

988 State Planning Landscape Questionnaire Results: Nevada

This “Landscape Analysis” (LA) report is a deliverable for the 988 Planning Grant Program funded by Vibrant Emotional Health (Vibrant), administrators of the National Suicide Prevention Lifeline (Lifeline). In early 2021, Vibrant awarded eight-month grants to state and territory agencies to enable them to work with crisis centers and other key stakeholders in their jurisdictions to plan for the implementation of a new, national, three-digit number for mental health crisis and suicide response (988) and related crisis services.

The LA was designed to provide state/territory planning groups with a “snapshot” of current operational realities, services, resources, and relationships of Lifeline member centers as well as related crisis services in their jurisdictions and to enable 988 planning groups to use these findings (along with other data) to guide 988 implementation planning and decision-making.

The fully-completed LA report reflects two phases of the Landscape Analysis. In **Phase 1**, participating Lifeline crisis centers in each grantee State/Territory completed an online questionnaire. Their responses yielded the data tables in this report, organized into 16 sections. The tables are a compilation of each center’s full responses to all of the LA questions. In **Phase 2**, State/Territory Grantees were asked to review and reflect on the data in each section of the report and edit the report to add the statewide/territory-wide perspective. Specifically, they were asked to discuss the crisis center data, add key supplemental data not captured by the Lifeline center questionnaire (or note plans for gathering data to fill gaps), and describe implications for 988 planning, especially with regard to one or more of the eight core 988 planning areas outlined in the RFA. The State/Territory commentary is provided under the heading “State/Territory Discussion and Implications for Planning” at the end of each section.

988 Planning Grant Program URL: <https://suicidepreventionlifeline.org/988-planning-grants/>

RFA URL: <https://suicidepreventionlifeline.org/988-planning-grants/>

Phase 2 Stakeholders

Please list the names/affiliations of the stakeholders in your state/territory who worked on Phase 2 of the Landscape Analysis.

Name	Affiliation	Title
Sheila Lambert	Project Manager Southern Nevada Coordinator	Department of Health and Human Services
Rachelle Pellisier	Executive Director	Crisis Support Services of Nevada
Misty Vaughan Allen	Office of Suicide Prevention Coordinator	Division of Public and Behavioral Health
Cherylyn Wood	Zero Suicide Coordinator	Office of Suicide Prevention/CASAT
Dr. Stephanie Woodard	Nevada Mental Health Authority	Division of Public and Behavioral Health
Dawn Yohey	Clinical Program Planner III	Division of Public and Behavioral Health
Kelly Marschall	Social Entrepreneurs, Inc.	Consultant
Megan Jones	Social Entrepreneurs, Inc.	Consultant
Kim Hopkinson	Social Entrepreneurs, Inc.	Consultant

Crisis Centers in this Report

Center Name	City	Contact	Abbrev. Center Name	Email	Center Key
Crisis Support Services of Nevada	Reno	Rachelle L. Pellissier	Crisis Support Svcs	rachellep@cssnv.org	NV00011 4

Section 1: Crisis Center Characteristics

Center Name	Q1. Org. Type	Q2. Volunteers as Counselors and/or Supervisors	Q3. Volunteer FTE	Q4. Paid Staff as Counselors and/or Supervisors	Q5. Paid Staff FTE
Crisis Support Svcs	Non-profit organization	Yes	2.71 FTE x 13% (percentage of local lifeline calls) = .35 FTE	Yes	23.84 FTES x 13% (percentage of crisis calls that come in on lifeline local) = 3.09 FTE's
Center Name	Q6. Additional Info: Org Type, Staffing, Characteristics				
Crisis Support Svcs	<p>In 2020, the Lifeline local line (calls from Nevada), was 13% of our overall call volume. We start out with total FTE's working the lines and then times this number by 13% to come up with the FTE calculation of staff or volunteers who answer the Nevada Lifeline calls.</p> <p>We are blessed to have a very robust intern program that includes UNR Social Work interns and UNR Family and Human Development interns. We average 5 interns per semester, but currently have 13 interns. We continued to build our capacity to bring on more interns to answer the call lines.</p> <p>We also have a volunteer program, but we had less and less volunteers actually get through the training and get on the lines. We are currently building out the volunteer program to retain more volunteers.</p>				

The table above summarizes responses to the following question(s):

Q1. What type of organization are you? (Non-profit organization/Government Agency/Faith-based non-profit organization/Hospital/For-profit organization/Other)

Q2. Active Centers: Does your crisis center use volunteers as crisis counselors or supervisors on the Lifeline? **Onboarding Centers:** Does your crisis center use volunteers as counselors or supervisors on any line? (Yes/No)

Q3. Active Centers: Please indicate the number of volunteer FTEs (full time equivalents) who are crisis counselors or supervisors on the Lifeline. **Onboarding Centers:** How many volunteer FTEs do you anticipate serving as counselors or supervisors on the Lifeline? Enter N / A if you do not yet have an estimate of volunteer FTEs for the Lifeline. (Open text answer)

Q4. Active Centers: Does your crisis center have any paid staff who are crisis counselors or supervisors on the Lifeline? **Onboarding Centers:** Does your crisis center have any paid staff who are counselors or supervisors on any line? (Yes/No)

Q5. Active Centers: Please indicate the number of paid staff FTEs (full time equivalents) who are crisis counselors or supervisors on the Lifeline. **Onboarding Centers:** How many paid staff FTEs do you anticipate serving as counselors or supervisors on the Lifeline? Enter N / A if you do not yet have an estimate of paid staff FTEs for the Lifeline. (Open text answer)

Q6. (Optional) Please briefly describe any additional information about your center's organization type, staffing, or other organizational characteristics that may be helpful for state/territory planning. (Open text answer)

State/Territory Discussion and Implications for Planning

The center needs to increase staffing numbers and improve the 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. We also need to establish baseline criteria for staff, including volunteers. We will be using state licensed staff at a minimum for supervision and training and ideally build the qualifications of all staff, however, 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 rather than bifurcating calls to specific call lines. Doing so will allow the Lifeline to access other funding that they would otherwise not be eligible for. Providing additional supervision can increase the retention of volunteers. Providing salary or wage enhancements are essential to recruiting and retaining a high quality, appropriate staffing model. Data needed includes the call projections to account for additional staffing needed.

Section 2: Center Technology

Center Name	Q7. Use ACD Phone System?	Q8. Name of Lifeline Call Doc. System	Q9. Other Lines-Diff. Call Doc. Sys?	Q10. Name of Other Lines Call Doc. System
Crisis Support Svcs	Yes	iCarol	No	N/A
Center Name	Q11. Additional Info: Phone or Contact Management Systems			
Crisis Support Svcs	Did not answer			

The table above summarizes responses to the following question(s):

Q7. Does your crisis center have an Automatic Call Distribution System (ACD) where a caller is placed in a queue for the next available counselor?

Q8. What call documentation system does your center use to manage Lifeline calls/chats and track the disposition of the individual in crisis, safety assessment etc.? (Example: iCarol, PureConnect) Note: Enter N / A if you do not have a call documentation system to manage Lifeline calls/chats.

Q9. Do you use a different call documentation system for other lines?

Q10. What is the name of the call documentation system you use for other lines?

Q11. (Optional) Please provide any additional comments that would be helpful to the state/territory to know about your center's phone or contact management systems.

State/Territory Discussion and Implications for Planning

As we begin to launch Mobile Teams, the efficiency and utilization of iCarol will be determined as we go forward using this system. iCarol has a chat or text platform at this time. Text is managed through the Education Management System. 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 different components of the Lifeline need to be integrated. Currently data is entered into iCarol manually which is time intensive and takes staff away from taking crisis calls and provides room for error. 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. 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.

Section 3: Availability of Dedicated Lines

Q12. Are these dedicated lines available in your Lifeline coverage area?

Center Name	LGBTQ +	AI/AN	Military and/or Veteran	1st Responder	Farmer	Loss Survivor	Teens
Crisis Support Svcs	No	No	No	No	No	No	No

Q12. Are these dedicated lines available in your Lifeline coverage area? (Continued)

Center Name	Older Adults	Substance Misuse	Gambling	Sexual Assault	Domestic Violence	211
Crisis Support Svcs	Yes	Yes	No	Yes	Yes	Yes

Q12. Are these dedicated lines available in your Lifeline coverage area? (Continued)

Center Name	Disaster Resp.	EAP Hotline	Warm Line or Peer Support	TTY	Second Lang. Services	Other Dedicated Lines Names
Crisis Support Svcs	No	No	Yes	Unsure	No	Child Protective Service Report Hotline and the Rural Immediate Mental Health Response CARE Team.

The tables above summarize responses to the following question(s):

Q12. Are the following dedicated lines available in your Lifeline coverage area? (Matrix multiple choice answer)

Q12 (Other). What is the name of the Other dedicated line in your coverage area? (Open text answer)

Follow-Up Questions for Each Available Dedicated Line

Centers that reported having a dedicated line answered a series of follow-up questions. The tables below report the responses to these follow-up questions for each dedicated line:

Q13. Does your Crisis Center operate the **DEDICATED LINE** dedicated line? (Yes/No)

Q14. What organization operates the **DEDICATED LINE** dedicated line and what is the line called? Note: If there is more than one line in your area with this focus, choose the most well-known. (Yes/No)

Q15. What is your center's relationship with this resource? (We have a formal relationship with this resource (contract and/or Memorandum of Understanding). We have an informal relationship with this resource (knowledge of and ability to refer to it)./ We have NO relationship with this resource.)

Older Adults (55+)

Center Name	Q13. Does Your Center Operate?	Q14. (If no) What org. operates it and name of line?	Q15. Ctr. Relationship w/ Line?
Crisis Support Svcs	No	211 (Financial Guidance Center)	We have a formal relationship with this resource (contract and/or Memorandum of Understanding).

Substance Misuse

Center Name	Q13. Does Your Center Operate?	Q14. (If no) What org. operates it and name of line?	Q15. Ctr. Relationship w/ Line?
Crisis Support Svcs	Yes	N/A	N/A

Sexual Assault Hotline

Center Name	Q13. Does Your Center Operate?	Q14. (If no) What org. operates it and name of line?	Q15. Ctr. Relationship w/ Line?
Crisis Support Svcs	Yes	N/A	N/A

Domestic Violence

Center Name	Q13. Does Your Center Operate?	Q14. (If no) What org. operates it and name of line?	Q15. Ctr. Relationship w/ Line?
Crisis Support Svcs	Yes	N/A	N/A

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Center Name	Q13. Does Your Center Operate?	Q14. (If no) What org. operates it and name of line?	Q15. Ctr. Relationship w/ Line?
Crisis Support Svcs	No	Financial Guidance Center	We have a formal relationship with this resource (contract and/or Memorandum of Understanding).

Warm Line or Peer Support

Center Name	Q13. Does Your Center Operate?	Q14. (If no) What org. operates it and name of line?	Q15. Ctr. Relationship w/ Line?
Crisis Support Svcs	No	NAMI Nevada	We have an informal relationship with this resource (knowledge of and ability to refer to it).

Other Dedicated Lines

Center Name	Other Dedicated Lines	Q13. Does Your Center Operate?	Q14. (If no) What organization operates it and name of line?	Q15. Ctr. Relationship w/ Line?
Crisis Support Svcs	Child Protective Service Report Hotline and the Rural Immediate Mental Health Response CARE Team.	Yes	N/A	N/A

State/Territory Discussion and Implications for Planning

Nevada is becoming a minority majority state, with 29% of the current population identifying as Hispanic/Latino. We recognize that 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. We need to build capacity to engage Spanish speakers directly through the line. Marketing efforts in Spanish are also needed to engage the Spanish speaking population throughout the state. Currently we work with an interpreter service. Ideally in the case of Spanish speaking callers, Spanish speaking staff would join the call to assist. 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. All staff and volunteers have to be trained to respond to any type of call at any time.

Section 4: Coverage for Lifeline Calls - For Active Crisis Centers Only

Primary Coverage Area

Center Name	Q17. Primary Coverage Area: Statewide?	Q18. (If not statewide) Describe Primary Coverage Area
Crisis Support Svcs	Yes	N/A

Backup Coverage Area

Center Name	Q19. Any Backup Coverage Area?	Q20. Backup Coverage Area: Statewide?	Q21. (If not statewide) Describe Backup Coverage Area
Crisis Support Svcs	No	N/A	N/A

Lifeline Coverage Hours

Center Name	Q22. Provide 24/7 Lifeline Coverage?	Q23. (If not 24/7) Days/Hours of Lifeline Coverage
Crisis Support Svcs	Yes	N/A

The table(s) above summarize(s) responses to the following questions:

Q17. Is your primary coverage area for the local Lifeline termination number statewide (in the state or territory where you are located)? Note: Please only answer this question only from the perspective of the in-state, primary coverage your center provides, excluding any national backup, Disaster Distress Helpline or Spanish Language Line services your center provides for the Lifeline. (Yes/No)

Q18. Please describe your primary coverage area for the local Lifeline termination number in the state in which you are located (please enter EITHER counties OR area codes OR codes). (Open text answer)

Q19. Do you have a backup coverage area?

Q20. Is your backup coverage area for the local Lifeline termination number statewide (in the state where you are located)? (Yes/No)

Q21. What is your backup coverage area for the local Lifeline termination number in the state in which you are located (please enter EITHER counties OR area codes OR zip codes)? (Open text answer)

Q22. Does your crisis center provide 24/7 coverage for Lifeline calls? (Yes/No)

Q23. Please provide days and hours of Lifeline coverage. (Open text answer)

State/Territory Discussion and Implications for Planning

The current Lifeline in Nevada operates statewide, however there is a lack of awareness/marketing efforts regarding the Lifeline throughout the state. There is also 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. Moving to 988 will mitigate many of these challenges, as long as we work on improving awareness of 988 throughout the state. Continuing to implement programs that allow us to hire and recruit staff and volunteers from across the state is an objective of the Lifeline. 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.

Section 5: Lifeline Call Metrics – For Active Crisis Centers Only

Note: All metrics are for the time period October 1 – December 31, 2020

Center Name	Q24. # Calls Received – Lifeline	Q25. # Calls Answered – Lifeline	Q26. Answer Rate (%) – Lifeline Calls	Q28. Average Answer Speed – Lifeline	Q29. Average Handle Time – Lifeline
Crisis Support Svcs	4042	3285	0.8127	65 Seconds	N/A

The table(s) above summarize(s) responses to the following question(s):

Q24. What is the total number of Lifeline calls received on the local Lifeline termination number from October 1 – December 31, 2020? Note: This includes all abandoned, no answer, and busy calls. (Open text answer)

Q25. What is the total number of Lifeline calls answered on the local Lifeline termination number by a crisis counselor from October 1 – December 31, 2020? (Open text answer)

Q26. Using your center’s data (vs. data provided by the Lifeline), provide the answer rate for Lifeline calls on the local Lifeline termination number from October 1, 2020, - December 31, 2020. Note: Divide the total number of Lifeline calls answered in the quarter by the total number of Lifeline calls received in the quarter. Enter as a percentage. (Open text answer)

Q27. This question was dropped.

Q28. What was the average answer speed (in seconds) for calls answered on the local Lifeline termination number from October 1, 2020, - December 31, 2020? Note: Enter N / A if this data is not available. (Open text answer)

Q29. What was your center’s Average Handle Time (AHT) for Lifeline calls from October 1-December 31, 2020? Note: Enter N/A if this data is not available. Handle time is defined as a call “talk time” + any hold time + post call work including call specific documentation. (Open text answer)

State/Territory Discussion and Implications for Planning

We want a higher answer rate than 81% and a lower call wait time. In order to meet this standard, we need better infrastructure, which includes increased programming, a comprehensive automatic database system, and other technical support structures to support these systems, as well as more staffing to support this. 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.

Section 6: Call Metrics – For Onboarding Crisis Centers Only

Note: Onboarding centers are not yet answering Lifeline calls and therefore were not asked the previous two sections (Coverage for Lifeline Calls and Lifeline Call Metrics). They answered Q16 instead. This open-ended question allowed them to provide any information about their capacity or non-Lifeline metrics that states/territories might find helpful for planning.

Center Name	Q16. Onboarding Centers Only: Please Describe Any Available Call Metrics
Crisis Support Svcs	N/A

The table(s) above summarize(s) responses to the following question(s):

Q16. Onboarding Centers: Please provide any available metrics for other lines you currently operate that are relevant to your capacity as a call center. Examples might include calls received, calls answered, answer rate, answer speed, average handle time, or any other metrics that states/territories may find relevant in their planning for 988. If possible, provide metrics for the time period October 1 - December 31, 2020, or specify the time period covered. (Open text answer)

Section 7: Text and Chat Services

Center Name	Q30. Lifeline Chat?	Q31. 24/7 Lifeline Chat?	Q32. Days/Hours of Lifeline Chat	Q33. Non-Lifeline Chat?	Q34. Non-Lifeline Text?
Crisis Support Svcs	No	N/A	N/A	No	Yes

The table(s) above summarize(s) responses to the following question(s):

Q30. Does your center currently provide Lifeline chat services? (Yes/No)

Q31. Does your center provide 24/7 coverage for Lifeline chats? (Yes/No)

Q32. What days and hours do you provide Lifeline chat services? (Open answer text)

Q33. Does your center currently provide chat services that are not affiliated with the Lifeline? (Yes/No)

Q34. Does your center currently provide crisis text services that are not affiliated with the Lifeline? (Yes/No)

State/Territory Discussion and Implications for Planning

Our current center does not have chat and we do not participate in Lifeline's chat at this time. It would be helpful for planning purposes to know the process (and associated costs if applicable) for participating in Lifeline's chat and text, and whether we will use those systems or if we need to use our own chat and text system. If Nevada needs to develop its own system that has cost, integration, and timing implications.

Section 8: Center Capacity for Increased Lifeline / 988 Volume

Center Name	Q35. Maintain answer rates with 30% more call volume?	(If no or unsure) Please Explain Why/Why Not
Crisis Support Svcs	Yes, but only with increased staffing	N/A
Center Name	Q36. Additional Info: Center's capacity for increased Lifeline/9-8-8 volume	
Crisis Support Svcs	CSSNV is currently operating at an 81% answer rate with 65 second average queue time waiting for a crisis counselor. We could handle an increase in call volume, but without additional staffing, the answer rate would decrease drastically, and the queuing time would increase substantially.	

The table(s) above summarize(s) responses to the following question(s):

Q35. Based on your "October-December 2020" Lifeline call volume, would your center be able to handle up to a 30% increase in Lifeline call volume while still maintaining or exceeding your October-December Lifeline Answer Rates? (Yes, but only with increased staffing/Yes/Unsure (please explain why you are unsure)/No (please explain why not)/Does not apply because our crisis center was not answering Lifeline calls during this time period.)

Q36. (Optional) Please provide any additional comments that would be helpful to the state/territory to know about your center's capacity for increased Lifeline/9-8-8 volume. (Open text answer)

State/Territory Discussion and Implications for Planning

The center needs increased staffing at competitive pay rates with a defined staff to supervisor ratio and corresponding training and support to ensure all staff meeting the standards establish for call center personnel. In the absence of this support, the call center 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.

Section 9: Funding Structure

Center Operational Budget Totals and Sources (7/1/20-6/30/21)

Center Name	Q37. Budget Total: CC Operations	Q38. Amount from Each Source: CC Operations					
		Federal	State	County / City	Private	Other Sources	Other Sources Description
Crisis Support Svcs	1915000	818000	718000	0	46000	333000	Program Service Contracts, fundraising

Q39. Funding Allocation (%): Crisis Center Operations

Center Name	Hotline	Chat and Text	Mobile crisis (MCT)	Crisis Resid.	Other Srcvs.	Other Services Description
Crisis Support Svcs	84	0	0	0	16	Sexual Assault Support Services

Lifeline Contacts: Funding Totals and Sources (in USD)

Center Name	Q40: Lifeline Funding Total	Q41: Amount from Each Source: Lifeline Contacts					
		Federal	State	County / City	Private	Other Sources	Other Source Description
Crisis Support Svcs	208000	89000	78000	0	5000	36000	Program Service Fees

Insurance Billing

Center Name	Q42. Bill Ins. Answer Lifeline Calls?	Q43. Bill Ins. Services to Lifeline Callers?	Q43, cont. If yes, what services to Lifeline callers bill ins. for?	Q44. Bill Ins. Other Crisis Services?	Q44, cont. If yes, what other services bill ins. for?
Crisis Support Svcs	No	No	N/A	No	N/A

Center Name	Q45. Additional Info: Funding
Crisis Support Svcs	CSSNV's total budget is \$1,915,000. 84% of our funding goes to call center services and 16% goes to Sexual Assault Support Services. Of the total calls and texts that come into the crisis center, 13% come into the Local Lifeline (entire state of Nevada). All calculations of funding comes from those numbers.

The table(s) above summarize(s) responses to the following question(s):

Q37. What is the total budget for your crisis center operations (hotline/chat/text, etc. across all contracts, including Lifeline) for the period July 1, 2020 - June 30, 2021? Please enter whole numbers accurate to 10,000 dollars, e.g., 50,000, 100,000, etc. (Open text answer)

Q38. Of your crisis center operations budget from July 1, 2020 - June 30, 2021, what amount is from each of these sources? Please enter whole numbers accurate to 10,000 dollars, e.g., 50,000, 100,000, etc. (Open text matrix with the following options: Federal funds/State funds/County/city funds/Private funds/Other sources)

Q39. For the period July 1, 2020 - June 30, 2021, what percentage (%) of your funding is allocated to? (Open text matrix with the following options: Hotline (call services)/Chat and text/Mobile crisis (MCT)/Crisis residential/Other services)

Q40. What is the total of your center's July 1, 2020 - June 30, 2021 funding, if any, that is specifically designated for Lifeline calls/chats/texts? Please enter whole numbers accurate to 10,000 dollars, e.g., 50,000, 100,000, etc. (Open text answer)

Q41. Of your center's July 1, 2020 - June 30, 2021 funding that is specifically designated for Lifeline calls/chats/texts, what amount is from each of these sources? Please enter whole numbers accurate to 10,000 dollars, e.g., 50,000, 100,000, etc. (Open text matrix with the following options: Federal funds/State funds/County/city funds/Private funds/Other sources)

Q42. Is your crisis center billing insurance for answering Lifeline calls? (Yes/No)

Q43. Is your crisis center billing insurance for any services provided to Lifeline callers (e.g., mobile crisis)? (Yes If yes: Please specify which services provided to Lifeline callers you bill insurance for:/No)

Q44. Is your crisis center billing insurance for any other crisis services (excluding answering Lifeline calls and services provided to Lifeline callers)? (Yes If yes: Please specify what other services you bill insurance for:/No)

Q45. (Optional) Please provide any additional comments that would be helpful to the state/territory to know about funding. (Open text answer)

State/Territory Discussion and Implications for Planning

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. The Medicaid Administrative Match could have implications for other additional funding, which would match 50% of costs with restrictions on what is covered. The use of MOUs between partner agencies could provide an opportunity for coordinating costs. Nevada will explore any and all funding opportunities, including public and private dollars, to support the behavioral health crisis system. There is pending legislation (SB390) that could provide a vehicle for additional funding.

Section 10: Follow-Up Service Offerings

Any Follow-Up Services and Follow-Up to Lifeline Contacts

Center Name	Q46. Provide Any Follow-up?	Q47. Lifeline Contacts Follow-up?	Q48. Describe Follow-Up to Lifeline Contacts
Crisis Support Svcs	Yes	Yes	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. These follow up calls are made by case managers to check for safety, as well as refer the caller or texter to the appropriate services.

Follow-Up Services to Contacts on Other Lines

Center Name	Q49. Other Lines Follow-Up?	Q50. Describe Follow-Up to Contacts on Other Lines
Crisis Support Svcs	Yes	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. These follow up calls are made by case managers to check for safety, as well as refer the caller or texter to the appropriate services.

Q51. Follow-Up for Other Crisis Services

Center Name	MCTs/Mobile Treatment Programs	Emergency Departments	Crisis Receiving or Stabilization Facilities	Inpatient Psychiatric Units	Other
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Crisis Support Svcs	No	No	No	No	Did not answer
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Other Organizations that Provide Mental Health or Crisis Follow-Up Services

Center	Q52. Other Orgs Provide MH/Crisis Follow-up?	Q53. Name / Description of Others' Follow-up Services
Crisis Support Svcs	No	N/A
Center Name	Q54. Additional Info: Follow-Up Services	
Crisis Support Svcs	We know that follow-up calls do save lives. There should definitely be a program for follow-up calls to those discharging from emergency rooms and behavioral health hospitals. At this time, we do not have the funding to go forward with that program.	

The table(s) above summarize(s) responses to the following question(s):

Q46. Does your crisis center provide follow-up services for callers/texters/chatters (from Lifeline or any other line you operate)? (Yes/No)

Q47. Do you provide follow-up for: Lifeline callers/texters/chatters? (Yes/No)

Q48. Please briefly describe the follow-up that you do for Lifeline callers/texters/chatters, e.g., # of contacts, mode (call, postcard, etc.), other protocols. (Open text answer)

Q49. Do you provide follow-up for: Callers/texters/chatters on other lines you operate? (Yes/No)

Q50. If yes, please briefly describe the follow-up that you do for callers/texters/chatters on other lines you operate, e.g., # of contacts, mode (call, postcard, etc.), other protocols. (Open text answer)

Q51. Does your crisis center provide follow-up services for the following? (Matrix Yes/No multiple choice with the following options: MCTs/mobile treatment programs?/Emergency departments?/Crisis receiving or stabilization facilities?/Inpatient psychiatric units?/Other (please specify))

Q52. Is there another organization in your area that provides follow-up services for mental health contacts or crisis services? (Yes/No/Don't know)

Q53. Please provide the name and a brief description of the follow-up services provided by other organizations(s) in your area (e.g., name or organization, contacts/services that are followed-up, brief description of follow-up provided). (Open text answer)

Q54. (Optional) Please provide any additional comments that would be helpful to the state/territory to know about follow-up services in your area. (Open text answer)

State/Territory Discussion and Implications for Planning
The call center needs more funding and staffing to be able to do follow-up with individuals being discharged from emergency rooms. Currently, the call center has specific protocols around follow-up services. The call center provides follow-up to medium and high risk of suicide, and to any Nevadan who experiences a substance use crisis. There are several partner agencies that could provide additional follow-up services currently. For planning purposes, we will explore opportunities to establish MOUs for follow-up services to support the continuum of services. We also want to work with the hospitals to ensure that discharge planning they provide is accounted for in our service of clients.

Section 11: Center Relationships with Mobile Crisis Teams (MCT) or Other Mobile Treatment Programs

MCTs/Mobile Treatment Programs in Your Area and Operated by Your Center

Center Name	Q55. Any Local MCTs?	Q56. You Operate an MCT?	Q57. Describe Your MCT
Crisis Support Svcs	Yes	No	N/A

MCTs/Mobile Treatment Programs Operated by Others

Center Name	Q58. Other Orgs Operate MCTs?	Q60. # MCTs Operate d by Others	Q59. Ctr Relationship w/ Others' MCTs
Crisis Support Svcs	Yes	6	We have NO relationship with an MCT.

Note:

Q60 asked centers: "How many MCTs/mobile treatment programs in your area are operated by organizations other than your crisis center?" The number they entered in Q60 determined how many times they were asked questions 61-68, which gathered details about each MCT/mobile treatment program.

For example, if the center stated in Q60 that there are 2 MCT/mobile treatment programs in their area operated by other organizations, centers were asked Q61-68 twice (name of the MCT/mobile treatment program, organization that operates it, city/state, zip code, contact name/email OR web address, whether it operates 24/7, how frequently their crisis center makes referrals, and whether they have a procedure to provide assessment information when they refer). The tables below list all of the MCTs recorded by each crisis center along with answers to some of the follow-up questions (organization, 24/7, referral frequency, procedure to provide assessment information when refer). Full contact details for each MCT are provided in Appendix A.

Crisis Support Svcs

Q61. MCT Name	Q62. MCT Org.	Q66. MCT Operate 24/7?	Q67. Freq You Refer to MCT	Q68. Give Assmnt Info When Refer (MCT)
24/7 Mobile Unit	Desert Parkway	Yes	Never	Not Applicable
Children's Mobile Crisis Response Team	NV Department of Children and Family Services	Yes	Occasionally	No
Clinical Mobile Outreach Safety Team	Nevada Division of Division of Public and Behavioral Health	No	Never	Not Applicable
Crisis Response Team	Southern Nevada Community Health Improvement Program	Don't know	Never	Not Applicable

Mobile Outreach Safety Team (MOST)	Washoe County Human Services Agency	No	Never	Not Applicable
Vitality Unlimited	Vitality Center	No	Never	Not Applicable
Center Name	Q69. Additional Info: MCTs/mobile treatment programs that serve your area			
Crisis Support Svcs	Currently, CSSNV does not have direct access to deploy any mobile teams to callers or texters in crisis.			

The table(s) above summarize(s) responses to the following question(s):

Note: Responses for questions 63-65 are reflected in Appendix A.

Q55. Do any Mobile Crisis Teams (MCTs) or other mobile treatment programs currently serve your area? (Yes/No)

Q56. Does your organization operate any of the local MCTs/mobile treatment programs? (Yes/No)

Q57. Please briefly describe your organization's MCT/mobile treatment program(s) (populations served, hours of operation, funding sources if applicable, etc.) (Open text answer)

Q58. Do organizations other than your crisis center operate any of the local MCTs/mobile treatment programs? (Yes/No)

Q59. What is your crisis center's relationship with MCT(s) operated by other organizations? (We have a formal relationship with one or more MCT(s) (contract and/or Memorandum of Understanding)/We have an informal relationship with one or more MCTs (knowledge of and ability to refer as a known crisis service)/We have NO relationship with a MCT)

Q60. How many MCTs/mobile treatment programs in your area are operated by organizations other than your crisis center? (Enter the number of MCTs/programs) (Open text answer)

Q61. Name of the 1st MCT/mobile treatment program (Open text answer)

Q62. Organization

Q63. City / State (Open text answer)

Q64. Zip Code

Q65. Contact name and email OR a web address (Open text answer)

Q66. Does this MCT/program operate 24/7? (Yes/No/Don't know)

Q67. How frequently do you make referrals to this MCT/program? (Frequently/Occasionally/Rarely/Never)

Q68. Do you have a procedure for providing assessment information for callers/texters/chatters you refer to this MCT/mobile treatment program? (Yes/No)

Q69. (Optional) Please provide any additional comments that would be helpful to the state/territory to know about MCTs/mobile treatment programs that serve your area. (Open text answer)

State/Territory Discussion and Implications for Planning

Formal agreements with MCTS needs 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 set up additional MCTs that can be deployed through 988. Some linkage and coordination with existing MCTs are essential to determine how the call center will work with MCTs through MOUs and other formal agreements. Including MCTs in the planning process is critical for Nevada's implementation process.

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

Crisis Receiving or Stabilization Facilities in Your Area and Operated by Your Center

Center Name	Q70. Any LCSUs?	Q71. You Operate LCSUs?	Q73. Bed Registry?	Q72. Describe Your LCSU
Crisis Support Svcs	No	N/A	N/A	N/A

Crisis Receiving or Stabilization Facilities in Your Area Operated by Others

Center Name	Q74. Other Org Operate LCSUs?	Q76. # LCSUs Operated by Others	Q75. Ctr. Relat. w/ Others' LCSUs
Crisis Support Svcs	N/A	N/A	N/A

Note:

Q76 asked centers: "How many crisis receiving and stabilization facilities in your area are operated by organizations other than your crisis center?" The number they entered in Q76 determined how many times they were asked questions 77-84, which gathered details about each local crisis stabilization units (LCSUs).

For example, if the center stated in Q76 that there are 2 LCSU in their area operated by other organizations, centers were asked Q77-84 twice (name of the LCSU, organization that operates it, city/state, zip code, contact name/email OR web address, whether it operates 24/7, how frequently their crisis center makes referrals, and whether they have a procedure to provide assessment information when they refer).

The tables below list all of the LCSUs recorded by each crisis center along with answers to some of the follow-up questions (organization, 24/7, referral frequency, procedure to provide assessment information when refer). Full contact details for each LCSU are provided in Appendix B.

None of the crisis centers in this state reported any LCSUs.

Center Name	Q85. Additional Info
Crisis Support Svcs	Did not answer

The table(s) above summarize(s) responses to the following question(s):

Q70. Do any crisis receiving or stabilization facilities currently serve your area? (Yes/No)

Q71. Does your organization operate any of the local crisis receiving or stabilization facilities? (Yes/No)

Q72. Please briefly describe your organization's crisis receiving or stabilization facilities (populations served, hours of operation, funding sources if applicable, etc.) (Open text answer)

Q73. Does your crisis center have access to current (real-time or frequently updated) information on the availability of crisis stabilization beds/services? (Yes/No)

Q74. Do organizations other than your crisis center operate any of the local crisis receiving or stabilization facilities? (Yes/No)

Q75. What is your crisis center's relationship with crisis receiving and stabilization facilities operated by other organizations? (We have a formal relationship with one or more crisis receiving and stabilization facilities (contract and/or Memorandum of Understanding)./We have an informal relationship with one or more crisis receiving and stabilization facilities (knowledge of and ability to refer as a known crisis service)./We have NO relationship with a crisis receiving and stabilization facility.)

Q76. How many crisis receiving and stabilization facilities in your area are operated by organizations other than your crisis center? (Enter the number of facilities) (Open text answer)

Q77. Name of the 1st crisis receiving and stabilization facility (Open text answer)

Q78. Organization

Q79. City / State (Open text answer)

Q80. Zip Code

Q81. Contact name and email OR a web address (Open text answer)

Q82. Does this facility operate 24/7? (Yes/No/Don't know)

Q83. How frequently do you make referrals to this facility? (Frequently/Occasionally/Rarely/Never)

Q84. Do you have a procedure for providing assessment information for callers/texters/chatters you refer to this crisis stabilization facility? (Yes/No)

Q85. (Optional) Please provide any additional comments that would be helpful to the state/territory to know about crisis receiving and stabilization facilities that serve your area. (Open text answer)

State/Territory Discussion and Implications for Planning			
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.			

Section 13: Center Relationships with 911 / Public safety answering point (PSAP) and Emergency Medical Services (EMS)

911/PSAP

Center Name	Q86. Ctr. Relat. w/ Local 911/PSAP	Q87. 911 Feedback After Refer	Q88. 911 Warm Transfer to Ctr
Crisis Support Svcs	We have an informal relationship with our local 911/PSAP call centers (knowledge of and ability to refer as a known crisis service).	Yes	Yes

911/PSAP (continued)

Center Name	Q89. Alt. Dispatch Option to 911	Q90. Describe Alt. Dispatch Option
Crisis Support Svcs	No	N/A

Emergency Medical Services (EMS)

Center Name	Q91. Ctr. Relat. w/ Amb./EMS	Q92. Alt. Transport Option for MH	Q93. Describe Alt. Transport Opt. for MH
Crisis Support Svcs	We have an informal relationship with one or more EMS programs (knowledge of and ability to refer as a known crisis service).	No	N/A
Center Name	Q94. Additional Info: 911/PSAPs, alternative dispatch options, ambulance/EMS, or alternative transportation options.		
Crisis Support Svcs	We currently have 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 a well check.		

The table(s) above summarize(s) responses to the following question(s):

Q86. What is your crisis center's relationship with local 911/PSAP? (We have an informal relationship with our local 911/PSAP call centers (knowledge of and ability to refer as known crisis service)/We have a formal relationship with our local 911/PSAP call centers (contract and/or Memorandum of Understanding)/We have NO relationship with our local 911/PSAP)

Q87. When our crisis center refers callers at imminent risk to 911, we have a process in place where they can inform us if the caller was seen and/or transported. (Yes/No)

Q88. Does 911 warm transfer mental health crisis calls to your center? (Yes/No, because we do not have the technology/No, but the reason is unrelated to technology)

Q89. Is there an alternative dispatch option other than 911 in your area for mental health crisis situations? (Yes/No/Don't know)

Q90. Please provide the name and a brief description of the alternative dispatch service (e.g., what it is, when it is used, who it serves, hours of service). (Open text answer)

Q91. What is your crisis center's relationship with Ambulance/EMS? (We have a formal relationship with one or more EMS programs (contract and/or Memorandum of Understanding)./We have an informal relationship with one or more EMS programs (knowledge of and ability to refer as a known crisis service)./We have NO relationship with local EMS)

Q92. Is there an alternative transportation option other than ambulance/EMS in your area for mental health crisis situations? (Yes/No/Don't know)

Q93. Please provide the name and a brief description of the alternative transportation option (e.g., what it is, when it is used, who it serves, hours of service) (Open text answer)

Q94. (Optional) Please provide any additional comments that would be helpful to the state/territory to know about your relationship to 911/PSAPs, alternative dispatch options, ambulance/EMS, or alternative transportation options. (Open text answer)

State/Territory Discussion and Implications for Planning

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.

Section 14: Center Relationships with Law Enforcement

Center Name	Q95. Ctr. Relationship w/ Law Enforcement	Q96. Does LE Have a CIT?	Q97. Additional Info: Local law enforcement
Crisis Support Svcs	We have an informal relationship with local law enforcement (knowledge of and ability to refer as a known crisis service).	Our local law enforcement has a Crisis Intervention Team (CIT), but we have NO relationship with them.	We currently have a pilot project with the 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 a well check.

The table(s) above summarize(s) responses to the following question(s):

Q95. What is your crisis center's relationship with Law Enforcement? (We have a formal relationship with local law enforcement (contract and/or Memorandum of Understanding)./We have an informal relationship with local law enforcement (knowledge of and ability to refer as a known crisis service)./We have NO relationship with local law enforcement)

Q96. Does your local law enforcement have a Crisis Intervention Team (CIT)? (Our local law enforcement has a Crisis Intervention Team (CIT) and we have a relationship with them./Our local law enforcement does NOT have a CIT./Our local law enforcement has a Crisis Intervention Team (CIT) but we have NO relationship with them.)

Q97. (Optional) Please provide any additional comments that would be helpful to the state/territory to know about your relationship to local law enforcement. (Open text answer)

State/Territory Discussion and Implications for Planning

There are no formal MOUs with law enforcement in Nevada at this time. However, there are connections with Reno PD and WCSO. Creating connections with law enforcement throughout the state will be critical.

Section 15: Center Relationships with Emergency Departments (ED)

Relationship and Assessment with EDs

Center Name	Q98. Ctr. Relationship with ED	Q99. Give Assmnt Info When Refer (ED)
Crisis Support Svcs	We have NO relationship with an ED.	No

Q100. ED Services Center Provides

Center Name	We have crisis center staff co-located in an ED	Crisis center staff conduct risk assessments with ED patients	Crisis center staff provide referrals and/or linkages to patients in the ED	Our crisis center provides peer support services in EDs
Crisis Support Svcs	No	No	No	No
Center Name	Q101: Additional Info: Emergency department services your crisis center provides			
Crisis Support Svcs	Did not answer			

The table(s) above summarize(s) responses to the following question(s):

Q98. What is your crisis center's relationship with local hospital emergency departments? (We have a formal relationship with one or more ED (contract and/or Memorandum of Understanding)./We have an informal relationship with one or more ED (knowledge of an ability to refer as a known crisis service)./We have NO relationship with an ED.)

Q99. Do you have a procedure for providing assessment information for callers/texters/chatters you refer to the ED? (Yes/No)

Q100. Our crisis center provides the following emergency department (ED) services for individuals experiencing a mental health crisis: (a. We have crisis center staff co-located in an ED/b. Crisis center staff conduct risk assessments with ED patients/c. Crisis center staff provide referrals and/or linkages to patients in the ED/d. Our crisis center provides peer support services in EDs)

Q101. (Optional) Please provide any additional comments that would be helpful to the state/territory to know about emergency department services your crisis center provides. (Open text answer)

State/Territory Discussion and Implications for Planning

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, a formal relationship with Emergency Departments across the state would be in place acknowledging 988's role and allowing for referrals as appropriate.

Section 16: Additional Comments

Center Name	Q102. Briefly describe overall strengths and gaps in the overall crisis system in your local area
Crisis Support Svcs	CSSNV has informal relationships statewide with Law enforcement to deploy them when we can keep a caller or texter safe or there needs to be a well check done. Mobile teams are sporadic across the state, but we do not have access to deploy any of those team to a caller or texter with a mental health crisis. There are currently no crisis stabilization centers where we can send callers or texters in a mental health crisis.
Center Name	Q103. Additional info that would be helpful for the state/territory as they plan for the rollout of 9-8-8.

Crisis Support Svcs	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.
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The table(s) above summarize(s) responses to the following question(s):

Q102. Please briefly describe the overall current strengths and gaps in the overall crisis system in your local area. (Open text answer)

Q103. (Optional) Please provide any additional information or comments that you think would be helpful for the state/territory to know as they plan for the rollout of 9-8-8. (Open text answer)

State/Territory Discussion and Implications for Planning
Nevada experiences challenges related to geography. There are gaps with transportation, resources to rural areas, and infrastructure issues around access to internet that can create barriers to statewide 988 implementation. Without 988 and the call center being able to effectively deploy mobile teams and other support, there will be significant barriers to fully implementing 988 throughout Nevada. There must be someone to talk to, someone to come to you, and a place to go in order to provide comprehensive behavioral health crisis services. We need adequate funding and staffing in order support this continuum of care and implement 988, while adhering to clinical standards. This has to be a broad-based, collaborative effort with all stakeholders involved in planning in order for implementation to be successful.

Appendix A: Mobile Crisis Treatment (MCT) Programs by Crisis Center

Crisis Support Svcs

MCT Name	MCT Organization	City / State	Zip Code	Contact name and email OR a web address
24/7 Mobile Unit	Desert Parkway	Las Vegas, NV	89109	https://www.desertparkway.com/
Children's Mobile Crisis Response Team	NV Department of Children and Family Services	Nevada	Serves whole State	http://www.knowcrisis.com/
Clinical Mobile Outreach Safety Team	Nevada Division of Division of Public and Behavioral Health	Exact Areas served unclear	Nevada	http://dphh.nv.gov/Programs/ClinicalIMobileOutreach/Clinical_Mobile_Outreach_and_Safety_Team_-_Home/
Crisis Response Team	Southern Nevada Community Health Improvement Program	Las Vegas, NV	89101	https://www.snvchips.org/
Mobile Outreach Safety Team (MOST)	Washoe County Human Services Agency	Reno, NV	89502	https://www.washoecounty.us/hsa/adult_services/most/index.php
Vitality Unlimited	Vitality Center	Carson City, Dayton, and Elko	89801	https://vitalityunlimited.org/outpatient-services/

Appendix B: Local Crisis Stabilization Unit (LCSU) Facilities by Crisis Center

None of the crisis centers in this state reported any LCSUs.