


Nevada 988  
Planning Coalition  
Meeting

Department of Public and Behavioral Health  
May 5, 2021

The logo consists of a brown outline of the state of Nevada. A horizontal bar is positioned across the upper portion of the state outline, containing the text "Nevada 988" in white.

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Welcome and  
Introductions,  
Agenda Review

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# Meeting Agenda and Objectives

## Objectives:

- Discuss updates relevant to the project
- Review and adopt revised Charter
- Review and revise the Landscape Analysis

Time	Item
10:00-10:05	<b>Welcome and Introductions, Agenda Review</b>
	<b>Project Updates</b>
	a. Rescue Act
10:05-10:20	b. SB390
	c. Volume and Financial Modeling
	d. 911 Interoperability Workgroup
10:20-10:45	<b>Charter of Nevada 988 Planning Coalition</b>
	<b>Review of Landscape Analysis</b>
	a. Key takeaways from existing data
10:45-11:50	b. Are there additional data that need to be incorporated?
	c. Are there other implications around this section for service planning?
11:50-12:00	<b>Next Steps and Scheduling</b>

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# Zoom Housekeeping



**Technical Support:** If you need any support during this meeting, please feel free to reach out to **Deanna Lyons** via text at **775.771.8815**



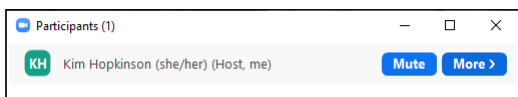
**Questions or Comments?** If have any questions or comments during this meeting, please put those in the **Zoom chat box**.



**Renaming Yourself:** Please rename yourself with your First and Last Name as well as your pronouns by **selecting participants at the bottom, find your name (me) and click more**.



**Polling:** We are going to use polls to collect information and gather your input. In most of the Coalition meetings, if a decision is needed and options are already defined, we will launch a poll in Zoom.




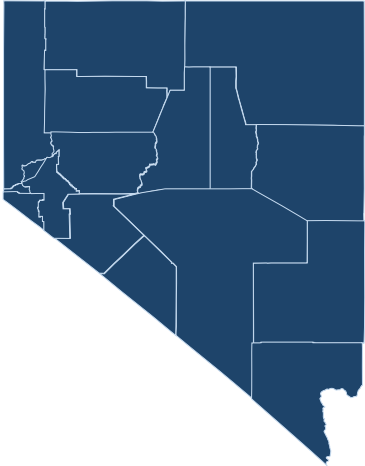
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Project Updates


- American Rescue Plan
- SB 390
- Volume and Financial Modeling
- 911 Interoperability Workgroup



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Adopt 988 Planning Coalition Charter

The logo features a brown outline of the state of Nevada. A horizontal bar is positioned across the upper portion of the state outline, containing the text "Nevada 988" in white. The rest of the state outline is empty.

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Planning Coalition Mission

Everyone in Nevada will have immediate access to effective and culturally informed behavioral health service, crisis services, and suicide prevention through 988

A small version of the Nevada 988 logo, showing the state outline with "NV 988" in a bar across the top.

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## Planning Coalition Vision

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



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## Planning Coalition Guiding Principles



### Universal and convenient access

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



### High quality and personalized experience

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



### Connection to resources and follow-up

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



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## Planning Coalition Operating Guidelines

- Treat each other with dignity and respect.
- Listen first to understand, and practice openness to the input received when you listen.
- Act transparently and be clear if your agenda differs from the mission of the Coalition.
- Share complete information that you have upfront.
- Avoid territoriality; think instead of the overall good for the Coalition and its goals.
- Accept that it is okay to not know the right answer and acknowledge it. The Coalition Team can find the answer.
- Present objections regarding decisions in a way that promotes mutual discussion and resolution.
- Own the whole end product of the Implementation Plan, not just a piece that pertains to your organization or interest.
- Be accountable and responsible to the Coalition when you commit to doing something.
- Come prepared for meetings and workgroups so that you demonstrate value and respect for the time and convenience of others.



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Crisis Support Services of  
Nevada (CSSNV)

Rachelle Pellissier,  
Executive Director



**CRISIS  
SUPPORT  
SERVICES**

OF NEVADA

CRISIS CALL CENTER • SEXUAL ASSAULT SUPPORT SERVICES

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## CSSNV History



**CRISIS  
SUPPORT  
SERVICES**  
OF NEVADA

CRISIS CALL CENTER • SEXUAL ASSAULT SUPPORT SERVICES

- CSSNV has been saving lives for more than 54 years
- Established as the Crisis Call Center in 1966 as an outreach program of UNR
- To address the Nevada's high rate of suicide
- Established a 24-hour suicide prevention hotline
- In 1966 there were no cell phones and only one phone per family



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## CSSNV Background



**CRISIS  
SUPPORT  
SERVICES**  
OF NEVADA

CRISIS CALL CENTER • SEXUAL ASSAULT SUPPORT SERVICES

- In the first few months of operation, the need for our services was so great, our program was expanded to include support for any type of crisis.
- In 1979, services were expanded to include advocacy for victims of sexual assault
  - Sexual Assault Support Services (SASS)
  - Last year marked 40 years advocating for victims




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## CSSNV Services



**CRISIS  
SUPPORT  
SERVICES**  
OF NEVADA

CRISIS CALL CENTER • SEXUAL ASSAULT SUPPORT SERVICES

- Crisis Support Services of Nevada operates 24/7/365
- Crisis Support Specialists help those in crisis who call or text
  - Listen
  - De-escalate
  - Create safety plans
  - Refer services
  - Dispatch emergency services to those at imminent risk
    - Across Nevada and all over the United States
- Case Managers on Duty during Day and Swing shift




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## Landscape Analysis Review



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## Background and Purpose

The Landscape Analysis (LA) is a key activity for the 988 Planning Grantees

It is designed to provide a “snapshot” of:

- Current operational realities, services, resources, and relationships of Lifeline member centers in Nevada
- Information about mobile outreach, crisis receiving/stabilization facilities, and other crisis response services in their areas

Serve as a helpful starting point to help the Planning Coalition develop a shared understanding of the current state of crisis centers and services in Nevada and to enable teams to engage in data-driven planning



## Objective

The Planning Coalition will use these findings—along with other data—to help guide 988 implementation decision-making and our written plan for the eight core 988 planning areas outlined in the RFA. The LA data can help to inform key 988-related structure, capacity, and resource prioritization considerations that are foundational to a strong 988 network.



## 8 Core Elements for Implementation Plan

1. **24/7 statewide coverage** for 988 calls, chats and texts must be achieved in every state and territory.
2. States and territories must provide strategies for **identifying and supporting funding streams** which boost the financial stability of Lifeline-member centers in their region.
3. **Capacity building** at the centers answering 988 contacts must occur based on call, chat, text and follow-up volume growth projections. However, current call volume and capacity challenges experienced by many of the centers must be addressed before 988 is nationally implemented on July 16, 2022.
4. As set forth by SAMHSA, the Lifeline, and its national partners, in order to assure successful 988 implementation, state and territory agencies must comprehend and account for the **operational, clinical and performance standards** for all of the Lifeline member centers in their region. Technical assistance regarding Lifeline requirements in each of these areas will be provided.



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## 8 Core Elements for Implementation Plan

1. Multi-stakeholder input through a **988 implementation coalition** is vital in each state or territory.
2. In partnership with the Lifeline, State and territory agencies shall ensure Lifeline member centers in their region have systems in place to maintain **local resource and referral listings, as well as assure linkages to local community crisis services (including 911 PSAPs, mobile crisis teams and other outreach alternatives to law enforcement/EMS response)**.
3. State and territory agencies shall ensure all centers in their region are able to provide **follow-up services** to 988 callers, texters and chatters based on Lifeline best practices and guidelines.
4. **Consistency in public messaging** is critical at the national and state/territory level regarding 988, its distinction from 911 and the range of services 988 provides. Vibrant's Communications team is available to assist in public messaging efforts.



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## Questions To Keep In Mind



What are the key takeaways from existing data?



Are there additional data that need to be incorporated?



Are there other implications around this section for service planning?



## Section 1: Crisis Center Characteristics



## Crisis Center Characteristics



CSSNV is a non-profit organization using volunteers and paid staff as counselors and/or supervisors

- Volunteers:  $2.71 \text{ FTE} \times 13\%$  (percentage of local lifeline calls) = .35 FTE
- Paid Staff:  $23.84 \text{ FTES} \times 13\%$  (percentage of crisis calls that come in on lifeline local) = 3.09 FTE

In 2020, the Lifeline local line (calls from Nevada), was 13% of our overall call volume.



UNR Social Work interns and UNR Family and Human Development interns:

- Average 5 interns per semester, but currently have 13 interns
- CSSNV continues to build capacity to bring on more interns to answer the call lines

Volunteer Program:

- Less and less volunteers are getting through the training to get on the call lines
- CSSNV is currently building out the volunteer program to retain more volunteers



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## Implications and Additional Information

CSSNV needs:

- Increase staffing numbers and improve staff to supervisor ratio
  - We will base projections for increased staff on data provided by Vibrant related to projected call increases. Ideally, we would expand the number of staff and implement a ratio of 12 staff to 1 supervisor.
- Establish baseline criteria for staff, including volunteers.
- Additional training will be needed for all staff to meet or exceed the minimum standards provided by Lifeline
  - Staffing needs to be comprehensive of all programming provided by CSSNV and the decisions made regarding FTE positions are impacted by this change in how FTEs will be calculated.

The Lifeline needs to transition over time to integrate all calls through 988 to other support services. Doing so will allow the Lifeline to access other funding that they would otherwise not be eligible for. Additional data needed includes the call projections to account for additional staffing needed.




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# Other Implications or Additional Information

[To be built out live]



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## Section 2: Center Technology



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## Center Technology

- Data Management System: iCarol
  - <https://www.icarol.com/about/>
  - An Automatic Call Distribution Phone System
- Phone System: 3CX (VOIP)
- Text System: Education Management System
- All call lines and texts are documented manually in iCarol
- Current systems are not integrated



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## Implications and Additional Information

The iCarol system could be used across all communication platforms but will need to be enhanced to automatically update with calls, chats, and texts.

The ideal system would be fully integrated with call, text, and chat, require no data entry, and allow Lifeline staff to pull up history and conduct follow-up error-free with each caller:

- iCarol has a chat or text platform
- Text is managed through the Education Management System
- Currently, data is entered into iCarol manually which is time intensive and takes staff away from taking crisis calls and provides room for error
- Efficiency and utilization of iCarol will be determined as we go forward using this system and launching MCTs
- Planning needs to examine the ability to enhance the existing system or migrate to a new system with funding commensurate with costs

CSSNV currently has no way to use GPS enabled mapping. This will need to be explored as the current system and potential other systems are evaluated.




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**Other Implications or Additional Information**

[To be built out live]



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**Section 3: Availability of Dedicated Lines**



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## Availability of Dedicated Lines

### Dedicated Lines:

- Older Adults
  - Operated by 211. We have a formal relationship with this resource (contract and/or Memorandum of Understanding).
- Substance Misuse
  - Operated by CSSNV
- Sexual Assault
  - Operated by CSSNV
- Domestic Violence
  - Operated by CSSNV
- 211
  - Operated by the Financial Guidance Center. We have a formal relationship with this resource (contract and/or Memorandum of Understanding).



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## Availability of Dedicated Lines

### Warm Line or Peer Support

- Operated by NAMI Nevada
- CSSNV has an informal relationship with this resource (knowledge of and ability to refer to it)

### Other Dedicated Lines

- Child Protective Service Report Hotline
- Rural Immediate Mental Health Response CARE Team.
  - Both operated by CSSNV

Currently CSSNV works with an interpreter service that provides support on calls for any language needed.



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## Implications and Additional Information

The lifeline must operate as a central point of entry for all individuals. Nevada feels it is essential and is committed to conducting outreach and engagement of partners and the community to inform how to best determine resources needed, ensure responsiveness to diversity, cultural and linguistic competency as needed, using a person-centered approach.

Nevada is becoming a minority majority state, with 29% of the current population identifying as Hispanic/Latino:

- Not all of that population would require translation services, but currently there are no consistent direct Spanish speaking staff available, so this is an opportunity for improvement
- Need to build capacity to engage Spanish speakers directly through the line
- Marketing efforts in Spanish are needed to engage the Spanish speaking population
- Ideally in the case of Spanish speaking callers, Spanish speaking staff would join the call to assist
- All staff and volunteers have to be trained to respond to any type of call at any time



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## Other Implications or Additional Information

[To be built out live]



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## Section 4: Coverage for Lifeline Calls



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### Coverage for Lifeline Calls

- There is only one Lifeline center for the state
- Primary coverage area for CSSNV is statewide
- There is no backup coverage area



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## Implications and Additional Information

Lifeline in Nevada operates statewide, however there is:

- A lack of awareness/marketing efforts regarding the Lifeline throughout the state
- A lack of clarity for those in the state outside of the zip code that the call center is physically located, because there is an associated phone number as well as the 800 number
- Need to continue to implement programs that allow CSSNV to hire and recruit staff and volunteers from across the state

Moving to 988 will mitigate many of these challenges, as long as we work on improving awareness of 988 throughout the state

The use of technology to communicate and engage as a workforce will continue to be increasingly important as staffing increases across the state

- Avenues for in-person onboarding and staff mentorship/guidance will be explored and made available moving forward
- The use of Microsoft teams will continue to be a strategy for supporting staff and ensuring that staff has access to supervision as needed. This strategy for communication is currently in place and proved effective during COVID.



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## Other Implications or Additional Information

[To be built out live]





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## Section 5: Lifeline Call Metrics- Active Crisis Centers




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## Lifeline Call Metrics

From October 1, 2020 – December 31, 2020:

- Lifeline Calls Received: 4,042
- Lifeline Calls Answered: 3,285
- Lifeline Answer Rate: 81.27%
- Lifeline Average Answer Speed: 65 Seconds



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## Implications and Additional Information

CSSNV wants a higher answer rate than 81% and a lower call wait time.

Need better infrastructure to accomplish this, including:

- Increased programming
- A comprehensive automatic database system
- Other technical support structures to support these systems
- More staffing

Call acuity is impacting current call length. This is expected to increase with the use of safety plans as we reach an expanded base of callers through 988. More infrastructure and staffing are necessary to support this greater call volume and staff need to be paid competitive salaries.



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## Other Implications or Additional Information

[To be built out live]



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## Section 6: Call Metrics- Onboarding Crisis Centers



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## Other Call Metrics

- This section did not apply to Nevada; no other centers are currently being established in the state.



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## Section 7: Text and Chat Services



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### Text and Chat Services

- CSSNV does not have chat and they do not participate in Lifeline's chat at this time
- CSSNV does utilize a non-Lifeline text



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## Implications and Additional Information

- What is the process (and associated costs if applicable) for participating in Lifeline's chat and text?
- Can CSSNV use those systems, or would we need to use our own chat and text system?
- If Nevada needs to develop its own system, there are cost, integration, and timing implications.



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## Other Implications or Additional Information

[To be built out live]



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## Section 8: Center Capacity for Increased Lifeline/988 Volume



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## Center Capacity for Increased Call Volume



CSSNV can only maintain answer rates with a 30% increase with increased staffing.

- Without additional staffing, the answer rate would decrease drastically, and the queuing time would increase substantially.

CSSNV is currently operating at an 81% answer rate with 65 second average queue time waiting for a crisis counselor.



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## Implications and Additional Information

CSSNV needs:

- Increased staffing at competitive pay rates
- A defined staff to supervisor ratio and corresponding training and support

In the absence of this support, CSSNV will not be able to increase capacity and maintain or increase answer rates and drive down wait times.

Over time, as linkage to deploy mobile teams is implemented, this will also have implications for staffing and the data system. This will likely be addressed in a later planning phase, once the eight core elements are included in the Implementation Plan.



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## Other Implications or Additional Information

[To be built out live]



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## Section 9: Funding Structure



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## Funding Structure

<p>CSSNV's total budget is \$1,915,000</p> <ul style="list-style-type: none"> <li>• Federal: \$818,000</li> <li>• State: \$718,000</li> <li>• Private: \$46,000</li> <li>• Other Sources: \$333,000</li> </ul> <p>84% of funding goes to call center services 16% goes to Sexual Assault Support Services</p>	<p>Lifeline Funding total is \$208,000</p> <ul style="list-style-type: none"> <li>• Federal: \$89,000</li> <li>• State: \$78,000</li> <li>• Private: \$5,000</li> <li>• Other Sources: \$36,000</li> </ul>
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## Implications and Additional Information

- The current funding structure is barely sustaining the current answer rate and call wait time
- Any addition to call volume will negatively impact answer rates and wait times
- Medicaid Administrative Match could have implications for other additional funding, which would match 50% of costs with restrictions on what is covered
- Use of MOUs between partner agencies could provide an opportunity for coordinating costs
- Pending legislation (SB390) that could provide a vehicle for additional funding

Nevada will explore any and all funding opportunities, including public and private dollars, to support the behavioral health crisis system.




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## Other Implications or Additional Information

[To be built out live]



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## Section 10: Follow-Up Service Offerings



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### Follow-Up Service Offerings



CSSNV provides follow-up calls to Nevada callers who are assessed as medium or high risk of suicide, as well as anyone struggling with mental health or addiction.

- Follow-up calls are made by case managers to check for safety, as well as refer the caller or texter to the appropriate services.
- There is no follow-up for other services.



Follow-up calls save lives. There should be a program for follow-up calls to those discharging from emergency rooms and behavioral health hospitals. At this time, CSSNV does not have the funding to go forward with that program.



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## Implications and Additional Information

More funding and staffing are needed to be able to do follow-up with individuals being discharged from emergency rooms.

- Currently, CSSNV has specific protocols around follow-up services.
- CSSNV provides follow-up to medium and high risk of suicide, and to any Nevadan who experiences a substance use crisis.
- Several partner agencies could provide additional follow-up services currently.

For planning purposes, CSSNV will explore opportunities to establish MOUs for follow-up services to support the continuum of services. CSSNV wants to work with the hospitals to ensure that discharge planning they provide is accounted for in service of CSSNV clients.



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## Section 11: Center Relationships with Mobile Crisis Teams (MCTs)



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## Center Relationships with MCTs

There are local MCTs - none operated by CSSNV

- CSSNV does not have a relationship with an MCT
- Currently, CSSNV does not have direct access to deploy any mobile teams to callers or texters in crisis

6 MCTs operated by other agencies

- 24/7 Mobile Unit
- Children's Mobile Crisis Response Team
- Clinical Mobile Outreach Safety Team
- Crisis Response Team
- Mobile Outreach Safety Team (MOST)
- Vitality Unlimited



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## Implications and Additional Information

- Formal agreements with MCTS need to be implemented, with the crisis line being able to deploy MCTs
- MCTs in Nevada are currently deployed through existing emergency response systems including fire, police, and EMTs
- Linkages need to be made to allow for deployment through 988 or to stand up additional MCTs that can be deployed through 988
  - Some linkage/coordination with existing MCTs is essential to determine how the call center will work with MCTs through MOUs and other formal agreements
- Include MCTs in the planning process for Nevada's implementation process




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**Other Implications or Additional Information**

[To be built out live]




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**Section 12: Center Relationships with Local Crisis Stabilization Units (LSCUs)**



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## Center Relationships with LCSUs

- There are no Local Crisis Stabilization Units (LCSU) that meet the SAMHSA National Guidelines on 100% acceptance, living room setting, and emergency responder drop-offs.




## Implications and Additional Information

- Current crisis stabilization facilities do not have the capacity for referrals from the call center. There is a need for more crisis stabilization centers throughout the state.
- There is pending legislation in Nevada (SB390) which calls for a continuum of care that would include crisis stabilization facilities. This is a gap in Nevada that needs to address to achieve the vision for behavioral health crisis services.
- There are two private facilities in Nevada that will accept referrals based on availability, but they are not required to accept all referrals and their funding is COVID related which will expire in 2022.



**Other Implications or Additional Information**

[To be built out live]



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**Section 13: Center Relationships with 911/PSAP/EMS**



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## Center Relationships with 911/PSAP/EMS

CSSNV currently has:

- An informal relationship with our local 911/PSAP call centers (knowledge of and ability to refer as a known crisis service).
- An informal relationship with one or more EMS programs (knowledge of and ability to refer as a known crisis service).
- A pilot project with Reno Police Department and Washoe County Sheriff's Office Dispatch where they warm link callers with suicidal ideation and/or mental health issues to the call center. If CSSNV cannot de-escalate and keep caller safe, they send them back to Law Enforcement for well check.



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## Implications and Additional Information

The call center has some relationships with 911 lines through a pilot program, but this has not yet been formalized and is not statewide. Reno PD and WCSO are currently transferring select individuals experiencing behavioral health crisis or suicidal ideation for stabilization by the call center. There are currently no connections of this nature with the rest of the state outside of Northern Nevada. Outreach and engagement with 911 operators, which are all county specific, will be essential as implementation moves forward.



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## Other Implications or Additional Information

[To be built out live]



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## Section 14: Center Relationships with Law Enforcement



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## Center Relationships with Law Enforcement

CSSNV currently has:

- An informal relationship with local law enforcement (knowledge of and ability to refer as a known crisis service).
- A pilot project with Reno Police Department and Washoe County Sheriff's Office Dispatch where they warm link callers with suicidal ideation and/or mental health issues to our call center. If we cannot de-escalate and keep caller or texter safe, we send them back to Law Enforcement for well check.

Local law enforcement has a Crisis Intervention Team (CIT), but CSSNV does not control how the team is deployed.



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## Implications and Additional Information

- There are no formal MOUs with law enforcement in Nevada at this time. However, there are connections with law enforcement across the state.
- Creating more formal connections with law enforcement throughout the state will be critical.



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## Other Implications or Additional Information

[To be built out live]



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## Section 15: Center Relationships with Emergency Departments



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## Center Relationships with Emergency Departments

- CSSNV has no current formal relationship with any state Emergency Departments.




## Implications and Additional Information

- Ideally, individuals in crisis will not be placed in Emergency Departments. We want individuals to be referred to the call center and the continuum of care including crisis stabilization facilities, as necessary, for comprehensive treatment and de-escalation. There are currently no relationships with Emergency Departments in Nevada. Ideally, formal relationship with Emergency Departments across the state would be in place acknowledging 988's role and allowing for referrals as appropriate.



**Other Implications or Additional Information**

[To be built out live]



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**Section 16: Additional Comments**



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## Additional Comments

- CSSNV has informal relationships statewide with Law enforcement to deploy them when we cannot keep a caller or texter safe, or a well check needs to be done.
- Mobile teams are sporadic across the state, and currently CSSNV does not have access to deploy any of the team to a caller or texter with a behavioral health crisis.
- There are currently no crisis stabilization centers where CSSNV can send callers or texters in a behavioral health crisis.
- CSSNV has been providing crisis intervention in Nevada for 55 years. We have the ability and infrastructure to take on 988 and the increased volume of calls, but it will take more staff and technology to handle that increased volume without a loss in answer rates and a longer queuing time.
- It is vitally important that we develop mobile team access statewide that can be deployed by CSSNV when a caller or texter is in crisis.
- Interoperability will also need to be addressed through another workgroup.



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## Other Implications or Additional Information

[To be built out live]



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# Meeting Schedule

April – August 2021

	Date	Meeting Topic
April	April 15, 12 pm – 2 pm	Planning Initiative Overview and Orientation
May	May 5, 10 am – 12 pm	Landscape Report Presentation
June	June 2, 10 am – 12 pm	Ensuring 24/7 Statewide Coverage (Core Component 1); Capacity Building to Meet Volume Projections (Core Component 3)
	June 15, 12 pm – 2 pm	Operational, Clinical, and Performance Standards for Lifeline Centers (Core Component 4)
July	July 7, 10 am – 12 pm	Lifeline Linkages to Local Resource and Referral Listings (Core Component 6); Availability of Follow-up Services (Core Component 7)
	July 20, 12 pm – 2 pm	Consistent Public Messaging (Core Component 8); Begin Discussing Financial Stability (Core Component 2)
August	August 4, 10 am – 12 pm	Continue Financial Stability of the 988 System and Lifeline Centers: Identifying and Supporting Funding Streams (Core Component 2)
	August 10, 10 am – 12 pm	Final Review of 988 Implementation Plan



# Info and Resources

The following sites are available to members of the Coalition to view documents and resources:



SEI website:

- <https://socialent.com/resources/nevada-988-implementation-planning>
- <https://socialent.com/2020/06/nevada-crisis-response-system-virtual-summit/>



Vibrant Lifeline Community of Practice website:

- <https://vibrant.edc.org/988/content/#/>



## Thank you!

The next Nevada 988 Planning Coalition Meeting will be held  
June 2, 2021

- Ensuring 24/7 Statewide Coverage (Core Component 1)
- Capacity Building to Meet Volume Projections (Core Component 3)

If you have questions, please reach out to Kelly Marschall, SEI,  
at [kmarschall@socialent.com](mailto:kmarschall@socialent.com)

