



Waukesha County
Criminal Justice Collaborating Council
Evidence-Based Decision Making Mental Health Workgroup Minutes
Friday, September 29, 2017

Team Members Present:

Antwayne Robertson (Co-Chair)
Dr. James Rutherford
Hon. Kathryn Foster

James Gumm
Mary Madden
Andy Dresang

Dan Baumann
Dr. Gordon Owley

Team Members Absent:

Anna Ruzinski (Co-Chair)
Sally Tess

Maura McMahon
Robert Mueller

Laura Lau

Others Present: Rebecca Luczaj, Janelle McClain

Robertson called the meeting to order at 12:06 p.m.

Update on the Waukesha County Community Health Improvement Plan Process (CHIPP)

Dresang reviewed the recent press release regarding the CHIPP.

Foster arrived at 12:05p.m. Rutherford arrived at 12:08 p.m.

The three priorities that the CHIPP is going to focus on for their 5-year (2017-2021) strategic plan are opiates, mental health, and nutrition and physical activity. On October 17, they will be meeting with speaker/facilitator Liz Weaver, to receive training on collective impact. There is a general session in the morning, open to a variety of groups and coalitions, and an afternoon session where groups were able to pay an additional charge to have an individual session with Liz. The CHIPP Steering Committee will be meeting with her in the afternoon.

The next steps for the CHIPP will be to create focus groups around the priority areas, which will meet regularly. Dresang stated that the CHIPP is going to be cognizant about not duplicating tasks of already existing workgroups/committees, such as the Heroin Task Force. They will be looking for individuals to co-chair these focus groups.

Baumann arrived at 12:09 p.m.

Approve Minutes from July 13, 2017

Motion: Owley moved, second by Baumann, to approve the minutes from July 13, 2017. Motion carried unanimously.

Review and Discuss Workgroup's Data/Outcomes "Dashboard"

Luczaj distributed and reviewed the document titled "Mental Health Workgroup Dashboard."

The group agreed on the following changes:

- Madden will review the CIT training statistics for 2014, as these may be inaccurate
- Add page numbers

- Add emergency detention data to the Clinical Risk Assessments charts

Future changes as the information becomes available include:

- Ability to compare data from the current time frame to the previous years' time frame
- Track the time that law enforcement spends on crisis calls

Madden & Gumm left at 12:45 p.m.

Review and Discuss Recent Crisis Services Statistics

Owley distributed and reviewed documents titled, "Clinical Crisis 3-Month Rolling Call Statistics Summary," "Clinical Crisis Call Distribution," and "August 2017 Emergency Detention Statistics."

Owley will look into how those who do not contest commitments are categorized in the statistics, as the group questioned the accuracy of some of the statistics pertaining to holds/commitments from the Mental Health Center.

The workgroup shared frustrations they have due to legislative restrictions regarding the handling of crisis calls. Robertson stated that with proper funding, more crisis staff can be hired, but it is difficult to determine the right amount of staff needed since the volume of calls can vary so much from day to day.

Update on 7/13 Quarterly Meeting with ER Doctors

Rutherford reported that Winnebago staff reviewed their admission processes and procedures. Winnebago staff emailed, and we distributed at the meeting, the information that they need from the referring facility when considering an admission. Rutherford is not clear if it has been updated/implemented at the Mental Health Center yet.

Robertson reported that DHHS has been approved for Epic read-only access, but were #301 on the list for implementation. He spoke to a contact who was hoping to get DHHS "bumped up" on the list. The next step will be training for the staff who will have access to Epic.

Discuss Agenda Items for Next Meeting

We will review the medical clearance map that the workgroup has already created, and add process steps for the ERs/Winnebago so it will be more complete.

Foster expressed a concern that the medical community may not be suggesting substance abuse treatment options as often as would be ideal after they have treated overdose patients. Owley responded that there is the Outreach Coordinator, brought on as a part of the PDO grant, who contacts individuals who have overdosed in order to connect them to treatment; however, ideally we would want someone with the patient at the point of discharge from the hospital to discuss what treatment services are available. This can be brought up at the next meeting with the doctors during the discussion on their discharge processes.

Adjourn

The meeting adjourned at 1:34 p.m.