



MENTAL HEALTH OFFICER UNIT FREQUENTLY ASKED QUESTIONS

WHY DEDICATE OFFICERS FULL TIME TO THESE POSITIONS?

Mental Health Officers will work to address both district-specific and citywide systems issues related to mental health and 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 will 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 to provide services to people with mental illness.

WILL THEY BE IN THE DISTRICTS?

These positions will be coordinated from a point of centralized oversight. The various MPD Mental Health initiatives, to include the Mental Health Officers, will fall under "Community Outreach" and Capt. Wheeler. Yet similar to the MPD Gang Officers, who are also centrally coordinated, the 5 Mental Health Officers will each have district responsibilities and will report to work each day to the district for which they are responsible.

WILL THE MENTAL HEALTH OFFICERS FIELD ALL MENTAL HEALTH RELATED CALLS FOR SERVICE THAT COME IN DURING THEIR SHIFT SO PATROL OFFICERS DON'T HAVE TO?

The short answer to this question is, no. For several reasons, not the least of which is that one officer in each district alone will not put a significant dent in the numerous calls for service that have some mental health related aspect, philosophically we do not want to fall into the trap of overspecialization. All our officers are well trained on these issues and capable of navigating mental health calls. We expect this to continue as we want all officers to be prepared and able to deal with mental health crises and be sensitive to the needs of those with mental illness. That said we do expect that when possible, the Mental Health Officers will respond into the field to address mental health related calls, particularly Emergency Detentions.

IS THIS AN APPROPRIATE USE OF POLICE RESOURCES?

The 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 these Mental Health Officers is not to provide mental health services. Obviously, they are not clinicians or diagnosticians. Instead, these officers will work proactively to refer and connect individuals in need of services with whom police come into contact and to divert individuals with mental illness from the criminal justice system whenever possible.

EMERGENCY DETENTIONS YOU SAY? CAN YOU SAY MORE ABOUT THAT?

Given the protracted nature of Emergency Detention processes, we see this as an area where the Mental Health Officers can put a dent in the amount of time patrol officers are tied up on these calls. If an Emergency Detention evaluation arises and the Mental Health Officer is available, our expectation is that the Mental Health Officer will take the call for patrol and work it through up to the point of transport, at which time patrol will be asked to finish off the hours-long call by doing the transport. In many cases, this will allow patrol officers to return to service, rather than being grounded at the hospital awaiting assessment and medical clearance. Having the Mental Health Officers involved in the Emergency Detention process will also provide greater consistency with Journey and other mental health system stakeholders.

WHAT IF THE MENTAL HEALTH OFFICER FOR A PARTICULAR DISTRICT IS AT A MEETING OR OTHERWISE UNAVAILABLE WHEN AN EMERGENCY DETENTION CALL IS DISPATCHED OR ANOTHER MENTAL HEALTH CALL REQUIRING ASSISTANCE ARISES?

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, if the Mental Health Officer for the South District is off but the Mental Health Officer for the West District is working and available the expectation is that they will respond into the South District to assist or field an ED. This team approach means that to the extent possible the Mental Health Officers will be responsible for citywide coverage first and foremost and district emphases second. Their staggered shifts and day off schedules were established to provide the greatest amount of citywide coverage across the most appropriate hours for them to address the various demands of these positions from both an internal and external customer service perspective.

WILL THESE OFFICERS REPLACE THE MENTAL HEALTH LIAISON OFFICERS?

Absolutely not. In fact, we want to bolster the liaison positions in each district to further enhance and supplement the work of the full time Mental Health Officers. The sheer volume of mental health-related calls shows there’s plenty of work to go around, and while the Mental Health Liaison program has proven its worth over the years, it will be essential to proceed with a layered approach by supplementing the proactive, problem-solving approach that the liaisons have taken in this area along with the full-time efforts of the Mental Health Officers. Capt. Wheeler will work with the Mental Health Officers and the volunteer district Mental Health Liaison Officers on an ongoing basis to coordinate efforts their efforts. Each Mental Health Officer will further coordinate follow-up and field response with the volunteer Mental Health Liaisons in their districts.

ASIDE FROM ASSISTING PATROL WHEN POSSIBLE, WHAT WILL THE MENTAL HEALTH OFFICERS DO?

Working in conjunction with Capt. Wheeler, District Command, and the district Mental Health Liaison Officers, the Mental Health Officers will work proactively to do outreach to individuals with mental illness that have generated or are likely to generate police contact. They will review all reports officers route to them to identify issues and individuals of concern, receive follow-up requests from district command, field mental health provider requests often initiated by Journey or other community case managers, and coordinate information-sharing. They will attend briefings, community meetings, weekly team meetings, monthly liaison meetings, conduct home visits, assist in developing and implementing training and educational initiatives, coordinate pick-up return orders through Journey, and work with the Property Unit to assess the return of weapons confiscated for safe-keeping during mental health crises, just to highlight some of the ways these officers will fulfill their roles.