Waukesha County
Criminal Justice Collaborating Council
Evidence-Based Decision Making Mental Health Workgroup
Thursday, June 9, 2016

Team Members Present:

Menomonee Falls Police Chief Anna Ruzinski (Co-Chair)	HHS Director Antwayne Robertson (Co-Chair)
Attorney Maura McMahon	Captain Dan Baumann
Outpatient Services Admin Gordon Owley	Inspector James Gumm
NAMI Executive Director Mary Madden	Assistant Corporation Counsel Robert Mueller

Team Members Absent:

Andrew Hayes of Community Memorial Hospital	Honorable Kathryn Foster
DOC Regional Chief Sally Tess	

Others Present: Joan Sternweis, Rebecca Luczaj, Janelle McClain

Robertson called the meeting to order at 12:40 p.m.

Discuss 6/8 Presentation to Police Chiefs Association on Mobile Crisis Assessment

Robertson received feedback that it was a positive, lively discussion with valid points brought up by law enforcement. Both sides are committed to making this happen.

Ruzinski commented that Senator Darling's office interprets Act 55 as that there is no problem with having phone assessments verses face-to-face assessments. Sen. Darling's office will have DHS send out a communication to counties clarifying this.

The workgroup discussed the benefits of face-to-face contact verses phone contact. While phone contact can move things along quicker, there are elements that are lost that way.

Mueller commented that there will be a growing pains period; however, as the mobile crisis staff become more acclimated to their roles and learn how to get to various locations within the county, the process will become more efficient. Ruzinski stated that the greater efficiency is already showing.

Ruzinski stated that law enforcement's first priority is to do what is best for the people they are serving – not just to move things along.

Owley added that he understands doing phone contacts during 3rd shift is not ideal, but expects face-to-face contacts to continue for 1st and 2nd shifts.

Mueller will be doing a presentation on Friday with various hospital staff regarding Emergency Detentions and the new law.

Dr. Rutherford has already informed the HHS physician staff that if they are taking a call from the Mobile Crisis team, because the team is already trained appropriately, the physician should listen and ask only pertinent questions.

Mueller stated that some locations are hesitant to take on a voluntary admission in case the person later becomes involuntary.

If the mobile crisis workers have to ED someone, while the MHC is the default, it is not the only facility where they can be taken. If the client is willing to receive voluntary treatment, they should be able to go anywhere they will be accepted, although the MHC will be offered as an option.

Medical Clearance
The workgroup discussed medical clearances, and the time required to do them.

Part of the reason that medical clearances may take a long time is because the hospital is required to follow certain care standards. The first round of lab tests come back, and the doctor may need more information. The doctor is looking to see if there are other issues that look like a mental health issue but are not, such as a UTI or a stroke.

Another issue is when a client is taken into the ER, and then the ER has a more critical situation come in, such as a car accident. Since the ER is not "first come, first served," the client may need to wait even longer.

Mueller suggested reviewing the medical clearance procedure step-by-step, and evaluate where there are potential inefficiencies, and then address those.

Review and Discuss Workgroup Draft Work Plans
Change Strategy #1: Implement Mobile Crisis Assessment by July 1, 2016
Owley reviewed Change Strategy #1.

The workgroup discussed collecting additional data and information regarding staffing needs.

The medical clearance discussion will be added as Outcome 2 in the Work Plan.

Change Strategy #2: Increase Crisis Intervention Team (CIT) Training for Law Enforcement
Madden reviewed Change Strategy #2.

The workgroup discussed the need for other organizations to collaborate with the CIT training.

Funding is already in place for Outcome 1, Activity 2.

Owley has a few speakers he could recommend to Madden for the CIT training.

Brookfield has been getting calls and getting pressure asking why they aren't participating in the CIT training.

For Outcome 2, Activity 1 will be eliminated, and the rest will be moved to Change Strategy #1's Work Plan because it is redundant.

Regarding Outcome #3, Madden stated that there needs to be a county-wide collaboration. Also, this outcome should include procedures, not just policies.

Change Strategy #3: Explore the Creation of a Respite Care Facility in Waukesha County
Ruzinski reviewed the Work Plan, commenting that this will be a lengthier process. Also, there is a need to get others from the county involved on this particular subgroup – since it will benefit more than just HHS.

The workgroup discussed rephrasing "Respite Care Facility" to something along the lines of "Stabilization House." Gordon commented that there are Medicare rules that specify the terminology that can be used for certain billable services.

Sternweis will work on Outcome #1 of the Work Plan to review at the next meeting.

Change Strategy #4: Improve Jail Release/Discharge Planning Process for Mentally Ill Offenders
Will discuss this at next meeting.

Discuss Next Steps
The next meeting will be July 23, 2016, at 12:30 p.m., Room G55.

Discuss at the next meeting:

- Work plans for Change Strategies #3 and #4
- Review the emergency detention medical clearance process and identify any inefficiencies

Meeting adjourned at 2:12p.m.