

Key Recommendations for Triage-Restoration Center from Public Comments

CJC-Behavioral Health Subcommittee Listening Session

December 18, 2020

Recommendations Specific to the RFP and Qualities in a Consultant

- 1.** Consultant needs to actively seek feedback from youth and young adults who are utilizing related social services. Advisory boards from youth advocacy groups, including an organization for homeless youth and an organization for youth aged out of foster care, would be ideal collaborators.
- 2.** The consultant must involve the community at all steps of the planning and implementation process, including transparency in providing reports of the progress. The consultant must ensure that the community feels ownership and involvement at every step in the process.
- 3.** The consultant must be culturally competent and experienced working with diverse communities.
- 4.** Consultant must have experience planning and running a triage restoration facility, both in preplanning and operational stages.
- 5.** Consultant must be familiar with other mental health care systems for intake and referrals, since the triage restoration center is a short-term facility.
- 6.** Consultant needs to have a good relationship with mental health ambulance (CAHOOTS-type model) and law enforcement.
- 7.** Consultant must work to engage family and friends of justice-involved people living with mental illness, and during operations the triage restoration center must collaborate with family and friends when treating individuals.
- 8.** The consultant must be in conversation and communication with practitioners at operational triage restoration centers to learn from their experiences.
 - a.** The consultant should also work with Milwaukee and see how they are creating a triage restoration center, with attention to state funding, Medicaid reimbursements, and Medicaid-certified clinic payments allowing for reimbursements based on anticipated costs of offering services. The contractor should also examine the scope of services offered in Milwaukee, including telemedicine, peer support services, and professional development opportunities, including serving as a training center for psychiatric residents.
- 9.** The consultant must create a noninstitutional and welcoming physical environment of the triage restoration center.
- 10.** The consultant must incorporate a first-responder drop-off area.
- 11.** The consultant should build in and incorporate peer mentoring into all elements of the triage restoration center, even within the physical structure of entry to services.
- 12.** The consultant should examine the opportunity for the triage restoration center to serve as a training center for psychiatric residents and other professional development opportunities.

Recommendations about the Triage Restoration Center

1. A group of stakeholders must meet monthly to review the triage restoration center's planning and operational progress. The stakeholders must be representative of the community, with racial and ethnic diversity among stakeholders and diversity in experiences of mental health conditions and justice system involvement.
2. The triage restoration center must release annual reports about provided services, number of people served, outcomes, and cost savings.
3. Triage restoration center must prioritize a humane response to mental illness focusing on treatment and stabilization, not punitive incarceration.
4. Triage restoration center must provide a safe place to process and deescalate mental health crises.
5. The triage restoration center must connect and collaborate closely with the mental health ambulance.
6. The triage restoration center must provide timely coordination to ongoing care and interagency collaboration.
7. The triage restoration center must have a first-responder drop-off entrance.
8. Triage restoration center must provide easy and open access to services for individuals who are seeking help while in crisis, rather than them needing to call law enforcement on themselves. The triage restoration center must provide clear information about how to access services.
9. Triage restoration center must accept all referrals and take a no-wrong door approach.

Many of the speakers shared personal narratives of family members as motivation for their advocacy.