Nevada 988 Crisis Response Coalition

Meeting Summary

June 18, 2025

State Updates

Megan Quintana, 988 Crisis Response Unit Supervisor with the Office of Crisis Response and Suicide Prevention, Nevada Division of Public and Behavioral Health (DPBH), gave updates on State-level activities.

There soon will be two 988 call centers for Nevada. Carelon Behavioral Health is opening a Southern Nevada call center that will start handling Clark County 988 calls, chats, and texts on July 1. Crisis Support Services of Nevada (CSSNV) will handle 988 contacts for the rest of the state, as they have for the last 50+ years. Calls will be routed to the proper call center based on geo routing that uses the general geographic location of the caller without sharing their exact location (i.e., GPS coordinates are not shared with 988).

Highlights from recent statewide 988 utilization data:

- Nevada currently receives about 4,200 988 contacts (call/chat/text sessions) per month.
- The counties with the highest per-capita 988 utilization in 2024 were Esmeralda, Carson, White Pine, and Elko.
- About 98% of contacts to 988 are stabilized during the session and do not require any further interventions from law enforcement, EMS, or other emergency services.
- The in-state answer rate for April 2025 was 85%. This is the percentage of calls originating in Nevada that are handled by a Nevada-based crisis counselor. The rest of the calls get routed to a national backup center. The goal is to reach SAMHSA's target of a 95% in-state answer rate. The new call center should help to improve answer rates.
- The average time to answer for April 2025 was 13 seconds, meaning callers were only on hold for 13 seconds on average before being connected to a crisis counselor. This is better than the SAMHSA standard of 20 seconds.

988 integration is another priority. The focus is on coordinating 988 with the 911 Public Safety Access Points (PSAPs) so that calls to 911 that are more appropriate for 988 can be transferred and vice versa. Christian Raymer at CSSNV has been working with PSAPs on protocols for this, and Carelon is also involved with this coordination.

Once Carelon is done with their initial implementation, they will work on the ability for 988 to directly dispatch mobile crisis teams. It could take a couple of years to fully realize this vision. Also, the crisis stabilization center (CSC) at University Medical Center in Las Vegas is scheduled to open on June 24th and will start accepting patients that day.

DPBH has been working with a contractor, the Estipona Group, on developing a 988 brand for Nevada. This is getting close to being ready to share, but probably will not be finalized until September. As part of this project, the contractor conducted focus groups and other outreach efforts. This research found that only 18% of Nevadans contacted are aware of 988.

Questions/comments from attendees and answers, including questions from the Zoom chat that were not covered at the meeting but were answered afterward:

Q: Funding for mobile crisis teams is limited, and there are no CSCs in rural regions. We need to address this. **A**: DPBH is aware of these issues. Right now, funding is very limited. We are working with Medicaid to allow reimbursement for mobile response.

Q: Will technical assistance be available to help entities set up a CSC? **A**: Yes, have those entities contact Megan Quintana (see contact information later).

Q: Will 988 contacts from Southern, Rural, and Tribal areas be routed to CSSNV? **A**: Yes, they will go to CSSNV or a Nevada-based virtual call taker. Carelon will only be answering Clark County calls unless they are backing up CSSNV.

Q: Carson City just paid for 988 signs from SAMHSA. Will the new 988 marketing materials from the DPBH project be aligned with SAMHSA's materials? If not, it could create confusion within the public. **A**: We are not sure yet and will know more after a presentation later today from Estipona Group. They are also looking at tailoring messages to different target audiences, such as youth or tribal members. That work may not be finalized until around September. Partners are welcome to order the 988 marketing materials available from the 988 partner toolkit on SAMHSA's website, which are free with free shipping included.

Q: We have had multiple rollouts of 988 – we pushed it out, then were asked to not promote it, and are still being cautious and not strongly promoting 988. Can we start talking about that? **A**: Yes, we have been slow to push 988 awareness. With one call center, we were not meeting SAMHSA's performance targets. With the second call center coming online, we should be ready to actively promote 988 awareness.

Q: If a person from Clark County calls 988 today, where will it be routed? **A**: Today it would go to CSSNV. Starting July 1, it would go to the new call center operated by Carelon.

Q: We are getting feedback from our community partners about user experiences with 988. How can we share that feedback? **A**: Carelon is developing an end user survey that people can use to provide feedback at the end of their 988 session. They are also working on a public dashboard that will have relevant data. That said, provide feedback from your community partners to Megan Quintana at DPBH or to Christian Raymer at CSSNV.

Q: Discussions with public safety entities in the Rural Region have noted the need for policies, scripts, and training for PSAP dispatchers on coordinating with 988. Can we help expedite that? **A**: We have been working with Las Vegas Metro PD on this for a year or so,

and will start reaching out to other PSAPs to understand their concerns, training needs, etc. Provide information about regional issues related to PSAP training and coordination to Megan Quintana. Also, the Washoe Region is convening a task group with PSAP, CSSNV, and DPBH representatives to discuss integration of 988/911.

Q: The Nevada Mobile Crisis Enrollment Options chart PT87 (31 DMCT) requires 24/7 availability. Will 24/7 coverage be required? Also, weren't DPBH certification requirements removed from MSM Chapter 403.6I? The requirement is currently on the Nevada Mobile Crisis Enrollment Option chart. **A**: These are Medicaid questions. Megan Quintana has reached out to Nevada Medicaid to get their responses.

Q: Is there any data that can be shared about the 988 text line? **A**: Carelon will provide a public-facing data page soon. If specific data is being sought, contact Megan Quintana with the data request. She can send the request to DPBH's biostatistician and the call center to obtain data that is not private.

DPBH personnel to contact about 988 are:

- Rachel Isherwood, Crisis Response System Program Manager (phone: (775) 461-6145, email: r.isherwood@health.nv.gov)

- Megan Quintana, 988 Crisis Response Unit Supervisor (phone: (775) 431-7096, email: mquintana@health.nv.gov).

The DPBH team was thanked for their efforts, noting that it is complex work where projects have statewide implications and must navigate a maze of federal/state regulations and funding sources. Legislative sessions add to the workload. Coalition members are encouraged to appreciate the challenges faced by our partners at the State.

Review Approval of the Coalition Charter

Brent Andriese, 988 Coalition Coordinator with NAMI Nevada, presented the results of the vote on the coalition charter. The charter guides what this coalition is here to do and how it will operate. At the March 25 coalition meeting, a decision-making protocol was adopted that requires approval by two-thirds of voters for formal actions like charter approval and future amendments to it. The charter was sent to all members in May for review and online voting. 35 votes were received, of which 97% approved the charter. It is now officially adopted.

The coalition support team is focused on fulfilling the roles of the coalition listed in the charter. The updates from the State and the 988 contact hubs at today's meeting, and the recent Regional Updates reports, help facilitate communications and information sharing. The next agenda topic to organize initial coalition subgroups will help with three roles: to conduct collective analysis and planning; promote collective action to strengthen 988 and the crisis care system; and identify shared activities across regions and link those efforts.

Organize Initial Coalition Subgroups

Mike Smith from the NAMI Nevada coalition support team provided background on forming a few initial subgroups of the coalition. Every region in Nevada is working toward the same vision of a crisis care system with Someone to Contact, Someone to Respond, and A Safe Place for Help that embodies the essential principles and practices in SAMHSA's National Guidelines. In doing so, various activities and issues have been identified that are shared across all regions.

This coalition can help support local/regional efforts by providing ways for people to work together across regions to address important shared issues. Small groups can be effective for tackling issues in depth. Polling at the last coalition meeting showed strong support for having subgroups aligned with the main crisis care components. Carelon and CSSNV are working on expanding the 988 contact hubs and need time to complete that work before a "Someone to Contact" subgroup can be considered. However, we can proceed now with forming subgroups for Someone to Respond, A Safe Place for Help, and Essential Principles and Practices.

A few guidelines were proposed. The initial subgroups would meet separately from the full coalition, allowing people who wear many hats to be involved with all issues related to their roles. They will be open to anyone who can actively contribute time and expertise. A facilitator and recorder will be provided to each group. Written summaries of subgroup discussions and results will be compiled and sent to all coalition members to keep everyone informed. The target is to hold the initial subgroup meetings between July and early August, then have the full coalition meet again in late August or in September.

Questions and comments from attendees about forming these initial subgroups:

> **Q**: Are we looking to create different subgroup categories? **A**: Yes, three to start. These can be evolved and/or more subgroups added later at the direction of the coalition.
>
> **Q**: What problem are we trying to solve? Also, what were the key learnings from previous subgroups that met during 988 implementation planning in 2021-22? **A**: The full coalition will decide today what specific issue(s) each subgroup will tackle first. A key learning from the 988 implementation planning was that in a big group like this, people's perspectives and expertise couldn't come through fully. Subgroups worked better to focus on specific issues, get the right people to the table on that issue, have meaningful dialogue, and provide direction that shaped the implementation plan.
>
> **Q**: Can we convene a Someone to Contact group sooner vs. later to discuss how 988 connects people to local resources and follows up to ensure they get the help they need? **A**: It is a priority for CSSNV and Carelon to address how people contacting 988 are connected to resources and receive post-contact follow ups. We are making this region-specific, and recognize that rural areas have unique issues. A subgroup on what the follow up process looks like could help with that.

Q: What is the status of the Office of Suicide Prevention or the current structure within DPBH for suicide prevention efforts, including training? **A**: The functions served by the Office of Suicide Prevention (OSP) still exist. The Crisis Response Section was merged with OSP to form a larger group within DPBH. Funding still exists for suicide prevention training.

For each of the three initial subgroups to launch, attendees were asked to identify high priority topics or issues for that subgroup to consider. Polls were conducted to select the topics to address at the first meeting. The potential topics and poll results are listed below, with the topic with the most votes highlighted.

Someone to Respond:

- **Managing mobile team coverage and availability: hours available, what kinds of calls they respond to, how many teams are available to respond, how to maximize coverage of the region, and expertise needed on response teams with professional make-up of the team and training required/offered (62% of responses)**
- Strategies to expand the base of peer support specialists
- How to address unique needs of disproportionately/marginalized communities (rural, LGBTQ+, Vets, Black & Brown people)
- Ensuring that people working on mobile response teams have information about available local resources
- How to ensure specific needs of children/youth vs. adults are served appropriately
- Discuss the availability of teams to provide follow-up to people deescalated through 988

A Safe Place for Help:

- **What community-based strategies have been identified to provide "a safe place for help" that may be viable outside of the large urban centers? How might regions work together to explore, pilot, and evaluate such strategies? This includes "crisis respite" or other sub-CSC/CSU models that could be utilized. (74% of responses)**
- How can we ensure CSC services are available for children/youth?
- How can we get people to the CSCs / ensure that spaces are accessible?
- What are the standards/criteria for CSC certification?

Essential Principles and Practices:

- **What are the best practices in suicide prevention from each region – the programs and activities that have had the most impact on community attitudes and outcomes regarding suicide? How can these be shared across regions? This can include training competencies as a best practice. (83% of responses)**
- How do we learn / what can we learn from 988 best-in-class approaches across the country?
- How can we recognize that people will have access to firearms, while also reducing lethal means (such as through safety training)?

It was noted that the topics selected today are just a starting point. At the end of the first subgroup meeting, attendees can decide if they want to continue working on that topic, select a new topic for their next meeting, or take some other action.

Krisann Taylor with the Nevada Division of Health Care Financing and Policy said that Nevada Medicaid will be holding a Public Workshop on July 22nd to share changes/updates to our crisis programs. The meeting details should be posted to their website (https://dhcfp.nv.gov/) in early July.

Updates from Carelon Behavioral Health and CSSNV on 988 Contact Hubs

Updates on Nevada's 988 contact hubs were given by Heather Thanepohn (Account Executive - Nevada Crisis with Carelon Behavioral Health), Mai Tran (Community Engagement Manager - Nevada Crisis with Carelon Behavioral Health), and Christian Raymer (Chief Programs & Development Officer with CSSNV).

Carelon's Nevada team members were introduced. A team of 48 local Nevadans have support roles in the Field and Call Center. There is also an executive support team of people who may be located elsewhere but are actively involved in Nevada's implementation.

Background was given about Carelon, the national leader in behavioral health crisis solutions that has been doing this work for over 40 years. Although a national organization, they specialize in tailoring solutions to each state or area served while partnering with existing local resources. Their solution includes crisis contact center services and crisis system management (operational oversight and quality management). Carelon also has a Crisis Center of Excellence that works across all territories they serve around the country to promote evidence-based best practices and strengthen state and local crisis care systems.

CSSNV has been serving Nevada since 1966. In the last two years, they have restructured operations, upgraded software, and redefined their service delivery focus by eliminating many of the 30 support lines they previously operated in order to have unwavering focus on crisis support. The partnership with Carelon preserves CSSNV's knowledge of Nevada while leveraging Carelon's national expertise. Having a Clark County call center will allow CSSNV to focus on deeper connections to local resources across the rest of the state. The two call centers will back each other up. Building community trust in 988 is essential. CSSNV has a quality improvement department and is using AI and other resources to continually improve user experiences and outcomes.

The vision for Nevada is to have one unified technology platform shared by the two 988 regional contact hubs, the Clark County center operated by Carelon and the Reno-based center operated by CSSNV, plus virtual call center specialists for rural support. This is being done in two phases. Phase I in progress now is focused on establishing the Southern Nevada call center, coordination between Carelon and CSSNV, and implementing the crisis safety technology platform for both call centers. Phase II, which will begin later in 2025 and extend into 2026, will address mobile crisis dispatch technology, expanded collaboration with community partners including PSAPs,

system-wide integration, and making centralized information available to all crisis personnel covering all parts of the state.

Next Steps

To launch the initial coalition subgroups, all members will be emailed to solicit their subgroup interests and availability for potential meeting dates/times. Members are encouraged to reply if they intend to participate and can contribute to the group's focus area. The three subgroup meetings will be spread out over a 4–5-week period, with no more than one per week.

The NAMI Nevada 988 coalition support team meets monthly with DPBH, Carelon, and CSSNV representatives to coordinate efforts. Outreach to regional representatives will continue to seek ways that this coalition can support and enhance local and regional efforts.

Send inquiries or feedback about the coalition to Brent Andriese at 988nami@naminevada.org.