery Coalition of Dane County. 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 Review

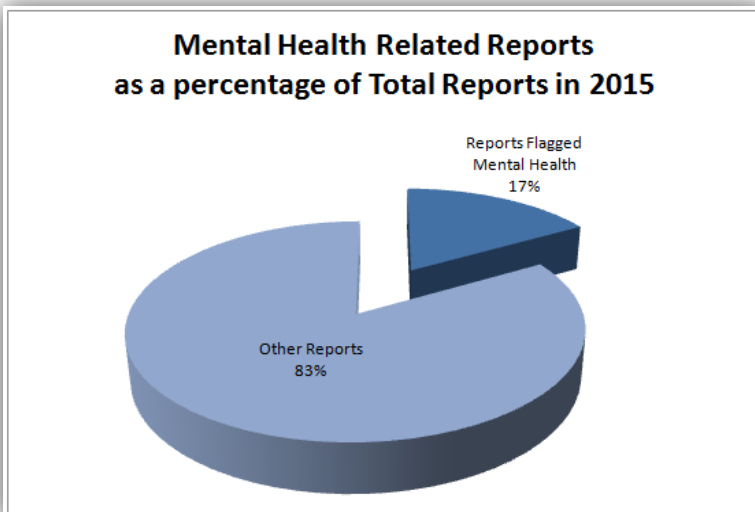
While the Mental Health Officer program was installed in February of 2015 as a pilot initiative having yet to prove its efficacy, examples of the team's success came early and often. It did not take long for the team's collective efforts to receive widespread acknowledgement and support. Not only did the community consistently voice their overwhelming appreciation throughout this past year, but our toughest customer from the outset – patrol officers concerned that the reduction by five officers to patrol staffing would increase workload and potentially create officer safety concerns – quickly became staunch advocates and frequent utilizers of the added support and expertise the Mental Health Officers provided.

Patrol officers completed reports on approximately 3100 mental health related calls for service in 2015* - an average of nearly 60 mental health cases per week that required police intervention such that documentation in a police report was warranted. These 3100 mental health cases comprised approximately 17% of the total number of case reports completed by patrol officers in 2015. Many other mental health related calls for service are cleared

by the officer with no further report necessary given the limited scope of the interaction or action taken to resolve the presenting issue. From a jail diversion perspective, nearly 90% of the 3100 reports documenting police contacts with individuals with a mental health related issue resulted in a non-arrest/jail diversion outcome.**

**Total number of mental health related incidents is higher than the total number of reports completed on these incidents.*

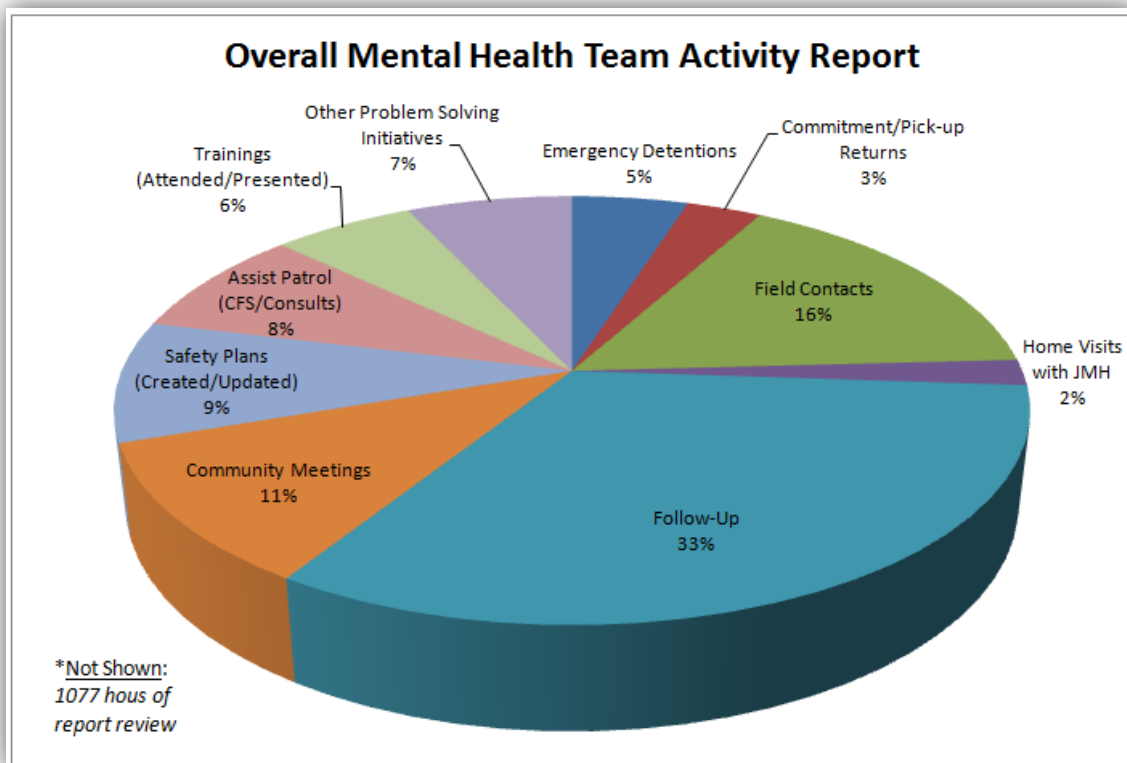
*** Does not include non-arrest outcomes following mental health related police contacts that did not require the completion of a report.*



Given the volume of total calls for service involving a mental health related issue, the work of the five Mental Health Officers 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. In 2015, the MHOs fielded 73 emergency detentions for a total of 352 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 352 hours that the Mental Health Officers spent on emergency detentions in 2015 translated into 352 hours that patrol officers were available to fulfill their primary function as first responders to emergent calls for service. This one area of Mental Health Officer 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.

In addition to 73 emergency detentions, in 2015 the Mental Health Officers conducted 47 Chapter 51 commitment returns (169 hours); made 240 field contacts; accompanied Journey Mental Health workers on 30 home visits; initiated follow-up on nearly 500 cases; created 140 individual safety/response plans for individuals with mental illness; assisted patrol with approximately 125 calls for service; attended 160 community meetings; attended or provided 90 professional trainings; devoted 450 hours to over 100 problem-solving initiatives; and spent over 1000 hours reviewing mental health related police reports.



Mental Health Officer Individual Activities

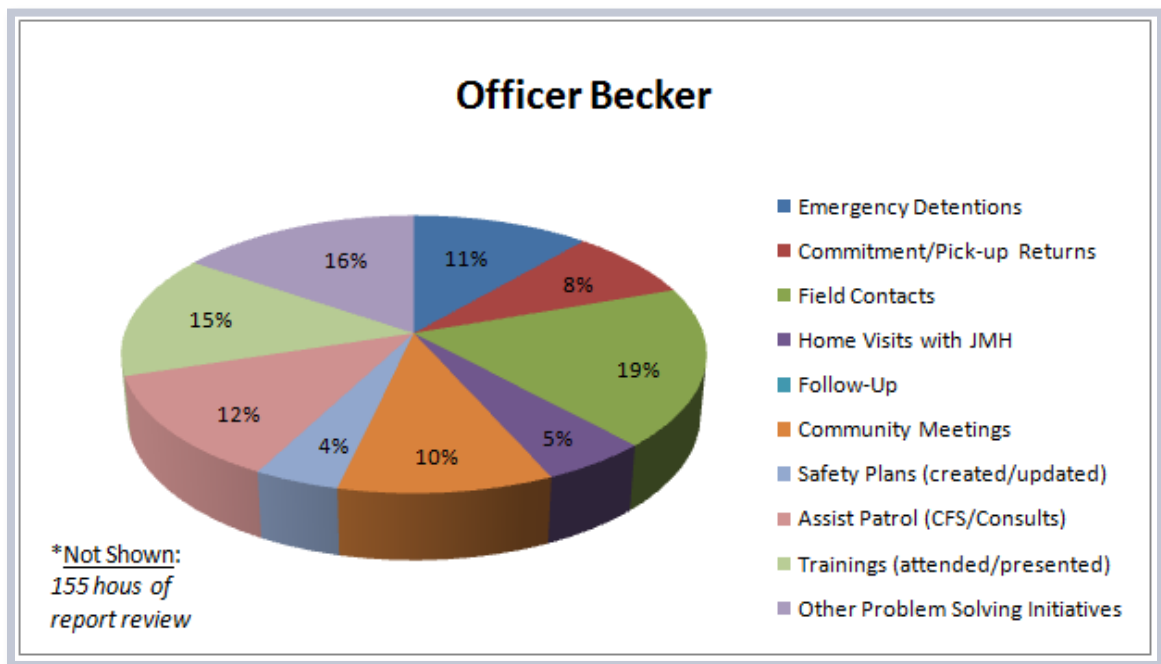
Upon their installation in February 2015, each of the Mental Health Officers was assigned to provide support to one of our five districts in order to address district-specific mental health related issues. Working directly out of their respective districts, the Mental Health Officers connected daily with patrol officers, detectives, supervisors

and command staff to coordinate follow up on mental health cases, conduct outreach to individuals with mental illness who generated police contact, develop individual response plans, and coordinate the compilation and dissemination of relevant information both internally and externally. Though the Mental Health Officer team met weekly to plan and schedule various team activities and to address citywide systems issues, each MHO worked out of their respective districts on a daily basis.

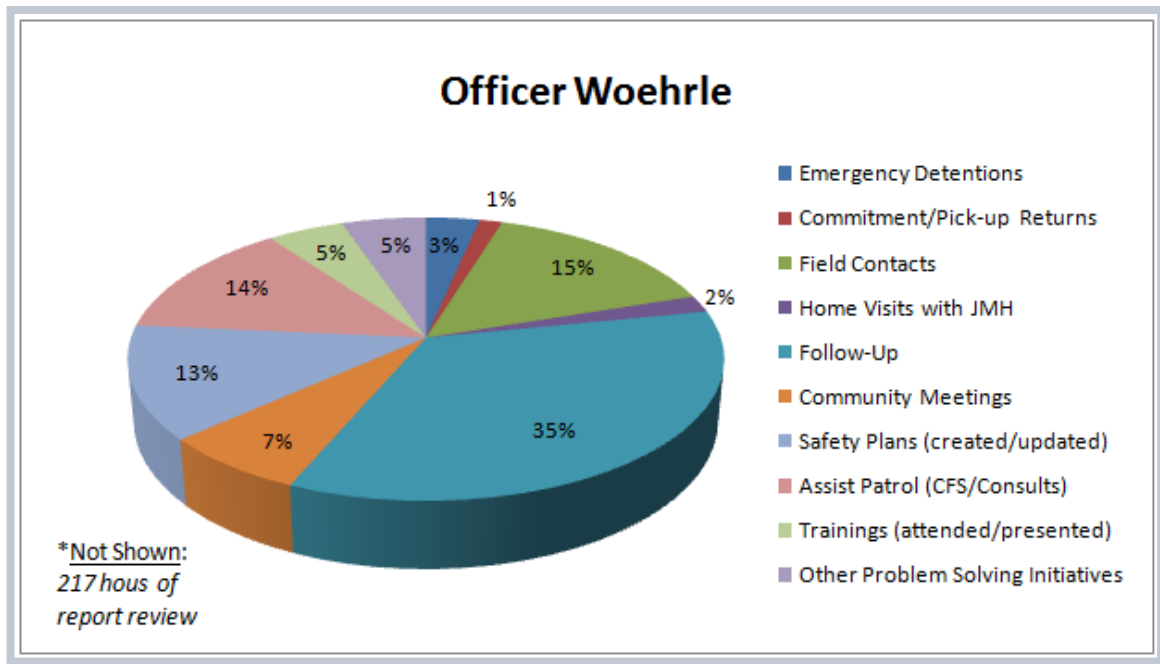
Each district presents its own unique issues and challenges with respect to individuals with mental illness who reside, work, or receive mental health services within that particular district. Even so, these individuals and the various agencies and facilities that serve them all operate within a larger mental health system. Providing a specialized police response within this larger system requires that the Mental Health Officers become familiar with not only the mentally ill individuals within their districts, but the various agencies and systems that comprise the overall system as well as the ways in which the criminal justice system intersects with the mental health system. Cultivating this systems knowledge and expertise, allows the MHOs to best provide guidance and consultation to patrol officers, collaborate with Journey Mental Health and other service providers, and educate individuals, families, partner agencies, and various other community members.

Throughout the year, the Mental Health Officers maintained a log to track their activities in specific areas of responsibility. The data gathered assisted in workload management, provided quantitative data to measure the impact their activities had on patrol resources, and captured outreach and follow-up details to assist in program evaluation. The tables below show individual Mental Health Officer activity for 2015 based on the specific categories it was determined would be most useful to track. While the activity log captures the bulk of the work these officers performed during the year, it is not all-inclusive given that not all work activities fit into one of the designated categories.

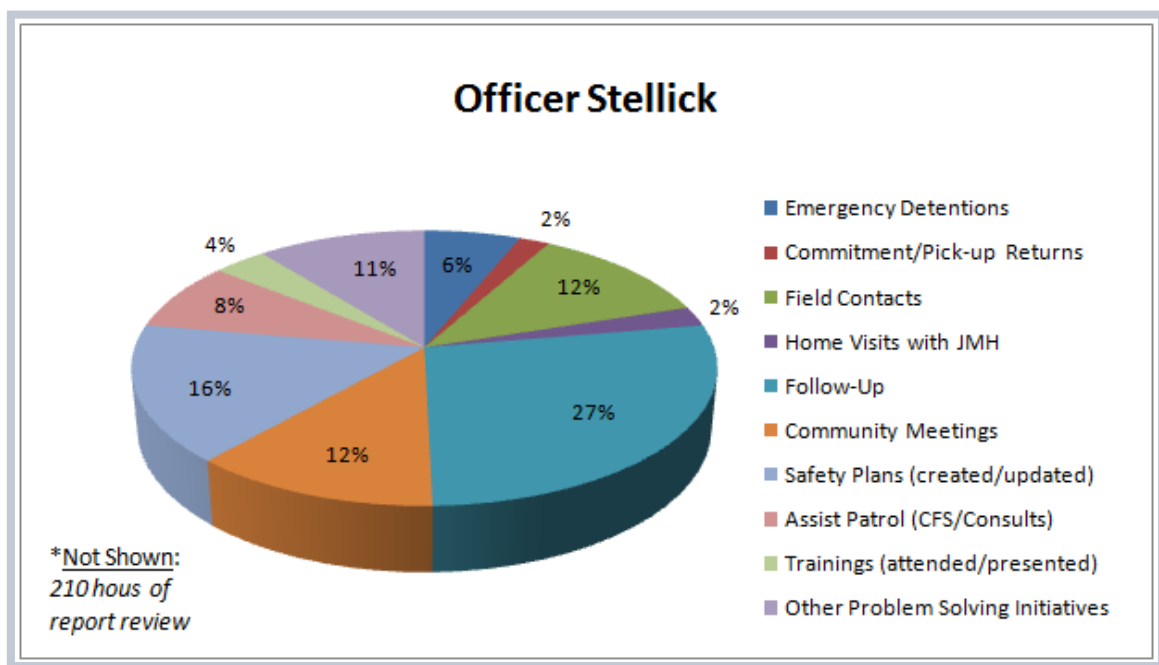
NORTH DISTRICT



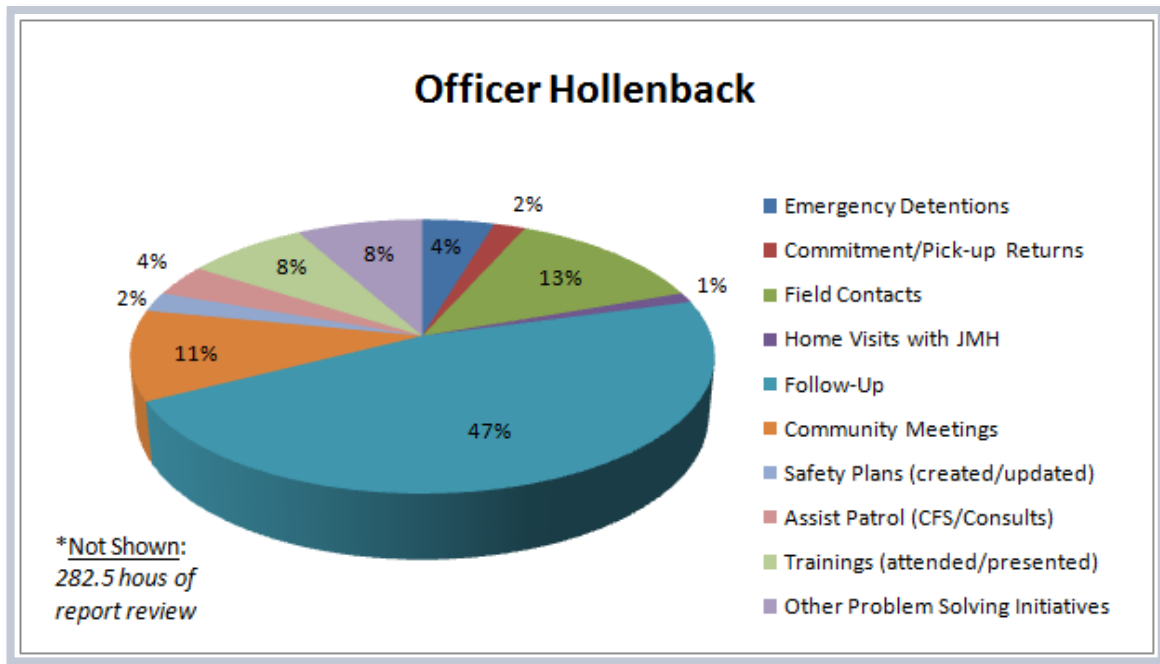
WEST DISTRICT



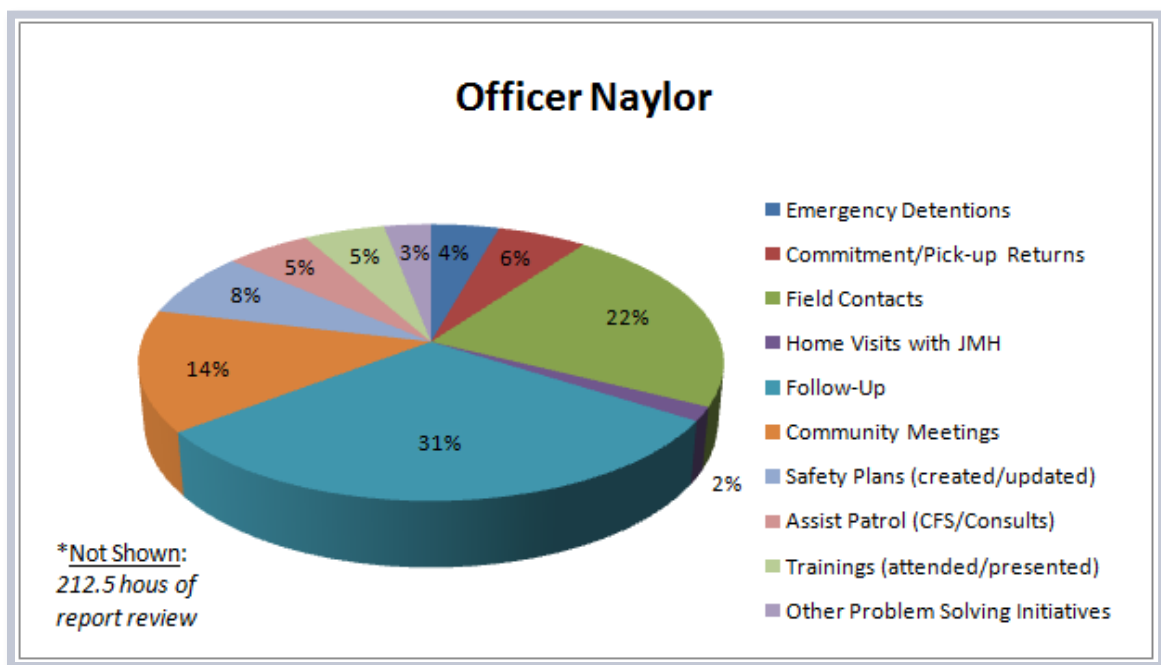
EAST DISTRICT



SOUTH DISTRICT



CENTRAL DISTRICT



Looking Ahead

In February 2016 – the one-year marker for our full time Mental Health Officer initiative – our SPR took another leap forward with the addition of a dedicated in-house Crisis Worker from Journey Mental Health. This type of co-located or co-responder model has emerged as a best practice for police/mental health collaborative responses and many agencies across the country have a similar model in place. MPD was the first agency in Wisconsin to dedicate full time officers to mental health related cases and now the first agency in the state to add an in-house clinician to this team.

As with any new initiative, the details as to the various ways in which this crisis worker will support MPD and connect individuals with mental illness who generate police contact to necessary mental health services will come into better focus once fully in place working with the Mental Health Officers, Mental Health Liaisons, and patrol on a regular basis. To begin, the crisis worker will work 3 days per week and is assigned to the Mental Health Officer Team within the Community Outreach section of the Department. The crisis worker will team primarily with the MHOs to conduct follow-up and outreach, but she will also be available to respond into the field to support patrol and the MHO's on emergency detentions or other mental health calls as they arise. One of the most valuable aspects of this initiative is that the crisis worker will be in the unique position of having access to all the resources and information available to her from Journey, as well as access to certain MPD information systems thus providing her with all the pieces of the puzzle to help inform and guide our joint responses. This does not mean that the floodgates to confidentiality will be flung wide open as she will still be bound by those same professional parameters, but it does mean that she will be able to work more effectively within those parameters given that she will have more comprehensive information to bring to bear on the situation at hand.

It is our hope that the addition of this in-house crisis worker will improve our collective field response, prevent crises from arising, facilitate hospital and jail diversion, and provide a more effective service overall to people with mental illness. This is a first for MPD and for Journey so we expect some unforeseen bumps in the road but given our longstanding partnership we are confident that this step is the beginning of a new and greatly improved chapter of collaboration.

In addition to the in-house Journey Crisis Worker, in 2016 we will partner with the University of Wisconsin Sociology Department to further develop our data collection and program evaluation measures. While the number of specialized police response programs across the country has increased significantly in the last 5-10 years, the program specifics vary greatly from department to department and city to city. The essential elements that these programs seek to employ are universally embraced, but how each department works to enact these elements is as unique as the department itself and the city it serves. For this reason, few SPR's have established evidence-based program measures or standard program evaluations designed to assess outcomes and community impact. Based on the strengths of our existing SPR, in late 2014, MPD was selected by the Council of State Governments (CSG) Justice Center as the project site for their Law Enforcement-Mental Health Data Collection Intensive Technical Assistance initiative. The goal of this project was to identify strategies for valid and reliable data collection and analysis to provide law enforcement and behavioral health agencies data-driven approaches for tracking performance and making policy decisions. Their stated intent was to draw upon our experiences – especially concerning mental health records and data analysis – to provide guidance and assistance for other SPR programs around the country, as well as enhance the operations of the MPD and Journey Mental Health Center. Using the recommendations that came out of our participation in this CSG Justice Center project, and through collaboration with UW researchers and Journey, we hope to enhance our data collection moving forward and put in place evaluative measures to help us further improve our program. Data

collection adjustments that have been made beginning in 2016 include: The ability to better track incidents where individuals with mental illness are diverted from jail or arrest, the creation of an activity log to track the work of our new in-house crisis worker, and the creation of a CAD code to capture mental health calls whether they are cleared with a report or without a report.

It is clear that the Mental Health Officer team, which now includes an in-house crisis worker and a researcher from the UW Madison, has proven its value and has moved from pilot status to permanent fixture for the foreseeable future. Currently, the Captain of Community Outreach oversees this program and all its layers of service operationally and administratively. In addition, the Captain of Community Outreach is responsible for oversight of no fewer than 14 other community outreach programs and initiatives. As such, the absence of a direct supervisor at the rank of sergeant to provide day-to-day team coordination limits its efficiency and potential. It is the only specialized team in the Department not rooted to a chain of command that includes a front-line supervisor. For this reason, it is strongly recommended that we work to establish a sergeant position for the Mental Health Officer team to provide daily support to the MHOs, plan schedules, manage workload, share information, review reports, make follow-up assignments, attend relevant community and stakeholder meetings, develop and implement training and educational initiatives, and serve as the on-sight supervisor for the assigned crisis worker. In addition, the sergeant would work directly with our research partner to coordinate the development of program evaluation measures, thus increasing program accountability.

Testimonials

From early on, positive feedback regarding the work of the Mental Health Officers streamed in from community members and patrol personnel alike. This supportive feedback came in various forms – emails, phone calls, letters of thanks, and in-person exchanges. The following is but a sample of the many comments received during the team's inaugural year:

From community members and service providers –

“The folks who had direct contact with the female officer talked about how she had prevented a mentally ill woman from losing her housing and helped keep her following her programs to be successful in her community instead of being totally disruptive. I would expect all of the MHO's deserve a compliment for taking on this challenging job and doing it well.”

“I wish I could recognize by more than a thank you all the police officers that were there to help and support me during my mental health crisis. I know at the time I was difficult, but I can honestly say the officers helped save my life.”

“As you well know, our severely mentally ill clients often, unfortunately, have police contact. Although we have historically had really positive interactions with the officers we've worked with, it is incredibly gratifying to know that we now have strong advocates who are so competent and capable and dedicated to working with the mentally ill.”

“I am one of the ED social workers at a local hospital and have had the pleasure of working with your officers tonight. They were patient, understanding and very helpful with a difficult patient. Thank you for the wonderful work and training your officers have gotten for working with people with mental health issues.”

"Thank you and thanks for making yourself available and for the extended time you gave answering our many questions. We are all very excited about working with you; this program will only serve to improve relationship and understanding and we are grateful that it has been started in Madison."

"I cannot tell you how happy I am that you are at the forefront of initiating the mental health officer program at MPD. Your awareness and understanding of mental health consumers will have a positive impact for them and the entire community. I am confident that other departments in the county and beyond will follow your example with similar programs."

"You've given me hope. Something I haven't felt in a long time."

"I applaud you on the formation of this new group. It is unfortunate that the police force is having to take this on but this will only make MPD shine more than they already do."

"Thank you for the Mental Health Officers. My ex-husband suffered from depression and ultimately killed himself. This hits home. You build much good will with this program."

"I am so happy to see your initiative regarding mental health officers! My son, who has anxiety disorder and suspected Asperger's, recently went through the justice system and I was so disappointed at some of the things that happened throughout the course of the case and the way things transpired. If there is anything I can do to help please let me know!"

From MPD personnel –

"This is a good example of utilizing the MHO in a proactive manner. While we may never be able to quantify the number of calls averted or officer hours saved, it clearly demonstrates the use of this initiative the way it was intended. Nice work!"

"I wanted to take the opportunity to say 'thank you' for the time and effort you put into this case. I believe your attention to the situation and keeping patrol plugged in was extremely helpful. Having your expertise available during the process was much appreciated."

"In two weeks I have had 3 contacts with this unit. To say I have been impressed is an understatement. Their work ethic, understanding of the mental health system and ability to network within it have proven to be incredibly beneficial to not only those who suffer from mental illness but also to Patrol Officers that respond to these sometimes very dangerous calls."

"They are sharing info ahead of time on potential officer safety situations that may or may not have happened prior to the creation of this unit. Without the background info generated by your unit I am certain that the result of this case would have been a trespass arrest followed by a call to crisis which indeed would have been a band aid approach. Please pass on my thanks and gratitude from Patrol to your unit for their hard work and dedication."

"Hello... just to let you know the MHO helped us SO MUCH in patrol."

From the Mental Health Officers –

“The relationships that we develop as a result of our ability to focus our problem-solving efforts have benefited not just the reduced number of calls for service to these various addresses, but it has reduced the workload required by patrol officers who are also juggling calls for service in their beats.

I believe there is always hope (I could not do this work if I didn't) and feel quite privileged to be in a position that allows me to participate in these greater discussions and help provide services in this way.”

(MHO Carlin Becker, North District)

“The creation of the full-time Mental Health Officer role has provided a group of primary contacts, with a specific contact in each district, for consumers, families, crisis workers, other mental health workers, and community partners. This advocacy has allowed for a more consistent understanding of the various mental health aspects and helped create more opportunities for collaboration.

“Serving as a Mental Health Officer has opened my eyes to the vast resources that are available within the community and resulted in numerous community connections not previously established.”

(MHO Eugene Woehrle, West District)

“I now know many of the hospital social workers and the ESU workers form Journey to the point that trust in each other's assessments and work creates better understanding and faster resolutions. As this was our inaugural year, it was interesting to see how the role evolved and how internally and externally we were embraced. I am looking forward to expanding these partnerships in the coming year.”

(MHO Roberta Stellick, East District)

“By serving as a Mental Health Officer, I have had several families reach out to me looking to share information about a loved one or seeking information about what a police response would look like in the event that they would have to call 911. I have been able to put their minds at ease by providing education about police response as well as serve as a point person within our organization when questions or issues arise. I have truly enjoyed the working relationships that I have developed in the community over the course of the last year.”

(MHO Joanna Hollenback, South District)

“I could complete an entirely separate report documenting all the individual success stories which I was fortunate enough to be a part of this past year. Aside from the countless relationships established with consumers and service providers, another success of the MHO Team is the relationships forged between MPD and surrounding jurisdictions that followed our model and put their own part-time volunteer Mental Health Liaisons in place. On many occasions, I have worked with these officers to develop safety plans for individuals or to share information.”

(MHO Andy Naylor, Central District)

Conclusion

The installation of five full-time Mental Health Officers in 2015 created yet another layer of service to our Specialized Police Response to people with mental illness. Because the needs of any community continuously change, our work requires continuous evaluation. Building on our existing years of focused training and service in this area, our program is ever-evolving and remains a work in progress. Indeed we find that an ongoing examination of the services we provide to people with mental illness and the training our officers receive in doing so is essential to achieving success.

As we've seen nationally and even here at home this past year, tragedy is what oftentimes prompts a community or agency to examine its approach and services more closely. Even with a well-established program, excellent training in de-escalation and a national reputation for providing services to those with mental illness, emotionally charged incidents involving the use of force or deadly force by police can strain the most trusted relationship between police and the communities they serve. Such scrutiny, while sometimes uncomfortable and divisive, is not only healthy it is imperative to growth and success. Police are accountable to the communities they serve, and any agency desiring to improve services for people with mental illness must be willing to enter into open dialogue with all stakeholders. Through these sometimes difficult but necessary conversations, we strive to work collaboratively to identify any gaps that may exist in our program and then work to close those gaps wherever possible. Undoubtedly, our continued success hinges on our willingness and ability to do so.

MPD's Mental Health Liaison and Officer program expansion in 2015 took our services in this area to a new and unprecedented level. An exciting achievement to be sure, but there is more work to do. In Dane County, 32% of homeless individuals report having a mental illness. [2] The Dane County Jail houses between 700-800 inmates each day and on average 40% of these inmates has a diagnosable mental illness. [3] Police agencies in southwest Wisconsin who place someone with mental illness under an emergency detention and seek to protect an individual's safety or the safety of others by connecting that individual to necessary mental health treatment are confronted with a lengthy assessment, medical clearance, and hours-long transport. In essence, officers are put in a position of facilitating a civil process service that is - in its current design - a disservice to those experiencing a mental health crisis and in need of hospitalization and treatment.

To this end, MPD will continue the work of providing specialized police response programs and advocating for individuals with mental illness in our community. We will continue to engage with the community and our service partners to explore ways to improve our respective programs. We will further collaborate wherever possible to create both a place and a plan for people in need of crisis stabilization, to divert mentally ill persons from the criminal justice system when possible and appropriate, and collect information necessary to evaluate program outcomes in order to best allocate Department and community resources to this ongoing effort.

References

[1] Matt Schwarzfeld, Melissa Reuland, and Martha Plotkin, *Improving Responses to People with Mental Illness: The Essential Elements of a Specialized Law Enforcement-Based Program* (New York: Council of State Governments Justice Center, 2008).

[2] Amanda White, *Madison Police Department Mental Health Team Makes a Positive Impact* (Madison, Wisconsin: Housing Initiatives, 2015).

[3] Dave Delozier, *Jail Cells Now de facto Mental Health Care Units in Dane County* (Madison, Wisconsin: Channel 3000, 2014).

Links

Melissa Reuland, Laura Draper, and Blake Norton, *Improving Responses to People with Mental Illnesses: Tailoring Law Enforcement Initiatives to Individual Jurisdictions* (New York: Council of State Governments Justice Center, 2010). https://csgjusticecenter.org/wp-content/uploads/2012/12/Tailoring_LE_Initiatives.pdf

Melissa Reuland, Matthew Schwarzfeld, and Laura Draper, *Law Enforcement Responses to People with Mental Illnesses: A Guide To Research-Informed Policy and Practice* (New York: Council of State Governments Justice Center, 2009). <https://csgjusticecenter.org/wp-content/uploads/2012/12/le-research.pdf>

Council of State Governments Justice Center Mental Health Law Enforcement Learning Sites Project

<https://csgjusticecenter.org/law-enforcement/projects/mental-health-learning-sites/>

MPD adds mental health officers – Channel 3000

<http://www.channel3000.com/news/30934178>

Koval's mental health plan could have profound impact – Channel 3000

<http://www.channel3000.com/news/opinion/credit-chief-koval-for-new-commitment-to-helping-people-with-mental-illness/31050210>

After first week, MPD mental health officers report progress – Channel 3000

<http://www.channel3000.com/news/After-first-week-MPD-mental-health-officers-report-progress/31166742>

Jail cells now de facto mental health care units in Dane County – Channel 3000

<http://www.channel3000.com/news/jail-cells-now-de-factor-mental-health-care-units-in-dane-co/27486334>