Building a Crisis Response System in Nevada

Presentation to the Northern Region Behavioral Health Policy Board

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2 pm

Presenter

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- Led Nevada TTI Crisis Response Planning and Statewide Virtual Immersion 2020
- Project Lead for Crisis Response Asset and Gap Mapping and for the Northern Region

National Suicide Hotline Designation Act of 2020

- The Federal Communications Commission has adopted rules to establish 988 as the new, nationwide, 3-digit phone number for Americans in crisis to connect with suicide prevention and mental health crisis counselors.
- The rules require all phone service providers to direct all 988 calls to the existing National Suicide Prevention Lifeline by July 16, 2022.

National Suicide Hotline Designation Act of 2020

- Became law October 17, 2020
- Requires states to move from a 10 digit number to a 3 digit number (988)
- Enables states to establish a fee or charge for commercial mobile service or IP-voice over service for 988 services (does not exclude land lines)
- If a fee or change is imposed, requires states to establish a fund sequestered to be obligated and expended only in support of 988 and crisis services
- Use of the funds are limited to 988, mobile crisis, and crisis services.

Federal legislation mandating the rollout of the 988 behavioral health and suicide crisis number by July 16, 2022

What is 988

A 988 crisis line that is effectively resourced and promoted will be able to:

- Connect a person in a behavioral health crisis to trained staff who can address their immediate needs and help connect them to ongoing care.
- Reduce healthcare spending with more cost-effective early intervention.
- Reduce use of law enforcement, public health, and other safety resources.
- Meet the growing need for crisis intervention.
- Help end stigma toward those seeking or accessing behavioral healthcare.

Implications of 988

- NV received a planning grant to implement 988
  - Implementation Plan Draft is due September 30, 2021
  - Implementation must account for 8 Core Elements and plan for Interoperability with 911 which has implications for dispatchers as approximately 10-15% of 911 calls nationally are estimated to be crisis or mental health related
- The separate fee and fund that was established legislatively through SB 390 is capped at no more than .35 per phone line and funds must go to 988 and to the degree available MCTs and CSUs. They would not and can not supplant existing resources or 911 funds
- 988 is not intended to serve as a public safety resource, rather to divert non medical, fire, police, and emergency calls that are suicide or mental health related out of the 911 system and to behavioral health professionals

Crisis Response System – National Guidelines

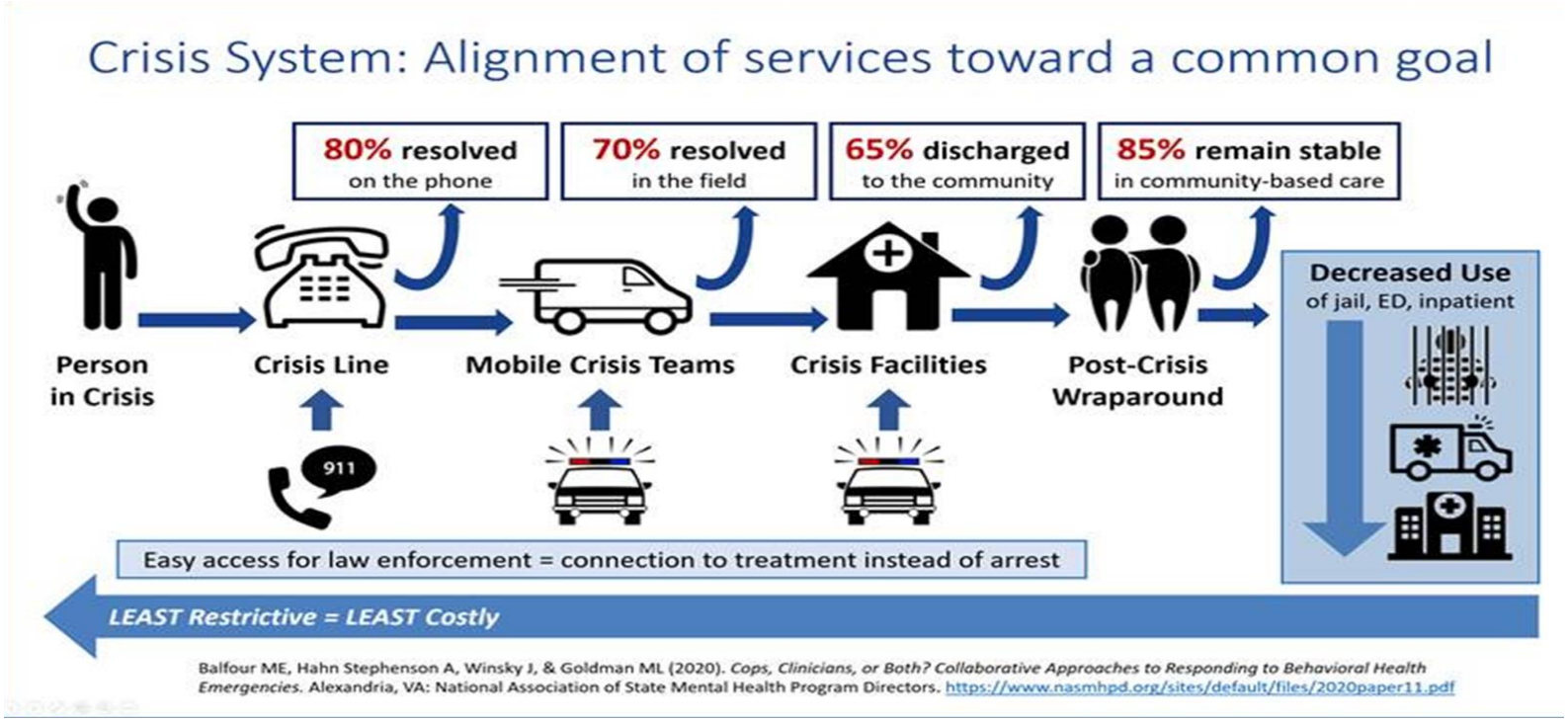
Crisis Center (someone to talk to)

Crisis Mobile Team Response (someone to respond)

Crisis Receiving and Stabilization Services (somewhere to go)

Essential Crisis Principles and Practices (best practices)

988 is the Foundation for Crisis Care



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.

- Addressing recovery needs
- Significant role for peers
- Zero Suicide/Suicide Safer Care
- Trauma-informed care
- Safety/Security for staff and people in crisis
- Crisis Response Partnerships with Law Enforcement, Dispatch and Emergency Medical Services (EMS).

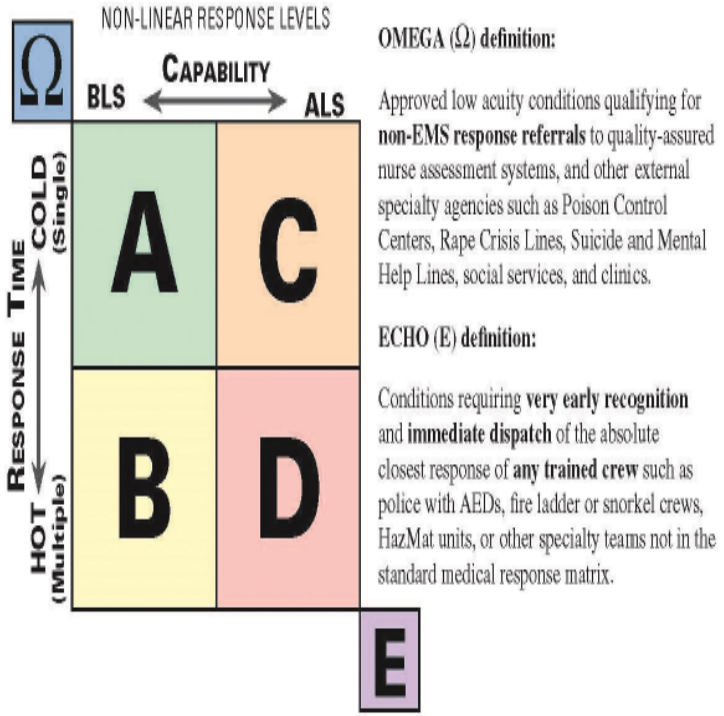
Emergency Medical Service

Emergency Medical Service

One Hammer Model

- Paramedics
  - Highly Trained for Medical EMERGENCIES
    - Cardiac Arrest
    - Acute Coronary Syndromes
    - Physical Trauma Care
  - Very little training for psychiatric emergencies
    - Limited to Pharmacological Sedation and Physical Restraints

MPDS P-25



OMEGA (Ω) definition:

Approved low acuity conditions qualifying for **non-EMS response referrals** to quality-assured nurse assessment systems, and other external specialty agencies such as Poison Control Centers, Rape Crisis Lines, Suicide and Mental Help Lines, social services, and clinics.

ECHO (E) definition:

Conditions requiring **very early recognition** and **immediate dispatch** of the absolute closest response of **any trained crew** such as police with AEDs, fire ladder or snorkel crews, HazMat units, or other specialty teams not in the standard medical response matrix.

BLS: Basic Life Support
ALS: Advanced Life Support
Ω: MPDS OMEGA determinant level
A: MPDS ALPHA determinant level
B: MPDS BRAVO determinant level
HOT: Lights-and-Siren response
COLD: No Lights-and-Siren response
C: MPDS CHARLIE determinant level
D: MPDS DELTA determinant level
E: MPDS ECHO determinant level

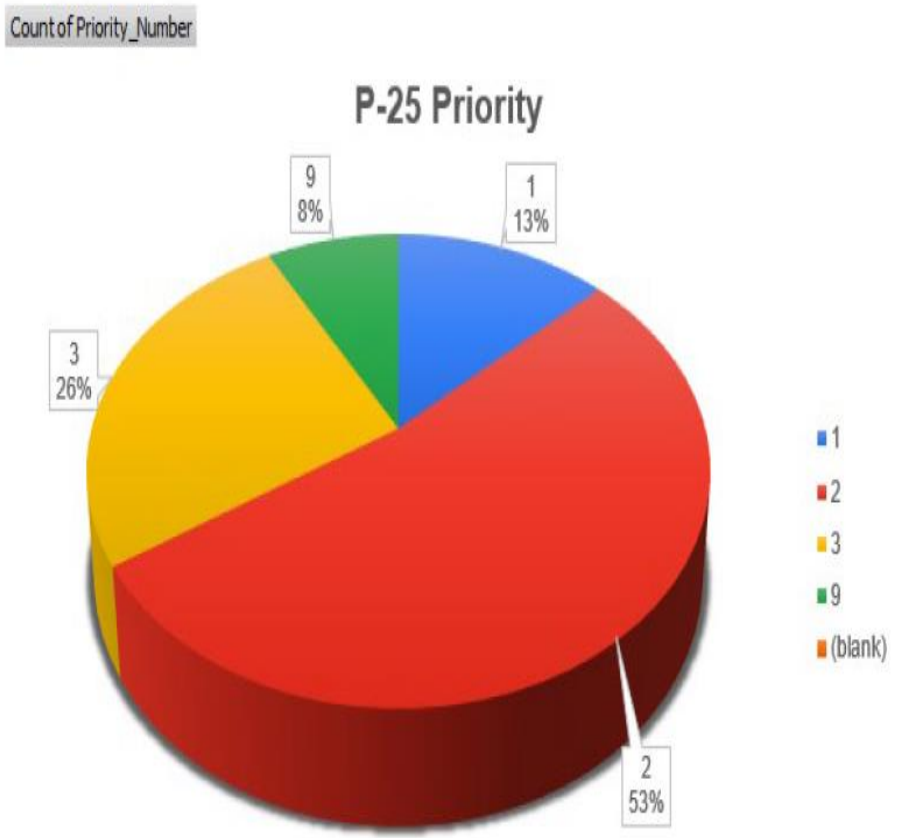
- Medical Priority Dispatch System, Protocol-25 (Psychiatric/Behavioral/Suicide)
- Strict Questions and Answers Protocol
- Designed to Determine PRIORITY

(lights and sirens?)

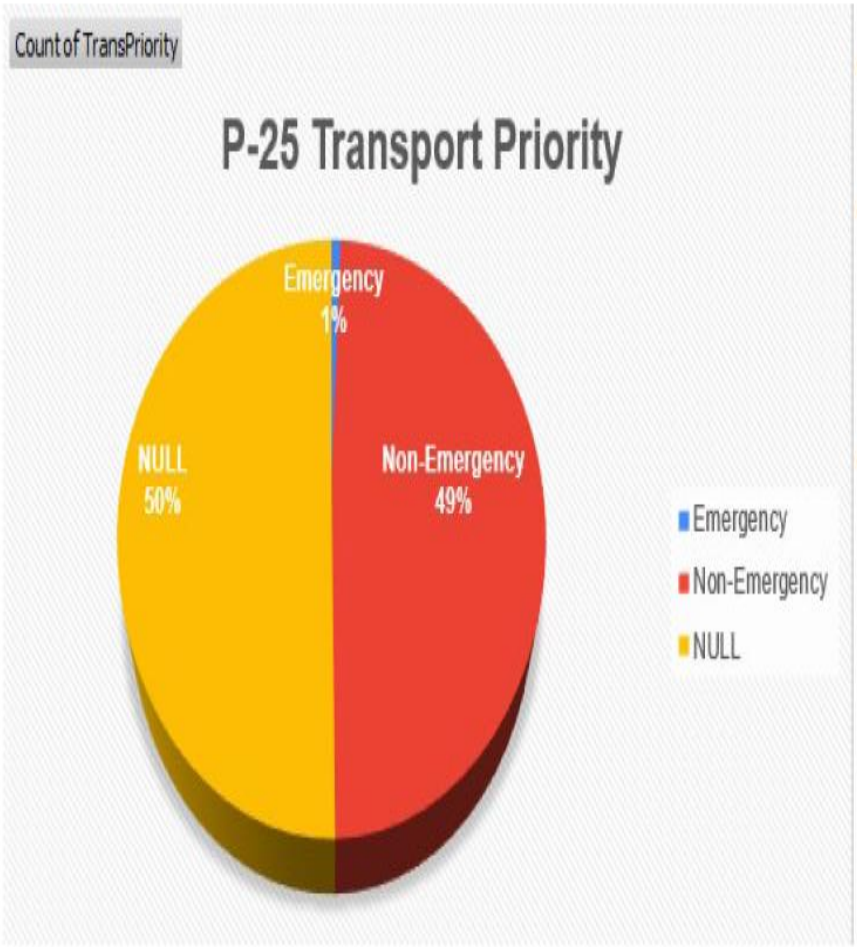
- Assess for priority symptoms
  - Conscious
  - Alertness
  - Breathing
  - Life Threatening Injuries

REMSA P-25

- ~80K 911 callers/year
- 8,010 total P-25 calls (2020)
- Second Highest Response Behind Falls
- Lights & Sirens= 5,275 (2020)



P-25 Transports



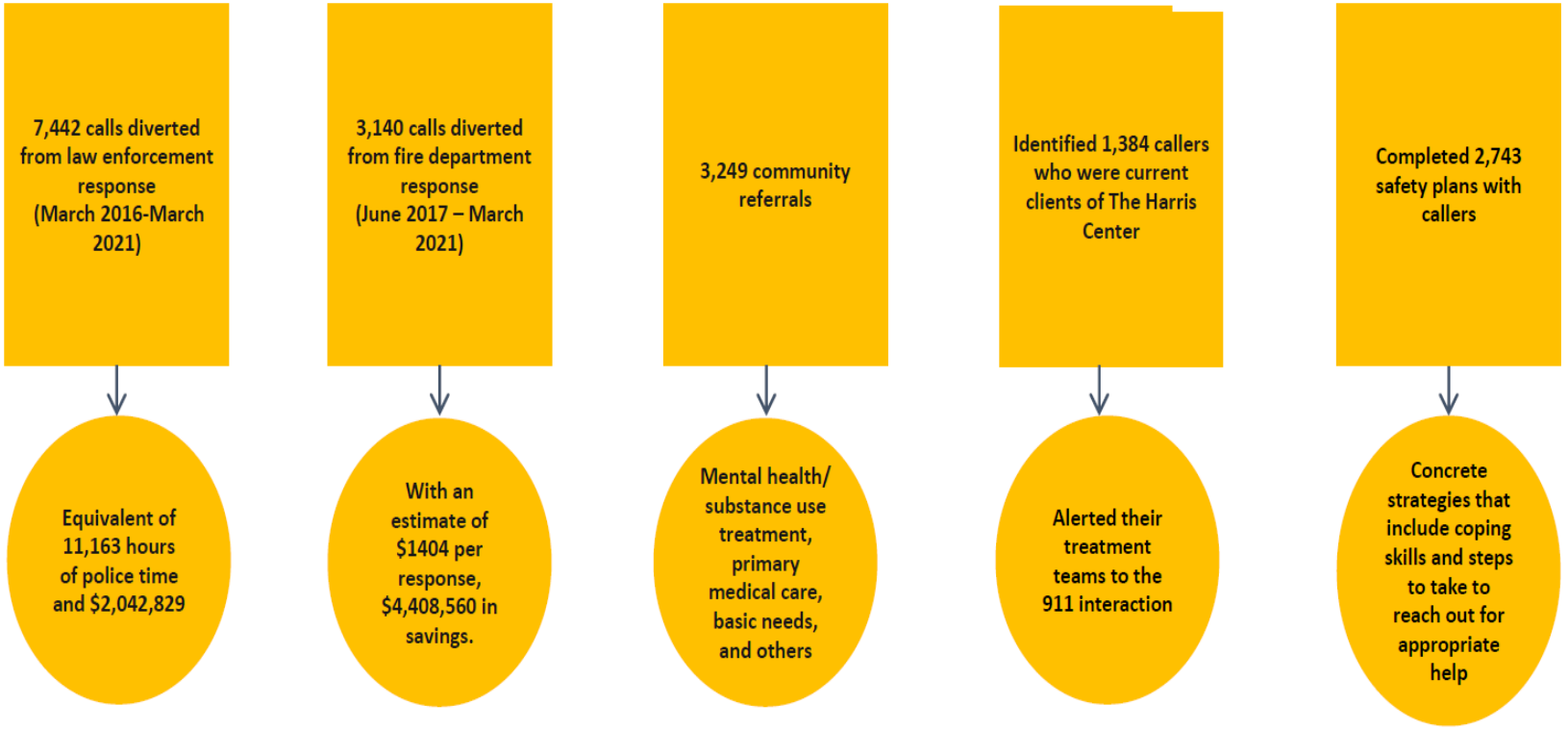
- Very few actual emergencies
- Very little opportunities for MEDICAL interventions
- 66 Lights and Sirens Transport (0.8%)

Houston Case Study

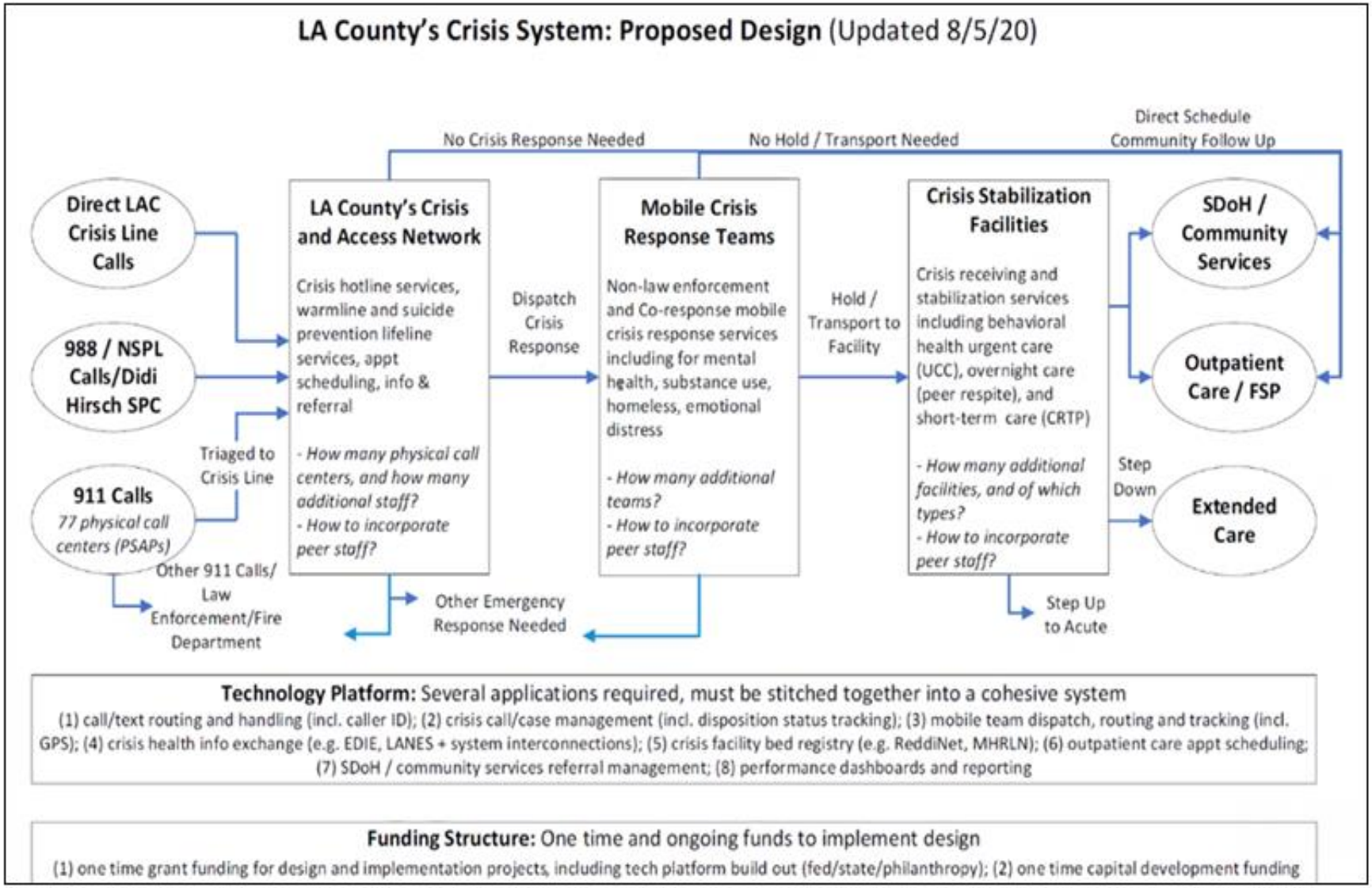
Crisis Call Diversion Successes to Date

The HARRIS CENTER for Mental Health and IDD

Transforming Lives



LA Design


LA County's Crisis System: Proposed Design (Updated 8/5/20)
No Crisis Response Needed
No Hold / Transport Needed
Direct Schedule Community Follow Up
Direct LAC Crisis Line Calls
988 / NSPL Calls/Didi Hirsch SPC
911 Calls
77 physical call centers (PSAPs)
Triaged to Crisis Line
Other 911 Calls/ Law Enforcement/Fire Department
LA County's Crisis and Access Network
Crisis hotline services, warmline and suicide prevention lifeline services, appt scheduling, info & referral
- How many physical call centers, and how many additional staff?
- How to incorporate peer staff?
Dispatch Crisis Response
Other Emergency Response Needed
Mobile Crisis Response Teams
Non-law enforcement and Co-response mobile crisis response services including for mental health, substance use, homeless, emotional distress
- How many additional teams?
- How to incorporate peer staff?
Hold / Transport to Facility
Crisis Stabilization Facilities
Crisis receiving and stabilization services including behavioral health urgent care (UCC), overnight care (peer respite), and short-term care (CRTP)
- How many additional facilities, and of which types?
- How to incorporate peer staff?
Step Up to Acute
SDoH / Community Services
Outpatient Care / FSP
Step Down
Extended Care
Technology Platform: Several applications required, must be stitched together into a cohesive system
(1) call/text routing and handling (incl. caller ID); (2) crisis call/case management (incl. disposition status tracking); (3) mobile team dispatch, routing and tracking (incl. GPS); (4) crisis health info exchange (e.g. EDIE, LANES + system interconnections); (5) crisis facility bed registry (e.g. ReddiNet, MHRLN); (6) outpatient care appt scheduling; (7) SDoH / community services referral management; (8) performance dashboards and reporting
Funding Structure: One time and ongoing funds to implement design
(1) one time grant funding for design and implementation projects, including tech platform build out (fed/state/philanthropy); (2) one time capital development funding

988 Call Projections

How will 988 impact national demand for services?

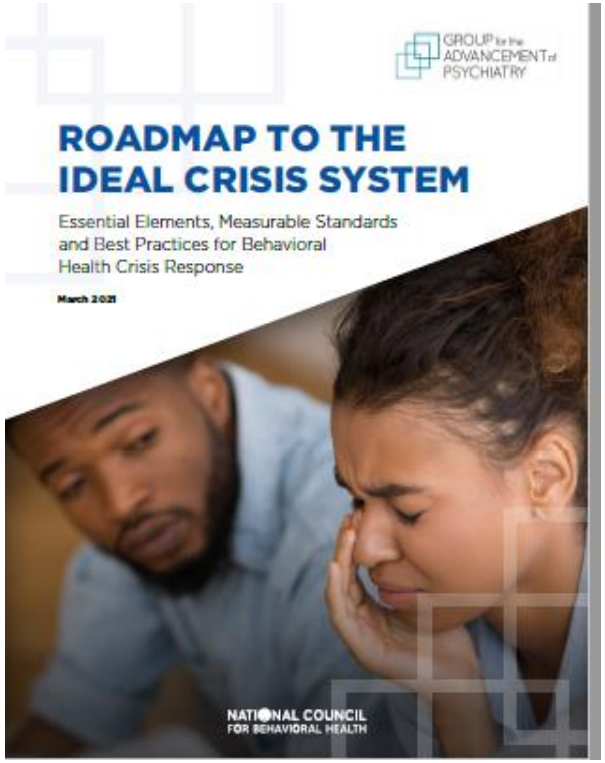
Three major potential sources of future volume toward 988

Potential components of 988 volume

Volume type	Definition
Baseline volume	Volume of **potential future Lifeline calls that may be serviced by 988** based on historical Lifeline volume chat, and text modalities. Volume of potential future Lifeline contacts based on historical Lifeline pattern text. This includes anyone who contacts the Lifeline number today, including press"1" callers
Diverted volume	Volume of **potential non-Lifeline crisis center volume that may be serviced by 988** (instead of regional/ based on historical patterns and assumptions on individuals potentially choosing to use 3-digit 988 num numbers + Volume of **potential future 911 volume that may be serviced by 988** (instead of 911) based on historica academic literature, and potential considerations around systems change related to 911 diversion
New volume	**New potential volume to 988** based on the estimated **share of the potential serviceable population** tha historically serviced by the Lifeline, local/regional centers, or 911, but may use 988 in the future (primar assumption on potential effect of marketing and awareness of 988 in the general population)
Total potential volume to 988	Total **volume may vary by potential scenario and over time**. There are also considerations on how speci contribute to volume over time, and the effect of exogenous volume shocks on total volume

Note: does not include outbound calls from 988 to individuals or service providers. Sources: Vibrant data on Lifeline volume and volume from network of crisis centers, academic literature and publicly available data, estimates of serv

Roadmap to the Ideal Crisis System



The Committee on Psychiatry and the Community for Group for Advancement of Psychiatry (GAP) defines understandable, achievable, and measurable expectations for ideal behavioral health crisis system performance, so any community can know what its crisis system should be and take steps over time to achieve that goal.

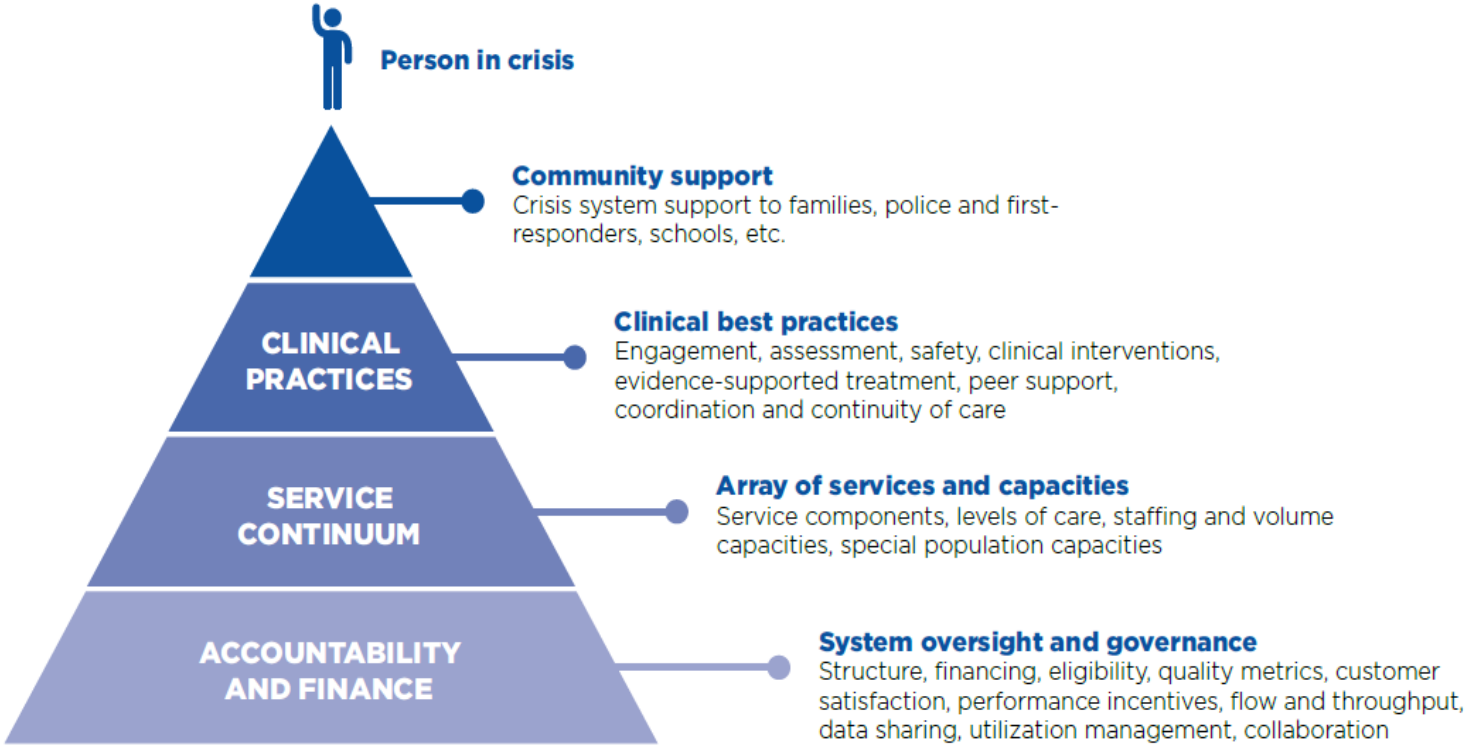
8 Core Elements for Implementation Plan

1. 24/7 coverage by Lifeline member contact centers for 988 **calls, chats and texts**
2. Funding streams to support call centers answering 988 calls, chats and texts
3. Capacity building for **current and projected** 988 volume for calls, texts, chats and follow-up services
4. State support of Lifeline's **operational, clinical and performance standards** for centers answering 988 (including completion of the Landscape Analysis)

8 Core Elements for Implementation Plan

5. Key stakeholders for 988 rollout and **gathering stakeholder feedback** as part of the 988 implementation coalition
6. Systems are in place so that Lifeline member centers have **up-to-date local resource and referral listings**
7. Centers are able to **provide follow-up services** to 988 callers, texters and chatters
8. Alignment with national initiatives around **public messaging and marketing framework** for 988

Continuum of Care



What is a Behavioral Health Crisis System?

- It is more than a single crisis program, such as a mobile crisis team, a psychiatric emergency service or a crisis residential unit, and more even than just a few of those distinct elements
- It is an organized set of structures, processes, and services that are in place to meet all the **urgent and emergent behavioral health crisis** needs of a defined population in a community, **as soon as possible and for as long as necessary**
- It involves an array or continuum of components, processes, and services managed collaboratively and interlinked
- It is intended to be distinguished from the routine system of short-term or ongoing care, although the two must necessarily interact seamlessly for service users and providers alike.

Basic Clinical Practice: Key Takeaways

SCREENING AND INTERVENTION TO PROMOTE SAFETY

PRACTICE GUIDELINES FOR INTERVENTION AND TREATMENT

- Staff must know how to develop and utilize advance directives and crisis plans.
- Essential competencies include formal suicide and violence risk screening and intervention.

Basic Clinical Practice: Key Takeaways

CORE COMPETENCIES FOR ENGAGEMENT, ASSESSMENT AND INTERVENTION

SCREENING AND INTERVENTION TO PROMOTE SAFETY

COLLABORATION, COORDINATION AND CONTINUITY OF CARE

- "No force first" is a required standard of practice.
- Risk screening guidelines for medical and substance use disorder (SUD)-related issues must facilitate rather than inhibit access to behavioral health crisis care.
- Utilizing peer support in all crisis settings is a priority.

System Design Guidance for the Ideal System

1. Based on specified, agreed-upon values
2. Accountable for people and populations
3. Have the expectation that systems, populations and individuals in crisis are complex

System Design Guidance for the Ideal System

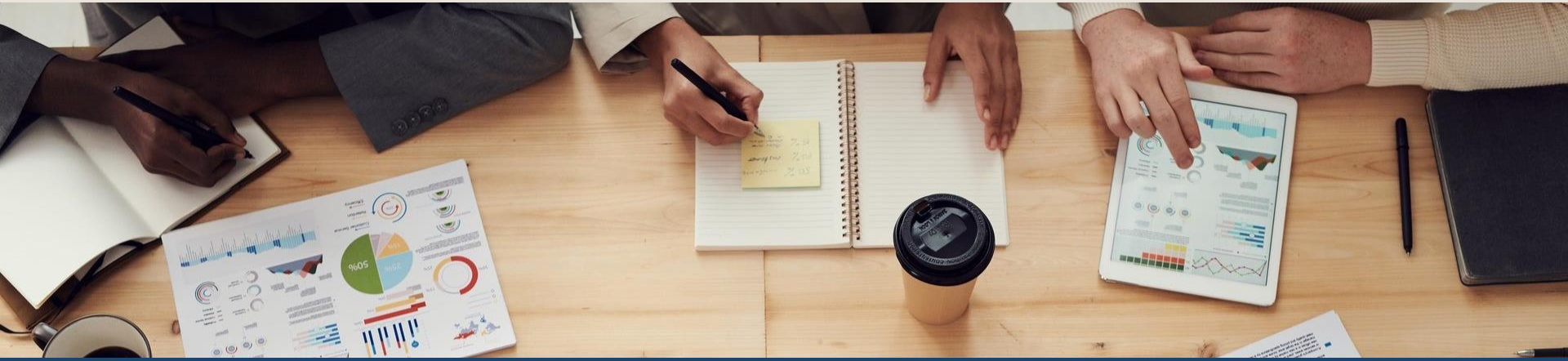
4. Designed to be clinically effective
5. Designed to be cost-effective
6. Provide values-based involuntary interventions when there is no other way to prevent harm
7. Use shared data for continuous improvement

Other Federal Efforts and Initiatives

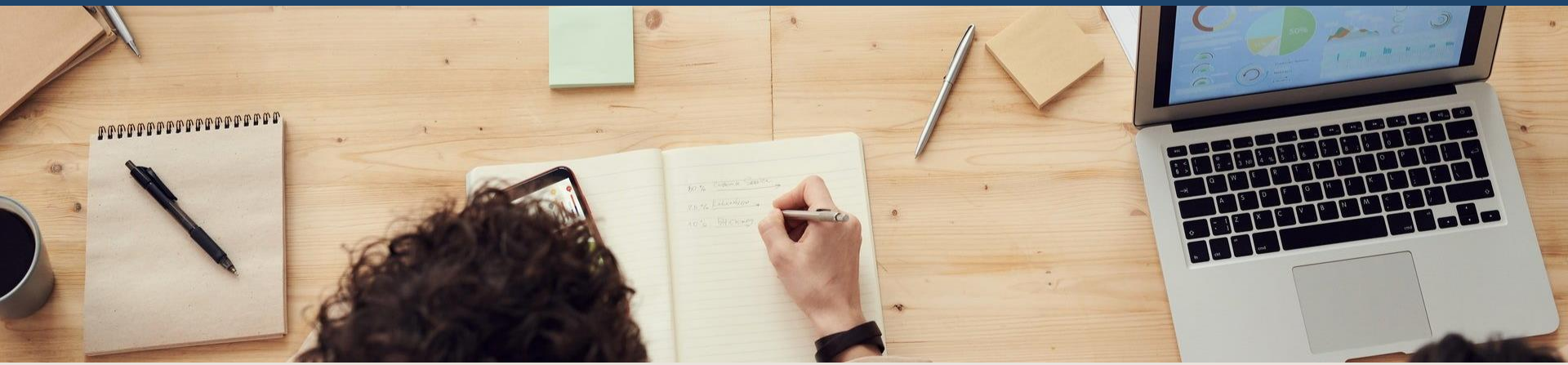
- Crisis Assistance Helping Out On The Streets (CAHOOTS) Act
  - Help states adopt mobile crisis response teams that can be dispatched when a person is experiencing a behavioral health or substance use disorder (SUD) crisis instead of immediately involving law enforcement.
  - Provides funding through an enhanced federal match rate for state Medicaid programs.
- American Rescue Plan
  - Includes additional funding for block grants for community behavioral health services and block grants for prevention and treatment of substance abuse
  - Includes temporary increases for the Medicaid federal medical assistance percentage (FMAP)
  - 85% FMAP for Mobile Crisis Teams (MCTs)

"What if we treated the mental health crisis with as much urgency as we treated the COVID crisis? What if it was that big of a deal?"

Grant Denton



Questions and Discussion



Thank you

If you have questions, please reach out to Kelly Marschall, SEI, at kmarschall@socialent.com