

DISCLAIMER

Electronic versions of the exhibits in these minutes may not be complete.

This information is supplied as an informational service only and should not be relied upon as an official record.

Original exhibits are on file at the Legislative Counsel Bureau Research Library in Carson City.

Contact the Library at (775) 684-6827 or library@lcb.state.nv.us.

NEVADA DISABILITY ADVOCACY & LAW CENTER

Nevada's Federally-Mandated Protection and Advocacy System for Individuals with Disabilities

STATEMENT BY JAMES J. VILT, ESQ. OF
NEVADA DISABILITY ADVOCACY & LAW CENTER
TO THE
ASSEMBLY COMMITTEE ON WAYS AND MEANS
AND THE SENATE COMMITTEE ON FINANCE
JOINT SUBCOMMITTEE ON K-12/HUMAN RESOURCES

February 17, 2003

Good morning. I come to you on behalf of Nevada Disability Advocacy & Law Center (NDALC), Nevada's federally mandated, governor designated protection and advocacy system for individuals with disabilities. See the Protection and Advocacy for Mentally Ill Individuals Act of 1986 (42 U.S.C. §§10801 et seq).

NDALC is charged with both investigating allegations of abuse and neglect and advocating for individuals with a mental health diagnosis. In attempting to satisfy these obligations, we have come to conclude that the State of Nevada is simply failing to meet the mental health needs of its increasing populace and desperately requires, among other things, sufficient funding to ensure that the rights and lives of those with mental illness are adequately safeguarded.

As we speak, a significant number of individuals alleged to be mentally ill languish in area emergency rooms while awaiting transfer to the State's psychiatric inpatient facility. Some of these individuals will be placed in physical restraints until there is more space at the State facility and few will be provided with any treatment for the condition which serves as the basis for their detention.

Once these people move on to the State facility and are stabilized, their names may be added to the lengthy waiting lists that exist for residential support programs and for medication clinic appointments. Most of these individuals will then be discharged back into their community without the supports they need to prevent de-compensation and relapse. As a result, some of them will either repeat this circuit or will be arrested for crimes that relate to their untreated mental illness.

While this is the sad reality of the mental health system as it exists today, we are in a position to change this and plan, not just for Nevada's immediate needs, but for the future. Unfortunately, NDALC fears that this budget does not do enough to ensure the existence of a strong and accessible community-based system of supports to prevent de-compensation and relapse of individuals with mental illness.

✓ MAIN OFFICE

6039 Eldora Avenue, Suite C, Box 3, Las Vegas, NV 89146

702/ 257-8150 (Telephone)

888/ 349-3843 (Toll Free)

ndalc@earthlink.net (Email)

257-8160 (TTY)

257-8170 (Fax)

www.ndalc.org (Website)

NORTHERN OFFICE

1201 Terminal Way, Suite 219, Reno, NV 89502

775/ 333-7878 (Telephone) 788 7878 (TTY)

EXHIBIT O Senate Committee on Finance

Date: 2/17/03 Page 1 of 2

Without an adequately funded community support system, individuals will continue to face barriers to accessing the care they need and will, instead, be made to hit rock bottom before treatment is made available in a costly institutional setting. In the end, this can only wind up costing the state more money.

NDALC encourages you to recognize that it is both morally and fiscally responsible to make every effort to keep mentally ill individuals living in the community when possible. It becomes both expensive to the State and emotionally traumatic to the individual to rely on segregation in expensive institutional settings, whether that be a hospital or a prison.

Ultimately, the role of institutional care in any community is largely determined by the capacity and effectiveness of the community system. While NDALC does acknowledge that acute care in hospitals and other 24-hour facilities is an important part of any continuum of mental health services, we must emphasize that it should be used only when all community-based options have been exhausted.

Moreover, institutional care is only appropriate when it is short-term in nature and both stabilizes an individual's mental illness and addresses itself to long-term stability after discharge by offering services in a manner that takes into consideration the individual's goals and preferences. But again, this cannot occur without an accessible community-based system of supports.

Mental health issues have received a great deal of attention lately as our community has discovered that it is not only the individual that is effected by mental illness. While there are divergent views on how to meet the needs of our mentally ill residents, there is a consensus that these needs are both real and immediate and that a plan to adequately address them can be put off no longer.

I hope that you have found these comments helpful.