



**Waukesha County Criminal Justice Collaborating Council
Mental Health Committee Minutes
Monday, July 30, 2018**

Team Members Present:

| | | |
|------------------------------------|-------------------------------|----------------------|
| Anna Ruzinski (Co-Chair) | Antwayne Robertson (Co-Chair) | Mary Madden |
| Robert Mueller | Maura McMahan | Dr. James Rutherford |
| Danielle Birdeau (proxy for Owley) | | |

Team Members Absent:

| | | |
|--------------|------------|------------------|
| Andy Dresang | Laura Lau | Dr. Gordon Owley |
| James Gumm | Sally Tess | Dan Baumann |

Others Present: Rebecca Luczaj, Janelle McClain, Denise Abernethy (Wheaton Franciscan), Sherry Berg (ProHealth), Kristin Cantillon (Elmbrook), Jenna Jahnz (Froedtert), Alan Johnson (ProHealth), Michelle Lambert-Webb (Froedtert), Jeff Lewis (WCMHC), Mary Mattila (Froedtert), Barb Jones (Froedtert), Sue Schoenbeck (Froedtert)

Robertson called the meeting to order at 1:05 p.m. The meeting began with introductions amongst the committee members and guests present.

Review and Discuss Recent Crisis Services Statistics

Birdeau distributed and reviewed a document titled "Waukesha County DHHS Clinical Crisis 3 Month Rolling Call Statistics Summary."

McMahon and Rutherford arrived at 1:10 p.m. Mueller arrived at 1:15 p.m.

In response to a question about what defines a dismissal, Birdeau responded that there are two reasons emergency detentions may be dismissed: either the patient agrees to cooperate voluntarily or the assessing psychiatrist feels that the immediate danger has passed. Mueller stated that once probable cause is found by law enforcement, the power to dismiss an emergency detention (ED) could only be handled by the courts. Mueller stated that the Chapter 51 statute has separate rules for Milwaukee County due to its size.

Birdeau explained that when crisis staff complete an assessment, the goal is for the least restrictive intervention possible. This could be a safety plan, voluntary hospitalization, or ED. In the case of an ED, the Mental Health Center (MHC) determines where the hospitalization will be if they cannot take the patient for some reason. The crisis worker does not determine placement; they leave a form that will have a box checked to contact the MHC. In voluntary situations, placement is often dependent on insurance and choice of the patient.

Approve Minutes from April 23, 2018

Motion: Robertson moved, second by Mueller, to approve the minutes from the April 23, 2018 meeting. Motion passed unanimously.

Follow-Up from May 23, 2018 Meeting

Rutherford stated that the purpose for the meeting with Winnebago and the other ER providers was to review which labs the MHC requires. The group also discussed patients who have a BAC, and Winnebago staff reminded the group that they do not provide alcohol detoxification services. The group is still waiting on Winnebago to provide their medical clearance checklist.

Winnebago has developed a list of facilities in Wisconsin that will take geriatric patients. Winnebago does not accept geriatric patients; they usually refer to Mendota, but would prefer that Waukesha County and other agencies refer directly to the facilities on the list. This is a new process, as Winnebago used to handle this triaging.

Birdeau stated a Waukesha County steering committee was developed utilizing a grant to address needs of elderly patients with dementia. The committee meets monthly, and summits are held quarterly; however, the meetings have been inconsistent recently. The New Berlin Police Department has been consistently attending, but the group is lacking medical representation. McMahon and Abernethy stated that their organizations (State Public Defender and Elmbrook Hospital, respectively) would like to attend.

Madden added that NAMI is looking at adding the handling of geriatric psychiatric patients to the Crisis Intervention Team (CIT) training agenda.

Mueller tried, but was unsuccessful in getting the law changed for geriatric patients. Unless the patient is emergency detained, the law is limited. Law enforcement will often file these cases as EDs, since a conversion cannot happen from a Chapter 55 to a Chapter 51. Mueller stated that we need to figure out how to treat patients where they are by bringing the treatment to them. There are regulations that detail the process for removing a patient from a facility. Abernethy added that, medically speaking, patients are presenting with Delirium, so they need to be treated in the emergency room, and sent home because they do not have a psychiatric issue. McMahon added that geriatric patients need to be kept out of the jail as well. Mueller stated that there is a need for an intermediate facility that is kept unlocked, but is still monitored.

If anyone has any suggested legislative changes, they should send them to Ruzinski, who will be meeting with Senator Darling in August, as Senator Darling wants to start a state committee on mental health.

Rutherford stated that we need clarification on admission facility protocols. Winnebago is not on WISHIN, so records do not transfer easily. Rutherford shared that due to the limitations with Epic, the process remains faster to obtain records via fax. Ruzinski will follow up with Dresang on getting the MHC access to Care Everywhere.

The other topics of discussion from the meeting included: streamlining processes, admitting facility protocol consistency, and improving communication between facilities.

Follow-Up on Standing Court Order for After-Hours Blood Draws and Urine Collection

Mueller reported that he followed up with Sheboygan County, and they do not have a standing order for blood and urine collection on a Chapter 51 patient against their will because there is no legal basis it; there must be exigent circumstances to do so. If the hospitals are having difficulty obtaining blood/urine collection from the patient, they may explain to the patient that the longer the patient refuses, the longer and slower the process will be.

Other Items for Discussion

Abernethy stated that she met with the Brookfield Police Department and it went well. She has seen an improvement with them waiting for crisis to arrive before leaving a patient at the hospital.

Mueller stated that, in Waukesha County, the Sheriff's Department and Waukesha Police Department handle 2/3 of ED patients. He is looking at options to monitor patients more efficiently at the hospital without using law enforcement resources (such as deputizing a retired law enforcement officer). Menomonee Falls Police Department does not stay with the patient at Community Memorial Hospital. Mueller stated that the Sheriff's Department feels they need to stay with the patient for liability reasons, which is why other options are being explored, such as having municipal police departments pay a portion of the cost to have someone cover at the hospital.

The group discussed another issue, which is that Milwaukee County has been bringing patients to Waukesha County hospitals under an emergency detention, and then the patient sits at the hospital. This occurs every couple of months. Ruzinski will reach out to law enforcement in Milwaukee County because once the patient is medically cleared, they have 24 hours to be assessed. She will report out on the results of this contact at the next meeting.

Discuss Agenda Items for Next Meeting

The next quarterly meeting will be held on October 17 at 12:30 p.m. at Waukesha Memorial Hospital. Johnson will coordinate with McClain on the exact location.

Adjourn

The meeting adjourned at 2:27 p.m.