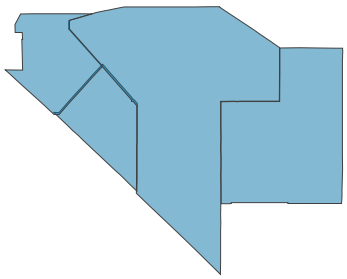
Regional Meeting Consultation Summary: Southern Region



Background & Purpose

On July 28, 2020, Nevada held a virtual Statewide Summit for Crisis Care. The Summit followed a six-part webinar series orienting stakeholders across Nevada to the components of a Crisis Care Response System (CCRS) as outlined in the Substance Abuse and Mental Health Services Administration (SAMHSA) "National Guidelines for Behavioral Health Crisis Care- Best Practice Toolkit" (referred to as, "The National Guidelines").[1] At the Summit, Nevada's Crisis Care Response System: Assets and Gaps Statewide Report was presented.[2] This Report details the assets and gaps related to the Crisis Care Response System identified by Regional Behavioral Health Coordinators (RBHCs) using a standard tool.[3]

Following this overview, Summit participants were invited to participate in regional discussions to further understand the assets and gaps specific to their region and begin thinking about what is needed most in their region. The information presented in this summary is intended to inform discussions and decision-making at the regional level.

Regional Consultation Overview

The Southern Region's Consultation was held on **July 28, 2020, from 9:35 to 10:30 AM**. It included approximately four participants from the Southern Region and two participants representing agencies throughout the state.

Participant Name	Participant Agency
Stacy Burns	Nye Communities Coalition
Emily Hendrickson	Kinross Round Mountain, Northern Nye County Hospital District
Kathie McKenna	Nevada Outreach and Training Agency
Stacy Smith	Nye Communities Coalition
Robin Reedy	NAMI Nevada
Joan Hall	Nevada Rural Hospital Partners

[1] The National Guidelines for Behavioral Health Crisis Care- Best Practice Toolkit, along with recordings and materials from the six-part webinar series, are available at: https://socialent.com/2020/06/nevada-crisis-response-system-virtual-summit/

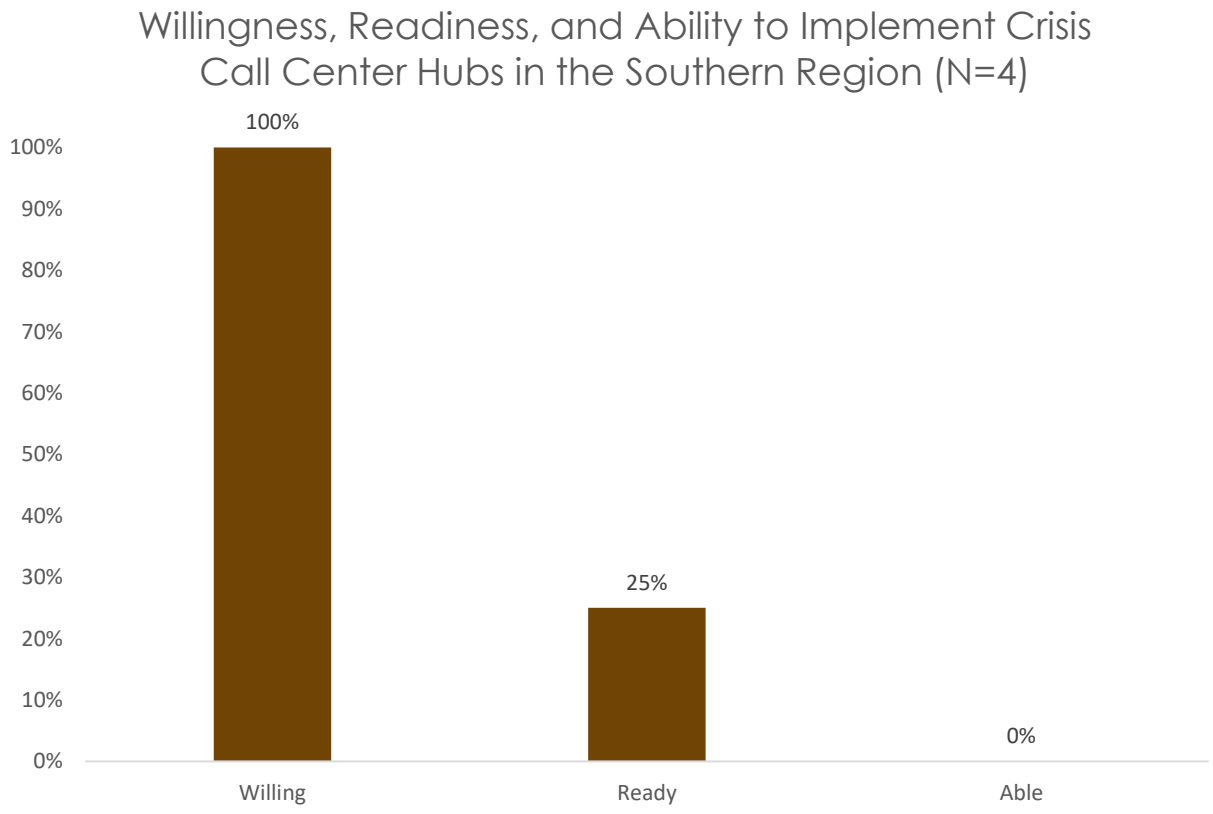
[2] Nevada's Crisis Response System: Assets and Gaps Statewide Report is available at: https://socialent.com/2020/06/nevada-crisis-response-system-virtual-summit/

[3] The Crisis Now Scoring Tool developed by RI International can be found at: https://crisisnow.com/wp-content/uploads/2020/02/Crisis-Now-Assessment-Tool.pdf.

Following the presentation of the minimum standards for each component and the criteria met within each for the region, polling was used to identify where the region stands in terms of its willingness, readiness, and ability to implement criteria within each component. A subsequent poll asked participants to select the top two gaps within their region for each component and for the essential principles and practices of the Crisis Care Response System. The charts and narrative below summarize these discussions for future consideration.

Crisis Call Center Hub

Participants were asked to identify if the Southern Region and its stakeholders were willing, ready, and able to implement a Crisis Call Center Hub. The responses from 4 of the region's participants summarized in the graph below show that 100% felt the region is willing, 25% felt the region is ready, and 0% felt that the region is able to implement a Crisis Call Center Hub at this point in time. It is important to note that participants were able to respond to all three questions in their response.

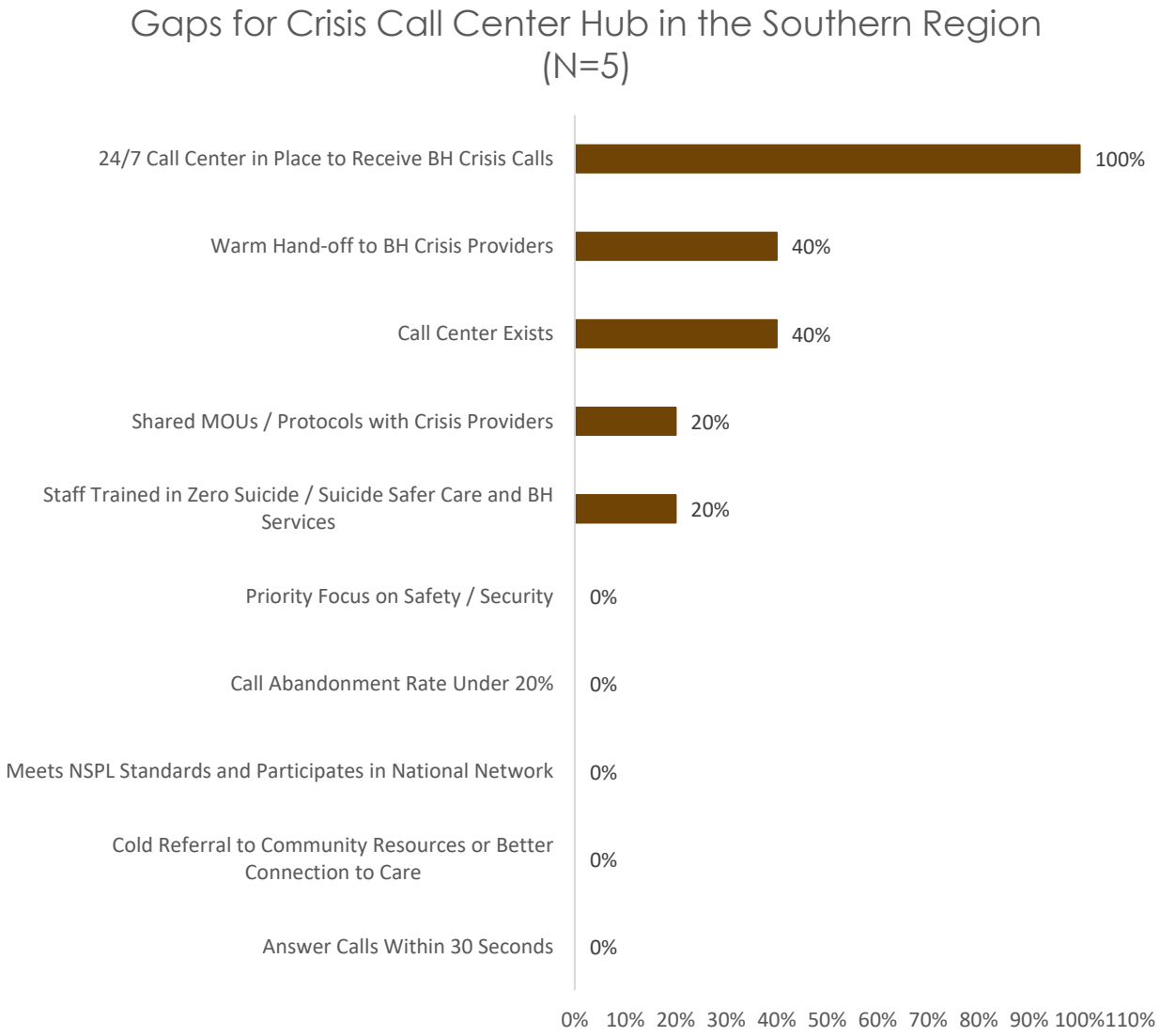


Following the question related to willingness, readiness, and ability to implement a Crisis Call Center Hub in the Southern Region, participants were asked to identify the top two gaps in their region regarding Crisis Call Center Hubs. The answer options were established by identifying the criteria from the region's Crisis Now Scoring Tool that the region indicated they are not currently implementing or do not currently have in place. The graph below summarizes the results of this poll. The top two gaps identified by participants were

1. 24/7 Call Center in Place to Receive Behavioral Health Crisis Calls (100%)

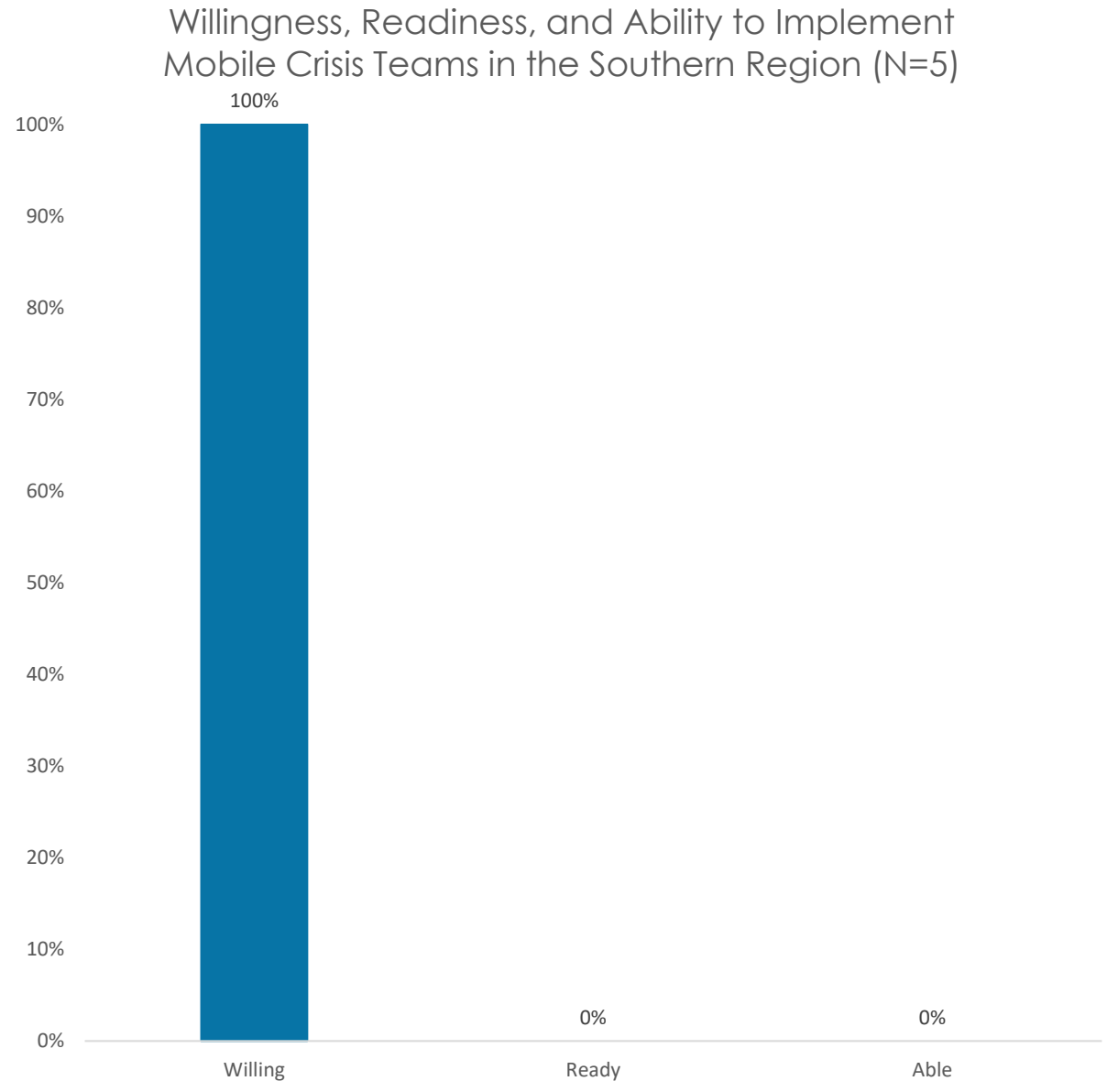
2. Warm Hand-offs to Behavioral Health Crisis Providers (40%-tie)

2. Call Center Exists (40%-tie)



Mobile Crisis Teams

Participants were asked to identify if the Southern Region and its stakeholders were willing, ready, and able to implement Mobile Crisis Teams. The responses from 5 of the region's participants summarized in the graph below show that 100% felt the region is willing, 0% felt the region is ready, and 0% felt that the region is able to implement Mobile Crisis Teams at this point in time. It is important to note that participants were able to respond to all three questions in their response.

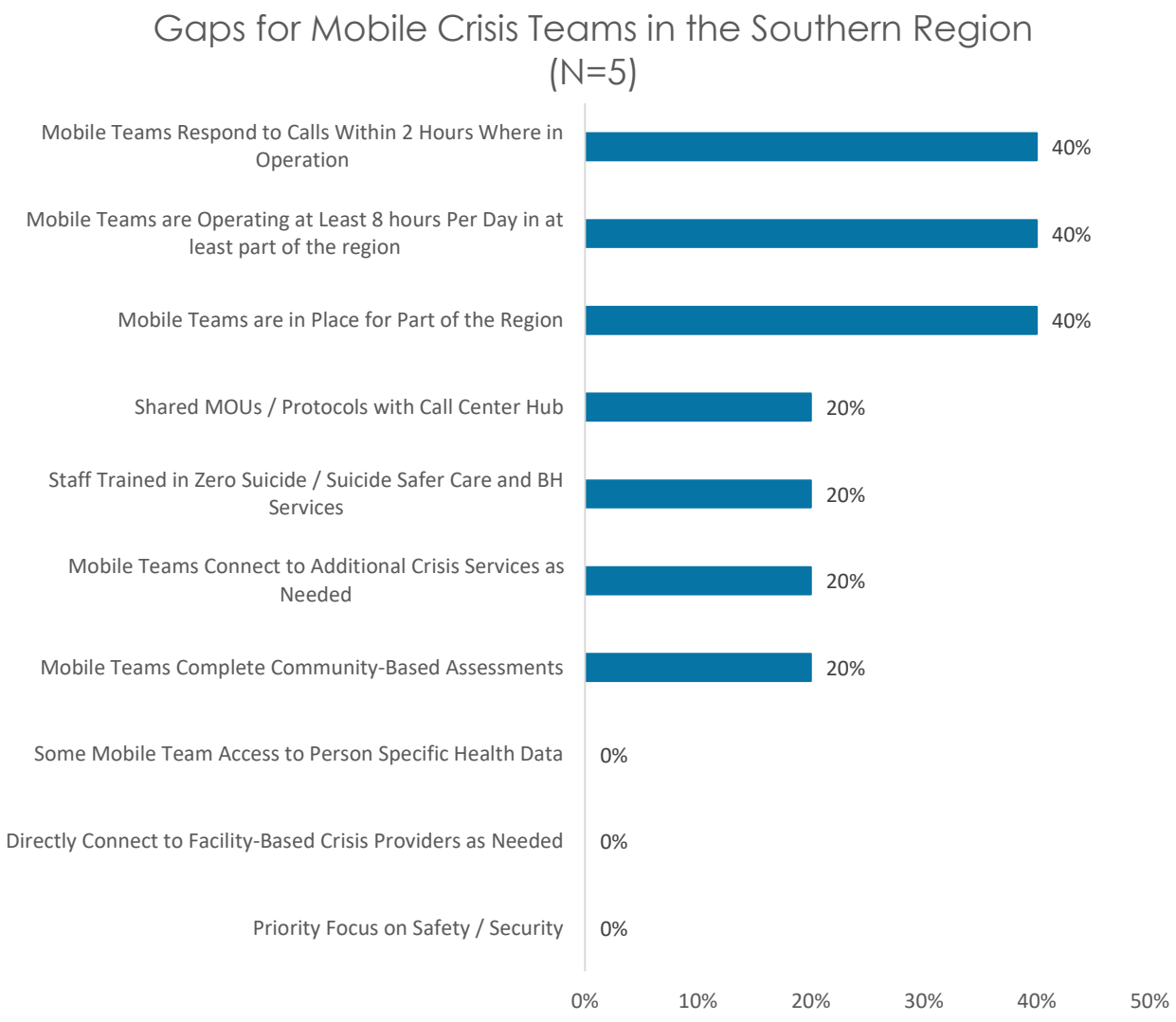


Following the question related to willingness, readiness, and ability to implement Mobile Crisis Teams in the Southern Region, participants were asked to identify the top two gaps in their region regarding Mobile Crisis Teams. The answer options were established by identifying the criteria from the region's Crisis Now Scoring Tool that the region indicated they are not currently implementing or do not currently have in place. The graph below summarizes the results of this poll. The top gaps identified by participants were:

1. Mobile Teams Respond to Calls Within 2 Hours Where in Operation (40%-tie)

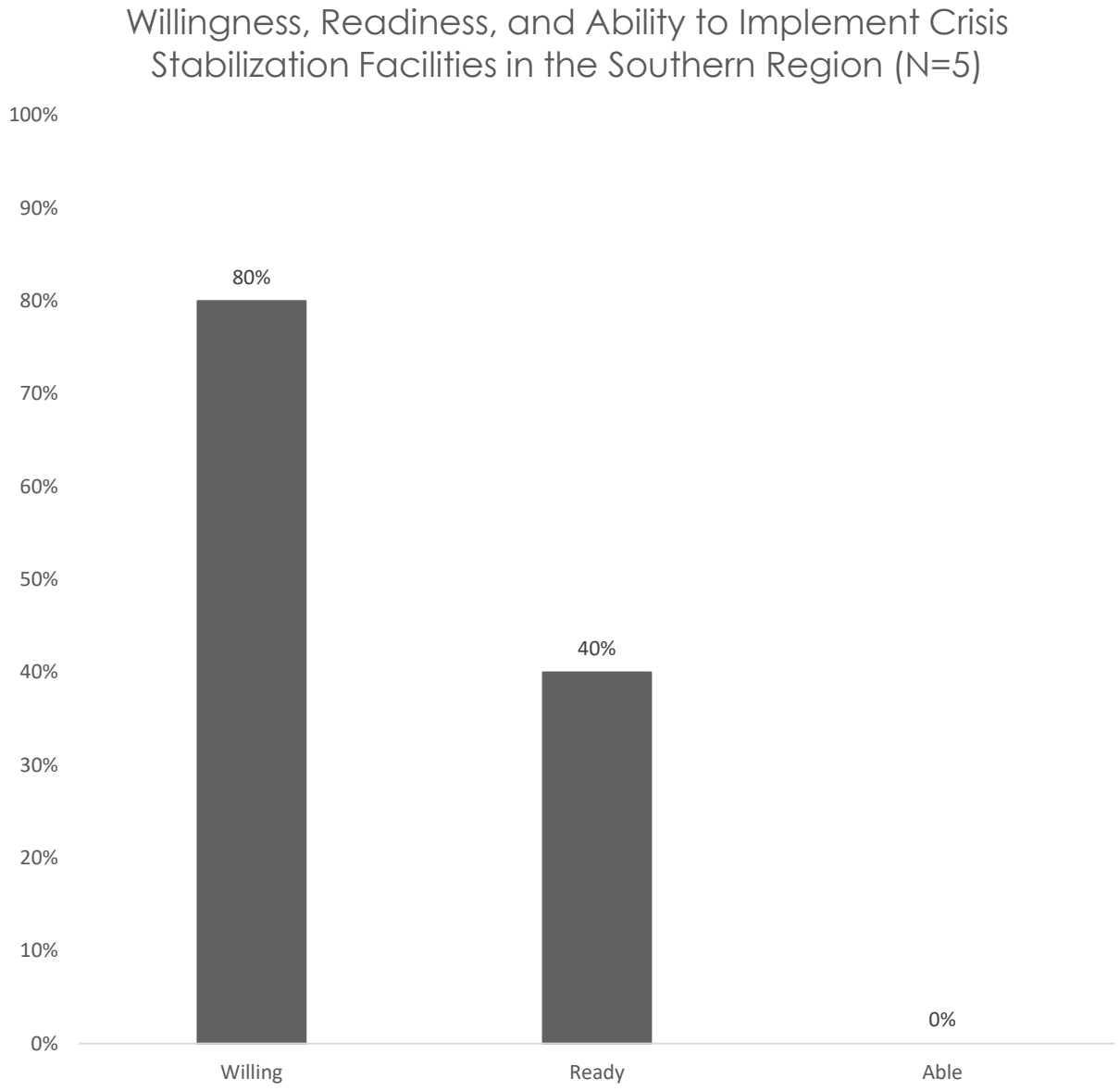
1. Mobile Teams are Operating at Least 8 hours Per Day in at least part of the region (40%-tie)

1. Mobile Teams are in Place for Part of the Region (40%-tie)



Crisis Stabilization Facilities

Participants were asked to identify if the Southern Region and its stakeholders were willing, ready, and able to implement Crisis Stabilization Facilities. The responses from 5 of the region's participants summarized in the graph below show that 80% felt the region is willing, 40% felt the region is ready, and 0% felt that the region is able to implement Crisis Stabilization Facilities at this point in time. It is important to note that participants were able to respond to all three questions in their response.

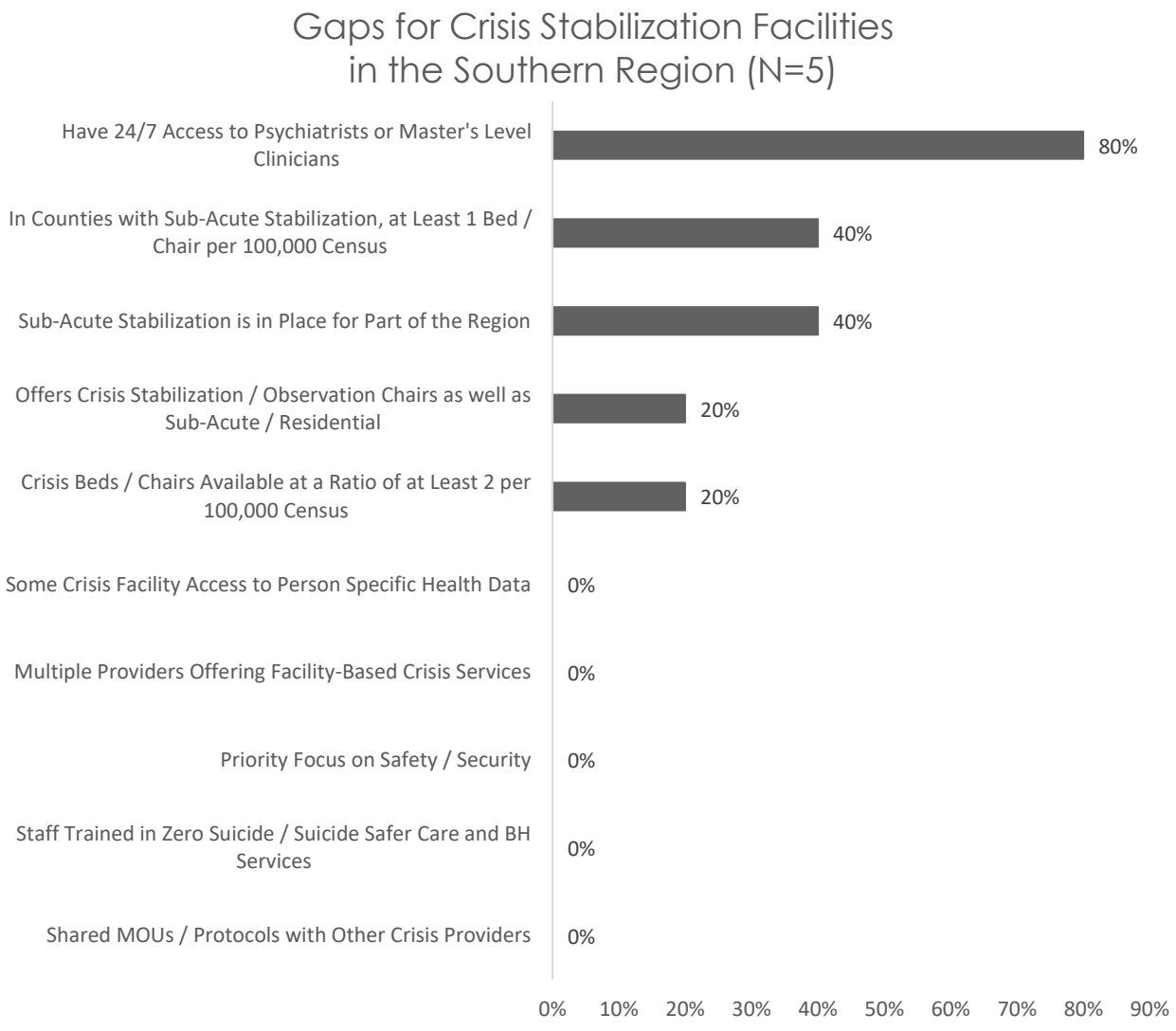


Following the question related to willingness, readiness, and ability to implement Crisis Stabilization Facilities in the Southern Region, participants were asked to identify the top two gaps in their region regarding Crisis Stabilization Facilities. The answer options were established by identifying the criteria from the region's Crisis Now Scoring Tool that the region indicated they are not currently implementing or do not currently have in place. The graph below summarizes the results of this poll. The top two gaps identified by participants were:

1. Have 24/7 Access to Psychiatrists or Master's Level Clinicians (80%)

2. In Counties with Sub-Acute Stabilization, at Least 1 Bed/Chair per 100,000 Census (40%-tie)

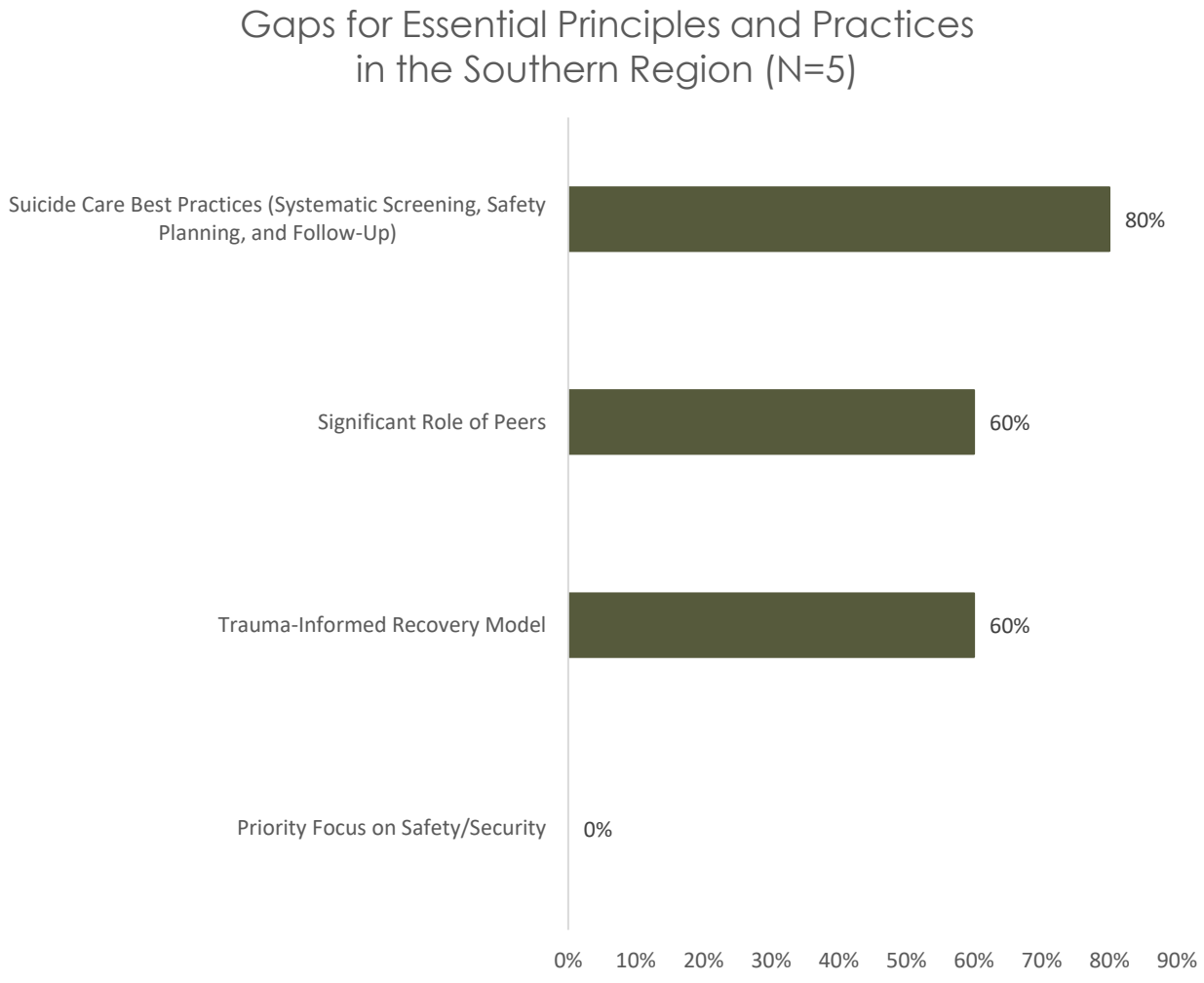
2. Sub-Acute Stabilization is in Place for Part of the Region (40%-tie)



Essential Principles and Practices

The Essential Principles and Practices are intended to be integrated into each component of a coordinated crisis response system. This includes evidence-based practices and protocols that guide the access, coordination, and delivery of the crisis response services outlined in the three components above.

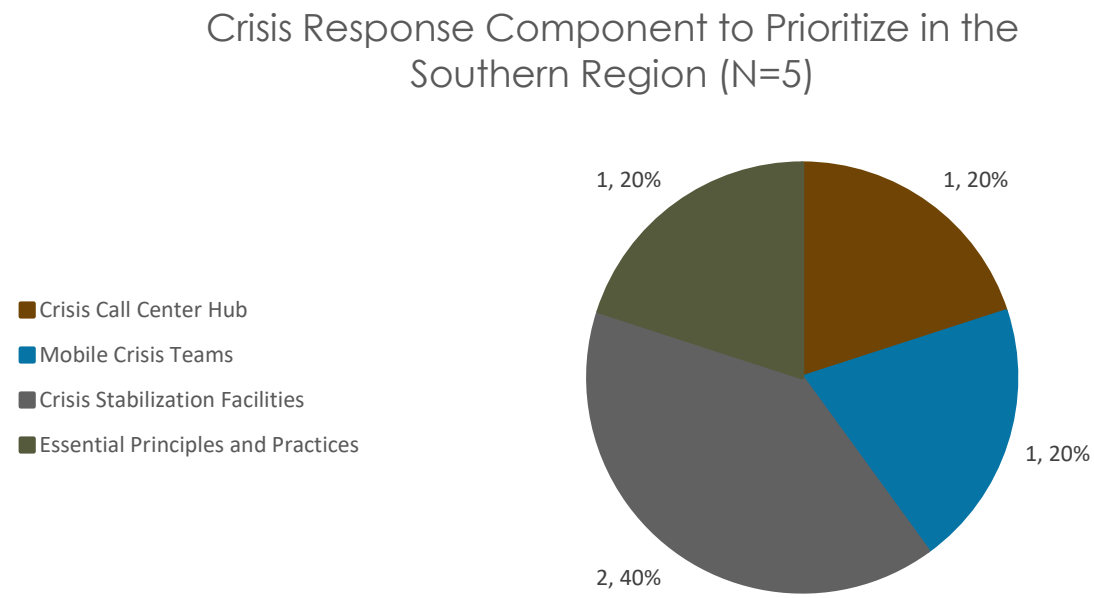
Participants were asked to identify the top two gaps out of the four core elements that make up the Essential Principles and Practices in a Crisis Care Response System. As the graph below shows, 80% of respondents identified Suicide Care Best Practices as the largest gap in the Essential Principles and Practices in the Southern Region, followed by Significant Role of Peers (60%), and the Trauma-Informed Recovery Model (60%).



Summary

Participants, while acknowledging that all four components are critical for a Crisis Care Response System, selected Crisis Stabilization Facilities as the component they would prioritize first for the Southern Region.

The chart below summarizes the responses, with two (40%) selecting Crisis Stabilization Facilities, one (20%) selecting Mobile Crisis Teams, one (20%) selecting Crisis Call Center Hubs, and one (20%) selecting the Essential Principles and Practices.



The main discussion during the Southern Regional Consultation recognized and affirmed that the region is not meeting the minimum standards outlined in the model and currently lacks infrastructure and resources to support the full realization of the Crisis Care Response System. The participants also affirmed that the region is motivated and willing to develop a system that better suits the needs of people in crisis in the area.

One of the most important resources identified as a gap by participants is a lack of providers and peers. Participants highlighted that transportation will be a major barrier for developing each of the system's components due to the geography of the state. The group discussed the implementation of mileage standards instead of response times as a potential adaptation for the region. A mileage standard could help determine how far from a crisis resource—such as a stabilization facility or a mobile team—would be considered acceptable. Using this standard, the State and the region

could potentially develop the appropriate resources to address these geographical gaps.

Participants also recognized that because the region has almost no current crisis response infrastructure apart from the existing critical care hospitals and law enforcement, there is a unique opportunity to develop each component of the model to ensure consistency with the national standards. For example, they noted that hospitals and law enforcement can invest in screening tools that are aligned with the Crisis Care Response model so that they do not have to change course midstream or be re-trained in the future. One participant highlighted that the Mobile Outreach Safety Teams (MOST) mandated by the state legislature have yet to be developed in the region and that these teams could align with the Crisis Care Response System standards as well. Additionally, there is a new hospital to be developed in Tonopah, and it was noted that the design may incorporate or consider the minimum standards and the crisis essential principles and practices. Many participants emphasized the importance of consistent guidance from the State that can be used from the beginning of any planning process related to establishing the core components of the Crisis Care System to ensure meaningful investments of time, funding, and person-hours.

Regional results found in this summary are incorporated into the Statewide Assets and Gaps Report.

Next Steps

This overview will be provided to the Regional Behavioral Health Policy Boards and other stakeholders with the intention of moving forward with implementing the National Guidelines at the state and regional level. RBHCs will provide this summary to their Policy Boards to determine how they will use it to determine their next steps.