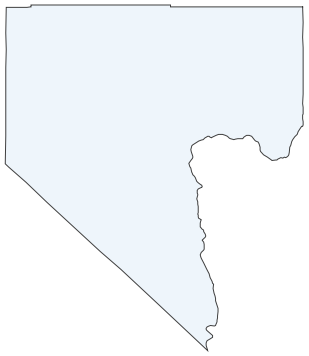
Regional Meeting Consultation Summary: Clark Region



Background & Purpose

On July 28, 2020, Nevada held a virtual Statewide Summit for Crisis Care. The Summit followed a six-part webinar series orienting stakeholders across Nevada to the components of a Crisis Care Response System (CCRS) as outlined in the Substance Abuse and Mental Health Services Administration (SAMHSA) "National Guidelines for Behavioral Health Crisis Care- Best Practice Toolkit" (referred to as, "The National Guidelines").[1] At the Summit, Nevada's Crisis Care Response System: Assets and Gaps Statewide Report was presented.[2] This Report details the assets and gaps related to the Crisis Care Response System identified by Regional Behavioral Health Coordinators (RBHCs) using a standard tool.[3]

Following this overview, Summit participants were invited to participate in regional discussions to further understanding of the assets and gaps specific to their region and begin thinking about what is needed most in their region. The information presented in this summary is intended to inform discussions and decision-making at the regional level.

Regional Consultation Overview

The Clark Region's Consultation was held on **July 28, 2020, from 9:35 to 10:30 AM**. It included approximately 20 participants from the Clark Region and 7 participants representing agencies throughout the state.

Participant Name	Participant Agency
Christie Ackmann	Aging & Disability Services Division, Adult Protective Services
Nancy Adams	United Citizens Foundation
Pam Beal	Spring Mountain Treatment Center
Luciana Blosz	Dignity Health
Jeremy Chaffin	Dignity Health
Jasmine Cook	Clark Regional Behavioral Health Policy Board
Rebecca Cruz-Nañez	Southern Nevada Health District

[1] The National Guidelines for Behavioral Health Crisis Care- Best Practice Toolkit, along with recordings and materials from the six-part webinar series, are available at: https://socialent.com/2020/06/nevada-crisis-response-system-virtual-summit/

[2] Nevada's Crisis Response System: Assets and Gaps Statewide Report is available at: https://socialent.com/2020/06/nevada-crisis-response-system-virtual-summit/

[3] The Crisis Now Scoring Tool developed by RI International can be found at: https://crisisnow.com/wp-content/uploads/2020/02/Crisis-Now-Assessment-Tool.pdf.

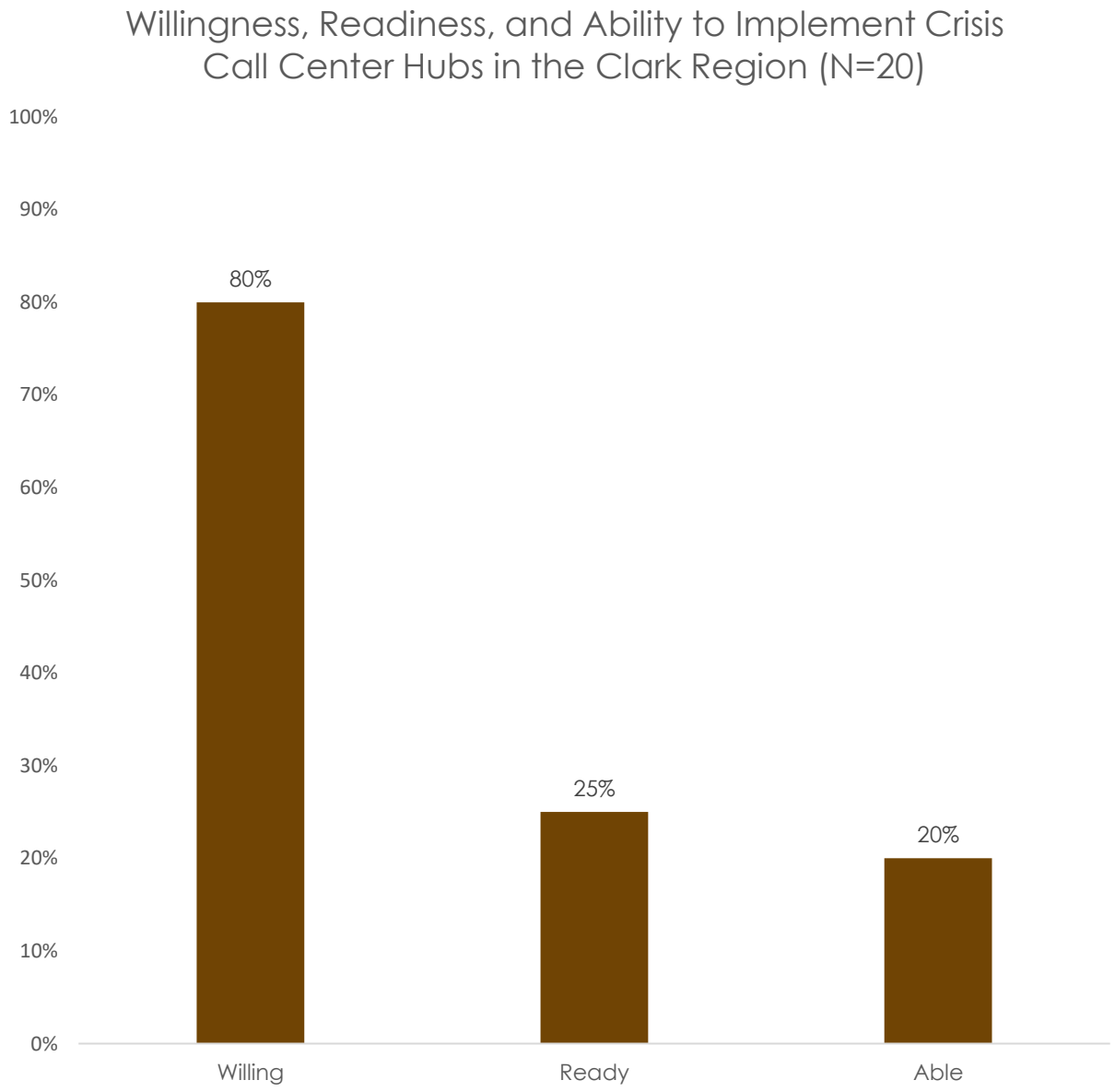
Participant Name	Participant Agency
Trinh Dang	NAMI Southern Nevada
Richard Egan	Nevada Office of Suicide Prevention
Teresa Etcheberry	Clark County Social Service
Angela Henderson	City of Las Vegas
Sara Hunt	UNLV School of Medicine
Lauren Lee	Nonprofit Agency
Sheila Leslie	Former State Legislator
Rachel Mack	Dignity Health
Elyse Monroy	UNR School of Community Health Science- Public Health Training Center
Serene Pack	Division of Health Care Financing and Policy
Rachelle Pellissier	Crisis Support Services of Nevada
Michael Polintan	Southern Nevada Health District
David Robeck	Bridge Counseling
Janie Root	Spring Mountain Treatment Center
Melanie Scheible	Nevada Legislature
Vera Sverdlovsky	Clark County Social Services
Christina Thomas	Southern Nevada Veteran Mental Health Advocacy Council
Tara Ulmer	County Government
Wendy Whitsett	Health Plan of Nevada
Hal Wyrick	Southern Nevada CHIPs

Following the presentation of the minimum standards for each component and the criteria met within each for the region, polling was used to identify where the region stands in terms of its willingness, readiness, and ability to implement criteria within each component. A subsequent poll asked participants to select the top two gaps within their region for each component and for the essential principles and practices of the Crisis Care Response System. The charts and narrative below summarize these discussions for future consideration.

Crisis Call Center Hub

Participants were asked to identify if the Clark Region and its stakeholders were willing, ready, and able to implement a Crisis Call Center Hub. The responses from 20 of the region's participants summarized in the graph below show that 80% felt the region is willing, 25% felt the region is ready, and 20% felt that the region is able to implement a

Crisis Call Center Hub at this point in time. It is important to note that participants were able to respond to all three questions in their response.

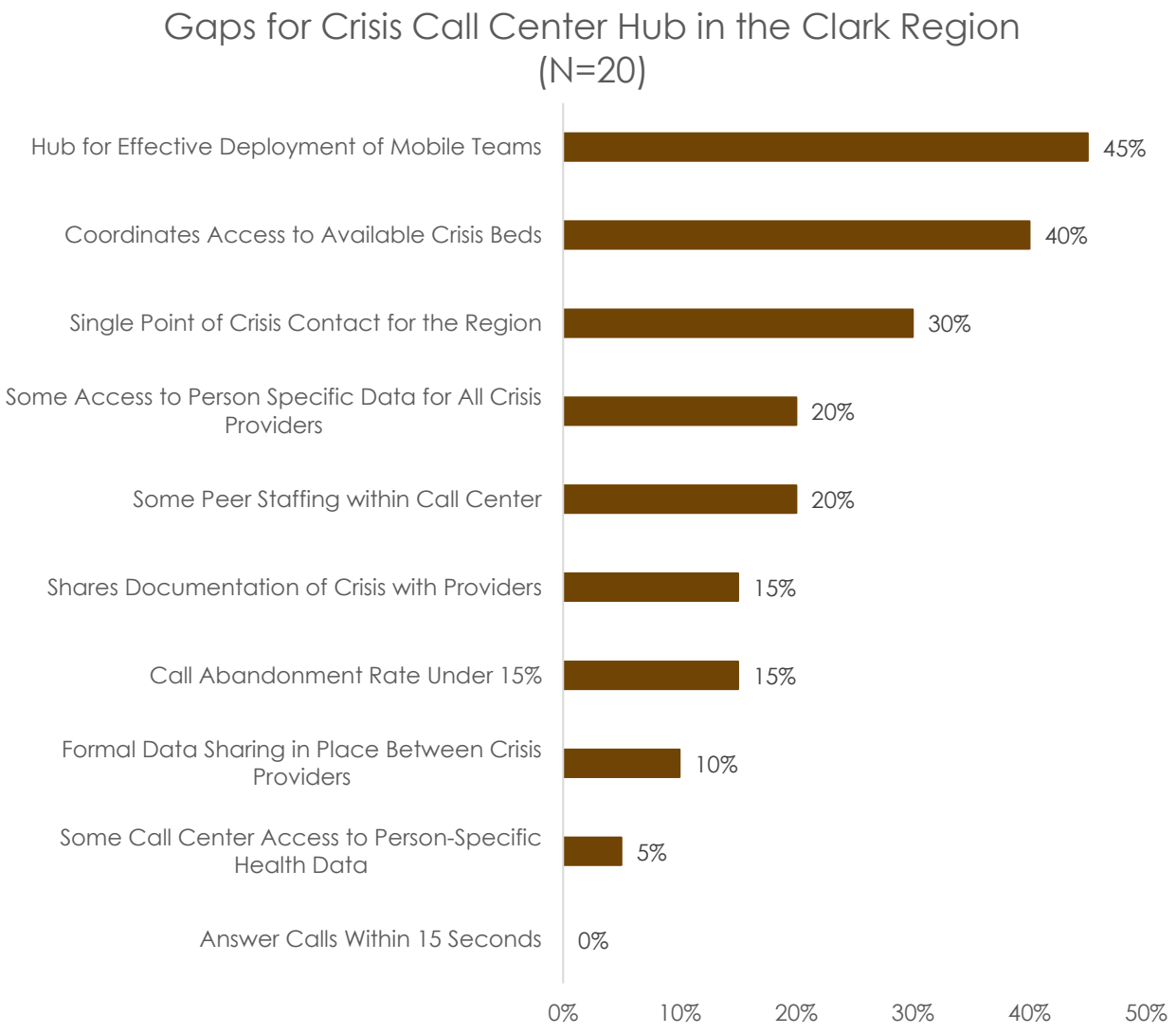


Following the question related to willingness, readiness, and ability to implement a Crisis Call Center Hub in the Clark Region, participants were asked to identify the top two gaps in their region regarding Crisis Call Center Hubs. The answer options were established from the criteria from the region's Crisis Now Scoring Tool that the region indicated they are not currently implementing or do not currently have in place. The graph below summarizes the results of this poll. The top three gaps identified by participants were:

1) Hub for Effective Deployment of Mobile Teams (45%)

2) Coordinates Access to Available Crisis Beds (40%)

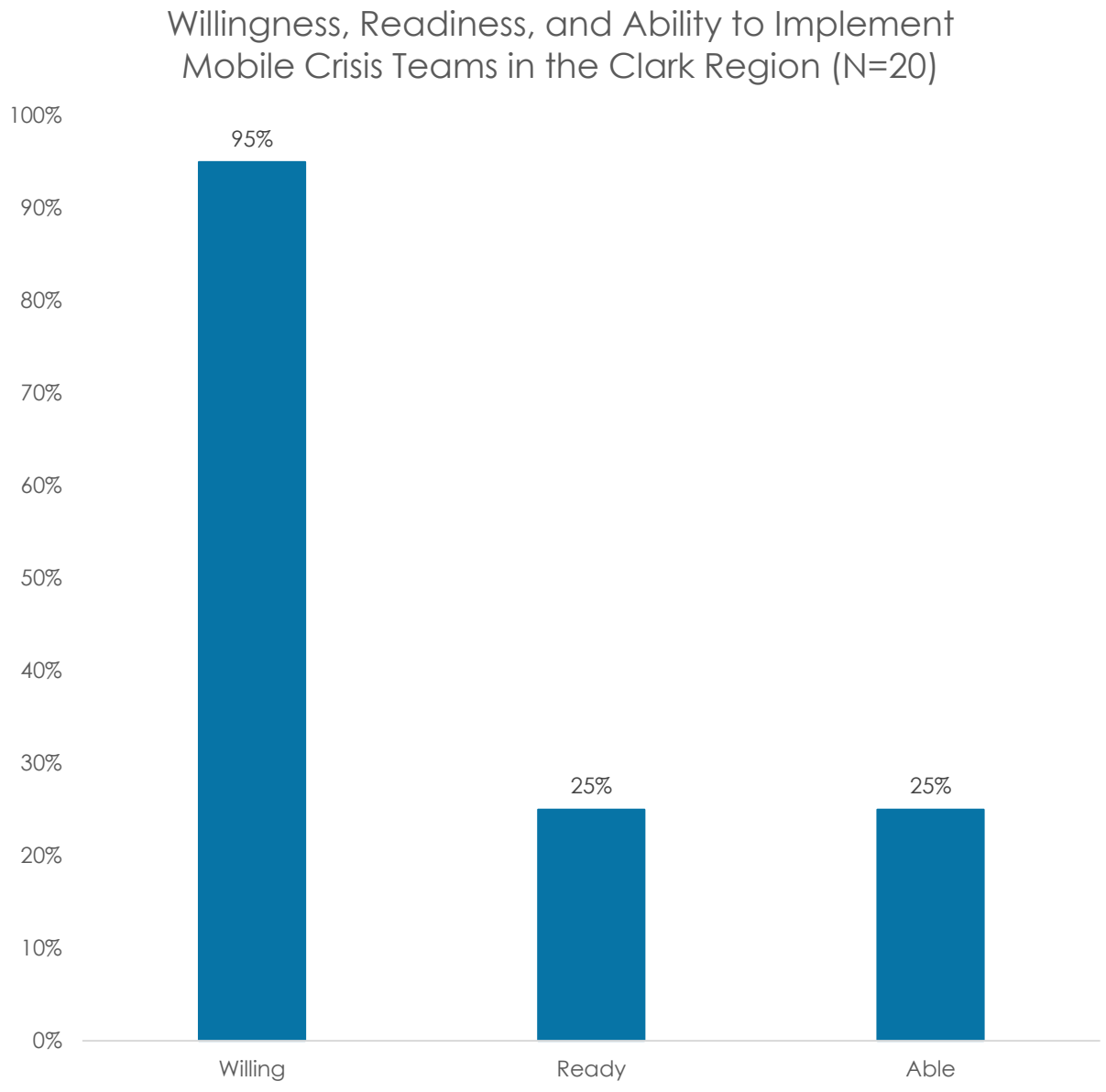
3) Single Point of Crisis Contact for the Region (30%)



Mobile Crisis Teams

Participants were asked to identify if the Clark Region and its stakeholders were willing, ready, and able to implement Mobile Crisis Teams. The responses from 20 of the region's

participants summarized in the graph below show that 95% felt the region is willing, 25% felt the region is ready, and 25% felt that the region is able to implement Mobile Crisis Teams at this point in time. It is important to note that participants were able to respond to all three questions in their response.



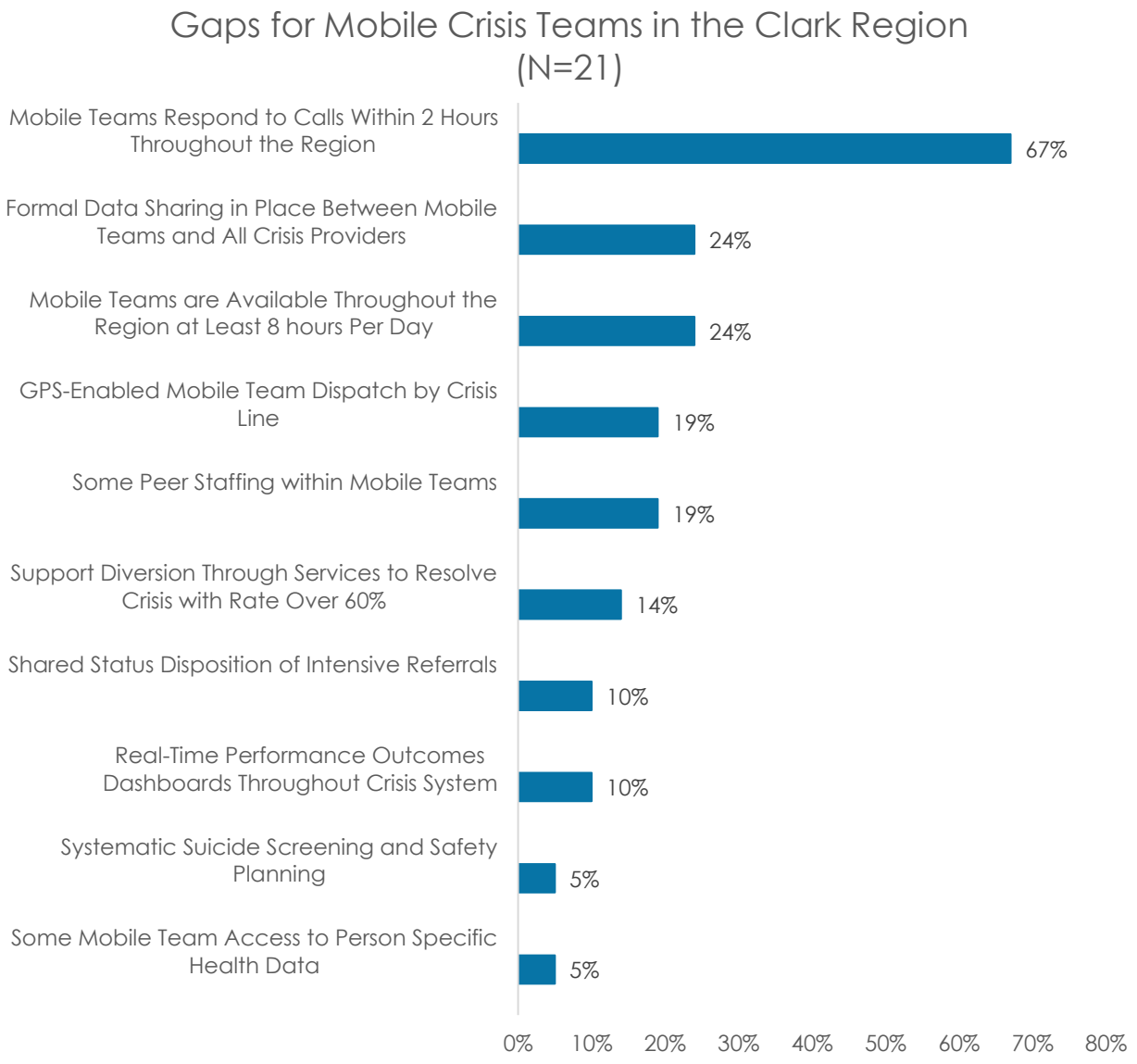
Following the question related to willingness, readiness, and ability to implement Mobile Crisis Teams in the Clark Region, participants were asked to identify the top two gaps in their region regarding Mobile Crisis Teams. The answer options were established from the criteria from the region's Crisis Now Scoring Tool that the region indicated they are

not currently implementing or do not currently have in place. The graph below summarizes the results of this poll. The top two gaps identified by participants were:

1. Mobile Teams Respond to Calls Within 2 Hours Throughout the Region (67%)

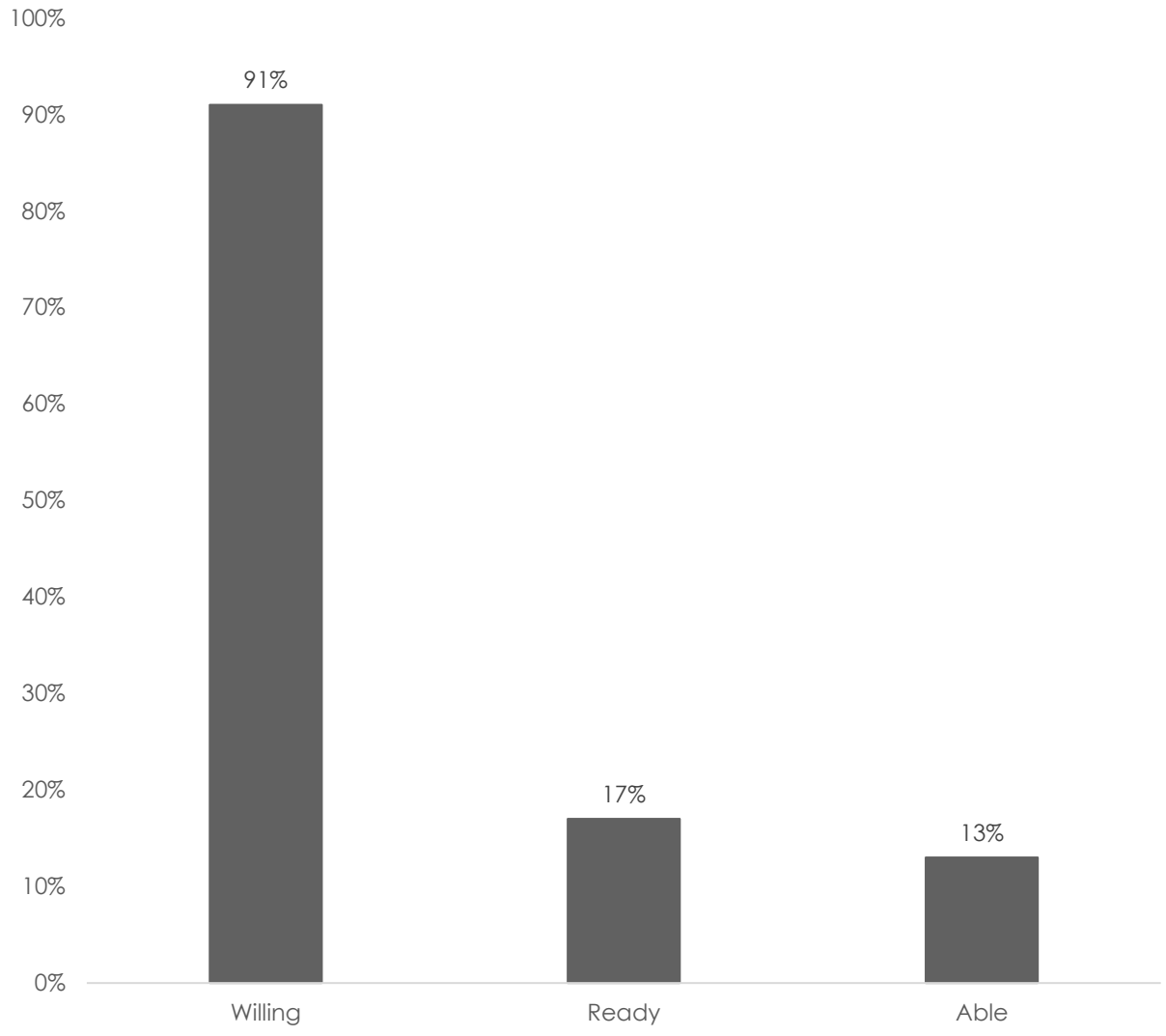
2. Formal Data Sharing in Place Between Mobile Teams and All Crisis Providers (24%-tie)

2. Mobile Teams are Available Throughout the Region at Least 8 hours Per Day (24%-tie)



Crisis Stabilization Facilities

Participants were asked to identify if the Clark Region and its stakeholders were willing, ready, and able to implement Crisis Stabilization Facilities. The responses from 23 of the region's participants summarized in the graph below show that 91% felt the region is willing, 17% felt the region is ready, and 13% felt that the region is able to implement Crisis Stabilization Facilities at this point in time. It is important to note that participants were able to respond to all three questions in their response.

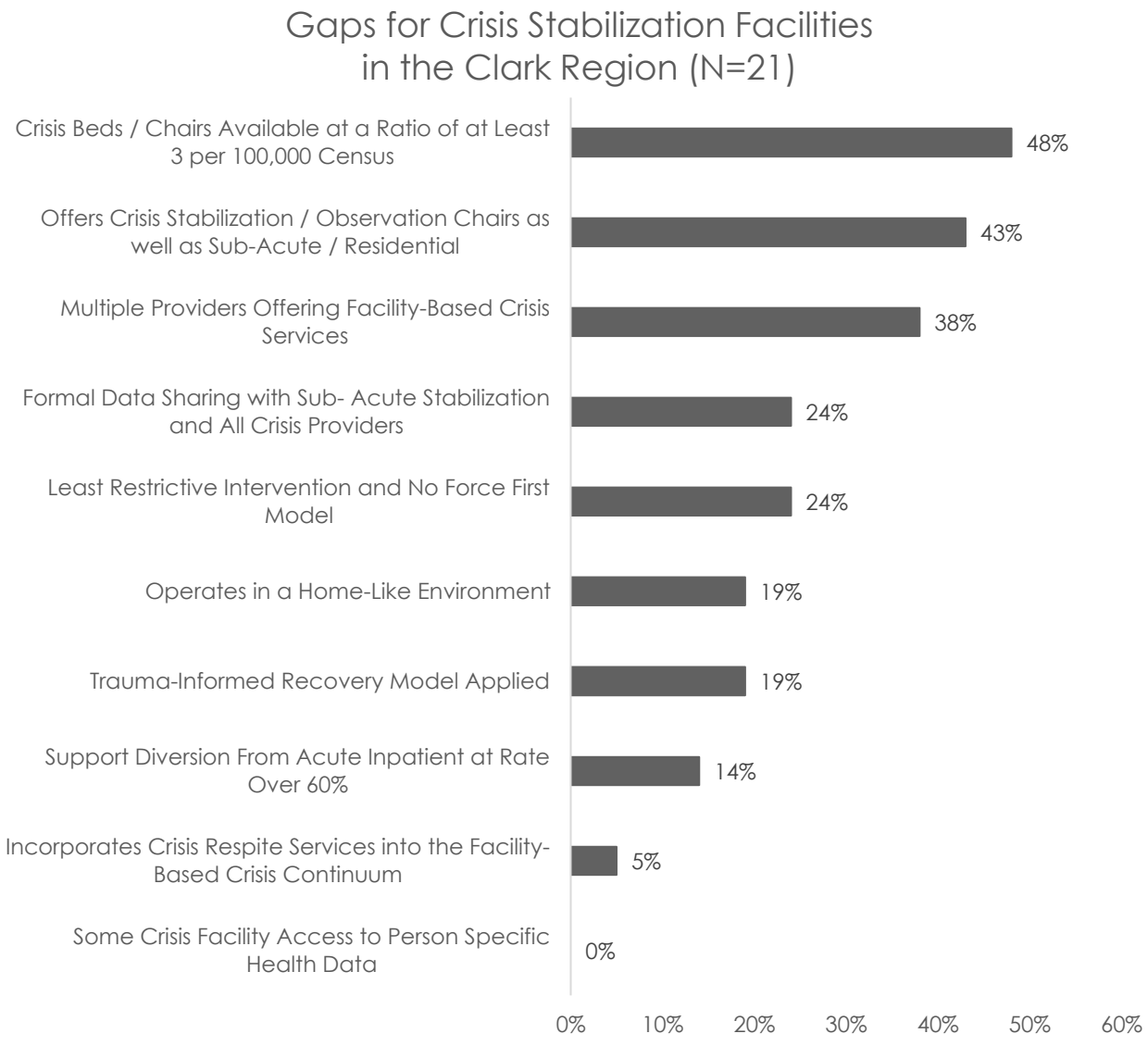


Following the question related to willingness, readiness, and ability to implement Crisis Stabilization Facilities in the Clark Region, participants were asked to identify the top two gaps in their region regarding Crisis Stabilization Facilities. The answer options were established from the criteria from the region's Crisis Now Scoring Tool that the region indicated they are not currently implementing or do not currently have in place. The graph below summarizes the results of this poll. The top three gaps identified by participants were:

1) Crisis Beds/Chairs Available at a Ratio of at Least 3 per 100,000 Census (48%)

2) Offers Crisis Stabilization/Observation Chairs as well as Sub-Acute/Residential (43%)

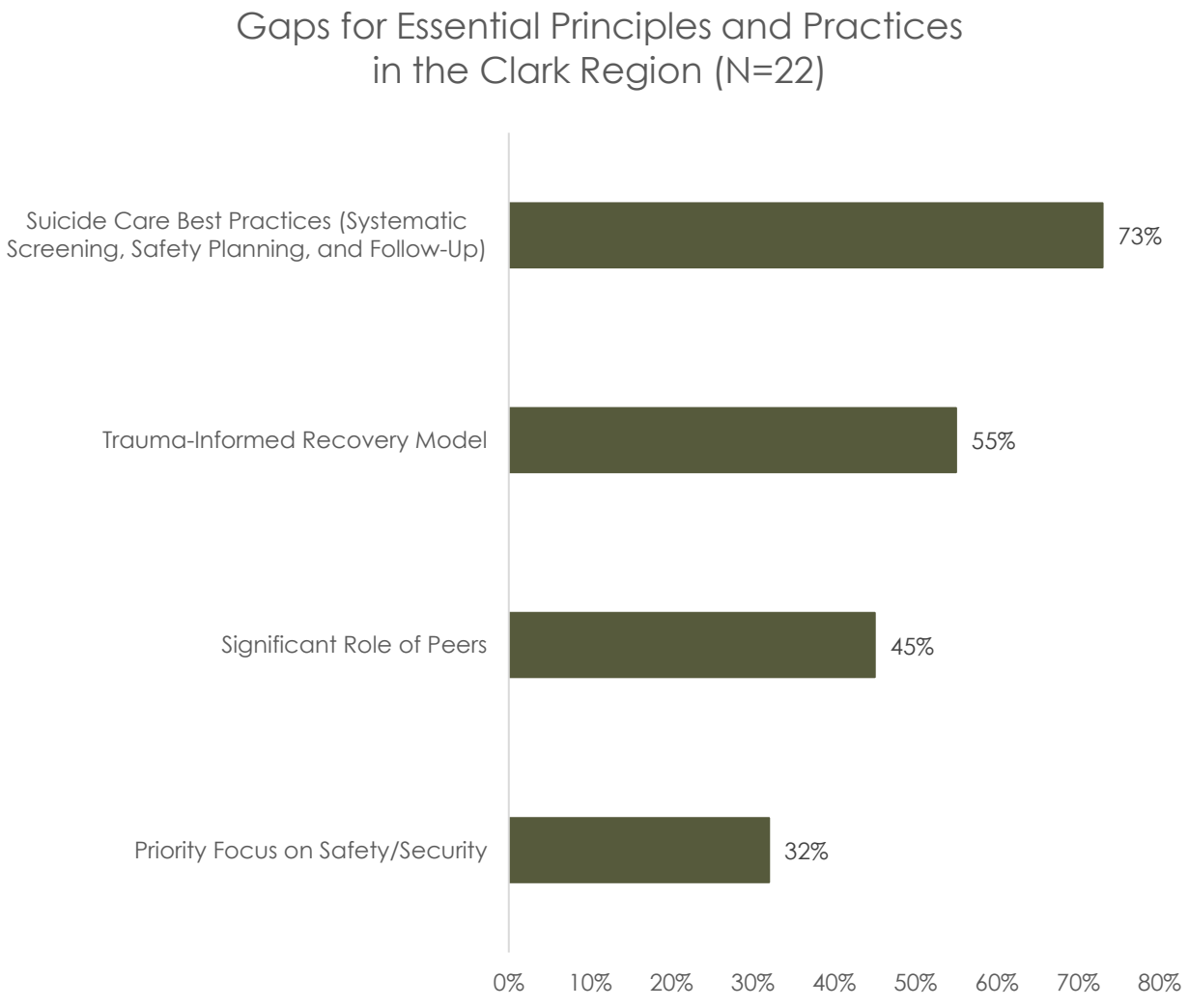
3) Multiple Providers Offering Facility-Based Crisis Services (38%).



Essential Principles and Practices

The Essential Principles and Practices are intended to be integrated into each component of a coordinated crisis response system. This includes evidence-based practices and protocols that guide the access, coordination, and delivery of the crisis response services outlined in the three components above.

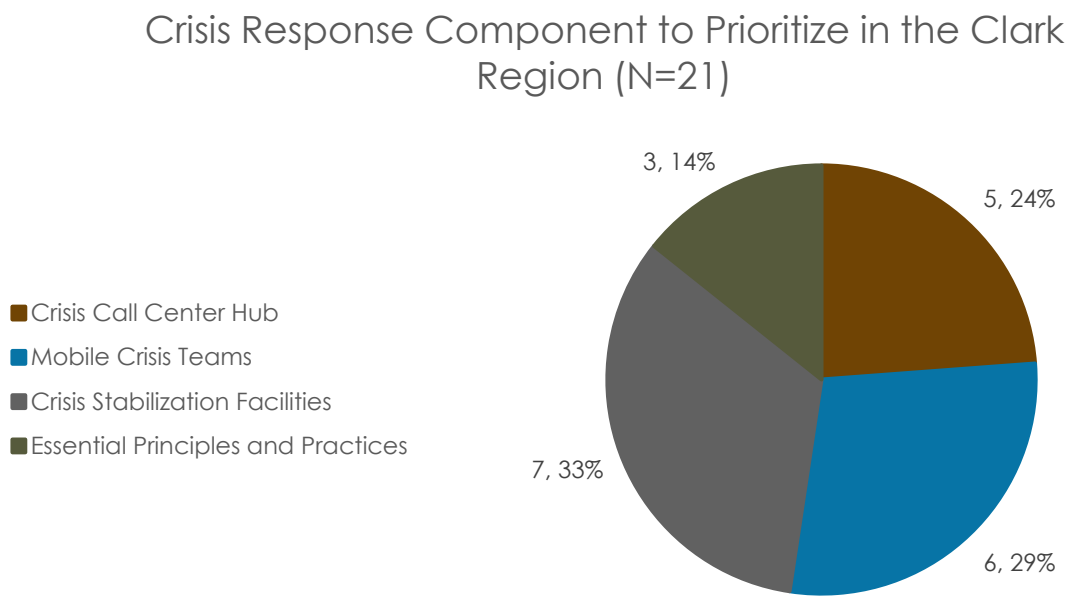
Participants were asked to identify the top two gaps out of the four core elements that make up the Essential Principles and Practices in a Crisis Care Response System. As the graph below shows, 73% of respondents identified Suicide Care Best Practices as the largest gap in the Essential Principles and Practices in the Clark Region, followed by the Trauma-Informed Recovery Model (55%) and Significant Role of Peers (45%).



Summary

Participants, while acknowledging that all four components are critical for a Crisis Care Response System, selected Crisis Stabilization Facilities as the component they would prioritize first for the Clark Region.

The chart below summarizes the responses, with seven (33%) selecting Crisis Stabilization Facilities, six (29%) selecting Mobile Crisis Teams, five (24%) selecting Crisis Call Center Hubs, and three (14%) selecting the Essential Principles and Practices.



The main discussion points during the Clark Regional Consultation were related to collaboration among providers; making more connections to build and expand capacity and better serve the community. Participants recognized that they tend to work in silos, which prevents components of the Crisis Care Response Model already in place from expanding. The RBHC noted that she intends to take a lead role in advancing collaboration and information sharing in the region.

Related to collaboration and communication, regional stakeholders and statewide participants noted that information sharing is currently relationship-based and if someone leaves an agency, information is subject to being lost. The group agreed that having a memorandum of understanding or data and information-sharing agreements would assist greatly in developing a Crisis Response System that provides continuity of care. The region envisions having a coordinated system to share information so that

when referrals are made, behavioral health care providers can better understand a person's needs.

Information on a key asset in the community was shared by Hal Wyrick from the Southern Nevada Community Health Improvement Program (Southern Nevada CHIPs). Southern Nevada CHIPs operate Crisis Response Team (CRT) units that are dispatched through the 911 system. A Licensed Clinical Social Worker (LCSW) is part of a three-person crew in each ambulance that responds to community members in crisis. The program recently expanded and now serves two areas within Clark County; those parts of the region covered by Las Vegas Fire and Rescue (LVFR) Department Battalion 1 and the Clark County Fire Department (CCFD) Battalion 2. The CRT provides transportation when needed and can conduct medical clearances, which was a key barrier discussed by participants. Information on assets such as this could be shared more widely so there is a common understanding of what is available to serve community members in crisis.

Managed Care Organization (MCO) requirements for medical clearance were cited as a hindrance or barrier to implementing components of the crisis response system where clients can be cared for in subacute settings without having to be transported multiple times. A participant from Nevada's Division of Health Care Financing and Policy (DHCFP) added that currently MCOs are allowed to select their network providers, meaning that not all MCOs are contracted with every provider, and this can be the reason for some of the medical clearance requirements in place. A participant representing Health Plan of Nevada said she would take this back to her organization. Given the hundreds of thousands of Nevadans using Medicaid, resolving these issues is a priority for the region. The RBHC and stakeholders in the region expressed interest in participating in larger discussions around this issue as a near-term action item.

Appropriate and timely triage is not occurring throughout the region, and hospitals are being used as holding places for people experiencing a mental health crisis. Transportation for those in the midst of a crisis is problematic, as is returning someone to their community once a crisis has been resolved. These additional barriers were cited in the discussion. Given these challenges, the participants prioritized implementation of the components of Crisis Stabilization Facilities as the component they would like to focus on first with the vision of creating a less fragmented system with services, including transportation available throughout the entire region.

Regional results found in this summary are incorporated into the Statewide Assets and Gaps Report.

Next Steps

This overview will be provided to the Regional Behavioral Health Policy Boards and other stakeholders with the intention of moving forward with implementing the National Guidelines at the state and regional level. RBHCs will provide this summary to their Policy Boards to determine how they will use it to determine their next steps.