Nevada 988 Crisis Response Coalition

Meeting Summary

March 25, 2025

The meeting was attended by 90 people from 49 organizations spanning every region of the state. The following is a summary of the topics and results discussed.

Coalition Charter Input

The charter is a tool to build a shared understanding, with broad support, of what this coalition is here to do and how it will operate. Elements of the charter include the mission, vision, roles, membership, structure, and other operating guidelines for the coalition. The first draft of the charter was prepared based on input at the February coalition kickoff meeting and sent out for review with a survey to get feedback.

Highlights from survey responses were presented. One-third of survey respondents proposed changes to the mission, vision, and guiding principles, resulting in many changes. 92% of responses accepted the roles of the coalition and membership guidelines as drafted. Two-thirds of responses asked for subgroups to be created, also noting that the charter did not explain how decisions would be made. 100% of responses accepted the operating guidelines as drafted.

A series of polls were taken at the meeting to get input on the main open issues of decision-making protocols and subgroups.

It is not expected that this coalition will need to formally approve many things, but it is important to be prepared should future decisions need to be made. The first decision will be to adopt the charter at the next meeting. Three decision-making alternatives were proposed:

- Majority (approved by over 50%)
- Super-majority (approved by two-thirds or more)
- Consensus (all members present agree to support the proposed decision, even if they have different preferences)

Attendees were asked if other approaches should be considered; none were suggested. A poll was taken to see which decision-making process should be used by the coalition, with the following results:

Option	# of Responses	% of Responses
Majority (over 50%)	27	39%
Super-majority (two-thirds)	33	47%
Consensus	10	14%

The results indicated a very high preference for decision-making by vote. The option that received the most support, approval by a super-majority of two-thirds or more, will be used at

the next meeting to adopt the charter. Members' feedback after that meeting will guide whether the same method will continue to be used or if the topic of decision-making protocols needs to be revisited.

The creation of subgroups was covered next. Survey responses supporting subgroup creation noted that small groups help work get done more efficiently and effectively, allow progress to be made in key areas between full coalition meetings, and allow more voices to be heard with better use of specialized expertise. Polls were taken on each of three initial subgroup options:

- By region
- By crisis care component
- By age group served.

In each poll, multiple options could be selected since some people work across multiple regions, crisis care components, and/or age groups. The results are shown below.

By region, organized by Nevada's five behavioral health regions:

Option	# of Responses
Clark Region (Clark and Southern Nye Counties)	39
Northern Region (Carson City, Douglas, Churchill, Lyon, & Storey Counties)	21
Rural Region (Elko, Eureka, Humboldt, Lander, Pershing, and White Pine Counties)	17
Southern Region (Esmeralda, Lincoln, Mineral, and Northern Nye Counties)	20
Washoe Region (Washoe County)	25
Not interested in a regional subgroup	4

By crisis care component, organized according to SAMHSA's National Guidelines:

Option	# of Responses
Someone to contact (988 contact center hubs, PSAPs, Nevada 211, warmlines, and other crisis lines)	29
Someone to respond (all forms of mobile crisis teams, law enforcement, EMS, fire)	34
A safe place for help (crisis stabilization centers and other community-based options)	24
Essential principles and practices (prevention, trauma-informed care, Zero Suicide, statewide systems)	37
Not interested in a subgroup by crisis care component	5

By age group, recognizing differences in crisis care for children and youth versus adults:

Option	# of Responses
Child system	31
Adult system	36
Not interested in a subgroup by age	18

The charter will be revised further, then sent to all members for review before the next coalition meeting with a goal of adopting the charter at the next meeting. Input on the use of subgroups will also be used to plan the next steps so that when subgroups are formed, they are well organized and properly supported.

Crisis Response System Updates

Jesse Stone, Public Information Officer with the Nevada Department of Health and Human Services, gave an update on State-level activities. The State has executed a contract with Carelon Behavioral Health (CBH) to significantly expand 988 services in Nevada. A kickoff meeting with CBH was held earlier in March. A regional outreach plan is now being developed to connect CBH with key stakeholders across Nevada. The timeline for that will run from April to late June. The timeline aligns with plans to open a new 988 call center in Southern Nevada by the end of summer 2025. The Nevada 988 Crisis Response Coalition will be a key element of the outreach plan, so please be sure to stay involved with the coalition.

At the February 2025 coalition kickoff meeting, several people asked for information about who's doing what around the state related to the behavioral health crisis response system. To address those requests, representatives from each of Nevada's five behavioral health regions gave updates about what is happening in their region. The following are high-level summaries of the regional updates. A written Regional Updates report with more complete information will be prepared and sent to all coalition members.

Washoe Region (Washoe County) - Dorothy Edwards, Regional Behavioral Health Coordinator, Washoe Region, and Bojana Vujeva, Management Analyst, Washoe County Manager's Office

Washoe has two crisis response coalitions, one focused on youth and one on adults. Each has a two-year plan to guide their work. A new Regional Behavioral Health Initiative Fund at the Community Foundation of Northern Nevada is funding a full-time position to support these coalitions. Other progress and activities in the region include:

- A crisis stabilization center at Renown Health in Reno opened in February 2025.
- Operation of Children's Mobile Crisis Response Teams was transferred from the State to Washoe County to improve integration with local systems of care.
- The County has purchased a behavioral health facility and plans to add more services there, including a crisis stabilization center for children and youth.

- The two Washoe coalitions are engaged in system mapping to understand all parts of the crisis response system. Breakout groups focus on call lines, mobile crisis response, and "familiar voices" (people who utilize the system multiple times). Their work is focused on carrying out the two-year action plans and continuing to improve crisis response services, outcomes, and data collection.

An ask was for the State, CBH, and the statewide coalition to work with the existing regional coalitions to leverage their local relationships and coordinate efforts.

Rural Region (Elko, Eureka, Humboldt, Lander, Pershing, and White Pine Counties) - Valerie Haskin, Regional Behavioral Health Coordinator, Rural Region

The six counties in the region cover a vast territory with about 100,000 people, five hospitals, and a few behavioral health clinics/agencies. Most crisis services use hybrid in-person/virtual response, with mobile teams for adults and children in Elko and the Virtual Crisis Care model with most law enforcement agencies. Progress and activities include:

- Nonprofit groups in Elko and Humboldt Counties conduct suicide prevention activities and are improving data collection and building awareness of 988. The Hope Squad program in several middle/high schools helps kids be peer support to each other, recognize signs of mental health crisis, and help others stay safe.
- Two Crisis Intervention Team (CIT) training courses were conducted.
- Family Support Center is working with Humboldt Hospital and others to promote readiness to expand services, potentially including a mobile crisis response team.
- Champions for behavioral health have emerged from elected and appointed officials. Law enforcement is supportive of crisis services. Many stakeholders want to explore more options to expand mobile crisis response capabilities.
- Work is underway to implement AB 37, enacted in 2023, to create a professional workforce development pipeline for behavioral health providers.

Northern Region (Carson City, Douglas, Churchill, Lyon, & Storey Counties) - The scheduled presenter was unable to attend due to illness. It was noted that NAMI Western Nevada and other local coalitions are essential partners. Most counties in the region have a Behavioral Health Task Force, and law enforcement is supportive. A full update from the region will be part of the Regional Updates report that will be prepared and sent to all coalition members.

Southern Region (Esmeralda, Lincoln, Mineral, and Northern Nye Counties) - Mark Funkhouser, Regional Behavioral Health Coordinator, Southern Region

Crisis response in the region is mainly law enforcement with tablets to connect virtually with mental health professionals. It is possible that the tablet program is being phased out. Other points emphasized about the region:

- The region has behavioral health task forces and coalitions, rural clinics, tribes, and multi-disciplinary teams that are excellent partners to work with.
- Priorities are supporting a solid base of community health workers (CHWs) and developing a peer network. A concern is that the CHWs do not have clinical support. The Southern Region may be the most resource-barren of Nevada's regions with only two hospitals, no CCBHCs, and one rural clinic.
- Deflection & Diversion programs that link people to care and services instead of jail are very limited. It is a priority to support and enhance those programs.
- Suicide and crisis intervention training support is limited and needs more support.
- Transportation is a big barrier, with long travel times to access services.
- Other priorities are expanding telehealth and connecting telehealth with in-person care, enhancing data collection, and developing the behavioral health workforce.

Clark Region (Clark and Southern Nye Counties)

Bud Schawl, Executive Director, Continuum of Care at University Medical Center of Southern Nevada (UMC), and George Gatski, Associate Administrator of UMC's Crisis Stabilization Center (CSC), gave an update on the first CSC in the region. Construction and renovations started in February. The opening date is set for June 23, 2025. Highlights about the CSC:

- It uses a living room model with a calm setting. There will be 35 chairs. It is expected to be full immediately, treating 45 to 55 patients per 24-hour period.
- All adults will be accepted for outpatient care only (less than 24-hour stays), regardless of ability to pay and without other limits.
- The goal is to connect patients with community resources and follow up to ensure those connections are made.
- Staffing will be a joint effort, with Nevada Behavioral Health providing behavioral health services and UMC Medical/RN staff doing medical screening and clearance.
- Targeting 5-minute drop-off time for law enforcement and EMS crews.
- A lot of work is being done to coordinate with community partners for both inpatient and outpatient care to optimize patient flow through the CSC and on to other care.
- UMC is working with Clark County on a possible second CSC in 12-18 months.

Lisa Kelso, Mobile Crisis Intervention Team Clinical Supervisor with the City of Henderson, gave an update on their mobile crisis intervention team (MCIT). The team is staffed by licensed mental health clinicians, navigators for case management, and certified peer recovery support specialists. It responds to behavioral health crises referred by police, fire, and medical providers. Anyone can make referrals. Work with the Fire Department is underway to allow Fire to dispatch the MCIT. The main goal is to be identified as a designated mobile crisis response team that can be dispatched by 988. Collaboration with counterparts in the City of Las Vegas and City of North Las Vegas is a priority.

Several bills related to the crisis response system have been introduced in the current Nevada legislative session and were noted during the regional updates.

- SB 68 would enter Nevada into the interstate licensure compact for licensed social workers (LSWs, LMSWs, and LCSWs), allowing licensed social workers from other states in the compact to practice in Nevada.
- AB 163 would enter Nevada into the Counseling Compact for Licensed Clinical Professional Counselors, allowing more of these mental health professionals to practice in Nevada. Together with SB 68, this would expand the pool of providers for behavioral health services, especially virtual services.
- AB 60 would codify Certified Prevention Specialists into statute.
- AB 31 would allow Medicaid reimbursement for providers of nonemergency behavioral health transport services to help address transportation challenges in rural areas.
- SB 47 would study the difference between insurance coverage for behavioral health care and coverage for other medical care.

Robyn Rohde, a Crisis Education Director with NAMI Nevada. Town hall outreach sessions are being prepared to gather community awareness (if you are experiencing crisis or see someone else who is, who would you call?), identify attitudes and opportunities/challenges regarding 988 and crisis response, get insights about community hopes and ideals related to crisis response, and provide information about 988. Sessions will last 60-80 minutes. An interest form will be sent about engaging with your communities.

A question was asked whether there will be any change in how youth are handled when they call 988 after Carelon Behavioral Health (CBH) starts handling calls.

- In response, Christian Raymer, Chief Programs and Development Officer with Crisis Support Services of Nevada (CSSNV), said that little to no change is expected. CSSNV is the current 988 center and is partnering now with CBH as they add a second call center in Southern Nevada. Youth often mistrust 988. It is vital to empower the youth, protect their autonomy, and collaborate with them to use the least invasive intervention to get them safe with a trusted adult. More access to mobile crisis teams will help.

Next Steps

Brent Andriese, the 988 Coalition Coordinator with NAMI Nevada, noted several next steps.

- A summary of today's meeting, plus a more complete report of crisis response system activities in each region, will be sent out to all coalition members.
- Ongoing meetings are planned between the State, CBH, CSSNV, and the NAMI Nevada coalition support team to coordinate efforts going forward.
- The coalition charter will be revised based on input today and other comments received and distributed for review prior to adoption at the next meeting.

- The goal is to align upcoming coalition meetings with 988 / crisis response system milestones as much as possible. Future meetings will include interactive elements to allow more engagement with and between coalition members.

Send inquiries or feedback about the coalition to Brent Andriese at 988nami@naminevada.org. Feedback from a short post-meeting survey at the end of the Zoom session was collected and will be used to improve future meetings.