CONCEPT PAPER MOBILE CRISIS PROGRAM

Summary of the Initiative

Mobile crisis response services provide immediate care and treatment from specialized teams which includes a qualified mental health professional and psychiatric case manager to any child or adolescent requiring support and intervention with a psychiatric emergency. Crisis interventions reduce symptoms, stabilize the situation, restore the youth and family to their previous level of functioning and assist the youth in staying in the home, or returning to the home as rapidly as possible if the youth has been removed from their home or community setting. Mobile services are provided in a variety of settings, including but not limited to, homes, schools, homeless shelters, and emergency rooms. Crisis response services include follow-up and de-briefing sessions utilizing evidence based mental health interventions to ensure stabilization. The Mobile Crisis Response Team is designed to reduce unnecessary psychiatric hospitalizations and placement disruptions of children and youth, and to reduce the need for youth to go to emergency rooms or detention centers to have their mental and behavioral health needs addressed. Services include community; office based and/or telephone consultation and crisis intervention, assessment and stabilization with clinical treatment. Case management services are provided to link youth and their families to needed resources in the community.

Goals:

1. Maintain youth and children in their home or community environment when possible.
2. Reduce admissions to Emergency Rooms due to a psychiatric crisis.
3. Stabilize mental health and behavioral symptoms during crisis situations.
4. Access short term out-of-home placement when needed.
5. Facilitate short term psychiatric hospitalization with intensive follow up when needed.
6. Participate in discharge planning in an effort to prevent future hospitalizations.

Values:

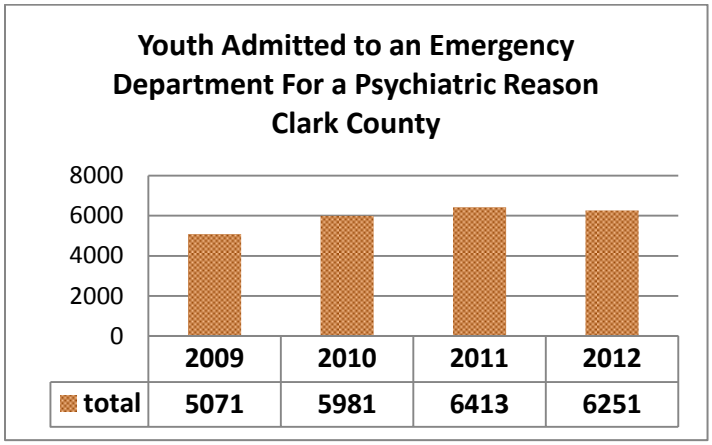
- Highly responsive to children and families at the time of crisis.
- Provide services that are family-driven, culturally competent, community based and consistent with Nevada System of Care principles.
- Assure safety and continuity of care through individualized strategies implemented by a wraparound-based, team approach.

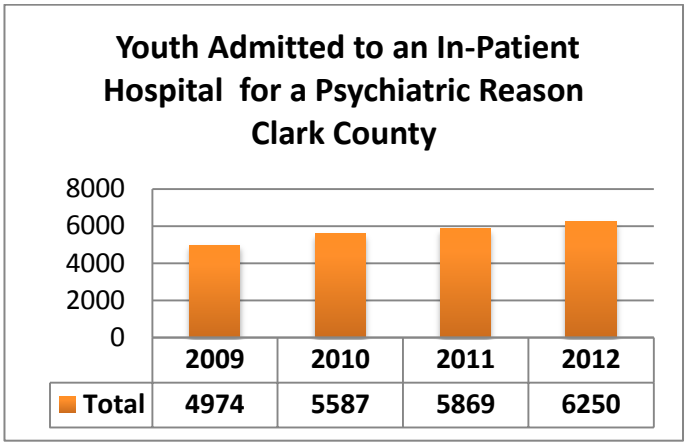
Justification

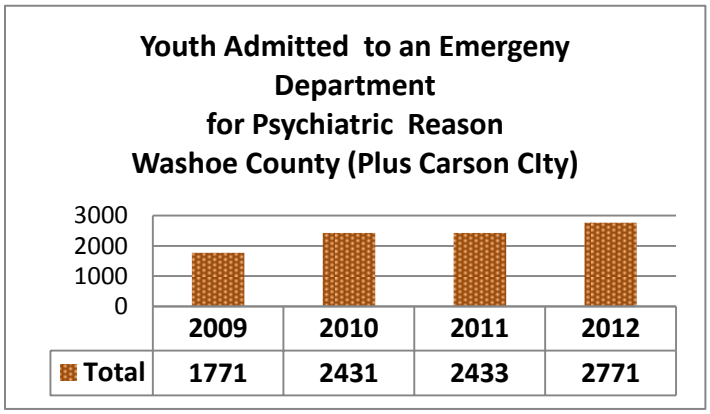
In Nevada, studies have suggested that 19.3% of elementary school children have behavioral health care needs and over 30% of adolescents self-reported significant levels of anxiety or depression (CCCMHC, 2010). In 2009, almost one-quarter of Nevada's public middle school students seriously thought about killing themselves, more than 30% had used alcohol or illegal drugs, and over 13% had attempted suicide (CCCMHC, 2010).

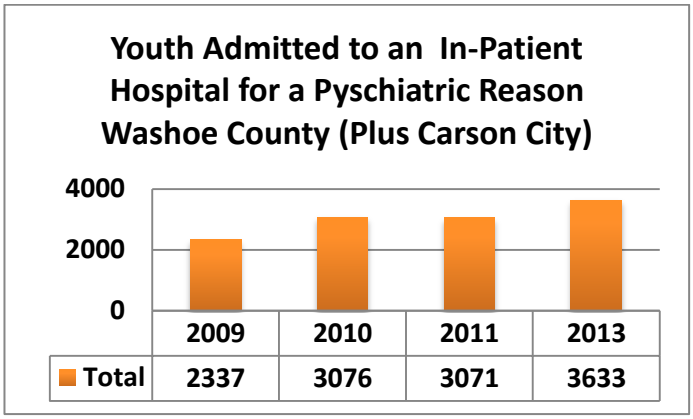
Without easy access to crisis intervention and stabilization services, families have been forced to utilize local emergency rooms in order to obtain behavioral health care for their children. The National Center for Children in Poverty has identified youth emergency room visits for behavioral health care as a national problem (Cooper, 2007). A national study of children's behavioral health services utilization in the Medicaid program showed that eligible adolescents used disproportionately more services--particularly facility-based care-- due to the lack of more cost-effective approaches such as mobile crisis intervention services (Pires et al., 2013).

Child mental health-related visits to hospital emergency rooms have increased steadily in Nevada over the last five years. There is also an increasing trend of children requiring a costly in-patient admission to a hospital due to a mental health crisis. Data collected by the Center for Health Information Analysis (CHIA) through the University of Nevada Las Vegas demonstrates both trends.









Data for the first two quarters of 2013 continues to show an increase in the number of youth admitted to emergency rooms for a mental health crisis. In Clark County a total of 3319 youth were admitted in the first two quarters. In Washoe County (plus Carson City) a total of 1521 youth were admitted to Emergency Departments for a mental health condition in the first two quarters. Costly in-patient admissions also continue to increase in the first two quarters of 2013. Clark County had 3496 admissions to in-patient due to a psychiatric condition, and Washoe County had 1742 admissions.

Funding Details

Northern Nevada Child and Adolescent Services - 3281		
Positions		Cost
4 Mental Health Counselor II		
4 Psychiatric Case Workers		
		$523,880
Family to Family Support		$70, 000
Contract Psychiatric Services		$100,000
TOTAL:		**$693,880**

Southern Nevada Child and Adolescent Services - 3646		
Positions		Cost
1 Mental Health Counselor III		
8 Mental Health Counselor II		
8 Psychiatric Case Workers		
1 Administrative Assistant		
		$1,013,849
Family to Family Support		$ 140,000
Contract Psychiatric Service		$100,000
TOTAL:		**$1,253,849**

Objectives/Benchmarks Advanced

Core Function: Human Services
Objective: Child Well Being
Activity: Children's Mental Health Outpatient Services

Strategic Priorities

Safe and Livable Communities - Nevada is a great place to live, work and play, and State Government must provide public safety services while protecting our natural and cultural resources.

Efficient and Responsive State Government - quite simply, we are changing the way Nevada does business through support for initiatives that hold government accountable, ensure efficient use of resources, provide transparency, and support excellent customer service.

Performance Measures

The percentage of parents, family members, and/or caregivers who indicated overall satisfaction with the quality appropriateness of services provided on the satisfaction survey.

The percentage of parents, family members, and/or caregivers who answered positively about outcomes of treatment, relating to coping and social interaction on the satisfaction survey.

The percentage of children served whose emotional and behavioral functioning showed clinically significant improvement at discharge on the Child and Adolescent function Assessment Scale (CAFAS).