

CITF – REPORT ON PLAN FOR PRESENT STATE

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BRIEF HISTORY:



FILE NUMBERS

2020

- File no.- 200632 - Resolution relating to establishing an unarmed first responder program.
- (PUBLIC SAFETY AND HEALTH COMMITTEE on 2020-10-01)

2021

- File no.- 201519, 210785, 201519
- Five meetings
 - Presentations from
 - MPD, MFD
 - DHHS
 - Budget Office
 - Wisconsin Policy Forum
 - Committee Members (SMEs)
 - First Extension
 - Initial workgroups, circulated documents

FILE NUMBERS

2022

- Six Meetings
 - Research presented/circulated
 - call types, frequency, etc.
 - Snapshots from other cities
 - Request for “outcome” research
 - Presentations
 - Crisis mobile, CIT, MERA,
 - LEAP engaged (April-November meetings)
 - Recommendations Task force recommendations to coincide with LEAP's scope of work process
 - Extension to 12/31/2022 (July meeting)

2023

- Two meetings
- Interim master plan:
 - Calendar
 - Research Phase
 - Inventory of agencies
 - Beta using existing resources
 - Pilot onboarding new resources

FILE NUMBERS (EXCERPTS)

File No.- 201519 master plan for responding to calls for service that do not involve threats to public safety

File No. 200632 the interim master plan shall be developed with consideration of implementation through a city, county and/or private, and shall address options for operating alongside, in partnership with, or merging with, other local emergency response programs, including the City-County Trauma Response Initiative, the Milwaukee Opioid Response Initiative and the Community Paramedic Integrated Mobile Healthcare Program;

File No. 200632 - a resolution relating to establishing an unarmed first responder program in which trained, professional, unarmed first responders could serve individuals in crisis with counseling, mediation, transportation and referral to appropriate social service resources while avoiding incident escalation and criminal sanctions

File No. 200632 directed the Fire and Police Commission and the Health Department to collaborate with the Police Department and the Fire Department to develop an interim master plan for responding to calls for service that do not involve threats to public safety, particularly for those involving persons experiencing mental health, substance abuse or homelessness crises, with trained, unarmed first responders;

FILE No: 210785 ameliorate the circumstances that often lead to emergency calls for service stemming from mental health, substance abuse and homelessness, with a goal of reducing the need in the community for these types of emergency service

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INITIAL ASSESSMENTS

- Current “non threat” prioritization~ Pri4 (MPD), ~ Alpha, Bravo, Omega (MFD)
- MPD –**Mental Observation (MO)** is not currently categorized by MPD in a low acuity way. -Priority 2, - File No. 200632
 - [Emergency Detention \(Wis. Stat 51.15\(1\)\)](#)
- Neither MPD or MFD have a “**Homeless**” call category. -File No. 200632
- Individuals in **substance abuse** call categories are normally symptomatic, DHS requires a EMS response. -File No. 200632
 - [DHS 110.34\(5\)](#)
- **Merging w/ city, county and/or private...** – BAA with DHHS initiated in 2023. Attribution exercise in planning (prevention efforts) - FILE No: 210785

TYPES OF RESPONSES BY “RESPONDERS” -CURRENT

- First Responder – MFD, MPD, EMS
- Co-Responder – CART, CIT
- Supplemental Responder – WE Energies, DPW, Mobile Teams (Children’s, Crisis Mobile), etc..
- Postvention – M.O.R.I., Trauma Response Teams, OVP, etc.
- Prevention – Community Paramedicine, OVP, BHD case management, DHHS, etc.

FINDINGS

1. 911 calls with a behavioral health nexus and low acuity call for service, although poorly defined, do present a space for non-law enforcement and non-EMS response.
2. The MFD and MPD identified a limited call set that could be attended to by a paraprofessional in an Alternate Response Model (ARM). MPDs Community Service Officer (CSO) and the MFDs Alternative Response Vehicle (ARV) could be used to evaluate the selected call types (Table 1).
3. To operationalize a program, the [proposed timetable \(Table 3\)](#) would be adhered to through the close of the 2024 calendar year. The critical tasks, time points and initial partners indicated on the table would serve to address the shortcomings of the first finding, utilizing existing city resources.

District (estimates)	D1	D2	D3	D4	D5	D6	D7	MFD
Welfare Citizen (MPD)	1,620	2,181	2,399	2,212	2,570	2,056	2,539	-
Person Down/Unknown-32B,D (MFD)	-	-	-	-	-	-	-	6,796
Family Trouble (MPD)	36	337	421	493	498	207	561	
Fall-17A (MFD)	-	-	-	-	-	-	-	2,178
Property Pickup (MPD)	203	189	147	238	88	107	102	-
Cruelty Animal (MPD)	92	177	148	132	166	148	157	-
Child Custody (MPD)	14	89	118	146	124	82	184	-
Vehicle Accident-29B (MFD)	-	-	-	-	-	-	-	419
Soliciting (MFD)	2	92	20	3	15	3	6	-
District Estimates	D1	D2	D3	D4	D5	D6	D7	MFD
Annual Estimates	1,966	6,064	3,253	3,223	3,461	2,602	3,549	9,393
Responses /24hr day (est.)	5	8	9	9	9	7	10	26

INTERIM MASTER PLAN - FILE NO. 200632

- Research Phase (2023)
- Catalog of potential “responder” partners (2023) - OVP
- Beta phase – use existing resources to respond (fall 2023)
- Pilot phase – begin training and using responders (2024)

PROPOSED BETA PROJECT - ~15K RESPONSES (2023)

- Identify **reporting methodology** and platform (Cognito, Qualtrics, etc.) that would be appropriate for an alternative responder, taking into account existing privacy requirements (HITECH) and information necessary for the resolution of caller complaints.
- Evaluate **Impact Connect** as a referral platform to connect customers/clients to services and track the resolution/completion of referrals.
- Identify the **current gaps** in response for the existing two agencies.
- Develop **expectations for response times, scene times, problem resolutions**, and necessary **supplementary resources**.
- Monitor the development of the Department of Emergency Communications (**DEC**) and provide recommendations for integrating alternative response triage questions into the system.
- Provide recommendations for a **pilot to begin in 2024** to include the training, staffing, and deployment of an alternative responder agency based on the findings.
- Provide recommendations for **education and other interventions** that reduce the utilization of 911 as a first-tier resource for indicated incidents.
- Begin to evaluate the appropriate integration of other **community-based prevention and response assets** based on findings.

POTENTIAL RESPONDERS FOR BETA PHASE

Table 1			
Call type	Call volume	Current Median Incident Time (min)	Sample "Responders)
Child Custody (MPD)	756	47	OVP Family Violence Coordinator (FR)
Cruelty Animal (MPD)	1,021	25.8	CSO (FR), MADACC (postvention/prevention) *MADACC follow-up next day, report of findings.
Fall-17A (MFD)	2,178	14.1	MFD (FR), Department of Aging, Unite MKE (postvention, prevention)
Family Trouble (MPD)	2,552	*not provided	OVP Family Violence Coord (FR) Crisis Mobile Team, CMC (SR)
Person down/unknown-32B, D (MFD)	6,796	11.3, 11.6	MFD (FR) Housing Division, Unite MKE (SR) Independence First, Milwaukee Center for Independence, DHHS (Prevention)
Property Pickup (MPD)	1,073	*not Provided	CSO (FR)
Soliciting (MPD)	141	27.5	OVP (FR), Franciscan Peacemakers, Foundations for Freedom (Postvention)
Vehicle Accident-29B (MFD)	419	14.3	MPD-officer, A.R.V. (FR) – may redirect to police station as appropriate. * Use of emergency lights are necessary.
Welfare Citizen (MPD)	15,575	20.8	UniteWI (FR, Prevention), MFD/MPD, geriatric crisis services (Supplemental), DHHS-Aging, housing, etc. (prevention)
Total	30,511		

(FR)-First Responder
 (SR)-Supplemental Responder
 (PostV)-Postvention
 (PreV)-prevention

GOALS OF RESEARCH

Call type	Call volume	Current Median Incident Time (min)	Goal
Mental Observation	?	?	<ul style="list-style-type: none"> -Review “system” of MO calls (911, MPD, MFD, BHD, etc.) -Identify low-acuity / low risk characteristics -Identify positive outcomes -Identify potential call volume, encounter time(s) -Recommend response types, responders, education, resources -Research APA, WPA recommendations -Suggest 911 call taker questions
Homelessness	?	?	<ul style="list-style-type: none"> -Review “system” occurrences of homeless CFS (911, MPD, MFD, DHHS, etc.) -Identify positive outcomes -Identify potential call volume, encounter time(s) -Recommend response types, responders, education, resources -Suggest 911 call taker questions
Substance Abuse	N/A	N/A	<ul style="list-style-type: none"> -Continue to evaluate, support MORI* (see item #8) -Patient attribution with DHHS
Child Custody, Cruelty Animal, Family Trouble, Property Pickup, Welfare Citizen	~20K	?	<ul style="list-style-type: none"> -Update incident times* -Catalog necessary resources to “resolve” incidents -Identify best methodology for supplemental responder notification, postvention, prevention referrals
Fall-17A, Person down/unknown-32B, D, Vehicle Accident-29B	~10K	?	<ul style="list-style-type: none"> -Identify record keeping methodology, tool -Identify referral tools (CFR, HIPAA, etc.) -Refine/titrate responses (Evaluate appropriateness of FR, CR, SR, PostV, PreV) -identify potential co-responders for CSOs -Identify positive “outcome” for each call type. -Support medical director review (MFD)

ASKS OF PUBLIC SAFETY & HEALTH

- Support (~100K) for in-depth analysis (FPC)
 - Mental Observation: identify characteristics of calls for service that do not involve threats to public safety, emerge with favorable outcomes in existing systems.
 - Homelessness: identify number of homeless CFS, desired outcome
 - Selected call set: Identify metrics for each call type to incorporate into a scope of work
- Support for MPD/MFD/OVP work through 2023
- Support for a pilot with additional resources in 2024
 - Discussions of host agency follow