

# Madison Police Mental Health Unit

## 2018 Annual Report



### Captain:

Jen Krueger Favour (2018) Matt Tye (2019)

### Sergeant:

Sarah Shimko

### Crisis Workers:

Sarah Henrickson, Jon Baskin, Nick Szczech

### Mental Health Officers:

Carlin Becker, Roberta Stellick, Andy Naylor,  
Andrew Muir, Ryan Jennissen, Natalie Deibel

# Introduction

As one of only 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 living with mental illness.

MPD's success has evolved through decades of collaboration with Journey Mental Health Center and dozens of other city, county and state mental health providers and programs, as well as outside police 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 (and at subsequent departmental in-services), offer the first and most essential layer of service. Training includes an overview of major mental illnesses provided by local psychiatrists, scenario-based de-escalation training, emergency detention processes, consumer panel discussions, interagency collaboration, and community resource options.

Mental Health Liaison Officers (MHLs), in place since 2004, provide an additional layer of mental health related police service. These 40 volunteer officers are assigned to patrol services and proactively provide subject matter expertise for mental health related police calls. Our MHL Program is emulated by several law enforcement agencies in Dane County. In 2018, the MHLs received one full eight-hour day of training. New this year, the MHO Sergeant created a Mental Health Liaison Steering Committee comprised of volunteer MHLs representing all patrol shifts to help govern this group.

The Mental Health Officer Team is our third and most specialized layer of response. This team of six Mental Health Officers (MHOs), a Mental Health Sergeant (appointed in June of 2018), and three embedded Law Enforcement Crisis Workers (LECWs) from Journey Mental Health is critical to the success of the Police-Mental Health Collaboration.

The clinical expertise provided by the LECWs, who work in tandem with MHOs each day, is extraordinarily helpful to the success of the team. This program began in March 2016 and has recently expanded, thanks to generous funding from Dane County. There is funding for two FTE split over three individuals working part-time at MPD. Sarah Henrickson and Jon Baskin continue to work with MPD, and we added Nick Szczech in the fall of 2018.

# Mental Health Officers

The ever-increasing volume of mental health-related police calls, the complexities involved in navigating mental health systems, the resources available in our community, and the statutory obligations of Chapter 51 point to a clear need for expanding our cooperative approach. The role of an MHO is not to provide mental health treatment services; rather, these officers work proactively to connect individuals with service providers, and to divert individuals living with mental illness from the criminal justice system whenever possible.

Given the enormous amount of need in the city of Madison, the definition of ‘mental health’ has expanded to include those with developmental and/or intellectual disabilities, persons affected by dementia and/or Alzheimer’s, and subjects with significant trauma histories, in addition to people living with persistent mental illness. This expanded definition has resulted in positive and efficacious collaboration with a variety of stakeholders and has ensured a level of care for many of the individuals that would have been unobtainable without the help of MHOs and LECWs. At the same time, it has placed burdens on the Mental Health Unit as a whole and has led to intensive strategic and operational planning designed to alleviate some of these pressures.

The six MHOs work to address both district-specific and citywide mental health systems issues. They also conduct outreach to individuals generating police calls for service within their assigned districts. A primary goal is to address mental health issues in our community while mitigating the demands on front-line patrol resources. Specialized training in threat assessment and investigations has also meant that MHOs and LECWs frequently work in tandem with CIS officers and district commanders to complete threat assessments when necessary. MHOs and LECWs are also tasked with conducting follow-up for any individual whose firearms were surrendered or seized by police officers during a mental health-related call who wishes to have those firearms returned to their possession. MHOs and LECWs are also used in SWAT negotiation efforts when there is a mental health nexus and provide mental health related training to the SWAT team on an annual basis.

On any given day, the MHOs respond to calls throughout the city of Madison (regardless of any MHOs’ specific district assignment). The six MHOs work as a team, coordinating efforts and supporting one another, while also staying abreast of citywide systems issues. While each MHO coordinates district-specific intelligence, outreach, follow-up, collaboration, and information sharing, they do so within a larger citywide perspective. MHO assignments originate from a plethora of sources throughout the department. MHOs also receive daily requests from stakeholders and members of the public to perform problem solving, outreach, threat assessment and systems improvements related to children, youth and adults living in our community. Finally, MHOs often work with surrounding police agencies coordinating safety plans for individuals that may have contact with multiple jurisdictions.

The work of an 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 mental health system processes and statutes; and the ability to form strong working relationships with partner agencies.

Primary responsibilities of the MHO position include coordinating home visits and other

follow-up in conjunction with mental health providers; connecting individuals to necessary resources; attending relevant community and stakeholder meetings; and serving as points of contact for officers, consumers, family, mental health providers, and other community partners. They provide front-end support to patrol by fielding Mental Health calls and assist with 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 attend weekly staff meetings, provide backup to one another, and fill in as needed to provide citywide coverage. They coordinate follow-up with district Mental Health Liaison Officers and attend briefings to share and receive information. They also coordinate and lead regular district-level MHL meetings and provide overall support to MHLs. They also contribute by assisting in the development and implementation of training, educational initiatives, and community presentations to a wider variety of MPD, law enforcement and community consumers.

As the program has progressed we identified several areas deserving of concentrated focus or further systems expertise. Each MHO was assigned to take a lead role in addressing these areas. PO Roberta Stellick focused on Probation and Parole/DOC re-entry programming as well as Alzheimer's and Dementia. She also facilitated speaker panels for MPD trainings. PO Andy Naylor specialized in homelessness issues and veterans' issues, including Veteran Outreach and the VA hospital. PO Andrew Muir specializes in threat assessment and suicide by police intervention and liaises with local hospitals. PO 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 has pursued additional autism spectrum disorder training. PO Ryan Jennissen focuses on Juvenile Mental Health, developmental disabilities, and adult and juvenile group homes, while PO Natalie Deibel works closely with children and youth both in school (at MMSD and various private schools) and in juvenile group homes. Sgt. Shimko and PO Deibel have also taken the lead on coordinating the Mental Health Unit's advocacy regarding mental health-related systems issues on both a city, county and state level.





## Mental Health Team Mission

The mission of the Madison Police Department Mental Health Unit is to provide a coordinated, professional and compassionate police response to individuals affected by mental illness and their families. The Mental Health Unit will work collaboratively with partner agencies to achieve improved outcomes for individuals affected by mental illnesses or suffering a crisis by connecting them to needed services and diverting them away from the criminal justice system whenever possible. The work of the Mental Health Unit will reduce calls for police service related to mental illness issues and will improve safety for officers and all members of 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 our department at large.



Photo courtesy of PO G. Sosoka

## 2018 Mental Health Team Goals

*In our 2017 Annual Report we established the following goals for the team in 2018:*

<b>GOALS</b>	<b>RESULT</b>
<i>Fully integrate the new sergeant and MHO</i>	<i>The MHO Sergeant and sixth MHO were hired and fully integrated into the team.</i>
<i>Work with the sergeant to strengthen workflow, processes, and program management</i>	<i>Significant strides toward program management have been made, including the establishment of a LERMS-based case management system and unit consultation with city of Madison organizational development specialists.</i>
<i>Recruit, select, and on-board a third embedded crisis worker</i>	<i>Our third embedded crisis worker started on September 3<sup>rd</sup>, 2018. The 3 crisis workers' hours with MPD combine to total 2 FTE.</i>
<i>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</i>	<i>This work is ongoing and has resulted in a variety of successful outcomes for both MPD and the city as a whole that would not have been possible without the close relationships established between the MHU and outside stakeholders.</i>
<i>Increase identification of veterans and resource connections and information sharing</i>	<i>The MHU continues to work on outreach to this community and partners with various city non-profits and agencies to identify these individuals and connect them to resources.</i>
<i>Measure program outcomes for consumers</i>	<i>Although still a priority, emphasis shifted in 2018 away from measuring program outcomes for consumers to strategically planning for the increased burden of work placed on the MHU as a whole.</i>
<i>Conduct additional, detailed program analysis and resource analysis to better understand MHO efficacy and the investment of police resources in emergency detentions</i>	<i>Data collection and analysis of this issue continue apace, and strides have also been made in terms of using this analysis to advocate at higher levels of government for changes to the emergency detention process.</i>

# The Value of Stakeholder Collaboration

Simply put, the Mental Health Unit could not function successfully without the strong relationships the unit as a whole has forged with hundreds of community agencies, stakeholders, and individuals over many years. The Mental Health Officers' and Liaisons' most valuable collaborator is Journey Mental Health, as evidenced by the highly integrated and seamless work conducted by the MHO Sergeant, MHOs, and LECWs each day. Not only do LECWs frequently ride with MHOs to conduct outreach and home visits, but they also consult on a wide variety of cases; liaise with OICs, detectives and specialty units; schedule and attend individual and community meetings; facilitate Chapter 51 Returns and Emergency Detentions; and provide an invaluable clinical response to patrol officers and MHLs during evolving critical incidents.

Together, the Mental Health Unit has established trust-based and longstanding relationships with community stakeholders that have proven invaluable to providing the highest level of service to the city of Madison. Given the extremely high burdens placed on all aspects of the mental health system, coupled with a paucity of regulatory oversight at certain levels of government, MPD's MHU has been increasingly called upon by various stakeholders to analyze systems issues endemic to Wisconsin's mental health programs and institutions. Examples of current collaboration include the addition of MHOs and LECWs to care teams assembled for high-needs children and adults; the service of MHOs and the MHO Sergeant on important committees and boards of directors; and high-level projects undertaken by the Mental Health Unit regarding non-profit and for-profit care companies, Dane County Human Services, area hospitals, and other entities.

Agencies with whom the Mental Health Unit partners to better serve individuals with mental illness include, but are not limited to:

- NAMI Dane County and NAMI Wisconsin
- Dane County Human Services (and its many community service programs)
- Dane County Adult Protective Services
- Dane County DA's Office - Victim Witness Unit
- Aging & Disability Resource Center
- Joining Forces for Families
- Department of Corrections
- Program of Assertive Community Treatment (PACT)
- Dane County Corporation Counsel
- Recovery Coalition of Dane County
- Care Wisconsin
- Tellurian
- The Road Home
- Waisman Community TIES
- Area Hospitals (Meriter Hospital, Meriter Child and Adolescent Psychiatry, UW, and St. Mary's Hospital)

In addition to partnering with a myriad of agencies and stakeholders to resolve individual cases, Mental Health Unit members also serve on a wide variety of workgroups, committees, and boards of directors that help address systems issues, provide an important first responder perspective to community members, and further the professional development of MHU members. PO Carlin Becker, for instance, serves on NAMI Dane County's Advocacy Committee and on the Dane County Hoarding Task Force. She also attends Recovery Coalition of Dane County meetings and provides outreach to the Hmong community on Madison's north side in conjunction with CORE Officer Lore Vang. PO Roberta Stellick is a member of the Aging & Disability Resource Center's Dementia Friendly Leaders group. LECW Sarah Henrickson facilitates the bi-monthly Forensic Systems Meeting and trains MPD's SWAT tactical and negotiation teams on mental health considerations during specialized responses. PO Andy Naylor attends Forensic Systems meetings and forms an integral part of the community team at Off the Square Club, while Ryan Jennissen was selected as a member of the Wisconsin Department of Children and Families Children's Emergency Detention and Crisis Stabilization workgroup (CEDCS).

PO Andrew Muir serves on the Family Service Madison Board of Directors; is a member of the National Tactical Officers' Association; provides invaluable expertise as a First Aid Instructor and Tactical Emergency Casualty Care Instructor; and is a member of the Chicago Chapter of the Association of Threat Assessment Professionals. He also serves on the board of the Madison Professional Police Officers' Association, where he advocates for agency and system-wide issues related to mental health, and completes background investigations for MPD. PO Natalie Deibel was elected to Dane County's Homeless Services Consortium Board of Directors in late 2018; sits on the Dane County Task Force on Sexual Assault; attends Dane County's Sexual and Reproductive Health Task Force meetings (particularly as they relate to mental health concerns); and advocates for local police agencies on the Wisconsin State Council on Mental Health Legislative & Policy Committee. She is part of MPD's Backgrounding Cadre and serves as a nationwide COPS trainer on cultural humility through the Center for Public Safety & Justice, while also training local civilians and law enforcement agencies on implicit bias and de-escalation as a member of MPD's Judgment Under the Radar team.

Sgt. Sarah Shimko leads and coordinates MPD's efforts as one of ten Council of State Governments (CSG) Justice Center's/U.S. Justice Department's Bureau of Justice Assistance (BJA) Law Enforcement Mental Health Learning Sites. She also participates in CSG/BJA quarterly web-based meetings, and fields learning site requests and inquiries. She researches best practices in the area of police-mental health collaboration (PMHC) by connecting with national experts and other learning site participants generally through phone and video conferencing. Sgt. Shimko attends the bi-monthly Forensic Systems Meeting and quarterly Hospital Meeting. She plans and coordinates county-wide MHL Trainings (1 held in 2018, 2 planned for 2019 and coordinates Advanced CIT Trainings in partnership with NAMI Dane County. She serves on the Wisconsin CIT (NAMI) Advisory Committee (currently working to standardize Wisconsin's CIT curriculum); as well as coordinates and instructs the Crisis Management curriculum for MPD's Pre-Service Academy.



Combined, our team is well-connected within the mental health services and law enforcement arenas, as we regularly attend – and often provide vital leadership roles on – a variety of integral local, county and state committees and task forces. Our outreach to community partners and crisis intervention expertise have helped us establish meaningful collaborative relationships within various systems that assist us on a daily basis in providing effective and appropriate services to people in our community living with mental illness and intellectual/developmental disabilities.



## Mental Health Liaison Officers

The Mental Health Liaison cadre grew to 40 front-line officers and sergeants in 2018; this represents the highest number of officers to serve as MHLs since the program began in 2004. Officers who become MHLs volunteer for this role, and their dedication to servicing mental health-related calls, combined with the expertise and personal experiences they often bring to their work, provides an invaluable service to MPD and the greater Madison community. In 2018, owing to significant strains on staffing MHLs were only able to attend one, eight-hour Mental Health Liaison training, rather than the four they had attended in 2017. In response to this training challenge, Sgt. Shimko inaugurated the MHL Subcommittee. This committee is comprised of six current MHLs and has worked diligently to identify the size and scope of the MHL cadre, streamline the MHL selection process, determine the content and structure for new and ongoing MHL trainings, evaluate the current MHL expectations; and identify how the Mental Health Sergeant can best support the MHL cadre.

The one, eight-hour MHL training held in March of 2018 was highly successful and was attended by MHLs, MHOs, LECWs, and liaisons from outside agencies, including UW PD, Sun Prairie PD, Dane County Sheriff's Office, State Capitol PD, and Monona PD. The training featured a number of highly qualified guest speakers including Dr. Greg Van Rybroek, Director of Mendota Mental Health Institute, Dr. James Li, Assistant Professor UW Department of Psychology, and Joanna Becker, Michelle Sterling and Meg Nelson from the Building Bridges Program.

## MHU's Crisis Intervention Trainings

Representatives of the Mental Health Unit are often called upon to provide training to both civilians and law enforcement agencies. In 2018, our MHU partnered with several external agencies and organizations to provide both de-escalation and Crisis Intervention Training (CIT), including: McFarland Police Dept. CIT; Sauk City Police Dept. CIT; Dane County Dispatch CIT, NAMI Dane County's Civilian De-Escalation CIT; De-escalation for Care Wisconsin, Operation Fresh Start, The Beacon, the Salvation Army, the Madison Senior Center, and Edgewood College staff. The MHU also provided training to corrections officers and staff at the Chippewa Falls Correctional facility. The MHO team continued to present the Mental Health First Aid series to community groups and law enforcement.

Internally, the MHU provided 24 hours of training to MPD's Pre-Service Academy. MPD continues to offer comprehensive crisis management training in our pre-service academy that well exceeds the 40-hour CIT curriculum mandated for all new recruits. PO Andrew Muir provided the MHO Team with an overview of Threat Assessment theory and process based on his extensive research in this specialized area of study. It is imperative that current MPD officers continue to learn best practices involving innovative strategies and threat assessment techniques designed to keep our community safe while holistically advancing police responses to people living with mental illness.

## 2019 Goals

This past year, our Mental Health Unit embarked on an ambitious strategic planning project with the help of the City of Madison's Human Resources Department. This project involved the revision of our Unit's mission and values statements, as well as revision of MHO job descriptions and a codification of position responsibilities. Work on this project continues, as does the creation of a Mental Health Guide, which will be similar in scope and content to the OWI guide issued by MPD's Traffic Specialist Unit.

Also planned for 2019 is the implementation of a Street Week pilot for the MHU, which would directly address the increasing number of patrol calls related to mental health. By designating an MHO and LECW to assigned shifts who will be responsible for helping respond to calls in the field city-wide, the remainder of the MHU will be available to conduct concentrated, proactive work related to systems issues, in-depth case investigations, and advocacy.



Photo courtesy of NAMI Dane County

## 2019 Needs

Given the highly specialized nature of our unit's work in an ever-changing environment regarding mental health, frequent training is essential to ensure the safety and professionalism not only of our unit, but of MPD's response to mental health-related crises as a whole. Specific training needs include sending MHOs to advanced CIT, threat assessment and advanced interviewing courses.

The Mental Health Team acquired two detective-style vehicles this year through a COPS grant. This was a welcome and appreciated upgrade, but insufficient for a 10 person unit. Ideally, the MHU would be equipped with two unmarked patrol squads, as well as five unmarked, detective-style cars equipped with MDC capabilities. The unmarked patrol squads would allow MHOs to transport subjects securely. We would propose adding cars incrementally, starting with two additional detective-style cars in 2019.

Additionally, all MHOs could benefit greatly from the issuance of city laptops, given the highly mobile nature of our work and the intensive investigation and documentation required through various computing programs, including LERMS, NCIC, Spillman, Accurint, CLEAR, etc. As of now, two MHOs have been provided with laptops as a result of regularly-scheduled city IT upgrades and a third is in the process of being acquired for the Midtown MHO.



## 2018 in Statistical Review<sup>1</sup>

Given the volume of total calls for service involving a mental health-related issue, the work of the six MHOs focuses primarily on proactive problem-solving approaches intended to lower the acuity of mental health related calls and decrease repeated calls for service related to the same individual. While much of the work that the MHOs perform involves proactive outreach and follow-up, they also provide front-end support to patrol by fielding mental health calls for service when available and contributing subject matter expertise to emergency detentions.

In 2018,<sup>2</sup> there were 45,702 distinct cases investigated by MPD, of which 4,571 or 10% were mental health-related. This is an increase from 8.6% in 2016 and 9.4% in 2017. Thanks to improvements implemented by the MHU, officers are able to indicate when incidents are mental health related. At MPD, an incident is any call an officer is dispatched to. Those only become cases when a report is written. Officers flagged an additional 565 incidents which did not require a report as relating to mental health.

In 2018, the MHOs spent 290.75 hours on 79 emergency detention evaluations. Of those evaluations, 47 resulted in a formal emergency detention. The department as a whole conducted 252 emergency detentions (EDs) in calendar year 2018, meaning the six MHOs played a significant role in 18.65% of completed EDs overall. The often-lengthy emergency detention process entails coordinating with Journey Mental Health crisis workers, hospital social workers, psychiatrists, and physicians. The 290.75 hours that the MHOs spent on emergency detentions in 2018 translated to over 7 weeks of officer time that allowed patrol officers 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 most in need of hospital stabilization and treatment.

In addition to the EDs, the MHOs conducted 24 Chapter 51 commitment returns (22.25 hours), which occur when a patient violates the provisions of a conditional release or settlement agreement; this requires returning the patient to a medical facility. MHOs also responded to active mental health calls 555 times and accompanied Journey Mental Health workers on 189 home visits. In addition, our embedded Crisis Workers conducted even more home visits with other MPD officers, including the MHLs. The MHOs followed up on cases 1694 times, created or updated 120 individual safety/response plans, assisted patrol 178 times with non-mental health related calls for service, attended 151 community meetings, attended or provided 126 professional trainings, devoted over 345 hours to 287 problem-solving initiatives, and spent over 346.75 hours reviewing mental health-related police reports. Descriptions of each category represented on the charts and graphs on the following pages are located below.

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<sup>1</sup> This report refers to the 2018 MPD Patrol Shift year, that is, February 2018 through and including January 2019.

<sup>2</sup> These statistics, however, refer to the calendar year of 2018.



## Data Description Definitions:

### **Assist Patrol (CFS/Non-Mental Health)**

Any CFS that assists patrol and is non-mental health related

**Commitment Pick-Up/Return** - Chapter 51 Return process, CFS, or an ATL for the subject for a return (even if not located)

**Community Meeting** - Any community meeting that does not involve a training aspect

**Emergency Detention Evaluation** - Call for service or evaluation process for an emergency detention (regardless of disposition)

**Field Response (Reactive)** - Responding to an active call for service and/or fielding a phone call from patrol on an active call for service that is mental health related

**Follow-Up Tier 1** - Any emails, phone calls, etc. related to a CFS or individual that are under 10 minutes

**Follow-Up Tier 2** - Case history review for an individual or mental health issue, multiple emails and/or phone calls on the same individual or issue, or other follow-up longer than 10 minutes

**Follow-Up Tier 3** - A field response related to a CFS (not currently being worked by patrol) or individual, including systems or care team meetings

**Joint Outreach/Response (Proactive)** Outreach by MHO in conjunction with Crisis/Case Management/Other Providers regarding a concluded call for service, or self-initiated outreach

following referrals from Crisis/Case Management/Provider

**Report Review** - Time spent reading routed reports

**Safety Plan/Mental Health Bulletin** - Development or update of a safety plan or mental health bulletin

**Training (Attended)** - Mental Health related training attended

**Training (Presented/instructed): Law Enforcement** - Presentation to a law enforcement agency involving a mental health component

**Training (Presented/instructed): Community** - Presentation to a community organization involving a mental health component

**Training (Presented/instructed): MH Service Providers** - Presentation to a mental health service provider/agency involving a mental health component

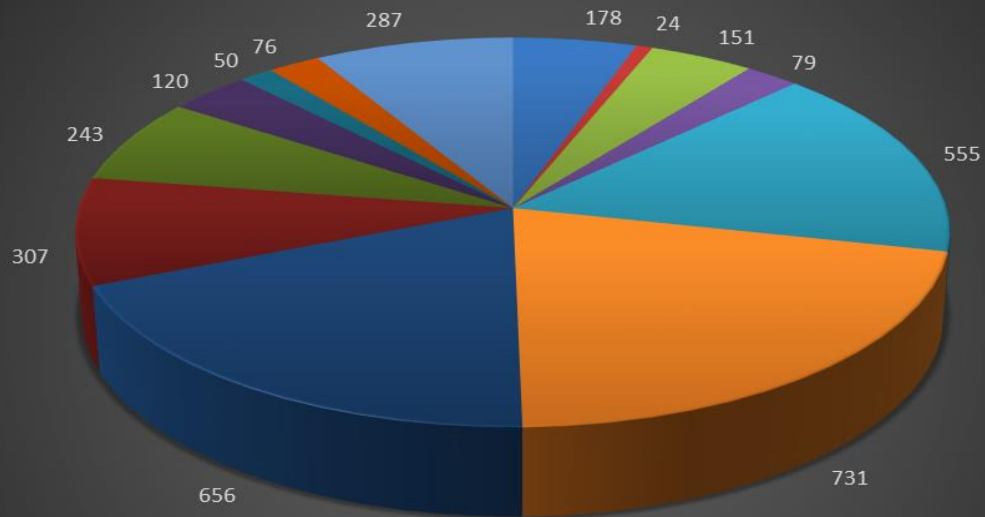
**Other Problem Solving** - Other problem solving efforts involving a mental health component

**ED Assessment Disposition - Other** - Subject was sent home with a care plan or was voluntarily admitted to a hospital or other care facility

**Diversion from Patrol** - MHO involvement precluded patrol from needing to get involved

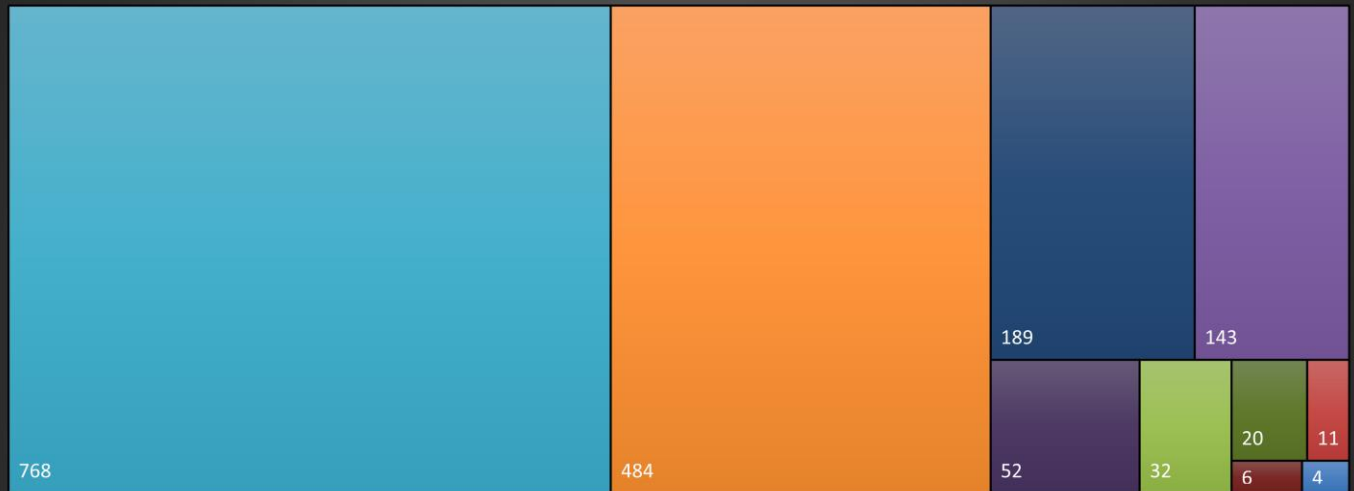
**Jail Diversion** - Mental health call that could have resulted in a citation or arrest but did not

## 2018 MHO Total Activity (Number of Involvements)



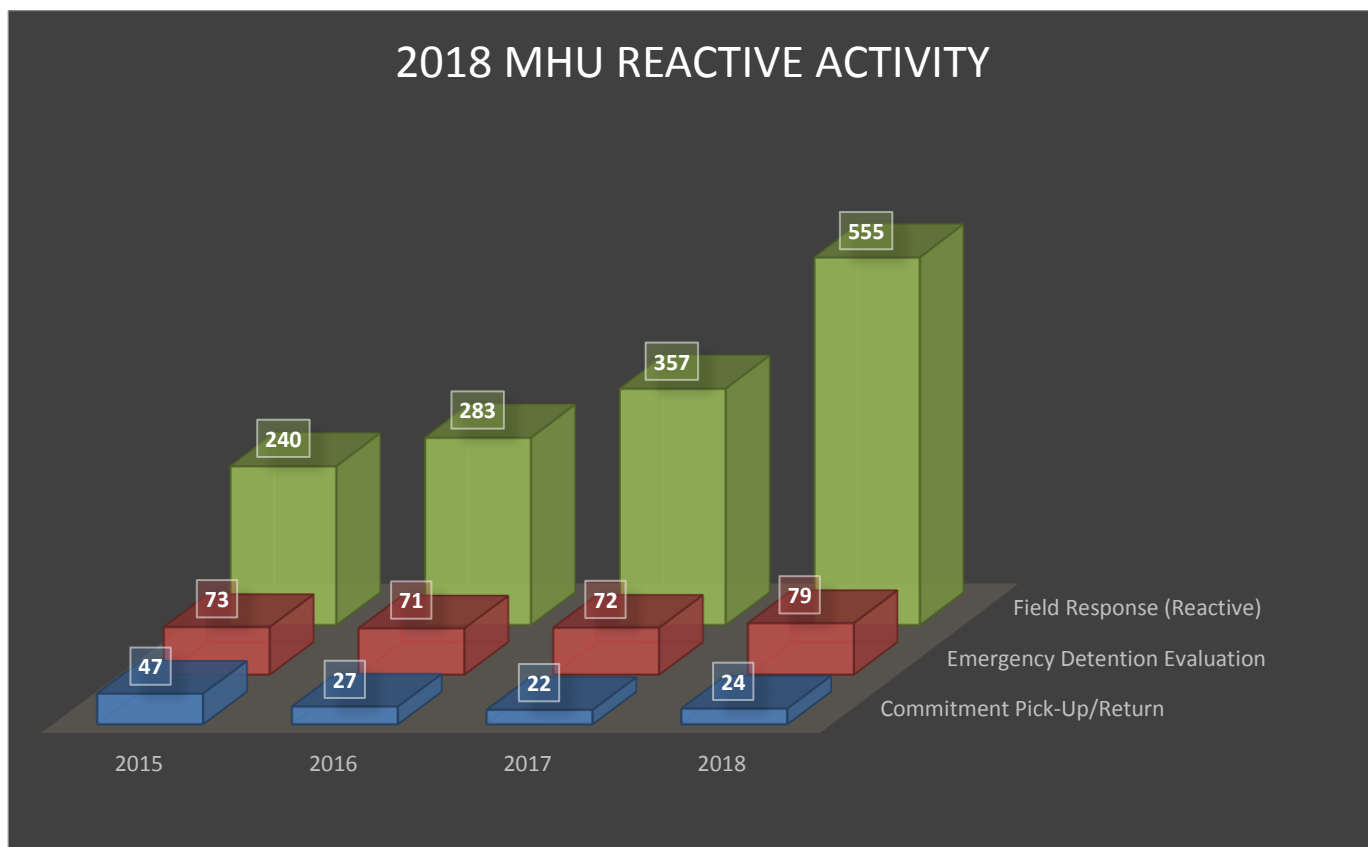
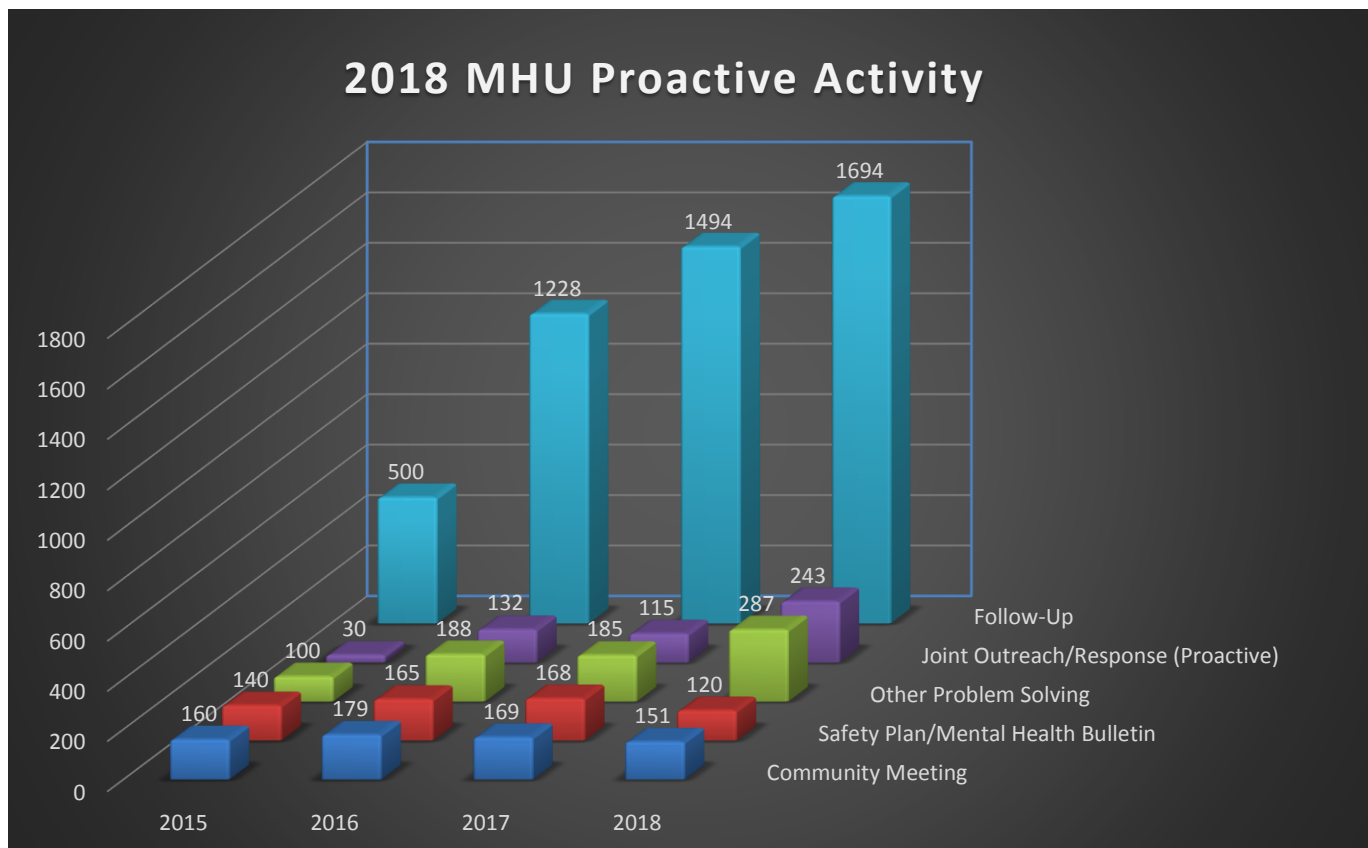
- Assist Patrol (CFS/Non-Mental Health)
- Commitment Pick-Up/Return
- Community Meeting
- Emergency Detention Evaluation
- Field Response (Reactive)
- Follow-Up Tier 1
- Follow-Up Tier 2
- Follow-Up Tier 3
- Joint Outreach/Response (Proactive)
- Safety Plan/Mental Health Bulletin
- Training (Attended)
- Training (Presented)
- Other Problem Solving

## 2018 LECW Total Activity (Number of Involvements)



- Commitment Pick-Up/Return
- Community Meeting
- Emergency Detention Evaluation
- Field Response (Reactive)
- Follow-Up Tier 1
- Follow-Up Tier 2
- Follow-Up Tier 3
- Joint Outreach/Response (Proactive)
- Training (Attended)
- Training (Total presented)
- Other Problem Solving

## Year-over-year comparison



MHO workload is split into two categories for the purpose of this report: reactive and proactive. The key determinant 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. The number of emergency detention evaluations increased in 2018 by 9.27% after having remained essentially constant over the previous three years, the number of 2018 commitment returns is up 9.09% from 2017 and represents less than half of the number completed in 2015. The growing volume of follow-up is the core of the MHO function. This work is key to the MHU mission, reduces patrol calls for service in the long run, and improves community and officer safety. We continue to capture follow-up activities using a three-tiered system. The three tiers are as follows:

- 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 2018 was up more than 13% from 2017, and follow-up activity was up nearly 239% from 2015. We accomplished this increase without diminishing our availability to active calls, increasing our field response activity by 43% between 2017 and 2018. Turnover with crisis workers throughout 2018 reduced the number of joint outreach activities in this category from 247 in 2017 to 189 in 2018. The MHO joint outreach, and the other categories reflected in this graph demonstrate the total work of the unit, rather than discrete cases. For example, the 1694 follow-ups recorded indicates that the team completed 1694 different instances of follow-up, as opposed to follow-up on 1694 distinct cases.

In addition to these recorded categories, the six MHOs also worked a combined 54 staffing contingency days, meaning MHOs 'backfilled' vacancies in the patrol schedule. MHOs also have a variety of other assignments on the department, including two officers and a sergeant who serve on the Special Events Team and three who work as Investigative Support Officers. Commitment to those auxiliary assignments, as well as other contributions to the department, also affected the MHOs' workload.

The aforementioned 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 described above.

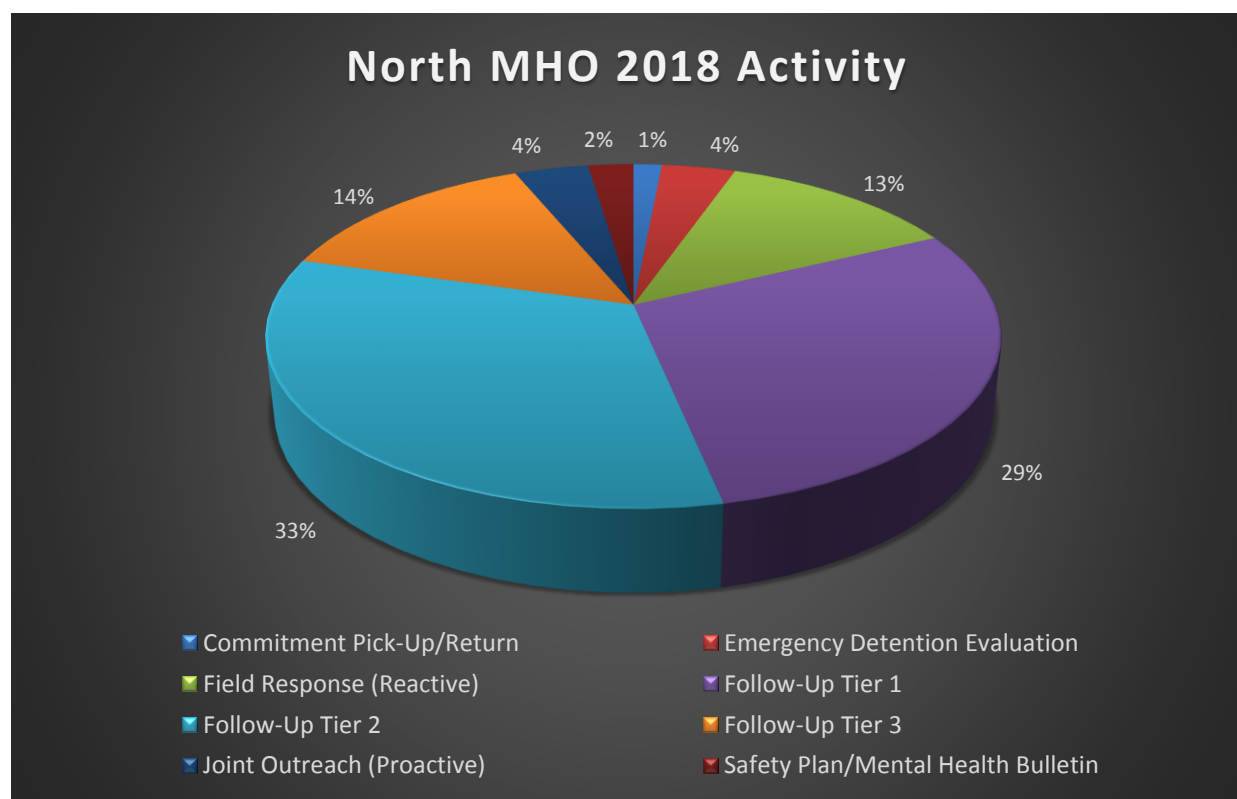
# Mental Health Team: Individual Activities

## North District: PO Carlin Becker

As I round out my last year in the Mental Health Unit, I reflect on 2018 as the year our unit gained a significant amount of cohesion. We added our Sergeant Supervisor and fully staffed embedded Crisis Workers.

We have some new faces in the unit who are bringing unique talents and backgrounds to the cadre. We have established our presence within and among the community. We have added a case management system and continue to explore ways to develop systems improvements. We have strengthened and developed our relationships with key stakeholders such as the District Attorney's Office.

I have watched our partnership with Journey Mental Health become stronger and more efficient; their assistance and guidance for our entire department has been indispensable. I am deeply humbled by the work I have seen accomplished by all of MPD in their response to persons with mental disorders and am endlessly grateful to have served on this team.





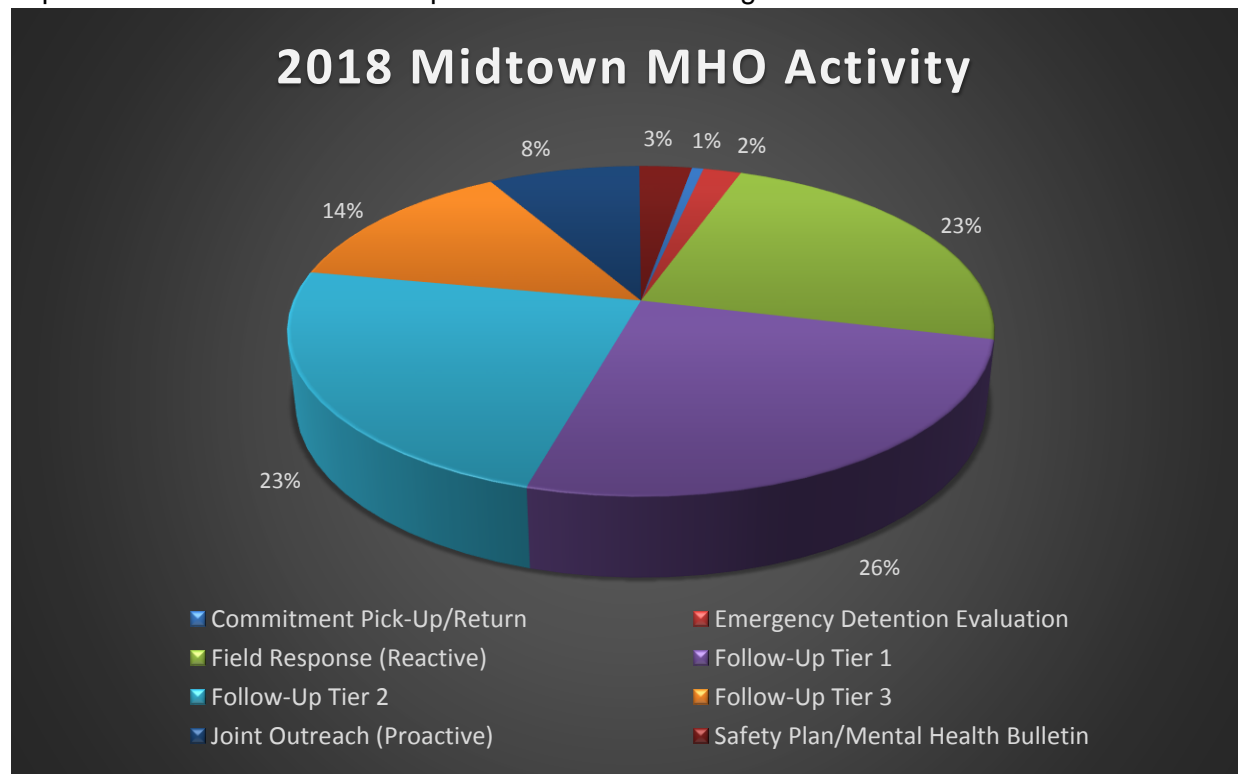
## Midtown District: PO Ryan Jennissen

2018 was my second year as an MHO. I started the year as the West District MHO and moved to the Midtown District upon the opening of the new station in September of 2018. Although I changed districts my role as an MHO changed little. Over the last two years in this position 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.

When I am not tending to active calls for service I am often working with community service providers and members of the community attempting to address mental health challenges that are generating calls to police. This outreach effort is unique to each individual depending on the level of need and the nature of the police call. On any given day, I may be working with Journey Mental Health, local school districts, Dane County Human Services, local hospitals, clinics, property owners, parents or other police agencies. Our most important collaboration is with the embedded MPD crisis workers that frequently assist us in the field.

Much of my time in 2018 was spent identifying mental health issues that generated police calls and developing methods to reduce them. 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. The individuals we work with will call or generate 911 calls. I will often 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.

I am looking forward to 2019 as we recently added Sgt. Shimko to our team. This additional supervision will allow MHOs to spend more time assisting the citizens of Madison.

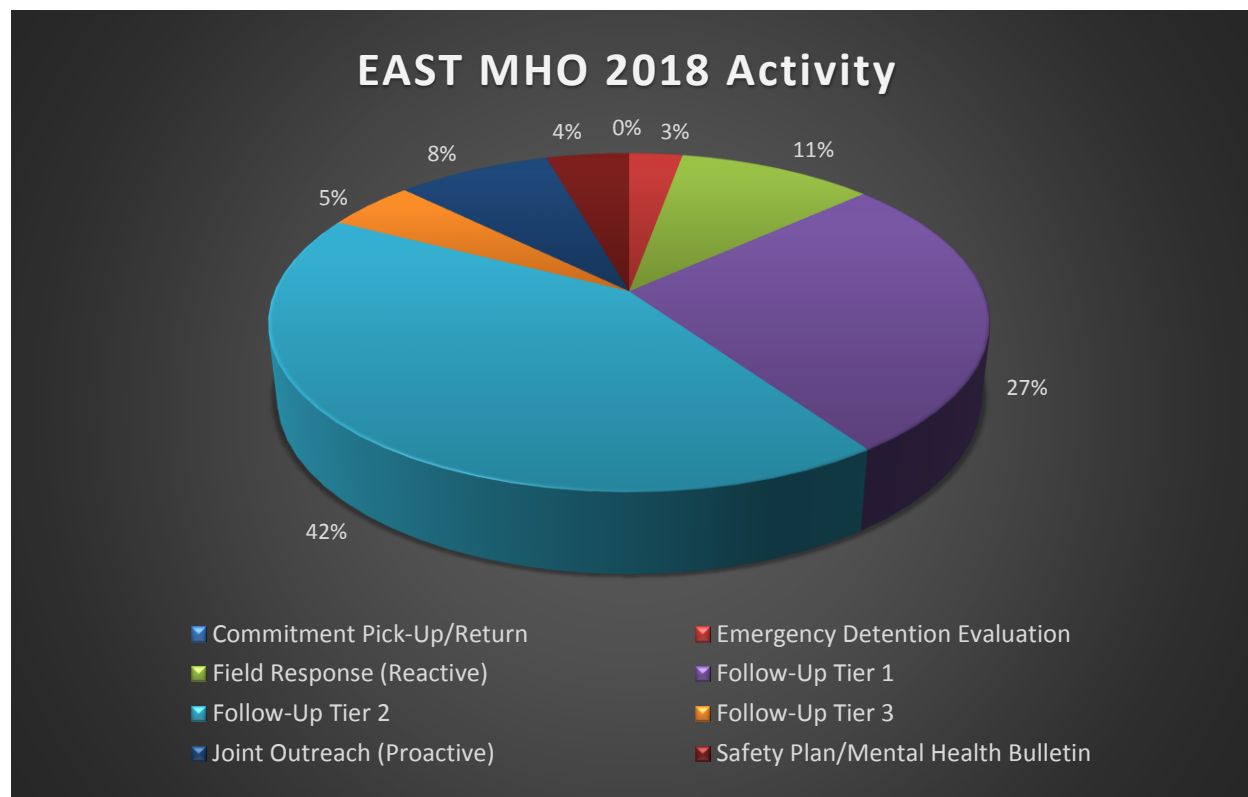


## East District: PO Roberta Stellick

The home visits we conduct with our Journey Crisis Workers are the most rewarding aspect of my job. Our goals for these visits vary – sometimes we are connecting someone with services, sometimes we are checking-in after a difficult police call, and occasionally we are assessing for an emergency detention – but they all involve connecting with and helping members of our community.

Some of my highlights in 2018 included presenting at the 16<sup>th</sup> RSVP/TRIAD Conference as part of my role as the Alzheimer's/Dementia point person for our unit. I attended several conferences and trainings (including one of my favorites – the 6<sup>th</sup> annual VA Mental Health Summit). I also assisted in training new 911 Center dispatchers in taking mental health calls. I was able to attend the groundbreaking for a new mental health hospital, Miramont, being built in Middleton. This will be a 72-bed psychiatric hospital expected to open by early 2020.

As I reflect on my final year as the East MHO, I think about all the relationships I have built within the Madison community. I look forward to maintaining these relationships and will continue to work in the East District in 2019 as a second detail patrol officer.



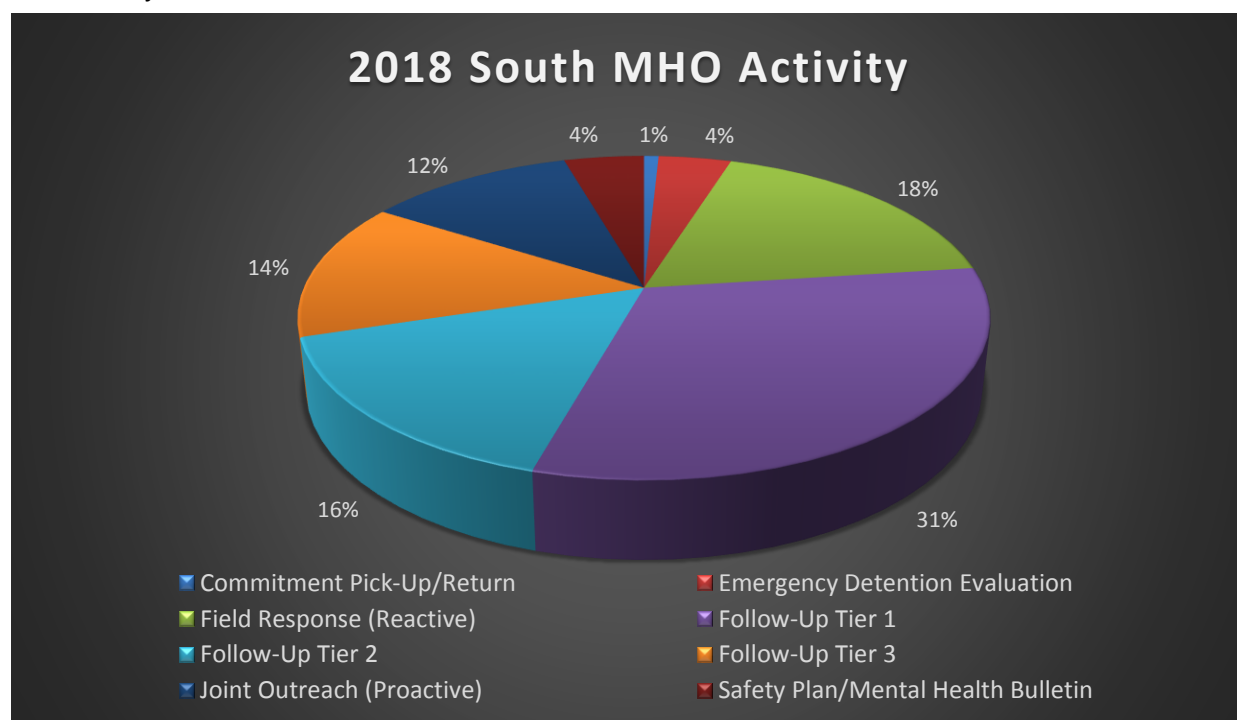
## South District: PO Andrew Muir

In 2018, I completed my second full year as the MHO in the South District. The year began with regularly instructing at MPD's department-wide in-service trainings. As the year developed and our full complement of Law Enforcement Crisis Workers were in place, the district benefited from more focused attention from Sarah Henrickson. She and I were able to increase our capacity to do outreach in the community, and we partnered up to intercept active calls for service as often as our schedules allowed. These "street evenings" were a highlight of the year and highlight the positive resolutions possible when mental health professionals are involved early, and in-person, in calls for service.

Throughout the year I was lucky to work with a group of talented interns and selfless volunteers. We continued to collect and analyze data, not only on the MHU but also on mental health issues department wide. We made substantial progress on our study of emergency detentions in 2015-2017 thanks to the skill and generosity of Bradley Stieber, a volunteer data scientist. We also initiated a new performance evaluation of the MHU and took the opening steps of that project as 2018 came to a close. I also took over the monthly emergency detention data collection from PO Stellick who is beginning to transition out of the unit.

I am pleased to report that I was able to make substantial strides in the threat assessment realm in 2018. I was fortunate to be awarded a merit scholarship from the Association of Threat Assessment Professionals to attend their annual conference in August, 2018. That was a fantastic learning opportunity and I was also able to meet colleagues from our partner BJA learning site at LAPD. I also wrote and presented a three-hour training on this topic for the rest of MHU and was able to write the first draft of a department SOP in this area.

In 2019 I am looking forward to reaping the organizational and efficiency benefits of having an MHU sergeant and re-investing that time in more outreach and response efforts in the community and on the street.



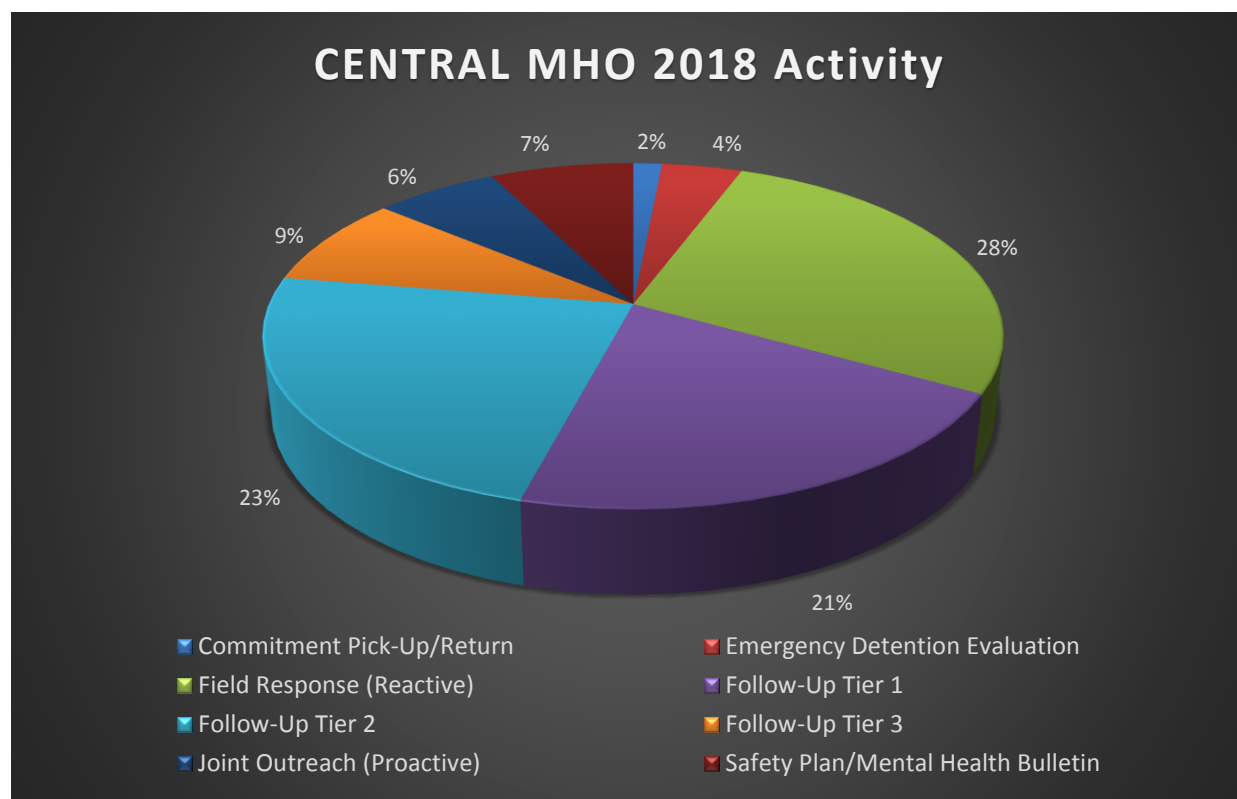
## Central District: PO Andy Naylor

In 2018, I continued working with various community agencies to set up system meetings and home visits with consumers, provided various de-escalation and safety trainings, and discussed best practices when collaborating with law enforcement. Those agencies include The Program for Assertive Community Treatment (PACT), Community Treatment Alternatives (CTA), the Madison Public Library, First United Methodist Church, Tellurian, Meriter 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 started bi-weekly “game nights” at PACT. I continued my work with the Veterans Outreach Program, connecting community Veterans with MAPD Veterans who share similar military backgrounds. I also attended the 6<sup>th</sup> annual VA Mental Health Summit.

In addition to continuing my routine activities such as reading reports, consulting with patrol officers, and creating/disseminating mental health bulletins, I co-instructed the State-developed Crisis Management block of instruction to MAPD recruits. I worked closely 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 post-eviction resources.

I took the lead on updating the Mental Health Unit page of the MAPD website as well as coordinating a process to create, review, and store our mental health bulletins. I also sat on the interview panel to hire our third Law Enforcement Crisis Worker and our new Mental Health Officer.



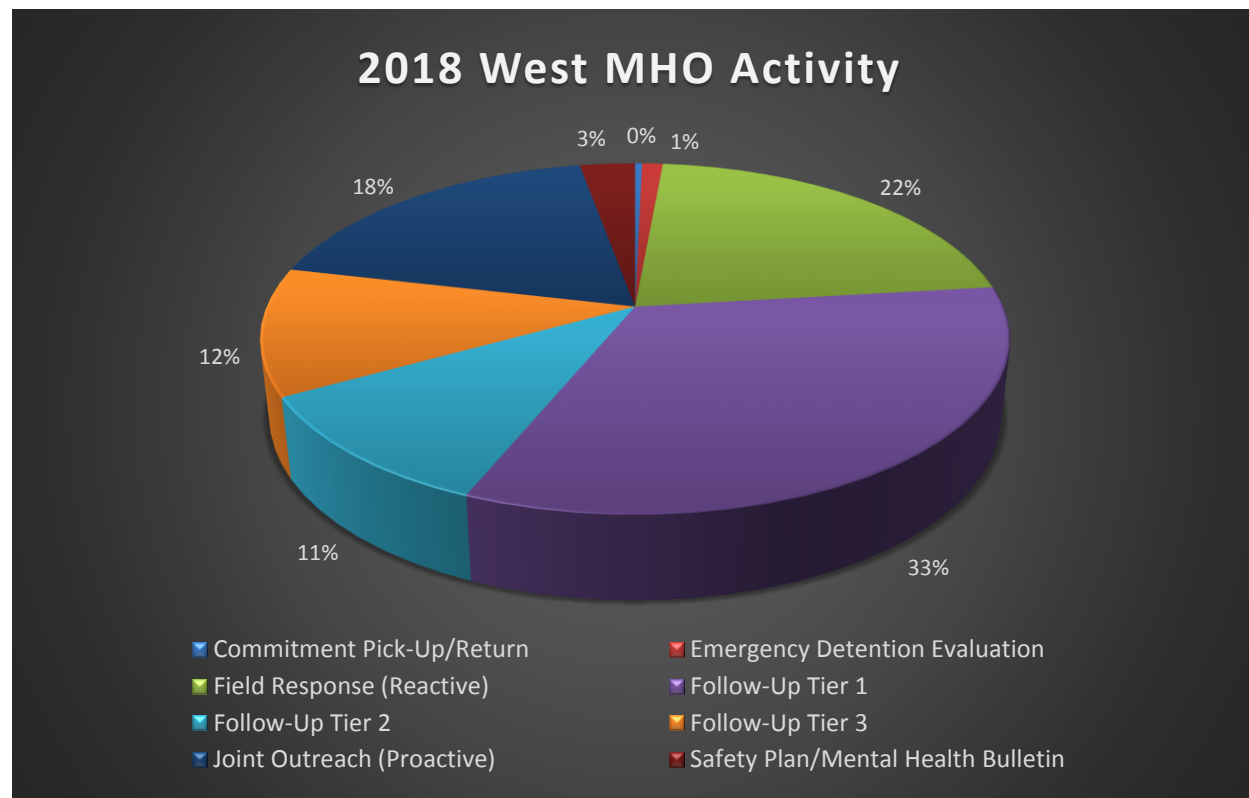
## West District: PO Natalie Deibel

I began working as the West District MHO in mid-September of 2018, having taken over for PO Ryan Jennissen. Like all districts in the city of Madison, West is unique in the policing and mental health challenges offered up by this populous and diverse area. Of particular note are the large amount of group and foster homes located in the West District, many of which are run by for-profit companies whose personnel decisions and case management styles frequently lead to police contact. Additionally, several level four and level five foster homes are located in the largely residential West District, and these house several of the state's most high-needs juveniles in terms of behavioral disorders and intellectual disabilities. Owing to the severe nature of these cases, West and Midtown District officers respond frequently to these addresses, and I work both on the front lines to support responding officers, as well as convene systems meetings with MMSD educators, social workers, foster parents, health care providers, and other care team members of vulnerable children and adults in order to ensure public safety and minimize police calls for service. In the absence of robust state regulation, local and county police are often made de facto overseers of these non-profit and for-profit entities, and one goal for the MHU in 2019 is to advocate on a local and state level for improved regulation of these sites.

My work in the West District also involves assisting detectives with cases involving a mental health component, as well as following up on patrol cases and Child Protective Services referrals that involve children known to me through my relationship-building with them and their parents or caregivers. In November of this year, I was asked by Chief Koval and the Mayor's Office to partner with the West Neighborhood Resource Officer to ensure safety and wellness while reducing CFS involving violence at a Housing First building located at 7933 Tree Lane. Adopting a hybrid mental health and neighborhood officer approach through a social justice lens, I facilitated effective collaboration and information-sharing between various stakeholders both within and outside of the building, as well as reduced high-level calls for service by essentially case-managing adults and children in need of mental health, educational, financial and other services. I will continue to work on this extremely high-needs building through 2019 and have been working closely with newly-appointed Captain Patton to ensure this initiative succeeds.

In late October of 2018, I completed a Train the Trainer course on Cultural Humility through the Department of Justice's training site at the University of Illinois at Chicago. This certification will allow me to travel nationwide in 2019 training law enforcement agencies on topics of cultural humility and implicit bias as a member of MPD, and I have incorporated many of the skills I learned at this training into presentations and workshops I facilitated this autumn. As an MHO, I have partnered with both my Journey colleagues and members of MPD's CORE team and Judgment Under the Radar team to train employees of Operation Fresh Start, The Beacon, Salvation Army, the Wisconsin Department of Corrections, McFarland PD, UW PD, DCSO, and other neighboring law enforcement agencies on topics ranging from de-escalation and crisis intervention to implicit bias and the history of crime. In December of 2018, I was elected in my capacity as an MHO to a two-year term with Dane County's Homeless Services Consortium, an entity which oversees and regulates federal and local funding to homeless services while advocating for and partnering with homeless persons and the agencies that serve them.



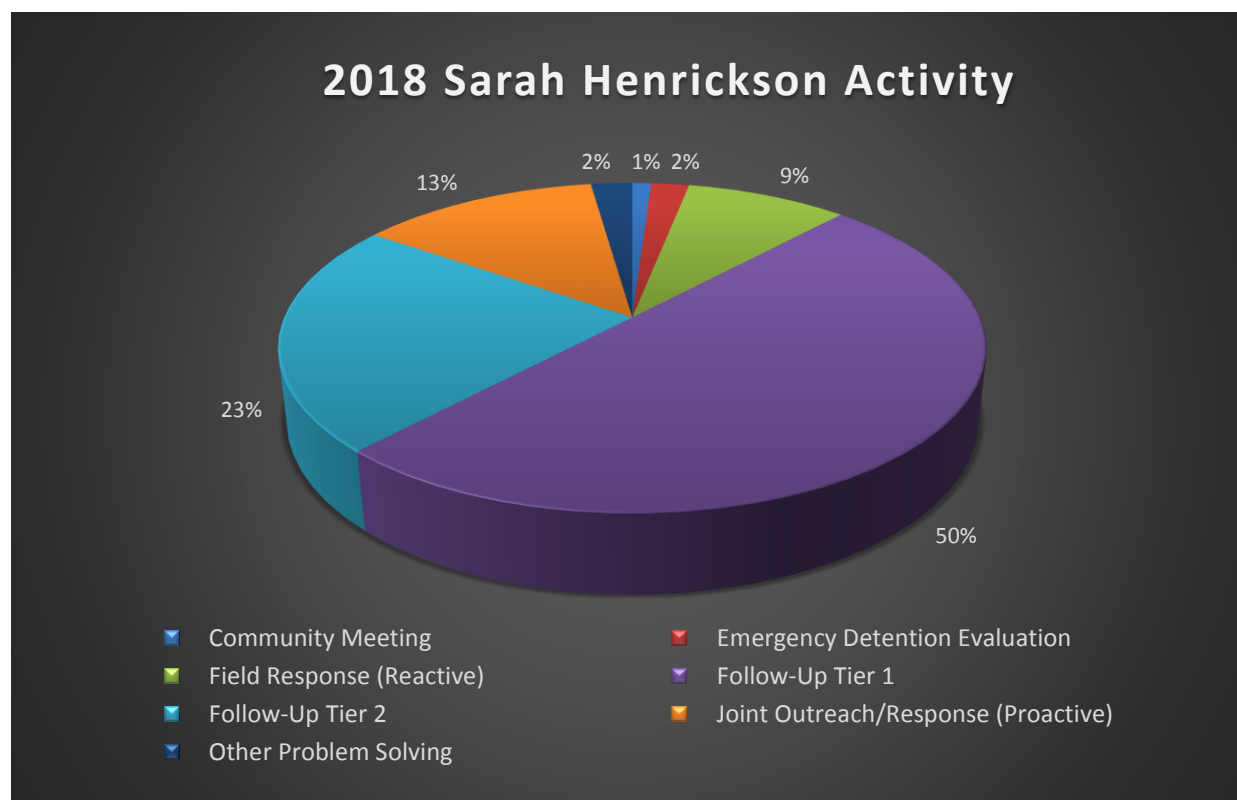


## Law Enforcement Crisis Worker: Sarah Henrickson

2018 has been an exciting year for the Law Enforcement Crisis Worker (LECW) team as we have now expanded to three members, after beginning with just myself in 2016. Like the MHOs, we are assigned to districts, but can and do respond anywhere in the city as needed. Focusing on the South and Central Districts this year has allowed me to become more familiar with the specific needs of these districts, provide more extensive outreach to consumers in these areas, and spend more time working with patrol responding to calls for service when mental health crises occur in the community.

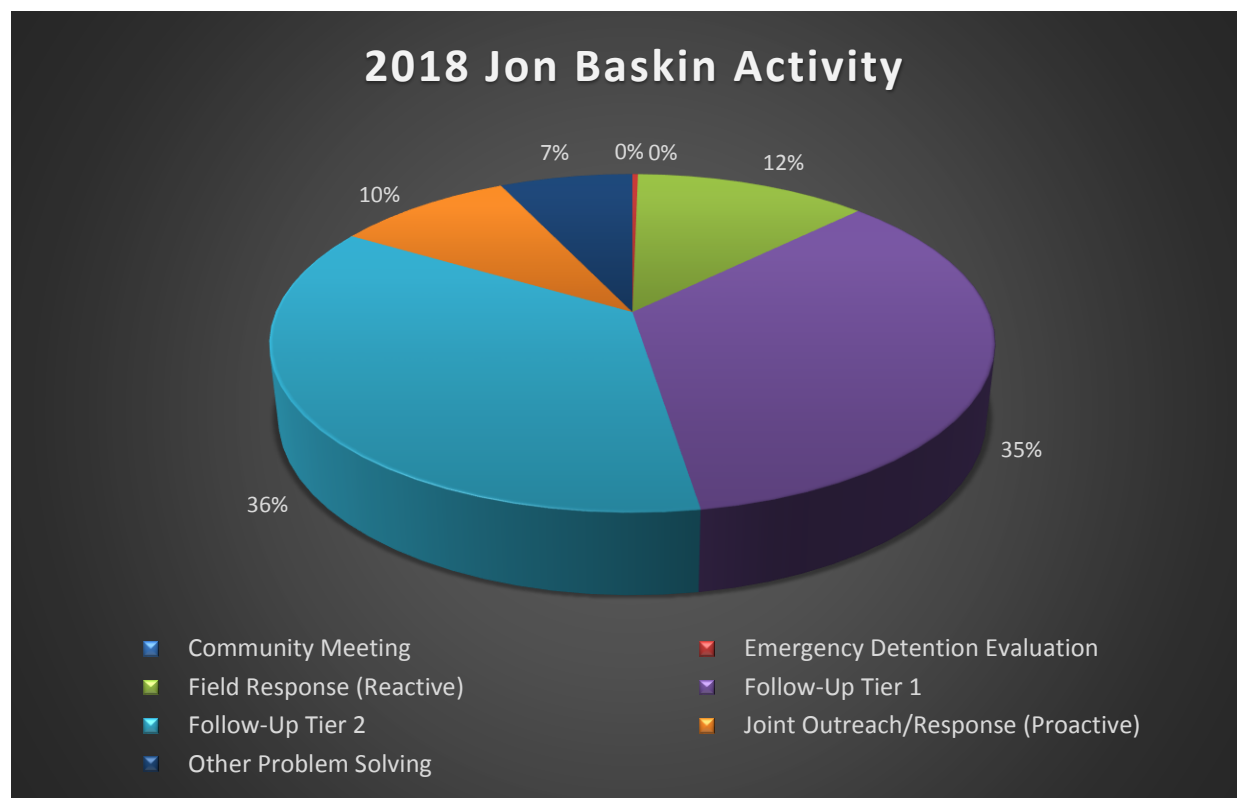
In January, I participated in a countywide Sequential Intercept Mapping workshop focused on jail diversion. I facilitate the bi-monthly Forensic System Meeting, which convenes representatives of multiple law enforcement and service agencies with the goal of collaboratively addressing system issues that may impact safety or impede delivery of mental health services to those in need.

I also continue to enjoy providing mental health training to the MPD pre-service academy, other law enforcement agencies, and our various community partners (Meriter Hospital, CARE WI, MATC, District Attorney's Office, and others).



## Law Enforcement Crisis Worker: Jon Baskin

In my first year as an LECW, I have learned a tremendous amount about crisis work in Dane County and the needs and strengths of our many community stakeholders. Working with MPD out of the West and, after its opening last year, Midtown Districts, I have developed strong working relationships with MHOs, patrol officers, and command staff, as well. Together, we have responded to complex calls for service, conducted outreach to those disconnected to services, and worked diligently on ongoing, difficult cases to secure the best possible resolution. It has been an honor and a privilege to support and collaborate with officers in service to community members experiencing acutely distressful situations. I have also had the opportunity to attend and conduct trainings as a member of both the MHU and MPD's implicit-bias focused Judgment Under the Radar group; learn from members of MPD's other units and patrol; and begin to understand some of the pressing structural and political issues that influence our work. In the coming year, I look forward to continuing to grow into my role and cultivating my proficiency, supporting the many new recruits and officers coming off of probation as they work with community members experiencing psychological distress, and being a part of the MHU as it, too, evolves with full staffing, our Sergeant, and two new MHOs.



## Crisis Worker: Nick Szczech

As of September 2018, I am the newest member of the LECW team, assigned to the East and North Districts. While I have responded to calls for service throughout the city, I work most closely with the East and North District Mental Health Officers, specifically completing assessment of and outreach to consumers in these districts, providing consultation to and responding with MHOs and patrol officers during calls for service, and conducting follow up with consumers when appropriate. In this position, I most enjoy assessing consumers unconnected with services in the community, then facilitating referrals to appropriate mental health services, and finally assisting them with navigation of Dane County's extensive mental health system until they are connected with these services.

