Someone to Respond Subgroup Overview and Future Priorities

The Someone to Respond subgroup met on October 14, 2026, for its fourth meeting and final meeting for 2026. Brent Andriese facilitated, with support from Rodney Jones and Dorothy Moss.

The meeting opened with an opportunity for members to provide feedback on future discussion topics and to help shape the meeting format, frequency, length, and facilitation approach. A survey was distributed to members ahead of the meeting. Members supported continuing the subgroup as a dedicated, quarterly, 90 minute forum for crisis response coordination. Rachel Isherwood, with DPBH, presented the upcoming Medicaid rate survey, which is needed to strengthen and sustain our crisis response system. Then lastly, a group discussion was held to hear about any recent changes, upcoming plans, or lessons learned about mobile crisis services statewide.

Members requested updates on the Henderson mobile crisis pilot, statewide 988 dispatch plans, geographic service gaps, and call center resource guides. Rural partners asked for early hospital involvement and clearer roles for mobile teams, EMS, and law enforcement. Michelle Sandoval of DPBH Rural Clinics reported hospital lobby waits of up to six hours for some people arriving without EMS. Cherylyn Rahr-Wood raised transport-priority concerns and suggested involving State EMS Coordinator Amanda Brown.

Nicholas Robison requested clear Provider Type 87 Medicaid billing pathways, including examples for fire departments and Certified Community Behavioral Health Clinics. Valerie Haskin suggested comparing teams' response and handoff procedures to help existing services learn from one another and new programs get started. Chat

feedback also raised billing capacity and distinctions between MOST and other mobile crisis teams.

Members favored quarterly meetings with 90-minute calendar reservations. Brent agreed to provide advance notice when a lighter agenda allows a shorter meeting. The proposed topics have not yet been ranked, and 2027 dates remain undetermined.

Medicaid Rate Survey and Provider Support

Rachel Isherwood, DPBH Health Program Manager, and Nevada Health Authority representatives discussed the Milliman survey informing mobile crisis reimbursement and work connected to Nevada's DOJ settlement concerning children's crisis services. The survey asks for detailed costs, staffing, and funding information beyond Dr. Katie Snider's earlier needs assessment. Dr. Snider offered to help explain the difference to providers.

Jessica Goicoechea of Washoe County Human Services Agency described difficulty fitting 10-hour shifts and limited coverage into the survey's eight- and 12-hour options. Rachel asked providers to explain their actual staffing, coverage, and assumptions in comments and the submission email. Brent confirmed emailing the workbook and completed example; there was no live survey form. A recorded assistance link and FAQ were also shared in chat.

Surveys are due October 26, 2026, at MCsurveys@health.nv.gov, which also accepts questions. Josef York said DCFS would submit before the deadline; the Rural Crisis Team indicated plans to submit the following week. Nevada Medicaid's Chief of Rates described a future quadrennial review, estimated about two years away, to compare reimbursement with actual costs. The rates team contact is rates@nvha.nv.gov.

Regional Developments and Continuing Service Needs

Valerie reported Rural Health Transformation Grant funding to plan the Rural Regional Crisis Collaborative, with Dr. Snider as primary subcontractor. Planning will address cross-jurisdictional administration and shared resources, including FAST and community reentry programming. Eureka County is developing an EMS-based model with

Virtual Crisis Care clinician support and law enforcement available but less visible when appropriate. Initial mapping and program development are underway.

Maddy Larson, Northern Behavioral Health Coordinator, reported mobile crisis response across northern-region counties except Churchill and separately highlighted the Fallon Paiute Shoshone Tribe's active team working alongside law enforcement. Brent requested an introduction to bring the Tribal team into Coalition discussions.

Michelle Sandoval described growing case management needs among rural youth and adults, with unmet basic needs making stabilization harder. Bojana Vujeva shared Washoe MOST concerns about older adults with overlapping medical, cognitive, and behavioral health needs, including barriers to Adult Protective Services when cognitive difficulties affect engagement. Michelle also reported strong use of the Immediate Mental Health Care Team's post-hospital support, connecting people with clinicians and local services through one contact number.

Cherylyn reported Nevada Rural Hospital Partners funding for 40-hour crisis de-escalation and intervention training beginning in 2027, combining virtual learning with two in-person days. The goal is shared practice with mobile teams and fewer avoidable holds and transfers. Plans call for at least 10 staff per hospital initially and approximately 12 over three years; course dates were not announced.

Next Steps

- Brent and Coalition staff will circulate a poll to rank future discussion topics and develop the 2027 meeting schedule.

- Participating providers should submit the Medicaid rate survey to MCsurveys@health.nv.gov by October 26, 2026, explaining any

staffing or coverage differences in the comments or submission email.

- Rachel and State partners will address survey questions through MCsurveys@health.nv.gov; Dr. Snider offered to help clarify the distinction between the surveys.

- Maddy and Brent will coordinate an introduction to the Fallon Paiute Shoshone Tribe's mobile crisis team.

- Brent planned to distribute the meeting summary the following week. Meeting reports are also available at NV988coalition.org under Projects, Subgroups, and Someone to Respond.

The next Someone to Respond subgroup meeting date for 2027 remains to be determined.