

# Mental Illness in Nevada: Screening, Intervention and Intercepts to Avoid System Failure

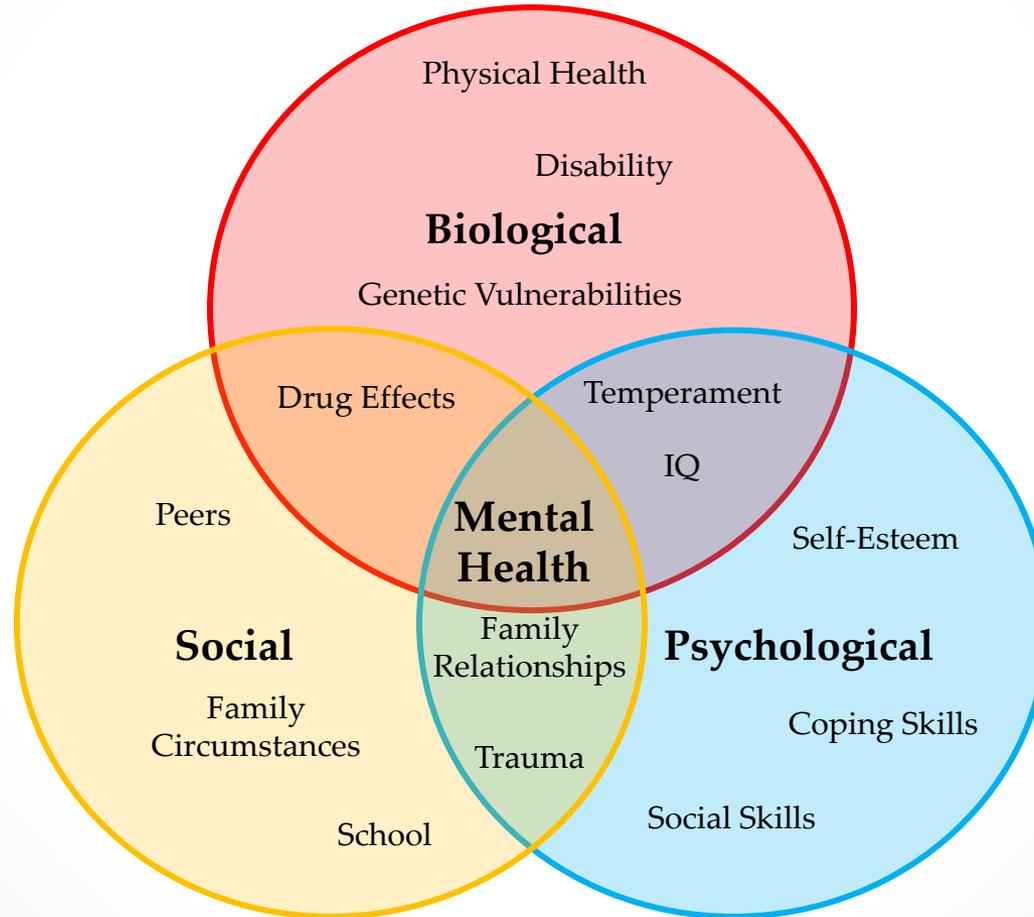
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# The Biopsychosocial Model of Health



# Mental Illness (MI) Defined

- Mental illnesses (MIs) are medical conditions that disrupt a person's:
  - Thinking
  - Feeling
  - Mood
  - Ability to relate to others
  - Daily functioning
- Just as diabetes is a disorder of the pancreas, mental illnesses are medical conditions that often result in a diminished capacity for coping with the ordinary demands of life.



# Serious Mental Illness (SMI) Defined

- Serious mental illnesses (SMIs) include:
  - Major depression
  - Schizophrenia
  - Bipolar Disorder
  - Obsessive Compulsive Disorder (OCD)
  - Panic Disorder
  - Post Traumatic Stress Disorder (PTSD)
  - Borderline Personality Disorder

Definition of SMI Clinically/Medicaid





*The good news about  
mental illness is that  
recovery is possible.*



# MI is Non-Discriminatory

- Mental illness:
  - Can affect persons of any age, race, religion, or income.
  - Is not the result of personal weakness, lack of character or poor upbringing.
  - Is treatable.
- Most people diagnosed with a serious mental illness can experience relief from their symptoms by actively participating in an individual treatment plan.



# MI is Treatable

- In addition to medication treatment, MI is treatable through psychosocial treatment:
  - Cognitive behavioral therapy
  - Interpersonal therapy
  - Peer support groups
  - Other community services can also be components of a treatment plan and that assist with recovery.
- Mental illness recovery is also aided through the availability of
  - Transportation
  - Diet
  - Exercise
  - Sleep
  - Friends
  - Meaningful paid or volunteer activities



# Early Identification is Key

- Early identification and treatment are of vital importance
- By ensuring access to the treatment and recovery supports that are proven effective, recovery is accelerated and the further harm related to the course of illness is minimized.



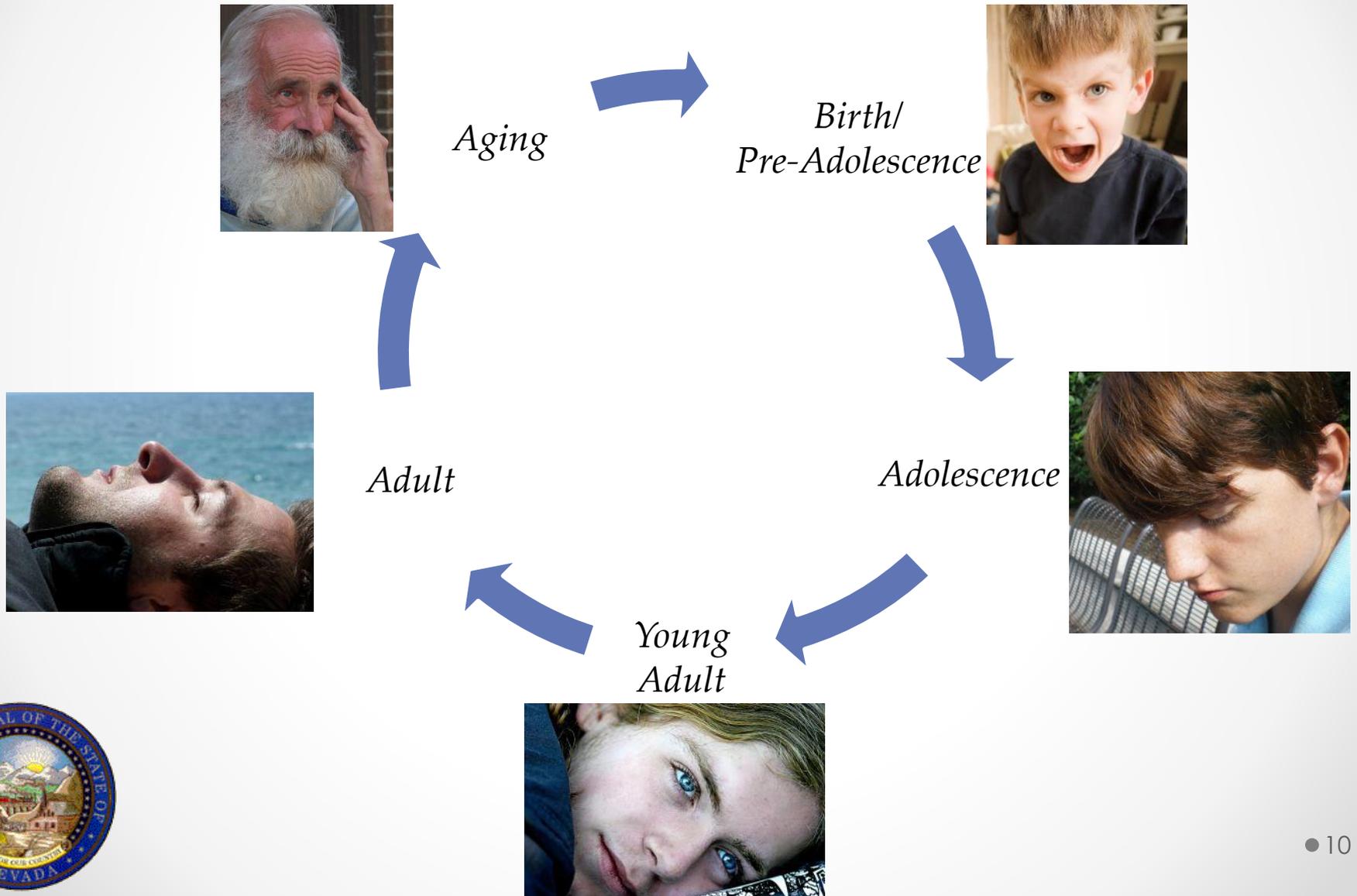
# STIGMA

“Some people call this companion I have an ailment, or worse a terrible nightmare from which some people cannot awaken. I know I have nothing to be ashamed of. I have nothing that should garner a stigma.”

– Actor Richard Dreyfuss on his Manic Depressive Disorder



# Life Continuum



# Birth/Pre-Adolescence (0-12)

## Screening

- Family history
- Exposure to adverse childhood experiences
- Trauma
- First onset of symptoms and substance abuse
- Behavioral traits



## Intervention

- Family planning
- Pre-natal care
- SBHC
- Sustainability-housing/food
- Parental identification and treatment of their disease
- Rehab/substance treatment

## Consequences of System Failure

- Drug affected babies
- Self harm/suicide
- Arrests

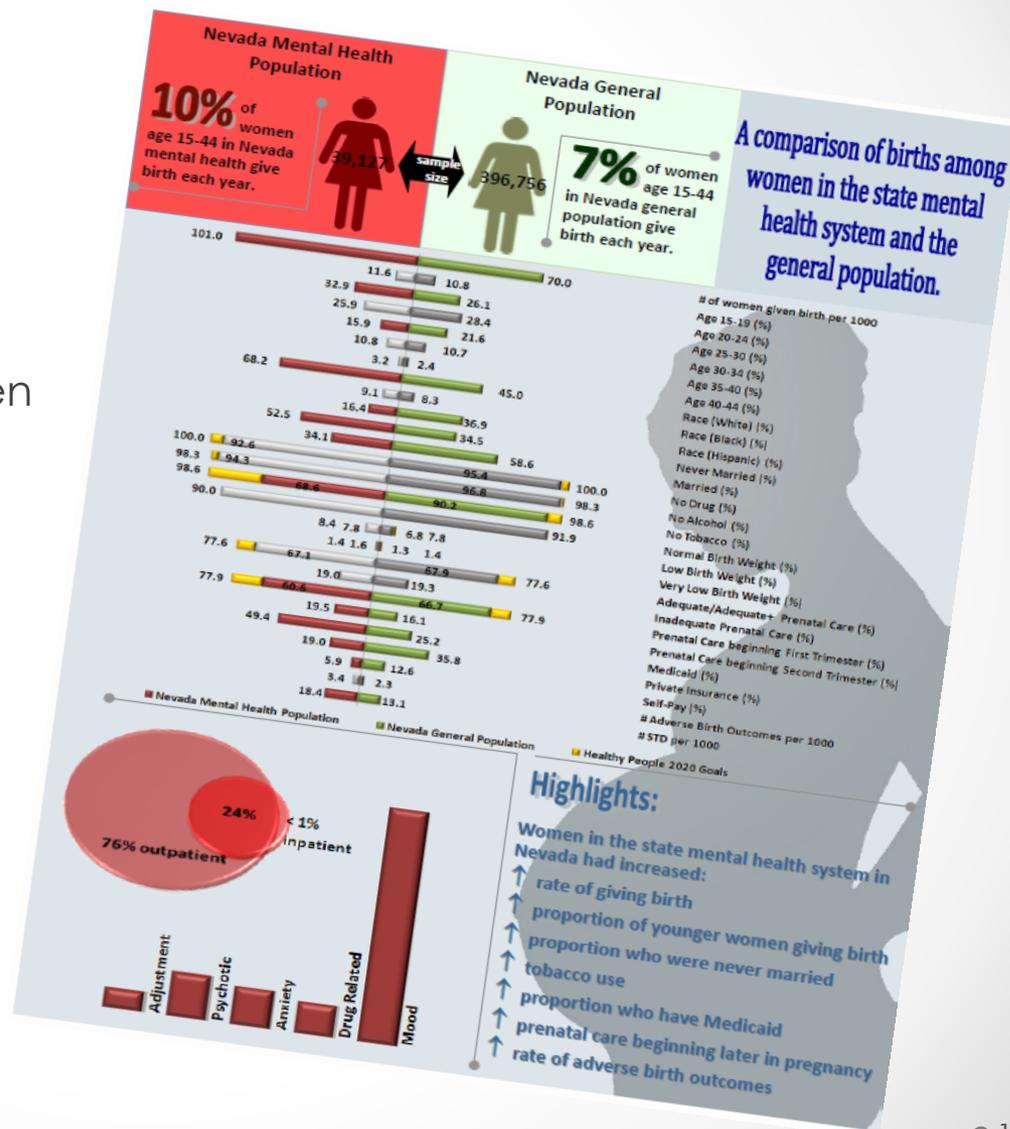
- Violence/juvenile justice
- Substance use/abuse
- Social isolation



# Mental Health and Birth Outcomes

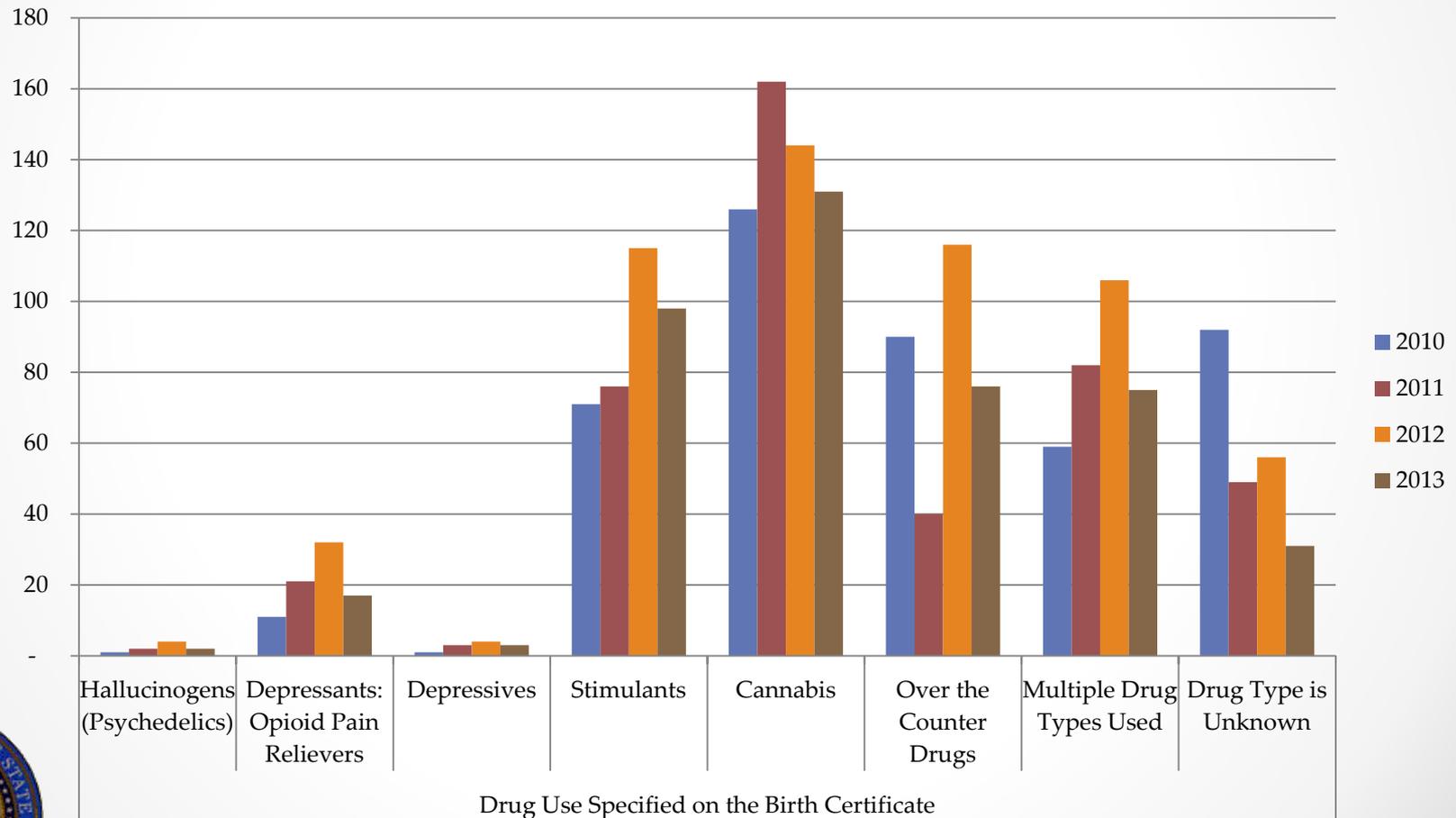
- Women in the state mental health system in Nevada had an increased:

- Rate of giving birth
- Proportion of younger women giving birth
- Proportion who were never married
- Tobacco use
- Proportion on Medicaid
- Late start of prenatal care
- Rate of adverse birth outcomes



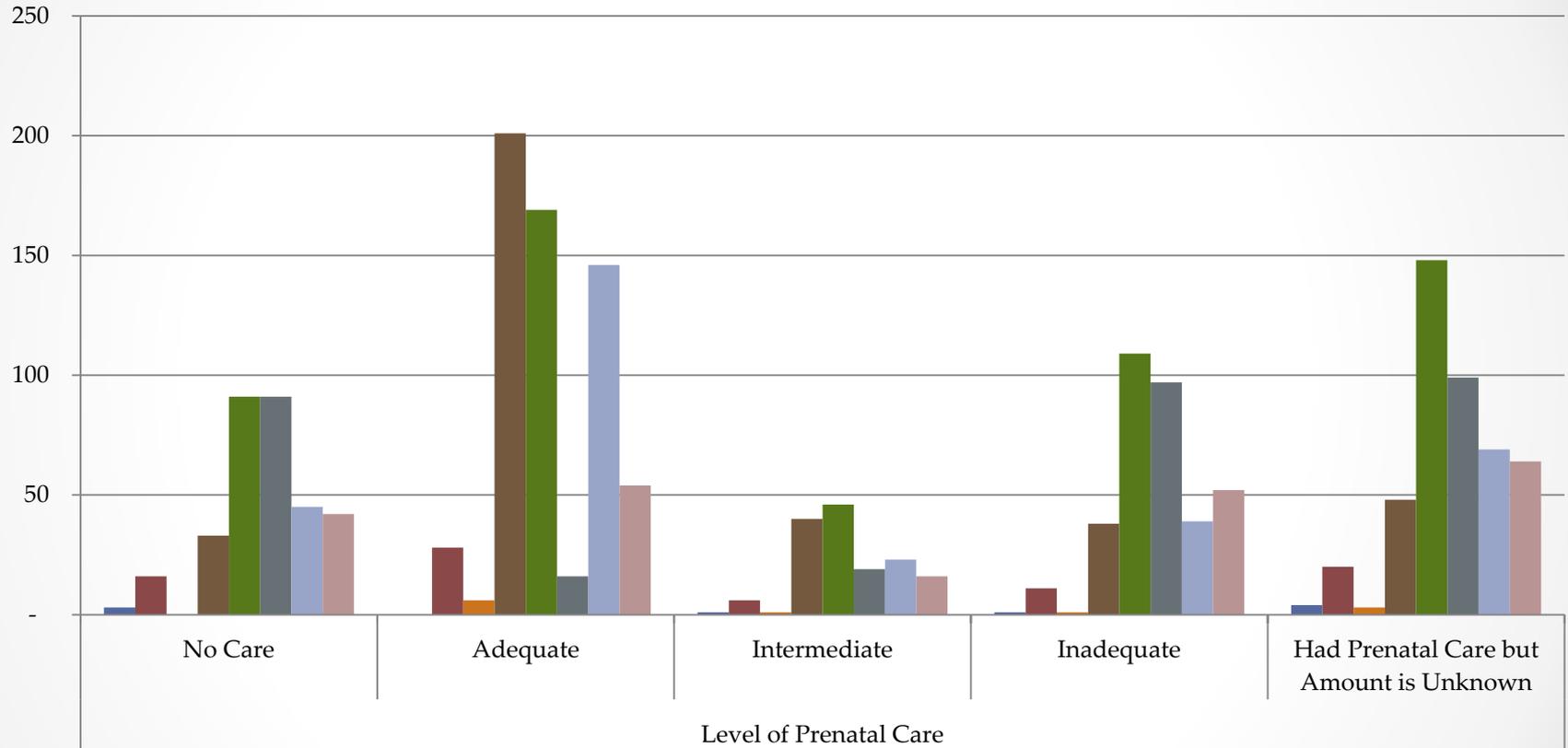
# Births and Substance Abuse

Counts of Mothers Who Reported Using Drugs on the Birth Certificate by Drug Type and Year, Nevada Residents, 2010 – 2013 (Preliminary Data)



# Births and Substance Abuse, cont.

Counts of Mothers Who Reported Using Drugs on the Birth Certificate by Drug Type and Level of Prenatal Care, Nevada Residents, 2010 – 2013 (Preliminary Data)

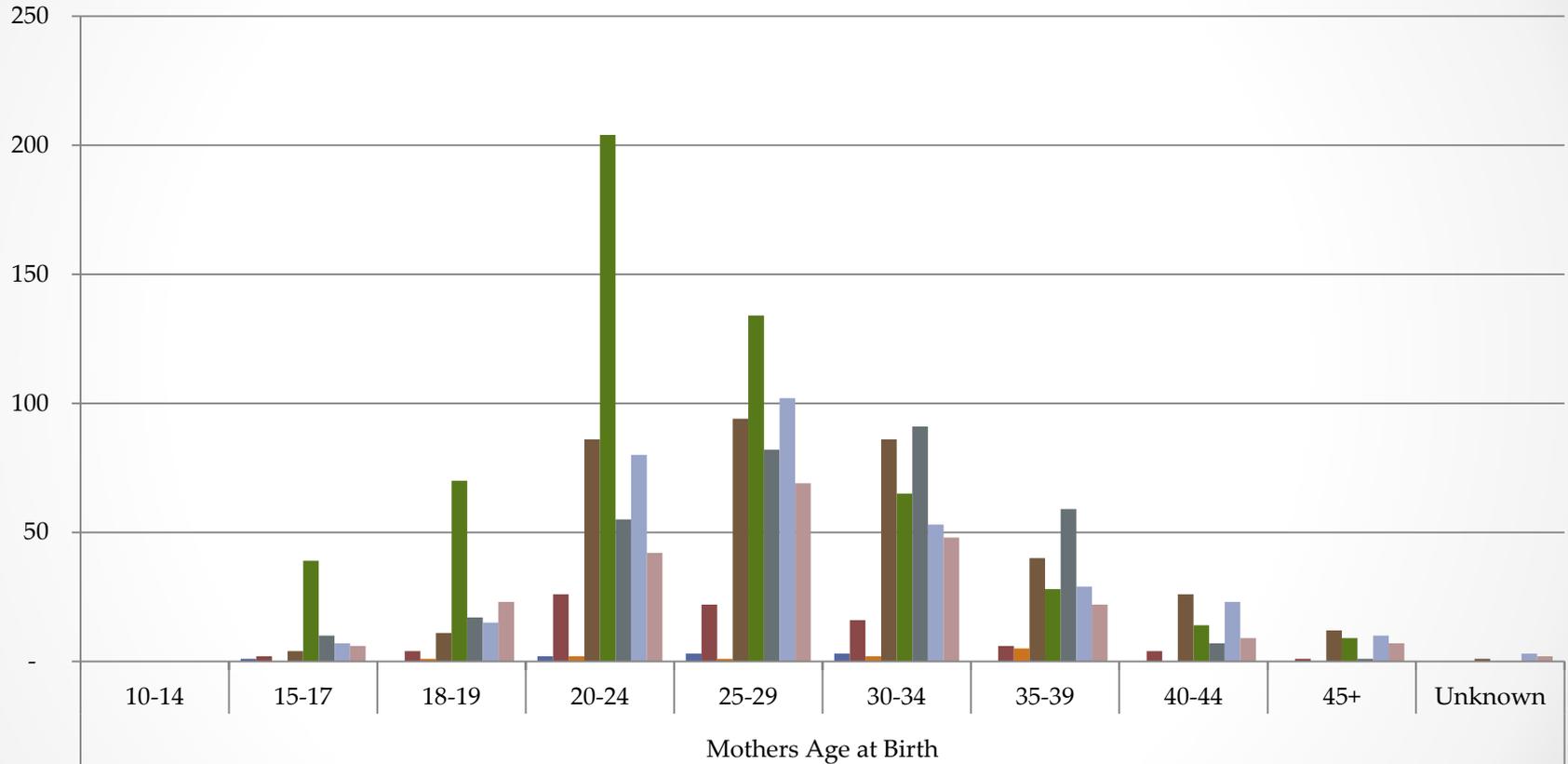


- Hallucinogens (Psychedelics)
- Stimulants
- Multiple Drug Types Used
- Depressants: Opioid Pain Relievers
- Cannabis
- Over the Counter Drugs
- Depressives
- Drug Type is Unknown



# Births and Substance Abuse, cont.

Counts of Mothers Who Reported Using Drugs on the Birth Certificate by Drug Type and Mothers Age Group, Nevada Residents, 2010 – 2013 (Preliminary Data)



- Hallucinogens (Psychedelics)
- Stimulants
- Multiple Drug Types Used
- Depressants: Opioid Pain Relievers
- Cannabis
- Drug Type is Unknown
- Depressives
- Over the Counter Drugs



# Adolescence (13-18)

## Screening

- Criminal involvement
- Exposure to adverse childhood experiences
- Trauma
- First onset of symptoms and substance abuse
- Behavioral traits



## Intervention

- Academic absenteeism
- SBHC
- Homelessness
- Parental treatment of disease
- Rehab/substance treatment

## Consequences of System Failure

- Learning impairments
- Self harm/suicide
- Arrests

- Violence/juvenile justice
- Substance use/abuse
- Social isolation



# Adverse Childhood Events (ACEs)

- ACEs studies assess associations between childhood adverse events and later-life health and well-being.
- ACEs include:
  - Verbal abuse
  - Physical abuse
  - Sexual abuse
  - Family dysfunction (e.g., an incarcerated, mentally ill, or substance-abusing family member; domestic violence; or absence of a parent because of divorce or separation)



# Adverse Childhood Events (ACEs)

- Exposure to ACEs is associated with increased risk of mental health disorders up to decades after their occurrence.
- Utilization of psychotropic medications is shown to increase with number of ACEs.
- Early recognition of ACEs with early intervention may assist in preventing behavioral health issues throughout the life span.

Those with four or more ACEs are:

- Five times more likely to have 14+ days of poor mental health.
- Seven times more likely to have suicidal ideation.



# Young Adult (19-29)

## Screening



- Veteran identification
- Substance use
- Criminal history “petty crimes”
- Behavioral traits
- Risk taking behavior
- Disease onset
- Homelessness
- Family support
- Medical visits/ER overuse

## Intervention

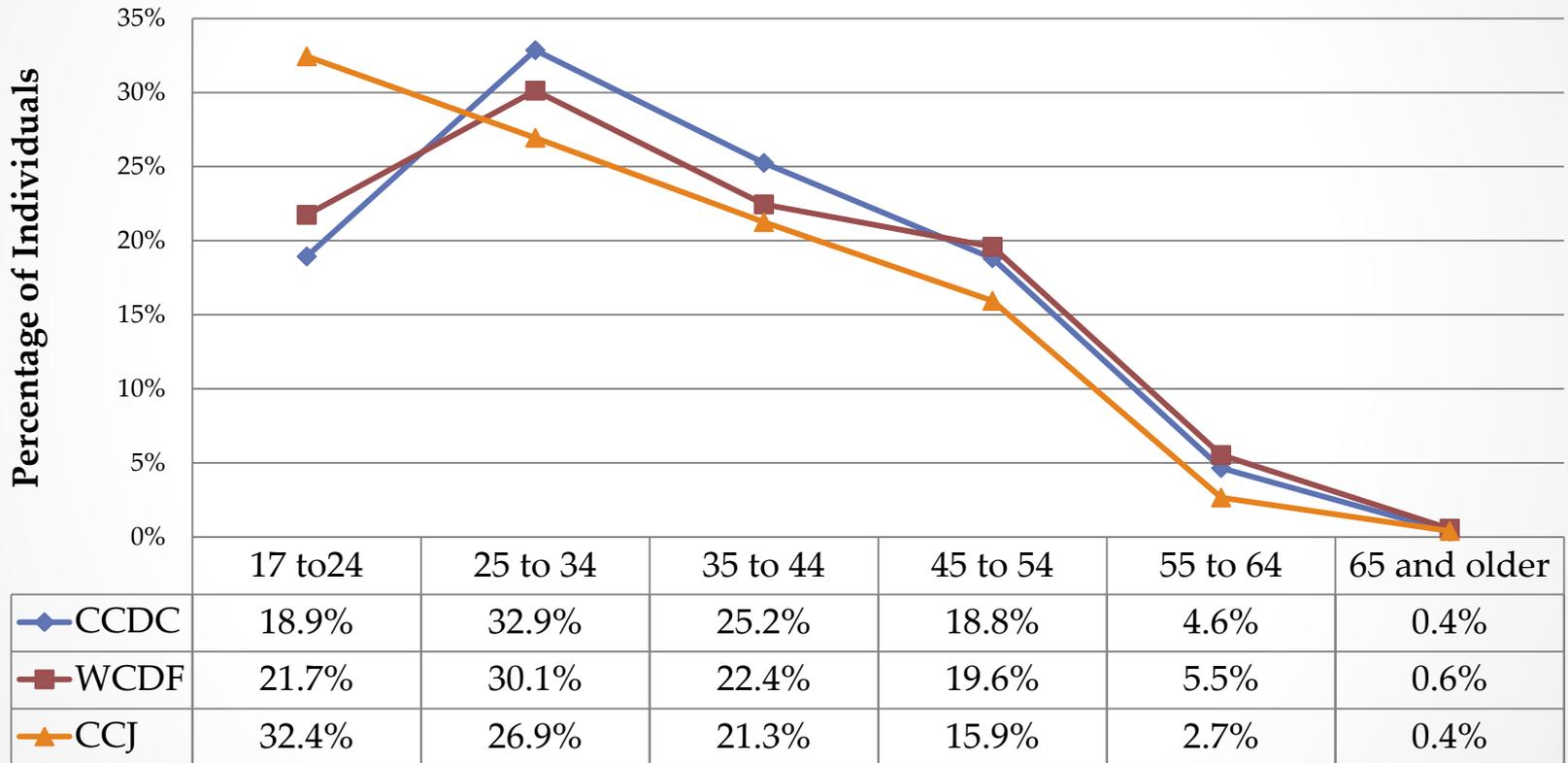
- Higher education
- Trade Schools
- Community services for Treatment
- Medication adherence and compliance
- Sustainability-housing/food
- Parental treatment of disease
- Rehab/substance treatment
- Early treatment of mental illness

## Consequences of System Failure

- Arrest/parole/probation
- Self harm/suicide
- Homelessness
- Substance use/abuse
- Social isolation



# Figure 4. Detention of Individuals with a History of Mental Illness in Nevada Jails by Age Group, 2011



CCDC = Clark County Detention Center, WCDF = Washoe County Detention Facility, CCJ = Carson City Jail



# Adult (30-64)

## Screening

- Work performance
- Substance use
- Criminal history
- Behavioral traits/isolation
- Depression
- Homelessness
- Family support
- Medical visits/illness/ER
- Domestic violence



## Intervention

- EAP
- AA/NA/OA
- Community services for treatment
- Sustainability-housing/food
- Rehab/substance treatment
- Early treatment of mental illness
- Medical condition treatment

## Consequences of System Failure

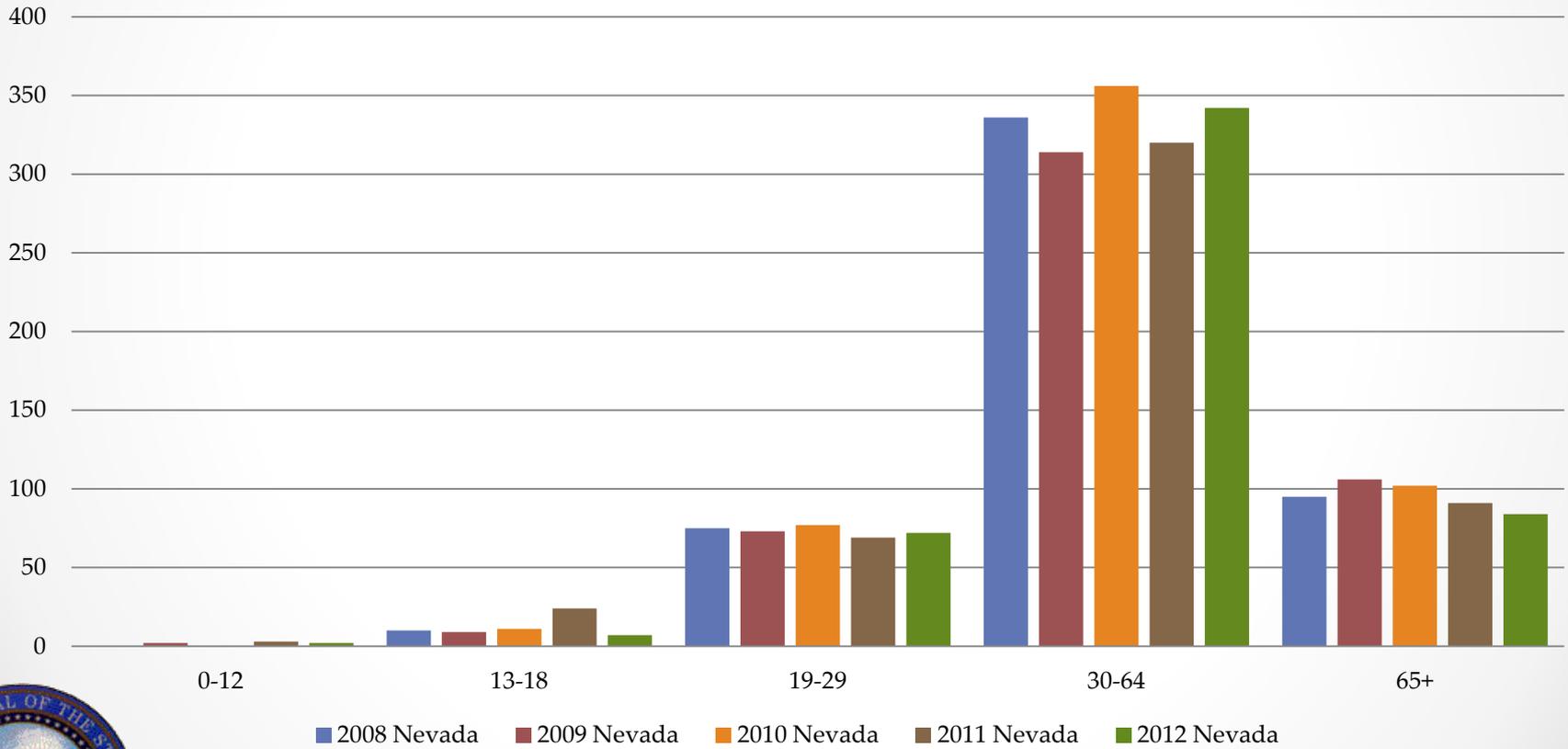
- Arrest/parole/probation
- Self harm/suicide
- Homelessness

- Substance use/abuse
- Social isolation
- Early onset chronic disease and premature death



# Suicide

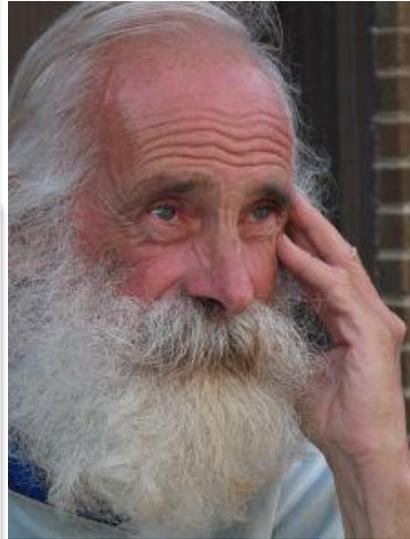
## Nevada Suicide Counts by Age, 2008 - 2012



# Aging (65+)

## Screening

- Work performance
- Substance use
- Criminal history
- Depression
- Homelessness
- Family support
- Medical visits/illness



## Intervention

- EAP
- Senior Services and veterans services
- AA/NA/OA
- Community services for treatment
- Sustainability-housing/food
- Rehab/substance treatment
- Early treatment of MI
- Medical condition Tx

## Consequences of System Failure

- Arrest/parole/probation
- Self harm/suicide
- Homelessness
- Substance use/abuse

- Social isolation
- Onset of chronic disease and premature death
- Institutionalization



# Co-Morbidity and SMI

- Recognizing co-morbid issues among vulnerable populations
  - Individuals with SMI, on average, die 25 years earlier than the general population from chronic diseases.
  - 60% of premature deaths in persons with Schizophrenia are due to chronic medical conditions.



# State Inpatient Mental Health Beds

- **Rawson Neal Hospital : (civil-adult)**
  - Licensed for 289 :current staffed for 190 with 3A 211 and with Stein 223
  - Primarily involuntary admissions (L2K- at risk to themselves or others)
  - Inpatient FY 2012: 7303 admits: 609 admits per month avj.
  - IMD hospital so no Medicaid reimbursement
  - Average length of stay 19-21 days
- **Dini Townsend Hospital: (civil-adult)**
  - Licensed for 50 staffed for 30
  - Primarily involuntary admission (L2K –at risk to themselves or others)
  - Inpatient 2012: FY 2012 1590 admits : 133 admits per month avj.
  - IMD hospital so no Medicaid reimbursement
  - Average length of stay 12 days
- **Desert Willow: (civil-children)**
  - Licensed for 58 beds staffed for 42 beds
  - Voluntary admission by parent ,legal guardian or legal custodian
  - Inpatient FY 2012 acute:110
  - Inpatient FY 2012 residential 187
  - Avj. LOS residential 183 days
- **Lakes Crossing:(Forensic)**
  - Licensed for 77 (57 in Lakes proper and 20 beds in Dini Townsend Annex) with Stein 123 beds
  - Court ordered placement
  - Competency evaluations



# Private Inpatient Mental Health Beds

<u>Hospital Psych Beds</u>	<u>Total Licensed Beds</u>	<u>Licensed Psych Beds</u>
Carson Tahoe Regional Medical Center	190	46
Desert Springs	293	32
North Vista Hospital	177	60
Northern Nevada Medical Center	108	28
Northeastern (Elko)	75	16
Southern Hills Hospital & Medical Center	134	14
		<hr/>
<b><u>Private Free standing Psych facilities</u></b>		196
		<hr/>
Montevista Hospital	90	
Red Rock Behavioral	21	
Seven Hills Behavioral Institute	58	
Spring Mountain Sahara	30	
Spring Mountain Treatment Center	82	
West Hills Hospital	95	
Willow Springs Center	116	
Desert Parkway (Opening soon)	<u>83</u>	
	<b>575</b>	



# State Outpatient Services

- **The West Charleston Outpatient Clinic**
  - 6161 West Charleston Boulevard
  - Las Vegas, Nevada 89146
  - 702.486.6045
- **The East Las Vegas Outpatient Clinic**
  - 1785 East Sahara Boulevard
  - Las Vegas, Nevada 89104
  - 702.486.6500
- **The Henderson Outpatient Clinic**
  - 1590 West Sunset Road
  - Henderson, Nevada 89014
  - 702.486.6700
- **Washoe Community Mental Health**
  - 480 Galletti Way
  - Reno Nevada 89431
  - 775-
- **Caliente Office**
  - 100 Depot, #5
  - Caliente, NV 89008
  - Phone: (775) 726-3368
- **Laughlin Office**
  - 3650 South Pointe Circle, Suite 208
  - Laughlin, NV 89029
  - Phone: (702) 298-5313
- **Mesquite – Moapa Valley Office**
  - 61 North Willow, Suite 4
  - Mesquite, NV 89024
  - Phone: (702) 346-4696
- **Pahrump Office**
  - 240 South Humahuaca
  - Pahrump, NV 89041
  - Phone: (775) 751-7406



# State Outpatient Urban Clinics

- **The West Charleston Outpatient Clinic**
  - 6161 West Charleston Boulevard
  - Las Vegas, Nevada 89146
  - 702.486.6045
- **The East Las Vegas Outpatient Clinic**
  - 1785 East Sahara Boulevard
  - Las Vegas, Nevada 89104
  - 702.486.6500
- **The Henderson Outpatient Clinic**
  - 1590 West Sunset Road
  - Henderson, Nevada 89014
  - 702.486.6700
- **Washoe Community Mental Health**
  - 480 Galetti Way
  - Reno Nevada 89431
  - 775-688-2001

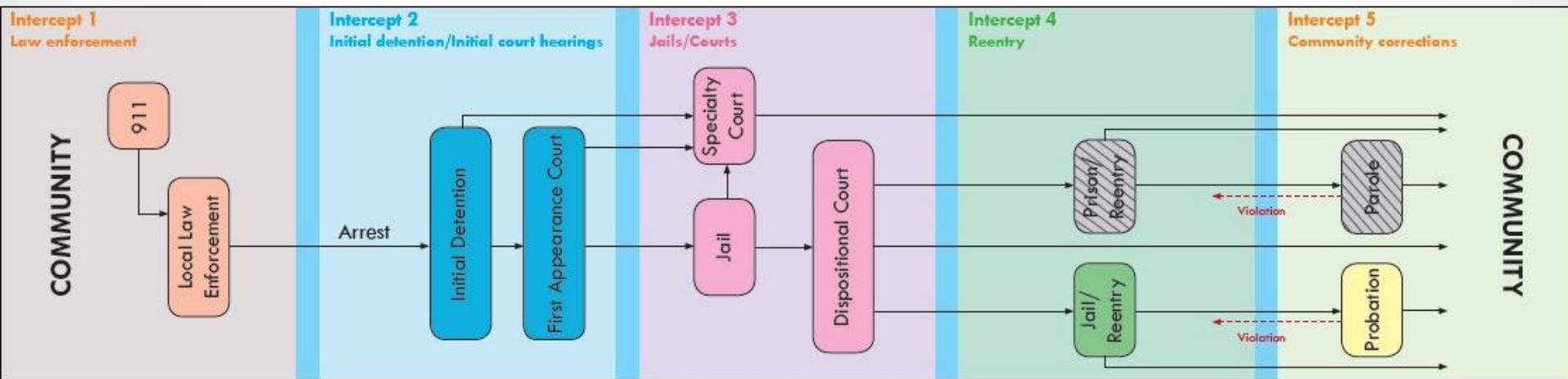


# State Outpatient Rural Clinics

- Battle Mountain
- Caliente
- Carson City
- Douglas
- Elko
- Ely
- Fallon
- Fernley
- Hawthorne
- Laughlin
- Mesquite
- Pahrump
- Silver Springs
- Tonopah
- Winnemucca
- Yerington



# Sequential Intercept Model & Best/Promising Practices



# Intercept 1:Community

Police are often the first called to deal with persons with mental health emergencies. Individuals are assessed and referred to either jail or ER. Family and friends also must refer clients for emergency services to the ER usually via law enforcement

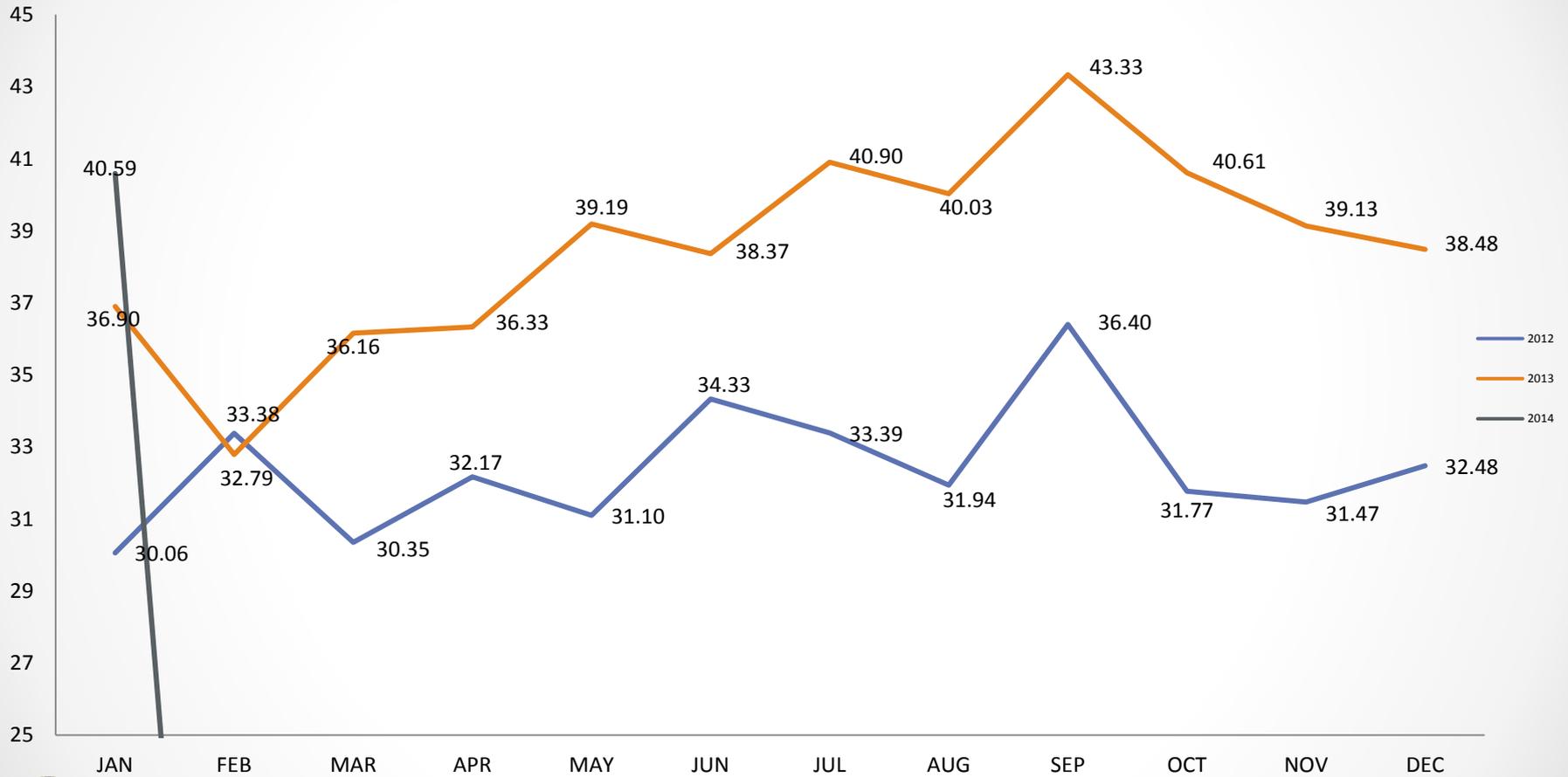
- NRS for medical clearance:
- Lack of Crisis Intervention
- ER status and wait times



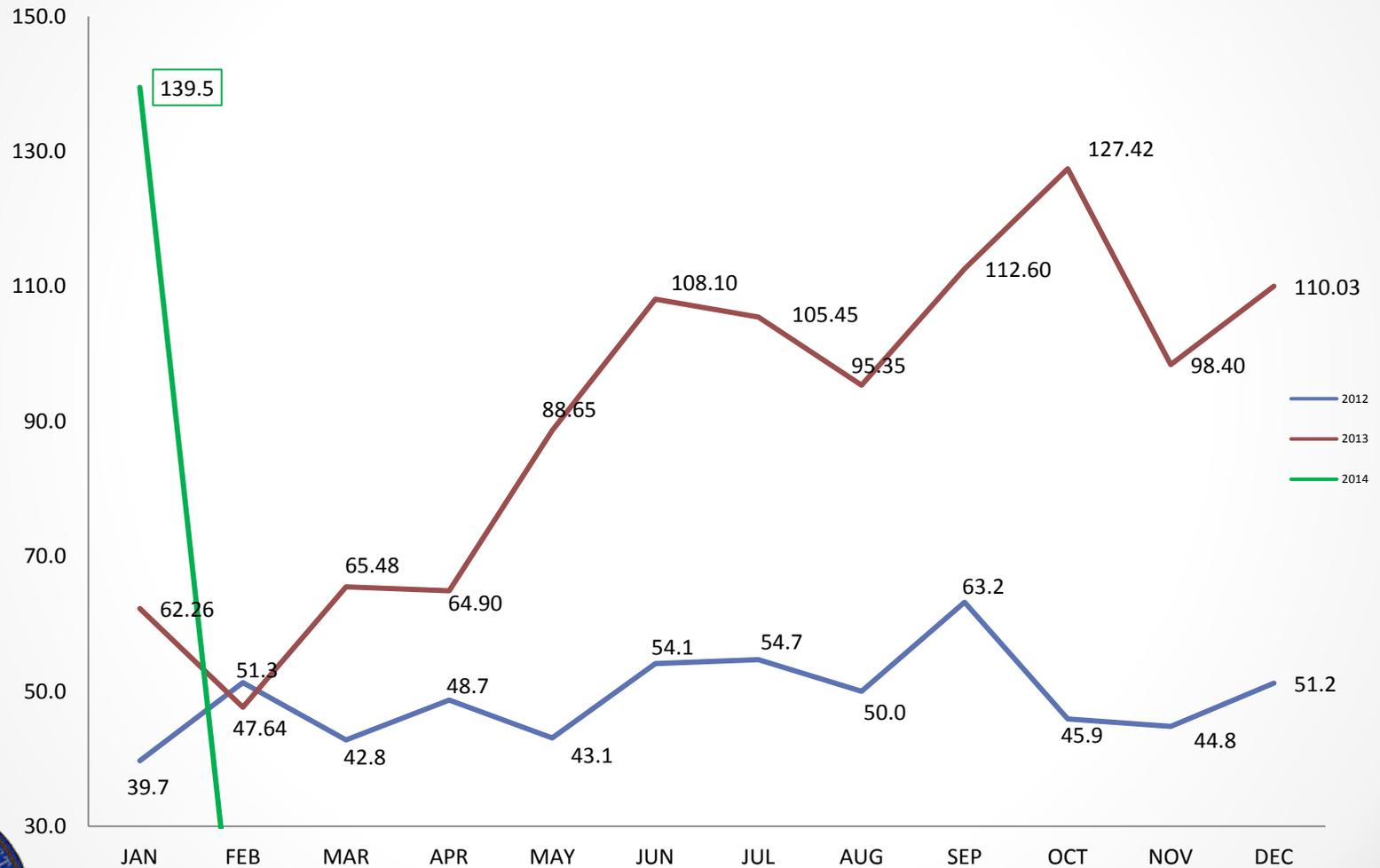
- **NRS 433A.165 Examination required before admission of person to facility; treatment of certain medical conditions required before admission to facility; payment of costs; exceptions; regulations.**
- 1. Before a person alleged to be a person with mental illness may be admitted to a public or private mental health facility pursuant to [NRS 433A.160](#), the person must:
  - (a) First be examined by a licensed physician or physician assistant licensed pursuant to [chapter 630](#) or [633](#) of NRS or an advanced practice registered nurse licensed pursuant to [NRS 632.237](#) at any location where such a physician, physician assistant or advanced practice registered nurse is authorized to conduct such an examination to determine whether the person has a medical problem, other than a psychiatric problem, which requires immediate treatment; and
  - (b) If such treatment is required, be admitted for the appropriate medical care:
    - (1) To a hospital if the person is in need of emergency services or care; or
    - **(2) To another appropriate medical facility if the person is not in need of emergency services or care.**



# New L2K Average



# L2K Waiting Average Comparison (ER) 2012-2014



# Emergency Room

- Modify mobile crisis to include higher level staff to decertify and incorporate telehealth
- 48% of the clients evaluated do not meet criteria for acute inpatient admission-refer to outpatient services
- Contract to provide ER assistance with evaluations
- Direct admits to RN from ER using contracted Psychiatrists
- Expanding beds by 21 in 3A by 12/2013 and 12 in 2015 in Stein Hospital remodel
- Improved treatment services at Rawson Neal to reduce recidivism
- Direct admissions from CCDC
- Opening Behavioral Health Center
- Recruitment of psych -3 j1 Visas employed
- Challenges:
  - Managed Care Organization plan for triage and assessments
  - Need skill set decertify in ER-or policy change
  - Limited willingness by ER docs to decertify – primarily liability
  - Options for inpatient treatment/ options other than RN
  - Discussion with Acute care hospitals re: more acute psych beds/rate issue
  - Plan for integrated care for newly eligible with primary psych diagnosis
  - Plan for treatment in ER to divert admission/currently using “sitters”



# Intercept 1: Community

- Current strategies:
  - Crisis Intervention Officer Training (CIT)
  - Westcare for inebriate population
    - Most effective in North/inad. beds in South
  - Mobile Crisis: (South) Team to evaluate patients in the emergency room and assist with triage and recommendations for diversion
  - Mobile Outreach: (North)
    - Mental health workers riding along with and or providing telephonic consultation to officers in the field
  - Medicaid enrollment/ACA
  - Triage to outpatient services
  - Urgent care: attempted to create an alternative entry point
- Gaps:
  - Standardize statewide Mobile Outreach/Crisis to one system
  - Comprehensive training of all officers to CIT
  - Alternative locations for Crisis intervention than ER or Jail : crisis intervention centers
  - Adequate MH staff to support officers in the field
  - Policy change for ER : Legal 2000 certification/decertification
  - Homelessness
  - Adequate beds for acute substance users/inebriates statewide



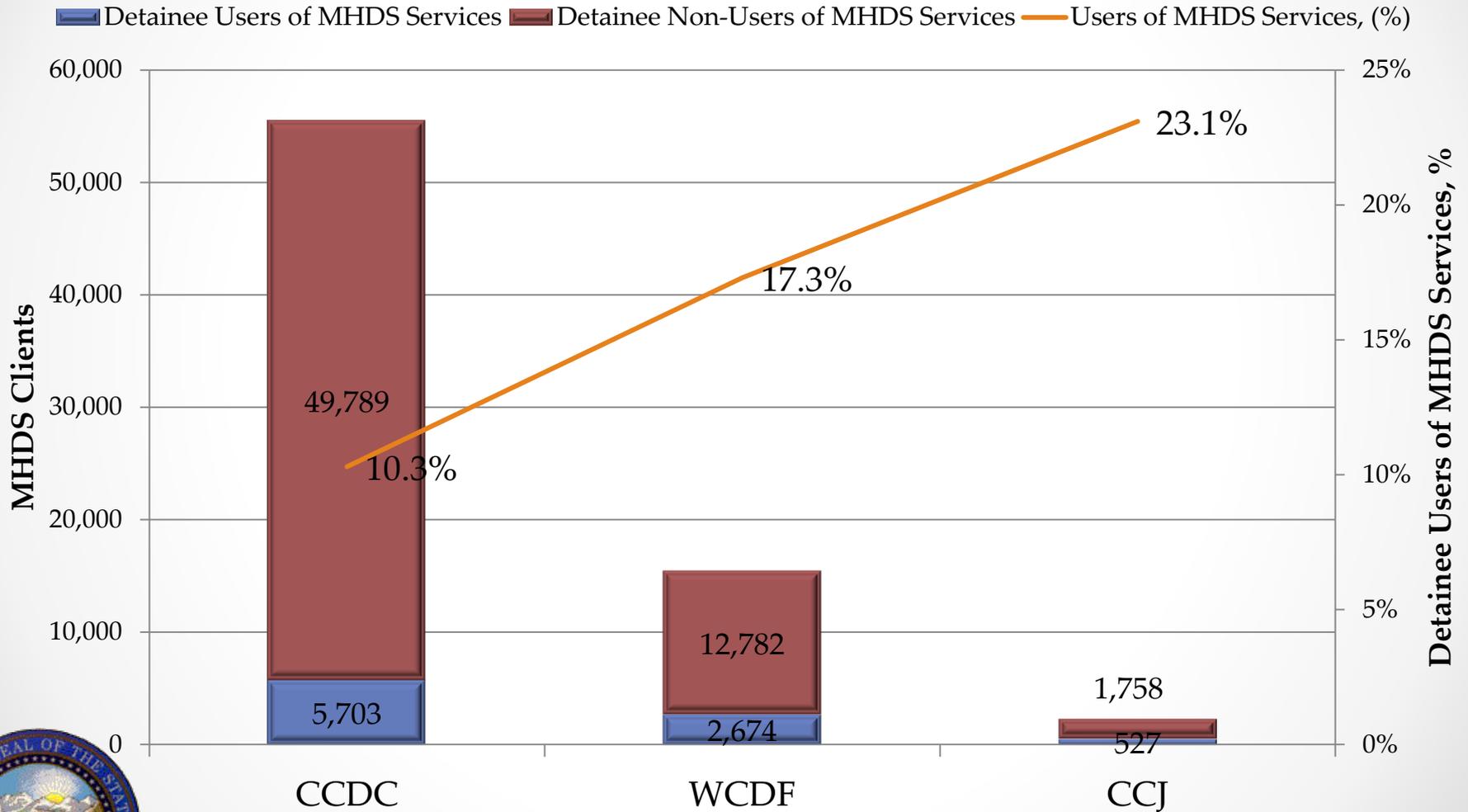
# Intercept 2: Post Arrest

Despite all pre-arrest interventions some individuals with serious mental illness will get arrested.

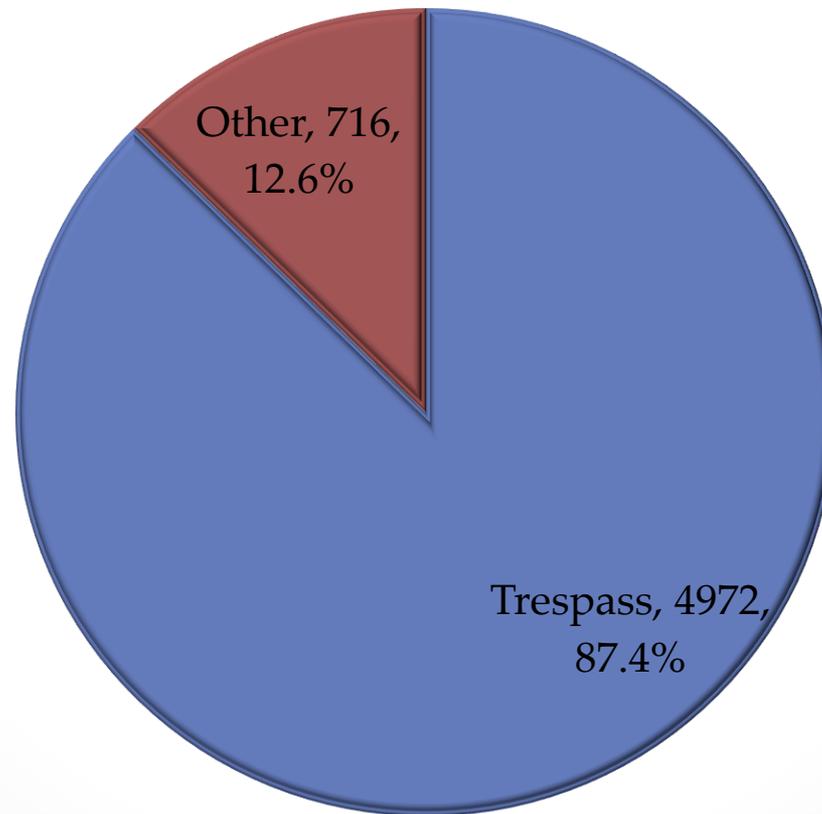
- In Carson City and Washoe County detention centers data shows that state mental health identifies more clients prior to involvement with the criminal justice system than in Clark County where it appears that the detention center identifies more clients first.
- Clients with mental illness in jails are more likely to have misdemeanor charges (specifically trespassing) as their primary charge.



# Figure 2. Prevalence of 2011 Detainees with a History of Mental Illness



**Figure 16. Charges Against Those with Multiple MHDS Admissions and CCDC Detentions in 2011**



# Intercept 2: Post Arrest

- Current strategies:
  - Screening and identification of mentally ill at booking
  - Misdemeanor diversion programs
  - Placement of State Behavioral Health staff at Jail to provide assessment and referral services
- Gaps:
  - Link state electronic health record to jails for early identification/continuity of care
  - Expand misdemeanor diversion statewide and consider gross-misdemeanors
  - Mental Health pre-trial release programs
  - Discharge planning and housing solutions



# Intercept 3: Jails and Prisons

Clark County detention center is the states largest mental health unit

- Three times as many individuals with serious mental illness (SMI) are incarcerated than receiving hospital-based treatment.
- In the last 30 years, the number of inmates with SMI has tripled.
- 10-23% of inmates have a mental illness.



# Intercept 3: Jails and Prisons

- Current strategies:
  - Inmate psychiatric services provided by State and County staff to inmates
  - Specialty courts: (Mental Health Courts/Drug Courts)
  - Southern Nevada Adult Mental Health staff assisting with education and treatment in jails
- Gaps:
  - Additional funding for specialty courts
  - Integrated electronic health records to share patient data and treatment history
  - Additional staff for identification, assessment and discharge planning for mutual patients
  - Funding for specialty courts



# Intercept 4: Re-entry

Continuity of care between corrections, medical care and community mental health systems is critical for the reduction in recidivism and recommitment of crimes.

- Newly eligible 19-64 yr olds with ACA
- Eligibility process
- Lack of integrated care/ mental health and medical health



# Intercept 4: Re-entry

- Current strategies:
  - Jail re-entry program (Forensic Mental Health Team)
    - Intensive service coordination
  - Medicaid enrollment/ACA/disability
  - Assisted Outpatient treatment- Will be initiated Feb 13,2014
  - Conditional release programs for the forensic population
  - Intensive service coordination
  - Housing for Co-occurring clients
  - Home Visitation program
  - Group homes, Intensive supportive living arrangements
    - DOVE House
- Gaps:
  - Housing
  - Statewide Assisted Outpatient Treatment
  - Integrated care management (medical and behavioral health)
  - Patient Centered Medical Home
  - Workforce : Case managers, Psychiatrists, Mental Health techs, LCSW



# Intercept 5:

## Community Intervention

- Intervention opportunity:
  - Community integration for clients identified by the criminal justice system as having mental illness.
- Current strategies:
  - Supportive Housing
  - Drop in center
  - Intensive case management
  - Home visitation
  - Addition of beds -3A,Stein
- Gaps:
  - Adequate Housing
  - Club Houses
  - Medical Homes
  - Intensive case management



Carson City Health and Human Services:  
Community Counseling Center



# Ongoing Issues

## WORKFORCE:

Psychiatry, Social Workers, Mental Health Technicians, Nurses  
Psychologists

## MEDICAID:

1915i  
School-based health centers  
Hospital reimbursement rates for inpatient psych services  
Patient centered medical homes  
IMD

## HOUSING:

Transitional housing  
ISLA  
Group Homes  
Funding

## ALTERNATIVE SERVICE MODELS:

Partial hospitalization  
Sobering Units  
Co-Occurring treatment  
Crisis stabilization centers  
Psychiatric Rehabilitation Treatment Centers (PRTF)

## OTHER ISSUES:

Emergency room Legal 2000 process/certification and decertification  
Billable beds (med/psych units),  
Enrollment ACA  
INPATIENT GAPS:  
Dementia, Sex Offenders, Youth/Adol services, Co-Occurring Substance abuse



