



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

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

Monday, February 6, 2023

11:00 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/144539077>. You can also dial in using your phone United States: +1 (872) 240-3212 and Access Code: 144-539-077.

1. Call to order.

The meeting was called to order at 11:06 a.m.

2. Roll call.

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

Absent (2) - Moore, Zamarripa

Also present:

*Aaron Cadle, LRB Liaison
Montreal Cain, MERA
Mike Lappen, BHS*

3. Review and approval of the previous meeting minutes from January 23, 2023.

The meeting minutes from January 23, 2023 were approved without objection.

4. Brief tactical review.

Chair Parish said that the rationale to break a task force final report into two parts

was due to his review of meetings and submitted documents, meetings with agencies, identification of gaps, consideration of present state and liability, and review of applicable files. Professional grammar and definition issues existed (i.e. responder and co-responder), and there were prevention and postvention considerations among other things. The hope was that two reports would better address (separately) the directives that were given and the considerations that were reviewed. The first report was to address methodology and present state/existing capacity for a beta while the second part was to address supplemental CSO categorization and liability.

Mr. Cain said that a community based responder would be defined, according to the LEAP report on other peer cities, as a nonprofit organization outside of the public sector.

Chair Parish said that community based responder was not well defined, that it was a very broad term that could encompass many response agencies especially with co-response, that further refinement was needed, that definitions could mean different things due to the uniqueness of different states and cities, and that there should be caution to adopt definitions from other peer cities or states.

Member Spiker questioned authorship and the manner of composition for the two task force reports.

Chair Parish said that the first report was a collaboration from himself (MFD), members Waldner and Feldmeier (MPD), member Muhammad (DHHS), and member Watson (UWM). Many contributed excerpts that were pieced together with some being sections or a few pages. He organized the report and put it into narrative form. The second report would be a living document that OVP would further work on relating to CSOs.

Mr. Cain said that the second report were authored by himself (MERA), member Neubauer (Milwaukee Mental Health Task Force), member Moore (Medical College of Wisconsin), member DeFillips (Dept. of Emergency Corrections), member Wesley (Milwaukee County Mental Health Board), and member Hamilton (Office of Violence Prevention). They met in-person. They shared and combined parts together.

5. Review of goals and findings.

A. Master plan for responding to calls for service that do not involve threats to public safety. (CCFN 201519)

B. 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. (CCFN 200632)

C. 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. (CCFN 200632)

D. Fire and Police Commission and the Health Department directed 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. (CCFN 200632)

E. 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. (CCFN 210785)

Chair Parish presented. The first report was to respond to and address the directives listed above that were given to the task force. The first report had the following task force findings and selected call types that do not involve threats to public safety, respectively:

- 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.*

Limited call set/caseload categories: 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).

Members and participants discussed in detail the aforementioned task force directives listed above. Discussion was had, but not limited to, on processes regarding triage and dispatch (911, crisis line 5972, 211), MPD call priorities, MPD and MFD selected call types and volume (2021), methodology to evaluate and incorporate stakeholders and partners, scope of calls for service (entirety of call system or specific calls for service such as mental health), plan of action to incorporate particular call sets (mental health, substance abuse, homelessness), DHHS and BHS staffing capacity, amelioration of emergency calls for service,

Mr. Cain said that the first report would appear to lack collaboration, common response, common terms, common call sets, inclusion of Milwaukee County crisis and CSO services and systems. The second report included these aspects.

Member Wesley said that the focus of call sets was too broad, the focus should be on those particular calls for service especially mental health, and the focus should be to support the Crisis Mobile model.

Chair Parish commented.

There was no separation at the 911 level for priority 2 and priority 4 calls. Further

research would be needed to identify calls changed from priority 2 to priority 4. MPD had 5 different call priorities. The goal would be to work towards considering and incorporating all the different stakeholder and different rules of engagement into a community responder system. The task force was broadly tasked to address all calls for service (entirety of the call system), not specific to any particular one such as behavioral health, that do not involve threats to public safety. Behavioral health calls for service would be included among other calls such as substance abuse (AODA) and homelessness. Those calls for service may appear across the selected call type categories. Mental health would have MPD and/or MFD supplementary response oftentimes. For medical related calls, DHS 110.32 requires an emergency medical service provider respond from the 911 system. State statutory change would need to be changed to allow a responder from the community respond from the 911 system.

There would be methodology to develop an interim master plan with consideration of city, county, private and/or local emergency response programs for implementation, partnership, and/or merging. It would be best for a third party to come do conduct the methodology and evaluation. Evaluation would include aspects such as risk and liability, commonalities, differences, response times, and dispositions among other things. There would need to be an assessment of the different types of response (response, co-response, supplementary response, postvention, prevention) and the correct assigning of those response to call types. Local emergency response programs would include the City-County Trauma Response Initiative, Milwaukee Opioid Response Initiative, and the Community Paramedic Integrated Mobile Healthcare Program. OVP would be asked to categorize and evaluate local programs and community resources/services for inclusion into a community responder program. OVP would best do this work due to their existing and knowledge of these local resources outside of the public spectrum.

Further research and considerations would be needed to ameliorate the circumstances and need for mental health, substance abuse, and homelessness. Some of that work has been done. An evaluator would identify and bridge community organizations to call sets with deliberateness accordingly. Amelioration would be through a prevention and referrals.

Further details of the presentation made by chair Parish can be found within Common Council File Number 210555.

Member Muhammad and Mr. Lappen commented. There were staffing challenges with DHHS and BHS. Despite not being at full levels, Crisis Mobile services have been available during all intended hours of operation (8am - 11:30pm). All overnight non-emergency calls were being processed, and response would be made in the morning. 3 out of 6 teams each for MPD and Milwaukee County Sheriff were staffed presently. Average response has been 30 minutes.

Member Coggs said she was the only remaining sponsor of the task force, the task force resulted as a response to the George Floyd case, and the intended focus was on all calls for service, not just mental health, that do not require law enforcement presence.

Member Spiker said that policy/methodology on the community responder model would not be achieved by the task force, the different policies/methodologies should be submitted to the Common Council as options, and the Common Council would make their recommendation on policy and methodology for a program.

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

- A. Research phase (beta in 2023)
 - i. Utilize existing resources
 - a. Collect better information on incidents from selected call set
 - b. Identify/categorize community organizations
 - c. Consider possibilities/implications once DEC is fully implemented
 - d. Develop/refine incident/call category analysis methodology
- B. Pilot phase (2024)
 - i. Application of research
 - ii. Supplemental training
 - iii. Type-matching/integration of partner(s)
 - iv. Supplemental recruitment as necessary

Members and participants discussed having OVP do an environmental scan, categorization, inventory, and analysis on incorporating community resources into the community responder model. Considerations to include capacity, what could be built out, description of operational space, and impact. The environmental scan may or may not result differently from what the task force wanted. Collaboration building and needs assessment were of importance.

Member Waldner moved that OVP do an environmental scan, categorization, inventory, and analysis on incorporating community resources into a community responder model, as discussed. Member Hamilton seconded. There was no objection. Member Neubauer abstained.

Members and participants discussed whether to vote on the two reports separately or collectively and whether the first report had any edits that was offered offline. There were proponents on each preference.

Member Todd said that the first report was based on methodology and research while the second report was based on supplemental categorization and incorporation of CSOs.

Chair Parish said that the first report was still original and that the final product or final edits would be done accordingly based on task force final actions made today.

Member Todd moved approval, seconded by member Lipski, of the task force first report of findings and recommendations. There was no objection. Member Coggs abstained.

Motion was made to approve the task force second report of findings and recommendations. There was no objection.

Motion was made to combine both task force reports. There was no objection.

7. Discussion on presenting to the Public Safety and Health Committee.

Member Todd moved for chair Parish and member Hamilton to lead a presentation of task force final findings and recommendations to the Public Safety and Health

Committee. There was no objection.

8. Discussion, review, or motion(s) on the task force going forward.

Member Todd moved that the task force not entertain another meeting until after a presentation is made to and a response is received from both the Public Safety and Health Committee and the full Common Council on whether the task force recommendations would be funded initiatives moving forward. Member Lipski seconded. There was no objection.

Mr. Cain added that the environmental scan would likely result in finding few community resources equipped and willing to provide response services, that he had identified only 2 organizations as specified in the second report being able to provide community response services, and that the desire was for community-based responders (CBR) be non-profit organizations outside of public service.

9. Adjournment.

Meeting adjourned at 1 p.m.

*Chris Lee, Staff Assistant
Joanna Polanco, 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).

Sponsors: THE CHAIR