

## **Milwaukee Mental Health Task Force December 13 meeting Questions for Mike Lappen – Milwaukee County**

Mike, here are the questions we have compiled. On all of these topics, we welcome your thoughts on how the Mental Health Task Force and community members and agencies can be a resource to increase awareness of mental health services and supports in our community.

### **Inpatient capacity**

Can you update us on current inpatient capacity in the community for adults and youth, looking at all inpatient facilities? Are there coordinated efforts to address the loss of inpatient capacity?

Has Granite Hills met the contractual requirements with Milwaukee County for inpatient beds? What are those requirements and what is the current status of Granite Hills in terms of staffing including doctors, units and the juvenile unit?

How many Milwaukee County adults and youth have been sent to Winnebago (September – present)? What are the best strategies to limit use of Winnebago?

We are still lacking an adequate system of care for juveniles; what are the plans and what progress is being made? How many beds are actually available in the community for juveniles?

### **Mobile crisis and CART**

What is the current staffing and capacity for mobile crisis for adults and for youth?

How many mobile calls were completed this year?

Is there specific mobile team capacity for responding when the person in crisis has an intellectual or developmental disability?

What is the current staffing and capacity for CART?

How many CART dispatches were completed this year?

We know that workforce issues are very challenging. Given the difficulty filling the open crisis and CART positions, is the County considering other models for responding to crisis services?

## **Community Services**

Can you share current data about Milwaukee county enrollees in BHD services and how this compares with prior years.

IPS

CCS

CSP

TCM

CRS

Received benefits counselling from Winged Victory

Utilization of access centers

## **Connection to services** (also asked Kevin)

Since the majority of people who come to MHEC do not need to be hospitalized, MHEC was seen as a place to connect people with other services.

How are those connections begin made?

Can you share any data regarding referrals including to access clinics, to housing, to benefits counselling or other services.

## **Additional questions**

We are seeing some cases where a person is involuntarily detained, a petition is filed, they are released, and then back at MHEC within a very short period of time, detained and a new petition then filed suggesting they were released too early due to a lack of resources; are people being released who should be getting services?

· We also are seeing an uptick in petitions for individuals who are depressed and have attempted suicide. We wonder what community statistics might exist for suicides and wonder if that number has increased as a result of mental health services being less available.

We are seeing that people are detained for a periods of time as there is no bed available, their court case is adjourned waiting for them to get to a mental health hospital and to be seen by doctors only to find that once at a mental health unit a doctor still hasn't had an opportunity to see them so there's a second request to adjourn the case. This all suggests that people are not getting timely help; remember that these are individuals who are being held in custody against their will and are not being afforded their due process rights