

**MINUTES OF THE MEETING  
OF THE  
ASSEMBLY COMMITTEE ON HEALTH AND HUMAN SERVICES**

**Seventy-Third Session  
February 16, 2005**

The Committee on Health and Human Services was called to order at 1:37 p.m., on Wednesday, February 16, 2005. Chairwoman Sheila Leslie presided in Room 3138 of the Legislative Building, Carson City, Nevada, and via simultaneous videoconference in Room 4401 of the Grant Sawyer State Office Building, Las Vegas, Nevada. [Exhibit A](#) is the Agenda. All exhibits are available and on file at the Research Library of the Legislative Counsel Bureau.

**COMMITTEE MEMBERS PRESENT:**

Ms. Sheila Leslie, Chairwoman  
Ms. Kathy McClain, Vice Chairwoman  
Mrs. Sharron Angle  
Ms. Susan Gerhardt  
Mr. Joe Hardy  
Mr. William Horne  
Mrs. Ellen Koivisto  
Mr. Garn Mabey  
Ms. Bonnie Parnell  
Ms. Peggy Pierce  
Ms. Valerie Weber

**COMMITTEE MEMBERS ABSENT:**

None

**GUEST LEGISLATORS PRESENT:**

None

**STAFF MEMBERS PRESENT:**

Barbara Dimmitt, Committee Research Analyst  
Paul Partida, Committee Attaché

**OTHERS PRESENT:**

Kathy A. Hardcastle, Chief District Judge, Eighth Judicial District Court  
John S. McGroarty, Judge, Eighth Judicial District Court, Clark County, Nevada  
Nancy Saitta, Judge, Eighth Judicial District Court, Clark County, Nevada  
Dan Musgrove, Director, Office of the County Manager, Intergovernmental Relations, Clark County, Nevada  
Peter I. Breen, Judge, Mental Health Court, Second Judicial District Court, Washoe County, Nevada  
E.J. Maldonado, Mental Health Court, Services Officer, Second Judicial District Court, Washoe County, Nevada  
Kenny Guinn, Governor, State of Nevada  
Bunchie Tyler, President, National Alliance for the Mentally Ill of Northern Nevada  
Mark Burchell, Vice President, National Alliance for the Mentally Ill of Northern Nevada  
John Tatro, Judge, Carson City Municipal Court, Carson City, Nevada  
Ben Graham, Legislative Representative, Clark County District Attorneys Association, Clark County, Nevada  
Doug Gillespie, Undersheriff, Las Vegas Metro Police Department  
Kendall Wylie, Sergeant, Crisis Intervention Team Coordinator, Las Vegas Metropolitan Police Department, Las Vegas, Nevada  
Fred Haas, Officer, Crisis Intervention Team, Las Vegas Metropolitan Police Department, Las Vegas, Nevada  
Kevin Barker, Officer, Crisis Intervention Team, Las Vegas Metropolitan Police Department, Las Vegas, Nevada  
Don L. Means, Assistant Sheriff, Washoe County Sheriff's Office, Washoe County, Nevada  
Jim Cox, Deputy, Washoe County Sheriff's Office, Homeless Evaluation Liaison Program, Washoe County, Nevada  
Ondra Berry, Deputy Chief, Reno Police Department, Reno, Nevada  
Patrick O'Bryan, Officer, Reno Police Department, Reno, Nevada  
Steve Johns, Officer, Reno Police Department, Reno, Nevada

**Chairwoman Leslie:**

[Meeting called to order and roll called.] I'd like to open the hearing on Assembly Bill 41.

**Assembly Bill 41: Makes appropriation for operating expenses of mental health court in Clark County. (BDR S-812)**

It is Mr. Horne's bill, so we'll ask him to go to the witness table and make the opening statement.

**Assemblyman William Horne, Assembly District No. 34, Clark County, Nevada:**

I've witnessed this problem firsthand of mental health in Clark County. I've seen clogged emergency rooms. I've seen the mentally ill people in the detention centers, and it's a very important issue to me. Last session I brought a bill and tried to get money for a mental health court to get started up there which mimicked the court that we have here in Washoe. Unfortunately, I was unable to achieve that. We have some very resourceful people down in Clark County who were able to make it happen with Assembly Bill 29 of the 72nd Legislative Session, assessment fees on tickets, and also some grant money to get it up and going.

It has been going for a year now and proven to be very successful. I'd like to mention the people that made this happen. Namely, Judge John McGroarty, Judge Kathy Hardcastle, and Judge Jackie Glass from the Eighth Judicial District Court, Clark County, Nevada. Judge Peter Breen, from the Second Judicial District Court in Washoe County, Nevada presides over the mental health court in Reno and was very instrumental in helping us get our start down south as well. Before I continue this list it's important to note that the reason I list it is because something like this can't happen unless you have all the stakeholders on board.

It is important to understand that Undersheriff Dick Gillespie is here from the Las Vegas Metropolitan Police Department (Metro) and is on board, because they recognize and pick up the same individuals over and over and over again. That takes away manpower off the streets where they're better needed. Also, the District Attorney's Office is in support, because they see the value of sending these people to appropriate services.

We also have Dan Musgrove from the Office of the County Manager, Clark County. We toured the UMC [University Medical Center] ER room, and they highlighted the problems you have with the ERs being crowded, particularly with mentally ill patients. Also if you bring them in with emergency services, such as, ambulance and paramedics, they have to stay with them until they're admitted. Now you have another service that's off the street. And that may delay emergency care for somebody else.

[Assemblyman Horne, continued.] Why are mental health courts so valuable to our communities? Because they serve to direct individual offenders who are in need of mental services to the appropriate mental health facilities. The facilities that are not appropriate are county jails and the many emergency rooms that are clogged with these individuals in need of mental health treatment. Treating these people in jail or in the ER is not cost-effective, nor does it properly serve their psychiatric needs. Not passing this bill would be a disservice to these patients and our taxpaying community.

Plain and simple, it costs more to treat them in jail and in the ER than to send them to the appropriate services. Once again, thank you for allowing me to bring this important issue to the Committee. Before I end, I would request an amendment to page 2, Section 2 of the bill, which appropriates from the General Fund to the administrative office of the courts. This appropriation will go to the southern Nevada mental health services budget. This would be consistent with how the northern Nevada mental health services are funded as well. I invite you now to listen to the real workers of our mental health system in southern Nevada and northern Nevada. I'd like to call up Judge Kathy Hardcastle.

**Chairwoman Leslie:**

Just to make sure we have the amendment clear for our staff, the amount of money in Section 2 doesn't change. Instead of going to the AOC [Administrative Office of the Courts], it would go in the Division of Mental Health's budget.

**Assemblyman Horne:**

That is correct; they are the ones who oversee the services provided through mental health court. They're the ones who should manage it. That's how they do it up north as well. That was my mistake and I apologize. [Distributed [Exhibit B](#).] It just highlights the number of patients in each ER, that are seen, Legal 2000 patients are what they are called, possibly harmful to themselves and others, who as of this morning are in each ER taking a bed.

**Chairwoman Leslie:**

How many was that? I'm not sure I have that yet.

**Assemblyman Horne:**

This is a brief overview. At Summerlin Hospital Medical Center, we have 7; UMC has 9; and Valley Hospital Medical Center has 9.

Also it's important to note that at UMC, there are different codes to indicate whether they can accept new patients. If it's black like at Desert Springs, they

can't take any from any EMS [Emergency Medical Service] deliveries. UMC was in the red as of this morning. This just gives you a brief overview, a snapshot of a period of time just this morning.

**Kathy A. Hardcastle, Chief District Judge, Eighth Judicial District Court, Clark County, Nevada:**

On behalf of our court, the honorable Judge John S. McGroarty; the honorable Judge Jackie Glass, who is ill and unable to attend today; and the honorable Judge Nancy Saitta. We are pleased to present you new information regarding our mental health court in Clark County. I also want to extend our sincere appreciation to Assemblyman Horne for his continued support and interest in funding our mental health court efforts in Clark County.

[Operated PowerPoint presentation, [Exhibit C](#).] As you already know, the chronic severely mentally ill are crowding our local jails. Lack of state resources and a general misunderstanding of this issue continue to immobilize our community's response to this problem.

The judiciary is the most recent partner in the nationwide attempt to address severe mental illness, as mental health courts have evolved as recent phenomena and have only been in existence approximately eight years. Currently there are over 100 mental health courts located in 34 states, with the first mental health court beginning in 1997. The Clark County Mental Health Court began in December 2003 and is designed to identify, treat, and supervise the severely and persistently mentally ill that have multiple contacts with our local jails. Its goal is to reduce the burden on our jails by restoring independent living to those impacted by severe mental illness.

To achieve this end, a multi-system partnership was created between the Clark County Sheriff, detention center, courts, Nevada Parole and Probation, Southern Nevada Adult Mental Health Services, Clark County Public Defender, Clark County District Attorney, and nonprofit mental health providers. The systemwide partnership is critical to the long-term success of mental health court. The process for entering mental health is relatively simple, while the identification of proper consumers remains an art. Inmates are identified by jail social workers or nurses, evaluated by the jail psychiatrist for mental health eligibility, and referred to mental health court.

Upon review of the criminal background and the confirmation of case management treatment services eligibility, the consumer is placed on the court's calendar for acceptance. It should be noted that during this process, the district attorney could deny entry into mental health court for a violent prior offense. While a participant in mental health court, weekly status checks provide

structure and continuity while the consumer stabilizes, reenters the community, and maintains independent living. Results of reducing the burden placed on our jails by the severely mentally ill are encouraging. To date, 33 consumers have been admitted into the program.

[Judge Hardcastle, continued.] A review of the consumers' criminal and jail records 12 months prior to entering mental health revealed these consumers accumulated 3,529 days in local jails and accounted for 129 community-wide arrests. Since the advent of mental health court, these consumers have accumulated 777 days in jail and 49 arrests, a reduction of 78 percent and 62 percent, respectively. Mental health court is a win-win concept. It saves the taxpayers money. It saves the severely and persistently mentally ill from unnecessary incarceration, while protecting public safety and provides consumers an opportunity for a better quality of life. We have four main goals in mental health court: to reduce recidivism and cost associated with repeated incarceration; to decriminalize the severely mentally ill; to provide comprehensive wrap-around services to return consumers to work and productive living; and to protect public safety. Our brief history begins with former Sheriff Keller, who identified a significant problem in his jails: the overrepresentation of the incarcerated severely mentally ill. Our current Sheriff, Bill Young, and [Metro] Chief Counsel Kathryn Landreth asked the Eighth Judicial District Court to apply for a mental health court grant from the Bureau of Justice Assistance, and we were notified of this \$150,000 award on September 30, 2003.

We entered our first consumer into mental health court on December 11, 2003. We did not take the mental health court implementation lightly. We wanted to make sure our court was based on sound principles and practices and as a result we established an advisory committee. We brought in Judge Mark Chow from King County [Washington] Mental Health Court to provide a seminar. We previewed the honorable Judge Peter I. Breen's mental health court in Reno. We previewed the honorable Judge Patrick Morris's mental court in San Bernardino, California, and our mental health court team attended the Bureau of Justice Assistance Mental Health Courts Conference in Cincinnati, Ohio, in January 2004.

We wanted to make sure that we utilized the experiences of other courts to ensure we could make a positive impact immediately. We believe that we have done so. From December 2003 to December 2004, we enrolled 33 consumers; 25 remain active and 8 have been terminated. Many of these terminations were the direct result of substance abuse resistance to supervision or absconding. I believe 3 of those are now pending revocations and will probably end up in our prison population.

[Judge Hardcastle, continued.] The breakdown on the entry diagnosis:

- 55 percent had bipolar disorder.
- 36 percent had schizophrenia.
- 6 percent had schizoaffective disorder.
- 3 percent had major depressive disorder.
- 46 percent were women.
- 54 percent were men.
- 64 percent were Caucasian.
- 24 percent were African American.
- 9 percent were Hispanic.
- 3 percent were Asian.

You can also see that co-occurring disorders, 82 percent, those involving both mental illness and substance abuse, are a predominant problem for our mental health court. If you have any doubt that there is tremendous need in Clark County for mental health court, over 345 referrals were made by the Clark County detention center alone in a period of 9 months. Mental health court can be significantly larger depending on resources.

Our time from arrest to acceptance is lagging at 87 days. Lack of housing is preventing us from releasing consumers from the jail into the program. This chart gives you an idea of the type of consumers that we have selected into the program. As you can see, 33 consumers accumulated 668 prior lifetime arrests with 1 consumer having 68 of those arrests alone.

The next chart (slide 8 of [Exhibit C](#)) shows the potential impact a mental health court can have on the criminal justice system:

- The first bar represents the total prior arrests of 668.
- The second bar represents the number of arrests just 12 months prior to acceptance into mental health court, 129 arrests.
- The third bar represents the number of total arrests of 49.
- The fourth bar breaks down the total arrests; 24 were new and 25 were directly related to our program intervention.

That is, 24 were new arrests coming from probably new crimes. And the 25 that were related to our program intervention were brought back into mental health court and probably remanded into custody for a short period of time to ensure compliance with the program. They weren't new crimes.

The next chart (slide 9 of [Exhibit C](#)) demonstrates our direct influence on days in jail in our community:

- Our 33 consumers had accumulated 3,529 days in jail just 12 months prior to acceptance into mental health court.
- The second bar represents the numbers of days that the consumers were in custody while in mental health court, 777 days.
- The third bar represents the number of days in jail from new arrests, 374 days.
- The fourth bar represents the number of days in jail as a result of the mental health intervention, 403 days.

[Judge Hardcastle, continued.] Instead of 3,529 days, you're down to 374, resulting from new crimes being committed out in the community.

The next chart (slide 10 of [Exhibit C](#)) represents the breakdown of total days in jail and our local regional jails:

- In Las Vegas Township or in the Clark County Detention Center, it was 3,073
- In the Las Vegas Municipal Court, 268
- Henderson Municipal, 39
- In North Las Vegas Municipal, 149

In summary, mental health touches everyone. It sees no color or gender or socio-economic barrier. Mental health court is families and parents who have struggled with loved ones for years and insurance, safety, and support. We believe that the mental health courts can fundamentally change the way that we treat mental illness because courts can convene multiple systems, protect public safety, and enforce the delivery of treatment. Once again, on behalf of the Eighth Judicial District Court, we are proud of our mental health court and we remain committed to doing our part to serve the mental health crisis in southern Nevada.

**Chairwoman Leslie:**

Thank you very much, Judge Hardcastle. I do have a question on the days in jail page [page 10 of [Exhibit C](#)]. I think that's the most astonishing part of the presentation, and thirty-three people in the 12 months previous with 3,500 arrests tells you something is going on. Can you explain to the Committee what you mean by mental health court intervention, the 403 days?

**John S. McGroarty, Judge, Eighth Judicial District Court, Clark County Nevada:**

As Judge Hardcastle pointed out, we had 3,529 days that our clients have been in jail previous to coming to the mental health court. This figure of 421, that's a 12-month period. During the 12-month period, after they came into the mental health court, they were incarcerated a total 401 days. But as Judge Hardcastle pointed out, that was not for, perhaps, new offenses. That was because they

violated their probation, which are 403 mental health court interventions. We had to go out and bring them back in and stabilize them, get them back on their medication, and get them back on their case plans. So you see the discrepancy between those two figures is enormous.

**Chairwoman Leslie:**

It's tremendous. So, the mental health court intervention, that's when you, as the judge, put them in jail to get them stabilized or for some violation of the mental health court?

**Judge McGroarty:**

Right. We reach out and touch our clients, so to speak, our consumers. What we do, because we're a holistic approach to the criminal justice system, is try to develop plans which avoid jail, avoid incarceration, to avoid the costs. I went and did some statistics. We have 25 people in mental health court today. Assuming those 25 people were to go into the prison system at \$113.64 per day, times 365 days, that's a total of \$1,036,965. If you took it—extrapolated it out to 100 people—times \$113.64, times 365—that's \$4,146,860. That's just for our mental health clients. I've been talking to somebody earlier today and I'm informed that it costs \$15,000 per month to hospitalize somebody in the mental health system in southern Nevada. I believe it's cost-effective. I think we could prove that. I'm as concerned with saving the taxpayers money as I am with protection of the community. Both are the two primary goals of the court.

**Chairwoman Leslie:**

The money in the bill, just to clarify, is not going to the court system. It's for medication and housing supports and other things for the mental patients.

**Judge McGroarty:**

What we have done with the great cooperation with Southern Nevada Adult Mental Health, Dr. Driggs, is we have entered into a partnership with Southern Nevada Mental Health whereby we work with them and they have helped us for the last year by supplying somebody. Then what we did, as you heard earlier, was we sought out \$150,000 from the federal government. We received that money in order to hire three additional caseworkers to work with our clients. The problem is that money runs out in July. We're looking to replace that, plus...

**Chairwoman Leslie:**

I believe a request was made to the State, but did you request this money in advance?

**Judge McGroarty:**

Yes.

**Assemblyman Hardy:**

I suspect that your MHC [mental health court] intervention group is using the multi-agency approach to find out who is not taking their medicine, who are out on the street. You are still probably using the police; you are using the social worker; you are using all of those people that you rattled off; that is how you are getting the intervention group back in, because they are identifiable?

**Judge McGroarty:**

Right. Like the C.I.T. [crisis intervention team] group, which we'll be hearing from later. We've had great cooperation from the police. As a matter of fact, as pointed out, Sheriff Young came to us and asked us if we would continue this problem that Sheriff Keller had originally asked us to take on.

**Assemblywoman McClain:**

I'm interested in the one slide about the trends. You said the time from arrest to acceptance is 87 days and lack of housing? We know lack of housing is a crisis in a lot of areas. But where are these people? Are they in jail during that 87 days, then?

**Judge McGroarty:**

Yes.

**Assemblywoman McClain:**

Do you have any suggestions or proposals for some way we can alleviate that problem?

**Judge Hardcastle:**

That's the purpose for the funding of the bill. The money would go to Southern Nevada Mental Health Services, who would then be able to partner with us to provide the services that we need so they won't sit in jail for 87 days waiting for services to become available.

**Assemblywoman McClain:**

Some of the funding is for the housing part of it?

**Judge McGroarty:**

For example, we have recently partnered with the Salvation Army to bring them into the coalition, and they have indicated to us that they are building additional funding and a portion of additional housing. A portion of that housing could be used for the mental health of our clients.

**Assemblywoman Weber:**

I'm not sure if this would be directed to all of you, or to another group that is coming up to testify. Can you tell us what kinds of crimes that these folks are being picked up for? Is it property crimes? How is it impacting our community and seeing the reversal on the recidivism rate?

**Judge McGroarty:**

We handle everything A to Z, with the caveat that the law specifically allows the district attorney to exclude anybody who has a history of violence in their background. As a program matter, the deputy district attorney assigned to our team has only vetoed one person with a history of violence. We've had other people, for example, who had violent offenses 30 years ago and the district attorney decided 30 years ago was not enough to disqualify the person from the program. It does allow the district attorney to veto anybody with a history of violence.

**Assemblyman Hardy:**

How much does it cost for a day in jail? How much does it cost us for a client in the mental health, if we look at those total costs?

**Judge McGroarty:**

The figure that was given to me was \$58.11 for jail—times 25 mental health consumers—times 365—that's \$530,254. If we extrapolated that to 100 consumers at \$58.11 a day, it would be \$2,121,015.

**Assemblyman Hardy:**

This would pay for itself very quickly?

**Judge Hardcastle:**

I would point out that those figures the Judge McGroarty just pointed out were the regular housing at the Nevada Department of Corrections. We have been informed that if they're in the acute or subacute facility in northern Nevada, those figures go up from \$58 a day to \$113 a day so that's a much bigger difference. The psychotropic medication that is necessary would place some of these people on the acute or subacute facility. Roughly the figures that we've received are that it costs approximately \$3,000 a month for them to be placed in the county jails as opposed to \$1,500 a month to treat them and house them.

**Judge McGroarty:**

The 25 consumers in the Clark County Detention Center would take \$1,036,000. One-hundred would be \$4,146,000 annualized over a year.

**Chairwoman Leslie:**

Judge Saitta, did you want to make some remarks?

**Nancy Saitta, Judge, Eighth Judicial District Court, Clark County, Nevada:**

I'm here as the technical backup only.

**Chairwoman Leslie:**

Other questions for these judges? We are really thankful you traveled all the way up here to make this presentation today. I've had the pleasure of seeing Judge McGroarty in action in his courtroom. It is really impressive, and for those of you from southern Nevada, I encourage you to go see the mental health court. He does a great job.

**Dan Musgrove, Director, Office of the County Manager, Intergovernmental Relations, Clark County, Nevada:**

It's so important to understand how all of these legs of the stool have to work together to make sure that the end result not impact the community, whether it's through detention or whether it's through the hospitals. If any of this fails, whether it's the mental health court, as we discussed in Monday's hearing, it all falls apart and we are all impacted, and I'm fully in support.

I appreciate Assemblyman's Horne's commitment to this issue. He briefly touched on it when Senator Titus and Assemblywoman Buckley came to our UMC emergency room a couple of weeks ago prior to the session. They were amazed to see the ambulance crews sitting there essentially babysitting folks. Just one more ripple-effect that happens is that they're sitting in there stuck, because they can't get a bed. They're off the streets. It's policemen who are stuck, who are not on the streets, because they're babysitting somebody that they need to release and get back to their duties. You've seen it, and we appreciate this community support.

**Chairwoman Leslie:**

We're going to show a brief videotape ([Exhibit D](#)) that Channel 8 [KLAS TV, Las Vegas, Nevada] did, before the session. When they visited the Reno Mental Health Court. Hopefully it will be on the television in southern Nevada, too. I should disclose to the Committee and publicly that I do work for the Second Judicial District Court, Washoe County, Nevada, in the mental health court program. You'll see me on this videotape in my professional capacity. It's a short clip and it shows how a mental health court operates, very similar to the program that Judge McGroarty runs. [Videotape shown to group.] Judge Peter Breen and E.J. Maldonado.

**Peter I. Breen, Judge, Mental Health Court, Second Judicial District Court,  
Washoe County, Nevada:**

I serve as one of the specialty court judges presiding over the drug courts, diversion courts, prison reentry courts, and our mental health court in the Second District. I have David Spitzer with us, a lawyer for the mental health court. He will not be speaking, but is available. To my right is E.J. Maldonado, the court services officer for mental health court. He will be speaking briefly.

I want to tell you, from our experience, why we think you should pass this bill out immediately in support of the Clark County Mental Health Court. As I was sitting there thinking, waiting to speak, thinking of February, 2001, and how near and yet so far away it is. I remembered some of you being here, particularly Assemblyman Horne, a young man who did introduce—tried to get passed the bill for financial support for the Clark County Mental Health Court and was unsuccessful at that time. I see he's persistent and I am pleased to see him.

In way of review, it was Senate Bill 366 of the 71st Legislative Session that we were trying to get money, trying to get legislation, anything we could to try to get a mental health program in operation as a pilot project in a relatively medium-sized community, to demonstrate what we already knew that it would work. Money was tough then. We got the enabling legislation, but we didn't get any money, so we started in November of 2001 a small mental health court. Our idea was to try to get 30 people to see what we could do. That's how we started.

We came back in 2003, and we were successful. We were able to receive the benefit of some funds from NMHI [National Mental Health Institute] through direct housing support. Some staff was committed to our organization, and our court numbers exploded. We went from the small little group of 30, to now, where we have had 206 people enrolled. We have 169 active people. We have 25 graduates, because most of our people started after 2003, and we have had 4 people who have re-offended. The effect of the financial support on us was enormous. It allowed us to really do something. I think we're really in a way only limited by the funding that we could receive or we would even expand much more.

We have a little handout ([Exhibit E](#)) that acquaints you and brings you up to date on our mental health court and in a way answers some of the questions you've had of the Clark County mental health court: How many people? What are they going to do? What kind of crimes they've committed? What is the nature of their illness? How many of them are involved in substance abuse? Most of our experience is in this little handout.

[Judge Breen, continued.] There are a few highlights I'd like to bring up. One of them is this: you will see in these pages the number of people who enrolled in our court and the number of people who stayed there. It's an amazing number. It's almost 90 percent. It's in the high 80s [percentages] or something like that. That means that we are very successful with the number. One principle of any kind of a recovery program: if you engage the person as early as you can and keep them engaged as long as you can, you can help them. The mentally ill, you can monitor their treatment. You can monitor the drugs they have to take and the medicine they have to take, and you can monitor the drugs that they shouldn't be taking. Most of them do take them. I don't know why that is. Maybe it's addiction. Maybe it's mostly some kind of effort at achieving reality—it's easier for them to leave controlled substances than the people that I have in drug court.

To me, that is the most important statistic of mental health. People stay with us. The other one is—we've had 25 graduates—that is not a lot—and only 4 that have re-offended. It tells you that we can directly reduce the jail population as you saw from Clark County's slide (slide 8 of [Exhibit C](#)); these people get arrested and rearrested time and time again. You put them in something like this, give them some treatment and help them, the numbers of arrests go down astronomically; they quit getting arrested.

The other thing I want to call attention to is the fact that almost half of our members in mental health are women. In the drug courts it is different; two-thirds are men, perhaps more than that, but it's a much higher percentage. That probably tells you that mental illness is equal, but it also tells me this: that there's not much mercy out there on those streets, down on Fourth Street in Reno. There's no mercy. I believe that it's much more dangerous for a woman to be on the streets than it is for a man, just by the nature of human beings. The fact that we have such a high percentage of females that are in mental health court makes me feel personally proud that we are doing something for them.

We exploded because we were provided with services from you. From the NMHI, Dr. Brandenburg. It also shows that we filled a great vacuum, a great need there. It's there in our community, and it's there in the communities of Las Vegas and other Clark County cities and towns as well. If the Legislature passes this bill and gives us funding, the same thing will happen in Clark County, except it will probably be five times more anyway.

We have some housing. We have some case managers that work for us and also people from the NMHI. This allows us to monitor their conditions, their needs, and their medical needs. It allows us to check on their abuse of drugs,

and it helps them to inculcate themselves with a sense of normalcy. It gives them a chance.

[Judge Breen, continued.] We need the housing. That doesn't say that we have enough housing, that we've got everybody that we need, but the fact that we can give some housing to some of our people, it makes them safer, yes, but it gives us credibility, too. The mentally ill are as observant as anyone else. They see what we can do for them. If we can't help anybody with housing, they're going right back to the streets. The streets are a dangerous place for a person who is mentally ill.

It also worked and we've been successful because everybody has come together. That's because we know the need and we know that this is a solution. We came together and we worked together. This is a tool, an important one. Can you imagine a more miserable life than somebody who alienates every member of their family and their friends because of schizophrenia? Can you imagine somebody who is so depressed that they shut out the rest of the world, except when they go out and get their drugs or probably commit a crime? Or somebody whose manic babbling, their wanderings aimlessly around the streets of your city, can be helped, and can be changed by something like a mental health court?

**Chairwoman Leslie:**

There's been some criticism in the press about the specialty courts getting overly involved in these types of issues.

**Judge Breen:**

Yes, I have the answer to that. I am doing nothing different than I did with every one of the thousands of felonies I had in the last 32 years. I put a person on probation. I evaluate them and see what their needs are, see what the needs of the community are in my best judgment, and make a judgment. We're doing the same thing, except we're doing it at a higher level of expertise. I have the benefit of a concentrated amount of energy and abilities in the court, and we're able to identify the problem. I'm really not doing anything other than I should have been doing before. It's just a more efficient way to do it. That's all it really is.

**Chairwoman Leslie:**

Thank you very much. I want to note that Governor [Kenny] Guinn has joined us today. Thank you, Governor.

**Assemblywoman Weber:**

I want to find out if enrollment or intake in both northern Nevada and the southern Nevada courts are the same.

**Judge Breen:**

Well, of course, I'm the Judge. We have a team, a committee that evaluates applicants, and we get applicants from all kinds of sources, for example, probation and district judges. I forgot to mention that we are multi-jurisdictional in mental health court, but we get defendants from the justice court, municipal court, and they are referred to us. The team evaluates them and then recommends to me. That's the way our process works.

**E.J. Maldonado, Mental Health Court, Services Officer, Second Judicial District Court, Washoe County, Nevada:**

That is correct. We get referrals from all different sources: public defender, municipal courts, and justice courts. The initial referral is a face sheet, but we do ask for specific information regarding the crime, if they have any information regarding their mental illness or any past history. When we get the packet we do meet. We meet once a week and we go over all of the referrals. On the average we get seven to ten referrals a week. We meet on Thursdays and we discuss the referrals, make the recommendations, and bring them out to Judge Breen.

**Judge McGroarty:**

We follow the same procedure as was alluded to earlier. We came up to the Washoe County [court]; we viewed [Judge Breen's] court; we viewed his process. We met with Chairwoman Leslie and others on his staff, so we are mirroring your procedure.

**Assemblyman Hardy:**

I don't think we need to beat ourselves up as much as we need to recognize that we have tools that didn't exist before. In the last 10 to 20 years, we have things available to treat people that didn't exist 32 years ago. We have recognized that there are things that we can do, and fortunately the legal system, the enforcement system, has done that as well as the medical system. The time is right, and it is right for us to do something. I appreciate everything that you've done, Judge Breen.

**E.J. Maldonado:**

The mental health court is about building success, independence, and increasing the quality of life for individuals with mental illness through coordinated efforts, limited resources, and sheer determination from its participants and doing what many critics thought wasn't possible, which was living a stable and productive

life in the community. I wanted to at least just bring up one story to the Committee on showing how coordinated effort, engagement and treatment in-services, supported housing, and a little thing called therapeutic jurisprudence and what a difference it does make.

[E.J. Maldonado, continued.] I'm going to call him EW. He's a 51-year-old veteran diagnosed with schizoaffective disorder and a long history of violent verbal outbursts so violent that he was eventually banned from most medical and social service agencies in three states on the West Coast, including our own VA Hospital in Reno, Nevada. He came to us on a misdemeanor charge but had prior felonies, which had put him under supervision of Parole and Probation.

When he had first come into our court, he was very verbally aggressive to the bailiff and all of the service providers, but it seemed as though he had an immediate rapport with the Judge [Breen]. We were able to build off of that rapport—this was where the therapeutic jurisprudence comes into place. As we had time with him, the outbursts continued. He was kicked out of another social service agency and we had to come back to the table. Judge Breen asked us to devise a plan of intervention to make sure that we built success on this individual.

We were able to build a plan. Part of that was stable housing. He had moved from week to week, sometimes not living anywhere. We had to at least establish a place of residence for him that he could call home, that he could keep his belongings, all of his medications, anything. A place he could always go to.

Other parts of the plan were that we had to centralize his treatment through one person, and that was the State of Nevada, through Nevada Mental Health. We changed his payee and his legal guardian. We coordinated a plan with the VA [U.S. Department of Veterans Affairs] so he could receive services from a separate medical facility, but at the VA's expense. We also continued to use the theory of therapeutic jurisprudence. The plan was put in place, and the changes were almost immediate. For the past eight months, significant progress has been made. He's been engaged in treatment and services. He's maintained his stable residence. He's been working with his legal guardian, who is also his payee. We disburse his money in court. His payee utilizes the support through Parole and Probation so he can get his money in court. It's another reason for him to come and interact with the Judge [Breen]. It's still part of his plan.

My final note, to show the rapport he's built with the Judge [Breen], is just recently he was put on two weeks and does enjoy coming every week, if he possibly can, but he doesn't mind sitting out two weeks. He told Judge Breen

he'll be ready to graduate when Judge Breen is ready to retire. We always throw that remark out every so often, because it's just indicative on how effective the mental health court is, especially when we have the appropriate things in place, such as housing and other types of resources.

**Chairwoman Leslie:**

I notice in the packet ([Exhibit E](#)) that you gave us several case examples like this one.

**E.J. Maldonado:**

Yes, Madam Chair, I put four examples in there. I only wanted to at least touch on one at this time, but I'm open to questions at any time. We did have one thing as well, the correction in the numbers; it showed 119 enrolled. It is 206 enrolled, and we have 169 active at this time. I apologize for the mistake.

**Assemblywoman McClain:**

One quick question: When a mentally ill person comes into the court and you find out they're a veteran, are you utilizing our State veterans' office to help get them their federal benefits?

**E.J. Maldonado:**

Absolutely. We utilize as many resources as we possibly can. That would be one office that we use.

**Assemblywoman McClain:**

Great, because we're going to give them some more service officers.

**E.J. Maldonado:**

That will be good, because we have more veterans than we anticipated. We are using those services quite a bit.

**Chairwoman Leslie:**

Governor Guinn, would you like to come forward? It's a great honor for us to have you with us today.

**Kenny Guinn, Governor, State of Nevada:**

I wanted to come before your Committee today to say to you that you know where my heart's been. You know where my action has been in terms of mental health. I had the opportunity to work with Judge Breen and Judge Lehman in southern Nevada on the drug court. I've never seen a better opportunity for us to help people, but also at the same time help the people of the state of Nevada, and especially the court system. That program has worked

marvelously. I don't know of any reason why we shouldn't expand and have the mental health court. It would be just as successful, in my opinion.

[Governor Guinn, continued.] Now, as you know, I did everything I could in terms of mental health for the last few years. The last two sessions when it was tough—last session—it's a little better this time, but over a 30 percent increase went into these programs, and there's a reason for that. It's because in 1991 and 1993, mental health was almost decimated in the budget system when they had these horrific cuts. I know that because I was a chairman of the "cut commission" that year. Not all of our recommendations were taken. This was one that wasn't taken. But it got cut. I understand the severity of it. Now we're coming back to life. Nevada's on a new road. It's on a new path that we've all talked about, and it's time for us to take a look at these kinds of programs and do everything we can to be creative, be on the cutting edge.

As Assemblyman Hardy said, we've got new systems today. We have new treatments today and we ought to utilize them because, in the long run, it's better for the humanistic aspect, and it's much better also for the financial aspect of it. It's cheaper, it's faster, and most important of all, it brings some form of dignity back to the people who are in these courts and the people who work in the courts, especially the judges and in the long run, for the State of Nevada and its people. So I'm here today to support this. I don't usually come over here.

I'm here because of my sincere heartfelt thanks for what so many people do in this area. I watched the ingenuity, and I watched how we had to get the funding for drug court by having these two fine judges come before us after all the years they've worked in the court system saying, if you can do this, we can help our recidivism rate tremendously; we can help the people, and it will save us thousands of dollars. That's just exactly what it's done.

If we can keep one of these individuals out of prison, whether it be drug abuse or whether it be mental health, and we can handle them for \$1,500 to \$2,000 at home in a home-based community, with oversight and help, do you realize what that does, as opposed to putting one in prison? Under normal circumstances drug abuse is about \$20,000 a year, and mental health is probably closer to \$30,000-plus. We're just not looking ahead. I would hope that you would do that. In closing, I'm here to pledge you my commitment to do everything I can. No one knows the budget better than I do. I know where every penny is. I know where every reserve is, and I know because I keep track of every day that more and more money is coming in. I believe the people of Nevada will support us if we say we're going to use some of this money that's coming in beyond our projections to go to the mental health court.

[Governor Guinn, continued.] If you would give it that consideration, I would truly appreciate it. I will work with you. My Chief of Staff, Mike Hillerby, is here. We are both very concerned and we'll do what we can, because we shouldn't let people like Judge McGroarty, who has given so many years of his life, 26 years in the business, and he knows what it is like, and certainly for Judge Breen, who spent so many years. They're not here playing a game with us at all. They're here about the sincerity of what they can do for the people, and it isn't going to go away. It isn't going to get smaller. We just have to work with it, contain it, and promote as well as we can a better life for people, and especially for the lives of the families who are related, because mental health is not just the person that's homeless. It could be our next-door neighbor, our son or daughter, our loved ones. It's going to become more serious for us.

In closing, I'd just like to say, whatever we can do to help you, and I just wouldn't worry about finding \$1 million or so in a \$15 billion budget or in the General Fund budget of well over \$5.7 billion. It can be done. And I'll work with you to see that it gets done. Thank you.

**Chairwoman Leslie:**

Thank you very much, Governor Guinn. I truly appreciate it. I know it's rare for you to come to a legislative hearing and make a statement. It takes a lot of courage and leadership, and that's something you have demonstrated on this issue in the sessions I've been with you here. I thank you from the bottom of my heart for making that statement.

**Governor Guinn:**

I also heard someone else this morning or a little earlier who said, they're all parts and pieces and we must work with them in a holistic fashion. My same feeling goes for the triage. I'm not here to pick a fight with anybody, but twice I recommended that program, and twice it didn't pass. I think it's time to pass that program in terms of triage for this state, and other people have come with their money and we can do the same thing. It will save us many, many times the dollars that we're now spending to run it through our emergency rooms and all of our hospitals. It affects all of us in a negative way.

**Chairwoman Leslie:**

Thank you. We appreciate that support, too. When we hear the mental health budget next week, several of us on this Committee also serve on that committee and we will be looking for those dollars and we'll be happy to work with your staff on that. Great. Thank you very much, Governor.

**Assemblywoman Angle:**

Looking at my bill, and it says that this contains an appropriation not contained in your budget. I would just like you to reiterate what you're saying here about that, because that stops some of us sometimes when we see that you haven't put it in the budget. Would you explain that and just help us out here?

**Governor Guinn:**

Absolutely. I try to involve people in building a budget. I really depend on the staff, Mike Willden and Carlos Brandenburg and that group—they come with great support from the family of mental health and the various communities. They came with recommendations that total well over \$160 million that already had been pared down. I could only really balance my budget, and I have to do that across the lines. There are other important issues that are being heard every day here in other rooms.

I was able to squeeze out \$107 million of new money for mental health. This item was not near where I could cut off. I just make a rule for myself never to go beyond and reach in and cut out a priority that's come to me through that process. And reach over it by 5, 6, 10...15, items and move it up, I don't think that's good management. That was my position. It was the same thing with the drug court. When the judges came and talked to me and really laid out the program, I said, I'll do the same thing for you that I tried to do for other people. I will come and support it, because I don't have the final say on how the money is allocated. It's my recommendation.

I do believe, and this budget, in all sincerity, will have a number of millions of dollars that are not in my budget that can be allocated by only this Body, the legislative Body, and there's where I'm working and committing myself to work with you, to get some of those set aside. As a fact, the \$321 million estimated budget surplus fund, which are one-shot funds, by the Economic Forum, which I don't control. I can tell you as of the close of last month on the books, we are \$43 million ahead of that schedule, and the money's coming every day, and I think it's time for us to look at that and make sure that we're putting it in these high-priority areas that will help people and will also make it more efficient for us in the long run.

That's how I get there, Assemblywoman Angle. It's a tough decision-making process. I don't jump over recommendations; I think that's wrong when you ask people to give their time and their effort. There are many of them in this room. You have to listen to them. It doesn't mean that you can't stand up and fight for additional funding. I just have to give you a balanced budget. This is not like the federal government. I hope that answers your question, and it doesn't mean I didn't have a desire to do something; my hands were tied.

**Chairwoman Leslie:**

Thank you very much, Governor. I have two more people signed in to testify on behalf of the Reno Mental Health Court before we move to Carson City. Mark Burchell and Bunchie. Come forward.

**Bunchie Tyler, President, National Alliance for the Mentally Ill of Northern Nevada (NAMI):**

[Introduced herself and agreed with the Governor.] I do want to say something for the families of the mentally ill. Having the mental health court gives them an alternative—something else that they can think about—that my loved one isn't going to be put in jail for doing something minor. They're not going to go to jail, and what can I do. Something that I talk about now all the time in our meetings is that we have the mental health court, because a lot of times when they're coming for support, they're coming with a crisis and their loved one is in jail and what's happened.

Then they'll say they're diagnosed as schizophrenic. At least it gives them hope that they're just not going to be locked up for being mentally ill. That, I think, is probably one of the biggest things that I see. I did go just one time to see mental health court with Judge Breen, because I felt that it was something that in taking over the presidency of NAMI, I should know where I'm sending people. I was in awe of the court; I was in awe of what was happening and how they handle people. I'm definitely in great support for southern Nevada to be up to what we're doing, to have the money and the resources to keep this going for our families as well as the loved ones.

**Mark Burchell, Vice President, National Alliance for the Mentally Ill of Northern Nevada:**

I recently graduated from mental health court. Judge Breen was an inspiration in making my recovery possible. E.J. [Maldonado], the court service officer, who signed the referral forms when I was in jail, explained to me that it was going to be a year-long program, that there would be services and treatment available for me in the course of that program. It would get me out of jail. I signed a referral form knowing that I needed treatment and that I wasn't getting that treatment in jail. It gave me a chance to have a clean slate without having a record anymore. My charges were dropped the minute I graduated from mental health court.

I wrote about Judge Breen in our newsletter a few months ago. I want to read it again, because not only does Judge Breen have the compassion and, with his compassion and his beliefs in recovery, there are others in the court that feel the same way. Mental health court was established about 2 1/2 years ago.

[Mark Burchell, continued.] They have projected over 200 consumers for the next year's calendar. This is progress, and it will change the lives of so many mentally ill people with compassion and concern, Judge Breen makes the consumer believe recovery is possible. Treatment works, and Judge Breen uses the programs to improve the quality of life that is so important to the consumer.

Thanks to Judge Breen, some consumers are leading productive lives in society, while others are enjoying their recovery. I have to tell you that it improved the quality of my life. It gave me the opportunity to reach out to others that are mentally ill to do some volunteer work and function in our community as a responsible individual. I encourage you to consider funding Clark County's court, because there are people in jail right now who need the mental health court system so they can receive the treatment and the services that mental health court can provide them. Thank you.

**John Tatro, Judge, Carson City Municipal Court, Carson City, Nevada:**

In my ten years, I have seen some of the same people 10, 20, or 30 times. During that time, I knew a lot of those people had mental health issues, and I knew that the way I was handling it wasn't addressing their issues. I sent some of them to jail and evaluation, or they quit going to counseling or taking their meds, and we didn't have the resources to monitor them to make sure they were.

We knew of Judge Breen's mental health court in Reno. So a group in Carson—the District Attorney's Office, the Sheriff's Office, State Public Defender's Office, Carson Mental Health, Carlos Brandenburg's people there, Dr. Joe McCallister, a private psychologist—went with our Department of Alternative Sentencing and watched Judge Breen in action. I sat in that court and I saw, literally, the same people. They had just gone from Carson to Reno and they were arrested there. And he addressed their issues. I watched the way he handled them and the way the staff handled them. I was a bit embarrassed because one of those people came in front of me and was a bit combative. I found her in contempt and sent her to jail. I didn't know she was schizophrenic. I should have known that. We should have known that through our system, and I didn't. Judge Breen had such compassion. The people that came in that had made mistakes, had slipped, had done something wrong. He handled them with such dignity that I thought, this is the way to do things, because he had such an impact on them. He had a huge impact on me.

So Judge Willis and I were both justices of the peace and municipal court judges in Carson. And Judge Archie Blake does the drug court for Carson, Lyon County, Storey County and Douglas County, so he's doing mental health court in our city when he's here for drug court. Judge Willis and I are doing

mental health court for misdemeanors. Lots of the cases start out as felonies, but actually, we've only been doing it two weeks, so I don't have a lot of experience. But the process we've gone through has been such an eye-opener. We went to the [National] Judicial College and took classes on how to handle the mentally ill and how to form a mental health court. We went over and talked to Sheila Leslie, and we talked to their staff and got ideas from them. We used the same intake process that Judge Breen referred to, and we're in our second week.

[Judge Tatro, continued.] I have a quick story. We had been going to classes and saying we were going to start, and we hadn't started and hadn't started. Something happened that said, "We have to start." And we started. This man came in, 60 years old. He went to NMHI [Nevada Mental Health Institute] and was found to be competent. So he was sent back to jail. He sat in jail for 60 days, in a cell probably four feet by six feet. He had to be in observation, because they couldn't put him in with general population. They couldn't put him in the special needs area. He didn't get along with anybody. He was very combative, and he had some special needs too. He sat in that cell. The lights never go off, it's never dark. He sat in there for about 60 days. Could you imagine? I can't imagine living like that under those conditions. In Clark County—you know we have 120 prisoners or so at a time—they have thousands. And in Washoe County, it's the same thing.

When it was brought to my attention that he had been there that long and that we had been trying to get him into something and we had been unsuccessful, I said, "That's it. We've got to start." He's gone. The VA hospital ended up taking him, thank God, and we've started the mental health court. We just received some money from the \$7 specialty court fee, which has helped. Of course, we need a service coordinator. We need meds and the ability to get medications for the people. Housing is a huge problem, even in Carson City, just like it is anywhere. But I fully support Assembly Bill 41. I'm friends with a lot of the judges down there and know of their concerns, and when you look they have 25 now, and Reno has about 200. I can't imagine what it's going to be like when they get off and running.

**Chairwoman Leslie:**

It's great to hear the update. Do you have court every Wednesday afternoon? I'd like to come see it, if I ever get out of here on time some day while we're here. Maybe other Committee members would like to observe your court, too. I'll pledge to you, during the Mental Health budget hearing, when we consider increasing the funding for mental health courts, that we'll take a look at your court too, and work with Carlos and see if we can't do something to help you with your housing needs as well.

**Judge Tatro:**

I have to tell you, Carson Mental Health, Carlos Brandenburg, and Sue Ann Boden have been unbelievably helpful in this process. If we didn't have that component, we wouldn't have mental health court. We wouldn't be able to take care of the people.

**Assemblywoman Parnell:**

Nice to have you here, Judge Tatro. On behalf of Carson City, we just thank you for your persistence and your compassion.

**Chairwoman Leslie:**

Anybody else? I'll close the hearing on Assembly Bill 41.

**Assemblyman Horne:**

I'd like to thank everyone who came out in support of Assembly Bill 41. It's such an important part of our state, these courts. It's only going to get better if we get this passed, because the numbers they're doing in Washoe County and Clark County are much bigger and we're only doing a fraction of that. We can do so much better and I'm looking forward to seeing that come to fruition. Thank you, everyone.

**Chairwoman Leslie:**

We thank you for your persistence. Once we get the amendment written we'll bring it back to Committee and move it to the room next door. I think there's a lot of support for it.

**Ben Graham, Legislative Representative, Clark County District Attorneys Association, Clark County, Nevada:**

As prosecutors we are kind of skeptical, and I want to thank the Committee and the Legislature for respecting that skepticism and still giving us a little bit of discretion, which we have been very careful to utilize, and we appreciate your work on this. Working outside the box to try to keep these people outside the box—and you can put any of us in a four-by-six room for two weeks or two months and you were combative, that shouldn't surprise anybody. Thank you and thank you for allowing us to remain cooperative with the discretion and to support this legislation.

**Chairwoman Leslie:**

It's good to have that on the record. We appreciate the prosecutors being willing to be open to a new way of doing things as well. I know it's difficult, but we appreciate that. We'll close the hearing on Assembly Bill 41. We'll move to the other part of the agenda, to Las Vegas, where people have been patient. We have Undersheriff Doug Gillespie, Sergeant Kendall Wiley, Officers Barker and

Haas. We'd like to hear from you on the mentally ill offenders in the jail population and how that's handled in Clark County. Then the community intervention training of law enforcement. This is just background for the Committee on the educational effort to understand the role of law enforcement, line officers especially, in the jails in dealing with the mentally ill.

**Doug Gillespie, Undersheriff, Las Vegas Metropolitan Police Department, Las Vegas, Nevada:**

On behalf of Sheriff Bill Young, I want to thank you for the opportunity to speak before you today. Since early 2001, the Las Vegas Metropolitan Police Department [Metro] has been actively seeking strategies to more effectively address the needs of the mentally ill in our community. The Sheriff's task force on the mentally ill began with a group of approximately 20 concerned stakeholders and has now grown into the Southern Nevada Mental Health Coalition, with more than 140 members representing a wide array of interests, including the business community, hospitals, representatives of the criminal justice system, nonprofit and mental health providers, service providers.

The task force quickly identified two major challenges for the criminal justice system. The first was how law enforcement should effectively respond to mentally ill individuals in crisis. Out of this recognition grew the Crisis Intervention Program. You'll be hearing more today from members of our Crisis Intervention Team (CIT) in regard to that program.

We at Metro are very proud of the 45-hour crisis intervention training curriculum that has been developed. It's also been presented to representatives of virtually every other law enforcement agency in southern Nevada, as well as to the Reno Police Department. The second problem that the task force identified was the significant number of individuals who, because of their untreated serious mental illnesses, found themselves trapped in the revolving door of the criminal justice system. These individuals seem condemned to a cycle of arrest, jail, and re-arrest, some with a history of hundreds of arrests. Metro believes these individuals have a serious impact on our jail overcrowding situation in southern Nevada.

First, I would like to discuss with you the impact of adults who are incarcerated in our county jail, who have a mental illness. And secondly, the importance of collaborative programs that provide intervention rather than incarceration. The impact of adults housed in the Clark County Detention Center who are mentally ill, to give you an overall perspective, today our current jail population, individuals housed inside of the Clark County Detention Center, is 2,994 inmates.

[Doug Gillespie, continued.] We have an additional 5 inmates at University Medical Center. We have an additional 3 inmates in our Laughlin facility. And we have an additional 233 inmates housed at other jails in Clark County. Those 237 individuals that I speak of are housed in other jails within our county, for whom we pay a per diem charge to those entities that house them. The total jail population that we, at the Clark County Detention Center, are responsible for is 3,002. We currently have roughly 2,800 beds available in that facility.

A conservative estimate of the number of inmates with serious mental illness is approximately 500 of those 3,000. And we believe that number may even be closer to 600, based on our daily arrest numbers, release numbers, and those individuals that we don't have the opportunity, because of the short time that they spend in our facility, to actually evaluate. Our most recent survey indicates approximately 19 percent of those housed in our facility were receiving daily medications for mental illness. This is 3 percent over the Department of Justice national average. Our annual medical services budget at the Clark County detention center is \$10.5 million. Approximately \$2 million of that \$10.5 million is dedicated to mental health.

On staff to deal with psychiatric issues, we have a medical director, 2 psychiatrists, and 12 mental health professionals that include, psychiatric nurses, licensed clinical social workers, and licensed social workers. Mentally ill inmates in court-ordered treatment programs wait in our facility an average of 60 days for available beds at the EOB [Economic Opportunity Board], West Care, and Salvation Army programs.

Presently on the average we have 10 inmates who are waiting to go to Lake's Crossing. These inmates waiting to go to Lake's Crossing spend an average of 57 days per inmate in our facility. The creation of a mental health court has been an important step in addressing this problem. I'd like to recognize the leadership of the Eighth Judicial District Court and particularly, Judge McGroarty, Glass, and Hardcastle for their tireless support. I'd also like to thank Assemblyman Horne for sponsoring this bill again during this session. We at Metro strongly support the expansion of the mental health court. The review of the population of the Clark County Detention Center demonstrates the need for serving a broader number of individuals through mental health court. The Sheriff recognizes that individuals with serious mental illnesses need access to appropriate treatment. Mental health court will coordinate services for easier access for appropriate treatment, provide programs and incentives to keep frequent offenders on their medications and monitor their progress to prevent them from repeating and cycling through the criminal justice system.

**Kendall Wylie, Sergeant, Crisis Intervention Team Coordinator, Las Vegas Metropolitan Police Department, Las Vegas, Nevada:**

I'm here to explain to you all what our CIT officers do, and the training that they receive. As law enforcement officers, we are on the front lines and are the first social service providers that persons with mental illness or emotionally disturbed persons usually come into contact with. The outcomes have been very dangerous and others have been deadly. Officers working patrol did not have the resources available to them, believing that their only choice was to arrest and incarcerate or to do a legal commitment on that person.

In the past 10 years, Clark County's population has exploded to over 1.6 million people. The national estimate is 5 percent of the population of our country suffers from some form of mental illness. So within our county jurisdiction it would be an estimate of 87,000 persons suffering from either schizophrenia, bipolar, major depression, or some other form of mental illness.

I worked in the Homeless Evaluation Liaison Program (HELP) for two years, and during that time the information that we received then was 30 percent to 80 percent of the estimated 8,000 homeless suffered from some form of mental illness or co-occurring disorder.

In 2000, a mental health coalition was formed, and while working with HELP, I was afforded the opportunity to be a part of that coalition. Then Lieutenant Ted Moody was asked, with the past president of the National Alliance for the Mentally Ill, Vic Davis, to look for a program that law enforcement officers may be able to use with persons with mental illness, and the Crisis Intervention Team, which came out of Memphis, Tennessee, was suggested.

Vic Davis and Lieutenant Moody went to Memphis, Tennessee, and talked to the program director. This CIT program has been used in Memphis, Tennessee, since 1988. It has been successful. The goals of the CIT program are to provide immediate response to specially trained officers who are actually working throughout patrol. They deescalate situations where there is a person suffering from mental illness or a person who is in a state of crisis. These trained officers minimize officer call time for our officers, decrease emergency calls for the SWAT [Special Weapons and Tactics] teams and negotiators involving people barricading themselves. They decrease officer and citizen injuries when dealing with people who are having a mental crisis and reduce use of deadly force, resulting in less jailing of the mentally ill and less criminalization of mental-health-related events. The CIT gives better delivery of services to persons suffering from mental illness.

[Kendall Wylie, continued.] The key element of the CIT team officer is to solve the immediate incident. Officers do this by establishing a rapport with the person, deescalating the situation, diffusing high emotions, and returning that subject back to pre-crisis level. Officers learn these techniques by attending a 45-hour intense training course. Officers are instructed by forensic psychiatrists from Southern Nevada Adult Mental Health, medical doctors, nurses, judges, and other persons in the field of mental illness. The officers are able to go on sight seeing tours, where they are allowed to go to Montevista Hospital, Southern Nevada Adult Mental Health, and West Care, which has the Community Triage Center. They go to Mojave Mental Health, where they sit down and talk to consumers and try to understand their perspectives of mental illness. The officers also go to the Salvation Army, where they have the Pathways Program that deal with persons with mental illness, and the Pack Two Team, which deals with the homeless and mental illness.

CIT officers are trained to interact with persons who are mentally ill or in a crisis. They also assist with persons who may have Alzheimer's or dementia. They deescalate situations and events, and they are utilized with persons who are in severe depression or who are thinking or trying to commit suicide.

After an officer from the CIT has been out with one of the consumers, they send an after-action report to me, so I can receive data. You have some of the paperwork ([Exhibit F](#)) for the UNLV case study by Dr. Lynn Bibeau and Dr. Keem; they're both professors at UNLV. Their UNLV staff study finished in August the information that I have, some brief numbers from March 2003 through December 2004, where our CIT officers have assisted over 606 persons through that. They have completed 374 legal commitments for those persons, and out of that total they have made only 15 arrests. When we say only 15, one of our prime goals for the Crisis Intervention Team officers is to decrease criminalization of the mentally ill and divert them to other means, such as the caseworkers or mental health services.

I have two officers here present who are CIT-trained. One of the officers is Fred Haas, who went through the first CIT class that was presented in February of 2003, and I also have officer Kevin Barker, who was nominated this year for the CIT officer of the year award, for the outstanding work and achievements that he has done working with people who are wanting to commit suicide. He was very successful throughout the year.

**Chairwoman Leslie:**

Thank you for the materials that you provided to the Committee. They're very interesting. I want to take them back and read through them.

**Fred Haas, Officer, Crisis Intervention Team, Las Vegas Metropolitan Police Department, Las Vegas, Nevada:**

I was in the first class that was put through the Crisis Intervention Training in Las Vegas. It's a program that has made a difference on how I respond to calls and how I respond to incidents in the field. I remember going on a suicide, where the consumer now was slashing at her mother and her brother. We identified her as a violent suspect and took her to jail. Six months later, after I attended the CIT training, we had another incident with the same person. We identified her as a mental illness consumer and were able to get her into the services she needed to be diagnosed and get on the medication that she needed to help her life out. Because of those skills and other officers going through the training, we're able to identify more of these people, keep them out of our jails, and get them into the services that they need.

**Chairwoman Leslie:**

That was a great story. Knowing what the suicide rate is in our state, particularly in Las Vegas from the statistics you gave us today, not only did you do a good job keeping that person out of jail but I'm sure you saved her life. Officer Barker.

**Kevin Barker, Officer, Crisis Intervention Team, Las Vegas Metropolitan Police Department, Las Vegas, Nevada:**

Since the CIT training I have developed a better understanding of all types of mental illness, the diagnoses, and the medications used. I've also been able to gain a greater ability to assess quickly what types of people we deal with, what they're suffering from, how best to help them, and to follow up. In non-volatile situations, I've been allowed to be more patient and understanding in giving these consumers what they need.

I've also developed a greater ability to analyze and assess what stage a subject is in and if the stage is a severe crisis stage, what action to take, whether talking will be effective, or if we have to change to non lethal or tactical options rather quickly in order to save or prevent further injury of life. Since I've been trained, I've handled 61 total calls from April through December of 2004. This is approximately a nine-month period of time. These calls ranged in all types of classifications from neighbor disputes to actual suicide attempts.

The average for me as an officer personally is approximately 1.5 calls per week dealing with somebody with a mental illness. Over 30 of these calls have some form of crime relation or domestic disturbance relation. Seventeen of these actual cases were developed where I was able to talk the subjects away from a volatile result. All cases were resolved with a low-impact resolution and no

excessive force or lethal action was used. In reviewing my case files, there are several cases I'd like to talk specifically about briefly.

[Kevin Barker, continued.] The first one deals with Amanda. She's 21 years old. She's a white female. She has been in the system several times. She suffers from bipolarism and depression. I've encountered her on two occasions, and both occasions involved crimes such as lodging without owner's consent and soliciting of prostitution. In both of these cases, this subject had refused to take her medications and refused to go to the follow-up treatment centers recommended to her and both cases ended up in citation or arrest.

Jessica, who is a 25-year-old white female, was involved in a battery situation. She suffers from autism and became extremely upset in a situation where she bit her 52-year-old mother and then attempted to stab her mother with a knife. Her mother expressed to me a sincere desire to help her daughter and severe frustration with the current system as it stands now. The continuance of the mental health court would definitely help both Amanda and Jessica in these situations.

Andrea is a 34-year-old Hispanic female who suffers with alcoholism and depression. Andrea we have handled several different times in our area command alone. Three different officers have filed Legal 2000 forms on her approximately five times. Each call dealing with Andrea has come from malicious destruction of private property, public nuisance calls, threats to others, domestic violence calls, and has just been wandering the streets almost getting hit by cars.

Typical calls that we deal with are specifically the abuse of medications. I handled one last week involving Robin. Robin is a 40-year-old white female who has been prescribed these drugs by three different doctors: hydrocodone, oxycodon, Soma, Loratab, clonazepam, and tramadol. She is currently taking all of these medications, and in this case the reason I was called is she took too many in what I believe was an accidental overdose. However, I do believe this consumer does have an addiction to these medications and is suffering as well as her family is suffering for her to receive treatment. Many of the criminals we encounter do the same thing, although prescription medications are not the usual abuse. Typically, street drugs are more formally and commonly used by the mental health patients who are resulting to criminal activity.

The last two cases deal with the extremist portion of what we face on a day-to-day basis. The next subject is a 22-year-old white male. Davell suffers from attention deficit disorder and has been taking Ritalin for quite some time. He became upset with his family members over a very minor issue and

barricaded himself in the bathroom with a knife. Upon arrival, within two minutes of arriving, I was able to take him out of the bathroom with the knife out of his hand. Again, another family frustrated.

[Kevin Barker, continued.] The final one deals with a subject who was sent to the hospital on a Legal 2000. He was then admitted into the Las Vegas Mental Health. While at Las Vegas Mental Health he hit one of the mental health technicians, breaking his jaw in three places. This subject, whose name is Robert, suffers from antisocial disorder and was seen by Dr. Krelstein, a doctor at Southern Nevada Mental Health. Dr. Krelstein's evaluation determined, although he does suffer from antisocial disorder, he knows the mental health system well enough that he was able to act out his aggressive manner in the actual committing of a crime, and the battery to the mental health technician was not as a result of mental illness, but was the result of actual criminal activity. As such, I was called to respond to the scene where Robert was taken to jail.

In closing, I fully support the continuing of research and funding to the mental health court and to all aspects of the mental health facility. Every single day I face families who ask me in frustration, "What more can we do?" with tears in their eyes to help their family and loved ones. I appreciate the privilege of addressing this body today, and I open myself to any questions.

**Chairwoman Leslie:**

Congratulations on your nomination for the CIT officer of the year. That's quite an honor. We appreciate the work that you and the other line officers do every day. You gave us some great examples of the work you do and the problems you face. Back here to Carson City.

**Don Means, Assistant Sheriff, Washoe County Sheriff's Office, Washoe County, Nevada:**

Mental health has always been a tragedy in the state of Nevada. I could put faces to the people that have washed out. The murder in Wingfield Park or somebody we're fishing out of the river. The crisis that we're facing, that I'm here to talk about, is what's going on in the Washoe County Jail. Obviously, we're not the size of Las Vegas, but we do have currently in our control 1,600 people—1,130 of them are actually in custody—15 percent of those people are what we would say have acute mental illness. Those people are in some stages of competency hearings or someplace in the criminal justice system. Anything that you could do that could make this system better would be a great step forward.

**Chairwoman Leslie:**

If any of you have the opportunity while you're in Reno with an extra afternoon, go by the Washoe County Jail and see the special unit they have for the mentally ill. It's quite impressive.

**Don Means:**

"Unit 3" is what we call the special needs unit; it is our mental health unit. There are currently 45 people in that. Whenever they get well enough where we can move into the general population, we do that. But that was constructed when I was a captain back there the last time, and we are proud of that.

**Jim Cox, Deputy, Homeless Evaluation Liaison Program, Washoe County Sheriff's Office, Washoe County, Nevada:**

We are the HELP [Homeless Evaluation Liaison Program] office. It's a joint program up in northern Nevada run by the Reno Police Department; my current partner is Officer Jeff McCutcheon. It is a two-man unit and we run it seven days a week. How it was developed was a response to the Community Oriented Policing Systems, or COPS program, where you look at a traditional problem and think outside-the-box and find a solution to that community or that area's problems. They looked at homelessness and the solution was actually very simplistic.

What the founders did is they looked at themselves. They said, "What happens when we have a crisis in our own lives? What happens when we have a trauma? When we have a death? When we have a major car accident? Who are we going to look to?" When asked that question, you almost immediately think of your family and your friends—somebody that is close to you, that you can lean on, that you can get back to your support. That's how it was developed.

People who are homeless are dealing with the same issues. The population I am trying to help are those individuals living in Reno, Sparks, and Washoe County that are sleeping on the streets behind the Dumpsters and in the alleyways along the river. When you see this portion of the population, the skin diseases, the horrible weather, and all the other factors that go into it, you come to realize it is not a choice. There is usually an underlying factor. There is a mental illness, alcohol, or substance abuse, or more oftentimes they go hand in hand and they call it co-occurring disorders. Through HELP, now we have developed into a type of referral service. Knowing friends and families is our best resource, and Governor Guinn touched on it when he said that families are hugely touched by mental illness, that's exactly right.

We will contact friends and family when a client comes into our office. We will talk with them and we usually get a full story from the family. We are pretty

good at picking up on the mental health disorders. We can be fooled as well. We will talk with the family. A lot of times, all the family needs to hear is this person is okay. They are more than willing to take this person back in and give them that base and that support so that they can go on with their life and deal with mental illness and get back on their meds. They can get back on their Social Security. They can deal with their alcoholism. About 80 to 86 percent of the people that we see through the HELP office are mentally ill. So we will work with them through that HELP office.

[Jim Cox, continued.] I would like to close with a story. This one gentleman walked in. He was staying at our local shelter, the Reno Assistance Center. He came in, and he was pretty clean-cut for a homeless guy. His hair was short and he was shaved. He said, "I heard you can help me with a job." I said, "Sure, what's going on?" I get his full story. When he was going through his story, he doesn't mention about the fact that he has an uncle down in central California. I said, "Have you talked to your family? Have you let them know what's going on with you?"

He said, "No, why don't you call them?" That's fine. That's pretty common. I call the family member. I usually ask for the person, because I am a deputy and a lot of people don't like to talk to cops. As soon as I get that person on the phone, that's when I will identify myself and the whole spiel. "I'm Deputy Cox, Washoe County Sheriff's Office." This gentleman on the other side of the phone was perky when he answered the phone, "Hello?" When I identified myself, "Yes," he said. He was a very morose; you could tell I was scaring him immediately. That's common.

I said, "I have this gentleman here. He is fine. There is nothing wrong with him. He is not in trouble. He is here in Reno and I'm trying to get him a little bit of help." He was so ecstatic because he had filed a missing persons report. He said he was from central California. He checked within 400 miles and was traveling the city in the car looking for this guy. He had been missing for over 60 days. When he heard my title, he thought I was going to tell him that his family member was dead. Central California is more than two hours away. He made it in less than two hours. I'll let California Highway Patrol deal with that part of it.

Oftentimes the family just wants to know the person is okay, and they want to give the assistance.

**Chairwoman Leslie:**

Thank you very much. I was out with Deputy Cox at 4:00 in the morning doing the homeless count. He took me to places I have never been on the river in

Reno and does a great job. There is one gentleman we found who lives right on the river. We had a reporter with us. We wanted to meet one that wasn't sleeping it off. This homeless person actually lives outside of the police station on the river, knew Deputy Cox, and talked about how he was going to come in from the cold. I hope he did. Did he come in from the cold?

**Deputy Cox:**

Unfortunately, he ended up going to jail on several warrants.

**Chairwoman Leslie:**

He is somebody who we really need to get into mental health court.

**Ondra Berry, Deputy Chief of Administration, Reno Police Department, Reno, Nevada:**

The price of neglect is expensive from the standpoint of not just resources, time, effort, and energy, but what it does to drain our resources and also to the Washoe County Sheriff's Department and what they do.

I want to talk briefly about the CIT program, Crisis Intervention Training. Approximately one year ago I commissioned these two officers to go out and find what innovative, creative, and visionary programs were going on around the country in terms of law enforcement. When we were riding back on Monday, Officer O'Bryan reminded me, we would not have looked at mental illness as something that was our problem 15 years ago. Our problem was to get these people off the street, out of the situation, and incarcerate them if we had to. He also reminded me of Leslie Carter, who was killed a year ago and had a mental illness, and I believe that's directly attributed to what happened to her while she was out there in public.

When I was listening to Judge Peter Breen talk, something we must keep in mind is the numbers we cannot ignore. Those numbers are the success of the program. He has 200-plus numbers and a 90 percent success rate in terms of those who stay in the program. I believe the officers did some research with the Memphis Police Department and also Las Vegas Metro. I want to commend Las Vegas, because when they went and visited, a lot of what we are doing today was attributed to what they taught these two officers when they went down there. They put together a 40-hour CIT training where we worked with mental health, emergency services, social services, and public safety. We now have had our second course. We have 45 people who have graduated from the courses. We have members from Washoe County Sheriff's Department, Reno Police Department, REMSA [Regional Emergency Medical Services Authority], and Sparks Police Department. I have them here. I am the talking head. They do the work.

[Ondra Berry, continued.] It has been extremely successful. We from law enforcement have had a paradigm shift in terms of how we look at mental illness in terms of it being something we can solve, not through incarceration, but through other resources that are out there. We are committed as an organization to provide the time, energy, and resources to this. To make sure we put best practices out there to do whatever we can to improve the quality of service for our community.

**Patrick O'Bryan, Officer, Reno Police Department, Reno, Nevada:**

I am also a downtown enforcement team officer. My partner, Steve Johns, and I are part of what's known as the bicycle team. When I went out into the process and I was sent down to Las Vegas the first time—we had to be sent several times before we had a clue. I looked at their CIT program down there and my first response was, "You have lost your mind." Because I had not accepted the paradigm shift that the Chief has already talked about. After time, after talking to Sergeant Kendall Wiley down there, after going through the class and being exposed to Dr. Krelstein and following up on information they gave me and talking specifically with Dr. Richard James out of the University of Memphis, Tennessee, and his protégé, Dr. Catherine Addy, I began to see the need for this.

In terms of police problem-solving, whether we call it COPS [community oriented policing] or POP [problem oriented policing], it all boils down to problem solving. As a member of the downtown enforcement team, I can arrest and arrest, and the problems would not go away. I was spinning my wheels. I was being injured. I was injuring people and not really going anywhere. So there was a great deal of frustration.

One thing I have noticed today too is that other members of the community have spoken on this issue. They are willing to be honest about what has gone on and say the system has failed. At my level, I can honestly say we need more options. What we were doing was not working. Now we are seeing that on a system-wide level and it is a pleasure to be in this age of enlightenment. We knew we needed to get involved in problem solving. That's what we did. We went and looked at Metro, looked at their program, and brought it back to Reno. We knew it needed to be a regional program and the Deputy Chief Berry specifically directed us to take it regionally and not just keep it in the realm of the Reno Police Department.

That was a big challenge. We were assisted greatly by the Northern Nevada Mental Health Services, headed by Dr. Cook and by Dr. Carlos Brandenburg, who gave us access to statewide resources, which was huge for us and made a

big difference. We added all that to our tool box and what we do on the street. And for our department, I don't think that we have gone to the level of drama that Las Vegas Metropolitan Police Department has gone to. We don't have that population base.

[Patrick O'Bryan, continued.] I am thankful for that. We get a lag time to get our program moving and be able to apply these in less of a crisis situation. We have had our successes. We have made a difference and I'll let my partner talk about our first success, which does illustrate a significant shift in how we do business. My partner likes to talk about the day that he saved this man's life.

**Steve Johns, Officer, Reno Police Department, Reno, Nevada:**

Our first intervention was a gentleman who was jaywalking and stopping traffic in a high crime area. Officer O'Bryan and I went to stop him and detain him. Officer O'Bryan got there first and stopped and made contact with the gentleman. The gentleman was immediately very confrontational with Officer O'Bryan. I was listening to the contact and the discussion going on. I was getting a clue and simply asked the gentleman if he was supposed to be taking any medications. He stopped and said, "Yeah, I am."

That was enough of a clue for my partner as well to let go of the poor gentleman and realize that he did need some help. Instead of arresting him and driving him up to jail and spend another hour writing a misdemeanor arrest report, I got a sedan and took him to the VA hospital and got him hooked up with the services he needed. He hasn't been taking his meds for a couple years. They haven't seen him in a couple of years. It wasn't another arrest that the taxpayers had to pay for, but it got this gentleman some help.

**Patrick O'Bryan:**

My partner has understated that. In 17 years of police work and working in some of the worst places in Reno, my rule of thumb is to do unto somebody else before they have the opportunity to do unto me. My objective is to go home at the end of the night. I don't know if that day was the day when that other man was going to triumph over me if I engaged him in combat. That was his mindset. He was mentally ill and acted as a trapped animal would act and not rationally. He had no control over that and neither did I.

My partner recognized it and he had some control over it because he had received the training. Very likely my partner saved me from harm as well as the man and that use of force did not take place. There was no incarceration, no use of force report, and no hospitalization of anyone. The man got help. Another example was actually just yesterday.

[Patrick O'Bryan, continued.] I received a phone call from a very, very stressed out woman that was at one of our local coffee houses that we all go to downtown, Dreamer's Coffeehouse. She was screaming that there was a stalker there and was very frightened. We arrived there and we realized that the man who was allegedly the stalker was mentally ill. We asked the questions and got the responses that indicated that he had an illness.

The interesting part of this one is that to begin with we had no charges. He was not stalking to the degree that we could successfully make an arrest on this one. We would have left a frightened woman behind who was frustrated with the police department that took no action. We didn't have enough to charge him. We didn't have enough to do anything with him in terms of traditional law enforcement.

But my partner has some excellent numbers at the VA. I asked the man if he was a veteran, and he said yes. I asked him if he had been treated; he said yes. I asked him if he knew his doctor's name. He said he had forgotten, because he hasn't taken his medication in over a year. Steve got on the phone and found out he was a consumer there. We went up and talked to him very calmly like we have been taught in a class down in Vegas. We are salesman. We said, "Sir, the doctors at the veterans' hospital believe you are very sick and they would like to see you today, and I think that's important." The guy looked at us and said, "Really?" We said, "Yes, they are very concerned about you, sir."

He said, "Oh, yeah, I will go down." We were able to take something where we would not have been able to do anything in the past and actually go a new step and be able to take action where we never have been before. It still didn't result in an arrest. It still didn't result in any court time. That woman was satisfied with the response that she got from the police department.

**Chairwoman Leslie:**

Any questions? Thelma Clark from The Silver Haired Legislation Forum signed in, in support. We'll note that for the record. We have another very interesting presentation and hopefully a couple of bills on Monday. Next Wednesday afternoon we have six bills from the foster care system. We'll have another busy week. This meeting is adjourned [at 3:43 p.m.].

RESPECTFULLY SUBMITTED:

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Paul Partida  
Committee Attaché

APPROVED BY:

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Assemblywoman Sheila Leslie, Chairwoman

DATE: \_\_\_\_\_

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