



**COMMUNITY TRIAGE CENTER  
August 2003  
SIX-MONTH SUMMARY REPORT**

**Executive Summary**

This report summarizes the period of March 1, 2003 to August 31, 2003. During the last six months, WestCare representatives have met with hospital and emergency room staff from sponsoring hospitals to describe the services offered at the CTC and to explain the way in which the services can be accessed. In addition, WestCare personnel have met with local law enforcement, ambulance companies and local mental health providers to provide the same education.

The Community Triage Center was established and became operational in January 2003. Although our monthly numbers increased steadily, we experienced a significant increase in admissions during March 2003. At this time our number of hospital-based transports are increasing and our admissions are stabilizing. Services offered by the Community Triage Center target individuals who are in need of substance detoxification and individuals who have symptoms of a serious mental illness.

**Monthly Statistics**

The monthly CTC statistics plus year-to-date statistics are outlined in the table below. The number of individuals referred from local hospitals has increased to 38% of the total admissions. Our clinical team assures that appropriate services are offered to our clients by utilizing a triage method. Referral priorities continue to be 1) Requests from participating hospitals, 2) Referrals from law enforcement and emergency response vehicles, 3) self-referrals.

The average length of stay at the Community Triage Center is 2.2 days. By using our triage method, we are able to provide needed services such as social detoxification in a medically supervised environment as well as medical, substance abuse and mental health treatment needs assessments.

In addition, we have begun to track the number of individuals that are diverted from EMS services directly to the CTC. In August the total number diverted from EMS services was 51. We anticipate this number will increase sharply in response to a broader Chronic Public Inebriate (CPI) protocol for the diverting of non-emergent individuals with substance abuse problems that was passed on August 6, 2003 in the EMS Medical Advisory Board. There is an even greater resource savings to the community when an individual can avoid an unnecessary emergency room visit and be admitted directly to the Community Triage Center.

EXHIBIT <u>B</u>	MentalHealth	Document consists of <u>2</u> pages
<input checked="" type="checkbox"/>	Entire document provided.	
<input type="checkbox"/>	Due to size limitations, pages ____ through ____ provided.	
A copy of the complete document is available through the Research Library (775-684-6827 or e-mail library@icb.state.nv.us).		
		Meeting Date <u>10-9-03</u>

	March		April		May		June		July		August		6-Mo Total	Yr to Date
Type of Referral	Admits per Category	% of Monthly Admissions	Admits per Category	% of Monthly Admissions	Admits per Category	% of Monthly Admissions	Admits per Category	% of Monthly Admissions	Admits per Category	% of Monthly Admissions	Admits per Category	% of Monthly Admissions		
Chronic Public Inebriate	47	11%	45	10%	54	10%	51	9%	37	8%	51	11%	285	348
Civil Protective Custody	97	23%	155	32%	73	14%	65	13%	69	14%	73	15%	532	649
Hospital Transports	49	11%	99	20%	152	29%	147	29%	155	32%	149	32%	751	793
Community/Self Referral	234	55%	187	38%	243	47%	250	49%	219	46%	198	42%	1331	1538
Total Admissions	427		486		522		513		480		471		2899	3328

(The above numbers reflect a correction in reporting from the August 2003 report.)

### **Staffing**

Unfortunately, not all of the expected funding for the CTC has been realized. This has led to creative reorganization with some staff reduction.

POSITION	
CTC Director	1.0
Administrative Assistant	1.0
Physician Extender	.7
Nursing Services Coordinator	.7
Program Services Coordinator	1
Licensed Practical Nurses	4.6
Emergency Medical Technicians	4.6
Counselor Technicians	4.6
Mental Health Counselors	2.0
Case Managers	2.0
Substance Abuse Counselors	3.0
Coordinator of Transportation Services	1.0
Drivers	4.6
Cooks	1.0
Maintenance	1.0
Total FTEs	32.8

CONTRACT POSITIONS	
Consultant Doctors	3.0
Consultant Psychiatrists	1.0
Physician Extenders	2.0

### **Transportation System**

Transportation requests from area hospitals have grown significantly. In March, 11% of our admissions were from area hospitals and in August that amount increased to 38%. All hospitals in the Southern Nevada area have benefited from the ability to discharge patients from their emergency rooms and refer them to WestCare for needed services. Transportation statistics from area hospitals are listed below.

	MAR	APR	MAY	JUN	JUL	AUG	YTD
UMC	13	34	57	55	60	52	271
VALLEY	8	8	14	8	13	29	80
SUNRISE	13	19	23	47	44	44	190
DESERT SPRINGS	4	4	14	11	7	13	53
ST. ROSE DELIMA	3	5	8	6	7	6	35
LAKE MEAD	4	5	24	9	12	20	74
MOUNTAIN VIEW	1	0	1	2	1	4	9
SUMMERLIN	3	3	5	6	8	7	32
BOULDER CITY	0	0	1	3	0	0	4
ST. ROSE SIENA	0	5	5	5	1	4	20
	49	83	152	195	153	179	811

Extremely low call back percentages (less than 3% for a return to a hospital because of medical or psychiatric crisis) indicate that we are utilizing this protocol appropriately. A quality assurance study will be initiated in September by the Clark County Health District (CCHD) to confirm our statistics.

Callbacks			
May	June	July	August
4%	4%	2%	2%

### **Pharmacy and Pharmaceuticals**

In the last six months we have been operating primarily with one pharmacy contract. Our pharmacy expenditures continue to average approximately \$5,000 per month. At this time we are hopeful that our review of state statutes and discussions with the State Pharmacy Board will permit us to use a more cost effective method of providing detoxification medication to the clients we serve.

### **Professional Services**

With our professional interdisciplinary team approach to client care we are able to develop a comprehensive plan of care that will immediately address the needs of a client, create a follow-up care plan and prepare for discharge. After discharge, our team continues to have client contact to assist in removing barriers that can lead to relapse. Case management and follow-up care is vital to the client's ability to change the maladaptive behavior which leads them to rely on emergency rooms as their primary medical and mental health service provider.

### **Medical Services**

Medical services include services provided by an addictionologist, a psychiatrist, a nurse family practitioner, nurses and emergency medical technicians. New admissions are provided with 24-hour visual observation and are closely monitored for physical and mental health concerns.

### **Mental Health Services**

Mental Health services at the CTC are in full operation. Many individuals are transported from hospitals because they have been medically cleared from a legal 2000 or there is question as to whether presenting mental health symptoms are related to a substance abuse issue. Licensed clinicians do a thorough mental health assessment and if needed, they are seen by a board certified psychiatrist. If deemed necessary, medication is prescribed and provided. In addition, case management services are provided to help clients link to appropriate services in the community, which are followed up by CTC staff to provide needed support and promote the need for long-term care.

Currently we are working with community stakeholders on a new project to research the legal 2000 issue. A registry is necessary to discover why and by whom legal 2000s are being written. More information will be provided, as it is available.

<b>Mental Health Service</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>	<b>June</b>	<b>July</b>	<b>Aug</b>	<b>6 Mo Total</b>	<b>YTD</b>
Assessments By Licensed Clinicians			171	165	186	166		822
Case Management Service Contacts			276	333	327	400		1470
Evaluation By Psychiatrist			51	45	55	69		248
Attending Mental Health			-	63	93	121		277

Groups								
Total Number Of Specialized Sessions			322	441	475	590		1995

### **Detoxification and Other Substance Abuse Services**

Individuals who are under the influence of alcohol or other drugs are assessed for signs and symptoms of withdrawal. WestCare continues to operate under a social detoxification model. However, to prevent life threatening effects of withdrawal, a medical overlay of physicians and a family nurse practitioner are available 24 hours a day as needed.

The goal of the Community Triage Center is to transition clients into appropriate levels of care once discharged from our facility. Licensed substance abuse counselors offer a comprehensive assessment to those clients who are in need of long-term treatment services. We provide group therapy to individuals who are slated for treatment, but are unable to enter immediately. This provides for them a bridge from detoxification to treatment.

### **Physical Facilities**

The 4<sup>th</sup> street facility is fully operational with a capacity of 52 licensed beds. Clients are placed in beds based on acuity with the most acute being under 24 hour continuous observation. We look forward to moving to a larger facility in the near future.

### **Summary**

In the last six months we have developed a unique program that has the potential to become a national model. The Community Triage Center continues to refine and improve services so that we can meet the targeted needs of the community. Our statistics demonstrate a steady growth in number of clients served. The community has many gaps in necessary services and while we cannot meet all the social needs of the community, we are able to serve those with detoxification and mental health problems. The problems with overcrowding in emergency rooms and detention centers are not just a local concern, but also one that is confronting communities across the country. Southern Nevada is leading the way with the Community Triage Center concept.

### **Distribution List**

Boulder City, John Sullard, City Manager  
City of Las Vegas, Doug Selby, City Manager  
City of Henderson, Phil Speight, City Manager  
Clark County, Thom Reilly, County Manager  
Clark County, Doug Bell, Manager of Community Resources Management  
Clark County, Brian Paulson, Senior Management Analyst  
North Las Vegas, Kurt Fritsch, City Manager  
Boulder City Hospital, Kim Crandall, CEO  
Desert Springs Hospital, Carl W. Fitch, CEO  
Lake Mead Hospital, Robert Caldwell, CEO  
Mountain View Hospital, Mark Howard, CEO  
Spring Valley Hospital, Karla Perez, CEO  
St. Rose/Siena, Rod Davis, CEO

Summerlin Hospital, Leslie Paul Luke, CEO  
Sunrise Hospital, Allan Stipe, CEO  
University Medical Center, Mike Walsh, Acting CEO  
Valley Hospital Medical Center, Greg Boyer, CEO  
Clark County Health District, Dr. Donald Kwalik, Chief Health Officer  
Clark County Health District, Jane Shunney, Assistant to the Chief Health Officer  
Las Vegas Metropolitan Police Department, Bill Young, Sheriff  
Las Vegas Metropolitan Police Department, Kathryn Landreth, Legal Counsel  
Las Vegas Metropolitan Police Department, Janelle Kraft, Budget Director