



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**

Tuesday, April 5, 2022

1:00 PM

Virtual

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://meet.goto.com/462146941>. You can also dial in using your phone United States: +1 (224) 501-3412 and Access Code: 462-146-941.

1. Call to order.

The meeting was called to order at 1:07 p.m.

2. Roll call.

Present 13 - Kovac, Moore, Parish, Smith, DeSiato, Holliman, Libal, Lipski, Neubauer, Todd, Waldner, Watson and Wesley

Excused 4 - Coggs, Lewis, Muhammad and Weston

3. Review and approval of the previous meeting minutes from February 23, 2022.

The meeting minutes from February 23, 2022 were approved with a correction to Mr. Cain's comments on page 3 to indicate that \$67,000 was still needed to be raised for the pilot. There was no objection.

4. Introduction of new membership.

Chair Holliman said that Dr. Benjamin Weston was a new member to the task force replacing Dr. Stephen Hargarten, who would remain as an interested person to future meetings or the work groups.

5. Update on the task force reporting deadline.

The task force final recommendations report deadline was extended to July 31, 2022.

6. Presentation from Law Enforcement Action Partnership (LEAP).

Appearing:

Lionel King, LEAP

Amos Irwin, LEAP

Neill Franklin, LEAP

Lisa Tennenbaum, LEAP

Mr. King commented. LEAP was a non-profit advocacy organization with over 250 law enforcement officials, judges, prosecutors, and speakers advocating for intelligent criminal justice reform and the community responder model. The model had three basic criteria: it must come through the 9-1-1 system, must be a first response, and must be a complete civilian response. Some cities operating with a community responder programs would include Denver, Rochester, Rochester, Austin, New York City, Albuquerque, San, Francisco, and Baltimore. Other cities that were in the final stages of launching their community responder models would include Dayton and Chicago.

Mr. Franklin introduced himself with having long policing experience in Maryland and Baltimore and advocated for the need for a better response model rather than dependence solely on law enforcement. Despite having extensive training, he believed that officers were no experts in all fields and were not appropriate responders to noncriminal crisis situations. An example would include behavioral trouble with elementary school student. He personally had two poor police to community interaction where he had responded as law enforcement to family disturbance or emotional situations (teenager runaway) as a first responder. He had treated the subjects as criminals or juvenile delinquents procedurally (handcuffing, police station processing) instead of providing the proper service or counseling that the subjects needed from the onset. Looking back at his policing experience, he wished there was another response model with better qualified people who could have dealt with certain situations involving emotional distress, mental health issues, and family disputes. A community responder model would help shrink the footprint of policing in areas where law enforcement did not belong to, help free up time for police to focus on more serious crimes, better provide connections and referrals to services for subjects, and help prevent negative police and community interaction.

Mr. King commented. He had learned, through his previous employment as a child protection investigator in New Orleans, that child protection historically was set up, give explanations to the parents, and ensure to them that their child would be in the best care possible until they were returned home. He was currently involved with a civilian responder model via the New Orleans Peace Keepers in New Orleans to respond to, mediate, and de-escalate citizen disputes (street beefs) without law enforcement involved.

Ms. Tennenbaum commented. She had previous county and city attorney experience in California, and liability was one field that she had dealt with. She had dealt with liability and requirement questions concerning the community responder model. Concerning liability for dispatching, a city would not be negligent in how it would respond so as long as it made a choice to send a response to a call. Sending a community responder instead of a police officer was an equally legal and valid option unless there were explicit obligations in state law requiring law enforcement response. Domestic violence would be a narrow exception. Liability would be created when a city

had a legal obligation to do something but did not. There was very little liability with an alternative response. Concerning the safety of community responders, they were not getting harmed. The CAHOOTS program in Eugene, Oregon was an example. Law enforcement could often escalate situations, create more liability, and more community concern. An alternative response may produce better outcomes. Community responders would always have the option to request law enforcement, which was infrequent.

Mr. Franklin added comments. A community responder model was safe. The CAHOOTS program in Eugene, Oregon never resulted in a single casualty or injury for a community responder, and the program in Olympia, Denver also had zero safety issues. Law enforcement visually oftentimes would escalate situations even before communication was established. Law enforcement would oftentimes be present in multiple numbers when back up is called. A non-uniformed and non-badged responder would not stir up community memory of negative police interaction. Calls through the 9-1-1 system must be screened properly. Most of the calls through the 9-1-1 system did not involve violence or presence of a firearm.

Mr. King further presented as follows:

LEAP helped to engage local law enforcement, lawmakers, and community member about reform initiatives, such as the community responder model. LEAP assisted cities with analyzing call data to determine which called types could be routed from the police to a community responder. They were currently doing analysis with Atlanta, Dayton, and Amherst. LEAP researched and authored detailed reports on what a community responder model would look like within specific cities regarding resources, training, staffing, scheduling, recommendations, and hiring procedures. They worked to find an implementation manager for the community responder program in Brooklyn Center.

One major challenge that they have found was that call types were too narrow. Milwaukee may focus on call types, such as mental observation or welfare of a citizen; however, there may be several other call types that could be eligible for a community response such as trouble with a subject or injured/sick person, noise and nuisance, family trouble, and trouble with a juvenile. A narrow framework would affect everything else down the line, such as responder staff. Field professionals or experts and not necessarily ill-equipped social workers should respond to a situation, such as a mental health situation. Community credibility was important and could be developed through Milwaukee County. Concerning data one in ten calls were coded as trouble with a suspect and one in fourteen was coded as the welfare of a citizen. In Atlanta many calls were coded as fighting progress but there was no fighting going on.

Other challenges that they found were the lack of community involvement or inclusion and adequate staffing capacity for cities creating and implementing a community responder model. Community involvement was the most important thing. Implementation was far more effective when it involved the community, which was being done in Brooklyn Center with its subcommittees. Oftentimes heads of subcommittees implementing a program have their own full-time jobs and did not have the full capacity or dedication to implement such a program timely.

Mr. Irwin commented. Adequate budget appropriation and dedicated staff were important to install a community response model. The timeline for such a model would typically entail the first part (6 months) focused on project design, onboarding, and

training followed by the second part (6 months) focused on actual implantation and operation. Typically, budget would be under \$1 million for five responder teams of two people each team to cover all shifts. The vast majority of the cost would be for salaries.

Members questioned fire response and liability, access to law enforcement for community responders for Chapter 51, affiliation with Law Enforcement Officers Against Prohibition, range of dispatching systems, pitfalls

Montreal Cain, MERA, appeared and questioned the typical budget categories/accounts and departments that cities used to budget for a community response program and the connection between a community response model and other existing responder systems already in place.

Mr. Cain said that he would like to incorporate his firm and service, MERA, with LEAP and a community responder model.

Ms. Tennenbaum, Mr. Irwin, and Mr. King replied as follows:

Every municipality was unique with their own requirements. They would work with each city's dispatch to differentiate roles. A community responder model was for non-police community responders for the most part. If needed, community responders could call for backup and fire or EMT response through regular protocols. A community response model would not be a plug and play model. LEAP would work with all stakeholders, legalities, and nuanced requirements towards successful integration. Access to law enforcement, mental health court, or psychiatrist would be part of the training for community responders.

Cities often budget from their general fund or through grants for a community response program through a public safety alternative or reimagining process. LEAP could work with cities with budget restraints, such as Milwaukee, for a small amount and seek outside support. Their role was to work on program design and not the program itself (training, staffing, implementation). They had recommended for community responders to be trained to use police radio to understand codes and access officers. Also of importance was to train responders about available community resources, such as having an in-house case manager to make referrals to services.

LEAP had expanded and went through a reformation from its original inception, Law Enforcement Officers Against Prohibition, to advocate criminal justice reform and be a law enforcement action partner. There were many different dispatching models throughout the country, and they tried to tailor to each city's particular dispatch design. Milwaukee was used to one dispatch system. Most cities work through their regular police and fire dispatch system and other programs would be embedded to the same system. Some cities would transfer calls externally to do dispatching like 3-1-1 (Atlanta) and an independent 10-digit number (Denver).

Cities should invest a few years' time and sufficient funds to implement a successful community responder model, at least for a minimum of two years. Many programs would fall apart due to these two hurdles. Political will/commitment and community support were also needed. Some jurisdictions would contract with a local nongovernmental provider to provide responders. In some cases with a program via a third party, some cities like Olympia eventually internalized the program due to issues resulting from the third party for a variety of reasons. A program within a city would

usually have a better foundation. They were open to work with Milwaukee, its existing groups, and other interested groups towards a community responder model.

Member Kovac said that he would like to invite LEAP to the substance use work group to present work done on substance abuse issues.

Member Moore said that he would like the task force and the City to consider formalizing an engagement with LEAP to offer technical assistance (planning and strategy) towards a community responder model.

Chair Holliman said that LEAP could be considered as a task force recommendation and that further conversation would need to be had to determine the process to work with LEAP, the City department to administer such a contract, creation and review of a MOU or agreement, and type of services provided, and costs.

Member Wesley said she was supportive of a collaborative community responder model.

Member Moore further commented. LEAP would be a critical need to provide consulting service, analysis, help frame decision points, and facilitate a process in order for the task force to come up with recommendations. LEAP, if willing, should assist and provide a scope of services that they could provide to the task force to consider and discuss further.

Mr. Irwin said that they would work towards providing an updated scope of work tailored to assist the task force towards making recommendations.

Member Lipski said that the task force did not have the authority to exercise contracts, such contracting usually would have to be approved by a proper department or the Common Council through an equitable RFP process, and the task force should not delegate decision making over to LEAP.

Chair Holliman said that her understanding was for LEAP to come up with a scope of work to help frame decision points for the task force to make further decisions and recommendations; that other scope of works from other vendors would be welcomed as well; vendors should describe the work they do, what their assistance would be, what assistance they would need, and scopes of work; that the task force was at a critical point to move things forward; and the task force should not yet rush to decide on a particular program or organization.

Member Lipski said that the task force recommendations would be a living document and that the task force was not expected to solve all problems but rather offer initial recommendations.

7. Review and presentation of data on call intake, type, triage, dispatch, response and outcomes.

a. BHD Crisis Response

Appearing:

Amy Lorenz, BHS Deputy Administrator

Ms. Lorenz gave a PowerPoint presentation as follows:

She oversaw BHS crisis and community services for adults. Mobile crisis services included the Crisis Line, Adult Crisis Team (CMT), Children's Mobile Crisis (CMC), and Crisis Assessment Response Team (CART). Access clinics included Access Clinic East, South, and North (opening May 2022).

The Crisis Line and CMT services for adults began in 1995 and the number to the services was (414) 257-7222. Main functions of the Crisis Line were to provide non-police response for mental health support, crisis de-escalation and safety planning onsite through master level clinicians and psychiatric nurses, and referrals to needed resources. The Crisis Line was where all calls came into and where CMT would be dispatched into the community. Clinicians, registered nurses, and psychologists were part of the team. The volume of calls to the Crisis Line continued to remain high and rose over the last three years at 30,629 for 2019, 36,372 for 2020, and 38,744 for 2021. The demand has increased, and the pandemic has played a role. Approximately 40% of the calls that come were for emotional support and linkage to resources like food pantries, shelters, health clinics, energy assistance, W2 programs, and primary care.

CMT had high level professionals and practitioners with expertise who would be able to respond to the community and should be considered as a resource for a community responder model concerning behavior health calls. Law enforcement would be needed to assist with Chapter 51 or emergency attention. CMT does follow-ups after contact as a best practice to reduce suicide attempts, connect individuals to mental health resources, and support individuals after a significant life crisis. The Crisis Line was 24/7. Mobile response was 7:30 a.m. to midnight and was anticipated to regain third shift.

Geriatric Crisis Services included a specialist, nurse, and social worker that would provide mobile outreach crisis intervention and stabilization services for individuals who were over 60 years of age from Monday through Friday 8 a.m. to 4:30 p.m. through multiple collaborations and home assessments.

The Community Consultation Team (CCT) specialized in providing crisis response to individuals with co-occurring intellectual, developmental and mental health needs. CCT also would provide extensive community education services for providers and caregivers to prepare them to assist with these individuals. CCT was available Monday through Friday 8 a.m. to 4:30 p.m.

CMS was for younger individuals. Services offered included de-escalation, safety and crisis planning, risk assessments, linkage and follow-up, case management, resource and referrals, emergency detention assessment, psychoeducation, school advocacy, clinical consultation, and coordination with wraparound services.

CART had co-responder teams of a clinician and law enforcement officer. CART was a way to partner with law enforcement to provide alternative response of individuals experiencing behavioral health crisis, decrease involuntary detentions, and improve outcomes. CART would be dispatched through 9-1-1 for services in Milwaukee/West Allis and also from the Milwaukee County Sheriff's Department. Service hours was 7 days week with varying hours, mostly from 11 am to midnight on weekdays and 11 am to 7 pm on the weekends. Service was being expanded to add a 6th team to extend service hours.

Completed community mobiles done for 2019 were 2,256 for CMT, 334 for Gero, and 2,820 for CART; 2020 were 2,526 for CMT, 360 for Gero, and 2004 for CART; and 2021

were 2,890 for CMT, 363 for Gero, and 1,964 for CART. For one hour on average about 60 mobiles were done for adults. Roughly 3,638,000 calls that come in about 28,000 or 20% of those resulted in mobile responses.

There were three access clinics. Access Clinic East was co-located at Outreach Community Health Center at 210 W. Capitol Dr., Milwaukee and was open Monday through Friday 8:30 a.m. to 4:30 p.m. The new Access Clinic South was co-located at the Sixteenth Street Community Health Center at 1635 W. National Ave., Milwaukee and was open Monday through Friday 8:30 a.m. to 4:30 p.m. Under planning was Access Clinic North which would be located at Milwaukee Health Services Inc. at 8200 W. Silver Spring Dr., Milwaukee. The clinics had clinicians, nurses, prescribers, and psychiatrists providing mental health and substance use assessments, medication evaluations, supportive counseling, peer support services, and referrals to appropriate outpatient clinics and other community programs. Walk-in was available for initial assessments Monday through Friday 8:30 a.m. to 2:30 p.m.

Member Wesley said that high level professionals may not necessarily be needed as responders at times, all the different responder teams would need to be worked in together better to provide the best service for the community, the crisis mobile teams needed to be made more robust, and of importance was to develop more of a community responder model.

Chair Holliman said that she understood the purpose of the task force was to review both existing efforts and best practices concerning unarmed or non-police response and to make recommendations for a non-police response.

Mr. Cain added that there was opportunity for all existing and potential response teams to truly work together, the goal was not to replace systems, community response would be cheaper than sending clinicians, and he would love to be a part of the redesign process.

Ms. Lorenz added that the County crisis mobile services would welcome partnership towards a community responder model.

b. Other

There was no other discussion.

8. Work groups.

a. Updates from work groups

i. Domestic Violence

Member Smith said that there was an introductory meeting to outline goals, outcomes, and best practice research; thorough discussions have not taken place yet, and Karin Tyler was the lead person.

ii. Homelessness

Member Libal said that the group had met three times; discussed supporting existing programs rather than recreate the wheel; wanted to primarily focus on Housing First and prevention of homelessness and training for first time renters or homeowners,

particularly for young individuals concerning good habits and budgeting; and discussed working with the court system on eviction prevention and working with the BIDs, especially downtown, to educate businesses on homelessness.

iii. Mental Health

Member Neubauer said that the group had not met yet, was waiting on LEAP's presentation to help guide the group, and was working towards scheduling a meeting.

iv. Substance Use

Member Kovac said that the group tentatively scheduled its first meeting for April 13th at 3 p.m.

Chair Holliman said for the work groups to continue meeting, do its work, and report back to the full task force regularly.

b. Review of or establishing work groups and composition

Member Moore said that he would like the task force to establish a new infrastructure, policy and practice work group to review any scope of work provided by a vendor such as LEAP, discuss decision points, identify blind spots, and develop core recommendations, especially towards a community responder model.

Mr. Lee said that the task force had taken a horizontal approach to establish work groups to tackle different community response issues and decision points separately on their own as opposed to a vertical approach that would establish individual decision-based work groups to holistically consider all response issues.

Member Libal concurred and said that the existing work groups already have baked into them the task of considering some decision points (community outreach and engagement, data and research, prevention, systems response) and that perhaps infrastructure, policy, and practice would become another decision point for each work group to consider within their topic area.

Member Moore said that he was not aware of past meeting discussions and documentations, that he recently had just joined the task force, and said that the task force needed to determine who would author the task force recommendations report.

Chair Holliman said that members, especially new members, could review past deliberations and relevant information with Common Council File Number 210555 and that staff had provided the access link to members.

Chair Holliman said for the task force to revisit adding new work groups at the next meeting.

c. Other

There was no other discussion.

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

a. STAR Program (Denver, CO)

b. Other

This item was not discussed.

10. Review of next steps.

- a. Task force conference or retreat*
- b. Next meeting date and time*
- c. Agenda items for the next meeting*

All items were not discussed.

Based on earlier discussion, agenda items to include work group updates, establishment, and possible review of a scope of work by LEAP.

11. Adjournment.

The meeting adjourned at 3:11 p.m. during item 8 due to the lack of quorum.

*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