

# **FORENSIC MENTAL HEALTH TEAM**

2016

Northern Nevada Adult Mental  
Health Services

Agenda Item XI C—HEALTH CARE  
Meeting Date: 08-24-16

## **SITUATION**

- ▣ The local mental health population lacks resources
- ▣ The Washoe County Detention Center has become the Quasi Mental Health Hospital in Northern NV, housing more mentally ill inmates than the state mental hospital.
- ▣ Revolving door

- ▣ Numerous admissions into local hospitals
- ▣ Local EMS highly impacted
- ▣ Cost to tax payers is very high, higher than inmates with no mental illness

## **What to do?**

- ▣ What is the Forensic Mental Health Team?
- ▣ Key players
  - State of Nevada
  - Washoe County Sheriff's Office
  - Local organizations
  - Specialty Courts
  - CJAC Mental Health Group
  - Washoe County Social Services

## WHAT HAS BEEN DONE SO FAR?

- ▣ A collaborative effort between the WCDC, NNAMHS, P&P and the PD's Office to obtain grant funding was attempted but was unsuccessful.
- ▣ Allowed Northern NV to put a business plan together to design a jail re-entry pilot project.
- ▣ NNAMHS evaluated their admission process to aid LE create a more efficient process

- ▣ FMHT is staffed with 1 MHC 2 (reassigned), 1 MHC3, 1 Psych Nurse (vacant), and 3 PCW's (1 vacant) to serve 62 mentally ill, legally involved adults.
- ▣ MHC 3 provides supervision and oversight to the program, while handling a reduced case load.
- ▣ According to national journals, ratio for case loads are best suited at 1:10  
[https://ncc.expoplanner.com/files/7/SessionFileshandouts/E6\\_Weisman\\_2.pdf](https://ncc.expoplanner.com/files/7/SessionFileshandouts/E6_Weisman_2.pdf)
- ▣ Housing through NNAMHS



- ▣ PCW's assist with daily living, community referrals, coordination with specialty programs, linking to financial, medical, educational, and housing aid.
- ▣ Psych nurse assists all clients with psychiatric appointments, medication boxes, and delivering injections.
- ▣ This team-based approach allows clients to receive numerous services in one location, while still receiving individualized care.

## **Realization**

- ▣ Admitted clients represent some of the most acute clients in the area.
  - High incidence of homelessness
  - High incidence of substance abuse
  - High treatment and medication non-compliance
  - Many with history of violence and sexual offenses
  - Housing maintenance for this population has proven to be challenging, but success in engaging and stabilizing is being realized

# **Admission criteria for the FMHT?**

- ▣ Must have an Axis I SMI diagnosis
- ▣ Must have at least 1 jail detention in past 12 months.
- ▣ Must have at least 1 psychiatric hospitalization in past 12 months.

## **Where are we now?**

- ▣ Preliminary statistics :
- ▣ We currently have 63 in the program with 9 on a waiting list.
  - 99% Schizophrenia, Schizoaffective or Psychosis diagnosis
  - 1% Bipolar, Major Depressive Disorder or Mood disorder diagnosis
  - ~80% Have a co-occurring substance use disorder

# How are we doing?

- ▣ The WCDC tracked 26 inmates from January 2010 to June 2012(FMHT start date) and post start until June 2013. Tracked gender, # of bookings, total bed days, cost of incarceration and veteran status.

## Our findings!

Pre FMHT

Gender:	M:16	F:10
# of bookings:	116	
Total bed days:	3140	
Cost:	\$348,540	(\$111/day)

Post FMHT (through 2013)

# of bookings:	27	(-77%)
Total bed days:	511	(-84%)
Cost:	\$56,721	(-84%)

77% reduction in hospital days based on 1 yr prior  
Pre FMHT

Veteran status:	1
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# Updated Findings

Current compiled findings for 5/15/15 through 6/1/16

N=62

# of bookings = 12

# of days incarcerated = 214

This represents a further reduction in the number of incarcerations and days by over 50%, not taking in to account an increase in clients by 238%

## Comparing all the data

Pre FMHT

4.29 bookings/person, 120.7 days/person

Through 2013

1.03 bookings/person, 19.65 days/person

Today

.19 bookings/person, 3.45 days/person

## **Talking numbers**

- ▣ Annual decrease in costs for the county with reduced inmate expenses totals \$2.1 million dollars since 2013
- ▣ Incarceration costs for Forensics clients last fiscal year totaled \$23,199, reducing costs by another 83% over the last year. 3 year cost reduction is 94%

## **Talking numbers**

- ▣ Just as important are recidivism numbers.
  - Zero felony re-offenses in 3 years of operation
  - Only 7 individuals re-arrested while receiving FMHT services.



# Where do we go from here?

- ▣ Community resources are extremely important. We link our clients with every possible resource available.
  - Client must be agreeable
  - We are not omnipotent
- ▣ The need for a Forensic team is growing and current staff cannot keep up.
  - Turnover is extremely low. ~1 per year
  - Wait list continues to grow, and no new clients can be accepted.

- ▣ Step-down services, particularly in the community.
  - Once a client is ready to terminate FMHT services, they must be linked to community resources for continued success.

- ▣ Success with the outlined population has been demonstrated with numbers. Continued success hinges upon further support from the governing bodies of NNAMHS and DPBH.