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COMMUNITY TRIAGE CENTER

REQUEST FOR PROPOSAL GUIDELINES



City of Sioux Falls
SOUTH DAKOTA



MINNEHAHA
COUNTY

Avera 

SANFORD
HEALTH

COMMUNITY TRIAGE CENTER

Request for Proposal Guidelines

Release date:	February 21, 2020
Submittal deadline:	April 11, 2020
No later than 5:00 p.m., to:	Sioux Empire Triage Center Attn: Commission Office: Erin Srstka 421 North Dakota Avenue Sioux Falls, SD 57104
Contact:	Erin Srstka 605-357-1561 Erin.Srstka@usd.edu

*Submission by fax, telephone, or e-mail is **not permitted**.*

The Sioux Empire Triage Center is pleased to announce the release of a Request for Proposal (RFP) for entities interested in providing Community Triage Center services.

The "Request for Proposal" can be found at <https://www.minnehahacounty.org/ctcp/ctcp.php>. The application must contain all required information. Applicants should submit the RFP (1 original and 4 copies) to the address specified above by April 11, 2020 no later than 5:00 p.m.

Sioux Empire Triage Center reserves the right to request clarification or additional information from any Applicant. This solicitation does not obligate the Sioux Empire Triage Center to award a contract to any Applicant. Sioux Empire Triage Center, at its option, reserves the right to waive as informality any irregularities in and/or reject any or all applications.

All questions regarding this RFP should be made in writing via email using the "Request for Information" form available electronically at <https://www.minnehahacounty.org/ctcp/ctcp.php>. Requests for Information should be emailed to Erin Srstka at Erin.Srstka@usd.edu. Written responses to questions will be made by personnel within three (3) business days. Submitted questions and responses will be posted accordingly on the <https://www.minnehahacounty.org/ctcp/ctcp.php>.

All notices, decisions, documents and other matters relating to the RFP process will be electronically posted on <https://www.minnehahacounty.org/ctcp/ctcp.php>. The Sioux Empire Triage Center reserves the right to amend, modify, supplement, or clarify this RFP at any time at its sole discretion.

Under the parameters of the RFP process coordinated by Sioux Empire Triage Center, with the exception of clarifying questions, prospective Applicants are prohibited from contacting project and leadership team members the of Sioux Empire Triage Center, Minnehaha County, the City of Sioux Falls, Avera Health or Sanford Health, any of member of the Sioux Empire Triage Center Board of Directors, and members of the CTC Review Committee regarding this solicitation during the period following the release of this RFP, during the proposal submission and evaluation period, and until a determination is made and announced. Violation of these provisions may be grounds for rejecting a reply to this RFP.

Note: No Applicant shall be excluded from participation in, denied the benefit of, subject to discrimination under, or denied employment in the administration of or in connection with this RFP because of race, color, creed, marital status, familial status, religion, sex, sexual orientation, national origin, Vietnam era or disabled veteran's status, age, or disability. The Applicant shall comply with all applicable federal, state, and local nondiscrimination laws, regulations, and policies.

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SECTION I – INTRODUCTION, HISTORY, AND PURPOSE

The Community Triage Center (CTC) is a collaborative, community-wide project purposed to engage in a planning process over the last five years to research whether this model could be implemented in Minnehaha and Lincoln Counties. The strategic intent being to provide a better option for individuals in behavioral health (BHS) crisis who do not belong in an emergency room or jail.

The CTC model was envisioned with the following guiding principles as the premise for the CTC:

- To establish client-centered, strength-focused care plans that identify a discharge strategy and support services.
- To offer individuals the opportunity to attend support groups and education, receive case management, and/or attend 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 the emergency rooms for individuals who have a mental health and/or substance use crisis.
- 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.

Strategic community partners including Minnehaha County, the City of Sioux Falls, Avera Health, and Sanford Health collaborated to determine if a triage center would be appropriate for the community. In order to inform the conceptual plan, data was collected and analyzed to determine need, a sequential intercept model mapping was conducted to determine interventions, and model community sites visited to identify operational best practices. The report, *Community Triage Center Conceptual Plan*, issued in June 2018 summarizes the work completed during the planning phase. This report can be found at <https://www.minnehahacounty.org/ctcp/report>.

The *Community Triage Center (CTC)* will be a voluntary and involuntary commitment (IVC for substance use) mid-level care alternative for individuals experiencing a mental health and/or substance use crisis, regardless of ability to pay. Currently, this population is treated at the emergency room department or the Detox Facility and Sobering Center at the Minnehaha County jail. This does not include mental health holds.

The community triage center concept aims to ensure that the identified population is most effectively and efficiently served in a level of care that best meets their needs and provides for appropriate coordination of care. The triage center would provide short-term care and treatment including professional assessment and stabilization and connection to other community services and resources. The CTC would replace the services provided at the Minnehaha County jail and aim to reduce inappropriate emergency department visits for behavioral health needs in Lincoln and Minnehaha counties.

The CTC's purpose is not to duplicate services but act as an intermediary to bridge individuals to appropriate BHS providers.

SECTION II – GENERAL INFORMATION

Purpose of Request for Proposal (RFP)

The purpose of this RFP is to seek qualified, interested providers to engage in negotiations to develop and operate a CTC inclusive of three primary service components 1) Observation, 2) Detoxification for substance use, and 3) Stabilization for mental health. Ancillary support services including basic medical care and case management will also be service expectations within the CTC. It is expected that services will include an emphasis on a Recovery-Oriented System of Care, Trauma Informed Care (TIC), and use of Evidence-Based Practice (EBP) methodology.

The initial phase of the CTC project will be three years. Data collection and analysis will be completed to substantiate the impact of the CTC operations and determine a continuity and sustainability plan.

Definitions

Definitions specific to this RFP can be found in Appendix C.

Issuing Organization

The Sioux Empire Triage Center is issuing this Request for Proposals and all subsequent addenda relating to it.

Cost Liability

The Sioux Empire Triage Center assumes no responsibility or liability for costs incurred by the Applicant in response to this RFP, or any Applicant, prior to the execution of an agreement between the Sioux Empire Triage Center and the selected Applicant.

Disclaimer

The issuance of this RFP does not commit the Sioux Empire Triage Center to accept proposals, complete the selection process, award a contract, or pay any costs incurred in the preparation of a proposal responding to this RFP. The Sioux Empire Triage Center reserves the right to reject any or all proposals received at any point in the process, or to cancel the RFP in whole or part if the Sioux Empire Triage Center, in its sole discretion, so determines.

All of the information contained in this RFP and its attachments reflects the best and most accurate information available at the time of issuance. No inaccuracies in such information shall constitute a basis for legal recovery of damages, either real or punitive. If it becomes necessary to revise any part of this RFP, a supplement will be issued on the <https://www.minnehahacounty.org/ctcp/ctcp.php>.

Indemnification

The Applicant shall assume all risk of loss in the performance of the contract and shall indemnify and hold harmless the Sioux Empire Triage Center, its Governing Board, and funders from all liabilities, demands, claims, suits, losses, damages, causes of action, fines or judgments and all expenses incident thereto, for

injuries to persons and for loss of, damage to, or destruction of property arising out of or in connection with the contract and the performance of the contract, and proximately caused by the negligent or intentional acts or omissions of the Applicant, its officers, employees or agents; for any losses caused by failure of the Applicant to comply with the terms and conditions of the contract; and for any losses caused by other parties which have entered into agreements with the Applicant in connection with the performance of the contract.

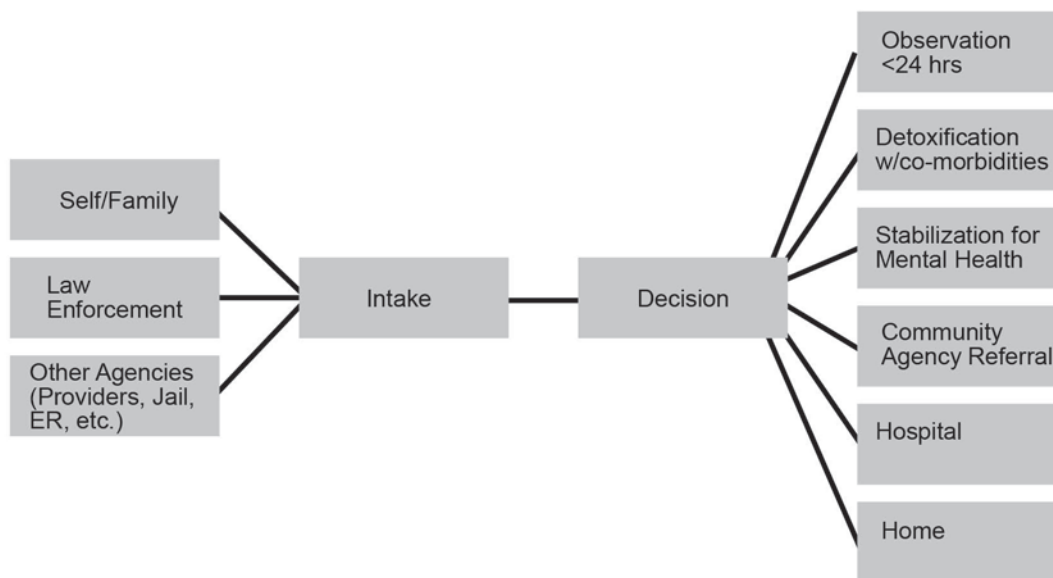
SECTION III – SCOPE OF WORK/SERVICE SPECIFICATIONS

CTC Program/Service Categories

NOTE: The following operational model was proposed by the planning group; however, a more optimum model may be proposed by the Applicants. *Although the RFP outlines the services and expectations of the selected Applicant, the Sioux Empire Triage Center is seeking an operations partner with innovative ideas, high standards of care, and leadership in serving a population that is both complex and falls through the cracks of mental health and substance use disorder care. The Sioux Empire Triage Center encourages RFP respondents to bring their best ideas to the table.*

Referrals

Currently, individuals who are experiencing a mental health or substance use crisis arrive at the emergency department or Minnehaha County Detox Facility or Sobering Center. Once the CTC is operational, individuals in crisis can be routed to the CTC through self-referral, law enforcement, and other agencies (jail, ER, SUD providers, and potentially ambulance transport). The CTC staff will complete the intake information and decide to provide the individual with CTC Observation, CTC Detoxification, or CTC Stabilization for mental health or provide a warm hand-off to a community agency. If stabilized, the patient may be sent home with a connection to community services (if appropriate). If a higher level of care is warranted, the individual will be referred to the hospital.



Intake/Triage

The main goal of the Intake/Triage service phase is to assess the consumer's behavioral health needs and relieve distress as quickly as possible. Licensed personnel will evaluate the client and make a determination for referral to the most appropriate level of care. Referrals may be made internally to a) Observation, b) Detox; or c) Stabilization or externally to a) a community agency; b) the hospital; or c) home.

Service Expectations:

- Provide services 24 hours per day/7 days a week.
- Receive individuals who self-transport or transported by law enforcement, ambulance, or other means.
- Assess individuals who misuse substances and/or require mental health screening, depending on presenting symptoms and screening outcomes
- Process emergency commitments for substance use. Assess a petition for substance use disorder involuntary commitment (IVC) or emergency commitment (EC). After a judge signs the IVC, provide care for the patient. (NOTE-Mental health IVCs will be routed to Avera Behavioral Health.)
- Develop protocols for referrals to the next level of care for the following: suicidal patients, homicidal patients, psychotic patients, and patients requiring mental health hold.

Observation

Observation is intended to provide immediate, short-term, individualized, crisis-oriented treatment and recovery needed to stabilize mental health, substance abuse, or co-occurring mental health / substance abuse crisis. The intent of the service is to support the individual throughout the crisis; provide crisis assessment and treatment interventions; medication management; linkages to needed behavioral health services; and assist in transition back to the individual's living situation. Individuals in this level of care may be transferred to CTC Detox or Stabilization or discharged to a community agency or home.

Service Expectations:

- Provide fluids and nutrition.
- Provide a safe and appropriate place to sleep within the CTC.
- Determine if the individual should be transferred internally to detox or stabilization.
- Refer to community services.
- Implement a crisis stabilization plan, which includes relapse/crisis prevention and discharge plan components (consider community, family, and other supports), developed within 24 hours of admission and adjusted as indicated.
- Link to community-based rehabilitation/social services to assist in the transition to community living.
- Facilitate and admit Protective Custody hold individuals to the CTC.

Note: This service is currently being provided at the Minnehaha County Sobering Center.

Detoxification / ASAM 3.2WM and ASAM 3.7WM

Withdrawal management provides intervention in substance use disorder emergencies on a 24-hours-per-day basis to individuals experiencing acute intoxication. This service has the capacity to provide a safe residential setting with staff present for observation and implementation of physician-approved protocols designed to physiologically restore the individual from an acute state of intoxication.

The selected Applicant should prepare for and apply for ASAM 3.2-WM and ASAM 3.7-WM accreditation from the South Dakota Department of Social Services. The Applicant shall propose and initiate medication-assisted treatment (MAT) services as appropriate based on assessed needs.

Service Expectations:

- Provide oversight by professionals who maintain necessary licensure and credentials required in the State of South Dakota and per accreditation standards.
- Conduct a screening (includes at a minimum, vital signs, detoxification rating scale, and other fluid intake) by appropriately trained staff with ongoing monitoring as needed, with licensed provider consultation available.
- Determine the level of care in which the patient should be placed by a sufficient biopsychosocial screening and for the individualized care plan to address treatment priorities identified in Dimensions 2 through 6 of the ASAM Criteria.
- Administer the Clinical Institute Withdrawal Assessment for Alcohol Scale (CIWA) by an RN to individuals exhibiting signs of alcohol misuse.
- Use evidence-based assessment tools to assess individuals exhibiting signs of drug misuse.
- Provide psychiatric nursing interventions to individuals 24/7.
- Initiate and integrate treatment/recovery plans for co-occurring disorders identified in initial assessment process as appropriate.
- Obtain and review an addiction-focused history with the physician if protocols indicate concern.
- Daily assess individual progress through detoxification and any treatment changes.
- Provide clinical management, consultation, and/or referral for general medical, psychiatric, psychological, psychopharmacology, and other needs.
- Start MAT (medication-assisted treatment) as indicated.

Stabilization for Behavioral Health

Individuals who may require medication management and/or counseling to avoid a crisis but are not able to immediately see a community primary care or mental health provider.

Service Expectations:

- Provide Brief Crisis Intervention counseling.
- Provide psychiatric urgent care services including medication management.
- Provide interim care between the initial visit(s) to a time when they can establish care with a

community-based mental health provider.

- Initiate petition for involuntary hold as necessary and coordination of process with law enforcement.

Ancillary Basic Medical Care

The Sioux Empire Triage Center expects the selected Applicant will have properly licensed staff operating within their scope of practice to provide ancillary basic medical care to the CTC target population.

Service Expectations:

- Follow physical assessment protocols.
- Provide medical evaluation and consultation 24 hours per day.
- Treat MINOR injuries (i.e., simple lacerations, scrapes, contusions, wound care).
- Develop protocols for the administration of IV therapy as medically required.
- Administer medications including enteral, parenteral, inhalation and topical routes to stabilize and treat as well as develop a safe protocol for the appropriate use of home medications.
- Develop protocols for onsite lab testing, and administering other medical protocols (e.g., glucagon, dextrose, insulin administration).

If the client requires x-rays, sutures, or a medical procedure, they should be referred to the lowest level of appropriate care. The approved Applicant and the EMS Medical Director shall jointly develop protocols for the use of ambulance transport from the CTC to a higher level of care. The medical provider may refer the client back to the CTC if they need further observation due to substance use or mental health issues.

Discharge Planning and Case Management

The selected Applicant will provide discharge planning and case management services to address substance use, mental health, and social determinants of health through referral to community agencies who provide community-based services to the target population.

Service Expectations:

- Initiate a plan of care for the individual at the time of intake.
- Interdisciplinary treatment team meetings as often as medically necessary including the individual, family, and other supports as appropriate.
- Prior to discharge, the staff in concert with the individual will develop a discharge plan which will include specific referral and relapse strategy.
- Identify, establish, and connect individuals to community providers. Ensure a warm hand-off is made with the community agency.
- If a release of information is executed, follow up with the individual to ensure they are following their treatment or referral plan and prescribed interventions.

SECTION IV – TARGETED GEOGRAPHICAL AREA/POPULATION

Geographical Area

The CTC will be located at the City Annex Building at 132 North Dakota Ave. in Sioux Falls, South Dakota. See [Appendix A](#) for architectural drawings of this location. Services will be available and accessible to persons in crisis in the Sioux Empire area. If awarded, the contract will address billing mechanisms for other counties' utilization.

Population

The general population for which the CTC shall serve include:

- Persons over 18 years of age,
- Who are experiencing a substance use and/or mental health crisis,
- That are not violent in behavior,
- Who are medically stable without sign of serious physical illness or injury;
- Who are seeking services on a voluntary basis,
- Who are under Chemical Dependency Involuntary Commitment, Emergency Commitment, or Protective Custody holds; or
- Individuals regardless of their ability to pay for services.

Projected Persons Served/Capacity

Clients and Bed Capacity

The CTC will have up to 16 beds. Below is the table of the estimated average daily census. This is an estimate based on 2016 statistics and could look different in practice. Methods for obtaining these numbers can be found in the Community Triage Center Conceptual Plan document.

Source	Annual Admissions	Daily Admissions	Length of Stay (hours)	Average Daily Beds Occupied
Detox	241	0.7	155	4.3
Sobering Center	2621	7.2	9.7	2.9
Law enforcement referrals	338	0.9	9.7	0.4
Walk-ins	3703	10.0	6.4	2.7
EMS referrals	2206	5.9	6.4	1.6
TOTAL:	9,109			11.9

The proposed triage center represents a new model of care, and length of stay may differ from what is currently observed in emergency rooms, Detox, and the Sobering Center. Length of stay and capacity estimates can be updated pending decisions about operations.

SECTION V – STAFFING SPECIFICATIONS

Treatment of Incumbent Work Force

A number of dedicated, highly trained personnel are currently working in the Minnehaha Count Detox and Sobering Center. In the event the selected Applicant is not the incumbent provider, good faith efforts must be made to ensure a smooth transition and to recruit the current Detox and Sobering Center personnel to apply for the positions. In the event of a change in providers, all current qualified employees working with the current Detox and Sobering Center are to be considered for preferential hiring by any new Selected Applicant.

The selected Applicant will provide full-time employees with a wage and benefit program comparable to the employees' current program. If the incumbent provider is the selected Applicant, it agrees to maintain, at minimum, current salary and benefit levels for personnel and consistent with offerings included in its proposal.

The Sioux Empire Triage Center expects that to attract and retain outstanding personnel. The selected Applicant must utilize reasonable compensation and scheduling methods. The selected Applicant's economic efficiencies are not to be derived from the use of sub-standard compensation. The goal is to ensure that the selected Applicant initially provides an equitable salary package to encourage employee retention and recruitment.

Character, Competence, and Professionalism of Personnel

The services will often be rendered in the context of stressful situations. The Sioux Empire Triage Center expects and requires professional and courteous conduct and appearance of personnel, support staff, and managers at all times. The selected Applicant shall address and correct any occasional departure from this standard of conduct.

All persons employed by the selected Applicant in the performance of its work shall be competent and holders of appropriate licenses and permits in their respective professions and shall undergo a criminal record check at the selected Applicant's expense. The selected Applicant must independently judge the employability and potential liability associated with employing any individual with a past history of serious offenses.

It is the expectation that the selected Applicant meet licensing standards and state standards and train staff in evidenced-based treatment methodologies

Internal Health and Safety Programs

The selected Applicant shall implement programs to enhance the safety and health of the workforce. The selected Applicant shall provide adequate Personal Protective Equipment (PPE) and other equipment to employees. Policies and procedures should clearly describe the routine use of PPE on all patient encounters. Staff training shall also include implementation of nationally recognized formal methods of crisis prevention and intervention that are aimed at reducing number of client crisis while in the facility and de-escalate situations to reduce potential for violence toward others and destruction of property.

Evolving OSHA and Other Regulatory Requirements

The selected Applicant shall adopt procedures that meet or perform better than all requirements for dealing with these matters. The selected Applicant shall make available at no cost to its employees all currently recommended immunizations and health screening to its high-risk personnel.

Discrimination Not Allowed

During the performance of the Agreement, the selected Applicant agrees that it will comply with all applicable provisions of federal, state, and local laws, including Chapter 98 of the Code of Ordinance of the City of Sioux Falls and regulations prohibiting discrimination. Without limiting this, selected Applicant warrants that it will fully comply with Title VI and VII of the Civil Rights Act of 1964, as amended, the Americans of Disabilities Act (ADA) and all other regulations promulgated thereunder. The selected Applicant will not discriminate against any employee or Applicant for employment because of race, religion, color, disability, national origin, sex, sexual orientation, or age. The selected Applicant will take affirmative action to ensure that employment is offered and that employees are treated during employment without regard to their race, religion, color, disability, national origin, sex, sexual orientation, or age. Such action shall include but is not limited to the following: employment -upgrade, demotion, or transfer; recruitment or recruitment advertising; lay-off or termination; rates of pay or other forms of compensation; and selection, including apprenticeship.

SECTION VI – ELIGIBILITY CRITERIA FOR APPLICANTS

Applicants may partner with another agency(ies) to provide the full suite of services outlined in this RFP. The proposed partnership shall submit ONE application listing one of the partners as the fiscal agent.

The RFP Applicant(s):

- May be a state, county, or community-based public, private not-for-profit, private for-profit agency, faith-based organization, or individual;
- Must have demonstrated administrative and clinical leadership with the abilities to carry out and meet the day-to-day clinical and medical needs of those being served in the CTC;
- Must be able to provide or hire the staff necessary to make the CTC fully operational on the opening date;
- Must be willing to work with an independent project liaison to be hired by the Sioux Empire Triage Center Board of Directors and to also report outcomes and be accountable to the Sioux Empire Triage Center Board of Directors;
- Must be in operation and in good standing (based on a current independent audit) for at least 12 months;
- Must have three or more years of experience in a similar scope of work;
- Must demonstrate capacity or establish a process to accept Medicaid, Medicare, and commercial insurance as payment sources;
- Must accept all individuals for services regardless of their ability to pay;

- Must agree to participate in work with project evaluators regarding evaluation requirements as outlined in Appendix B;
- Must possess appropriate state licensure and credentialing by appropriate State of South Dakota Departments, Divisions, or Boards, or have a plan in place to achieve such licensure/credentialing;
- Must comply with South Dakota Administrative Rule 67:61 for Substance Use Disorders;
- Must establish processes for serving Involuntary Commitments, Emergency Commitments and Protective Custody holds in accordance with SDCL § 27A-1-2 and SDCL § 34-20A-63;
- Must be experienced in working collaboratively with community agencies, law enforcement, hospitals, and other key stakeholders;
- Must achieve necessary or required accreditation from SD Department of Social Services to receive IVCs and provide detox services; and
- Must be able to initiate services by Quarter 4 2020.

SECTION VII – FINANCIAL SPECIFICATIONS

Facility

The Triage Center will be located at 132 N. Dakota Avenue, Sioux Falls, SD. The facility is owned by the City of Sioux Falls. The space will be remodeled in the second and third quarter of 2020. Below are assumptions the applicants can make regarding the facility.

- 1) The facility will be provided as an in-kind contribution from the City of Sioux Falls.
- 2) The facility will be provided in remodeled condition designed to meet the needs of community triage operations.
- 3) The City will make major capital repairs (typically greater than \$7,500) sufficient to ensure the facility is safe and operational throughout the term of the contract.
- 4) The proposer will be responsible for routine maintenance and repair of the facility or for damage caused by Center employees or patients.
- 5) The proposer will be responsible for all utilities, parking, and custodial care (current parking rates for the ramp attached to the facility will be \$67 per space per month).

Given the proximity and familiarity with the facility, the proposer may engage the City on a cost of service basis to provide maintenance and custodial care of the facility.

Funds Available/Reimbursement Methods

The cost of the operations will be funded. This amount and structure for payment will be determined after the award of the RFP and based on the budget proposed. The approved budget and how the payments are made will be a part of the final contract.

Funding Sources

The selected organization will identify potential revenue streams it intends to utilize to bill for client services provided, the projected amount of funding available via these revenue streams, and how this revenue will contribute to an overall sustainability plan for long-term CTC operations, while at the same time reducing operational expenses to the Sioux Empire CTC Board of Directors.

Use of Funds

Funds provided under the contract may be used for:

- the employment of personnel,
- technical assistance,
- operation of programs,
- routine maintenance and repair,
- utilities, parking, and custodial care, and
- the initiation and continuation of programs and services.

The contract will not fund:

- financial contribution to individuals,
- fund-raising events,
- lobbying,
- abortion,
- laboratory or clinical research,
- projects which do not serve the Minnehaha and Lincoln County geographical area,
- purchase or improve land, purchase, or permanently improve any building or other facility or purchase major medical equipment, or
- cash payments to intended recipients of health service.

Non-transfer of Funding Award

The contract awarded to the successful Applicant(s) may not be transferred or assigned by the selected Applicant(s) to any other organization or individual.

Use of Subcontractors

The Applicant may be permitted to subcontract for the performance of certain required administrative or programmatic functions. Planned use of subcontractors must be clearly explained in the Program Narrative identifying the proposed subcontractors, describing the qualifications of the proposed subcontractors and the estimated dollar amount of each subcontract. Use of treatment subcontractors and the terms and conditions of the subcontract must be approved by the Sioux Empire Triage Center in advance of the execution of any subcontract.

The selected Applicant is fully responsible for all work performed by subcontractors. No subcontract into which the selected Applicant enters with respect to performance under the contract will, in any way, relieve the selected Applicant of any responsibility for performance of its duties.

The sub-contractor(s) will be required to submit a Letter of Intent along with the primary applicant.

SECTION VIII – RFP CHANGES OR TERMINATIONS

In the event anticipated funds for the programs/services described in this RFP are not available to fulfill all the obligations outlined in this RFP, the Sioux Empire Triage Center may add to, limit, reduce, or withdraw any and all of the funding listed in this RFP.

SECTION IX – APPLICATION PROCESS

This RFP is designed to solicit proposals from qualified Applicants who will be responsible for the development and provision of Community Triage Center services at a competitive and reasonable cost. The Sioux Empire Triage Center retains the right to seek additional proposals, not allocate funding, or provide the service directly. The RFP process is designed to be a competitive selection process, where cost is not the sole determining factor.

All events related to the RFP process will follow the timeline outlined below:

Timeline for Request for Proposals

Notice of Request for Proposals Released	Friday, February 21, 2020
Letter of Intent Due	Tuesday, March 3, 2020
Requests for Information will be accepted, and questions/answers posted on the website	Submission: Friday, March 6, 2020 Posted: Friday, March 13, 2020
Proposals Due from Interested Applicants	Friday, April 11, 2020 5:00 p.m.
Applicant Presentations (to be scheduled with Applicant by a representative of Review Committee)	Tuesday, April 14 – Friday, April 17, 2020
Applicant Interviews, if necessary	Monday, April 20 – Thursday, April 24, 2020
Award of Funding Announcement	Monday, May 18, 2020
Contract Negotiations and Execution	May – June 2020
Funds Available / Start Date	Upon contract execution

Letter of Intent

The Sioux Empire Triage Center must receive a Letter of Intent by Tuesday, March 3, from Applicants and sub-contractors interested in completing a proposal. Applicants and sub-contractors must submit a Letter of Intent to be eligible for funding; however, submitting a Letter of Intent does not bind the organization to submit a proposal. If there are changes or important interpretations to be communicated

to prospective Applicants prior to the proposal due date, those will be communicated to only those organizations which have submitted a Letter of Intent.

The Letter of Intent must be sent to:

Sioux Empire Triage Center
Attn: Commission Office: Erin Srstka
421 North Dakota Avenue
Sioux Falls, SD 57104

Limits on Communications

After the release of the RFP, no verbal statements or responses made by members of the project planning committee, members of the review committee or Board Members will be considered binding. Questions regarding this RFP must be submitted in writing using the *Request for Information* form to be answered. Applicants may submit the question form to Erin.Srstka@usd.edu. All submitted questions and responses to all questions will be posted on organization's website: <https://www.minnehahacounty.org/ctcp/ctcp.php>

All applicants are responsible for reviewing the questions and answers on the website. NOTE: The deadline for questions will be Friday, March 6.

Under the parameters of the RFP process coordinated by Sioux Empire Triage Center, with the exception of clarifying questions, prospective Applicants are prohibited from contacting project and leadership team members of the Sioux Empire Triage Center, Minnehaha County, the City of Sioux Falls, Avera Health or Sanford Health, any of member of the Sioux Empire Board of Directors, Project Director, and members of the CTC Review Committee regarding this solicitation during the period following the release of this RFP, during the proposal submission and evaluation period, and until a determination is made and announced. Violation of these provisions may be grounds for rejecting a reply to this RFP.

Rejection of Proposals

Prior to the evaluation of the proposals by the Review Committee, a specific review of each proposal for technical merit will be completed to determine if the submission has followed the basic standards for the bid. This review will consider the following:

- ❑ "Letter of Intent" was received by the deadline posted, at the location specified
- ❑ The proposal was received by the deadline posted, at the location specified
- ❑ The proposal was typed on 8 ½" x 11" paper, in 11-point font, pages numbered, and stapled or clipped
- ❑ One original and 4 copies were received
- ❑ The cover page is completed and on the top of the application package.
- ❑ "Executive Summary" is present, not exceeding two pages, and addressing all elements of the proposal
- ❑ All sections required in the Program Narrative are addressed
- ❑ Program Narrative is within the 40-page limit (requested attachments are not included in the page count)

- ❑ Budget/Revenue Summary was complete and calculations balance
- ❑ Budget Justification Narrative is included

The Sioux Empire Triage Center retains the right to reject any and all proposals. The Sioux Empire Triage Center shall provide written notice to the Applicant whose proposal is rejected during this stage of review at the time of notification of funding allocation.

Withdrawal of Application

The Applicant may withdraw its proposal, with written notification, at any time in the process. In such an instance, a typewritten letter of withdrawal with an original signature by an authorized officer/executive must be received by the Sioux Empire Triage Center either by hand delivery or by mail. The Sioux Empire Triage Center will not accept as final a verbal communication or a faxed letter of withdrawal.

SECTION X – GENERAL INSTRUCTIONS ON SUBMISSION OF PROPOSALS

Only qualified Applicants identified that have submitted a *Letter of Intent* and attended the Pre-Proposal Meeting are eligible to respond to this Request for Proposals (RFP).

Emphasis should concentrate on conformance to the RFP instructions, responsiveness to requirements, and completeness and clarity of content. If the Applicant's proposal is presented in such a fashion that makes evaluation difficult or overly time consuming, it is likely that points will be lost in the evaluation process. Elaborate and lengthy proposals are neither necessary nor desired.

All instructions, conditions, and requirements included in this document are considered mandatory unless otherwise stated. Proposals that do not conform to the items provided in this document will not be considered.

The closing date for receipt of proposals is 5 p.m. on April 11, 2020. No requests for extensions of the due date will be approved. The Sioux Empire Triage Center will accept no responsibility for mislabeled mail. Proposals received late will not be accepted and will be returned to the sender. Proposals must be submitted in a sealed box or container that clearly indicates that it contains the sender's formal Proposal for the Community Triage Center.

Proposals may be mailed, or delivered in person to:

Sioux Empire Triage Center
Attn: Commission Office: Erin Srstka
421 North Dakota Avenue
Sioux Falls, SD 57104
Erin.Srstka@usd.edu

The applicant must submit one (1) original and four (4) copies.

Proposals must be typed in 11-point font, submitted on standard 8 ½" by 11 paper, numbered consecutively starting with the cover page through the last document, including required forms and attachments.

Do not add unsolicited attachments to your proposal.

SECTION XI – PROPOSAL FORMAT

Proposals must be organized in the following sections in the following order:

- **Cover Page.** Submit a cover page (Form 1) with the signature of the Chief Executive Officer, Board Chairperson, or other individual with the authority to commit the Applicant to a contract for the proposed program/service.
- **Executive Summary.** Applicant must submit an Executive Summary (Form 2) that is no more than two pages in length, which addresses:
 - A. The name of the Applicant or organization submitting the proposal
 - B. The service the Applicant will provide, including the target population
 - C. The expected outcomes for consumers
 - D. The level of consumer involvement during the development of the service and on-going involvement
- **Program Narrative.** The Program Narrative is a written plan that describes, in detail, the program service to be funded. The narrative should include a response to the following requirements as they relate to the Program/Service Specifications. Using an 11-point font and single space, the Program Narrative should not exceed forty (40) typed pages. The Program Narrative shall cover the following points in a clear and concise manner, prepared in the following order using headings as listed below:
 - A. **Organizational Capability.** Describe the organization’s capability to provide the program/services, including:
 - The Applicant shall describe its organizational history, ownership, and legal structure, including type of organization and its date and state of formation.
 - The Applicant shall provide the organization’s background and number of years under present business name, as well as prior business names.
 - The Applicant must demonstrate its experience as a qualified mental health and substance use services provider and why the Applicant is capable of providing the services specified in this RFP. The Applicant must document the areas in which it has provided comparable services to those outlined in this RFP in the past five years, the locations of these services, population, description of services, and a jurisdictional contact.
 - B. **Goals.** List and explain the goals of the program/service and process and outcome indicators that are measurable. Data shall be shared as part of the MacArthur grant evaluation. More information regarding the MacArthur Safety and Justice Challenge can be found at this link: <http://www.safetyandjusticechallenge.org/>.

Goals and Outcome Indicators must:

- Directly relate to the program/service purpose
- Focus on effectiveness of services
- Deal specifically with issues related to program/service delivered
- Address any expected short- and long-term benefits
- Measure the results achieved or the effectiveness of the program, as related to the consumer, consistent with the program goals
- Account for program effectiveness
- Identify what consumers are expected to achieve as a result of the service provided by the program/service
- Be expressed in terms of behavior, condition, or thing that is attainable by an individual client who is served by the program/service being evaluated
- In coordination with project evaluators, selected Applicant will give special consideration to the following measures
 - Jail super utilizers (5+ bookings) as a percentage of all individuals booked
 - Percentage of unsentenced jail bookings with mental health or substance use disorder
 - Percentage of emergency department visits where primary diagnosis is behavioral health issues

Process indicators may include but are not limited to:

- Include measures of services delivered, to whom, by whom, for how long and how often
 - Ensure the program/service will be implemented as intended
 - Outline a timeline from date of award to operational launch.
- C. **General Overview.** Provide a general overview of how the program/services will be organized. Include information about how the Applicant's resources [personnel (current/new), equipment, other] and administrative structure are coordinated and directed to meet the needs of consumers through the CTC.
- D. **Admission Criteria.**
- Thoroughly describe procedures for consumers to access the program/service
 - Describe how the program/service specifications criteria will be used in this program/service to determine client appropriateness for admission
 - What tool(s) will be utilized to determine level of care for mental health and/or addiction treatment needs
- E. **Assessment Methods.**

- Describe the assessment procedures, including screening and assessment tools, which will be used in the CTC
 - Include an explanation of what information will be gathered for each consumer and how consumers in this program/service will be screened for comorbidities
 - Provide details of the medical screening to be provided and protocol for those who have medical needs beyond the scope of the CTC
- F. Specific Services.** Explain how your agency proposes to provide each of the services required within the CTC.
- List and include complete explanations of the specific services to be provided directly to the consumer
 - Describe how individual treatment or rehabilitation planning will be done with the consumer and what is included in this individual plan
 - Describe how services will be coordinated with other programs
 - Describe the provisions for periodic reassessment and individual plan revision
 - Describe discharge planning procedures, criteria, and follow-up
 - Describe the projected average length of stay in the program for the consumer to successfully reach the desired results as specified in the goals
 - Describe how the program activities are designed for and appropriate to the developmental stage of the consumers to be served
 - Describe how psychiatric services / medication management will be provided
 - Describe how protocols will be developed to screen for medical issues
 - Describe what cases would be treated at the CTC versus sent to the emergency department; provide medical scenario examples in the narrative
 - Explain how the Advanced Practice Provider role will comply with all SD licensure requirements
 - Define protocols, including standing orders regarding the provision of 24-hour medical care
 - Define how opioid misuse will be assessed and treated
 - Please describe how you will receive any public or private transport of individuals
 - Describe how transportation to hospitals will be arranged for individuals that require care the CTC cannot deliver
 - Describe lab certifications or if a contract will be a lab
- G. Community Engagement.** Describe the procedures for direct consumer involvement in the program/service, including:
- How consumers will participate in service planning

- How potential consumers will be informed about the program and consumer rights
 - How meaningful participation of consumers will be incorporated into the development, evaluation, and ongoing modification of the program/service
 - How will the Applicant outreach to the community?
 - How will the Applicant work with law enforcement?
 - How will the Applicant work with the medical community?
 - How will family support or relevant special interest groups be involved in program planning and evaluation?
- H. **Service Staffing.** Applicants must demonstrate evidence of a fully staffed, professionally qualified organization capable of providing the identified services in this RFP.
- Discuss program/service staffing proposed, including: Positions to be filled by service type, description of how staff will be identified, recruited, and trained, description of agency's plan for retention of current Minnehaha County agency staff. Include an explanation of the qualifications and supervision of the positions that will provide any services (direct and indirect) in the program.
 - Specify how competencies in addiction treatment will be assessed for staff and if addiction certification will be required.
 - Describe any proposed use of subcontractors to fulfill staffing requirements.
 - Describe the role of RNs (BSN) in service delivery.
 - Identify how priority consideration would be given to retention, hiring, and transitioning the existing detox center staff at the Minnehaha County jail.
 - Provide the names and titles of the Applicant's corporate CEO, CFO, CIO, and Medical or Clinical Director, and provide the names, titles, job descriptions, qualifications / credentialing, and FTE requirements of key personnel for the contract.
- I. **Records/Information System.** The Applicant is expected to establish/provide its own information technology infrastructure, including equipment, hardware/software, and wireless services for their operations.
- Include a description of the data system's capacity to perform various electronic health record functions including, but not limited to, automated, standardized and EBP instruments, referral, and waitlist data, treatment plan reviewing, encounters and progress notes, electronic billing, etc.
 - Describe the Applicant's current status with electronic health records and future plans for Health Information Exchange (HIE), electronic medical records (EMR) and practice management systems.
 - Describe the Applicant's capacity to maintain and retain secure electronic and hard copy records including clinical, data and financial.
 - Describe how the Applicant will comply with confidentiality requirements.

- J. **Security Plan.** Describe the security plan for the facility.
 - How will the contracted organization hold individuals on Involuntary Commitment (IVC) status? Mental Health Hold?
 - What is your security staffing plan?
 - What are the security systems in place?
 - K. **Quality Assurance.** Describe the quality assurance plan which will be used for this program/service, including:
 - Explain how information and data will be gathered to evaluate the program/service, how it will be used, and who will be involved in making this happen?
 - Describe the Applicant's capacity to collect, manage and report data necessary to support the measurement aspects of quality assurance and quality improvement activities.
 - List quality indicators to evaluate care provided.
 - Provide details of the quality improvement functions the agency plans to use in this program/service.
 - Acknowledge that as an Emergency Medical Service receiving facility, the CTC Organization shall participate in quality assurance when requested by the emergency medical services authority (see Ordinance 92.158).
 - L. **Financial Strength and Stability.** The Applicant must provide documentation of its financial strength and stability. The Applicant must satisfy the Sioux Empire Triage Center that it can financially support the services covered in this RFP. Documentation shall include the following information, in addition to Attachment 6:
 - **Working Capital.** The Applicant shall describe its working capital sources and quantify the amount it expects to need for start-up of the CTC. The information all includes the estimated amount of start-up capital required for financial administration and operation for the first six months of the Agreement. Include the source of the startup capital and if any part of it will be borrowed, include verification from a financial institution that your organization is approved or pre-qualified to borrow sufficient funds. Please include your preference for method of FFE (furniture, fixtures, and equipment).
 - **Performance Security.** The Applicant shall document its method and ability to provide the required performance security.
 - **Financial interests.** The Applicant shall disclose and describe any financial interests in related businesses.
- Required Attachments (not included in 40-page count)
- A. Attachment 1: Development/Implementation Timeline Plan

- Development process/implementation schedule: Explain in detail a clear step-by-step plan of how the program/service will be developed over a given period of time.
- Include timelines for application/implementation for ASAM 3.2WM accreditation and ASAM 3.7WM accreditation.
- Describe how the Applicant organization will complete a formal evaluation of the program/service, including steps in the process, and services provided.
- Identify reasonable and necessary goals and objectives needed to develop and implement a service capacity. Activities stated should be comprehensive, can be accomplished, and have clearly identified time frames, staff responsibility assigned, and outcome indicators.
- If start-up time is required, capacity development goals should include, at a minimum, how the Applicant will do the following:
 - Develop administrative structures and personnel for service
 - Develop facility for providing service, if needed
 - Develop program plan, program operating policies and procedures, operation plan, authorization/referral system for service
 - Develop reporting, financing, and quality assurance systems
 - Develop an infectious disease policy and disaster plan
 - Indicate when consumers will be served

B. Attachment 2: Biographical Sketches of Key Personnel

C. Attachment 3: Cost Proposal/Budget

Two budget forms should be provided. First, a start-up budget. The start-up budget may include but not be limited to training, computers, furniture, clinical equipment, and non-clinical equipment.

Second, the cost proposal for the programs/services in this RFP should be based on three 12-month periods between October 1, 2020 – September 30, 2023. (Period 1 – October 2020 – September 2021; Period 2 – October 2021 – September 2022; Period 3 – October 2022 – September 2023). Include in-kind and donated expenses.

Use the Budget Excel Form to develop the detailed budget specific to the services outlined within this RFP.

D. Attachment 5: Organizational Disclosures

The Applicant must be a legally established entity, but there are no restrictions against multiple organizations forming an entity to respond to this RFP. If a joint venture is proposed on this RFP questions regarding experience, organization structure, financial strength, and other items in this RFP must be answered for each member of the joint venture. The Applicant must provide the following information about its organization, experience, litigation, licenses, investigations, and other items.

- Licenses and permits. The Applicant shall provide copies of business or professional licenses, permits or certificates required by the nature of the contract work to be performed. If the Applicant does not have a local operation, examples of state licenses, and local permits for other operational locations may be submitted to fulfill this requirement.
 - Government Investigations. The Applicant shall provide a listing of all federal, state, or local government regulatory investigations, finding, actions or complaints and their respective resolutions for the Applicant’s organization and any parent or affiliated within the last five years. It will not count against the limits of the Proposal length. Applicant must provide documentation that it has resolved all issues arising from government investigations including any continued obligations of the Applicants or describe status and expected outcome of open investigations.
 - Litigation. The Applicant shall provide a listing of all resolved or ongoing litigation involving the Applicant’s organization including resolution or ongoing litigation involving the Applicant’s organization including resolution or status for the last five years. This listing shall include litigation brought against the Applicant’s organization or affiliated organization and any litigation initiated by the Applicant’s organization or affiliated organization. It will not count against the limits of the Proposal length.
- E. Attachment 6: Financial Attachments**
- Financial Statements. Provide year-end financial statements for the last three years that support the organization’s financial ability to perform the services included in this RFP and the Proposal (submitted in separate envelope labeled “Financial Statements”).
 - Audited Statements. Provide independently audited financial statements for the most recent fiscal year (submitted in separate envelope labeled “Financial Statements”).
 - Financial Commitments. Provide a list of commitments, and potential commitments, which may impact assets, line of credit, or guarantor letters or otherwise affect the respondents’ ability to perform the Contract.

SECTION XII – REVIEW AND EVALUATION CRITERIA

Selection Process

The Sioux Empire Triage Center shall conduct a fair and comprehensive evaluation of all applications received in accordance with the criteria set forth below. All proposals will be scored as part of the evaluation process. Each proposal will initially be reviewed to ensure it meets the basic standards for the bid as outlined in Section X, Proposal Format. Proposals that meet all the requirements of this initial review will be forwarded to the Review Committee for an evaluation of the proposal.

Evaluation of Proposals

Each proposal will be independently evaluated by members of the CTC Review Committee. This committee may include, but is not limited to Minnehaha County, City of Sioux Falls, Avera Health, Sanford Health, and a consumer. Review committee names and any working documents, including Applicants’ proposal scores,

will not become public information nor will be released to individual Applicants. Applicants may be invited to interview before the CTC Review Committee to respond to questions regarding their proposal(s).

The following identifies point values for each section of the proposal's Capacity Development Plan and outlines specifically the questions that each reviewer will be asking of the proposal:

A. PROGRAM NARRATIVE (55 POINTS)

- ❑ Does the Applicant's proposal demonstrate the ability to perform the work requested?
- ❑ Is the Applicant's purpose for the program/service clearly stated?
- ❑ Is the Applicant's proposed program/service well organized?
- ❑ Are the Applicant's goals clearly stated and appropriate?
- ❑ Are the Applicant's process and outcome objectives measurable?
- ❑ Are the Applicant's goals and objectives consistent with the stated objectives described in the program/service specifications?
- ❑ Are the admission criteria consistent with the program/service specifications?
- ❑ Is the Applicant's assessment process appropriate for the target population?
- ❑ Are the Applicant's specific services to the consumer clearly identified and consistent with the program/service specifications?
- ❑ Does the Applicant's proposed program/service involve an appropriate amount of direct consumer involvement?
- ❑ Does the Applicant's proposed service/program have adequately trained and experienced staff?
- ❑ Does the Applicant's proposed program/service have an effective quality assurance plan?
- ❑ Does the Applicant's proposal show a plan for coordination of services with other Sioux Falls providers?

B. ORAL PRESENTATION (10 POINTS)

- ❑ Has the Applicant clearly communicated its plan and vision for the implementation of services to be provided within the CTC?
- ❑ Has the Applicant clearly communicated how it is capable of providing all necessary services and staffing for the CTC independently or has the Applicant clearly communicated how its selected partner(s) are the best organizations to partner with to provide the necessary services and staffing for the CTC?
- ❑ Has the Applicant clearly communicated how its administrative and clinical management will provide sufficient oversight to the day-to-day services being provided within the CTC?
- ❑ Has the Applicant clearly stated its willingness to work with an independently contracted project liaison, as well as the Sioux Empire CTC Board of Directors?

- ❑ Has the Applicant clearly communicated how it will stay within budget and what revenue sources it envisions utilizing to minimize costs to the Sioux Empire CTC Board of Directors?

C. DEVELOPMENT/IMPLEMENTATION TIMELINE PLAN (10 POINTS)

- ❑ Has the Applicant provided a “workable” development process/implementation schedule?
- ❑ Has the Applicant formally stated the steps in its evaluation process?
- ❑ Are the Applicant’s goals and objectives reasonable and necessary?
- ❑ Is the time frame for the development and delivery of services acceptable?

D. BUDGET AND BUDGET JUSTIFICATION NARRATIVE (25 POINTS)

- ❑ Is the Applicant’s itemized budget appropriate for the program/services proposed?
- ❑ Has the Applicant produced a complete itemized budget?
- ❑ Has the Applicant adequately justified the expenses listed in the budget?
- ❑ Does the organization’s independent audit demonstrate fiscal stability sufficient to ensure consistent operation of this program/service?

Interviews and Presentations

Oral Presentations

All Applicants will complete oral presentations to the Review Committee. Oral presentations will be worth 10 points in the overall scoring of the proposals. The presentation process will allow the Applicant the opportunity to demonstrate, at a minimum, its understanding of the requirements of the proposal, its authority and reporting relationships within its organization, and its management style and philosophy.

Interviews

The Review Committee may conclude, after the completion of the evaluation process, that oral interviews are required in order to make final determinations. This will be a structured interview between the Review Committee and the Applicant to provide clarifying information.

Only representatives of the Review Committee and the Applicant will be permitted to attend the oral interviews and/or presentations.

Once the oral interviews and/or presentations have been completed, the Review Committee reserves the right to make a final determination without any further discussion with the Applicant regarding the proposal received.

Any cost incidental to the oral interviews and/or presentations shall be borne entirely by the Applicant and will not be compensated by the Sioux Empire Triage Center.

SECTION XIII – FUNDING AWARDS

Announcement of Funding Allocations

Applicants will be notified by mail of the final funding decisions. All decisions regarding funding allocations will be made on Monday, May 4, 2020 by the Sioux Empire Triage Center.

Notice of Award

Upon notice of award to the successful bidder, proposals for this RFP will be open for public inspection. To request an inspection of these proposals, contact:

Sioux Empire Triage Center
Attn: Commission Office: Erin Srstka
421 North Dakota Avenue
Sioux Falls, SD 57104
Erin.Srstka@usd.edu

APPENDIX A: ARCHITECTURAL DRAWINGS

The drawings provided below reflect the building as it is currently. It will be remodeled on the 1st floor level, which is where the Community Triage Center will be located. Access to the basement and 2nd floor will also be available. More detailed drawings may be available later.

Figure 1: Annex Basement



Figure 2: Annex 1st Floor

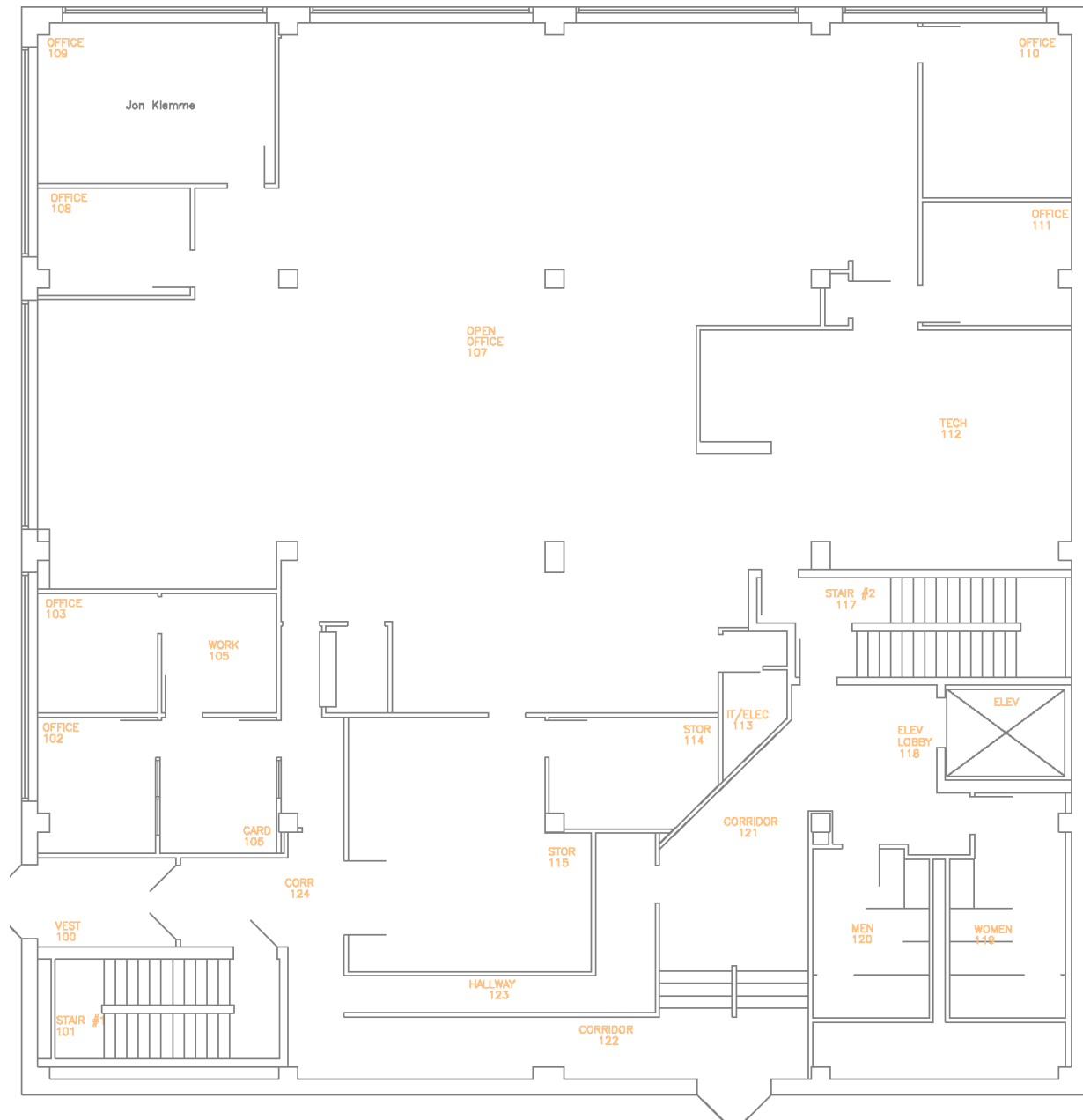
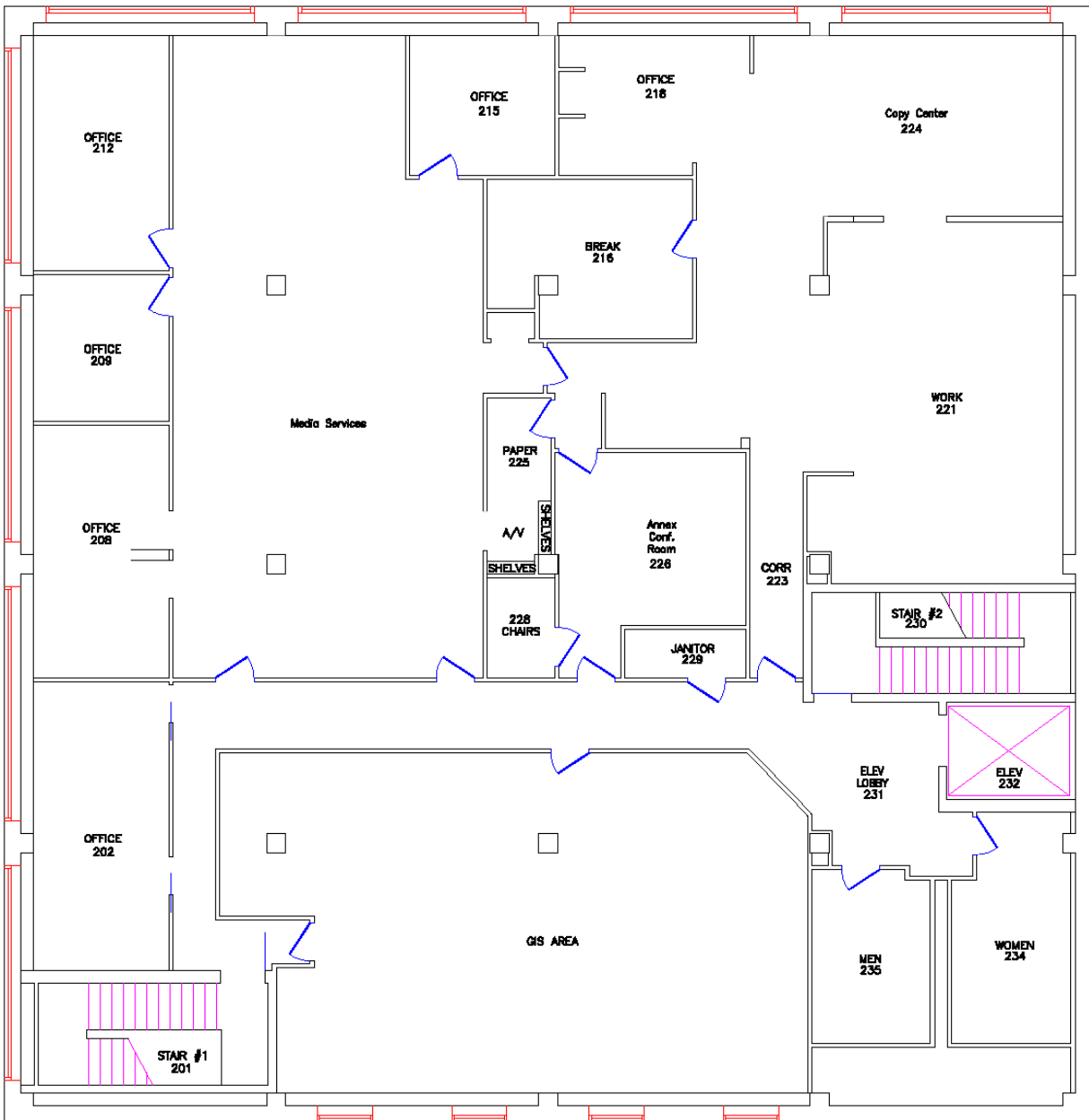


Figure 3: Annex 2nd Floor



APPENDIX B: EVALUATION METHODS

[1] **Logic Model.** A draft logic model has been developed as part of the planning phase so as to guide the overall evaluation strategy. The logic model will be reviewed during initial planning conversations with the project team and adjusted to reflect accurate assumptions as needed.

[2] **Client Statistics.** The CTC contracted organization will be responsible for tracking the statistics which will include but not be limited to the following:

- Age, race, gender
- Number of individuals referred from each source
- Number of individuals using each service
- Ratio of filled beds versus capacity
- Referrals accepted/denied by each client
- Number of individuals that would qualify for ASAM level of care (ASAM)
- Number of arrests per client in the 6 months (or 1 year) prior to and following CTC intake
- Number of ER encounters in the 6 months (or 1 year) prior to and following CTC intake
- Justice system involvement

[3] **Level 3.2 and 3.7 Review Tool.** The SD DSS uses a Level 3.2 and 3.7 review tools to assess facilities. The CTC will self-assess using the same tool to ensure processes and procedures are in place.

[4] **Chemical Dependency Review Tool.** The SD DSS uses a chemical dependency review tool to assess facilities. The CTC will self-assess using the same tool to ensure processes and procedures are in place.

[5] **Client Satisfaction Survey.** A literature search will be conducted to identify survey instruments used for similar programs that have demonstrated validity and reliability. The survey will assess satisfaction with the CTC personnel, resource and support services, and suggestions for improvement.

[6] **Longitudinal Client Outcomes.** The organization will reach out to the consumer that has been discharged from the CTC to document their current status, influence of resources in the ability to manage behavioral health, suggestions for improvement, and satisfaction of overall programming.

[7] **Community Agency Satisfaction Interviews.** The Director will track services and support referred to each community agency and if those services were provided. A gap analysis will be tracked. The Director will interview each community agency to assess strengths and areas of improvement. This feedback will inform the process map [8] method described below. An action plan will be developed and followed up.

[8] **Process map.** The initial processes of assessing, treating, and referring individuals will be mapped. At each six-month meeting, the process map will be updated to see what steps have been changed or optimized based on experience.

[9] **Sustainability.** The selected organization will identify potential revenue streams it intends to utilize to bill for client services provided, the projected amount of funding available via these revenue streams, and how

this revenue will contribute to an overall sustainability plan for long-term CTC operations, while at the same time reducing operational expenses to the Sioux Empire CTC Board of Directors.

[10] **Community indicators and other data.** As a part of this process, the CTC operator will be expected to share data allowable by law, as needed to track community indicators, participate in research, and inform the Sioux Empire Triage Center Board of Directors regarding operations. The data sharing process will be outlined in the contract.

APPENDIX C: DEFINITIONS

The following terms, acronyms or identifiers are used throughout this plan.

ARSD	Administrative Rules of South Dakota that are officially promulgated agency regulations that have the force and effect of law. Passed by the state legislature.
Addiction Counselor	Any individual who meets the standards established by BAPP and is recognized as a licensed addiction counselor in South Dakota or certified addiction counselor, by BAPP.
Admission	The point in an individual's relationship with an agency or program when the intake services are complete, and the individual is eligible to receive and accept services.
Agency	Any facility seeking or holding accreditation through the Department of Social Services as provided in SDCL subdivision 34-20A-2(1).
ASAM Criteria	<i>American Society of Addiction Medicine</i> (ASAM) is the Nation's leading addiction medicine society representing physicians, clinicians, and other professionals. The ASAM criteria are the most widely used and comprehensive set of guidelines for placement, continued stay and transfer/discharge of patients with addiction and co-occurring conditions.
ASAM Criteria Level 3.2	"Level 3.2D" or "Clinically-managed residential detoxification program," an accredited short-term residential program providing services listed in chapter 67:61:17 through the supervised withdrawal from alcohol or other drugs for a person not having a known serious physical or immediate psychiatric complication.
ASAM Criteria Level 3.7	"Level 3.7" or "Medically-monitored intensive inpatient treatment program," an accredited residential treatment program providing services listed in chapter 67:61:18 to a client in a structured environment.
Board of Directors	The entity legally responsible for the overall operation and management of an agency.

CD	Chemical dependency.
Individual	An individual receiving alcohol or other drug treatment services from an accredited agency.
Continuity of Care	The provision of a treatment plan and organizational structure that will ensure a client receives the care needed at the time, particularly at the point of discharge or transfer from the current level of care. The treatment program is flexible and tailored to the shifting needs of the client and level of treatment acceptance or adherence.
Co-occurring Disorder	A mental health condition in combination with any of the following: substance use problem, trauma issues, problem gambling, medical issues, or developmental disabilities.
Detox	A facility that provides 24-hour supervision observation and support for clients who are intoxicated and/or experiencing withdrawal symptoms.
Detoxification	The medical treatment of an alcoholic or drug addict involving abstinence from drink or drugs until the bloodstream is free of toxins.
EC	Emergency Commitment. In order for a person to be committed under the emergency commitment statute, SDCL § 34-20A-63, the Applicant must allege the person, whose commitment is being sought, is an intoxicated person who: a) has threatened, attempted, or inflicted physical harm on him or herself or on another or is likely to inflict physical harm on him or herself or on another unless committed; or b) is incapacitated by the effects of alcohol or drugs; or c) is pregnant and using alcohol or drugs.
EMS	Emergency Medical Services.
ER	Emergency Room.
Evidence-Based Practice	A treatment or intervention that research has proved to be effective.

Individual Counseling	The face-to-face interaction between an addiction counselor or counselor-trainee and an individual client for a specific therapeutic purpose.
IVC	Involuntary Commitment. South Dakota state law allows a person to proceed with an involuntary commitment for the treatment of another person with a serious mental illness or who has a substance abuse disorder. A person with mental illness can be involuntarily committed if they meet the statutory criteria as stated in SDCL 27A-1-2 . A person with a substance abuse disorder can be involuntarily committed if they meet the statutory criteria as stated in SDCL 34-20A-63 .
HIPAA	Health Insurance Portability and Accountability Act is United States legislation that provides data privacy and security provisions for safeguarding medical information.
LPN	Licensed practice nurse. Licensed to practice in South Dakota.
MAT	Medication-assisted treatment.
Mental Disorder	A substantial organic or psychiatric disorder of thought, mood, perception, orientation, or memory as specified within the DSM-5 criteria or coding found in § 67:16:01:26. Intellectual disability, epilepsy, other developmental disability, alcohol or substance abuse, or brief periods of intoxication, or criminal behavior do not, alone, constitute mental illness.
Observation Service	Observation in a safe place for intoxicated individuals until they are no longer intoxicated.
PBT	A preliminary breath test (PBT) is considered a field sobriety test. The purpose of this test is to determine if the officer has probable cause to make a DUI arrest.
PC	Protective Custody. Protective custody procedure (duty of detaining officer, no arrest or record): Any law enforcement officer, in detaining a person pursuant to § 34-20A-55 and in taking him/her to an approved SUD treatment facility, for emergency commitment is taking him/her into

protective custody and shall make every reasonable effort to protect his/her health and safety. In taking the person into protective custody, the detaining officer may take reasonable steps to protect themselves. Protective custody under this section is not an arrest. No entry or other record may be made to indicate that the person has been arrested or charged with a crime. (34-20A-56)

Physician	A person licensed in accordance with the provisions of SDCL chapter 36-4 and qualified to provide medical and other health services under this chapter.
Program	An organized system and specific level of services offered by an agency designed to address the treatment needs of a client.
Recovery	A process of change through which an individual achieves improved health, wellness, and quality of life.
RN	A registered nurse licensed to practice in South Dakota.
Residential Program	An accredited program that provides housing and food services in addition to alcohol and other drug abuse treatment services on a 24-hour, 7-day-per-week basis; residential programs may include day treatment programs, clinically managed residential detoxification programs, medically-monitored intensive inpatient treatment programs for adolescents, medically-monitored intensive inpatient treatment programs for adults, or clinically-managed low-intensity residential treatment programs.
SD DSS	South Dakota Department of Social Services.
SD UJS	South Dakota Unified Judicial System.
Services	Direct or indirect contact between a client or a group of clients and agency staff for the purpose of diagnosis, evaluation, treatment, consultation, or other necessary direct assistance in providing comprehensive treatment

SIM	Sequential Intercept Mapping is an interactive tool for developing criminal justice-mental health partnerships used by communities to assess their resources, gaps, and opportunities at each of five “intercept points.” The mapping exercise aims to identify potential opportunities for diversion, or alternative justice and behavioral health interventions for persons with mental illness and co-occurring disorders, within each of the five intercepts.
Stabilization Service	Individuals who may require medication management and/or counseling to avoid a crisis but are not able to immediately see their primary care or mental health provider.
SUD	Substance use disorder, also known as drug use disorder, is a condition in which the use of one or more substances leads to a clinically significant.
Transfer	Movement of the client from one level of service to another.
Treatment Plan	A written, individualized, and comprehensive plan based on information obtained from the integrated assessment and includes treatment goals or objectives for primary problems that indicate a need for treatment services and is designed to improve a client's condition.
Warm Hand-Off	A warm handoff is a transfer of care between two members of the health care team, where the handoff occurs in front of the patient and family. This transparent handoff of care allows patients and families to hear what is said and engages patients and families in communication, giving them the opportunity to clarify or correct information or ask questions about their care. Efforts must be made to include the person's family when possible and when the person has given appropriate authorization for their family to be involved in this manner.
Work Therapy	A therapeutic task based on the client's physical abilities, interest level, and proficiency used to habilitate or rehabilitate a client.