



Waukesha County  
Criminal Justice Collaborating Council  
Evidence-Based Decision Making Mental Health Workgroup  
Thursday, September 22, 2016

**Team Members Present:**

Menomonee Falls Police Chief Anna Ruzinski (Co-Chair)	HHS Director Antwayne Robertson (Co-Chair)
Attorney Maura McMahan	Inspector James Gumm
Outpatient Services Admin Gordon Owley	Captain Dan Baumann
DOC Regional Chief Sally Tess	

**Team Members Absent:**

Honorable Kathryn Foster	NAMI Executive Director Mary Madden
Assistant Corporation Counsel Robert Mueller	

**Others Present:** Joan Sternweis, Dr. James Rutherford, Rebecca Luczaj, Janelle McClain, Jeff Lewis, Mary Mattila (Moreland Reserve Emergency Dept), Dr. Matthew Laudon (Moreland Reserve Emergency Dept), Sherry Berg (Waukesha Memorial ER), Dr. Robert Beyer (Community Memorial), Dr. Denise Abernathy (Elmbrook), Dr. Isha Salva (MHC), Debra Lane (MHC), Crystal Boyd (MHC), Dr. Andy Cardoni (Waukesha Memorial Hospital)

Ruzinski called the meeting to order at 12:32 p.m. Introductions were exchanged among the committee members and guests present.

**Review Hospital Emergency Room Medical Clearance Process for Emergency Detentions**

Luczaj distributed the Emergency Detention Medical Clearance Process map that was created at a previous EBDM Mental Health Workgroup meeting on 7/14/16.

The first issue discussed by the group was allowing the hospital nurse to participate in the doctor-to-doctor consultation, since the Mental Health Center (MHC) nurse is also on the phone at that time. Rutherford responded that there is nothing prohibiting that. The MHC nursing supervisors will address this with the MHC nursing staff.

The second issue discussed by the group was regarding the required lab work performed as part of the emergency detention medical clearance process. Rutherford listed the basic labs. Rutherford commented that in the event that, after viewing the lab results or speaking with the emergency room doctor, additional tests need to be ordered, it is easier to do when the patient is in the emergency room already, versus drawing blood again at the MHC.

The third issue discussed was regarding the need for emergency room staff to have the urine test results before initiating the doctor-to-doctor consultation. The urine drug test provides additional information regarding what prescription medications or illegal drugs the patient may be on, and could affect how they are treated when they come to the MHC. It may take up to 2 hours for the patient to provide a urine sample, and then another hour to get results. The emergency room and MHC doctors agreed that the initial lab work could be completed, the doctor-to-doctor initiated, and then wait to transport the patient after the urine test results come back; however, this process should only apply for reasonable cases (i.e. someone who appears otherwise healthy and has superficial wounds).

McMahon arrived at 12:46 p.m.

Robertson arrived at 12:49 p.m.

Gumm left at 12:58 p.m.

Voluntary patients are medically cleared at Waukesha Memorial Hospital if they show up at the MHC.

Abernathy asked if the MHC has a cutoff for Blood Alcohol Count (BAC). Rutherford responded that the MHC does not have a cutoff for BAC, as long as the patient can walk and take fluids. The MHC can manage alcohol withdrawal, as long as some other medical issue does not complicate it. For example, if there were a history of seizures associated with alcohol withdrawal, the MHC would like to be informed of that.

Rutherford requested that doctor-to-doctor calls do not happen until the patient is ready to come to the MHC, in case the situation changes or there are test results that are being waited on that could be a game-changer. Abernathy expressed a concern with waiting because the initial physician may not be the one conducting the doctor-to-doctor consultation, so important information may not be passed on.

Rutherford said that last week, the MHC tracked the time between receiving the faxed labs from the ER and initiating the 3-way call at an average of 33 minutes.

Beyer said that since most of the Waukesha County hospital systems use the Epic record system, it would be helpful if the MHC could obtain view-only access to Epic. There would still need to be a hard copy, but it could be sent with the rest of the paperwork with the patient. Sternweis, Ruzinski, and Mueller will follow up to determine if this is a possibility.

Patients admitted voluntarily to the MHC must be a Waukesha County resident. If a patient was emergency detained in Waukesha County, but is a non-county resident, the MHC will take them.

Beyer stated he is not familiar with the new crisis assessment process. Ruzinski responded that HHS crisis workers explain to the individual what it means to be going to the MHC voluntarily, and what is expected of them. If an individual were chaptered, it would happen before they get to the emergency room. An officer will not bring someone into the ER without talking to a crisis worker, except in extreme situations, such as medical emergencies. If the emergency room thinks a patient qualifies for an ED, they should contact the police department.

Rutherford explained that the MHC cannot bill Medicaid for services rendered to those between the ages of 21 and 65 years old. This applies to both voluntary and involuntary admissions. Therefore, patients should expect to receive a bill for services rendered.

Ruzinski requested that if there are any problems in the ER, to contact her and she will take back the concerns to the CIT Collaborative Team, which meets quarterly.

### **Approve Minutes from July 14, 2016**

Motion: Tess moved, second by Baumann, to approve the minutes from July 14, 2016. Motion passed unanimously.

### **Tour of Mental Health Center**

Lewis and Rutherford took the visiting hospital guests on a tour of the Mental Health Center at 1:40 p.m. Committee members continued with the meeting.

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

Sternweis, Ruzinski, and Mueller will follow up regarding the Epic records system.

Ruzinski spoke with the visiting providers, and they agreed that they would be happy to come back in the next quarter to discuss how things are going, since that will allow some time for the new process to be implemented and evaluated.

There is a CIT conference on September 29 and 30. Ruzinski has two officers who are going in order to become trained liaisons so they can assist NAMI Waukesha with future CIT trainings.

Owley reported on crisis call data that has been collected over the last few months. In March and April, crisis was from 8am-12am, Mon-Fri, and 12pm-8pm on weekends. Crisis workers received an average of 172 calls/month. When crisis went to 8am-12am 7 days a week in May and June, they received an average of 283 calls/month. When crisis went to 24/7 in July and August, they received an average of 385 calls/month. The reason for the increase is that now crisis staff are available to take all of the calls. Officers seem to be contacting crisis sooner and are looking at other alternatives instead of detaining the client on a Chapter 51. Therefore, while crisis calls are up, emergency detentions are down for the year. Law enforcement feedback to the crisis staff has been generally good. Owley will send Ruzinski the statistics for her to take to the Police Chief's meeting.

Meeting adjourned at 1:59 p.m.