

Crisis Response Team (CRT)



Launched in April, 2018, the Crisis Response Team (CRT) is an operational partnership, championed by Las Vegas Fire Rescue with Southern Nevada Community Health Improvement Program (CHIPs) and American Medical Response (AMR), a private ambulance provider aimed at providing the most appropriate service or resource to psychiatric calls at the time a patient first encounters the healthcare system. CRT utilizes a fully staffed, Advanced Life Support ambulance with the addition of a Licensed Clinical Social Worker (LCSW) to respond to 911 calls coded as Psychiatric/abnormal behavior/suicide attempt calls in the City of Las Vegas downtown area.

Each patient is evaluated for medical complaints, specifically looking for mimics of psychiatric issues that may be serious medical conditions based on the Southern Nevada Health District's "Draft Psychiatric Patient Destination Protocol". Patients with medical conditions are transported to an emergency department. The LCSW conducts a mental health assessment and psychosocial evaluation to determine the most appropriate destination and services for the patient.

Patients with a primary psychiatric issue who meet the medical parameters and are voluntary (not on a Legal 2000 hold) are eligible to be diverted directly to a psychiatric facility for further mental health assessment. Additionally, each CRT patient is assigned a CHIPs case manager to follow-up with and assist the patient in accessing community-based services, resources, outpatient treatment as needed.

In addition to providing the most appropriate service to the patient, CRT has demonstrated effectiveness in:

- reducing unnecessary Legal 2000 holds
- decreasing physical and chemical restraint usage through on-scene de-escalation tactics
- minimizing Emergency Department transport for medically stable, voluntary psychiatric patients who would be better served through another avenue of treatment.

CRT- by the numbers

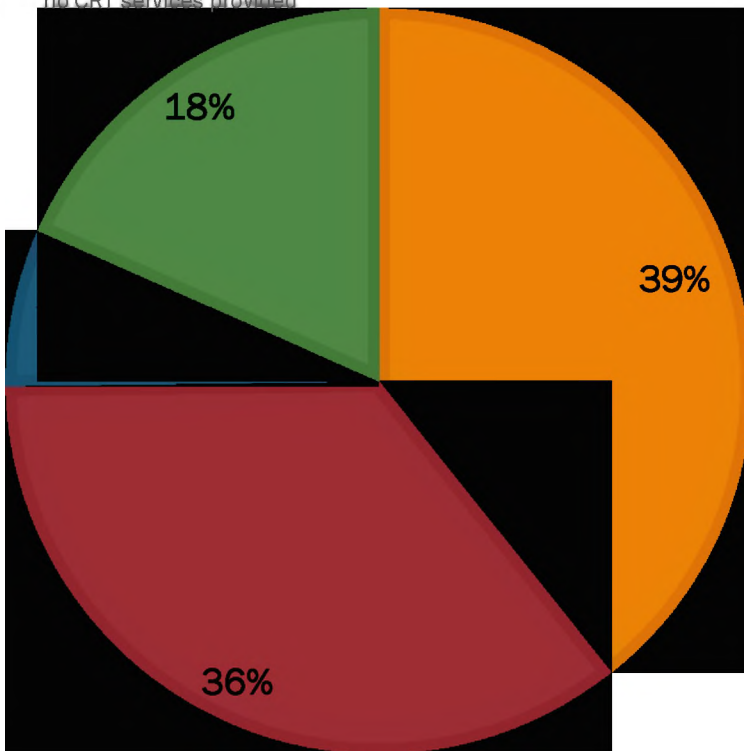
Since January 1st, 2019, CRT has responded to more than 2100 calls for service. Below is a breakdown of call outcomes:

■ Non- ER CRT utilization:
diversion to psychiatric facility, detox, or community based resource

■ Transport to ER as voluntary pt
(medical or psych)
L2K not appropriate

■ Transport to ER on L2K

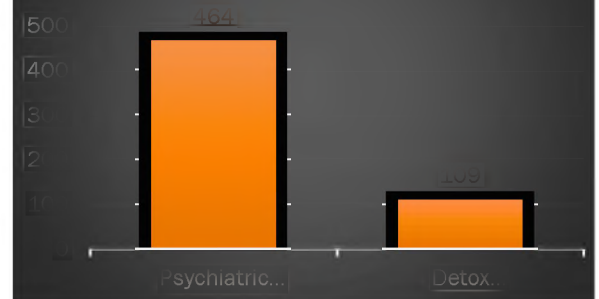
■ Call cancelled
no CRT services provided



CRT patients transported to an Emergency Department: 894

On Legal 2000 hold	144	16.1%
NOT on Legal 2000 hold, transported as voluntary patient (medical or psych)	750	83.9%

CRT transport destination other than Emergency Department



CRT patient insurance:
(these are approximate, all calls have not been verified for insurance to date)

FFS Medicaid	28%
MCO Medicaid- Anthem	16%
MCO Medicaid- HPN or Silver Summit	22%
Medicare	6.5%
Commercial	3%
VA	3%
Other:	21.5%
Out of State, None found	

CRT is a Public, Private, Non-profit collaboration:

