

A large, thick black L-shaped graphic is positioned on the left side of the page, extending from the top to the bottom. A second, similar L-shaped graphic is positioned on the right side, extending from the top to the bottom. The two shapes are mirrored and together form a partial frame around the central text.

SITE VISIT SUMMARY

Community Triage Center

Findings

- Funding
- Inter-agency communication and integration
- Location

Miami-Dade

- Funding: County and city (savings from not incarceration), hospitals/health care facilities, **civil citation** process, **health trust** (primarily health systems – reallocating to triage center – what could not be billed to Medicaid, insurance)
- No brick and mortar
- Target Population: Those taken into custody
- **Services/Process:** Screening, referral to existing agencies within the community
 - *In boarding*
 - *Arrest and booking*
 - *Units: specialized based on needs*
 - *Decision: charged or treatment*
- Collaboration: Mayor, state level, healthcare, mental health services
- Length of Stay: depends on where they were diverted to
- Staff: law enforcement, psychiatrists, interns, **peer navigators**
- **Measures:** days in jail, success measures, crime statistics, treatment effectiveness
- Note: **Keep savings within the departments.**

Las Vegas

- **Funding:** county, city, state, and hospitals (NV had expanded Medicaid), billing insurance and Medicaid – (what are they billing for?). They divided expenses by regions that hospitals served.
- Formalized Partnerships: MOU, etc.
- Target Audience: Homeless, meth/opiate, and alcohol (just starting with mental health services – co-existing conditions).
- They could also self-report as well as referred to by law enforcement.
- **EMS Procedure Card, process definition**
 - *ER*
 - *Jail*
- Services: Sobering/Detox Center
- No one was under arrest. Alternative to incarceration. They were not crowding the ERs.
- Length of Stay: 3 – 5 days average; however, it has decreased now. Model is to have them in house for about 3 days and then refer them to where they need to be or back home
- Staff: (recovered), nursing techs – screening, (algorithm), counselor, RN – day,
- Location: Among homeless population
- Beds: 40 beds (may not be large enough for a community of that size)

Bexar County, TX

- Funding: 100 different sources (contracts – state, grants). They were very assertive in finding funding including legislative (state and national).
- Target Population: **Mental health**, substance use disorder
- **One place – centrally located – with wraparound services.**
- Not in custody. There by free will.
- Services: (very robust services; they were able to fill gaps) sobering center, crisis stabilization, mental health, and CD programming, meth clinic.
- **Continuity of care; case management**
- *Haven for Hope: **managed medications** (taken from bags)*
- Length of Stay: Short-term and Long-term
- Staff: Psychiatrists, social workers, housing specialists, **peer navigators**, many volunteers, mobile crisis team, **EMTs, diverse workforce, internships**
- Partnerships: Law enforcement (10 specialized officers)
- Needs: lack of housing; shelter – ballooned to over 2,000; 900 slept outside for 9 months (to get residency) before they could get into shelter programming

Salt Lake City

- Funding: City, county, state, hospitals, college
- **Inter-governmental collaboration**
- Location: scattered through community.
- Facility: Placed offices in exterior of building to take advantage of views. Huge cafeteria – college students, clients, cultural food, “magic window”, drop down computers in the hallways, doors could not be blocked, full beds, home-like setting
- **Full continuum of care**
- Off-campus programs: Step-down unit, crisis unit, mobile crisis (peer coach), referral line
- Target Population: Primarily mental health but also co-existing substance use disorder
- Services: Mobile crisis team, medical detox, inpatient
 - *Staff could escort clients outside the units*
 - *Assessment tools*
- Length of Stay: Short-term and Long-term (7 – 10 days)
- Measurements: Very good results
- **Staff:** specialized staff – RNs, psychiatric social workers, substance abuse counselors, peer navigators , psychiatrists. With college – multiple disciplines. They did a good job in **recruitment and retention strategies, partnership with higher ed, peer navigator**
- **Not being afraid to take risks; open to change**

Minnehaha County Design Take-Aways

- What do you want to include or consider in business model?
 - *Mental health services*
 - *Self-referral*
 - *Internship, residency, formalized relationships with higher ed*
 - *What can we do with our current resources?*
 - *What can we do with our current laws?*
 - *Clearing house model – one stop shop (x211-like)*
- What do you want Operations Committee to further investigate and prepare recommendation?

Action Item

- How to set up health trust
- Las Vegas – what services are they able to bill.
- Rapid City is modeling their CTC after Bexar County model.
- What are cities the size of Sioux Falls doing?