

**Steve Sisolak**  
*Governor*



**Richard Whitley**  
*Director*

# State of Nevada

## Department of Health and Human Services

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**Nevada's Crisis Services System for Children:  
National and Local Perspectives**

**Division of Child and Family Services**

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Team



3/24/2022

*Helping people. It's who we are and what we do.*



# Agenda

1. Transitioning to 988 and implications for youth
2. Children's Mobile Crisis Response Team
3. Crisis Stabilization
4. Policy implications



# Transitioning to 988 and Implications for Youth





# 988 Refresher

- Federal legislation passed in October 2020.
  - 988 to become a single phone number for mental health crisis.
  - 988 system turns on nationally on July 16, 2022.
  - Significant requirements for quality and operations.
- Substantial federal funds for creating a crisis care system.
- Nevada is farther along than most states in planning for 988 activation.
- Potential to be largest re-organization of the mental health system since deinstitutionalization in 1963.





# Children's Crisis System Transformation

## Where we are



Crisis Mobile Team  
Response

Someone to respond



Essential Crisis  
Principles and Practices

Best practices

## Where we are going



Crisis Call Center

Someone to talk to (988)



Crisis Mobile Team  
Response

Someone to respond



Crisis Receiving and  
Stabilization Services

Somewhere to go



Essential Crisis  
Principles and Practices

Best practices





# Impact of Nevada's Crisis Legislation

- Substantial policy legislation passed during the last Legislative Session:
  - Defined mobile crisis team/service.
  - Allowed for and provided reasonable protections for crisis co-response with law enforcement.
  - Set up a mechanism for a 988 fee to be instituted.





# Children's Mobile Crisis Response Team





# Mission and Values

The Division of Child and Family Services Mobile Crisis Response Team (MCRT) strives to help Nevada children and adolescents live happily and safely in their homes and community.

## Objectives

- Respond immediately to a youth and family during a mental health crisis.
- Provide family-driven, culturally responsive, and community-based services by wrapping a family in care.
- Support and maintain youth safely in their home and community environment.
- Reduce admissions to Emergency Departments and higher levels of care due to a mental/behavioral health crisis.
- Facilitate linking and referring to increase access to support and services.





# Making 988 Work for Children and Adolescents

- Fundamentally, youth are more than tiny adults.
- The 988 system is modeled on adult crisis systems established in other jurisdictions.
- In collaboration, the 988 model is being adapted to work for children, adolescents, and families.



# Current Status of Nevada's Children's Mobile Crisis Teams (MCRT)

- Division of Child and Family Services provides mobile crisis response teams in the Las Vegas and Reno metro areas
- Division of Public and Behavioral Health provides crisis response teams to the rural and frontier counties.
- In the prior 12 months, our crisis teams:
  - Responded to more than 2,400 youth and families.
  - Answered more than 4,500 crisis hotline calls.



# Who Can Access Children's Mobile Crisis?

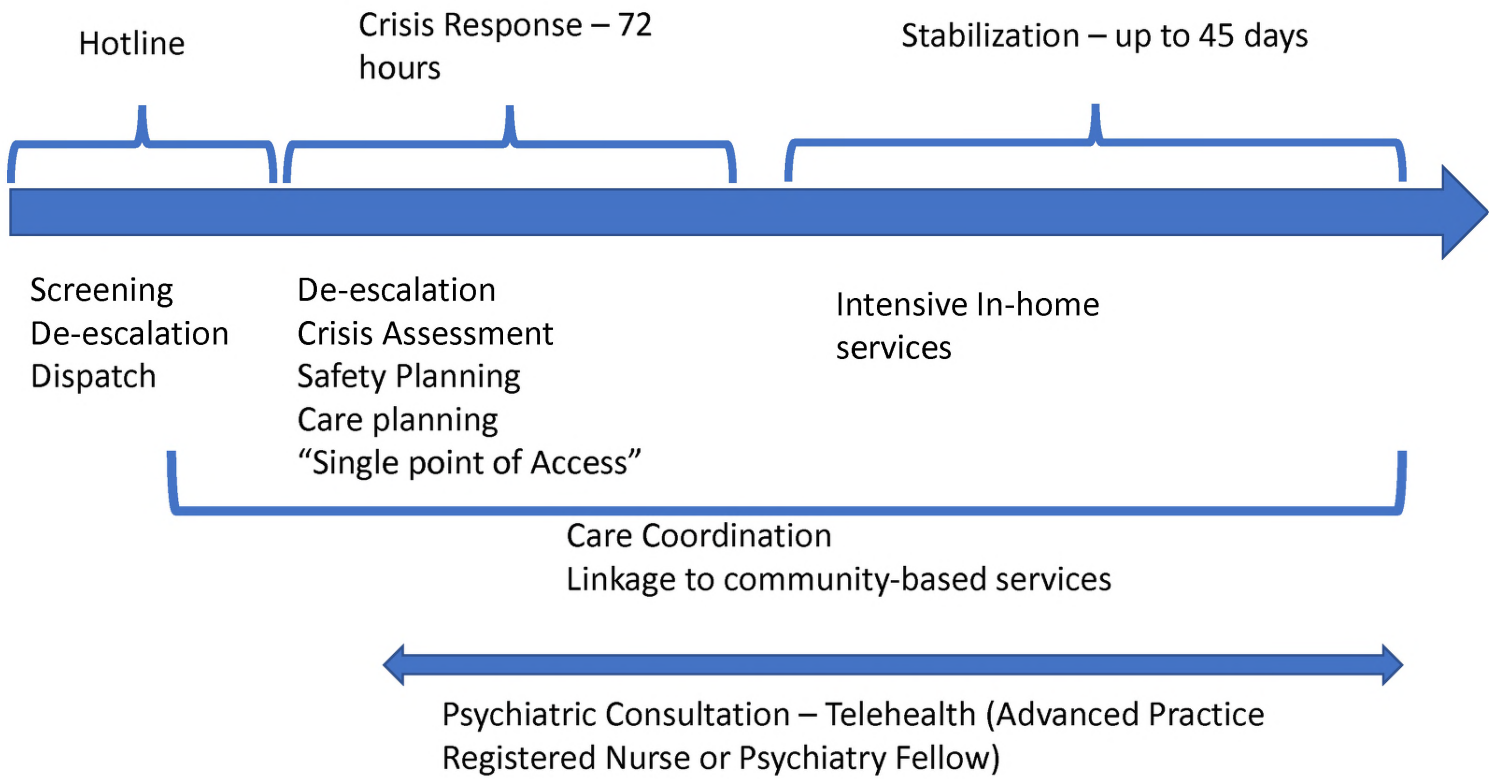
- Those physically present in the state of Nevada.
- Child or adolescents age 18 or younger.
- Youth/family defines the crisis.
- Served regardless of ability to pay.

# How Do You Access Mobile Crisis Response Team (MCRT)?

## Call us:

- (702) 486-7865
- (775) 688-1670
- Call the local number.
- Both phone numbers ring the same hotline.

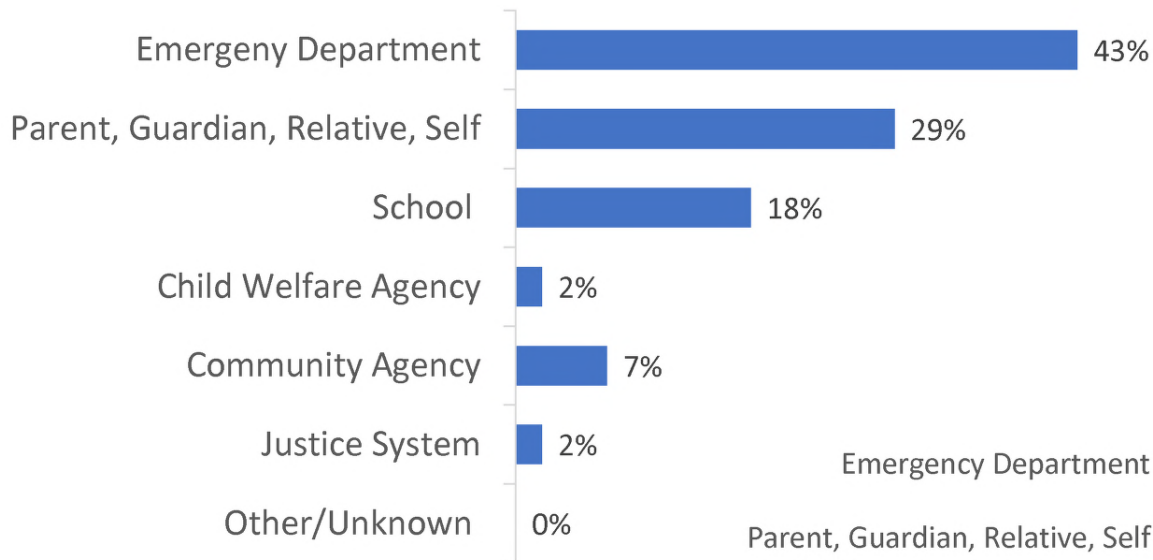
# What We Do – MCRT Spectrum of Care



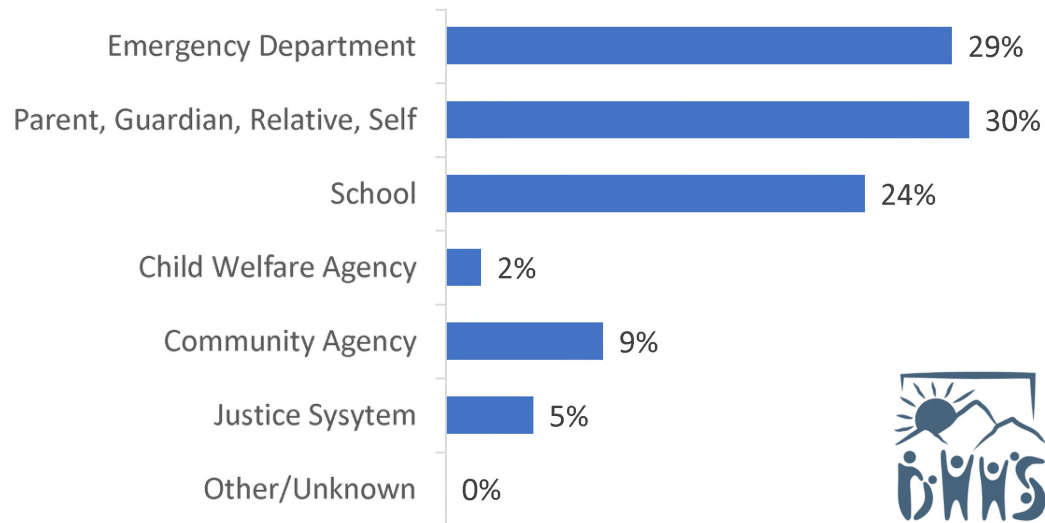
# Who Calls Mobile Crisis?



## Las Vegas



## Reno





# Children's Crisis Hotline Versus 988

- Division of Child and Family Services operates the hotline for all of Nevada.
- The Children's Mobile Crisis Hotline
  - A little de-escalation.
  - Purpose is to dispatch a children's mobile crisis team.
- 988 call center:
  - Substantial de-escalation.
  - Triage.
  - Care traffic control:
    - Handle on hotline only.
    - Refer to outpatient care.
    - Dispatch mobile crisis.
    - Refer to crisis stabilization unit.
    - Dispatch law enforcement.



# No Wrong Door Solutions

- Bridging vision:
  - Make the different numbers work together.
    - 988 hands off to mobile crisis to dispatch.
  - Increase the robustness of Mobile Crisis Response Team's hotline.
  - Increase hotline triage Mobile Crisis Response Team and 988.
    - For families, get to the most appropriate service quicker.
  - Children's mobile crisis provides technical assistance to 988.
- The 3–5-year destination vision:
  - Mimic the 911 implementation process.
    - 988 evolves into the primary crisis number.
    - 988 capable of dispatching children's mobile crisis.
    - Maintain a “local” mobile crisis direct line.



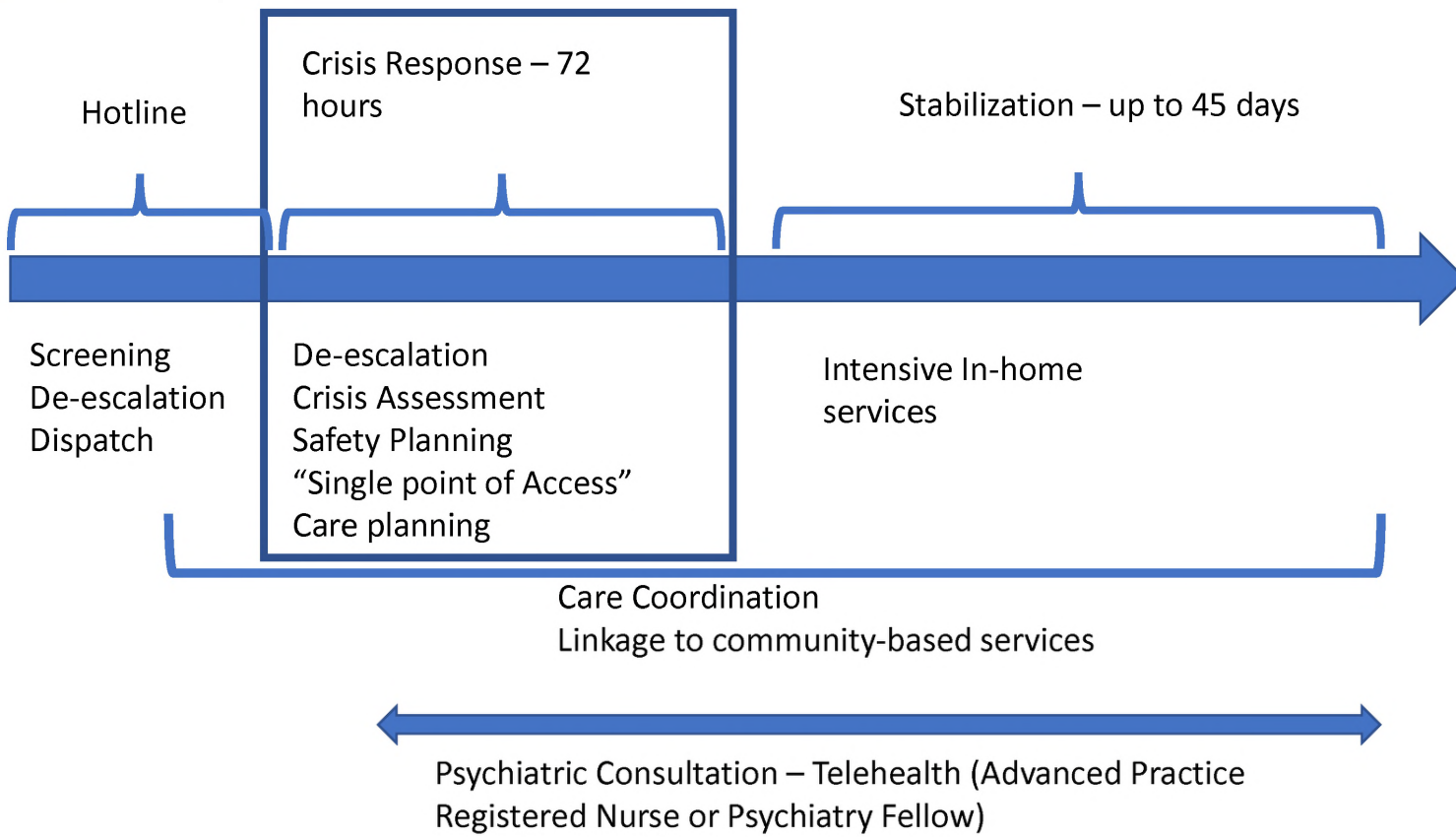




# Technology Solutions

- Bridging vision:
  - Invest in and upgrade Mobile Crisis Response Team's technological infrastructure.
    - Cloud-based, real-time monitoring system that tracks all active teams on a single dashboard and map.
    - Teams carry mobile phone-based geo-location apps.
  - 988 transfers to Mobile Crisis Response Team for dispatch.
- The 3–5-year destination vision:
  - Provide a single geo-location app to any children's Mobile Crisis Response Team in the state.
  - Integrate our technology with the 988 call center.
  - 988 call center dispatches majority of children's Mobile Crisis Response Team.

# Children's Mobile Crisis is 'Someone to Go'





# 'Someone to Go'

- Meet the sense of urgency that parents and caregivers experience when their child is in crisis.
  - Goal: Be in-person within 60 minutes of the hotline call.
    - Caveat: If parent/guardian request a delayed response, our goal it to be in-person within 60 minutes of the requested time.
- Respond to the location of family's choice.
  - Rural/frontier respond via telehealth.
  - Clark/Washoe respond primarily in-person.

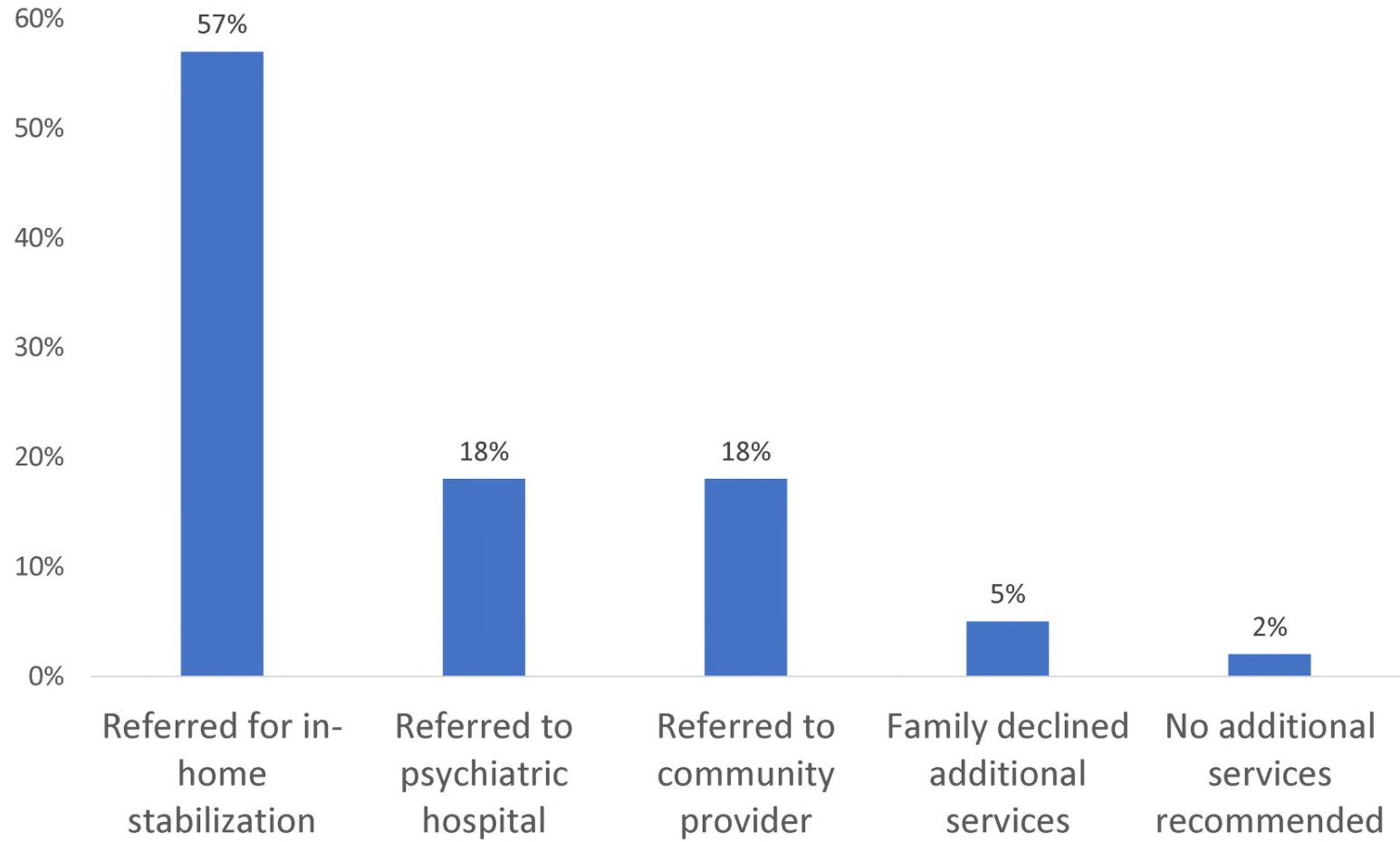


# What Happens During a Response?

- A master's level clinician and a psychiatric caseworker respond.
  - Clinician assesses psychiatric crisis.
  - Caseworker assesses formal and informal needs.
- With youth and family, clinician develops a safety plan.
- Clinician determines risk level and recommends treatments options.



# Post-Assessment Referral Pattern



# Children's Mobile Crisis Response versus 988

- Fundamentally, children are not tiny adults.
- The children's mobile crisis response
  - De-escalation
  - Time intensive
  - Comprehensive assessment
  - Avoid law enforcement co-response
- 988 adult response model:
  - De-escalation
  - Fast
  - Rapid assessment
  - Substantial law enforcement co-response





# Universal Crisis Response Challenges

- Successful child/adolescent crisis responding requires adequate staffing.
- Need to expand to 24/7 in Washoe and Rural/Frontier regions.
- Full implementation would result in doubling or tripling the number of child mobile crisis responses.
- Safety concerns.



# 'Someone to Go' Solutions

- Starting with children's mobile crisis programs that are national models of excellence.
- Expand children's mobile crisis staffing.
  - State expansion.
  - Private expansion.
    - The Division of Child and Family Services must develop technical assistance expertise to support private community partners.
    - Sustainable funding streams need to be developed.
- Expanded hours of availability is staffing dependent.
- Technology upgrade.
  - Geolocation of teams via mobile apps.



# Family Peer Support is a Critical Link



[Link to: www.nvpep.org](http://www.nvpep.org)

- Family peer support is a critical informal support.
- Children’s mobile crisis needs to:
  - Increase use.
  - Explore co-response models.
  - Train our caseworkers to be strong advocates.

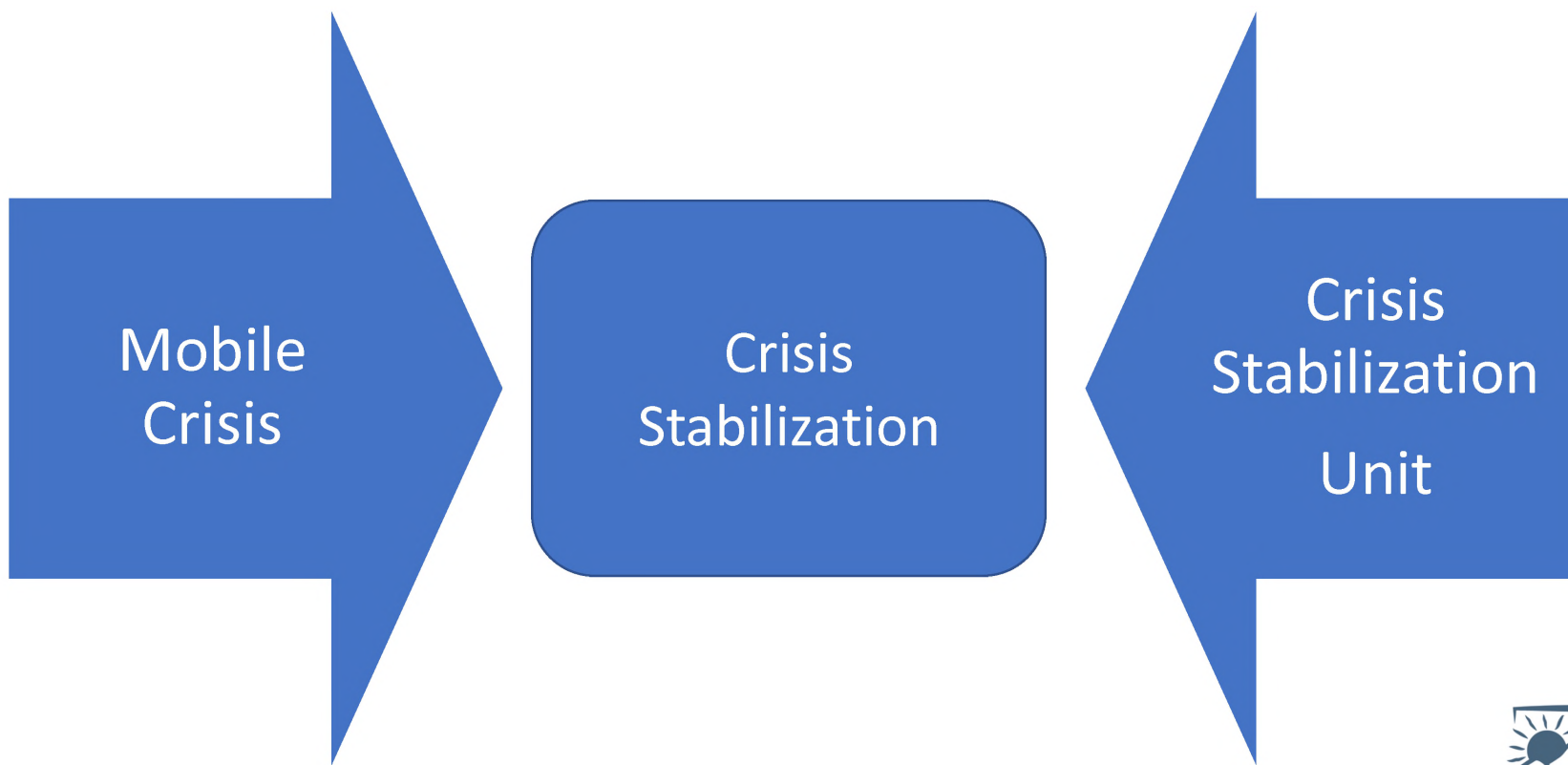


# Crisis Stabilization





# Two Routes to Stabilization



# What Does Children's Mobile Crisis Stabilization Look Like?

- Following a crisis, 6-8 weeks of intensive in-home services:
  - 2-3x per week.
  - Clinician provides intensive individual and family therapy.
  - Caseworker links and refers to appropriate services.

# What Could A Crisis Stabilization Unit Stabilization Look Like?

- Extremely short-term care.
  - Less than 24 hours.
- Coordinate ongoing care.
- Options being considered by the Division of Child and Family Services, the Division of Public and Behavioral Health, and our family partners:
  - Children's mobile crisis provides intensive stabilization.
  - Crisis stabilization units employ their own staff to stabilize youth short-term.
  - Crisis stabilization units build partnerships with community-based providers for rapid access.





# Why is Stabilization Important?

- 30-60 days post-crisis are a very high-risk period for the recurrence of crisis.
- In the 4 months post-response:
  - 92% of youth have **not** returned to an Emergency Department (ED) for mental/behavioral health crisis.
  - 91% of youth have **not** been psychiatrically hospitalized for mental/behavioral health crisis.



# Policy Implications

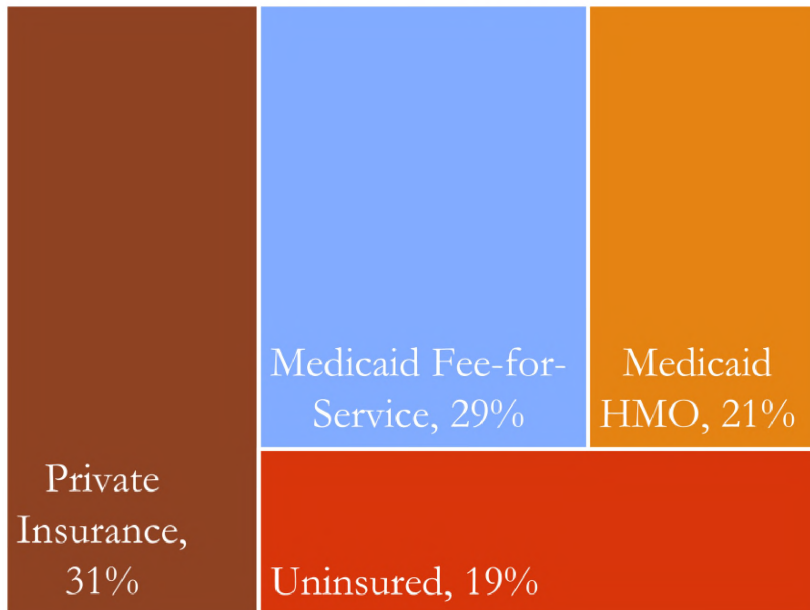
Opportunities and Challenges in Children's Mobile  
Crisis Response



# Children's Mobile Crisis is the Fire Department

Crisis services provided without regard of a person's ability to pay.

## Las Vegas



## Potential Solutions

- Consider ways for all payers in the system to reimburse crisis services.



# Workforce Development

- Nevada is short of mental health providers.
- Expanding crisis services may simply cause the shuffling of providers from one setting to another resulting in shortages elsewhere in the system.
- Engagement of public/private university partners in expanding master's level clinician programs.
- Explore 3+2 models of clinician education.



# Monitoring Crisis System Health

- Our health care system is optimized to the overarching parameters. We need the ability to monitor the health of our crisis response system.
- Require crisis service providers to report crisis metrics.



# Develop The Entire Crisis Continuum

- Nevada is missing key aspects of the crisis continuum of care for children/adolescents.
- Development and encouragement of fiscally sustainable services such as:
  - Intensive in-home services.
  - Peer-operated respite care.
  - Short-term residential facilities at varying levels of care.
    - Acute psychiatric beds for northern and rural Nevada.
    - Intermediate care facilities.
    - Psychiatric residential treatment facilities.



# Questions?



# Contact Information

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[dcfs.nv.gov](http://dcfs.nv.gov)

[www.knowcrisis.com](http://www.knowcrisis.com)





# Acronyms

- AB = Assembly Bill
- APRN= Advanced Practice Registered Nurse
- CAN= Crisis Needs Assessment
- CAT = Crisis Assessment Tool
- DCFS= Division of Child and Family Services
- DPBH= Division of Public and Behavioral Health
- ED= Emergency Department
- MCO= Managed Care Organization
- MCRT = Mobile Crisis Response Team
- MH= Mental Illness
- NAMI = National Alliance on Mental Illness
- NASMHPD = National Association of State Mental Health Program Directors
- PCW= Psychiatric Case Worker
- PEBP= Public Employees Benefits Program
- SAMHSA= Substance Abuse and Mental Health Services Administration