

Ad Hoc Committee For Behavioral Health Services Parking Lot Issues

- Consumer Involvement in Setting Goals to be Released from a Commitment Order
- Dental care for Medicaid Consumers
- Vision care for Medicaid Consumers
- Mental Health Parity
- Placement Options after Stabilization
- Stable Housing
- Home Support and Short Term Case Management for Non-County Consumers
- Partial Hospital Services/Day Treatment
- Outpatient Urgent Care Services
- Shortage of Psychiatrists
- Mentally Ill in the Jails
- Need for Supportive Home Care and Medication Monitoring Services
- Need for Anger Management for Adolescents and Adults
- Impact of Mobile Crisis
- Close to Being on the Edge of Looking Like Milwaukee
- Blending County Services with Private Pay/Insurance for Some Consumers
- Mobile Crisis and Interface with Turning Point (value in terms of assistance during crisis). Final call still with Law Enforcement for commitment. Mobile Crisis and Turning Point saves Law Enforcement time and manpower.
- Need resource for a difficult person other than the hospital, area resources for an acute person.
- Need step-down services
- Need to deal with AODA issues
- Need to deal with children with mental health issues
- Nationwide problem of people with mental illness in jails
- Lack of availability of attorneys for people with mental health/AODA issues (discussion focused on attorneys with training in these issues), Drug / mental health courts
- Training for Law Enforcement in mental health issues / Crisis Intervention Team (lack of funding/resources)
- Each organization has different perspective on gaps in services
- Lack of diversion programs/services from jail

- Sheboygan Police Department does not have trained Crisis Intervention officers
- Chapter 51 now requires a Public Defender. Are attorneys trained in understanding or knowledge of mental illness? Suggestion: provide Attorneys with information packet
- Mental Health Directive (must be signed by mental health attorney)
- Jail Liaison with court and jail and public defender and mental health provider
- Diversion process for misdemeanors (Florida example)
- Does officer need to be at Probable Cause Hearing? (currently must be in attendance, could be by phone)
- Transportation Out-of-County by Law Enforcement
- More training and ongoing in-services for correctional officers
- Better linkages to the community and community services (judge releases from jail/detention with little or no notification)
- Issue of medication belongs to the Sheriff not inmate/patient, cannot be re-packaged, issue of providing prescription which would extend authority of Sheriff beyond jail to community.
- Lack of in-jail counsel – programs (anger management, etc)
- Diversion program for dual diagnosis
- Nursing home calls to Law Enforcement re: elderly with dementia / need diversion system.
- Preventative measures / interventions based on time spent by Law Enforcement (cost to Law Enforcement) could provide counseling / interventions.
- Pre-teens and Teens – where are they placed, how is placement ordered?

**For September 8th Meeting: Begin Development of
Options and Action Steps**