**Mental Health Task Force Questions Regarding Crisis Redesign 9/10/2019**

1. Share your two year timeline for this transition including  the closure, development of resources, etc.  What dollars are being allocated to fund resource development, and what partnerships are being created.
2. Stakeholder Involvement in the planning process. How will the following be included:

* People with lived experience including those who have used crisis services
* Legal advocates including public defenders, protection and advocacy system
* Service providers, case managers, etc

1. What is the plan for those individuals who need immediate hospitalization or medications?
2. Those showing up at crisis need:  medications, hospitalization, or community services (CSP, TCM, CCS, Housing).  The process to meet those needs is unclear.
3. How will crisis redesign address the needs of those who are justice involved? What safeguards will be in place to ensure people experiencing a mental health crisis receive treatment rather than being incarcerated? If individuals at the Milwaukee County Jail are in crisis and need to be assessed for a psychiatric hospitalization, how will that occur?
4. How are you going to transport the patients?  How timely will it be?  What are the costs associated?
5. How will you ensure TDS’s are completed in a timely manner to ensure patients get the care needed?  (Many TDS’s are not signed in time when patients are not at BHD)
6. Will there be an easy way to determine one’s legal status (under stipulations/commitment)?  Currently community hospitals do not have access to this information, nor do they know how to obtain it.
7. How will case management agencies be notified of contact with their patients?
8. What additional community based crisis resources will be developed as part of the closure and redesign?
9. Is it possible to divert more resources to CSP?  Or expedite the CSP wait list process so people aren’t placed in TCM or CCM when they really need a CSP level of care?
10. What to do with people not acute enough to be subject to ED but want help?  Step down
11. How will the new crisis system address the news of non-English speakers, including deaf.
12. According to the PPT, part of the “green” section is the offering of a peer-run drop-in center.  But the peer-run drop-in center was closed in December 2018.  Are there plans to re-open?
13. Will court personnel travel to all hospitals?
14. Where will you house team connect and cart teams
15. What discussion have you had with hospitals regarding sharing crisis plans and being able to obtain crisis information on patients .  Will hospitals have access to Provider Connect information?
16. Where will administration be housed, and how will it be downsized given the closure?
17. What recruitment efforts do you have to ensure minimum staffing levels of psychiatrists, crisis workers, psychologists..etc?
18. What plans do you have to address shortages in the event you are not up to full staffing levels?