



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

ROLL CALL VERSION

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

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 is are primarily caused by degenerative brain disorders.

160.20 VOLUNTARY OPTIONS

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 Crisis Team at [REDACTED]

D. BEHAVIORAL HEALTH DIVISION (BHD) CRISIS INTERVENTION SERVICE'S MOBILE TEAM

1. Summon the Crisis Intervention Service's 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 Crisis Team [REDACTED]
2. Members may also contact the Crisis Intervention Service Mobile Team or Psychiatric Crisis Service (PCS) by phone [REDACTED] for clarification or

recommendations regarding an emergency detention of an individual in crisis.

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)

~~The south side Crisis Resource Center is located at 2057 S. 14th Street, the phone number is 414-643-8778. The north side Crisis Resource Center is located at 5409 W. Villard Avenue, the phone number is 414-539-4024. The hours for admission are 7:00 a.m. – 11:00 p.m., seven (7) days a week. These are places that an individual who may be experiencing a psychiatric crisis can voluntarily access crisis intervention.~~

- ~~24. Criteria for admission in CRC~~
- ~~32. Behaviors not acceptable for admittance to CRC:~~
- ~~43. Transfer to CRC~~

G. 24 HOUR CRISIS LINE / ~~VOLUNTARY TREATMENT AT THE PSYCHIATRIC CRISIS SERVICE CENTER (PCS)~~

1. Advise the subject to call the ~~PCS Milwaukee County Crisis~~ 24-hour crisis line (414-257-7222) for phone counseling ~~or to arrange for voluntary admittance~~. 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.

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.

I. ~~STATEMENT OF EMERGENCY DETENTION BY LAW ENFORCEMENT OFFICER (PE-18)~~

~~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 low risk, voluntary and cooperative persons who are not "in custody." being conveyed for voluntary treatment. If handcuffs are required, an emergency detention may be a more appropriate disposition.

160.35 MEDICAL TREATMENT OF EMERGENCY DETENTION CANDIDATES

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:

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.

160.40 RELEASE OF EMERGENCY DETENTION CANDIDATES FROM HOSPITALS

C. TRANSFER TO PCS AFTER MEDICAL CLEARANCE

~~1. Mobile Psychiatrist on Duty~~

- ~~a. After the PE-18 has been faxed to PCS the mobile psychiatrist on duty will review the faxed PE-18 and make a determination on a disposition for the subject. The mobile psychiatrist will then notify both the medical facility and the shift commander of the disposition.~~
- ~~b. 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.~~

~~2. Mobile Psychiatrist Not on Duty~~

~~When there is no mobile psychiatrist on duty to immediately receive and review the faxed PE-18, the 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.~~

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.

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:

- c. The ~~mobile psychiatrist~~ Crisis Mobile Team has placed the individual on a treatment directors' supplement and ~~PCS has assumed responsibility for the patient.~~

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 Intervention Service's~~ 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 ~~Corrections~~ Jail Management System (JMS) (~~CMS~~). The shift commander shall enter this information under the management tab in ~~CMS~~ 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 ~~GMS~~ JMS according to Standard Operating Procedure 090 Prisoners and Booking.

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

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 ~~CMS~~ 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 ~~should place a "hold" on the subject,~~ shall complete a *Medical Discharge Notice* (form PD-35ED, blue sticker) and ~~have~~ provide it to the triage staff so it can be attached to the patient's chart.
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.
54. 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 ~~TriTech~~ Inform the Records Management System (RMS), to be reviewed by the CIT coordinator.

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. HOLDS

~~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 PD-35ED must also be completed and given to the triage staff. 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. Members may ask the registration clerk at PCS to assist them with making additional copies of the PE-18. If there are two investigating officers, both must sign the detention form.~~

HI. NCIC UNIT 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 NCIC Unit Validation Desk as soon as possible and provide the following medical alert information:

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

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.

IJ. TRANSFER OF CUSTODY TO PCS

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/Admission Center.

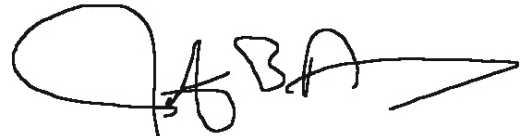
JK. JUVENILES

160.65 INVOLUNTARY MENTAL COMMITMENT BY PRIVATE PARTIES COMMITMENT FOR TREATMENT

160.75 MENTAL HEALTH PATIENTS ON UNAUTHORIZED ABSENCE OR ESCAPE FROM A TREATMENT FACILITY

160.70 ATTEMPT SUICIDE CASES

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

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

JEFFREY B. NORMAN
CHIEF OF POLICE

JBN:mfk