

# EXECUTIVE SUMMARY

## OVERVIEW

For almost 20 years, Nevada has been the leader of the fastest-growing states in the nation. During the last decade, from 1990 through 2000, Nevada was the fastest-growing state with a total population growth of 66% across the decade, compared with a national average growth rate of 13%.<sup>1</sup> Based on interim census data through July 1, 2005, the Census Bureau reported in a press release that Nevada was still the fastest-growing state for the 19th consecutive year through 2005.<sup>2</sup> In 2006, Arizona narrowly edged out Nevada as the fastest-growing state, with growth of 3.6% over the year, compared to 3.5% for Nevada.<sup>3</sup> Las Vegas still remains among the top ten fastest-growing metropolitan areas in the U.S., ranking fifth in 2006.<sup>4</sup> Currently, Nevada's total population is estimated to be 2,736,786 in 2007.<sup>5</sup>

Based on its extreme population growth, Nevada faces difficult challenges in its urban, rural, and frontier areas. The state's two major population centers, Reno and Las Vegas, account for almost 88% of Nevada's population. In these two urban centers, the economy is highly dependent on tourism and gaming, creating a population boom that makes it difficult to keep pace with needed community-based services.

In sharp contrast, the remaining 12% of the state's population outside of Washoe County (Reno) and Clark County (Las Vegas) reside in 15 rural and frontier counties. In these areas, local economies are more dependent on mining and ranching, and so residents tend to experience the "boom and bust" cycles characteristic of the state in a much earlier era. These fluctuating economies result in marginal infrastructure for most rural and frontier areas, creating a distinct need for community-based services, especially during fiscal and social fluctuations. Staff recruitment and retention has been an ongoing problem in rural and frontier counties, where it is often difficult to find and keep qualified service providers who desire to live and work in remote areas.

Further complicating the provision of services to populations in need, Nevada faces some of the highest rates of social problems in the country. Nevada was ranked number one nationally in the suicide rate per 100,000 population from 1996 through 1999, and remained one of the top five states each year from 2000 through 2004. Nevada currently ranks second highest in the nation

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<sup>1</sup> U.S. Census Bureau (2000). *Population Distribution and Composition, 2000*. Retrieved August 25, 2006, from <http://www.census.gov>.

<sup>2</sup> U.S. Census Bureau (2005). *Nevada Edges Out Arizona as the Fastest-Growing State*. Retrieved August 25, 2006, from <http://www.census.gov>.

<sup>3</sup> U.S. Census Bureau (2006). *Louisiana Loses Population; Arizona Edges Nevada as Fastest-Growing State*. Retrieved August 28, 2007 from <http://www.census.gov>.

<sup>4</sup> U.S. Census Bureau (2007). *50 Fastest-Growing Metro Areas Concentrated in West and South*. Retrieved August 28, 2007 from <http://www.census.gov>.

<sup>5</sup> Hardcastle, J. (2006). *Nevada County Population Projections 2006 to 2026*. Retrieved August 21, 2007, from [http://www.nsbdc.org/what/data\\_statistics/demographer/pubs/](http://www.nsbdc.org/what/data_statistics/demographer/pubs/).

for its suicide rate.<sup>6</sup> In a national study conducted by the Institute for Innovation in Social Policy, Nevada was identified as a “social recession” state because of chronic problems including suicide among the elderly, suicide among teens, food stamp coverage, low high school completion, drug abuse among teens, and child abuse.<sup>7</sup>

Taken together, the urban and rural contrast creates an acutely difficult social environment for persons with mental illness living in Nevada: Urban areas have service infrastructures that are struggling to keep up with the population boom, while rural areas have populations desperately in need of better service infrastructures. The bottom line is that Nevada is a small state challenged by unusually high growth, uneven population density, shifting economic forces, and discouraging social indicators. Increased community-based services for adults and children with mental disorders in Nevada are desperately needed in all areas of the state.

These challenges naturally lead to the question: What is being done to help those in need?

### **NEW HOSPITAL IN LAS VEGAS TO ADDRESS EMERGENCY ROOM OVERCROWDING**

The tremendous growth in the Clark County area, where Las Vegas is located, has created an emergency room hospitalization crisis for people with mental health problems needing inpatient care. This has been ongoing since 2003. During State fiscal year 2006, an average of 61 patients on involuntary commitments waited an average of 96 hours each, per month, in Las Vegas emergency rooms to receive medical clearance before transfer to the inpatient hospital at Southern Nevada Adult Mental Health Services (SNAMHS). According to the Center for Mental Health Services (CMHS), the national average of publicly funded inpatient psychiatric beds is 33 per 100,000 of the general population. By contrast, the average number of publicly funded inpatient psychiatric beds in Las Vegas is approximately 11 per 100,000 of the general population. Nevada is well below the national average for publicly-funded inpatient beds. Although community-based services remain at the forefront of support provided to people with mental illness through the state system of care, the extreme population growth requires that additional inpatient needs be met.

In response to the emergency room wait-time crisis, the Governor’s budget submitted to the 2003 Nevada Legislature prioritized the construction of a new 150-bed psychiatric hospital in Las Vegas. The Legislature initially approved \$32 million to build the hospital. Subsequently, an additional \$11 million was approved in order to increase the facility to 190 beds. The new Rawson-Neal Hospital opened on August 28, 2006.

### **CONTINUED BUDGET INCREASES**

One of the primary ways services for adults have been improved recently is through budget increases approved for the Division of Mental Health and Developmental Services (MHDS)

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<sup>6</sup> McIntosh, J. (2006). *U.S.A. Suicide: 2004 Official Final Data*. Washington, DC: American Association of Suicidology.

<sup>7</sup> New York Times. (2004). *American Dreamers: The Lure of Las Vegas*. New York Times, VOL. CLIII, No. 52, 865.

during the 2003, 2005, and 2007 legislative sessions. Successful advocacy efforts on the part of Nevada consumers and mental health stakeholders helped contribute to a 31% increase in the budget for adult mental health services during State fiscal years 2004 and 2005. This was followed by a remarkable 48% budget increase for State fiscal years 2006 and 2007. Subsequent to the most recent legislative session, there has been an additional 27% budget increase for State fiscal years 2008 and 2009. New funding over the past four fiscal years has served to increase staff and services throughout the state. New funding for the next two fiscal years promises more growth for needed services.

## **OFFICE OF SUICIDE PREVENTION**

In order to address Nevada's high suicide rate, several important initiatives have been undertaken. Two new suicide prevention staff positions were funded by the 2005 Nevada Legislature, including a Statewide Suicide Prevention Coordinator, located in Carson City, and a Suicide Prevention Trainer, located in Las Vegas. These positions are employed through the Nevada Department of Health and Human Services (DHHS) in its newly-formed Office of Suicide Prevention. Additionally, the Division of Child and Family Services (DCFS) successfully obtained a three-year, \$1.2 million youth suicide prevention grant from the Substance Abuse and Mental Health Services Administration (SAMHSA). This grant has been passed through to DHHS for the Office of Suicide Prevention, and serves to fund two additional positions: a Youth Suicide Prevention Coordinator and a Training Assistant, both located in Las Vegas.

A primary goal for the new Office of Suicide Prevention was to develop a statewide plan and programs for suicide prevention and intervention, along with ongoing evaluation of the effectiveness of the statewide plan and related programs. This goal was achieved in 2006 with the completion of the *Nevada Suicide Prevention Plan 2007 – 2012*. This plan is closely based on the *National Strategy for Suicide Prevention, 2001*. The *Nevada Suicide Prevention Plan* has 11 goals and 35 objectives. These goals and objectives include three major focal points: Awareness, Intervention, and Methodology (AIM) for suicide prevention in Nevada.

## **MENTAL HEALTH TRANSFORMATION EFFORTS**

In order to help provide a clear direction for the growth of mental health services in Nevada, the 2003 Nevada Legislature established the Nevada Mental Health Plan Implementation Commission, with the goal to develop an action plan for implementing the recommendations of the President's New Freedom Commission on Mental Health. The Nevada Commission held seven meetings during the interim between the 2003 and 2005 legislative sessions. During its work sessions, the Nevada Commission received testimony from national experts, many of whom had served on the President's New Freedom Commission on Mental Health, and from stakeholders statewide. The meetings of the Nevada Commission were organized around the six goals contained in the final report of the President's New Freedom Commission.<sup>8</sup>

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<sup>8</sup> (2005). *Nevada Mental Health Plan Implementation Commission, Bulletin 05-8*. Carson City: Legislative Counsel Bureau.

In January 2005, the Nevada Commission published its final report, which contained three Legislative action recommendations and 21 Commission action recommendations within the context of the six national goals. To help support the work of the Nevada Commission, MHDS recently identified six key areas for transformation efforts in the state, which are ongoing based on the Nevada Commission's recommendations.

DCFS is using its five-year, \$3.7 million Child and Adolescent State Infrastructure Grant (SIG) to implement goals and objectives targeted for the transformation of children's mental health services. The primary goal of this grant project is to develop integrated service delivery that promotes early intervention and access to evidence-based practices. This grant project will capitalize on existing service integration efforts including the Neighborhood Family Service Center model implemented in the southern region, along with the Wraparound in Nevada (WIN) service model for children in the child welfare system. Statewide oversight for children's mental health transformation efforts is provided by the Nevada Children's Behavioral Health Consortium. This Statewide Consortium has four active workgroups focusing on areas including 1) strategic planning, 2) finance, 3) systems collaboration, and 4) policy and legislation. The Statewide Consortium also serves to augment the work of the three regional Mental Health Consortia, originally mandated by the 2001 Nevada Legislature.

### **CMHS BLOCK GRANT FUNDING**

Block Grant funding from CMHS continues to be a vital, direct funding contribution toward the improvement of community-based services in Nevada, along with mental health transformation efforts, through a number of important programs. The Consumer Assistance Program (CAP), which was started with Block Grant funds, has been a major step toward including consumers as service providers within the system of care and increasing consumer involvement in the planning and development of services. Programs for Assertive Community Treatment (PACT) Teams, which utilize evidence-based practices, have been active in the State since 1998 in the northern and southern regions. The Wraparound in Nevada (WIN) program, which also utilizes evidence-based practices, serves to provide increased mental health support for children in the child welfare system.

Stability in block grant funding for Nevada, along with State-funded mental health budget increases, serve to maintain outpatient staff growth and community-based service improvements that are directly helping children and adults in Nevada to achieve a higher, more functional quality of life as they work toward personal recovery from mental disorders.