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# MOBILE CRISIS RESPONSE TEAM

Department of Health and Human Services/Division of Public and Behavioral Health  
Rural Clinics Children's Programming in cooperation with  
Division of Child and Family Services



# Introduction

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# History of Nevada Mobile Response

Clark County Consortium 10 year plan, Emergency Department concerns in media and legislature

Spring 2013- workgroups at local level begin to meet, champions identified, stakeholder meetings held

November 2013- 5 positions hired in Clark

January 2014- Clark County hotline goes live

Summer of 2014-Clark expansion approved, Washoe mobile planning begins

October 2014-Washoe hires 10 positions, Clark more than triples in size and expands hours

November 2014- Washoe hotline live, takes first calls

October/November 2016- Clark goes 24/7/365, Rural Mobile funded and program begins



State of Nevada MCRT  
**January 8, 2014 To May 31, 2018**

**4,717**

Youth Served  
To Date

**14%**

Hospitalized  
for Safety

**86%**

Stabilized with  
Safety Plan



**Question:**  
Where are the calls  
are coming from?

**Answer:**  
All **16** Counties  
in Nevada!





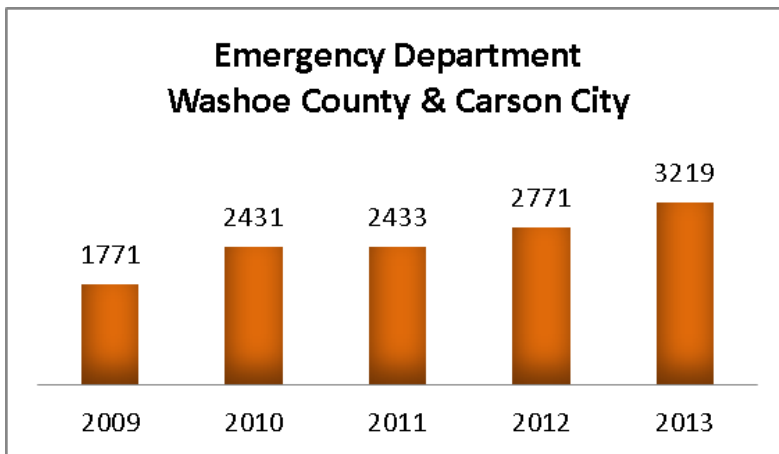
# Identifying a Need



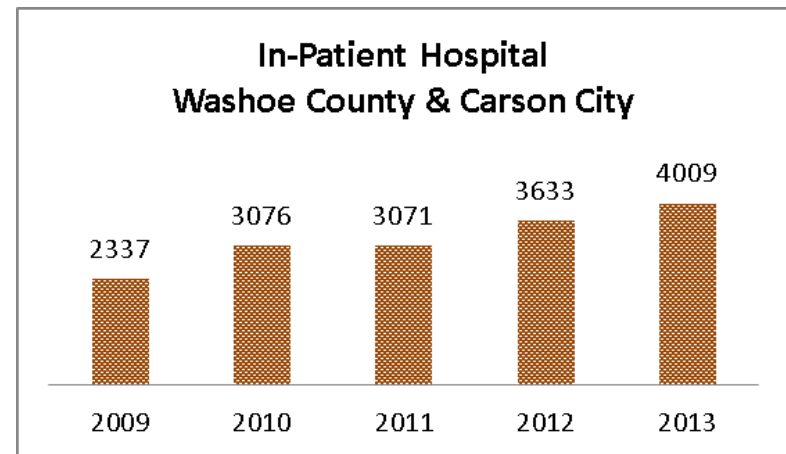
- Lacking access to services, many families rely on hospital emergency departments to meet behavioral healthcare needs.
- Child behavioral health-related visits to hospital ERs have been increasing in NV.
- There is also an increasing trend of children requiring a costly in-patient admission to a hospital due to a behavioral health crisis.



# Admissions for Psychiatric Reasons



81% increase in 5 years



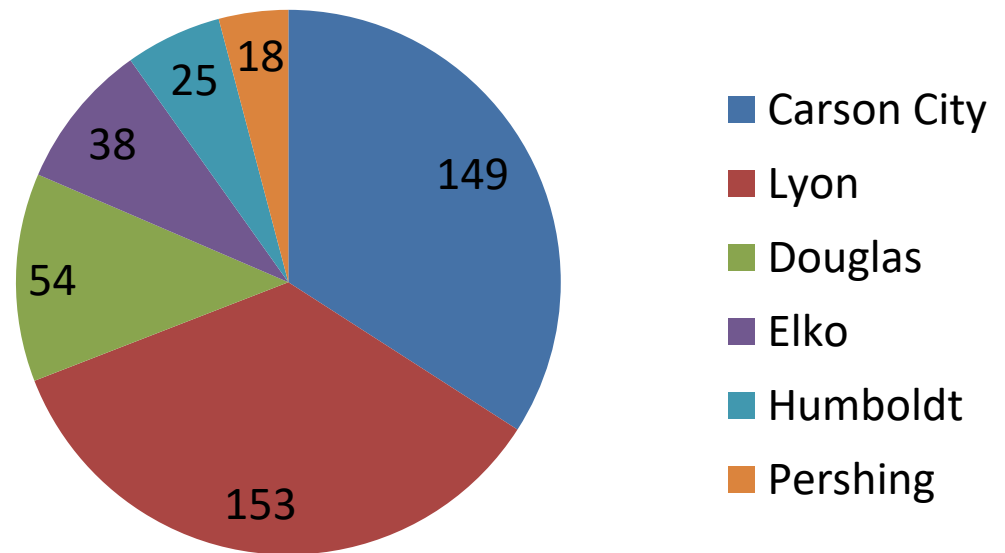
71% increase in 5 years

*Data courtesy of the UNLV Center for Health Information Analysis (CHIA)*



# West Hills Hospital Youth Admissions for Rural Counties 2013-2015

## Highest Need



437 Data courtesy of West Hills Hospital





# What is a Behavioral Health Crisis

- A health condition that poses a threat to the child's stability within their home, school or community, including but not limited to:
  - Anger
  - Self-Injury
  - School Problems
  - Suicidal or homicidal thoughts or behavior
  - Extreme parent/child conflict
  - Peer conflict such as bullying
  - Seeing or hearing things
  - Depression/Anxiety



# Mobile Crisis Goals

- Maintaining youth in their home and community environment.
- Promoting and supporting safe behavior in children in their home and community.
- Reducing admissions to Emergency Departments due to a behavioral health crisis.
- Facilitating short term in-patient hospitalization when needed.
- Assisting youth and families in accessing and linking to on-going support and services.



# How it works in Rural Nevada!

## Hotline Screening Call

- Call is received on the Las Vegas hotline number
- Call is triaged and Information is gathered-takes about 10 minutes
- **The triage person contacts Rural Crisis Team**
- **Within minutes a Rural Team Member calls the referent and the caretaker to begin the assessment process**

## Crisis Response

- **The Rural Clinician intervenes via Vsee and Case Manager from the Rural community responds in-person or via phone.**
- De-escalate crisis
- Perform structured assessment
- Formulate safety plan
- Facilitate hospitalization if needed

## Crisis Stabilization

- Short-term behavioral health intervention provided in convenient location (often in-home **via Vsee**)
- Facilitate linkage to ongoing community services and supports
- Monitor safety



# Technology



- Free
- HIPPA compliant
- Interactive
- Vsee.com
- Downloadable from any mobile device, tablets and computers





# Mobile Response Tools

- **Crisis Assessment Tool** – Mental health counselor conducts a standardized assessment of history, risk behaviors, mental health problems, and functional impairment (home, school, family) aids clinician in judging risk level in key areas (suicide, self-injury, harm to others, sexual aggression, runaway, poor judgment, psychosis, delinquency, abuse/neglect, caregiver strengths and needs)
- Youth driven **Safety Plan**
- **Crisis Needs Assessment** - Psychiatric caseworker evaluates family strengths and needs in social, emotional, medical, educational, and other life domains to provide a wholistic approach to support youth and family.
- Recommends referral to **NV PEP** for family-to-family support

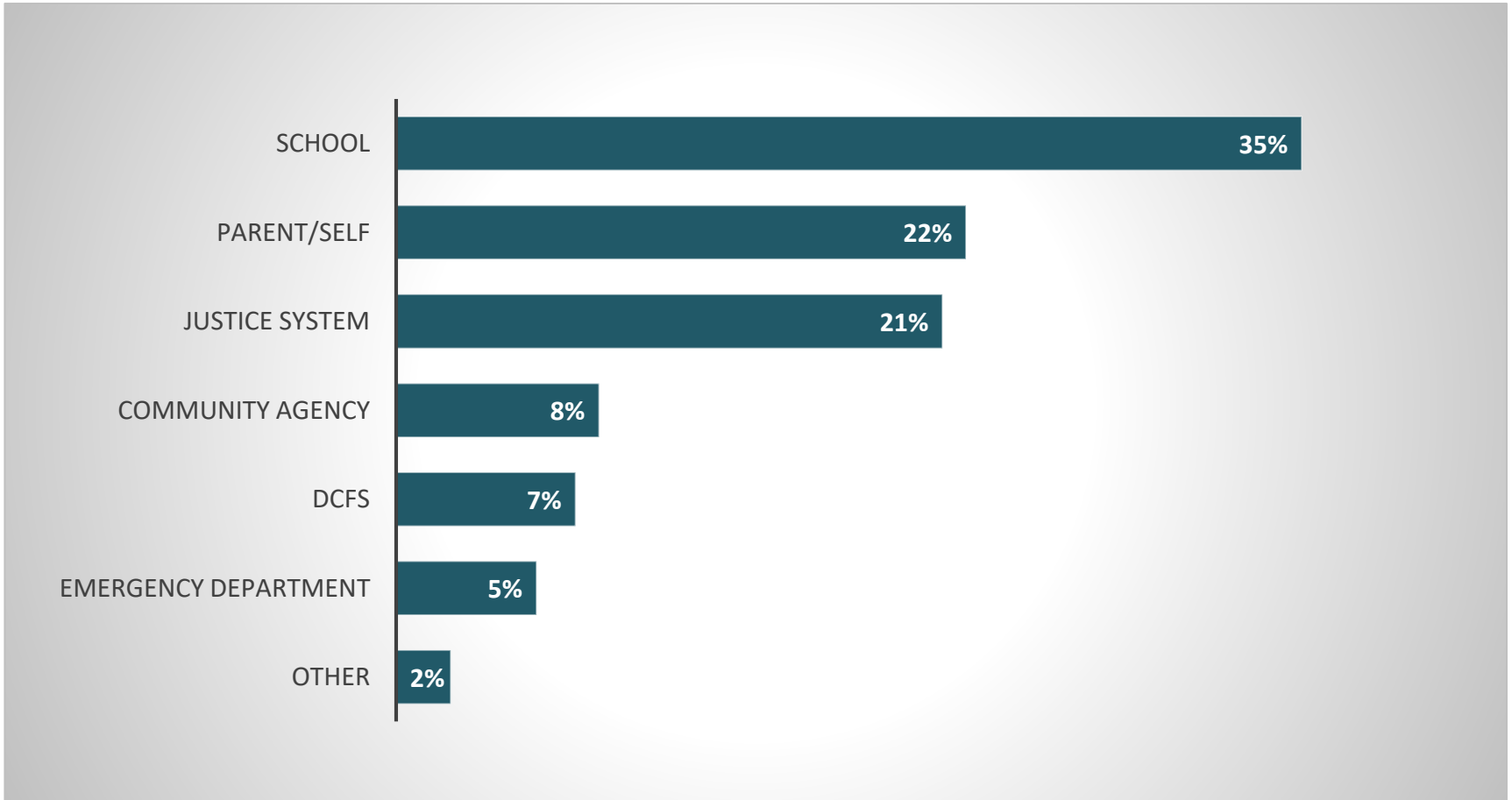


## After the assessment- options for safety

- Refer back to community providers
- Facilitate hospitalization
- Stabilization Services
  - If needed and desired, MCRT can offer up to 30-45 days of crisis stabilization services in the family setting of choice (usually in-home)
  - Designed to ensure safety and kick-start therapeutic progress while facilitating linkage to long-term services and supports
- No services needed, requested



# Rural Referral Sources





# Quality Measures

- Consumer satisfaction questionnaires
- Therapist self-report of use of evidence based practices
  - Item on stabilization discharge form
- Planning and evaluation unit (internal quality assurance) conducts quarterly chart reviews and provides feedback to program staff





Services  
Delivered  
in Rural  
Nevada  
Since  
Program  
Inception  
(11/2016)

**Hotline Calls**

**445**

**Responses**

**313**

**Stabilized in  
community with  
Safety Plan**

**84%**



# Rural Partners and Champions



Rural  
Community  
Coalitions



safevoice



DIVISION OF CHILD AND  
FAMILY SERVICES

County  
School  
Districts



County Juvenile  
Detention Centers



Local Law  
Enforcement

RURAL  
CHILDREN'S  
MENTAL HEALTH  
CONSORTIUM





# MOBILE CRISIS

RESPONSE TEAM

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