

CRIME

'Dealing with crisis then and there': How Milwaukee's teams of cops and counselors reach people struggling with mental health

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"There's one."

Milwaukee Police Officer Chandra Fuller pointed to a pending 911 call on her department laptop.

A woman in her 50s told a dispatcher she was homeless and feeling suicidal. She had harmed herself in the past but not today. She had not been taking her medications.

It was exactly the kind of call Fuller and her partner, Jordan Hoeft, a county mental health clinician, are trained to answer.

Fuller and Hoeft are one of three Crisis Assessment Response Teams (CART) on duty in the city. The teams of officers and clinicians are designed to address mental health calls, defuse possibly volatile encounters and connect people to other resources, rather than offering the standard law enforcement responses of citations and arrests.

The concept has come under scrutiny as the local program has grown. The city is adding three more teams, for a total of six, that will allow for around-the-clock coverage by the end of this year. The city is paying \$300,000 to the county for the cost of the clinicians and is reassigning Milwaukee police officers already on the payroll to the teams.

Several Milwaukee Common Council members opposed the CART expansion last fall, urging a focus on alternatives without officers and arguing any presence of law enforcement could escalate a situation.

The Milwaukee County Sheriff's Office also is joining the program for the first time and is expected to launch three CART units this year for countywide coverage.

At least one county supervisor criticized the sheriff's office for using \$300,000 to hire deputies for the new teams from the Behavioral Health Division's budget, instead of using its own funds or reassigning deputies.

The City of Milwaukee dispatches between 7,000 and 8,000 calls related to mental health annually, about 3% of police dispatched call volume, according to data provided to the Common Council.

More: Protesters, police agree: Not every 911 call needs an officer. Can Milwaukee create a new system?

On a recent summer afternoon, the woman in central Milwaukee became one of those thousands who call for help.

Fuller let the dispatcher know they were on their way and shifted her burgundy Crown Victoria into gear.

'I'm from this community': Getting to know the team

Fuller wasn't always a cop and Hoeft didn't always ride with one.

Fuller began her career as a registered nurse, a certification she still holds. She specialized in psychiatric care and spent a decade working at the county's mental health hospital before joining the Milwaukee Police Department at age 34 in 2017.

"A lot of these people, they know me, they remember me," she said. "I'm in a different uniform, but I'm still that same nurse that took care of them for many years."

She knew she wanted to be part of the CART program from her time working in the county's Behavioral Health Division. She was last assigned to a district on the northwest side of the city, where earlier this year she was shot at while responding to a reported shooting at a gas station. She moved to CART two months ago.

Hoeft has been part of CART for six months. Before that, he worked for the county's mobile crisis team that serves adults and children who call the crisis hotline. In 2019, the mobile crisis teams responded to more than 4,100 calls, while the co-responder teams of clinicians and law enforcement responded to about 2,800 calls.

"I'm from this community, so it's just great to be out there each and every day," Hoeft said. "I've also struggled with my own mental illness and addiction problems."

Hoeft opens up to those he meets in crisis, sharing how antidepressants have helped him and how he is coming up on five years of sobriety. Doing so adds to his credibility and can help lessen the shame or stigma a person might be feeling.

He and Fuller respect the expertise the other brings to a situation. In some cities, 911 calls related to mental health and substance abuse are sent to a team of trained crisis workers and paramedics, not police.

More: Milwaukee wants to answer some 911 calls without police. Denver did that — but not everyone is happy with the outcome.

Hoeft said he sees value in being paired with an officer. A big reason is safety.

Although research has found very few people with mental illness ever act violently toward others, Hoeft said responding to a 911 mental health call has an added aspect of unpredictability.

"When you're dealing with mental illness and drugs, things can go pretty bad pretty quickly," he said. "And if you don't have that police officer there, I wouldn't feel safe going to the majority of these calls."

Officers also can sometimes reach people when others can't, he said. He described multiple situations when a person refused to speak with him or their social worker or case manager but quickly responded to Fuller or another officer.

"For some people, when they see police, they are able to focus themselves," he said.

Responding to a crisis, then connecting people to care

Fuller and Hoeft spotted the woman a block away.

She perched on concrete steps in front of a house that wasn't hers. Her right hand fluttered across her face, wiping her forehead and removing her glasses while her left hand held a cellphone with her case manager on the line.

Hoeft walked over and sat next to her on the grass. Fuller crouched down in front of her. Together, they asked how she was doing. Hoeft said it looked like she was having a bad day. The woman said she was suicidal and even homicidal. She had a history of schizophrenia.

Fuller, speaking softly, asked her to put her case manager on speakerphone so they could all talk together. She did.

The woman said she had come to Milwaukee for a relationship that had gone bad, and she wanted to go back to the South with her family. But first, she wanted to go to a hospital — a specific one on the south side, not a nearby hospital on the city's north side. She was adamant and threw in a colorful word to make her point, prompting a laugh from Hoeft. His response, in turn, made her laugh.

Fuller and Hoeft called for an ambulance and jotted down her phone number. Hoeft said he would follow up in a few days.

Back in the car with the woman's full name, Fuller looked her up in the police records system. Officers had taken the same woman to the county's psychiatric emergency room in 2013.

"A big part of this job is dealing with the crisis then and there," Hoeft said. "A bigger part of it is what we do afterward, like getting up with the case manager, getting up with her support, so that might be calling her family."

Navigating Wisconsin's law on mental health holds

Fuller and Hoeft have resources.

They can get a case manager assigned to someone. They can schedule meetings with key people involved in a person's care, including their family members. They can take people to a hospital or a shelter.

But they can't do much if someone doesn't want help.

"One of the challenging things is people not wanting to accept resources, not realizing they do have a mental illness," Fuller said. "A lot of people don't want to take medications."

She has drawn on her nursing experience and reminded people of other medication options — a monthly injection instead of a daily pill, for example — but that does not always reach people.

For Hoeft, the hardest thing is family members who expect the team to force someone into treatment.

"Obviously, they want their loved ones to be well, and sometimes they call with the expectation that because the person is mentally ill and sick, that we can take them against their will," he said.

Wisconsin is one of a few states that designate police officers as the only first responders who can legally detain an adult suffering from a mental health crisis and take them to a psychiatric emergency room.

To do that, a person must be an immediate threat to themselves or others.

The county has tried to move away from a cycle of emergency detentions for people who are chronically in crisis. Instead, mental health workers try to connect people with ongoing health care, housing and other resources.

The number of admissions to the county's psychiatric emergency room has trended down since 2010 and more than 80% of CART calls end without an involuntary mental health commitment.

"There's always going to be flaws in any system," Hoeft said. "But I think that what we're really good at is making those connections."

A family's struggle to get support

A few weeks ago, Fuller and Hoeft had met with an older man who had called for help with his grandson.

His house was just a few blocks from where they responded to the woman with suicidal thoughts. They decided to drop by and see if the younger man's condition had improved.

His grandfather opened the door and allowed a Milwaukee Journal Sentinel reporter and photographer to accompany the team upstairs, where his grandson was. Seeing Fuller in her uniform and Hoeft wearing his department-issued vest, the young man raised his hands.

"Bro, you don't have to put your hands up, you're not in any trouble," Hoeft said.

The young man stepped into the sweltering hallway. Sweat poured down his face.

"When was the last time you took some medication — Oh, you did take it yesterday?" Hoeft said, as the man softly answered the questions.

"What kind of medications are you taking?" Fuller asked.

The man listed a couple. Fuller repeated one back and he confirmed he used it.

"I'm looking at the way you're sweating and it's not good to be in the heat with that, OK? You got a fan in that room?" she said.

"Yeah," he answered.

"Is it on you?"

"Yeah."

"Well, get a cool towel so you can cool off, it's kind of hot, and it could have some weird side effects with the medication," Fuller said.

Hoeft and Fuller reminded him to call with any concerns or questions. They headed downstairs and out the side door to speak with his grandfather.

"He seems like he's doing better than the last time I saw him," Hoeft said.

The grandfather shook his head. The young man had lied; he hadn't been taking his medication. He could be stable for an hour, maybe two, his grandfather said.

"He needs to be put away, to get some help that he really needs," he said.

He said he had called the crisis hotline before and the call-taker could hear his grandson having an episode in the background. The hotline operator told him to call 911.

He did. Then he waited an hour and 40 minutes. Someone finally called him back and asked if he still needed help.

"I'm sorry," Hoeft said. "That was probably one of the days that we weren't on, but remember call 911 and you ask for the CART team, C-A-R-T, like shopping cart, and we'll be out.

"We're just going to keep on working on him as far as taking medication and trying to get him the support that he needs and the support that you need because it can't be easy," Hoeft said.

No, the man said.

It wasn't easy.

If you or someone you know is in a mental health crisis, the Behavioral Health Division's Crisis Line is 414-257-7222. The Children's Mobile Crisis Team can be reached at 414-257-7621.

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