



MINNEHAHA COUNTY COMMUNITY TRIAGE CENTER BASELINE DATA REPORT

2018

AUGUSTANA RESEARCH INSTITUTE



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Introduction

This report documents data collected in support of the Community Triage Center planning project, undertaken in order to investigate the feasibility of and to develop a business plan for a voluntary, mid-level care alternative for those with substance/alcohol abuse as well as those with mental illness who are not violent in behavior. The partnership collaborative, led by Minnehaha County, aims to create a front-line service for a population that needs treatment provided with respect, dignity, and understanding, through a partnership collaborative. The overall project outcomes are:

- Providing an alternative to the justice system for the community to utilize as a response to individuals in crisis. Specific decision points include at arrest, pretrial release, and reentry.
- Providing the emergency rooms to have more be availability for life threatening medical emergencies (heart attacks, diabetes issues, strokes, etc.)
- Providing the clients the opportunity to have a client-centered, strength-focused care plan established so upon discharge there is a strategy in place and supports established.
- Providing the opportunity for our community to come together and have the CTC as a beacon of love and hope for all members of this city/county/community.

This baseline data report is intended to serve as a shared reference and baseline for future evaluation. Data were provided by organizations involved in the planning process; they were analyzed and compiled by the Augustana Research Institute. Because planning began in early 2017, baseline data are for the year 2016.

The contents of this report should be used in conjunction with other planning materials, including site visit reports by planning committee members, the report from the Sequential Intercept Mapping exercise conducted in July 2017, and the business plan authored by Sage Project Consultants.

Overview

In the Sioux Falls metro area, an estimated 10,387 adults have a serious mental illness, 45,259 have any mental illness, and 21,615 have a substance use disorder. The triage center planning committee is concerned with the intersection between that population and the hospital emergency departments and county jail.

The triage center's goal is to provide an alternative to the emergency department or jail as a response to individuals in behavioral health crisis. In 2016, about 24% of all jail bookings were for individuals who self-reported mental health or substance use disorders, and the estimated annual cost of all unsentenced jail bookings with self-reported mental health or substance use disorders was \$3,466,633. Just 446 individuals who self-reported mental health or substance use disorders—the top 5% of jail super utilizers in terms of number of bookings—accounted for 3,357 bookings and an estimated \$2,632,518 annually. The Avera and Sanford emergency departments together had 6,589 behavioral health – related encounters, with charges totaling \$40,037,269. Of those encounters, an estimated 32% were uninsured.

Like any new policy or service, the triage center is unlikely to eliminate these costs, but it could shift or reduce them by decreasing the number of jail bookings or ED encounters, length of stay, or cost of care for the target population.

The triage center described by the planning committee could accept referrals from a variety of sources, including law enforcement, emergency medical services (EMS), or walk-ins. Based on observed patterns of law enforcement encounters, arrests, and emergency department use, estimated annual referrals are as follows:

- Law enforcement: 338 to 370
- EMS: 1,520 to 2,149
- Walk-ins: 2,065 to 3,647

The accompanying business plan developed by Sage Project Consultants gives bed estimates based on these figures.

Organization of the Report

This report is organized by sequential intercept (see the accompanying Sequential Intercept Mapping report).

Section I looks at Intercept 0, community-based resources, crisis lines, and healthcare providers, including hospital emergency departments. Data presented include demographics of current users.

Section II focuses on Intercept 1, law enforcement, including both the Sioux Falls Police Department and the Minnehaha County Sheriff's Office. Data presented include calls for service by type and outcome, use and outcomes of the Mobile Crisis Team, and arrests and charges.

Section III combines Intercepts 2 and 3, detention, including Detox and the Sobering Center (both currently housed in the Minnehaha County Jail), jail bookings, and super utilizers (individuals with disproportionately high numbers of bookings). Data presented include rates of self-reported mental health or substance use disorders among individuals booked into jail.

Section IV estimates current costs of jail and emergency department use by individuals with mental health or substance use disorders.

Section V estimates referral volume by source, including law enforcement, EMS, and walk-ins.

I. Intercept 0: Community Services, Crisis Lines, and Healthcare

This section presents baseline data about current levels of use and clients served by community-based providers.

Table 1. Intercept 0 Summary

Organization	Behavioral Health Clients Served (2016)
Helpline Center	>9,000 calls (statewide)
Southeastern Behavioral Health	5,000 clients
Carroll Institute	2,000 clients
Lutheran Social Services	667 counseling clients
Falls Community Health	500 to 1,000 behavioral health patients
Hospital Emergency Departments	6,589 behavioral health encounters
Adults with serious mental illness (SMI)*	10,387
Adults with any mental illness (AMI)*	45,259
Adults with substance use disorder (SUD)*	21,615

**The number of adults with SMI, AMI, or SUD are estimated from national prevalence rates recorded in SAMHSA's National Survey on Drug Use and Health (2016) and the Sioux Falls MSA population from ACS 2016 5-year estimates. Prevalence rates are 4.2% for SMI, 18.3% for AMI, and 8.4% for SUD, and Sioux Falls MSA population is 247,315.*

Helpline Center

The Helpline Center offers a 24-hour phone hotline and online database for information and referral to community services. The Helpline Center also administers the National Suicide Prevention Lifeline for South Dakota.

The table below summarizes needs identified from Helpline callers. Totals are statewide and report the number of identified needs, not calls. An individual caller could have multiple needs.

Table 2. Helpline Center Statewide Identified Needs for Mental Health & Addictions (2016)

Need	Callers
Triage Services	756
Substance Abuse	1128
Mental Health	537
Other (counseling, support groups, etc.)	1666
Suicide Prevention	2056
Talklines/Warmlines	3005
Total	9,148

In 2016, the National Suicide Prevention Lifeline for South Dakota received 1,538.

Southeastern Behavioral Health

Southeastern Behavioral Health is a private, non-profit agency that serves the four-county Sioux Falls metro area (Lincoln, McCook, Minnehaha, and Turner counties). Southeastern is one of 11 Community Mental Health Centers in South Dakota.

In 2016, Southeastern served about 5,000 clients in a variety of programs, including residential programs, day programs, crisis intervention, outpatient therapy and counseling, and programs for people who are homeless and mentally ill. Southeastern also houses the Mobile Crisis Team, which is described below under Intercept 1.

The table below summarizes Southeastern client demographics.

Table 3. Southeastern Behavioral Health client demographics (2016)

<u>Gender</u>	
male	52%
female	48%
<u>Age</u>	
0-6	3%
7-17	33%
18-30	16%
31+	48%
<u>Income</u>	
<\$5,000	21%
\$5,001 - \$15,000	35%
\$15,001 - \$30,000	26%
\$30,001+	18%

Southeastern reports that its top six referral sources are the following:

- Department of Social Services
- Schools
- Family / self / friends
- Hospital / medical facilities
- Court / criminal justice
- Human Services Center

In summer of 2017, Southeastern reported that wait time for clients to see a psychiatrist was around one-and-a-half or two months.

Carroll Institute

The Carroll Institute provides substance abuse prevention and treatment, including both residential and outpatient treatment. Carroll serves around 2,000 clients annually (including repeat clients). Carroll Institute staff estimate that around half of clients have co-occurring disorders.

In summer 2017, Carroll reported the wait time for beginning outpatient treatment was one to two weeks, and the wait for CD assessment was two weeks.

The Carroll Institute manages The Arch, a residential treatment program. The Arch has 87 beds: 24 female and 63 male. In August 2017, Carroll reported that the male waitlist was until December (three or four months) and female was until the end of September (one or two months).

In FY2017, the Carroll Institute received the vast majority (83%) of its referrals to The Arch from the courts or criminal justice. Referral sources are summarized in the table below.

Table 4. Referrals to The Arch by Source (FY2017)

<u>Referral Sources</u>	<u>FY17</u>
Alcohol/Drug Provider	3.00%
Community Hospital	< 1%
Court/Criminal Justice	83.00%
Department of Social Services	4.00%
Family/Self/Friend	5.00%
Human Services Center	< 1%
Indian Health Services	< 1%
Other	5.00%
Other Social Services	< 1%
<u>Total</u>	<u>100.00%</u>

The average length of stay at The Arch is 60 days. The program saw 429 total discharges in FY2016 and 551 discharged in FY2017. Discharges are summarized by type in the table below.

Table 5. Arch Discharges by Type (FY2016 and FY2017)

Discharge type	FY16	FY17
Successful	179	175
Unsuccessful-Other	118	42
Walked Away	113	145
Self Discharge	2	28
Continued Use	2	60
Non-compliance	7	51
Damage to Property	1	0
Detainment	0	24
Smoking in building	3	7
Fraternization	2	14
Violence towards resident	1	3
Violence towards staff	1	2
Total	429	551

Carroll reports that, on average, The Arch has three or four clients with emergency department or ambulance visits per month. Visits are usually due to anxiety mistaken for a heart problem or to get medical clearance after using.

The Carroll Institute also oversees the New Horizons program, which provides short-term housing for individuals held on involuntary commitments (IVCs) while they await an open treatment spot. In 2015, New Horizons had 145 admissions with an average length of stay of 11.3 days and an average daily census of 6.9 individuals. In 2016, the program had 63 admissions with an average length of stay of 9.8 days and an average daily census of 2.4 individuals.

Table 6. New Horizons Admissions (2015 and 2016)

	2015	2016
Total Admissions	145	63
Average Length of Stay (days)	11.3	9.8
Average Daily Census	6.9	2.4

Admissions reported in the table above include repeat clients. In 2016, there were six repeat admissions from January through December (about 10%).

In 2015, New Horizons had 149 discharges, with about 34% bound for inpatient treatment, 30% for outpatient treatment, and 18% to Slip/Slot, a combination intensive outpatient / low-intensity residential program. The remaining discharges were either terminated (14%) or had their IVCs dropped (4%). In 2016, the program had 66 discharges, with 20% bound for inpatient, 24% for Slip/Slot, and 24% for outpatient. In 2016, 30% were terminated and 1.5% had IVCs dropped.

Table 7. New Horizons Discharges by Type (2015 and 2016)

	2015	2016
To Inpatient	51	13
To Slip Slot	27	16
To Outpatient	45	16
IVC Dropped	6	1
Terminated	20	20
Total Discharges	149	66

Of the 145 New Horizons admissions in 2015, 4 came from Alliance and 4 from Lincoln County.

Lutheran Social Services

Counseling is one of many services that Lutheran Social Services (LSS) provides the community. In 2016, LSS served 667 clients in counseling. The chart below summarizes the number of clients who received each type of counseling service. Because clients may receive more than one service, clients per service sum to more than the total number of clients.

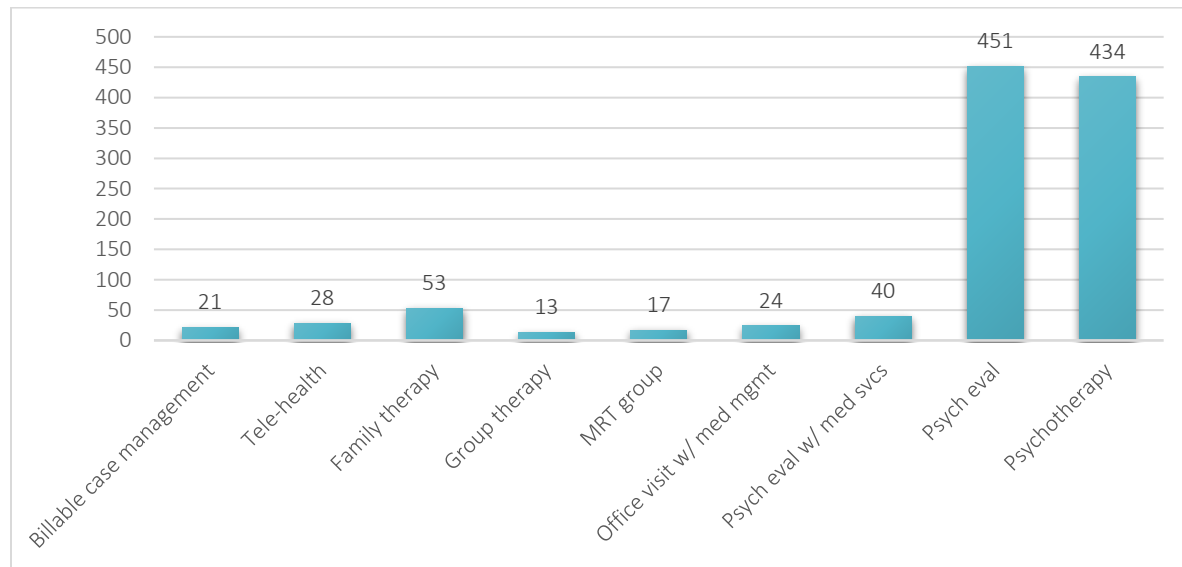


Figure 1. Lutheran Social Services Counseling Clients by Service (2016)

Falls Community Health

Falls Community Health, the City of Sioux Falls's community health center, reported 8,852 patients and 27,096 total medical encounters in 2016. Of those encounters, 1,998 were for behavioral health concerns, 231 for chemical dependence, 871 for alcohol-related substance abuse, and 543 for drug-related substance abuse.

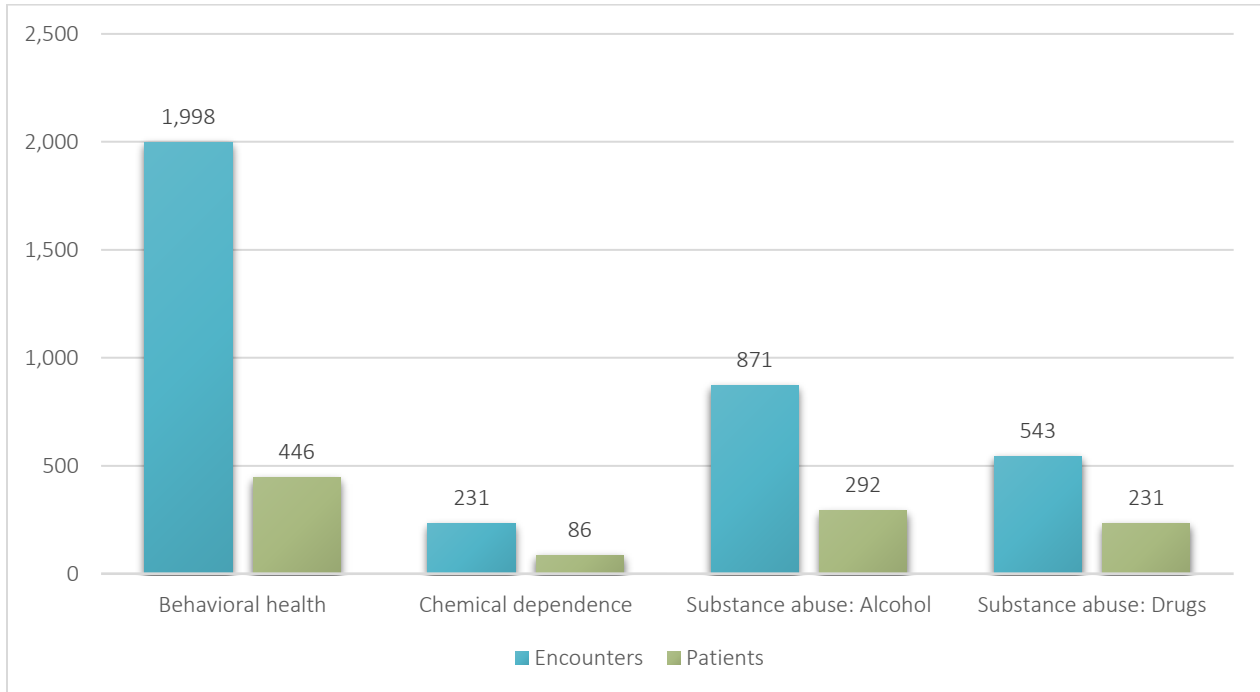


Figure 2. Falls Community Health Encounters and Patients (2016)

Community Health also provides medication bridging. Although staff report it is less frequent now than in the past, they provide medication bridging for about one patient per month.

Hospital Emergency Departments

This section summarizes data from the emergency departments (ED) at Sanford and Avera McKennan hospitals. Teams from the two hospitals collaborated to define common criteria for identifying behavioral health ED encounters: encounters were flagged for inclusion if one of the top three diagnoses was a behavioral health issue or substance abuse (see Appendix B).

The chart below summarizes behavioral health encounters at the Avera and Sanford EDs in 2016. It excludes ED encounters in which patients were admitted to the hospital or transferred to inpatient care.

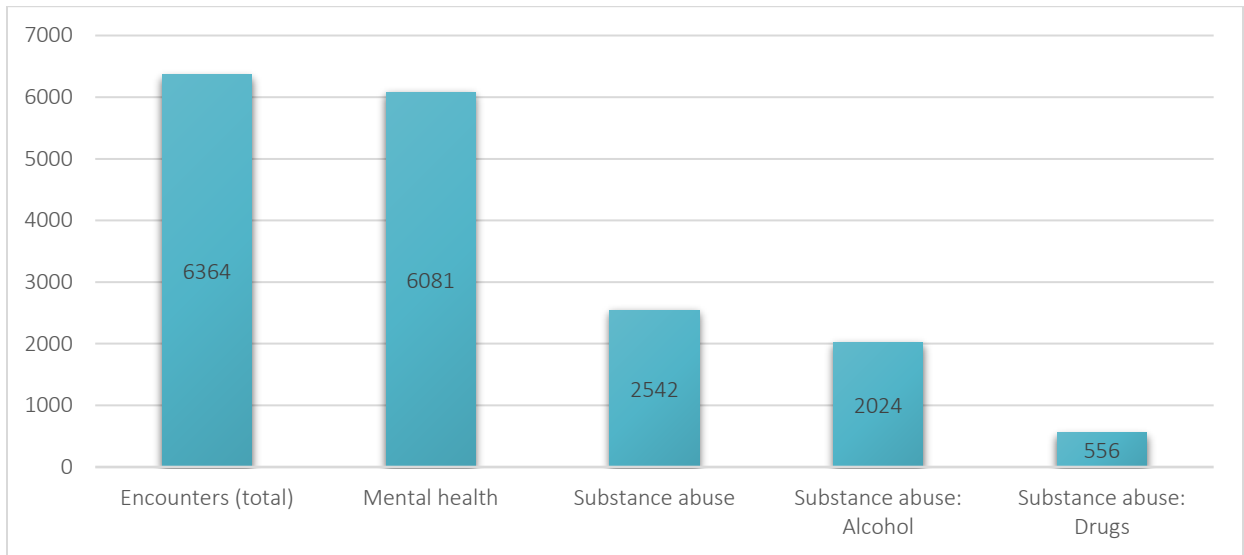


Figure 3. ED Behavioral Health Encounters (2016)

In 2016, the two EDs together saw 6,364 encounters with behavioral health concerns. Because an encounter can have multiple diagnoses, subcategories do not sum to total.

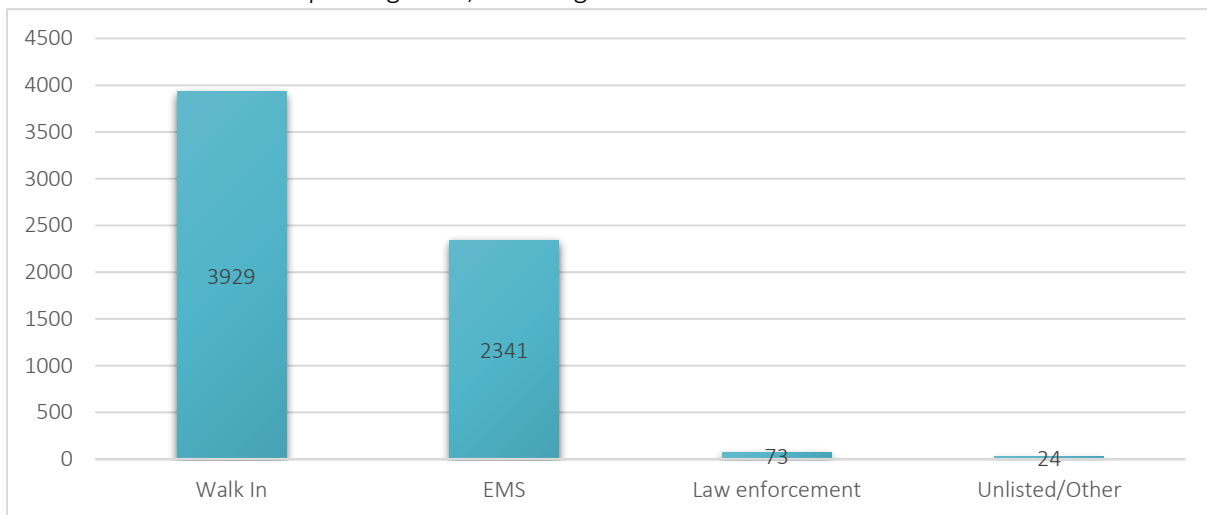


Figure 4. ED Behavioral Health Encounters by Means of Arrival (2016)

Walk-ins were the most frequent means of arrival for ED encounters with behavioral health concerns, followed by EMS (ambulance).

The average length of stay in the ED for encounters with behavioral health concerns was 190 minutes. For all encounters in 2016, that amounts to a total of nearly 20,000 hours or 832 days of ED time, roughly 2.28 beds per day.

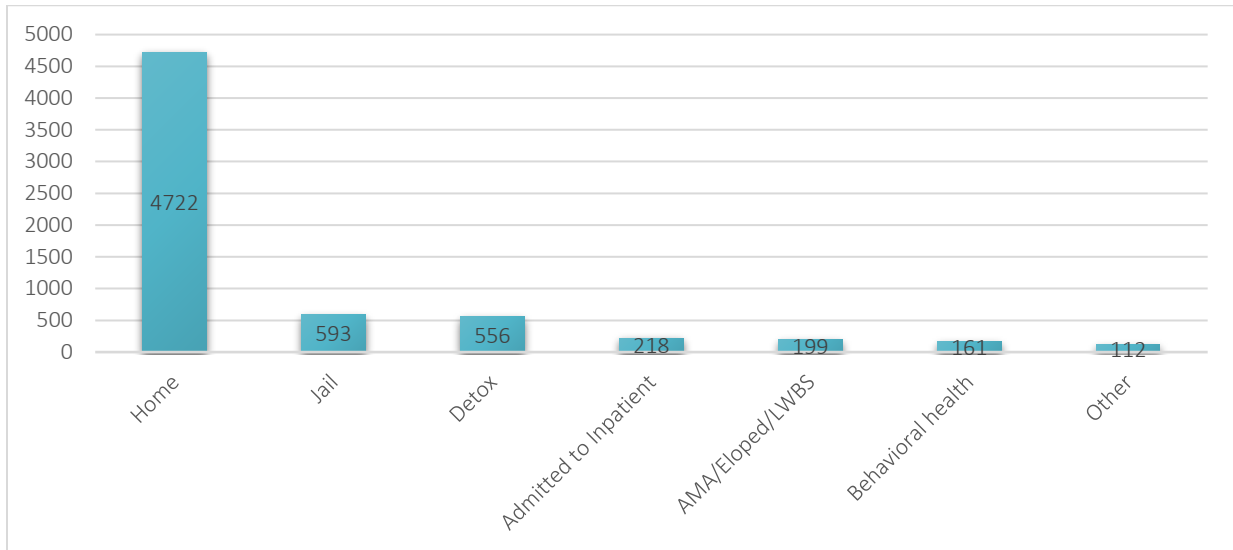


Figure 5. ED Behavioral Health Encounters by Disposition (2016)

The chart above summarizes disposition for patients following an ED encounter for a behavioral health concern. In the vast majority of encounters (4,722, or about 70%), patients were discharged to home/self-care.

Detailed disposition breakout (including patients discharged to detox or admitted to inpatient) was available for only one hospital. Total transfers for detox or inpatient admissions may actually be higher. For comparability, patients admitted to inpatient have been excluded in all other analyses except this chart.

II. Intercept 1: Law Enforcement

This section summarizes current use patterns for Intercept 1, law enforcement, including both the Sioux Falls Police Department and the Minnehaha County Sheriff, as well as the Mobile Crisis Team housed at Southeastern Behavioral Health, and Detox and Sobering Center, both currently located in the Minnehaha County Jail.

Table 8. Intercept 1 Summary

<u>Organization</u>	<u>Instances (2016)</u>
Sioux Falls Police Department and Minnehaha County Sheriff	
<i>Calls for Service</i>	127,547 calls
<i>Necessary Action Taken</i>	79,114 calls
<i>Arrests</i>	15,145 calls
Mobile Crisis Team	572 calls
Detox	241 clients
Sobering Center	2,621 bookings

Calls for Service

In 2016, the Sioux Falls Police Department (SFPD) and Minnehaha County Sheriff's Office (SO) together responded to 127,547 calls for service.¹ The most common call types (i.e., those representing at least 1% of all calls) are listed below.

Table 9. Calls for Service: Most Common Incident Types

Incident Type	Calls	% of All Calls
Disorderly Subjects	12,462	9.77
Accident	8,988	7.05
Larceny	4,594	3.60
Family Dispute	4,416	3.46
24/7 Violation	4,048	3.17
Check Wellbeing	3,946	3.09
Narcotics Violation	3,738	2.93
Intoxicated Subject	2,769	2.17
Prisoner Transport	2,611	2.05
Vandalism	2,537	1.99
Abandoned Vehicles	2,466	1.93
Assault	2,419	1.90
Fraud	2,414	1.89
Hit & Run	2,398	1.88
Warrant Service	2,288	1.79
Check Security	2,235	1.75
Shoplifting	1,910	1.50
PD Landline	1,867	1.46
Burglar Alarm	1,830	1.44
Parking Violation	1,824	1.43
911 Hang Up	1,800	1.41
Public Assist	1,737	1.36
Suspicious Vehicle	1,677	1.32
Noise Disturbance	1,656	1.30
Runaway	1,641	1.29
Psychiatric / Suicide Attempt	1,582	1.24
Suspicious Activity	1,569	1.23
Traffic Hazard	1,477	1.16
Burglary	1,473	1.16
Stolen Vehicle	1,369	1.07
DWI	1,367	1.07
Man Down	1,319	1.03
Found Property	1,305	1.02

¹ Of the 127,547 total calls for service, the Sioux Falls Police Department responded to 104,226 and the Minnehaha County Sheriff's Office responded to 23,321. They have been combined for this analysis.

As Table 10 indicates, in most cases, problems were resolved on scene with no one taken into custody. Because the triage center is currently conceived of as an alternative to detention or hospital visits, analysis focuses on calls that led to arrest or transport to detox or hospital. However, calls that did not result in arrest could still be a source of referral to a triage center. When responding to a call, an officer might think of the triage center not only as an alternative to arrest but also as something more than diffusing an immediate crisis on scene (i.e., an opportunity to engage in care, along the lines of the Mobile Crisis Team). In other words, the triage center might aim both to reduce arrests and to reach an underserved population in order to engage more people in care.

Table 10. Selected Outcomes of Calls for Service²

Outcome	Calls	% of All Calls
Necessary Action Taken	79,114	62.03
Arrest / Lodged at Jail	15,145	11.87
Citation	9,734	7.63
Lodged at Detox	1,326	1.04
Lodged at McKennan	98	0.08
Total calls	127,547	100

² Calls can have multiple outcomes (e.g., 4,534 calls have both “Necessary Action Taken” and Arrest, Jail, Citation, Detox, or McKennan as an outcome). In this table, counts represent calls for service, not people: one call could result in the same or different outcomes for several people. For example, a call could result in two people arrested and one lodged at McKennan. The outcomes Lodged at Jail and Arrest have been combined because they appear to be inconsistently used alone or in combination: 5,857 calls are coded Arrest and Lodged at Jail; an additional 4,632 are coded Lodged at Jail, and 4,656 are coded Arrest. Of those coded Lodged at Jail but not Arrest, 3,318 are 24/7 violations or warrant service.

In 2016, 15,145 calls (11.87%) resulted in arrest.³ The table below indicates the types of calls that resulted in the most arrests. Note, however, that call type is based on caller report and does not necessarily correspond to arrest charges.

Table 11. Calls for service resulting in arrest - most common incident types

Incident Type	Calls Resulting in Arrest	% of Incident Type Resulting in Arrest	% of All Calls Resulting in Arrest
24/7 Violation	2,272	56.13%	15.00%
Narcotics Violation	2,014	53.88%	13.30%
Disorderly Subjects	1,545	12.40%	10.20%
Warrant Service	1,352	59.09%	8.93%
Assault	922	38.11%	6.09%
Shoplifting	848	44.40%	5.60%
DWI	842	61.59%	5.56%
Runaway	517	31.51%	3.41%
Family Dispute	472	10.69%	3.12%
Non Hazardous Moving Violations	371	36.92%	2.45%
Traffic	337	47.13%	2.23%
Intoxicated Subject	293	10.58%	1.93%
Accident	260	2.89%	1.72%
Foreign Aid	215	17.00%	1.42%
Hazardous Moving Violation	198	40.33%	1.31%
Weapons Violation	155	41.11%	1.02%
Man Down	149	11.30%	0.98%
Protection Order Violations	140	17.99%	0.92%
Hit & Run	134	5.59%	0.88%
Larceny	116	2.53%	0.77%
Stolen Vehicle	108	7.89%	0.71%
Psychiatric / Suicide Attempt	103	6.51%	0.68%
Liquor Law Violation	101	22.25%	0.67%

³ As above, arrest totals indicate a call outcome of “Arrest” or “Lodged at Jail.” In most cases (about 85% of the time), only one arrest was made. About 10% of the time, two arrests were made. Three or more arrests were made in less than 5% of all calls resulting in arrest.

The chart below juxtaposes the most common call types with the arrest frequency for that call type.

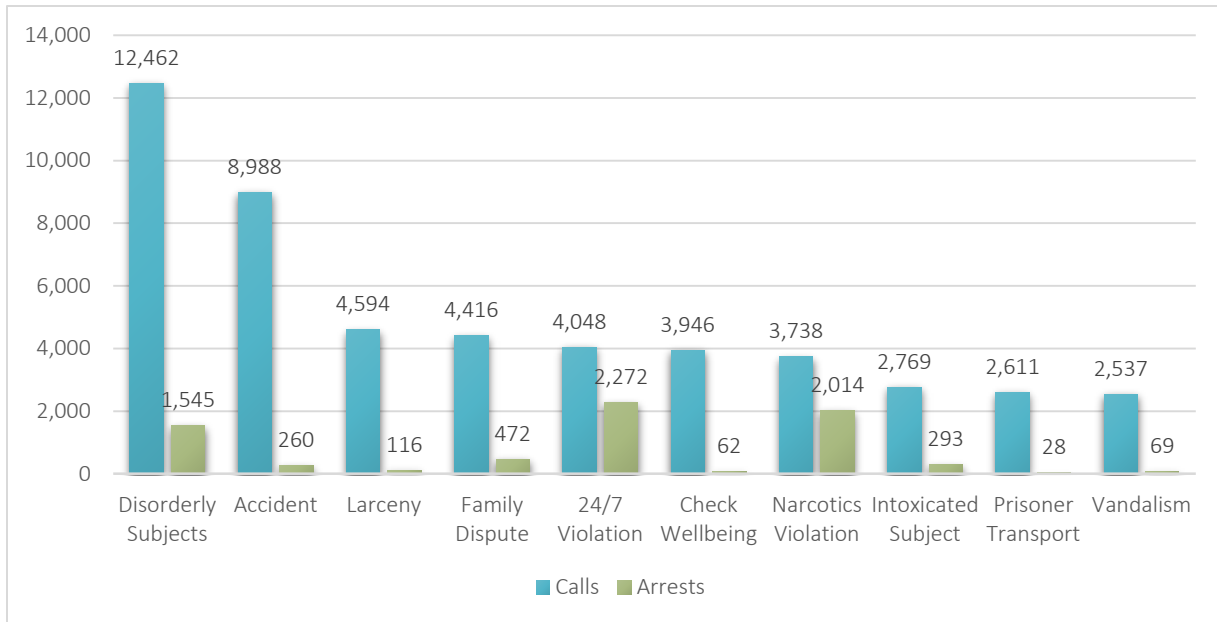


Figure 6. Calls and Arrests by Call Type (2016)

As the chart demonstrates, the vast majority of the most common calls do not result in arrest—with the exception of 24/7 violations and narcotics violation.

Mobile Crisis Team

In 2016, the Mobile Crisis Team received 572 calls and responded to 487 (85 calls were declined).⁴ Of calls taken, 461 came from the Sioux Falls Police Department and 22 from the Minnehaha County Sheriff's Office.

Table 12. Mobile Crisis Team Outcomes, 2016

Call Outcome	Calls	% of Calls Taken
Remained Home	417	85.6
Voluntary Admission to Avera Behavioral Health	30	6.2
Detox / Other Placement	14	2.9
Involuntary Hold	26	5.3
Total Calls Taken	487	

Overall, 94.7% of calls taken were successfully diverted; only 26 calls (5.3%) resulted in an involuntary hold.

⁴ The Mobile Crisis Team declines calls if there is no probable cause for a mental health hold, if the consumer is too violent or weapons are involved, if the consumer is too impaired (i.e., intoxicated) to speak to the team, if the consumer possibly overdosed and needs medical attention, and if a parent or guardian is not present to give authorization for the team to speak to an adolescent.

On average, the Mobile Crisis Team spent just under one hour (57.6 minutes) per call.

Clients were predominantly white (76.0%) or American Indian (9.0%), and most were between the ages of 21 and 30 (31.0%) or between 31 and 40 (18.1%). Nearly all calls (96.7%) were first-time calls.

Table 13. Mobile Crisis Team Client Demographics for Calls Taken: Race (2016)

Race	Individuals	%
White	370	76.0
Native American	44	9.0%
Black	20	4.1
Hispanic	9	1.8
Other	19	3.9
Unknown	25	5.1

Table 14. Mobile Crisis Team Client Demographics for Calls Taken: Gender (2016)

Gender	Individuals	%
Male	247	50.7
Female	240	49.3

Table 15. Mobile Crisis Team Client Demographics for Calls Taken: Age (2016)

Age	Individuals	%
Under 18	55	11.3
18 – 20	65	13.3
21 – 30	151	31.0
31 – 40	88	18.1
41 – 50	57	11.7
51 – 60	46	9.4
61 – 70	11	2.3
71 – 80	3	0.6
81 – 90	3	0.6
Unknown	8	1.6

Arrests and Charges

Current arrest patterns provide a baseline for measuring the effects of pre-arrest diversion efforts and triage services. They also give an indication of the number and types of cases that might have been candidates for pre-arrest diversion to triage if the arresting officer had that option available. However, once an arrest has been made, law enforcement has little discretion over whether someone is booked into jail. Post-arrest diversion would depend on judicial decision at initial appearance.

In 2016, the Sioux Falls Police Department (SFPD) and Minnehaha County Sheriff’s Office (SO) together made 11,993 arrests. For both, the top arrest category was drug/narcotic (or equipment) violations: 2,922 (19%) arrests included drug charges, and of those, 2,314 (79%) had *only* drug/narcotic charges.

Together, the SFPD and SO made 1,872 disorderly conduct arrests, of which 986 (53%) had no other charge types; 1,273 DUI arrests, of which 474 (37%) had no other charge types; and 652 liquor law violations, of which 160 (25%) had no other charge type.

The SFPD also made 967 shoplifting arrests, of which 859 (89%) had only shoplifting charges, and 418 trespassing arrests, of which 341 (82%) had only trespassing charges.

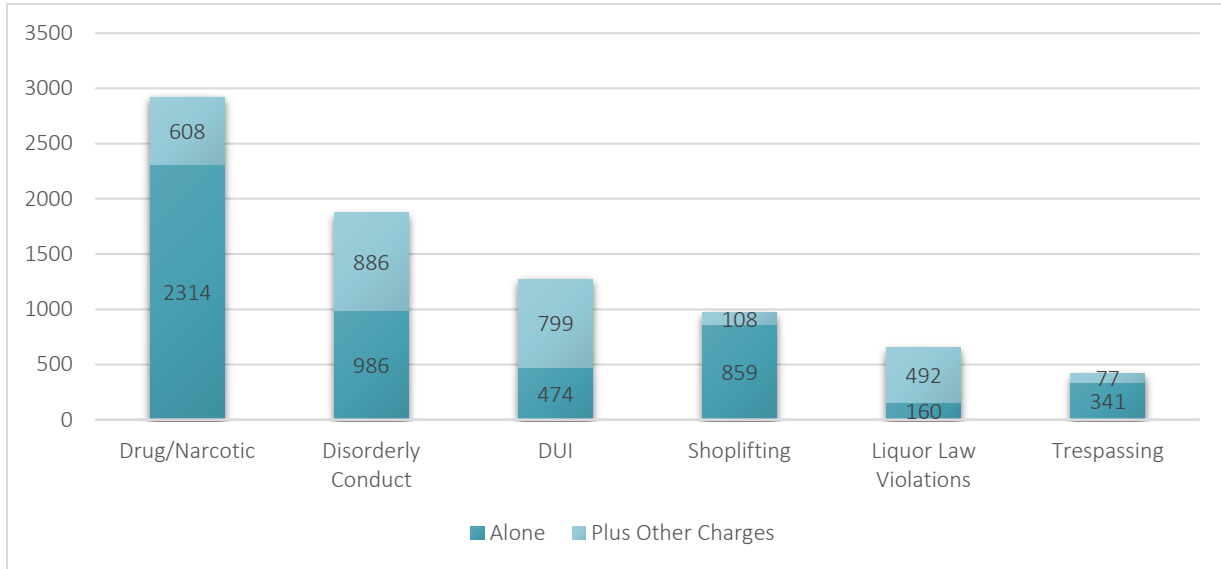


Figure 7. SFPD and Sheriff's Office Arrests, Selected Charges (2016)

In total, 5,134 of 11,993 arrests (43%) made in 2016 were for the charges shown above alone with no additional types of charges. Detailed tables are presented in Appendix C Methodology.

For perspective, consider the number of arrests for these offenses compared with calls for service.

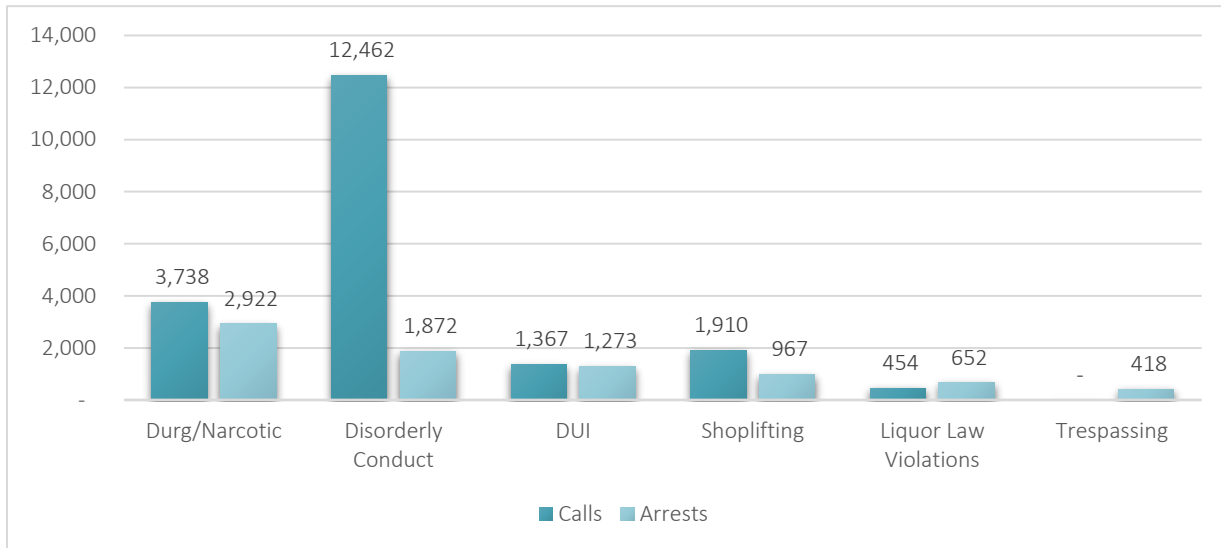


Figure 8. Calls for Service and Arrests (2016)

Tables 16, 17, and 18 give demographic information and population-based rates for arrests by sex, race, and age. Rates are calculated based on the 2010 Census for the Sioux Falls MSA.

Table 16. Arrests by Sex, SFPD and SO (2016)

Sex	Arrests	% of All Arrests	Arrests per 100,000
Male	8,485	70.7	7,460
Female	3,507	29.2	3,062
Unknown	1		
Total	11,993		5,254

Table 17. Arrests by Race and Ethnicity, SFPD and SO (2016)

Race/Ethnicity*	Arrests	% of All Arrests	Arrests per 100,000
Asian	118	9.8	3,939
Black	2,004	16.7	29,667
Hispanic	561	4.7	7,242
Native American	3,052	25.4	67,612
Native Hawaii/Pacific Islander	5	0.0	3,425
Other, multi-racial	48	0.4	606
White	6,161	51.4	2,992
Total	11,993		5,254

*Arrests in which race was identified as Arab American have been included with White, following 2010 Census guidelines. Arrests in which race was unknown (44 arrests) are not included in any race category but are included in totals.

Table 18. Arrests by Age, SFPD and SO (2016)

Age	Arrests	% of All Arrests	Arrests per 100,000
Under 18	2,477	20.7	4,177
18 to 24	2,775	23.1	13,289
25 to 34	2,988	24.9	8,403
35 to 44	1,926	16.1	6,451
45 to 54	1,308	10.9	4,022
55 to 64	448	3.7	1,820
65 and over	70	0.6	274
Total	11,993		5,254

III. Intercepts 2 and 3: Detention

Detox and Sobering Center

In 2016, Minnehaha County Detox provided 1,552 total bed days and had an average daily census of 4.25. Detox reported a total of 241 clients served, including 165 involuntary commitments (IVCs). As of November 2016, they had conducted 96 assessments on individuals held on pending IVCs.

In 2016, the Sobering Center had 2,621 total bookings, an average of 7.18 per day. People booked into the Sobering Center are generally held on 48-hour holds, and the average length of stay is 9.7 hours.

Jail Bookings

In 2016, Minnehaha County had a total of 17,454 bookings. This total and the analysis of jail bookings that follows exclude Detox and Sobering Center bookings, which use a different intake process and have inconsistent data on self-reported mental health and substance use status. Sensitivity analysis showed that excluding these bookings did not substantively change results.

Data below are based on self-reported history of mental health (MH) or substance use disorders (SUD) recorded during intake screening. Individuals can have multiple bookings, so numbers should not be interpreted to represent numbers of individuals.⁵

In 2016, 4,201 bookings (24.1%) self-reported mental health or substance use disorders.⁶

Table 19. Prevalence of Self-reported Mental Health and Substance Use Disorder among All Minnehaha County Jail Bookings (2016)

	Bookings	% of all bookings
MH or SUD	4,201	24.1%
<i>SUD alone</i>	1,942	11.1%
<i>MH alone</i>	1,465	8.4%
<i>Co-occurring</i>	794	4.5%
Neither MH nor SUD	13,256	75.9%
All bookings	17,454	

⁵ Everyone booked into jail must have a medical screening within two hours. That medical screening consists of both a medical background and mental health screening. In this report, data on mental health and substance use disorders are based on self-report, not the full screening results. A new law enacted July 1, 2017 requires jails use a validated screening tool, and screening is expected to begin in early 2018. Screening will be conducted by correctional officers within 72 hours of booking, and results will be provided to judges.

⁶ In a study of self-reported measures among homeless people with mental illness, results indicate clients are likely to underreport psychotic symptoms (but may more reliably report anxiety, depression, hostility, and somatization). They are also likely to underreport utilization of mental health and substance abuse services (though they may more reliably report contact with other supportive services, including legal, housing, financial, employment, health care, and medication). See Robert J. Calsyn, Gary A. Morse, W. Dean Klinkenberg, and Michael L. Trusty, "Reliability and Validity of Self-Report Data of Homeless Mentally Ill Individuals," *Evaluation and Program Planning*, 1997, 20(1): 47-54. By comparison, the Sioux Falls MSA had 4,140 reported admissions to substance abuse treatment in 2014 (TEDS-A 2014). Statewide, the estimated prevalence of serious mental illness among adults is 5.4%, and 18.97 per 1,000 people (1.9%) received publicly funded mental health treatment in 2016 (SAMHSA USR 2016).

In 2016, the jail medical staff conducted a point-in-time count of people in jail with serious mental illness (SMI) on a single day. They found that 6% of people in jail on that day had been diagnosed with SMI. Anecdotally, jail medical staff have observed that proportion stays fairly steady.

Rates of self-reported mental health or substance use disorders were slightly higher among the sentenced than unsentenced population, but fairly consistent across legal statuses (i.e., unsentenced, sentenced, contract/other county, or other).

Table 20. Prevalence of Self-reported Mental Health and Substance Use Disorder among All Bookings by Legal Status (2016)

	Booking Type							
	Unsentenced (Minnehaha County)		Sentenced (Minnehaha County)		Contract / Other County		All others	
	n	%	n	%	n	%	n	%
MH or SUD	3,139	23.3	240	18.8	468	24.7	354	42.5
<i>SUD alone</i>	1,461	10.9	117	9.1	209	11.0	155	18.6
<i>MH alone</i>	1,109	8.2	83	6.5	169	8.9	104	12.5
<i>Co-occurring</i>	569	4.2	40	3.1	90	4.7	95	11.4
Neither MH nor SUD	10,308	76.7	1,039	81.2	1,428	75.3	478	57.5
All bookings	13,447		1,279		1,896		832	

Compared to the general jail population, bookings with self-reported mental health or substance use disorders are slightly more likely to face a felony charge or a violent charge or to have violated probation (indicating repeat offenders). Nevertheless, the majority (86.7%) of bookings with self-reported mental health or substance use disorders were booked on misdemeanors only (66.9%) or on non-violent charges (86.7%).

Table 21. Selected characteristics of bookings and charges, 2016

	Self-Reported Behavioral Health Status			
	MH/SUD		Non-MH/SUD	
	n	%	n	%
Misdemeanor Only	2,811	66.9	10,455	78.9
Any Felony Charge	1,390	33.1	2,798	21.1
All bookings	4,201	100	13,253	100
Violent Charge	560	13.3	1,556	11.7
Non-violent Charges	3,641	86.7	2,632	88.3
All bookings	4,201	100	13,253	100
Probation Violation	274	6.5	419	3.2
New Charges Only	3,927	93.5	12,834	96.8
All bookings	4,201	100	13,253	100

Note: Probation violation count includes bookings with additional charges.

Jail Bookings: Length of Stay

Bookings with self-reported mental health or substance use disorders had longer average (mean) length of stay compared to those without: 331 hours (14 days) compared to 180 hours (7.5 days).⁷

While bookings with self-reported mental health or substance use disorders made up 24.1% of all bookings (see Table 19), they accounted for 37.1% of all jail bed days.⁸

Table 22. Average length of stay in hours, 2016

	ALOS (mean hours)	SD
MH or SUD	331	831
<i>SUD alone</i>	353	851
<i>MH alone</i>	247	716
<i>Co-occurring</i>	434	956
Neither MH nor SUD	180	570
All bookings	216	646

⁷ The length of stay distribution is skewed right: most bookings have relatively short stays, but a few have very long stays, driving up the mean. To put this in perspective, half of all bookings in 2016 had a length of stay of 27 hours or less. For detailed tables with median length of stay, see Appendix A.

⁸ Jail bed days are calculated as total length of stay for all bookings in hours divided by 24 hours per day.

Average length of stay varies by legal status, with longer stays for sentenced bookings. However, unsentenced bookings have the highest relative disparity in length of stay: among unsentenced bookings, those with self-reported mental health or substance use disorders have an average length of stay more than twice that of other unsentenced bookings.

Table 23. Average Length of Stay in Hours by Legal Status (2016)

	Average Length of Stay (Hours)							
	Unsentenced (Minnehaha County)		Sentenced (Minnehaha County)		Contract / Other County		All others	
		SD		SD		SD		SD
MH or SUD	279	790	1,147	1,223	264	640	342	810
<i>SUD alone</i>	285	762	1,302	1,329	341	806	312	842
<i>MH alone</i>	217	728	786	992	125	299	338	636
<i>Co-occurring</i>	383	949	1,446	1,184	346	634	397	925
Neither MH nor SUD	119	487	757	941	177	512	263	625
All bookings	156	576	829	1,010	199	547	297	711

Unsentenced bookings may bond out prior to seeing medical or mental health contracted staff, in which case data on self-reported mental health or substance use disorders would not be available. The table below presents a comparison of self-reported mental health or substance use disorders among those booked for less than 12 hours, less than 24 hours, less than 48 hours, and 48 hours or more (unsentenced Minnehaha County only):

Table 24. Bookings by Length of Stay and Self-reported Mental Health or Substance Use Disorder

	Length of Stay (Hours)							
	< 12 hours		12 to 24 hours		24 to 48 hours		≥ 48 hours	
	n	%	n	%	n	%	n	%
MH or SUD	272	6.20	649	25.96	862	31.48	1,356	35.47
<i>SUD alone</i>	130	2.96	280	11.20	385	14.06	666	17.42
<i>MH alone</i>	106	2.42	259	10.36	312	11.40	432	11.30
<i>Co-occurring</i>	36	0.82	110	4.40	165	6.03	258	6.75
Neither MH nor SUD	4,114	93.8	1,851	74.04	1,876	68.52	2,467	64.53
All bookings	4,386	100	2,500	100	2,738	100	3,823	100

Release and Reentry

During the triage planning process, concern was raised about continued access to psychiatric medication after release from jail. Jail medical staff reported that, over a 3-week period in Summer 2017, 2 people were released with psychiatric medications.

Super Utilizers

Super utilizers are individuals who visit emergency departments, are booked into jail, or use community services at high rates. This analysis looks at super utilizers of the Minnehaha County Jail in order to estimate the size of the super utilizer population, a potential target population for triage. The analysis considers all bookings (jail, Detox, and Sobering Center together), Detox and Sobering Center alone, and jail bookings alone.

a. All Bookings (Jail, Detox, and Sobering Center)

In 2016, Minnehaha County booked 9,533 people, resulting in 20,169 bookings (including Detox and Sobering Center bookings). Mean number of bookings was 2.12 with a standard deviation of 3.78 bookings. The maximum number of bookings for any individual was 143.

The top 5% of individuals comprised 490 individuals who had 6 or more bookings each, collectively accounting for 5,698 bookings (28.3%). Of these, 3,723 (65%) were Sobering Center bookings].

The top 1% of individuals—102 people—had 12 or more bookings each, collectively accounting for 2,817 bookings (14.0%). Of these, 1,670 (59%) were Sobering Center bookings.

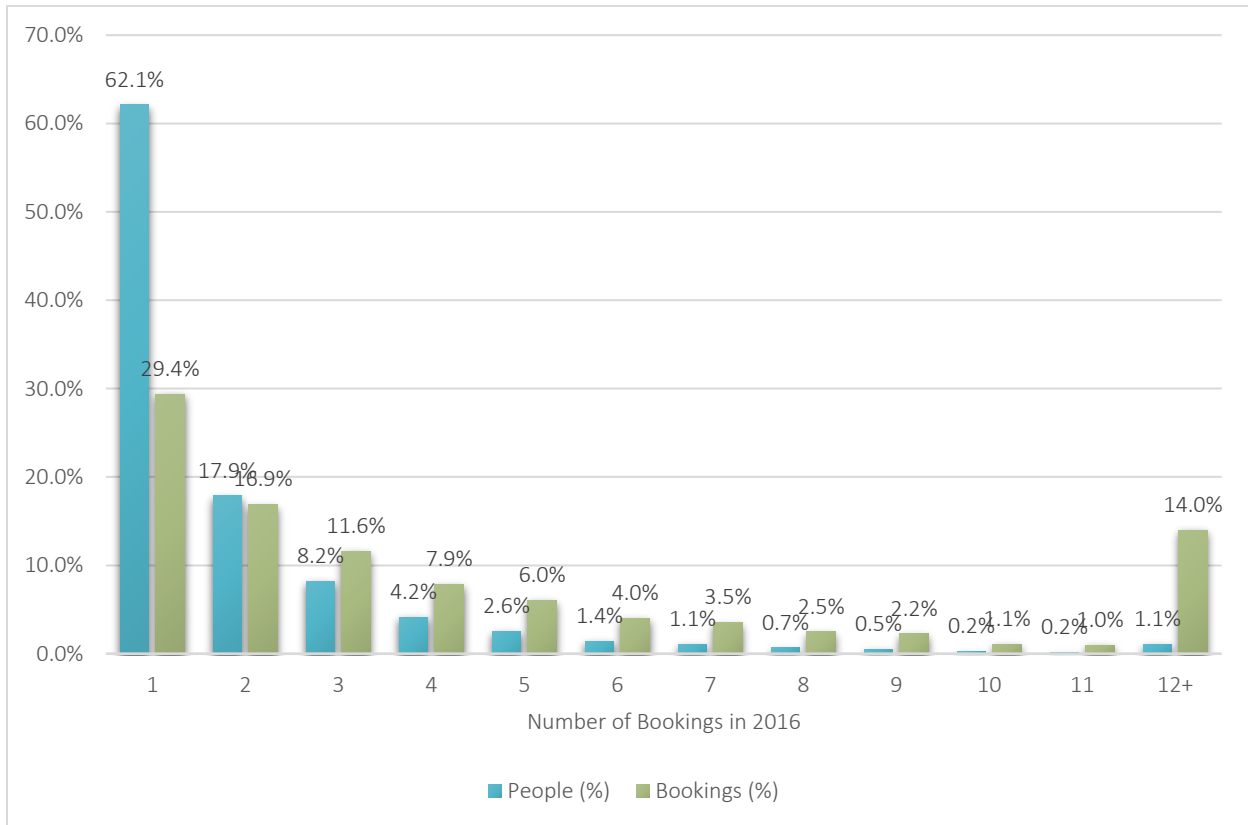


Figure 9. Super Utilizers: All Bookings (2016)

b. Detox and Sobering Center Bookings

In 2016, Minnehaha County booked 782 people in Detox or the Sobering Center, resulting in 2,708 bookings. Mean number of bookings was 3.46 with a standard deviation of 8.91 bookings. The maximum number of bookings for any individual was 139.

The top 5% of individuals comprised 20 individuals who had 16 or more bookings each, collectively accounting for 1,311 bookings (48.4%).

The top 1% of individuals—7 people—had 41 or more bookings each, collectively accounting for 578 bookings (21.3%).

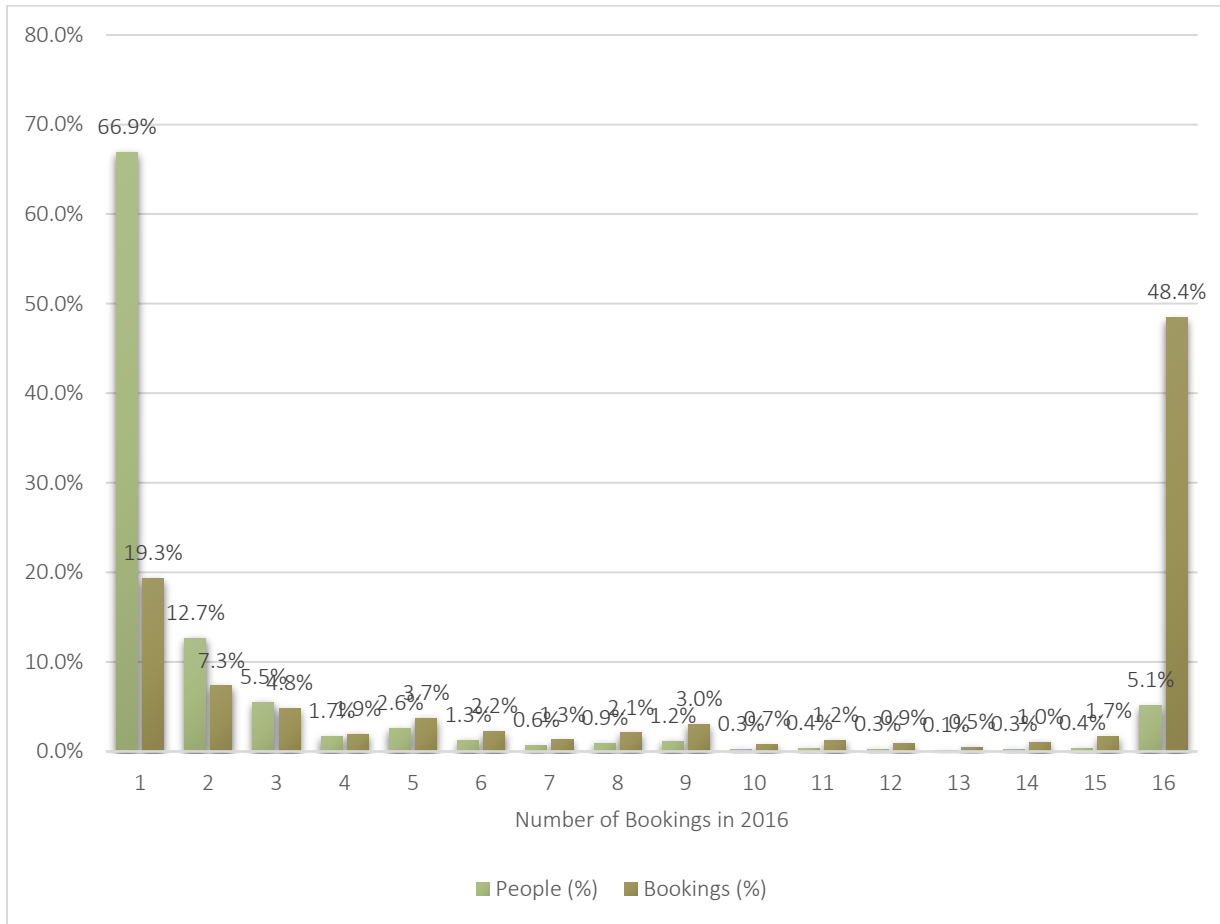


Figure 10. Super Utilizers: Detox and Sobering Center (2016)

c. Jail Bookings

If Sobering Center and Detox are *excluded*, there were 9,203 people booked in 2016, resulting in 17,461 bookings. Mean number of bookings was 1.9 with a standard deviation of 1.8 bookings. The maximum number of bookings for any individual was 32.

The top 5% of individuals comprised 638 people who had 5 or more bookings each, collectively accounting for 4,551 bookings (25.6%) and 36,782 jail bed days, or 100 beds per day.

The top 1% of individuals—123 people—had 9 or more bookings each, collectively accounting for 1,481 bookings (8.0%) and 8,500 jail bed days, or 23 beds per day.

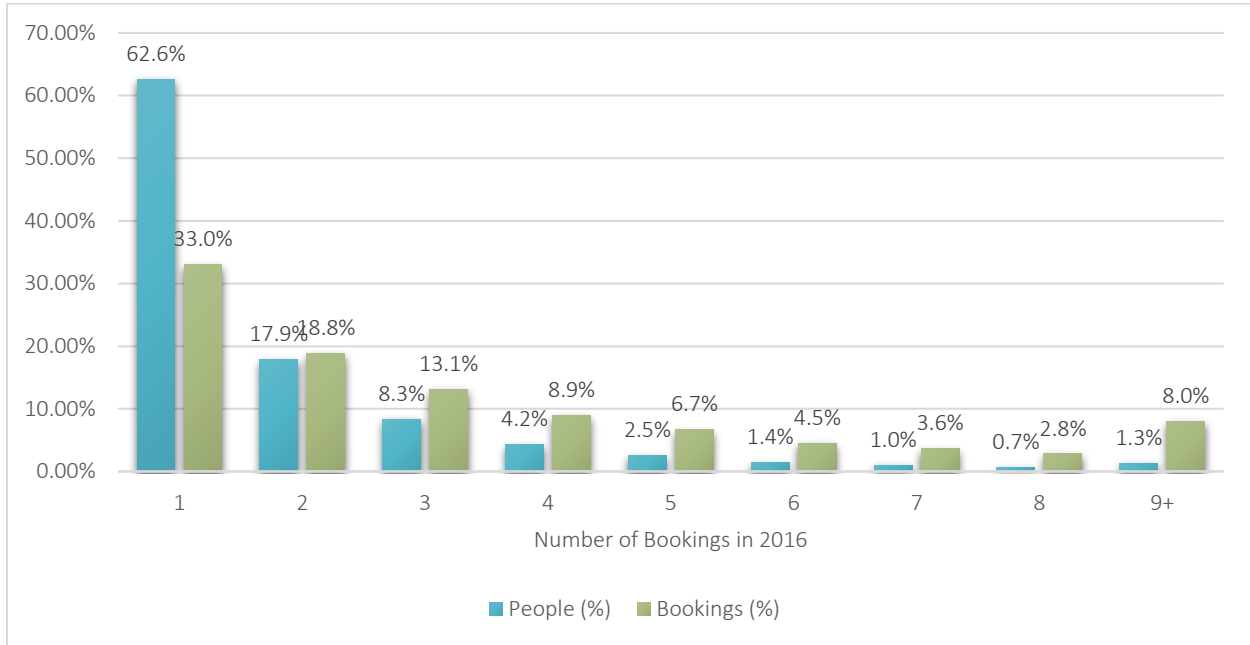


Figure 11. Super Utilizers: Jail Bookings (2016)

Table 25. Super Utilizers: Jail Bookings, detail (2016)

Number of Bookings	People		Bookings	
	n	%	n	%
1	5,765	62.6	5,765	33.0
2	1,645	17.9	3,290	18.8
3	765	8.3	2,295	13.1
4	390	4.2	1,560	8.9
5	233	2.5	1,165	6.7
6	130	1.4	780	4.5
7	91	1.0	637	3.6
8	61	0.7	488	2.8
9+	123	1.3	1,481	8.0
Total	9,203	100	17,461	100

Rates of self-reported mental health and substance use disorders increase with the number of bookings: people with more frequent bookings are more likely to self-report mental health or substance use problems.⁹

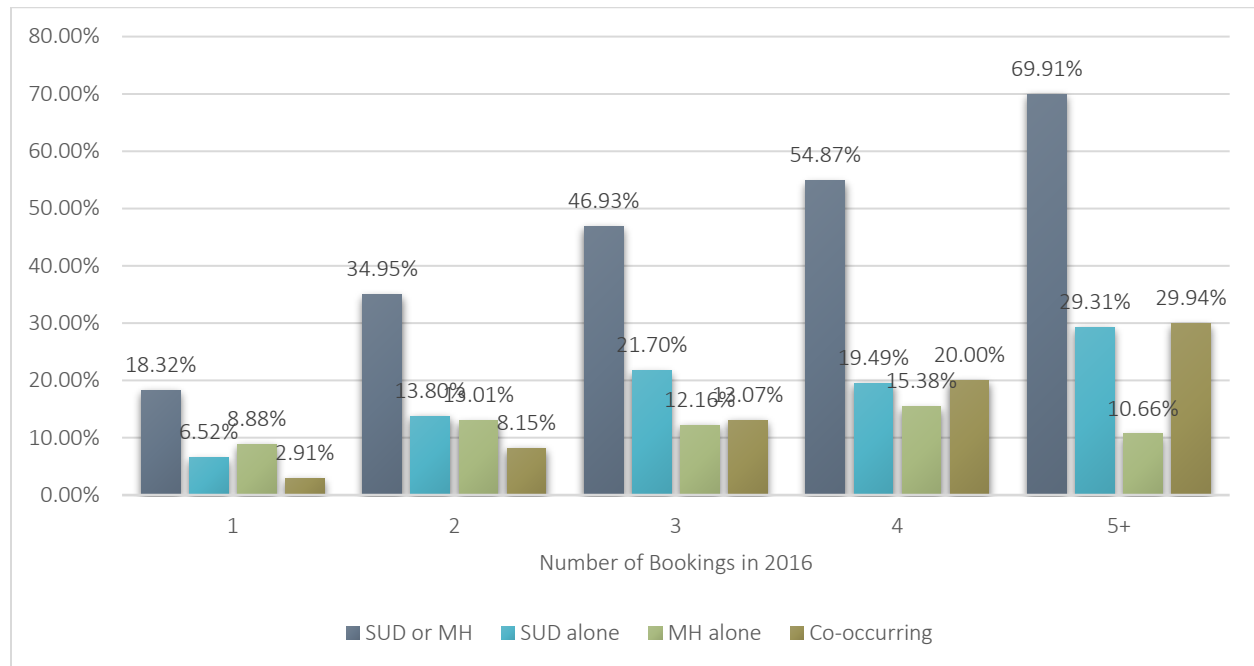


Figure 12. Self-reported Mental Health and Substance Use Disorders by Number of Bookings

On average, individuals with self-reported co-occurring disorders have 3.76 bookings, compared to 2.96 mean bookings for individuals who self-report substance use disorders, 2.02 mean bookings for those who report mental health problems, and 1.52 bookings for individuals who do not self-report any mental health or substance use disorders ($F(3, 9,199)=506.90, p<0.0001$).

Table 26. Mean Number of Bookings for Individuals with and without Self-reported Mental Health or Substance Use Disorders

	Bookings		
	mean	SD	n
MH or SUD	2.83	2.72	2,650
SUD alone	2.96	2.80	1,032
MH alone	2.02	1.69	947
Co-occurring	3.76	3.36	671
Neither MH nor SUD	1.52	1.14	6,553
All bookings	1.90	1.85	9,203

⁹ For this analysis, individuals were considered to have self-reported substance abuse or mental health problems if they reported them at any booking (excluding Detox and Sobering Center) during 2016.

Individuals who self-report mental health or substance use disorders are significantly more likely to be super utilizers. Table 26 presents the results of a logistic regression analysis of self-reported mental health or substance use disorders and super utilizer status (5+ bookings).

Table 27. Results of Logistic Regression of Self-reported Mental Health or Substance Use Disorders and Super Utilizer Status (5+ bookings)

	Odds Ratio	95% CI
Neither MH nor SUD (reference)		
<i>SUD alone</i>	7.33***	5.92, 9.08
<i>MH alone</i>	2.56***	1.93, 3.41
<i>Co-occurring</i>	13.18***	10.57, 16.44
Constant (baseline odds)	0.03	.03, .03

***p < 0.0001, χ^2 (3)=634.91, pseudo R²=0.1369, n=9,203

The odds ratio is the odds of being a super utilizer given self-reported SUD, MH, or co-occurring disorder, compared to the odds of being a super utilizer for someone who has not self-reported any of these conditions.

IV. Current Costs

This section presents the estimated cost of jailing super utilizers in 2016. It should be noted that new policies or services are unlikely to eliminate these costs, but could shift and reduce costs by decreasing either the number of jail bookings or ED encounters, length of stay, or cost of care for the target population.

Jail costs are for super utilizers (5+ bookings) with self-reported mental health or substance use disorders.

Hospital costs are based on observed charges for selected ED encounters (behavioral health related). Charges for uninsured and Medicaid patients have been estimated by extrapolating ratios of insurance status and charges from one hospital for which they were available.

Table 28. Current Costs Summary

Organization	Cost Estimate (2016)
Jail	\$700,000 to \$2.6 million
Hospital EDs	\$40 million
Uninsured (est.)	\$9.7 million
Medicaid (est.)	\$6.1 million

Super Utilizer Jail Costs

1. All Bookings, Including Detox and Sobering Center

In 2016, Minnehaha County booked 9,533 people, resulting in 20,169 bookings. The top 5% of individuals comprised 490 individuals who had 6 or more bookings each, collectively accounting for 5,698 bookings.

Table 29. Super Utilizer Costs: All Bookings (Jail, Detox, and Sobering Center)

	Top 5% ≥6 bookings	Top 1% ≥12 bookings	Total bookings
Individuals	490	102	9,533
Bookings	5,698	2,817	10,169
Mean Accumulated Length of Stay per Person (hours)*	1,373	1,387	431
Bed Days	28,035	5,894	171,077
Beds per Day	77	16	469
Annual Cost**	\$2,663,302	\$560,017	\$16,252,318

*Accumulated length of stay per person means the total length of stay for all bookings that an individual had during the year 2016.

**Estimated at \$95 per day, the contract rate for Minnehaha County Jail beds. This may underestimate the true cost of holding super utilizers, who may incur more medical or CO time. Bed days and annual costs slightly exceed jail capacity and annual budget, in part, because they include Detox and Sobering center bookings, contract bookings for other counties or DOC, and bookings for individuals who may not be physically held at the jail.

2. Detox and Sobering Center Bookings Only

In 2016, Minnehaha County booked 782 people in Detox or the Sobering Center, resulting in 2,708 bookings. The top 5% of individuals comprised 20 individuals who had 16 or more bookings each, collectively accounting for 1,311 bookings.

Table 30. Super Utilizer Costs: Detox and Sobering Center Bookings

	Top 5% ≥16 bookings	Top 1% ≥41 bookings	Total bookings
Individuals	40	9	782
Bookings	1,311		2,708
Mean Accumulated Length of Stay per Person (hours)*	311	571	36
Bed Days	519	214	1,181
Beds per Day	2	1	3
Annual Cost**	\$49,283	\$20,354	\$112,224

*Accumulated length of stay per person means the total length of stay for all bookings that an individual had during the year 2016.

**Estimated at \$95 per day, the contract rate for Minnehaha County Jail beds. This may underestimate the true cost of holding super utilizers, who may incur more medical or CO time.

3. Jail Bookings Only, Excluding Detox and Sobering Center

If Sobering Center and Detox are *excluded*, there were 9,203 people booked in 2016, resulting in 17,461 bookings. The top 5% of individuals comprised 638 people who had 5 or more bookings each, collectively accounting for 4,551 bookings.

Table 31. Super Utilizer Costs: Jail Bookings

	Top 5% ≥5 bookings	Top 1% ≥9 bookings	Total bookings
Individuals	638	123	9,203
Bookings	4,551	1,481	17,461
Mean Accumulated Length of Stay per Person (hours)*	1,384	1,659	443
Bed Days	36,782	8,500	169,896
Beds per Day	101	23	465
Annual Cost**	\$3,494,271	\$807,492	\$16,140,095

*Accumulated length of stay per person means the total length of stay for all bookings that an individual had during the year 2016.

**Estimated at \$95 per day, the contract rate for Minnehaha County Jail beds. This may underestimate the true cost of holding super utilizers, who may incur more medical or CO time. Bed days and annual costs slightly exceed jail capacity and annual budget, in part, because they include Detox and Sobering center bookings, contract bookings for other counties or DOC, and bookings for individuals who may not be physically held at the jail.

3. Jail Bookings Only, Excluding Detox and Sobering Center: Individuals with Self-Reported Mental Health or Substance Use Disorders Only

Of the 638 individuals who comprise the top 5% of jail super utilizers, 446 self-report mental health or substance use disorders. Of the 123 individuals who comprise the top 1%, 106 self-report mental health or substance use disorders.

Table 32. Super Utilizer Costs: Jail Bookings with Self-reported Mental Health or Substance Use Disorders

	Top 5% ≥5 bookings w/ MH/SUD	Top 1% ≥9 bookings w/ MH/SUD	Total bookings w/ MH/SUD
Individuals	446	106	2,650
Bookings	3,357	1,298	7,496
Mean Accumulated Length of Stay per Person (hours)*	1,492	1,700	809
Bed Days	27,711	7,510	89,368
Beds per Day	76	21	245
Annual Cost**	\$2,632,518	\$713,427	\$8,489,952

*Accumulated length of stay per person means the total length of stay for all bookings that an individual had during the year 2016.

**Estimated at \$95 per day, the contract rate for Minnehaha County Jail beds. This may underestimate the true cost of holding super utilizers, who may incur more medical or CO time. Bed days and annual costs slightly exceed jail capacity and annual budget, in part, because they include Detox and Sobering center bookings, contract bookings for other counties or DOC, and bookings for individuals who may not be physically held at the jail.

Unsentenced Jail Costs for Individuals with Self-reported Mental Health or Substance Use Disorders

This section looks at all unsentenced jail bookings, not super utilizers specifically.

In 2016, bookings with self-reported mental health or substance use disorders made up about 23% of all unsentenced bookings, but they accounted for 42% of unsentenced jail-bed-days and costs. Altogether, unsentenced bookings with self-reported mental health or substance use disorders accounted for as many as 36,491 jail-bed-days (100 beds per day) at a cost of up to \$3,466,633 for the year.

Table 33. Current Cost of Unsentenced Bookings with Self-reported Mental Health or Substance Use Disorders

	Unsentenced bookings w/ MH/SUD	Total unsentenced bookings
Bookings	3,139	13,447
Bed Days	36,491	87,602
Beds per Day	100	240
Annual Cost*	\$3,466,633	\$8,311,131

**Estimated at \$95 per day, the contract rate for Minnehaha County Jail beds. This may underestimate the true cost of holding super utilizers, who may incur more medical or CO time.*

Healthcare Costs

Together, Avera McKennan and Sanford EDs reported total charges for behavioral health ED encounters in 2016 were \$40,037,269. Average charges per encounter were \$6,076.

Overall, about 32% of behavioral health ED visits were uninsured. At the time of report writing, breakout by insurance type was available for only one hospital, where it was 14% Medicaid, 18% Medicare, and 31% private insurance. Those rates have been extrapolated to both hospitals to estimate the number of uninsured ED encounters for behavioral health at around 4,348 encounters annually.

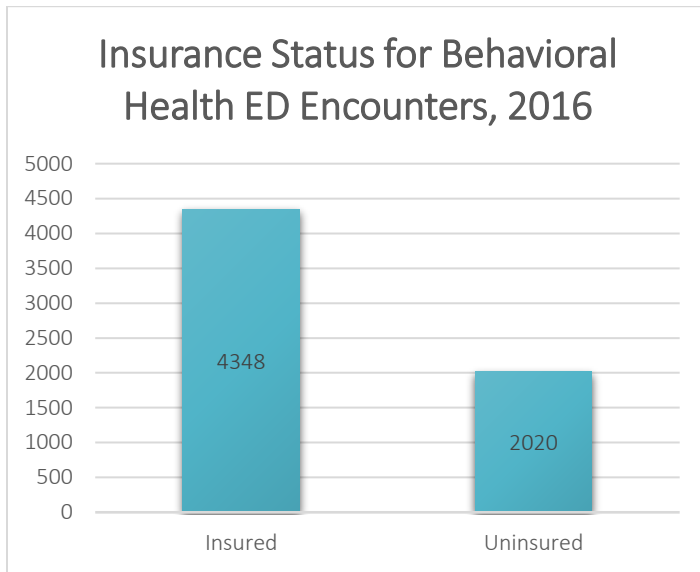


Figure 13. Insurance Status for Behavioral Health ED Encounters (2016)

V. Estimated Potential Demand

Estimated Referral Volume by Source

The estimates below were used to inform capacity estimates in the accompanying Business Plan. Estimates are based on preliminary referral criteria determined by the Operations Committee (see Appendix C).

1. Estimated Referrals to Triage from Law Enforcement

Annual estimated referrals from law enforcement are 338 to 370.

Estimates assume that, in an encounter with law enforcement, adults would be eligible for referral to triage if the only charges they might face are class 2 misdemeanors (i.e., curfew/loitering/vagrancy violations, disorderly conduct, liquor law violations, or trespassing). In 2016, these charges alone accounted for 18.4% of SFPD adult arrests and 8.6% of Minnehaha Sheriff's Office adult arrests.

Table 34. Arrests or Bookings Potentially Eligible for Triage Referral (2016)

2016 adult arrests in which the only charges were curfew/loitering/vagrancy violations, disorderly conduct, liquor law violations, or trespassing (SFPD and Minnehaha Sheriff's Office):	1,691
2016 Minnehaha County Jail bookings where the only charges were class 2 misdemeanors:	1,851

Based on the rate of self-reported mental health and substance use disorders among jail bookings, it is assumed about 20% of arrests that meet the above criteria would be referred to triage, amounting to 338 to 370 annual referrals from law enforcement.

Table 35. Observed Rates of Self-reported Mental Health and Substance Use Disorders (2016)

Rate of self-reported mental health or substance use disorders among unsentenced bookings:	23.3%
Rate of self-reported mental health or substance use disorders among misdemeanor bookings:	21.2%

2. Estimated Referrals to Triage by EMS

Annual estimated referrals by EMS are between 1,520 and 2,149.

In 2016, Avera McKennan and Sanford EDs together had a total of 2,341 encounters for behavioral health that arrived by EMS (ambulance). At the time of this report, detailed data used for the estimates in the table below were available from only one hospital. Those observed rates have been extrapolated to both hospitals.

Estimated annual EMS referrals to triage are based on the assumption that only those encounters who were, in 2016, discharged to home/self-care, detox, or law/court/jail might have been referred to triage.

Table 36. ED Encounter Patterns to Estimate EMS Referrals to Triage

	%	Encounters
Total EMS arrivals (2016)		2,341
Discharged to home/self-care	53.9	1,262
Discharged to detox	29.3	686
Discharged to law/court/jail	8.9	208
Primary diagnosis is not behavioral health*	29.3	713

** Both EMS referrals and walk-ins are estimated from ED encounters. ED encounters are those for whom the primary, secondary, or tertiary diagnosis was behavioral-health related (alcohol, drugs, mental illness, see Appendix B). Overall, about 38% of ED encounters had a primary diagnosis that was not a behavioral health issue (though it may have been related to an underlying behavioral health issue).*

Estimated annual EMS referrals to triage are 2,127 if encounters where primary diagnosis is not behavioral health are included. If those encounters are excluded, estimated annual EMS referrals to triage would be 1,441.

3. Estimated Walk-ins

Estimated annual walk-ins to triage are between 2,065 and 3,647.

In 2016, Avera McKennan and Sanford EDs together had a total of 3,977 encounters for behavioral health that arrived by walk-in or private car. At the time of this report, detailed data used for the estimates in the table below were available from only one hospital, so rates have been extrapolated to both hospitals.

Estimated annual walk-ins to triage are based on the assumption that only those encounters who were, in 2016, discharged to home/self-care, detox, law/court/jail, or admitted to Behavioral Health might have been referred to triage.

Table 37. ED Encounter Patterns to Estimate Walk-ins to Triage

	%	Encounters
Total walk-in arrivals (2016)		3,977
Discharged to home/self-care	78.6	3,126
Discharged to detox	5.7	227
Discharged to law/court/jail	4.9	195
Admitted to Behavioral Health	2.7	107
Primary diagnosis is not behavioral health*	43.5	1,730

* Both EMS referrals and walk-ins are estimated from ED encounters. ED encounters are those for whom the primary, secondary, or tertiary diagnosis was behavioral-health related (alcohol, drugs, mental illness, see Appendix D). Overall, about 38% of ED encounters had a primary diagnosis that was not a behavioral health issue (though it may have been related to an underlying behavioral health issue).

Estimated annual walk-ins to triage are 3,647, or 2,065 if arrivals whose primary diagnosis is not behavioral health are excluded.

Service Needs

Based on self-reported mental health and substance use disorders among people booked into jail, the expected distribution of needs is 50% substance use disorder alone, 31% mental illness alone, and 19% co-occurring disorders.

Hospital emergency departments report a different pattern, with 64% mental illness, 11% substance abuse, and 25% co-occurring disorders.

Mental illness is likely underreported among the jail population.

Appendix A. Jail Bookings Data

This report includes all bookings in the Minnehaha County Jail from 1/1/2016 to 12/31/2016.

Mental illness and substance use disorder indicators are based on self-report and are *not* diagnoses. At booking, individuals are asked (1) whether they have mental health conditions or (2) a problem with drugs or alcohol. In practice, responses to these two questions are used in combination with a more complete medical history and clinical observation to make referrals for further assessment as appropriate. In this report, prevalence numbers are based on the number of bookings where an individual answered yes to either of the above questions. They do not indicate whether a person was referred for assessment, nor do they reflect the results of further screening, assessment, or final diagnoses.

Note that different screening tools may yield different results. The triage planning team should consider, as a matter of policy and procedure, how best to screen potential triage clients. The current best practice recommendation from SAMHSA and NACo is to use the validated Brief Jail Mental Health Screen (BJMHS), which is designed to be simple and quick to administer even without medical training—i.e., it can be administered by corrections officers.

Legal status categories are composites intended to capture relevant subsets of the jail population. Unless otherwise noted, records reflect bookings, not individuals; a single individual could have multiple bookings. Only one booking is created per jail stay, with legal status updated as an individual moves through the judicial process.

Minnehaha County unsentenced bookings are the largest overall category of bookings and the most likely target for a triage center focused on pretrial diversion. They include two booking types:

- Minnehaha County unsentenced
- Quick Book

“Sentenced (Minnehaha County)” includes the following bookings types:

- Cty – Sent/WR
- Cty-Sent-Fees Waived
- Cty-Sent/R&B
- Cty-Sent/Rest & Fines
- Electronic Monitoring

The “Contract / Other County” category includes the following booking types:

- Contract-Sent/Unsent
- Other County-Sent/WR
- Other Cty-sent/unsent

“All others” includes the following booking types:

- DOC
- DOC-Sent
- Electronic Monitoring
- Federal
- State Parole
- U.S. Prob Hold

Seven bookings categorized as “Furlough” were excluded from the analysis.

Average length of stay is measured in hours from booking time to release time. Median is presented below as a point of reference because the length of stay distribution is skewed right, with many short stays but a few very long stays that inflate the mean.

Table 38. Median Length of Stay in Hours (2016)

	Median LOS (hours)
MH or SUD	47
<i>SUD alone</i>	48
<i>MH alone</i>	43
<i>Co-occurring</i>	52
Neither MH nor SUD	23
All bookings	27

Table 39. Median Length of Stay in Hours by Legal Status (2016)

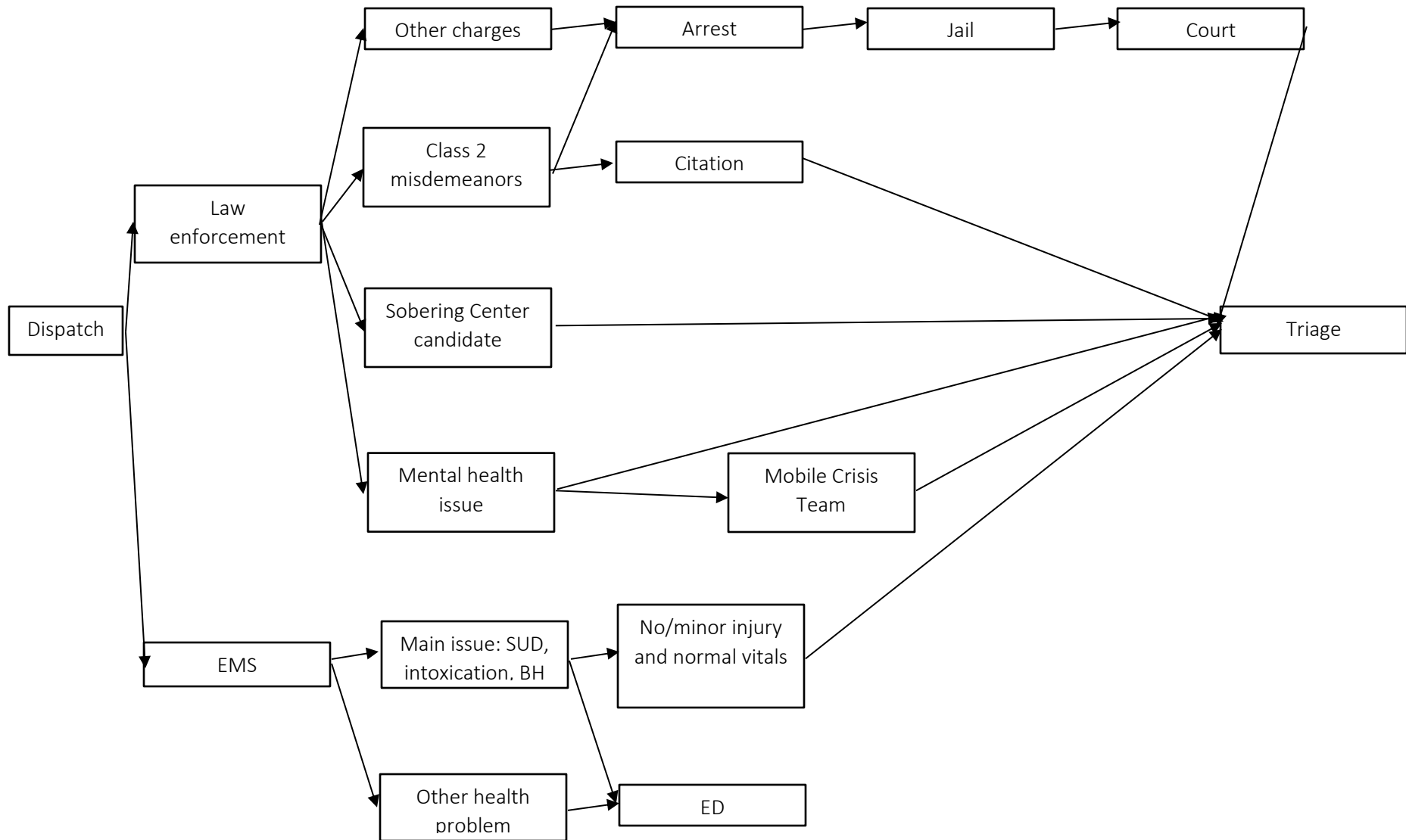
	Unsentenced (Minnehaha County)	Sentenced (Minnehaha County)	Contract / Other County	All others
MH or SUD	41	696	57	93
<i>SUD</i>	44	886	48	93
<i>MH</i>	34	350	44	103
<i>Co-occurring</i>	43	1,295	82	92
Neither MH nor SUD	20	392	27	72
All bookings	23	442	35	86

Appendix B. Selection Criteria for ED Encounters

The ICD 10 codes used for selection are contained in the accompanying Excel file: Appendix B Hospital ED Dx Groupers.xlsx

ED encounters were selected for inclusion if one of the top three diagnosis codes for the encounter included one of the ICD 10 codes in the mental illness, drug use, or alcohol use groupers. Encounters were excluded if the only behavioral health diagnosis in the top three was tobacco-related.

Appendix C. Proposed Paths to Triage



	ICD10		
Mental Illness	Drug Use	Alcohol Use	Tobacco
B20, F02.80	F11.18	F10.25	F17.210
D23.9	F11.188	F10.220	O99.333
E88.9, F05	F11.982	F10.250, F10.239	Z71.6, Z72.0
F03.91, F22	F12.90	F10.950	O99.331
F06.8, G20	F13.121	F10.239, F10.24	F17.220
F06.8, S06.9X0S	F13.159	F10.250	Z87.891
F07.0	F13.180	F10.281, F10.239	Z71.6, Z72.0
F10.121	F13.251, F13.239	F10.232	Z78.9
F10.21	F13.950	F10.26	F17.290
F10.221, F10.159	F14.221	F10.22	IMO0001
F10.230, F10.280	F14.250, F14.229	F10.239, F10.280	O99.332
F10.232	F14.250, F14.23	F10.251, F10.239	Z72.0
F10.232, F10.250	F14.259, F14.229	F10.121	F17.200
F10.250, F10.239	F14.281, F14.23	F10.21	F17.208, G47.8
F10.251, F10.229	F14.288, F14.23	F10.229	J41.0, Z72.0
F10.288, D64.89	F15.14	F10.239	O99.330
F10.950, F10.951	F15.280, F15.23	F10.259	Z91.89
F10.951, F10.239	F15.959	F10.29	
F11.20	F15.988	F10.20	
F11.221	F16.19	F10.230	
F11.23, Z79.899	F16.951	F10.24	
F11.24, F32.89	F16.959	F10.282	
F11.24, F32.89, F11.229	F18.1	F10.231	
F12.280	F18.15	F10.24, F10.239	
F12.929	F19.120	NULL	
F12.980, F12.929	F19.129	F10.959	
F13.159	F19.181	F10.288	
F13.159, F13.129	F19.231	D69.59, F10.20	
F13.24	F31.76	F10.120	
F13.259, F13.229	F11.94	F10.129	
F13.259, F13.239	F11.981	F10.221	
F13.950, F13.929	F12.1	F10.27	
F13.951, F13.920	F12.180, F12.129	F10.280	
F13.959	F13.981	F10.281	
F13.980, F13.929	F14.129	F10.950, F10.239	
F14.122, F14.922	F14.251, F14.23	F10.951	
F14.14, F32.89, F14.129	F16.14, F16.129	Z71.41	
F14.159, F14.122	F16.15	F10.23	
F14.181, F14.122	F16.183	F10.2	
F14.24, F32.89, F14.229	F16.221	F10.251	
F14.281, F14.23	F16.929	F10.951, F10.239	
F14.920	F18.180		
F14.929, F14.959	F18.251, F18.229		
F14.94	F18.251, F18.288		
F14.94, F32.89	F18.259, F18.288		

F14.988, F42.9, F14.929
F15.182, F15.122
F15.980, F15.929
F15.982
F16.121
F16.14, F16.129
F16.259, F19.239
F16.920, F16.980
F16.929, F16.980, F16.983
F16.951
F16.959, F16.159
F16.980
F17.218
F17.229
F17.291
F18.90
F19.120, F15.120
F19.231
F19.231, F15.23, F15.288
F19.939, R45.4
F19.94
F19.94, F06.30
F19.988, F09
F30.8
F31.11, F06.1
F31.2, F06.1
F31.61
F31.74, F06.1
F31.78
F33.1
F33.41
F40.11
F40.232
F41.0
F41.1
F44.4
F45.21
F51.05
F51.3
F65.1
F80.0, F80.9
F81.2
F91.0
F93.0
F93.9
F98.0
F98.8

F19.12
F19.921
F19.929
F19.982
O99.320, F14.10
O99.321, F19.90
O99.323, F19.20, F19.90
Z71.51
F11.281, F11.23
F12.188
F13.181
F13.259, F13.239
F13.97
F13.980
F14.15
F14.20
F14.959
F15.21
F15.282
F15.94
F15.98
F16.121
F16.280, F16.288
F18.188
F18.19
F19.90
F19.981
F55.1
O99.321, F11.10
O99.322, F19.20, F19.90
T40.8X2S
F11.121
F11.181
F12.121
F12.159
F12.21
F13.930
F14.120
F14.181, F14.129
F14.19
F14.24, F14.23
F14.251
F14.288, F14.229
F15.12
F15.20
F15.280, F15.229
F16.120

G30.9	F18.251
G31.2	F18.259, F18.229
G31.83, F02.80	F18.27
G35, F09	F19.159
O99.320, F11.10	F19.239
O99.322, F11.20	F19.950
O99.322, F19.20	F55.0
O99.323, F11.10	O99.321, F19.20, F19.90
O99.323, F19.90	O99.323, F11.90
O99.340, F23	T40.8X1D
Q12.0, F79, Q42.3, Q64.9	T40.8X1S
R41.82	F11.281, F11.229
R45.1	F11.950
R45.851	F12.18
S06.9X0D, F02.80, F02.81	F13.10
S06.9X0D, F02.81, F02.80	F13.19
S09.90XS, F02.80	F13.259
T81.89XS, F32.9	F14.151
C80.1, F54	F14.159, F14.129
F01.50, F03.90	F14.922
F06.1	F15.15
F06.8, F31.9	F15.921
F06.8, S09.90XS	F15.982
F07.0, F79	F16.129
F09, S09.90XS	F16.18
F10.159, F10.129	F18.12
F10.180	F18.90
F10.20, G31.2	F19.21
F10.230, F10.250	F19.930
F10.239, F10.24	F19.931
F10.24, F10.239, F32.89	F55.4
F10.251	O99.320, F19.10
F10.280, F10.231	O99.323, F14.10
F10.951, F10.250, F10.251, F10.259	T40.8X4A
F10.96, G62.9	T40.8X4D
F11.122, F11.922	T40.8X4S
F11.188	F11.21
F11.929	F13.182
F11.94, F11.929	F13.229
F12.150	F13.250
F12.150, F12.188	F14.188
F12.151	F14.24, F14.229
F12.151, F12.188	F14.250
F12.222	F14.929
F12.259, F12.288	F15.122
F12.280, F12.288	F15.18
F12.922	F15.181

F13.129, F13.182
F13.14, F32.89, F13.129
F13.230, F13.282
F13.280, F13.230
F13.97
F14.14, F14.120
F14.222
F14.23, F14.282
F14.259, F14.229
F14.288, F14.23
F14.951, F14.23
F15.121, F19.121
F15.122, F15.182
F15.150
F15.180
F15.19
F15.281
F15.94
F16.122, F16.180
F16.150, F16.129
F16.151, F16.129
F16.19
F16.229
F16.250, F16.288
F16.90
F16.921
F16.94, F32.89, F16.929
F16.950
F16.980, F16.988, F16.929
F17.208, G47.8
F17.213
F18.14, F18.121
F18.24, F32.89
F18.250, F18.288
F18.259, F18.288
F18.29
F19.122, F15.122
F19.159
F19.180
F19.239, G44.40
F19.97
F19.980
F19.981
F20.5
F23, F06.1
F31.0
F31.73, F06.1

F15.19
F15.90
F15.980
F16.150
F16.159
F16.950
F18.121
F18.159
F18.250, F18.229
F19.15
F19.99
O99.320, F11.90
O99.320, F19.90
O99.323, F11.10
F11.10
F11.122
F11.281
F11.282
F11.988
F12.150
F12.19
F12.288
F13.129
F13.188
F13.250, F13.229
F13.921
F13.951
F13.959
F13.982
F14.280, F14.23
F14.281
F15.129
F15.182
F16.188
F16.24, F16.288
F18.21
F19.121
F19.182
O99.322, F14.10
O99.323, F19.90
T40.8X3S
F11.159
F11.20
F12.122
F12.180
F12.20
F12.280, F12.288

F32.5, F06.1	F13.14
F32.9, F06.31	F13.251, F13.229
F33.0	F14.229
F39	F14.24, F32.89, F14.23
F40.10	F14.251, F14.222
F40.248	F14.259, F14.23
F40.291	F14.282
F42	F15.10
F42.2	F15.280
F43.0	F15.99
F43.11	F16.280, F16.229
F43.21, F51.05	F18.220
F43.22	F19.16
F43.25	F19.188
F48.1	F19.230
F48.9	F19.922
F50.81	T40.8X2D
F50.9	T40.8X3D
F51.03	F11.12
F59	F11.129
F60.5	F11.15
F60.89	F11.221
F65.0	F12.159, F12.129
F65.50	F13.20
F72	F13.220
F79, H49.20, Q79.9	F13.250, F13.239
F84.0	F14.1
F84.3	F14.10
F95.0	F14.121
F95.2, R49.0	F14.122
F98.5	F14.182
G10, F02.80	F14.250, F14.222
G12.21, F02.80	F14.921
G20, F02.80	F15.120
G31.1, F54	F15.150
G98.8, F02.80	F15.922
O99.321, F11.20, Z79.891	F19.932
O99.321, F19.10	F19.988
O99.322, F11.90	F55.3
O99.340, F31.9	Z91.89
O99.345, F06.8	F11.151
Q74.0, F78, F45.22	F12.12
Q87.0, Q78.9, F79	F14.12
Q87.89, Q18.2, F79, K40.90	F14.259
R46.3	F15.121
S09.90XD, F02.81	F15.188
T79.8XXS, F05	F15.920

Z87.898
D56.0, F79
F06.0
F06.8, F32.9
F10.150
F10.221, F10.150
F10.250, F10.229
F10.921, F10.159
F10.94, F10.929, F32.89
F11.121
F11.129
F11.129, F11.151
F12.221
F12.259
F13.129, F13.181
F13.14, F32.89
F13.182
F13.221
F13.27
F13.921
F13.94, F32.89
F13.988
F13.99
F14.129, F14.14
F14.129, F14.181
F14.14, F32.89
F14.21
F14.951, F14.922
F15.181
F15.181, F15.121
F15.220
F15.221
F15.23, F15.282
F15.951
F15.980, F15.921
F16.122
F16.151, F16.122
F16.220
F16.250, F16.229
F16.251, F16.229
F16.259, F16.288
F16.920, F16.94
F16.921, F16.980, F16.983
F16.951, F16.929
F17.201
F17.210
F18.129

F16.122
F16.151
F16.21
F16.24, F16.229
F18.151, F18.129
F19.10
F19.920
F19.951
IMO0002
O99.322, F19.10
O99.322, F19.90
T40.8X3A
F11.1
F11.922
F11.93
F11.959
F12.120
F13.21
F14.180, F14.129
F14.251, F14.229
F15.180
F15.929
F15.950
F16.14
F18.10
F18.150, F18.129
F19.19
F19.20
F19.232
F55.2
O99.320, F11.10
O99.321, F14.10
F11.120
F11.188, F41.8, F11.129
F11.90
F12.15
F13.150
F13.221
F13.251
F13.920
F13.939
F14.14, F14.129
F14.220
F14.950
F14.988, I99.9
F15.159
F16.12

F18.280
F18.929
F18.950
F18.959, F18.288
F18.99
F19.150
F19.17
F19.181
F19.188
F19.19
F19.222
F19.921
F19.951, F19.929
F19.96
F20.3
F25.1
F31.4, F06.1
F31.76, F06.1
F32.9, F06.1
F32.9, S09.90XA
F34.9
F40.242
F41.8, F51.05
F41.9
F43.29, Z63.4
F44.7
F45.22
F45.8
F50.89
F51.09
F51.3, G47.27
F52.5
F60.7
F63.1
F64.0, Z79.899
F65.3
F65.51
F68.10
F68.13
F69
F73
F79, Q79.9, H49.20
F80.4
F80.82
F80.89
F84.0, F06.1
F91.3

F16.20
F16.90
F19.14
F19.151
F19.959
O99.321, F19.10
T40.8X2A
F11.150
F11.182
F11.19
F11.288, F41.8, F11.229
F11.288, F41.8, F11.23
F11.929
F12.129
F12.151
F13.120
F13.151
F13.90
F13.931
F13.932
F14.150
F14.150, F14.129
F14.159
F14.188, F14.129
F14.24, F32.89, F14.229
F16.180
F18.129
F19.180
F19.96
O99.321, F11.90
O99.322, F11.10
F11.921
F11.951
F11.99
F12.259, F12.229
F12.259, F12.288
F13.27
F13.94
F13.959, F13.929
F14.14
F14.14, F32.89, F14.129
F14.151, F14.129
F14.280, F14.229
F14.281, F14.229
F14.981
F15.151
F15.180, F15.129

F94.0	F15.951
F98.29	F16.10
F98.9	F16.180, F16.129
G23.1, F02.80	F18.120
G30.0, F02.80, F32.9	F18.14
G30.9, F05	F18.151
G31.09, F02.81	F18.159, F18.129
G35, F02.80	F18.17
G43.009, G44.209	F18.20
G43.909, G44.209	F18.221
G47.10	F18.250, F18.288
G47.9	F18.259
I49.8, F19.939	F19.122
I67.3	F19.150
IMO0002	F19.17
K92.9, N39.9	F19.94
O99.320, F19.20, F19.21	F19.97
O99.320, F19.90, O09.899	F19.980
O99.321	F55.8
O99.322, F19.10	IMO0001
O99.323, F14.10	T40.8X1A
O99.330, F17.290	NULL
O99.341, F41.9	F11.181, F11.129
O99.342, F32.9	F12.10
Q87.89, F80.9, H50.9, Q17.9	F12.221
Q89.8, F79, L65.9, Q79.8, Q74.1	F12.280, F12.220
R41.0, B99.9	F13.929
R41.89	F13.96
T56.1X2A	F14.159, F14.122
T56.1X4A	F14.18
Z91.5	F14.180
Z91.89	F14.181
A81.01, F02.80	F14.21
F02.80	F15.981
F03.90, F05	F16.1
F06.8	F18.150
F10.10	F18.229
F10.229	F18.250
F10.230	O99.322, F11.90
F10.239, R56.9	O99.323, F19.10
F10.24, F10.229, F32.89	Z87.898
F10.921, F10.950	
F10.929, F10.959	
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S09.90XS, F07.0
T56.1X1A, F09
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