



# MILWAUKEE POLICE DEPARTMENT

## STANDARD OPERATING PROCEDURE

### 160 – PERSONS WITH MENTAL ILLNESS

**GENERAL ORDER:** 2025-40  
**ISSUED:** September 5, 2025

**EFFECTIVE:** September 5, 2025

**REVIEWED/APPROVED BY:**  
Assistant Chief Craig Sarnow  
**DATE:** July 15, 2025

**ACTION:** Amends General Order 2023-48 (October 11, 2023)

**WILEAG STANDARD(S):** NONE

#### **ROLL CALL VERSION**

**Contains only changes to current policy.  
For complete version of SOP, see SharePoint.**

### **160.20 VOLUNTARY OPTIONS**

#### **C. VOLUNTARY PSYCHIATRIC EVALUATION**

If the subject is agreeable, have the person evaluated on a voluntary basis at the Aurora Psychiatric Hospital, Milwaukee Ascension St. Francis Hospital, or Aurora St. Luke's South Shore. Evaluation may be sought at another facility if this is required by the subject's health insurance or if the person requests a different medical treatment facility. In such cases, the subject may be conveyed in a department vehicle with the shift commander's approval. The *Protective Custody or Transfer of Prisoner for Medical Care* (form PP-42) should be completed with the box checked for "Voluntary Conveyance for Mental Evaluation."

##### **1. Person Conveyed to Mental Health Emergency Center (MHEC)**

- f. If MHEC staff contacts an MPD work location after the member leaves MHEC and states the voluntary person is no longer voluntary, and MHEC staff believes the person poses a risk to themselves or others, the work location shall send a squad to MHEC to investigate and initiate a Chapter 51 hold if required.

**Note:** MHEC staff cannot execute a Treatment Director's Affidavit on a person who is no longer voluntary and if an emergency detention is required, the appropriate legal mechanism is a Chapter 51 hold under [Wis. Stat. § 51.15\(1\)](#), which must be initiated by a law enforcement officer in this setting.

### **160.35 MEDICAL TREATMENT OF EMERGENCY DETENTION CANDIDATES**

#### **B. SHIFT COMMANDERS RESPONSIBILITIES**

Work locations shall retain the original PE-18 for thirty (30) days or until the person is released from the hospital (whichever is longer) and then have it destroyed in accordance with SOP 680.10(E)(5) as it relates to data protection and security. All copies of the PE-18 will then be promptly returned to ~~Open Records~~ the Records Management Division – Imaging in accordance with SOP 160.40(E).

**160.45 PRISONERS WITH MENTAL ILLNESS****A. POSSIBLE SUICIDES****1. Districts 2-7**

Whenever a prisoner demonstrates suicidal tendencies or manifests symptoms of mental illness described in [Wis. Stat. § 51.15\(1\)](#), the shift commander of the district or Central Booking Division shall summon an advanced crisis intervention team member to de-escalate the situation. The advanced crisis intervention team member shall also summon Milwaukee Mobile Crisis (phone [REDACTED] or Crisis Assessment Response Team (CART) (phone [REDACTED] or [REDACTED]) to evaluate the prisoner. If the mobile team or CART is unavailable and there is a substantial probability that the prisoner may harm himself/herself, the prisoner shall be placed on emergency detention and conveyed to MHEC.

**2. Central Booking Division****a. When Wellpath Nurse on Duty**

Whenever a prisoner demonstrates suicidal tendencies or manifests symptoms of mental illness described in [Wis. Stat. § 51.15\(1\)](#), and/or provides indications of suicidal thoughts or ideations to the on duty Wellpath nurse during the Wellpath medical and mental health intake screening, the Wellpath nurse shall make appropriate de-escalation recommendations to the Central Booking Division supervisor who shall ensure the recommendations regarding the prisoner are applied. A Central Booking officer shall notate the nurse's crisis intervention recommendations for the prisoner in the Jail Management System (JMS) and also complete a *Consumer Report* in the Records Management System (RMS) to document the Wellpath nurses' observations and details of their crisis assessment for the prisoner. All appropriate Central Booking Division procedures shall be followed regarding suicidal prisoners. If there is a substantial probability that the prisoner may harm himself/herself, the prisoner shall be placed on emergency detention and conveyed to MHEC.

**b. No Wellpath Nurse on Duty**

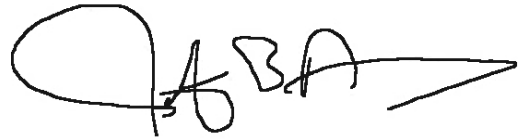
Whenever a prisoner demonstrates suicidal tendencies or manifests symptoms of mental illness described in [Wis. Stat. 51.15\(1\)](#), the shift commander of the Central Booking Division shall summon an Advanced Crisis Intervention Team member to deescalate the situation. The Advanced Crisis Intervention Team member shall also summon Milwaukee Mobile Crisis (phone [REDACTED]) or CART (phone [REDACTED] or [REDACTED]) to evaluate the prisoner. If the mobile team or CART is unavailable and there is a substantial probability that the prisoner may harm himself/herself, the prisoner shall be placed on emergency detention and conveyed to MHEC.

**B. BOOKING PROCEDURES**

The booking officer shall make a notation in the remarks section under the mental health tab located in the ~~Jail Management System (JMS)~~. The shift commander shall enter this information under the management tab in JMS by flagging this prisoner as a potential risk of physical harm to himself/herself or others and explaining the circumstances in the remarks section. This will alert booking officers in the event the prisoner is taken into custody in the future.

**160.55 PROCESSING OF ADULT AND JUVENILE EMERGENCY DETENTION CANDIDATES**

- A. Whenever possible, Crisis Intervention Team officers shall be given priority to any assignments of this nature. Upon completion of the assignment, officers shall complete the *Consumer Report* in the ~~Records Management System (RMS)~~, to be reviewed by the CIT coordinator.

A handwritten signature in black ink, appearing to read 'J.B. Norman', with a long horizontal stroke extending to the right.

JEFFREY B. NORMAN  
CHIEF OF POLICE

JBN:mfk