City of Milwaukee

200 E. Wells Street
Milwaukee, Wisconsin
53202

Meeting Minutes

COMMUNITY INTERVENTION TASK FORCE

ARNITTA HOLLIMAN, CHAIR
Ald. Milele A. Coggs, Ald. Nik Kovac, Ald. Chantia Lewis, Nicholas DeSiato, Cassandra Libal, Aaron Lipski, David Muhammad, Reggie Moore, Mary Neubauer, Joshua Parish, Jamaal Smith, Leon Todd, Nicole Waldner, Amy C. Watson, Brenda Wesley, and Benjamin W. Weston

Staff Assistant, Chris Lee, 286-2232
Fax: 286-3456, clee@milwaukee.gov
Legislative Liaison, Aaron Cadle, 286-8666, acadle@milwaukee.gov

Wednesday, February 23, 2022 **3:00 PM** **Virtual Meeting**

This will be a virtual meeting conducted via GoToMeeting. Should you wish to join this meeting from your phone, tablet, or computer you may go to https://global.gotomeeting.com/join/404289597. You can also dial in using your phone United States: +1 (872) 240-3212 and Access Code: 404-289-597.

1. Call to order.

The meeting was called to order at 3:04 p.m.

2. Roll call.

Present 14 - Kovac, Coggs, Moore, Lewis, Parish, Smith, DeSiato, Holliman, Libal, Lipski, Neubauer, Todd, Waldner and Watson

Absent 1 - Wesley

Excused 2 - Muhammad and Hargarten

3. Review and approval of the previous meeting minutes from January 12, 2022.

The meeting minutes from January 12, 2022 were approved without objection.

4. Introduction of new membership.

Mr. Moore was introduced as a new task force member representing a member of the community with extensive experience in violence prevention.

5. Presentation from MERA Response Team.

Appearing:

Montreal Cain, AMRI Counseling Services

Member Lipski said that MERA could be a near-term and real option for crisis prevention, community relationship building, and monitoring.

Mr. Cain introduced himself as recently married, previously working with youths through Danny Gokey's organization, having served on the City's Black Male Achievement Advisory Council and receiving a Innovative Pioneer Award, being involved with the Milwaukee Fartherhood Initiaitve, serving as the AMRI Family Services Vice President, a recipient of an A-Lego Teacher of the Year Award, being mental health first aid certified, a Milwaukee Marshall Innovator Award recipient and teacher (broadcasting) of the month, having a master's in counseling from Cardinal Stritch University, partnering with Incorporated House Call Wisconsin, achieving first place at the DiversiTech Summit Pitch competition, recipient ($25,000) of the Jrue and Lauren Holiday Social Impact Fund, previous employment with Apple as a salesperson and technology accessibility champion.

Mr. Cain gave an overview presentation on mental illness and MERA Wisconsin. Mental illness was defined as a condition disrupting a person's thoughts, feelings, social skills, and daily living. 1 in 4 adults experienced mental illness every year, and 1 in 17 lived with a serious mental illness. 33% of the population was estimated to suffer from some sort of mental illness.

MERA's mission was to support 1.9 million families living with mental illness leveraging assistive technology via an app to send notifications to caretakers and providers to prevent crisis by identifying stress indicators and implementing mindfulness as a deescalation. Assistive technology was any device, software, or equipment that helps people work around their challenges. MERA would monitor loved ones' vital signs and engage them with a questionnaire and wellness check-ins. AMRI Counseling Services, in partnership with House Call Wisconsin, would provide license therapists and support staff to fill the need for psychological services in the MERA application.

The MERA app was a prevention service that would offer monitoring, engagement, recommendations, and advocacy. Loved ones' vital signs would be monitored to determine stress level pattern factors in increase heart rates. Loved ones would be engaged with a questionnaire based on activity level and vital signs as a wellness check-in. Mindfulness activities from breathing applications to music attitude adjustment playlists would be recommended to decrease heart rates. MERA would advocate with license bonded and insured crisis intervention trained officers and practicing clinicians. Notifications would be sent to family members and caretakers throughout the M-E-R-A process. The MERA app and service was an opportunity for the task force and City to take advantage of and include in the 9-1-1 dispatch system as an alternative mitigation option.

Mr. Cain introduced other MERA Reponse Team members: James Bell (board member), Dr. Lakeia Jones (lead clinician), Dr. Celeste Jackson (board member), N'Zinga Khalid (board member), Lauren Hubbard (board member), and Star Cunningham (board member).

Members inquired about MERA responding to clients in the field and 9-1-1, app response construct, capacity, therapists, security personnel use, distinction from 414Life, and accessibility to app devices.

Mr. Cain replied. There were two examples of MERA responding and helping to deescalate situations between persons with crisis and law enforcement. One was when he responded to an upset lady, made her feel more comfortable through conversation, changing the atmosphere, and changing officers response to her more positively. Another was him calming a young man down whose brother was shot and father being taken away by the Fire Department. The response construct had a five level triage process: notifications sent to the caretaker team, direct family member contact, in-route response, arrival to the patient, and Chapter 51 law enforcement custody. The app had encryption and restricted access to only authorized persons. App would retain trigger/trauma data of patients and respond accordingly to them yearly to prevent or lessen those triggers from occurring again. They need to raise $67,000 for the pilot. MERA was also going to also award 12 young people, ages 14 to 24 with an i-Phone, Apple Watch group therapy, art therapy, music therapy, and one-on-one sessions for six weeks. There would be 40 diverse therapists via AMRI with a network of over 30 community-based responders and training. 5 therapists would rotate regularly. Objectives were to partner with the City, County, and State and support 880 families. There would be customized plans for families. Visits would be done to create crisis management plans. There would be crisis intervention and verbal deesculation training for staff. MERA would not use any security or law enforcement. Crisis Mobile would be called if situations found it necessary. 414Life and the Blueprint for Peace were great. MERA was a prevention and community response team, would not be 9-1-1 dispatch, and had the technology to provide service when compared to 414Life. Through its nonprofit foundation, participants would be supported for 36 months with their phone expenses. They were looking at phones with Apple.

Member Kovac said that he had planned to put through an ARPA amendment to fund the MERA project, but the ARPA process did not allow for it.

Member Lipski said that MERA was a real public-private partnership that can be subcontracted to take some work from the 9-1-1 dispatch system, there were the ET3 and other national public-private response system models with nurse or clinician triage occurring within the 9-1-1 dispatch center, and MFD had been pursuing such a model for some time.

Member DeSiato said that MPD was presented on MERA before, would be open to it, and that some application and dispatch questions remained.

Member Waldner said that some other jurisdictions had clinicians embedded into the call intake system (similar to Crisis Mobile, CART, and the proposed MERA) and would determine proper dispatching.

Member Lewis asked member Waldner to provide data on the clinician dispatch system in those other jurisdictions and inquired about the Department of Emergency Communications system consolidation.

Member Todd replied that the switchover was ongoing, there was an RFP to seek an interim director to staff the department, there would be a new CAD system, functionality of the system and staffing levels were all ongoing still, and there could be a look to integrate MERA.

Member Parish added that MERA integration was possible and other agencies such as WE Energies were built into MFD's dispatch system.

Mr. Cain added that MERA would allow for a white label model where entities can use their app internally and put their own logos on it, want other companies to have access, and can integrate into existing systems.

6. Review of call data relative to intake, type, triage, dispatch, response, and outcome.

a. CART and MPD

Appearing:
Sgt. Kevin Bolyard, MPD
Lt. Mark Krowski, MPD

Members DeSiato, Waldner, Sgt. Bolyard, and Lt. Krowski gave an overview presentation on the Crisis Intevention Team (CIT), Crisis Assessment Response Team (CART), calls for service data, and disposition data as follows:

CIT was a community-based collaboration between law enforcement, the National Alliance for the Mentally Ill, mental health consumers, and mental health providers. The primary purpose of CIT was to provide law enforcement with the skills needed to safely de-escalate situations involving people with mental illness who were in crisis. All new recruit officers would receive 40-hours of CIT training to provide them with tools to handle incidents involving people in mental crisis. All current members of the department who did not receive this training during the Police Academy have now since received this 40-hour training.

Each CART consisted of a crisis team clinician from the Milwaukee County Psychiatric Crisis Service / Admission Center and an MPD officer. CART would respond to mental health crisis calls in the community with the goal of reducing the number of individuals who are taken into custody under an emergencydetention. There were currently 3 officers assigned to CART with 2 officers assigned to Early Power (11 am - 7 pm) and 1 officer assigned to Early Shift (4 pm - 12 am).

MPD members have several options when an emergency detention may not be appropriate and a more appropriate course of action may include using one or more of the following mental health voluntary options: CART, voluntary psychiatric evaluation at nearest emergency medical treatment facility or Psychiatric Crisis Service / Admission Center, contacting the Crisis Intervention Services Mobile Team or Children's Mobile Crisis Team from the Psychiatric Crisis Service / Admission Center to perform an assessment, have the individual in crisis contact their mental health professional to evaluate their need for treatment if they have a provider, and Crisis Resource Centers (3 in City of Milwaukee). For CRC individuals must be 18 years of age or older, be a Milwaukee County resident, and have the ability for independent self-care.

Through SOP 160.20 voluntary options, CART could only conduct psychiatric evaluations on individuals 18 years of age or older. If assistance was needed on a call for service involving a juvenile, officers would contact the Children's Mobile Crisis Team. CART focused 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. CART would not provide psychiatric clearance for someone who was in need of medical clearance (e.g., intentional overdose).

Regarding citywide mental health calls for service over the past five years, there was a slight increase (6%) in 2021 from 2020 but the number was lower than 2017 and 2019. For 2021 about 12% of overall dispatched calls for service were to CART. Since 2017 there as been an uptick in calls dispatched to CART. Regarding overall disposition of mental health calls for service, the vast majority of the time the officers are advising the call for service or involved in emergency detention where the person is conveyed out to PCS for treatment.

Regarding CART disposition of their dispositions, numbers typically resulted in a call being advised, the assignment being completed, or an emergency detention being utilized.

Regarding the median time spent on scene for officers and CART on mental health calls of service, close to an hour would be spent at the scene due to a fair amount of time needed to deal with someone in a mental health crisis to build trust, a relationship, and rapport. The amount of immediate time on scene has decreased dramatically. The decrease would be attributable to training CIT training received by officers.

CART has received different types of calls for service. Call types would include mental health observation, welfare citizen, suicide attempt, trouble with subject, subject with weapon, injured person/sick, property pickup, battery, battery dv, missing critical, and other. Not all calls for service were strictly for mental health observation. Others would or would not have mental health components.

Members questioned the threshold to take persons into custody, use of force, connection to services and follow-up, "filed" and "other" as dispositions, inclusion of youth data, and the need for backup.

Member Lewis said that of importance was a look at the youth component in light of youth reckless behavior (such as reckless driving) and that there may be a correlation between mental health and reckless behavior.

Members DeSiato, Waldner, Sgt. Bolyard, and Lt. Krowski replied. By law individuals must be suicidal, homicidal, or unable to care for oneself resulting in imminent death or in great bodily harm to be taken into protective custody involuntarily. Otherwise, individuals must voluntarily accept admittance or their legal guardians approving of voluntary admittance. Officers can take those who voluntarily accept custody to a variety of hospitals. The goal was to make sure that people are taken into custody safely with the least amount of force. The clinician on duty could put in referrals for individuals to be followed up with the case manager, or they could connect with the case manager. If the social worker is not available officers in the district could connect with CART officers to get persons connected to resources. Officers also have flyers to resources that could be handed out. Filed meant that a report was filed. They would have to get further information and get back to the committee on the "other" disposition listed under 2019. The data provided for CART did not include youth data or those numbers were not broken down by age. They could try to see if it would be possible to get data broken down by age. CADs usually did not contain age information, and the data originated from CADs. There have been instances where CART needed and called for backup. There may be a plethora of different things that could cause situations to escalate very quickly and in very short time. CART would try to dispose of situations without having a squad respond.

b. BHD Crisis Response

This item was held.

c. Other

There was no other discussion.

7. Work groups.

a. Establishing participants and meetings
b. Report or update from work groups

Chair Hollimon commented. The work groups were created at the last meeting and consisted of domestic violence, homelessness, mental health, and substance use. Initial participants were also created with co-chairs. Work groups needed to meet as soon as possible given the tight reporting deadline. Work groups needed additional task force members to join, and outside community members would be able to join the work groups. All work groups would have to address the criteria of community outreach and engagement, data and research, prevention, and system response.

The task force further discussed and updated work group participation as follows:

Domestic Violence - Chantia Lewis (co-chair), Jamaal Smith (co-chair), Karin Tyler, Simmone Kilgore

Homelessness- Cassandra Libal (chair), Nicole Waldner, Leon Todd, David Smulyan

Mental Health - Mary Neubauer (chair), Brenda Wesley, Amy Watson, David Muhammad, Arnitta Holliman, Montreal Cain, Joshua Parish

Substance Use - Nik Kovac (chair), Aaron Lipski, Mary Neubauer, Jewell Carter, Vaynesia Kendrick, Nick DeSiato

Member Moore inquired about the deliverables for work groups.

Member Lewis commented. Work groups should meet at least twice prior to the next full task force meeting and come back to the task force with recommendations. The reporting deadline may need to be extended.

Mr. Lee added that the work groups have the flexibility to meet on their own, provide their own meeting platforms, and record their own information and that clerk staff would not have the capacity to staff their meetings.

8. Review of research on comparable cities and best practices.

Chair Holliman said that further research and best practices should be examined within the work groups including a needs assessment for the task force, as suggested by member Watson.

9. Next steps.

a. Set next meeting date and time

To be determined.

b. Agenda items for the next meeting

To be determined and to include presentation on BHD Crisis Response call data.

10. Adjournment.

The meeting adjourned at 4:36 p.m.

Chris Lee, Staff Assistant
Council Records Section
City Clerk's Office

Meeting materials for past, present, and future meetings can be found within the following file:

210555 Communication relating to findings, recommendations and activities of the Community Intervention Task Force (formerly MPD Diversion Task Force).

Sponsors: THE CHAIR