



Last but not least

Oh, Nevada. We're 51st—again. Mental Health America released its 2020 State of Mental Health in America report, and Nevada is once again the state with the worst overall ranking in the country, just like in the 2019, 2018 and 2017 reports. For those keeping score, the first two years the report was issued in 2015 and 2016, Nevada was 49th.

It's depressing to see states like Alabama (40th) and Mississippi (34th) eclipse us. Even more discouraging is seeing Arizona, a state we used to battle for last place, rise steadily upward—now ranking 28th. What do they know that we don't?

It's actually what Arizona is doing about the problem that is making the difference. Arizona has invested in crisis response centers which provide same-day access to psychiatric evaluation, medication management and ancillary services. Psychiatrists, nurses, social workers and peer support staff provide immediate crisis resolution services to everyone, regardless

of ability to pay. They worry about collecting from insurance companies later.

Recognizing the need for safe and affordable housing options, Arizona's Regional Behavioral Health Authorities offer a variety of housing opportunities and support services for those living with a severe mental illness. These include rent subsidies and supported housing programs, bridging subsidy housing assistance while clients are on wait lists for other housing, and private housing with in-home, wrap-around behavioral health services. Arizona understands there's no "one-size-fits-all" housing program that will meet everyone's needs, so they also help with home repairs, provide move-in assistance and run eviction prevention programs to help clients maintain stable independent living situations.

Nevada is moving in the same direction, but at a snail's pace. We now have regional boards of community members who keep up with local behavioral health data and make recommendations to



improve care in their communities. Earlier this year, the Washoe Regional Behavioral Health Policy Board successfully sponsored a bill to create a framework for a Nevada version of crisis stabilization centers, but full implementation is probably years, maybe decades, away. No funding was allotted to subsidize the creation of these centers, and the limited funding available on a reimbursement basis from Medicaid and private insurance won't cover start-up costs. And a multi-faceted housing program that has many different options to match up with a particular individual's needs? Not even on the radar.

Nevada should focus on a subset of the population everyone knows is not getting enough care, the mentally ill homeless. Ask any judge about the problem, and you'll get an earful about the lack of resources and the frustration of sending people to jail for crimes directly linked to the status of their mental health. Ask any hospital discharge planner about the

difficulty of finding a place for those living on a pauper's disability income of \$800 a month when even the seedy motel rooms downtown are no longer an option. And what about indigent people experiencing dementia or people with intellectual disabilities and medical problems who cannot take care of themselves?

The answer is housing with supportive services, a safe place to live monitored by trained personnel to help with the basic tasks of daily living and provide a sense of purpose. We need a safety net to catch folks when they go off their medications or wander back into the darkness where they're often preyed upon by a criminal element. We should experiment with new models of engagement, such as a mobile van with psychiatric personnel to provide immediate access to medications and resources.

When you're last—by a lot—it's going to take bold leadership and a major investment of public and private funds to move out of 51st place. Who's going to step up? □




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