

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.

Testimony
Joint Finance Subcommittee on
The Mental Health Budget
February 17, 2003

Submitted by: Vic Davis
President, NAMI Nevada
6150 Transverse Drive
Las Vegas, NV 89146

Good morning Mr. Chairman and members of the committee. My name is Vic Davis and I am the President of the National Alliance for the Mentally Ill in Nevada. I thank you for this opportunity to provide testimony on the proposed Mental Health budget. The providers have testified as to what they need to do to continue services for the state. Our organization would like to address the budget from the perspective of the consumers and family members that we represent. Let me state from the beginning that the Nevada state mental health system is seriously wounded and that this proposed budget is only a band-aide to slow down the bleeding. Anything less than this will be disastrous. Many of you on the committee are aware of the shortcomings, but I am obligated to get our opinions on the record.

First is the need is the need to reinstate the monies cut for the purchase of atypical medicines. Plus, we are concerned that a proposed change to the Nevada TMAP formulary algorithm that makes "cost of medicine" a factor in prescribing medicines does not get abused. While cost is important, it should never override providing the best care available. Nevada has always done well in the past in this area and I hope it doesn't deviate.

EXHIBIT R Senate Committee on Finance

Date: 2/17/03 Page 1 of 4

Next, the most important budget item is for construction of a new mental hospital in Las Vegas. This is an absolute necessity. When a person suffers a brain injury in an accident, we expect that they will be taken to an emergency room, admitted to the hospital for treatment, and released to for rehabilitation or recuperation. This can be an expensive and lengthy process but no one denies that these services are required. Mental illness is no different. When an individual is having a "psychotic episode " the brain is undergoing trauma just like an injury, and the same services are required - diagnosis, hospital treatment, plus recuperation and recovery. Without the diagnosis and hospitalization, there is no recuperation or recovery. The population in Las Vegas has nearly doubled in the last ten years but state services for mental health have not. Because of a shortage of mental hospital beds in Las Vegas, involuntarily commitments are the primary source of admissions with approximately 25 people a day waiting in emergency rooms. The addition of a crisis response team will assist with the crowding but will not solve the problem. And it still does not address the walk-in patients who have to wait and eventually become involuntary commitments themselves. The new hospital will take two years to build and will provide relief to the situation, but in the interim additional staffing is required to bring the current 86-bed capacity up to the licensed capability of 103 beds,

Aftercare from the hospital is essential if the consumer is ever to experience recovery. Outpatient services are woefully lacking in Nevada and the addition of an additional PACT team will assist, if only in a small way, to provide needed care to the seriously mentally ill who are not able to care for themselves. The Olmsted decision requires that persons be treated in the

least restrictive environment available. This additional PACT team will satisfy this requirement for about 70 additional consumers. Because of the lack of adequate outpatient services, which include housing, service coordination and psych-social rehab services, many individuals are leaving the hospital only partially treated, and with no other options end up homeless, in jail, at home where their relatives are held as prisoners, or dead as a result of suicide.

Next week, the Las Vegas Metro Police will graduate its first CIT (Crisis Intervention Team) class of 30 officers. NAMI Nevada has strongly supported the implementation of this effective jail diversion program. This effort along with the mental health courts will go a long way toward removing mentally ill individuals from the county jail system by diverting them to treatment. We at NAMI Nevada are tired of seeing our loved ones going homeless or ending up in jail. But, these programs only work if treatment services are available. Unfortunately, in Nevada this currently is not the case.

The President's Commission on Mental Health has reported, that these circumstances are common throughout the United States. But it seems that when rankings occur, Nevada remains near the bottom of the list. When people having a mentally ill family member contact our organization about moving to Nevada, we routinely advise them not come or if they have to, move to Reno where the services are more plentiful. The bottom line is that the system in southern Nevada, although performing well with the resources available, is saturated and is not capable of further growth. The solution of course is more resources, but this will never happen until the community, as

a whole demands it from the legislature. Persons with mental illness are not considered a significant voting block, however their families may well be. NAMI Nevada's future mission will be to light a fire under the thousands of family members in this state to make them a force to be reckoned with so that the existing shortcomings in our mental health system will eventually be corrected.

I thank you for your attention.