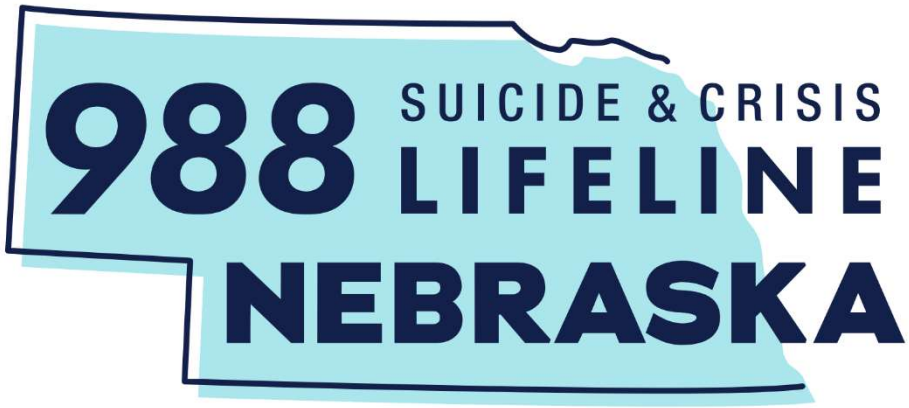
988
Nebraska
Manual



Division of Behavioral Health
Nebraska Department of Health and Human Services

Effective July 16, 2020

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988 Nebraska

Overview: In 2020, Congress designated 988 as the universal number for a national suicide prevention and mental health crisis hotline to replace the National Suicide and Prevention Lifeline. On July 16, 2020, the Federal Communications Commission issued the final order designating 988 as the new crisis line and Veterans Crisis Line number, requiring all U.S. telecommunication providers to activate 988 for all subscribers by July 16, 2022. The new 988 phone number provides a 24/7 connection to trained and compassionate crisis counselors for anyone experiencing thoughts of suicide or experiencing a behavioral health crisis in Nebraska. Trained crisis counselors listen and work to understand how a caller's crisis is affecting their life, provide support, and connect them to resources to include activation of mobile crisis response services.

The purpose of 988 Nebraska is to:

- Connect a person experiencing suicidal thoughts, mental health or substance use crises to a trained crisis counselor who can address immediate needs and connect to community-based resources.
- Reduce use of law enforcement and emergency rooms as first point of contact for a behavioral health crisis.
- Utilize community-based resources to maintain individuals in their homes and communities.
- Change viewpoints toward seeking behavioral healthcare in Nebraska.

The implementation of 988 Nebraska would not have been possible without the support of various stake holders across the state to include, but not limited to regional behavioral health authority partners, law enforcement, behavioral health service providers, University of Nebraska - Public Policy Unit, persons and parents with lived experience, the Administrative Office of the Courts and Probation, Boys Town, Nebraska Chapter of the National Alliance for Mental Illness, the Kim Foundation, Local Outreach to Suicide Survivors program, tribes, and schools.

988 Nebraska is based upon three core premises:

1. Someone to Call
2. Someone to Respond
3. Somewhere to Go

This manual will serve as a guide to the 988 Nebraska processes, guidelines, and expectations.

I. Someone To Call

It is important to note that when a caller dials 988, they are not directly connected to their local call center. Callers will be connected first with Vibrant Behavioral Health's (federally contracted partner) automated system. Callers will be offered the option to press 2 to be connected to the Spanish subnetwork, press 1 to be connected to the Veteran's Crisis Line to, or remain on the line to be connected to their local call center. This recording is approximately 70-90 seconds long. Calls are routed to the local call center based upon the area code of the phone number the caller is calling from. Should the caller be calling from an area that is different than the area code, the area code associated call center will still serve the caller and connect them to their local call center when appropriate.

A. 988 Nebraska Call Center

Nebraska has one call center located at Father Flanagan's Boys' Home (referred to as Boys Town) in Omaha, Nebraska. Boys Town has been the provider for The Suicide and Prevention Lifeline since 2005, and it was natural to maintain this partnership for 988 Nebraska.

When a call is received by 988 Nebraska, the trained crisis counselor will attempt to de-escalate the individual, assess for safety, safety plan with the caller or activate mobile crisis response when appropriate. The crisis counselor will always attempt the least restrictive options first. This may include a referral to services or access to a same or next day appointment. Boys Town has over 1,600 referral sources in their database that may be offered to callers.

If the caller disconnects or becomes disconnected, the crisis counselor will immediately call back unless it is unsafe to do so (i.e., domestic violence). The call center will track frequent callers so outreach may be done to engage the individual in community-based services.

In the event Emergency Medical Services (EMS) or law enforcement is needed, the crisis counselor will remain on the phone with the individual and contact 911. Events that constitute contacting 911 on the caller's behalf include when the caller has already made an attempt to end their life, has ended someone else's life, is actively suicidal or homicidal and is refusing mobile crisis response or to engage in safety planning, and/or is

deemed to be at imminent risk based upon the Lethality Risk Assessment utilized by Boys Town.

The determination to activate mobile crisis response is made by the crisis counselor and the caller. Mobile crisis response is a voluntary service and must be agreed to by the caller. Mobile crisis teams will be activated by 988 Nebraska through an established process with each of the six regional behavioral health authorities. In situations where the person calling is a third-party, mobile crisis response will be activated, but services may be denied upon arrival by the individual in crisis.

988 Nebraska will conduct follow-up contact within 24-72 hours when the caller consents to follow-up and had suicidal thoughts/ideations or when the caller consents to follow-up and was referred to a same or next day appointment. Follow-up is not required when the caller was seeking information only, was a third-party caller, an anonymous call, or the caller does not consent to follow-up contact.

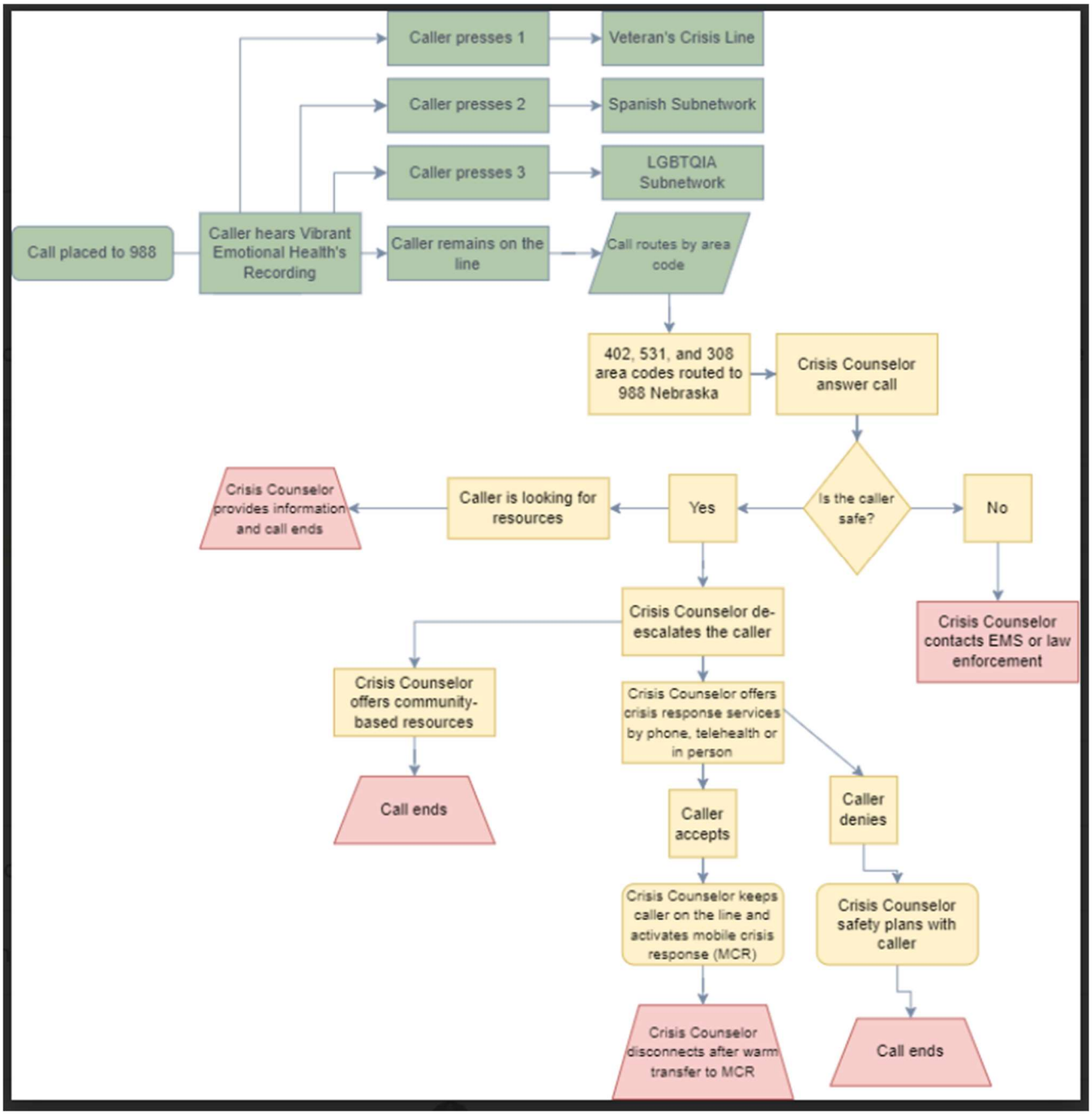
Follow-up will include asking:

1) since the last call, does the caller feel worse, better, or the same,

2) if a referral was offered, was the caller able to access the service and if not, they will problem solve with the individual, and

3) has the caller utilized crisis services since the last call and if yes, which kind.

The figure below is a visual representation of the initial 988 Nebraska call flow:



B. 988 Nebraska Caller Data Collection

This specific data provides insight into who is utilizing 988 Nebraska; the person in crisis or someone else on their behalf. If the person in crisis is a youth, system involvement is collected to notify that system that more support is needed for the youth. Type of insurance helps to determine which service providers the crisis counselors should make referrals to.

Data Elements:

Who is calling?

- Self
  - Adult
  - Youth
    - Any system involvement?
      - Child and Family Services
      - Developmental Disabilities
      - Probation/Diversion
- Third Party

What type of insurance does the individual in crisis have?

- Private
- Medicaid

C. 988 Nebraska Call Center Performance Metrics

The 988 Nebraska Call Center is expected to meet certain performance metrics. These metrics were developed by a team of stakeholders as identified by best practice guidelines and federal requirements. 988 Nebraska is expected to have an answer rate at 90% or above for calls and an answer rate of 80% or above for digital contacts (chat and text).

Metrics

Call volume

- Number of calls offered to 988 Nebraska.
- Number of calls answered by 988 Nebraska.
- Number of calls that were short-abandoned. Short-abandoned is defined as a call that disconnects in less than 10 seconds of being offered to 988 Nebraska.

Answer Rate

- Average speed of answer.
- Average length of a call.
- Average talk time.
- Number of calls not answered by 988 Nebraska that rolled over to a national back-up center.

II. Someone to Respond

Community-based mobile crisis services use face-to-face professional and peer intervention, deployed in real time to the location of the person in crisis to achieve the needed and best outcomes for that individual. Per the National guidelines for Behavioral Health Crisis Care: Best Practice Toolkit, mobile crisis team services should:

- Include a licensed and/or credentialed clinician capable to assess the needs of the individual.
- Respond where the person is (home, work, park, etc.) and not restrict services to select locations within the region or particular days/times.
- Connect individuals to facility-based care as needed through warm hand-offs and coordinating transportation when and only if situations warrant transition to other locations.

A. Nebraska Mobile Crisis Response

Mobile Crisis Response Teams (MCR) is a community-based intervention to individuals in need wherever they are; including at home, work, or anywhere else in the community where the person is experiencing a crisis. MCR services are contracted through each of the six Regional Behavioral Health Authorities. In rural parts of Nebraska, an in-person response may not be possible. In those instances, MCR will engage the caller either by phone or telehealth.

When the crisis counselor is unable to safety plan with the individual, mobile crisis teams will be activated upon the consent of the caller. MCR is available in person, by phone, or via telehealth. Callers are offered these three choices unless located in rural areas.

Protocol has been established with each of the MCR providers. The crisis counselor will conduct a warm hand-off with the appropriate MCR provider. The crisis counselor will provide the following information to the appropriate mobile crisis team by phone and will send an email with this same information:

- Synopsis of the crisis and attempts made to safety plan with the caller
- Demographic information
- Safety risk and risk of dangerousness to others
- Presence of auditory command hallucinations, grandiosity, excitement or agitation, mood liability, persecutory delusions, paranoia, hostility
- History of autism, intellectual disability, or other significant mental health issues
- Under the influence of alcohol or drugs

- Known history of assault or violence
- Crisis involves violence or threat of violence

B. Mobile Crisis Team Standards

The standards for Mobile Crisis Response (MCR) teams to follow were developed by a workgroup made up of stakeholders across the state. The recommendations were based upon best practice and how mobile crisis teams in Nebraska had been functioning prior to 988 Nebraska. Best practice indicates that MCR teams should respond without law-enforcement accompaniment unless special circumstances clearly require it to support true justice-system diversion. Each MCR team may decide when law enforcement is necessary, but the preferred approach is to operate without law-enforcement presence.

1) When responding in person, contact should be made within one (1) hour.
2) Mobile Crisis Teams should have a *minimum* of two people responding to each crisis event:
    - At least one Behavioral Health Professional (trained, non-licensed MCT member) who can complete screening tools, follow-up support and safety planning.
    - A Certified Peer Support Specialist who can complete screening tools, follow-up support and safety planning.
    - A clinician **available** to conduct assessments as needed, complete screening tools, triage, follow-up support, safety planning and clinical assessments.
3) To ensure youth and adults are assessed for suicidality, homicidality, substance abuse, and current symptoms, the MCR will conduct an evaluation including a brief mental health status (appearance, activity level, behavior, speech, and attitude) and utilize at least one of the following assessments/screening tools:
    - CAGE-AID to assess for substance use
    - Suicide Behaviors Questionnaire-Revised (SBQR)
    - Ask Suicide-Screening Questions (ASQ)
    - Columbia Suicide Severity Rating Scale (C-SSRS)

The MCR team will also gather and assess information related to the individual's crisis and current situation. This information may include but is not limited to:

- Level of consciousness, thought content, affect and mood, cognition and reality contact.
- Situational factors impacting behavior and safety.

- Strengths and resources of the person experiencing the crisis, as well as those of family members and other natural supports.
- Recent inpatient hospitalizations and/or any current relationship with a BH provider.
- Medications and compliance with medication regimen.
- Medical history as it relates to the crisis

C. De-escalation and Resolution

Community-based mobile crisis teams engage individuals in de-escalation techniques throughout the encounter and intervene to de-escalate the crisis. The goal is not just to determine a needed level of care to which the individual should be referred, but to resolve the situation so a higher level of care is not necessary.

Mobile Crisis Response (MCR) teams assess and ensure the environment is appropriate to facilitate de-escalation and stabilization. MCR teams will work with the individual to move them to a more suitable location for de-escalation when appropriate.

Additional required activities conducted by MCR teams include:

- Engaging the individual in collaborative crisis planning when appropriate and utilize the Brown-Stanley Safety Planning Template to develop a safety plan.
- Mobilize support as needed to ensure safety and crisis resolution.
- Engage Peer Support as needed and available.
- Make referrals as appropriate to resolve the crisis and/or stabilize the individual or situation such as same day or next day assessment, outpatient, and medication management.
- Contact the 988 Crisis Counselor following the event and advise of outcome.
- Connect individuals to facility-based care as needed through warm hand-offs and coordinating transportation when and only if situations warrant transition to other locations.

D. Follow-Up Requirements

Each Mobile Crisis Response (MCR) encounter is not a “one and done” encounter. MCR teams will offer follow-up to all individuals to check to see how they are doing and assist with any service connections as needed. Follow-up can be conducted by a Certified Peer Support Specialist At least three attempts will be made to contact the individual for follow-up care.

The first contact for follow-up will take place within 24 hours of the crisis event. If contact is not made, two additional attempts will be made within

72 hours unless the individual is placed in emergency protective custody (EPC), inpatient psychiatric hospitalization, or are sent to jail/detention. Each follow-up call will consist of:

1. Asking if the individual feeling worse, better, or the same?
2. If a referral was offered, asking if the individual was able to access the service?
3. If not, asking what the barrier(s) to accessing services? The MCR team is expected to problem solve with the individual to overcome the barrier(s).
4. Review the safety plan that was created and/or create a new safety plan with the individual.

E. Training standards for Mobile Crisis Response Teams

The following training standards were identified by a group of stakeholders from across the state including multiple providers of Mobile Crisis Response (MCR) services. Training was placed into four categories:

1. Core Training for ALL team members
    - CPR and First Aid
    - Suicide prevention/response training such as:
        - Question Persuade Refer (QPR)
        - Assessing and Managing Suicide Risk (AMSR)
        - Collaborative Assessment and Management of Suicidality (CAMS)
    - Various training and accessing interpretation services
    - Opioid overdose safety
    - Trauma informed services
    - Mental Health First Aid for team members who are not clinicians
    - Adolescent development
    - Working with system involved individuals
    - EPC alternatives for youth under the age of 18

2. Assessments
    - Suicide Behaviors Questionnaire-Revised (SBQR)
    - Ask Suicide-Screening Questions (ASQ)
    - Columbia Suicide Severity Rating Scale (C-SSRS)

3. Crisis Planning and Follow Up, and
    - Use of the Brown-Stanley Safety Plan

- Counseling Access to Lethal Means (CALM)

4. Optional Training Topics (may include but are not limited to):
   - Basic Behavioral Health Threat Assessments for clinicians
   - Cross training with local law enforcement
   - Crisis specialty training for Certified Peer Support Specialists

Nebraska was awarded a Transformation Transfer Initiative grant through the National Association of State Mental Health Program Directors in January 2023. These grant funds are being utilized to develop a comprehensive training curriculum for all persons providing mobile crisis response services in Nebraska.

F. Mobile Crisis Response Data Collection

Data for mobile crisis response will be housed in Nebraska's Centralized Data System (CDS). The data is utilized to fulfill federal requirements for reimbursement of services rendered, identify trends, and track outcomes to inform how 988 Nebraska is functioning. The following data points will be required:

- Demographics
- Type of Contact – Community (in person), Phone, Telehealth
- Date of Event
- Crisis Location
- Call Out Reason
- Referral Source
- Crisis Disposition
- Start Time, Stop Time, Face to Face Time, Travel Time
- Trauma History
- Crisis Dangerousness
- Crisis Response Diversion
- Law Enforcement requesting resources only
- Outcome if Crisis Response was delivered in a jail or correction facility:
- If the individual was referred to community-based services and identify which services specifically
- Follow-Up information

If a person is experiencing psychosis or is inebriated and is unable to provide the required information at the initial contact, the person conducting follow-up should try to obtain that information when the individual is more stable.

G. Mobile Crisis Response Key Performance Indicators

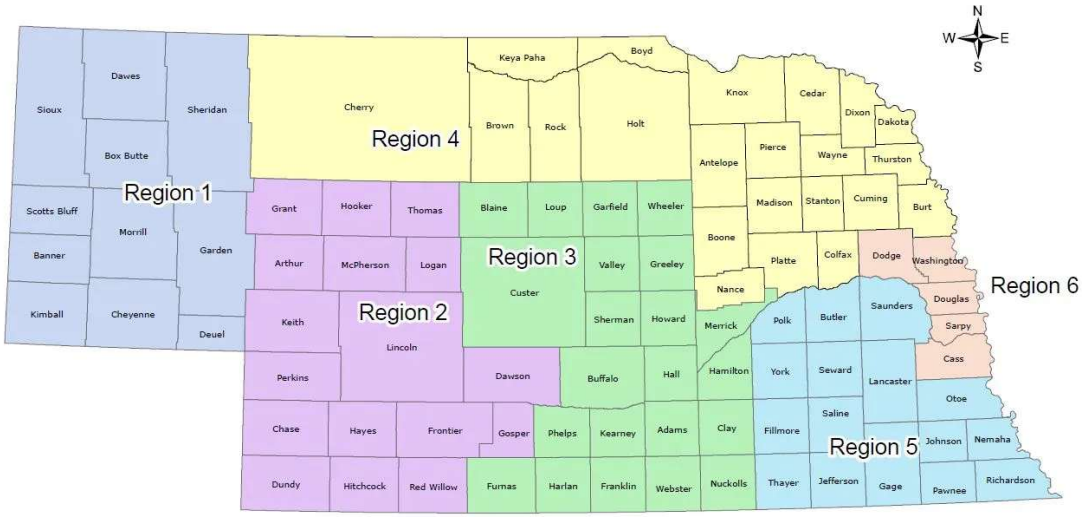
The following performance metrics will be collected related to mobile crisis response:

- % of individuals with crisis resolved and were able to remain in their home
- % of individuals referred to community-based resources and able to stay in their community
- % of individuals placed in emergency protective custody (EPC)
- % of individuals arrested
- % of individuals transported to a hospital/emergency room
- % of individuals who do not have a repeat mobile crisis event within 120 days of initial MCT contact
- % of MCR calls where law enforcement is requesting resources for the individual
- % for each type of Crisis Disposition at discharge
- Timeliness of services – expectation is for contact to be made within 1 hour of the MCR team being activated
- Safety – # and types of reasons that MCT is activated
- Quality – customer satisfaction and crisis resolution

III. Somewhere To Go

Regarding 988 Nebraska, Somewhere to Go refers to exactly that, a location that a person experiencing a crisis can go to or can be taken to if needed. These services will take time to develop as they are true brick and mortar locations. The Nebraska Department of Health and Human Services – Division of Behavioral Health contacts with each of the six regional behavioral health authorities that Nebraska has been separated into. Below is a map of the behavioral health authority regions in Nebraska.

Behavioral Health Regions



Planning took place with the regions and various stakeholders to identify needs and gaps related to the community-based crisis continuum of services. Discussion resulted in identifying the following community-based crisis services that are required to be developed (if not already in existence).

- Crisis Stabilization Facilities (at least one in each Region)
- Long-term intensive community-based services
- Co-occurring Intensive Outpatient Services
- Substance Use Disorder (SUD) Crisis Residential Services
- Peer Run Respite/Peer Run Hospital Diversion

A. Crisis Stabilization Facilities:

Crisis receiving and stabilization services offer the community a no-wrong-door access to mental health and substance use care; operating much like a hospital emergency department that accepts all walk-ins, ambulance, fire, and police drop-offs. There are two crisis receiving and stabilization facilities in Nebraska. They are located in Regions 3 and 6. Several of the other regions are in the process of developing this service or contracting with other regions to provide the service.

B. Long-term Intensive Community-Based Services

Services such as Assertive Community Treatment (ACT), Wraparound/Professional Partner Program (PPP), Multi-systemic Therapy (MST), and Functional Family Therapy (FFT) are examples of some long-term community-based services in Nebraska. ACT is available in regions

3, 5, and 6. Wraparound/PPP is available in all 6 regions. MST is available in Regions 3, 4, 5, and 6. Efforts are being made to develop FFT in Nebraska.

C. Co-Occurring Intensive Outpatient (IOP) Services

Co-occurring enhanced IOP programs offer access to psychiatric services and specific programming to address co-occurring mental health issues with substance use issues. IOP is a program where you will likely be in therapy (both group and individual) somewhere between two to three hours a day, three to five days a week. Outpatient services are available in all 6 regions. Some regions are able to offer same day or next day services for persons experiencing a crisis.

D. Short-term Residential Services

Small, home-like short-term residential facilities can be seen as a strong step-down option to support individuals who do not require inpatient care after their crisis episode. All 6 of the regions provide access to short-term residential services.

E. Peer Run Respite/Peer Run Hospital Diversion

Another model of short-term facility-based care is a peer-operated respite program. These programs do not typically incorporate licensed staff members on site although some may be involved to support assessments. They provide peer-staffed, restful, voluntary sanctuary for people in crisis. The regions are working on growing peer run respite or hospital diversion programs. There is one (1) located in Region 5 and one (1) in Region 6. Both serve adults. Requests for Information has been sent out by multiple regions to develop additional crisis respite types of services including for youth.

IV. Marketing and Communication for 988 Nebraska

There has not been a national marketing campaign for 988 as the state vary regarding readiness to advertise their 988 system. Nebraska has placed public service announcements on the radio and on television for 988 Nebraska. The 988 Nebraska logo has been advertised at Pinnacle Bank Arena, The Lincoln Stars Hockey Rink, and the Omaha Storm Chasers Baseball Field. The Substance Abuse and Mental Health Services Administration (SAMHSA) has created and continues to add to the 988 Partner Toolkit. Marketing materials for post, print, and/or purchase are available at this site. 988 Nebraska has created a Marketing Toolkit with Nebraska specific marketing information as well as a link to request 988 Nebraska Wallet Cards in English and Spanish.