

Northern Region Crisis Response Position Statement

December 3rd, 2021

The Northern Regional Behavioral Health Policy Board is submitting this position statement to DHHS Administration in accordance with the following duties prescribed in NRS 433.4295:

(a) *Advise the Department, Division and Commission regarding:*

- (1) *The behavioral health needs of adults and children in the behavioral health region;*
- (2) *Any progress, problems or proposed plans relating to the provision of behavioral health services and methods to improve the provision of behavioral health services in the behavioral health region;*
- (3) *Identified gaps in the behavioral health services which are available in the behavioral health region and any recommendations or service enhancements to address those gaps;*
- (5) *Priorities for allocating money to support and develop behavioral health services in the behavioral health region.*

(b) *Promote improvements in the delivery of behavioral health services in the behavioral health region.*

Communities in the Northern Region have actively engaged in the planning and development of behavioral health crisis response programs for over five years and believe they have made substantial progress. Their top priority is to not lose the existing system and to continue using resources currently in place. 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 that integrates existing local resources: Obtain sustainable funding for current crisis stabilization and jail diversion programs (MOST, FASTT, CIT, and Carson Tahoe Mallory Crisis Center)

Regional themes for crisis response system aligning with national best practice as defined in the “Roadmap to the Ideal Crisis System”¹:

- ***Welcoming and accessible for all consumers:*** Stakeholders in the region value having a crisis response system that emphasizes consumer-oriented care, cultural humility, and the use of peers with lived experience where appropriate. They are interested in technical assistance in building a robust peer workforce. Stakeholders realize that it is more costly to provide quality services to rural areas; however, they believe that rural residents deserve services in parity with urban areas. This also means valuing rural culture in delivery of culturally appropriate services.

¹ National Council for Behavioral Health. “Roadmap to the Ideal Crisis Response System” (2021). Retrieved from https://www.thenationalcouncil.org/wp-content/uploads/2021/03/031121_GAP_Crisis-Report_Final.pdf?dof=375ateTbd56.

- **Emphasis on safety:** The region advocates for the development of a multi-level crisis response system that utilizes co-response for cases screened to be higher risk and require ongoing response facilitated by welfare checks. Mobile crisis response can be used for cases screened to be lower risk. The region also recommends expanding support for Crisis Intervention Training (CIT) to officers and case managers to improve effective response for acute and complex behavioral health cases. They believe this model provides safety for the client, clinician, peer, and law enforcement, while providing opportunities for de-stigmatization of law enforcement.
- **Promoting access:** Stakeholders are interested expanding access to care by developing 24/7 local on-call mobile crisis response for lower risk cases and faster response to complement the co-responder model. They believe that in-person crisis response is important for ensuring quality interactions, even if it may take more resources based on geography. In addition, stakeholders are grateful for the five Certified Community Behavioral Health Centers (CCBHC) in the region and want to support these CCBHCs in becoming integral parts of the crisis response system. However, regional stakeholders see a need for the CCBHCs or other providers to establish robust crisis response services that include crisis stabilization “living rooms” aligned with best practice, in order to stabilize individuals in their own community.
- **Empowering partnering collaborative:** Regional stakeholders believe that each community needs to be able to customize the crisis response system to meet their unique gaps and needs. Stakeholders see that a large part of their current success is due to relationships and partnerships in the community. They are very interested in continuing to collaborate with community partners to implement the crisis response system. Highlighted processes include the following:
 - Provide opportunities for local input and participation in planning of crisis response system where possible.
 - Prioritize utilization of local resources before moving to regional or state resources.
 - Utilize in-person and local service provision where possible.
 - Prioritizing a holistic approach to continuity of care through warm hand off referrals to local behavioral health and wrap around services. (i.e., Assertive Community Treatment Teams), including strengthening post- crisis support network (care coordination, case management, peer support) and community education and infrastructure.
 - Partnering with non-traditional crisis response system partners including community coalitions and faith based organizations to maximize community supports.
 - Identifying defined role and process for CCBHCs in coordination with other community partners in crisis response system.
 - Ensure that evidence-based trainings are easily available to communities.
- **Resource maximizing and efficient:** The stakeholders in the region want to ensure that 988 crisis call center hub has accurate knowledge of resources including limitations and capacity and refer accordingly. Also, they prioritize formalized relationships and processes with 988 and between local providers. They would like the region’s MOST teams to have an explicit relationship when coordinating with crisis response services through a Memorandum of Understanding, so that MOST is used when available and appropriate. Development of locally based crisis response resources also ensures coordinated and seamless response during disasters as identified in the Northern Regional Behavioral Health Emergency Operations Plan.

- ***Effective evidence-based/ informed:*** Stakeholders wish to ensure the implementation of client and stakeholder feedback or accountability mechanism for crisis response services. This includes transparent data tracking of key performance measures for each county and quality assurance overseen or in collaboration with local level to promote continuous quality improvement.

The Northern Regional Behavioral Health Board is available for further discussion and coordination around crisis response planning in the region.

Dr. Ali Banister, Vice Chair

Sent on behalf of the Northern Regional Behavioral Health Policy Board