

One System of Care and Resources (OSCaR):

a mental health and substance abuse
integrated care model

Presentation to
Legislative Committee on
Health Care
April 21, 2010

Statement of Need

- ▶ Southern Nevada has approximately 380 ER beds available to a resident population of 2M and a visitor population of 43M.
- ▶ Mental health patients are not patients who can quickly be evaluated and discharged should there be a need for those beds by patients seeking appropriate emergent medical treatment
- ▶ At times, 10% of ER beds per day are unavailable for appropriate ER use due to mental health holds.
- ▶ 97% of patients with mental health issues who are seen in the ER have no acute medical issues.

Background

- ▶ Hospital ERs are overcrowded with patients who have mental health and/or substance abuse issues, not medical issues.
- ▶ At the request of the 2008 Legislative Committee on Health Care chaired by Sheila Leslie, the Southern Nevada Mental Health Design Work Group was formed to develop immediate and long-term solutions to better serve patients.

Southern Nevada Mental Health Design Work Group

- ▶ **Participants**
 - More than 30 community stakeholders
- ▶ **Mission**
 - Identify ways to alleviate ER overcrowding based on inefficient treatment of those with mental health concerns
 - Develop a comprehensive program using available mental health services and programs to promote a system change
- ▶ **Meetings**
 - Group meets regularly to address this growing crisis, analyze the service needs in Clark County and propose a solution to close these service gaps

Original Work Group Members

Melissa Bonds, SNAMHS

Rory Chetelat, SNHD

Stacy DePriest, Mental Health Court

Linda Doughty, St. Rose Dominican
Hospitals

Darryl Dubroca, Spring Mountain
Treatment Center

Pamelia 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

Fran K. 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 No. Las
Vegas

Bill Welch, Nevada Hospital Association

John Wilson, AMR/MedicWest

Working Group Implementations

- ▶ Stakeholders came together to build consensus and improve the delivery of care in the best interests of Nevada's mental health patients.
- ▶ Service enhancements in the hospital setting included the development of these standardizations:
 - Definition of a medical screening for mental health patients in hospital ERs
 - Information to be transmitted from the hospital ER to the State mental health hospital prior to the patient's arrival
 - Information that had to accompany the patient being transported to the State mental health hospital
 - One-page document to help ER doctors identify outpatient resources, such as State mental health outpatient clinics, for those patients who do not require acute medical treatment
- ▶ During the 2009 Legislative Session, the law was finally changed to allow mental health patients to receive medical screenings at locations other than hospital ERs (including State mental health hospitals but the funding was not included) prior to admission.

OSCaR Proposal

- ▶ OSCaR – One System of Care and Resources will:
 - ensure a community–driven approach that encompasses broad input
 - serve as a complete “one stop shop” mental health/detoxification service center located on the SNAMHS campus
 - create a cost–effective continuum of care for patients
 - allow patients to be assessed, medically cleared and referred to the appropriate level of care

Scope of Service – Phase I

- ▶ Medical Clearance and Appropriate Referral per Assessment
 - Intake and assessment – No Wrong Door
 - Medical evaluation/medical clearance
 - Psychiatric assessments
 - Up to 23-hour observation
 - Interdisciplinary team of health care professionals
 - Appropriate facility transportation (i.e., those requiring acute medical care will be transported to local hospitals, those requiring mental health services will be transported appropriately)
 - Discharge planning

Scope of Service – Phase II

- ▶ Community Triage Center – Mental Health Services and/or Detoxification Unit
 - Patient services for mental health, co-occurring, substance abuse and detoxification services
 - Assessments for long-term or outpatient treatment
 - Initial case management services
 - Referrals and service linkages
 - Safe and effective treatment options for early intervention
 - Transportation
 - Discharge planning

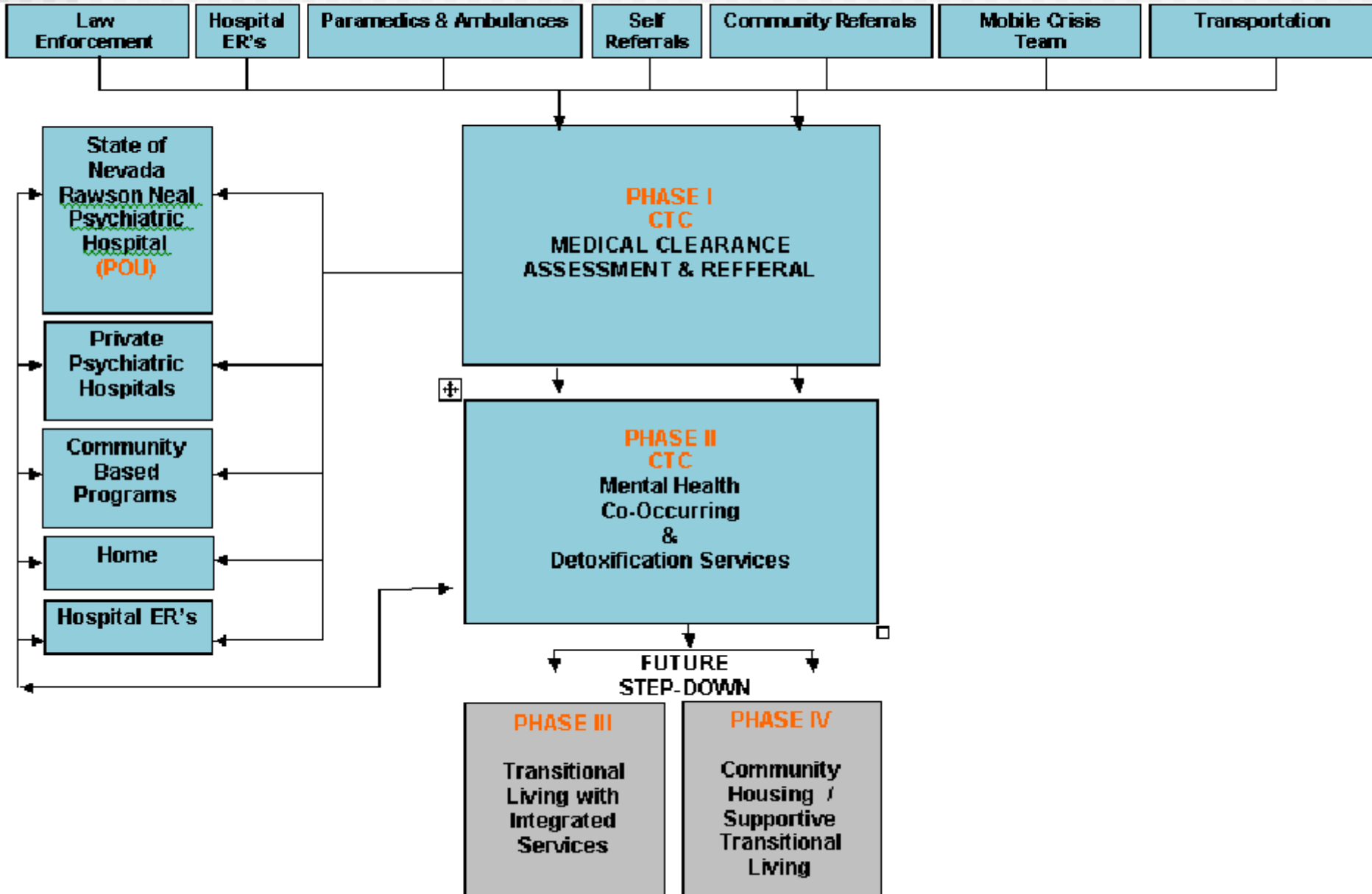
Scope of Service – Phase III

- ▶ Transitional Living with Integrated Services
 - Social model step-down services
 - Case management services
 - Individual counseling and support groups
 - Access to medical/nursing care
 - Referrals and service linkages
 - Vocational assessment and counseling
 - Transportation
 - Discharge planning

Scope of Service – Phase IV

- ▶ Community Housing/Supportive Transitional Living
 - Ongoing case management
 - Referrals and service linkages
 - Vocational assessment and counseling
 - Soft skills and job readiness preparation
 - Job placement
 - Transportation
 - Discharge planning

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



OSCaR Would Accomplish

- ▶ Patients would receive the most appropriate level of care in the least restrictive setting, based on individual service needs.
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- ▶ Create accessibility of centralized services, the ability of patients to move easily through the system of care, and the cost effectiveness of co-located and comprehensive of No Wrong Door – One Stop Shop mental health services.

Update

- ▶ State has CUT mental health funding which has reduced access and capacity for those in need of these services.
- ▶ No funding has been authorized to facilitate medical screening clearances in the State mental health facilities. Law was passed in 2009 which would allow for medical screenings to be performed in locations other than hospital ERs.
- ▶ ERs continue to be an extension of the State mental health delivery system, increasing costs, reducing access to ER for those in true need of emergent care and delaying mental health care for those truly in need of such services.

Going Forward

Adequate mental health funding must be a priority so patients can receive the appropriate level and type of medical care, without delay, in the most appropriate setting.