



Triage Centers as Alternatives to Jail for People in Behavioral Health Crises

POLICY BRIEF

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Cities, together with county or regional partners, increasingly use triage centers as alternatives to jails, emergency rooms, and other expensive, ineffective responses to substance abuse and mental health crises. City leaders can assist in the establishment of triage centers through championing the effort, enlisting city agencies, exploring funding and data sharing models, and convening county or nonprofit partners. City agencies save both time and money through the use of triage centers.

For example, the per day cost of a Safe Solutions bed in the triage center in Rapid City, South Dakota is one quarter of the local jail's per day cost.

Triage centers serve as a single location where first responders, including police and emergency medical services, can bring an individual experiencing a behavioral health crisis. Trained clinicians assess and provide

immediate treatment and referrals to ongoing treatment while first responders, such as police, can return to patrol after completing a short intake process. Juvenile assessment and service centers (JASC) serve as similar one-stop structures that cities implement to provide services to diversion-eligible youth.

Triage centers are better equipped to respond to the 64 percent of people in jail who struggle with mental health and the 68 percent who struggle with substance use. The conditions these individuals face in jails, such as solitary confinement and abuse, often exacerbate health problems. People with unresolved behavioral health issues can be homeless and often end up in jails, emergency rooms, and other crisis services repeatedly, even as often as multiple times a month. Repeated, ineffective crisis responses for these individuals, referred to as high utilizers, become huge avoidable costs for cities.



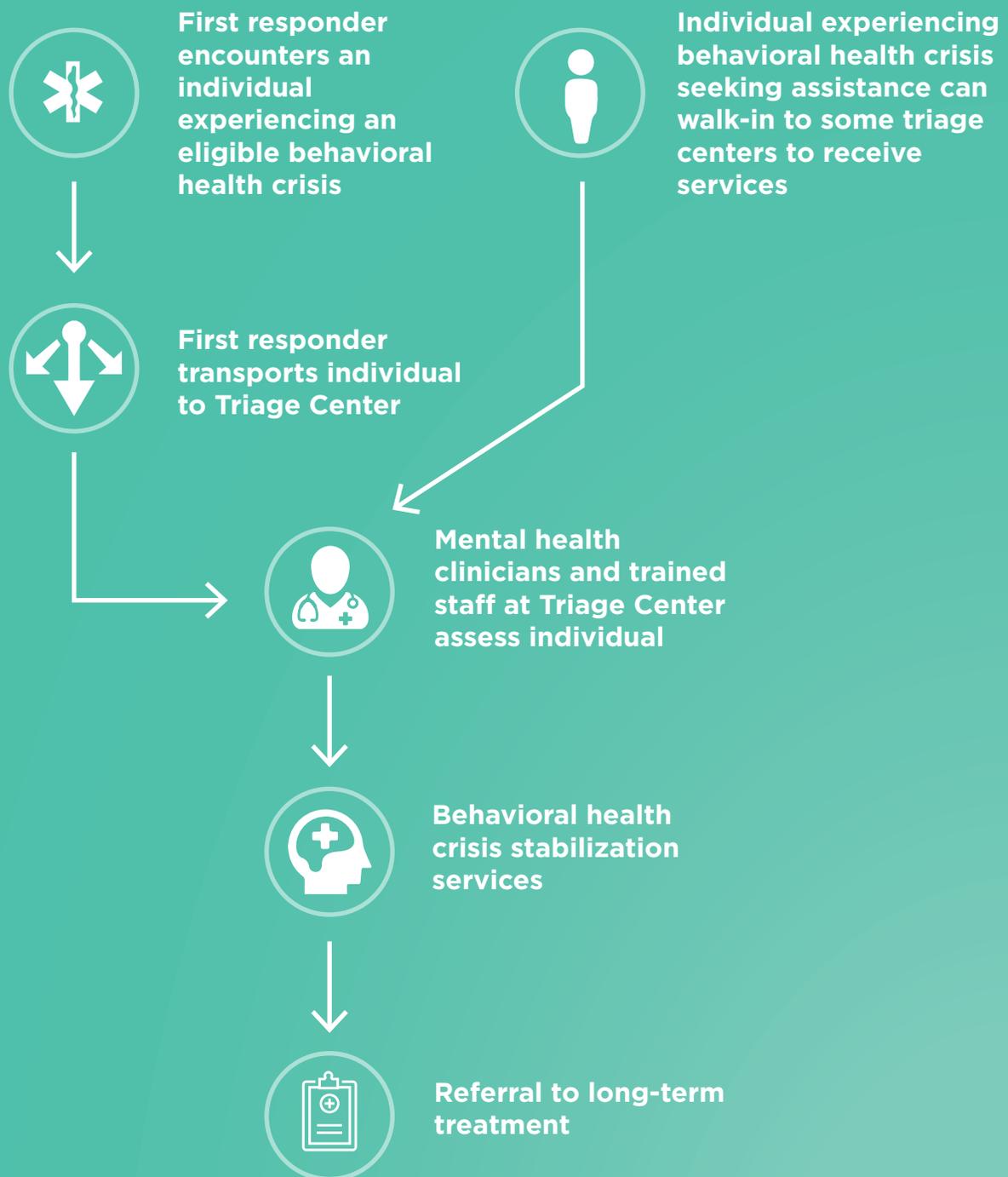
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QUICK FACTS

Each triage center is unique, responding to the needs and assets of the community, but certain commonalities exist across many examples:

- ▶ Often open to referrals 24 hours a day, 7 days a week, 365 days a year.
- ▶ Keep clients under their care up to 23 hours, while others have capacity to provide care for several days.
- ▶ Centrally located in downtown areas or on hospital campuses.
- ▶ Funding and oversight can be governed by Memorandum of Understanding among city, county and service provider partners.
- ▶ Staff structures often combine case managers, registered nurses, social workers and psychiatrists.
- ▶ Often provide immediate placements – including detox units, sobering beds, medication management, intensive treatment for mental illness – and referral to ongoing, long term services, such as case management, counseling, medication management, addiction services, housing, employment.
- ▶ Operating agency varies by location; examples include a non-profit organization, the state mental health department, or the county behavioral health agency.
- ▶ Measures of success include number of clients served per year and reduced use of first responder services and time.

First Responder Interactions and Access to Services Flowchart



STARTUP STRATEGIES OF SUCCESSFUL TRIAGE CENTERS

Cities can learn from four strategies several cities and their partners employed to build and open triage centers.

1 Form a stakeholder group that incorporates first responders and clinicians, led by a champion

Multi-disciplinary stakeholder groups for triage centers include elected and appointed officials from all participating jurisdictions, first responders, local court leaders, the local jail administrator, hospitals, probation or pretrial community supervision authority, community-based mental health providers and substance addiction providers. Local individuals with relevant lived experience, advocates and faith leaders should share the table with government officials and providers. A local [criminal justice coordinating council](#) (CJCC) may already engage all of these partners and, therefore, serve as a strong pre-existing stakeholder group.

The convening power of elected officials or judges, as well as their awareness of broad community needs and assets, make them particularly strong champions. In Kansas City, Missouri a well-known judge learned about triage centers and stepped in as the local champion. He brought together a stakeholder group, including the city's Mayor Pro Tem, Deputy Police Chief and Fire Chief, to identify an appropriate response to high utilizers with behavioral health needs. The stakeholder group met every month for two years to analyze local data, research best practices, tour facilities across the country and apply that learning to a new triage center, [the Kansas City Assessment and Triage Center](#).

2 Make the case: assess the community's behavioral health needs and assets

City leaders should collect data demonstrating trends of substance abuse and mental health crises in the community from first responders, local jails, and hospitals to first determine the need for a triage center and, on an ongoing basis, to assess the triage center's effectiveness. As one of its first tasks, the stakeholder group should also identify existing services in the community, including their capacity to serve clients with and without insurance in all areas of the city, and gaps in service.

Charleston, South Carolina's local CJCC conducted focus groups with high utilizers and with law enforcement to determine needs in the community and identified a triage center as a crucial way to meet those needs. The [Tri-County Crisis Stabilization Center](#) operates as a component of the Charleston Dorchester Mental Health Center. Within a recent six-month period, the Tri-County Crisis Stabilization Center received a total of 408 diversions from jail, emergency departments, and hospitals. In addition, 59 percent of individuals referred had co-occurring mental health and substance abuse disorders.

3 Plan for sustained funding

City leaders will want to plan for sustainable funding so as to remain open after exhausting initial startup or capital funds. Cities can contribute capital funds from municipal bonds and Community Development Block Grants or provide in-kind support through use of city-owned property. Beyond that, city leaders need partners to sustain operational funds. Common mechanisms to support sustained collaboration and funding are Memorandums

of Understanding among multiple governments or agencies to govern shared authority and funding of a triage center. City leaders with local authority to do so may also consider targeted tax initiatives to increase access to mental health and addiction services. City leaders should also explore whether Medicaid expansion coverage will be available to bolster private health insurance for service costs.

Local stakeholders worked with a non-profit organization to cover costs for the initial funding of the Community Triage Center in Las Vegas, Nevada. To sustain services, multiple counties and cities, the state of Nevada, and local hospitals each pay one-third of operational costs. Local municipalities divide their one-third across the cities and counties involved based upon referrals from each zip code. A memorandum of understanding instituted in 2005 governed shared authority and funding for the past 13 years.

4 Train and communicate to ensure first responders and the community accurately understand the triage center's use and benefits

Triage centers rely on referrals from first responders and self-referrals from the community. Therefore, city leaders should ensure active, ongoing training and communication to all relevant groups about the appropriate use of a triage center. First responders must understand who the center accepts, the referral process, and the benefits to them of utilizing the triage center. For example, triage centers never accept people in medical crisis, so first responders still need to take an individual experiencing an overdose to the emergency room.

A NOTE ABOUT ONGOING EVALUATION AND OVERSIGHT

City leaders should ensure the stakeholder group continues to routinely evaluate and use its authority to revise the operations of the triage center. As triage centers operate, communities often see savings and can redirect those savings to expanded services still needed in the community. As triage centers continue to emerge, there is still much to learn and document about the benefits and impacts on the community.

LOCAL EXAMPLES

Tucson, Arizona - Crisis Response Center

Community acknowledgement of the behavioral health crisis in Tucson helped spur the passage of two bond measures with the proceeds going to build a Crisis Response Center in a downtown location. Today, ConnectionsAZ operates the Center at a volume of approximately 12,000 adults and 2,200 children in crisis served annually. To sustain the services, this center contracts with major health plans, bills Medicaid when applicable, and receives funding from the county and state for indigent and crisis care.

Rapid City, South Dakota - Crisis Care Center

The CEO of a local South Dakota foundation served as the champion and initial funder for the Rapid City Crisis Care Center. The mayor, chief of police, county sheriff and other community members participated in the stakeholder group. Minimizing capital costs, a local hospital provided the space from within an established inpatient behavioral health center. Following startup assistance from the local foundation, the triage center now



receives operating funding from the city, the county and local hospitals, in addition to in-kind service donations from the community.

Over the course 26 months, beginning in the summer of 2016, the Crisis Care Center had a total of 10,009 intakes from 1,027 individual clients – 37 percent of referrals derived from emergency services and 63 percent from self-referrals. During the same time-period, the utilization of a Safe Solutions bed within the Crisis Care Center cost the facility \$20 a day in comparison to \$80 a day at Pennington County Jail saving approximately \$645,000 over the 26-month period.

Chicago, Illinois – Community Triage Center

The Community Triage Center in Chicago learned crucial lessons about educating first responders and the community to achieve success. Initially, the center did not experience the expected high volume of clients. Through evaluation, staff learned

that patrol officers needed further in-depth training to fully understand uses and benefits of the triage center. Law enforcement referrals increased after patrol officers received additional training. Success led to the creation of a second triage center in an additional high need neighborhood on the Southside of Chicago.

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