

988 Suicide & Crisis Lifeline and the Behavioral Health Crisis System

Crisis Support Services of Nevada
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- ▶ CSSNV has been saving lives for more than 56 years
- ▶ Established as the Crisis Call Center on April 1, 1966 as an outreach program of UNR
 - To address the Nevada's high rate of suicide
- ▶ Established a 24-hour all volunteer suicide prevention hotline
- ▶ In 1966 there were no cell phones and only one phone per family
- ▶ First office was in the library of UNR
- ▶ At night Volunteers took calls from home
- ▶ When dispatch was needed, went next door to a neighbor
- ▶ Before 911
- ▶ In the first few months of operation, the need for our services was so great, our program was expanded to include support for any type of crisis.
- ▶ 2nd Longest Running Crisis Center in the Nation



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What Does CSSNV Do Now?

- ▶ CSSNV is one of 12 National Suicide Prevention Lifeline Backup Centers
 - ▶ When the other 200 calls centers across the nation, are overwhelmed by calls, the overflow rolls out to CSSNV and other 8 National Centers.
- ▶ We take all of the child protective services (CPS) reports for the rural county CPS offices
 - We do this 24/7
- ▶ Elder and adults with a disability (vulnerable adults) abuse reports after hours for the Nevada Aging and Disability Services Division (ADSD)
- ▶ After hours crisis calls for all of Nevada's Rural Behavioral Health Clinics
- ▶ Statewide Substance Abuse Helpline
- ▶ Take after hours crisis calls for UNR and UNLV Clinical Services



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What Does CSSNV Do Now?

- ▶ Take calls and Deploy Immediate Mental Health CARE Team to any adult in the rural counties who is having a mental health crisis
 - Monday-Sunday from 9:00-6:00
 - After hours, we will take reports for follow-up by clinicians the following day.
 - Get the caller to a clinician within 15 minutes
- Hub of Nevada Health Connection, through the OpenBeds platform
 - Technology platform designed to enable real-time referrals and monitor availability of inpatient and outpatient behavioral health services in Nevada
 - 50 Nevada behavioral health programs and facilities
- Take after hours calls for Washoe County 311 and several Certified Community Behavioral Health Clinics



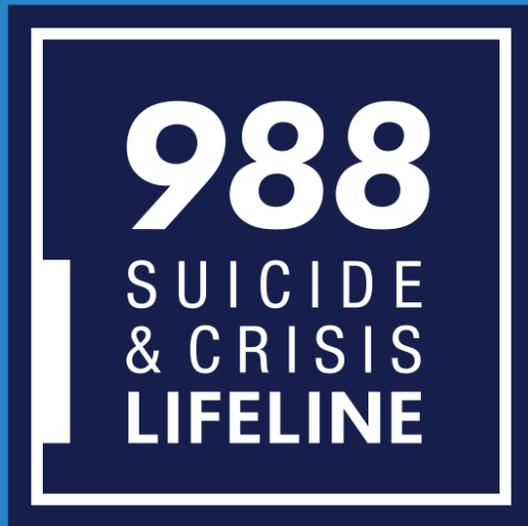
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What Does CSSNV Do Now?

- ▶ We helped over 87,220 people in 2021
- ▶ 5,296 of those contacts were by text message
- ▶ 35,741 of those contacts were from Nevadans
 - 44% from Clark County
 - 39% from Washoe County
 - 14% from the rural counties
 - 3% were unknown counties
- ▶ 4,047 callers were victims of current and/or historic child abuse
 - 1,971 child protective services reports
- ▶ 1,761 callers were victims of abuse to a vulnerable adult
 - 1,012 vulnerable adult abuse reports
- 2,111 callers who were sexual assault victims
 - SASS advocates helped over 498 victims of sexual assault
- 1,938 callers who were victims of other crimes



What is 988?

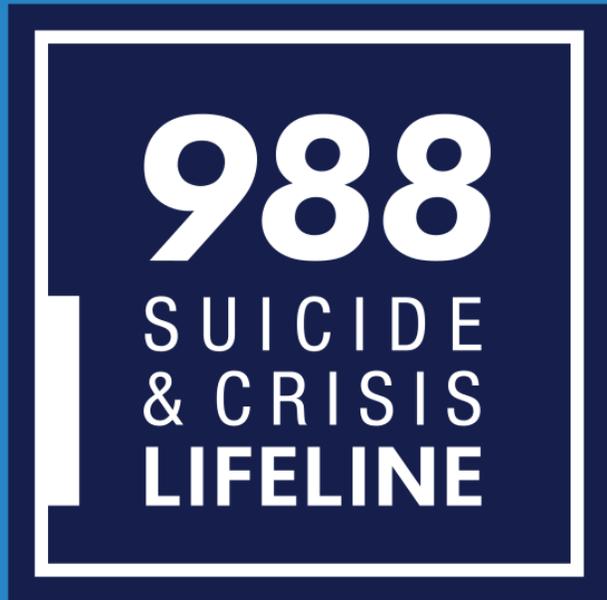


- Behavioral Health 911
- Connect a person in a behavioral health crisis to trained staff who can address their immediate needs and help connect them to ongoing care.
- Reduce healthcare spending with more cost-effective early intervention.
- Reduce use of law enforcement, public health, and other safety resources.
- Meet the growing need for crisis intervention.
- Help end stigma toward those seeking or accessing behavioral healthcare.
- The first part of the Behavioral Health Crisis Response System



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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)



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Establishment of the



Information current as of 6/15/22

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 charge is imposed, requires states to establish a fund sequestered to be obligated and expended only in support of 988 and crisis services. SB390 was based in Nevada in 2021 which includes establishment of this fee.
- The separate fee and fund that can be established legislatively would not and can not supplant existing resources or 911 funds
- 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



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America's Mental Crisis

Information current as of 6/15/22

Rationale for 988

- Since 1999 rates of suicide have increased by 30% nationwide
- 1 in 5 people over the age of 12 have a mental health condition
- Suicide is the second leading cause of death among young people, and the tenth leading cause of death in the US
- Suicide is most often preventable. For every person who dies by suicide, there are 280 people who seriously consider suicide but do not kill themselves.



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America's Mental Crisis

Information current as of 6/15/22

Rationale for 988

- A direct three-digit line to trained counselors will open the door for millions of Americans to seek the help they need
- An easy to remember and dial number will make it easier to reach people in emotional crisis

When you've got a police, fire or rescue emergency, you call 911.

When you have a mental health need, you'll call 988.



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Nevada



Nevada is one of only 5 states who have passed legislation to fund and sustain the 988 Crisis Response System – SB390

Information current as of 6/15/22

Nevada's Vision and Mission for Crisis Response

Vision

The Crisis Response System and 988 will serve as the foundation of Nevada's behavioral health safety net. We will reduce behavioral health crises, strive to attain zero suicides in our state, and provide a pathway to recovery and well-being.

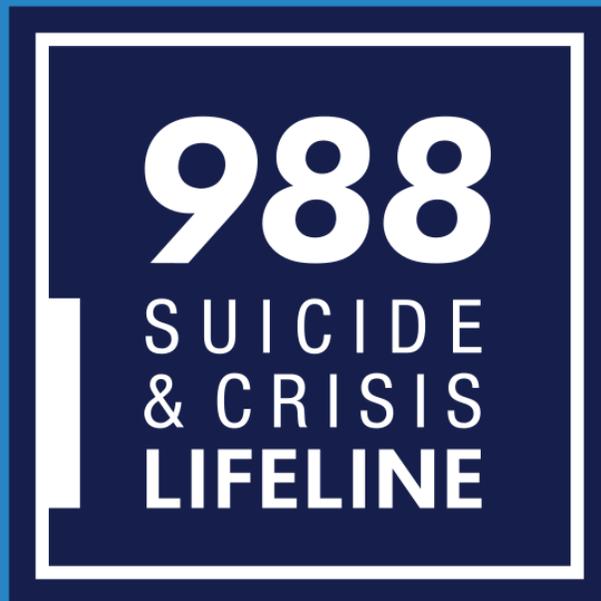
Mission

Everyone in Nevada will have immediate access to effective and culturally informed behavioral health services, crisis services, and suicide prevention through 988 and the Crisis Response System.



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Washoe County



Crisis Response Project Overview

- \$275,000 commitment to date from WCHD as part of the Community Health Improvement Plan to advance initiative. Core team includes Dorothy Edwards from Human Services Agency and Julia Ratti from Washoe County Health District working with SEI, Inc. for project management and implementation.
- Planning Project June 2021 - June 2022
 - Deliverable: Crisis Response System Implementation Plan (complete)
- Implementation Project June 2022 - June 2023
 - Deliverables: Implement first-year action steps as identified in the plan (underway)
- Includes: state, county, cities, law enforcement, REMSA, hospitals, payers, behavioral health providers and other behavioral health stakeholders



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Washoe County



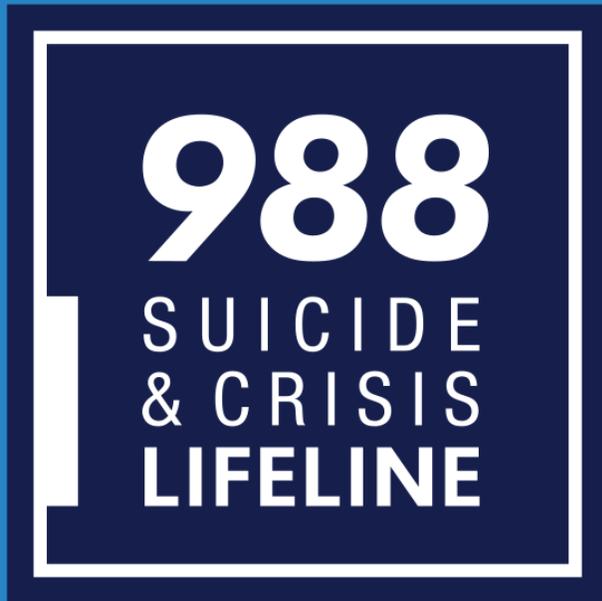
Project Considerations

- Collaboration with State of Nevada efforts to stand up statewide systems and funding mechanisms.
- Building sustainable financial model
- Collaboration between 988 and 911
- Identification of Mobile Crisis Team(s) and Crisis Stabilization Unit providers.
- Role of MOST teams vs. role of Mobile Crisis Teams
- Role of Crisis Stabilization Center vs. role of Crisis Triage Center
- Meeting the needs of children and adolescents
- Lack of capacity in the overall behavioral health care system. Referrals to addition care once stable.
- Governance model on a go-forward basis



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988 Data for Nevada



- Since July 16th, we have seen a 30% increase in calls
- Receiving 500+ calls per week
- Receiving about 160 Texts and Chats per week
- Answer rate is 81%
- Average answer time (time in queue) is 15.35 seconds
- Average time in queue for abandoned calls is 54.78 seconds
- Key Performance Indicators that we are shooting for:
 - 95% answer rate
 - 20 seconds



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988 Suicide & Crisis Lifeline

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