## MCT Needs Assessment Status and Key Findings to Date

Daria Singer, Executive Director of Partnership Douglas County, and Dr. Katie Snider, Executive Director of Justice Research LLC, gave an update on the status of the statewide mobile crisis team (MCT) needs assessment.

The project is in the final stretch and must finish before 9/30/26. The first draft of the needs assessment report should be done by August 20th. It will be sent to Nevada 988 Crisis Response Coalition members for review. Feedback will be due in two weeks so that the final report can be completed by mid-September.

Stakeholder interviews have been done with 24 organizations that provide mobile crisis response services. Four or five organizations declined doing an interview. A lot of great data was collected in the interviews. Organizing the data for GIS mapping is challenging. There are many different response models to take into account. Maps of in-person crisis response by day and time show that in-person response is available Monday - Friday at 2:00 pm (peak hours) across Southern Nevada and in Washoe, Carson City, Churchill, and Lyon Counties in the north but availability at 2:00 am (overnight) on these days is much more limited. In-person response on weekends is more limited, with no response available in Nye and Esmeralda Counties on weekends. Much of the state does not have in-person response available at any time, outside of communities served by CCBHCs.

A community survey was launched in early June, managed by the local coalitions in the Nevada Statewide Coalition Partnership. Each coalition has a unique survey link so that the source of responses can be tracked. Email blasts to local contacts, flyers in public places, and other means are being used to solicit survey responses. Social media posts should not be used to share the survey link because they can be abused by AI survey bots that create many responses in case there is an incentive for survey participation, which destroys data quality. People who want to take the survey or help get community input should contact their local coalition or contact Daria Singer at dsinger@pdcnv.org.

182 community survey responses have been received so far, excluding responses from people who do not either live or work in Nevada. The survey will be open until July 31. Highlights shared from the responses so far:

- About half are from people who work or volunteer in behavioral health, healthcare, crisis response, social services, or a related field, and the other half are from other community members. This shows good balance in community perspectives.
- Responses are being sought from every county. Only Eureka, Storey, and White Pine Counties have not responded yet. The PACE Coalition and Frontier Community Coalition can help with getting responses.
- Over 90% of responses said that behavioral health crises were a moderate to very serious concern in their community.

Questions raised during the meeting:

**Q:** On the maps showing in-person response availability, is this availability to respond to any age or is it for adults only? **A:** Response for youth vs. adults hasn't been separated out yet. Youth-focused teams were noted only in Douglas, Lyon, and Washoe Counties. Data on many other variables, such as team composition and use of peers, was also gathered. Work is underway to figure out how to present that data. Subsequent discussion emphasized the need to show the ages that mobile teams respond to. It is very important to understand where response to youth under 18 is and is not available.

**Q:** How many survey responses are desired? **A:** Representation from every county is more important than the total number. A base of 10-15 per county is sought, with more in the more populated counties. A statewide total of 300 would be good.

**Q:** Will a full inventory of existing mobile crisis services, including ages served and other variables about each team, be included with the project deliverables? **A:** Yes, a list of all existing teams and a profile of each team will be provided. Interviews gathered extensive data about each team, including ages served, jurisdictional boundaries (geographic area served and where teams can and can't go within that area), policies and procedures, transit times, and more. Not all of the detailed data can be included in the needs assessment report, but it will be used to inform findings in the report.

**Q:** Was the DCFS Mobile Crisis Response Team included in the interviews? **A:** They are not in the detailed data set because they do not provide an in-person response. The project team will follow up with the DCFS MCRT, which operate separately in Clark County and through the Immediate Care Team in the rural areas. Megan Quintana at DPBH and Carly Murray with Nevada PEP can help make connections.

**Q:** Will feedback from EMS agencies be included? While they are not official crisis teams, they are the current de facto response to many calls for individuals in crisis. **A:** A few fire and EMS-led mobile crisis response teams are in the data set. Other EMS providers that don't have a dedicated mobile crisis response team may not have been contacted. The project team is open to getting more input from EMS providers.

**Q:** Can the list of people/teams that were contacted for stakeholder interviews be made available to this subgroup? It would allow a closer look to see if any key groups were missed. **A:** Yes.

Contact information for the project leads: Daria Singer, Executive Director, Partnership Douglas County (dsinger@pdcnv.org), and Dr. Katie Snider, Executive Director, Justice Research LLC (ksnider@justiceresearch.org).

## Public Messaging About Mobile Crisis Services

The main action item from the April 2026 meeting of this subgroup was for the Coalition Support Team to collect mobile crisis messaging resources from across Nevada, analyze those resources, and draft a mobile crisis messaging guide for the subgroup to review. Those steps were completed. DPBH feedback on an earlier draft has been incorporated in the version distributed to the subgroup before this meeting.

The group walked through the revised draft one section at a time. No changes were made to the Purpose section. Comments and changes to the other sections were:

**Key Audiences**

The draft listed Public as a key audience, defined as potential users of mobile crisis services and community-based organizations that can help expand awareness of those services. Per group input, this should be split into three separate audiences: General Public, Families, and Community-Based Organizations. Each of these audiences may have messaging tailored to them that is different than messaging for other audiences.

The other key audiences in the draft, Service Partners and State and Local Officials, were accepted without revision.

**About Mobile Crisis Services**

Regarding messaging about "What Crisis Services Are" and "Who Mobile Crisis Services Help", key points from the discussion were:

- Mental health and behavioral health are different. An alternative to the umbrella term "behavioral health crisis" is needed. However, it is acceptable to use the umbrella term when referring to clinicians, as in "licensed behavioral health specialist".

- We should be broad in describing when mobile crisis services can be contacted. For example, the messaging should not lead people to think that mobile crisis services are only for someone who is suicidal or with substance use problems. This also aligns with the market research and messaging for 988. If a situation seems like a crisis to the person or their family/friends and they need someone to come to their location, it's appropriate to contact mobile crisis services. It is especially important for families calling for their kids to understand that a crisis can be defined by them.

- There were different views about whether substance use should be included. After hearing multiple opinions, substance use will be left in the general messaging. It can be adapted as needed to fit a particular mobile crisis model or clientele. The goal of this guide is to provide standard messaging that mobile crisis providers statewide can use as a starting point. Consistency can help build a broader understanding about mobile crisis services across different communities and regions.

Comments and changes for other general messaging:

- An improved statement about service costs is "Mobile crisis services are provided at no cost to you. If you have insurance, your insurer may be billed, but you will not be charged for the service." DPBH representatives noted that the State is in the very early stages of developing a sustainable funding model for mobile crisis teams. As part of that funding model, certified MCTs may be required to attempt to bill insurance when possible. The revised messaging also aligns better with standard messaging for free vaccines and other medical procedures that has been effective with the general public. Pharmacies and other medical providers keep it simple, emphasizing that the service is free to the individual even if insurance may be billed.

- Remove the message about connections to other services being offered. Future State regulations may require follow up and warm handoffs to the next stage of care, with the individual's consent. Additional messaging can be considered once those regulations are promulgated. In the meantime, a general statement that mobile crisis services are voluntary for the person in need can be appropriate.

**Why Mobile Crisis Services are Important**

There were no comments on the draft messaging for the general public. More nuanced / tailored messaging for families is needed.

Messaging for 911 dispatch and first responders might benefit from better Nevada-specific data about the percentage of 911 calls that involve a mental health or substance use crisis. At the moment, DPBH is not receiving this data. However, a new health program specialist starts on July 20 that will be the mobile crisis coordinator at DPBH. Part of his activities will be increased law enforcement engagement. Efforts will be made to get a better picture of the percentage of 911 calls that are appropriate for transfer to 988. This will take some time to develop; there is not a lot of data to work from right now.

REMSA in Northern Nevada captures data about the percent of EMS calls that are reported by the caller as a mental health or substance use issue, as well as the percent that the responding provider's primary impression was that the call was mental health/substance abuse related. This data will be shared with the Coalition staff.

A concern was raised about messaging for school personnel regarding whether school district guidelines exist around what and who they can call for students. Other participants said it's important to connect with school personnel because families are seeking help for youth having behavior concerns in school, and often law enforcement is called to intervene where the Children's Mobile Crisis Response Team would have been a more appropriate resource. The conclusion was to keep messaging for school personnel for now and seek clarification from school administrators about this issue. It was noted that Clark County School District has their own Mobile Crisis Team. In Washoe County, all of the schools utilize Washoe's Children's Mobile Crisis Response Team unless the crisis can be mitigated by a mental health professional at the school setting.

There were no comments on the draft messaging for state and local officials. The Coalition Support Team will work with DPBH to see if more current data exists for the number of hospital emergency department visits and inpatient hospital admissions for mental health and substance use issues.

## Updates from Around the State

DPBH is hosting a statewide behavioral health conference on November 9th and 10th. It is an in-person event in Las Vegas. The conference will provide education, training, and networking opportunities designed to strengthen workforce capacity, promote evidence-based and promising practices, encourage cross-system collaboration, and support the continued development of an integrated behavioral health system that improves outcomes for all Nevadans. Space is limited; interested persons should register as soon as possible. Register here.

Arlene Rivera with United Way of Southern Nevada (UWSN) invited anyone interested in partnering with them to contact her via email at arlener@uwsn.org. One opportunity is to have a presentation on 988 and the crisis response system at one of their monthly behavioral health and wellness collaborative meetings. DPBH will follow up with UWSN about this.

Hope in Action, hosted by Hope Means Nevada, will be held on November 21st from 10 am - 1pm. It is a teen wellness and suicide prevention event at UNLV that is big with providers, community organizations, and families. See https://hopemeansnevada.org/ for more information.

## Subgroup Guidance on Future Meeting Topics and Structure

Subgroups of the 988 Crisis Response Coalition were created last summer based on clear direction from members at the June 2025 Coalition meeting. As this is the fifth meeting of the Someone to Respond subgroup, it is important to get the group's guidance about how the group is working and where to go next.

Time ran out before this topic could be discussed. An online survey will be developed with the questions that were planned for the meeting and will be sent to subgroup members along with the meeting summary.

## Next Steps

The Coalition Support Team will revise the mobile crisis messaging guide based on the feedback during the meeting and send it back to the subgroup members for another review.

The list of people/teams that were contacted for stakeholder interviews for the MCT needs assessment will be obtained from the project team and distributed to the subgroup.

An online survey will be issued to get input about the future meeting cadence, meeting structure, and potential topics for this subgroup.

The next Someone to Respond subgroup meeting will take place on Wednesday, October 14 at 1 pm – 2:30 pm.