

Nevada 988 Crisis Response Coalition

REGIONAL UPDATES

April 2025

Nevada 988

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. Included are highlights from the regional updates given at the March 25, 2025 Coalition meeting, along with additional information provided by the regions.

The report was prepared by the Nevada 988 Crisis Response Coalition support team from NAMI Nevada. 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 – Clark and Southern Nye Counties

The Clark Region is spread over 8,100+ square miles with a total population of about 2.4 million or about 73% of Nevada's population.

Recent progress, and current and planned activities, are focused on the three essential CRS elements: Someone to Contact, Someone to Respond, and A Safe Place for Help.

Someone to Contact. The Nevada Division of Public and Behavioral Health (DPBH) has contracted with Caredon Behavioral Health (CBH) to establish a Crisis Call Center in Southern Nevada that will complement and coordinate with the existing Crisis Call Center operated by Crisis Support Services of Nevada (CSSNV) in Northern Nevada. The Southern Nevada call center is expected to be operational in Summer 2025. CBH is also providing a comprehensive technology platform that is specifically designed for behavioral health crisis response services, as well as various administrative support services. CBH's tech platform will be used by both call centers. These developments should significantly enhance the ability to handle 988 call, chat, and text contacts through in-state call centers that provide high quality services with knowledge of local resources to help people in crisis wherever they are located in Nevada.

Someone to Respond: The City of Henderson applied for and received a Comprehensive Opioid, Stimulant and Substance Use Program Grant and Byrne Earmark Funding through the Department of Justice to fund a pilot Mobile Crisis Intervention Team beginning in 2023.

The Mobile Crisis Intervention Team (MCIT) provides behavioral health services to those in crisis through intervention and connection to community resources. We are focused on responding, treating, and supporting residents impacted by mental health and substance use challenges with an emphasis on providing crisis intervention, psychoeducation, and connection to community resources. Our team is comprised of licensed mental health clinicians, navigators, and certified peer recovery support specialists.

MCIT clinicians 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 in ways to divert from, where possible, the emergency department. Team members meet people in crisis right where they are – in their homes, at workplaces, in public spaces, etc. – with the ultimate goal to leave people in the least restrictive but safest setting post-stabilization.

Encounter outcomes vary, beginning with screening and as clinically appropriate, may include assessment results and response. Responses can encompass providing the individual with resource information, identifying needed level of care, de-escalation, and providing emotional support and resources to the family and others involved.

The City of Henderson's MCIT employs a "no wrong door policy" meaning that residents can access services in a variety of ways and the team makes available clinical and navigational services to support residents who are or have experienced an overdose or mental health crisis.

The MCIT has cultivated partnerships with multiple referring entities to be able to link residents to services during or following a crisis. These include the Clark County Office of the Coroner, Henderson Police and Fire Departments, Specialty Courts, Hospitals, as well as city and county agencies and local non-profit organizations. A current priority for the team is to be identified as a designated mobile crisis response team that can be directly dispatched by the 988 system.

A Safe Place for Help. University Medical Center of Southern Nevada (UMC) is establishing a Crisis Stabilization Center (CSC) in the Las Vegas Valley. Construction renovations started on February 25 and steel arrived in Las Vegas on March 7. The State application for endorsement has been submitted. State survey is pending construction completion, which is expected in late May. The opening date is set for June 23, 2025.

Other highlights about the CSC:

- The CSC uses a living room model that provides a safe, calming environment. It will have 35 chairs. UMC expects it to be full immediately after the CSC opens, and to treat 45 to 55 patients per 24-hour period. This should significantly reduce Emergency Department workloads at UMC.

- It will accept all adult patients for outpatient care only (less than 24-hour stays). No limits are being placed on the individuals being brought in.
- Patients will be accepted regardless of their ability to pay.
- The goal is to connect patients with community resources and validate the connection. Once patients are discharged, follow-up contacts will be made within a minimum of 72 hours. However, the operational target is to have multiple contacts, one within 24 hours and another within 48 hours, to ensure the patient was able to connect with outpatient providers and other needed services, along with meeting any pharmacy needs.
- Nevada Behavioral Health will provide behavioral/mental health services at the CSC.
- UMC Medical/RN Staff, under the Emergency Department Medical Director, will provide medical screening and clearance of presenting individuals.
- The target is a 5-minute drop-off time for law enforcement and EMS crews.
- UMC is developing protocols in accordance with the Health District to help coordinate patient flow into the CSC. Community meetings are currently being held and will be ongoing to ensure strong collaboration with clear expectations and process.
- The most significant threat to the operation is being unable to move patients requiring inpatient care. Patients who cannot be placed will remain in the CSC, which could become a barrier to admitting patients.

UMC is also collaborating with Clark County to consider opening a second CSC in 12-18 months, potentially in the Northwest Las Vegas Metro area.

Additional Information

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NORTHERN REGION – Carson City, Churchill, Douglas, Lyon, and Storey Counties

Regional Context

The Northern Region spans five counties/jurisdictions spread across 8,000+ square miles with a combined population close to 200,000 or about 6% of Nevada's total population. It is largely rural in nature, with several city hubs including Carson City, Minden, Gardnerville, Dayton, Fallon, Fernley, and Yerington.

Recent/Ongoing Developments

- School Districts SOS – Carson City / Churchill - Recently this year, and late last year, both Churchill and Carson City have worked to bring or provide Signs of Suicide (SOS) to their

students in elementary, middle schools, and Carson City brought Erika's Lighthouse to the high school. Lyon County does SOS for their schools as well, using the community coalition to provide this program.

- Hope Squads (<https://hopesquad.com/>) have been established in Churchill County (Fallon). These are peer-to-peer suicide prevention programs that empower students to recognize warning signs of suicide risk and other behavioral health challenges and connect their peers to a trusted adult. Carson City is looking at starting a Hope Squad which may come next school year; they are looking for champions and funding.
- Frequent Crisis Intervention Team (CIT) trainings have been held to train law enforcement personnel to recognize and de-escalate situations with people experiencing a behavioral health crisis and to refer those individuals to appropriate services. This includes a new curriculum, Critical Justice Informed Intervention Training (CJIT). This particular forensic training receives significantly more guidance from law enforcement (LE). It is required that someone of LE trained in CIT is on hand at all times as the CIT is being provided, and it also requires that LE be part of each trained section of the curriculum. This gives the LE participants a better chance of understanding the training and relatable situations that officers see out on patrol.
- The Mobile Crisis Response Teams (MCRTs) for youth have a new design. In Lyon County, they have developed a new type of youth crisis team pilot where they use a Community Health Worker (CHW) or Peer and a social worker (BSW or MSW) to go on outreach calls, with an LCSW as backup providing support for the team. This team will go out after the first contact has been made and be used as a follow-up for the continuation of care provided by these types of teams.
- CISD training – Recently, Nevada, through a grant with NAMI Nevada, provided over 200 people with Critical Incident Stress Debriefing (group and individual). Nevada needs more of these trainings as we look at building teams to be called upon during emergencies or crisis.
- Carson Tahoe Health Hospital in Carson City opened a Behavioral Health Licensed Crisis Stabilization Center (CSC) that provides 24/7 help to adults aged 18 and older, and those suffering from a mental health or substance use emergency. The CSC works closely with law enforcement and emergency responders. Individuals are also accepted by self-referral.

Current Activities

Mobile crisis teams in the region use several models: Mobile Outreach Safety Teams (MOST) with a mental health clinician and/or case manager paired with a law enforcement deputy and potentially other resources; MOST-LIKE ([AB380](#)), and Mobile Crisis Response Teams (MCRTs) for youth. There continues to be a monthly MOST regional coordinator meeting. This is an exceptional place to find trends of the counties and communities, and how programs are being creative in development and success.

The region has four organizations that operate Certified Community Behavioral Health Clinics (CCBHCs): New Frontier in Fallon, Community Counseling Center (CCC) in Carson City, Vitality Unlimited with locations in Carson City, Dayton, and one in Elko. Rural Nevada Counseling (RNC) with locations in Dayton, Fernley, Silver Springs, and Yerington. RNC Dayton and New Frontier

Fallon have been working on building detox housing for both men and women. They are in the process of being built, with New Frontiers women's side scheduled to open 4/3/2025. Quarterly meetings are held with the directors to share information and maintain good relationships.

A strong network of community coalitions is working on behavioral health issues across all parts of the region. These coalitions include Partnership Carson City in Carson City, Partnership Douglas County and Suicide Prevention Network in Douglas County, Churchill Community Coalition in Churchill County, and Healthy Communities Coalition (HCC) covering Lyon and Storey Counties. Highlights of the activities of these coalitions:

- Partnership Douglas County – BH EOP addendum; working on a closer relationship with the Carson Valley Hospital; the CHW program is working on community outreach.
- Churchill – Suicide Prevention strategic plan; Zero Suicide Fallon, in collaboration with the BH Taskforce; maintaining good relationships with Banner Hospital and primary care in Fallon.
- Carson City – Collaborates closely with the FASTT and MOST teams to access resources. They have a very knowledgeable Peer who works with incarcerated persons, ensuring they receive the right services and helping them navigate the systems once released.

Carson City and Churchill, Douglas, and Lyon Counties also have a Behavioral Health Task Force working to improve patient care outcomes for behavioral health needs. Their efforts include:

- Working on Suicide Prevention Strategic Plans.
- Developing a Zero Suicide community coalition.
- Behavioral health EOP Addendum.
- Community resource guides.
- Suicide prevention training for staff and community partners.

The region has four hospitals: Carson Tahoe Health Hospital in Carson City, Carson Valley Health Hospital in Gardnerville, South Lyon Medical Center in Yerington, and Banner Churchill Community Hospital in Fallon. In addition to the new CSC in Carson City, these hospitals are looking to expand behavioral services in several ways.

- One is to develop CSCs in our Critical Access Hospitals (CAHs). Standards at this time make it a bit harder for these hospitals to develop a CSC. As Nevada looks at these centers, making them more feasible for our CAH to build would be beneficial and help with a huge gap for crisis stabilization.
- Working with AVEL to close the gap on MHCH assessments as well as higher level assessments, and working with Medicaid to get this covered. Currently, we have no one in the rural/frontier regions that can or will do high-level assessments.

The Bipartisan Safer Communities Act (BSCA) Needs Assessment was just completed for the state. This assessment will help each county understand its individual gaps and barriers when implementing emergency operations plans. As the northern region prepares for the development of their county-specific Behavioral Health Addendum to go along with their County Emergency Operations Plan (EOP).

Upcoming Priorities and Plans

- Conduct CIT trainings tailored to responding to behavioral health crises involving youth and for hospital personnel.
- Carson Valley Health Hospital is adding a 10-bed inpatient behavioral health unit.
- More diverse funding.
- Continue working on county-specific BH EOP Addendum to add to their county-specific EOP.
- Carson Tahoe Health Hospital in Carson City is planning to add a Youth unit to its licensed CSC. Current estimates indicate it may open in early to mid-2026.
- Advocacy for AB 60, the Northern Board's bill to codify Certified Prevention Specialists into statute: <https://www.leg.state.nv.us/App/NELIS/REL/83rd2025/Bill/11860/Overview>

Additional Information

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Websites:

- Northern Regional Behavioral Health Resource Guide - <https://nvbh.org/wp-content/uploads/2023/09/NorthernRegionResourceGuide.pdf>
- NAMI Western Nevada - <https://namiwesternnevada.org/>
- Partnership Carson City - <https://pcccarson.org/>
- Partnership Douglas County - <https://www.pdcnv.org/>
- Suicide Prevention Network (Douglas County) - <https://www.spnawareness.org/>
- Churchill Community Coalition (Churchill County) - <https://www.churchill-coalition.com/>
- Healthy Communities Coalition (Lyon & Storey Counties) - <https://www.healthycomm.org/>
- Carson Tahoe Mallory Behavioral Health Crisis Center - <https://www.carsontahoe.com/mallory-behavioral-health-crisis-center.html>

RURAL REGION – Elko, Eureka, Humboldt, Lander, Pershing, and White Pine Counties

Regional Context

The Rural Region has six counties, with a combined area larger than the state of Mississippi accounting for over half of Nevada's land, and a total population of about 100,000. Highlights about the current behavioral health crisis care system and primary challenges:

- Four Critical Access Hospitals plus one private hospital that is opening an inpatient clinic.
- Behavioral health services: one CCBHC (Vitality Unlimited in Elko), five DPBH Rural Clinics (Elko, Winnemucca, Battle Mountain, Lovelock, and Ely), three nonprofit treatment agencies (Elko and Winnemucca), and some services through mining company clinics
- Nonprofits supporting suicide prevention: NAMI Western Nevada (Pershing, Humboldt, Lander), NAMI Northeastern Nevada (Elko, Eureka, White Pine), Zero Suicides Elko

County (Elko), and Humboldt Connections (Winnemucca). Other valuable community coalitions are PACE Coalition (Elko, Eureka, White Pine) and Frontier Community Coalition (Humboldt, Lander, Pershing).

- Law enforcement is supportive of Crisis Intervention Team (CIT) training and other crisis services, and there is desire among stakeholders of all types to explore additional options (MOST, FASTT, crisis response teams with EMS or fire, etc.)
- Current crisis programs: In-person/hybrid response in the City of Elko (Vitality Unlimited), Virtual Crisis Care program with law enforcement across most agencies, and a DPBH pilot of Children's Rural Mobile Crisis Team Response (Elko); virtual response only from a DPBH Adult Mental Health CARE Team.
- Primary challenges are culture (stigma around mental health and reaching out for help), difficulties in engaging elected officials on behavioral health issues, needs exceed current provider and paraprofessional workforce capacity, proximity to care issues for people needing services (long drive times and other transportation barriers), lack of crisis stabilization centers and/or crisis respite services, difficulty in accessing inpatient care (long wait times for public facilities, private facilities are not accepting Fee For Service Medicaid), poor discharge planning from inpatient care, internet connectivity issues, lack of funding for non-opioid services, and community distrust about state services and law enforcement crisis intervention services.

Recent Developments

- Work towards improving community attitudes and beliefs and reducing stigma surrounding suicide via local coalitions. Activities included "Paint Winnemucca Green" in May, engaging with Winnemucca Pride to support LGBTQ Community, advocating for "Hope Squads" in two major high schools and one middle school in Elko, promoting NAMI Northeastern and their activities, providing support for survivors of suicide, continuous advocacy for improved care coordination, and improved data collection and publication from Northeastern Nevada Regional Hospital, Elko Police Department, and Elko County Sheriff's Office.
- Work to promote use of 988 via local coalitions.
- Implementing AB 37 after its 2023 passage, creating BeHERE Nevada (<https://beherenv.org/>) to address the shortage of behavioral health providers across Nevada.
- Two CIT trainings were conducted in the region in last two years.
- Notable champions for behavioral health have emerged among elected and appointed public officials, including a majority of law enforcement leaders (Sheriffs and Police Chiefs), judges, and at least one County Commissioner.

Current Activities

- Building infrastructure and readiness to move on opportunities to expand crisis response services across stakeholder types.
- Work to advise the development of efforts by DPBH under the federal Bipartisan Safer Communities Act (BSCA) to help ensure that behavioral health needs of affected community

members are included in state-level disaster plans, with the hopes of increased inclusion of behavioral health continuation of care protocols and follow-up for persons who may be exposed to trauma or re-traumatized by various disasters.

- Focus on innovation and best use of the existing workforce. Identify how to best utilize Community Health Workers (CHWs), Peer Recovery Support Specialists (PRSSs), and other paraprofessionals to alleviate non-clinical workload from clinicians, enabling them to focus their time on patient care. Support strategies that enable expedient licensure for existing professionals in other states to practice in Nevada, including, but not limited to, interstate licensure compacts.
- Multi-jurisdictional partnerships: support various stakeholders across the spectrum of behavioral health contacts, prevention, and care to work together across cities, counties, or other jurisdictional lines to build formal partnerships that improve the use of resources and coordination of care.
- Continuously building communication channels and partnerships between state and local entities to ensure that community agencies have access to decision-makers and other persons at state agencies to identify ways to improve system coordination, quality of care, and build trust; and ensure that state agencies have the best possible information regarding community needs, assets, and contacts to improve the efficiency and effectiveness of programs as they are developed and implemented.
- Advocacy for SB 68 in the 2025 legislative session. This bill, sponsored by the Rural Regional Behavioral Health Policy Board, would enter Nevada into the “Social Work Compact”, the interstate licensure compact for licensed social workers – LSWs, LMSWs, and LCSWs (<https://www.leg.state.nv.us/App/NELIS/REL/83rd2025/Bill/11868/Overview>). This would allow licensed social workers from other states who have an interstate compact license to practice in Nevada, thus expanding our potential resource pool for virtual (telehealth) behavioral health services. A related bill, AB 163, would enter Nevada into the Counseling Compact for Licensed Clinical Professional Counselors. Information about the Counseling Compact can be found at <https://counselingcompact.gov/>; AB 163 information is at <https://www.leg.state.nv.us/App/NELIS/REL/83rd2025/Bill/12113/Overview>.

Upcoming Priorities and Plans

Rural Regional Behavioral Health Policy Board Priorities for 2025:

- Increased access to care – physical, technological, and financial.
- Insurance – resolve limitations and issues with private payors.
- Workforce development.
- Improved quality of care and coordination.
- Support local efforts.

Planned efforts to address these priority areas:

- Continued support and advocacy for local needs.
- Continued collaboration and engagement with both state and local entities (BSCA, funding, etc.).

- Continued efforts to build agreements and “infrastructure” to enable communities to implement innovative approaches.
- Continue engagement with Nevada Medicaid to identify best/meaningful use of funds for crisis services and other services.
- Open to new projects and innovative approaches to resolving persistent issues.

Additional Information

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Websites:

- NAMI Northeastern Nevada - <https://www.nami.org/affiliate/nevada/nami-northeastern-nevada/>
- NAMI Western Nevada - <https://namiwesternnevada.org/>
- Humboldt Connections - <https://humboldtsuicideprevention.org/>
- Zero Suicides Elko County - <https://www.zerosuicideselkocounty.org/>
- PACE Coalition - <https://www.pacecoalition.org/>
- Frontier Community Coalition/Frontier Community Action Agency (FCC/FCAA) - <https://frontiercommunitycoalition.com/>

SOUTHERN REGION – Esmeralda, Lincoln, Mineral, and Northern Nye Counties

Regional Context

The Southern Region has four counties spanning about 28,000 square miles, an area larger than West Virginia, and a total population of less than 16,000.

Significant assets and strengths in the region include:

- Creative, hard-working, and resourceful individuals.
- Community coalitions and agencies serving the region.
- Deflection & Diversion programs to link people to evidence-based care and services instead of incarceration have been launched but are limited with growth challenges.
- Specialty Courts, Judicial, Legal, and Probation are regionalized.
- Multi-Disciplinary Team(s) and Behavioral Health Groups/Committees are established.
- Robust collaboration, communication, and services.
- Hospitals, schools, tribal, family, senior, and youth services/programs.

Primary gaps and barriers are:

- Scarcity of behavioral health clinical services and providers in the region.
- Difficulty in recruiting and retaining workforce in rural areas.
- Lack of behavioral health supportive housing/residential services/treatment.
- Long waits for evaluations and intensive residential care access.

- Reliance on Community Health Workers due to lack of adequate clinical support.
- Scarcity and under-utilization of peer support.

Recent Developments

- Developed and distributed regional resource guides, available at <https://nvbh.org/wp-content/uploads/2023/09/SouthernRegionResourceGuide.pdf>.
- County Community Needs Assessments and Opioid Plans have been completed by Esmeralda, Mineral, and Nye Counties, with Lincoln County starting the process.
- Three of the four counties have either implemented or started the process for the Virtual Community Care Program (Avel Tablet Program) for crisis-related telehealth support in partnership with law enforcement.
- Support of Mineral County Behavioral Health Task Group, Coalitions, and Tribes.
- Regional support of Community Health Workers and peer networking.
- Naloxone training support and harm reduction-opioid kit distribution.
- Support of the Youth Experiencing Homelessness Study (2023-2025); information at <https://www.socialent.com/youth-experiencing-homelessness-study-2023-2025>.
- Participation in the Community Inclusion Peer Support Project with national and statewide connections; see <https://copelandcenter.com/training/peer-supported-community-inclusion>.

Current Activities

- Support behavioral health clinical services and Mental Health Committees.
- Enhance Deflection & Diversion programs.
- Ongoing Suicide Prevention Training; there is also a need for Crisis Intervention Training (CIT) with support and follow-up.
- Address long waits for evaluations and long distances to intensive services through identifying behavioral health transportation alternatives.
- Support Community Health Workers with substantial clinical support, and develop under-utilization of peer support.
- Review and support projects to assess, develop, and integrate emergency planning, public health, and behavioral health.
- Advocacy for AB 31 to allow Medicaid reimbursement for providers of nonemergency behavioral health transport services to help address transportation challenges in rural areas (<https://www.leg.state.nv.us/App/NELIS/REL/83rd2025/Bill/11803/Overview>).

Upcoming Priorities and Plans

- Expanding telehealth and connecting with enhanced in-person care.
- Need for increased education and training around stigma, harm reduction, suicide, and crisis intervention (CIT).

- Enhance data assessment, collection, and reporting: address issues, availability, barriers, and complexity.
- Support and expand harm reduction with opioid overdose prevention programs, Narcan training, and other strategies.
- Invest in recruitment, training, and retention programs for clinical and non-clinical professionals.

Additional Information

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Websites:

- Southern Behavioral Health Region: <https://nvbh.org/southern-behavioral-health-region/>
- NyE Communities Coalition - <https://nyecc.org/>

WASHOE REGION – Washoe County

Regional Context

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

Washoe County has been facilitating local coalition efforts for several years to stand up a behavioral health CRS in collaboration with the State based on SAMHSA best practices, as described in the National Guidelines for a Behavioral Health Coordinated System of Care (<https://library.samhsa.gov/sites/default/files/national-guidelines-crisis-care-pep24-01-037.pdf>) and the related Model Definitions for Behavioral Health Emergency, Crisis, and Crisis-Related Services (<https://library.samhsa.gov/sites/default/files/model-definitions-pep24-01-037.pdf>).

There are two regional coalitions focused on crisis response: Children's Crisis Response and the Partner Agency Team. They meet monthly and are guided by two Action Plans and system mapping. 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 task groups are:

- Call Lines – identify and clarify current call line roles/opportunities.
- Mobile Crisis Response – identify current mobile crisis team roles/opportunities.
- Familiar Voices – staff current cases and work toward a more robust approach for people who use crisis services multiple times.

Recent Developments

Over the past several years, the Washoe region has made significant progress, including completing a Washoe Implementation Plan; collecting initial data; developing a training plan and implementing training for crisis response providers; developing needed MOUs; and piloting a frequent utilizer strategy. In addition, we have supported two coalitions, one of which is working on the unique crisis support needs of children and their families.

Recent milestones for the CRS include:

- Our two crisis response coalitions have recently completed two-year plans to guide the next phase of our collective work.
- The ribbon cutting for Renown Health’s Crisis Care Center occurred February 19, 2025. This facility can accept most adults experiencing a behavioral health crisis, diverting people from jails and emergency rooms to improve care while also reducing costs.
- The State has transferred funding/operations of Children’s Mobile Crisis Response Teams from the Nevada Division of Children and Family Services to the Washoe County Human Services Agency. This transfer allowed for expanded crisis response capacity and improved integration with local systems of care for children and families.
- Washoe County has purchased the behavioral health facility formerly known as West Hills and is working to add expanded services there, including a crisis stabilization and respite center for children and adolescents.

Innovative partnerships: Washoe County established the Regional Behavioral Health Initiatives Fund at the Community Foundation of Northern Nevada to support collaborative efforts to improve behavioral health throughout the region. The fund’s first award supports a full-time position with an associated budget to provide project management, data collection, reporting, and other support for the CRS initiative with any additional capacity for behavioral health initiatives of regional significance. CRS stakeholders contributed to the fund to enable the first award.

Current Activities, Priorities, and Plans

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

Success is defined as all elements of the system (call center, mobile crisis teams, crisis care center, in-home wraparound services) are implemented and working together to provide timely,

easily accessible support for individuals and families experiencing a behavioral health crisis, as well as connections to ongoing care as needed. Fewer individuals with behavioral health challenges will present to EMS, law enforcement, hospital emergency rooms, and jail, improving care for individuals and reducing unnecessary costs for the region's partners.

The Washoe Regional Behavioral Health Policy Board is advocating for SB 47, a bill to support a study of the degree to which public and private insurance plans in Nevada achieve parity between coverage for behavioral health care and coverage for other medical care:
<https://www.leg.state.nv.us/App/NELIS/REL/83rd2025/Bill/11824/Overview>.

Additional Information

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