

Las Vegas Fire & Rescue

Mobile Integrated Health Care

Mobile Integrated Healthcare

Sex Trafficking
Awareness
Training

Homelessness Initiatives:
COC
Corridor of Hope

Nevada

2-1-1



Emergency
Nurse
Call Line



CHIPs and
AMR

CHIPs +
Community
Paramedic

Crisis Response
Team

High 9-1-1
Utilizers

Opioid
Response?

Grant
Funded
(TBD?)

Grant
Funded



Las Vegas Fire and Rescue
Community Paramedicine
CHIPs 2nd Responders

Needs Assessment: LVFR 2017 Experience with High 9-1-1 Utilizers

Top 14 High 9-1-1 Utilizers	Number of Calls in 2017
#1	104
#2	79
#3	71
#4	52
#5	45
#6	42
#7	39
#8	38
#10	31
#11	31
#12	30
#13	27
#14	20
2017 data from all EPCR sources like SSN, name, and address	
Highlight = Homeless	

Number of Calls	Number of People
10+	82
15+	37
20+	16
25+	5
2017 Number of callers, greater than 10 calls, by SSN only.	

Three Main CHIPs (2nd Responders) & Community Paramedic Roles

Navigate Client to **Medical** Resources

Home Visits

- Home Safety
- Medical Evaluation
- Medication Inventory

Coordination of Medical Care

- Primary Care Physician
- Pharmacist
- Transportation

Navigate Client to **Social** Resources

Home Visits

- Home Safety
- Mental History
- Addiction Assessment

Coordination of Social Care

- Primary Care Physician
- Pharmacist
- Mental Health Prof.
- Addiction Spec.

Educate Client re: Medical Condition and Healthy Lifestyle

Teach Navigation and Self-Sufficiency

- Medical Navigation
- Prescription Management

Teach Healthy Lifestyle

- Nutrition
- Social Safety Navigation

CHIPs (2nd Responders) Outcome Numbers

- 2017 ,
 - 42% call reduction among referred clients
 - 843 Clients served
 - 53% of clients were 62+
- 2018
 - 51.4% call reduction among referred clients
 - 928 Clients served
 - 259 clients received Interim Gap Services
 - 50% clients reported having a higher quality of life, post intervention

Crisis Response Team

American Medical Response
Community Health Improvement Program “CHIPs”
Las Vegas Fire and Rescue

CRT Program (Overview)

Crisis Response Team:

Licensed Clinical Social Worker on an ***ALS ambulance***

- Responds to **9-1-1 psychiatric emergencies**
 - EMS providers conduct a medical screening
 - LCSW does a psychiatric assessment
- CRT can transport the patient directly to the most appropriate level of care.
 - Possible Patient Destinations
 - **ER** – if patient is unstable or outside of protocol parameters.
 - **Behavioral / Psychiatric Facility** – if patient is stable and volunteers to see psychiatric help
 - **Sobering Center** – if patient's only malady is inebriation
- CHIPs social worker follows up with patients transported to psychiatric facility.

Psychiatric Mimics

- CRT personnel were trained on these common conditions that could potentially cause psychiatric/behavioral health symptoms:
 - Endocrine Disorders
 - Infection (Sepsis, Meningitis)
 - Tumor
 - Encephalitis
 - Subdural/Epidural Hematoma
 - Stroke
 - Delirium (Acute, Excited)

Psychiatric Patient Destination Protocol (DRAFT)

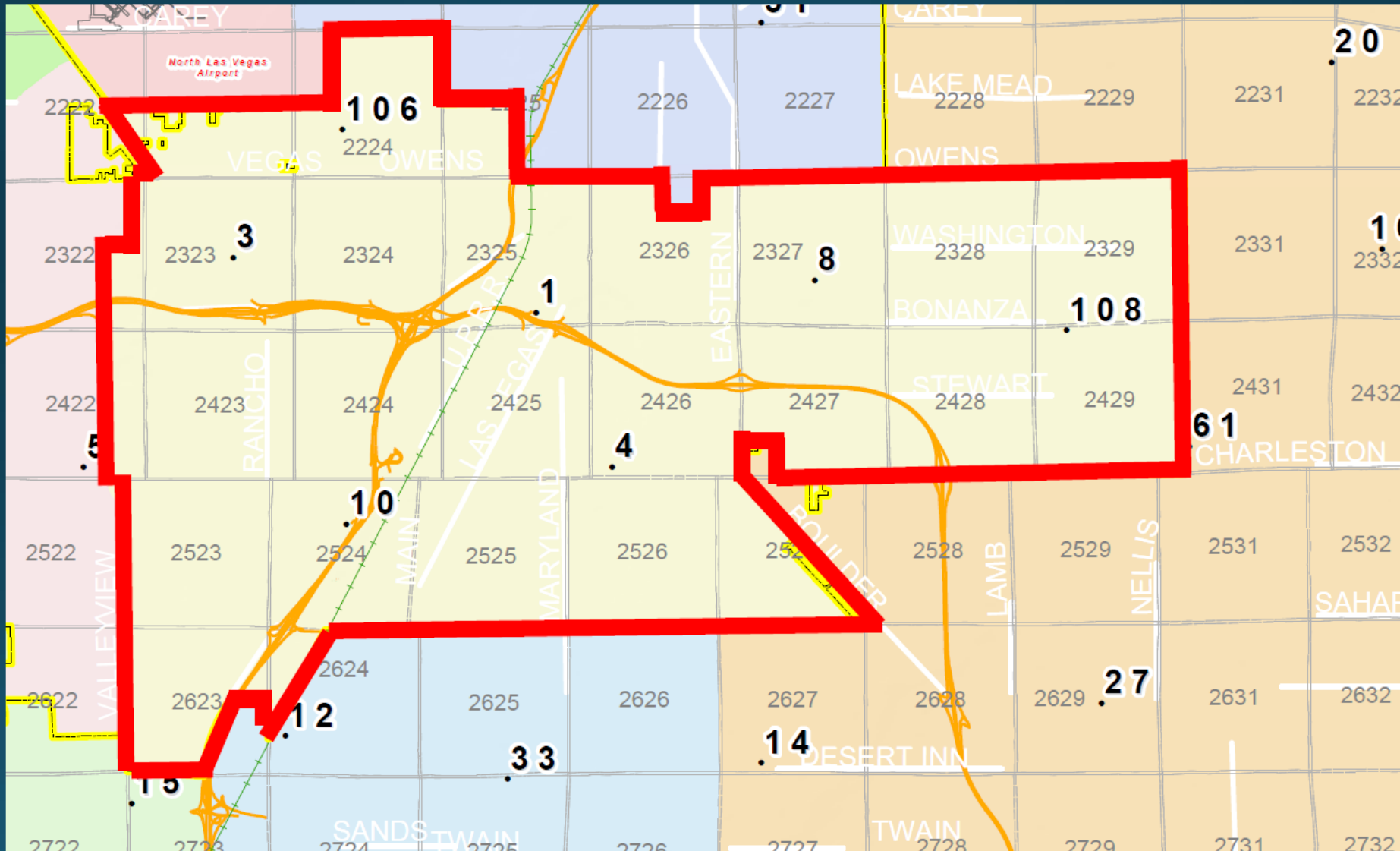
- A patient with a primary mental health complaint and no other emergent medical need, may be transported to a Psychiatric Receiving Facility rather than a hospital's emergency department **IF** the patient meets **ALL** of the following criteria:
 - ☐ Patient is 18 – 60 years old
 - ☐ Patient is cooperative and follows instructions/commands
 - ☐ Vitals as follows:
 - BP – systolic 100-180, Diastolic 60-120
 - Pulse rate – less than 110, regular
 - Respiratory rate – 12-22
 - Blood glucose 60-200
 - SpO₂ greater than 94% on room air
 - Temperature less than 100.4° F

A complete set of vital signs, including temperature and SpO₂ is required.

Psychiatric Patient Destination Protocol (DRAFT)

- If the patient meets any of the following exclusion criteria, they must be transported to the emergency department in accordance with the General Adult Assessment Protocol.
 - ☐ Agitation requiring chemical or physical restraint
 - ☐ Altered mental status or delirium
 - ☐ New onset psychosis
 - ☐ Presence of an emergent medical or traumatic condition
 - ☐ History or signs of head trauma
 - ☐ Suspicion or history of ingestional error
 - ☐ History or recent fever or EMS temperature of greater than 100.3° F
 - ☐ Any abnormal vital signs
- Substance abuse (cocaine, methamphetamine). If a patient admits to using cocaine and/or methamphetamine and the repeated heart rate is between 110-120, the EMS provider must contact medical control to determine patient destination.

CRT (Pilot) Response Area: Battalion 1



April '19 Stats

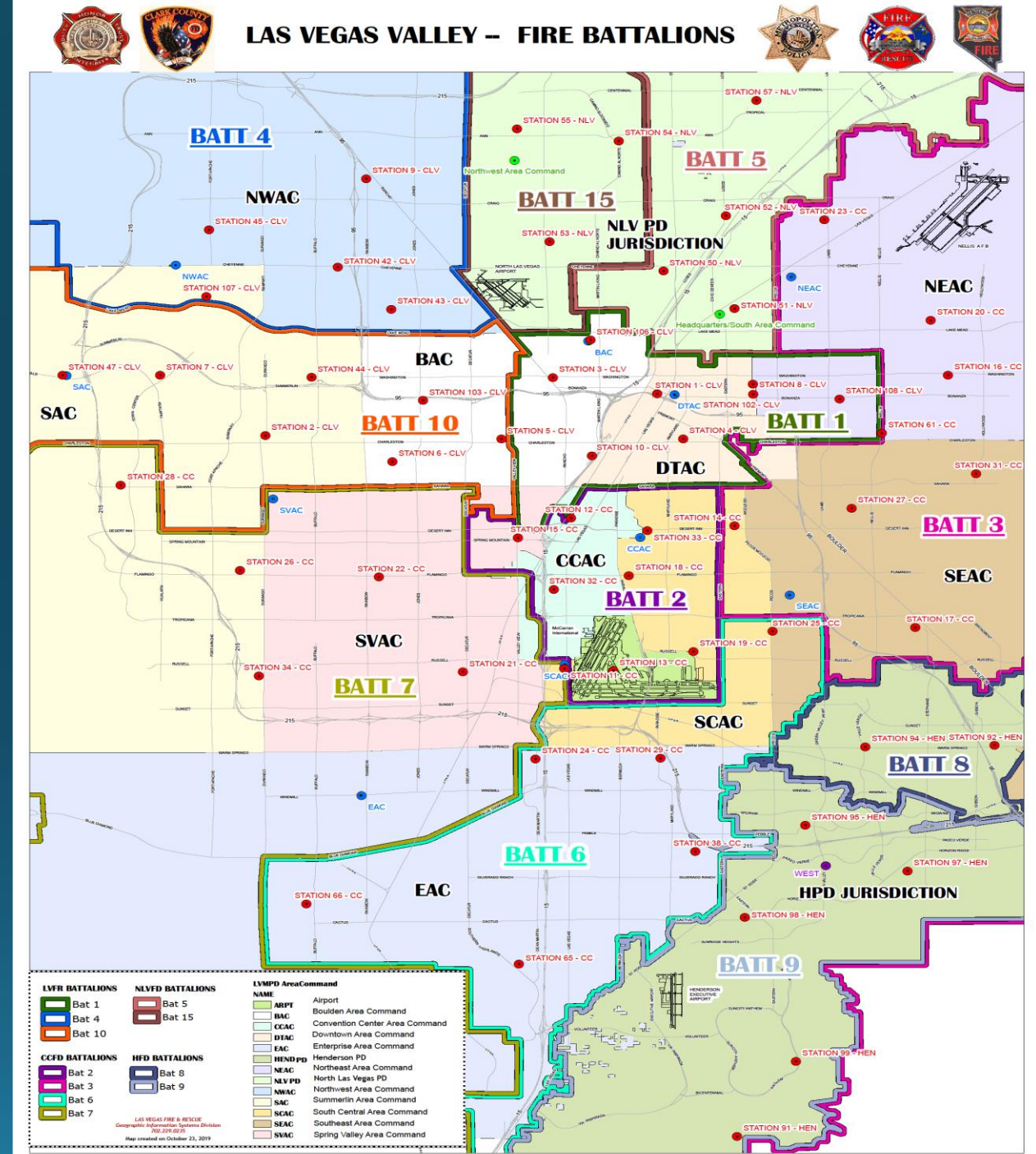
Row Labels	Count of Status	% of Status
GOOD	269	46%
MISSED	8	1%
ONTASK	223	38%
OOS	85	15%
Grand Total	585	100%

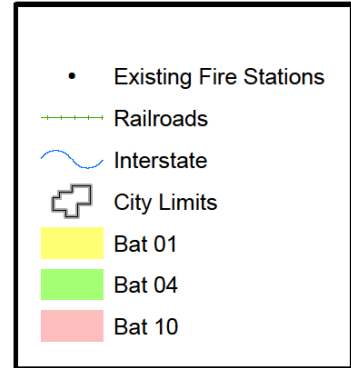
Call Type	Count of Incidents	Percentage
25A-00 Psychiatric Override	4	0.68%
25A-01 Non-suicidal	12	2.05%
25A-Psychiatric/SuicideAttempt	331	56.58%
25B-00 Psychiatric Override	1	0.17%
25B-4Psychiatric/Suicide	1	0.17%
25B-Psychiatric/Suicide	197	33.68%
25O-01 Non-suicidal 1st Party	30	5.13%
25O-02 Suicidal (Not Threat)	9	1.54%
Grand Total	585	100.00%

	Count	HOD																									
	DOW		0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	Grand Total
Sun	D1		1	1	2	4	2		2	1	5		3		3	5	5	6	2	5	3	3	3	4	7	3	70
Mon	D2		4	4	3	2	2	1	1	1	5	3	4	3	5	4	2	5	5	3	4	2	5	3	4	3	78
Tues	D3		5	2	1	2	4	1	4	4	2	2	3	6	8	5	5	5	3	5	6	1	4	7	5	5	95
Wed	D4		3	2	2		2		3	3	1	4	3	5	1		8	3	2	4	7	3	5	5	5	1	72
Thu	D5		1	2	2	1	1	2	4	2	1	3	4	6	6	3	7	5	4	6	6	7	5	8	5	2	93
Fri	D6		1	5	4	1	2	1		1	1	5	3	5	6	2	8	6	6	3	10	4	6	4	4	6	94
Sat	D7		6	3	2	6	4		4	1	2	2	4	5	6	2		2	5	3	6	5	5	3	5	2	83
	Grand Total		21	19	16	16	17	5	18	13	17	19	24	30	35	21	35	32	27	29	42	25	33	34	35	22	585

All Psychiatric Calls: 7/2018 to 7/2019

Battalion (Highest to Low)	Total	Calls/Day
Battalion 1 (LVFR)	5558	15.23
Battalion 3 (CCFD)	4221	11.56
Battalion 2 (CCFD)	3708	10.16
Battalion 10 (LVFR)	2027	5.55
Battalion 7 (CCFD)	1980	5.42
Battalion 4 (LVFR)	1861	5.10
Battalion 6 (CCFD)	1515	4.15
Battalion 5 (NLVFD)	1040	2.85
Battalion 15 (NLVFD)	935	2.56
Total	22845	61.61





GIS maps are normally produced only to meet the needs of the Fire Departments.
Due to continuous development activity this map is for reference only.

Geographic Information System

Fire Alarm Office
(702) 229-0062

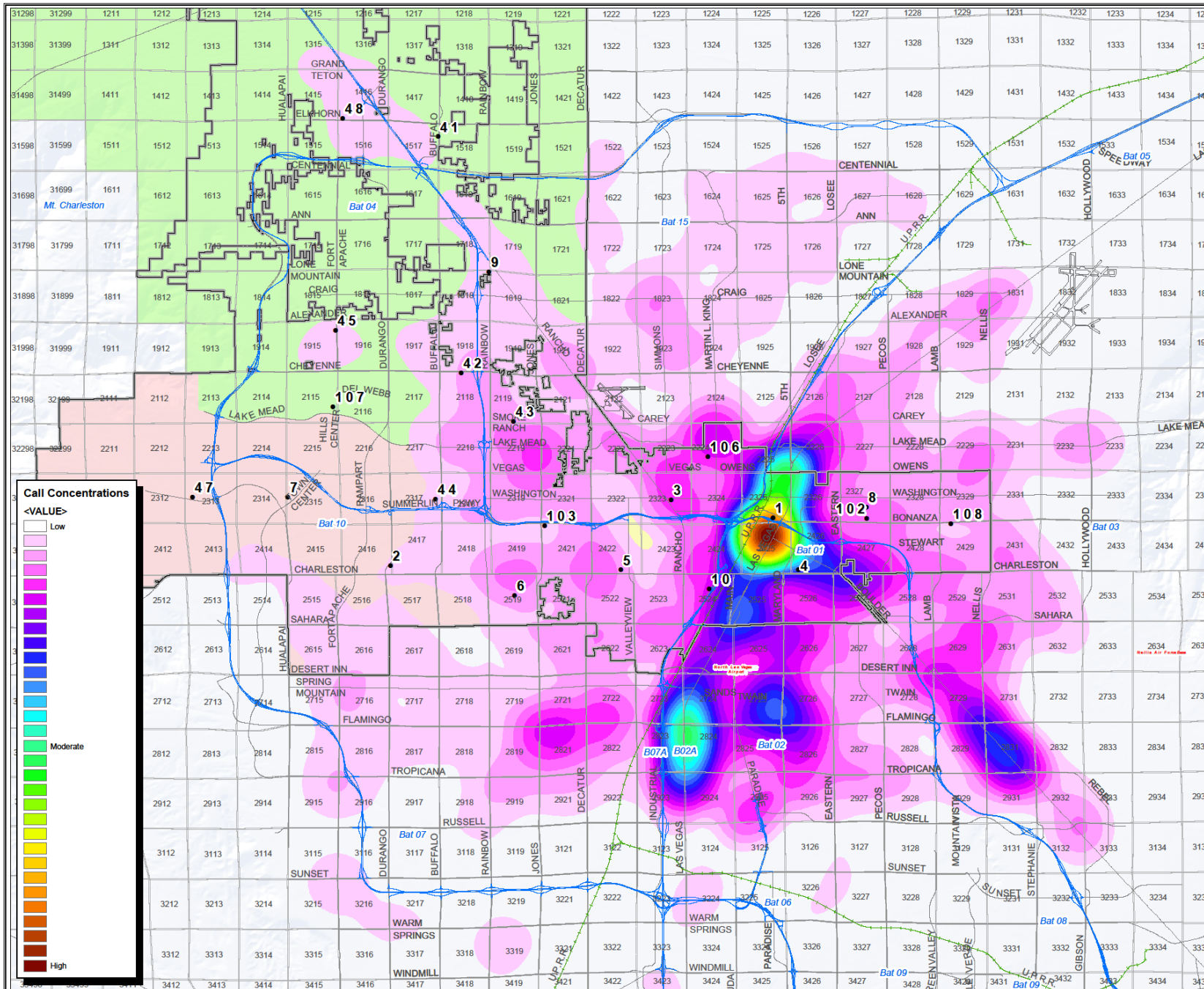


October 17, 2019

25 Bravo Call Concentraions for FY 2019

- Existing Fire Stations
- Railroads
- Interstate
- City Limits
- Bat 01
- Bat 04
- Bat 10

7/2018 to 7/2019
"Bravo" level
Psychiatric Calls
Total = 9342



GIS maps are normally produced only to meet the needs of the Fire Departments. Due to continuous development activity this map is for reference only.

Geographic Information System

Fire Alarm Office
(702) 229-0062

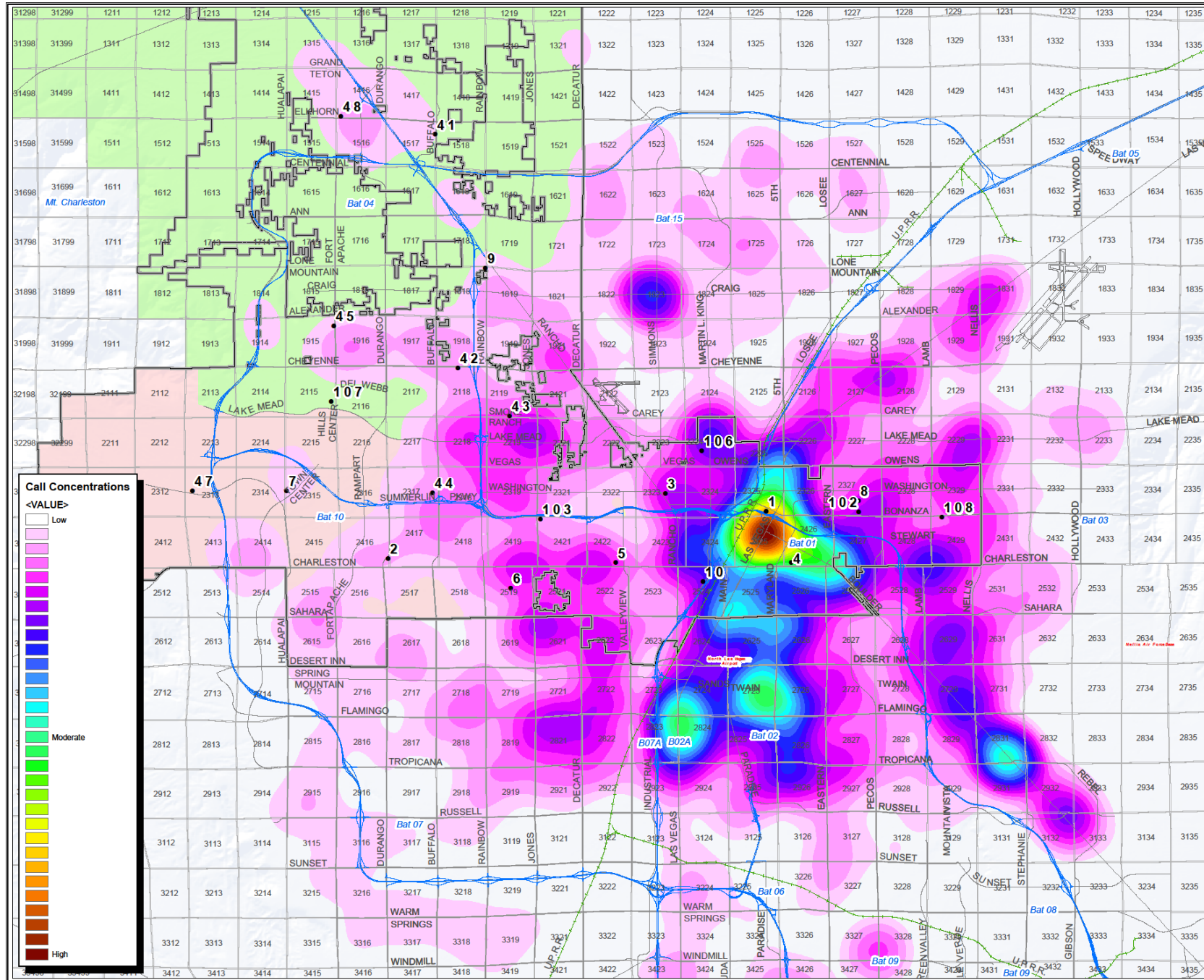
October 17, 2019



F16 - L2K Call Concentraions for FY 2019

- Existing Fire Stations
- Railroads
- Interstate
- City Limits
- Bat 01
- Bat 04
- Bat 10

7/2018 to 7/2019
"L2K" Psychiatric
Calls
Total = 3705



GIS maps are normally produced only to meet the needs of the Fire Departments. Due to continuous development activity this map is for reference only.
Geographic Information System
Fire Alarm Office
(702) 229-0062



October 17, 2019

On-Year Metrics

One-Year Metrics

- Calls run by CRT = 2243
- Transports to care other than ER = 1050 (47%)
- Number of patients transported on L2K = 282 (12%)

**CRT allows approximately 90% of
psychiatric patients to AVOID L2K
application**

Homelessness and 9-1-1 Psych Calls (Six-Month Snapshot, CRT ONLY)

Month in 2019	Homeless "Yes"	Homeless "No"	Not Known	Total CRT Calls/Month	Percent Homeless
October	92	93	6	191	48%
September	91	77	5	173	53%
August	93	70	4	167	56%
July	93	81	5	179	52%
June	83	58	7	148	56%
May	78	93	10	181	43%
Averages	88.33	78.67	6.17	173.17	51.26%

Next Phases and Needs:

Goal is 24/7 valley-wide CRT coverage

Phases

- Increase Number of CRT Units
- Incorporate Telemedicine

Needs

- Funding of X? amount
- Expansion of transport destinations (and their support)
- Housing support for homeless psychiatric patients

Thoughts on Decision-Making

Leaders can make decisions to either make things better or to make things quiet. - Me

1.) You can do what you always **do** or have always **done**.

- Safe
- Keeps things quiet

2.) You can do what you **could** do.

- You see the goal and the path.
- Would make things better.
- May or may not keep things quiet
 - You may be doing a little more with less.
 - You may be realizing what was always possible.

3.) You can do what you **should** do.

- You can see the goal, but you may not see the path.
- Reaching the goal will make things better.
- Least likely to keep things quiet.

Closing Thought:
“Limited but unbounded.”

