



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) _____

Aye/Nay

2) _____

(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.



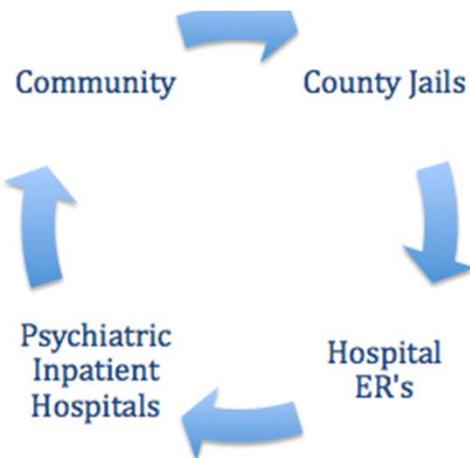
Behavioral Health Crisis in Jails

- 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



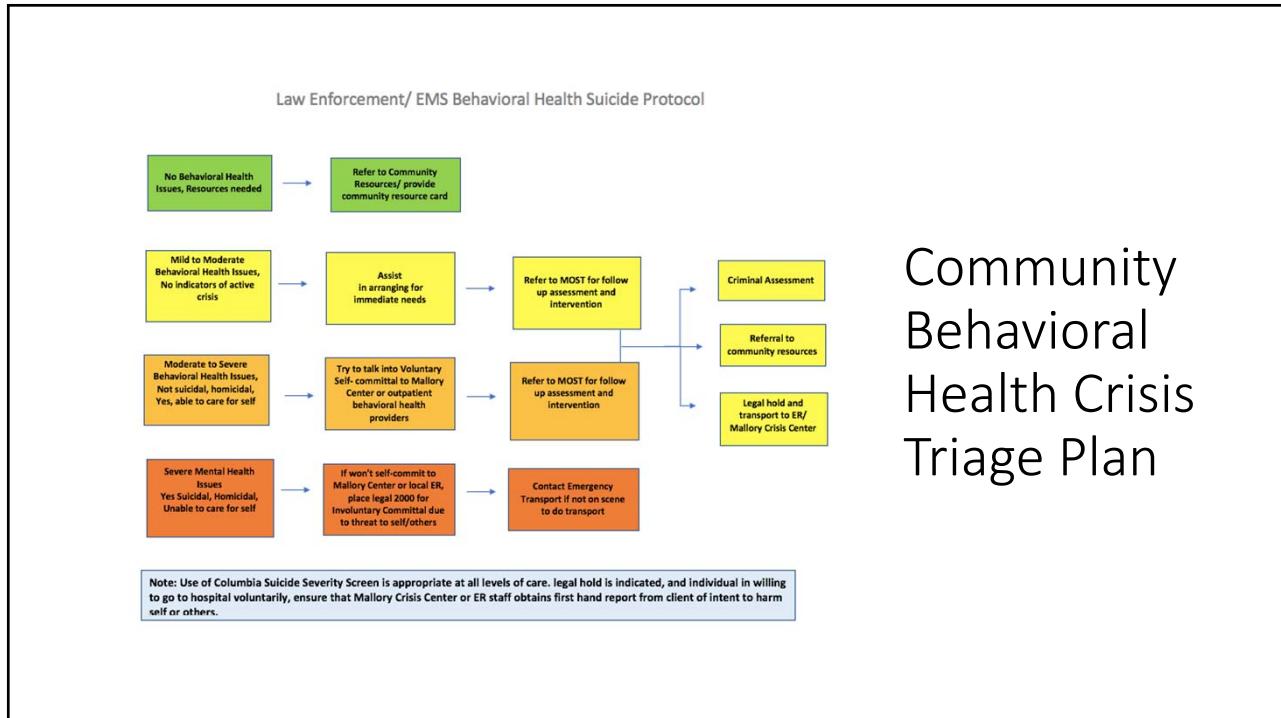
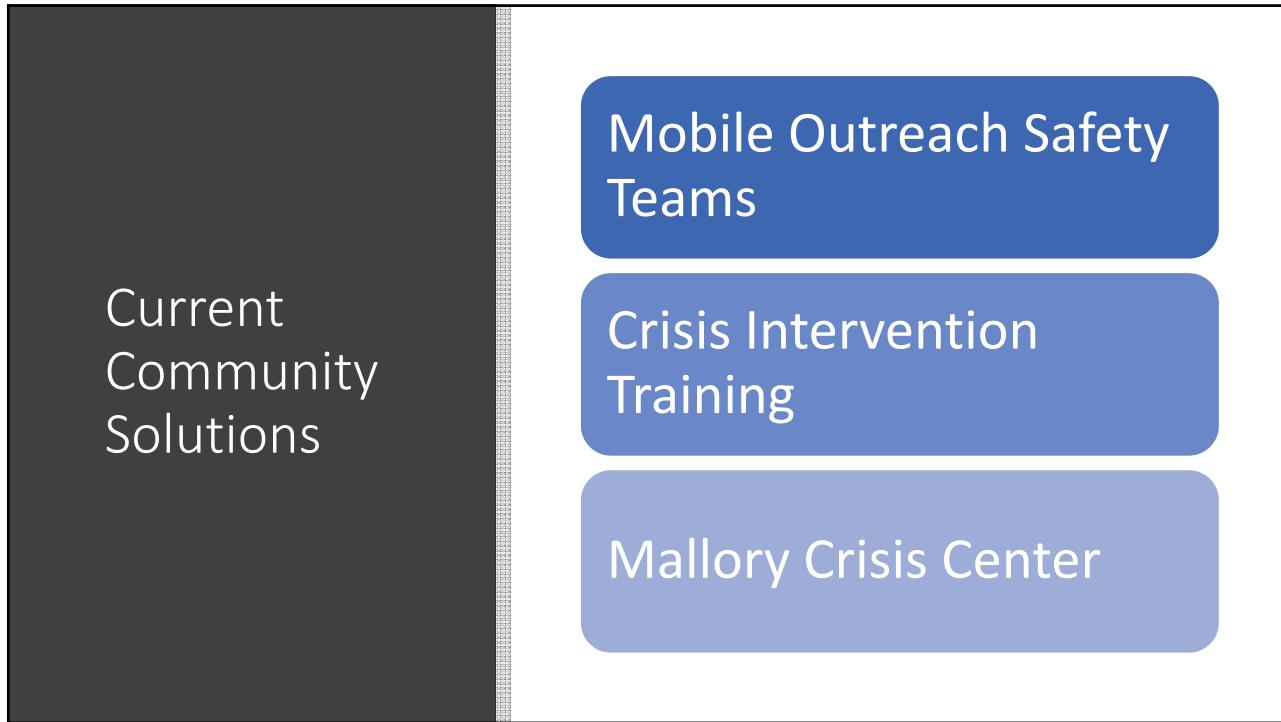
Individuals in Chronic Crisis- “The Spin Cycle”

- 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



Law Enforcement/ EMS Behavioral Health Suicide Protocol

COLUMBIA-SUICIDE SEVERITY RATING SCALE Law Enforcement Screen with Trauma Points		
SUICIDE IDEATION DEFINITIONS AND PROMPTS:		
Past 3 Months	Past 1 Month	Past 1 Week
YES	NO	YES
<p>Ask questions that are in bold and underlined.</p> <p>Ask Questions 1 and 2</p> <p>1) Wish to be Dead: Person endures thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up. Have you wished you were dead or wished you could go to sleep and not wake up?</p> <p>2) Suicidal Thoughts: General non-specific thoughts of wanting to end one's life by suicide. "I've thought about killing myself" or "I've thought of ways to kill oneself/associated methods, intent, or plan." Have you had any actual thoughts of killing yourself?</p> <p>If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.</p> <p>3) Suicidal Thoughts with Method (Without Specific Plan or Intent to Act): Patient reports having thoughts of killing oneself with a specific method during the assessment period. This is different than a specific plan as to when where or how I would actually do it...and I've been thinking about how you might do that? Have you been thinking about how you might do that?</p> <p>4) Suicidal Intent (Without Specific Plan): Patient reports having some intent to act on such thoughts as oppose to "I have the thoughts but I definitely will not do anything about them." Have you had these thoughts and had some intention of acting on them?</p> <p>5) Suicidal Behavior: Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out. Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</p> <p>6) Suicide Behavior Question Patient has ever done anything started to do anything, or prepared to do anything to end your life? Example: Collected pills, obtained a gun, gave away valuable, wrote a will or suicide note, took out life but didn't do any of it, or gun but changed your mind or it 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. If YES, ask: <u>Was this within the past 3 months?</u></p>		
Lifetime	Past 3 Months	Past 1 Week
<p>Response Protocol to C-SSRS Screening Item 1 3 months ago or less: No further screening or brief screening Item 2 3 months ago or less: No further screening or brief screening Item 3 Consider Further Mental Health Evaluation Item 4 Urgent Mental Health Evaluation with Escort Item 5 3 months ago or less: No further screening or brief screening Item 6 3 months ago: Consider Further Mental Health Evaluation Item 6 3 months ago or less: Urgent Mental Health Evaluation with Escort</p>		

POSSIBLE INDICATORS OF MENTAL ILLNESS

Verbal Cues	Behavioral Cues	Environmental Cues
<ul style="list-style-type: none"> Logical thoughts <ul style="list-style-type: none"> Sharing a combination of increased or abstract logic Expressing thoughts of grandiosity Having ideas of being harassed or threatened Showing a preoccupation with death, germs, guilt, or other similar fears Unusual speech patterns <ul style="list-style-type: none"> Nonsensical speech or chatter Word repetition Pressured speech Excessive slow speaking -Verbal hostility or excitement <ul style="list-style-type: none"> Talking excitedly or rapidly Being argumentative, belligerent, or threatening Threatening harm to self or others 	<ul style="list-style-type: none"> -Physical appearance <ul style="list-style-type: none"> Inappropriate to environment Disheveled clothing or makeup (taking into account cultural norms) -Body movements <ul style="list-style-type: none"> Strange postures or mannerisms Lethargic, sluggish movements Pacing, agitation Repetitive, ritualistic movements -Seeling, smelling, or hearing things that cannot be explained <ul style="list-style-type: none"> Confusion about or unawareness of surroundings -Causing injury to self <ul style="list-style-type: none"> Nonverbal expressions of sadness or grief -Inappropriate emotional reactions <ul style="list-style-type: none"> Overreacting to situations in an overly angry or highly emotional way Reacting with the opposite of expected emotion 	<ul style="list-style-type: none"> -Decorations <ul style="list-style-type: none"> Strange trinkets Misuse of household items -"Backtracking" – accumulation of trash Excessive feces or urine on the floor or walls -Childish objects
Indicators of Active Crisis		
<p>Individual could die within 30 days with no intervention due to mental health issues resulting in:</p> <ul style="list-style-type: none"> • Suicide thoughts • Suicidal 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 Problem and http://www.gachips.com/gchips/NEWS_GACP/2012/MentalHealth/2012Report.pdf (accessed August 15, 2013), page 21-24.

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

Obtain

Obtain agreement on collective triage plan

Provide

Provide community trainings on behavioral health crisis triage plan

Develop

Develop community triage infrastructure in other counties throughout the region

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!