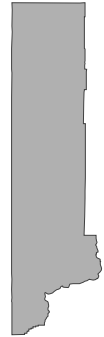




# Regional Meeting Consultation Summary: Washoe Region



## 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").<sup>1</sup> At the Summit, Nevada's Crisis Care Response System: Assets and Gaps Statewide Report was presented.<sup>2</sup> 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.<sup>3</sup>

Following this overview, Summit participants were invited to participate in regional discussions to further understanding of 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 Washoe Region's Consultation was held on **July 28, 2020, from 9:35 to 10:30 AM**. It included approximately 38 participants, with the majority from the Washoe Region and a small handful of participants representing agencies throughout the state.

Participant Name	Participant Agency
<b>Abigail Bailey</b>	State of Nevada
<b>Brie Bertges</b>	Reno Police Department
<b>Miranda Branson</b>	UNR State of Nevada
<b>Susan Cameron</b>	Catholic Charities
<b>Jeffery Clark</b>	Washoe County Sheriff's Office
<b>Karrie Craig</b>	Big Brothers Big Sisters of Northern Nevada

<sup>1</sup> 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/>

<sup>2</sup> Nevada's Crisis Response System: Assets and Gaps Statewide Report is available at:

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

<sup>3</sup> 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>.



<b>Participant Name</b>	<b>Participant Agency</b>
<b>Gene Dobryzynski</b>	Crisis Support Services of Nevada
<b>Anna Duffy</b>	Crisis Support Services of Nevada
<b>Nicholas Dunkle</b>	High Sierra AHEC
<b>Dorothy Edwards</b>	Washoe County Human Services -
<b>Paula Hlade</b>	Reno Police Department
<b>Catherine Johnson</b>	Renown Health
<b>Shannon Kossick</b>	Crisis Support Services of Nevada
<b>Sheila Leslie</b>	State of Nevada
<b>Danica Pierce</b>	Northern Nevada HOPES
<b>Julia Ratti</b>	Washoe County Health District
<b>Amy Roukie</b>	Well Care Services
<b>Dr. Stephanie Sawyer</b>	The Children's Cabinet
<b>Sandy Stamates</b>	NAMI Northern Nevada
<b>Helen Troupe</b>	State of Nevada Aging & Disability - Adult Protective Services
<b>Jeanyne Ward</b>	CASAT
<b>Dawn Yohey</b>	Department of Health and Human Services Nevada Division of Public and Behavioral Health (DPBH)

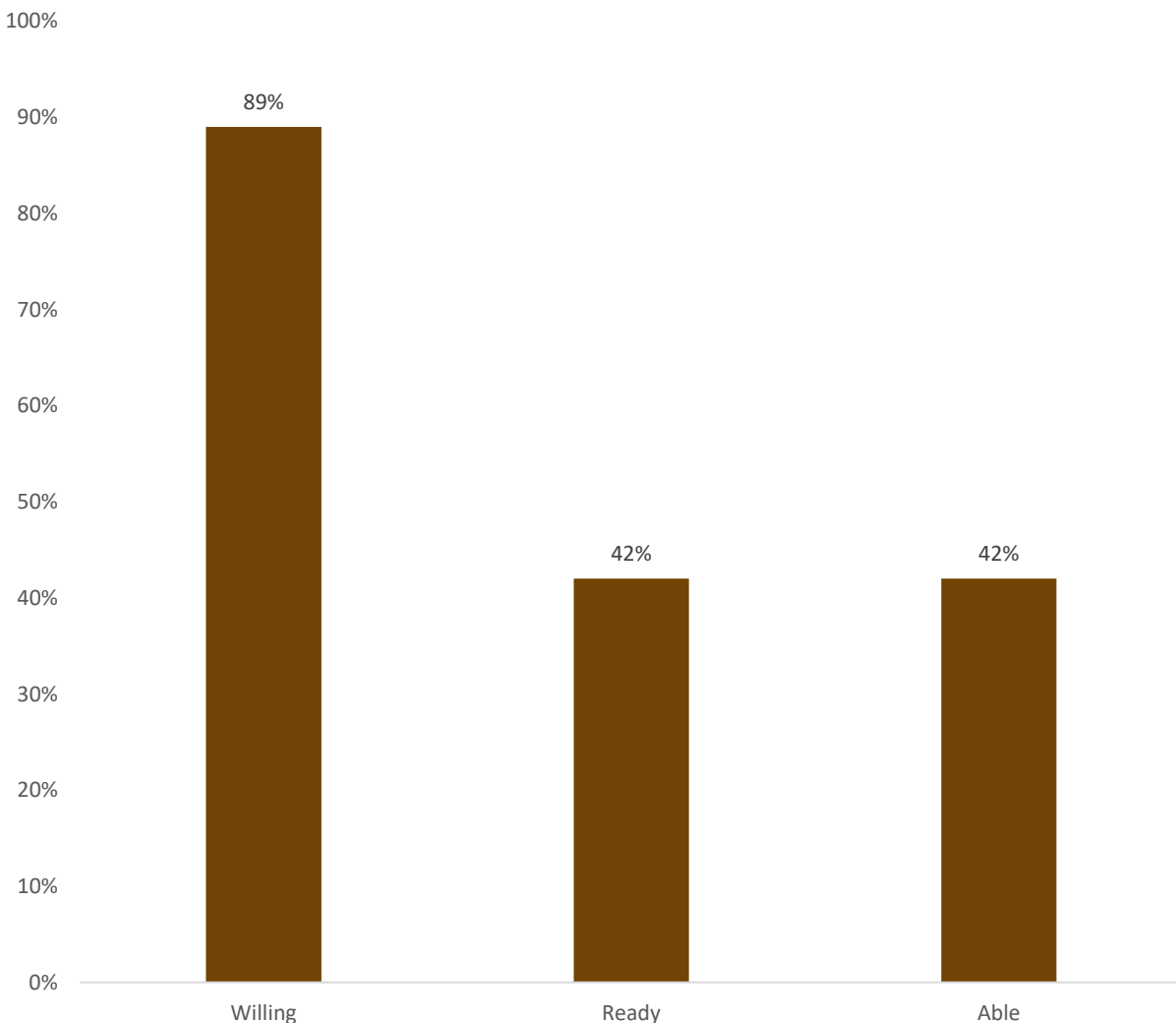
Following the presentation of the minimum standards for each component and the criteria met within each for the region, polling was used to identify where the region stands in terms of its willingness, readiness, and ability to implement criteria within each component. A subsequent poll asked participants 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 Washoe Region and its stakeholders were willing, ready, and able to implement a Crisis Call Center Hub. The responses from 19 of the region's participants summarized in the graph below show that 89% felt the region is willing, 42% felt the region is ready, and 42% 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.

Willingness, Readiness, and Ability to Implement Crisis Call Center Hubs in the Washoe Region (N=19)

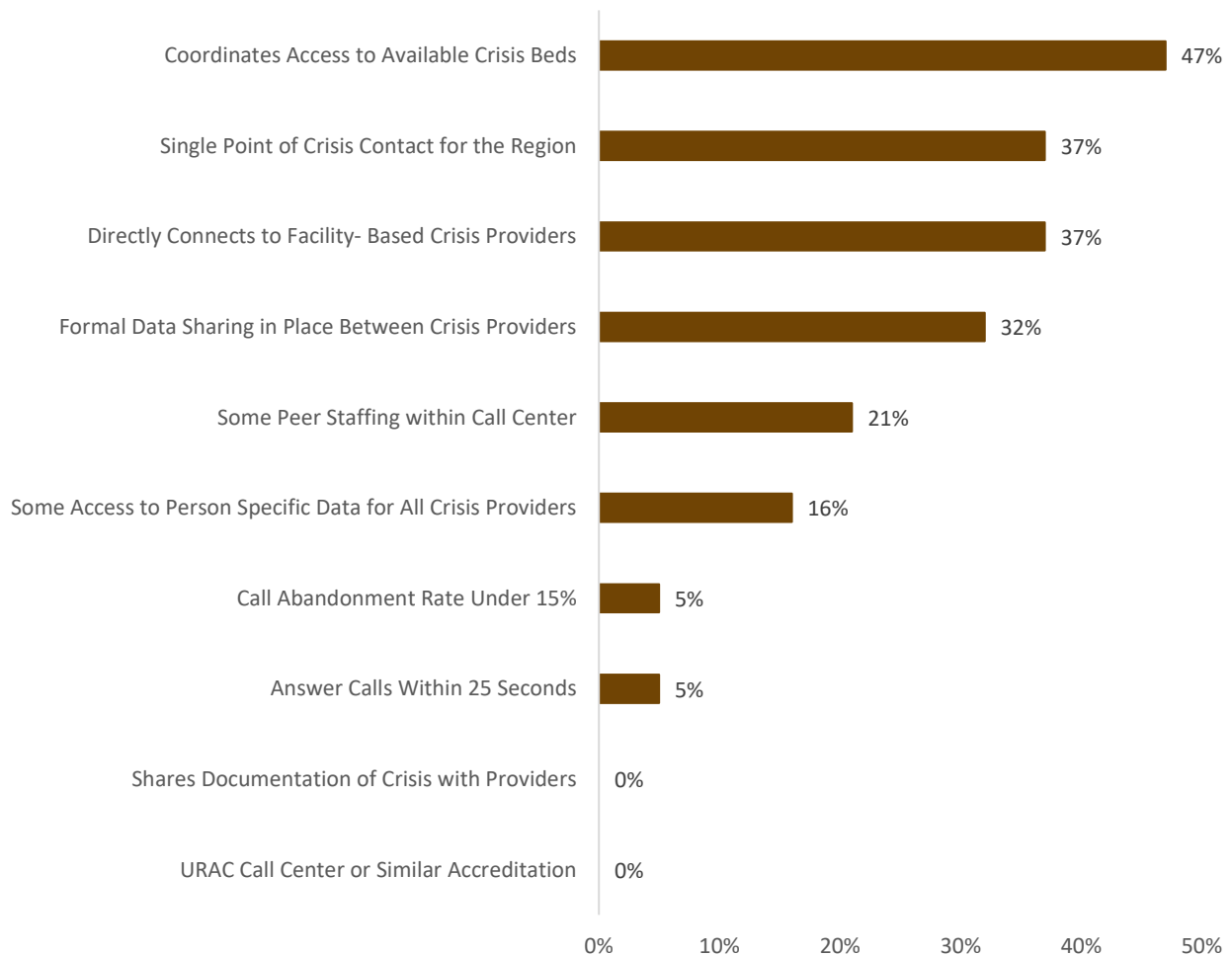




Following the question related to willingness, readiness, and ability to implement a Crisis Call Center Hub in the Washoe Region, participants were asked to identify the top two gaps in their region regarding Crisis Call Center Hubs. The answer options were established from the criteria from the region's 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. Coordinates Access to Available Crisis Beds (47%)
2. Single Point of Crisis Contact for the Region (37%-tie)
2. Directly Connects to Facility-Based Crisis Providers (37%-tie)

### Gaps for Crisis Call Center Hub in the Washoe Region (N=19)

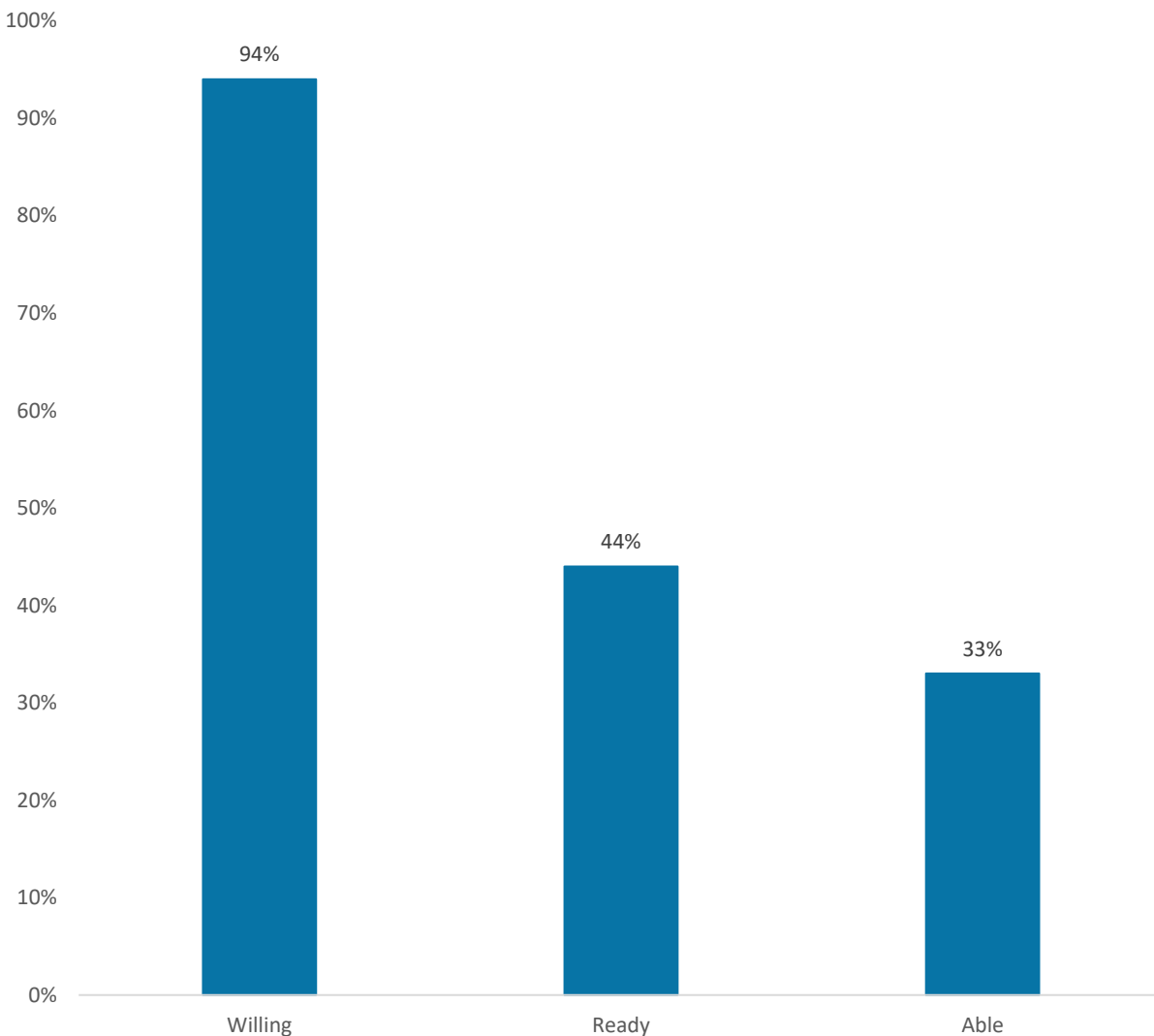




## Mobile Crisis Teams

Participants were asked to identify if the Washoe Region and its stakeholders were willing, ready, and able to implement Mobile Crisis Teams. The responses from 18 of the region's participants summarized in the graph below show that 94% felt the region is willing, 44% felt the region is ready, and 33% 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.

Willingness, Readiness, and Ability to Implement Mobile Crisis Teams in the Washoe Region (N=18)

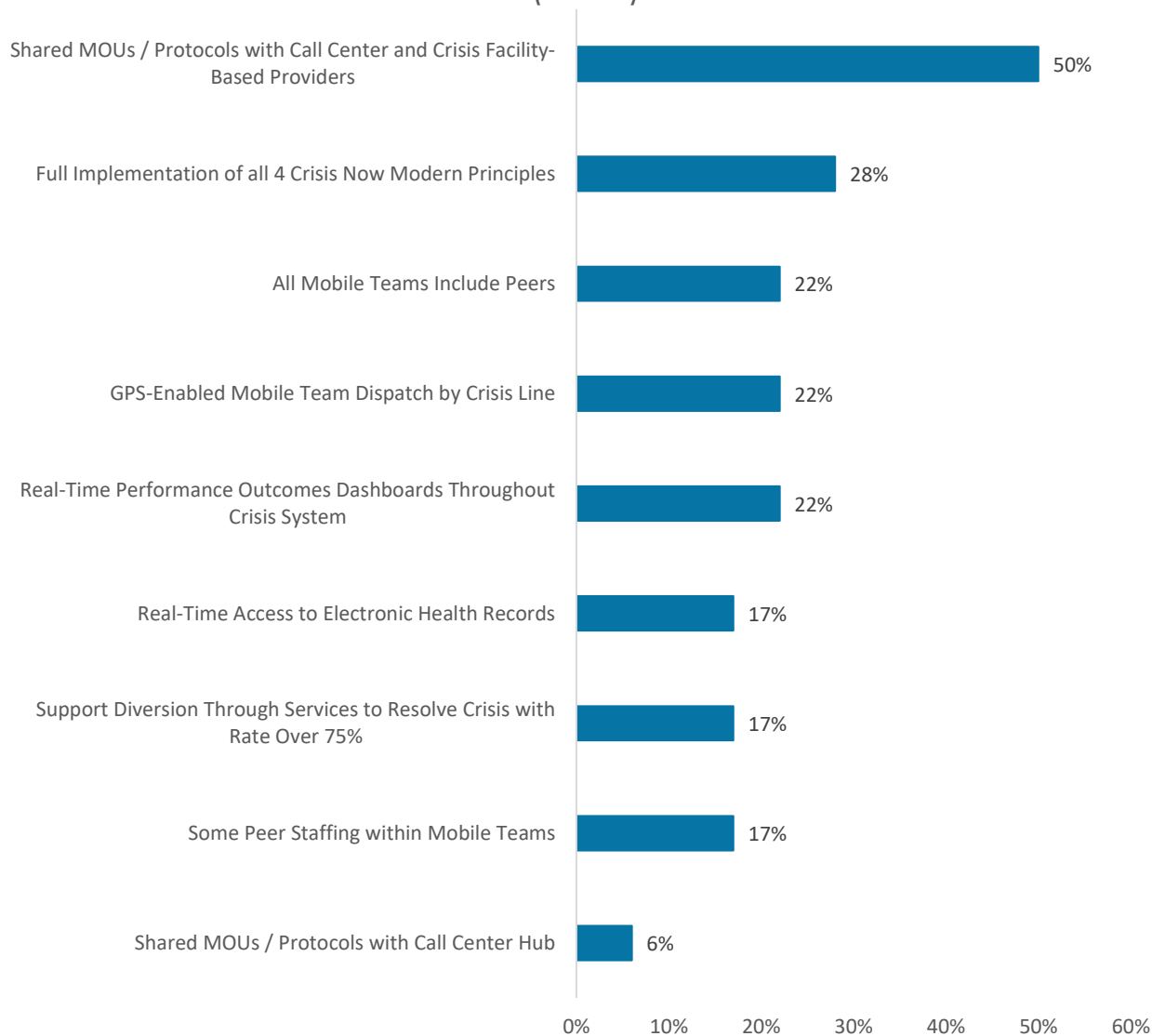




Following the question related to willingness, readiness, and ability to implement Mobile Crisis Teams in the Washoe Region, participants were asked to identify the top two gaps in their region regarding Mobile Crisis Teams. The answer options were established from the criteria from the region's Crisis 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. Shared MOUs/Protocols with Call Center and Crisis Facility-Based Providers (50%)
2. Full Implementation of all 4 Crisis Now Modern Principles (28%)

### Gaps for Mobile Crisis Teams in the Washoe Region (N=18)

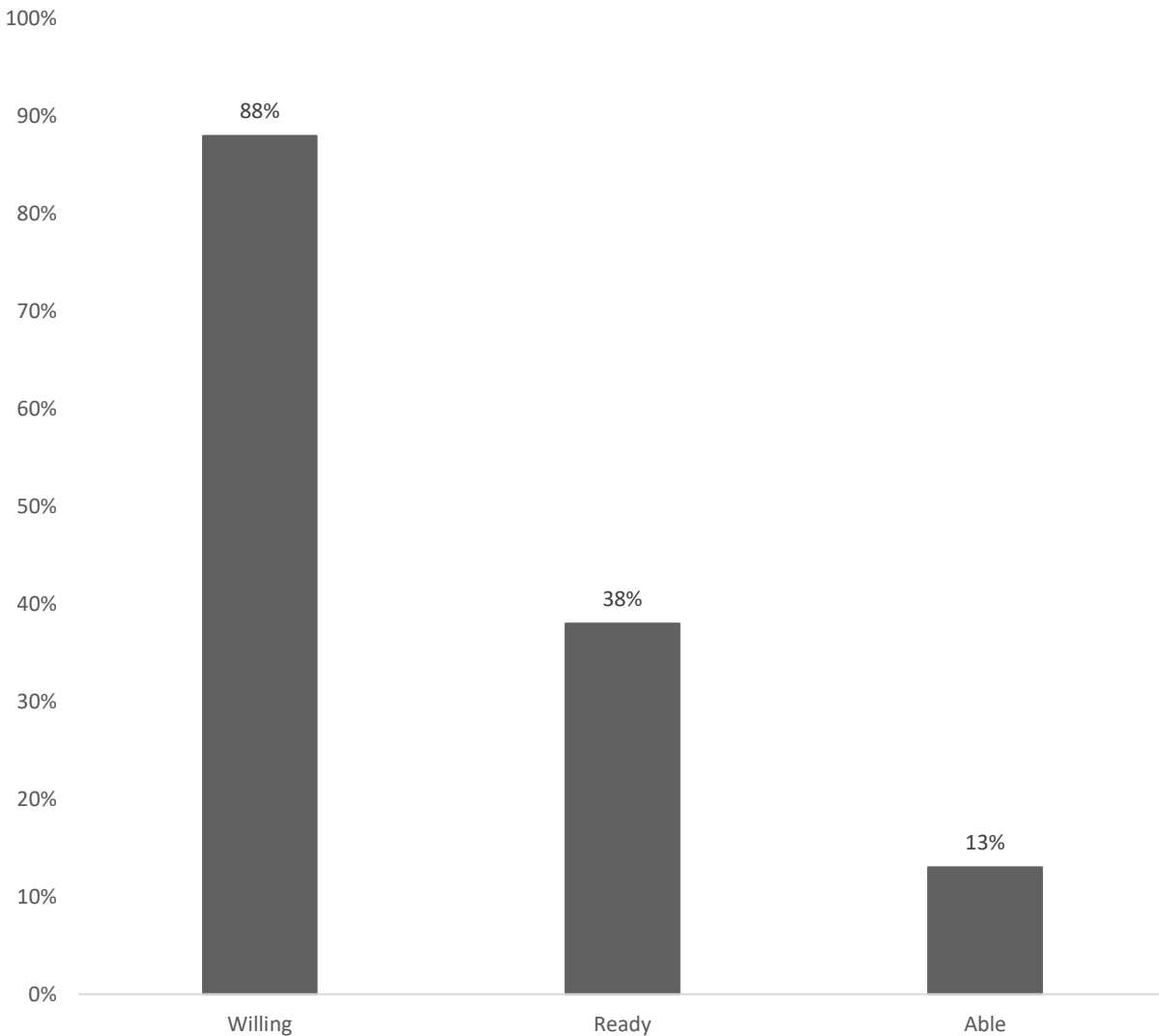




## Crisis Stabilization Facilities

Participants were asked to identify if the Washoe Region and its stakeholders were willing, ready, and able to implement Crisis Stabilization Facilities. The responses from 16 of the region's participants summarized in the graph below show that 88% felt the region is willing, 38% felt the region is ready, and 13% 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.

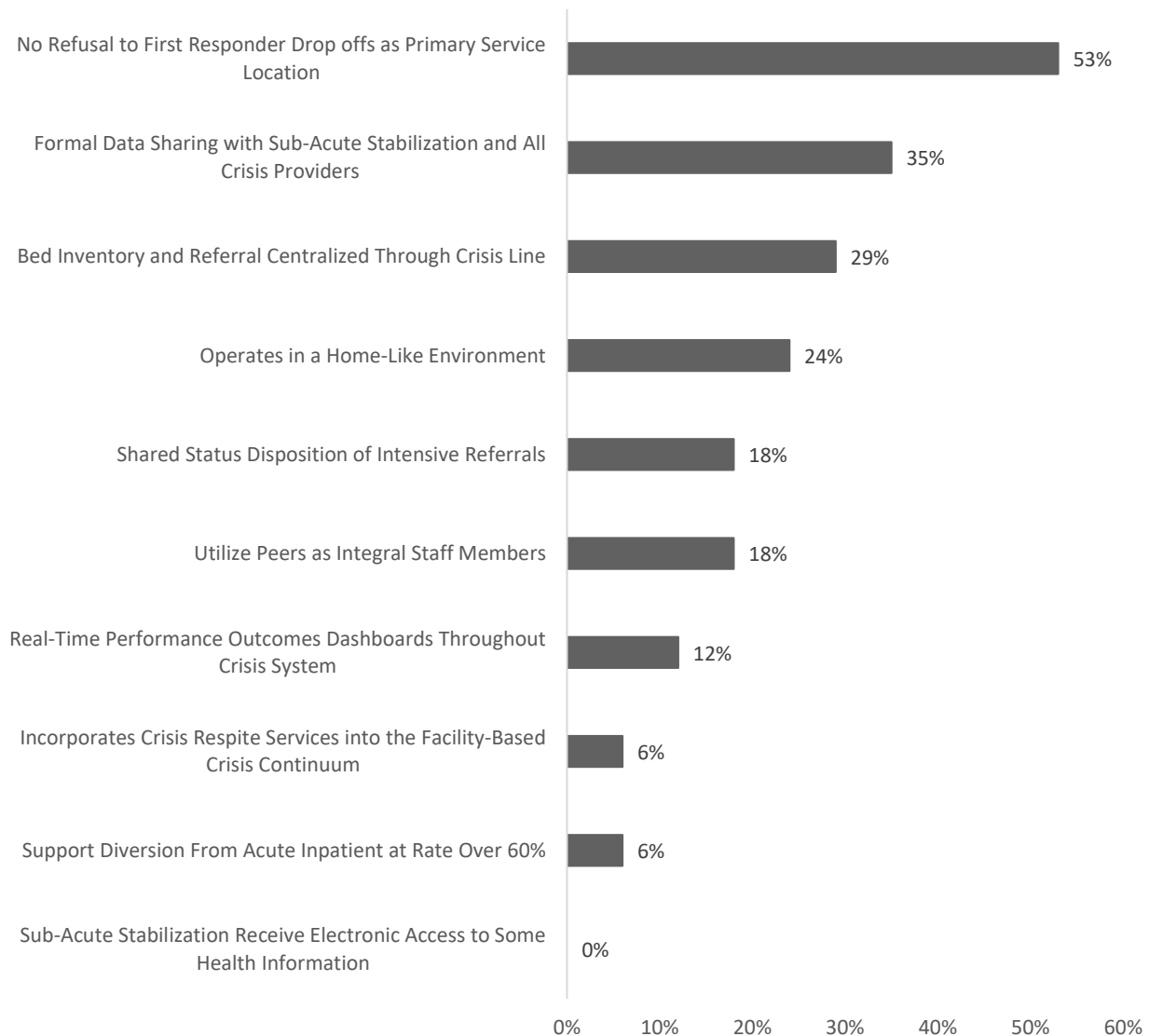
Willingness, Readiness, and Ability to Implement Crisis Stabilization Facilities in the Washoe Region (N=16)





Following the question related to willingness, readiness, and ability to implement Crisis Stabilization Facilities in the Washoe Region, participants were asked to identify the top two gaps in their region regarding Crisis Stabilization Facilities. The answer options were established from 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 three gaps identified by participants were, 1) No Refusal to First Responder Drop offs as Primary Service Location (53%), 2) Formal Data Sharing with Sub-Acute Stabilization and All Crisis Providers (35%), and 3) Bed Inventory and Referral Centralized Through Crisis Line (29%).

### Gaps for Crisis Stabilization Facilities in the Washoe Region (N=17)





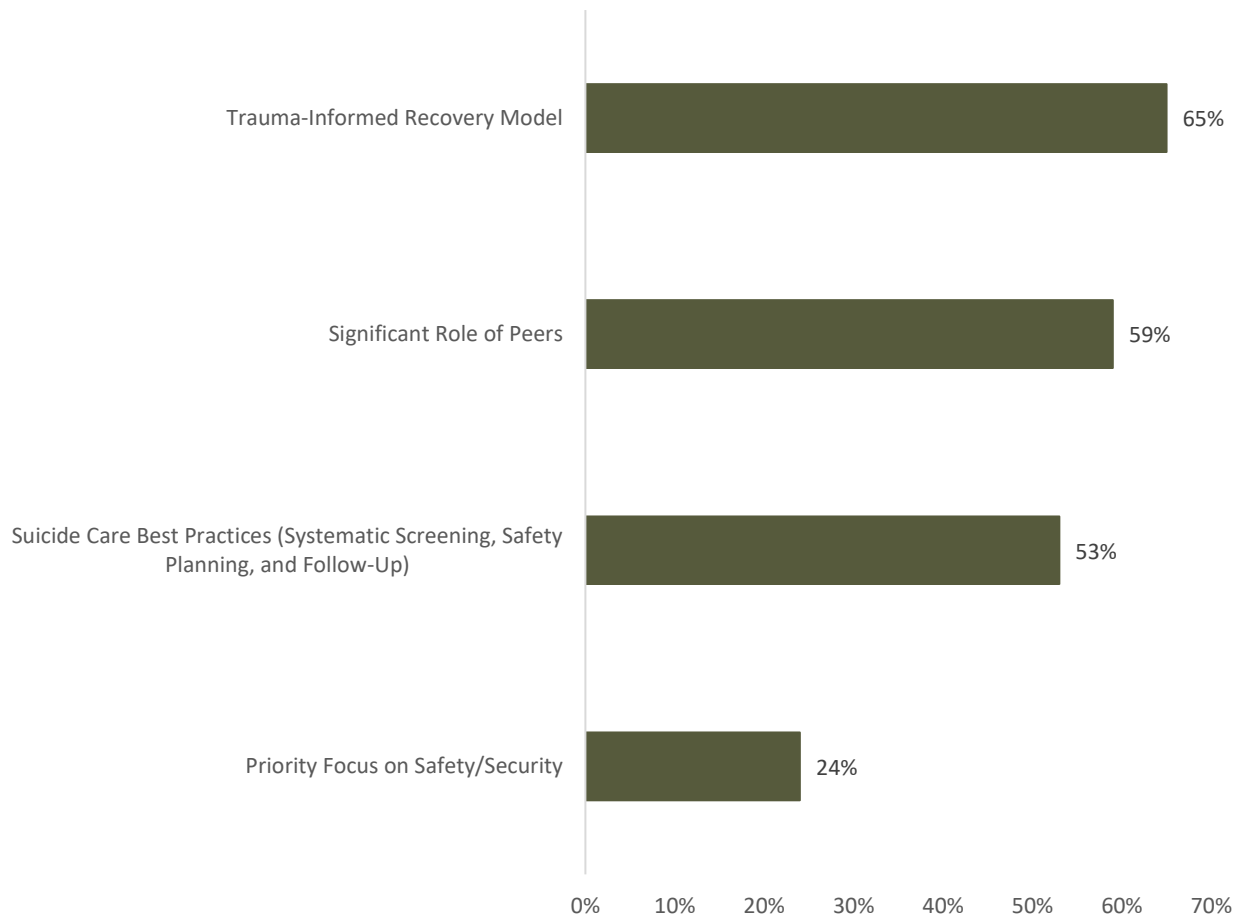


## Essential Principles and Practices

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, 65% of respondents identified the Trauma-Informed Recovery Model as the largest gap in the Essential Principles and Practices in the Washoe Region, followed by Significant Role of Peers (59%).

Gaps for Essential Principles and Practices  
in the Washoe Region (N=17)



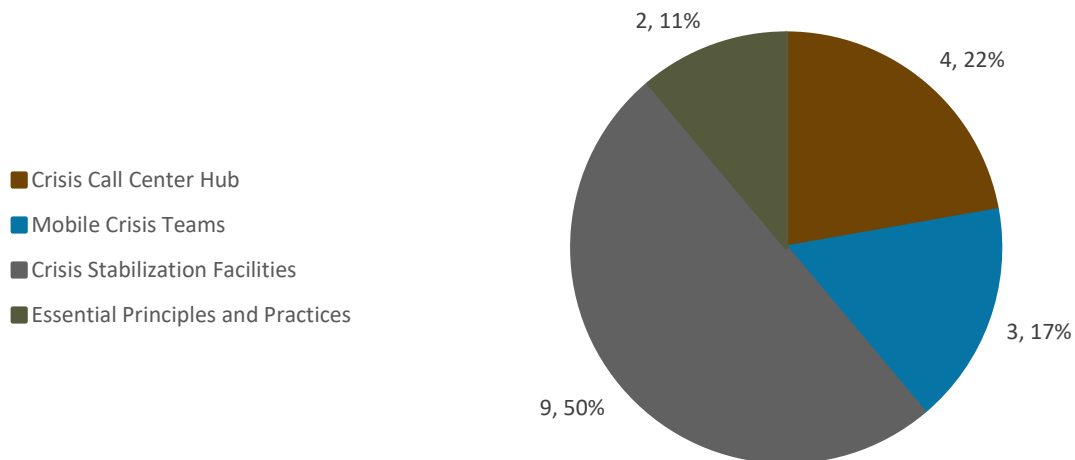


## Summary

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 Washoe Region.

The chart below summarizes the responses, with nine (50%) selecting Crisis Stabilization Facilities, four (22%) selecting Crisis Call Center Hubs, three (17%) selecting Mobile Crisis Teams, and two (11%) selecting the Essential Principles and Practices.

Crisis Response Component to Prioritize in the Washoe Region (N=21)



As noted above, the participants in the Washoe Regional Consultation selected Crisis Stabilization Facilities as the component they would prioritize first for the Washoe Region. There were questions about whether Crisis Stabilization Facilities accept everyone regardless of their insurer or insurance status. One participant, who is currently serving as a provider at a behavioral health clinic in Reno, noted that their model comes close to accepting everyone, but they are unable to accept clients with Medicaid's Health Plan of Nevada (HPN) or SilverSummit Healthplan, as they "refuse to work with us". However, this participant also noted that they are able to accept uninsured patients and assist them in applying for insurance.

Funding and collaboration were identified as the top two barriers for implementation. Funding was most frequently cited as a barrier, and it was noted that Medicaid dollars could be leveraged to help overcome this. It was also discussed that there is a need for



increased collaboration which would allow all agencies to work together with a cohesive understanding of the model. Similarly, the ability to share data was noted as a barrier as well.

Many participants cited peer support and engagement as a tool to improve crisis response in the region. It was noted that peer support is not something that has the same level of attention in Washoe as in other regions. For example, the MOST Teams don't use peers in their current model. Participants agreed that "lived experience is vital" in a Crisis Care Response System.

Participants expressed that Washoe County has a desire for change, and the next step is to "move out of silos and put to use what we have." It was noted that the region has many strong facilities and relationships, and what is needed at this time is a more structured and consistent way to identify key issues and collaboratively adapt solutions. Participants agreed that an improved communication process will be key to identifying and collectively moving toward solutions.

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.