



City of Milwaukee

200 E. Wells Street
Milwaukee, Wisconsin
53202

Meeting Minutes

MILWAUKEE POLICE DEPARTMENT DIVERSION TASK FORCE

ARNITTA HOLLIMAN, CHAIR

**Ald. Milele A. Coggs, Ald. Nik Kovac, Ald. Chantia Lewis,
Nicholas DeSiato. Stephen Hargarten, Cassandra Libal, Aaron
Lipski, Kyle Mirehouse, David Muhammad, Mary Neubauer,
Joshua Parish, Jamaal Smith, Leon Todd, Nicole Waldner,
Amy C. Watson, and Brenda Wesley**

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Monday, July 19, 2021

1:00 PM

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://global.gotomeeting.com/join/739468661>. You can also dial in using your phone United States: +1 (872) 240-3212 and Access Code: 739-468-661.

1. Call to order.

The meeting was called to order at 1:01 p.m.

2. Roll call.

Present 13 - Kovac, Coggs, Lewis, Parish, Mirehouse, DeSiato, Holliman, Libal, Lipski, Neubauer, Todd, Watson and Wesley
Excused 4 - Muhammad, Smith, Hargarten and Waldner

Also present:

*Aaron Cadle, Legislative Reference Bureau
Shakita LaGrant, DHHS Director*

3. Review and approval of the previous meeting minutes from June 17, 2021.

The meeting minutes from June 17, 2021 were approved without objection.

4. Review of task force enabling legislation and name.

Members said that the task force name should be renamed. Some suggestions included Milwaukee Crisis Response Task Force, Alternative Response Task Force, Community Response Task Force, and Community Intervention Task Force. There

was sentiment to make the name less clinical; remove the terms "MPD" and "crisis"; and use the terms "alternative", "community", and/or "intervention".

Member DeSiato said that law enforcement would still be part of the response, not everything is a crisis, the new Office of Emergency Communications (OEC) would roll out in November, and OEC would be a neutral third party for calls.

Member Lipski said that training is needed for deescalating calls, an entity is needed to do training, the term "crisis" should further be defined as there may be varying definitions or interpretations, and data (not emotions) should be looked at.

Member Kovac said that rising above emotions is important.

Member Watson inquired about the scope of calls and situations to review.

Member Lewis said that the enabling legislation named a few pieces for diversion, for review would be all non-emergency calls, and there should be a review of call type data from the Milwaukee County Behavioral Health Division (BHD) 257 number.

Chair Holliman said that both rational and emotional analysis are important, member Wesley to acquire BHD call type data for the task force, for members to forward task force new name suggestions to clerk staff, and to revisit the name change at the next meeting.

5. Development of a mission statement.

Member Lewis offered the following mission statement, "Finding new solutions to provide safe engagement to the public, while utilizing the resources we have to the highest and best use, while building public trust for the residents."

Chair Holliman said to revisit the proposed mission statement and any other suggestions at the next meeting.

6. Review of task force structure, decision-making, and recommendations process.

Member Lipski questioned the task force decision making process and how the task force would work through to achieve clarity.

Members discussed having one vote each under Robert's Rules of Order, that members may submit recommendations to the full task force to review and vote on, that the task force should strive for consensus, and that task force recommendations would go to the Common Council.

7. Discussion on available grant funding.

Member Watson commented on potential grant funding. Funding can be sought for planning, pilot implementation, and evaluation/research. One proposal was submitted for RWJ Systems of Action, and results would be know in late August. Other opportunities would include:

-Wisconsin Partnership Program - applications due 8/16 for a government non-profit and university for community programming.

- Advancing Health Wisconsin - funding announcements to be release in the fall.
- Greater Milwaukee Foundation - application cycle opens Aug. 23 - Sept. 13.
- Bureau of Justice Assistance - Justice Mental Health Collaboration Program - for a community response team between law enforcement and BHD; due date was 7/23; next round for next spring.
- SAMHSA - announcements available
- 988 Crisis line - develop crisis response services

Chair Holliman said for member Watson to forward funding information to members.

8. Update on the Computer-Aided Dispatch system.

Captain Michele Haywood, MPD, appeared and presented. She leads the Technical Communications Division. Current protocol has calls come into her office via 911 to make a determination and for dispatching. Very few calls go directly to MFD. Training is done for those not uniformed to respond to low priority calls. Everyone is trained the same at the division. There is a pilot project to cross train two MPD and MFD members. There would be a new CAD system soon via Hexagon.

Members inquired about 250-Communications call types; dispatching; Crisis Assessment Response Team (CART) relative to availability, schedule, capacity, and expansion; diversion data; CART demographics; and making changes to the Computer-Aided Dispatch (CAD) system.

Member Neubauer said that CART was not available to her when she needed them, the Mobile Crisis Team (MCT) has specialists with lived experience, and Crisis Intervention Team (CIT) has success with voluntary engagement.

Member Lewis said that tweaks should be made to the new CAD system, the CAD should be more inclusive of MFD for diversion, MFD has better reception than MPD, and \$300,000 from the City was given to CART for expansion.

Ms. Haywood and member DeSiato replied. MPD SOP on 250-Communications on a whole range of calls and priorities would be provided for members to review. Call takers have direct contact with callers and rely on what callers tell them. Dispatchers see call information, have contact with officers on the street, and make recommendations. CIT training is relied upon. There were 3 CART teams, and anticipated is the expansion for 3 more clinicians with BHD.

Director LaGrant commented. BHD was working to hire the new CART clinicians and expand CART. 15 MCT members would be added in the 2022 budget. She would look into diversion data.

Member Wesley commented. CART has an officer involved that does emergency detention. MCT does not have an officer where the team does the assessments. CART, MCT, and CIT outcomes were important. There were not enough staff after hours. There needs to be more collaboration, training, and education between MFD and MPD. There is no understanding of crisis and trauma.

Member Mirehouse added that now was the time to take input for the new CAD system.

Member Parish commented. Deviations between dispatch and disposition do occur

since calls are based on what callers say and may not inaccurate. There should be a look at what Chicago does.

Member Lipski commented. The CAD system has robust business integration, is user friendly, but limits dispatchers to the options available. The dispatch protocols for the new system would be malleable. The Board of Directors for the new Office of Emergency Communications would oversee changes, help to unite departments, and fight silos. MFD is open to input to make improvements.

9. Review of MPD and MFD dispatch, emergency, and non-emergency calls.

Member DeSiato gave an overview on 2019-2020 dispatched calls for service data. Some main points would include: total dispatched calls increased 2% from 2019 to 2020; data was for calls not requiring police; data was based on information given to dispatching; highest volumes were for accident/property damage, threat, injured person/sick, MO, and property damage; total year-to-date dispatched calls of service increased 15% this year; the specified call types accounted for 30% and 33% of the City's total dispatched calls in 2020 and 2021, respectively; these dispatched calls would be the center of what the task force should look at, the median time of scene overall increased; wide range of calls need wide variety of skillsets; and disposition C-codes involved an officer and meant the following: C1 - arrest of an adult, C2 - arrest of a juvenile, C7 - mental commitment/observation, C12 - citation issued, and C10 - officer dealt with the issue.

Member Lewis commented. Certain call types should directly be assigned to other agencies for responding, such as MADACC for loose dog calls. Response should change call type, especially if disposition is not resolved.

Member DeSiato replied that changes to call type assignments need to be done cautiously and thoughtfully, agencies such as MADACC may not operate 24 hours, calls to 9-1-1 as a default is not sustainable, buy-in is needed from new Office of Emergency Management director, the front end of call intake does not affect the type of response, and front end information is what the responder has.

Members discussed perhaps enabling the CAD system to contain medical information of people, the CAD system having information specific to addresses, the new CAD system's ability to have more information, and the ability to get more accurate reports.

Member Lipski said that CAD system information is public record, there should be caution to provide medical information within the CAD, and a key focus of the task force is to examine the misuse of or issues with the top calls within MPD.

Member DeSiato added that much information is anecdotal, the information can be examined further, sampling can be done, dispositions can be examined, alternatives can be looked at, but looking at every record would not be feasible.

Chair Holliman concurred that there should be caution to have sensitive medical information within the CAD system.

Member Parish commented. MFD has 3 different call types: advanced life support with paramedics dispatched, basic life support, and lower acuity call with private ambulance dispatched. About 100 dispatches on average per year are for advanced life support calls for psychiatric issues. There is a wide range of candidates for this call type.

Paramedics are trained for both the recognition and treatment of those individuals. About 271 calls a year are for basic life support dealing with moderate acuity psychiatric issues. About 1,000 calls a year are for the lowest acuity category. There would be more opportunity to intervene with the lowest acuity category. MFD have been engaged more with the lower acuity calls due to departure of private ambulance companies. Lower acuity calls have longer responses due to the geographic location of private ambulance companies. There has been talk of having better places to put patients and at preventative measures to address patients across a wider spectrum. Before the DNC the federal government via Medicaid and Medicare came out with alternative treatments allowing reimbursements for ambulance transport to non-emergency departments. This model should be sought at the State level to give the same permissions. There is consistent usage of MFD from 9 am to 1 am or 2 am in the morning. Tagging addresses with information can be and has been done, but there should be caution with medical information. MFD has been successful with its programs for the high utilization population, developing relationships with the agencies involved, and using data to preempt responses.

10. Review of comparable cities and best practices.

Member Parish said that the HSRI Milwaukee Psychiatric Crisis Service Redesign Phase 1 Adult Planning Summary from 2018 was amazing; 100% local; was a blueprint to start from; contained initiatives in place since 2018; listed initiatives that need to be developed; and contained many identifiable action items such as those regarding the health information exchange, telepsychiatry, transportation, and vocabulary stats.

Member Lipski said that other cities have the same issues as Milwaukee and the task force has potential to address those issues.

Chair Holliman said that an updated redesign plan should be presented as an agenda item and that further review of best practices and comparable cities should occur at the next meeting.

Member Neubauer said that BHD has accomplished many of the action items, and a verbal update on the redesign plan can be given.

11. Review of next steps.

a. Meeting frequency and location

To occur every 3 weeks and virtually unless otherwise directed.

b. Set next meeting date and time

To be determined.

c. Agenda items for the next meeting

Member Lewis said she would work to add Reggie Moore from the Medical College of Wisconsin as a new member to the task force.

Agenda items or amendments to be forwarded to clerk staff.

Agenda items identified so far would include task force name change, creation of a mission statement, ARPA funding, Psychiatric Crisis Redesign plan update, and review of comparable cities and best practices.

12. Adjournment.

Meeting adjourned at 3 p.m.

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

Meeting materials can be found within the following file:

[210555](#)

Communication relating to findings, recommendations and activities of the MPD Diversion Task Force.

Sponsors: THE CHAIR