

TESTIMONY
LEGISLATIVE COMMITTEE ON HEALTH CARE
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Madame Chair, members of the committee, I am Harold Cook, Administrator of the Division Mental Health and Developmental Services. I am here to provide information on emergency mental health services or as it is commonly called the Legal 2000. I will also briefly review the 2009 budget cuts.

As you know the legal 2000 is the name of the procedure by which individuals are placed in civil protective custody for up to 72 hours because they are a danger to themselves or others, or are gravely disabled due to a mental illness. Licensed medical or mental health clinicians and police officers are authorized to initiate the process by completing the front page of the form which is in your packet. The person is then transported to a hospital emergency room for the medical clearance evaluation.

Before discussing medical clearance issues I would like to describe some recent changes to the Legal 2000 form. The form you have in front of you was changed this year in response to changes in NRS. This revised form was distributed to all Nevada police departments, courts, licensing boards, district attorney offices, public defender offices, and hospitals last month.

Of the six changes listed on the "introduction to the revised legal 2000" the two changes which pertain to today's discussion concern the addition of advance practice nurses and physician assistants as medical professionals authorized to conduct a medical clearance examination; and adding a section for physicians to certify the

clinical justification for discharging an individual from Legal 2000 status. Physicians have always had the authority to discharge patients from the Legal 2000; however this change based on AB6 in the 2009 session provides additional clarity on the discharge procedure. The name of the form has been changed to Legal 2000R.

Medical Clearance

The medical clearance must determine whether the person has a medical problem other than a psychiatric problem which requires immediate non-psychiatric treatment. Throughout the state thousands of individuals are transported to local hospital ER's for medical clearance examinations each year. The majority of these individuals are medically cleared and transported to a psychiatric facility. Many individuals are discharged from the Legal 2000R while still in the ER and a very few are admitted to a hospital for treatment or refused admission to a mental health facility. I would like to discuss some of the regional issues the state and local communities have faced and continue to face implementing this procedure.

Rural Nevada

Transportation, security and medical provider capacity hamper rural communities in their efforts at implementing Legal 2000R's. Depending on the community and time of day there may not be a medical professional readily available to conduct the medical clearance. Allowing advanced practice nurses to conduct these examinations may improve this situation. Once the examination is completed few rural medical facilities have the capability of holding a mentally ill person until transportation to Clark or Washoe can be arranged. Too frequently, the mentally ill person must be held in the local jail for hours or days awaiting transportation.

The transportation issue is also particularly troublesome. It is almost exclusively the case that local law enforcement is tasked with the responsibility of transporting the mentally ill person to the local hospital for medical clearance and then to the Clark or Washoe County state facilities for psychiatric hospitalization. This involves removing two officers from their primary duties for an extended period of time. In some of the smaller counties these two officers comprise a large part of the available force. Although MHDS has made some efforts at addressing this issue, an adequate solution would require funding which is currently unavailable.

Another issue for rural communities is the restrictive definition of mental illness in NRS 433A. Drug or alcohol intoxication, mental retardation and medical conditions such as dementia or epilepsy are not criteria for a legal 2000R unless a mental illness can also be diagnosed. Rural communities which have limited resources will often look to state resources for help when someone is acting out as a result of a medical condition or disability. The two state psychiatric facilities are not equipped to treat these excluded conditions and refuse admission. This can and has lead to protracted struggles between the county and the state to determine the best course of action with respect to an individual.

Clark County

While the issues facing rural Nevada are severe the volume of Legal 2000R's in Clark County has overwhelmed the system. It is also Clark County where MHDS has worked most closely with local governments and hospitals to address the problems. From 2005-2009 MHDS and local agencies and governments in Clark County developed several proposals for a central medical clearance program that would divert people on Legal 2000R's from local hospital ER's. Medical clearance programs were included as an Item for Special Consideration in the 2005 and 2009 MHDS

budget proposal but neither was approved. Other funding strategies were explored but ultimately no solution was found.

Currently medical clearance examinations are performed at almost all of the 17 local hospitals with UMC, Sunrise and Valley Hospitals performing the bulk of the examinations. Data on Legal 2000R's in Clark County have not been easily collected or agreed upon. The data I am presenting below are based on numbers collected by the MHDS mobile crisis team and may not be consistent with other data collected by hospital staff. I will discuss some of the reasons for these differences below.

Data collected by the mobile crises team for last year indicate that the average daily number of patients on Legal 2000R's waiting in ER's for transport to Rawson-Neal Hospital, the state psychiatric facility in Las Vegas, varied from a high of 85.7 in July to a low of 40 in January. There was an average of 58 Legal 2000R's waiting each day for transportation to Rawson-Neal Hospital. Just to be clear these numbers only include patients on a Legal 2000 who have been medically cleared and are awaiting transportation to Rawson-Neal. In addition to these patients there would be other patients awaiting transportation to private psychiatric facilities, other patients on Legal 2000R's who have not yet been medically cleared, other mentally ill patients who are not on Legal 2000's and mentally ill patients receiving inpatient medical treatment.

Another important piece of information is the length of time mentally ill patients on Legal 2000R's remain in the ER. MHDS tracks the elapsed time from the Medical Clearance certification (when the physician signs the form) to admission to the psychiatric observation unit of Rawson-Neal Hospital. In 2009 this time varied from 100.5 hours in July to 41.8 hours in December. For the year the average elapsed time was 68.5 hours. This, of course, does not include the time a patient waits in the ER prior to the medical clearance.

In a recent effort to address this situation, Bill Welch (President of the Nevada Hospital Association), invited MHDS to work with him and association members on solutions. Recognizing the budgetary constraints we agreed to work on improving data collection and the medical clearance portion of the Legal 2000R process. The combined efforts of MHDS staff and local hospital staff resulted in an agreement on what constitutes a completed medical clearance examination and how this information is to be communicated to Rawson-Neal Hospital staff. The medical clearance form in your packet is the framework for this procedure.

MHDS staff conducted multiple meetings with area hospitals to orient hospital staff to the medical clearance requirements and the communication protocol. Early indications are that this procedure has improved communication as well as the medical clearance process. Since implementing the procedure in November the average wait time from medical clearance to transportation declined to 40.4 hours in December and remained at a relatively low 44.3 hours average in January 2010. Since these data vary seasonally it will take several more months to assess whether the program is successful in maintaining this improvement.

Despite this improvement, the problem is still far from resolved. Dozens and at time more than 100 mentally ill patients crowding into ER's, waiting for days to be transported to a psychiatric facility is unacceptable. Unfortunately, the solution to this problem while not elusive requires resources currently unavailable. MHDS will continue, however, to work with our community partners to make whatever improvements are possible with available resources.

Washoe County

Washoe County is the one area of the state where this issue is relatively controlled. While there are incidents of lack of

coordination or disagreements, the county and state have adequate capacity to meet demand and adequate coordination to ensure patients are transported and treated in a timely manner. While I am sure local hospitals would advocate for relief from the medical clearance requirement they are currently providing patients on Legal 2000R's timely and comprehensive examinations.

2009 Budget cuts

This concludes my remarks and I would be happy to answer any questions.