

**Joelle Gutman, Assemblyman Steve Yeager**

[jgutman@thefamilysupportcenter.org](mailto:jgutman@thefamilysupportcenter.org) , [steve.yeager@asm.nv.us](mailto:steve.yeager@asm.nv.us)

**(775) 636- 4079**

**Bill Draft Request Concept:**

The Board would like to pilot a program to address the behavioral health crisis response needs within the region. This pilot program will include the following components:

Currently the rural region is struggling to provide appropriate behavioral health care to individuals in crisis. The system of care is multifaceted, and cannot be solved with one bill draft request, however, the board feels that a pilot program addressing the most urgent needs is necessary place to start. The pilot program addresses three urgent needs: the need for providers, the need for appropriate, safe, dignified, and timely transportation to behavioral health facilities outside of the region, and the need for a mental health professional and case managers to be able to support first responders' encounters with individuals in crisis, providing therapeutic care and on-going support, allowing individuals to stabilize and remain in their communities and keep them out on-going crises.

1. **Medicaid-** Suggested changes to Medicaid to maximize reimbursement rates to attract providers to the region. Through provider type codes including Psychiatrists, Psychologists, Advanced Practice Registered Nurses, Licensed Clinical Social Workers, Marriage and Family Therapists, Licensed Professional Counselors and Certified Alcohol and Drug Counselors we would like to provide an accelerated rate of reimbursement as well as gas mileage reimbursement for services rendered. This will require a Medicaid State Plan Amendment. With an increased rate for services, we hope to attract providers to work in the area. Currently, in all seven counties, there is not a single practicing Psychiatrist or Psychologist.
2. **Transportation-** Emergency and non-emergency transportation is a vital need in the region (and in every rural county in Nevada). Currently the burden of transportation to a psychiatric hospital (up to 320 miles away) for an individual in a mental health crisis falls to county sheriffs' offices. When a deputy is tasked with the transportation of an individual in crisis, it can leave an entire county without a law enforcement officer; creating a public safety concern. Law enforcement transport is stigmatizing, further enforcing the notion that someone in a mental health crisis is dangerous. In no other medical emergency would law enforcement be responsible for an emergency. The pilot program will create a means to reimburse a system of transport that is safe, dignified and within a reasonable response time that allows for a therapeutic approach for an individual to get the care they need.

Mandate that DHHS/DPBH implement a Legal Hold Transportation system on or before the start of the next legislative session in 2021. DPBH shall offer regular updates on their progress to the Interim Legislative Committee on Health Care.

3. **Crisis Response-** The pilot program will provide services to introduce a crisis response approach consistent with the nationally supported Sequential Intercept Model. An effective approach involves (1) first responders that have received specialized training, so they can identify signs and symptoms of mental illness, de-escalate an individual in crisis and help to determine if there is appropriate resource or agency that the individual can receive help from. (2) a Co-responder, a mental health professional that works in partnership with law enforcement and can respond to a scene of a person in a mental health crisis, offering a skilled therapeutic approach. (3) Follow-up case managers that first responders can refer super-utilizers to. Case managers can offer follow-up support to individuals *after* the crisis to address on-going needs in order to keep an individual out of crisis and stable. The program will ensure that individuals will receive the care and follow-up care they need while remaining in their own communities. A robust crisis response will alleviate inappropriate placement in institutions such as emergency rooms, psychiatric hospitals and county jails. The pilot program will require the following state infrastructure investment:

- \$150,000 devoted to training first responders in the Crisis Intervention Team (CIT) model. CIT is a nationally recognized model that offered to law enforcement officers nationwide. Currently Washoe and Clark Counties offer CIT training to all their officers. The Rural Region has launched a CIT training program in Elko and has another planned in Winnemucca (December 2018), however without offering training dollars to our small rural agencies it is very difficult for them to send an officer to a 40-hour training. The burden of overtime and back-fill staffing eliminates agencies from sending officers. Without financial assistance, it is unrealistic that the region will have a sufficient percentage of officers trained. We have a goal of having a CIT-trained officers that is accessible in every county 24-hours a day.
- \$150,000 to support a regional licensed mental health professional to serve as the training coordinator for CIT training. The mental health provider will also partner with law enforcement and serve as the mental health provider devoted to the region. This individual would split time throughout the area and be accessible via telehealth technology.
- \$200,000 to provide four case managers spread throughout the region that would respond to referrals made to them by law enforcement, first responders and emergency rooms.
- \$75,000 for travel costs and supplies, which will be required to serve 60% of the state adequately.