

COMMUNITY TRIAGE CENTER

POLICY COMMITTEE | FRIDAY, MARCH 17, 2017 | 11:15 A.M. – 1:00 P.M.

ATTENDEES

Phyllis Ahrends – NAMI
Matt Burns – Sioux Falls Police Department
Karen Chesley – Southeastern Behavioral Health
Christine Erickson – City Council
Robin Huether – Sanford Health
Mike Milstead – Minnehaha Sheriff's Office
Judge John Pekas – United Judicial System
Suzanne Smith – Augustana University
Erin Srstka – Minnehaha County

Kari Benz – Minnehaha County
Chad Campbell – Bishop Dudley Hospitality House
Sharon Chontos – Sage Project Consultants
Jill Franken – Sioux Falls City Health
Dean Karsky – Minnehaha County Commission
Betty Oldenkamp – Lutheran Social Services
Lori Popkes – Avera Health
Traci Smith – Public Defender
Gary Tuschen – Carroll Institute

Welcome and Introductions

Kari Benz, Minnehaha County, welcomed the Community Triage Policy Community. She asked everyone to introduce themselves and share a goal for the Committee. The Committee members' discussion is summarized below:

- This effort is being addressed at the right time by the right people.
- The collaboration of public and private partners will lead to a comprehensive solution(s).
- The Triage Center would address some gaps identified in the Sioux Falls Behavioral Health Community Conversations.
- The Triage Center would serve individuals that frequent emergency rooms, jail, and the detox facility.
- The Triage Center would serve the target audience's need for medical and substance use disorder counseling and treatment.
- The Triage Center may reduce redundancies.
- In order to make a Triage Center sustainable, we will need the financial commitment of partners.
- The baseline data and continuing data collection will inform decisions and strategies.
- In an establishing a Triage Center or similar solution, we could be a leader in our region.

Project Clarification and Project Charter

The primary purpose of the **Community Triage Center** planning project is to investigate the feasibility and 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 need 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-center, strength focused care plan established so upon discharge there is a strategy in place and supports established. The opportunity to return may be for groups or education, case management, and/or appointments with a psychiatrist until a long-term provider has an opening, etc.

- 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.

The primary purpose of the **Policy Committee** is to:

- Receive education and training through formal training sessions and on-site visits.
- Develop an implementation plan. Decisions and deliverables include but are not limited to: target audience/patient profile, referral processes, services, staffing, location, financial model, gap identification and resolution, and length of stay.
- Build a database, collect baseline data, and track data going forward of the CTC’s progress and community impact.

Decisions and deliverables include but are not limited to: target audience/patient profile, referral processes, services, staffing, location, financial model, gap identification and resolution, and length of stay.

The Policy Committee will be basing its work on the following models:

- MacArthur Foundation; Safety and Justice Challenge <http://www.safetyandjusticechallenge.org/>
- Sequential Intercept Mapping <https://www.prainc.com/what-exactly-is-a-sequential-intercept-mapping/>
- Step Up Together <https://stepuptogether.org/toolkit>
- Data Driven Justice Initiative <http://www.naco.org/resources/programs-and-services/data-driven-justice>

The planning efforts are supported through a Safety and Justice Challenge Grant supported by the John D. and Catherine T. MacArthur Foundation. <http://www.safetyandjusticechallenge.org/challenge-site/minnehaha-county-sd/> Minnehaha County and the Committee are grateful for their support.

The structure of the grant effort is the following:

- Minnehaha County – grant fiscal agent
- Policy Committee
 - Receive education and training through formal training sessions and on-site visits.
 - Develop an implementation plan. Decisions and deliverables include but are not limited to: target audience/patient profile, referral processes, services, staffing, location, financial model, gap identification and resolution, and length of stay.
 - Build a database, collect baseline data, and track data going forward of the CTC’s progress and community impact.
- Operations Committee
 - Provide tactical advice and planning.
 - Assist in development of business and implementation plans.
- Augustana University – data collection, analysis, and reporting
- Sage Project Consultants – meeting facilitation, implementation plan development

The timeline of the project is outlined below:

Policy Committee Meeting 1	March 17, 2017
Site Visits	April and May, 2017
Sequential Intercept Mapping Training	To be determined
Data Report	June 2017
Policy Committee Meeting 2	June 2017
Operations Committee Meeting(s)	July – July, 2017
Business and Financial Plan Scenarios Draft	August 2017
Policy Committee Meeting 2	September 2017

Site Visits

Erin Srstka, Minnehaha County, explained that everyone listed on the Policy Committee charter can travel on one site visit on the project budget. If Committee members wish to go on a second site visit or have a staff member attend in addition to the Committee member, the travel expenses must be paid from their agency's budget.

The four site visits will be the following:

Miami-Dade, Florida	CJ or HS System formed	Week of May 1 st or May 15 th
Bexar County, Texas (San Antonio)	CJ or HS System origin	May 15 th (travel out May 14 th)
Las Vegas, Nevada	Health System origin	Week of May 1 st or May 15 th
Salt Lake City, Utah	Health System origin	Week of April 24 th

It is recommended the program or service professional go to San Antonio or Miami. For medical professionals or mental health service providers, both Las Vegas or Salt Lake City are good choices. Send Erin the top two choices for a site visit by March 27th.

Within one week of the site visit, please send Sharon your homework which will include:

1. Business infrastructure – your comments or thoughts on how it is structured. Below are just some suggested topics to touch on.
 - a. Funding
 - b. Organizational structure
 - c. Inter-agency agreements
 - d. Key Community Relationships (formal or informal)
2. Programs and Services your comments or thoughts on what services/programs are offered and how they are utilized. Below are just some suggested topics to touch on.
 - a. Continuum
 - b. Target population
 - c. LOS
 - d. Referral
 - e. Process
 - f. Policies and procures
 - g. Cultural focuses/aspects
3. What do you want to bring back here? Why?
4. For Medical/Detox- accreditation info
5. Your Thoughts

At the end of the site visit day, a group recap will be facilitated to capture at least three highlights of the facility, process, and model.

Operations Committee Recommendations

An Operations Committee has been convened to develop tactical recommendations for the Policy Committee to review and consider. Refer to attachment. Kari overviewed their recommendations thus far. Kari highlighted a triage model will be a cultural change. The target population will be homeless individuals and individuals who are chemically dependent. There are special populations, such as youth, that were considered but specific recommendations are pending based on data analysis. The Operations Committee aims to be innovative and not reinvent any system or service.

Service parameters need to be defined; however, it is not the goal to be a long-term provider. They are planning to fill the gap in medical and behavioral health services to avoid jail or emergency room visits.

Baseline Data

Suzanne Smith, Augustana University, reviewed baseline data collected thus far from the Sioux Falls Police Department, Southeastern Behavioral Health, Minnehaha County Detox, Minnehaha County Point-in-Time Homeless Count, 2-1-1 Helpline Center, and the Helmsley’s Focus on South Dakota report. Refer to attached report. In addition, Avera had 1,500 emergency room chemical dependency encounters in 2016. Of those, 350 had an overdose code and 750 had a substance abuse code. One-third or approximately 500 were self-pay. Sanford had approximately 600 emergency room chemical dependency encounters in 2016. One-half or approximately 300 were insured.

Target Audience

The Policy Committee generated a first draft list of a target audience which will be refined once the data is compiled and analyzed. An initial list of the target audience / patient profile are we aiming to serve is listed below:

Sharon

- Frequent users
 - High frequency users
 - #- combine by person
- Mental health
- Chemical dependency
- End up in ER/ED but no need to be there except there is nowhere else to send them
- Re-entry
- Phasing- residential
 - Housing and security
 - Vulnerable
- Special population: Elderly, mental illness, Indian Health Services, opioid abuse, youth prevention services

Action Items

The following action items were captured and reviewed at the end of the meeting:

Provide top two choices of site visits to Erin.	All Policy Committee Members	By Monday, March 27 th
Complete site visit homework within one week of visit. Send to Sharon.	All Policy Committee Members	Within one week of visit
Send data requests to Suzanne.	All Policy Committee Members	By May 1 st
Send data sharing MOUs to Suzanne.	All Policy Committee Members	By May 1 st
Share grant opportunities with Committee that can forward the aims of the Triage Center project.	All Policy Committee Members	Ongoing