



# ACTION ALERT

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## **NATIONAL SUICIDE PREVENTION AND MENTAL HEALTH CRISIS HOTLINE**

### **988 REGULATION WORKSHOP**

**FRIDAY, MAY 20, 2022**

**9:00AM**

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*Please – mark your calendars for Friday, May 20, 2022 at 9:00AM. And stay tuned – we will provide more information on how to access the meeting.*

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## **988 won't wait! – CONTINUE to SUPPORT ACTIVATE 988**

**Your voice and your support are still needed to activate 988.**

Your voice matters even if the Legislature is not in session – in fact – during the interim – we have the chance to have longer conversations in preparation for Nevada's biennial sessions.

Also, Your voice matters to the agency's who enact the bills passed by the Legislature. And that's why it's important for you to continue to advocate for 988.

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Some background information:

### Agency Regulation Workshop:

Coming up, on Friday, May 20, 2022 at 9:00 via telephone/videoconference only – the Department of Public and Behavioral Health (DPBH) will hold the first public workshop to solicit public comment on proposed regulations to activate “988”, a dedicated – easy to remember – mental health and suicide crisis lifeline. 988 will go live in July – but the state must be prepared before it can handle calls.

Establishing 988 as a dedicated crisis line has been a priority for NAMI at the national level because federal law that governs telecommunications was as needed to ensure the number was operational and connected to accessible community resources.

Each State needed enabling legislation to utilize this life saving resource. Nevada has done that through passage of [SB 390](#) during the 81st Legislative Session. Advocate support was critical to “moving” this legislation.

NAMI Nevada Advocates were valued and important supporters of this legislation. And this is our opportunity to continue to improve and expand crisis services in Nevada.

The development of regulations is critical to realizing 988 as a dedicated resource. This meeting is the first in a series of public meetings before various state agency’s.

Sustaining change takes time. The work doesn’t end when a bill is passed – it must be enacted and enforced. Vigilance is how we improve mental health in Nevada.

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### IMPORTANT LINKS:

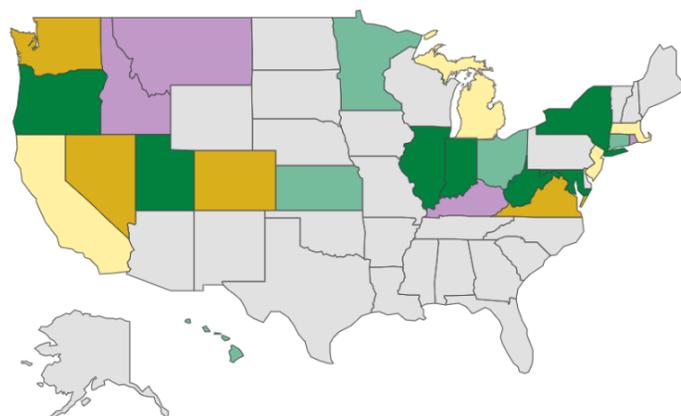
- [DPBH's Public Notice](#)
- [Proposed Regulation to be Considered at Workshop](#)

### Where are we on the map?

#### NATIONAL 988 IMPLEMENTATION MAP

NEVADA is one of four states with Comprehensive 988 Implementation Enacting Legislation.

Thanks to NAMI Advocacy of SB390!



- Comprehensive 988 implementation enacted
  - Comprehensive 988 implementation pending
  - Considered comprehensive 988 legislation and did not pass
  - No 988 legislation considered (excludes appropriations, study bills)
  - Partial 988 implementation legislation enacted
  - Partial 988 implementation legislation pending
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### **Crisis Stabilization:**

When more intensive care is needed, short-term crisis stabilization should be available. Crisis stabilization programs should be in a home-like environment, and should have the capacity to diagnose, provide initial stabilization and observation, and ensure a warm hand-off to appropriate follow-up care. Crisis stabilization programs should also include options for peer crisis respite, peer navigation and follow-up, crisis residential, and substance use detox.

### **24/7 crisis call center “hubs”:**

When someone calls 988, they should be connected to well-qualified people — 24 hours a day, 7 days a week — who are trained to effectively handle mental health, substance use and suicidal crises, including by text and chat.



### **Mobile crisis teams:**

When an on-site response to a crisis is needed, mobile crisis teams should be deployed by crisis call centers, using geolocation where possible. Mobile crisis teams should be able to de-escalate situations, arrange transportation to crisis stabilization, or connect people to other services and supports.

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### **Community Vision:**

The three elements above represent an ideal scenario, but there’s not one right answer. Your state may have an existing crisis response infrastructure that already addresses some of these pieces. Community partners and policymakers will need to come together — along with people with mental health conditions and families — to identify what already exists and shape where your state wants to go.

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### **Respect and Dignity**

A call for help shouldn’t result in trauma or tragedy. Building a 988 crisis system in your community will move us closer toward our shared goal: a respectful, dignified and effective response to everyone who experiences a mental health, substance use or suicidal crisis.

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# More Than A Number

## How a 988 Crisis Response System Will Change How We Help People Experiencing Mental Health Crises



In too many communities, law enforcement is typically the first response to people experiencing a psychiatric crisis, often with tragic results. Nearly 1 in 4 people shot and killed by police have a mental illness. People with mental health conditions are also incarcerated disproportionately – about 2 million times each year, people with serious mental illness are booked into jails – and experience high rates of emergency department visits and readmissions into hospitals.

A coordinated effort to build a crisis response system around 988 can significantly change how we respond to people experiencing mental health crises and reduce the inequities experienced by communities of color.

### Problem

### Solution



A 10-digit number focused only on suicide prevention, which can be difficult to remember while experiencing a crisis

An easy-to-remember 3-digit number for mental health, substance use and suicidal crises, operational nationwide by July 2022



Patchwork system that makes it difficult for crisis counselors to coordinate care for callers, dispatch help in a crisis, or follow-up afterwards

Create 24/7 crisis call center hubs with the ability to respond effectively to callers, dispatch mobile crisis teams, connect to crisis stabilization programs, and follow-up after the call



Law enforcement is typically the first response to people experiencing a psychiatric crisis, often with tragic results

Promote behavioral health mobile crisis teams that include police as co-responders only as needed in high-risk situations – reducing law enforcement involvement in mental health crises



Insufficient funding for crisis centers to meet the CURRENT level of calls, let alone increased demand from consolidating mental health, substance use and suicidal crises in one number

Implement monthly fees on phone bills to fund 988 call center operations and associated crisis response services



People experiencing crises often don't get connected to intensive services until too late, if at all

Establish crisis stabilization programs in a home-like environment that provides short-term (under 24 hours) acute services and warm hand-offs to follow-up care