Nevada 988 Crisis Response Coalition

Meeting Summary

February 5, 2025

45 people from across the state who are engaged in 988 crisis care or other facets of behavioral health met via Zoom to discuss the launch of a statewide coalition dedicated to Nevada's 988 crisis response system. The following is a summary of information and discussions at the meeting.

Impetus for a Statewide Coalition

Robin Reedy (NAMI Nevada - Executive Director) introduced the rest of the 988 Coalition Support Team: Emily Nunez (Chief Operating Officer), Brent Andriese (988 Coalition Coordinator), and Mike Smith (volunteer).

The vision is that everyone in Nevada will have immediate access to effective and culturally informed behavioral health services, crisis services, and suicide prevention through 988 that will reduce behavioral health crises, strive to attain zero suicides in our state, and provide a pathway to recovery and well-being. Our efforts must be rooted in best practices, as reflected in the Roadmap to the Ideal Crisis System (https://www.thenationalcouncil.org/wp-content/uploads/2022/02/042721_GAP_CrisisReport.pdf) and SAMHSA's National Behavioral Health Crisis Care Guidelines. They must also reflect differences between the urban, rural, and frontier areas of Nevada.

Many regional and state-level multi-agency groups are already actively engaged in 988 and crisis care implementation. A map with over a dozen such groups was shown. The Nevada Statewide Coalition Partnership was noted as another group with partners in all counties.

What is missing is a statewide forum dedicated to 988 and behavioral health crisis care that can bring together all parts of the crisis care continuum – 988 call centers, mobile crisis teams, crisis stabilization units, first responders, and other connected services – from all parts of the state. Such a forum could help service coordination and information sharing between regions, identify overlapping efforts and connect them to maximize impact, and support statewide initiatives such as public education campaigns. The Nevada 988 Crisis Response Coalition can fill that gap.

Although the grant is from the state, the coalition is for the members and the communities they serve to enhance and augment their efforts by tackling things that are done most effectively at a statewide level. Voices from all over the state need to be heard. NAMI Nevada will provide staff support for the coalition, leveraging its national connections, statewide presence with affiliates in all regions of Nevada, and record of effective advocacy and support services.

Coalition Charter

The first step is to develop a charter for the coalition. Common elements of a charter are the group's purpose, vision, mission, guiding principles, roles that the group will serve in pursuit of

the mission and vision, membership, structure, and operating guidelines. It is a foundation for effective teamwork, a tool to help us work together more efficiently and effectively. It is especially important that we don't waste our time. This coalition must help you in your job, help you improve services in your area, and ensure that you are heard.

One question was, is the coalition just for the 988 lifeline or the whole crisis response continuum? The reply: the coalition must encompass the entire crisis response continuum and other partners, not just 988. A related recommendation was to include services like the Nevada warmline and teen text line that are part of the continuum even though they are not crisis services per se.

A second question was whether there is a timeframe for the coalition. No, it is a long-term effort and expected to be ongoing until it is no longer needed.

Attendees were asked, what roles can a statewide 988 coalition serve to support the work being done at local and regional levels to build a behavioral health crisis safety net? This coalition should support and augment, not duplicate, local and regional efforts. It is up to the members of this coalition to decide what we do. It is not dictated by the State or NAMI Nevada. Attendees had the following ideas and comments regarding roles the statewide coalition could serve:

- Facilitate communications and information sharing. One example is to compile a list or map of all participants – who's doing what, where people are located, who they cover (geographic area, specific populations targeted, etc.) – and share that. It would really help us to communicate with others who are doing related work. Understanding who does what has always been one of the gaps across the state. Great programs die in communication silos.

- Raise awareness of 988 and other local resources, how to connect to services, what is working well, what could work better in the crisis response system, and what are unmet needs in the community. It could also provide advice on implementation statewide and how to customize interventions to fit local needs.

- Identify common activities that are occurring across multiple regions and help link those efforts to maximize limited resources and minimize duplication of effort.

- Facilitate collective action toward addressing key barriers that are faced in many parts of the state. An example noted by several people is workforce development. The coalition can be a forum for workgroups to tackle other multi-regional issues in a coordinated manner.

- Help establish standardized outcome measures among all local and regional 988 / crisis response resources.

- Collective advocacy for the public policies, funding, and other resources needed to fully develop and sustain the statewide behavioral health safety net.

The following gaps and barriers in current crisis response services were also identified.

- Mobile crisis teams (MCTs) are needed to cover all areas of the state. In Clark County, the change to not having mobile crisis available 24/7 is a concern.

- Funding is a big barrier noted by several people. It must be sustainable funding. Good projects that were funded by grants have gone away after the grant ended.

- Cell service is not available in some parts of the state so people can't reach 988.

- In almost all parts of the state, there is nowhere to take people that are in crisis.

- Public awareness materials, messaging, and outreach should be available in Spanish and tailored to the Spanish-speaking community. There is a lot of stigma around mental health in this community.

- Lack of workforce. Two examples are needing peers for MCTs, and needing psychiatrists. There are only 9 psychiatrists in NAMI's Western Region, all in Carson City and Douglas County, that are covering 12 counties.

- Youth do not understand what services are available or when it's appropriate to call 988. We need to get it across that 988 is for anyone that could use support; they don't have to be deep in crisis.

- Case management and in-home counseling services are needed so that 988 can get help to people who need more follow-up after the call.

- Coordination between 911, 988, and 211 is essential. We need to coordinate outreach and marketing efforts, so people know when to call 911, 988, or 211. We also need to coordinate the call lines, including across state lines. Some residents in Alpine and Mono Counties, CA, use Douglas County, NV, cell towers. 211 already maintains a statewide resource directory that is also used by 988. Nevada 211 is in the process of doing a complete revamp of their website and is partnering with different agencies and programs to tailor 211 website information for their programs.

Other information shared:

- Adult Protective Services in Northern Nevada held their first Clinician Connect meeting where clinicians shared what they're doing and services they provide. This will help them know who they can contact to help an individual with specific needs.

- 988 implemented georouting last fall. 988 calls are now routed to the nearest call center based on the location of the caller. A call from Elko will route to Crisis Support Services of Nevada (CSSNV) who can provide resources for Elko. Previously, 988 calls were routed

based on the area code of the calling number. A caller in Elko with an Idaho area code would have been routed to an Idaho call center with no knowledge of Nevada resources.

The coalition support team will use today's discussion to draft a charter. The draft charter will be sent to all interested stakeholders for comment. A revised draft that incorporates that feedback will be distributed for review prior to the next meeting. The goal is to complete and adopt the charter at the next meeting.

Status of Nevada's Crisis Response System

Rachel Isherwood from the Nevada Division of Public and Behavioral Health (DPBH) noted that the crisis response system has three components – somewhere to call, someone to respond, and somewhere to go – that are all required by SAMHSA and best practices. She then gave an update on the following State-level activities:

- A $49 million contract has been executed with Carelon Behavioral Health to provide a second call center in Southern Nevada, as well as provide oversight and support to CSSNV, our current 988 provider. Carelon will also provide a lot of the technology infrastructure that is needed for the crisis response system. A kickoff to introduce Carelon to community partners will occur in early March. We hope to have the Southern Nevada call center operational by July.

- There are many MCT models across the state. We're working toward regulations to have only certified mobile crisis teams be dispatched from the 988 single point of entry. The goal is to have one certification standard covering all types of MCTs by the end of 2025.

- Our research and coordination with 988 programs in other states has shown that highly effective crisis response services have a large emphasis on their CCBHCs because they are already settled as grassroots organizations. We are looking to engage our CCBHCs more, starting with a pilot program with one CCBHC having 988-dispatchable teams come from the CCBHC. The lessons learned from the pilot program can be shared with other CCBHCs across the state to help build that infrastructure.

  A question was asked about the differences between the function/roles of MCT vs. CCBHC teams. They have not been defined yet. CCBHC teams are likely to be very similar to standalone MCTs, but we need to do more work on that.

- The crisis stabilization unit at Renown in Reno is opening on 2/20/25. One operated by the University Medical Center in Clark County is also opening this month.

- State staff will participate in the statewide 988 coalition. Some 988 call center data may be provided to the coalition for feedback and discussion.

- We are working with a marketing agency to create a Nevada 988 brand that is tailored to Nevada. Some other states are discarding the name "988 Suicide and Crisis Lifeline" because of the stigma being so strong in those states.

A state update can be included in future agendas of this coalition.

A discussion followed about having the coalition conduct or support a landscape analysis of Nevada's crisis response system. The landscape analysis would identify current service capabilities, enhancements to services in progress or planned for 2025, key assets in place, gaps in services, barriers to overcome, and other opportunities to enhance the crisis response system. It can enhance visibility across all regions, significantly improve cross-regional communication and collaboration, and enable data-driven planning to pinpoint key action priorities. The last statewide landscape analysis was in 2021 during planning for the 988 launch. NAMI Nevada can provide staff support for the project. However, it can only work if the regional coalitions and other partners are willing to provide information for their areas of service and expertise.

All attendees that expressed an opinion said a 2025 landscape analysis would be worthwhile. No objections or concerns were raised. A suggestion was made to consider workgroups that allow urban, rural, and frontier representatives to discuss their unique issues. It is also important to identify and leverage existing data collection efforts. Rachel Isherwood said that the State is hiring a vendor to do a landscape analysis for MCTs that will identify needs and gaps for mobile crisis. Washoe County recently started a similar project to assess MCT needs, gaps, and priorities at a county level. These efforts can feed into the larger statewide picture.

Next Steps

A summary of today's meeting and a draft charter for the coalition will be sent out to all attendees plus all others invited to the meeting but unable to attend.

Scheduling of the next coalition meeting, possibly in mid-March, was discussed. Conflicts to be aware of include working around the legislative calendar, avoiding the week of March 17-21 because national SAMHSA sessions are being held and it is spring break week in some counties, and that many grant applications are due by March 17-18. A short survey will be sent out via Survey Monkey to get input on best dates.

Send inquiries or feedback about the coalition to Brent Andriese at 988nami@naminevada.org. Feedback from a short post-meeting survey at the end of the Zoom session was collected and will be used to improve future meetings.