



MILWAUKEE POLICE DEPARTMENT

STANDARD OPERATING PROCEDURE

160 – PERSONS WITH MENTAL ILLNESS

GENERAL ORDER: 2022-XX
ISSUED: August 1, 2022

EFFECTIVE: August 1, 2022

REVIEWED/APPROVED BY:
Assistant Chief Nicole Waldner
DATE: June 30, 2022

ACTION: Amends General Order 2019-14 (April 29, 2019)

WILEAG STANDARD(S): NONE

160.00 PURPOSE

The purpose of this policy is to identify and provide an effective response to situations involving people experiencing a mental health crisis.

160.05 WISCONSIN'S LEGISLATIVE POLICY ON THE MENTALLY ILL

It is the policy of the state of Wisconsin to assure the provisions of a full range of treatment and rehabilitation services in the state for all mental disorders and developmental disabilities. There shall be a unified system of prevention of such conditions and provision of services, which will assure all people in need of care access to the least restrictive treatment alternative appropriate to their needs.

160.10 DEFINITIONS

A. DEVELOPMENTAL DISABILITY

Means a disability attributable to brain injury, cerebral palsy, epilepsy, autism, Prader-Willi syndrome, intellectual disability, or another neurological condition closely related to an intellectual disability or requiring treatment similar to that required for an intellectual disability, which has continued or can be expected to continue indefinitely and constitutes a substantial handicap to the afflicted individual. Developmental disability does not include dementia or brain injuries that are primarily caused by degenerative brain disorders.

B. DRUG DEPENDENT

Means a person who uses one or more drugs to the extent that the person's health is substantially impaired or his or her social or economic functioning is substantially disrupted.

C. MENTAL ILLNESS

For purposes of involuntary commitment, means a substantial disorder of thought, mood, perception, orientation, or memory which grossly impairs judgment, behavior, capacity to recognize reality, or ability to meet the ordinary demands of life, but does not include alcoholism.

D. CRISIS INTERVENTION TEAM (CIT)

The Crisis Intervention Team is made up of department members who have received specialized training in interpersonal skills that allows them to handle incidents and safely de-escalate situations involving individuals with mental illness who are in crisis.

160.15 LEGAL STANDARDS FOR EMERGENCY DETENTION

[Wis. Stat. § 51.15\(1\)](#) relating to Emergency Detention states:

A. A law enforcement officer may take an individual into custody if the officer has cause to believe that such individual is mentally ill, drug dependent, or developmentally disabled, unable or unwilling to cooperate with voluntary treatment, and that taking a person into custody is the least restrictive alternative appropriate to the person's needs. Additionally, the individual must evidence any of the following:

1. A substantial probability of physical harm to himself/herself as manifested by evidence of recent threats of or attempts at suicide or serious bodily harm.
2. A substantial probability of physical harm to others as manifested by evidence of recent homicidal or other violent behavior on his/her part, or by evidence that others are placed in reasonable fear of violent behavior and serious physical harm to them, as evidenced by a recent overt act, attempt or threat to do serious physical harm on his/her part.
3. A substantial probability of physical impairment or injury to himself/herself or other individuals due to impaired judgment, as manifested by evidence of a recent act or omission.
4. Behavior manifested by a recent act or omission that, due to mental illness he/she is unable to satisfy basic needs for nourishment, medical care, shelter, or safety without prompt and adequate treatment so that a substantial probability exists that death, serious physical injury, serious physical debilitation or serious physical disease will imminently ensue unless the individual receives prompt and adequate treatment for this mental illness.

Note: Sections 3 and 4 have been abbreviated and the shift commander's approval is required before initiating an emergency detention under these sections. The shift commander shall review them in their entirety before authorizing an emergency detention. The Crisis Mobile Team [REDACTED] [REDACTED] or the Psychiatric Crisis Service/Admission Center (PCS) 24 hour hotline [REDACTED] can provide evaluation and consultation for these cases.

B. The officer's belief shall be based on a specific recent overt act, attempt, or threat to act, or omission made by the individual and observed by or reliably reported to the officer.

C. Any member who acts in accordance with [Wis. Stat. § 51.15](#), including making a determination that an individual has or does not have a mental illness, or evidences or does not evidence a substantial probability of harm is not liable for any actions taken

in good faith ([Wis. Stat. § 51.15\(11\)](#)).

160.20 VOLUNTARY OPTIONS

To protect personal liberties, no person who can be treated adequately outside of a hospital institution or other inpatient facility may be involuntarily treated in such a facility. [Wis. Stat. § 51.15\(1\)](#) states that a law enforcement officer may take a person into custody for emergency detention if there is "substantial probability of physical harm." However, if a subject does not appear to be acutely mentally ill, and exhibits an ability and willingness to cooperate with voluntary treatment, a "substantial probability of physical harm" may not exist and an emergency detention may not be necessary. In these circumstances a more appropriate course of action may be one of the following:

A. CRISIS INTERVENTION TEAM (CIT)

The Crisis Intervention Team is made up of department members who have received specialized training in interpersonal skills that allow them to handle incidents and attempt to safely de-escalate situations involving individuals with mental illness who are in crisis.

1. CIT officers shall be given priority to any assignments of this nature and may be requested by citizens during the initial call for service. If a CIT officer is not assigned to the primary squad, one may be requested by officers on scene.
2. CIT officers shall utilize their knowledge of community resources to provide individuals in need of care access to the least restrictive treatment alternative appropriate to their needs. In some instances, an emergency detention may still be warranted.

B. CRISIS ASSESSMENT RESPONSE TEAM (CART)

The Crisis Assessment Response Team is a collaborative effort between the Milwaukee Police Department and PCS. The team is comprised of crisis team clinicians and police officers. CART will respond to situations when police intervention may be needed. The schedule for CART officers is available on the [Crisis Intervention Team SharePoint site](#). The site also includes contact phone numbers for CART officers.

1. CART can only conduct psychiatric evaluations on individuals 18 years of age or older. If assistance is needed on a call for service involving a juvenile, officers may contact the Children's Mobile Team at [REDACTED]
2. CART focuses on the utilization of voluntary options, stabilization on scene, referrals to other mental health resources, and mental health assessments and Criminal Justice Facility clearance for prisoners in custody.
3. CART cannot provide psychiatric clearance for someone who is in need of medical clearance (e.g., intentional overdose).

C. VOLUNTARY PSYCHIATRIC EVALUATION

If the subject is agreeable, have the person evaluated on a voluntary basis at the closest emergency medical treatment facility. Evaluation may be sought at another facility if this is required by the subject's health insurance. 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." Because these persons are not in custody, the officers are not required to remain at the medical facility pending the evaluation.

D. BEHAVIORAL HEALTH DIVISION (BHD) CRISIS MOBILE TEAM

1. Summon the Crisis Mobile Team [REDACTED] to the scene to evaluate any subject 18 years old or older. For subjects 17 years old or younger, call the Children's Mobile Team [REDACTED]
2. Members may also contact the Crisis Mobile Team or Psychiatric Crisis Service (PCS) by phone [REDACTED] for clarification or recommendations regarding an emergency detention of an individual in crisis.

E. CURRENTLY UNDER PROFESSIONAL CARE

If the subject is currently under the care of a mental health professional, have the subject contact the professional to evaluate the need for immediate treatment. If the mental health professional recommends immediate treatment at a private mental health facility, the subject may be conveyed in a department vehicle with the shift commander's approval, if no other means of transportation is available, and the facility is located within Milwaukee County. The PP-42 should be completed with the box checked for "Voluntary Conveyance for Mental Evaluation."

F. CRISIS RESOURCE CENTERS

1. Crisis Resource Centers are places that an individual who may be experiencing a psychiatric crisis can voluntarily access crisis intervention and their locations include:
 - a. South - 2057 S. 14th Street (the phone number is 414-643-8778)
 - b. North - 5409 W. Villard Avenue (the phone number is 414-539-4024)
 - c. West - 5566 N. 69th St. (the phone number is 414-290-9730)
2. Criteria for admission in CRC
 - a. The mental health consumer must be voluntarily seeking help.
 - b. Must be 18 years or older, a Milwaukee County resident and have the ability for independent self-care.

- c. The individual must be experiencing psychiatric symptoms or have been diagnosed with a mental illness, or co-occurring substance abuse symptoms or diagnosis.
 - d. The individual must not show evidence of a serious, uncontrolled medical problem.
3. Behaviors not acceptable for admittance to CRC:
 - a. Acute danger to self or others.
 - b. Acute medical condition.
 - c. Individuals who are in withdrawal from alcohol, heroin, cocaine or hallucinogenic drugs.
 - d. Individuals on a police hold.
 4. Transfer to CRC
 - a. Officers shall escort the individual into CRC and check in with the intake nurse or the on-site manager.
 - b. Officers shall supply the brief information as to the contact with the individual as well as any pre-screening questions that need to be answered.

G. 24 HOUR CRISIS LINE

1. Advise the subject to call the Milwaukee County Crisis 24-hour crisis line (414-257-7222) for phone counseling. If the subject voluntarily decides to seek treatment at PCS, the subject may be conveyed in a department vehicle with the shift commander's approval, if no other means of transportation is available.
2. The PP-42 should be completed with the box checked for "Voluntary Conveyance for Mental Evaluation". Officers shall accompany the subject inside the PCS, explain the circumstances to the admitting staff, and give them the yellow copy of the PP-42.

Note: If the PCS Staff requests officers to file an *Emergency Detention Report* (form PE-18), officers shall do so as long as even minimal probable cause exists.

H. ADULTS WITH LEGAL GUARDIANS AND JUVENILES

1. Adults with Legal Guardian

Individuals under guardianship are unable to consent to voluntary treatment. If an adult has a guardian appointed in the state of Wisconsin because of incompetency, the adult shall only be conveyed for voluntary treatment if the guardian consents to

the treatment and agree to be present for their psychiatric emergency room evaluation. Officers shall follow the procedures listed in subsection C, E, F, and G depending on where the adult is transported.

2. Juveniles

- a. Juveniles under 14 years of age shall only be conveyed for voluntary treatment if the juvenile's parent or guardian consents to the treatment.
 - b. Juveniles 14 years of age and over may be conveyed for voluntary treatment with or without the consent of the juvenile's parent or guardian.
 - c. If the juvenile is transported for treatment in accordance with subsection a or b above, officers shall follow the procedures listed in subsection C, E, and G depending on where the juvenile is transported.
3. An emergency detention will override the consent requirement for adults and juveniles.
- I. An *Emergency Detention Report* (form PE-18) shall not be filed for voluntary persons.

J. USE OF HANDCUFFS

The use of handcuffs are not required for voluntary and cooperative persons who are being conveyed for voluntary treatment. If handcuffs are required, an emergency detention may be a more appropriate disposition.

160.25 DETERMINATION OF CAUSE FOR EMERGENCY DETENTION

A. PERSONAL OBSERVATION IS NOT NECESSARY

It is not necessary for an officer to personally observe a subject's behavior. The standard for police action is "cause," not personal observation for the purposes of this policy. Thus, officers should base their decision to initiate an emergency detention on the totality of the circumstances in each case. This includes, but is not limited to, the following:

1. Officer's observations of the scene (weapons, pills, suicide notes, odor of natural gas, evidence of a struggle);
2. Observations of the subject (dress, behavior, or physical condition);
3. Statements of family members, relatives, neighbors, ambulance or other medical personnel;
4. Statements (if any) made to officers or others by the subject.

Note: It is not required that the patient make an "incriminating" statement to police before an emergency detention can be made. Officers are also cautioned not to rely exclusively on patient statements that may

contradict the other factors in the investigation.

**160.30 STATEMENT OF EMERGENCY DETENTION BY LAW ENFORCEMENT OFFICER
FORM PE – 18**

The PE-18 is a state of Wisconsin form, which sets legal parameters for emergency detention under [Wis. Stat. § 51.15](#). It is important when filing a Statement of Emergency Detention that all designated areas are completed properly.

A. DANGEROUS BEHAVIOR

The member completing the PE-18 shall document when the behavior occurred (date and the time of the behavior) and where the behavior occurred (address and/or name of the facility). Members shall document the description of the behavior that resulted in the emergency detention on the PE-18.

B. WITNESSES

The officer completing the PE-18 shall ensure that all witness information is documented in the witness section of the form. The full name of each witness, mailing address and telephone number, as well as the relationship to the subject being detained shall be included. When an officer is a witness, their work location address and telephone number shall be listed.

C. SUBJECT DETAINED AT HOSPITAL OR MEDICAL FACILITY

The officer shall insert the name of the hospital/facility and the date and time the subject is detained. When a subject needs to be medically cleared or is currently at a hospital, the officer shall use that hospital and the time the officer deems an emergency detention is necessary in accordance with [Wis. Stat. § 51](#). An emergency detention detainment begins once the subject is taken into custody by a law enforcement officer.

160.35 MEDICAL TREATMENT OF EMERGENCY DETENTION CANDIDATES

If a candidate for emergency detention requires medical treatment and/or a medical clearance (e.g., overdose, lacerations) prior to admission to PCS, that medical treatment and/or clearance shall be sought at the nearest hospital emergency facility to where the incident occurred. Treatment may be sought at another facility if this is required by the subject's health insurance.

A. SUBJECT REQUIRING MEDICAL CLEARANCE PRIOR TO BEING CONVEYED TO PCS

When an emergency detention patient requires medical clearance at a hospital prior to admittance to PCS:

1. Officers are required to remain with an emergency detention patient while he/she is being medically cleared at a hospital if the person meets any of the following criteria:

- a. The person has been combative with police members during the initial contact prior to the person being conveyed for medical clearance;
 - b. The member has knowledge that the person has a history of being combative;
 - c. If notified by hospital personnel that the person has a history of being combative.
2. If the person will be admitted to the hospital, members shall:
- a. Leave the person in the care of the facility if he/she is cooperative or has been diverted to a hospital because PCS is at capacity.
 - b. Remain with the person if the person remains combative with members and/or hospital personnel. Members shall consult with their shift commander about establishing a hospital guard, if necessary.
 - c. Consult with a supervisor if the person is no longer combative or is medically incapacitated. A supervisor shall use their discretion in deciding if the member is to remain with the person or if a hospital guard should be established.

Note: If members have questions or problems with hospital personnel, including questions regarding whether a person is legitimately combative, they shall request a supervisor to meet them at the hospital.

3. The officer(s) shall provide the treating nurse/physician with a completed *Medical Discharge Notice of Emergency Detention* (form PD-35ED) if the subject is on an emergency detention hold only. The PD-35ED will alert hospital staff to contact the respective shift commander when the subject is medically cleared.
4. Officers shall complete the *Statement of Emergency Detention by Law Enforcement Officer* (form PE-18) and fax a copy to PCS at [REDACTED] prior to clearing from the assignment. After faxing the PE-18 the original shall be stamped "faxed" with the date and time the officer faxed it to PCS.
5. The officer shall take the original PE-18 and one copy to the shift commander to be filed in the emergency detention folder at his/her respective work location. The officer shall also provide the treating nurse/physician with a copy of the PE-18 so they are aware of the details necessary to accomplish patient safety and timely medical clearance.

B. SHIFT COMMANDERS RESPONSIBILITIES

Every day, prior to 12:00 p.m., each district shall have the original PE-18's from the past 24 hours hand carried to PCS.

160.40 RELEASE OF EMERGENCY DETENTION CANDIDATES FROM HOSPITALS**A. SHIFT COMMANDER NOTIFICATION**

Before an emergency detention candidate being treated for medical reasons is released, the hospital will notify the district shift commander listed on the PD-35ED.

B. WANTED CHECK UPDATE

The shift commander shall cause a wanted check to determine if the subject is wanted on warrants or as a suspect. If the subject is wanted, and has been removed from emergency detention consideration, the shift commander shall cause the subject to be taken into custody and conveyed for arrest screening.

C. TRANSFER TO PCS AFTER MEDICAL CLEARANCE

1. The Crisis Mobile Team may evaluate the PE-18 while the subject is awaiting medical clearance.
2. If the hold is maintained by the Crisis Mobile Team, the subject will remain at the medical facility for treatment at their site or arranged otherwise with BHD/PCS.
 - a. Once the shift commander receives notification from PCS of the disposition this shall be notated on the back of the PE-18. The original PE-18 shall be retained in the emergency detention folder until it is hand carried to PCS. The copy shall be sent to Open Records.
 - b. MPD will continue to be responsible for transporting the subject to PCS once the subject is medically cleared. When shift commanders are notified that a subject has been medically cleared, but not removed from consideration for emergency detention, they shall ensure that the notifying hospital has obtained approval from PCS to transfer the subject. They shall confirm with PCS [REDACTED] that the subject's transfer has been approved. After transfer approval has been confirmed, they shall direct officers to obtain the completed PE-18 at the work location and convey the subject from the hospital to PCS.
3. If the hold is released by the Crisis Mobile Team, the shift commander shall follow the procedures in subsection E after being notified by a PCS psychiatrist why the hold is being released.

D. PERSON ABSCONDS FROM HOSPITAL

If a candidate for emergency detention absconds from the hospital after an emergency detention hold is placed and the person's whereabouts are unknown, the shift commander shall contact PCS [REDACTED] to determine if the person should still be considered a candidate for emergency detention.

1. If the person is no longer considered a candidate for emergency detention, the shift commander shall follow the procedures in 160.40(E).

2. If the person is still deemed to be a candidate for emergency detention, the shift commander shall contact the Sensitive Crimes Division in accordance with the critical missing procedures in SOP 180 - Missing Persons.

E. REMOVAL FROM EMERGENCY DETENTION CONSIDERATION

1. Requirements

A candidate for emergency detention receiving medical treatment at a hospital may be removed from emergency detention consideration under either of the following circumstances:

- a. If that individual is evaluated by a psychiatrist who determines that the subject is no longer dangerous to self or others;
- b. The emergency detention candidate is admitted to the hospital's inpatient psychiatric unit, or transferred voluntarily to another mental health treatment facility.
- c. The Crisis Mobile Team has placed the individual on a treatment directors' supplement.

2. Shift Commander Responsibilities

If a subject is removed from emergency detention consideration for one of these reasons, the shift commander will write the words "Removed from Emergency Detention Consideration" in the upper left-hand corner of the PE-18. On the reverse side, the shift commander will inscribe the following information obtained from the private hospital:

- a. Name of hospital and person making the notification.
- b. Date and time of notification.
- c. Name of examining psychiatrist.
- d. Type of disposition other than the initiation of an emergency detention.

All copies of the PE-18 will then be promptly returned to Open Records.

160.45 PRISONERS WITH MENTAL ILLNESS

A. POSSIBLE SUICIDES

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 Section shall summon a crisis intervention team member to de-escalate the situation. The crisis intervention team member shall also summon the Crisis Mobile Team (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 PCS (9499 W. Watertown Plank Road).

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.

C. FELONY PRISONERS

The shift commander shall immediately inform the respective Investigation Division's shift commander of any felony prisoner held on an emergency detention. Prisoner information shall be entered into JMS according to Standard Operating Procedure 090 Prisoners and Booking.

160.50 PERSONS WITH PENDING CHARGES/WARRANTS DETAINED ON AN EMERGENCY DETENTION AT PCS

A. MUNICIPAL ORDINANCE VIOLATIONS

For ordinance violations, issue a municipal citation with a future court date. No "hold" is necessary unless there are outstanding warrants.

B. SUMMARY ARRESTS OR WARRANTS

If a person has pending state summary charges or outstanding warrants (city or state), the following procedure should be followed:

1. Arresting officers shall enter all relevant information into JMS, file an *Arrest and Detention Report* (form PA-45) and hand deliver it to the shift commander of the district in which the arrest occurred. The shift commander shall then place the original PA-45 in the hospital file.
2. At the time of admittance, the triage staff at PCS must be advised if a "hold" will be placed on the patient. The officer will turn over the patient and provide the triage staff with the original PE-18 as well as the yellow copy of the PP-42. The officer shall complete a *Medical Discharge Notice* (form PD-35ED, blue sticker) and provide it to the triage staff so it can be attached to the patient's chart.
3. Officers shall advise the staff at PCS that their patient has pending criminal charges and prior to release they should contact the shift commander listed on the PD-35ED.
4. The officer shall return one legible copy of the PE-18 to the shift commander with the white copy of the PP-42 stapled to it.

5. State cases shall be processed through the district attorney's office for the issuance of a warrant at the next session of court. See Standard Operating Procedure 090 – Prisoners and Booking, for distribution of reports, shift commander's responsibilities, and completion of the PA-45.

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.

B. CONVEYANCES

1. Ambulance Request

- a. If medical conditions, injuries, or ingestions of drugs are involved, the investigating officer(s) shall request an ambulance through the police department dispatcher, describing the patient's injury and condition.
- b. The police dispatcher shall notify the fire department dispatcher who shall determine what type of emergency medical service vehicle will be sent. The subject shall be conveyed to the nearest or most appropriate emergency medical facility, depending upon the injury or illness.

2. Police Conveyance

- a. If the person being detained is not in need of emergency medical services, the investigating officer(s) shall convey the person in a cage-equipped squad.
- b. Persons displaying violent behavior during and immediately after arrest shall be transported in a two-person patrol wagon equipped with a functioning squad video camera and adequately restrained. The passenger officer shall monitor the prisoner via the squad video camera and through the patrol wagon partition. If the squad video camera is not functioning properly, an officer shall accompany the violent person in the transport area during transportation.
- c. Conveyance officers shall monitor prisoners at all times during transport to ensure their safety. For any prisoners believed to be in medical distress during transport, members shall refer to SOP 090 - Prisoners and Booking under section 090.15.

C. TRANSFER OF PERSONS FOR MEDICAL CARE (FORM PP-42)

1. If the person is conveyed by ambulance, the PP-42 shall be completed and the pink copy given to the ambulance personnel. If there are any pending charges/warrants in addition to the emergency detention, list them only on the white copy in the box marked "Police Use Only".
2. In the event that an officer transports the person, a PP-42 shall be completed and

attached to the shift commander's copy of the PE-18.

D. AMBULANCE TRANSPORTATION

If two officers are assigned to a squad, one officer must ride inside the ambulance with the patient while the other officer follows the ambulance. If the patient is non-violent and only one officer is available, that officer may follow the ambulance and maintain constant surveillance of the vehicle until arrival at the medical facility. The intake site for both adult and juvenile persons with mental illness is PCS at 9499 West Watertown Plank Road.

E. DISPATCHER NOTIFICATION

The detaining officer shall notify the dispatcher of the arrival and departure times at PCS.

F. ENTRY TO PSYCHIATRIC CRISIS SERVICE/ADMISSION CENTER

A sign is posted at the door leading to the center; the buzzer is needed to gain entry. Proceed through the doors to the PCS security area. A gun locker, phone and department report forms are available in the PCS area. [REDACTED]

G. RESTRAINTS

If it is determined by PCS clinical staff that restraints are needed for violent/dangerous behavior, officers will assist in taking patients to the PCS restraint room. Officers shall not assist PCS clinical staff in applying any restraints to a patient.

H. CRIMINAL INVESTIGATION BUREAU – VALIDATION DESK

1. For all cases of emergency detention and attempt suicide, the detaining officer(s) are to call extension [REDACTED] at the Validation Desk as soon as possible and provide the following information:

Name	Driver's License or Social Security Number
Sex/Race	Identification Division Number
Date of Birth	Height and Weight
Address	Hair and Eye Color
Aliases	

2. Officers shall ensure that the correct Emergency Detention number is affixed to the PE-18.
3. Notification to the Validation Desk shall occur even if the detained person is already assigned an Emergency Detention number.
4. Personnel assigned to the Validation Desk shall provide the detaining officer(s) an Emergency Detention number in addition to the following:

- a. Ensure that the information is accurately entered into NCIC.
- b. Conduct a query in RMS to ensure that any new Emergency Detention number is not already assigned to a person.
- c. Verify that the Emergency Detention number is accurate in cases that a detained person already has an Emergency Detention number assigned.

Note: Only the Validation Desk can assign Emergency Detention numbers.

I. TRANSFER OF CUSTODY TO PCS

1. Facility Required to Accept Custody

[Wis. Stat. § 51.15\(3\)](#) states: "Upon arrival at the facility, custody of the individual is transferred to the facility." The officer's responsibility ends once the subject and detention forms are turned over to the triage nurse, unless at this time it is determined that medical clearance is required. Once the triage nurse has accepted a subject and officers have left PCS, they should not return to take the subject for medical clearance.

2. Transportation from Facility

[Wis. Stat. § 51.15\(6\)](#) provides that if the subject is released from a treatment center, the treatment center "shall arrange for the individual's transportation to the locality where he/she was taken into custody". Therefore, officers shall not transport the subject to any other location once the patient has been accepted at the Psychiatric Crisis Service.

J. JUVENILES

Juveniles are processed in the same manner as adults and with the same kinds of reports. The PCS Staff or the sheriff is responsible for transporting juveniles from PCS to the Child Adolescent Treatment Center.

160.60 PROBABLE CAUSE COURT HEARINGS

Probable cause court hearings are scheduled on an as needed basis and must be held 72 hours after the individual is taken into custody. If officers are required to appear, a shift commander will notify them. Officers may report directly to PCS, at 9455 W. Watertown Plank Road and the information desk receptionist will direct them to the proper courtroom. Officers should park in the visitor parking lot.

160.65 INVOLUNTARY COMMITMENT FOR TREATMENT

When an officer is requested to confine a person, but is unable to determine from his/her investigation that there is a need for immediate emergency detention or if probable cause is lacking under [Wis. Stat. § 51.15\(1\)](#), the officer should not take the person into custody. Instead the officer should refer the complainants to the Milwaukee County Corporation Counsel, 901 N. 9th St., Room 303 (414-278-5117) to obtain a three-party petition for

mental examination under [Wis. Stat. § 51.20\(1\)](#). This section states in part: "Each petition for examination shall be signed by three adult persons, at least one of whom has personal knowledge of the conduct of the subject individual..." These persons need not be relatives or physicians but must be adults. At least one petitioner must have personal knowledge of the subject's conduct.

160.70 ATTEMPT SUICIDE CASES

An *Attempt Suicide* (Sick and Injured) report shall also be filed in RMS for all adults and juveniles who attempt suicide regardless of emergency detention determination.

160.75 MENTAL HEALTH PATIENTS ON UNAUTHORIZED ABSENCE FROM A TREATMENT FACILITY

Upon the request of the treatment facility director, the sheriff or any law enforcement officer shall take charge of, and return to the facility, any mental health patient on an unauthorized absence. Officers should first check with the facility before taking the patient into custody. No reports are required except for a PP-42, which should be marked "Return of AWOL patient with mental illness." None of the boxes are to be checked off. Conveyance shall be by wagon or cage-equipped squad. See [Wis. Stat. § 51.39](#) for further information.

160.80 REQUESTS FOR POLICE EMERGENCY DETENTION BY HOSPITALS

Requests for emergency detention may come from emergency rooms or inpatient wards of private hospitals. Emergency detentions can be initiated on "information and belief" on persons who are not patients but merely on the grounds/premises of such private facilities. However, if a patient is presenting voluntarily they are not appropriate for emergency detention.

A. MEDICAL SURGICAL UNITS/ EMERGENCY ROOMS

1. Before transferring any patient to PCS, officers are to contact PCS [REDACTED] to confirm that the patient transfer has been approved.
 - a. Under federal law, patients cannot be transferred from one hospital to another without prior acceptance from a physician at the receiving hospital.
 - b. Under state law, if an individual is in a hospital's emergency department, the law enforcement officer may not transport the individual for detention until a hospital employee or medical staff member who is treating the individual determines that the transfer of the individual to the detention facility is medically appropriate and communicates that determination to the law enforcement officer or other person ([Wis. Stat. 51.15\(2\)\(b\)](#)).
2. An emergency detention does not authorize forced medical care and should therefore not be utilized to take a person into custody solely for refusal of medical treatment.

B. PSYCHIATRIC FACILITY OR PSYCHIATRIC UNIT IN A GENERAL HOSPITAL

1. Under [Wis. Stat. § 51.15\(10\)](#), the treatment director of a private mental health facility/ward (or his/her designee) has the legal authority to detain a patient on a psychiatric unit who poses an imminent danger to himself or others, or is gravely disabled. This is done by signing and processing a treatment director's statement of emergency detention known as a Treatment Director's Affidavit (TDA). Hospital personnel requesting officers to perform emergency detention on their patients with mental illness (or such recently discharged patients) should be advised regarding their responsibilities under the above statute.
2. Those responsibilities include detaining the subject and filing the treatment director's statement of emergency detention with the probate court at PCS. Hospital personnel should be directed to call the Milwaukee County Corporation Counsel [REDACTED] [REDACTED] or PCS [REDACTED] for further directions. Therefore, officers shall not initiate emergency detentions on persons who are patients at or being discharged from mental health/psychiatric wards of private hospitals.



JEFFREY B. NORMAN
CHIEF OF POLICE

JBN:mfk