



Southern Nevada Forum



Healthcare
Subcommittee

Short-term Recommendations to the Governor's Behavioral Health and Wellness Council

March 25, 2014

Expand and improve crisis response and stabilization services through augmenting Metro's Crisis Intervention Teams and establishing outreach teams in the community

- **START IN HIGH DEMAND EMS ZIP CODES AND EXPAND OVER TIME**
- **INITIALLY CAN BE ON MODEL OF WASHOE COUNTY MOST** (*Mobile Outreach Safety Teams*)
 - Licensed clinicians ride along with officers and/or respond alongside officers to de-escalate crises, assess for danger, and refer to the least restrictive level of care
 - Focus on reducing the number of legal 2000s via responding to situations before they commence or in early stage.
 - Ongoing education and training of law enforcement regarding mental health.
 - Implement protocol to streamline communication for first responders in crisis situations for high utilizers. Clinician assumes task of lengthy coordination of care, freeing officers to return to the field.

Continued...



- **EXPANDING PSYCHIATRIC EMERGENCY RESPONSE TEAM**

- Add licensed full-time mental health professionals targeted to parts of the community with the greatest demand for emergency psychiatric response.
- Based on similar San Diego program, cost estimate is \$1.5 million if 10 MHPs, plus three staff, \$2.7 million if 23 (as in San Diego).

- **ADD COMMUNITY HEALTH WORKERS/OMBUDSMEN FOR PATIENTS**

- Would help patients access services, support treatment plan compliance
- Should be qualified mental health professionals or at least social workers with mental health training

- **GOALS:** Resolve crises for people with serious behavioral health issues 24/7 and provide timely access to the appropriate level of care outside the law enforcement and emergency room settings, thus reducing number of Legal 2000s, reducing psychiatric hospitalizations and incarcerations, reducing number of potentially mentally ill in hospital emergency room, and overall providing effective care in a timely manner to those with behavioral health problems.



ESTABLISH STRATEGICALLY LOCATED MENTAL HEALTH TRIAGE CENTERS

- Would divert patients from hospitalizations and incarcerations by providing an alternative placement
- Structure and funding options
- Would require appropriate state oversight and licensing for the delivery of mental health services and the housing of people
- Funding would come from Medicaid billable services and the General Fund (licensing, start-up labor, equipment)
- Locate in zip codes or neighborhoods with highest rate of legal 2000s



RESTORE FUNDING TO MENTAL HEALTH COURTS

- \$1.4 million for FY 2014-2015 would enable assigning patients to transitional housing, rather than jail (at \$140/day).
- Would enable patients to receive the help they need, to reduce crime, facilitate access to appropriate type of care.
- The impacted patients comprise a significant portion of those subject to legal 2000s.

INCREASE MECHANISMS TO CLEAR LEGAL 2000 (for example, by paramedics in field, possibly by CIT clinicians or other professionals in hospitals.)

- Requires adequate training
- May require additional legal liability protection for non-public sector actors.

NOTE: IMPACT OF MEDICAID EXPANSION

By the end of the biennium, over 500,000 Nevadans will be enrolled in Medicaid, roughly a two-thirds expansion. Many of the previously uninsured mental health patients will now be covered. This development makes possible their access to preventive behavioral health care, which can have the impact of reducing the number of persons who enter and re-enter the “system” in crisis mode and of improving the economics of this subcommittee’s suggestions.

ADDITIONAL HIGH PRIORITY MEASURES

- **ESTABLISH REGIONAL MENTAL HEALTH AUTHORITY**
 - **Regional responsibility**
 - Administration/coordination of services
 - Service policy decisions
 - Local accountability (will be enforced by selection process for Authority)
 - **Coordination with State**
 - Medicaid reimbursement policies/processes
 - Maximizing funding opportunities (grants, etc.)
 - Regulatory compliance
 - **Identify models for structure**
 - Mental health services in other states
 - Non-mental health services in NV (Child Welfare, Transportation Commission, “ZOOM” schools)



CENTRALIZED, ACCESSIBLE MENTAL HEALTH INFORMATION SYSTEM

- Provider access for patient identification, information concerning utilization, and coordination among professionals, including laws enforcement and the courts
- Public access for identification of available services (central website maintained by the regional authority, including a list of all available public and private services and how to contact and access them.)

ENCOURAGE TEAM-BASED CARE.

- Teams should include patient's caregivers, peer, as well as mental health professionals.
- Significantly, reimbursements should be adjusted to cover coordination of care. Coordination and information sharing takes time, and a function critical to patient outcomes should be encouraged and reimbursed.

HOUSING OPTIONS AND SUPPORT FOR PATIENTS STEPPING DOWN IN THERAPY INTENSITY

INCREASE PROVIDER SUPPLY ACROSS ALL DISCIPLINES

- Immediate: Incentive programs for ready providers (e.g., loan repayment)
- Short-term: Improve reimbursements/pay
- Long-term: Promote development of terminal training programs (e.g., residencies, post-doctoral fellowships)



Questions?

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Thank you!