



Waukesha County
Criminal Justice Collaborating Council
Evidence-Based Decision Making Mental Health Workgroup
Thursday, March 17, 2016

Team Members Present:

Menomonee Falls Police Chief Anna Ruzinski (Co-Chair)	HHS Director Antwayne Robertson (Co-Chair)
Inspector James Gumm	Captain Dan Baumann
Outpatient Services Admin Gordon Owley	Andrew Hayes of Community Memorial Hospital
NAMI Executive Director Mary Madden	Honorable Kathryn Foster
DOC Regional Chief Sally Tess	

Team Members Absent:

Assistant Corporation Counsel Robert Mueller	Attorney Maura McMahan
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Others Present: Rebecca Luczaj, Laura Sette, Joan Sternweis, Shannon Stydahar, Janelle McClain

The meeting was called to order at 12:40 p.m.

Approve Minutes from March 3, 2016

Sternweis stated that under the "Mobile Crisis Team" section of the minutes, the law does not mandate having a 24/7 Crisis team. The law mandates that a crisis assessment be able to be administered 24/7, but how that process is implemented is up to each county.

MOTION: Tess moved, Baumann second, to approve the minutes, as amended, from March 3, 2016. Motion carried unanimously.

Overview of Department of Corrections' Challenges Supervising Offenders with Mental Illness

Stydahar supervises anyone found not guilty by mental disease or defect that is on community supervision within the county, which includes patients who have been released from Mendota, Winnebago, or coming right from the jail, and who are on an NGI Commitment. They are DHS patients, not DOC offenders, so DOC works with DHS to coordinate services. Waukesha County works with WCS as a case management partner. The case manager's responsibility is to make sure mental health needs are being met. DHS has another program that provides NGI conditional release case management supervision for those not under an NGI commitment.

In order to make appointments with WCDHHS, the client has to physically be in the county. An intake can be scheduled out 45-90 days. The DOC resource center will give out meds, but without being able to obtain a release date of when the client can be seen by a doctor, the medication may not last. Currently, the challenge at HHS is not having the psychiatry resources to meet the demand. It is also the policy of the outpatient clinic to not allow anyone but the client or legal guardian to make appointments.

In some cases, benefits can be set up before the client is released; however, some case managers are being told that, until they know specifically what type of insurance is going to be given, an appointment cannot be set up.

If a client has a commitment with the state and county, and then becomes unstable, the preference is that the client be admitted into the Mental Health Center, instead of the jail. While the jail has reviewed

the possibility of having more mental health professionals come into the facility, there is still a strain on jail resources.

Clients may feel added anxiety due to having so many people involved in their cases. The clients have difficulty knowing whom to go to for various issues. However, there are meetings with all of the entities to discuss the cases.

Clients are confused by the insurance process. Some are getting kicked off of the insurance for no apparent reason, or plans are being changed without the knowledge or understanding of the client, so resources are spent trying to find out what happened. There are local navigators to help clients with understanding their insurance, however many are either available only at certain times, or the navigators do not have expertise in dealing with clients with more overt mental health symptoms. When a client receives social security for mental illness, there is up to a 2-year waiting period to get insurance, so the client has to get BadgerCare or go through the marketplace in the meantime. The county's ADRC staff have been sending these clients to NAMI for assistance. Robertson, Madden, Owley, and Joan Sternweis will investigate further about why this is happening.

Insurance issues also come up when a person has insurance, but the provider or medications needed are not covered by that insurance. Oftentimes, clients do not have a choice of what insurance they get, or are not able to find out what insurance they will have before they officially have it. That can be because of the limits that HMO insurance companies have with the number of clients they will take.

If a client is able to be seen at a private provider, it is preferred to send the client there before sending them to a county provider.

Madden commented that the process to expedite the SSI program, utilizing SOAR, can be started 3 months before release. There is still a wait time for the health insurance though. Generally speaking, those that were on benefits before going into jail can get back on them much quicker after released. The DOC and DOES program also are available to help people apply for social security benefits.

By the end of this year, HHS hopes to implement a new same-day/open-access model of care that will help ease access to psychiatry appointments and obtaining prescription medications.

Discuss Implementation Plan for Upcoming Change in Crisis Evaluation Procedures

The change in crisis evaluation procedures is due to DHS Rule 34. Crisis assessments must be able to be conducted 24/7, preferably face-to-face. As of Monday, March 14, HHS has mobile crisis coverage from 8am-Midnight, Monday through Friday, with weekend and holiday coverage remaining from Noon-8pm. By mid-May, HHS expects to have full 1st and 2nd shift, weekend, and holiday coverage. 3rd shift coverage is still being reviewed. Mental Health Center charge nurses have handled it in the past. Work rules may need to be changed to accommodate the weekend shift by either shifting current schedules or utilizing LTEs. HHS is hoping to have some leeway to continue to utilize the charge nurses until a specific protocol is created that consists of an evaluation and risk assessment.

Mueller will be conducting training with law enforcement personnel. The changes in the outpatient clinic (admissions process and same-day access) are helping everything come together as seamlessly as possible, and will change how mental health efforts are focused.

For the last 2 years, HHS has been conducting 24/7 crisis evaluations for youth (up to age 22 in the state's terms). 200-215 youth a year were being detained. This has been reduced by over 50%. Police and school staff are starting to call HHS staff stating that a situation may not be an ED, but that they need help with the situation. Owley assumes that this will be happening with adults as well, once they begin 24/7 crisis evaluation in July, 2016. 24/7 crisis evaluation with adults will add approximately 1,200 evaluations/year. Gumm requested to be included in discussions when HHS implements procedures that are going to impact law enforcement.

From an emergency room standpoint, as soon as the staff determine that they cannot let someone leave the premises, the police are called. The goal is to ensure that those calls are not going to law enforcement who do not have the appropriate training.

Madden informed the committee that on April 5th from 11:30am-1pm, there will be a CIT Community Collaborative meeting. It will provide a venue to discuss gaps in services and come to a common community philosophy on how to handle the issues.

Mapping when the majority of EDs occur is not easy, as the ED happens when the officer takes someone into custody. If the ED is mapped based on the time the initial call is made, that will not be as accurate either because the call may be put in with one code, but not stay that way later when the situation changes once officers are with the individual.

Hayes commented that Calm Harbor and Washington County would be willing to come to Waukesha County or host for committee members to visit there and see how things are run.

Sternweis stated that there are many rules that govern how various counties handle these crisis situations. The only uniformity is that each county's Corporation Counsel decides what the rules are.

Continue to Discuss Workgroup Change Targets and Data Availability

Madden distributed a list showing how many officers, by department, have been trained in CIT. There have been 245 officers trained since December, 2010, with the majority from Menomonee Falls (58 officers), Sheriff's Department (48 officers), and the Waukesha PD (38 officers).

Madden understands that some areas are measuring how the training is helping. Ruzinski commented that when she was with the Milwaukee Police Department, she put a card together for CIT-trained officers to fill out when they did an ED to gather information. This created an opportunity to share the information with other agencies, such as NAMI. The card also provided proof that officers did not get into a combative situation, no one was injured, EDs were valid (resulting in 30 days of an inpatient stay, versus a 72-hour hold), and less repeat offenders. Baumann added that since CIT training was implemented, he has noticed the number of EDs has stayed the same for the Waukesha Police Department, but the call volume has increased, bringing the overall percentage down.

NAMI is putting together a community conversation on suicide, to be held May 16th at 3:30pm. From 2010-2014, there were 245 suicides in Waukesha County, which is more than opiate deaths. Madden attended a recent presentation on suicide trends and received a lot of data that she will send to Luczaj to distribute to the workgroup.

Discuss Next Steps – All

The workgroup change strategy will be finalized at the next meeting.

Tess will bring DOC data on the number of inmates released from WI prisons with mental health needs to the next meeting.

The next meeting will be March 31, 2016 at 12:30 p.m., Room G55.

Motion: Tess moved, Madden second, to adjourn the meeting at 2:07 p.m. Motion carried unanimously.