Nevada 988 Crisis Response Coalition

Meeting Summary Report – November 4, 2026

Meeting Purpose and Participants

At its final full meeting for 2026, the Coalition reviewed Nevada's mobile crisis team needs assessment, presented by Dr. Katie Snider, received regional updates on bill draft requests (BDRs), and discussed priorities and agenda topics for 2027. Participants represented behavioral health agencies, crisis providers, hospitals, NAMI affiliates, health plans, and community advocates. Brent Andriese and Rodney Jones facilitated the meeting with support from Coalition intern Dorothy Moss.

Statewide Mobile Crisis Team Needs Assessment

Dr. Snider presented findings from a program inventory, statewide community survey, stakeholder discussions, and public and system data. The assessment identified 26 programs across nine counties. Six did not clearly fit the recognized mobile crisis team models used in the study. Some invited teams did not respond, and a county without an identified base may still receive services.

- **Coverage and transportation.** Base-location maps estimated 30- and 60-minute drive times and showed gaps around Mesquite, Ely, Winnemucca, Lovelock, and Battle Mountain. Some southern Nevada teams reported trips of up to four hours one way to a behavioral health facility. A round trip can occupy the only team on duty for an entire shift. Modeling showed that rural clinic deployment could extend coverage if clinics can support in-person response, with gaps remaining around Mesquite and Eureka. The rural clinics' immediate mental health care team provided telehealth at the time of the assessment.
- **Awareness, trust, and workforce.** About half of survey respondents had little or no familiarity with mobile crisis. Cost and lack of insurance were the most frequently reported barriers, followed by a lack of local services, cited by about 57%. Participants identified staffing shortages, variable hours and dispatch pathways, and limited youth-specific services. Nine of 14 urban teams and two of 12 rural teams self-reported an average of at least 76 calls per month.
- **Recommendations.** Develop dispatch, mobile response, and receiving facilities together. Strengthen 988 and 911 coordination, use common definitions and measures of demand and unmet need, and invest in the workforce and in-person response while allowing communities to adapt their models. Community feedback also pointed to the need for follow-up after a crisis and greater trust in the response system.

Dr. Snider authorized Brent to share the slides. The full report has been submitted to the state for review. For additional questions about the assessment, contact Dr. Snider at ksnider@justiceresearch.org.

Mike Smith highlighted the Nevada Mobile Crisis Services Messaging Guide, developed with the Someone to Respond subgroup. Access the guide on the Coalition website at www.nv988coalition.org by selecting Projects, then Crisis System Map, then Communications and Community Engagement.

Bill Draft Requests Discussed

Rodney invited members to share how the proposals could affect access to care and to submit other BDRs for the working matrix.

- **BDR 39-495 | Mental health crisis holds.** Rodney shared the Northern Region proposal on behalf of Maddie Larson. It would authorize marriage and family therapists and clinical professional counselors to decertify holds when clinically appropriate. It would also clarify how suicidal or homicidal thoughts or imminent risk factor into hold decisions regardless of a listed diagnosis. The Northern board described the hold criteria provision as a clarification of existing law. Members can send feedback to Maddie.

- **BDR 34-524 | School suicide prevention and emergency planning.** Valerie Haskin outlined proposed suicide prevention training for coaches and other staff who work with students, including school nurses. The proposal also addresses behavioral health in school emergency operations plans. Districts could tailor plans to local resources, including sharing staff across districts. Valerie offered to check how the draft phrases its behavioral health provisions.

- **BDR 39-422 | 988 surcharge.** Katie Metz described the Washoe proposal to raise the surcharge from $0.35 to $0.45 per line, set $0.45 as the statutory minimum, and restore authority for inflation adjustments. Surplus revenue would support 988 services, mobile crisis teams, and crisis stabilization centers. Katie cited a state projection that reserves could run out by state fiscal year 2029 at the current rate. The board planned discussions with telecommunications companies. Data and service quality accountability were raised for consideration.

Southern Region | Secure behavioral health transportation. Mark Funkhouser outlined a statewide proposal to reimburse providers through Medicaid and CHIP for travel to pick up patients and for empty return miles. It would increase rates by at least 15% in rural, Tribal, and frontier areas and by 10% elsewhere, seek necessary federal approvals, and require a statewide study of access, quality, response times, and outcomes. The Southern board was preparing final revisions.

CRISIS CARE BDR Matrix. Rodney presented a matrix of upcoming BDRs affecting crisis care in Nevada. He highlighted BDR 40-406 on crisis care coordination across 988, 211, 311, and 911, including information sharing, transportation, discharge, and follow-up. The matrix will be updated with the BDRs discussed and shared with members. Members can submit additional BDRs to Rodney or Brent for inclusion.

Advocacy Participation

Robin Reedy voiced NAMI Nevada's support for the Washoe surcharge proposal, emphasizing additional funding to launch or expand mobile crisis teams. The Coalition did not formally vote on the proposals. Members were encouraged to share examples from their work and provide feedback or testimony as bill language becomes available. For NAMI Nevada advocacy alerts, contact Robin at robin@naminevada.org.

Proposed Topics for 2027

Rodney reviewed the following topics for the Coalition's 2027 meetings, and members discussed potential areas of focus:

1. Coordination between 988 dispatch and mobile crisis services

   Planning question: What steps would strengthen coordination between 988 dispatch and mobile crisis services in Nevada, and how can the Coalition help overcome barriers?

2. Rural transportation and hospital coordination: What practical steps can EMS, hospitals, and mobile crisis teams take together statewide, and how can the Coalition support these efforts?

3. Placement and continuity of care for people with complex needs: How can the Coalition provide a forum to advocate for better crisis care for youth, older adults, and people with developmental disabilities or intersecting needs?

Valerie Haskin proposed inviting treatment providers and certified community behavioral health clinics to discuss access to care for people with co-occurring conditions, including alcohol use disorder. Tracy Thomas offered to identify resources, including options outside Nevada. Mike Smith also proposed using future meetings to coordinate advocacy for bills scheduled for hearings.

Meeting Schedule

Brent Andriese and Rodney Jones will develop the 2027 full Coalition and subgroup meeting calendar and send invitations once dates are set.

Next Steps

- **Rodney Jones.** Add the proposals discussed and any additional member submissions to the BDR matrix before distribution. Add Mike's legislative advocacy topic to the proposed agenda and follow up with Tracy on the resource discussion.
- **Brent Andriese.** Circulate the meeting summary, needs assessment slides, and updated BDR matrix the following week. The Coalition plans to post the matrix online in the future. A posting date and page are pending.
- **Dr. Katie M. Snider and Valerie Haskin.** Dr. Snider offered to check the assessment release process. Valerie offered to check the wording in the school proposal.