



Waukesha County
Criminal Justice Collaborating Council
Evidence-Based Decision Making Mental Health Workgroup Minutes
Wednesday, April 19, 2017

Team Members Present:

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

Anna Ruzinski (Co-Chair)
Dan Baumann
Laura Lau
Andy Dresang

Team Members Absent:

Dr. Gordon Owley
Sally Tess
Robert Mueller

Mary Madden
James Gumm

Others Present: Rebecca Luczaj, Janelle McClain, Jeff Lewis, Mimi Carter, Joan Sternweis, Laura Sette, Adam Schleis, Alan Johnson (ProHealth), Robert Beyer (Froedtert), Sherry Berg (ProHealth), Isha Salva (WCMHC), Crystal Boyd (WCMHC), Debra Lane (WCMHC), Pat McNully (Froedtert), Michelle Webb (Froedtert), Barb Jones (Froedtert)

Ruzinski called the meeting to order at 10:02 a.m. The meeting began with introductions amongst the committee members and guests present.

Follow-Up Discussion on Medical Clearance Process for Emergency Detentions

Berg tracked 34 patients that ended up staying an average of 1 hour, 22 minutes beyond the minimum 2 hours to do the medical clearance process. The process did not appear to be faster when sending the urine tests later. The fastest process for a patient was 17 minutes.

Lewis tracked the time it took for the doctor-to-doctor consultations to take place via phone at the MHC. The average for the 3-month tracking period (January – March 2017) was 33 minutes. They start tracking from when the fax comes in until the doctors connect on the phone for the report.

Locations are not consistent with what they are using as start and end times.

The MHC may not take a client for numerous reasons other than being combative, including if the person will not fit into the current mix of patients on the unit. Policies have been changed as well to allow a patient who has calmed down after a few hours, to be re-evaluated for the MHC.

If there is a referral to Winnebago, MHC has been authorizing placement, but it makes more sense to have communication directly between the emergency room (ER) and Winnebago.

McMahon and Rutherford arrived at 10:16 a.m.

If the ERs have issues with Winnebago, they should contact Jeff Lewis. Lewis will then contact Rutherford to handle the situation as the Waukesha County Clinical Director.

The ER clock starts when the patient arrives at the ER. If they have not done physical harm to themselves or ingested something, the patient is typically out in 90-120 minutes.

An ongoing problem that the MHC and hospitals are having is the lack of ability for the different software systems to communicate; the MHC does not have access to EPIC, which is the system the hospitals are on, and allows them to share information.

There have been instances where, in order to get remaining lab results after the patient has left the ER, the MHC has to have the patient sign a consent form. Webb will need to check her logs that indicate the instances where the MHC has requested additional labs after the original labs were complete. She will get this information to Rutherford. The group agreed that it is the hospital's responsibility to make sure that the MHC is getting all of the information they need, when they need it.

All patients receive a CBC, CMP, serum drug screen, and urine drug screen. Women of childbearing age receive a urine pregnancy test. The MHC does not expect patients to be held for TCH. EKG tests should be conducted on a case-by-case basis.

Beyer stated that they are no longer classifying patients as "medically cleared," but rather "medically screened," as that is a more accurate representation of what is being done at the ER.

Rutherford wants to ensure that a process is maintained and the chain of command is followed.

Lane reminded everyone that the MHC is not a medical hospital, and as such, does not have certain life-saving devices and capabilities that the hospitals have, so the patient must be medically stable before being transferred to the MHC.

Update and Discussion on Accidental Overdose Protocol

Luczaj distributed, and Ruzinski reviewed, the accidental overdose procedure memo that Robertson had composed on behalf of DHHS. The memo explains that it is the policy of Waukesha County that if there is an accidental overdose, mobile crisis should conduct an in-person assessment and determine if they need help and need to be chaptered. It does not mean that every overdose will result in emergency detention (ED). ERs will contact law enforcement, who will then contact mobile crisis. Law enforcement brings in a different, neutral protocol between the two medical entities. Mobile crisis is then responding under law enforcement's authority. This procedure is not *required*, but is strongly recommended. The procedure simply gives the authority to hold the individual and have them assessed by trained crisis staff.

Waukesha County recommends making the call, even if the person was "recreationally using" drugs. In the past, if Narcan was administered and everything was fine, the person went about their business without an assessment.

Robertson arrived at 10:59 a.m.

There are economic side effects to a person being emergency-detained, such as loss of Second Amendment rights and issues with obtaining/maintaining licenses and jobs.

In response to a question asked, the risk assessment tool being utilized by DHHS staff is the ASAM criteria.

Rutherford would like to know how many accidental overdoses they have coming through ERs, and of those, how many people subsequently died within 48 hours of release.

Sternweis stated that the PDO grant would allow us access to statewide information and data soon through the University of Wisconsin's Population Health Institute. Mueller and John Kettler are currently attending an opiate conference and will be able to discuss this more upon their return.

It would be helpful to include Winnebago staff in future joint meetings.

Overview of Crisis Services Data

Robertson distributed and reviewed the "Waukesha County DHHS Clinical Services Division; May to December 2016 Emergency Detention Statistics."

The drop in juvenile EDs may be due to better responses from the crisis team, as well as working with the community.

There are now 17 FTE and LTE crisis workers. DHHS is also looking at transitioning LTEs to FTEs for scheduling ease.

Sternweis distributed the "Commitments, Settlement Agreements and Dismissals of Chapter 51 Cases in Waukesha County" showing the children/adolescent and adult 51.15 and 51.20 cases.

Update on Proposed CIT Legislation

Ruzinski stated that legislation is currently being drafted that would allow CIT-trained officers to determine whether crisis workers need to be called to the scene.

Update on Work of Initial Appearances by Video Subgroup

Lewis gave an update on the work of the subgroup discussing the feasibility of conducting initial appearances by video at the MHC. A patient consent form has been drafted and sent to Corporation Counsel for review.

Approve Minutes from March 9, 2017

Motion: Baumann moved, second by McMahon, to approve the minutes from March 9, 2017. Motion carried unanimously.

Discuss Next Steps

We will continue to schedule joint meetings between the ER and MHC doctors, but if any specific issues arise in the interim, parties should try to work them out ahead of time, if possible.

Adjourn

Motion: Baumann moved, second by McMahon, to adjourn the meeting at 11:47 a.m. Motion passed unanimously.