# SUMMARY REPORT
# MENTAL HEALTH IN NORTHERN NEVADA

Presented by:

Mental Health Foundation of Nevada, Inc.
and
Children's Cabinet, Inc.

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# SUMMARY REPORT
# MENTAL HEALTH IN NORTHERN NEVADA

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# EXECUTIVE SUMMARY

In November, 1994, the Mental Health Foundation of Nevada, Inc., contracted with the Children's Cabinet, Inc. to produce the **Summary Report: Mental Health in Washoe County** in order to synthesize and disseminate the recommendations of various interest groups involved in accessing or providing mental health services in our community. The Summary Report is intended to encourage a comprehensive local and statewide response to identified critical issues and to enable the community to more effectively advocate for improved mental health services.

The Summary Report includes a brief overview of relevant data related to mental health in Northern Nevada and summaries of recommendations from nine groups or organizations that have studied this complex issue over the past few years. More than 500 people from a variety of professions and backgrounds participated in the research process of these nine groups, representing a significant diversity of experience and opinion.

An outline of mental health services provided through the State Division of Mental Hygiene/ Mental Retardation is included in the report along with the Governor's budget recommendations for enhancement of the Division's services over the next biennium, July 1995 - June, 1997.

A synopsis of the recommendations from the following groups are included in the Report:

*Children's Cabinet Mental Health Task Force*
*Mental Health Study Group*
*Hospital Emergency Room Staff*
*Northern Nevada Forum on Mental Illness*
*Mental Health Legislative Task Force*
*Northern Nevada Alliance for the Mentally Ill*
*Truckee Meadows Human Services Master Plan*
*Hispanic Unity Summit*
*Rural Communities in Northern Nevada*

Four major themes emerge from a review of the recommendations by the nine interest groups, citizens organizations, professional committees and human services experts. These four areas involve fragmentation of services and restructuring issues, the need for increased funding of mental health services, enhancement of services for dual-diagnosis clients and the need for improved training and technology. The four themes are presented for consideration by policy-makers and the public with specific recommendations that have broad-based support for implementation.

Some of the suggestions are costly; others can be implemented through a shared-cost

* Establish a legislative Interim Study to involve the public and private sectors in redesigning the mental health system, recognizing the inherent and different needs of the chronic and seriously mentally ill and consumers with emotional, episodic illness.

* Designate a liaison within state government to serve as an ombudsman and mental health advocate to increase coordination of funding and serve as an outreach liaison to community-based groups.

* Establish a Mental Health Coalition to provide a community-based mechanism to address mental health issues and work towards collaborative solutions. Members of the Mental Health Coalition should include state mental health officials, private sector providers, consumers and family members, school personnel and other referring entities. A major focus of the Mental Health Coalition should be to raise public awareness of mental health issues and break down stereotypes and stigmas associated with seeking treatment. The Coalition can be used to debate difficult issues involving confidentiality and the balance between effective treatment and patient rights.

* Restructure existing mental health services to be more responsive to emerging needs and enhance access to services by the public. Examples of restructuring mechanisms include:

  ~ targeting limited state resources to meet specific goals and establishing creative funding mechanisms to support increased development of private sector services
  ~ increased service contracts with private entities
  ~ placement of resources at neighborhood-based Family Resource Centers
  ~ development of innovative programs such as a Family Crisis Response Team to work closely with law enforcement and provide early intervention services

* Enforce and strengthen minimum requirements to provide mental health coverage in managed care and health insurance plans for all Nevadans.

* Restructure the mental health system to focus on *prevention* and *early intervention* services to provide an immediate response to warning signs of mental illness. Family advocates working in community-based settings can ensure that comprehensive and "wrap-around" services are provided to address the complex needs of many clients. An effective community-based system which emphasizes prevention and early intervention is the best investment Nevada can make to improve the quality of life for thousands of mentally ill residents.

providers often "define out" dual-diagnosis clients from their treatment programs as they can be extremely difficult to treat, especially with limited resources. Staff qualifications are often mentioned as another reason clients are referred elsewhere; substance abuse treatment providers are not necessarily trained to work with mentally ill patients and vice versa. Yet everyone recognizes that left untreated, clients diagnosed with combinations of alcoholism, substance abuse, and mental illness only get worse.

There is a deeply-ingrained philosophical difference of opinion regarding treatment between professionals in mental health and those in the substance abuse field. The state can no longer afford to argue the merits of treating one diagnosis before the other; it is time to create a system of care for dual-diagnosis clients that addresses the medical issues of the diagnosis in conjunction with appropriate social rehabilitation treatment. A medical detox program must be established in the urban areas of Nevada as part of the integrated continuum of care.

Other suggestions provided by numerous individuals and organizations in the Summary Report include:

* Recognize the unique issues associated with treatment of dual-diagnosis clients through greater public and provider awareness of the depth and complexity of the problem.

* Design programs to treat the dual-diagnosis client in conjunction with existing providers or through development of new programs.

* Support cross-training of staff to enhance identification and treatment of dual-diagnosis clients within the existing service delivery framework.

* Enhance contract funding for providers working with the homeless dual-diagnosis client.

* Increase service contracts with private entities to provide treatment services for the dual-diagnosis client

## IV. Improvement of Training and Technology

Improved training and development of more sophisticated mental health technology in Nevada were repeatedly mentioned by the participating interest groups. Increased awareness of mental health issues and training of medical students and emergency room personnel was identified as a major concern of several groups along with a recognition of the severe shortage of bi-lingual mental health professionals.

# INTRODUCTION

The Mental Health Foundation of Nevada, Inc. was established in 1990. The mission of the Reno-based Foundation is education and community awareness of mental health issues. The Foundation strives to improve mental health by working in a complimentary fashion with existing services.

The Foundation's Board of Directors are:

Robert McGowan, Chairman
R.C. Barnes, Vice Chairman
Larry Bennett
Lew Carnahan
Cathy Clayton
Neal Cury
Patrick Hardy
Jerry Holloway
Vince Swinney
Thomas Bittker, M.D.

The Foundation has granted financial support in the past to the Court Appointed Special Advocates (CASA) program in Reno. It has also sponsored educational programs for the community.

The **Summary Report: Mental Health in Washoe County** was funded by the Mental Health Foundation of Nevada, Inc., in an effort to advance the cause of mental health in the community by educating policy-makers, consumers and the community at-large on current issues affecting mental health policy and service delivery in Nevada.

In November, 1994, the Foundation contracted with the Children's Cabinet, Inc., to research, produce and disseminate the Summary Report. The Children's Cabinet is a private, non-profit organization whose mission is to coordinate services among existing public and private providers and develop new resources to meet documented community needs.

Sheila Leslie, a human services consultant and 17-year resident of Washoe County, provided the staff support needed to contact numerous community groups and organizations and request documentation of their work in developing concrete recommendations regarding mental health issues in Northern Nevada. Ms. Leslie edited the material into a consistent format for publication and developed the common themes segment of the report based upon the responses received from the community organizations.

# DATA SUMMARY AND DEFINITIONS

Selected data is presented as background information to set the context for many of the recommendations contained in the Summary Report. Sources are listed at the end of each section for ease in reading.

*Prevalence of Mental Illness*

* ***Americans are at relatively high risk for mental illness***. While chances of getting cancer in our lifetimes are one in ten, chances of suffering from a mental illness are one in three.

* ***The most common mental illnesses are anxiety disorders such as phobias, panic disorders, and obsessive-compulsive disorders, and affective disorders such as depression.***

* ***Mental illness does not discriminate by age, sex, race or socio-economic status.*** It strikes men and women in about equal proportions. It strikes people of all ages, although the average onset of the most prevalent illnesses is in a person's twenties. The average age of onset for depression is 25 years, for panic disorder, 24 years, for obsessive-compulsive disorder, 23 years, and for alcohol abuse or dependence, 21 years.

* ***Of the estimated 40 million Americans who have a mental illness, only 7 million, or less than 20%, seek treatment.*** The reasons may include fear of stigma, lack of knowledge about mental illness, lack of awareness of treatment options and insurance coverage, lack of ability to pay for treatment, or lack of knowledge about how to get access to treatment.

Source: Regier, Body, Burke, "One Month Prevalence of Mental Disorders in the United States," Archives of General Psychiatry, Vol. 45 No. 11, 1988.

*Mental Health Definitions*

**Mental Illness:** Biologically-based or socially-induced diseases that can severely disturb a person's ability to think, feel and relate to people and his or her environment.

**Seriously Mentally Ill:** Those who have been diagnosed as having schizophrenia, delusional disorders, psychotic disorders and mood disorders, or personality disorders resulting in severe and persistent dysfunctional behavior. Twelve to fourteen million Americans are afflicted, making it more common than cancer, diabetes, heart disease or arthritis.

* ***Other related costs include costs of reduced productivity of co-workers, increased accidents and damage to equipment, security measures, and costs of recruiting, replacing and retraining employees.***

Source: Rice, Kelman, Miller, Dunmeyer, "The Economic Costs of Alcohol and Drug Abuse and Mental Illness," 1985. (Estimates were projected through 1988).

*Mental Health in Nevada*

* ***Since 1980, per capita spending on mental health in Nevada, adjusted for inflation, has dropped by 35%.*** In terms of constant '82-'84 dollars, per capita spending was $21.10 in 1980 and $13.69 in 1994.

* ***In Nevada, the mental health system is crisis-based, the most expensive way to provide services.*** On a national basis, comprehensive community-based mental health services are shown to be the most effective and cost-efficient way of providing services.

* ***Approximately 40% of Nevada's homeless population suffers from serious mental illness, and many of these people suffer from drug and alcohol abuse problems.***

Source: Adams, Lahren, Lawrence, Puddephatt, Smith, Weisner, "Position Paper: Mental Health Services in Nevada," 1995.

*Suicide Statistics for Nevada*

* ***Nationally, suicide is the 3rd leading cause of death for adolescents. In Nevada, suicide is the 2nd leading cause of death, after motor vehicle accidents.***

* ***Nevada consistently ranks as first or second in the nation for per capita suicides by adolescents.***

* ***National data of predominant suicide motive shows:***
  ***33.3% of youth, ages 14-19, who attempted suicide did so because of romantic problems.***

  ***The predominant motive for young adults, ages 20-24, was problems with the law, 16.4%, followed by mental illness, 13.1%, and romantic problems, 11.8%.***

## *CHILDREN'S CABINET MENTAL HEALTH TASK FORCE*

Background

At the annual retreat of the Children's Cabinet Board of Trustees in January, 1994, members agreed to establish a task force to identify the players in mental health/family counseling services, to establish appropriate roles for each and to expand resources to provide these services.

Family Court Judge Scott Jordan, an Advisory Board member of the Children's Cabinet, was recruited to chair the Task Force which met eight times during 1994 and gradually focused its efforts on the mental health needs of youth and families who are in the custody of local or state authorities.

Representatives from the following agencies participated in the Task Force:

Family Court of Washoe County
Washoe County Juvenile Services
Washoe County Social Services
State Division of Child and Family Services
Children's Cabinet, Inc.
West Hills Hospital

For more information regarding these recommendations, contact Judge Jordan, 328-3800.

Recommendations

The Children's Cabinet Mental Health Task Force agreed that the goals of mental health evaluation and treatment in the context of child abuse and neglect and delinquency cases should be:

1. goal-oriented;
2. specific;
3. time-limited;
4. the least intrusive possible.

In the child protection system, more specifically, the goals are:

1. to protect children;
2. to reunite families if possible, and if not, to find another permanent home;
3. to repair the damage of abuse and neglect;
4. to integrate the child into the new family.

## *MENTAL HEALTH STUDY GROUP*

Background

The Mental Health Study Group began meeting in 1991 in Northern Nevada as a result of dialogue within the Nevada Mental Health Coalition regarding a number of mental health issues. The Nevada Mental Health Coalition is a statewide group of concerned citizens and mental health providers from a variety of disciplines. The goals of the Coalition are to enhance Nevadan's access to mental health services and to preserve Nevadan's freedom to utilize the mental health providers of their choice.

A particular focus of the Mental Health Study Group has been on consumer laws relating to access of care. NRS 689A and 689B include laws to protect freedom of trade and authorize reimbursement for mental health services provided by psychologists, marriage and family therapists and clinical social workers. The Study Group believes the elimination of these sections would reduce access to mental health care by the public and therefore is working hard to safeguard and strengthen consumer laws which provide mental health care as part of an integrated health care delivery system available to all Nevadans.

Since 1991, members of the Mental Health Study Group have continued to meet on an informal basis with various officials, including state Senator Randolph Townsend, to discuss mental health issues and linkages between providers and consumers. The Study Group has formulated a number of priority recommendations and action steps for consideration by the legislature, local policy-makers and the public. For more information, contact Cathy Clayton, 323-0478.

Recommendations

1. Law enforcement agencies need crisis mental health counselors to assist them in assessing mental health issues at the scene of a family disturbance call.

   *Suggested Action: A pilot project should be funded to test the concept of placing highly-trained teams of crisis intervention professionals to work directly on the front line with law enforcement officers responding to family disturbances during the peak evening and weekend hours. The pilot project would involve two teams, supervised by a licensed clinician, through a collaborative effort by the Children's Cabinet, Inc., and the Reno Police Department.*

2. Long waiting lists document a severe lack of mental health services in Nevada for all age groups. Additional resources are needed to address the demand for low-cost or no-cost outpatient mental health services. Services must be available during alternative hours, i.e. not just 9 to 5, Monday through Friday.

6. More attention must be given to meeting the mental health needs of prisoners in the Washoe County jail and state prison system.

   *Suggested Action: The legislature should hold public hearings to address the mental health needs of prisoners and design a collaborative response.*

7. The linkages between mental health and peri-natal substance abuse must be explored and addressed through innovative and multi-disciplinary approaches.

   *Suggested Action: Support the budget request to create a peri-natal sub-committee of the Governor's Maternal and Child Health Advisory Board and the creation of a state Coordinator position to address the issues of peri-natal substance abuse through prevention, intervention and treatment.*

8. Services to children and their families must be integrated across "turf" boundaries and be accessible to families in their neighborhoods. Emphasis must be placed on prevention of mental health and other problems.

   *Suggested Action: Support the creation of a statewide network of neighborhood-based Family Resource Centers to provide support for families struggling with the myriad issues of mental health, child care, education, poverty, health care and jobs. Each community should determine the location and core services to be provided at its Family Resource Center, which will have a coordinating mechanism in place to link residents to the network of available services.*

## *FIRST ANNUAL NORTHERN NEVADA FORUM ON MENTAL ILLNESS*

Background

On September 24, 1994, more than 150 people attended a Reno Forum on Mental Illness, organized primarily by mental health advocate Rosetta Johnson. The goal of the conference was to raise the public's awareness of mental illness issues through education and information, with a special focus on the impact on the individual, the family, and society.

The objectives of the Forum were as follows:

1. Increase awareness of mental illness as a disease which is treatable and can happen to anyone at any time in life.

2. Eliminate the stigma attached to mental illness.

3. Identify social structures which interact with individuals who are mentally ill and their problems in providing adequate service and care.

4. Identify and begin to form inter/intra linkages to:
   a. strengthen the agency,
   b. enhance services,
   c. cut costs,
   d. avoid duplication of services,
   e. make services more readily accessible to the client, become more "user friendly" and utilize a holistic approach.

Topics addressed at the Forum included diagnosis and treatment issues, legal issues, vocational rehabilitation and community life issues. A number of general recommendations emerged from the Forum regarding these issues as outlined below. For more information, contact Rosetta Johnson, 825-7023.

Recommendations

**Expanded Treatment of Dual Diagnosis Patients**

Persons with dual diagnosis of substance abuse and mental illness have great difficulty in accessing treatment as substance abuse programs "screen out" those with mental illness while mental health programs insist the substance abuse problems must be treated prior to admission to their treatment programs. Programs must be designed to accept these dual diagnosis patients. At the same time there must be significant cross-training between

## *MENTAL HEALTH LEGISLATIVE TASK FORCE*

Background

A group of mental health advocates, consumers and professionals meet monthly in Clark County to discuss multiple concerns regarding mental health issues in Nevada. Over the past year, a Mental Health Legislative Task Force was formed in order to research and prepare a Position Paper to be presented to the 1995 Legislature.

The Position Paper was formally released in February, 1995, and includes an extensive history of mental health care in Nevada. The Position Paper also includes information regarding the 1992 budget cuts in mental health services and the resulting impact on Nevadans.

For more information on the Mental Health Legislative Task Force, contact Ann Marie Smith, 363-2000.

Recommendations

The major recommendations contained in the Position Paper prepared by the Mental Health Legislative Task Force are summarized below with a comparison to the existing mental health system in our state.

1. An integrated crisis/emergency system which includes mobile crisis services is needed to provide same day crisis intervention availability, medication evaluation, screening for involuntary commitment and acute inpatient access.

   *The current system is composed of two walk-in crisis units with no mobile services. Inpatient stays are too short to be therapeutic. There is inadequate discharge planning or follow-up care.*

2. A comprehensive case management system is needed which includes advocacy, case identification, family and individual support services, outreach and referral to rehabilitation, treatment and support services.

   *The current system has limited case management services with little advocacy, outreach or family services. There is limited counseling available.*

3. Medication evaluation and maintenance services are needed which include both individual and group medication visits with a psychiatrist at least once a month and more often if needed.

## *NORTHERN NEVADA ALLIANCE FOR THE MENTALLY ILL*

Background

The Northern Nevada Alliance for the Mentally Ill (NNAMI) is a non-profit corporation composed of families, friends and professionals dedicated to helping people with mental illness and their families cope with the devastation of the illness.

The goals of the Alliance are:

* To stimulate the development of needed services, extend present treatment facilities and create new ones.

* To increase our participation in policy-setting efforts that affect the mentally ill of local, state and national levels.

* To initiate and support legislation which directly benefits the mentally ill and their families.

* To campaign for adequate funding to implement those laws.

* To promote and encourage research.

NNAMI establishes cooperative liaisons with service providers to alert them to unmet needs, monitor continuity of services and work together as a rehabilitation team. NNAMI provides five areas of service to the community: educational meetings, workshops, literature on causes, symptoms, alternative treatments and available local services, assistance to all who ask and emotional support in times of crisis

The following recommendations were gathered at the monthly NNAMI meeting, held on February 22, 1995. For more information, contact Norma Brownell, 784-6181.

Recommendations

1. Provide financial, training and respite support for families who are caring for a mentally ill relative. Families need assistance in accessing services, understanding diagnoses, confronting overwhelming paperwork and learning how to cope with their relative. Parents who have mentally ill children living at home often need occasional respite care and financial assistance to access health care for their adult children. Families are an integral part of the support system for mentally ill people and should be included as part of the treatment team.

## *TRUCKEE MEADOWS HUMAN SERVICES MASTER PLAN*

Background

In 1992, the Truckee Meadows Human Services Association (TMHSA), an organization of more than 60 public and private human services agencies in Northern Nevada, launched a comprehensive effort to complete a master plan for human services in the Truckee Meadows. The Association's actions were driven by AB 239, a law passed by the 1991 Legislature, which required the Nevada Department of Human Resources to develop a human services plan statewide. Each County had the opportunity to submit a plan for their region; in Washoe County, TMHSA was the logical entity to oversee this process.

TMHSA and its member agencies, in cooperation with the City of Reno, City of Sparks, Washoe County, and the United Way, provided funding for the comprehensive planning process in Washoe County which involved more than 200 experts in the field and became a model for human services planning in the state.

The steering committee for the Master Plan defined its mission as follows:

> *To develop and implement a community planning process which enhances the quality of life in Washoe County by ensuring that all members of the community can enjoy basic food, clothing, shelter, safety, and health care; independence; an opportunity for achievement of their full potential; and a loving, nurturing environment.*

The planning process encompassed a variety of planning mechanisms, including a Community Attitudes Survey, a Provider Survey, Client Focus Groups and Research Teams addressing twelve topics over a period of four months, from December through March, 1992.

Mental Health was identified as one of the key twelve topic areas and was mentioned often by other research teams as a major component.

*Mental Health Issues Identified in Washoe County Master Plan*

*Community Attitudes Survey*: A statistically significant random sample of 400 households in the Truckee Meadows, including Incline Village, were interviewed to determine their opinions about human services in December, 1991. Several findings relate to the issue of mental health:

* 24% of the respondents believed that lower cost health care is the most important human service need in the community today.

Institute, Washoe Medical Center, Veterans Administration Medical Center, the Office of Protection and Advocacy, Family Counseling, and a psychologist in private practice.

Findings

* Clients of the mental health services system do not generate much compassion and support.

* Major paperwork requirements from governmental funders reduce providers' ability to function effectively.

* There are many barriers to self-sufficiency of clients; economic, social (including values and attitudes that stigmatize people); institutional; professional conflicts among providers; limited personal financial and support system resources; research and knowledge base on effective treatment; and an absence of effective advocacy.

Recommendations

The Mental Health Research Team outlined four recommendations in the master plan:

1. Expand and strengthen ombudsmen programs.

2. Develop a citizens coalition on mental health to advise the Legislature.

3. Given funding, emphasis on early treatment and prevention.

4. Expand treatment facilities of dual diagnosis (substance abuse and mental illness) and chronic mentally ill patients.

The issue of mental health was also mentioned in a number of reports from other research teams as outlined below.

**Basic Needs: Income Maintenance Subcommittee**

Finding: The state mental health budget cutbacks have had a direct impact on the unavailability of basic services and assistance for low-income mental health out-patients; local providers of assistance are feeling the financial impact of such cuts in greater requests for services.

Recommendation: Advocacy of state and local legislation ensuring the adequacy of funding for the administration and provision of sufficient public entitlement programs and benefit amounts.

3. Data regarding existing services in the community has been gathered by the Committee to be compiled into a Directory of mental health services. The Committee intends to work closely with the Crisis Call Center to fully implement this idea.

**GOALS**

1. To work on the development of a definition of Extreme Emotional Distress to help patients in receiving services.

2. Develop coalitions that bring together consumers, parents and providers to address legislative issues and other issues of concern to both groups.

3. Develop a specialized directory of services for early intervention and prevention for mental health practitioners.

4. Work with the state Bureau of Alcohol and Drug Abuse and Division of Mental Health/Mental Retardation to address the problem of services for people with both mental health and chemical dependency problems.

findings, which are summarized below, along with recommendations and action plans. The Hispanic Unity Summit has established an on-going committee to more fully develop these action plans. For more information, contact Joaquin Borrego, 784-6668.

**Finding #1: Mental health service providers lack bilingual and bicultural skills and training.**

Recommendations:

* Develop recruitment and mentorship programs for Hispanics to encourage career development in the mental health field.

* Develop a mental health paraprofessional program to provide services within the community.

* Encourage universities and community colleges to develop practicums and placements in community-based agencies.

Action Plan:

* Direct university and community college administrators to provide incentives within their schools that encourage bilingual/bicultural individuals to pursue a career in the mental health field.

**Finding #2: Hispanics have limited access to existing bilingual and bicultural mental health service providers.**

Recommendations:

* Provide community-based educational programs for Hispanics that break down stereotypes and stigmas associated with seeking mental health services.

* Develop outreach programs designed to increase awareness among Hispanics about the mental health programs available to them.

Action Plan:

* Community-based agencies must direct funds to create outreach programs that target Hispanic clients.

## *RURAL COMMUNITIES IN NORTHERN NEVADA*

Background

A number of rural Northern Nevada communities prepared human services master plans for their counties in response to AB 239, passed by the 1991 Legislature. These plans are contained in the Nevada Master Plan for Human Services, published in June, 1993, by the Department of Human Resources.

Five major recommendations were presented to the Legislature in 1993 as the culmination of the efforts of hundreds of Nevadans who took part in this state-wide process. The five general recommendations are presented below along with portions of the plans which pertain to mental health issues for three rural counties in Northern Nevada: Carson City, Churchill County, and Lyon County.

For more information, contact Alan Glover, 687-4474.

Recommendations

A synthesis of the individual recommendations from county planning processes, contained in the Nevada Master Plan for Human Services follow.

1. Encourage additional communication, cooperation, and collaboration among all parties with an interest in Nevada's human services systems: state and local government agencies, non-profit and for-profit human services providers, the business community, individuals and families who use human services, and members of the general public.

2. Allocate more resources to the front end of human service systems in order to more effectively deal with problems at the earliest appropriate opportunity and to prevent such problems.

3. Allocate resources to the development of additional human service resources at the state and local level.

4. Shift the focus in providing human services from the individual to the family and community.

5. Recognize and build upon the strengths of our communities and service systems.

The CAB also identified the top five issues considered "do-able" by Churchill County. No specific mental health priority was established; however, one long-term strategy calls for the establishment of a Centralized Intake and Referral location where providers would be encouraged to relocate together and have one agency/person/ place to evaluate needs and make appropriate referrals, possibly 24 hours a day.

## Lyon County

The Lyon County Interagency Group, composed of state, county, and local human service providers and citizen advocacy groups, developed the Human Services Master Plan for their community. The Group identified six high priority issues facing their residents. Mental health was one of the priority issues.

The mental health findings in Lyon County represent many of the issues faced by residents in rural communities surrounding Washoe County and are reproduced here for that reason.

## Mental Health Findings

State budget reductions have dramatically impacted services to all ages. Staff has been reduced by almost 50%. Economic and social conditions have increased the need for services and clients are without adequate treatment.

Residential and institutional care is totally absent in Lyon County.

Chronically and seriously mentally ill patients do not receive the attention necessary to ensure proper administration and monitoring of medications.

Victims and perpetrators of sexual and other abuse need support groups to supplement the healing and aftercare needs they experience.

There is a need to increase public awareness of psycho-social problems and how to spot the danger signs.

Communication between service agencies and networking of services is crucial to ensure minimal duplication of efforts and appropriate referrals.

Transportation is a barrier to regular treatment programs. There is no public transportation system available which would adequately meet the needs of patients.

## *STATE DIVISION OF MENTAL HYGIENE/MENTAL RETARDATION*

Background

The State Division of Mental Hygiene/Mental Retardation operates as a division of the Department of Human Resources. The Division of Mental Hygiene/Mental Retardation, operates under the direction of Acting Administrator, Carlos Brandenburg, appointed in February, 1995.

The mission of the Division is to develop and operate programs which assist mentally ill, mentally retarded individuals to live as normally as possible. Programs operated by the Division address life management needs of the clients and are predicated on treatment in the least restrictive environment.

The Division is guided by the Commission on Mental Hygiene and Mental Retardation composed of seven members appointed by the Governor.

Unduplicated clients served by the Division during the last four fiscal years are presented below.

***State Mental Health Unduplicated Clients Served Counts: FY 91 to FY 94***

| Service Entity | FY 91 | FY 92 | FY 93 | FY 94 |
|---|---|---|---|---|
| Rural Clinics | 7,507 | 5,607 | 4,443 | 4,098 |
| Lakes Crossing | 135 | 130 | 155 | 152 |
| SNAMHS | 7,162 | 6,529 | 6,551 | 6,844 |
| NMHI | 1,860 | 1,913 | 1,661 | 1,640 |
| TOTAL | 16,664 | 14,179 | 12,810 | 12,734 |

Source: Mental Health and Mental Retardation, Budget Handout, February, 1995

Mental health services provided by the Division are divided into four service units, each targeting specific consumer groups as described on the following pages.

Nevada Mental Health Institute (NMHI)

The Nevada Mental Health Institute targets adults with moderate to severe mental illness living in Northern Nevada or in a rural area of the state. The Institute is located in Sparks.

Services provided by NMHI include:

* inpatient hospital care
* outpatient counseling
* living skills
* activities therapy
* supported living arrangements
* case management
* medication clinic
* job skills, training and placement
* client financial supervision

Recommendations

The following funding recommendations for the division of Mental Hygiene/Mental Retardation were included in the Governor's Executive Budget and formally presented at a meeting of the legislature's Joint Finance Committee on February 7, 1995.

Rural Clinics

* Reestablish three mental health offices in Battle Mountain, Lovelock and Fernley/Silver Springs.
* Increase psychiatric hours in mental health clinics.
* Provide funding for contract out-patient services.
* Provide funding for contract job placement/coaching for mental health clients.
* Provide funding for four additional case management staff.

*Current Biennium Budget (94-95): $8,424,242*
*Projected Biennium Budget (96-97): $10,155,548*

Lakes Crossing

* Restoration of competency of inmates.
* Identification of treatment of mentally ill inmates.

*Current Biennium Budget (94-95): $5,645,985*
*Projected Biennium Budget (96-97): $6,290,582*

Under the Governor's plan, the total budget for the Division would rise from the current level of $118,171,746 to $141,531,927. Staffing levels would increase from a total full-time equivalents (FTE) as outlined below:

| | |
|---|---|
| FY 94: | 922 |
| FY 95: | 930 |
| FY 96: | 1,002 |
| FY 97: | 1,003 |

Everyone has a role to play in designing and implementing a comprehensive public/private mental health care system and everyone must be heard. New methods of delivering services can be developed through community-based mechanisms such as Family Resource Centers. A neighborhood-based Family Resource Center can provide a non-stigmatizing atmosphere for the delivery of preventive and early treatment services during hours when families can access them: evenings and weekends.

Financial support, training and respite care must be provided to families who are caring for a mentally ill relative. Family members should be included on the treatment team and encouraged to actively participate in decisions affecting their loved ones.

Left untreated, mental illness can lead to unemployment, child abuse and neglect, homelessness, violence, increased substance abuse and criminal behaviors that will ultimately cost much more than a well-designed and funded system of public/private institutional and community-based mental health care.

Nevadans understand the cost-effectiveness of prevention and early intervention services for the mentally ill. In a University of Nevada poll released early in 1995, 51% of the respondents in Northern Nevada reported they believed the state and local government should be spending *more* on mental health programs.

At the same time, there is a prevalent belief in the community that private insurance plans must include adequate coverage for all levels of mental health care. We must insist that insurance companies provide incentives for early intervention services which will help avoid more costly in-patient treatment.

Finally, prevention programs must be emphasized for all age groups, but especially for families with young children. Early identification and treatment of mental illness is essential in order to avoid extremely costly out-of-state placements for Nevada's children and youth.

An investment in quality, accessible mental health care for all Nevada's citizens will provide the basis for our state's economic growth, public safety and quality of life.

Our children deserve no less.