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# Task Force on Hospital Overcrowding and Mental Health Coalition

Submitted to the Legislative  
Counsel Bureau

July, 2002

ASSEMBLY JUDICIARY

DATE: 4/23/03 ROOM 3138 EXHIBIT D

SUBMITTED BY: KATHRYN LANDRETH

# Hospital Overcrowding and Mental Health Coalition

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

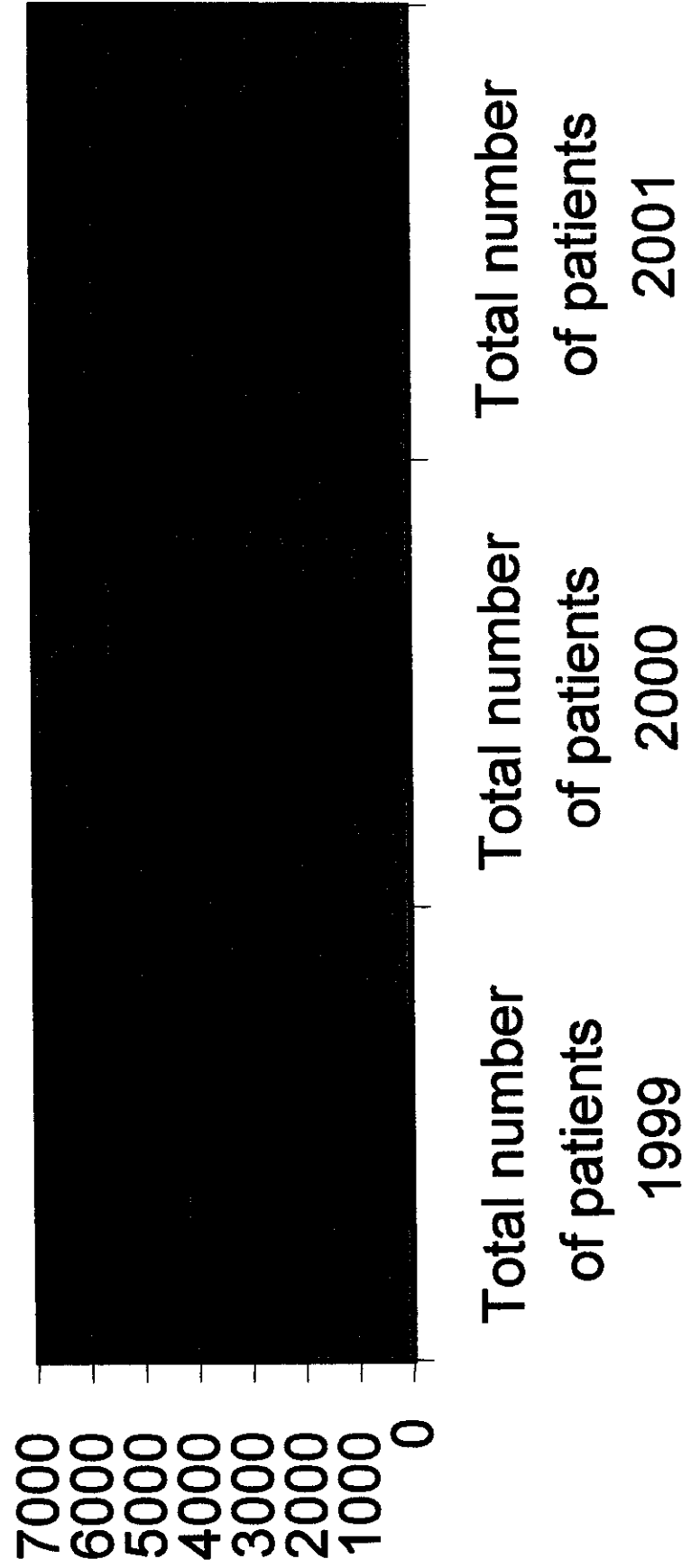


# Cost of Detox Services

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

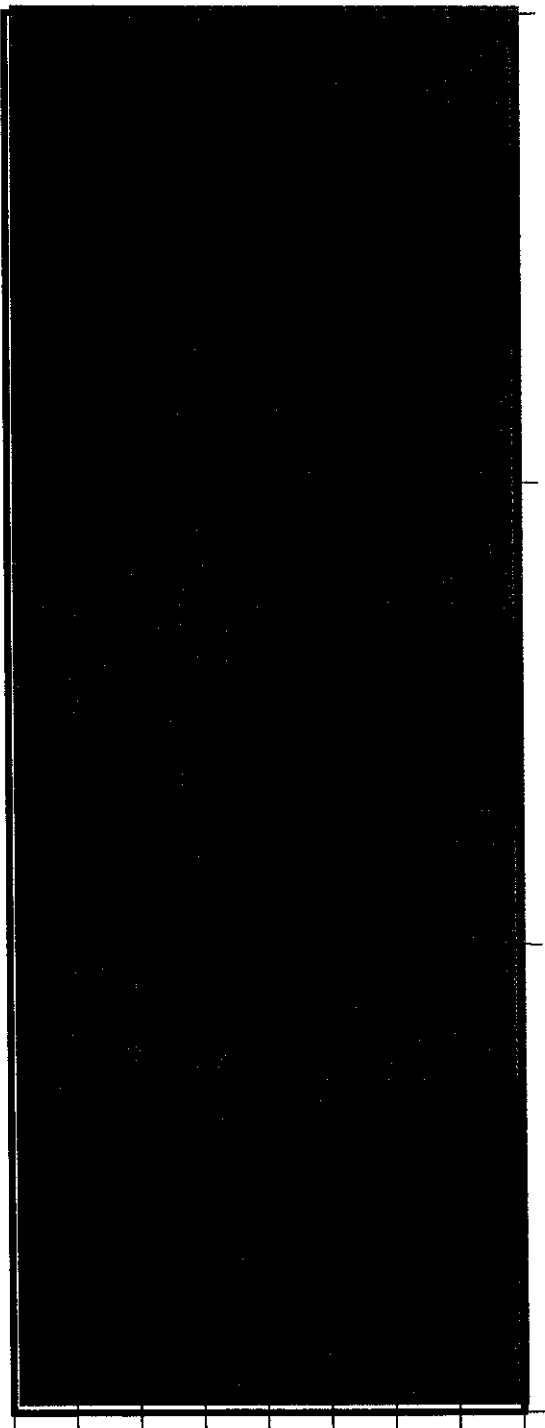
# 3-Year CPI Hospital Volumes in Emergency Departments



# 3-Year CPI Cost Comparison

**\$7,045,021**

\$8,000,000  
\$7,000,000  
\$6,000,000  
\$5,000,000  
\$4,000,000  
\$3,000,000  
\$2,000,000  
\$1,000,000  
\$0

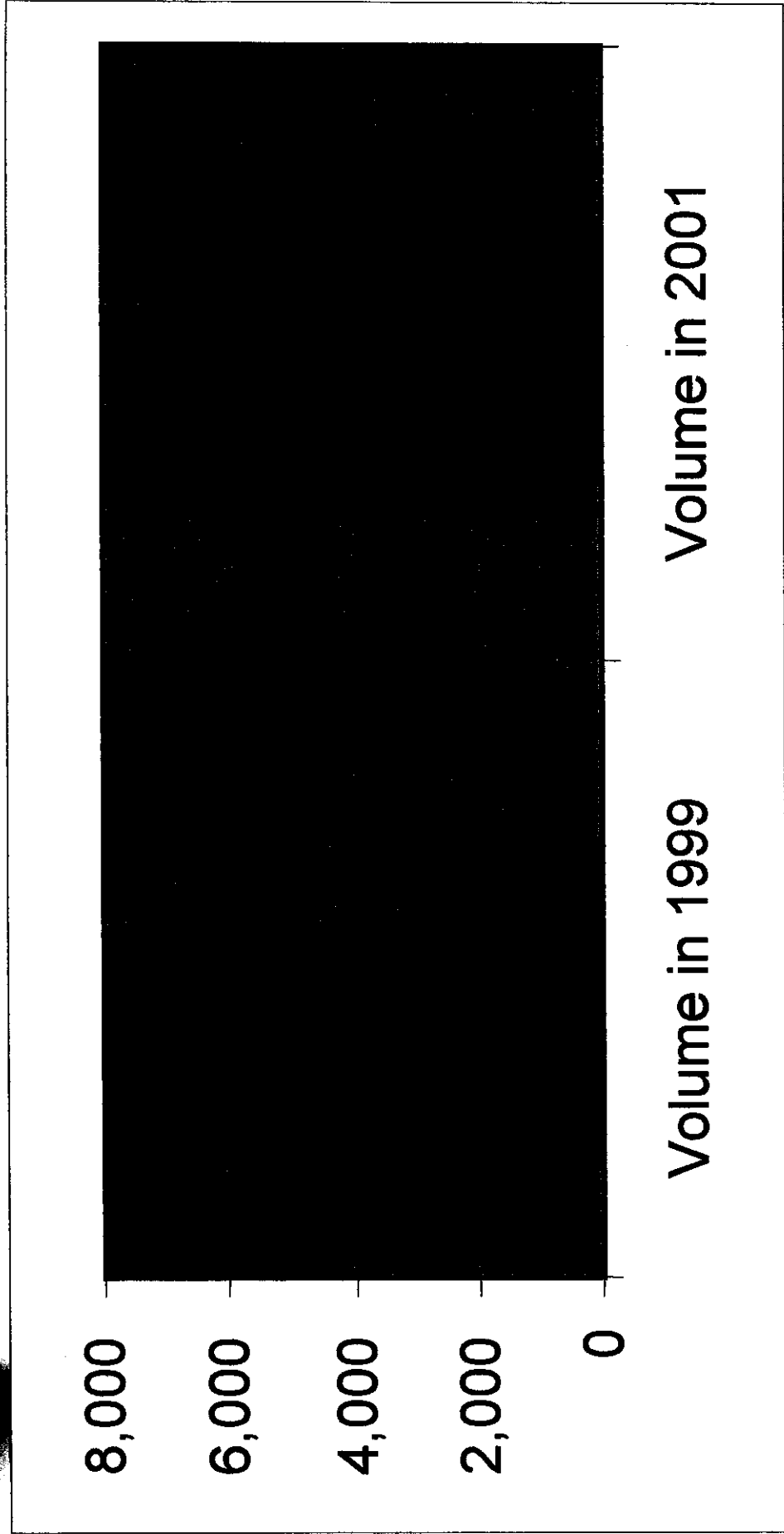


Total cost in 1999      Total cost in 2000      Total cost in 2001

# MENTAL HEALTH

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# Volume Comparison of Psychiatric Patients in Emergency Departments





# Cost Comparison of Psychiatric Patients in Emergency Departments

\$9,292,976

\$10,000,000

\$8,000,000

\$6,000,000

\$4,000,000

\$2,000,000

\$0

Cost in 1999

Cost in 2001

# Cost of Services for Transport to Las Vegas Mental Health

\$1.7 – \$1.8 million annually

# CPI and Mental Health Stats

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

# 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*

# 2001 Las Vegas Fire & Rescue 9-1-1 Emergency Medical Calls

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■ Psychiatric/Suicide

or

Suicide Attempts

3,449

■ Overdose/Ingest Poison

3,349

**Mental Health Crisis  
Recommendations Submitted By  
The Southern Nevada Mental Health Coalition  
and  
The Chronic Public Inebriate Task Force  
July 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 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 develop programs that

would provide training for police officers in effectively handling individuals in crisis situations. Patrol officers were handling increasing numbers of calls for service in the community involving the mentally ill and a rapidly growing number of persons were being incarcerated due to a lack of alternative facilities. The approximately 80 participants who were brought together to form the Coalition included many of the same professionals serving on the CPI Task Force, as well as psychiatrists, academic and mental health experts, private and nonprofit service providers, prosecutors, public defenders, and corrections personnel.

The fundamental goal of the Coalition was to create a Crisis Intervention Team based on the nationally recognized Memphis, Tennessee model that has been replicated by several large police departments throughout the country. The Las Vegas Metropolitan Police Department has begun the implementation of this program by training all uniformed officers in the appropriate procedures and tactics when responding to situations involving the mentally ill. The department is now instituting intensive training for officers who want to develop more intensive skills and make themselves available for call out on an as needed basis. The Coalition has determined that despite these efforts, the police response to the problems associated with the mentally ill will be futile without the formation of a crisis triage facility and adequate mental health resources within the community.

The State of Nevada has statutory responsibility for the care and treatment of the mentally ill. Data suggests that approximately half of the mentally ill also have a substance abuse disorder. In 1992 the decision was made to drastically cut state funding for mental health services. As a result, the burden on public safety and healthcare has reached crisis levels.

Although the Division of Mental Health and Developmental Services has been able to regain some of the funding that was lost, 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 2002 MHDS Needs Assessment estimates over 83,000 people suffer from serious mental illness in our state, with over 69% residing in Clark County.



Southern Nevada Adult Mental Health Services has recently increased their number of crisis observation beds from 10 to 20, however, the additional beds and staff were shifted from the area which provides in-patient services.

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.

Prepared for the Committee on Health Care  
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Legislative Counsel Bureau

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**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.

- 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 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  
BOULDER CITY HOSPITAL  
CITY OF LAS VEGAS  
CLARK COUNTY CHILD & FAMILY SERVICES  
CLARK COUNTY HEALTH DISTRICT.  
CLARK COUNTY DISTRICT ATTORNEY'S OFFICE  
CLARK COUNTY DISTRICT COURT  
CLARK COUNTY FIRE DEPARTMENT  
CLARK COUNTY PUBLIC DEFENDERS OFFICE  
CLARK COUNTY SCHOOL DISTRICT  
ECONOMIC OPPORTUNITY BOARD  
HENDERSON POLICE DEPARTMENT  
LAKE MEAD HOSPITAL  
LAS VEGAS METROPOLITAN POLICE DEPARTMENT  
MOJAVE MENTAL HEALTH  
MONTEVISTA  
NEVADA ALLIANCE FOR THE MENTALLY ILL  
NEVADA DISABILITY ADVOCACY & LAW CENTER  
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  
UNLV SCHOOL OF MEDICINE  
VALLEY HOSPITAL  
WESTCARE, NEVADA