

Introduction

As one of 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, the Madison Police Department's (MPD) Mental Health Unit (MHU) is an example of how community partners can work together to provide improved police services to people affected by mental illness.

MPD's success has evolved through decades of collaboration with Journey Mental Health Center and other community mental health providers, the National Alliance on Mental Illness of Dane County (NAMI), local hospitals, and other law enforcement agencies. While our Mental Health Liaison Officer Program has been the backbone of our MHU 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 through our pre-service academies and departmental in-services. Training that all officers receive in the nearly nine-month academy includes an overview of major mental illnesses, scenario-based de-escalation training, emergency detention processes, consumer panel discussions, interagency collaboration, and community resource options. Since 2006, all of MPD's pre-service academies have featured between 95.5 and 125.5 hours of mental health training. In comparison, the national standard CIT training course is 40 hours long.

A second layer of police service, in place since 2004, comes in the form of our volunteer Mental Health Liaison Officers (MHLO). These approximately 40 volunteer officers - across all six districts - are regularly assigned patrol officers that take on the added responsibility of working proactively in their respective districts (when the police calls for service volume permits) to provide subject matter expertise to better assist their fellow patrol officers, mental health service providers, and individuals affected by mental illness. Our MHLO 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 establishing their own MHLO programs. In 2017, we provided a total of 24 hours of specialized training in quarterly sessions to these volunteers.

MPD continues to build on and expand our MHU based on the success of the MHLO Program. In February 2015, MPD installed five full-time (six as of September 2018) Mental Health Officers (MHOs) as a third layer of response in order to more consistently and comprehensively address mental health concerns in our community and mitigate the increasing demands on our patrol resources. The MHOs collaborate with patrol officers, MHLOs, consumers, caseworkers, agencies, families, and others to meet the needs of those affected by mental illness *before* a crisis occurs. The MHOs apply a problem-oriented approach to their work to address underlying issues that generate mental health-related police calls for service.

In February 2016, MPD added to the third layer of response by collaborating with Journey Mental Health to add a Law Enforcement Crisis Worker (LECW) to work directly with the MHU. Since 2016, we have supplemented the MHU with two additional LECWs. The LECWs coordinate home visits and other follow-up as needed and consult with patrol officers, detectives, sergeants, and other police personnel regarding subjects/cases which appear to have a mental health component. The LECWs also provide crisis response with officers in the field when available.

MPD's Mental Health Officer Team

The ever-increasing volume of police calls for service and the complexities involved in navigating our community's mental health resources have highlighted the necessity 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 to work proactively with the Law Enforcement Crisis Workers (LECWs) to refer and connect individuals in need of services who have – or could have – contact with police and to divert individuals affected by mental illness from the criminal justice system whenever possible.

The LECWs and MHOs address both district-specific and citywide mental health systems issues and conduct outreach to individuals who are generating or are likely to generate police calls for service. Our MHOs function similarly to our Neighborhood officers, except, rather than focusing on a specific geographic area, they serve a specific population. Aside from best serving these individuals, a primary goal is to consistently and comprehensively address mental health in our community and by doing so, mitigate the increasing demands on patrol resources most often tasked with providing services to people affected by mental illness. The MHOs and LECWs are coordinated from a point of centralized oversight within the Department's Community Outreach section.

The benefit to a centrally coordinated group of LECWs and MHOs is that their philosophical approach is that of a primarily citywide team, with district responsibilities rather than the other way around. In this way, they work as a team to stay abreast of systems issues that have a citywide impact. Individuals affected by 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 MHOs and LECWs is both varied and demanding. The MHOs are selected through a competitive process based on their demonstrated qualifications to include an understanding of various mental disorders and a proven ability to interact with people affected by 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; an ability and willingness to work a flexible schedule when needed; and an ability to work independently while mindful of the overall team mission.

The LECWs and MHOs have numerous and varied responsibilities. They attend weekly staff meetings; provide backup to one another and fill in as needed to provide city-wide coverage; provide front-end support to patrol officers by fielding and/or consulting on Emergency Detention calls for service; review all routed reports in order to identify individuals in need of outreach and/or issues in need of follow-up at the district level; communicate and coordinate follow-up with district Mental Health Liaison Officers; communicate with district officers regarding individuals affected by mental illness and attend briefings to share and receive information; coordinate home visits and other follow-up in conjunction with mental health providers and advocates to connect individuals to necessary resources; attend relevant community and stakeholder meetings; serve as points-of-contact for officers, consumers, family, mental health providers, and other community partners; and assist in the development and implementation of training, educational initiatives and community presentations.