



**COMBINED AGENCY APPROACH TO MENTAL HEALTH AUTHORITY RESPONSE MODEL
(LAS VEGAS FIRE AND RESCUE PROPOSAL)
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BACKGROUND

The current pre-hospital response and Emergency Department (ED) treatment model for behavioral health and substance abuse is ineffective, as it perpetuates a continuing negative impact to both the system and the patients that it serves. Specifically, the current model causes exorbitant ED and responder resource costs, systemic workload burden on available responders and treatment providers, and poor continuum of care for patients who are released from EDs without receiving appropriate treatment for their mental illness.

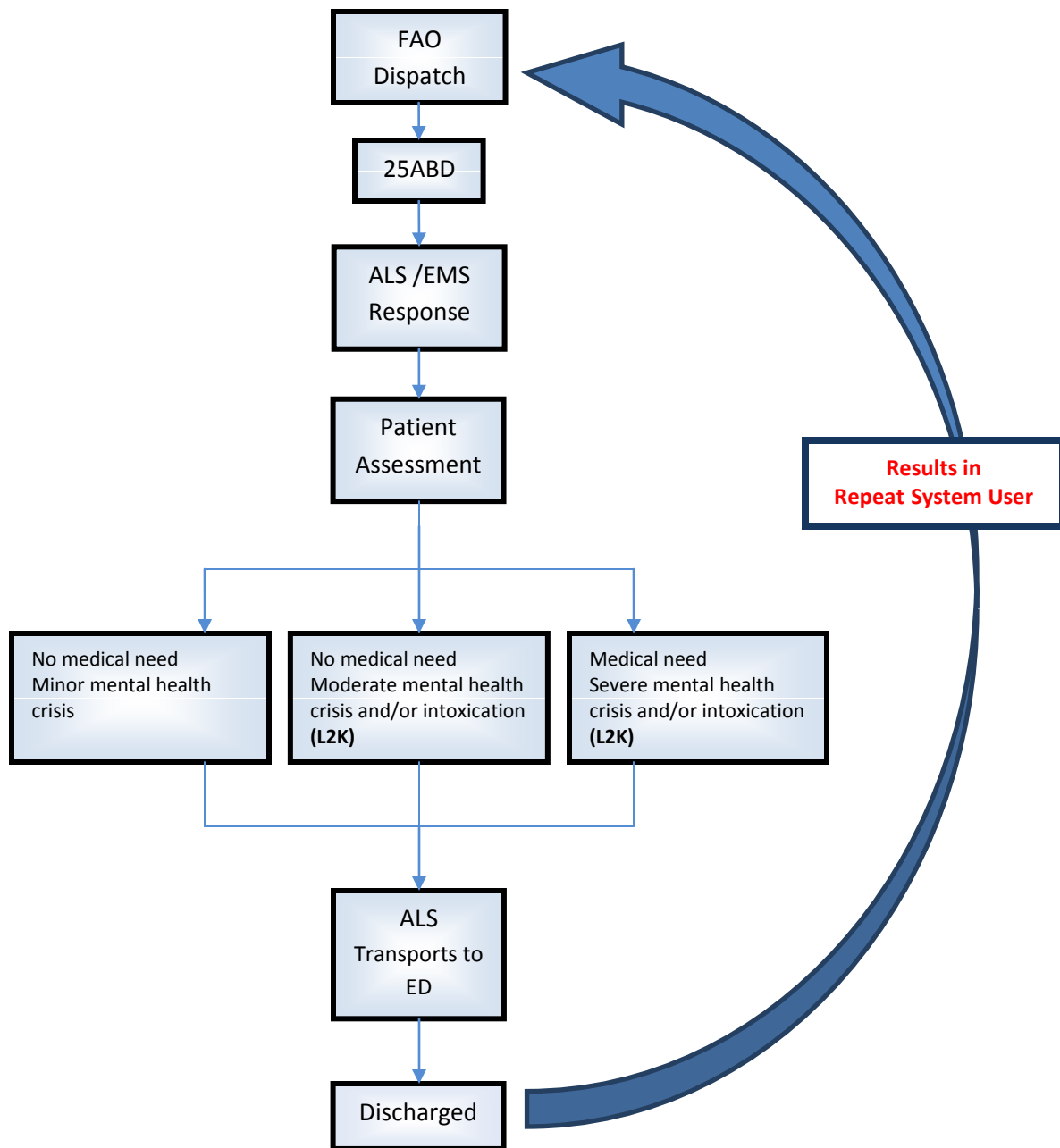
The intent of this document is to offer a recommendation that maximizes available and proposed funding by capitalizing on an improved use of existing community resources represented by a combined Las Vegas Fire and Rescue (LVFR) and Police Department (PD) team that is integrated with strategically placed crisis stabilization and triage facility destinations.



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Current Response Model



Flow Chart Legend

FAO – Fire Alarm Office

25 – Dispatch Code for Psychiatric/Abnormal Behavior/Suicide Attempt

A – Alpha Level Response

B – Bravo Level Response

D – Delta Level Response

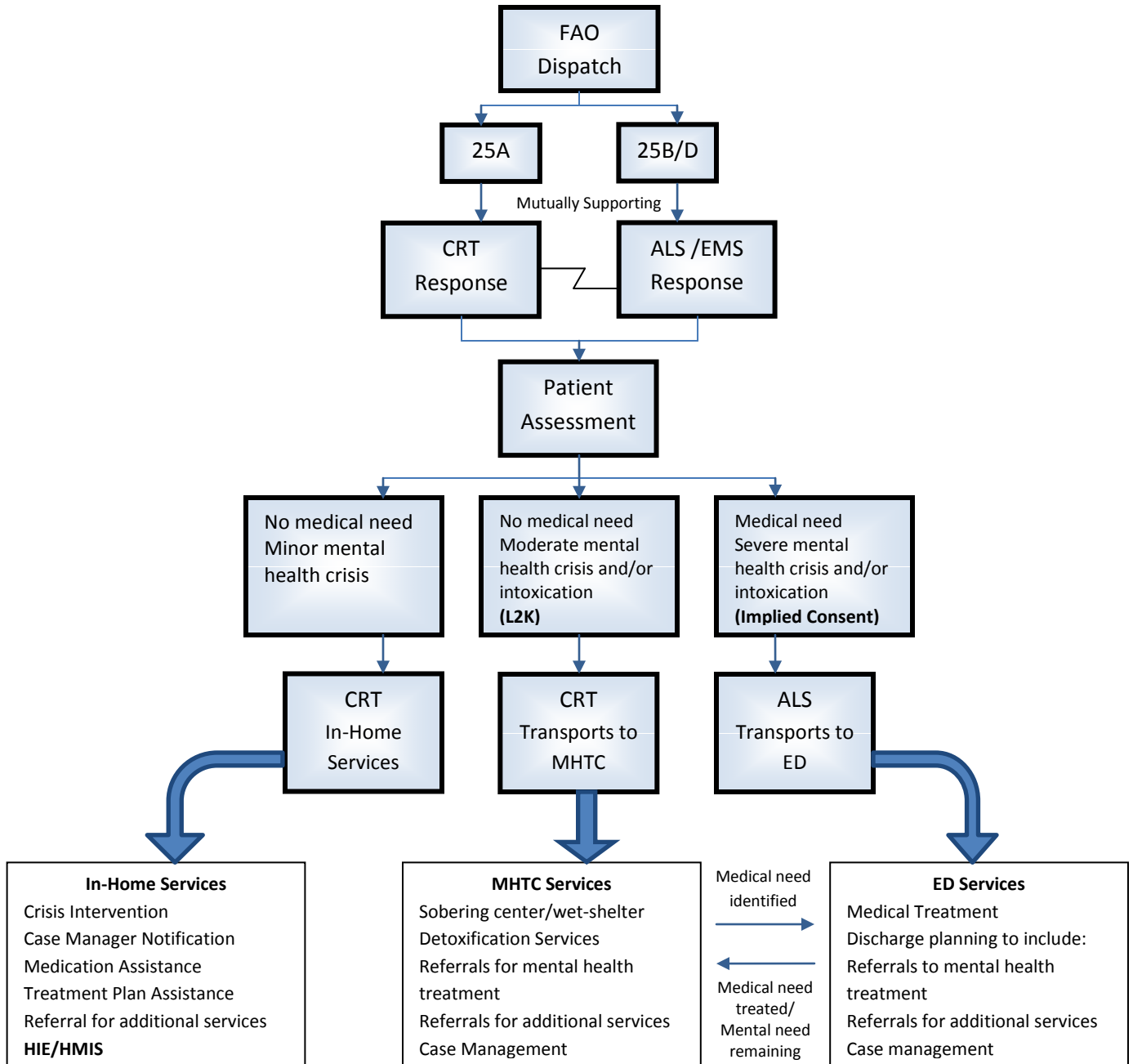
ALS – Advanced Life Support

EMS – Emergency Medical Services

L2K – Emergency Admission of an Allegedly Mentally Ill Person to a Mental Health Facility Form

ED – Emergency Department

Outreach [Crisis Response] Team - Proposal



Flow Chart Legend

FAO – Fire Alarm Office
25 – Dispatch Code for Psychiatric/Abnormal Behavior/Suicide Attempt
A – Alpha Level Response
B – Bravo Level Response
D – Delta Level Response
CRT – Crisis Response Team
ALS – Advanced Life Support
EMS – Emergency Medical Services
L2K - Emergency Admission of an Allegedly Mentally Ill Person to a Mental Health Facility Form
MHTC – Mental Health Triage Center
ED – Emergency Department
HIE – Health Information Exchange
HMIS – Homeless Management Information System



VEHICLE AND STAFFING MODEL PROPOSAL

Pending City of Las Vegas Council approval, the proposed Crisis Response Team (CRT) construct would be a three person LVFR/PD (2 LVFR/1 PD) unit operating a government van (purchase and operating and maintenance cost to be determined) with multiple passenger capacity. Key to the CRT's effectiveness is maintaining an appropriate and expeditious approach to managing the patient's assessment and treatment at the point of contact and/or transporting and transferring the patient to a Mental Health Triage Center (MHTC) and, ultimately returning to ready status for the next dispatch in a timely manner.

The van would be equipped with basic medical equipment for low level stabilization at point of patient contact. Any trauma or medical emergency determined by the CRT to need higher level medical care would initiate an Advanced Life Support (ALS) rescue response. Any safety threat determined by the CRT to be more than they can organically handle would initiate a dedicated PD dispatch for support.

Staffing Model Recommendation is as follows:

FD (AEMT) + FD (AEMT) + PD Crisis Intervention Training (CIT): 2 FD + 1 PD

PROS:

1. Can treat Alpha Level medical calls organically
2. Can effectively triage and upgrade call due to higher level medical need or threat to crew
3. Can provide effective stabilization while waiting for ALS unit
4. Has organic capability to physically handle combative or refusing patients
5. Has organic advanced level security capability for potentially dangerous patients
6. Assumed CIT training/certification can be enhanced to handle site level reconciliation of low acuity crises



MENTAL HEALTH TRIAGE CENTER (MHTC) MODEL PROPOSAL

The proposed site for the pilot MHTC's would be in locations where the highest volume of psychiatric and inebriate calls occurs (refer to figure 1). To maximize the use of the State Budget augmentation, abandoned structures some of which may be owned by the city and county governments could be considered for this purpose pending City of Las Vegas, City Council approval. It is anticipated that minimal structural improvement will be needed to meet the requirement for an MHTC, especially with the purchase cost removed and site improvement potentially subsidized by local hospitals.

It is recommended that these facilities be staffed at the least required amount to achieve expeditious, but appropriate, crisis stabilization and triaging of patients to an appropriate treatment facility. An example would be one to two Qualified Mental Health Providers (QMHPs), one Physician Assistant (PA) or Nurse Practitioner (NP), two nurses, and enough security to provide observation and security of patients. Either time or patient bed level would trigger the triage center to treatment facility transport mechanism.

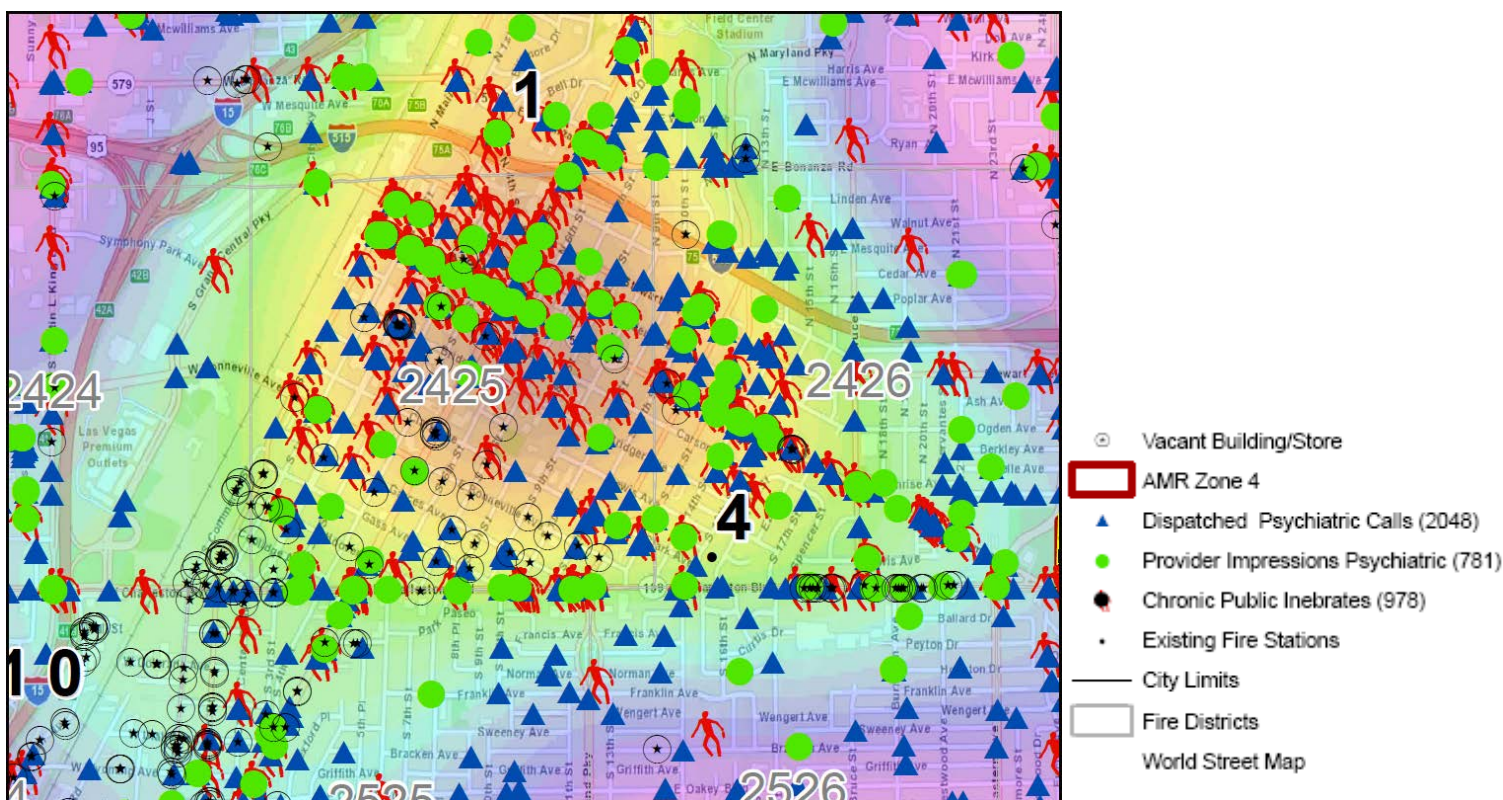


Figure 1: Close up of extracted overlay depicting vacant structures relative to psych and inebriate calls

CHRONIC PUBLIC INEBRIATE

1. A person who is suspected to be under the influence of alcohol and has no other emergent medical need may be transported to an approved alcohol and drug abuse facility rather than a hospital's emergency department **IF** the patient meets **ALL** of the following criteria:
 - a. Patient is able to stand with minimal assistance of one or two people
 - b. Vitals as follows:
 - 1) Blood Pressure: Systolic: 90 – 180
Diastolic: 60 – 100
 - 2) Pulse rate of 60 – 120
 - 3) Respiratory rate of 16 – 28
 - 4) Glucose between 50 – 250
 - 5) Glasgow Coma Score ≥ 14
 - c. No acute medical complications
 - d. No signs of trauma
 - e. No suspected head injury
 - f. Approval of the physician or medical staff upon assessment of the patient after he/she arrives at the alternative facility.



All of the above parameters must be met and the patient must be clinically stable other than signs and symptoms of withdrawal from alcohol and/or substance abuse.

2. If there is **ANY** doubt whether the person is in need of emergency medical care, they should be transported to the **CLOSEST** hospital's emergency department.

REVISED AND ENDORSED BY EMS MEDICAL ADVISORY BOARD 8/05/09
71 SOUTHERN NEVADA HEALTH DISTRICT

Comments

- Current Pre-hospital Emergency Medical Services transport destination criteria protocols support the proposed response model.
 - o **Proposal:** To expand the alternative destination protocol to also include patients suffering from a minor/moderate mental health crisis.
 - o **Proposal:** The "approved alcohol and drug abuse [facilities]" must also function as Mental Health Triage Centers, operating as crisis stabilization and triage facilities.

- WestCare** at 430 N 9th St is the *only* "approved alcohol and drug abuse facility".
 - o **Proposal:** To increase the number of "approved alcohol and drug abuse facilities" for pre-hospital transport, to include a pediatric destination.

Dispatch Cards

25 – ABD Psychiatric/Abnormal Behavior/Suicide Attempt

25 PSYCHIATRIC / ABNORMAL BEHAVIOR / SUICIDE ATTEMPT		POST-DISPATCH INSTRUCTIONS		
KEY QUESTIONS 1. (Suspected and ≥ 8) Is s/he violent ? 2. Does s/he have a weapon ? 3. Where is s/he now ? 4. Is this a suicide attempt ? Jumper (threatening) Laceration Near Hanging, Strangulation, or Suffocation (alert) THREATENING SUICIDE Carbon monoxide/Inhalation/HAZMAT— 8 Overdose ————— 23 Stab or Gunshot wound ————— 27 a. (No) Is s/he thinking about committing suicide ? b. (Laceration) Where is s/he cut? c. (Laceration) Is there any SERIOUS bleeding? 5. Is s/he completely alert (responding appropriately)?		a. I'm sending the paramedics (ambulance) to help you now. Stay on the line and I'll tell you exactly what to do next. b. If it's safe to do so, observe her/him continuously (beware of being attacked). c. If it's safe to do so, protect her/him from her/himself. * (1 st party) Keep a violent or suicidal patient on the line. * In volatile/criminal situations, refer to applicable law enforcement protocol. * For jumpers, notify fire or technical rescue team. DLS * Link to X-1 unless: Danger or Crime Scene ————— X-9 Violent/Combative ————— X-8 INEFFECTIVE BREATHING and Not alert ————— ABC-1 Control Bleeding ————— X-5		
LEVELS	# DETERMINANT DESCRIPTORS	CODES	RESPONSES	MODES
D	1 Not alert	25-D-1		
	2 DANGEROUS hemorrhage	25-D-2		
B	1 SERIOUS hemorrhage	25-B-1		
	2 Non-SERIOUS or MINOR hemorrhage	25-B-2		
	3 THREATENING SUICIDE	25-B-3		
	4 Jumper (threatening)	25-B-4		
	5 Near hanging, strangulation, or suffocation (alert)	25-B-5		
	6 Unknown status/Other codes not applicable	25-B-6		
A	1 Non-suicidal and alert	25-A-1		
	2 Suicidal (not threatening) and alert	25-A-2		

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25 PSYCHIATRIC / ABNORMAL BEHAVIOR / SUICIDE ATTEMPT	
<p>Protected by U.S. Patents 5,857,966; 5,989,187; 6,004,266; 6,010,451; 6,053,864; 6,076,065; 6,078,894; 6,106,459; 6,607,481</p> <p>DANGEROUS Hemorrhage</p> <ul style="list-style-type: none"> Armpit Groin Neck <p>SERIOUS Hemorrhage</p> <p>Uncontrolled bleeding (spurting or pouring) from any area, or any time a caller reports "serious" bleeding.</p> <p>MINOR Hemorrhage</p> <p>Controlled or insignificant external bleeding from any area.</p> <p>THREATENING SUICIDE</p> <p>Persons who are threatening to commit suicide but have not yet done anything to harm themselves. If a person has already harmed her/himself but is refusing help or entry, the suffix code for Violent (V) should be added to the Determinant Code and police should be notified.</p> <p>Problem Suffixes</p> <p>The suffix codes are added whenever the patient appears to be violent or have weapons, and aid in automatically notifying police to respond and secure the scene:</p> <p>V = Violent W = Weapons B = Both Violent and Weapons</p>	<p>Rules</p> <ol style="list-style-type: none"> If the actual type of suicide attempt is determined to be overdose, carbon monoxide, stab, or gunshot wound, go to and dispatch from that more specific protocol. 1st party callers who are THREATENING SUICIDE should be kept on the line until responders arrive. Consider call tracing if there are problems with location, identification, or information cooperation. Carefully and tactfully determine the patient's exact location. Constricting or suffocating materials, such as rope, wire, or plastic bags, should be removed prior to the provision of PDIs. Care should be exercised to preserve potential crime scene evidence (i.e., the noose should be cut or loosened rather than untied). <p>Axioms</p> <ol style="list-style-type: none"> Behavioral emergency patients (at any level of consciousness) are considered to be a potential risk to themselves and others. Certain serious medical problems can be confused as "just a psych problem." It would be a serious EMD error to not respond at all. These problems include <p>insulin shock, severe blood loss, lack of oxygen, delirium tremens (the DTs), overdose, liver or kidney failure, etc.</p> <ol style="list-style-type: none"> Certain stages of insulin shock can easily be confused with alcohol intoxication or psychiatric problems. Delirium tremens (the DTs) is a severe metabolic derangement that has a surprisingly high in-hospital mortality rate and should not be underestimated. It is reasonable to utilize a police-only response when a person is THREATENING SUICIDE (no injuries have occurred). This choice must be approved by local policy between the law enforcement and EMS-provider agencies. <p>Causes of Abnormal Behavior</p> <ul style="list-style-type: none"> Alcohol intoxication Drug abuse Emotional and hysterical reactions Hypovolemic shock (low blood volume) Medical problems and serious illnesses Psychiatric problems Suicide attempts and threats Withdrawals

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