

Draft Northern Region Crisis Response Planning Statement

November 4th, 2021

Communities in the Northern Region have actively engaged in the planning and development of behavioral health crisis response programs for over five years now. The Northern Regional Behavioral Health Policy Board encourages the State to identify and fund applications that align with the Northern Board priority associated with crisis response (below), as well as the themes developed by county level crisis response planning groups and stakeholders in Carson, Churchill, Douglas, and Lyon Counties in recent months.

Northern Board Priority:

Development of a regional crisis response system: Obtain sustainable funding for current crisis stabilization and jail diversion programs (MOST, FASTT, CIT, and Carson Tahoe Mallory Crisis Center)

Shared themes across the region:

- Prioritizes co-responder model but interested in developing 24/7 local on-call mobile crisis response.
- Interested in defined role and process for CCBHCs in coordination with other community partners in crisis response system.
- Wants 988 to have accurate knowledge of resources including limitations and capacity and refer accordingly.
- Values in person and local service provision where possible
- Wants formalized relationships and processes with 988 and between local providers
- Wants opportunities to provide local input and participate in planning of crisis response system where possible.
- Prioritizes formalized relationships and processes with 988 and between local providers
 - Have MOST teams be explicit in coordinating with crisis response services through MOU if MOST is available or appropriate. Utilize local resources before moving to regional or state resources.
- Ensure implementation of feedback or accountability mechanism for crisis response services. Include transparent data tracking for each county and quality assurance overseen or in collaboration with local level.

County Specific Themes:

Carson:

- See the ideal crisis response model to be the co-responder model, as it provides safety for the clinician and opportunities for de-stigmatization of law enforcement. There is concern for clinician safety without law enforcement partnership.
- Believe they have experienced success in developing strong start to crisis response model with Mobile Outreach Safety Teams, Carson Tahoe Mallory Crisis Center, Assertive Community Treatment. Their top priority is to not lose the existing system and want to continue using resources currently in place. If services are added, hopefully complement current services.
 - Would like local stakeholders to lead on development of crisis response system.
- A large part of Carson's success with crisis response is due to relationships and partnerships built in community.
- Each community needs to be able to customize how crisis response is implemented
- In person response is important- may take more resources to respond depending on geography of county.
- Prioritize the following resources:
 - Allocate training for Crisis Intervention Team (CIT) training to ensure deputies are able to identify behavioral health and make appropriate referrals. Carson City 80% CIT trained.
 - Increase MOST team to 24/7
 - Case management to complement co-responder teams.
 - Enhance current services such as developing crisis stabilization living room areas in CCBHCs
 - Development of a user-friendly database that can be used by multiple local agencies.
- Stakeholders would also like the opportunity to provide input into the development and implementation of data base through participation in a workgroup.

Churchill County

- Prioritizes immediate local response to individual in need by Resource Liaison, caseworker, or Office Supervisor.
- Prioritizes collaboration and coordination with all community partners include existing CCBHC.
- Wants community input on development of crisis triage and response, especially on initial contact with person in crisis.
- Wants local involvement with adult and senior crisis stabilization. Ages 18+ we work directly with the individual, under the age of 18 we work with the parents/guardians .
- Interested in clearly defined role and agreements with peers.
- Valued Crisis Intervention Training (CIT): Resource Liaisons, caseworker and Office Supervisor are all CIT trained and well versed in local resources to access.
- Prioritizes formalized relationships and processes with 988 and between local providers

- i. Have MOST teams be explicit in coordinating with crisis response services through MOU if MOST is available or appropriate. Utilize local resources before moving to regional or state resources.
- Strengthen post- crisis support network and community education. Create set plan of who is doing the follow up. The assigned Resource Liaison continues to work with the individuals linking them to community services and assisting with intake/eligibility processes. Created plan includes follow up for the support network. Try to include family and/or close friends in next steps and education.
- Wants crisis response system to incorporate health and wellness aspects
 - a. Discussing health and wellness needs and using engaging motivational conversation with client.
- Ensure implementation of feedback or accountability mechanism for crisis response services. Include transparent data tracking for each county and quality assurance overseen or in collaboration with local level.
- Increased funding to ensure adequate resources are available to meet the needs.

Douglas County:

- Interested in collaboration and coordination with all community partners include existing CCBHC.
- Wants in person and local service provision where possible
- Prioritizes co-responder model but interested in developing 24/7 local on-call mobile crisis response.
- Wants community input on development of crisis triage and response, especially on initial contact with person in crisis.
- Wants 988 to have accurate knowledge of resources including limitations and capacity and refer accordingly.
- Prioritizes formalized relationships and processes with 988 and between local providers
- Interested in technical assistance with NAMI Western Nevada to explore peer collaboration model in different areas such as follow up, check ins, and support in continued stabilization.

Lyon County:

- Prioritizes co-responder model but interested in developing 24/7 local on-call mobile crisis response (youth, adult, and senior crisis stabilization).
- 24/7 stabilization access points (i.e. living room model) for youth, adult, and senior crisis stabilization
 - Interested in consideration of non-traditional crisis stabilization partners (i.e. faith-based groups)
- Wants in person and local service provision where possible
- Interested in technical assistance with NAMI Western Nevada to explore peer collaboration model in different areas such as follow up, check ins, and support in continued stabilization.

- Utilize alternate strategies to 211 and wants 988 to have accurate knowledge of resources including limitations and capacity and refer accordingly.
- Prioritizes formalized relationships and processes with 988 and between local providers
 - Have MOST teams be explicit in coordinating with crisis response services through MOU if MOST is available or appropriate. Utilize local resources before moving to regional or state resources.
- Incorporate health and wellness aspects to 988- conversation to include other health and wellness needs. Having an engaging motivational conversation.
- Integrate and utilize community health workers to ensure continuity of care.
- Strengthen post- crisis support network (care coordination, case management, peer support) and community education.
- Consider development of infrastructure including supportive living agencies and transitional housing in long term crisis system planning.
- Ensure implementation of feedback or accountability mechanism for crisis response services. Include transparent data tracking for each county and quality assurance overseen or in collaboration with local level.
- Define role and process for CCBHCs in coordination with other community partners in crisis response system.
- Increased access to psychological first aid
- Ensure that evidence-based trainings are easily available to communities.

Storey County

- Satisfied with hybrid-MOST response in the county at this current point in time. Law enforcement call clinician to co-response in an on-call manner. Works well because of the established relationships between all of the various partners.
- Open to additional supports for sorting out mental health needs.