



Nevada's Crisis Response System

Information current as of 7/16/22

Nevada's Vision and Mission for Crisis Response

Vision

The Crisis Response System and 988 will serve as the foundation of Nevada's behavioral health safety net. We will reduce behavioral health crises, strive to attain zero suicides in our state, and provide a pathway to recovery and well-being.

Mission

Everyone in Nevada will have immediate access to effective and culturally informed behavioral health services, crisis services, and suicide prevention through 988 and the Crisis Response System.

Nevada's Guiding Principles

Implementation of the Crisis Response System will be guided by these best practices

UNIVERSAL & CONVENIENT ACCESS

- Public awareness and engagement
- Resources for self-help
- Multi-channel availability
- Reliable and timely response

HIGH QUALITY & PERSONALIZED EXPERIENCE

- Localized response based on geographic area
- Connection to local public health and safety services
- Follow-up as needed

CONNECTION TO RESOURCES & FOLLOW-UP

- Tailored support based on the age, culture, language, and other characteristics of each person
- Consistency in line with best practices

SOMETHING GREAT IS COMING!

The 988 Crisis Line is live as of July 16, 2022

After July 16th 2022

CALL 911

If you need fire,
police, or an
ambulance



Call 988

if experiencing a
behavioral health
crisis or suicidality

Rationale for 988

- Since 1999 rates of suicide have increased by 30% nationwide, though NV is one of the few states that has seen a decrease or held steady
- 1 in 5 people over the age of 12 have a mental health condition, both nationwide and in Nevada
- Suicide is the second leading cause of death among young people, and the ninth leading cause of death in the Silver State
- Suicide is most often preventable. For every person who dies by suicide, there are 280 people who seriously consider suicide but do not kill themselves.

Rationale for 988 cont.

- A direct three-digit line to trained counselors will open the door for millions of Americans to seek the help they need
- An easy to remember and dial number will make it easier to reach people in emotional crisis

When you've got a police, fire or rescue emergency, you call 911.

When you have a mental health need, you'll call 988.

Rationale for 988 cont.

A 988 crisis line that is effectively resourced and promoted will be able to:

- Connect a person in a mental health crisis to a trained counselor who can address their immediate needs and help connect them to ongoing care
- Reduce healthcare spending with more cost-effective early intervention
- Reduce use of law enforcement, public health, and other safety resources
- Meet the growing need for crisis intervention at scale
- Help end stigma toward those seeking or accessing mental healthcare

National Suicide Hotline Designation Act of 2020

- Became law October 17, 2020
- Requires states to move from a 10 digit number to a 3 digit number (988)
- Enables states to establish a fee or charge for commercial mobile service or IP-voice over service for 988 services (does not exclude land lines)
- If a fee or charge is imposed, requires states to establish a fund sequestered to be obligated and expended only in support of 988 and crisis services. SB390 was based in Nevada in 2021 which includes establishment of this fee.
- The separate fee and fund that can be established legislatively would not and can not supplant existing resources or 911 funds
- Use of the funds are limited to 988, mobile crisis, and crisis services.

Federal legislation mandating the rollout of the 988 behavioral health and suicide crisis number by July 16, 2022

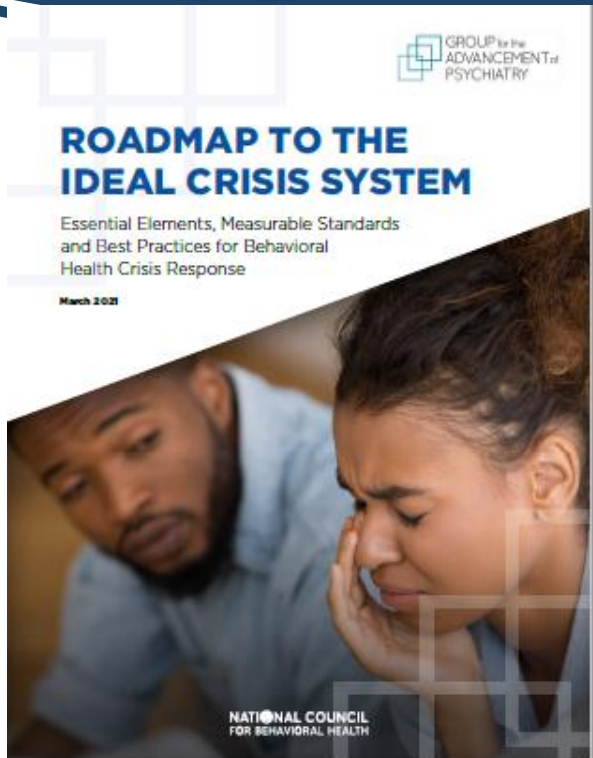
988 Implementation in Nevada

- Nevada received a planning grant to assist in development of a 988 Implementation Plan to help prepare for the line going live on July 16, 2022.
- The draft plan was sent September 30, 2021, and includes goals, objectives, and strategies for 988 implementation through June 30, 2023. A final version of the plan was submitted in January 2022.
- The plan developed under this grant was specific to 988 implementation, but Nevada expanded it to implement a complete Crisis Response System. 988 will serve as an entry point into this system.

988 Implementation in Nevada: SB390

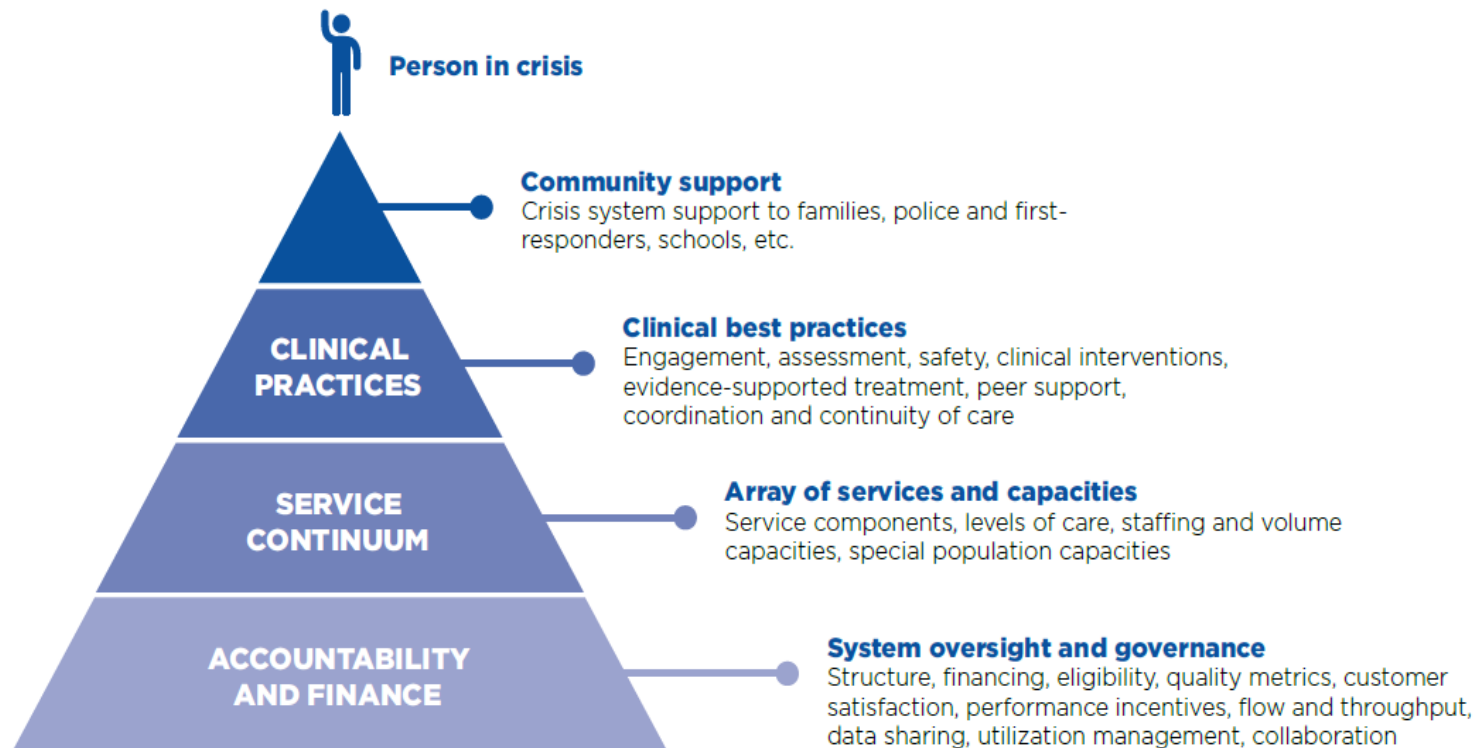
- Legislation to establish 988 passed the Nevada Legislature on May 31, 2021, and was signed by the Governor on June 4, 2021
- SB390 includes a funding mechanism to support 988 through a surcharge on phone lines

Roadmap to the Ideal Crisis System



The Committee on Psychiatry and the Community for Group for Advancement of Psychiatry (GAP) defines understandable, achievable, and measurable expectations for ideal behavioral health crisis system performance, so any community can know what its crisis system should be and take steps over time to achieve that goal.

Continuum of Care



What is a Behavioral Health Crisis System?

- It is more than a single crisis program, such as a mobile crisis team, a psychiatric emergency service or a crisis residential unit, and more even than just a few of those distinct elements
- It is an organized set of structures, processes, and services that are in place to meet all the **urgent and emergent behavioral health crisis** needs of a defined population in a community, **as soon as possible and for as long as necessary**
- It involves an array or continuum of components, processes, and services managed collaboratively and interlinked
- It is intended to be distinguished from the routine system of short-term or ongoing care, although the two must necessarily interact seamlessly for service users and providers alike.

System Design Guidance for the Ideal System

1. Based on specified, agreed-upon values
2. Accountable for people and populations
3. Have the expectation that systems, populations and individuals in crisis are complex

System Design Guidance for the Ideal System cont.

4. Designed to be clinically effective
5. Designed to be cost-effective
6. Provide values-based involuntary interventions when there is no other way to prevent harm
7. Use shared data for continuous improvement

Coordinated Crisis Continuum – National Guidelines



Crisis Center (someone to talk to- **988**)



Crisis Mobile Team Response (someone to respond)



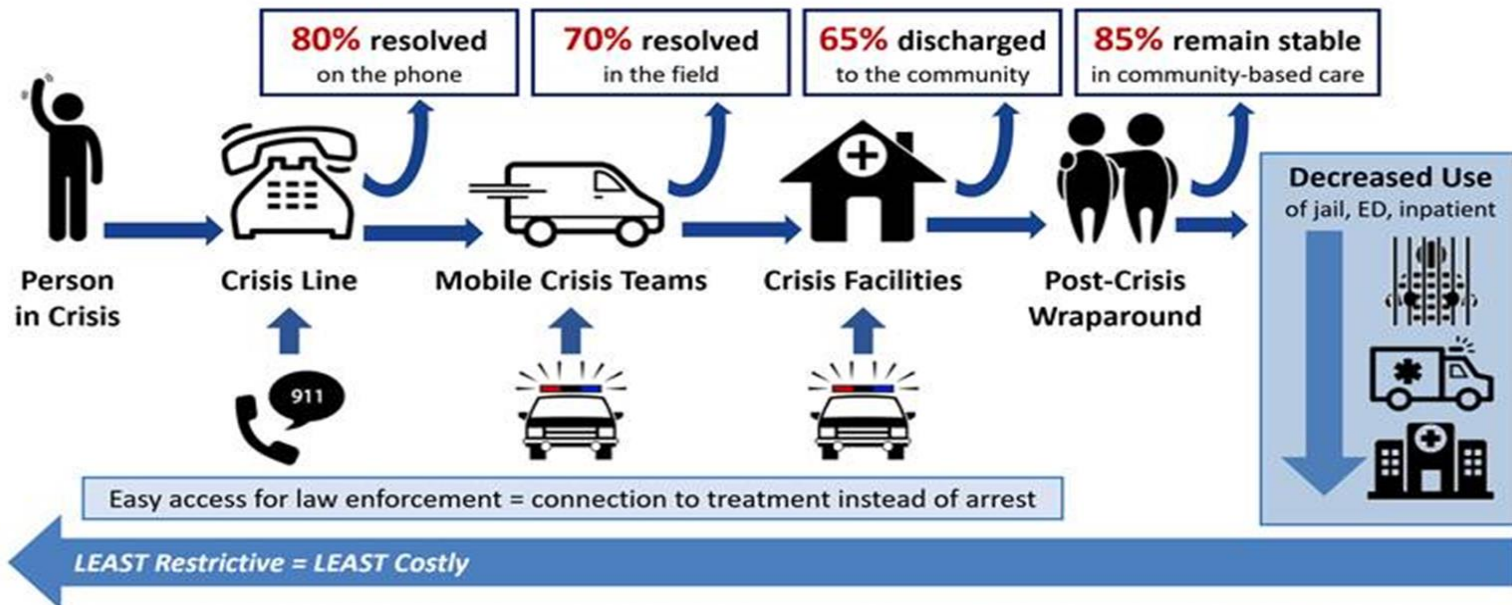
Crisis Receiving and Stabilization Services (a safe place for help)



Essential Crisis Principles and Practices (best practices)

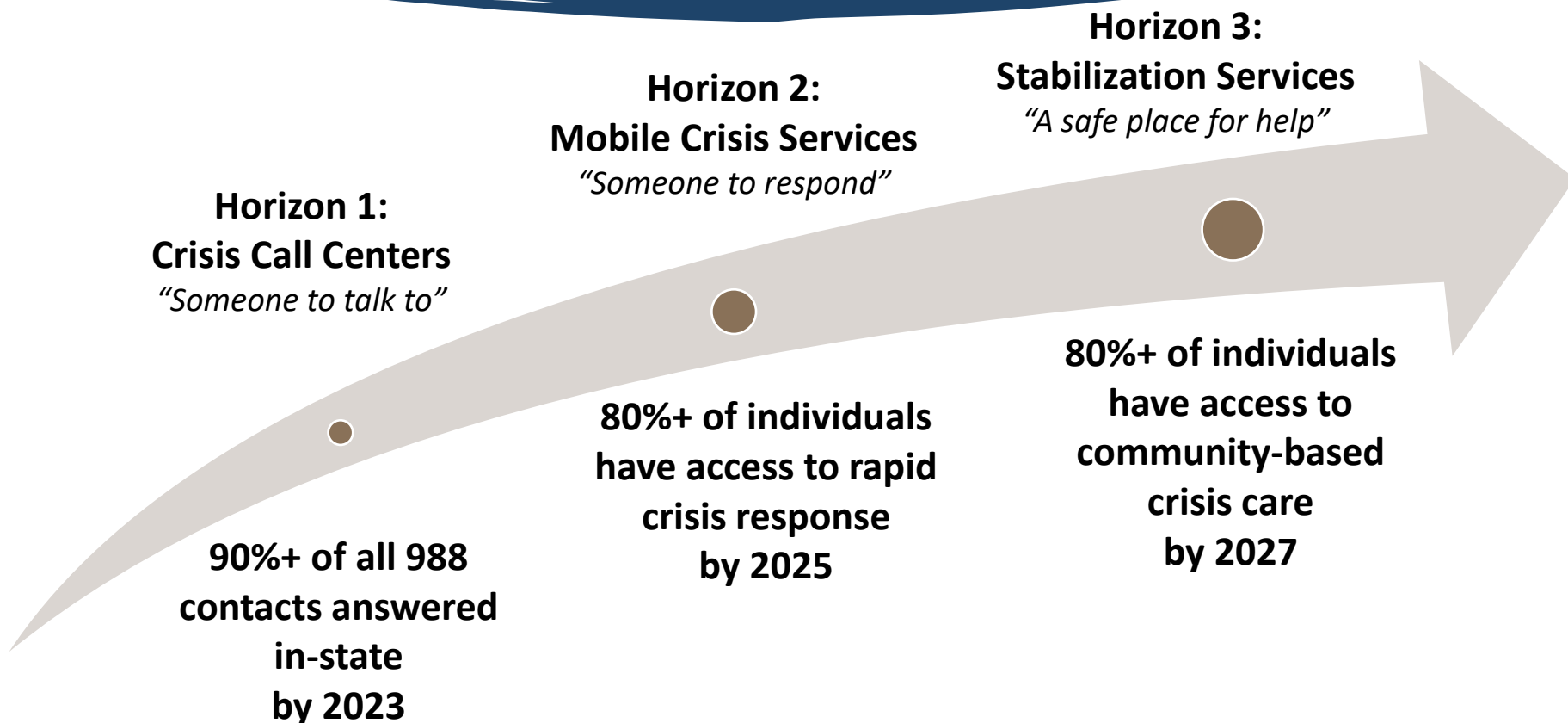
988 is the Foundation for Crisis Care

Crisis System: Alignment of services toward a common goal



Balfour ME, Hahn Stephenson A, Winsky J, & Goldman ML (2020). *Cops, Clinicians, or Both? Collaborative Approaches to Responding to Behavioral Health Emergencies*. Alexandria, VA: National Association of State Mental Health Program Directors. <https://www.nasmhpd.org/sites/default/files/2020paper11.pdf>

SAMSHA's Five-Year Vision: 988 and a Fully Resourced Crisis Care System



SAMSHA's Five-Year Vision: Underlying Principles

Provide individuals experiencing **suicidal, mental health, and substance use crises**, and their loved ones, with caring, accessible, and high-quality support

Ensure **integrated services are available** across the crisis care continuum, supported through strong partnerships (e.g. State, Territorial, Tribal, Federal)

Provide “**health first**” responses to behavioral health crises and ensure connection with appropriate levels of care

Integrate **lived experiences of peers** and support **for populations at high risk of suicide**, such as Veterans, LGBTQ, BIPOC, youth, and people in rural areas

Advance **equitable access to crisis services** for populations at higher risk of suicide, with a focus on Tribes and Territories

Coordinated Crisis Continuum – National Guidelines

Best practice crisis care incorporates a set of **core principles** throughout the **entire** crisis service delivery system; offering elements that must be systematically “**baked in**” to excellent crisis systems in addition to the **core structural elements** that are defined as **essential** for modern crisis systems.

Addressing
recovery needs

Significant role for
peers

Zero
Suicide/Suicide
Safer Care

Trauma-informed
care

Safety/Security for
staff and people in
crisis

Crisis Response
Partnerships with
Law Enforcement,
Dispatch and
Emergency Medical
Services (EMS)



Crisis Response Partnerships

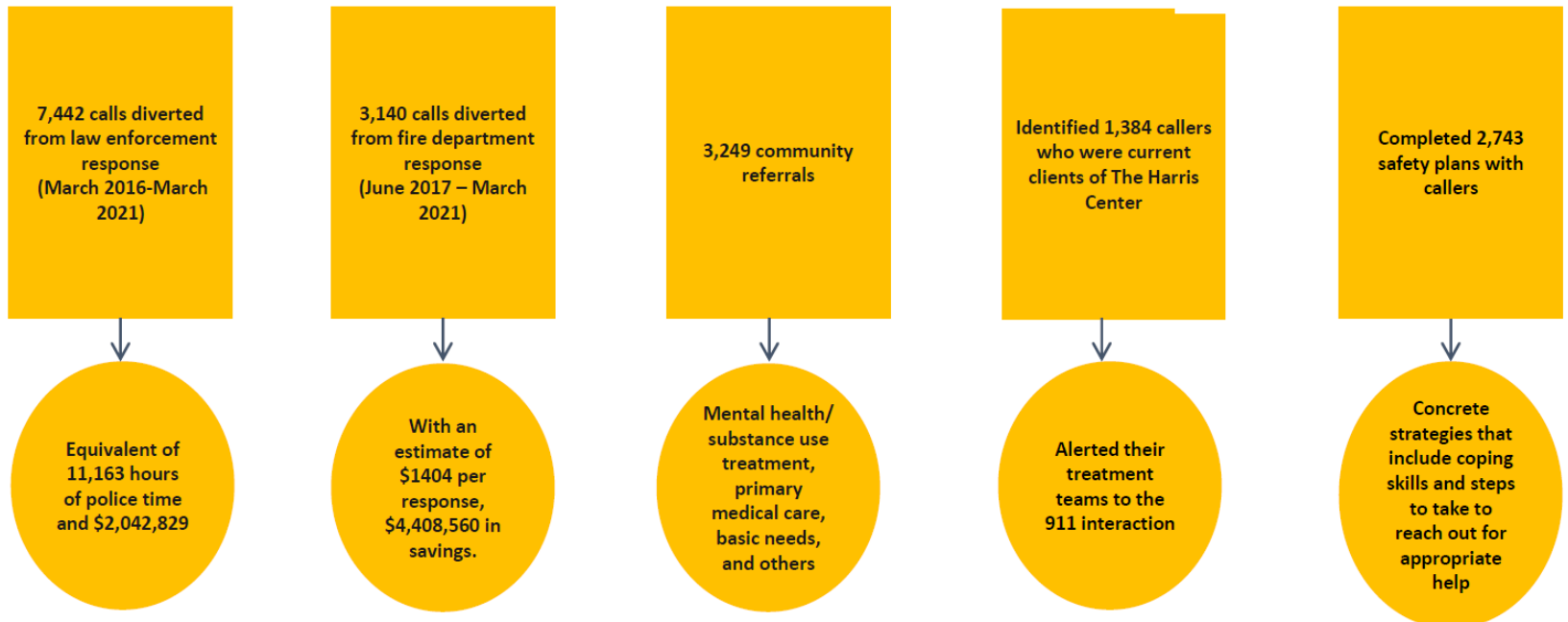
- Approximately 10-15% of 911 calls nationally are estimated to be crisis or mental health related
- 988 is not intended to serve as a public safety resource, rather to divert non medical, fire, police, emergency calls that are suicide or mental health related out of the 911 system and to behavioral health professionals

Houston Case Study

Crisis Call Diversion Successes to Date



Transforming Lives



988 Implementation Plan

- The final 988 Implementation Plan was sent to the grantor in January 2022.
- The Plan includes sections on the following 8 Core Elements

8 Core Elements for the 988 Implementation Plan

1. 24/7 coverage by Lifeline member contact centers for **988 calls, chats and texts**
2. Funding streams to support call centers answering 988 calls, chats and texts
3. Capacity building for **current and projected** 988 volume for calls, texts, chats and follow-up services
4. State support of Lifeline's operational, clinical and performance standards for centers answering 988 (including completion of the Landscape Analysis)

8 Core Elements for the 988 Implementation Plan cont.

5. Key stakeholders for 988 rollout and **gathering stakeholder feedback** as part of the 988 implementation coalition
6. Systems are in place so that Lifeline member centers have **up-to-date local resource and referral listings**
7. Centers are able to **provide follow-up services** to 988 callers, texters and chatters
8. Alignment with national initiatives around **public messaging and marketing framework** for 988

“What if we treated the mental health crisis with as much urgency as we treated the COVID crisis? What if it was that big of a deal?”

Grant Denton



Questions