



Waukesha County  
Criminal Justice Collaborating Council  
Evidence-Based Decision Making Mental Health Workgroup Minutes  
Thursday, October 20, 2016

**Team Members Present:**

HHS Director Antwayne Robertson (Co-Chair)  
Outpatient Services Admin Gordon Owley  
DOC Regional Chief Sally Tess  
Honorable Kathryn Foster

NAMI Executive Director Mary Madden  
Captain Dan Baumann  
Assistant Corporation Counsel Robert Mueller

**Team Members Absent:**

Inspector James Gumm  
Attorney Maura McMahan

Menomonee Falls Police Chief Anna Ruzinski (Co-Chair)

**Others Present:** Officer Kyle Bergner, Rebecca Luczaj, Janelle McClain, Dr. James Rutherford, Laura Sette, Joan Sternweis

Robertson called the meeting to order at 12:36 p.m.

**Approve Minutes from September 22, 2016**

Motion: Baumann moved, second by Tess, to approve the minutes from September 22, 2016. Motion passed unanimously.

**Review Outcomes of 9/22 Meeting with Emergency Room (ER) Physicians & Discuss Plan for Future Meetings of This Group**

Sternweis updated the workgroup on the previous discussion about the electronic medical record and the possibility of getting privileges for read-only access to Epic. Waukesha Memorial Hospital (WMH) said that while they are very interested and motivated to have the capability, the portal is still being developed with Epic.

Discharge planning software is also currently being developed that would minimize delays resulting from current faxing methods.

Health and Human Services (HHS) Clinical Services Division management have also looked at WISHIN (WI Statewide Health Information Network), which is a large patient-specific medical system set up with multiple interfaces. A note will auto post when sent from a participating hospital. If the note is for our patient, we could view the information. The system costs approximately \$30,000 initially, plus a \$12,000/year annual subscription. HHS would need to post their EHR information as well, as a requirement to receive information is to send information as well. HHS would have to work with Corporation Counsel. The patient would be automatically in the system – they would have to say they want to opt out. Milwaukee County has adopted this system, and they use the same Netsmart provider we currently have.

WISHIN has a state contract and works under HIPAA HITECH, which is clear about mental health disclosure of information, but not AODA disclosures. Mueller stated that generally, 51.30, which deals with the disclosure of health care information, is more restrictive, but there are exceptions.

It remains to be seen which system would be more efficient – Epic or WISHIN.

HHS would prefer on-call doctors to have access to the system (Epic, WISHIN, etc.) on their tablets so that they have remote access off-site.

Currently, WMH sends faxes to the Mental Health Center (MHC) via a server. This can cause a delay. Scanning would violate regulations. WISHIN has a direct messaging system and the security standards in place to be HIPAA HITECH compliant.

Rutherford reported that the hospitals and MHC have implemented the process of initiating the doctor-to-doctor consultation while waiting for the drug screen results, unless there is a good reason to wait for the results. The goal is to keep the time between receiving the fax and conducting the doctor-to-doctor consultation within 30 minutes or less. The first week of tracking was an average of 20 minutes. The second week, an average of 40 minutes. The third week, an average of 22 minutes.

The blood and urine specimens are collected at the same time. The ER is required to perform urine testing. Some of the tests are quantitative, while others are qualitative. The urine tests are more involved and can take 90 minutes to get the results. The blood and urine tests are mutually exclusive, each looking for different substances.

Luczaj said that the doctors indicated they would like to meet on a regular basis. Jeff Lewis will include them with an existing quarterly meeting he has with other hospital staff.

#### **Update & Discussion on Mobile Crisis Assessment**

Owley distributed and reviewed the WCDHHS crisis numbers for March through September, 2016. Due to staffing complications, we do not yet have live coverage on Fridays and Saturdays from midnight to 8am. Each of the calls to the location takes about 3 hours, including paperwork. The numbers we are seeing show that those who are being emergency detained, need to be. Mueller commented that even though there are fewer EDs, more cases are being taken to court. By not detaining those who do not have to be detained, there is a positive impact on hospitals, patients, law enforcement, and Corporation Counsel. Cost savings vary depending on the situation, such as if a patient is voluntary/involuntary, or has to be diverted to Winnebago, etc.

Baumann expressed a concern about officers needing to make a court appearance when someone is ED'd. This leads to budgetary concerns for the department because the union contract dictates 3 hours of OT be paid for court appearances, no matter how long they go. If the court appearance is cancelled within 24 hours, one hour of OT is still given. In addition, some 2<sup>nd</sup> and 3<sup>rd</sup> shift officers have to make personal accommodations, such as finding childcare, in order to attend the court hearing. Mueller responded that law enforcement is the primary fact-gatherer and still has to do the detention. In addition, a police report cannot be submitted at a preliminary hearing; only a first person account is allowable. In order to have the officer appear via telephone, the defense lawyer has to ask for it. If the officer appears via telephone, they are not paid for the time of the call, which is an average of 10-15 minutes long in a preliminary hearing.

Foster left at 1:31 p.m.

Rutherford expressed concern that if the hospital staff are trying to get the patient out the night before the court appearance, people may be getting cleared that should not be. In addition, there is no opportunity then to meet with the patients. Other states have 96-hour holds, versus Wisconsin's 72-hour hold. The extra time

could result in a better evaluation. Mueller commented that some would be concerned that all emergency detentions would then take the full 96-hours to complete. In the past, the clock started when the patient was admitted into the facility. Now, the clock starts when the patient is in police custody. This issue could be given to the state EBDM team to review.

Luczaj will submit the issues of law enforcement needing to be present at preliminary hearings, and about the 72/96-hour holds to the state when she submits her monthly EBDM report.

Robertson would like to have regular data reports from partners on the workgroup.

**Discuss Next Steps**

Motion: Tess moved, second by Baumann, to adjourn the meeting. Motion passed unanimously. The meeting adjourned at 1:33 p.m.