MILWAUKEE POLICE DEPARTMENT

STANDARD OPERATING PROCEDURE

160 – PERSONS WITH MENTAL ILLNESS

GENERAL ORDER: 2018-36 **ISSUED:** November 29, 2018	**EFFECTIVE:** November 29, 2018	**REVIEWED/APPROVED BY:** Director Regina Howard **DATE:** November 6, 2018
ACTION: Amends General Order 2015-24 (June 30, 2015)		**WILEAG STANDARD(S): NONE**

160.00 PURPOSE

The purpose of this policy is to identify and provide an effective response to situations involving people experiencing a mental health crisis.

160.05 WISCONSIN'S LEGISLATIVE POLICY ON THE MENTALLY ILL

It is the policy of the state of Wisconsin to assure the provisions of a full range of treatment and rehabilitation services in the state for all mental disorders and developmental disabilities. There shall be a unified system of prevention of such conditions and provision of services, which will assure all people in need of care access to the least restrictive treatment alternative appropriate to their needs.

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 that is primarily caused by degenerative brain disorder.

B. DRUG DEPENDENT

Means a person who uses one or more drugs to the extent that the person's health is substantially impaired or his or her social or economic functioning is substantially disrupted.

C. MENTAL ILLNESS

For purposes of involuntary commitment, means a substantial disorder of thought, mood, perception, orientation, or memory which grossly impairs judgment, behavior, capacity to recognize reality, or ability to meet the ordinary demands of life, but does not include alcoholism.

D. CRISIS INTERVENTION TEAM (CIT)

The Crisis Intervention Team is made up of department members who have received

specialized training in interpersonal skills that allows them to handle incidents and safely deescalate situations involving individuals with mental illness who are in crisis.

160.15 LEGAL STANDARDS FOR EMERGENCY DETENTION

Wis. Stat. § 51.15(1) relating to Emergency Detention states:

A. A law enforcement officer may take an individual into custody if the officer has cause to believe that such individual is mentally ill, drug dependent, or developmentally disabled, unable or unwilling to cooperate with voluntary treatment, and that taking a person into custody is the least restrictive alternative appropriate to the person's needs. Additionally, the individual must evidence any of the following:

1. A substantial probability of physical harm to himself/herself as manifested by evidence of recent threats of or attempts at suicide or serious bodily harm.

2. A substantial probability of physical harm to others as manifested by evidence of recent homicidal or other violent behavior on his/her part, or by evidence that others are placed in reasonable fear of violent behavior and serious physical harm to them, as evidenced by a recent overt act, attempt or threat to do serious physical harm on his/her part.

3. A substantial probability of physical impairment or injury to himself/herself or other individuals due to impaired judgment, as manifested by evidence of a recent act or omission.

4. Behavior manifested by a recent act or omission that, due to mental illness he/she is unable to satisfy basic needs for nourishment, medical care, shelter, or safety without prompt and adequate treatment so that a substantial probability exists that death, serious physical injury, serious physical debilitation or serious physical disease will imminently ensue unless the individual receives prompt and adequate treatment for this mental illness.

Note: Sections 3 and 4 have been abbreviated and the shift commander's approval is required before initiating an emergency detention under these sections. The shift commander shall review them in their entirety before authorizing an emergency detention. The Mobile Crisis Team [redacted] or the Psychiatric Crisis Service/Admission Center (PCS) 24 hour hotline REDACTED can provide evaluation and consultation for these cases.

B. The officer's belief shall be based on a specific recent overt act, attempt, or threat to act, or omission made by the individual and observed by or reliably reported to the officer.

C. Any member who acts in accordance with Wis. Stat. § 51.15, including making a determination that an individual has or does not have a mental illness, or evidences or does not evidence a substantial probability of harm is not liable for any actions taken in good faith (Wis. Stat. § 51.15(11)).

160.20 VOLUNTARY OPTIONS

To protect personal liberties, no person who can be treated adequately outside of a hospital institution or other inpatient facility may be involuntarily treated in such a facility. Wis. Stat. § 51.15(1) states that a law enforcement officer may take a person into custody for emergency detention if there is "substantial probability of physical harm." However, if a subject does not appear to be acutely mentally ill, and exhibits an ability and willingness to cooperate with voluntary treatment, a "substantial probability of physical harm" may not exist and an emergency detention may not be necessary. In these circumstances a more appropriate course of action may be one of the following:

A. CRISIS INTERVENTION TEAM (CIT)

The Crisis Intervention Team is made up of department members who have received specialized training in interpersonal skills that allow them to handle incidents and attempt to safely de-escalate situations involving individuals with mental illness who are in crisis.

1. CIT officers shall be given priority to any assignments of this nature and may be requested by citizens during the initial call for service. If a CIT officer is not assigned to the primary squad, one may be requested by officers on scene.

2. CIT officers shall utilize their knowledge of community resources to provide individuals in need of care access to the least restrictive treatment alternative appropriate to their needs. In some instances, an emergency detention may still be warranted.

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 REDACTED

2. CART focuses 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.

3. CART cannot provide psychiatric clearance for someone who is in need of medical clearance (e.g., intentional overdose).

C. VOLUNTARY PSYCHIATRIC EVALUATION

If the subject is agreeable, have the person evaluated on a voluntary basis at the

closest emergency medical treatment facility. Evaluation may be sought at another facility if this is required by the subject's health insurance. In such cases the subject may be conveyed in a department vehicle with the shift commander's approval. The *Protective Custody or Transfer of Prisoner for Medical Care* (form PP-42) should be completed with the box checked for "Voluntary Conveyance for Mental Evaluation." Because these persons are not in custody, the officers are not required to remain at the medical facility pending the evaluation.

D. 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 PCS REDACTED by phone for clarification or recommendations regarding an emergency detention of an individual in crisis.

E. CURRENTLY UNDER PROFESSIONAL CARE

If the subject is currently under the care of a mental health professional, have the subject contact the professional to evaluate the need for immediate treatment. If the mental health professional recommends immediate treatment at a private mental health facility, the subject may be conveyed in a department vehicle with the shift commander's approval, if no other means of transportation is available, and the facility is located within Milwaukee County. The PP-42 should be completed with the box checked for "Voluntary Conveyance for Mental Evaluation."

F. CRISIS RESOURCE CENTERS

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.

1. Criteria for admission in CRC

   a. The mental health consumer must be voluntarily seeking help.

   b. Must be 18 years or older, a Milwaukee County resident and have the ability for independent self-care.

   c. The individual must be experiencing psychiatric symptoms or have been diagnosed with a mental illness, or co-occurring substance abuse symptoms or diagnosis.

   d. The individual must not show evidence of a serious, uncontrolled medical problem.

2. Behaviors not acceptable for admittance to CRC:

   a. Acute danger to self or others.

   b. Acute medical condition.

   c. Individuals who are in withdrawal from alcohol, heroin, cocaine or hallucinogenic drugs.

   d. Individuals on a police hold.

3. Transfer to CRC

   a. Officers shall escort the individual into CRC and check in with the intake nurse or the on-site manager.

   b. Officers shall supply the brief information as to the contact with the individual as well as any pre-screening questions that need to be answered.

G. 24 HOUR CRISIS LINE / VOLUNTARY TREATMENT AT THE PSYCHIATRIC CRISIS SERVICE CENTER

1. Advise the subject to call the PCS 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.

2. The PP-42 should be completed with the box checked for “Voluntary Conveyance for Mental Evaluation”. Officers shall accompany the subject inside the Psychiatric Crisis Service Center (PCS), explain the circumstances to the admitting staff, and give them the yellow copy of the PP-42.

   Note: If the PCS Staff requests officers to file an *Emergency Detention Report* (form PE-18), officers shall do so as long as even minimal probable cause exists.

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. Officers shall follow the procedures listed in subsection C, E, F, and G depending on where the adult is transported.

2. Juveniles

   a. Juveniles under 14 years of age shall only be conveyed for voluntary treatment if

the juvenile's parent or guardian consents to the treatment.

b. Juveniles 14 years of age and over may be conveyed for voluntary treatment with or without the consent of the juvenile's parent or guardian.

c. If the juvenile is transported for treatment in accordance with subsection a or b above, officers shall follow the procedures listed in subsection C, E, and G depending on where the juvenile is transported.

3. An emergency detention will override the consent requirement for adults and juveniles.

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

A 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." If handcuffs are required, an emergency detention may be a more appropriate disposition.

160.25 DETERMINATION OF CAUSE FOR EMERGENCY DETENTION

A. PERSONAL OBSERVATION IS NOT NECESSARY

It is not necessary for an officer to personally observe a subject's behavior. The standard for police action is "cause," not personal observation for the purposes of this policy. Thus, officers should base their decision to initiate an emergency detention on the totality of the circumstances in each case. This includes, but is not limited to, the following:

1. Officer's observations of the scene (weapons, pills, suicide notes, odor of natural gas, evidence of a struggle);

2. Observations of the subject (dress, behavior, or physical condition);

3. Statements of family members, relatives, neighbors, ambulance or other medical personnel;

4. Statements (if any) made to officers or others by the subject.

Note: It is not required that the patient make an "incriminating" statement to police before an emergency detention can be made. Officers are also cautioned not to rely exclusively on patient statements that may contradict the other factors in the investigation.

160.30 STATEMENT OF EMERGENCY DETENTION BY LAW ENFORCEMENT OFFICER FORM PE – 18

The PE-18 is a state of Wisconsin form, which sets legal parameters for emergency detention under Wis. Stat. § 51.15. It is important when filing a Statement of Emergency Detention that all designated areas are completed properly**.**

A. DANGEROUS BEHAVIOR

The member completing the PE-18 shall document when the behavior occurred (date and the time of the behavior) and where the behavior occurred (address and/or name of the facility). Members shall document the description of the behavior that resulted in the emergency detention on the PE-18.

B. WITNESSES

The officer completing the PE-18 shall ensure that all witness information is documented in the witness section of the form. The full name of each witness, mailing address and telephone number, as well as the relationship to the subject being detained shall be included. When an officer is a witness, their work location address and telephone number shall be listed.

C. SUBJECT DETAINED AT HOSPITAL OR MEDICAL FACILITY

The officer shall insert the name of the hospital/facility and the date and time the subject is detained. When a subject needs to be medically cleared or is currently at a hospital, the officer shall use that hospital and the time the officer deems an emergency detention is necessary in accordance with Wis. Stat. § 51. An emergency detention detainment begins once the subject is taken into custody by a law enforcement officer.

160.35 MEDICAL TREATMENT OF EMERGENCY DETENTION CANDIDATES

If a candidate for emergency detention requires medical treatment and/or a medical clearance (e.g., overdose, lacerations) prior to admission to PCS, that medical treatment and/or clearance shall be sought at the nearest hospital emergency facility to where the incident occurred.

Treatment may be sought at another facility if this is required by the subject's health insurance.

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:

1. Officers are required to remain with an emergency detention patient while he/she is being medically cleared at a hospital if the person meets any of the following criteria:

a. The person has been combative with police members during the initial contact prior to the person being conveyed for medical clearance;

b. The member has knowledge that the person has a history of being combative;

c. If notified by hospital personnel that the person has a history of being combative.

2. If the person will be admitted to the hospital, members shall:

a. Leave the person in the care of the facility if he/she is cooperative or has been diverted to a hospital because PCS is at capacity.

b. Remain with the person if the person remains combative with members and/or hospital personnel. Members shall consult with their shift commander about establishing a hospital guard, if necessary.

c. Consult with a supervisor if the person is no longer combative or is medically incapacitated. A supervisor shall use their discretion in deciding if the member is to remain with the person or if a hospital guard should be established.

Note: If members have questions or problems with hospital personnel, including questions regarding whether a person is legitimately combative, they shall request a supervisor to meet them at the hospital.

3. The officer(s) shall provide the treating nurse/physician with a completed *Medical Discharge Notice of Emergency Detention* (form PD-35ED) if the subject is on an emergency detention hold only. The PD-35ED will alert hospital staff to contact the respective shift commander when the subject is medically cleared.

4. Officers shall complete the *Statement of Emergency Detention by Law Enforcement Officer* (form PE-18) and fax a copy to PCS REDACTED prior to clearing from the assignment. After faxing the PE-18 the original shall be stamped “faxed” with the date and time the officer faxed it 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.

B. SHIFT COMMANDERS RESPONSIBILITIES

Every day, prior to 12:00 p.m., each district shall have the original PE-18’s from the past 24 hours hand carried to PCS.

160.40 RELEASE OF EMERGENCY DETENTION CANDIDATES FROM HOSPITALS

A. SHIFT COMMANDER NOTIFICATION

Before an emergency detention candidate being treated for medical reasons is released, the hospital will notify the district shift commander listed on the PD-35ED.

B. WANTED CHECK UPDATE

The shift commander shall cause a wanted check to determine if the subject is wanted on warrants or as a suspect. If the subject is wanted, and has been removed from emergency detention consideration, the shift commander shall cause the subject to be taken into custody and conveyed for arrest screening.

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.

D. PERSON ABSCONDS FROM HOSPITAL

If a candidate for emergency detention absconds from the hospital after an emergency detention hold is placed and the person's whereabouts are unknown, the shift commander shall contact PCS [redacted] to determine if the person should still be considered a candidate for emergency detention.

1. If the person is no longer considered a candidate for emergency detention, the shift commander shall follow the procedures in 160.40(E).

2. If the person is still deemed to be a candidate for emergency detention, the shift commander shall contact the Sensitive Crimes Division in accordance with the critical missing procedures in SOP 180 - Missing Persons.

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:

a. If that individual is evaluated by a psychiatrist who determines that the subject is no longer dangerous to self or others;

b. The emergency detention candidate is admitted to the hospital's inpatient psychiatric unit, or transferred voluntarily to another mental health treatment facility.

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

2. Shift Commander Responsibilities

If a subject is removed from emergency detention consideration for one of these reasons, the shift commander will write the words "Removed from Emergency Detention Consideration" in the upper left-hand corner of the PE-18. On the reverse side, the shift commander will inscribe the following information obtained from the private hospital:

a. Name of hospital and person making the notification.

b. Date and time of notification.

c. Name of examining psychiatrist.

d. Type of disposition other than the initiation of an emergency detention.

All copies of the PE-18 will then be promptly returned to Open Records.

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 REDACTED or Crisis Assessment Response Team (CART) 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 Management System (CMS). The shift commander shall enter this information under the management tab in CMS by flagging this prisoner as a potential risk 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 CMS according to Standard Operating Procedure 090 Prisoners and Booking.

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

A. MUNICIPAL ORDINANCE VIOLATIONS

For ordinance violations, issue a municipal citation with a future court date. No "hold" is necessary unless there are outstanding warrants.

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, 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 officer should place a "hold" on the subject, complete a *Medical Discharge Notice* (form PD-35ED, blue sticker) and have it attached to the patient's chart.

3. Officers shall advise the staff at PCS that their patient has pending criminal charges and prior to release they should contact the shift commander listed on the PD-35ED.

4. 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 RMS, to be reviewed by the CIT coordinator.

B. CONVEYANCES

1. Ambulance Request

   a. If medical conditions, injuries, or ingestions of drugs are involved, the investigating officer(s) shall request an ambulance through the police department emergency communications operator II, describing the patient's injury and condition.

   b. The police emergency communications operator II shall notify the fire department dispatcher who shall determine what type of emergency medical service vehicle will be sent. The subject shall be conveyed to the nearest or most appropriate emergency medical facility, depending upon the injury or illness.

2. Police Conveyance

   a. If the person being detained is not in need of emergency medical services, the investigating officer(s) shall convey the person in a cage-equipped squad.

   b. Persons displaying violent behavior during and immediately after arrest shall be transported in a two-person patrol wagon equipped with a functioning squad video camera and adequately restrained. The passenger officer shall monitor the prisoner via the squad video camera and through the patrol wagon partition. If the squad video camera is not functioning properly, an officer shall accompany the violent person in the transport area during transportation.

   c. Conveyance officers shall monitor prisoners at all times during transport to ensure their safety. For any prisoners believed to be in medical distress during transport, members shall refer to SOP 090 - Prisoners and Booking under section 090.15.

C. TRANSFER OF PERSONS FOR MEDICAL CARE (FORM PP-42)

1. If the person is conveyed by ambulance, the PP-42 shall be completed and the pink copy given to the ambulance personnel. If there are any pending charges/warrants in addition to the emergency detention, list them only on the white copy in the box marked "Police Use Only".

2. In the event that an officer transports the person, a PP-42 shall be completed and attached to the shift commander’s copy of the PE-18.

D. AMBULANCE TRANSPORTATION

If two officers are assigned to a squad, one officer must ride inside the ambulance with the patient while the other officer follows the ambulance. If the patient is non-violent and only one officer is available, that officer may follow the ambulance and maintain constant surveillance of the vehicle until arrival at the medical facility. The intake site for both adult and juvenile persons with mental illness is PCS at 9499 West Watertown Plank Road.

E. EMERGENCY COMMUNICATIONS OPERATOR II NOTIFICATION

The detaining officer shall notify the emergency communications operator II of the arrival and departure times at PCS.

F. ENTRY TO PSYCHIATRIC CRISIS SERVICE/ADMISSION CENTER

A sign is posted at the door leading to the center; the buzzer is needed to gain entry. Proceed through the doors to the PCS security area. [redacted] REDACTED [redacted]

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.

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.

I. NCIC UNIT

For all cases of emergency detention and attempt suicide, officers are to call [redacted] at the NCIC Unit 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	

J. TRANSFER OF CUSTODY TO THE PSYCHIATRIC CRISIS SERVICE CENTER (PCS)

1. Facility Required to Accept Custody

Wis. Stat. § 51.15(3) states: "Upon arrival at the facility, custody of the individual is transferred to the facility." The officer's responsibility ends once the subject and detention forms are turned over to the triage nurse, unless at this time it is determined that medical clearance is required. Once the triage nurse has accepted a subject and officers have left PCS, they should not return to take the subject for medical clearance.

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.

K. JUVENILES

Juveniles are processed in the same manner as adults and with the same kinds of reports. The PCS Staff or the sheriff is responsible for transporting juveniles from PCS to the Child Adolescent Treatment Center.

160.60 PROBABLE CAUSE COURT HEARINGS

Probable cause court hearings are scheduled on an as needed basis and must be held 72 hours after the individual is taken into custody. If officers are required to appear, a shift commander will notify them. Officers may report directly to PCS, at 9455 W. Watertown Plank Road and the information desk receptionist will direct them to the proper courtroom. Officers should park in the visitor parking lot.

160.65 INVOLUNTARY MENTAL COMMITMENT BY PRIVATE PARTIES

When an officer is requested to confine a person, but is unable to determine from his/her investigation that there is a need for immediate emergency detention or if probable cause is lacking under Wis. Stat. § 51.15(1), the officer should not take the person into custody. Instead the officer should refer the complainants to the Milwaukee County Corporation Counsel, 901 N. 9th St., Room 303 (414-278-5117) to obtain a three-party petition for mental examination under Wis. Stat. § 51.20(1). This section states in part: "Each petition for examination shall be signed by three adult persons, at least one of whom has personal knowledge of the conduct of the subject individual..." These persons need not be relatives or physicians but must be adults. At least one petitioner must have personal knowledge of the subject's conduct.

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.

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

Upon the request of the treatment facility director, the sheriff or any law enforcement officer shall take charge of, and return to the facility, any mental health patient on an unauthorized absence. Officers should first check with the facility before taking the patient into custody. No reports are required except for a PP-42, which should be marked "Return of AWOL patient with mental illness." None of the boxes are to be checked off. Conveyance shall be by wagon or cage-equipped squad. See Wis. Stat. § 51.39 for further information.

160.80 REQUESTS FOR POLICE EMERGENCY DETENTION BY HOSPITALS

Requests for emergency detention may come from emergency rooms or inpatient wards of private hospitals. Emergency detentions can be initiated on "information and belief" on persons who are not patients but merely on the grounds/premises of such private facilities. However, if a patient is presenting voluntarily they are not appropriate for emergency detention.

A. MEDICAL SURGICAL UNITS/ EMERGENCY ROOMS

1. Before transferring any patient to PCS, officers are to contact PCS REDACTED to confirm that the patient transfer has been approved.

   a. Under federal law, patients cannot be transferred from one hospital to another without prior acceptance from a physician at the receiving hospital.

   b. Under state law, if an individual is in a hospital's emergency department, the law enforcement officer may not transport the individual for detention until a hospital employee or medical staff member who is treating the individual determines that the transfer of the individual to the detention facility is medically appropriate and communicates that determination to the law enforcement officer or other person (Wis. Stat. 51.15(2)(b)).

2. An emergency detention does not authorize forced medical care and should therefore not be utilized to take a person into custody solely for refusal of medical treatment.

B. PSYCHIATRIC FACILITY OR PSYCHIATRIC UNIT IN A GENERAL HOSPITAL

1. Under Wis. Stat. § 51.15(10), the treatment director of a private mental health facility/ward (or his/her designee) has the legal authority to detain a patient on a psychiatric unit who poses an imminent danger to himself or others, or is gravely disabled. This is done by signing and processing a treatment director's statement of emergency detention known as a Treatment Director's Affidavit (TDA). Hospital personnel requesting officers to perform emergency detention on their patients with mental illness (or such recently discharged patients) should be advised regarding their responsibilities under the above statute.

2. Those responsibilities include detaining the subject and filing the treatment director's statement of emergency detention with the probate court at PCS. Hospital personnel should be directed to call the Milwaukee County Corporation Counsel [redacted] or PCS REDACTED for further directions. Therefore, officers shall not initiate emergency detentions on persons who are patients at or being discharged from mental health/psychiatric wards of private hospitals.

ALFONSO MORALES
CHIEF OF POLICE

AM:mfk

MILWAUKEE POLICE DEPARTMENT

STANDARD OPERATING PROCEDURE

160 – PERSONS WITH MENTAL ILLNESS

GENERAL ORDER: 2018-36 **ISSUED:** November 29, 2018	**EFFECTIVE:** November 29, 2018	**REVIEWED/APPROVED BY:** Director Regina Howard **DATE:** November 6, 2018
ACTION: Amends General Order 2015-24 (June 30, 2015)		**WILEAG STANDARD(S): NONE**

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

160.00 PURPOSE

~~Officers shall use~~ The purpose of this policy is to identify and provide ~~the most~~ an effective ~~and understanding~~ response ~~possible to police~~ to situations involving people experiencing a mental health crisis.

160.05 WISCONSIN'S LEGISLATIVE POLICY ON THE MENTALLY ILL

It is the policy of the state of Wisconsin to assure the provisions of a full range of treatment and rehabilitation services in the state for all mental disorders and developmental disabilities. There shall be a unified system of prevention of such conditions and provision of services, which will assure all people in need of care access to the least restrictive treatment alternative appropriate to their needs.

~~To protect personal liberties, no person who can be treated adequately outside of a hospital, institution, or other inpatient facility may be involuntarily treated in such a facility.~~

160.10 DEFINITIONS

A. DEVELOPMENTAL DISABILITY

Means a disability attributable to brain injury, cerebral palsy, epilepsy, autism, Prader-Willi syndrome, intellectual disability, ~~mental retardation~~, or another neurological condition closely related to ~~mental retardation~~ an intellectual disability or requiring treatment similar to that required for ~~mental retardation~~ ~~individuals with~~ 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 ~~senility that is primarily caused by the process of aging or infirmities of aging~~ dementia that is primarily caused by degenerative brain disorder.

160.15 LEGAL STANDARDS FOR EMERGENCY DETENTION

Wis. Stat. § 51.15(1) relating to Emergency Detention states:

A. A law enforcement officer may take an individual into custody if the officer has cause

to believe that such individual is mentally ill, drug dependent, or developmentally disabled, unable or unwilling to cooperate with voluntary treatment, and that taking a person into custody is the least restrictive alternative appropriate to the person's needs. ~~and~~ Additionally, the individual must evidence~~s~~ any of the following:

1. A substantial probability of physical harm to himself/herself as manifested by evidence of recent threats of or attempts at suicide or serious bodily harm.

2. A substantial probability of physical harm to others as manifested by evidence of recent homicidal or other violent behavior on his/her part, or by evidence that others are placed in reasonable fear of violent behavior and serious physical harm to them, as evidenced by a recent overt act, attempt or threat to do serious physical harm on his/her part.

3. A substantial probability of physical impairment or injury to himself/herself or other individuals due to impaired judgment, as manifested by evidence of a recent act or omission.

4. Behavior manifested by a recent act or omission that, due to mental illness he/she is unable to satisfy basic needs for nourishment, medical care, shelter, or safety without prompt and adequate treatment so that a substantial probability exists that death, serious physical injury, serious physical debilitation or serious physical disease will imminently ensue unless the individual receives prompt and adequate treatment for this mental illness.

   Note: Sections 3 and 4 have been abbreviated and the shift commander's approval is required before initiating an emergency detention under these sections. The shift commander shall review them in their entirety before authorizing an emergency detention. The Mobile Crisis Team [redacted] or the Psychiatric Crisis Service/Admission Center (PCS) 24 hour hotline [redacted] can provide evaluation and consultation for these cases.

~~C. In accordance with Wis. Stat. § 51.15(11m), the Milwaukee Police Department shall designate at least one officer authorized to take an individual into custody under this section. The officer shall attend the in-service training on emergency detention and emergency protective placement procedures offered by a county department of community programs, if the county department of community programs serving the law enforcement agency's jurisdiction offers an in-service training program.~~

C~~D~~. Any member who acts in accordance with Wis. Stat. § 51.15, including making a determination that an individual has or does not have a mental illness, or evidences or does not evidence a substantial probability of harm is not liable for any actions taken in good faith (Wis. Stat. § 51.15(11)).

160.20 VOLUNTARY OPTIONS

To protect personal liberties, no person who can be treated adequately outside of a hospital institution or other inpatient facility may be involuntarily treated in such a facility. Wis. Stat. §

51.15(1) states that a law enforcement officer may take a person into custody for emergency detention if there is "substantial probability of physical harm." ~~Substantial probability exists when a person has taken some action to harm himself/herself (e.g., slashed wrists, ingested pills), or has formulated a plan to harm himself/herself and has acted on that plan, or expressed a clear intent to carry out that plan.~~ However, if a subject does not appear to be acutely mentally ill, and exhibits an ability and willingness to cooperate with voluntary treatment ~~has not acted to harm himself/herself, nor formulated a lethal plan to harm himself/herself~~, a "substantial probability of physical harm" may not exist and an emergency detention may not be necessary. In these circumstances~~, e.g., low risk and cooperative,~~ a more appropriate course of action may be one of the following:

A. CRISIS INTERVENTION TEAM (CIT)

The Crisis Intervention Team is made up of department members who have received specialized training in interpersonal skills that allow them to handle incidents and attempt to safely de-escalate situations involving individuals with mental illness who are in crisis.

1. CIT officers shall be given priority to any assignments of this nature and may be requested by citizens during the initial call for service. If a CIT officer is not assigned to the primary squad, one may be requested by officers on scene.

2. CIT officers shall utilize their knowledge of community resources to provide individuals in need of care access to the least restrictive treatment alternative appropriate to their needs. In some instances, an emergency detention may still be warranted.

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 REDACTED

2. CART focuses 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.

3. CART cannot provide psychiatric clearance for someone who is in need of medical clearance (e.g., intentional overdose).

C~~A~~. VOLUNTARY PSYCHIATRIC EVALUATION

D~~B~~. 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 ~~Mobile Urgent Treatment Team~~ Children's Mobile Crisis Team [redacted]

2. Members may also contact the Crisis Intervention Service Mobile Team or PCS REDACTED by phone for clarification or recommendations regarding an emergency detention of an individual in crisis.

E~~C~~. CURRENTLY UNDER PROFESSIONAL CARE

F~~D~~. CRISIS RESOURCE CENTERS

G~~E~~. 24 HOUR CRISIS LINE / VOLUNTARY TREATMENT AT THE PSYCHIATRIC CRISIS SERVICE CENTER

H~~F~~. 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. ~~If the adult is transported for voluntary treatment,~~ Officers shall follow the procedures listed in subsection ~~A, C, D, and E~~ C, E, F, and G depending on where the adult is transported.

2. Juveniles

c. If the juvenile is transported for ~~voluntary~~ treatment in accordance with subsection a or b above, officers shall follow the procedures listed in subsection ~~A, C, and E~~ C, E, and G depending on where the juvenile is transported.

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

~~Since the options A through E above pertains to voluntary persons who are not "in custody," no~~ A PE-18 shall not be filed for voluntary persons.

J~~H~~. USE OF HANDCUFFS

~~Since options A through E above pertain to~~ The use of handcuffs are not required for low risk, voluntary, and cooperative persons who are not "in custody", ~~the use of handcuffs should not be necessary nor is it required.~~ If handcuffs are ~~an absolute necessity~~ required, an emergency detention may be a more appropriate disposition.

160.25 DETERMINATION OF ~~PROBABLE~~ CAUSE FOR EMERGENCY DETENTION

~~A. EMERGENCY DETENTION STANDARDS~~

~~The standard for emergency detention is no different than that of "probable cause" to arrest in a criminal case. The belief is to be based on a specific and recent act, attempt, or threat to act, such as a recent threat or attempt at suicide or serious bodily harm, or recent homicidal or other violent behavior where others are placed in reasonable fear for their safety because of a person's recent overt act, attempt or threat to do physical harm or on a failure to satisfy basic human needs under sub. (4).~~

A~~B~~. PERSONAL OBSERVATION IS NOT NECESSARY

It is not necessary for an officer to personally observe a subject's ~~bizarre~~ behavior. The standard for police action is "~~probable~~ cause," not personal observation for the purposes of this policy. Thus, officers should base their decision to initiate an emergency detention on the totality of the circumstances in each case. This includes, but is not limited to, the following:

~~4. Prior police contacts with the subject;~~

~~5. Past mental health history of the subject;~~

~~4~~6. Statements (if any) made to officers or others by the subject.

160.35 MEDICAL TREATMENT OF EMERGENCY DETENTION CANDIDATES

If a candidate for emergency detention requires medical treatment and/or a medical clearance (e.g., overdose, lacerations) prior to admission to ~~the Behavioral Health Psychiatric Crisis / Admitting Center~~ PCS, that medical treatment and/or clearance shall be sought at the nearest hospital emergency facility to where the incident occurred.

Treatment may be sought at another facility if this is required by the subject's health insurance.

A. SUBJECT REQUIRING MEDICAL CLEARANCE PRIOR TO BEING CONVEYED TO PCS

~~1.~~ When an emergency detention patient requires medical clearance at a hospital prior to admittance to PCS:

1. Officers are required to remain with an emergency detention patient while he/she is being medically cleared at a hospital if the person meets any of the following criteria:

   a. The person has been combative with police members during the initial contact prior to the person being conveyed for medical clearance;

   b. The member has knowledge that the person has a history of being combative;

   c. If notified by hospital personnel that the person has a history of being combative.

2. If the person will be admitted to the hospital, members shall:

   a. Leave the person in the care of the facility if he/she is cooperative or has been diverted to a hospital because PCS is at capacity.

   b. Remain with the person if the person remains combative with members and/or hospital personnel. Members shall consult with their shift commander about establishing a hospital guard, if necessary.

   c. Consult with a supervisor if the person is no longer combative or is medically incapacitated. A supervisor shall use their discretion in deciding if the member is to remain with the person or if a hospital guard should be established.

      Note: If members have questions or problems with hospital personnel, including questions regarding whether a person is legitimately combative, they shall request a supervisor to meet them at the hospital.

3~~a~~. The officer(s) shall provide the treating nurse/physician with a completed *Medical Discharge Notice of Emergency Detention* (form PD-35ED) if the subject is on an emergency detention hold only. The PD-35ED will alert hospital staff to contact the respective shift commander when the subject is medically cleared.

4~~b~~. Officers shall complete the *Statement of Emergency Detention by Law Enforcement Officer* (form PE-18) and fax a copy to PCS REDACTED prior to clearing from the assignment. After faxing the PE-18 the original shall be stamped "faxed" with the date and time the officer faxed it to PCS.

5~~c~~. 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.

160.40 RELEASE OF EMERGENCY DETENTION CANDIDATES FROM HOSPITALS

C. TRANSFER TO PCS AFTER MEDICAL CLEARANCE

1. Mobile ~~Psychologist~~ Psychiatrist on Duty

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

2. Mobile ~~Psychologist~~ Psychiatrist Not on Duty

   When there is no mobile ~~psychologist~~ 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.

D. PERSON ABSCONDS FROM HOSPITAL

If a candidate for emergency detention absconds from the hospital after an emergency detention hold is placed and the person's whereabouts are unknown, the shift commander shall contact PCS REDACTED to determine if the person should still be considered a candidate for emergency detention.

1. If the person is no longer considered a candidate for emergency detention, the shift commander shall follow the procedures in 160.40(E).

2. If the person is still deemed to be a candidate for emergency detention, the shift commander shall contact the Sensitive Crimes Division in accordance with the critical missing procedures in SOP 180 - Missing Persons.

E~~D~~. 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 ~~psychologist~~ psychiatrist has placed the individual on a treatment directors' supplement and PCS has assumed responsibility for the patient.

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, ~~CIT~~ officers shall complete the *Consumer Report* in ~~the Tiburon System~~ TriTech Inform RMS, to be reviewed by the CIT coordinator.

B. CONVEYANCES

1. Ambulance Request

2. Police Conveyance

~~Note: Officers are cautioned not to promise detained persons that they will be evaluated or released in a short amount of time. Such promises make these patients more difficult for Behavioral Health Division personnel.~~

160.70 ATTEMPT SUICIDE CASES

~~In addition to the PE-18 and the PP-42,~~ An *Attempt Suicide* (Sick and Injured) report shall also be filed in ~~the Tiburon System~~ TriTech Inform RMS for all adults and juveniles who attempt suicide regardless of emergency detention determination. ~~Members shall utilize the Attempt Suicides Injured Persons Sick Persons Report Manual located under "Information and Manuals" on the directives intranet to complete the *Attempt Suicide* report.~~

160.80 REQUESTS FOR POLICE EMERGENCY DETENTION BY HOSPITALS

Requests for emergency detention may come from emergency rooms or inpatient wards of private hospitals. Emergency detentions can be initiated on "information and belief" on persons who are not patients but merely on the grounds/premises of such private facilities ~~(e.g., just presenting themselves at the emergency room for admitting)~~. However, if a patient is presenting voluntarily they are not appropriate for emergency detention.

A. MEDICAL SURGICAL UNITS/ EMERGENCY ROOMS

1. Before transferring any patient to PCS, officers are to contact ~~one of the doctors at~~ PCS REDACTED to confirm that the patient transfer has been approved.

   a. Under federal law, patients cannot be transferred from one hospital to another without prior acceptance from a physician at the receiving hospital.

   b. Under state law, if an individual is in a hospital's emergency department, the law enforcement officer may not transport the individual for detention until a hospital employee or medical staff member who is treating the individual determines that the transfer of the individual to the detention facility is medically appropriate and communicates that determination to the law enforcement officer or other person (Wis. Stat. 51.15(2)(b)).

~~2. If the staff of a private hospital request an emergency detention based on a medical need in a medical/surgical unit or emergency room, they should be advised to first consult with the hospital attorney about initiating an emergency guardianship under Wis. Stat. § 880.15. Emergency guardianship can usually be obtained within 24 hours and entails the appointment of a temporary guardian who can authorize involuntary medical treatment and detention at that private hospital.~~

2~~3~~. An emergency detention does not authorize forced medical care and should therefore not be utilized to take a person into custody solely for refusal of medical treatment. ~~If there is a medical emergency that requires immediate action, inform the hospital staff that they can call the duty circuit court judge REDACTED to request telephonic authorization to restrain and treat a medically unstable, mentally incompetent patient.~~

~~4. If emergency guardianship or telephonic authorization by the duty circuit judge cannot be obtained, an emergency detention may be initiated. But do not transfer the patient to PCS until a PCS doctor has confirmed that the patient is medically stable and able to be safely transferred to PCS.~~

B. PSYCHIATRIC FACILITY OR PSYCHIATRIC UNIT IN A GENERAL HOSPITAL

2. Those responsibilities include detaining the subject and filing the treatment director's statement of emergency detention with the probate court at PCS~~, and transporting the subject to PCS~~. Hospital personnel should be directed to call the Milwaukee County Corporation Counsel REDACTED or PCS REDACTED for further directions. Therefore, officers shall not initiate emergency detentions on persons who are patients at or being discharged from mental health/psychiatric wards of private hospitals.

ALFONSO MORALES
CHIEF OF POLICE

AM:mfk