



Waukesha County  
Criminal Justice Collaborating Council  
Evidence-Based Decision Making Mental Health Workgroup  
Thursday, July 14, 2016

**Team Members Present:**

Menomonee Falls Police Chief Anna Ruzinski (Co-Chair)	HHS Director Antwayne Robertson (Co-Chair)
Attorney Maura McMahon	Inspector James Gumm
Outpatient Services Admin Gordon Owley	Assistant Corporation Counsel Robert Mueller
NAMI Executive Director Mary Madden	Andrew Hayes of Community Memorial Hospital
DOC Regional Chief Sally Tess	

**Team Members Absent:**

Honorable Kathryn Foster	Captain Dan Baumann
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**Others Present:** Joan Sternweis, Dr. James Rutherford, Rebecca Luczaj, Alison Ries, Sgt. Kyle Bergner (for Dan Baumann).

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

**Approve Minutes from June 23, 2016**

Motion: Tess moved, second by Owley, to approve the minutes from June 23, 2016. Motion passed unanimously.

**Review & Discuss Draft Work Plans**

Change Strategy #3: Explore the Creation of a Respite Care Facility in Waukesha County

Discussion was held regarding funding of a respite facility and the likelihood of gaining funding from the county. Robertson stated that at this point extra funding is not available through the county; therefore, the workgroup will need to be aggressive in applying for grants, partnering regionally with neighboring counties, and seeking other entities within the community that may be willing to fund a respite facility. Sternweis stated that if there was another opportunity where the state offers a peer run respite grant, the county should be in a position to apply for the grant. Madden added that most grants are for a 3-5 year period. At the end of the grant period, the issue then becomes the availability for renewal of the grant. Madden stated it is important to be wary of sustainability of a respite program after grant funding in an effort to ensure continuity of the program. Gumm believes law enforcement would support the work plan should funding become available.

Discussion was held on what the actual cost savings of having a respite facility would be and how that would affect the county's bottom line budget. Referral to a respite facility would avoid incurring unreimbursed ED costs and eliminate unpaid client bills, but does not necessarily affect the county's tax levy.

The workgroup agreed to change verbiage of Activity 3 in Outcome 1 to: *Gain financial support from the county, in general, for grant opportunities.*

Discussion was held regarding the barriers of employing additional peer specialists. Madden stated one barrier is the availability of a certified peer specialist training program. Currently, a training program will not

be available until sometime in 2017. Madden stated peer specialist wages are another barrier because of the discrepancies in what other counties pay peer specialists versus what Waukesha County pays. Neighboring counties pay peer specialists \$14-\$16 per hour. Waukesha County's median peer specialist wage is \$10-\$12 per hour. Many peer specialists in Waukesha County are receiving social security/disability and higher wages could negatively affect their benefits, so they prefer lower wages. On the other hand, low wages for peer specialists could deter qualified people from applying. In response to Gumm's question, Madden stated currently the only employers for peer specialists are Lutheran Social Services (LSS), NAMI and Homes for Independent Living (HIL). Madden suggested adding an activity to Outcome 2 that would state: *Increase organizations that employ certified peer specialists.*

Robertson stated the need to initiate conversation with entities that may want to be on board with funding (MacArthur Foundation, hospitals, neighboring counties, etc.) is urgent. He suggested a future meeting with all healthcare providers within the county. Robertson feels within 5 years some form of respite facility will be in place for Waukesha County.

Next step: The workgroup agreed the next step is to form a committee to research various housing models and best practices for crisis respite. Madden suggested making it an item on the next Mental Health Advisory Committee agenda.

#### Change Strategy #4: Improve Jail Release/Discharge Planning Process for Mentally Ill Offenders

Tess stated that a jail discharge planning process is necessary in an effort to avoid homelessness, re-entry to jail, re-admission to a hospital, and untreated mental health or medical issues. A full-time discharge planner at the jail would be ideal. Gumm stated there is no longer a social worker at the jail to do discharge planning. Tess reported that currently, the jail has a list of community agencies to use as resources for individuals when they are released from jail, but it needs to be updated.

McMahon stated that due to the unavailability of bed space at Mendota Mental Health and Winnebago Mental Health, many individuals remain in jail simply because they are waiting for a bed at one of these facilities. Gumm will provide statistical information on how long individuals remain in jail while waiting for a mental health bed. Sternweis reported that the state keeps statistics on this as well.

Discussion was held regarding protected health information (PHI) and confidentiality as a barrier. McMahon stated that it is important that law enforcement, attorneys, NAMI, etc. are aware of certain health information in an effort to effectively provide necessary services. Madden stated the information needed is not necessarily PHI, but primarily just information about what the client needs at the time of discharge.

Gumm reported the Sheriff's Department is holding an in-house training on how to be appropriately articulate when calling the MHC in an effort to improve communication, especially during a crisis. Madden reported that Laurie Kohler is also holding a training for her crisis workers on what constitutes an emergency detention, how to better communicate with law enforcement during a crisis, etc.

#### **Continue Review of Emergency Detention Medical Clearance Process**

Luczaj distributed a handout titled "*Emergency Detention Medical Clearance Process.*" The handout described a mapping process of how long it takes a client to be medically cleared from the emergency room to admission to mental health. Responding to Gumm's question, Rutherford stated that the location of the fax machine at the MHC remains a barrier in the process. Gumm questioned if there was any way to alert nurses when a fax comes in if there is no one near the fax machine. Sternweis reported that current procedure is for the ER to call the MHC and let them know a fax is coming. However, that does not always happen. Gumm

suggested the MHC use a white board as a reminder when a client is under observation in the ER and waiting to be transferred to them.

Rutherford stated it would be beneficial to discuss the process with the Medical Directors from Elmbrook and Waukesha Memorial Hospitals. He suggested the Medical Director from Summit would be beneficial as well if possible. Robertson stated emergency room doctors also need to be present at the next meeting to aid in the discussion of the medical clearance process.

Rutherford stated that the goal remains for a maximum of 30 minutes between receiving the fax at the MHC and initiating the doctor-to-doctor consultation. He further stated that when law enforcement is in the ER with a patient, it is important for ER staff to understand that they need to keep law enforcement fully informed of where they are in the process with that patient. Mueller commented that law enforcement may be at risk if they leave the patient at the ER while the patient is under observation and ends up leaving AMA. Mueller stated that at any point in the process where there is a breakdown, a delay occurs. Every point has to be examined and reviewed.

#### **Discuss Next Steps and Set Date for Next Meeting**

Ruzinski and Hayes will contact various ER doctors to appear at the next meeting to discuss the medical clearance process. It was suggested that the next meeting be held at the MHC and scheduled after Labor Day in an effort to give doctors ample time for scheduling. Luczaj will send out a Doodle survey for scheduling the next meeting.

Meeting adjourned at 2:09 p.m.