Transcript | Help, Hope & Action: Government, health care and support organizations panel

As soft piano music plays, a collage of photographs appear of patients speaking with a therapist, some with tears in their eyes. Therapists take notes and press a reassuring grip on their client's hands.

A purple background with two blue lines slides across, giving way to a light blue background with white lines, then a white background. A purple and blue hand hold onto each other in the shape of a ribbon, and text appears.

ON SCREEN TEXT: Help,
Hope &
Action

SUICIDE PREVENTION
TOWN HALL

Below the text, logos for Health Plan of Nevada, United Healthcare, Optum, and American Foundation for Suicide Prevention appear.

On a town hall stage, a man in a dark blazer and blue shirt sits down. Text appears.

ON SCREEN TEXT: Kendall Tenney
Moderator, 10E Media

KENDALL: Welcome back to Help, Hope & Action, a Suicide Prevention Town Hall, I'm Kendall Tenney here with our third panel of the day. We have had a tremendous time already and we have learned so much over the last hour. We've discussed the risks and warning signs, the methods of communication and intervention, and resources available to people exhibiting severe depression and suicide ideation. So, we've heard some incredible stories as well of survival, we've met inspiring people who are making a real difference in the lives of those who are at risk. And we've listened as behavioral health professionals have explained why and how families and friends can intervene and make a difference. And the importance of helping people of all ages and background build resiliency. So, now we turn to what's being done in our communities in healthcare and in government to help those in need. Joining us for this discussion, we have Dr. Laurine Tibaldi. She's the chief medical officer of Health Plan of Nevada and Sierra Health and Life. Her roles include oversight of inpatient and outpatient case management, utilization management, quality and population help teams. Dr. Tibaldi is a member of the Clark County Medical Society and the Nevada State Medical Association. She is a board-certified internal medicine physician and hospitalist. Please welcome Dr. Tibaldi.

The audience claps, and text appears over a blonde woman in a red dress, sitting next to Kendall.

ON SCREEN TEXT: Dr. Laurine Tibaldi
Chief Medical Officer, Health Plan of Nevada

KENDALL: Michele Freeman is a former chief with the Las Vegas Department of Public Safety and a board member of the American Foundation of Suicide Prevention, a co-sponsor of today's program, Michele with us in our last panel and the crowd voted and said "You got to come back." So, please welcome Michele.

A blonde woman in a light green blazer smiles. Text appears.

ON SCREEN TEXT: Michele Freeman
Healing Conversations Coordinator, American Foundation for Suicide Prevention

MICHELE: Thank you.

KENDALL: Misty Vaughan Allen, who has served as Suicide Prevention Coordinator at the Nevada Department of Health & Human Services for the past 17 years is our third panelist. Please welcome Misty.

Text appears over a brunette woman on the far end of the stage.

ON SCREEN TEXT: Misty Vaughan Allen
Suicide Prevention Coordinator, Nevada Dept. of Health & Human Services

MISTY: Thank you.

KENDALL: And Rick Elorreaga. Did I get it right?

Text appears over a grey-haired man in a suit.

ON SCREEN TEXT: Richard Elorreaga
President, Behavioral Health, Health Plan of Nevada

KENDALL: President of Health Plan of Nevada Behavioral Health where he's responsible for the direction and oversight of the Behavioral Health Team. Rick was previously a vice-president at Optum, responsible for overseeing behavioral health programs, including state Medicaid programs, county-funded programs, and federal behavioral health programs. Please welcome Rick. All right, so we've started each segment by looking at some statistics. Not always everyone's favorite part because the numbers are sobering. But let's start by talking about this.

A slide with different bullet points of statistics appears while he speaks.

KENDALL: In 2020, suicide was the 12th leading cause of death in the United States. In that year, nearly 46,000 Americans died as a result of suicide. There were an estimated 1.2 million suicide attempts. On average, there are 125 suicides each day.

The slide disappears, giving way to Kendall.

KENDALL: So, each one of you represent a component of the healthcare continuum. And whether you work with Health Plan members, patients, in a medical office setting or people in need, you have organizations that are key when it comes to suicide prevention. So, Dr. Tibaldi if we could, let's begin with you. Integrated care, it's also known as whole person care. We're hearing a lot more about that. Tell us what that is and how that plays into suicide prevention.

A chyron identifying Dr. Tibaldi appears once again below her.

DR. TIBALDI: Yeah, so whole person care is really looking at an individual holistically. We cannot, at United Healthcare, help people live healthier lives or make the health system work better for everyone if we're working in silos. We can't have a physical health team and a behavioral team that don't talk to each other. So, I have the privilege of managing teams and working with teams that provide care management and care coordination for our members. And it really came from the team in wanting to do

better, in coordinating those resources. So, I'm inspired by folks I work with, like Rachel, that we heard from in the second panel and Dr. Bachight, and Rick, we've been able to do some really cool things together to bring people together that historically never learned together, never trained together, have always worked in silos. You had mentioned earlier that I worked as a hospitalist and one of the things that I noticed is that in Las Vegas, where I worked, and in a variety of hospitals, I might have to take care of someone that tried to take their life. Or someone that had an overdose. And as a hospitalist, I'd get you admitted from the ER, I take care of you in the ICU, I make sure all your electrolytes are corrected, everything is doing well physically, and then it was kind of like a hand-off and what happened to that person? Could I have done something better to pave the way for that person to be more successful holistically? So, our teams strive to bring it together. And one of the most exciting things that we've done recently is actually even within our call center, we have a great team of RNs and they've taken on some of the behavioral phone calls. If you look at our insurance cards, or now some of us have it on our phone even, there are phone numbers on the card where to call to get help. And we've integrated some of those functions where nurses that generally dealt with questions about physical health are now fielding questions about behavioral health. And we recently just had a call from a mother and her daughter on the phone at the same time, both in tears, not knowing what to do. Teenage daughter telling her mother she's going to kill herself. And they just had no idea what to do, where to turn, the mother thought about immediately taking her to the ER, but learned that she could call the number and get some advice, some help, some direction. So, our team using their triage and protocols and having access to a behavioral specialist provider were successfully able to navigate that member to an out patient service the next day. They successfully avoided what may have been a negative experience in the emergency department. I mean, I spend a lot of time in the emergency department in my work and, you know, it's not a great place to get mental healthcare necessarily. So, we followed up with the patient and her mother and they were able to successfully get plugged into the system and the help she needed, so it was definitely a success.

KENDALL: That is beautiful. And so needed, as we talked about the numbers in 2020, which some might point to as a result of the pandemic. Rick, let's talk about that. The numbers being what they are, can you provide some observations on how the pandemic impacted mental health across the world?

A chyron appears identifying Richard Elorreaga once again.

RICK: Sure, Kendall. Well, as mentioned pre-pandemic, behavioral health prevalence was increasing. You know, prior to the pandemic hitting. When the pandemic hit, it was a game-changer across the world. We saw increases in drug and alcohol abuse, social isolation, mental health issues, and the healthcare industry really had to pivot pretty rapidly on what and how we're going to care for our members, holistically. And so, you know, what the healthcare system had to do is become innovative and develop some engagement strategies and what came about, you know, the pandemic, which is a positive, is some of those innovations such a virtual visits, Telehealth, you know, telephone therapy. Also, there's, you know, it brought to light the awareness of individuals who thought behavioral health issues were really contained and, you know, negative, and not in a positive light. So, the stigma of behavioral health became more and more decreased as a negative connotation. And more and more people, as we all know, it's impacted probably everyone in this room and everyone that's going to be hearing, you know, this presentation. And so, going forward, what it gives us, the opportunity as a health plan, is to continue to be innovative and actually to close some of these gaps with additional resources that we have. So, it's actually, you know, from a solution and a problem-solving standpoint, it's really kind of

exciting. From a healthcare delivery perspective because you can actually start to engage collaboratively with key stakeholders, not only in your community, but in the world and develop programs that close the traditional gaps of care, acute inpatient, sub-acute, outpatient. There's opportunities to develop programs and actually outreach and develop access points that makes availability more accessible.

KENDALL: You bring up a really good point and one that is exhibited by our presence here today and that is that people are now, it seems to me, talking more about mental health. The stigma that you talked about seems to be diminishing somewhat. Do you all agree with that?

DR. TIBALDI: I definitely agree with that. I think that the more we raise awareness, and we create a comfort zone to have these discussions and then empower our people to further direct those that come to them with those issues, the more we can do.

KENDALL: Yeah.

MICHELE: Yeah, and I love what you said earlier too, breaking down the silos and having that connection because that's really giving us an opportunity to increase education, increase awareness, lower stigmatization, and have a culture where health is health. Why does it have to be physical health versus emotional or mental or behavioral health?

KENDALL: Misty, I want to talk to you about government and how it is playing a role in this topic. Before we do that though, we want to take a moment to share a message from Nevada governor Steve Sisolak about today's Town Hall.

A grey-haired man appears, sitting at a desk with an American flag behind him. Text appears.

ON SCREEN TEXT: Steve Sisolak
Governor, State of Nevada

STEVE SISOLAK: Hello, everyone. This is Nevada governor Steve Sisolak. I'm honored to be able to be a part of this conversation today. This is a subject that's very important to me. I'm thankful to the organizers from Health Plan of Nevada, United Healthcare, and the American Foundation for Suicide Prevention for hosting this virtual Town Hall. The pandemic has brought a light to just how important it is to invest in mental health and suicide prevention. Overall, suicide deaths have gone down from 2018 to 2020, but it's important to acknowledge Nevada is projected to have an 11% increase in suicide deaths amongst our children, 17 and younger, in 2021. There's also projected 17% increase for young adults, age 18 to 24. These kids and young adults were among the most impacted when the pandemic uprooted our lives. And we owe it to them to pay attention to their mental health as they navigate this post-pandemic world and their lives as young adults. Comprehensive and sustained suicide prevention efforts, but they require a dedicated effort from our community working together. I'm proud of the steps Nevada and the Department of Education has taken to address this issue, including dedicating additional funding for projects like the Nevada Resilience Project, Zero Suicide, and Project Aware. Last month, I announced plans to make a $20 million investment for Nevada's crisis stabilization centers. When someone is in a crisis, they don't need help from a counselor or therapist in six months, they need it now. This is a critical time to make this investment as we prepare to launch the new Behavioral Health and Crisis phone number in July: 988. This funding will be transformational for our state and those who have felt there was nowhere to turn. They will handle the support they need 24 hours a day, seven days a week. While we celebrate the great work that's been accomplished, we must not stop here. We have a

duty to our state, our communities, and families to work towards preventing all suicide deaths in Nevada. Thank you again for participating in this event tonight and sharing ideas and resources that will save Nevada's lives.

Kendall sits on the stage.

KENDALL: Thank you, governor. All right, let's talk about the $20 million investment, Misty. What is that going to look like to Nevadans?

MISTY: You know, it's unheard of, it's such a blessing to have this opportunity to have real resources, but the funding for stabilization centers is one piece of an overall crisis response system that is absolutely going to be transformational, as the governor mentioned. This $20 million from the governor, we have the legislature who for several years have been preparing for this moment. So, Nevada is poised, one of four states in the nation, poised well ahead with funding support to really develop a crisis response system that's going to be effective. Because as you hear from everyone, 988 is happening and it will give someone a place to call. But that's one piece. That care traffic control center and they can reach out, so it pulls behavioral health crisis out of 911, where it should be, and it has people responding to 988 that are well-trained, peer support responders, peer responders, to really be there in that crisis and deescalate. Because most of the time, people don't need that emergency department response. So, this is going to be that continuum of care that this whole segment is about. Someone to call, someone to respond, which would be the 24/7 mobile crisis response teams, for adults and kids. Then the crisis stabilization centers, which give a warm and nurturing environment for deescalating a crisis. It's got peer support responders in that center and it's much more healing and less traumatic, like an emergency department just isn't equipped for it, to have that deescalation and healing. So, this is so exciting. Much safer for first responders, providers, as well as those in crisis, and their families. The third pillar of this system is someone to offer support in the ongoing care. So, they might deescalate, get the help they need, or maybe need inpatient treatment, but once they get out, there is follow-up, maybe it's mobile crisis, maybe it is, we have a wonderful NAMI Nevada, NAMI Western Nevada warm line that's called Caring Contacts and they will have this agreement with the person to check in, until they feel ready, the resiliency skills kick in, and they're able to keep themselves stable again. So, it's such a wonderful opportunity. Nevada is really leading the way I think right now when we have been typically maybe challenged with mental health and suicide, I think we are now forging ahead.

KENDALL: I love hearing that and it goes along with what you were saying, Dr. Tibaldi, about no longer a Band-Aid approach. It is moving forward what is going to be done for these individuals. And a follow-up question to that, if someone, 988 is brilliant because it's so easy to remember, but if someone doesn't know about that yet and calls 911 in a crisis, will they then be patched in to 988 operators?

MISTY: So, the state has been working with community partners across to work on the interoperability and the communication, so they have had years of work groups to make sure we're doing that interoperability properly, geo-location, like 911 has, so they might be able to get that mobile crisis team readily. They call it care traffic control because typically right now the access is challenge and people can be there for nine days, sometimes. Three days. It can be a painfully long wait, which is really difficult in that crisis. You're deteriorating even more. But absolutely if they have accidentally call 911, it's going to be set up to get to the place it needs to be. Or, likewise, the wrong line, if they aren't meeting that immediate suicide crisis.

RICHARD: Yeah, Misty, there will be no wrong door approach. Literally.

KENDALL: Yeah. Good to know. And it's great that there's such coordination and it's great to know that Nevada is ahead of the curve on this one. Michelle, you are a board member of the American Foundation for Suicide Prevention and there is something going on with that organization called Project 25. What is that about?

MICHELE: Yes, so Project 2025 is a beautiful project. So, the goal of the project was to incorporate various agencies or organizations so that we can reduce suicide 20% by the year 2025. And we know we can't do it alone. American Foundation for Suicide Prevention, right? We need to not be siloed and we need to do it together. So, basically what it is we wanted to look at a way, the best way, to reach the most people in the shortest amount of time. Doing that, there were four different areas that were identified. The first area is firearms. We know in the United States overall that more than 50% of death by suicide are by firearms. We also know here in the state of Nevada that 68% of firearms are suicides. Those are startling numbers, right? So, if we can get out there and educate our firearm owners on to how to safely store and understand about suicide prevention and mental health, then we'll be able to reduce suicide. So, that's the first area. The second area is healthcare systems. We know that 45% of the people who die by suicide were in their regular practitioner within that month, so that's a lot of people that are going through their regular practitioner, right? And I'm going to put that on hold for a second because I'm going to tell you the next one and how they collaborate. The next one is emergency departments. And we know-- And it's estimated, again, the percentages that I'm revealing, and so we know that estimated that 39% of people who die by suicide were in the healthcare, or, excuse me, the emergency departments within the last year of – prior to their death. So, when we look at an opportunity through the healthcare system and for the emergency department to be able to, and some of us have already seen this, right? We go to our regular practitioner and they're already asking questions. Because they can do a risk assessment where they have these people, they have humans, they have all of us in their office, so why not do a risk assessment at that time so that we can go ahead and get people the need that they, get people the help that they need while they're there? And we can see that. And then the last one is in our correction settings. And we heard in the last segment that prisons and jails, it's a unique setting, and people that are incarcerated have a higher vulnerability in so many ways. We know that the leading cause of death in jails is suicide. We also in the last recent years suicides have gone up 30% in prisons. So, if we can educate the people that are working there and if we can have people intervene and ask questions and do the risk assessments and the connection while people are still incarcerated during specific times of their incarceration, we know that will save lives as well in that manner.

KENDALL: I love it. Well, all right, let's talk about a similar question to what I asked the last panel, why is this so important to you, personally, and to your organization? Rick, let's start with you.

RICHARD: You know, United Health Group, particularly Health Plan of Nevada, is heavily invested in the transformation of the system of care. And, you know, thinking about what Misty has described, what the governor is contributing, and how we coordinate the resources in a community is critical. We have the opportunity in our, you know, in managing a health plan, to see where these gaps and how it impacts individuals. So, starting with an individual person on what those needs are and what those access points are an incredible opportunity to decrease those numbers that you described.

KENDALL: Misty, what about your organization?

MISTY: I just have to say I love what Rick just said because I think we go out there and work with the individual in crisis and it's often about the un-met needs. What are, as providers, missing? And I love that you're looking at that un-met need. I'd started this work many years ago, on the hotline, and at that point in time, Nevada had the highest rate in the nation, for decades. So, I ran that hotline for five years and every time I had the gift of picking up the phone knowing that person had a part of wanting to live within them, they had some hope, we just had to listen and help them find it. That's carried me through the government work because definitely we're looking at the 30,000 foot view and the bigger pictures, but that individual in front of me is what grounds me to do this work and I'm so excited where that is heading and the collaborations. No longer, it's no longer one fight, it's now so many in the community fighting for this.

KENDALL: Could you share an example of how a suicide hotline worked, that you experienced personally? Because I think that is great and beautiful to hear that these are solutions, these are working, these are saving lives.

MISTY: Oh, absolutely. Our Crisis Support Services of Nevada is one of the oldest in the country and they currently get about 85,000 calls a year. They're part of a national network. With the new crisis response system in 988, if we just look at Nevada calls only, we're going to be approaching 99,000 in three years. Just Nevada. Right now, it's everywhere. And that's, we're helping our own people now. We have the system with caring people to help and I think what's so important is the hotline is one piece, but as you also eloquently mentioned, the physicians are such a crucial piece of this with your suicide initiative. Everyone can do something to help. We have to listen and we have to be present. And I think the first panel said it, no judgment. We can't fix it for people, but we can-- Oh, Ms. Thomas, I loved it. "We can teach them how to get up." I'm going to steal that line. We can teach them to get up and walk by their side because the next time they have thoughts of suicide or make an attempt, they know they can get through it with the right supports.

KENDALL: I love that. And the hotline, those who are on the other end, or on the receiving end of the hotline, they are the first responders in this case and obviously there's so much more that comes after that. And I love that that's being seen through as well. Michelle, what about you? Your organization, why is this so critical to you?

MICHELE: So, the mission for the American Foundation for Suicide Prevention is to save lives and bring hope to those who have been affected by suicide. And there's really four components with that, so basically advocacy, whether it's at the state or the national level, education, support, and research. And what I love about the organization as well is the majority of things we do, we're doing them-- I'm a volunteer, I'm not a paid person. So, I volunteer for the organization. I get out there because I'm passionate, because I love it, because I want to make a difference, and I want to reach our own community here. We have this beautiful support for suicide survivors. Meaning, it's called Healing Conversations, and each state, here's the other thing that's really beautiful about the American Foundation for Suicide Prevention, there is a chapter, at least one chapter, in every state in the United States. And we work nationally together. And we're the largest foundation or non-profit that is able to do research-based information and has these, the statistics and research and, like I said, it's just beautiful. And so we have Healing Conversations, and what Healing Conversations is, is it's a time for this no judgment. It's one compassionate phone call, they're trained volunteers, they're not taking away from trained professionals, they're not taking place in the grief journey, but they're able to have this one

connection, this one phone call, so that they can have an empathetic ear, non-judgmental, and have a place where they feel safe, that they can say what they are feeling because many times during the grieving process, even families, and/or cultural barriers exist because families may not be grieving at the same time, the same way. So, this is really truly one of the things that I just love about AFSP, the American Foundation for Suicide Prevention. Thank you.

KENDALL: Awesome. Dr. Tibaldi.

DR. TIBALDI: We can do better. It's just so important. We have to do better. We're uniquely positioned here. We have the tools. We have the people. Our people are restless. They want to do better. So, I want to-- I don't want to copy Dr. Bachnight, but I'll borrow from what she said earlier. I went into this role because when I was working as an individual provider, an individual contributor, I could only impact one patient at a time. In this role, I work with teams that can make system change and that is so inspiring to me. And just the passion, like you heard from Rachel in the last panel, I mean these are our people. This is who works for your insurance company. You know, we are here and we're uniquely positioned to provide these care coordinated services. I know we can do better. We just had a case of a guy that discharged from a psychiatric hospital and unfortunately he's schizophrenic and has diabetes. Well, he left without the right diabetes prescriptions. So, he ends up right back in the ER to no fault of his own. And we have a community health worker team and one of the things they work on in addition to social determinants is health literacy. And that's something this gentleman just didn't have a grasp of. He, he couldn't really manage his diabetes or even know what to ask for. So, when I heard about this, you know, Dr. Bachnight and I talked about the case, and, you know, in my mind, I'm thinking one thing should happen and, you know, in her mind historically another thing should happen, and we're like "Wow, we have a gap here." And it shouldn't be that way because we can help those providers. I mean, I get it, the psychiatrists, they don't know diabetes and, you know, as an internist, I didn't know much about schizophrenia, but we need to help our providers and make these connections for them for people to be more successful in their overall health. And that's just what's so important to me.

KENDALL: I want to continue with that topic. As wrap things up, I want to talk about what more can we be doing? I love everything that's been discussed today and especially when it comes to building resiliency because at the end of the day, it is about giving hope and giving people the ability to cultivate their own hope. What more can we be doing, Rick?

RICHARD: I would say we need to break down some barriers of the knowledge of the system of care. There are programs that are incredibly valued that are actually providing care that individuals don't know of, that we don't know of. So, being able to coordinate care, and I think about the non-profit organizations, I think about the facilities or the provider agencies that can expand, you know, their programs and actually, you know, capitalize on some of the crisis programs, these are the puzzles of, pieces of a puzzle in a community that we need to put together and all the touch points, so that that member truly there's no wrong door, as I said. Right now, there's the individual, there may be individuals who, you know, may not know, you know, to Dr. Tibaldi's point, where to go for diabetes or schizophrenia or they're having a psychotic break, just to the ER. But there are diversion programs that are developed and they're programs that are intermediary to the traditional levels of care that we can develop and I believe it's a great opportunity and it's going to be exciting.

KENDALL: Misty, what can we do more?

MISTY: Can only build off of Rick. I think what we also want to do, complementary to that, is build caring communities. We can't put everything on the school, we can't put everything on the hospital or the private care, the physician who's out there. They have to go back to their environments and their homes and their schools, so we need to wrap our arms around these very important entities who do see our kids, who do see our elders, but everyone can have this conversation. Those with thoughts of suicide, or who have survived attempts, what we learn from lived experiences is that they didn't want to die. They didn't want to be a burden on their family, but we have to recognize and teach everyone to recognize because I'm going to see something different than you. And you're going to see something different. And all of our eyes and ears will help keep that person safe and then suicide-safe in our community.

KENDALL: Fantastic. Michele?

MICHELE: I think continuing to educate, lower the stigmatization, and there's ways to do so safely, so there's safe language that we like to talk about as well, so I'll just mention that for a moment. We try to refrain from saying "committed suicide" for example because that has a negative connotation to it. So, instead of saying that, we would say "died by suicide," "took their life," or "killed themselves." We don't want to say "committed" because a lot of times that's connected as well with a crime. We wouldn't commit diabetes, we wouldn't commit cancer, we would "die from." So, we liked to try and remember to say, "died by suicide" or not say the word "committed." And I've said it so many times just right now, I'm getting like, “ugh” because I'm trained now not to say it, right? And then the other thing is also not to use the words "successful" or "unsuccessful," right, with an attempt. So, because suicide should never be the choice, it is not an option, and it's never a success. Success, we think of as a good thing. And suicide is never a good thing and it's never successful. And, conversely, "unsuccessful" would mean that there's success. And so, and it's not an unsuccessful attempt either. So, it's an attempt, it's somebody could have tried to kill themselves and they survived, so we try and not to say "successful" or "unsuccessful," we would say "a survived attempt" or "they completed suicide," or they, or we just refrain from those, that language. Because it's really imperative and the negative connotations that's along with it.

KENDALL: I love that these discussions help take away the stigma that is often attached with mental health challenges and put it in the mainstream. Dr. Tibaldi, let's wrap up with you, what more can we be doing?

DR. TIBALDI: To build on all those amazing things, I would say we need to do more of this. We need to-- We need to talk more, we need to-- We heard earlier, we need to be vulnerable to where we have weaknesses in our systems, in our processes. We just need to open it up and come together for where we can have the best synergy with the resources that we have.

KENDALL: Thank you to all four of you, you were fantastic and I appreciate so much your input. Let's give them a round of applause and thank them for being here today. So, our goal today was to broaden people's understanding of the significant challenges that age groups and different individuals and cultures face when it comes to mental health and the importance of supporting and communicating and intervening in the lives of those who are going through incredibly tough times. And the message of resiliency and hope is strong. So, if you know someone who is struggling, man, you guys have said it so well tonight, just lend an ear, listen, be there with no judgment, help them reach out to a professional that can help them and remind them of who they are and why this life is worth living. So, we leave you as we have at the end of each our segments with a list of resources that can help you or your loved ones

in a time of need. So, if you are in a crisis right now, or if you are in a crisis down the road, these are good numbers to jot down.

Text with the phone numbers appears over a purple banner as he speaks.

KENDALL:1-800-273-TALK is a phone number you can call, or you can text 741-741, or we've talked about the new national crisis number, 988. Simple to remember. You can give that a call. These numbers will put you in touch with a crisis counselor, someone who can help, 24 hours a day, seven days a week. So, thank you to Health Plan of Nevada, the United Healthcare Optum, and the American Foundation for Suicide Prevention for sponsoring today's Town Hall discussion. It has been outstanding, thanks to these panelists who bring so much passion and purpose to this stage. And thank all of you who are in the audience today and thank you for watching.

As soft music plays, slides with text appear one after another.

ON SCREEN TEXT: Crisis Resources

National Suicide Prevention Lifeline

24/7 Crisis Support – 1-800-273-TALK (8255) or 988
3-digit phone number Introduced July 2022

Spanish Language
Suicide Prevention Hotline

1-888-628-9454

At the bottom of the slide, text sits next to a QR code.

ON SCREEN TEXT: crisistextline.org

Crisis Text Line – Text to 741741

Online Chat – suicidepreventionlifeline.org

A new slide appears.

ON SCREEN TEXT: Resources for LGBTQ+ Community

LGBTQ Center of Southern Nevada
1-702-733-9800
www.thecenterlv.org

The LGBT National Hotline
1-888-843-4564
www.glbthotline.org/hotline.html

Trevor Project
1-866-488-7386

Text sits next to a QR code.

ON SCREEN TEXT: thetrevorproject.org

Crisis Text Line – Text to 678678

Online Chat – www.thetrevorproject.org

A new slide appears.

ON SCREEN TEXT: Youth & Teen Resources

Teen Line
1-800-852-8336 (evenings only)
Text to 839863
Connect by Email at www.teenline.org

National Runaway Safe Line
(24/7 Crisis Connection)
1-800-RUNAWAY (786-2929)

www.1800runaway.org Chat or connect via email at www.1800runaway.org

Resources available for youth and concerned adults

A new slide appears.

ON SCREEN TEXT: Other Mental Health Resources

—NAMI—

National Alliance on Mental Illness (NAMI) Help Line

Monday thru Friday/10 a.m.-10p.m. Eastern

1-800-950-NAMI (6264)

Text appears beside a QR code.

ON SCREEN TEXT: www.nami.org Email – helpline@nami.org www.nami.org
Text "NAMI" to 741741 (24/7 confidential crisis counseling)

Another slide appears, keeping the "Other Mental Health Resources" header.

ON SCREEN TEXT: National Sexual Assault Hotline Rape Abuse and Incest National Network

1-800-656-HOPE (4673)
24/7 Live Chat at: www.rainn.org

National Domestic Violence Hotline
1-800-799-SAFE (7233) TTY 1-800-787-3224
Crisis Text Line – Text to 88788 Online Chat – www.thehotline.org

A continuation of the slide appears.

ON SCREEN TEXT: Substance Abuse and Mental Health Services Administration (SAMHSA)
U.S. Department of Health & Human Services
www.samsha.gov

Disaster Distress Helpline
Call or Text 1-800-985-5990, Press 2 for Spanish
www.DisasterDistress.samsha.gov

Afsp.org American Foundation for Suicide Prevention
www. Afsp.org

A new slide appears.

ON SCREEN TEXT: Educational Resources
Health Plan of Nevada
www.healthplanofnevada.com

UnitedHealthcare
www.uhc.com

Optum – Free Conversation Starter
cards for Parents/Caregivers

Optumconversation.com www.OptumConversation.com

A new slide appears.

ON SCREEN TEXT: Mental Health Mobile Self-Help App

Sanvello
FREE to Download
(Premium Version requires a fee for non-UnitedHealthcare users)

Helps navigate difficult emotions with
daily mood tracking, personalized progress trackers,
personalized coaching, and community support.

www.sanvello.com
Download at the Apple App Store or through Google Play

Credits appear over a white background.

ON SCREEN TEXT: Executive Sponsors
Richard Elorreage
Donald Giancursio

Supervising Producer
Lisa Contreras

Producers
Stacy Hakes
Wendy Whitsett
Terry Bahr

Production Team
Levi Glenhue – Director
Miguel Campbell – Video Director
Nathan Craig – Editor

More text appears.

ON SCREEN TEXT: Our thanks to:
Health Plan of Nevada
American Foundation for Suicide Prevention
Nevada Office of Suicide Prevention
The Nevada Governor's Office
The Defensive Line
Life is Worth It
Penn & Teller
UnitedHealth Group
UnitedHealthcare Office of Responsibility
UnitedHealthcare
Optum
10E Media
Kirvin Doak Public Relations

White text appears over black.

ON SCREEN TEXT: "FORGOTTEN DREAMS" by Leroy Anderson (performed by Markus Staab) is licensed under a Creative Commons 3.0 License and accessed via MusOpen

"ONE FINE DAY" by Jason Shaw is licensed under a Attribution 3.0 United States license and accessed via Free Music Archive