

## Milwaukee Mental Health Task Force questions for April 15th

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### Mental Health ER Center questions compiled by the MHTF

1. Are there any documents you can share that explain the specifics of the model for the new center, the respective roles of the partners, and address FAQ.

Note: We received the floor plan draft and letter of intent earlier this year and can share those as background.

2. Walk through the expected flow/ process for a patient in crisis with these hypotheticals. What is different than in the in the past?
  - Adult in crisis who is involuntary/ brought in by law enforcement
  - Voluntary adult
  - Child/ adolescent in crisis who is involuntary/brought in by law enforcement
  - Voluntary child/ adolescent
3. We have heard that adults and children/adolescents will be separate. Can you walk us through that? (may be covered in #2)
4. What will be different about the new emergency center (from the **patient's** perspective)? What will be the same?
5. If someone comes to the Center and also has a serious medical problem, how will this be handled?
6. The two restraint rooms were very prominent on the floor plan. What will be the protocol? What will be done to minimize use of restraints and encourage voluntary treatment?
7. Will this facility have an observation level of care the same way that Mental Health Complex does currently? How many beds and what is the possible length of stay?
8. Can you provide specifics regarding how the center will offer a different model of care? The community does not want to see PCS North.

9. What is the plan for stakeholder engagement in the planning process, and after the Center opens? The MHTF strongly recommends establishment of a Stakeholder Advisory Council to include people with lived experience, advocates, and others to help guide the development of the new center and its operation.
10. How will the Center address the need to have services that are linguistically and culturally appropriate? Knowing that the needs for interpreters will vary and is hard to predict, is there a way to have a shared pool for interpreters for Spanish and other languages, as well as ASL. Partner with Sinai and Progressive for example?
11. What will be the role of certified peer specialists at the Center? How will they be involved with the discharge planning team and re-entry into the community? We recommend that peer specialists will be available on all shifts and on the weekend.
12. How will people be transported from the center to an inpatient facility. How will this process address client choice with an inpatient facility?
13. What is the County's role at the center? Will there be public reporting and what will be the Mental Health Board's oversight role?
14. Milwaukee County is committed to a No Wrong Door Approach. How will this be reflected in the MH Emergency Center.

## **LINKAGE QUESTIONS**

15. In 2019 and 2020, the Mental Health Task Force had recommended to the Mental Health Board and county leadership that community services be co-located at the new center to support voluntary patients. The recommendation was to co-locate Team Connect, Access Clinic, Benefits Specialists, Housing Specialists, and advocacy assistance at the Center. Can you clarify what will be located at the center? Initial communication sounded as though these services will not be located at the Emergency Center? If that is correct, we hope there is an opportunity to reconsider.

16. Describe the staff roles that will be based at the center to connect patients to community services and what will be their role(s) to provide effective and safe discharge planning and connect people with services.
17. What is the plan to connect patents to community MH services if they are agreeable to voluntary treatment/not appropriate for Emergency Detention? Will transportation be provided? How will social determinants be addressed?
18. What support will be provided for voluntary patients who arrive in the middle of the night? The concern is for people who aren't admitted and aren't able to connect with other services due to weekends and holidays.
19. What is the plan to assist with public benefits, especially for people who arrive at the center and are not insured, and need help with enrollment.
20. What is the approach for discharge planning and how will follow-up happen (CARS services, medications, mobile teams, crisis line) to minimize the likelihood of future crises?
21. Will they have pharmacy medication appointments to continue meds prior to getting into a psychiatrist appointment the same way that Aurora Psych has?
22. How will the hospital EDs handle people with mental illness differently? Is there a plan for hospital EDs to assess and admit individuals in crisis who come to their ED, and to minimize the number of transfers to the Emergency Center? Can you update us on the training that has been provided to support ED staff with this? Is there a plan for referrals and stepped down care for people they treat, including connecting them t county administered community services when appropriate?
23. Do you anticipate further collaborations in this area based on this success.