

MENTAL HEALTH UNIT  
**2020 ANNUAL REPORT**

## MENTAL HEALTH UNIT OVERVIEW

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The Madison Police Department's (MPD) response to calls involving mental health has evolved over many decades. MPD has long recognized the value and necessity of professional partnerships to achieve the best possible resolutions for our community. In the 1980s, MPD and the Journey Mental Health Center began establishing professional collaborations to address individuals experiencing significant mental health crisis. This collaborative approach increased information sharing, improved inter-agency communication, and developed a deeper appreciation for each entity's roles. Over the years, MPD has continued to build and maintain relationships throughout the community with other providers, advocates and individuals.

The foundation of the MPD mental health program is well-trained patrol officers. These first responders receive more training in the pre-service academy on mental health topics than the national standard for specialist mental health officers. In addition, the MPD established a Mental Health Liaison (MHL) program in 2004. The MHL program initially consisted of five patrol officers, one to represent each of the districts (MPD had five (5) districts at the time). MHL officers worked with mental health providers, advocates, and individuals living with mental illness to provide individualized responses and follow-up plans. MHL officers also looked at ways to address system issues or concerns and responded to mental health calls for service. Our patrol officers are still supplemented by the ongoing MHL program, which has now grown to include 42 officers. These officers hold a variety of assignments throughout the department. The MHL officers remain in their primary assignments, and receive additional training throughout the year.

MPD established the full-time Mental Health Officer (MHO) position in 2015 and welcomed an embedded Law Enforcement Crisis Worker (LECW) to the Mental Health Unit (MHU) in 2016. Today, the MHU consists of six officers - one for each of the six police districts - three embedded Crisis Workers, the above-mentioned MHL officers, and one sergeant. The MHU falls under the command of the Captain of Community Outreach. The goal of the MHU is to improve outcomes in mental health related police calls for service.

The MHU is a nationally recognized “Police-Mental Health Collaboration Program” (PMHC) and is one of only ten Law Enforcement-Mental Health learning sites selected by the Council of State Governments Justice Center and the U.S. Department of Justice’s Bureau of Justice Assistance. You can read more about this here:

<https://csgjusticecenter.org/law-enforcement/learning-sites/madison-police-department/>

## **Unique Challenges**

2020 presented unique challenges for the MHU to effectively serve individuals experiencing mental health crises. Individuals living with mental illness who had been stable with treatment and other support services experienced disconnection from their providers due to the necessary precautions related to COVID-19.

The significant and prolonged social unrest that erupted in our community, similar to many communities nationwide, required removing Mental Health Officers from their primary roles to supplement protest staffing. This necessary re-allocation of resources further limited our team's capacity to respond to those in crisis. Navigating these circumstances has required us to be creative, flexible, and more thoughtful than ever about how we can best support our community.

The MHU operated most of the year with the South District MHO spot vacant and had only one LECW for much of the year. Due to the civil unrest our city experienced, mental health officers were pulled for alternate assignments. All combined, the five MHU officers spent 272 shifts, approximately 22% of their normally scheduled shifts, on civil unrest related assignments. These unique circumstances resulted in mental health officers having fewer opportunities to perform their duties as they normally would.

## **MEET THE TEAM**

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### **Mental Health Officers**

Our six Mental Health Officers work to address both district-specific and citywide mental health systems issues. They also conduct outreach to individuals generating frequent or high-acuity police calls within their assigned districts. Mental Health Officers work proactively to



connect individuals with service providers and to divert individuals living with mental illness from the criminal justice system. The work of an MHO primarily consists of 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 the point of contact for officers, consumers, family, mental health providers, and other stakeholders. Mental Health Officers provide support for patrol officers by assisting with mental health related calls when their other duties allow and frequently work in tandem with MPD's Crisis Workers.

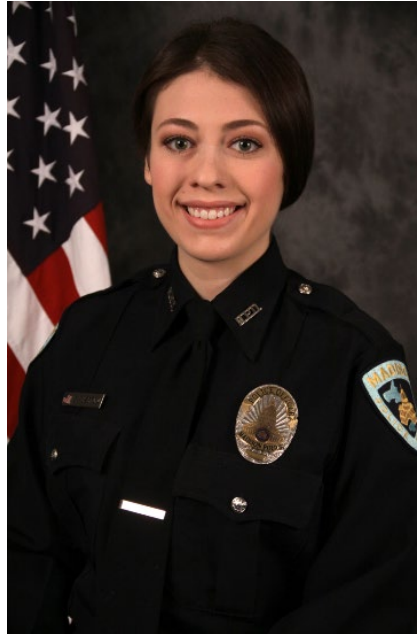
The six Mental Health Officers work as a team, coordinating efforts and supporting one another. While each MHO coordinates district-specific outreach, follow-up, collaboration, and information sharing, they do so with a citywide perspective. MHO assignments originate from various sources throughout the department as well as from professional contacts and members of the public. Finally, Mental Health Officers often work with surrounding police agencies coordinating safety plans for individuals that may have contact with multiple jurisdictions.

Specialized training in threat assessment and investigations has also meant that Mental Health Officers and Crisis Workers collaborate with Criminal Intelligence Section CIS officers and district commanders to complete threat assessments when necessary. MPD occasionally takes temporary custody of firearms for safekeeping following mental health calls. Mental Health Officers and Crisis Workers conduct follow-up on behalf of the property room to assess on-going risk in advance of the return of these firearms. Additionally, Mental Health Officers and Crisis Workers provide assistance 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 Mental Health Officers respond to calls throughout the City of Madison. As a citywide special team, they can respond regardless of an MHO's specific district assignment.

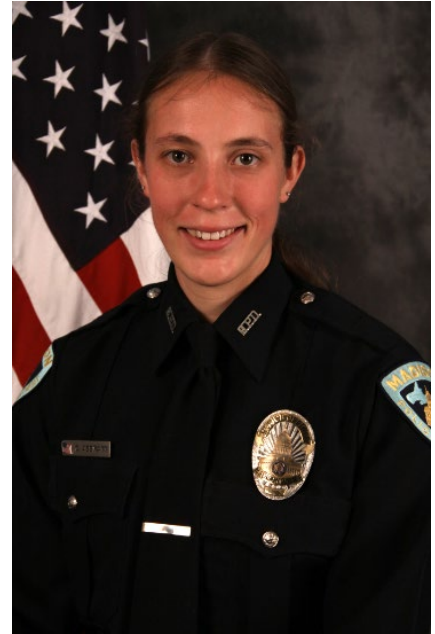
## 2020 MHU Roster



PO Ryan Jennissen – Midtown



PO Brenna Puestow - East



PO Casey Amoroso - Central



PO Hannah Anderson - West



PO Clare Gloede - North



LECW Sarah Henrickson



## RECOGNITION/TRAINING/LEARNING SITE ACTIVITY

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### ***Recognition***

PO Carlin Becker, one of MPD's five original Mental Health Officers (2015-2020), and current MHL, received the National Association on Mental Illness' (NAMI) Crisis Intervention Team (CIT) Officer of the Year award. The NAMI Awards Banquet was cancelled this year so we were regrettably unable to celebrate this well-deserved honor with PO Becker, but we are very proud that her contributions and commitment to the city of Madison community were recognized.

### ***Mental Health Liaison Training***

MHU members developed and implemented one, eight hour, virtual training in 2020. Forty-three individuals attended our November 17<sup>th</sup> virtual training: forty MPD officers, and three Journey Mental Health Crisis Workers. The training included an Overview of City and County Initiatives (City of Madison Crisis Response Team Pilot, Dane County Behavioral Resource Center, Community Triage Center/CAHOOTS planning, and the Dane County Criminal Justice Council), information on the new Addiction Resource Team (ART) and Chapter 51

best practices. Additional topics covered were Navigating Mental Health Crises During a Pandemic, and First Responder Self-Care During a Public Health Crisis/Challenging Political Climate.

### ***2020 Learning Site Activity***

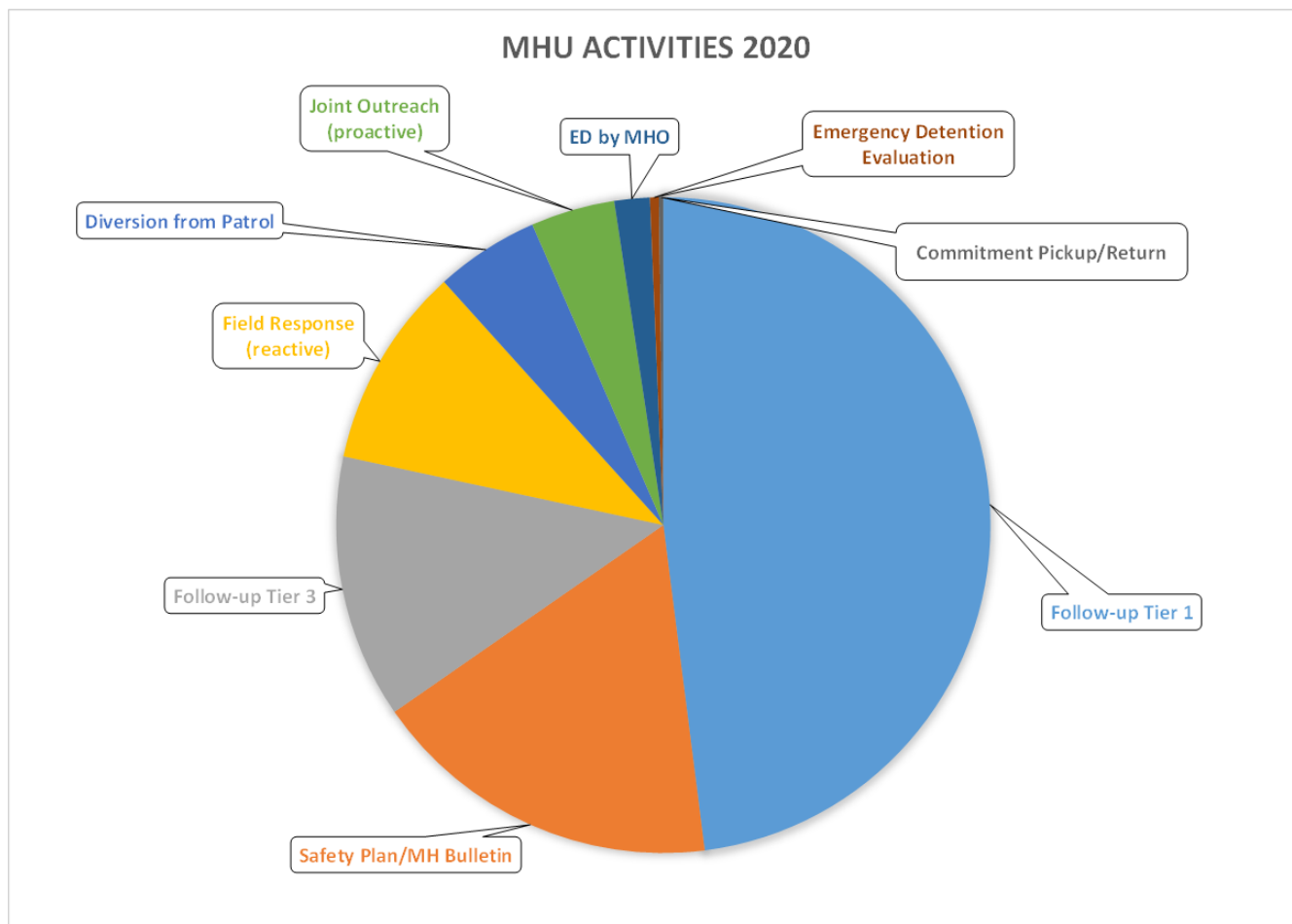
The MHU was not able to host any in-person site visits this year due to the COVID-19 Pandemic. Our unit did receive 29 requests from various Law Enforcement Agencies, human services organizations, and other entities eager to learn how to develop Police-Mental Health Collaborations in their areas. These requests originated from 15 different states including Arkansas, Illinois, Nebraska, Florida, South Dakota, Kansas, North Carolina, South Carolina, Kentucky, Georgia, California, Connecticut and Wisconsin. Members of the MHU also delivered 8 presentations, most of them through a virtual platform.

## **MHU ACTIVITY OVERVIEW**

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### ***Overall Unit Activity***

In 2020, Mental Health Officers and Crisis Workers worked with 358 distinct individuals and conducted a total of 915 distinct activities. Activities included 91 responses to active patrol calls, 558 follow-up activities of various duration, 38 joint outreach activities with Crisis Workers, and 159 safety plans or mental health bulletins created or distributed.



***Activity Frequency Related to Subjects Receiving MHU Services***

Approximately 13% of the total activities involved the top five subjects receiving MHU services. The individual who received the most follow up from MHU involved 29 case activities. The top 5% most-frequently contacted subjects received approximately 30% of all MHU activity, and the top 10% received approximately 42%. 55% of subjects whose cases came to the attention of the MHU garnered only one activity.



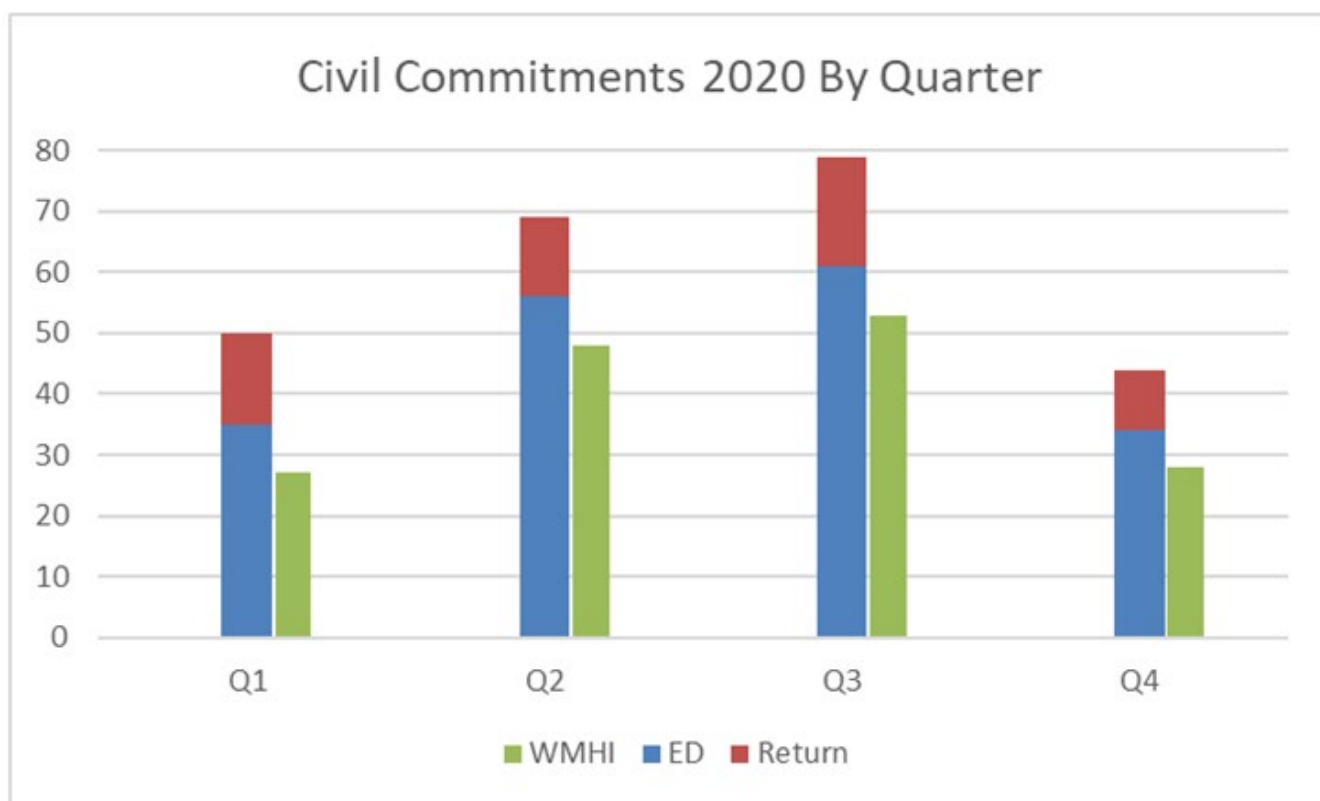
## EMERGENCY DETENTION ACTIVITY

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### ***2020 Department Wide Emergency Detentions***

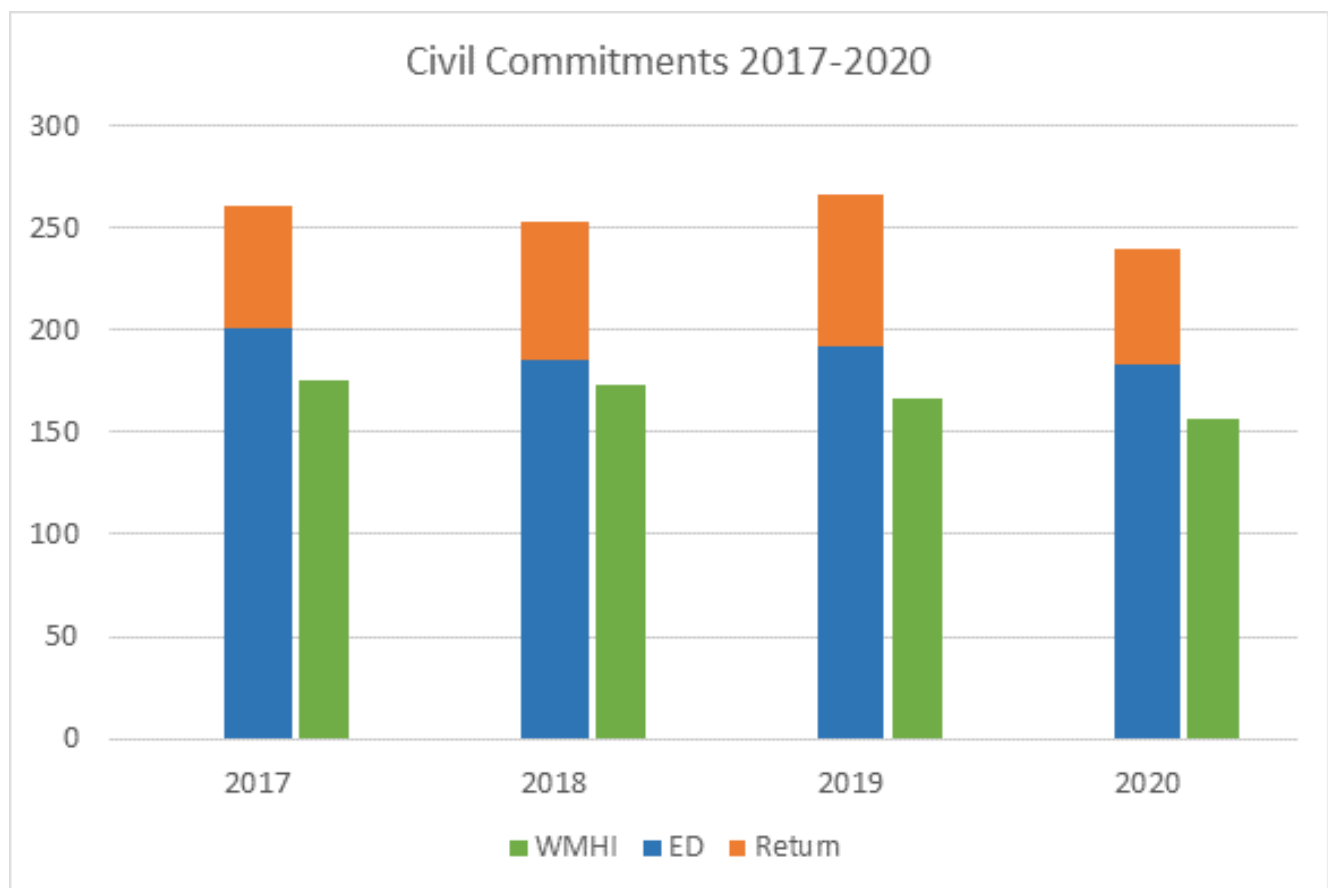
The Madison Police Department as a whole performed 184 new civil processes – these primarily consisted of new emergency detentions under Chapter 51; though MPD does effect a small number of three party petitions and alcohol commitments annually. MPD also took people into custody on 56 occasions for commitment returns – this occurs when an individual is out of compliance with the terms of their outpatient commitment or in violation of their Settlement Agreement terms. Out of the 240 Chapter 51 related activities, MPD transported patients to Winnebago Mental Health Institute 158 times, approximately 66% of the time.

Mental Health Officers were the actual authorizing officer on 16 emergency detentions, or approximately 9%. This does not include cases Mental Health Officers were heavily involved with assisting patrol officers in assessment, decision-making or medical clearance, coordination efforts, etc. but did not formally sign the emergency detention order.



## Chapter 51 Activity Year-by-Year Comparison

Chapter 51 Activity has remained relatively consistent over a number of years. In 2017 MPD completed 201 new civil commitments – primarily emergency detentions, 60 commitment returns and made 175 conveyances to Winnebago Mental Health Institute. In 2018, 185 new civil commitments, 68 commitment returns and 173 conveyances to Winnebago Mental Health Institute were completed. In 2019, 192 new civil commitments, 74 commitment returns and 166 conveyances to Winnebago Mental Health Institute were completed. In 2020, 184 new civil commitments, 56 commitment returns and 156 conveyances to Winnebago Mental Health Institute were completed.



## Addendum

### 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)

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 – *None logged in 2020*

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

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

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