

Diverse Perspectives on the Mental Health Crisis Hold Process

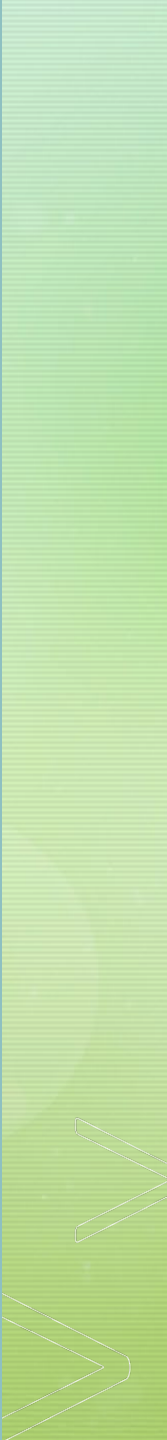
Panel members: Officer Brandon Cassinelli, Reno Police Department; Officer Stacy Short, Las Vegas Metro; Liz Evans, MSW, St. Mary's social worker; Dr. Greg Juhl, Renown Emergency Department, Dr. Irena Vitkovitsky, M.D., Dignity Health, Cherylyn Rahr- Wood, MSW, CASAT/ Office of Suicide Prevention; Char Frost, Family Member; Allison Zednicek, Chief Executive Officer, Desert Parkway Behavioral Health and Reno Behavioral Healthcare Hospital; Dr. Ayse Yasar, M.D., Washoe County Courts; Dr. Gregory Brown, M.D., Clark County Courts; Kris Riley, Esq., Washoe County Public Defender, Steve Rye, Esq., Lyon County District Attorney

Facilitated by: Jessica Flood Abrass



Overview

Perspectives from across the mental health crisis hold and involuntary treatment process including law enforcement, peer and family, hospital, and court.



➤ Officer Brandon Cassinelli, Reno Police Department

■ **Role in mental health crisis hold process**

CIT Coordinator & trainer; training provider for law enforcement/first responders on officer wellness, community mental health, commonly encountered mental health concerns, crisis de-escalation; Critical Incident Negotiator for over 10 years; former first-line co-responder with Mobile Outreach Safety Team (5+ years).

■ **Barriers and challenges experienced** *(responses from Patrol Officers, Detectives and Regional Units)*

- Call-by-call determination of proper choice when weighing care, public safety, offense and client's support system.
- Ongoing belief—often vindicated—that jail is overall more secure location for individual in mental health crisis.
- Frustration with “revolving door” system of ED/jail/street – first name basis w/clients and multiple daily encounters.
- Frustration with lack of meaningful crisis stabilization center or any middling level of mental health care options.
- ER staff—physicians, APRNs, nursing staff—operating on a “disprove the hold first” mentality.
- Perception that those with lesser medical insurance receive lesser consideration of care.
- Emotional disparity between what is observed on scene and what is brought to the ED (wound dressing, sedation, de-escalation).

Officer Brandon Cassinelli, Reno Police Department

■ Recommendations for consideration

- Emergency room bypass or swift medical screening station to facilitate transport to more fitting location.
- Grading system among healthcare providers & first responders about severity of attempt that correlates better to length of stay and medical treatment provided.
- Better community support/options for sex trafficked juveniles unable to care for themselves (consideration as potential acute MH crisis), or reinstatement of non-criminal status entry of 'solicitation' to activate community resources.
- Contract with community MH providers willing to conduct MSEs to relieve burdens on EDs.
- "Actual adherence" to 72-hour hold (examples of individuals being placed on multiple L2Ks daily) & prohibition of providers leaning heavily on acute intoxication as reason to discharge.

Officer Stacy Short, Las Vegas Metro Police Department

- **Role in mental health crisis hold process:**
 - Detective with Las Vegas Metro Police Department currently assigned to Crisis Intervention Team-part of LVMPD Behavioral Health Unit.
 - Responsible for 40 Crisis Intervention Training mandated for all officers since 2014
 - Coordinate follow up on high consumers in effort to divert subjects to more productive resources and keep them out of hospital Emergency Rooms (ERs).
- **Barriers and challenges experienced:**
 - Hospital ERs not being able to hold individuals in mental health crisis for 72 hours
 - Lack of communication and information sharing for follow up and a plan for continuity of care
- **Recommendations for consideration**
 - Development of an alternative option for immediate assessment and resources to ensure a more productive treatment plan and higher likelihood of successful outcomes.



Greg Juhl, MD, Emergency Physician Renown Regional Medical Center

Barriers: limited mental health workforce to help co-manage in ED; using ED as a holding area; violent/dangerous patients dropped in ED; scarce inpatient psych beds; poor options for rapid outpatient follow-up

Recommendations: improve access to care (prevent ED visit to begin with, close outpatient follow-up, expeditious transfer to inpatient)--> preserve the safety net (open up resources for the next patient/pandemic during 24/7/365 emergency care)

Liz Evans, MSW, ER Social Worker Saint Mary's Regional Medical Center

▶ **Challenges:**

- ▶ Minor crisis packet (legal hold)
 - ▶ Continues to cause confusion on best practices in supporting patients and families who are in the mental health crisis.
- ▶ Transfers across state lines.
 - ▶ California facilities required new legal holds to be placed (or consecutive legal holds) when the original legal hold expired.

▶ **Recommendations for consideration:**

- ▶ Structured and consistent youth mental health crisis hold process to assure patients rights are being upheld across Nevada.
- ▶ Medical (legal holds) for patients who have Alzheimer's, Dementia or Parkinson's. Historically and currently persons are sometimes placed on a legal hold who have the above diagnosis and are brought to the Emergency Departments. More often than not, these legal holds are decertified as the individual does not meet criteria under the NRS for the legal hold.

Cherylyn Rahr- Wood, MSW, Peer, Statewide Zero Suicide Coordinator II

- **Role in mental health crisis hold process**
 - ❖ Lived Experience – Legal 2000
 - ❖ Implementing safer suicide care into healthcare and behavioral health care systems and organizations
- **Barriers and challenges experienced**
 - ❖ Trauma / Stigma
 - ❖ Loneliness
 - ❖ Lack of understanding
 - ❖ Loss of rights
 - ❖ Inconsistencies of the hold
- **Recommendations for consideration**
 - ❖ Peer Support Specialist
 - ❖ Zero Suicide
 - ❖ Solid follow-up programs implemented
 - ❖ Competent implementation of the Crisis Now Model
 - ❖ Transparency of the Mental Health Crisis Hold

Char Frost, Family Member, Nevada PEP

- **Role in mental health crisis hold process**
 - Provide families educational, emotional and information support.
- **Barriers and challenges experienced**
 - Long wait times in ERs waiting for a bed in a psychiatric hospital.
 - Most ERs require a parent to stay with the child or youth which can be challenging due to other obligations that if unmet can be very detrimental emotionally and financially.
 - Treatment team meetings are during the day while families are working.
 - Most treatment team meetings are very short and do not allow for families to ask questions.
 - Without support, many times families feel unable to slow down the process for their own understanding.
- **Recommendations for consideration**
 - All hospitals should implement System Of Care values within their venue.
 - Increase utilization of Mobile Crisis Response Team to divert youth from inpatient care when safe.
 - Encourage families to seek out family support.
 - Adequate discharge planning in consultation with the family that meets their needs.

Allison Zednicek, Chief Executive Officer, Desert Parkway Behavioral Health and Reno Behavioral Healthcare Hospital

Youth Acute In-patient Services

- Barriers:
 - Staffing
 - Long Length of Stay
 - High Medicaid Utilization
- **Solutions:**
 - Alternative Recruitment and Retention Strategies and Nurse Training
 - Prevention and Intervention, Family Engagement, RTC and Outpatient Step Down
 - Change Rate and Administrative Penalties. Factor Patient Acuity Versus a Standard Rate for All.

Legal Hold Differences North and South

- Barriers:
 - Training New Employees
 - Rurals and Hospitals experiencing High Turn-over of Employees.
- Solutions:
 - Increase training opportunities across the State (Train the trainer).
 - Standardization of court process across the State
 - Additional funding is necessary when laws change, expand and when services are increased.
 - (Facilities and Public entities such as the PD office and Courts)

Dr. Ayse Yasar, M.D., Court Psychiatric Evaluator, Washoe County Courts

Challenges:

- Increased number of commitments due to increasing population, mental illness and substance use
- Referrals from surrounding communities; hence less information and history on referred individuals
- Limited or lack of less restricted placement options
- Decreased bed capacity at NNAMH State Hospital, recent closure of a private hospital, increasing burden on private hospitals

Recommendations for consideration:

- Increased capacity of Psychiatric Hospitals for more services and prevention of relapse
- Increased availability of safe and lesser restrictive placement options
- Increased substance use treatment services and rehabilitation facilities, as substance abuse and addiction have a malign impact in mental illness; it is often the factor that push vulnerable individuals into crisis

Gregory P Brown, M.D., Court Psychiatric Evaluator, Clark County Courts

- Barriers and challenges experienced
 - Connection issues with the computer system which causes delays
 - Clinically complicated questions regarding dementia in that some cases need acute-care but long-term psychiatric admissions wouldn't be necessarily appropriate

Kris Riley, Esq., Washoe County Public Defender

- **Role**
 - Attorney for people on mental health crisis hold/petition
- **Challenges**
 - High volume and lack of mental health resources
- **Recommendation**
 - Options to provide mental health treatment outside of hospital setting; outpatient assistance with achieving and maintaining stability

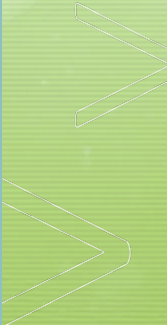


Steve Rye, Lyon County District Attorney

- **Role in mental health crisis hold process**
 - District Attorney, representing the State of Nevada and presenter of evidence in court proceedings.
- **Barriers and challenges experienced**
 - Receiving information required to present the evidence that the court needs to make a determination
 - Issues with juvenile petitions when the parents consent
 - Communications with providers and interested parties
 - Attorneys not available to patients in rural areas
- **Recommendations for consideration**
 - Coordination on jurisdictional issues among district courts
 - Centralized processes where most treatment providers are located



Discussion

- What thoughts come up when hearing the perspectives of other roles along the mental health crisis continuum?
 - How do you balance patient and staff safety with patient rights?
 - What are some solutions you would highlight from the discussion?
 - What are themes you heard from discussion on youth mental health crisis holds?
 - Any themes from the discussion on adult holds?
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Questions from the Audience

