Nevada's Crisis Response System

Coordinated Crisis Continuum – National Guidelines

Crisis Center (someone to talk to- **988**)

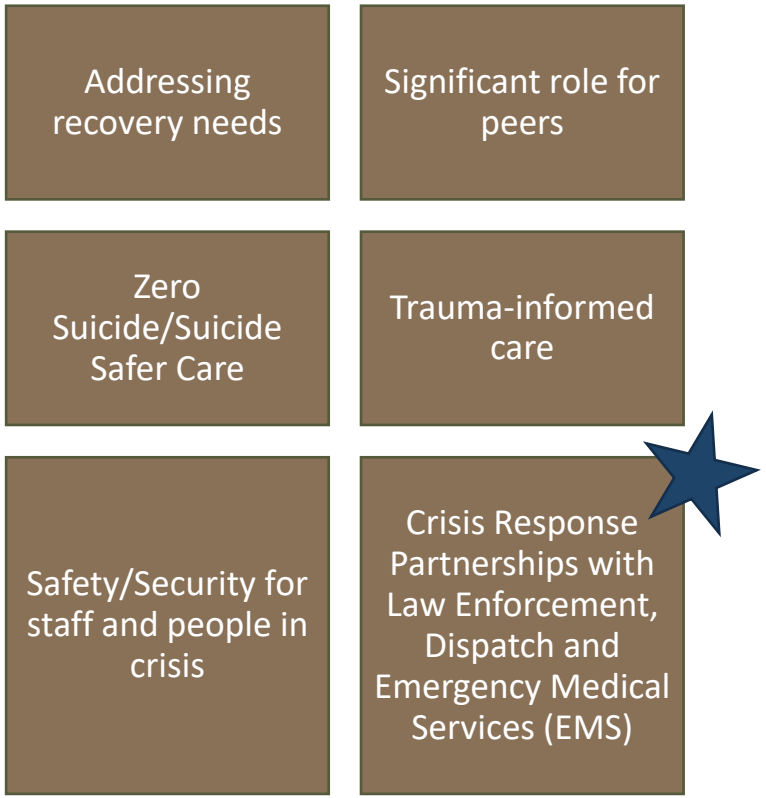
Crisis Mobile Team Response (someone to respond)

Crisis Receiving and Stabilization Services (a safe place for help)

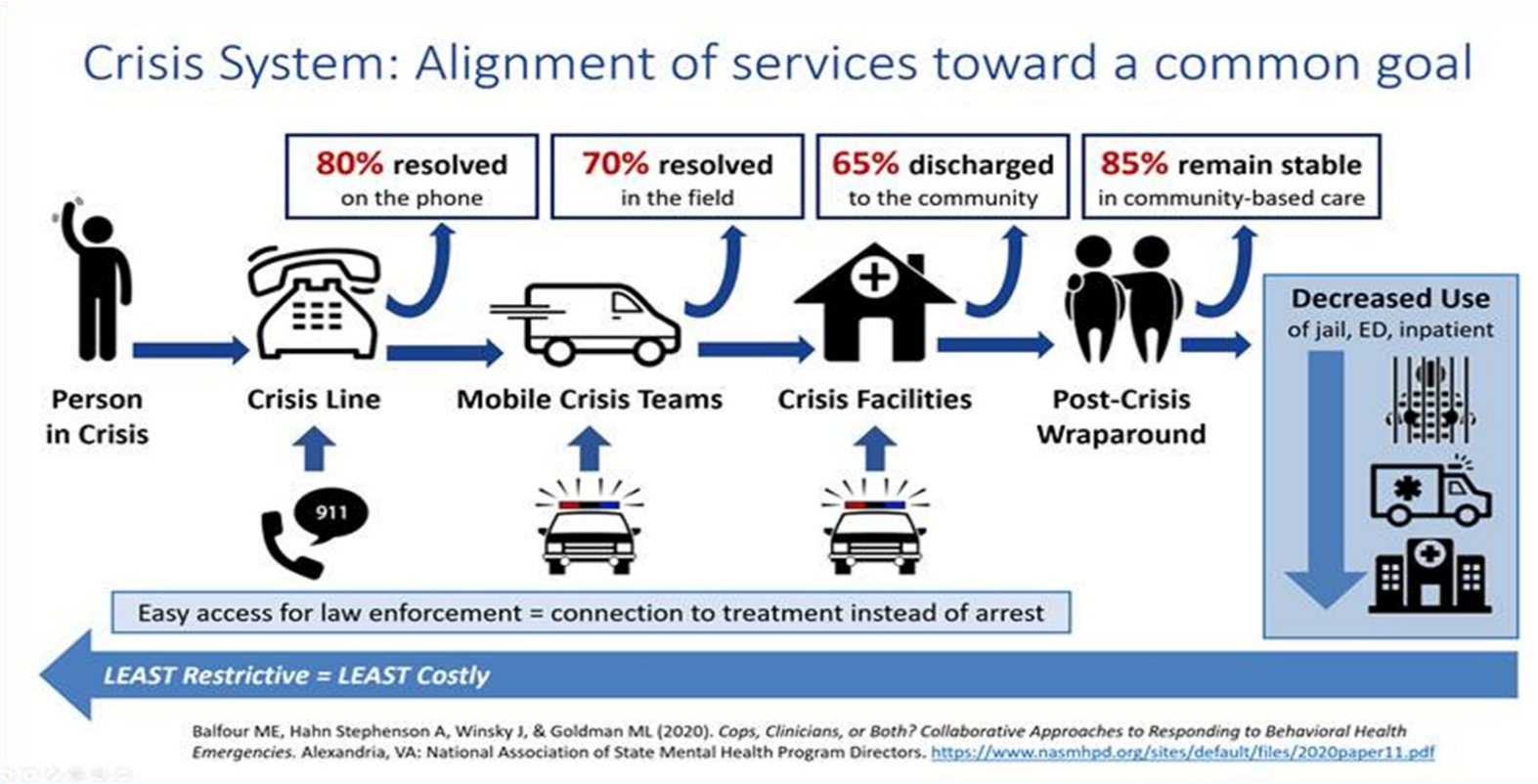
Essential Crisis Principles and Practices (best practices)

Coordinated Crisis Continuum – National Guidelines

Best practice crisis care incorporates a set of **core principles** throughout the **entire** crisis service delivery system; offering elements that must be systematically **"baked in"** to excellent crisis systems in addition to the **core structural elements** that are defined as **essential** for modern crisis systems.



988 is the Foundation for Crisis Care



Crisis Call Center Hubs – Minimum Standards

- Operate **every moment** of **every day**.
- Be **staffed with clinicians** overseeing clinical triage **and other trained team members** to respond to all calls received.
- Answer **every call** or coordinate overflow coverage with a resource that also meets all of the **minimum crisis call center expectations** defined in this toolkit.
- Assess **risk of suicide** in a manner that meets National Suicide Prevention Lifeline standards and **danger to others** within each call.
- Coordinate **connections to crisis mobile team services** in the region.
- Connect individuals to facility-based care through **warm hand-offs** and **coordination of transportation** as needed.

Mobile Crisis Teams

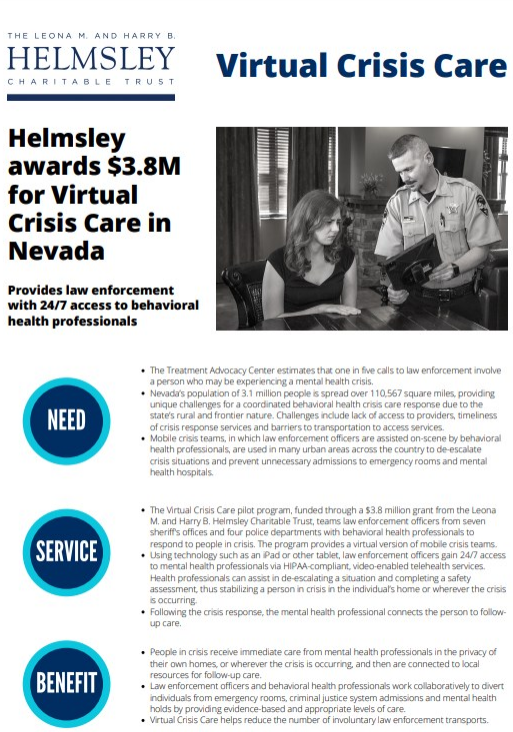
- **CMS Planning Grant** underway to set rate, amend SPA, and recommendations have been presented and are under revision and adoption to move the MCT planning grant forward.
- **Designated Mobile Crisis Teams (DMCT)** will be required for the 85% FMAP with requirements that include provider qualifications, catchment areas, response time, certification through DPBH.
- **Budget with fiscal impact** by different provider types are under development
- Solidifying **roles** for CCBHCs in the DMCT model
- Supplemental Block Grant Funding and Medicaid for initial investment
- ARPA funding for Children's Mobile Crisis Team Expansion/Rural Mobile Crisis Teams

Mobile Crisis Teams – Minimum Standards

- Include a **licensed and/or credentialed clinician** capable of assessing the needs of individuals within the region of operation.
- Respond **where the person is** (home, work, park, etc.) and **not restrict services** to select locations within the region or particular days/times.
- Connect individuals to facility-based care as needed through **warm hand-offs** and **coordinating transportation** when and only if situations warrant transition to other locations.

Telehealth Foundation Grant

The Leona M. and Harry B. Helmsley Charitable Trust granted $3.8 million to the Nevada Department of Health and Human Services to equip 11 law enforcement agencies with tablets, allowing officers to provide 24/7 access to behavioral health professionals via telehealth.



THE LEONA M. AND HARRY B. HELMSLEY CHARITABLE TRUST

Virtual Crisis Care

Helmsley awards $3.8M for Virtual Crisis Care in Nevada

Provides law enforcement with 24/7 access to behavioral health professionals

NEED

- The Treatment Advocacy Center estimates that one in five calls to law enforcement involve a person who may be experiencing a mental health crisis.
- Nevada's population of 3.1 million people is spread over 110,567 square miles, providing unique challenges for a coordinated behavioral health crisis care response due to the state's rural and frontier nature. Challenges include lack of access to providers, timeliness of crisis response services and barriers to transportation to access services.
- Mobile crisis teams, in which law enforcement officers are assisted on-scene by behavioral health professionals, are used in many urban areas across the country to de-escalate crisis situations and prevent unnecessary admissions to emergency rooms and mental health hospitals.

SERVICE

- The Virtual Crisis Care pilot program, funded through a $3.8 million grant from the Leona M. and Harry B. Helmsley Charitable Trust, teams law enforcement officers from seven sheriff's offices and four police departments with behavioral health professionals to respond to people in crisis. The program provides a virtual version of mobile crisis teams.
- Using technology such as an iPad or other tablet, law enforcement officers gain 24/7 access to mental health professionals via HIPAA-compliant, video-enabled telehealth services. Health professionals can assist in de-escalating a situation and completing a safety assessment, thus stabilizing a person in crisis in the individual's home or wherever the crisis is occurring.
- Following the crisis response, the mental health professional connects the person to follow-up care.

BENEFIT

- People in crisis receive immediate care from mental health professionals in the privacy of their own homes, or wherever the crisis is occurring, and then are connected to local resources for follow-up care.
- Law enforcement officers and behavioral health professionals work collaboratively to divert individuals from emergency rooms, criminal justice system admissions and mental health holds by providing evidence-based and appropriate levels of care.
- Virtual Crisis Care helps reduce the number of involuntary law enforcement transports.

Crisis Stabilization Centers

- **ARPA funding** approved at June IFC
  - Work Program for **Crisis Stabilization Centers**
  - Work Program for **Emergency Behavioral Health Funding**
- Crisis Stabilization Cross Divisional Workgroup to establish **provider standards**
- Northern Nevada CSC
- Southern Nevada CSC's
- Rural Nevada CSC's
- CMS Rate and Policy Approval Process for Hospital daily rate; cost-based rate

Crisis Stabilization Centers – Minimum Standards

- Accept **all referrals**
- Not require medical clearance prior to admission but rather **assessment and support for medical stability** while in the program
- Design services to **address mental health** and **substance use** crisis issues
- Employ the capacity to **assess physical health needs** and deliver care with an identified pathway to transfer to more **medically staffed services**
- **Staffed at all times** with a multidisciplinary team to meet the needs of individuals experiencing **all levels of crisis**
- Offer **walk-in** and **first responder** drop-off options
- Structure that offers capacity to **accept all referrals** at least 90% of the time with a **no rejection policy** for first responders
- Screen for suicide risk and complete comprehensive **suicide risk assessments** and **planning**
- Screen for violence risk and complete comprehensive **violence risk assessments** and **planning**

Accountability and Finance – Key Takeaways

RELATIONSHIP TO THE REST OF THE SERVICE SYSTEM

- There is an entity accountable for behavioral health crisis system performance for everyone and for the full continuum of system capacities, components and best practices.

- There is a behavioral health crisis system coordinator and a formal community collaboration of funders, behavioral health providers, first responders, human service systems and service recipients.

Accountability and Finance – Key Takeaways Cont.

QUALITY METRICS

- There is a stated goal that each person and family will receive an effective, satisfactory response every time.

GEOGRAPHIC ACCESS AND NETWORK ADEQUACY

- Geographic access is commensurate with that for EMS.

Accountability and Finance – Key Takeaways Cont.

ELIGIBILITY (ALL-PAYER)

- Multiple payers collaborate so that there is universal eligibility and access.

FINANCING

- There are multiple strategies for successfully financing community behavioral health crisis systems.

Accountability and Finance – Key Takeaways Cont.

GEOGRAPHIC ACCESS AND NETWORK ADEQUACY

- Service capacity of all components is commensurate to population need.

FINANCING

- Individual services rates and overall funding are adequate to cover the cost of the services.

Accountability and Finance – Key Takeaways Cont.

COMPREHENSIVE CLIENT TRACKING DATA SYSTEM

- There is a mechanism for tracking customers, customer experience and performance.

FORMAL ASSESSMENT OF CUSTOMER SATISFACTION

- There are shared data for performance improvement.

QUALITY METRICS

- Quality standards are identified, formalized, measured and continuously monitored.

Making the Business Case

37 FTE Police Officers Engaged in Public Safety *instead* of Mental Health Transportation/Security

Reduction of 45 Cumulative Years of Psychiatric Boarding (aka waiting in the ED)

Creating a saving to hospitals of $37 million in avoided cost/losses.

Reduced Potential State Acute Care Inpatient Expense by $260 million.

The cost avoidance represents the net savings of $100 million investment in a full, integrated crisis continuum.

Based on 4-million person community of Maricopa County (Phoenix, Arizona)

988 Implementation in Nevada: SB390

- Legislation to establish 988 passed the Nevada Legislature on May 31, 2021, and was signed by the Governor on June 4, 2021
- SB390 includes a funding mechanism to support 988 through a surcharge on phone lines.
- Created the Crisis Response Account.
- Regulations are in process to establish the fee. Expected to begin collecting the fee in 2023.
- Crisis Response Account: DPBH has completed the Small Business Impact Statement. This statement was sent to the Legislative Counsel Bureau to inform draft regulations.
- Legislative fee/surcharge cap .35/line/month
- Estimated at cap to create an addition $19M annually

https://www.leg.state.nv.us/App/NELIS/REL/81st2021/Bill/8095/Overview

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Crisis Call Center Hub and Data Management Platform

- An RFP is under development for the Crisis Call Center Hubs and Data Management Platform
- A technical review consultant is being engaged for a final review of the RFP
- A total of $6.5 million in Supplemental Block Grant/ARPA funds have been allocated towards 988 and the RFP process
- Next steps are to share the RFP to State Purchasing

Questions?