



**Testimony notes: Chapter 51 Legislative Committee
August 31, 2010**

My name is Susan Riseling and I currently serve as an Associate Vice Chancellor and Chief of Police for the University of Wisconsin – Madison. I also serve as the Vice Chair for the Wisconsin Police Executive Group. This group is comprised of the Police Chiefs who serve populations of 20,000 or more in our state.

I'm grateful that this committee is focusing on this issue.

I believe mental illness affects many people's lives profoundly.

Thoughtful work like this provides the community police partnership we need.

I have close to 20 years experience as the Chief of a Police Department that includes the University of Wisconsin Hospital in its jurisdiction. As a result, our officers participate in more Emergency Detentions per officer than any other Police Department in the State. County Mental Health professionals take part in every Emergency Detention decision, so we've been engaged in that practice for many years prior to the statute reflecting this.

It's important to me that I share the national perspective of Law Enforcement and the recommendations of the International Association of Chiefs of Police. The IACP is the world's largest police leadership organization, with 22,000 members in over 100 countries. I had the honor of being one of 100 participants, along with Chief Pettit and Madison Police Department's Chief Wray,

The National Summit began its work with the same acknowledgement to history that we share in this room. A system that kept the mentally ill out of sight, did not provide them freedom had to be replaced. The mentally ill were moved into our communities with a promise that an effective community-based system would be erected to serve their needs.

Justice systems across the country, with law enforcement agencies on the front lines, have increasingly been required to respond to and intervene on behalf of people who are in emotional crisis. Many have been diagnosed with a mental illness. In 2008 BJA estimated the calls for police service involving the mentally ill were 7 % of their work load. BJA reported that a very small number of cases these calls ended tragically in injury or death of officers. In fact most violent people are not mentally ill and most mentally ill are not violent.

Persons with mental illness have been stigmatized by a false association between violence and mental illness. A number of studies also document that persons with mental illness are more likely than those without to come into contact with police as suspected offenders often for minor offenses. As police focus on quality of life issues as we have for the past ten years – intervening at lower level of crime in hopes of preventing more serious crime – the arrest of mentally ill have increased.

Far too many communities the local jail is the primary or only location available for police to bring those who are behaving erratically due to mental illness. Hospital emergency rooms are often ill equipped to appropriately respond to these individuals. Sometimes not

knowing what to do for the person the police will arrest them just to have the person receive some level of care.

There are some programs nationally in particular Memphis Tennessee. In jurisdictions that have implemented CIT, it is a centralized 40 hour training program for law enforcement that includes information on how to deal with those with mental illness when in crisis.

Law Enforcement Co-Responder Teams – Initially developed in Los Angeles this approach pairs trained officers with mental health professionals that provide response especially when ERT or SWAT teams are deployed.

Part of the solution is a legislative framework that supports the best community-based mental health partnerships that we can develop on our own or by learning from other places.

We recommend the following:

- I urge you to develop behavioral health legislation that can be integrated with the federal health care reforms being developed by Congress.” So that we have the local response, county, state and then Federal built one on top of the other.
- Wisconsin DOJ with input from relevant stakeholders should create and distribute a model policy on police response to children, youth and adults with mental illness to reflect the current consensus on best practices.”
- All of us should develop recommendations to Congress and regulatory authorities, possibly including revisions of HIPAA rules, which will facilitate sharing information about persons with mental illness in crisis situations.” We often get into silos and don’t share.
- DOJ should work with Wisconsin Law Enforcement Accreditation to establish a model curriculum that law enforcement agencies can use in implementing, expanding or maintaining programs. For how law enforcement should handle calls involving the mentally ill.
- “In order to keep persons with mental illness from unnecessary involvement with the justice system, mental health treatment and supportive services should be organized around programs and strategies that have been proven effective.”
- “School personnel, including administrators, teachers, counselors and school resource officers, should be trained and supported in identifying children and youth at risk
- of an emotional or mental health crisis and referring them and their families to appropriate mental health treatment and other services before they are actually in crisis.”
- “Local advisory group members should collaborate to develop educational materials and strategies to inform consumers, families and community members about mental health issues and to engage them in efforts to ensure that there is a full range of services and
- supports available to people with mental illness.”

- “Law enforcement agencies should carefully review their training curricula to ensure that they collectively cover all topics necessary to prepare officers to respond to and communicate effectively with persons with serious mental illness who are in crisis.”
- “Cross-training opportunities for mental health professionals and other stakeholders should be incorporated into law enforcement agencies’ (CIT) training curricula.”
- “Law enforcement leaders should ensure that emergency service dispatchers receive specialized training to familiarize them with local guidelines regarding the appropriate crisis resource to which each type of call for service involving a mental health crisis should be referred especially if the call is not criminal in nature. Dispatchers should explore what is the “strange” behavior they are dispatching a response toward. Is it surveillance as in terrorism or is it criminal or just “strange” and would it be better to send others to deal with it beside the police.
- “Law enforcement agencies should convene periodic after action reviews for all responders to calls for service involving persons with mental illness to identify successful approaches and learn from any missteps or oversights that might have occurred.”
- “Law enforcement leaders support the development of a range of post-arrest diversion options that can help to break the cycle of recidivism in which too many persons with mental illness become enmeshed.”
- Communities should be encouraged to invest in providing the supportive resources necessary to ensure that persons with mental illness are reintegrated into the community in a manner that respects their dignity and assists them to become and remain stable and law-abiding

All in all, there were over three dozen Summit recommendations. The Summit report can be found online at the IACP’s web site.

It is clear that Law Enforcement wants to be a part of this discussion and we are working in many ways to partner with the community regarding Behavioral Health.

Thanks very much for inviting me today. I hope that IACP’s national law enforcement perspective lends to the discussion about the best way to continue to improve our own Chapter 51 provisions here in Wisconsin. As I said when I began, I know this is important work and I appreciate the opportunity to testify.