City of Milwaukee

200 E. Wells Street
Milwaukee, Wisconsin
53202

Meeting Minutes

COMMUNITY INTERVENTION TASK FORCE

JOSHUA PARISH, CHAIR
Ald. Milele A. Coggs, David Feldmeier, Ashanti Hamilton, Vaynesia Kendrick, Cassandra Libal, Aaron Lipski, David Muhammad, Reggie Moore, Mary Neubauer, Joshua Parish, Ald. Scott Spiker, Leon Todd, Nicole Waldner, Amy C. Watson, Brenda Wesley, Benjamin W. Weston, Ald. JoCasta Zamarripa, Suzanne DeFillips, and Ryan Zollicoffer

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Monday, January 23, 2023 | **9:00 AM** | **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://meet.goto.com/786553413. You can also dial in using your phone United States: +1 (872) 240-3212 and Access Code: 786-553-413.

1. Call to order.

The meeting was called to order at 9:02 a.m.

2. Roll call.

Present (17) - Parish, Hamilton, Coggs, Spiker, Feldmeier, Libal, Lipski, DeFillips, Zollicoffer, Muhammad, Neubauer, Kendrick, Todd, Waldner, Watson, Wesley, Moore

Excused (2) - Zamarripa, Weston

Also present:

Montreal Cain, MERA
Aaron Cadle, LRB

3. Review and approval of the previous meeting minutes from December 7, 2022.

The meeting minutes from December 7, 2022 were approved without objection.

4. Update on task force reporting deadline.

Chair Parish said that there was extension to allow a few more cycles on reporting of a task force final report to the Common Council; however, there was urgency, as

described in the task force strategic timeline from the last meeting, to submit recommendations to the Council in order for the Council and departments to consider and integrate a community responder pilot proposal and recommendations into the 2024 budget process and for the planning and evaluation process, as described in the timeline, to commence.

5. Review and approval of task force final report(s) of its findings and recommendations.

Chair Parish said there were two final report parts, a main one from City-County departmental subject matter experts and a supplemental second one from community service organizations. The work group behind the first report included task force members from MFD, MPD, DHHS, and UWM. He gave an overview presentation on the first final report.

The first report proposed for interdepartmental cooperation and financial resources dedication to fund a third-party evaluator; a beta pilot to utilize existing 9-1-1 response resources of mainly the MFD and MPD, specifically the MPD Community Service Officer (CSO) position and the MFD Alternative Response Vehicle (ARV) to respond to a limited set of call types during the third and fourth quarters of 2023; and for the agencies to respond to an estimated 15,000 calls during a beta test period. The 15,000 calls were identified out of 30,000 calls (20,000 from MFD and 10,000 from MPD).

The report had three key findings related to inconsistent definitions, limited call sets, and a strategic timeline:
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.

Based on the current state of the system and resources available, a responder program should focus on secondary and tertiary prevention activities. An evaluator would work further with the departments to achieve the following short-term goals related to identifying gaps, funding, resources, scope, providers, and aspirational goals:

1. 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.
2. Evaluate Impact Connect as a referral platform to connect customers/clients to services and track the resolution/completion of referrals.
3. Identify the current gaps in response for the existing two agencies.
4. Develop expectations for response times, scene times, problem resolutions, and necessary supplementary resources.
5. Evaluation of a two-responder, city-wide model for the MPDs CSO program compared to the one-responder, the district-based model currently in use.

6. Identify, illuminate and propose solutions to programming issues that inhibit service delivery to customers, or reduce the efficacy of solutions offered by responders.
7. Evaluate customer satisfaction with services offered by providers.
8. Develop a "Toolkit" for future training that identifies what training and tools are needed for the pilot to "resolve" patient issues as opposed to relocating patients to medical centers or leaving them in the current environment.
9. Monitor the development of the Department of Emergency Communications and provide recommendations for integrating alternative response triage questions into the system.
10. 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.
11. Provide recommendations for education and other interventions that reduce the utilization of 911 as a first-tier resource for indicated incidents.
12. Begin to evaluate the appropriate integration of other community-based prevention and response assets based on findings.

Considerations for goals and non-goals with a pilot call set included emergency detention (Wis. Stat 51.15(1)), protective custody, and opioid overdose patients. A community responder program would not replace existing critical resource capacity and behavorial health components typically serviced by Crisis Assessment Response Team (CART), standard operations procedures under Chapter 51 relating to protective custody (for MPD, MFD and EMS), and MFD/EMS guidelines/responses to opioid overdose patients requiring immediate attention.

A mixed-model approach for a pilot host department would best begin or be hosted in the Dept. of Administration or Mayor's Office but physically assigned within the physical structure of MFD, MPD, or MHD buildings. Specialized responders from individual agencies could remain in their respective departments' budget.

Limited call set/caseload categories for the pilot would include child custody (MPD), cruelty animal (MPD), fall-17A (MFD), family trouble (MPD), person down/unknown-32B, D (MFD), property pickup (MPD), soliciting (MFD), vehicle accident-29B (MFD), and welfare citizen (MPD).

Stakeholders would be all currently existing systems of current dispatch/triage, UW-Milwaukee, MFD, MPD, DHHS, and citizen review. 9-1-1 dispatch would aim towards accurate dispatching and preventing duplicative response. UWM would be the preferred research evaluator due to having already establish paperwork and agreements concerning protected patient information. MFD and MPD would be the primary response. MFD would include private ambulances of Bell and Curtis. DHHS would be social service response. And citizen would have a voice on outcomes.

Risks would include errant calls, competing interests, liability, and capacity. Errant calls may happen for various reasons, and hope was tolerate through them and prevent them. Professional grammar and interests may be different for stakeholders, and it would be a learning process to address them. Different cities have different targets and liabilities. Preferable capacity would be for a 24/7 operation in order to make the most impact.

Other sections of the first report spoke to logistics, evaluation, and training.

Member Muhammad commented. DHHS was committed to a community responder pilot and hoped to include peer specialists in the process. DHHS has some capacity

and vacancy concerns. County funding opportunities via Ch. 34 may be available for non-law enforcement civilian resources. The work of LEAP was appreciated. A CR infrastructure has to be built around all systems.

Members inquired about the different call set categories going to CSOs and ARVs, the blue and red colors used to list those categories, errant calls, the evaluator, HIPAA, competing interests with mental health related calls, and buy-in from MPD, MFD, and Dept. of Emergency Communications (DEC).

Member DeFillips commented. There would be further evaluation of the subset of call types within those broad call set categories under the pilot. The stakeholder of dispatch should expand to be emergency communications. Training needs to include collaboration between dispatch and those in the field. Some calls do not deal with HIPAA, and some data can be pulled without impacting privacy. The pilot should not be exclusive and should be inclusive of everyone. The pilot would address unknowns and bridge gaps. DEC was not included in the first report. She did not agree with some parts of the first report and had wanted to be included in the first report. DEC was included in the second report. The two reports should be combined rather than be separate.

Member Lipski said that the task force was charged to deal with other calls beyond law enforcement and a system should be built to be sensitive to those patients.

Chair Parish commented. An evaluator would work with DHHS towards establishing partnership, do statutory review, determine jurisdictions and permissions, and conduct further research. There were different systems to respond to call sets between the CSOs and ARVs. The evaluator would need to work to address that and see how to combine the two systems. The call sets listed were very broad categories for low acuity calls. The blue color and red color were to signal MPD and MFD, respectively. Regarding privacy, the goal should be to have a comprehensive approach to include the entirety of calls. There would be no competing interests with those mental behavioral related calls that would apply to Chapter 51. The first report reflected current state and capacity while the second report reflected a desired future state and capacity.

Member Waldner said that the pilot should start small, hiring would be a challenge, patience would be needed, and that it would be a learning process.

Mr. Cain gave an overview presentation on the second report relative to goal, objectives, timeline, and management. The work group behind the second report included himself from MERA and task force members from DEC, OVP, Milwaukee Mental Health Task Force, Milwaukee Count Mental Health Board, and MCW.

The goal was to reduce the over-reliance on law enforcement intervention by creating community-based options for responding to non-violent, non-life threatening emergencies in the City. Objectives would including formulating and training a team of mental health professionals and peer specialists to serve as community-based responders, formulating and training current community responders to serve as unarmed response teams, implementing a system for receiving and responding to calls for assistance, providing interventions and support to individuals, and evaluating the effectiveness of the program in terms of the quality and outcome of the interventions provided and the impact on the burden on traditional first responders.

Intention was to move a pilot forward as soon as March 2023 but no later than June 2023. Timeline would include conducting a needs assessment and gathering input from community members and stakeholders to inform the design of the program (month 1); formulating a training plan for community-based responders, CSO, ECC, and administrative support (month 2-3); implementing the pilot program and begin collecting data on the types of calls received, response times, and outcomes of the interventions (month 4-5); and conducting an evaluation of the pilot program and sharing results with the community and stakeholders (month 6).

A CR pilot would be managed by the City's Office of Violence Prevention (OVP). OVP would be responsible for supporting resource development, coordinating with other city departments, and contracting with community partners to develop and implement community-based response, de-escalation and conflict resolution. There would be partnership with DHHS. Desires were for joint collaboration, elimination of silos, and philanthropic opporutunities. The pilot would initially focus on Promise Zone areas with the highest call volumes for the first 6 months in Q3 and Q4. Behavior Health Service Crisis Mobile would also be a partner. Goal 2, Section 4a of the City's 414 Life Blueprint for Peace would also be utilized.

There were existing community response and crisis intervention teams that were already doing work in the field, have the necessary training, have the network and capacity to support operations, and could be utilized in the pilot. These organizations included MERA Response Team and ComForce MKE. One or both of the agencies provided a wide spectrum of services from homelessness to incident de-escalation, had outreach and referral services, case management activities, cultural competency education, and capacity to operate 24/7 to name a few.

Member DeFillips discussed DEC recommendations.

DEC was a new department and in the process of consolidating their Public Safety Answering Points (PSAPs) / 9-1-1 Emergency Communication Centers into the new department. (anticipated between Q3 - Q4 2023). DEC objectives were to improve the safety of citizens and public safety personnel, streamline Emergency Communications Center workflows and business processes, improve MPD/MFD response times to life critical incidents, provide a common operating picture for MPD/MFD toe ensure real-time situational awareness and information sharing, combine MPD/MFD into a new CAD/mobile system, enhance City GIS data to a public safety grade, enhance call taker/dispatcher staffing, and a universal call taker initiative. There was effort to educate the community on the proper channels to call via a 9-1-1 Public Awareness Campaign, including other available call center resources (211, 988, 286-CITY). A new Community Based Responder (CBR) phone number (767 or SOS) could be promoted in the campaign in providing City services that included mental health and non-law enforcement assistance.

The integration of CBRs within the current public safety dispatch footprint must consider identifying incoming calls for CBR (specific call types for alternative response, transfer calls or direct callers to other call center resources, qualifying questions for designated call types for CBR), identifying CR areas for dispatch (Promise Zones), CAD system (call type sub code configuration for CBR, community response clearance codes, call type and clearance code tracking), communication via radio (designated channel for CR), communication resources for CR (portable radios, CAD, other resources/Apps, and interfaced application with CAD), identifying CBR teams available for dispatch (CSO, ARV, CR team triage center/CBR, other), creating

a new City phone number (767 designated number, promote public awareness of CBR team, answering of calls), and training for Emergency Communications personnel.

Member Hamilton discussed the utilization of 414 Life Blueprint for Peace, VR fast, collaborations naturally occurring, giving CR a platform, doing targeted outreach and education to the Promise Zones, training, and capacity building.

Member Neubauer discussed the opportunity to use DHHS dollars (due to vacancies) for the CR pilot, budget for training, and upcoming training and CIT certification opportunities in March.

Members and participants discussed the importance of getting all relevant parties to train together.

Member Todd moved approval of the first report.

Members and participants questioned and discussed the distinction between the two task force final reports, whether there were proposals for dual or single systems in competition with one another, and whether to vote on the reports separately or together.

Chair Parish said that the two proposals were complementary to each other and were not in competition with each other, that the first report represented using existing systems in place to initially start a pilot, that the second report represented an aspirational plan of how the program would ultimately result, and that there was urgency to approve the first report proposal in order to meet the strategic timeline to include a pilot in the City's 2024 budget process that was starting this spring.

There was sentiment from some members (DeFillips, Hamilton, Coggs) and Mr. Cain to not approve the reports separately, to combine and approve the reports together as one report, to make more revisions to the first report to make it more concise, to allow more time for the task force to get its report and recommendations right, to not propose two separate reports to the Common Council, that there should be more unity, that the current systems in place were not working were missing actual community response (via CSOs), and to reject the notion that CSO-based response did not fit into the strategic timeline.

Mr. Lee said that the task force extension was now March 31st and that there were two more subsequent Common Council cycles for the task force to submit its recommendations.

Several members discussed to hold the approval of the two reports and to set another meeting for additional review.

Member Todd withdrew his motion.

6. Next steps.

A. Set next meeting date(s) and time(s).
B. Agenda items for the next meeting

Chair Parish said that there would be another meeting scheduled within the next two weeks to review and approve the task force final reports again, that a singular report could be entertained, and that further delay would risk missing the 2024 budget

preparation process for departments to include a pilot and cause a delay in the strategic timeline.

7. Adjournment.

Meeting adjourned at 11:18 a.m.

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

Meeting materials for the task force 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).

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