

COMMUNITY TRIAGE CENTER

POLICY COMMITTEE | FRIDAY, MARCH 23, 2018 | 10:00 A.M. – 2:00 P.M.

ATTENDEES

Phyllis Ahrends – NAMI	Kari Benz – Minnehaha County
Lee Bollock – Avera Health	Michelle Boyd – Minnehaha County
Elizabeth Brown – Detox Center	Matt Burns – Sioux Falls Police Department
Julie Charbonneau – Avera Health	Sharon Chontos – Sage Project Consultants
Chad Clark - 2 nd Judicial Circuit, UJS	Alicia Collura – Sioux Falls City Health Dept
Christine Erickson – City Council	Jill Franken – Sioux Falls City Health Dept
Jeff Gromer – Minnehaha County Jail Warden	Kim Hansen – Southeastern Behavioral Health
Robin Huether – Sanford Health	Brett Johnson – Minnehaha County
Dean Karsky – Minnehaha County Commission	Rebecca Kiesow-Knudson – Lutheran Social Service
Maria Krell– Bishop Dudley House	Dusti Livingston – Sanford Health
Skip Miller – Sioux Falls Police Department	Mike Milstead – Minnehaha Sheriff’s Office
Paul Niedringhaus – Metro 911	Betty Oldenkamp – Lutheran Social Services
Angela O’Kane – Public Defender Office	Judge John Pekas – UJS Judge
Lori Popkes – Avera Health	Suzanne Smith – Augustana University
Traci Smith – Public Defender Office	Jessica Snedeker –Minnehaha County
Erin Srstka – Minnehaha County	Gary Tuschen – Carroll Institute
Jon Tveidt – UJS Court Services	

WELCOME

Kari Benz, Minnehaha County, welcomed the Community Triage Center (CTC) Policy Committee. She expressed appreciation of the Committee members commitment to attend the meetings and provide support to the project outside meetings.

COMMUNITY TRIAGE CENTER BASELINE DATA

Refer to attached Suzy Smith’s PowerPoint presentation and business plan. Suzy walked the joint Committees through the Stage 1 and 2. If you want to get the full data report from Suzy, please e-mail her and request.

PILOT PROJECT RECOMMENDATION

Based on Operations Committee recommendations, a phased approach to launch and evaluate pilot project was reviewed during the meeting. The proposed project phases are:

Phase 1 | Research | February 2017 – March 2018

During Phase 1, members of the Policy Committee traveled to model Community Triage Centers in Bexar County (Texas), Las Vegas (Nevada), Miami (Florida), and Salt Lake City (Utah). Augustana University Research Institute analyzed behavioral health, emergency room, and law enforcement data to inform the range of client numbers and services the CTC can expect to see during the pilot and scaled up modes. The Policy Committee and Operation Committee members also participated in a Sequential Intercept Model mapping session that highlighted systemic recommendations for all key stakeholders. The work resulted in the data report, Minnehaha County Community Triage Center business plan and a draft three year pro forma. In addition, the Criminal Justice and Mental Health Summit will be held March 28 – 29 at Augustana University.

Phase 2 | CTC Pilot Project Plan | March 2018 – February 2019

Define Stage 1 requirements. The Committees will outline the Pilot **Project RFP** including but not limited to:

- a) Determine specifics on referrals for IVC, EC, and PCs

- b) Location, Operations, and Funding
- c) Development Oversight Board
- d) Budget and identify funding.

At the end of Phase 2, the goal is to have a consensus of the CTC pilot project RFP.

Phase 3 | CTC Pilot Project | May 2019 – April 2020

During Phase 3, the pilot project (Stage 1) will be implemented and evaluated. Note the proposed evaluation plan below. During the pilot project, questions regarding medical services required at the CTC will be addressed. At the end of Phase 3, the Committees will determine if the pilot project should be scaled up. If so, the project will proceed to Phase 4. Identify the funding and location to support the RFP.

Phase 4 | Scale-Up Planning | 2020

As data is produced and analyzed, the timing of scale-up will be determined based on need. During Phase 4, the Committees and stakeholders will outline the scale-up CTC model including the decision to include medical services. A sustainability plan, pro forma, and MOUs will be developed. Based on pilot project experience and research, legislative bills will be drafted and circulated for feedback for the 2020 legislative session.

Phase 5 | Scale-Up | January 2021 Forward

During Phase 5, a scale up model will be implemented and evaluated. The data collection scope of work from Phase 1 will be repeated highlighting changes.

Phase 6 | Rural Community Outreach | Timeline To Be Determined

During Phase 6, rural community outreach via video conferencing / tele-health technology to rural communities will be offered. Based on need and funding, outreach services can be implemented earlier.

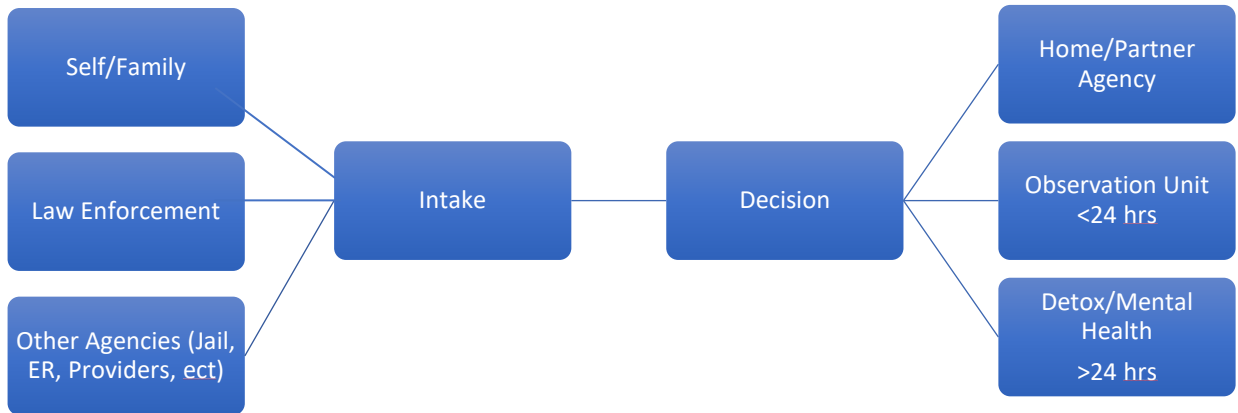
STAGES

Two stages were outlined for the pilot project.

Stage 1: Relocation of Detox Facility and include behavioral health moderate crisis referrals

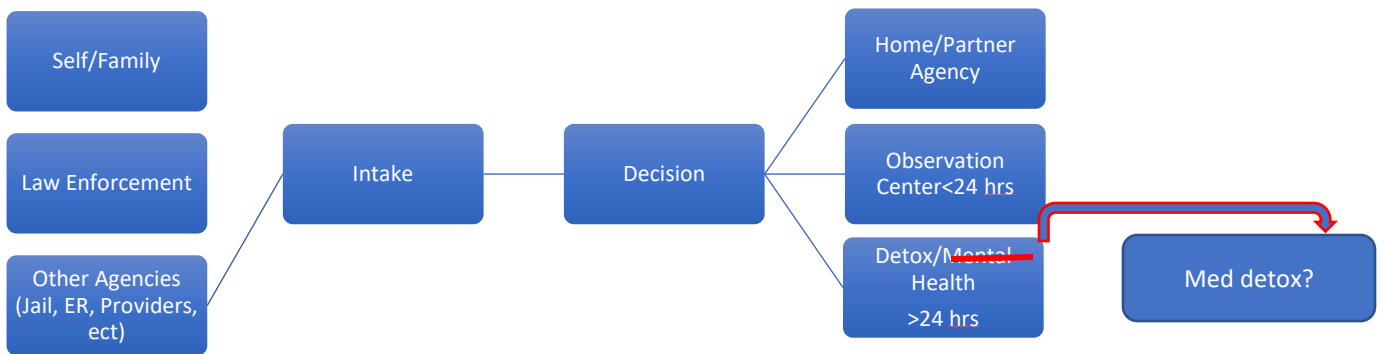
- Current Sobering Center and Detox, law enforcement referrals, and walk-ins without physical ailment.
- Among other requirements, space to allow co-location or office sharing with community partners will be considered for providing services and warm hand-offs.
- Emergency Room (ER) walk-ins include only those whose primary diagnosis is a behavioral health issue and who were discharged to home/self-care, detox, law/jail/court, or admitted to Behavioral Health.
- During Stage 1 data collection and research will be completed to substantiate advancement to Stage 2.

Currently, individuals who are experiencing a mental health or substance abuse crisis arrive at the emergency room department, Detox Facility, or the Sobering Center. Once the CTC is operational, individuals in crisis can be routed to the CTC through self-referral, law enforcement, and other agencies (jail, ER, and SUD providers). The CTC staff will complete the intake information and decide to send the individual to the Detox Unit, Observation Unit, Stabilization Unit or provide a warm hand-off to a partner agency. If stabilized, the patient may be sent home.



Stage 2: Based on the CTC and hospital ER data collected during Stage 1, continue Stage 1 activities and consider a medical drop off option.

The target audience will be current Sobering Center and Detox clients plus law enforcement referrals, walk-ins with or without physical ailment, and possibly EMS drop-off. Room will be added for vendors for providing outreach, supportive services, and warm hand-offs. ER walk-ins and EMS arrivals may include those discharged to home/self-care, detox, law/jail/court, or admitted to Behavioral Health.



The group brought up the following questions which will be addressed in Phase 2:

- Can we bring in Lincoln County into this process?
- How were the number of beds determined? Based on the numbers provided to Augustana Research Institute. The number is also influenced by current number of beds in current detox and sobering center.
- Should the CTC have security guards, or should the doors be locked?
- The budget appears to be low.

Next Steps:

- 1) Finalize the business plan.
- 2) Establish/sign the next Project Charter to move forward to establish expectations.
- 3) Tweak/Edit in the identified items from the meeting on 3-23-18 to the proposed draft business plan.
- 4) Data – Suzi needs to receive the 2017 data from all entities.
- 5) Hospitals and the CJ system need to forward to Suzi identifiable data.
- 6) Attend the Summit next week; invite your staff.