

Crisis Network Meeting Notes: Friday, May 20, 2016

Introductions

- Welcome to all who could join the meeting; in-person and on the phone.

Administrative Updates

- Brad announced GovDelivery is a new service for sending emails from the State. More information on this to follow.
- Brad showed a video clip from the WAOW News “Policing Mental Illness”
 - <http://www.waow.com/story/31985043/2016/05/16/special-report-policing-mental-illness>
- It was announced that the statewide variance/waiver of a licensed mental health worker instead of a psychiatrist/psychologist will go away.
 - Actually, all State variances/waivers will cease.
 - You can as a program apply for a waiver/variance; however it will no longer be done on a statewide basis.
 - If you want the 14-days (versus 5 days) for obtaining a signature on a crisis plan, this needs to be included in your Request for Waive.
 - <https://www.dhs.wisconsin.gov/dqa/memos/15-003.pdf>
 - <https://www.dhs.wisconsin.gov/forms1/f6/f62548.pdf>
- Funds available for mobile crisis training related to Dementia Symptoms
 - \$250,000/for the State (to be used between July 1-June 30)
 - RFP to be forthcoming
- CIT Advanced Training in Elkhart Lake, WI (focused on youth)
 - Stacy from NAMI Wisconsin discussed this upcoming training.
 - CIT vs. CIP
 - Most counties and regions having trainings and hosting trainings across the State.
 - CIT National Conference (2016-Chicago; 2017-Florida)
 - Brad working with the Department of Justice on Evidence Based Decision Making (EBDM) amplifying efforts in the State of Wisconsin toward a better response to people with behavioral health conditions.
 - Successful ongoing collaboration
 - Waukesha County doing some streamlining with this to keep people connected
 - Encourage quarterly/bi-annual meetings to discuss strengths and areas of growth and how to continue moving this initiative forward.

Inter-County Agreements

- These are especially important when someone is placed in a different county via an MCO.
 - State lead on this as an option?
 - DQA Standard?
 - It could be that the placing county takes financial responsibility from Day 1.
 - Change of Venue issues may be more of an issue/concern.

- Some inquired, “What is the responsibility of the MCO?”
- Area Administration can also assist with some of these issues too, if counties need that.
- Crisis Plans/MCOs/Agreements (Bret Loesher from State Bureau of Managed Care at DHS is assisting with this)
 - Goal is to have all meetings on crisis intervention done by the end of December 2016.
 - State is setting up a Notification System so all parties are on the same page—County, MCO, Agency/Placement, etc.
 - And remember, when these pieces aren’t in place, it is the consumer who suffers!!

Settlement Agreements and Commitments with Youth

- The question was posed: What to do when the parents put up road blocks? The youth is following along, but the parent/guardian isn’t.
 - The group discussed how this can negatively impact the youth.
 - Discussions around ways to better engage the parent/guardian.
 - For some cases, it may be necessary to engage family services/CPS with concerns about neglect.

Nuance of Coding in PPS

- Questions that still need answers:
 - Follow-up with crisis and how it is covered?
 - Having contact with person while in ED placement; is this follow-up or still part of the crisis?
 - When diverted from hospital, how to code the service provided in the first 24-hours?
 - Crisis staff with Corp Counsel preparing for Probably Cause Hearing—how would this be coded?
 - Any additional questions around PPS that come up, please contact Brad directly.

County Line and Law Enforcement Agency Responsibilities

- Coming in to custody versus going to hospital in a crisis
- Walking into the emergency room/department
- Medical treatment time versus medical admittance
- Emergency Detention and Medical Clearance—as soon as decided an ED is needed the clock starts
- Law Enforcement agencies—some more willing to go over county line and others are unwilling/resistant
- Narcan, drug overdose, other SUD without suicidal ideation
- Procedures for Authorization of Reimbursement for Emergency Detention Services of Non-Wisconsin Residents ([DMHSAS Numbered Memo 2015-01](#))
- [Attorney General Memo from November 2015](#)—Corp Counsel’s perspective varies on this issues and most counties defer to their Corp Counsel, which leads to inconsistencies across the State.
- The “Red Sheet”—a form Wood County uses (it is on red paper...see appendix) to assist with this process and jurisdiction issues. Thanks to Katie Czys from Wood for sharing!

Emergency Detention Changes as of 1 July 2016

- DMHSAS 2015-14
 - <https://www.dhs.wisconsin.gov/file/37592>
 - Face-to-face preferred; phone and telehealth are possible
 - Mental health professional
 - Doesn't alter DHS 34;III certified counties
 - Types of assessment—interview, behavioral, records, collateral
 - Level 1 Emergency Room—must see everyone and not transfer out to another hospital per their regulations.
- Joint Commission Sentinel Event Alert 56
 - Detecting and treating suicidal ideation
 - https://www.jointcommission.org/assets/1/18/SEA_56_Suicide.pdf
 - Review this document (follow the above hyperlink) for excellent information on suicidality and how to treat suicidal ideation.

Updates

- Area Administration
 - Northern Region has a new Administrator (Dawn)
 - Waukesha office has an opening
- Kay Cram
 - Discussed dementia grant
 - CSC (Coordinated Specialty Care) Grant
 - <https://www.dhs.wisconsin.gov/dmhsas/memos/201604actionmemo.pdf>
- Erin Sauerer
 - Rates similar in 2016 compared to 2015 for youth; adults have skyrocketed.
 - 95% civil; 5% forensic
 - Average length of stay is 8 days
 - Gemini program for dual diagnosis but others are placed on that unit too currently.
 - Every day they get 10-20 admits and up to 2 are voluntary who can't get services from their local hospitals
 - Geropsychiatric Options—Mendota, Stoughton Hospital, Behavioral Health Services (Platteville), Aurora-St. Luke's, VA in Madison.
- Cindy and DQA
 - Survey cycle dictates when the variance ends; usually a two year cycle and then a reapplication is needed.
 - Any questions on this, contact Cindy directly.
- Glen Larson retiring from DHS-Forensic staff.
- Funding is still available for the six counties not yet DHS 34; III certified.
 - Contact Brad for more information on this.

Next Meeting

- Friday, August 19, 2016

Appendix: Wood County Law Enforcement



ATTENTION: ACTION REQUIRED BEFORE DISCHARGE

Law Enforcement Incident #: _____

On ___/___/___ at ___ AM/PM, _____/___/___ was brought
(Date) (Time) (Subject) (DOB)

to _____ for medical clearance. The law enforcement officer
(Facility/Hospital)

handling this case is _____ from _____.
(Officer/Badge #) (Law Enforcement Agency)

This subject is being evaluated for a possible emergency detention under Wisconsin §51.15 (1). Law enforcement needs to be contacted when the subject is cleared medically, except as provided below. Please contact the Wood County Dispatch Center at **(715) 421-8701** prior to discharging this subject so a final determination/evaluation can be made. Law enforcement will make arrangements with Wood County Crisis Intervention to complete the detention, if necessary.

If this subject was kept in the hospital for medical stabilization over an extended period of time, Wood County Crisis Intervention needs to be contacted in lieu of law enforcement when the subject is cleared medically so an assessment can be completed prior to discharge. Please contact the Mental Health Crisis Line at Marshfield – (715) 384-5555 or Wisconsin Rapids – (715) 421-2345. Wood County Crisis Intervention will then make arrangements with law enforcement to complete a detention, if necessary.

If at any time this subject is attempting to leave against medical advice, please contact the Wood County Dispatch Center at (715) 421-8701 and request law enforcement assistance.

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Submitted by William Hutter, PsyD, LMFT