

# Community Triage Center

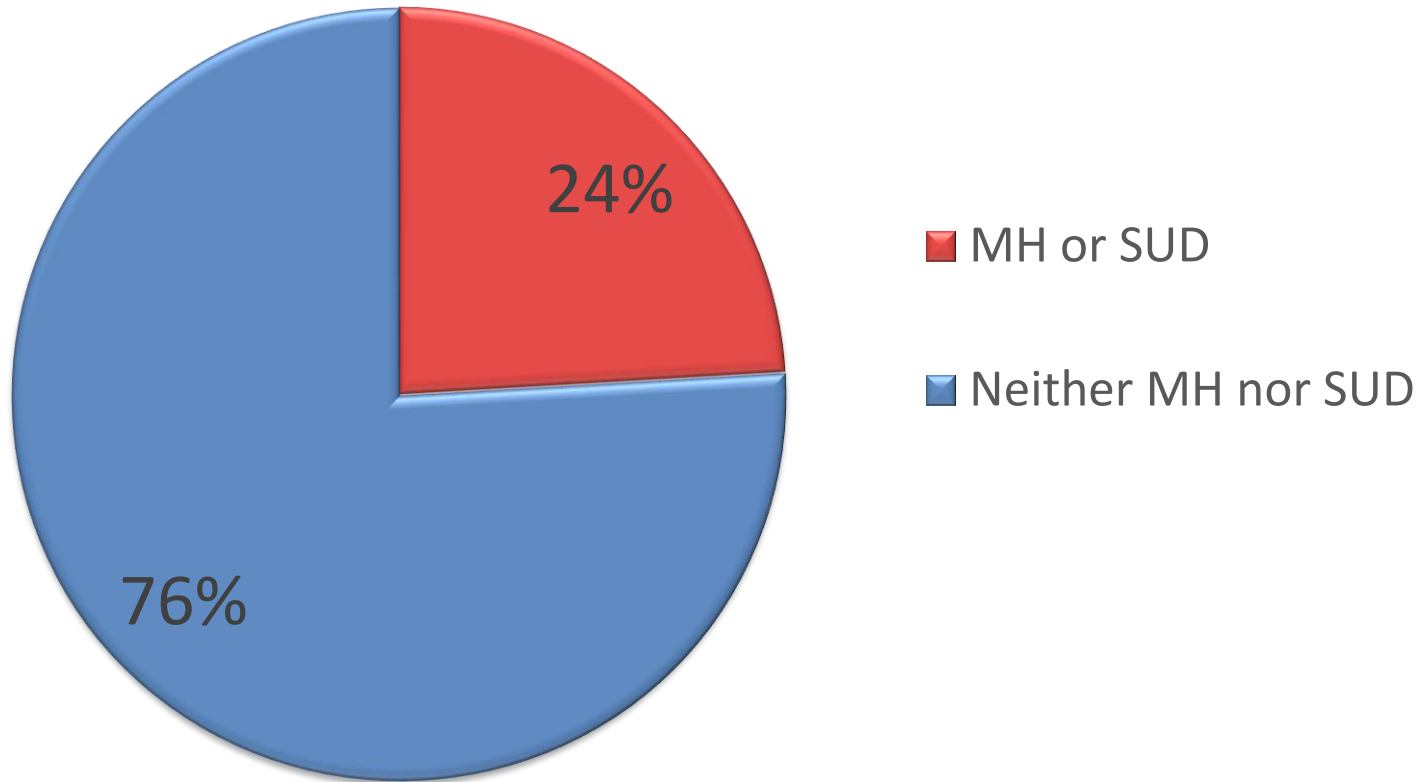
Baseline Data and Demand Estimates

# Triage Guiding Principles

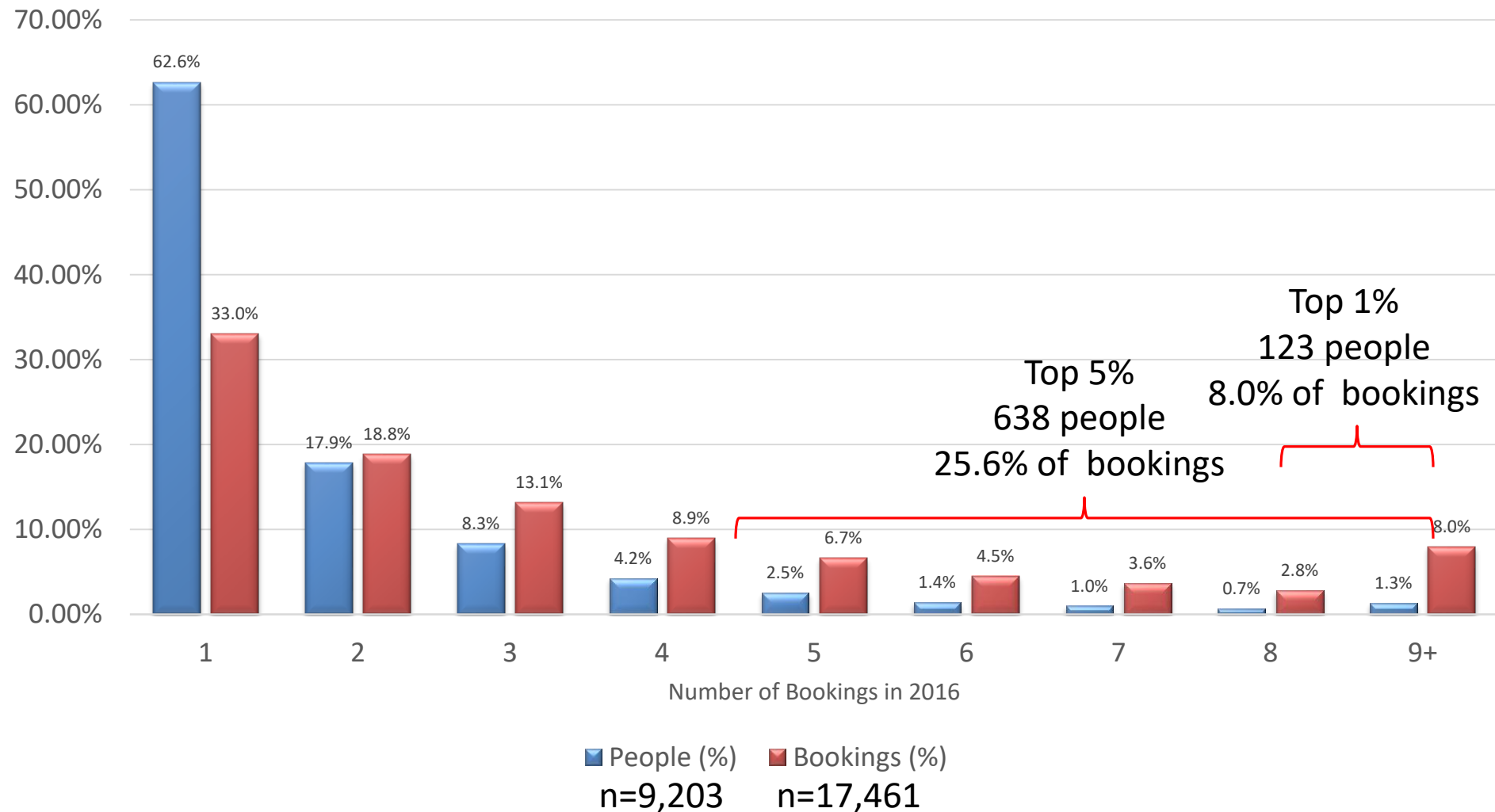
- To establish client-centered, strength-focused care plans that identify a discharge strategy and support services. Clients may return to the CTC for support groups, education, case management, and/or appointments with a psychiatrist until a long-term provider has an opening.
- Recommend solutions that are driven by data, research, and best practices.
- Provide **an alternative to the justice system** for the community to utilize as a response to individuals in a behavioral health related crisis. Specific decision points include a pre-arrest, arrest, pretrial release, and reentry.
- Provide **an alternative to emergency rooms** so they have more availability for life threatening medical emergencies (heart attacks, diabetes issues, strokes, etc.)
- Demonstrate that a collaborative approach is an effective, efficient strategy to provide optimal outcomes for those in our community with intensive needs while being fiscally and programmatically cutting edge.

# INDICATORS OF NEED

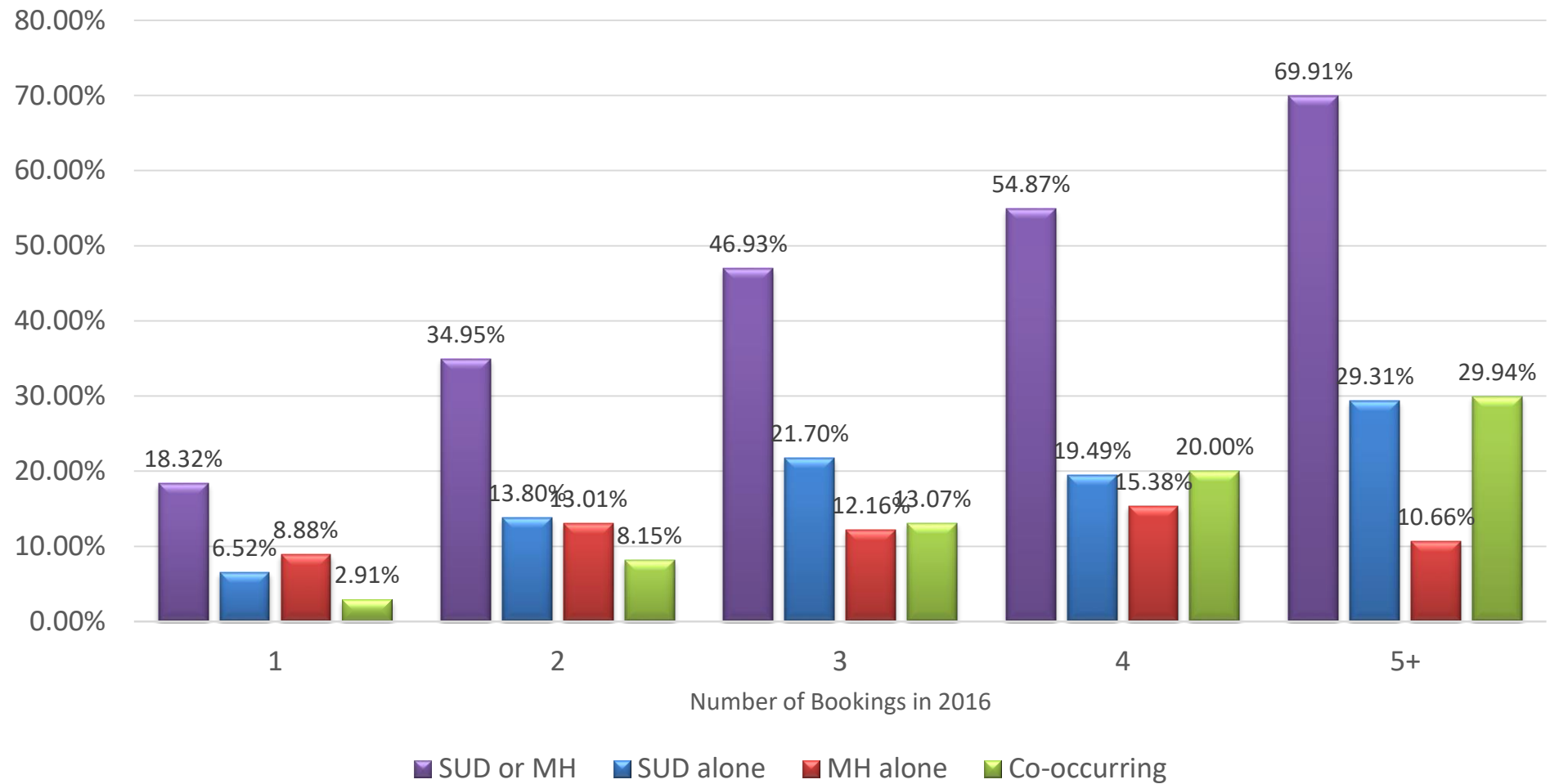
# All Jail Bookings (2016)



# Super Utilizers (Jail Bookings)



# Self-reported SUD and MH Disorders by Number of Bookings

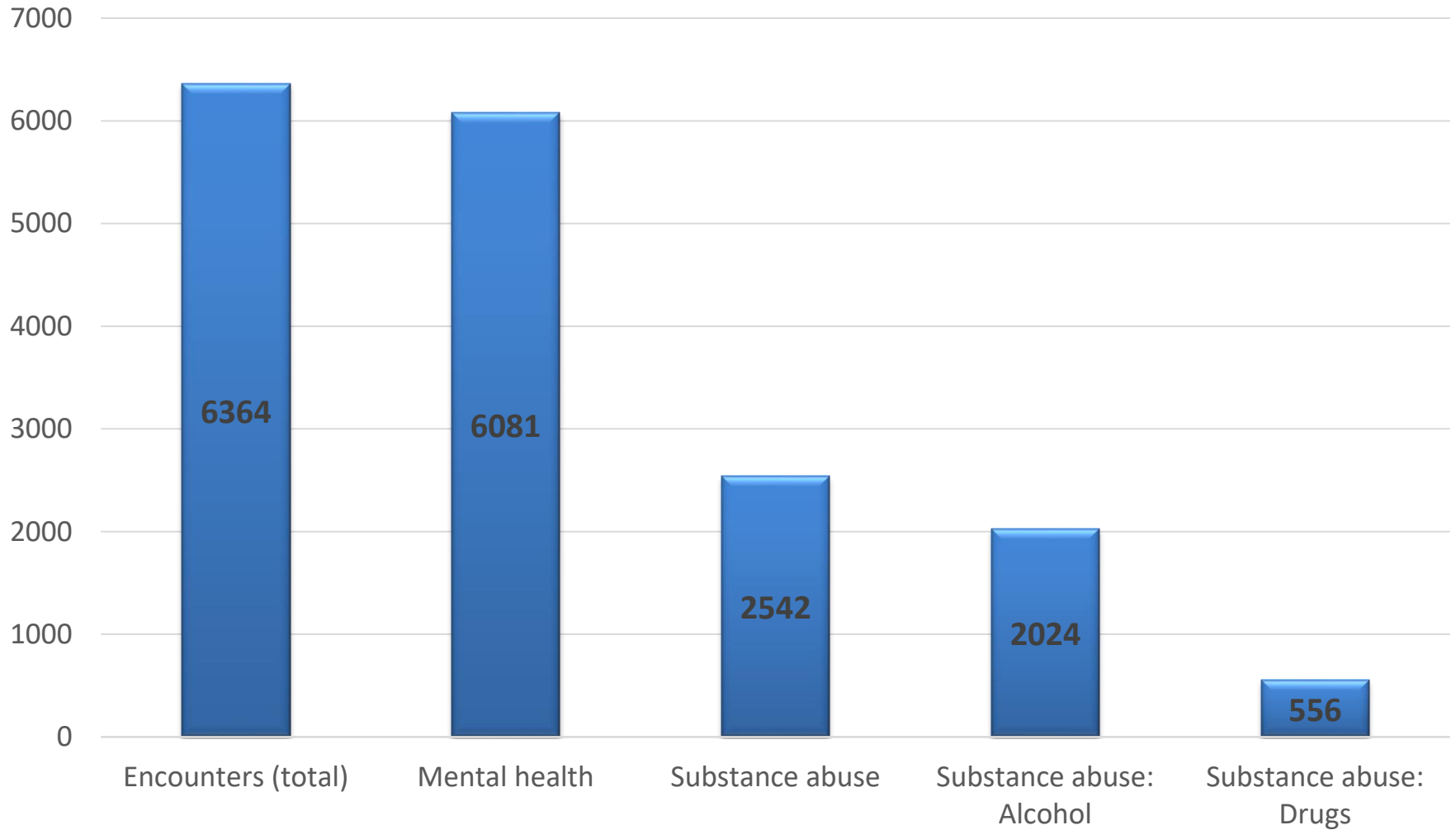


# Jail Super Utilizers (5+)

70% self-reported behavioral health problems

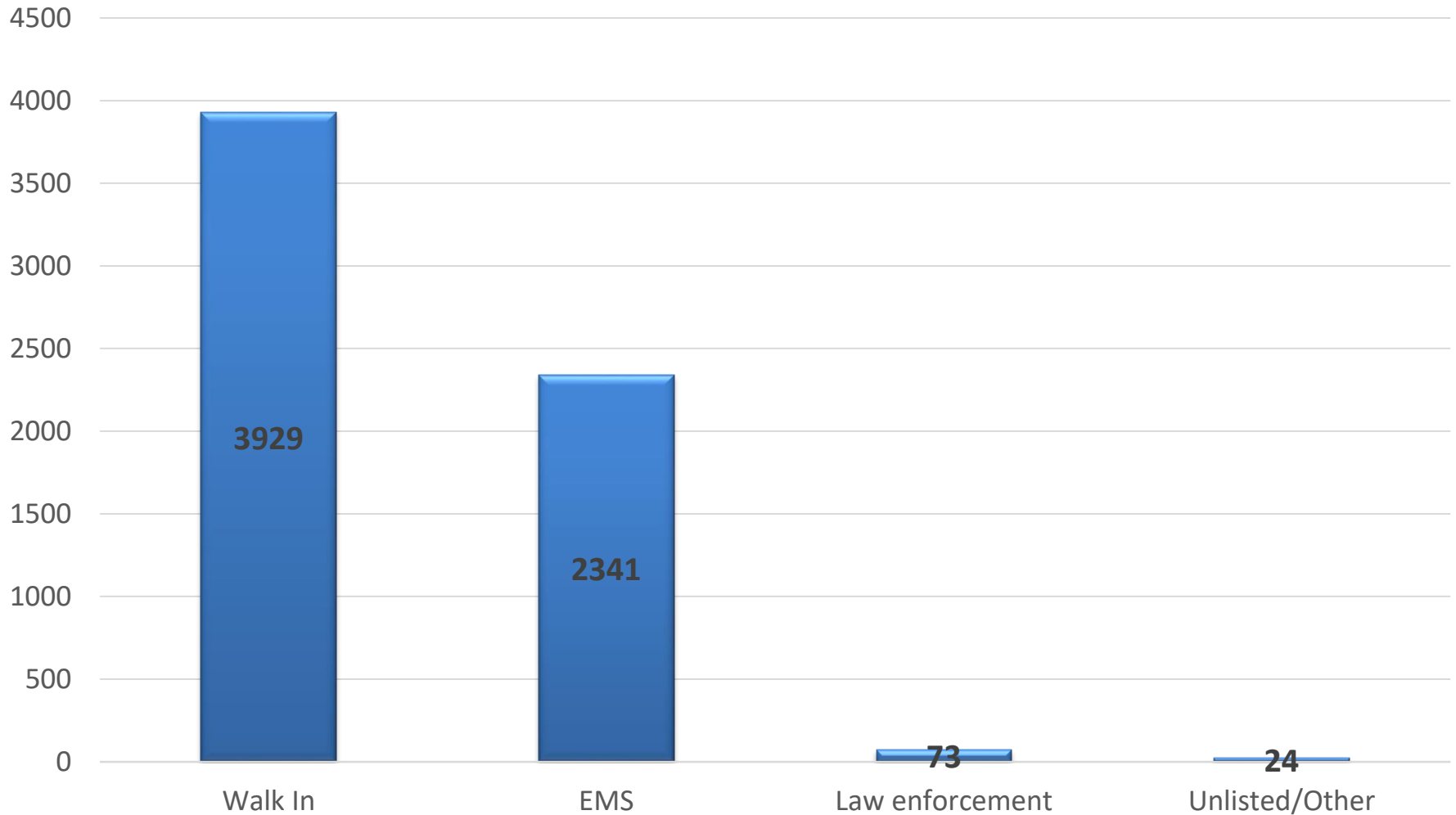
- 446 people
- 62 jail days per person
- 27,710 bed days annually (76 per day)
- \$2,632,518 annually

# Behavioral Health ER Encounters (2016)

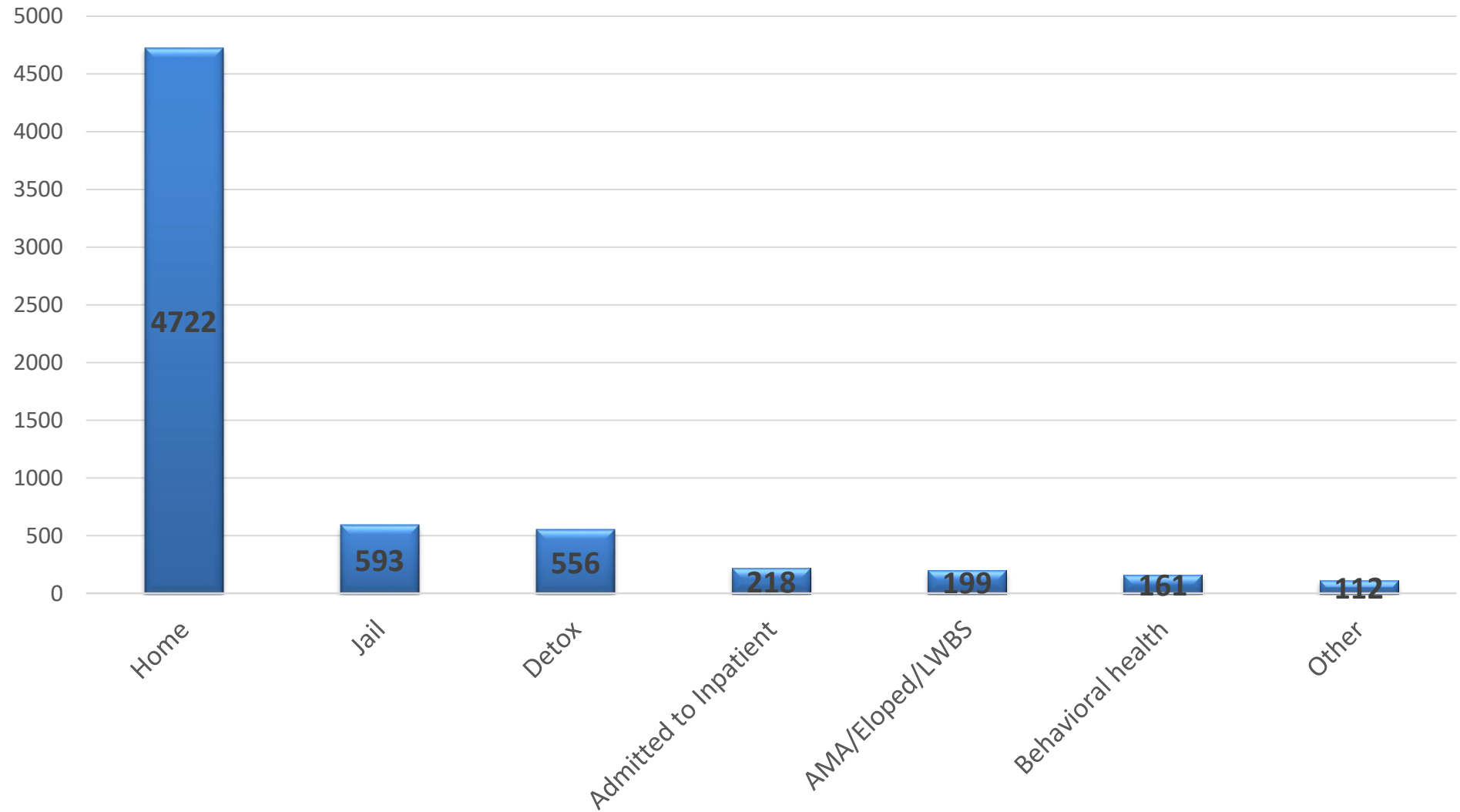




# Means of Arrival (2016)



# Disposition (2016)



# ER Behavioral Health Encounters

Average stay: 190 minutes (3.2 hours)

Total ER time: 832 days

2.28 beds per day

Total charges: \$40,037,269

Average charges per encounter: \$6,076

# Stage 1

- Relocate Detox and Sobering Center
- Add behavioral health moderate crisis referrals
  - Law enforcement referrals
  - Walk-ins without physical ailment

# Stage 1

Source	Annual Admissions	Daily Admissions	Length of Stay (hours)	Average Daily Beds Occupied
Detox	241	0.7	155	4.3
Sobering Center	2,621	7.2	9.7	2.9
Law enforcement referrals	338	0.9	9.7	0.4
Walk-ins	2,106	5.7	6.4	1.5
<b>TOTAL:</b>	<b>5,306</b>			<b>9.1</b>

# Detox and Sobering Center

- 2016 observed number of admissions and length of stay

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# Law enforcement referrals

- Data sources:
  - 2016 arrests by SF Police Dept. and Minnehaha Co. Sheriff's Office
  - 2016 bookings in Minnehaha County Jail
- Criteria: Adult, non-violent, Class 2 Misdemeanor arrests where the only charges were
  - Disorderly conduct,
  - Liquor law violations,
  - Trespassing, or
  - Curfew, loitering, or vagrancy

# Law enforcement referrals

- 1,691 adult arrests met criteria
  - 17.8% of arrests overall
- Estimated referrals to CTC: 338
  - 20% referral rate based on self-reported behavioral health disorders among
    - unsentenced (23.3%) bookings and
    - misdemeanor (21.2%) bookings
- Length of stay: 9.7 hours
  - Observed length of stay at Sobering Center

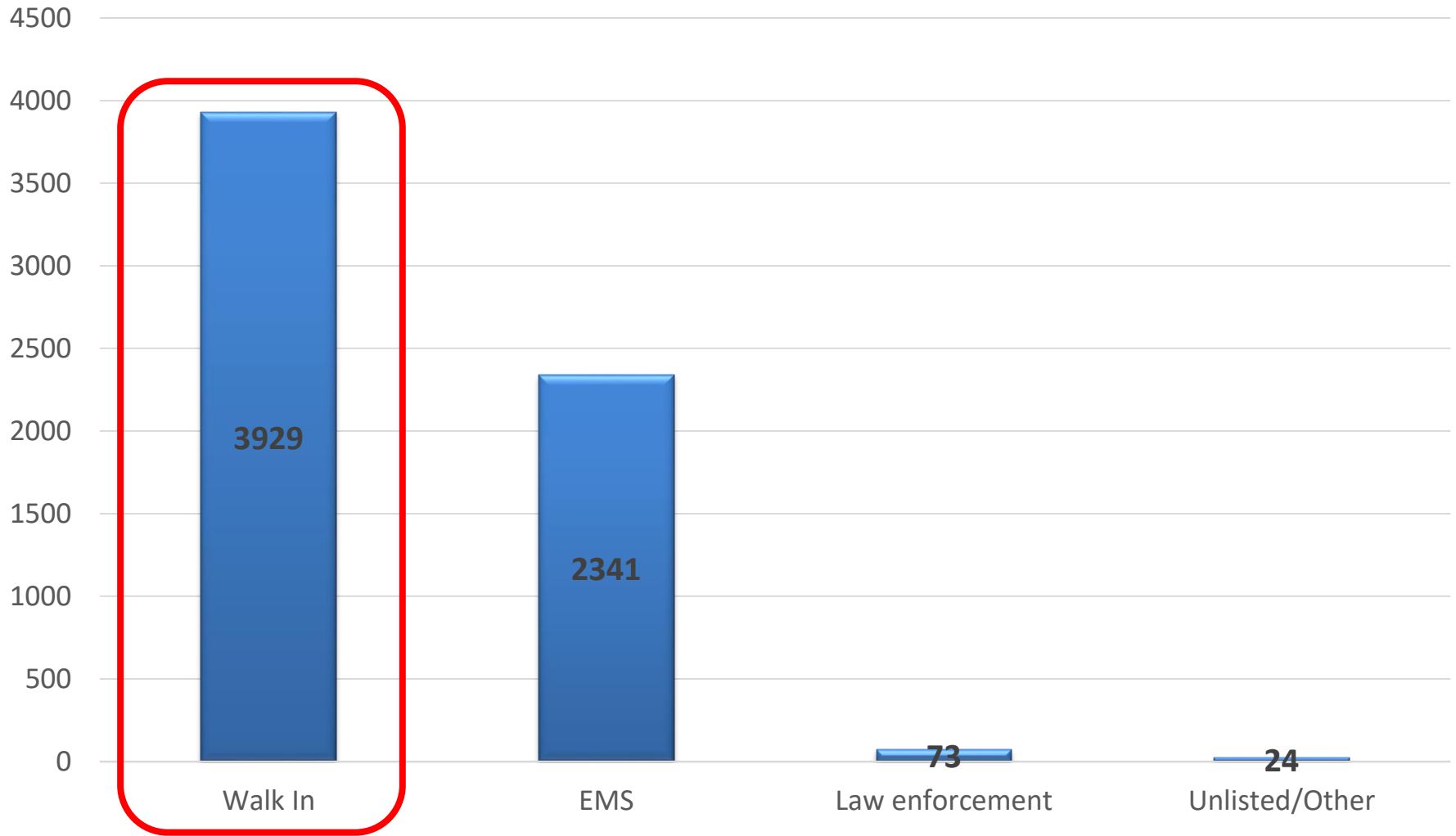
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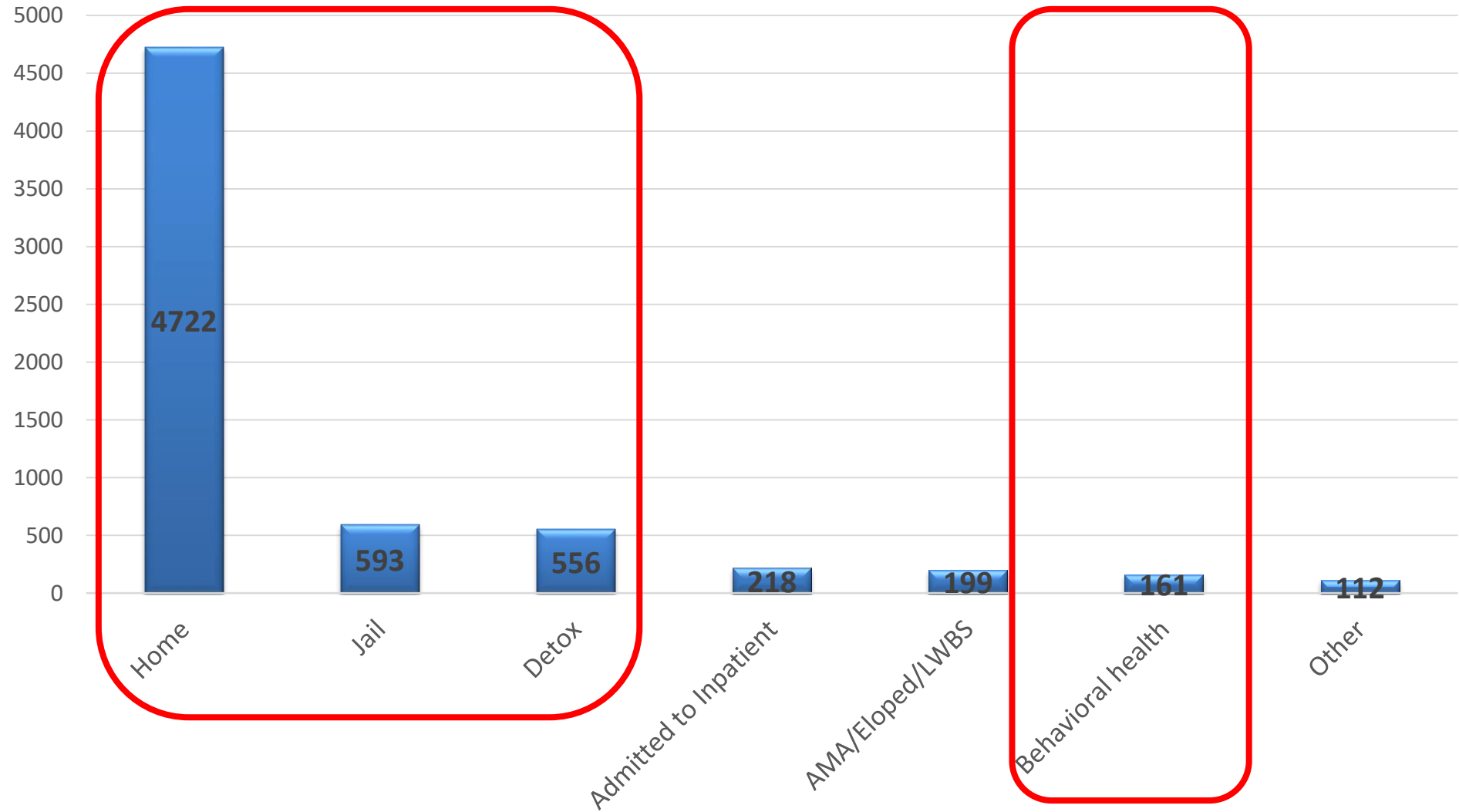
# Means of Arrival (2016)



# Walk-ins without physical ailment

- Data sources:
  - 2016 ER encounters at Avera McKennan and Sanford where primary, secondary, or tertiary diagnosis was behavioral-health related
- Criteria: ER walk-ins who:
  - Have a primary diagnosis that is a behavioral health issue, *and*
  - Were discharged to home/self-care, detox, law/jail/court, or admitted to Behavioral Health

# Disposition (2016)



# Walk-ins without physical ailment

- 2,106 walk-ins met criteria
  - 53.8% of behavioral health – related walk-ins
- Length of stay: 6.4 hours
  - Average of observed ER length of stay (3 hours) and Sobering Center length of stay (9.7 hours)



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# Stage 2

- Stage 1 *plus*
  - Walk-ins with physical ailment
  - EMS drop-off

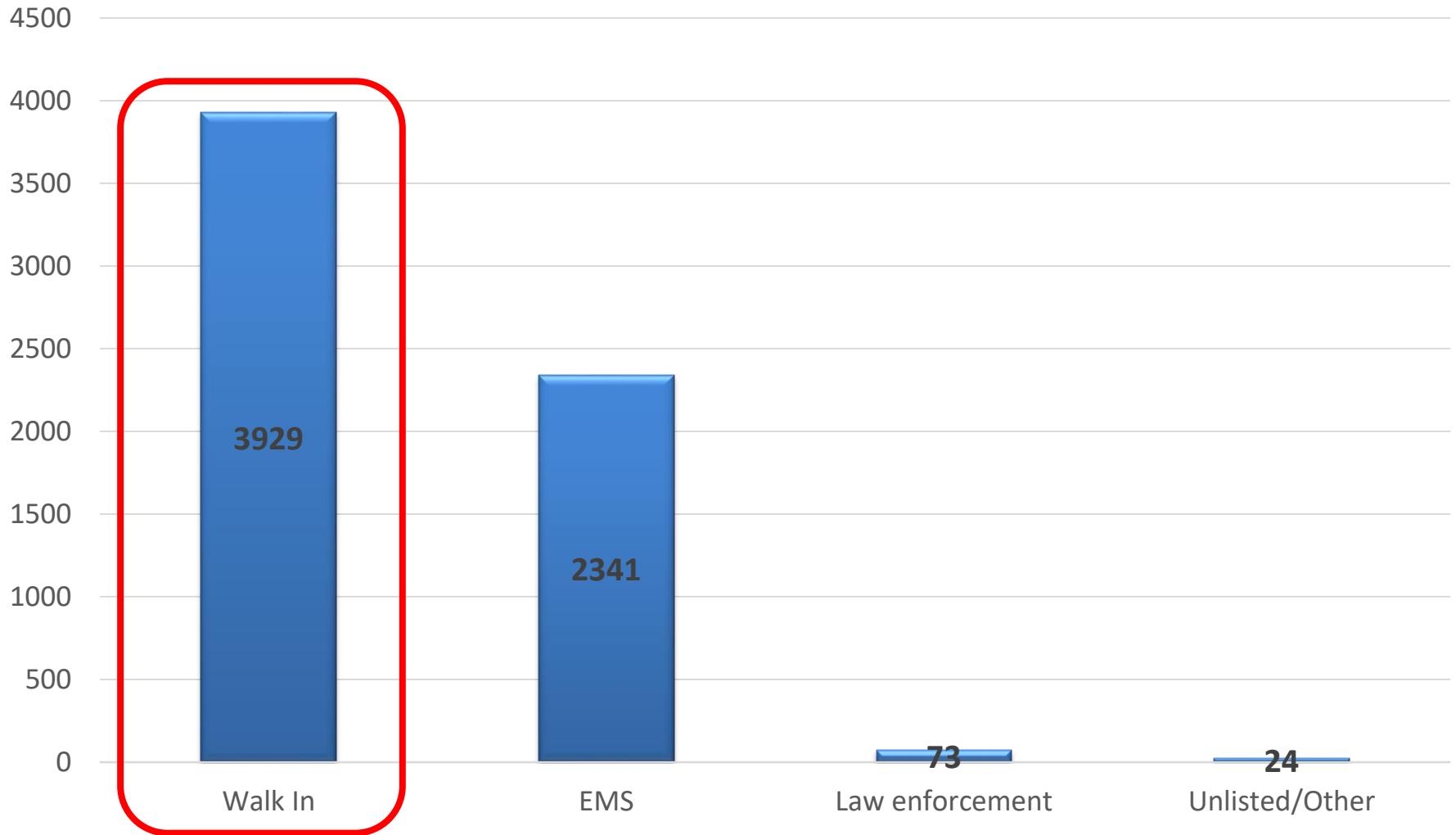
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Walk-ins	3,703	10.0	6.4	2.7
EMS referrals	2,206	5.9	6.4	1.6
<b>TOTAL:</b>	<b>9,109</b>			<b>11.9</b>

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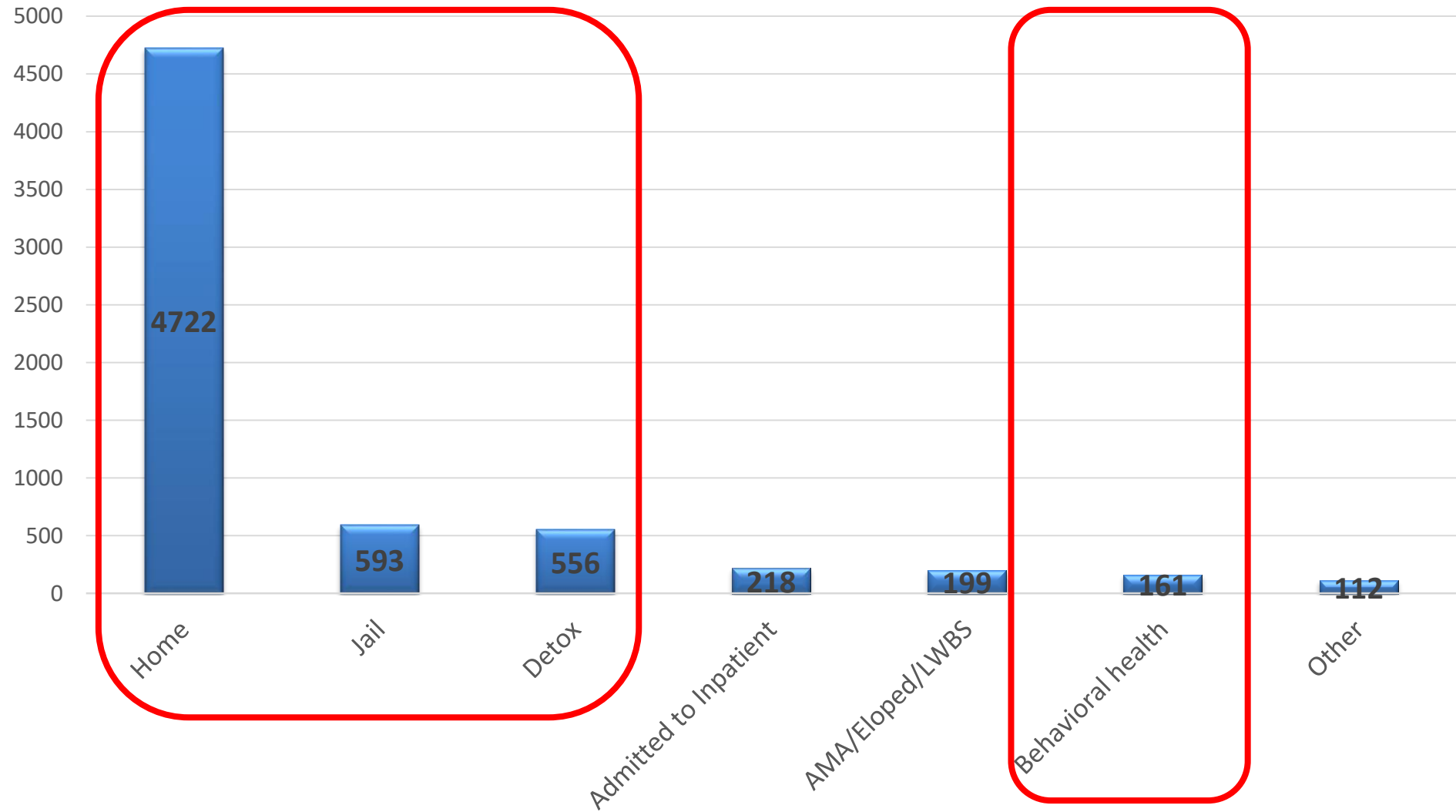
# Means of Arrival (2016)



# Walk-ins with or without physical ailment

- Data sources:
  - 2016 ER encounters at Avera McKennan and Sanford where primary, secondary, or tertiary diagnosis was behavioral-health related
- Criteria: ER walk-ins who:
  - Have a primary, secondary, or tertiary diagnosis that is a behavioral health issue, *and*
  - Were discharged to home/self-care, detox, law/jail/court, or admitted to Behavioral Health

# Disposition (2016)





# Walk-ins with or without physical ailment

- 3,703 walk-ins met criteria
  - 94.6% of behavioral health – related walk-ins
- Length of stay: 6.4 hours
  - Average of observed ER length of stay (3 hours) and Sobering Center length of stay (9.7 hours)

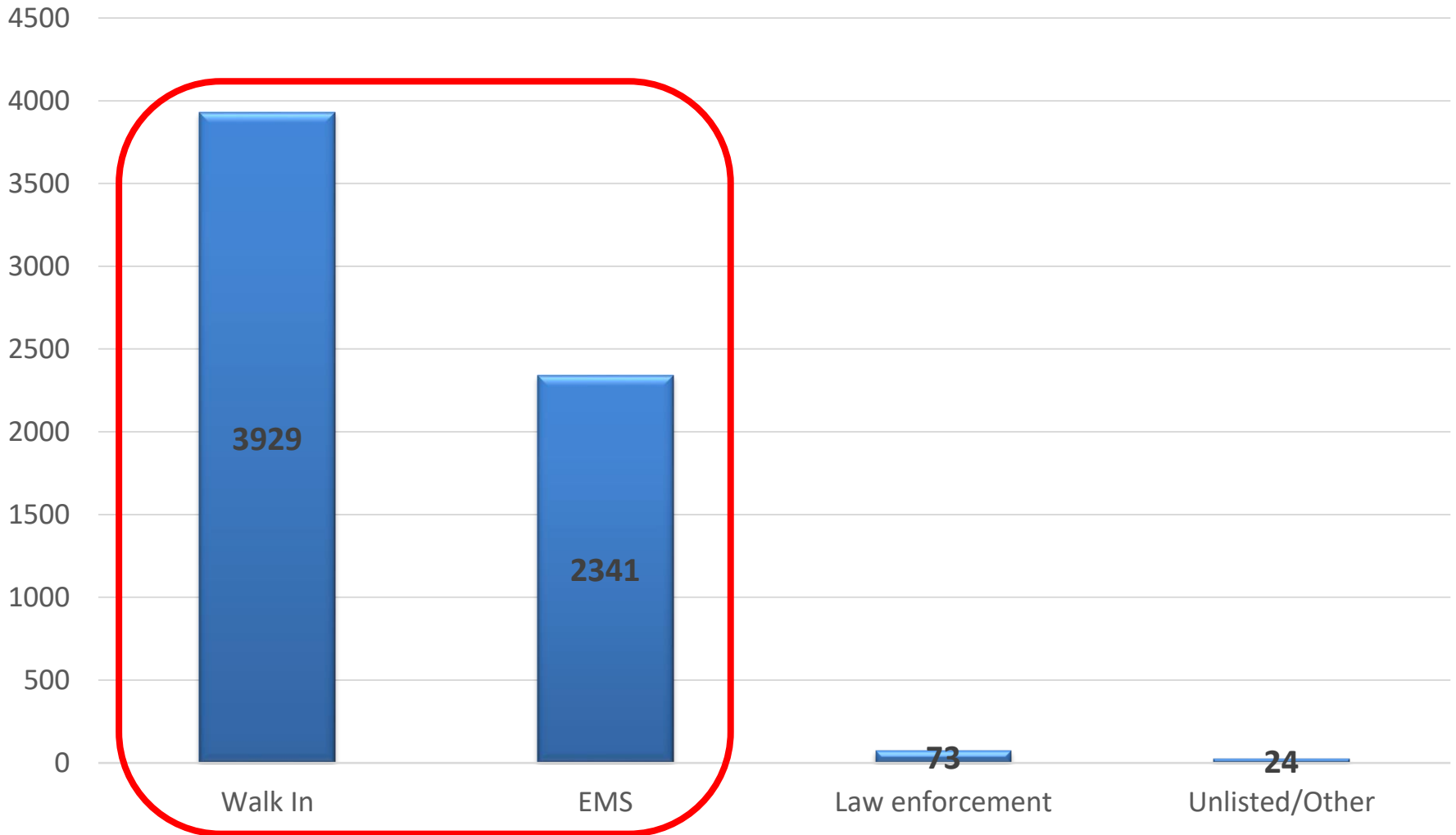
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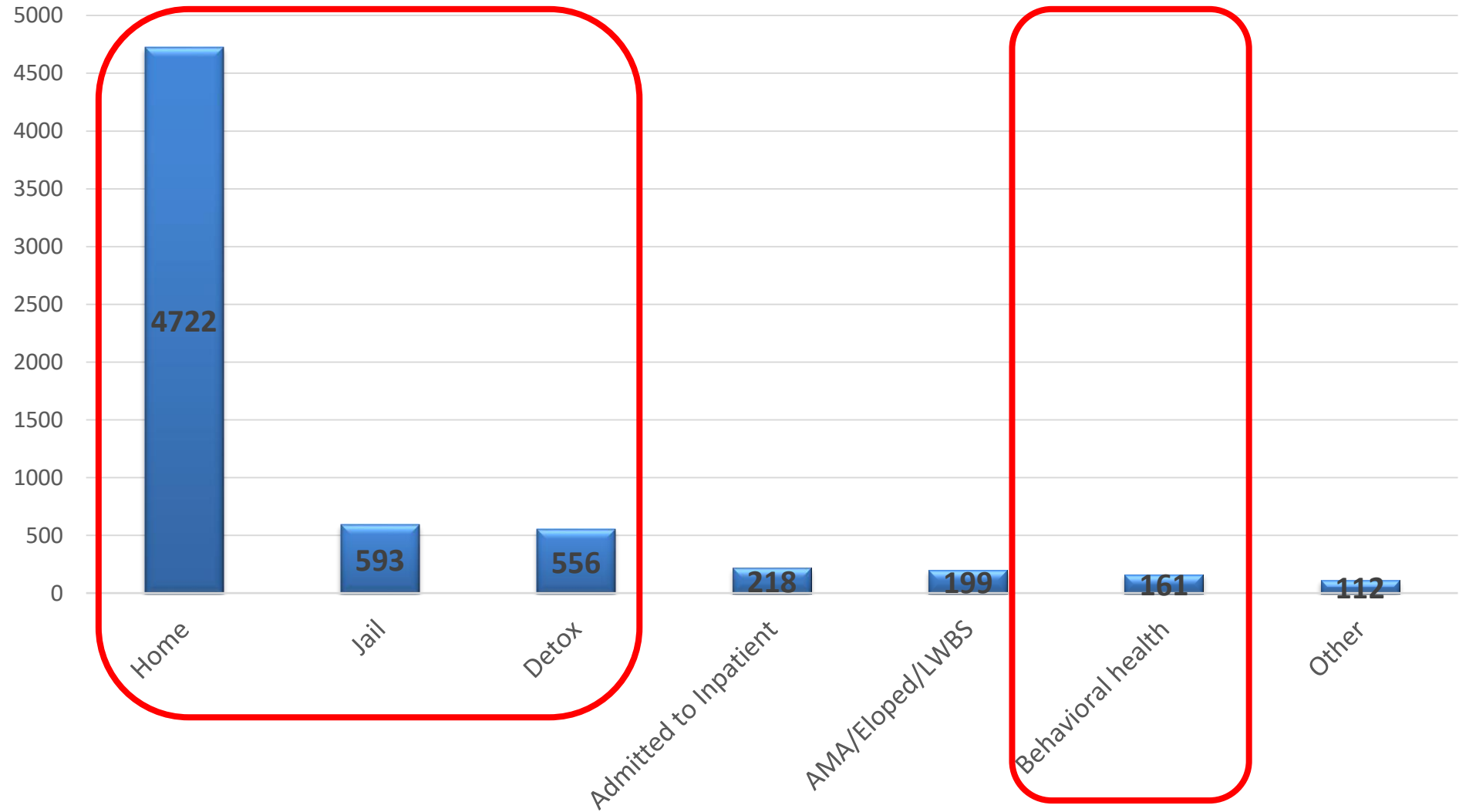
# Means of Arrival (2016)



# EMS drop-off

- Data sources:
  - 2016 ER encounters at Avera McKennan and Sanford where primary, secondary, or tertiary diagnosis was behavioral-health related
- Criteria: ER arrivals by EMS who:
  - Have a primary, secondary, or tertiary diagnosis that is a behavioral health issue, *and*
  - Were discharged to home/self-care, detox, law/jail/court, or admitted to Behavioral Health

# Disposition (2016)



# EMS drop-off

- 2,206 EMS arrivals met criteria
  - 94.9% of behavioral health – related EMS arrivals
- Length of stay: 6.4 hours
  - Average of observed ER length of stay (3 hours) and Sobering Center length of stay (9.7 hours)

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# Summit slides to create

- What's next? Merging data. What do we hope to learn?
  - Cross-service super-utilizers
  - Were people flagged for behavioral health in jail already known to behavioral health service providers? (engagement and continuity of treatment)