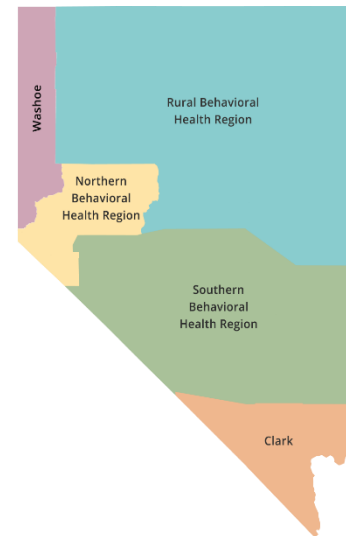


This report describes recent developments, current activities, and upcoming plans related to 988 and the behavioral health crisis response and stabilization system (CRS) in each of Nevada's five behavioral health regions.

The report was prepared by the Nevada 988 Crisis Response Coalition support team. It is based on information provided by the Regional Behavioral Health Coordinators and other regional representatives, whose many contributions are gratefully acknowledged. Contact Brent Andriese, 988 Coalition Coordinator, at 988nami@naminevada.org with general questions, additional updates, or other feedback. Region-specific questions should be directed to the contact person(s) noted in the report.



Clark Region

Updates from City of Las Vegas Fire Crisis Response Team

Crisis Response Team Program Manager, Rachel Prouty

The Las Vegas Crisis Response Team (CRT) has recently expanded to the Clark County Fire Department (CCFD) jurisdictions. The model is identical to the City of Las Vegas's model, including all age spans, contacted through the 911 system. Active times of service are 8am to 8pm, 7-days a week.

Contact: Rachel Prouty, email: ext_rprouty@lasvegasnevada.gov

Updates from City of North Las Vegas Fire Crisis Response Team

Crisis Response Team Program Manager, Marliz Padilla

The North Las Vegas Crisis Response Team (CRT) recently onboarded two additional part-time clinicians to help fill coverage gaps and expand CRT service hours. In addition to providing crisis response services, the CRT team remains actively engaged in community outreach and delivers program presentations to both internal and external partners. These efforts increase awareness of CRT services and strengthen community partnerships.

Contact: Marliz Padilla, email: padillam@cityofnorthlasvegas.com

Updates from the City of Henderson Crisis Response Team

Crisis Response Team Clinical Supervisor, Lisa Kelso

The City of Henderson's Crisis Response Team (CRT) focuses on responding, treating, and supporting adult residents impacted by mental health and substance use challenges with an emphasis on providing crisis intervention, psychoeducation, and connection to community resources.

The team consists of 5 licensed mental health clinicians and 2 navigators who monitor the 911 system and self-dispatch to calls that include a behavioral health component. A team of 2, led by a clinician, will respond to the call and perform a screening to understand a person's mental health status, substance use concerns, evaluate crisis needs, and conduct onsite trauma-informed de-escalation strategies to facilitate access to appropriate stabilization services. Team members meet people in crisis with the goal of getting individuals to the right resources. While on scene, if Police or Fire determine the primary concern is behavioral and there are no concerns warranting them to remain on scene, they may leave, and CRT will remain and become primary. CRT maintains communication with dispatch through radios. CRT is also able to ride along on an ambulance or follow in a separate vehicle if transport to the hospital is warranted. Supportive services can also be provided to family members who are on scene. Our team will continue to work with clients for up to 90 days, including completing home visits, to connect them to the right resources, and ensure ongoing supportive services are in place.

In addition to providing active responses to 911 calls, if Police or Fire encounter residents who need behavioral health services and CRT was not available, they can refer individuals to the team for a follow up response within 24-72 hours. Our clinicians and navigators will establish contact and coordinate visits with the individual.

Currently the CRT operates Monday-Thursday 8am to 5pm.

Contact: Lisa Kelso, MS, MFT, LADC, email: Lisa.Kelso@cityofhenderson.com

Updates from UMC Crisis Stabilization Center

Director, Crisis Stabilization Center – UMC, George Gatski

A Crisis Stabilization Center (CSC) is an outpatient facility designed to offer immediate care to community members 18 years and older experiencing mental health crises or substance use disorders. The center serves as an alternative to emergency rooms and jails, with treatment lasting from a few hours up to 24 hours or less for crisis stabilization. There is currently only one CSC in Clark County, the UMC Crisis Stabilization Center, which opened on June 24, 2025. It uses a no wrong door policy and serves all adults regardless of ability to pay or payer. Walk-ins are welcome and are the 2nd largest source of patients.

As we approach June 24, 2026 (1 yr. anniversary), our census has steadily climbed to around 14 a day. Last month (May 2026) was our largest month with 426 encounters.

Our referrals consist of First Responders who have built relationships with 5 Area Commands with Metro, City Marshals, City Jail, CRT, AMR MedicWest, University Police, and others. We are an approved destination by Southern Nevada Health District for drop offs by EMS and law enforcement agencies.

Contact: George Gatski, phone: (702) 383-6200

Website: [UMC Crisis Stabilization Center](#)

Northern Region – Carson City, Churchill, Douglas, Lyon, and Storey Counties

Regional Context:

The Northern Behavioral Health region is situated among four counties including Douglas, Lyon, Churchill, and Storey, and one municipality, Carson City. This region consists of the full continuum of someone to call, someone to respond, and somewhere to go. We are blessed in the fact that we have 988 operating in this region, as well as Mobile Outreach Safety teams to respond in some of the counties, and the Carson Tahoe Mallory Center for a place to go if someone is in crisis. This region is continuing to acknowledge strengths within the crisis response system and work to address gaps to better serve the Northern Region Nevadans.

Recent Developments:

Throughout the last six months, significant work has been done to continue the advancement of the crisis response system (CRS) within the northern region. Primarily, NAMI Western Nevada has completed a fully in-person townhall series in all counties of this region. These townhalls were utilized as catalysts to understand the public's perspective of the crisis response system, with emphasis on 988 and mobile crisis teams. Furthermore, Valerie Haskin, the Rural Regional Behavioral Health Coordinator has organized a Continuous Quality Improvement (CQI) monthly meeting with key stakeholders to put together a survey to begin the process of improving the CRS while continuing to build it effectively throughout Nevada.

In response to growing community needs, Carson Tahoe Health expanded youth behavioral health services in November 2025. Programs for youth ages 12-17 now include inpatient and crisis stabilization programs, enhanced outpatient care, and additional specialized providers now ensure our young people receive timely, developmentally appropriate support.

Current Activities, Priorities, and Plans:

Currently, one of the biggest priorities on the coordinator's side is to continue to build trust within the crisis response system (CRS) with the community. This means that we are out in our communities talking about 988, mobile crisis teams, and crisis stabilization centers with information that can encourage uptake of services when necessary. Additionally, for activities, we are working closely with the CRS leadership within the Department of Public and Behavioral Health to collaborate on building the system and making it usable to our regions. Finally, the Continuous Quality Improvement meetings are being held monthly, and a survey will be launching soon to gather perspectives and experiences of the CRS. From this information, further improvements will be made from both the findings of this survey and information from the Town Halls conducted by NAMI Western Nevada.

Carson Tahoe Health is currently working on a summary to automatically appear on all discharge paperwork, to include a brief description and how to contact 988. This will occur organization-wide, including all outpatient services.

Additional Information:

Contacts:

- Maddy Larson, Northern Regional Behavioral Health Coordinator, email: madalyn@nphf.org
- Megan Martinez, Carson Tahoe Health, Director of Inpatient Behavioral Health & Crisis Stabilization, email: megan.martinez@carsontahoe.org

Websites:

- [Northern Regional Behavioral Health Policy Board](#)
- [Carson Tahoe Health Crisis Services](#)

Rural Region – Elko, Eureka, Humboldt, Lander, Pershing, and White Pine Counties

Regional Context:

While the “Rural Region” (shaded turquoise in the map at the top of this report) is the geographically largest of the five behavioral health regions as designed in NRS 433.428, the total population of all six counties combined is approximately 100,000.

Following the launch of the 988 Coalition in 2025, the Rural Regional Behavioral Health Coordinator (Rural RBHC) was directed to move away from allowing 988 to “soft launch” in the region (allow information regarding 988 to spread naturally in order to allow federal and state-level partners to identify any system issues), to a more active role of promotion.

Recent Developments:

- The Rural RBHC has reached out to stakeholders who may have had direct contact with 988, either through referral systems or in a peer support context. Feedback was mixed; some stakeholders mentioned that the clients they have worked with felt that their contact with 988 operators was helpful, some noted that clients felt the operator’s responses were “too robotic”, and some mentioned that clients or peers did not find that 988 services met their needs.
- In conjunction with the Coordinator for NAMI Northeastern, the Rural RBHC called 988 (fully identifying themselves and the call as a professional context and not a crisis) to identify what referral processes might be like for an individual who might call from West Wendover, which is along the Nevada/Utah state line. Additionally, the Rural RBHC and NAMI Northeastern Coordinator asked about non-crisis services that an individual might be referred to if they lived within Elko. While team 988 call center team members seemed to be making a concerted effort to provide the best information they could, it appeared they may not have the most accurate or up-to-date information available to them at this time.

- The Rural RBHC has been convening stakeholders at state and local levels to develop an ongoing meeting for continuous quality improvement (CQI) for 988 and connection to local resources. While this started as an idea to address disconnects with local resources within rural communities, the project has expanded to attempt to examine and repair system fractures across the state as they relate to 988 operations. The launch meeting has not been calendared at this time but is intended to convene by the close of the fiscal year. This project will pull information from a public survey (currently under development), where critiques and positive feedback will be taken to a core group of partners. From there, additional key partners serving specific groups and overseeing services mentioned in the survey will be asked to join the meeting for collaborative problem-solving. After solutions have been identified and actions assigned, those assignees will be asked to report on progress and outcomes to the group; depending on the situation and solution, progress may need to be monitored over the course of several months to ensure no negative unintended consequences are missed. The group will also hold scheduled meetings to bring stakeholders together from special population groups to ensure they are aware of 988 and their experiences are being monitored for quality. These groups include, but are not limited to tribal communities, youth, people with intellectual or developmental disabilities, elderly people and those experiencing dementia, and several others.
- The Rural RBHC participated in two “988 Town Hall” meetings to enable local stakeholders to give feedback regarding the current functionality of 988 operations in the Rural Region. One was located in Lovelock (Pershing County), set within an in-person stakeholder meeting hosted by the Frontier Community Coalition, and the other was online, and focused on attracting any community member or stakeholder, marketed within the Elko area. The Lovelock meeting was well attended by a variety of stakeholders, most of whom indicated that they had little knowledge of 988 or other crisis services but indicated that the DPBH plans of expanding crisis services, including networks of mobile teams and availability of crisis stabilization centers, sounded like it would assist in filling the current needs. These stakeholders also pushed heavily on the need for grassroots efforts to be supported by state-level stakeholders, and that local initiatives should be allowed more of a leading role as service networks expand. The virtual meeting was not as well attended but allowed for an open dialogue with a local service provider that helped clarify misunderstanding about the current and future opportunities for collaboration with 988.
- As discussed in previous reports, law enforcement organizations within the Rural Region have expressed interest in launching Mobile Outreach Safety Teams (MOST) for crisis response, and some have expressed interest in implementing forensic services such as FASTT or Freedom Bridges.
- The Rural RBHC is currently working to develop and submit an application for Rural Health Transformation Grant funding for a planning project to formally identify stakeholders, roles & responsibilities, funding needs, data sets and collection mechanisms, and other resources needed to implement a MOST/FASTT hybrid program that would optimize the leveraging of existing programs and resources available within these communities, as well as identify how gaps in resources could be feasibly filled in alignment with evidence-based and emerging innovative practices.

- The Rural RBHC hosted a webinar featuring faculty from the Wayne State University (Michigan) program for crisis response training focused on clinicians in April 2026. The Wayne State program features a hybridized program that utilizes both synchronous and asynchronous online training content that mirrors the CIT and CRIT models for law enforcement training, followed by an in-person “skills day”. The skills day includes many of the same activities utilized in conventional CIT and newer CRIT training programs, such as larger group role plays, individual role plays activities, and others.
- It has been noted that clinicians themselves may not be aware of 988 and its purpose. Mechanisms to reach all providers to communicate information about 988 are needed.

Current Activities, Priorities, and Plans:

- The Rural RBHC will continue to collaborate with state and local partners to launch the 988 CQI meetings by the close of the fiscal year, with the possibility of the project launch being pushed towards the start of FY27.
- Regardless of the grant application outcome, the Rural RBHC will continue to work with partners across the region and at the state level to build effective crisis response and community re-entry programs that serve rural communities.
- The Rural RBHC is working with various stakeholders in the Elko area to build a “Postvention Toolkit” for employers and organizations that employ or focus upon adults. While there are examples of Postvention tools for rural Nevada that focus on school settings, there does not seem to be any current materials that are both aimed towards employers or adult-serving organizations and also keep the resources of rural Nevada communities in mind. It is intended that this toolkit can be used as a template for use in other rural communities across the state.

Additional Information:

Contact: Valerie Haskin, MA, MPH, Rural Regional Behavioral Health Coordinator, email: vcauhape@thefamilysupportcenter.org, phone: (775) 300-3245

Websites:

- [Southern Regional Behavioral Health Policy Board](#)
- [Linktree to publicly available resources relating to behavioral health system improvement in the Rural Region and beyond](#)

Southern Region – Esmeralda, Lincoln, Mineral, Northern Nye Counties

Regional Context:

Critical Access Hospitals: Mt. Grant General Hospital (Mineral County) – Offers primary care, emergency services, inpatient care, diagnostics, skilled nursing, and local clinics.

Grover C. Dils Medical Center (Lincoln County) – Provides primary and emergency care, long-term care, and operates clinics in Alamo and Caliente.

Desert View Hospital (Nye County) - Hospital in the southern town of Pahrump.

Tonopah: Tonopah has a Rural Clinics, but no behavioral health clinician is based there; there are few health services with a reliance on telehealth services. Tonopah lacks a hospital. The nearest hospitals are 100–170 miles away in Pahrump, southern Nye, or Mineral County.

Esmeralda County: This county has no medical or behavioral health providers except EMS, first responders, and periodic immunization clinics.

Behavioral Health and Community Collaboration:

- Three of four counties have behavioral health task groups or coalitions.
- Strong community collaboration and outreach efforts by individuals and agencies.
- NyE Communities Coalition (NyECC) continues to support three of the four counties in the Southern region with transportation, community health, peer support, and other resources. Deflection and diversion programs: Nye County MOST Team operates through the coalition.
- Lincoln and Mineral Counties have robust stakeholder collaboration with law enforcement.
- Esmeralda County has informal but effective partnerships between government, law enforcement, justice, and schools.

Recent Developments:

- Mt. Grant Hospital has expanded a transportation program utilizing multiple funding sources, and there is a planned expansion to provide outpatient medical services in Tonopah. This is a great example of regional collaboration. Gover C. Dils Medical Center in Lincoln County is building a new state-of-the-art clinic is under construction funded by grant sources.
- The coalition in Lincoln County recently had a board change over and hired a new director. This has created a need for new training and has affected the deflection work in the jail.
- Growing presence of private providers and nonprofits offering in-person, hybrid, and virtual or mobile services.
- Innovative approaches to justice involved individuals and reentry support. One project that has been conducted throughout the region is the Rural Jail MOUD Community Continuation of Care project facilitated by Bill Teel. Mr. Teel done studies on rural jails for their current and potential capacity for medication assisted treatment. This project has brought local and state partners together to find ways to better serve justice-involved individuals.

- Community Chest in Mineral County has purchased a building and is setting up a childcare facility. The building will also house their clinical and supportive work in Hawthorne and the surrounding areas and provide a community hub for regional work between the Frontier Communities Coalition and work in the schools.

Current Activities, Priorities, and Plans:

988 Town Halls were held in Mineral, Lincoln, Nye, and Esmeralda Counties. Reports from NAMI Western Nevada are forthcoming. The Southern Regional Behavioral Health Coordinator was able to attend the Mineral and Lincoln County sessions.

Transportation barriers, telehealth infrastructure instability, clinical providers, and peer support are all gaps and issues for the Southern region. There is a need for mobile crisis teams and regional hubs for resources and transportation as well as short-term housing and peer respite. Access to care remains a statewide issue as well as behavioral health workforce development. There is always a need for training and education, as well as prevention and data collection and reporting.

One primary issue that recurs is trust between local entities and the state, especially around projects like 988. The town halls, 988 rebranding, and inclusion of coordinators in the process are improving the implementation and sustainability and success of 988. There will be a need for ongoing communication and feedback like the town halls in order to continue improving and supporting this project.

Additional Information:

Contact: Mark Funkhouser, Southern Region Behavioral Health Coordinator, email: mark@nphf.org, phone: office (775) 884-0392, mobile (812) 449-4343, direct (775) 361-6319

Website: [Northern Regional Behavioral Health Policy Board](#)

Washoe Region

Regional Context:

Washoe County covers 6,600 square miles, with a total population of about 500,000 or 15% of Nevada's population.

Washoe has two regional coalitions focused on crisis response: the Children's Crisis System Collaboration, and the Partner Agency Team (PAT). Both coalitions meet monthly and are guided by two-year Action Plans and system mapping. As of May 2026, coalition work remains active across multiple priorities. The overarching goals and strategies of the coalitions are:

- Define entities and processes to effectively support people in a behavioral health crisis.
- Identify and implement pathways for warm handoffs between system components.

- Implement crisis response system components to ensure people in a behavioral health crisis receive appropriate crisis response services.
- Implement consistent practices to drive continuous quality improvement of the region's crisis response system.
- Monitor, collaborate with, and participate in statewide CRS system development efforts.
- Collaborate with the Regional Behavioral Health Coordinator and Board.

Current Activities, Priorities, and Plans:

The coalitions will continue to follow our two-year action plans and work on improvements to our collective response to an individual or families experiencing a behavioral health crisis.

- The Renown Crisis Care Center (RCCC) reopened on November 11, 2025. The reopening followed extensive process improvements and robust staff training. Washoe County's Human Services Program Specialist assisted Renown staff to convene local stakeholders (i.e. law enforcement, Emergency Medical Services, and other first responders) to discuss cooperation and communication as the RCCC worked toward reopening. As of spring 2026, the RCCC has been 10 patients per day, with 63% arriving as walk-ins and 30% via EMS. The average length of stay is approximately 24 hours. The RCCC has also activated protocols for managing opioid withdrawal on-site, reducing transfers to emergency departments, and is developing a volunteer peer-support program for former patients.
- The Washoe Children's Behavioral Health Center is under active construction following a September 2025 groundbreaking. A total of \$24 million has been allocated (primarily ARPA funds) for structural work, with an additional \$10–12 million needed for tenant improvements. Fundraising is ongoing, with early commitments secured from community donors. The center is now anticipated to open in the first half of 2027. Planned services include a Crisis Stabilization Center, Psychiatric Residential Treatment Facility (PRTF) space, outpatient services, and specialty care for youth who have been trafficked. The RFP for an operator is expected to be released in mid-2026.
- REMSA operates their Mobile Integrated Health Team which consists of a UNR Masters level social worker and a Community EMT. This team is proactively visiting REMSA high utilizer patients in the home, where they identify medical and social needs and then working to resolve those needs.
- Quest Counseling has purchased the building next to the building they currently lease. It has been dedicated to youth behavioral health services aged 5-18. They recently began offering Intensive Outpatient Program (IOP) for 8-12 year olds and adults.
- Washoe County Behavioral Health Administrator Julia Ratti retired from the County on May 1, 2026, following 4.5 months of planned transition work. Katie Metz has stepped into the role of Washoe Regional Behavioral Health Coordinator, bringing

over 15 years of experience across the nonprofit and public sectors with a specific focus on vulnerable youth and families. Katie is actively attending coalition meetings and integrating into ongoing behavioral health projects.

- A cross-system Crisis Navigation and Warm Handoffs Matrix has been developed and is being refined by the coalitions. This living document guides frontline staff across agencies on when and how to connect individuals in crisis to the right level of care, including contact information for local emergency departments, behavioral health providers, and mobile crisis teams. A fall 2026 training is planned for community therapists on de-escalation and safety planning to reduce unnecessary referrals to higher levels of care.
- A joint Crisis Response System Training was held on March 12, 2026, as a key deliverable of the two-year Strategic Plan. The training brought together frontline staff from multiple agencies to build cross-system familiarity and promote a unified response to behavioral health crises.
- Regional Behavioral Health Boards are currently discussing potential Bill Draft Request (BDR) concepts for the upcoming legislative session, as each Board may submit one BDR recommendation for consideration through the legislative process. The Washoe Policy Board discussions have focused on behavioral health crisis response system sustainability and equitable access to behavioral health services.

The Board has identified interest in continued evaluation of the existing telecommunications/cell phone surcharge established under NRS 433.708 as one potential BDR proposal currently being researched through the Legislative Counsel Bureau (LCB).

The Board has also discussed the importance of continued attention to enforcement and compliance with the Mental Health Parity and Addiction Equity Act to support equitable access to behavioral health care and substance use treatment services.

The Washoe Regional Behavioral Health Policy Board will continue discussions related to these priorities and potential behavioral health BDR proposals at its next meeting on June 8th at 3:00 p.m.

Additional Information:

Contact: Bojana Vujeva, Management Analyst, Washoe County Manager's Office, email: bvujeva@washoecounty.gov

Website: [Washoe Regional Behavioral Health Policy Board](#)