

Southern Nevada Mental Health Design Work Group

April 10, 2008

EXHIBIT D-1 Health Care

Document consists of 14 pages.

X Entire document provided.

Due to size limitations, pages ___ provided. A copy of the complete document is available through the Research Library (775/684-6827) or e-mail library@lcb.state.nv.us. Meeting Date 4/10/08

Issues

- Immediate Issue – Develop a plan to alleviate the problem of Emergency Room overcrowding with mental health patients
- Long Term – Develop a comprehensive program utilizing all the services and programs available in the mental health community to promote a system change and best serve patients in need.

Background

- November 27, 2007 – Legislative Committee on Health Care (LCHC)
 - Discussed overcrowding of emergency rooms with mental health care patients
 - Two proposals were presented to address issues
 - Committee requested that a new plan be developed with greater input from Southern Nevada Stakeholders.

Convening and Working Group

- January 14, 2008 first meeting of the Convening Group – Shannon West, Coordinator
 - Committee on Homelessness - Darryl Martin, Orlando Sanchez
 - Hospital Association – Bill Welch, Karla Perez
 - SNAMHS –, Dr. Leon Ravin, Dr. Stuart Gertner Mark Stets
 - WestCare – Dick Steinberg
 - Transportation, MedicWest – John Wilson
 - Southern Nevada Mental Health Commission – Janelle Kraft
- Convening Group saw a need to involve a diverse group of participants representing the mental health field
- Creation of Work Group

Work Group Participants

- Melissa Bonds, SNAMHS
- Rory Chetelat, SNHD
- Stacy DePriest, Mental Health Court
- Linda Doughty, St. Rose Dominican Hospitals
- Darryl Dubroca, Spring Mountain Treatment Center
- Pamela Girouard, The Salvation Army
- Steve Grierson, Clark County Court
- Michael Howie, UNSOM / Mojave
- Russ Hurlburt, UNLV
- Bobby Kountz, NAMI
- Janelle Kraft, SNV Mental Health Coalition
- Ron Lawrence, Community Counseling
- Ann Lynch, Sunrise HCA
- Patricia Markos, UNLV
- Darryl Martin, Clark County
- Cheryl Murphy, DBSA Southern NV / SNAMH
- Rena Nora, Gov. Commission on MHDS
- Karla Perez, Valley Health System
- Leon Ravin, SNAMHS
- Frank Reagan, LVMPD Detention
- Orlando Sanchez, City of Las Vegas
- Davette Shea, Southern Hills Hospital
- Kathy Silver, UMC
- Mark Smasal, Dept. of Veterans' Affairs
- Dick Steinberg, WestCare
- David Toney, LVMPD
- Danielle Turner, City of Henderson
- Kathi Thomas-Gibson, City of North Las Vegas
- Bill Welch, Nevada Hospital Association
- John Wilson, AMR/MedicWest

Significant Meetings

- January 14, 2008 – Convening Group
- January 30, 2008 – Work Group
- February 13, 2008 – Work Group
- February 21, 2008 – Convening Group
- February 27, 2008 – Work Group
- March 10, 2008 – Convening Group
- March 27, 2008 – Convening Group
- March 27, 2008 – Work Group

Summary of Work

- Reviewed LCHC Request
- Clarified Objectives
- Discussed Vision
- Identified four strategic directions
- Developed Action Plans
 - Long Term and Short Term Recommendations
- Short Term Proposal Development

Outcomes/Recommendations

- Recommendations with prioritization
 - (M) indicates short term recommendations that should be considered for inclusion in the model being developed for the LCHC (M? indicates it may be included in the model)
 - (I) indicates interim work that will be ongoing
 - (L) indicates long term recommendations needed for systemic change

Work Group

Recommendations

- 24 x 7 medical clearance with psychiatric, drug, alcohol evaluation – along with incorporating a 24-72 hr “cool-down” period (M)
- Develop one-stop-shop to incorporate #1 (M)
- Allocate funds: North to South (L)
- Provide resources for continuing care needs at one-stop-shop (e.g., address addiction, housing, etc.) (M?)
- Comprehensive service within national standards of care (CMS, JACO) to address all needs (M)
- Identify where medical clearances will occur – if not at the ER (M)
- Identify timelines (M)
- Fair system for triaging patients upon arrival to ensure equitable distribution – after completion of medical screening (M)
- Include non-emergency transportation component (M)
- Include uniform database for reporting (M?)
- Determine what should be in place for EMS, police, and others to solve big number problems / patient volume (M)

Work Group Recommendations

- Identify required initial staff training and development re: laws and management of psychiatric emergencies (M)
- Address funding issues – provide defined budget and funding sources (M)
- Make sure detox services are included when looking at patient volumes (M)
- Revise NRS 433A to solve triage, transportation problem (laws must be clear when defining responsibilities and sequence for transport, treatment, etc. (I)
- Address recidivism statistics (L)
- Identify a transition plan for the “fix” (M)
- Define components/intensity of screening (M)
- Provide for rapid transfer of patients from EMS to the screening facility (M)
- Identify program measurements, quality indicators (M)
- Equitable assignment of patients to treatment facilities (M)
- Fair, equitable approach for all levels of services (M)
- Clarify what training program is needed for anyone using L2K form (M)
- Single point of communication for dispatch (M)

Work Group Recommendations

- Be specific with what is presented in April – what's doable with existing resources (M)
- Address communication between resources to ensure access to all resources (M)
- Statewide medication formulary that all providers must adhere to (L)
- For apparent psychiatric emergencies, facilities should be prepared to screen/recommend treatment – or determine medical stability (M)
- Educate, involve legislators on the issue – present the full module so they can understand the full picture (M)
- Incorporate discharge planning; i.e., homelessness (L)
- Model should be reproducible, usable, applicable anywhere in the state – in any facility (M)
- Define the critical question and make recommendations based upon that – don't immediately jump to one of the existing models (M)
- Patient choice (M)
- Any triage facility can handle more than one patient at a time (M)

Work Group Recommendations

- Recommend an initial model – but consider appointing an Advisory Board to review and assess as its implemented (M)
- Consider capacity, contributions of private and state psychiatric hospitals when making decisions for beds, resources, etc. (L)
- Include adolescents in plan – don't forget the kids! (L)
- Look “outside the box” for solutions to recidivism to ensure that it is more peer support-driven (L)
- Define involvement with the family (M)
- Clarify or increase Medicaid payment (L)
- Attract psychiatrists and mental health professionals (I)

Proposal

- OSCAR Proposal
 - SNAMHS and Westcare Presentation

O.S.C.a.R (ONE SYSTEM OF CARE AND RESOURCES)

