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Mental Health Crisis Overview
Submitted By
The Southern Nevada Mental Health Coalition
and
The Chronic Public Inebriate Task Force
July 17, 2002

The Chronic Public Inebriate Task Force was formed in 1999 by a group of medical professionals working to resolve the problems associated with emergency room overcrowding and the divert situation that was plaguing the Las Vegas Valley. The group consisted of key stakeholders from hospital emergency departments, the Clark County Health District Emergency Medical Services, area police and fire departments, ambulance services, and providers of mental health, alcohol and substance abuse treatment. The issue of divert was severely affecting the abilities of emergency responders throughout the valley and placed people who needed emergency care in jeopardy. The hospitals hired a consultant to assist in identifying several procedural changes that could be implemented to lesson the problems. However, paramedics were still being forced to remain with patients in their vehicles for extended periods of time or were being routed to another hospital further away.

The major contributing factor was determined to be the significant number of chronic inebriates and mentally ill persons who were being held in emergency rooms for long periods of time because there were insufficient mental health beds available. State and local regulations required that these individuals be taken to hospitals for medical clearance before being transferred to a mental health or substance abuse facility for treatment. While Southern Nevada Adult Mental Health was consistently at capacity with only 10 crisis observation beds and 78 inpatient beds, area emergency rooms were forced to hold as many as 45 patients who were waiting for days to be transferred. Not only were these patients consuming needed and costly hospital and paramedic resources while patients with critical emergency needs were being diverted to other hospitals, they were not receiving appropriate care. A large percentage must be released without ever accessing needed services and they continue to cycle through the hospital or criminal justice systems.

The group approached Larry Brown, Ward 4 Councilman for the city of Las Vegas, seeking support for their efforts and, at his suggestion, they went before the Southern Nevada Regional Planning Coalition. The SNRPC, which includes elected representatives from Clark County, Las Vegas, North Las Vegas, Henderson, Boulder City and the Clark County School District, recognized this to be a regional issue. They directed staff to assist the Task Force in developing an action plan (attached) to alleviate the problems associated with emergency room overcrowding and the impact to public safety resources.

A request for a variance was granted by the Clark County Health District to allow paramedics and police to transport inebriates who did not need emergency medical care directly to a treatment facility rather than a hospital. WestCare, a non-profit provider of alcohol and substance use treatment with approximately 4,000 clients, offered to provide the necessary services and expand their facilities to meet this need. Additional funding is necessary to accommodate the estimated 8,000 who would now be accessing services at their facility. The Task Force has developed a possible funding formula that would include state and local governments and area hospitals.

The group continued to gather data that showed the number of persons in emergency rooms with co-occurring mental health and substance abuse disorders was increasing. They focused on their primary goal of establishing a centralized triage facility that would allow emergency personnel to quickly drop off individuals experiencing crisis who do not require emergency room care. Once there, patients would be evaluated, stabilized and directed to the appropriate level of treatment and given access to available services - whether it be for substance or alcohol use, mental illness, mental retardation, dementia, or Alzheimer's disease. This facility would allow emergency responders to get back in service in a timely manner, free the emergency rooms to handle patients with medical emergencies and prevent the same individuals from repeatedly cycling through the hospitals and detention systems.

Recognizing the increasing impact to police and detention services and the demand on resources, Sheriff Jerry Keller formed the Southern Nevada Mental Health Coalition in the Spring of 2001. Their initial task was to consider ways for

police to address more effectively the growing number of situations involving mentally ill people in crisis. The approximate 80 people who comprise the Coalition include many of the same professionals serving on the CPI Task Fore, as well as psychiatrists, academic and mental health experts, private and nonprofit service providers, prosecutors, public defenders, and corrections personnel.

The Coalition studied law enforcement responses in other major cities and selected the Crisis Intervention Team (CIT) model developed by the Memphis, Tennessee Police Department which has received national acclaim. The Las Vegas Metropolitan Police Department began implementation of its own program by providing training for all uniformed officers in appropriate procedures for responding to situations involving the mentally ill. The department is now in the process of instituting an intensive training program for volunteer officers who wish to develop enhanced skills for responding to the acutely mentally ill who are in crisis. These officers will be available on a 24/7 basis to respond as needed.

The Coalition has determined that despite the efforts of law enforcement, police response to the problems associated with the mentally ill will be futile without access to a crisis triage facility and adequate outpatient mental health resources within the community. In recent months, hospital emergency rooms in Clark County have held on a regular basis as many as twenty acutely mentally ill patients who have been waiting for one of the available State hospital beds. Routine outpatient appointments at the State facility have been delayed by as much as several months because of resource shortages -- delays that have caused patients to run out of their needed prescriptions and to suffer the mental deterioration that accompanies lack of medication.

The net effect of detaining mentally ill people for days in hospital emergency rooms or arresting them on misdemeanor offenses and booking them in jails is to remove them from the public for brief time periods without addressing their underlying problem. They return to the streets without any hope of receiving mental health treatment.

Las Vegas Metropolitan Police Department has instituted a jail aftercare program to respond in part to the absence of follow up treatment. Mentally ill inmates who are pending release will receive support to encourage treatment, including where necessary, housing and transportation support, prescription medicine and a confirmed psychiatric appointment. The Coalition is also pursuing the creation of a mental health court as part of the Eighth Judicial District Court system, similar to the Washoe County Model, which would provide incentives for mentally ill offenders to remain in compliance with their treatment programs.

The paucity of mental health resources for the indigent and uninsured undermines the efforts of the criminal justice system to respond to the mentally ill. Without available emergency and inpatient hospital beds to treat the acutely mentally ill, coupled with a shortage of outpatient services, including psychiatric professionals and case managers, mentally ill persons will continue to find it difficult to obtain treatment and remain in compliance with their pharmaceutical regimens.

The 2002 Mental Health and Developmental Services (MH/DS) Needs Assessment estimates that over 83,000 people in Nevada suffer from serious mental illness, with 69% of that number (or 57,270 people) residing in Southern Nevada. The same study estimates 7,000 homeless, with a significant portion suffering from mental illness or mental illness and substance abuse. Despite these numbers, the Division of Mental Health, which has taken responsibility for the care and treatment of the mentally ill, provides only 88 hospital beds to serve this population. Currently, 20 beds are reserved for "crisis observation," leaving only 68 for inpatient services for stays of 3 days or more.

The 1992 decision to drastically cut State funding for mental health services has had a continuing impact on levels of treatment. Despite Governor Guinn's concerted efforts to regain lost ground during recent legislative sessions, it is clear that the level of resources does not meet the needs of our growing Southern Nevada community. When inflation is taken into consideration, the level of funding is actually less than what was available 10 years ago, while Clark County's population has increased 81% since 1991.

The attached list represents the most crucial service improvement recommendations developed and endorsed by the CPI Task Force and the Southern Nevada Mental Health Coalition. Statistical information is also included to illustrate the substantial burden placed on our area hospitals, police, paramedics, ambulance services, and detention facilities.

For more information, please contact:

Kathryn Landreth, Chief of Policy and Planning
LVMPD (702) 229-3304
or
Janelle Kraft, Budget Director
LVMPD (702) 229-8267

D5-23

Task Force to Study Emergency Room Overcrowding
"CPI TASK FORCE"
Member Agencies

35 Participants

AGENCIES INVOLVED

AMERICAN MEDICAL RESPONSE
BOULDER CITY HOSPITAL
CITY OF LAS VEGAS
CITY OF HENDERSON
CLARK COUNTY HEALTH DISTRICT
CLARK COUNTY FIRE DEPARTMENT
CLARK COUNTY COMMUNITY RESOURCES
DESERT SPRINGS HOSPITAL
HENDERSON POLICE DEPARTMENT.
LAKE MEAD HOSPITAL
LAS VEGAS FIRE & RESCUE
LAS VEGAS METROPOLITAN POLICE DEPARTMENT
MOJAVE MENTAL HEALTH
MONTE VISTA HOSPITAL
MOUNTAIN VIEW HOSPITAL
NEVADA ALLIANCE FOR THE MENTALLY ILL
NORTH LAS VEGAS POLICE DEPARTMENT
SAINT ROSE DOMINICAN HOSPITAL
SALVATION ARMY
SOUTHERN NEVADA ADULT MENTAL HEALTH
SOUTHWEST AMBULANCE SERVICES
SUMMERLIN MEDICAL CENTER
SUNRISE HOSPITAL
UNIVERSITY MEDICAL CENTER
VALLEY HOSPITAL
WESTCARE, NEVADA

MENTAL HEALTH COALITION
MEMBER AGENCIES

80 Participants

AGENCIES INVOLVED

AMERICAN MEDICAL RESPONSE
AMERICANS FOR MENTAL HEALTH
CHILD & FAMILY SERVICES
CITY OF LAS VEGAS
CLARK COUNTY SCHOOL DISTRICT
CLARK COUNTY HEALTH DISTRICT.
CLARK COUNTY DISTRICT ATTORNEY'S OFFICE
CLARK COUNTY FIRE DEPARTMENT.
EQUAL OPPORTUNITY BOARD
HENDERSON POLICE DEPARTMENT.
LAS VEGAS METROPOLITAN POLICE DEPARTMENT
MOJAVE MENTAL HEALTH
MONTEVISTA
NEVADA ALLIANCE FOR THE MENTALLY ILL
NEVADA P.E.P (PROFESSIONALS EMPOWERING PARENTS)
NORTH LAS VEGAS POLICE DEPARTMENT
PAROLE & PROBATION
SALVATION ARMY
SECRET SERVICE
SOUTHERN NEVADA ADULT MENTAL HEALTH
SOUTHWEST AMBULANCE SERVICES
UNIVERSITY MEDICAL CENTER
UNIVERSITY OF NEVADA, LAS VEGAS
VALLEY HOSPITAL
WESTCARE, NEVADA

Recommended Legislative Strategies
Mental Health Coalition and Chronic Public Inebriate Task Force
July 17, 2002

1. Police, Fire and Paramedics must quickly assess individuals in crisis situations and make a determination as to whether they are mentally ill, mentally retarded, under the influence of drugs or alcohol, or experiencing symptoms of dementia or epileptic seizures. If mental illness is a possible diagnosis, they are required by state law to transport patients to the hospital for medical clearance, regardless of the need for more appropriate care. Hospitals are forced to hold patients, for days at a time, until a bed becomes available at a mental health facility. If there are no beds, the patient is eventually released without accessing services. If a bed does become available, an ambulance or medicar must transport the individual again to the mental health facility. Most of time, the ambulance companies are not reimbursed for the cost of this service because the majority of these patients are indigent and have no insurance. The high costs associated with each day in the hospital are paid for by the taxpayers.

   Requiring transport to a hospital facility is extremely costly, consumes emergency resources and substantially increases response times. It also results in the loss of valuable emergency room beds which causes divert situations and emergency response rotation. Most importantly, it does not provide adequate care for the person in crisis. A centrally located crisis triage center would provide a one-stop drop off for those patients, who are not in need of emergency room care, to be evaluated, stabilized and integrated into the appropriate level of treatment. First responders would be able to return to service in a timely manner. More people in crisis would have access to treatment instead of repeatedly presenting themselves at hospitals, jails and shelters.

Recommendation:

A. Create a centralized drop-off location for triage with funding provided by state and local governments and area hospitals.

B. Develop a mechanism for providing permanent, long-term funding to support CPI and mental health services such as increasing the tax on the sale of liquor.

C. Consider changing NRS 433A.330 which requires the mentally ill to be transported to hospitals for medical screening or authorize paramedics to transport patients, who meet specific criteria, directly to State Mental Health or other qualified facilities for treatment.

D. Provide funding for mobile crisis units that can make assessments in the field and reduce the need for transporting patients to hospitals.

2. People who are experiencing a mental health crisis must voluntarily agree to treatment unless a peace officer believes the person to be a harm to himself or others. Currently, the Civil Protective Custody Statute (NRS 458.270) pertains only to those people who are under the influence of alcohol. If the statute was expanded to include substance abuse and mental illness, any persons found in a public place in such a condition that they are unable to exercise care for their health or safety or the health or safety of other persons, could be taken to an appropriate facility for treatment without receiving their immediate consent.

Recommendation:

A. Consider expanding NRS 458.270 to pertain to persons with substance abuse and mental illness.

3. The capacity at Southern Nevada Adult Mental Health Services is currently beds (20 crisis observation units and 68 in-patient beds). With the 157 intake beds at privately run and non-profit facilities also operating beyond their capacity, the inability to meet the needs of the estimated 57,200 seriously mentally ill persons in Southern Nevada is evident. There are not enough in-patient or outreach resources to support the next level of treatment once a patient has been medically cleared. People with co-occurring disorders have psychiatric and substance abuse problems that interact with one another, however, treatment is often separate and disconnected. There is no statewide coordination of services/programs. The following are service improvements that were suggested by mental health experts who are familiar with the Nevada's mental health system.

Recommendation:

A. Add sufficient crisis observation beds and adequate staff to care for the increasing number of patients who need mental health care, including those with co-occurring disorders.

B. Add sufficient in-patient beds and staffing for treatment after patients have been assessed and stabilized at a triage facility, emergency room or Mental Health.

C. Establish a client data base to provide easy access to available services, track patients through the various programs and prevent duplication of services.

D9-23

D. Provide centralized and coordinated case management and outpatient services.

E. Contract for PACT services (Program for Assertive Community Treatment) to perform personalized, intensive case management.

F. Ensure that all possible federal funding has been accessed.

4. Currently, the number of individuals with serious mental illness and substance abuse has reached crisis levels. Conservative estimates show that 23,928 beds per year are occupied by mentally ill inmates in Southern Nevada jails, at a cost of $2.665 million. This does not include the costs associated with booking, isolation units or suicide watches. The Las Vegas Metropolitan Police Department has been developing a jail "aftercare" program that will enroll inmates in a program to provide a continuum of care and psychiatric treatment after their release. The creation of a mental health court in Southern Nevada similar to the Washoe County model would encourage mentally ill offenders to remain in treatment programs and in compliance with their medication needs and therefore discourage further criminal activity and arrests.

Recommendation:

A. Establish and fund a mental health court in Southern Nevada.

Task Force on Hospital Overcrowding and Mental Health Coalition

Presented to the Nevada Hospital Association

November 5, 2002

D 11-23

Hospital Overcrowding and Mental Health Coalition

- Entities Impacted
  - Public Service
    - Ambulance Companies
    - Law Enforcement
    - Fire Departments
    - Hospitals
  - Mental Health / Detox Providers

D12-23

Cost of Detox Services

- Emergency Department (per visit)
  - $1,500.00
- Hospital Stay (per day)
  - $824.00
- WestCare Stay (per day)
  - $130.00

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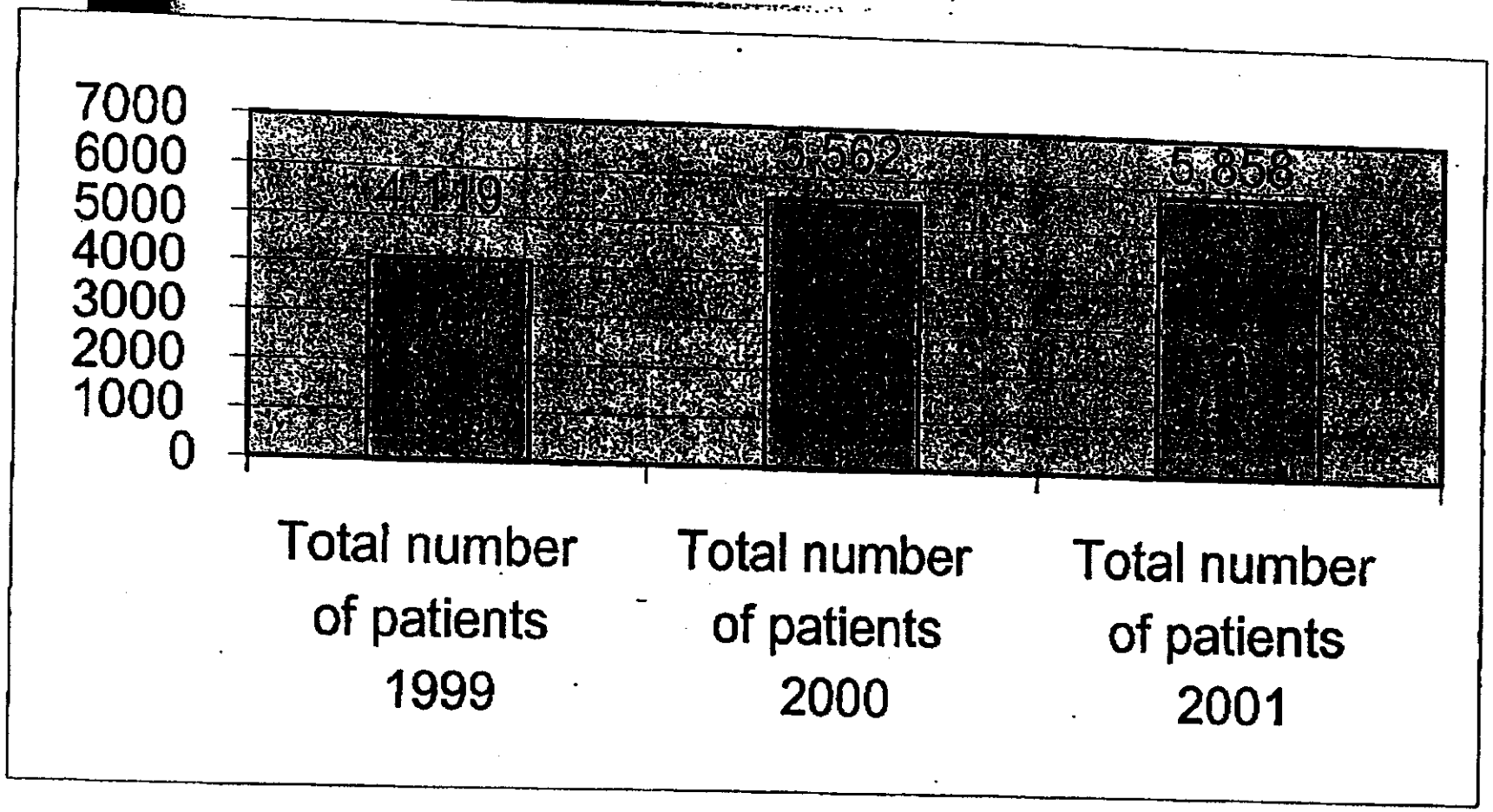
3-Year CPI Hospital Volume in Emergency Departments



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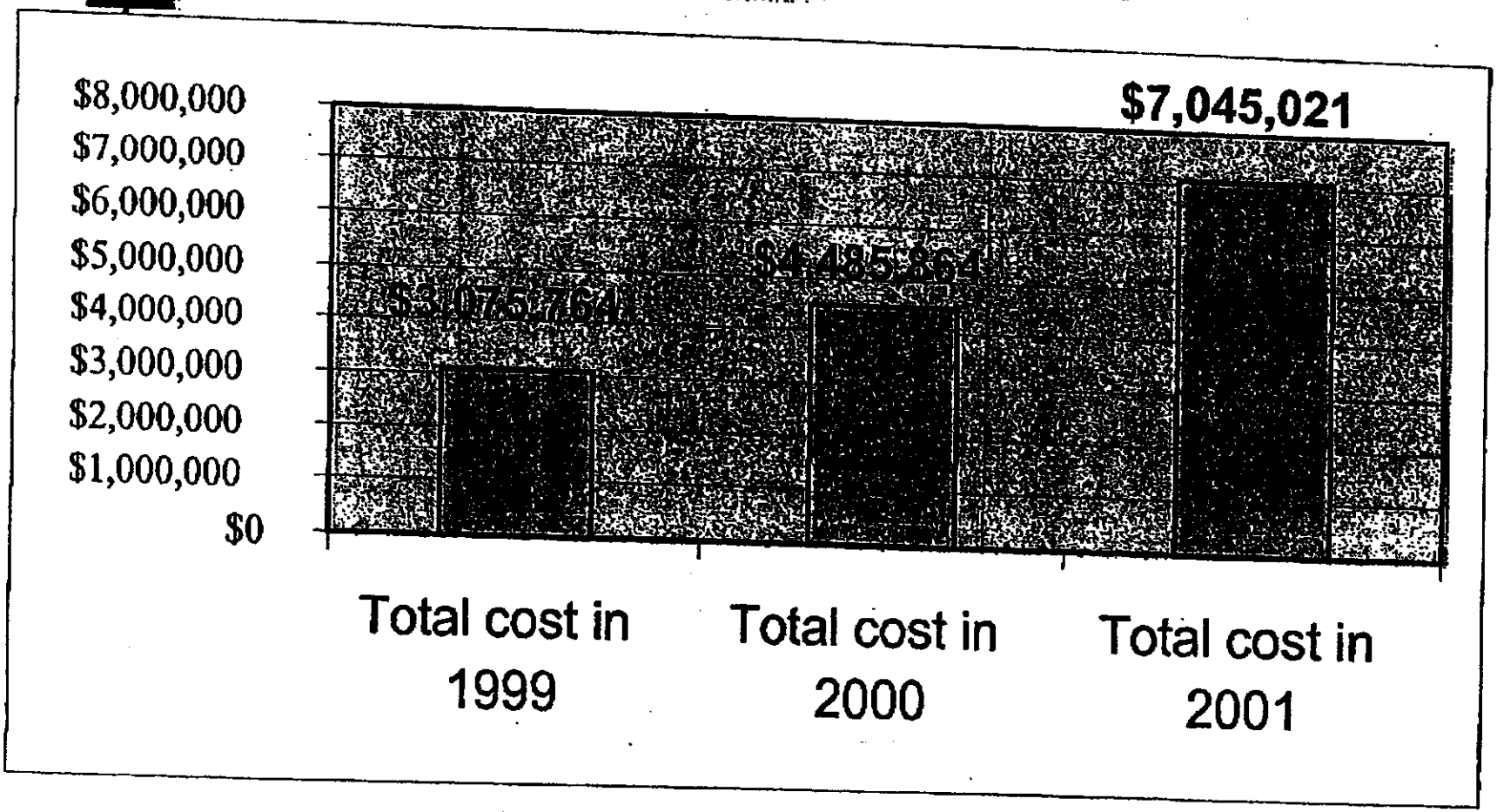
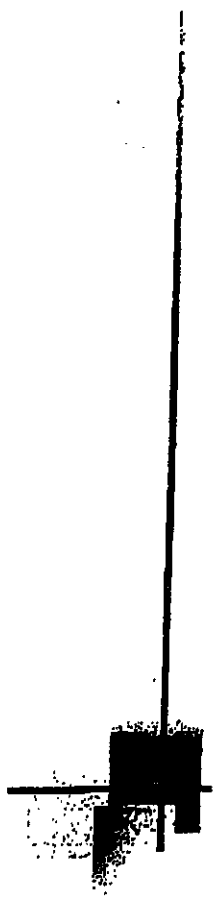
3-Year CPI Cost Comparison



MENTAL HEALTH



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Volume Comparison of Psychiatric Patients in Emergency Departments
8,000
6,000
4,000
2,000
0
6,864
Volume in 1999
Volume in 2001

D17-23

Cost Comparison of Psychiatric Patients in Emergency Departments
$10,000,000
$8,000,000
$6,000,000
$4,000,000
$2,000,000
$0
$9,292,976
Cost in 1999
Cost in 2001

D18-23

Cost of Services for Transport to Las Vegas Mental Health

$1.7 – $1.8 million annually

CPI and Mental Health Stats

CPI		
Year	# of Patients	Cost to Hospitals
1999	4119	$3,075,764
2000	5562	$4,485,864
2001	5858	$7,045,041
Mental Health Holds		
Year	# of Patients	Cost to Hospitals
1999	3253	$3,330,356
2001	6864	$9,292,976

D20-23

Jail Costs

Inmate Days Per Year

■ CCDC	9,720	=	$1,128,492
■ CLV	5,808	=	$ 561,921
■ Henderson	3,960	=	$ 459,756
■ NLV	4,440	=	$ 515,484
■ Total Estimated Days		=	23,928
■ Total Estimated Cost		=	$2,665,663

Does not include the costs associated with isolation beds or suicide watch

D21-23

2001 LV, NLV & Clark County 9-1-1 Emergency Medical Calls

- Psychiatric/Suicide or Suicide Attempts — 3,449
- Overdose/Ingest Poison — 3,349

Revised

PSYCHIATRIC TRACKING
Year to Date 2003

HOSPITALS	ADULTS	PEDS	HOMER	LAW	MONTE VISTA	VMH (STATE)	OTHER (Hdqtrs, UNC, Nellis)	DISPOSITION NOT DOCUMENTED	HOLD HOURS (24 HR)
Boulder City	3	1	1	0	1	1	1	0	12
Desert Springs	267	2	123	0	19	69	5	53	6910.25
Lake Mead	277	95	127	0	29	42	137	1	1162
Mountainview	318	11	97	0	15	42	25	150	4552
St. Rose de Lima	363	6	73	1	14	47	3	231	3535.75
St. Rose Dominican	346	17	39	0	10	25	7	282	4725.5
Summerlin	144	11	58	1	19	6	14	57	3045.5
Sunrise	269	41	145	0	13	107	5	41	7202
UMC	447	3	257	0	15	159	0	19	10796
Valley	360	0	86	0	14	196	64	0	11015.5
TOTALS	2794	187	1006	2	149	694	261	834	52956.5

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