

Byrne State Crisis Intervention Program (SCIP)

Nevada State Plan Fiscal Years 2022–2026

*Developed by the Nevada Department of Public Safety
Office of Criminal Justice Assistance
in collaboration with the
Nevada Crisis Intervention Advisory Working Group*



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INTRODUCTION

The Department of Public Safety, Office of Criminal Justice Assistance (OCJA), developed the Nevada Byrne State Crisis Intervention Program (SCIP) Plan for FY2022–FY2026 through a collaborative, data-informed process with the SCIP Advisory Working Group (SCIP-AWG), which convened on May 8, 2025. The plan outlines SCIP-AWG’s role, membership, and sector representation in accordance with federal SCIP requirements to ensure cross-sector collaboration in program implementation. Funding will provide statewide resources to state and local agencies and community-based organizations to assist individuals experiencing behavioral health crises.

BACKGROUND

Landscape

Nevada is the seventh largest state in the nation encompassing 109,781 square miles in land area, yet it is the 34th least populous state with an estimated 3.2 million citizens as of 2024. Over 85% of the state’s total population is in the counties of Clark, Washoe and Carson City. Nevada is comprised of 17 counties; however, eight of those counties have fewer than 10,000 residents. Two counties in Nevada lack a hospital within a 100-mile radius. The less populated rural communities struggle with the lack of available behavioral health services and criminal justice resources to provide public safety and respond to individuals in crisis.

Nevada Behavioral Health Overview

According to the 2024 Mental Health in America Report¹, Nevada ranks worst in the nation, 51st, for access to behavioral health services for both adults and youth. For example, in Lander County, there is just one behavioral health provider for every 5,769 residents². The state also experiences mental illness rates that exceed the national average. The report factors in the number of adults and youth with behavioral health issues as well as how many have serious thoughts of suicide.

In 2022, the CDC reported the suicide rate in Nevada was 21 per 100,000 people³, compared to the national average of 14.1. During the same year, CDC ranked Nevada 7th in the nation for suicide deaths. In 2022, Nevada lost 698 people to suicide with one suicide death occurring approximately every 13 hours.

The Nevada Office of Analytics Dashboard⁴ currently reports there were 654 deaths by suicide in the state for 2023, with 2,966 hospital encounters of suicide attempts. On average, there are 25 suicide attempts for each suicide death.

Together, this information underscores the persistent and unaddressed behavioral health challenges facing Nevada, particularly in rural areas that lack the capacity and resources to respond. It also demonstrates the urgent need for systemic improvements in prevention, treatment access, and crisis response.

¹ [2024 State of Mental Health in America Report](#)

² [County Health Rankings and Roadmaps, Nevada Data and Resources](#)

³ CDC, National Vital Statistics System, Mortality 2018–2023. CDC WONDER. Accessed June 9, 2025: <http://wonder.cdc.gov/ucd-icd10-expanded.html>

⁴ [Nevada Office of Analytics Suicide Dashboard](#)

CRISIS INTERVENTION ADVISORY WORKING GROUP (SCIP-AWG)

The SCIP-AWG is comprised of nine stakeholders representing the sectors required by the SCIP solicitation: law enforcement, community organizations, courts, prosecution, behavioral health providers, and victim services, in addition to veterans' services.

The group serves as a strategic advisory partner, providing subject matter expertise to support SCIP program goals and objectives. The Chair assists OCJA by ensuring the AWG functions effectively and facilitating its communication and cohesion.

of the AWG Under the oversight of OCJA, the group operates with administrative support from a designated OCJA grant manager.

Membership

Table 1 below presents the participants of the SCIP-AWG.

Table 1: Participants in the SCIP-AWG

NAME	TITLE	BACKGROUND	SECTOR REPRESENTED
Aimee Green	Suicide Prevention Program Specialist, Nevada Department of Veterans Services	Serves on the Governor's Challenge Team for suicide prevention; helped establish the FFL Temporary Secure Gun Storage Network with Washoe County; brings veteran-focused and statewide suicide prevention insight.	Veterans Services
Chris Crawford, Chair	Chief of Police, Sparks Police Department	Founded local Mobile Outreach Safety Teams (MOST); established behavioral health support for at-risk community members, first responders, and local government.	Law Enforcement
Jerome Tushbant	Undersheriff, Carson City Sheriff's Office	Founded Mobile Outreach Safety Teams (MOST); emphasizes law enforcement-based suicide prevention strategies in the community with a success rate; advocates for rural behavioral health crisis response.	Law Enforcement
Julia Ratti	Behavioral Health Administrator, Washoe County	Identifies behavioral health system gaps and supports regional infrastructure and funding development. Former Nevada State Senator and Chair of the Senate Health and Human Services Committee; also served on Sparks City Council, Washoe County Board of Health, and Northern Nevada Public Health.	Behavioral Health Providers
Patricia Cafferata	Attorney	Formerly worked for the Nevada Attorney General, Former State Public Defender, District Attorney (in 3 counties), and State Treasurer.	Prosecution
Rachelle Pellissier	Executive Director, Step 1, Inc.	Former Executive Director of Crisis Support Services of Nevada; brings operational knowledge of behavioral health, crisis helplines, addiction treatment, reentry programs, and supportive housing.	Community
Rosalynne Reynolds	Advanced Practice Psychiatric Nurse (Retired)	Former NNAHMS Administrator, CIT Instructor, and Mental Health Court Team Member; ensures clinical accuracy and lived experience perspective in program review.	Community
Stephanie Shuman	Chief Investigator, Washoe County District Attorney's Office	Supports crime victims and led the 2018 Marsy's Law implementation to uphold constitutional rights of crime victims in Nevada.	Victim Services
Katherine Stocks	Director and State Court Administrator	Administrative Office of the Courts; The AOC supports the Chief Justice in fulfilling his/her constitutional responsibility to	Courts

NAME	TITLE	BACKGROUND	SECTOR REPRESENTED
		be the administrative head of the Branch. The AOC provides a number of programs and services for both the appellate and trial courts, as well as administrative, accounting, information technology, and human resources expertise.	

NEEDS ASSESSMENT

Key Gaps Identified Among At-Risk Populations

The SCIP-AWG identified multiple population groups in Nevada facing significantly elevated risks related to suicide and behavioral health crises. Members also agreed that suicide rates are significantly higher in Nevada's rural counties compared to urban centers like Clark and Washoe Counties. The rural areas face chronic shortages of behavioral health professionals, have limited or no mobile crisis response teams, and often lack 24/7 crisis services. Without adequate clinical support or follow-up systems in rural counties, first responders such as law enforcement and emergency medical services are frequently called upon to handle behavioral health crises.

At-Risk Populations

Gaps were identified across age, gender, and geography.⁵⁶

Youth⁷

- Suicide rates increased by 41.9% for 18- to 24-year-olds.
- Suicide is the second leading cause of death for individuals aged 10–24.
- Suicide is the leading cause of death among those aged 12–19.

Older Adults

- Suicide rates increased 19.8% for adults 65-and-older between 2018 and 2021.
- Individuals aged 80–84 face the highest risk, with a rate of 38.0 per 100,000, nearly double the national average.

Veterans

According to the 2024 Year-End Veteran Suicide Report published by the Nevada Office of Analytics, veteran suicide remains a critical public health issue in Nevada, with rates consistently exceeding national averages.⁸⁹ Veterans in Nevada die by suicide at nearly three times the rate of non-veterans, underscoring the urgent need for enhanced access to tailored crisis services, outreach, and behavioral health support for this population.

The most recent data from the Nevada Department of Health and Human Services shows:

- National comparison: An estimated 50 per 100,000 Nevada veterans die by suicide annually, versus approximately 34 per 100,000 nationally.

⁵ [Nevada Office of Analytics Suicide Dashboard](#)

⁶ [Nevada Office of Suicide Prevention 2024 Year Report.pdf](#)

⁷ [Youth Suicide: Behaviors and Circumstances, Nevada 2020 \(February 2022 Report\)](#)

⁸ [Nevada Office of Analytics Veteran Suicide Report 2019-2023 \(November 2024 Report\).pdf](#)

- This group represents an estimated 20% of all suicide deaths in Nevada (indicating overlap between groups).
- Highest-risk age group: Veterans aged 75–84 accounted for 22% of veteran suicide deaths from 2019 to 2023.

Rural Communities

- Access to behavioral health services is limited in rural areas
- Individuals in need of behavioral health services face stigma and geographic isolation
- Continue to struggle with a chronic shortage of qualified behavioral health professionals

Males

- Males account for approximately 80% of all suicide deaths statewide¹⁰

These findings underscore the need for the enrichment of behavioral health services, community-based crisis response, and education focused on adolescents, transitional-age youth, veterans, older adults, and rural communities.

PROJECTS

The following illustrative examples reflect the types of projects that align with Nevada's SCIP State Plan priorities and address identified needs and documented service gaps in behavioral health access, suicide prevention, law enforcement training, and crisis response. These concepts are informed by the SCIP-AWG and prioritize high-impact, sustainable, and scalable interventions.

Crisis Intervention Training

CIT Training in Rural Communities; Trauma-Informed De-Escalation Training; Dispatch Training; Virtual De-Escalation Training for Law Enforcement.

Crisis Communication Access

Develop, expand, and/or promote local call or text lines for rural residents experiencing behavioral health crises who prefer local communication and will not use 988; build capacity for response routing and referral via existing local systems.

Crisis Response Models

Expand use of mobile crisis units to reduce response times in remote areas; deploy mobile crisis teams to respond to behavioral health crises in the community; expand use of mobile crisis units to reduce response times in regions lacking behavioral health resources; train rural law enforcement agencies to establish and sustain mobile outreach safety team (MOST) models to better respond to individuals in behavioral health crisis; support timely intervention by mobile teams through education on screening and assessment of individuals experiencing suicidal or homicidal ideation.

Veterans Crisis Resources

Expand access to behavioral health and crisis response services tailored to veterans; develop or integrate veteran-specific referral pathways and outreach strategies; ensure local crisis lines

¹⁰ CDC, National Vital Statistics System, Mortality 2018–2023. CDC WONDER Online Database, 2024. Accessed June 2, 2025: <http://wonder.cdc.gov/ucd-icd10-expanded.html>

and response systems are equipped to address the unique needs of veterans and service members in crisis.

Court-Based Programming

The National Council of Juvenile and Family Court Judges (Training and Technical Assistance [TTA] providers) delivered a national presentation to State Administering Agencies (SAA) in 2024 that provided guidance on effective court-focused responses designed to empower the judicial system to identify at-risk individuals through screening and assessments, and to connect them with appropriate services. In the presentation, the Council identified the following potential projects:

- Training in behavioral assessment programs for specialty court team members, court staff and judicial officers
- Expanding domestic violence crisis-related services
- Trauma-informed training for specialty court team members, court staff, and judicial officers
- Expanding the capacity of existing drug, behavioral health, and veterans' treatment courts
- Behavioral health track in justice court to connect individuals to services instead of detention
- Establish rural court liaison to streamline referrals to treatment and diversion programs
- Assessment training for prosecutors, judges, law enforcement, and public defenders

Behavioral Health Deflection

Crisis Intervention Team (CIT) Program and training; peer support programs; technology supports; school threat assessment; referrals to community-based services for people in crisis.

Funding for Law Enforcement Agencies

Equipment/Supplies to safely secure, store, and return surrendered firearms; provide virtual de-escalation training for law enforcement; CIT training.

Suicidal Ideation Enhancement

Projects in this category aim to ensure behavioral health crises are appropriately addressed in a timely manner, such as call center training to identify individuals at high risk of behavioral health crisis, suicide ideation and homicidal ideation; deployment of proactive peer support and other community-based resources to coordinate with events and prevent crises; telehealth initiatives; stabilization facilities for individuals in crisis; education of mobile teams on screening and assessment of individuals with homicidal or suicidal ideation.

Secure Firearm Storage

Efforts aim to expand access to secure firearm storage in high-risk communities, addressing cost and outreach barriers to reduce crisis-related harm and prevent suicide which is a proven, practical, and life-saving strategy. This may include providing free storage for firearms at a law enforcement location; providing electronic recognition devices for individual guns; providing safe storage solutions such as biometric safes or locks.

PROGRAM GOAL AND OBJECTIVE

Goal

As determined through discussion by the SCIP-AWG, the primary goal for SCIP funding in Nevada is to improve access to behavioral health services in rural communities.

Objective

To achieve Nevada's SCIP goal, the objective is to develop or expand crisis intervention and behavioral health services within rural communities.

SUBAWARD PROCESS AND TIMELINE

- **Publication of NOFO and submission of applications – 7 weeks**

Upon BJA approval of Nevada's SCIP State Plan, a Notice of Funding Opportunity (NOFO) will be distributed to a list of past applicants, current and past subrecipients, agencies that have requested to be added to the list, members of the SCIP-AWG for application and distribution, and any other interested agencies. The NOFO will also be posted on the OCJA website. The Nevada Governor's Office of Federal Assistance is informed of the subgrant opportunity, facilitating broader dissemination of the NOFO through statewide email distribution lists. OCJA staff provide technical assistance to state and local agencies, as well as non-profit organizations during the subgrant application process upon request, and to subrecipients during the performance period.

- **Review and selection of application – 2 weeks**

Applications will be reviewed using a long-established system that incorporates a panel of subject matter experts to evaluate and score proposed SCIP projects. This panel will include OCJA staff, subject matter experts, and other stakeholders as appropriate. OCJA uses a combination of peer review scores, subrecipients' past performance (if applicable), analysis of needs, and alignment with the SCIP State Plan in determining which projects will be presented to BJA for review and approval prior to funding.

- **BJA Selection and approval – 6 weeks**

Subawards will be submitted through a Grant Award Modification (GAM) and formally approved by BJA prior to obligation or disbursement of any funds.

- **Alignment of subapplication with approved project – 3-4 weeks**

Upon BJA's approval of the selected applications, the OCJA Administrator will assign a Grant Manager to work with approved project subrecipients to ensure final budgets and program narratives align with subaward funding. Once all SCIP special conditions have been satisfied, OCJA will issue subawards for successful projects.

OCJA will comply with BJA funding recommendations and adhere to the SCIP formula grant allocation of 60% State Share, Required Local Pass-Through, Less Than \$10,000, and 10% Administrative Set-Aside.

Funding Preferences and Selection Criteria

Preference will be given to applications for projects that:

- Serve rural counties and/or areas in critical need of behavioral health services
- Involve collaborative, multi-agency partnerships
- Support underserved or high-risk populations such as youth, veterans, older adults
- Are one-time or pilot initiatives
- Address firearm safety
- Are sustainable

Evaluation and Performance Measures

OCJA is responsible for collecting data from each successful subrecipient through reporting requirements. One important reporting requirement for subrecipients is the timely completion of the Performance Measure Tool (PMT) through the Bureau of Justice Assistance portal. This task provides substantial data for OCJA to evaluate and determine the success of funded projects. Additional details about the PMT process in Nevada are described below.

To ensure alignment with SCIP priorities and substantiate meaningful impact, all funded projects will be required to:

- Demonstrate consistency with Nevada's SCIP State Plan
- Include clearly defined performance metrics such as:
 - Number of individuals served
 - Number of individuals trained
 - Reduction in 911 crisis calls or emergency detentions
- Provide monthly reports to OCJA
- Participate in technical assistance, evaluation, or monitoring as needed

OCJA requires the following three types of reports to document performance and demonstrate the impact of the funded subaward.

BJA Performance Measurement Tool

Data from subrecipients' SCIP projects are entered into the BJA Performance Measurement Tools (PMT) portal and reviewed by OCJA. To ensure timely completion, OCJA sends multiple reminders to subrecipients to enter their PMT data.

Monthly Progress Reports

OCJA requires subrecipients to submit monthly written narrative progress reports that address the seven BJA questions, including progress toward goals and objectives, challenges encountered, plans for the next six months, and data relevant to the funded project. Additional questions may be incorporated to further assess the impact of SCIP initiatives. This provides greater accountability and monitoring of each project throughout the grant cycle.

Final Report

A Final Progress Report is due within 90 days after the project ends. This narrative report provides an overview of the entire life of the project and outcomes.

OCJA CAPABILITIES AND COMPETENCIES

OCJA will utilize the 10% administrative set-aside to ensure full compliance with grant management requirements of Byrne SCIP, coordinate with the SCIP-AWG, and provide oversight to all subawards. This may require increasing agency capacity to take on this work by supporting expansion through temporary employment. OCJA provides technical assistance to organizations during the application process as well as throughout the life of all subawards.

OCJA is responsible for the administration and oversight of numerous federal grants including the Byrne JAG, NCHIP, NARIP, RSAT, FSI, SMART, PSN, CESF, and COPS grants working with a diverse group of stakeholders. OCJA has a combined experience of more than 30 years in federal grant and state accounting management between them. Staff regularly attend training opportunities which include but are not limited to: National Criminal Justice Association (NCJA), the Department of Justice's Financial Management Training, Nevada Governor's Office of Financial Assistance training, and various BJA webinars on fiscal and programmatic management of federal and state grant funds. OCJA conducts regular outreach to stakeholders including state and local agencies, such as the AOC, Attorney General's Office, and Nevada Sheriffs' & Chiefs' Association which in addition to all Police Chiefs and Sheriffs, includes personnel from City and State Parks, and Tribal agencies to identify community needs, gaps and priorities for the DOJ/BJA funding that it administers.

As this is a newly created funding opportunity encompassing more than the usual criminal justice partners in the JAG grant, OCJA has widened communications to include behavioral health groups, National Alliance on Mental Illness (NAMI), National Council of Juvenile and Family Court Judges, Nevada Division of Public and Behavioral Health (DPBH), etc. to identify needs to address behavioral health issues.