Nevada 988 Crisis Response Coalition

June 18, 2025

988

SUICIDE & CRISIS LIFELINE

Welcome and Agenda Review

Brent Andriese, 988 Coalition Coordinator

NAMI Nevada

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Welcome to All

Before we get started, please enter your name and affiliation in the chat

- Throughout the meeting, please put any questions or comments in the chat
- Use the “Raise your hand” Zoom function if you would like to speak—go to “React” at the bottom of the screen, then click on “Raise hand”
- If needed, you can rename yourself by selecting ‘Participants’ at the bottom of the Zoom window, finding your name, clicking on the three dots button (…), and selecting “rename”. Or you can message Kim Hopkinson directly and she will rename you
- Make sure to select ‘Everyone’ on your chat messages so all attendees can see your comments

Meeting Agenda and Objectives

Objectives:

- Communicate the latest information from the State and the 988 contact hubs about projects and activities related to 988 and Nevada's crisis response system
- Review approval of the coalition charter
- Organize and prepare to launch initial subgroups to allow coalition members to work together across regions on key issues affecting Nevada's crisis response system

Time	Topic
10:00 - 10:05	1. Welcome and Agenda Review
10:05 - 10:30	2. State Updates
10:30 - 10:35	3. Review Approval of Coalition Charter
10:35 - 11:30	4. Organize Initial Coalition Subgroups a. Value of subgroups and how they can operate b. Identify topics for initial subgroup meetings c. Define next steps to launch subgroups
11:30 - 11:55	5. Updates from Carelon Behavioral Health and CSSNV on 988 Contact Hubs
11:55 - 12:00	6. Wrap-up

988 Crisis Response

Megan Quintana, 988 Unit Supervisor
Office of Crisis Response and Suicide Prevention

June 18, 2025

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

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ABOUT DPBH

MISSION

To protect, promote, and improve the physical and behavioral health and safety of all people in Nevada, equitably and regardless of circumstances, so they can live their safest, longest, healthiest, and happiest life.

VISION

A Nevada where preventable health and safety issues no longer impact the opportunity for all people to live life in the best possible health.

PURPOSE

To make everyone's life healthier, happier, longer, and safer.

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AGENDA

1. Operational Updates
2. 988 Utilization Data
3. System Coordination
4. Questions

Nevada Behavioral Health Crisis Care Hub

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- Crisis Support Services of Nevada (CSSNV)
  - Nevada's first Crisis Call Center
- Carelon Behavioral Health
  - Second Nevada Call Center opening July 1, 2025

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Statewide 988 Utilization

- Nevada receives up to 4,200 988 contacts per month
  - Counties with the highest 988 utilization in 2024 were Esmeralda, Carson, White Pine, and Elko.
- Approximately 98% of contacts to the Lifeline are stabilized and do not require any further interventions.
- Current answer rate for April 2025 was 84.95%
  - Average speed to answer rate for April 2025 was 13 seconds

988 Integration

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- 988/911 Coordination
- Mobile Crisis Dispatch
- Crisis Stabilization Centers
  - University Medical Center – Las Vegas

QUESTIONS?

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CONTACT INFORMATION

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

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Approved Coalition Charter

Brent Andriese, 988 Coalition Coordinator

NAMI Nevada

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Results of Coalition Charter Vote

- The charter defines the core purpose, mission, vision, roles, membership, structure, and other guidelines for the coalition
- At the March 25, 2025, coalition meeting, a decision-making protocol requiring two-thirds approval of voters was adopted
- A revised charter was sent to all members on May 20, with votes due by June 6
- The charter was approved by 97% of votes received

Roles of the Coalition

- Create and maintain a map of Nevada's crisis response system
- **Facilitate communications and information sharing**
- **Conduct collective analysis and planning**
- **Promote collective action to strengthen 988 and other behavioral health crisis care services**
- **Identify shared activities across regions and help link those efforts**
- Raise awareness of 988
- Engage in collective advocacy for key policies and resources

Organize Initial Coalition Subgroups

Brent Andriese and Mike Smith, NAMI Nevada
Kim Hopkinson, Social Entrepreneurs Inc.

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Basic Premises

- This coalition must support and enhance local/regional efforts, plus engage regions in statewide efforts
- Every region is working toward the same vision of a crisis care system with four main components
- Similar issues have been identified across most/all regions

SOMEONE TO CONTACT: 988 Contact Center Hubs, Links to 911/211/Other Lines

SOMEONE TO RESPOND: Mobile Crisis Response Teams

A SAFE PLACE FOR HELP: Crisis Stabilization Centers

ESSENTIAL PRINCIPLES AND PRACTICES: Prevention, Trauma-informed Care, Zero Suicide, Statewide Systems

Use of Subgroups

- Small groups allow more dialogue between participants, more voices to be heard, and get results more efficiently and effectively than large groups
- Start with subgroups aligned with the four main crisis care components
  - Poll at the March coalition meeting: 61 of 66 respondents said they would participate in subgroups by crisis care component if formed
  - Many people want to work on multiple crisis care components
  - Need to wait on a “Someone to Contact” subgroup until after the current 988 contact hub implementation efforts, but can proceed with the other three

Initial Subgroup Guidelines

- Hold subgroup meetings separately between full coalition meetings, allowing people who wear many hats to engage across their responsibilities
- Subgroups welcome any actively engaged member working in their focus area, whether in direct service or systems roles (planning, administration, etc.)
- Each subgroup will be supported by a facilitator and a recorder
- Subgroup meeting summaries to be documented, compiled, and sent to all members prior to full coalition meetings
- Target first subgroup meetings in July to early August, with the next full coalition meeting likely in late August or September

Today's Goal and Process

Goal: Get your input on how to launch initial subgroups in a way that adds value to your existing efforts

Process: For each of the three subgroups to launch now (Someone to Respond, A Safe Place for Help, and Essential Principles and Practices):

1. Get input on high priority topics/issues for that subgroup to consider
2. Poll members as to which topic/issue is most important to tackle first
3. Get input on scheduling issues; define how an initial meeting of each subgroup will be scheduled

Today's Process

We'll be using Slido to poll the group on which topic/issue they think is most important for each subgroup to tackle first.

To access the poll, scan the QR code to the right with your camera.

Or go to slido.com and enter 33354498.

Or click on the link in the chat.

Someone to Respond: Topics/Issues

Potential initial subgroup topics:

- Managing mobile team coverage and availability: hours they are available, what kinds of calls they respond to, and how many teams are available to respond
- Strategies to expand the base of peer support specialists
- What else?

Poll: Someone to Respond Initial Topic

Everyone who has an informed opinion about this subgroup:

Select which topic you think is most important for this subgroup to address first.

Scan the QR code

Or go to slido.com and enter 33354498

A Safe Place for Help: Topics/Issues

Potential initial subgroup topics:

- 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?
- What else?

Poll: A Safe Place for Help Initial Topic

Everyone who has an informed opinion about this subgroup:

Select which topic you think is most important for this subgroup to address first.

Scan the QR code

Or go to slido.com and enter 33354498

Essential Principles and Practices: Topics/Issues

Potential initial subgroup topics:

- 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 best practices, materials, and other resources related to suicide prevention be shared across regions?

- What else?

Poll: Essential Principles and Practices Initial Topic

Everyone who has an informed opinion about this subgroup:

Select which topic you think is most important for this subgroup to address first.

Scan the QR code

Or go to slido.com and enter 33354498

Subgroup Scheduling

- Are there any major events or activities in July or first half of August that we should work around when scheduling subgroup meetings? Please put them in the chat.
- All members will be emailed with a link to indicate which subgroup(s), if any, you want to participate in and to provide your availability for various potential meeting dates/times.
- Meeting dates/times will be set based on best fit for the most people and with broad statewide representation.
- The three subgroup meetings will be spread out over a 4–5-week period, with no more than one meeting per week.

988 Contact Hub Updates

Carelon & CSSNV

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NEVADA BEHAVIORAL HEALTH CRISIS CARE HUB

988 Coalition | Carelon + CSSNV

Wednesday, June 11, 2025

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CARELON INTRODUCTIONS

HEATHER THANEPOHN
Carelon Account Executive - Nevada Crisis

AARON HUBBARD
Account Service Manager Sr - Nevada Crisis

MAI TRAN
Community Engagement Manager - Nevada Crisis

STACY HAKES
Call Center Manager - Nevada Crisis

A team of 48 local Nevadans supporting additional roles in the Field and Call Center

JEFFREY HITE, PSY.D.
Account Executive, National Crisis Center of Excellence

MICHELLE VANHOOSER, LPC
Regional VP, Western Region

INNA LIU, LCSW
Regional Director of Accounts

TOBY SCOTT, MA, MBA, NCC
National Sr. Director, Crisis & Children's Products (remote)

SARAH CHUNG, PMP
Implementation Manager Sr.

AARON HENRY, MA, PMP
Vice President, Growth

CARELON IS THE NATIONAL LEADER IN BEHAVIORAL HEALTH CRISIS SOLUTIONS

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We combine national expertise with curated local capabilities to deliver an integrated, high-performing crisis system of care.

CRISIS CONTACT CENTER

Crisis contact center services for calls, texts, and chats

Examples: NH, KS

CRISIS SYSTEM MANAGEMENT

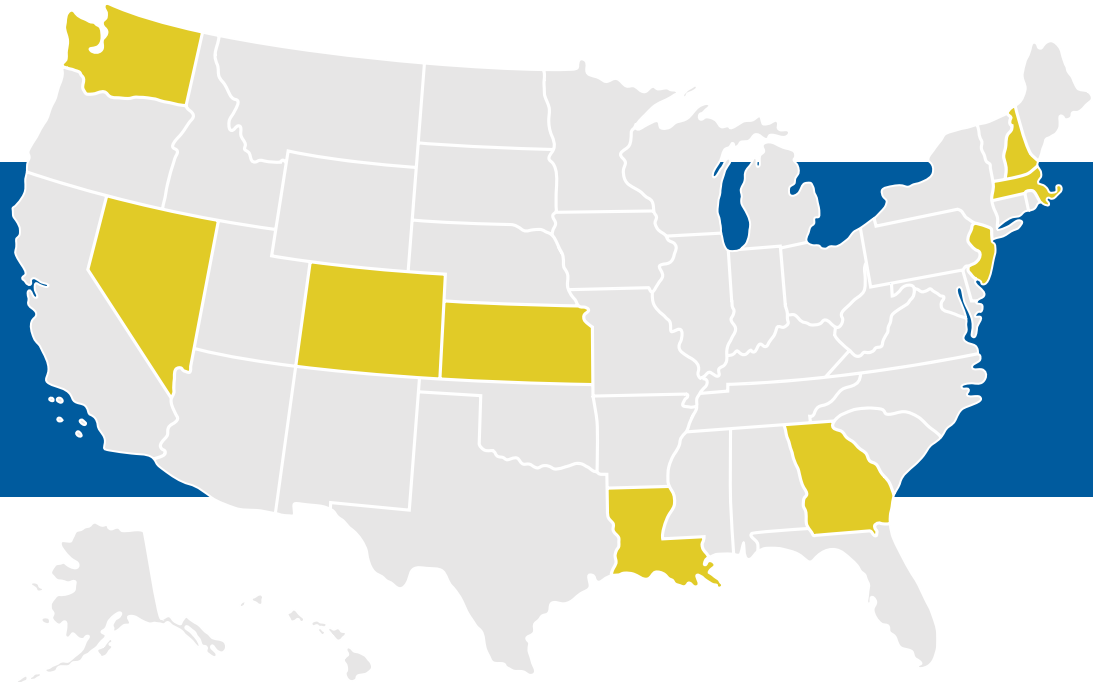
Operational oversight and quality management of the crisis system (crisis ASO)

Examples: WA, CO, NJ, LA

TOTAL CRISIS SOLUTION

Combines crisis contact center services and system management

Examples: MBHP and GA



OUR VISION FOR NEVADA

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- Clinical oversight
- Regional support
- Statewide coverage
- Leading performance
- Augment current systems
- Unite stakeholders
- Embed equity
- Grow infrastructure

Crisis Support Services of Nevada

Two regional call centers

Virtual call center for rural support

Unifying technology platform

PSAP and Dispatch

Crisis Support Services of Nevada

- Serving Nevada since 1966; from 1-800-SUICIDE > 1-800-273-TALK > 988
  - Crisis Contact Center: call, text, and chat support
  - Victim Services Unit: in-person sexual assault survivor advocacy in Northern Nevada
  - Care Coordination Unit: complex cases, referrals, and resource navigation
  - Quality Improvement: ensures every program maintains the highest standards of service
- Over the past two years, we've restructured operations and upgraded our software systems to boost efficiency, better support staff, and enhance service delivery.
- Redefined service delivery focus: fewer lines, deeper expertise in crisis support
- Partnership with Carelon strengthens regional expertise, enhances services, and preserves CSSNV's historical knowledge of Nevada's crisis landscape

REGIONALLY LOCAL, UNIFIED HUB STRUCTURE

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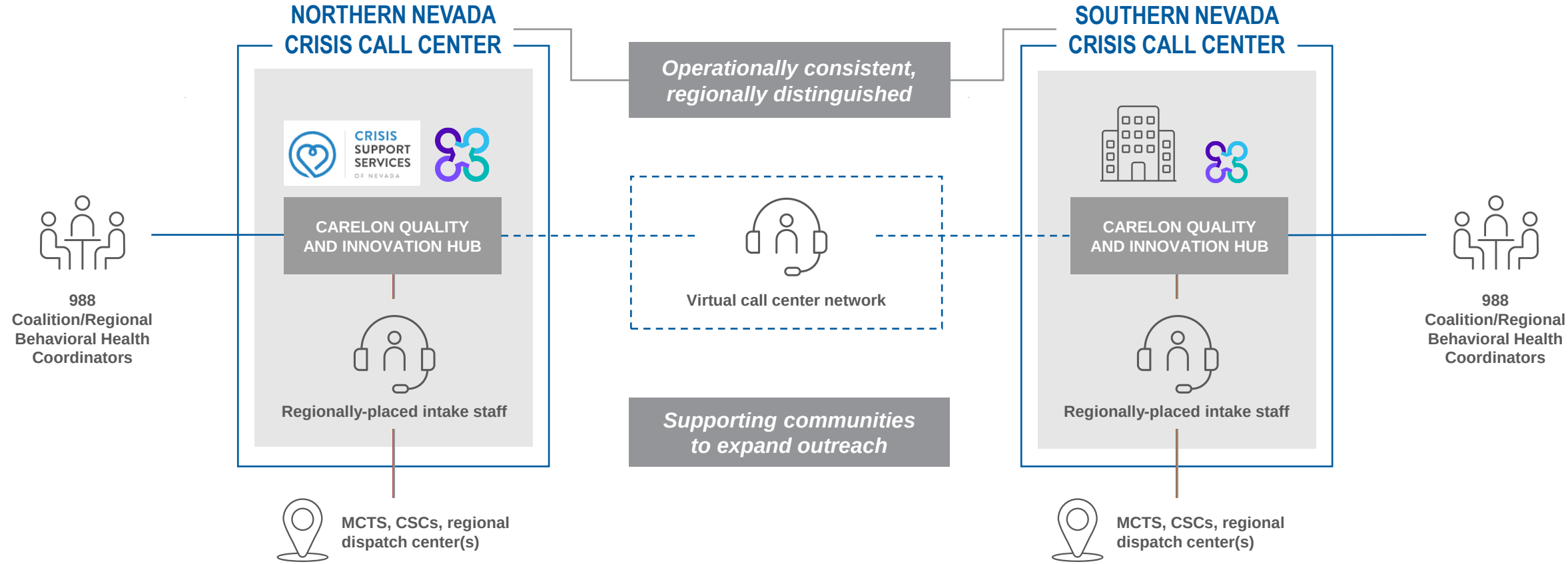

CRISIS CENTER OF EXCELLENCE (COE)

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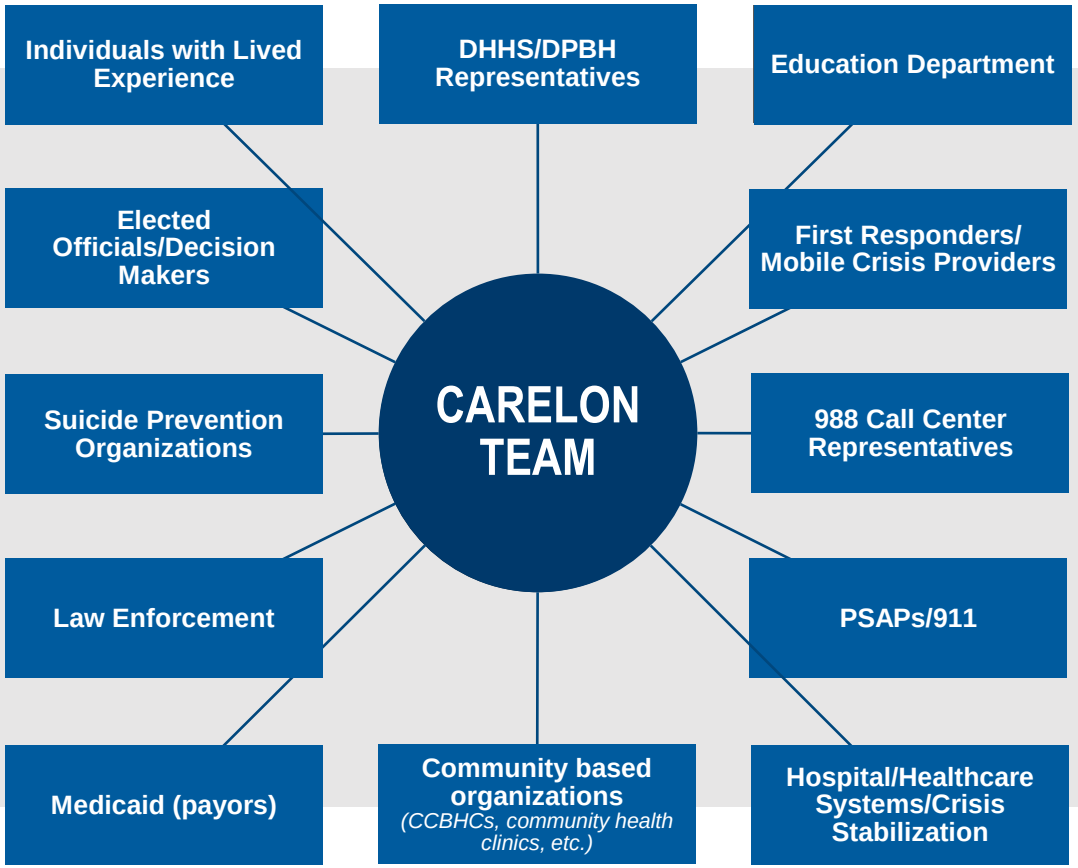
Our COE works across markets to promote evidence-based best practices, strengthen state and local crisis systems of care, and produce strong member experiences and outcomes.

The COE serves as a touch point to help connect corporate enterprises, states, health plans, larger industry, and those served.



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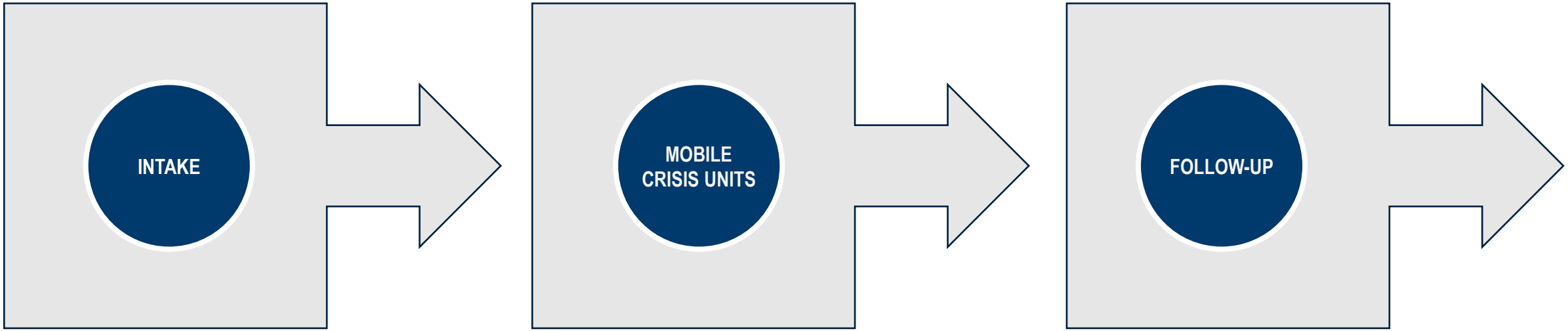
CRISIS SAFETY PLATFORM (CSP)

Innovating crisis management: A system designed by crisis clinicians for crisis clinicians

Everyone involved in helping the person in crisis has access to the same centralized information, allowing for **shared context and understanding the individual's needs**.



SAME EPISODE, DIFFERENT VIEWPOINTS

IMPLEMENTATION TIMELINE

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PHASE I

KEY DELIVERABLES

- Carelon contracting relationship with CSSNV
- Establish Southern Crisis Call Center in Las Vegas
- Identify Carelon as a 988 provider in Nevada
- Implement Crisis Safety Platform for Northern and Southern Call Center

PHASE II

KEY DELIVERABLES

- Mobile Crisis Dispatch Technology
- System wide integration
- Collaborate with community partners (including PSAPs)
- Completion of referral directory

QUESTIONS?

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Next Steps

Brent Andriese, 988 Coalition Coordinator

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Next Steps

- A meeting summary of all topics covered today will be sent
- Next steps to launch subgroups
  - Email to all members to get subgroup interests and available dates/time – please reply promptly if you plan to participate in any subgroups
  - Meeting dates/times will be set based on responses and calendar invites sent
- Monthly coordination meetings are held with representatives from DPBH, Carelon, CSSNV, and NAMI Nevada
- We will continue to work with regional representatives on how the coalition can support and enhance your efforts

Conclusion

Please complete the short survey (two questions) that will pop up in Zoom after the meeting. Your feedback is critical to help us continually improve support for the Coalition.

Future questions and feedback: contact Brent Andriese via email at 988nami@naminevada.org