



City of Milwaukee

200 E. Wells Street
Milwaukee, Wisconsin
53202

Meeting Minutes

COMMUNITY INTERVENTION TASK FORCE

VACANT, CHAIR

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

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Friday, November 11, 2022

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://meet.goto.com/917361149>. You can also dial in using your phone United States: +1 (571) 317-3122 and Access Code: 917-361-149.

1. Call to order.

The meeting was called to order at 1:09 p.m.

Mr. Lee presiding over the meeting at the beginning.

2. Roll call.

*Present (14) - Wesley, Watson, Waldner, Todd, Kendrick, Parish, Neubauer,
Muhammad, Zollicoffer, Lipski
Weston, Zamarripa, Spiker, Hamilton
Excused (3) - Libal, Feldmeier, Coggs
Absent (2) - Moore, DeFillips*

*Also present:
Aaron Cadle, LRB
Mike Hilliard, LEAP
Lionel King, LEAP
Montreal Cain, MERA*

3. Election of a chair.

Member Todd moved nomination, seconded by member Lipski, to elect member Parish as chair. There was no objection.

Member Parish was in acceptance.

Member Parish elected as chair.

Chair Parish presiding over the remainder of the meeting.

4. Review and approval of the previous meeting minutes from July 18, 2022.

The meeting minutes from July 18, 2022 were approved without objection.

5. Update, review and/or approval of a scope of work and recommendations from LEAP for a community responder model.

Mr. Hilliard introduced himself as a retired Major in the police department, Director of 9-1-1 dispatch, Chief of Staff of Patrol, and Deputy Commissioner for the Administrative Bureau in Baltimore.

Mr. Hilliard and King gave an presentation on recommendations for a community responder model in Milwaukee as follows:

A community responder program would improve community and police relations (building trust), connect calls for service with an appropriate responder, allow police to focus on serious crime, and produce cost savings. Cost savings for CAHOOTS in Eugene were at an estimated \$8 million on public safety and \$14 million for ambulance or emergency room treatment annually. Cost savings for EMCOT in Austin were at an estimated \$1.6 million from December 16, 2019 through August 31, 2020 based on 572 calls at about \$2800/\$2900 per call.

Community responder programs involved sending well trained unarmed civilians to handle low-level calls for service in the areas of mental health, behavioral health, welfare, citizen trouble with subject, suspicious person, and other areas. There were 3 criteria for community responder programs. One, the community responders would act as true first responders and don't just show up after the police have clear to see. Two, the public can reach community responders by calling 911. Third, community responders do not include police. Teams with an officer would be known as a co-responder team. Traditionally, calls to 9-1-1, if they were not for medical emergencies, would be dispatched to police to be at the scene and handle the incident. In a community responder sequence, calls would be triaged by the call taker based on call type and other information. If the call did not meet community responder eligibility, it would follow the traditional model for police or dispatch. If a call is community responder eligible, the call is dispatched to the community responders. Community responders would be trained on police radio dispatch in order to call for backup if the situation should require it.

Many other cities have some form of community responder programs and many others were currently developing programs. Cities would include Eugene (CAHOOTS), Olympia (CRU Team), Denver (STAR Team), Albuquerque (ACS), San Francisco (SCRT), Austin (EMCOT), Rochester (PIC Team), Amherst (CRESS), Dayton (MRU), Durham (CCD), Madison (CARES), and Brooklyn Center (in planning).

Regarding safety, only 2.2% of CAHOOTS calls required any police follow-up, and only 0.2% required immediate police backup. In 30 years of operation CAHOOTS had never had a responder casualty. STAR's first year required no calls for police backup.

There were several different ways to dispatch calls to responders: regular 9-1-1 dispatch (CAHOOTS, STAR, CRU), specialized dispatcher embedded in 9-1-1 center (CRT, CCD, EMCOT), and outside agency dispatch (Baltimore BCRI). 9-1-1 call takers would be trained to take call types, gather information, as about red flags (like presence of weapons and serious injury) needed to determine whether calls could be handled by community responders. Call the call types and ask about red flags. If the call is appropriate for community responder dispatch or notify community responder team over police, radio, justice, they would notify a police unit. In a specialized dispatcher embedded in 9-1-1 system, call takers would do a warm handoff and transfer community responder appropriate calls and all call notes to a clinician sitting next to police dispatch. The clinician could either de-escalate the incident on the phone or notify the police dispatcher to dispatch community responders. To dispatch, they would contact community responders directly and not over police radio. Boston used an outside agency model in which the 9-1-1 call taker would forward eligible calls to Baltimore's Local Crisis Hotline, which had the capacity to resolve calls over the phone or dispatch a team of community responders.

The recommendation for Milwaukee would be for community responders to be dispatched through the regular 9-1-1 dispatch system. It was the most common method used nationwide and was the simplest and most efficient way to integrate community responder teams into the existing dispatch process. 9-1-1 police call takers would determine fire or a medical emergencies and forward those calls to the fire department. If not for the fire department, they would open a digital call file in CAD, asked questions, type notes, and select a call type in priority level. That call file would appear on the screen for the police dispatcher in the district where that call originator. The dispatcher would review the call file and assigned it to an available police unit to respond to the call by selecting their unit number in the CAD system and announces the assignment over police radio.

It was recommended for community responders in Milwaukee to use the radio dispatch process like other community responder programs (CAHOOTS, CRU, STAR). Those cities used the traditional dispatch sequence/dispatch community responder teams as if they were police units. The call taker could write a pre-determined short code in the call narrative so the police dispatcher would know they can send community responders. The dispatcher could review the locations of all available community responder teams and call over police radio to assign the call to the closest available team. By carrying police radio, the community responder teams could call for immediate backup if necessary. They would also hear other calls initially assigned to a police unit and can request to take over the call if they had an existing rapport with the individuals involved.

There were two main ways to screen calls for community responders: specific call types or screening questions. For the call types method, call takers identify the call types and screens for red flags and dispatch to community responders. Milwaukee already uses the screening questions method. Milwaukee call takers already screens all incoming calls for urgency, red flags, and danger level for responding officers. According to their assignment classification manual, call takers can record a one letter code for weapons or domestic violence in the call type itself and record notes in the call narrative. In cities with community responder programs, call takers would asked consistent screening questions to ensure responders were not sent to unsafe situations and to provide residents with the most appropriate service provider. Red flag situations (like physical harm, weapons present) would be dispatched to police while

medical emergencies would be dispatched to EMS. Prior to dispatching community responders, Milwaukee's community responder program should assist the dispatch center in developing a simple screening protocol. Screening examples would include questions relating to a need for emergency medical aid, physical altercation or other acts of violence, presence of weapons on scene, and need for filing a police report.

Many of the programs handle very similar calls, although their dispatch systems may use various descriptors. In general, the call types would fit into these general categories: mental or behavioral health, intoxicated persons, homelessness, verbal disputes, noise complaints, and suspicious person. Most programs would handle the first three categories. Each of these categories would contain many specific call types. Other programs also would handle specific call types, such as notifying family members of death and custody exchanges. Not all calls are handled within each type. Every call would be individually screened to ensure it was eligible for a trained community responder.

After analysis of data, the community responder eligible calls for Milwaukee would include: trouble with subject, welfare of citizen, mental observation, suspicious person or vehicle, calls for police, noise nuisance, family trouble, property pickup, animal cruelty, trouble with juvenile, child custody, child neglect, landlord/tenant trouble, fireworks, indecent exposure, suspicious-other, soliciting, and parking trouble. Primary responder skill types for Milwaukee would include conflict resolution (71.9%), mental health (18%), case management (4.7%), substance use (4.1%), and medical (1.3%). The most important skill for responders was conflict resolution. The types of training most important for responders would include: operational training, scenario-based training, mental health, substance use, mediation and restorative justice, and cultural competency. Responders should have operational training in technology, data management systems, record keeping, use of police radio, and other technology operations. Other training for responders should include safe and effective interaction, safety arrival protocols, threat and self-defense instruction, recognition of mental illness, crisis intervention, suicide prevention, stigmas, substance abuse, de-escalation, and conflict resolution. A large portion of the operational training should be allocated towards cultural competency. Responders should be trained to understand marginalized groups including sex workers, autistic individuals, individuals with disorders, biopic, and members of the LGBTQ community.

Existing community responders had a variety of qualifications depending on the jurisdiction. Responder qualifications for existing programs included no mandated credentials (CRESS, MRP), 2 clinicians (CRU, EMCOT), and 1 clinician/1 medical (CAHOOTS, STAR). Community response programs have benefited enormously to having community individuals with lived experiences and peer navigators to work alongside with them.

Milwaukee's calls for service data did not support the idea of installing a community responder team with two responders with formal mental health or medical credentials. 18% of the community responder eligible calls would benefit from a responder with expertise mental health, behavioral health, or substance abuse. Nearly 72% of these calls would benefit from a responder focused on conflict resolution. The majority of the community responder eligible calls would benefit from a responder with conflict resolution, in mediation, experience, rather than behavioral health. As a result of both the need for a diverse group of responders in the frequency of calls related to conflict resolution, LEAP recommend that each responder team include one person with a background in behavioral health response and one person with a background in

conflict resolution and mediation. There should be a diverse pool. LEAP did not recommend Milwaukee limit the hiring pool by requiring higher education or specific credentials. The City can open the hiring pool to community members with lived experience and community social ties.

A community responder program for the City would anticipate that police would handle 74.5% of calls and the community responder team(s) to handle 25.5 % of calls. Milwaukee needed a program that would operate 24/7 like in other cities where community response would be suitable and in demand at all hours of the day. The majority of existing programs have two responders and some have 3 responders. LEAP recommended that each team follow the majority of models and be comprised of two members that would be trained for conflict resolution, mental health, substance use, cultural competency, and other key areas. Having three person teams would increase staffing by 50% without a corresponding large benefit.

The annual operating budgets of existing programs would include \$4.8 million for Portland (PSR), \$4 million for Austin (EMCOT), \$2.1 million for Eugene (CAHOOTS), and \$1.32 million for Rochester (PIC). A Milwaukee program would have an annual operating budget (\$4.98 million) similar to other cities (Portland and Austin) with similar populations. 88.3% would be for responder cost, 10% for manager cost, and 0.6% for office space. The majority of that cost would be to invest in hiring great individuals who would provide responses to the public. The budget could be reduced by half with a reduced model. The program could be launched with a reduced program starting at 50% capacity or 14 teams. A pilot would enable the City to test out the program before expanding it. This could be done by allowing the program to respond to only a few community responder eligible calls. The City should not start a program with only a few shifts. It would make the program be less likely to succeed, be undependable, be ineffective, and in less demand.

For high risk calls too risky for community responders to handle, some programs (CRU, PIC) have a dual response where dispatch sends both a community responder team and the police where they would be on the same police radio channel and talk to each other. Other city programs (STAR, BCRI, ACS, Charlotte) have a co-responder response where dispatch would send separate co-responder teams that paired a clinician and a police officer. Milwaukee should have a co-responder response. The City's CART program already was using a co-responder model to handle mental health crisis calls. Currently, CART primarily handled referrals rather than providing first responses to scenes. CART has already developed specialized training and written protocols to ensure that police and responders were able to work effectively and safely together. CART and community responders would handle different call types. Community responders should be trained to use CART safety arrival protocols when conducting a joint response. The officer should make the initial contact with a subject in ensuring that the scene is safe before community responders would engage.

Members inquired further about costs savings, who would handle transport for volunteer commitments, how a community responder program can fit in with other crisis programs like CART and 414Life, challenges from a 24/7 program operation, who would be responsible for training, and public safety concerns for responders.

Mr. Hilliard and King replied. Millions could be saved for Milwaukee similar to other cities in the long run due to the lower salary and fringe benefit costs for a community responder (\$80,000 to \$90,000 or less) as opposed to a police officer (\$100,000 or more). The savings for Eugene (CAHOOTS) was \$8 million for public safety and \$14

million for ambulance/ER car annually. The savings for Austin (EMCOT) was at \$1.6 million between December 16, 2019 and August 31, 2020 based on 572 calls. The cost savings were not necessarily comparable between Eugene and Austin since the time frames and call amounts for each city were different from each other. Savings vary for each city. Community responder programs would include in their budget to transport volunteer commitments. A community responder program would be another tool for a the City to use. Such a program was not meant to be a solution to everything. There can be collaboration with other City and County programs to work in conjunction with one another. The City should take on the responsibility to train its community responders. Most of the consistent staffing issue for other cities was finding licensed social workers with graduate level degrees. They do not necessary want to provide 24/7 service and would be necessarily good at conflict resolution. The City could look to hire individuals with lived experience and credibility and train them up. Concerning responder safety, there has not really been any issues. Responders have responded to tough situations but have the ability to de-escalate situations. Such has been the case with Mr. King's past professional experience as a child protection investigator.

Member Watson said that through her work across the country, the trend has been to look for people with the right kind of background and demeanor and then get them trained up as opposed to hiring those with high level degrees. Graduate level persons sometimes have to unlearn things. Getting the right people that may not have as many degrees was important. Cities have typically hired individuals with a bachelor's degree.

Member Neubauer said that there was a high demand and shortage of peer specialist, she was a peer specialist, MSW, person in recovery for almost 40 years, a member of the Milwaukee Mental Health Task Force, and that the task force would be having a panel with current care specialist speaking on child welfare and custody issues. The panel would be a great free opportunity to learn firsthand about those care specialists' development to become experts in the field.

Mr. Cain said that MERA's model used a mental health professional as well as community based responder with both part-time. Their clients could solicit services internally within their application. Most of their triaging happens off scene. There was about a 1 to 5 ratio where their responders would actually have to go out to a person. They can communicate internally through text message, videoconferencing, and in-person. He would like to see more cost breakdowns of a community responder program, and he can provide MERA's cost comparisons. MERA operated 24/7. Their responders have successfully responded to 5 emergency incidents this week with one being a co-response with police that dealt with suicide prevention, de-escalation, police being at the side on stand-by only, and connection made to mentorship. Their responses involved no dedicated funding. They have saved money by hiring part-time persons with lived experiences. They had a white label dispatch model that allowed for integration with the police department, EMT, and fire department to see the community responders in the area.

Chair Parish said that a city's community responder program would be unique to that city, that Milwaukee's model would not be a carbon copy of any of the models from other cities, and that the task force should broadly consider whether or not to recommend to the Common Council to establish and fund a community responder program (a pilot) for the City. A pilot program would further identify program elements and other aspects such as training and supplemental costs. The program should be a triage model built into the current dispatch system and be operational 24/7.

Member Spiker said that it was too late to propose a community responder program into the 2023 City budget and questioned funding for a pilot.

Mr. Hilliard added that the DOJ was looking at funding these kinds of programs and that startup money could be found from various different sources.

Chair Parish said that the expectation would be for a pilot program to take some time, work to build a pilot would perhaps start next spring into fall, and full implementation to take multiple years.

Mr. Cain said that there were available crisis program enhancement grants to apply for, much federal and state funding that could be applied for their crisis mobile pilot, that their firm were applying for and fundraising (through Drew and Lauren Holiday, Milwaukee Bucks, Charles Cooley Foundation, United Way) for their own pilot, and that MERA would like to partner with the City to provide community response.

Several members discussed not being ready to make a recommendation for a community responder model and that they wanted to have another meeting for further examination of LEAP's report and for internal task force discussion in order to produce recommendations. Some things to further examine would be implementation and partners for a responder program, revamping/enhancing existing City/County capacity (such as community service officers, non-sworn personnel, Crisis Mobile Teams), and looking at funding opportunities such as applicable County ARPA dollars for a pilot.

Member Lipski moved to hold, seconded by member Waldner, further review and discussion of this item to the next meeting. There was no objection.

6. Discussion or review of task force recommendations and reporting deadline.

Members discussed having better direction towards making recommendations and to extend the task force deadline (via legislation) one more month with member Zamarripa's sponsorship.

7. Next steps.

a. Set next meeting date and time

Next meeting in early December to be determined.

b. Agenda items for the next meeting

Discussion and review of LEAP's community responder model recommendation report and task force recommendations.

8. Adjournment.

Meeting adjourned at 2:45 p.m.

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

Meeting materials for past, present, and future meetings 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