



STAFF REPORT

Report To: Board of Health

Meeting Date: April 19, 2018

Staff Contact: Nicki Aaker (naaker@carson.org) on behalf of the Carson City Behavioral Health Task Force

Agenda Title: For Possible Action: Presentation, discussion, and possible action to provide feedback to committee members and staff from three of the Carson City Behavioral Health Task Force subcommittees - Workforce Housing, Youth and Crisis Triage.

Staff Summary: The Carson City Behavioral Health Task Force's subcommittee's presentation is an opportunity to inform the Board of Health on current and past activities to include, but not limited to, objectives, accomplishments, and current endeavors of the Workforce Housing, Youth, and Crisis Triage subcommittees.

Agenda Action: Formal Action/Motion

Time Requested: 25 minutes

Proposed Motion

I move to accept the presentation (with the feedback and direction given by the Board incorporated into this motion, if any) from the Carson City Behavioral Health Task Force Workforce Housing, Youth, and Crisis Triage subcommittees .

Board's Strategic Goal

Quality of Life

Previous Action

N/A

Background/Issues & Analysis

The Carson City Behavioral Health Task Force has been meeting since 2016. Representation of this committee includes, but is not limited to, Carson City Health and Human Services, Carson City Fire Department, Carson City Juvenile Detention, Carson City Sheriff's Department, Carson City's Mobile Outreach Safety Team (MOST), Carson City Public Guardian, Carson City School District, Carson Tahoe Hospital - Behavioral Health, FISH, Dr. Joe McEllistrem, Partnership Carson City, Ron Wood Resource Center, Sierra Nevada Health Centers, State of Nevada Department of Corrections, State of Nevada, Office of Suicide Prevention, State of Nevada Department of Welfare and Supportive Services, Vitality Unlimited, and Western Nevada National Alliance on Mental Illness (NAMI). A Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis was conducted. From this analysis the following subcommittees were formed - Affordable Housing, which later was identified as Workforce Housing, Transitional Housing; Community Triage, Community Case Management/Wrap Around/Discharge Planning; Youth; Criminal Justice Collaboration; and Public Awareness. Each subcommittee has representation from additional organizations and individuals who have an interest in the particular focused area.

Applicable Statute, Code, Policy, Rule or Regulation

N/A

Financial Information

Is there a fiscal impact? ☐ Yes ☒ No

If yes, account name/number:

Is it currently budgeted? ☐ Yes ☒ No

Explanation of Fiscal Impact:

Alternatives

Alternatives and recommendations may be presented during the presentation.

Board Action Taken:

Motion: _____

1) _____

2) _____

Aye/Nay

(Vote Recorded By)

Carson City Behavioral Health Crisis Triage Subcommittee

- Bekah Bock, Carson City Mobile Outreach
- Mary Jane Ostrander, Carson City Health and Human Services
- Jim Peckham, FISH
- Laura Neimark, Carson City Rural Clinics
- Jessica Flood, Regional Behavioral Health Coordinator

Behavioral health crisis in our communities

- **Individuals in ongoing crises in the community place strain on Fire/EMS, law enforcement, and community residents**
 - **Multiple individuals in each community will call Fire/EMS and law enforcement for non-medical issues repeatedly**
 - Called Fire/EMS 16 times since January 2018 – lift assist
 - Called Fire/EMS 11 times since January 2018 – Alcohol Abuse
 - Called Fire/EMS 10 times since January 2018 – multiple care issues, transport to hospital
 - **Individuals experiencing mental illness or who are intoxicated in the community also place burden on Fire/EMS and law enforcement**
 - Resident in Carson City arrested 58 times since 2004 for disorderly conduct/ drunk in public/ assaultive behavior
 - **Community residents also exposed to disorderly, inappropriate or violent behavior**



Individuals in Crisis impacting Hospitals

- **Our hospital ER is struggling to meet the needs of individuals with behavioral health concerns that repeatedly come to the hospitals in crisis**
 - **“Superutilizers”** with behavioral health issues visit the ER multiple times per month for months at an estimated \$3,000 per ER visit
 - **Long waits for state inpatient psychiatric beds-**
 - Individuals needing a state inpatient psychiatric unit, patients can wait up to 5 days in the ER.



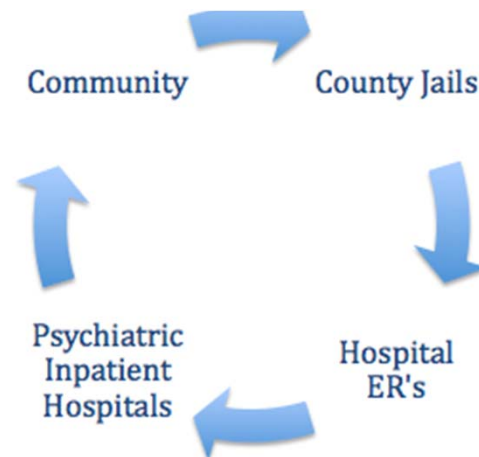
Behavioral Health Crisis in Jails

- **High levels of mental illness in jail:**
 - In Carson City 1 in 5 of inmates in jail have received treatment at state mental health facilities.
- **Our jail is housing individuals who are repeatedly arrested for crimes associated with behavioral health issues.**
- **Substantial cost savings can occur through diverting individuals with behavioral health issues from jail, and connecting them with community treatment**



Individuals in Chronic Crisis- “The Spin Cycle”

- Superutilizers utilize a variety of costly emergency services leading to fragmented care
- They cycle in and out of hospital ER's, inpatient psychiatric hospitals, and jails without receiving the necessary supports to succeed
- This population includes veterans with PTSD and substance use issues, young people struggling with mental illness, and our elderly
- Often these individuals have experienced trauma, mental illness, and substance use issues, and move from crisis to crisis



Suicide rates in Nevada

- 5th in the U.S. for adults
- 1st in the nation for older adults

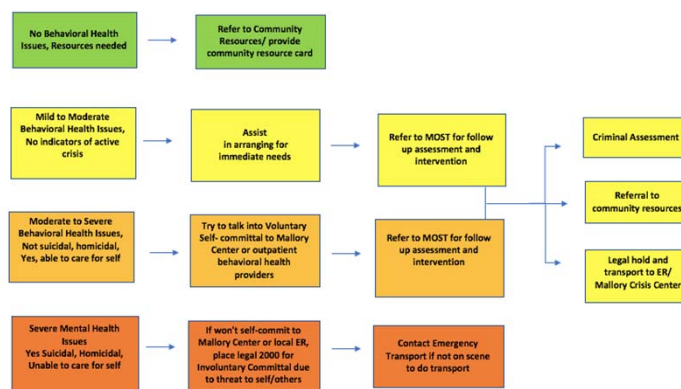
Current Community Solutions

Mobile Outreach Safety
Teams

Crisis Intervention
Training

Mallory Crisis Center

Law Enforcement/ EMS Behavioral Health Suicide Protocol



Note: Use of Columbia Suicide Severity Screen is appropriate at all levels of care. legal hold is indicated, and individual is willing to go to hospital voluntarily, ensure that Mallory Crisis Center or ER staff obtains first hand report from client of intent to harm self or others.

Community Behavioral Health Crisis Triage Plan

Law Enforcement/ EMS Behavioral Health Suicide Protocol

COLUMBIA-SUICIDE SEVERITY RATING SCALE <i>Law Enforcement Screen with Trigger Points</i>		Past month
SUICIDE IDEATION DEFINITIONS AND PROMPTS: Ask questions that are in bold and underlined.		YES NO
1) Wish to be Dead: Person expresses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up. <u>Have you wished you were dead or wished you could go to sleep and not wake up?</u>		
2) Suicidal Thoughts: General non-specific thoughts of wanting to end one's life by suicide, "I've thought about killing myself" without general thoughts of ways to kill oneself/associated methods, intent, or plan. <u>Have you had any suicidal thoughts of killing yourself?</u>		
3) Suicidal Thoughts with Method (without Specific Plan or Intent to Act): Person expresses thoughts of suicide and has thought of a least one method during the assessment period. This is different than a specific plan with time, place or method details worked out. "I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it...and I would never go through with it."		
4) Suicidal Intent (without Specific Plan): Active suicidal thoughts of killing oneself and patient reports having gone intent to act on such thoughts as response to "I have the thoughts but I definitely will not do anything about them." <u>Have you had these thoughts and had some intention of acting on them?</u>		
5) Suicidal Intent with Specific Plan: Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out. <u>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</u>		
6) Suicide Behavior Question: Example: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, tied a gun but changed your mind or I was grabbed from your hand, went to the roof but didn't jump, or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc. <u>If YES, ask: How this within the past 3 months?</u>		Lifetime Past 3 Months
Response Protocol to C-SSRS Screening Item 1: Screened Item 2: Screened Item 3: Screened Item 4: Screened Item 5: Screened Item 6: Screened Item 7: Screened Item 8: Screened Item 9: Screened Item 10: Screened Item 11: Screened Item 12: Screened Item 13: Screened Item 14: Screened Item 15: Screened Item 16: Screened Item 17: Screened Item 18: Screened Item 19: Screened Item 20: Screened Item 21: Screened Item 22: Screened Item 23: Screened Item 24: Screened Item 25: Screened Item 26: Screened Item 27: Screened Item 28: Screened Item 29: Screened Item 30: Screened Item 31: Screened Item 32: Screened Item 33: Screened Item 34: Screened Item 35: Screened Item 36: Screened Item 37: Screened Item 38: Screened Item 39: Screened Item 40: Screened Item 41: Screened Item 42: Screened Item 43: Screened Item 44: Screened Item 45: Screened Item 46: Screened Item 47: Screened Item 48: Screened Item 49: Screened Item 50: Screened Item 51: Screened Item 52: Screened Item 53: Screened Item 54: Screened Item 55: Screened Item 56: Screened Item 57: Screened Item 58: Screened Item 59: Screened Item 60: Screened Item 61: Screened Item 62: Screened Item 63: Screened Item 64: Screened Item 65: Screened Item 66: Screened Item 67: Screened Item 68: Screened Item 69: Screened Item 70: Screened Item 71: Screened Item 72: Screened Item 73: Screened Item 74: Screened Item 75: Screened Item 76: Screened Item 77: Screened Item 78: Screened Item 79: Screened Item 80: Screened Item 81: Screened Item 82: Screened Item 83: Screened Item 84: Screened Item 85: Screened Item 86: Screened Item 87: Screened Item 88: Screened Item 89: Screened Item 90: Screened Item 91: Screened Item 92: Screened Item 93: Screened Item 94: Screened Item 95: Screened Item 96: Screened Item 97: Screened Item 98: Screened Item 99: Screened Item 100: Screened		

POSSIBLE INDICATORS OF MENTAL ILLNESS

Verbal Cues	Behavioral Cues	Environmental Cues
Illogical thoughts <ul style="list-style-type: none"> Grating a combination of unrelated or abstract topics Expressing thoughts of greatness Indicating ideas of being harassed or threatened Exhibiting a preoccupation with death, germs, guilt, or other similar ideas Unusual speech patterns <ul style="list-style-type: none"> Nonsensical speech or chatter Word repetition Pressured speech Excessively slow speaking Verbal hostility or sentiment <ul style="list-style-type: none"> Talking excitedly or loudly Being argumentative, belligerent, or unreasonably hostile Threatening harm to self or others 	Physical appearance <ul style="list-style-type: none"> Inappropriate to environment Disheveled clothing or makeup (taking into account current trends) Body movements <ul style="list-style-type: none"> Strange postures or mannerisms Leftward, slouching movements Pacing, isolation Repetitive, ritualistic movements Seeing, smelling, or hearing things that cannot be confirmed <ul style="list-style-type: none"> Confusion about or unawareness of surroundings Lack of emotional response Causing injury to self Nonverbal expressions of sadness or grief Inappropriate emotional reactions <ul style="list-style-type: none"> Overreacting to situations in an overly angry or frightening way Reacting with the opposite of expected emotion 	Decorations <ul style="list-style-type: none"> Strange drawings Mess of household items "Obsessive" accumulation of trash Presence of feces or urine on the floor or walls Childish objects Indicators of Active Crisis <ul style="list-style-type: none"> Individual could die within 30 days with no intervention due to mental illness resulting in: <ul style="list-style-type: none"> Suicidal thoughts Homocidal thoughts Inability to care for self

Source: Georgia Association of Chiefs of Police Mental Health Ad Hoc Committee to Address Mental Health Issues in Law Enforcement, Mental Health and Law Enforcement Encounters: A Review of Current Problems and Recommendations, http://www.gacops.com/gops/NEWS_GACP%20Mental%20Health%20Report.pdf (accessed August 15, 2013, issue 1.0.6.0.6)

Partners

Carson City Health and Human Services

FISH Homeless Shelter

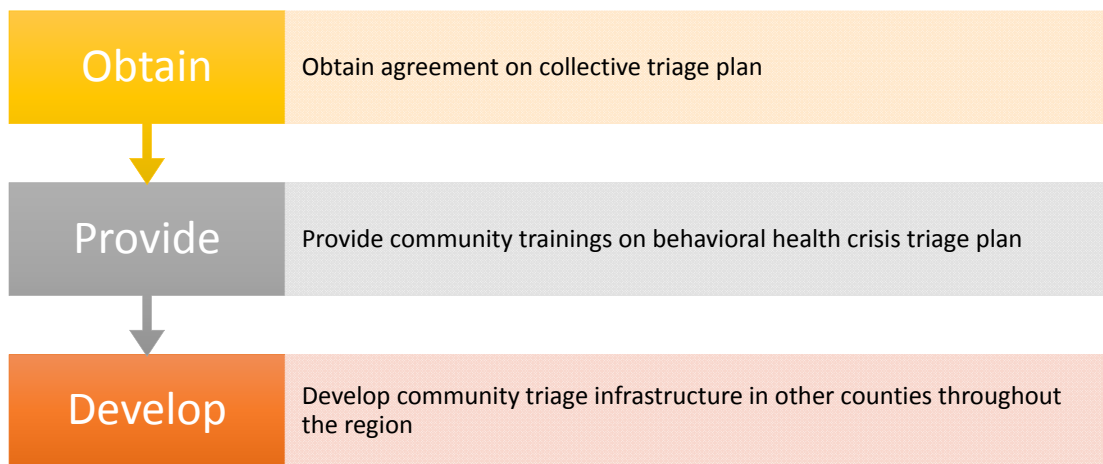
Community Providers

Carson Tahoe Behavioral Health

Primary purpose:

Directing individuals with in behavioral health crisis or at risk of crisis to appropriate levels of care

Next steps



CARSON CITY BEHAVIORAL HEALTH TASK FORCE - YOUTH COMMITTEE PRESENTATION

Dave Caloiaro, MSW, LISW
School Social Work Program Director
Carson City School District

Ali Banister, Ph.D.,
Chief of Juvenile Services
Carson City Juvenile Services

CCBHTF YOUTH COMMITTEE

INITIAL YOUTH COMMITTEE

- ✓ Formed approximately 8-10 months ago
- ✓ Has 4-5 constant members
- ✓ Established three primarily objectives



Youth Committee Objective #1

ASSIST WITH SAFE VOICE IMPLEMENTATION

- ✓ As a result of receiving a four-year federal grant, Safe Voice is a joint and collaborative effort between the Nevada Department of Education, Nevada Department of Public Safety and local Law Enforcement.
- ✓ Safe Voice Provides an anonymous and secure way for students, teachers, parents and staff to report suspected bullying, suicidal intent and potential acts of violence.
- ✓ This is a statewide effort - Carson City is in Cohort 2, and hopes to roll out Safe Voice to start this upcoming school year.
- ✓ The Youth Committee will assist by getting the word out and helping to promote throughout Carson City agencies.

Youth Committee Objective #2

BRINGING PARENTS AND TEACHERS AS MENTAL HEALTH ALLIES AND ENDING THE SILENCE PROGRAMS INTO THE CCSD

Parents and Teachers as Mental Health Allies - Is a no-cost, two-hour program that focuses on helping school professionals and families within the school community better understand the early warning signs of mental illnesses in children and adolescents. It also covers the lived experience of mental illnesses and how schools can best communicate with families about mental health related concerns.

- ✓ Provided by the Nevada Chapter of the National Alliance on Mental Illness (NAMI).
- ✓ Will be provided to all three CCSD levels this calendar year.

Youth Committee Objective #2 (Continued)

BRINGING PARENTS AND TEACHERS AS MENTAL HEALTH ALLIES AND ENDING THE SILENCE PROGRAMS INTO THE CCSD

ENDING THE SILENCE -Ending the Silence is an engaging, one-hour program for school staff members that includes information about warning signs, facts and statistics, how to approach students and how to work with families. It includes a lead presenter a teenager or young adult with a mental health condition who shares their journey of recovery. Through dialogue, we can help grow the movement to end stigma.

- ✓ Provided by the Nevada Chapter of the National Alliance on Mental Illness (NAMI).
- ✓ Will be provided to all three CCSD levels this next calendar year.

Youth Committee Objective #3

INCREASE FOSTER CARE CAPACITY BY 5 HOMES AND 10 BEDS in CC

Carson City has a despite need of specialized foster homes for children and teens with serious mental illness and challenging needs, who are in the physical and/or legal custody of DCFS

Action required include:

- ✓ Developing a Steering committee.
- ✓ Providing Trauma Informed training at least annually.
- ✓ Developing a presentation panel to make at least one presentation a quarter to different community social organization, agency, church, etc.
- ✓ Hold at least one Town Hall meeting.

YOUTH ACTION COMMITTEE

- ✓ Resulted from the Carson City District Attorney's Office's Youth and Families Resource Symposium
- ✓ Very newly Formed (two meetings held thus far)
- ✓ Formed by a number of dedicated individuals who attended the Symposium and wanted to take action and make a difference.
- ✓ The previous Youth Committee will focus energies on joining/supporting this Youth Action Committee



YOUTH ACTION COMMITTEE

- ✓ Current partners include but are not limited to - Carson City School District, Juvenile Probation, Ron Wood Family Resource Center, Partnership Carson City, Latino Services, ICAN Family Services, Court Appointed Special Advocates (CASA) and State Mental Health.
- ✓ Phase 1 - Brainstorming and identifying the greatest needs.
- ✓ Phase 2 - Identifying possible solutions to needs/problems identified, and working with the CC Attorney General's Office and DCFS; and
- ✓ Phase 3 Formally identifying and committing to tasks and responsibilities.

YOUTH ACTION COMMITTEE

- ✓ Phase 1 is currently in place - some issues identified include, but are not limited to, lack of parental engagement, poverty, homelessness, lack of support systems for families, families not knowing how to access services and lack of trauma informed care.
- ✓ Lisa Yesitis from the Ron Wood Family Resource Center, the chair of the committee, is willing to come back in 2-3 months to give the Board an update and Progress Report

THANK YOU!