

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

**Seventy-Third Session  
February 23, 2005**

The Committee on Health and Human Services was called to order at 1:31 p.m., on Wednesday, February 23, 2005. Chairwoman Sheila Leslie presided in Room 3138 of the Legislative Building, Carson City, Nevada, and via simultaneous videoconference, in Room 4406 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  
Mrs. Ellen Koivisto  
Mr. Garn Mabey  
Ms. Bonnie Parnell  
Ms. Peggy Pierce  
Ms. Valerie Weber

**COMMITTEE MEMBERS ABSENT:**

Mr. William Horne (excused)

**GUEST LEGISLATORS PRESENT:**

Assemblywoman Barbara Buckley, Assembly District No. 8, Clark County

**STAFF MEMBERS PRESENT:**

Allison Combs, Research Analyst  
Barbara Dimmitt, Committee Analyst  
Joe Bushek, Committee Attaché

**OTHERS PRESENT:**

Thom Reilly, County Manager, Clark County, Nevada

Charles Duarte, Administrator, Division of Health Care Financing and Policy, Nevada Department of Human Resources

Diane Comeaux, Deputy Administrator, Division of Child and Family Services, Nevada Department of Human Resources

Michael Capello, Director, Department of Social Services, Washoe County, Nevada

Shannon McCoy, Supervisor, Department of Social Services, Washoe County, Nevada

Bobbie Gang, Legislative Advocate, representing the Nevada Women's Lobby and the National Association of Social Workers, Nevada Chapter

Theresa Anderson, Deputy Administrator, Division of Child and Family Services, Nevada Department of Human Resources

Jone Bosworth, Administrator, Division of Child and Family Services, Nevada Department of Human Resources

Mike Willden, Director, Nevada Department of Human Resources

John Arnos, Board Member, Children's Advocacy Alliance, Las Vegas, Nevada

Susan Klein-Rothschild, Director, Clark County Department of Family Services, Las Vegas, Nevada

Brad Donohue, Ph.D., Associate Professor, Department of Psychology, University of Nevada, Las Vegas, Las Vegas, Nevada

Michelle Youngs, Sergeant, Washoe County Sheriff's Office, Reno, Nevada

Larry Struve, Advocate, Religious Alliance In Nevada

**Chairwoman Leslie:**

[Meeting called to order and roll called.] We wanted to get started right on time because there are a lot of people who want to speak, and most importantly, our Majority Leader has a large committee meeting herself to conduct soon. So, Ms. Buckley, if would you like to come forward, and present to the Committee on the Committee on Children Youth and Families.

**Assemblywoman Barbara Buckley, Assembly District No. 8, Clark County:**

[Handed out [Exhibit B.](#)] I had the privilege of being the Vice Chair of the Legislative Committee on Children, Youth, and Families during this last interim. The Chair was Senator Rawson, who unfortunately is not here with us to present the report, so I'm presenting it. The Committee on Children, Youth and Families was created by this Legislature in part to oversee our child welfare system, and to ensure that the actions that we took over the last several years

were on track, were making sense, to oversee it, and to make recommendations to future legislators on things that we needed to continue to do.

[Assemblywoman Buckley, continued.] We have had a lot of successes in the child welfare arena. We ended bifurcation in Clark and Washoe County where two agencies have control of the child. So the child moves between systems and has different workers, different therapists, different schools, different homes. It made sense to a few bureaucrats that were in rooms years ago, but it made no sense with kids. We did away with that. It has gone very well so far. Washoe didn't finish bifurcation till January 1, 2003. Clark County ended bifurcation, began integration in October 2004.

A tremendous undertaking, where state employees became county employees. Some didn't go. Some did. You have to fill vacancies; everything changes, such as health care benefits. It was a massive undertaking. But it happened in Washoe County; you see more streamlined services for kids. Kids not caught in the cracks. You see higher levels of care, the number of kids in crisis being reduced because there is more stability, so I think it is working. Our caseload ratios between a worker and children were reduced by the Legislature. That has helped; foster care rates were increased, which has also helped. There was a greater recognition of keeping siblings together, which has helped the children.

We created a fund, Assembly Bill 94 of the 71st Legislative Session from two sessions ago, where we created a source of money for children aging out of the foster care system. That is now working well. It is up, running, and implemented. So when a kid becomes 18, they have a little bit of money to get started, to get a security deposit, to get first month's rent, so that is working well.

We still have a number of things to do, especially on the mental health side, of how we treat children who have mental health problems. These kids are abused. They have left home. Some see their siblings murdered in front of them. Some have rape issues, the most horrible things. Surprise, surprise: they have issues. I think that we don't do a very good job in terms of the system that the Legislature has created to help treat them. If a child has a crisis, we focus more on treating them in a hospital instead of worrying about getting them a good home. If you don't have a home to go back to, if you don't have somebody committed to you as a child, it doesn't matter how many psychiatrists we pay. We have to do that first. That is not the core of our system. That needs to be changed. I'm hopeful it will be changed in the very near future.

I feel we accomplished a lot, and we still have a lot to accomplish on behalf of abused children for whom we are their parent. We are their guardian, in terms of the system that we set up. Our thanks go to some great caseworkers, some great administrators at the State, at the local levels, that we had a chance to work with, and some great foster parents, whose work is just amazing, truly amazing.

**Chairwoman Leslie:**

I think at this point, Ms. Buckley, we would take your remarks on any and all of the bills that you would like to point out. We will then proceed with a hearing on each bill individually.

**Assemblywoman Buckley:**

Let's start with Assembly Bill 35. This is a bill that authorizes a child welfare agency to enter into agreements with children aging out of the system for maintenance and services. Basically what this means is, you have a child who is leaving foster care. Let's say they have been in foster care for five years. We weren't able to find them an adopted home. They are aging out of the system. How many have 18-year-olds who never need any help anymore once they turn 18, please raise your hand. Well, so do foster children. That's what this bill is all about. This would allow them to enter into a contract with the child welfare agency for maintenance and support. Basically, this is rent money and basic services until they reach an age where they will be more able to withstand emergencies. Allison Combs has been our principal research analyst assigned to the Legislative Committee since the beginning of time and knows this issue just as well as anyone in the Nevada Legislature. She will point you to the sections in the Committee report that defines maintenance and support.

**Allison Combs, Research Analyst, Legislative Counsel Bureau:**

It is page 101 of the booklet ([Exhibit B](#)). This is actually a fiscal note that was prepared for the Legislature during the interim. In the small writing, they write at the top the definitions of maintenance and special service in that small introductory paragraph. "Maintenance" there includes board, shelter, clothing, transportation and other necessary, or incidental expenses. "Special service" includes medical, hospital, psychiatric, surgical and dental services.

**Assemblywoman Buckley:**

The other portion of the bill, in Section 3, attempts to codify what must be included in a transition plan before a youth ages out. The transition plan must include, if you look on page 2, line 34, and on to page 3, things such as a Social Security card, an ID card or a driver's license, a work card, medical insurance, housing assistance. This is separate and apart from the maintenance and services portion of it; let's make sure the kids who are aging out have what

they need, the basics. Let's make sure we don't say goodbye, and then they are standing in the DMV line with no money trying to get an ID card, so they can get a sheriff's card, so they can get a job. Let's do some planning up front to make sure children have the tools that they need after the State or the counties have been their guardian, to succeed. Shall I move on to the next bill?

**Chairwoman Leslie:**

Yes. I think that's fine. We will go back and have a hearing and hear from everyone, but Ms. Buckley has another hearing to get to.

**Assemblywoman Buckley:**

Assembly Bill 36 is a bill that this Committee passed out last session. For those who were on the Committee last year, thank you for passing it out. It died in Ways and Means. I am hoping it doesn't die this time. It allows Medicaid coverage for children aging out of the foster care system, up to the age of 21. When we were involved in this reform effort, we did a study of children aging out of the foster care system, and Thom Reilly did it when he was still a professor of social work before he jumped to the county. He found that children were not faring well, and one of the reasons is they don't have any medical insurance. We had a sad case where he had called someone, sent a letter, and the sister called who had received the letter and said "I'm sorry, my brother passed away." And Thom said, "I am very sorry to hear that." And she said, "Yeah, he was rationing his insulin because he didn't have health insurance. He didn't ration it correctly, and he passed away." It was so ironic that he was brought into the child care system because his parents had died, and they didn't think his sister could successfully manage his diabetes. This is just a step to say, until you get a job, until you get on your feet, let's not discharge children who have been in our care with no health insurance.

The next bill, Assembly Bill 38, I think I will defer to the folks who requested it. It was kind of a divided vote in the Committee as the Chair will recall, having to do with trying to get better data, which I think the Committee supported but had some questions about, so I will leave that for later.

Assembly Bill 46 has to do with the expiration date of the Legislative Committee on Children, Youth, and Families. It was set to expire June 30, 2005. The Committee unanimously recommended that we extend it for two years so that we could continue the work, the oversight, to ensure that the work was done. Also, I wanted to propose an amendment to this bill. Basically what this amendment does is expand the scope of the Committee a little to require a study of additional youth and family issues, to recommend legislation involving the best practices affecting children, and to be able to appoint additional advisory members to recommend various changes to the Committee. The idea

that came for this expansion really came from my sitting at the Children's Advocacy Alliance Report Card Breakfast, that I think some of you went to, where they ranked our state in children's issues, health insurance, prenatal care, safety, and security. I will just read a few of them: health insurance, F; prenatal care, F; infant mortality, A-minus. That was nice. It is nice to get one A. Safety and security, child deaths, C-plus; teen years, birth rates, D-minus; teen suicides, F. What they argued to us, I think very successfully, is that there are so many best practices that are being adopted in various states. Why aren't we doing the same in a more extensive manner? We have different committees looking at different subjects, but we don't really pull together children's best practices. And children are different. Different issues, different ways to come up with solutions. So that's my recommendation, if the Committee would be willing to entertain it.

**Chairwoman Leslie:**

Any questions for Ms. Buckley on the work of the committee, or just general questions on any of the bills that we will have before us today? I don't see any. I want to thank you for your leadership on this issue. I don't think the integration project would be where it is today, clearly, without your leadership.

We will go to the second bill, Assembly Bill 36 and open the hearing.

**Assembly Bill 36: Requires Director of Department of Human Resources to include in State Plan for Medicaid requirement that young adults who have "aged out" of foster care are eligible for Medicaid. (BDR 38-668)**

**Thom Reilly, County Manager, Clark County, Nevada:**

I want to speak very briefly about A.B. 35 and A.B. 36. We definitely appreciate the work the Legislative Subcommittee on Children, Youth, and Families did. This was obviously one of the areas that they addressed. I can think of few areas where there is wide consensus as far as the role of government, and that's to intervene when kids are being abused and neglected. I don't think I have to tell this Committee that the research is real clear, that kids who aren't placed in permanent homes in a timely manner face tremendous challenges.

Despite the best efforts of the State and county, there is still a sizable number of kids in foster care that age out of the system in Nevada, over 300 kids. Those are the kids who don't have the connections in order to find permanent homes. Our own research in southern Nevada paints a disturbing picture in terms of what happens to these kids. These two bills would allow kids medical care until they turn 21, and to allow kids to voluntarily stay in the system up until age 21. They are critically important for this population. We pay one way

or the other. If we do not invest in these kids, ensure they make that transition out in society, we are going to end up with them one way or the other.

[Thom Reilly, continued.] Ms. Buckley pointed out the case when we were doing the research at University of Nevada, Las Vegas, that paints a real picture to this issue of health care for these former foster care youth, that kids—at least this young man was in a position of rationing his health care for diabetes because he didn't have access to health care. I can't think of many kids that can make it on their own at age 18 and manage relationships, get a job, try to get post-secondary education, deal with legal issues, and more importantly for this population, to deal with their pasts. In fact, when our researchers or graduate students went out there, the thing they told us time and time again, when they talked to these kids, is that so many of these kids were victims. Unless they dealt with their pasts and moved on, they were subject to continued challenges in their relationships, and to be victimized by landlords and business folks, et cetera.

The brunt of a financial cost to allow kids to stay past the age 21 will be borne by Clark County. We are in full support of this. We are invested in working with these kids anyway. The ability to allow them to make it, to go to community college, to go into some type of post-secondary education while they have a roof over their head, is minimal. We wouldn't require anything less of parents, and as parents for the State and the county, I think we definitely owe this to the kids here. The medical benefits, again, half of that is paid by the federal government. That's allowed; the nation recognized the deplorable situation these kids are facing. I wanted to echo the work of the committee and to give them strong support here in Clark County for these two bills. I think they are critical. The costs are minimal compared to the outcomes that we can prevent, or achieve more positive outcomes for many of these kids. One last comment: I don't always want to focus on the negative of these kids. We found that despite the challenges, there are very successful kids who have been in the foster system who, despite the challenges, make it. We shouldn't make it so difficult for these kids to transition into society.

**Chairwoman Leslie:**

We appreciate the work you have done in this area in the past few years. As you know, I have a 18-year-old right now, and, she can barely get to class on time. I just can't imagine if she were out there on her own trying to get a job, get to class, go to college, and worry about her health insurance. So as the mother of an 18-year-old, I certainly support everything that you are saying. You had said 300 kids are aging out. Can you clarify that? Is that 300 per year, and are those from Clark County, or was that a statewide number?

**Thom Reilly:**

It is my understanding statewide there are about 330 kids. Probably about 70 percent of those are down here in Clark County. Again, the financial cost of allowing these kids—I think providing fiscal notes to this population is a challenge. The reality is, many of these kids, when they turn 18, will not stick around. For those who are trying and struggling to get some type of random medical assistance, it is critical. Again, we are in full support of assuming those costs because we can't just stop our work at age 18. That really creates a lot of barriers to our workers and our advocates who try to work with this population.

**Chairwoman Leslie:**

How is it that Clark County would be assuming the cost? I thought we were going to let these youths stay on Medicaid. Wouldn't that be a State cost?

**Thom Reilly:**

I spoke for A.B. 35 and A.B. 36. For Medicaid, obviously, that would be a Medicaid cost for the State. For the maintenance of care for those kids, the county would use our funds to allow them to stay past 21, because both are critical. It is the rent, it is the housing, supportive services that we let kids stay voluntarily, and it is the medical benefits. It is mutual agreement between us and the kids. If the kids don't fulfill the agreement and go to school, then we can terminate it. But without this interim gap, it is a real challenge with this population.

**Chairwoman Leslie:**

Thank you for clarifying that. The crux of the issue, I remember in Ways and Means last time, was what you just spoke of, how many kids. We know it won't be the 330. But have you done any surveys, or do we have any empirical data about how many kids? I know we will get asked that question.

**Thom Reilly:**

It has been several years. It ranged pretty widely because many states have differing conditions to allowing kids to stay past the age 18. We are looking as low as 20 percent of the population, and I believe in some states, like Massachusetts, we are approaching 40 or 45 percent. I don't think anyone has reached any numbers larger than that, those that had agreed. Keep in mind, many agreed just to stay for a transition period. They didn't stay up until the age of 21.

**Chairwoman Leslie:**

Good point. If we hit 20 percent, that would be an amazing number?



**Thom Reilly:**

Keeping in contact or even locating this population is a real challenge. A lot of the kids, if they knew there was an ability to keep them going for a period of time, for a short transition period, I would be really surprised if kids stayed up to the age of 21. It hasn't been seen in other states, and I doubt that would occur here.

**Assemblyman Mabey:**

This is a little bit foreign to me. What happens when they turn 18 and they are not in foster care? Do their foster parents say, "You are 18 in a month, I will see you." And don't help? Could you explain what happens usually?

**Thom Reilly:**

I think it is a combination of a lot of things. Many kids aren't in foster homes. They are in group homes. They are in a wide array of different services. We looked at once they leave, who do they keep in contact with? Foster parents are high up there. Foster parents do provide some supportive services, in many situations allowing them to stay in the house during a period of time. Keep in mind that perhaps we are also seeing other foster kids and it's just depending upon the relationship. Many kids are in foster homes, they are in group homes, or in other types of independent living or semi-independent living relationships where they are sharing apartments or renting rooms, et cetera. The condition of that happening is they are receiving a subsidy to help them do that. That stops once they turn 18.

As Chairwoman Leslie had said, the issue with the population is that not only are they struggling with managing money and trying to go to school and managing relationships, time and time again many of them have not even dealt with the reasons why they came into care, or that their parents will never be what they are supposed to be. Until they can come to that ability, it is hard for them to move on. That doesn't magically occur at age 18. So what happens, as so many of these kids are in the structured environment in a group home at age 18—by the way, they turn 18 one day, they have everything, and the next day they are totally on their own. Some of them do well for a couple months and then if they make one mistake, where any other kid could go back to their parents, or take a risk, they mess up on rent, they are in this really downward spiral. The population we looked at from UNLV, over 30 percent of them ended up homeless one time. 30 percent of the kids who were in foster care at one time or another didn't have a place and ended up in the homeless population. It is mind-boggling to think that happens.

**Chairwoman Leslie:**

I remember what you presented last time. You actually presented the study, and we had some foster youth talk to us. Is anybody at UNLV continuing that work? I don't imagine you have time now in your current capacity. I hope somebody is.

**Thom Reilly:**

My understanding is there was a follow-up study that's being worked on by a former professor. I think she moved to a university in California but was periodically coming back to look at that population, since there have been programs to better prepare kids to get on their own. There was passage of A.B. 94 of the 71st Legislative Session, which allows for additional monies plus the ability to access some of the funds out there. We feel so strongly about this in Clark County, we have created a whole new position since we assumed child welfare just as aftercare. We have a full-time case manager that just deals with these kids who exit the system and they can access us at any time. We are basically asking the permission of the State to allow us to keep the kids in up to age 21.

**Chairwoman Leslie:**

I look forward to seeing that information as the person develops it. I think it is important we keep looking at this issue and be able to measure if things like A.B. 94 of the 71st Legislative Session are having the impact that we want it to have

**Charles Duarte, Administrator, Division of Health Care Financing and Policy,  
Nevada Department of Human Resources:**

With me today is the deputy administrator for the division of Child and Family Services, Diane Comeaux. We are here to speak on Assembly Bill 36. I think Dr. Reilly spoke very eloquently about the need for providing health coverage to children who are aging out of the foster care system, who don't achieve permanency either in an adoptive family or through guardianship. I know there are a lot of cases out there where these kids have fallen through the cracks and ended up in medical crisis.

Rather than speak to those kinds of issues, I wanted to make sure we did do a fiscal note on this. I think the Committee has been provided with that information. Given some of the information that Dr. Reilly spoke about with respect to the number of kids that stay in these programs after age 18, that could modify this fiscal note. We would be glad to work with the Committee on that. We based our fiscal note on a population of 334 children who might be eligible. As Dr. Reilly said, that may change, and we would be happy to get information from other states that suggests that population might be lower and

certainly could revise this. With respect to the fiscal note itself, we projected the need for \$1,452,000 in the biennium General Fund. In terms of future impact, funds would be about \$1.85 million in General Fund need. We would be glad to work with the Committee in looking at data from other states that might suggest that population will be smaller.

**Chairwoman Leslie:**

Chuck, we found the green book, the fiscal note. This is not a fiscal committee, as you know. We are taking up your budget next week in the subcommittee. That does give us at least an idea of what we are talking about. While I was looking for this, I may have been distracted and didn't hear what you said. What was the percentage of kids you based it on?

**Charles Duarte:**

We based it on the total number of children who would be aging out into the system, and the information we have is 334 children statewide would be aging out. Diane has written me a note. Thank you for clarifying this. The estimate was based on 50 percent utilization. If we can modify that down further, then we would be glad to work with the Committee if there is documentation to suggest it is a smaller number.

**Chairwoman Leslie:**

So that's 50 percent for the entire age range?

**Charles Duarte:**

So 167 children as opposed to the 334.

**Chairwoman Leslie:**

Assuming they would stay from age 18 to 21, is that what this one is?

**Charles Duarte:**

Correct. That was \$1.45 million in General Fund for the biennium.

**Chairwoman Leslie:**

As far as the policy issue, would the Medicaid agency have any trouble implementing this bill?

**Charles Duarte:**

Presumably not. There are some system issues and, of course, the requirement for us to file a state plan amendment with the federal government, but this is an allowable population for us to cover as an option. We can certainly pursue that if the funding was available.

**Assemblyman Mabey:**

I did some quick math. I may be wrong, but that's like \$12,000 a year per kid. That seems like a lot of money. I am just wondering if they could be Medicaid eligible and that way they are not because if you go through an HMO in Las Vegas, you will pay an annual or a monthly fee just for them to be part of the HMO. I am just trying to figure out a way. A lot of 18-year-olds don't need that much health care. They may want an annual visit, but honestly I don't think 18-year-olds go in for an annual visit very often. I am just trying to see if we can save money by not making them have Medicaid all the time, but if you become ill, you are eligible and then you can have Medicaid.

**Charles Duarte:**

The costs are based on fee-for-service data for this population of children we serve in Medicaid. They are a high-cost, high-needs population, predominantly not served through the HMO program. It is possible, as Dr. Reilly said, that their needs may diminish, but I would imagine that they are still in need of some significant case management care coordination, especially around the area of mental health.

**Diane Comeaux, Deputy Administrator, Division of Child and Family Services, Nevada Department of Human Resources:**

I would like to clarify one thing quickly. The cost per eligible child in this fiscal note is about \$900 per month. There are other costs included in here. The NOMADS [Nevada Operations of Multi-Automated Data Systems] system will require some changes to add aid codes, as well as the UNITY [Unified Nevada Information Technology for Youth] system, our child welfare system. And the Welfare Division will need to add one additional staff member to do the eligibility determination. The entire fiscal note is not just the cost of services; it is the bulk of it. But the actual estimated cost of service is about \$900 a month.

**Assemblywoman Weber:**

I'm trying to understand the fiscal note attached to A.B. 35, and there is a fiscal note associated with A.B. 36 because of Medicaid. Is there overlap between the two bills, or did this one come out as a result that there was something missing? Help me understand the relationship between the two.

**Charles Duarte:**

The fiscal note that we are speaking to is specific to for A.B. 36, and it deals with the medical costs and infrastructure costs of covering these children through Medicaid. The other fiscal note for A.B. 35, maybe I can have Diane speak to that.

**Assemblywoman Weber:**

I have the fiscal note for A.B. 35, but I don't have one for A.B. 36, but it says it has one. I know this is a policy committee. I am trying to understand the relationship.

**Chairwoman Leslie:**

Fiscal notes are kept in the green book. We are happy to pass that down to you and you can take a look at it. It is helpful to know the scope of it, but the money committee will go forward.

**Assemblyman Hardy:**

Is it \$900 a month or \$900 a year for a child?

**Chairwoman Leslie:**

Ms. Comeaux, do you want to address that?

**Diane Comeaux:**

I believe it is a month.

**Michael Capello, Director, Department of Social Services, Washoe County, Nevada:**

I brought with me Shannon McCoy, who is a supervisor of a unit of social workers in our agency that primarily deals with our adolescents. I thought she and her unit could bring you a first-hand view of what some of our youth are facing.

**Shannon McCoy, Supervisor, Department of Social Services, Washoe County, Nevada:**

[Handed out [Exhibit C](#).] I'm here to speak in support of Assembly Bill 36, allowing access to Medicaid to youth who age out of foster care at age 18. We do have many youth with ongoing medical needs. Currently we have a female in our care, on a voluntary agreement, on track to graduate high school in June 2005. She has severe anemia and requires pills and a healthy diet to keep her out of the hospital. One of her great concerns as she is processing with us is what will happen when she turns 18, where to get those pills, so it can continue to control her anemia so she stays out of the hospital, which would incur her a greater cost. She does not qualify for SSI, unfortunately. If this bill were to pass, that would help her out a great deal. Another young woman has diabetes, and similar to the story we heard earlier, her insulin medication costs \$400 a month. So we are faced with a challenge of trying to find employment for her at the age of 18 that offers medical insurance which, although she is a bright young lady, is very difficult to find at age 18.

[Shannon McCoy, continued.] Additionally, the youth this would help are youth with mental health needs. There are many of them that age out of our care every year, and they have trusted therapeutic relationships with people in the community who provide therapeutic intervention, individual counseling, as well as medication. They struggle when they age out of care with a lot of losses in their life: the loss of their caseworker, the loss of their foster parents, the loss of therapeutic relationship is also important to them, and trusted people to manage their medication. While we do refer them to Northern Nevada Adult Mental Health Services (NNAMHS), that's a new provider that's not familiar with the ups and downs, ins and outs of their case over time. Additionally, A.B. 36 would help youth manage that transition of their mental health as they leave our care. We manage the A.B. 94 of the 71st Legislative Session money through The Children's Cabinet and I did a quick statistical study. Over the calendar year we have spent \$30,000 of A.B. 94 of the 71st Legislative Session money on youth's medical needs. Of a total population of about 63 youth in Washoe County, about 30 foster youth age out of care each year. We serve about 63 youth with the ebb and flow. Maybe only 15 to 20 are part of this \$30,000.

**Chairwoman Leslie:**

I am interested in the mental health transition because I know at age 18, the only real resource in the community if they don't have insurance is adult mental health in the state system. But to qualify for that you have to be severely mentally ill, and I imagine some of your youth may not be. They are not schizophrenic, they are not bipolar. They may be depressed or they may still be in recovery from sexual abuse, or something like that. What happens if they don't really fall under the state definition of the severely mentally ill, and they have no insurance? What happens then?

**Shannon McCoy:**

Unfortunately, many of our youth we try to transition out of therapeutic services and there aren't any therapeutic services available. The Children's Cabinet in the north has worked with us to offer 8 to 10 sessions free of charge for youth aging out of care, so we have used that in a pinch. But there isn't a long-term solution. We mostly use Northern Nevada Adult Mental Health for management.

**Chairwoman Leslie:**

Just imagining some of these foster youth going and standing in line—nothing against NNAMHS, but it's not quite the right environment for some of these kids. Of the \$30,000 of the A.B. 94 of the 71st Legislative Session money that you spent on medical needs, was mental health included in that? If it was, what percentage would you guess is mental health?

**Shannon McCoy:**

I don't have the breakdown. There were some mental health costs included in that. Very minimal cost, I do know. Maybe 10 percent.

**Chairwoman Leslie:**

Give me some examples of what that would cover.

**Shannon McCoy:**

We have one young woman who has lupus—she has some ongoing medical needs—gynecological issues for our females, some diabetes management.

**Assemblyman Hardy:**

I'm still in shock, so be patient with me. Your \$30,000 per year for medical needs covers how many people?

**Shannon McCoy:**

That only covers about 15 youths.

**Assemblyman Hardy:**

15 youths would be \$2,000 per youth, per a year, which is different than \$900 per youth per month.

**Shannon McCoy:**

Right, and I imagine the discrepancy is due to the fact that these are only youth that have extraordinary medical needs. There is probably a whole host of population of youth that aren't asking for medical services but could use it.

**Assemblyman Hardy:**

That's my point. If we are covering every youth that comes out, one-fourth of them, and you are doing \$900 per month of the people who don't have the medical needs, it would seem to me that the insurance policy for a family would be in the \$500 to \$700 a month for an insurance policy. So I don't understand why we are looking at \$900 per month, per child, as opposed to \$30,000 for 15 people. It seems to me whatever you are doing, my hat's off to you, because it is working a whole lot more economically than \$900 per person. I have to quit saying youth because 18, by definition, is an adult, no matter how much we think that's true or not.

**Chairwoman Leslie:**

I think the point Ms. McCoy is trying to make: this is a special fund. This is the A.B. 94 of the 71st Legislative Session Fund. So they probably only access it in extraordinary circumstances and it is a hit and miss thing. Maybe somebody

has a particular medical issue and there is no other way to get it covered. It is not the same as having health insurance.

**Charles Duarte:**

We can provide a breakdown of the \$900-per-month figure in terms of the types of services we purchase for this population, including physician, hospital, other types of services, and mental health services to this Committee, as well as to Ways and Means, who may be interested in that figure.

**Chairwoman Leslie:**

Mr. Capello, did I describe that accurately?

**Michael Capello:**

Yes, I think that's really the crux of it. These are youth who are getting served through this very special fund, A.B. 94 of the 71st Legislative Session, and who have specific health needs who are identified, and those specifically getting responded to, it's not a general plan. They are not getting preventive health care. They are getting crisis health care management. Because there is no one to pay this bill, we are picking up the cost through this program.

**Chairwoman Leslie:**

Instead of paying the insurance, it is the medical management thing. You have one serious medical problem and the fund would not be able to respond to that.

**Assemblywoman Angle:**

I wanted to go to this idea of high needs. I think that was the word that was used, high needs population. You are saying there are about 167 kids throughout the state that are high needs. I guess I wanted to pin that down a little bit. Who we are really servicing here? We are not servicing everybody that ages out. We are honing in on a specific high-needs group? Is that the correct understanding? If that's not, could you just kind of define that for me? Also, this idea of high needs, I am starting to hear what that might mean. If you can be more specific with that, I would appreciate it.

**Michael Capello:**

I think what the number of 337 reflected, in a year, how many children are aging out of the foster care system. Based on some analysis, it is estimated that only about half of them would take the time to apply for Medicaid post-foster care. Out of that half you get to the 167 kids. Now, within that range of youth, young adults, there would be varying degrees of need, all the way from examples with youth with lupus, diabetes, who have ongoing, routine, high-cost medical issues. To those who have mental health issues and are still resolving those, they have a family history that brought them into the system, this is



probably a gradient of demand among those 167 of what services they would need.

**Charles Duarte:**

What we also have to keep in mind, of that estimated 167 children who may opt into Medicaid after they age out of foster care, this is most likely a case of what the insurance folks call "adverse selection." So, whether it is their case manager, or the child—the young adult—making that decision, most likely they are going to opt into the program if they have high medical needs, whether it is medical conditions, mental health conditions, or a host of other problems. So you are most likely looking at an adverse population, people who have high health care needs, know it, and need the health care coverage. So to assume that we are going to deal with the average child, I think, may be an incorrect assumption in that this is a very small group. As Ms. Leslie said, in a small group it takes one child who has high costs associated with a chronic condition or a catastrophic illness to blow the budget out of the water. The insurance model, albeit it may not be the most perfect model, is probably the most probable for describing the costs associated with the care of these children.

**Assemblywoman Angle:**

My follow-up question then would be, if we are dealing with a very small population and we have this budget that we are going to put out there, am I correct in assuming that we are only going to use what we need? We are not going to spend the whole thing; we will just use what is needed for those who actually opt into the program. Is that a correct assumption?

**Charles Duarte:**

This gets back to Dr. Mabey's question about could they be Medicaid-eligible but not get services. When we offer Medicaid to a child or an individual, they are eligible for all the services. That applies statewide. In this situation, we are estimating what we think the fiscal impact might be and the budget that might be needed to cover this group. However, if a child ends up in a situation where they incur \$1 million worth of expense, for example, because of a catastrophic traumatic illness, we are going to have to find the way, because they are Medicaid-eligible. It is an entitlement. We would have to find a way to provide the necessary health care services for that child. The fact that budget amount would be in our overall program budget deposit means we can limit our expenditures to that amount of General Fund. We would have to provide for all the health care needs for that child. If it is in our budget, we would have to find a way. We would find funds in the overall budget to pay for the health care needs of that Medicaid-eligible person.

**Assemblywoman Angle:**

I think the converse would be true as well. If you didn't need it all, you wouldn't use it all.

**Charles Duarte:**

The converse would be true, Mrs. Angle. If there weren't other needs in the Medicaid budget where this would reside and we didn't need it, we would certainly revert it. But I never anticipate that's going to be the case with our program.

**Bobbie Gang, Legislative Advocate, representing the Nevada Women's Lobby and the National Association of Social Workers, Nevada Chapter:**

We are in support of this bill. Everything that was said is so in line with the thinking of these two groups. But in listening to the fiscal, there is a policy issue that seems to become clear to me. If these children who are opting in are the ones who are most in need of medical care, if we don't cover them, we are turning them out without any coverage. They are going to be costs on the community when they start going to the emergency rooms or suffer the way that young man suffered.

**Chairwoman Leslie:**

Yes, thank you for pointing out the consequences. They are pretty severe for those high-needs youth. Thank you for your testimony. We will close the hearing on Assembly Bill 36. We will go back to Assembly Bill 35.

**Assembly Bill 35: Makes various changes concerning provision of public services for children. (BDR 38-667)**

**Theresa Anderson, Deputy Administrator, Division of Child and Family Services, Nevada Department of Human Resources:**

[Handed out [Exhibit D](#).] I would like to provide some information regarding A.B. 35. I think earlier there was some confusion about the two bills. It is our understanding that this bill would allow children to enter into agreements with child welfare agencies to continue to receive special services and maintenance if the children are enrolled as students in universities, colleges, trade schools, or technical schools. Agreements must not extend beyond the child's twenty-second birthday. The child is defined as a person who is 18 years of age or older, but less than 22 years of age. It requires child welfare agencies to develop a transition plan for each child placed in the agency's custody who is in foster care and likely to remain in care until the child reaches age 18, and the plans must be court-approved. It also mandates that transition plans include child welfare agency actions to help children attain items such as Social Security, identification or work cards, driver's licenses, medical insurance,

housing assistance, services by adult mental health services, and other assistance to help these children transition from foster care into economic self-sufficiency. As you will recall, Ms. Buckley pointed out that was a concern of the interim committee.

[Theresa Anderson, continued.] In brief, A.B. 35 would also impact child welfare agencies' workloads. Under A.B. 35, agreements must be terminated subject to court approval by mutual agreement, or if the child fails to comply with any term or condition in the agreement. This appears to significantly extend child welfare agencies' case management responsibilities, adding oversight of the child's compliance with the agreement to age 22. In addition, it could also impact court docketing. Under *Nevada Revised Statutes* 432B.040, when a child turns 18 years of age, court supervision concludes. This bill appears to extend the court's oversight of children, which could potentially impact court caseloads. I also want to provide you some additional information, since the bill talks about children having to remain in school if they stay in our care.

Currently, Nevada has two funding sources to assist foster children in obtaining higher education and economic self-sufficiency. The first is the one that's already been referenced as the transition from foster care funds, and what we call "education and training voucher grant funds." A.B. 94 of the 71st Legislative Session funds are used to assist any youth in attaining self-sufficiency as they plan for and transition from the foster care system up to 21 years of age. The funds may be used to provide goods and services including, without limitation, job training and education, housing assistance, medical insurance, and the like. Child welfare agencies have been encouraged to use these funds flexibly and in an individualized manner to make sure children transitioning from foster care reach their greatest human potential.

A.B. 94 of the 71st Legislative Session funds allowed us to apply for some federal grants. We were able to use that as a match, and received some education and training voucher funds that allow states to provide money for youth who have been in foster care to attend an institution of higher education. Foster youth may receive up to \$5,000 per year, or the total cost of attendance. To qualify, youth must graduate from high school, receive a G.E.D., or certification of high school completion. Those students who complete the mandatory hours required for high school instruction but did not pass the high school proficiency exam also are eligible. Youth who participate in the program by their twenty-first birthday remain eligible until they are 23 years old as long as they are enrolled in a post-secondary education or training program and are making satisfactory progress towards completion of that program. Foster youth adopted from foster care after attaining the age of 16 are also eligible.

[Theresa Anderson, continued.] Nevada currently receives close to \$139,000 annually for this program. The Committee may also wish to consider that Title IV-E [of the Social Security Act of 1935, as amended] funding, the maintenance part, is not permitted for children over the age of 18 years. An exception to this is extended coverage for children up to the age of 19 years, if the children are enrolled in high school full time and will graduate by the age of 19. The Committee may also wish to consider that A.B. 35 has the potential to divert children transitioning from foster care from needing to access other forms of public assistance; encourage former foster youth to maintain enrollment in educational programs that will assist them with future employment opportunities and help them realize their full human potential; encourage a child to remain in foster care or remain involved with child welfare agencies solely to receive funding for higher education; finally, to discourage potential adoptive families or guardians establishing permanency of children in their care. Children remaining in foster care are eligible for continuing education and economic self-sufficiency benefits that children who are adopted are not.

There is potentially a significant fiscal impact with A.B. 35, including the need for additional child welfare agencies personnel and operating expenses, as well as funds for special services and maintenance.

**Chairwoman Leslie:**

That was a good overview of the pros and cons of this bill. I don't want to get into debating how much money and all of that. We did hear from Dr. Reilly that Clark County recognizes it will cost them more money, and they think the pros outweighs the cons. I will ask Mr. Capello that for Washoe County. The State still serves the rural kids. Do we have a position from the State on the bill just in general?

**Jone Bosworth, Administrator, Division of Child and Family Services, Nevada Department of Human Resources:**

I was unclear from Mr. Reilly's point about Clark County willing to pay. I am not sure as to what he was referring to. As you heard from Mr. Duarte, the federal funds are matching funds to State General Funds.

**Chairwoman Leslie:**

He clarified. He was talking about A.B. 35, not A.B. 36. I think what he was talking about was they are willing to keep these kids in foster care longer, knowing they will have to pay the maintenance cost.

**Jone Bosworth:**

He may have been talking specifically about maintenance costs that are provided for under Title IV-E matching funds. It is State General Fund dollars passed to the counties. That money is the State burden. I wasn't clear on what he was talking about, in terms of Clark County matching that with some county funds.

**Chairwoman Leslie:**

Mr. Willden, were you clear on that?

**Mike Willden, Director, Nevada Department of Human Resources:**

I did not understand Dr. Reilly's comment for sure. I want to make sure the Committee understands. A.B. 35 is the whole enchilada: it's maintenance, payments, special needs, which includes medical. I don't think Dr. Reilly was saying that county would put up any of the medical portion. That would be funded through the regular State/federal matching thing. I did understand him to say he was making a statement that they would be responsible for the maintenance portion. We did not do the fiscal note that way. The fiscal note has the State being responsible for the medical and maintenance portion. Assembly Bill 36 is the subset of Assembly Bill 35; A.B. 36 is simply the medical portion of A.B. 35. We use the same cost per eligibles, the same eligible population. A.B. 36 is a subset of A.B. 35. A.B. 35 is the whole enchilada. There is only a one-year age difference. A.B. 36 stops at age 20. A.B. 35 goes to 21.

**Chairwoman Leslie:**

We have some negotiating room with Dr. Reilly. We can do that in Ways and Means. Overall, does the Department or the Division have a sense of where you stand on the concept of the bill?

**Mike Willden:**

We are supportive of the concept of the bill, certainly. I think we've heard this for a number of years now about kids aging out of foster care and falling off one support system to the new system support. We heard from Phillip Mangano [Executive Director, United States Interagency Council on Homelessness] on Monday about how people leave one system and they enter the door of the homelessness system. I think we are absolutely supportive. I think it is a funding issue.

**Chairwoman Leslie:**

We will separate those two. I don't want this Committee to get into the funding issue. We will take that separately. But the policy issue you are comfortable with.

**Assemblywoman Angle:**

I am reading this bill and it says that they have to be enrolled. It doesn't say anything about full-time enrollment or part-time enrollment. I am thinking this maybe needs to be more specific as far as what kind of a student we are going to subsidize here, because if we are subsidizing three credits, I don't think I'm in on that plan. If we are subsidizing a full load, I might be more persuaded. I guess that's my concern. I want you to kind of tell me what your thoughts were on that education part.

**Jone Bosworth:**

I think that's a good point that the Committee can consider and get clarification, from a policy standpoint. We certainly would want students to be enrolled full time. As you mentioned, three credit hours may not be what the Committee intended when they proposed this bill in terms of being able to support these youth. I don't believe it was contemplated or discussed, at least from the agency standpoint.

**Assemblyman Hardy:**

When we had the interim committee meetings, we talked about disability people, and we made a new definition of "full time." That is a discussion that ought to probably be on the table. I can't remember the exact things, but we have evidence of people who had certain disabilities who couldn't take the 12 credits every semester. And so I think that needs to be on the table when we discuss what is full time.

**Chairwoman Leslie:**

We will have an out clause or some way to adjust for somebody with a disability.

**Theresa Anderson:**

We would be happy to provide the guidelines that are given to us from the federal government for the education and training and voucher program. I think that it might be helpful.

**Michael Capello, Director, Department of Social Services, Washoe County, Nevada:**

[Handed out [Exhibit E](#).] Just to start off, certainly, we had not had prior discussions with Clark County about the funding piece. So that would be something I would have to take back to the County to talk about. But, in general, in reference to A.B. 35, the Department is supportive, recognizing that, for those youth who choose to remain with the Department to receive maintenance and special services, it would certainly be a support for them in achieving their educational outcomes. It is our estimate, again, that many of

these youth will opt out. Oftentimes they are frustrated with having a system that has control over a significant piece of their lives, and by the time they achieve the age of 18, they are just ready to be rid of us.

[Michael Capello, continued.] We are not quite sure, again, how many youth would opt to stay in, but we had a couple of examples recently when it worked both ways. We are not allowed to provide for a youth who turns 18 and has graduated from high school. So if you graduate from high school and the next month you turn 18, we legally cannot provide maintenance and special services to you any longer. So we had one situation where a youth knew that and knew they needed that support, so they intentionally didn't graduate. They took fewer credits, making it so their stay could be extended.

We had another circumstance where a young lady was looking as though she would be able to proceed with secondary education, but basically, her basic needs to get a job and support herself outweighed her ability to do it. We have seen it turn both ways for youths as the system now exists.

Generally, we are supportive. We do have some suggestions that might make the process somewhat simpler. One is, we do believe youth would have to continuously be in foster care. If they turned 18 and opted out, we wouldn't want them to be able to necessarily come back in and receive maintenance and special services. It would have to be continuous. The option would be if they opted out, then we could serve them through A.B. 94 of the 71st Legislative Session. We would like to have a continuous service provision where they are not leaving and coming back, because that would be quite difficult to manage.

We are proposing to look at some regulations that define enrollment, in some of the discussion earlier, from the educational vouchers, some standards. We don't necessarily want to recognize someone who is enrolled in one class that never intended to get a higher education or get a degree. I think the other area we are concerned about, and Ms. Anderson addressed in her testimony, was the legislation. It seems to create a whole new definition for "child," expanding that to an age of 22.

We basically believe that this bill could be implemented on a voluntary basis between the youth and the agency, without court oversight. As it stands now, if at 18 I sign a contract, essentially I have to get the court's permission at some point along the way to get out of that contract. We believe if the individual who is 18 voluntarily enters into an agreement with the agency to receive maintenance and special services, they should at any time be able to opt out of that as an adult. The agency should also be able to opt out if the youth is not cooperating or does not seem to be benefiting. That would alleviate the

whole court oversight, court docket burdens, additional court case management.

[Michael Capello, continued.] Finally, a separate but somewhat related issue that we would like to get cleaned up this session—I think it was an oversight from child welfare integration—there currently exists a statute wherein state employees can authorize a youth in foster care to get a driver's license, and there is immunity for liability for that authorization. Somehow or another, that immunity was not continued to county-based social workers. We now have a situation where our attorneys are telling us county-based social workers cannot sign that authorization as their state counterparts previously did because the immunity is not extended to county employees who work in child welfare agencies. So we were hoping that maybe that could get cleaned up, because that's a critical component for helping our youth move forward, and one of those rites of passage is getting a driver's license. Currently we are not able to authorize that.

**Chairwoman Leslie:**

That would have been a good bill draft for to you bring forward, perhaps. I'm not sure. It doesn't really fit. We can consider it. There might be a better place, we will consult with our Legal. The chairman of the Judiciary will have a fit if we add that. I am not sure it belongs in this Committee.

**Michael Capello:**

That's how it came to my attention. In preparing the analysis, my attorney sent me a note. That's how it came to our attention in preparing the analysis for this bill.

**Chairwoman Leslie:**

We will take a look at that and we may refer you somewhere else. On the court issue, I think you raise some good points, the part of the bill that talks about the court oversight. Have you discussed this with the family court judges in either part of the state to see how they feel about it?

**Michael Capello:**

We have no specific feedback from family court judges. We have been sending them the information, asking if they have any comments for us. We don't have specifics, but I can certainly make an extra effort.

**Chairwoman Leslie:**

I want to be sure they are comfortable with that idea. You should see the credit card things my daughter gets. Once they turn 18, they are on that so fast. It is



scary to think how much authority you have at 18 to do that. It goes both ways. It is a good point we need to look at.

**Assemblywoman Angle:**

I want to follow up on this enrollment thing. I see that you caught that as well. We are having some discussion now about the Millennium Scholarship and satisfactory progress on that. I noticed one of the words used in the report was "satisfactory progress," so as long as we are talking about enrollment, I would like to talk about satisfactory progress as far as their classes go. I think a D is not really satisfactory progress to me. I think that we need to put some of those kinds of constraints in as well. I don't know how much input you'll have into this. I see that you are thinking along those same lines and I am wondering if you have any comment on satisfactory progress or if you were even going that direction when you noted this enrollment situation.

**Michael Capello:**

Yes, I think that part of the discussion is looking at limiting these circumstances to youth who are interested in achieving post-secondary education and who would be making progress toward that. We had not had specific discussions about what substantial progress would look like. But certainly we are focusing on wanting to devote these time and resources to those youth who were definitely committed to achieving that post-secondary education.

**Chairwoman Leslie:**

We'll note that for the work session also and see if we want to put in some language there. Anyone else in Carson City who wants to address A.B. 35? I don't see anybody.

**John Arnos, Board Member, Children's Advocacy Alliance, Las Vegas, Nevada:**

The CAA [Children's Advocacy Alliance] reported a sobering reality with the grading compared to other states, averaging near fortieth in the nation in this area that affects children, which gives us an overall grade of a D-minus. As you might imagine, we rank 48 or 50 in some of these categories. Nevada being a very wealthy state, we should be setting examples for other states to aspire to. We have an opportunity to make a difference within a short period of time.

A.B. 46, extending the Committee for Children, Youth and Families, is a variation of the committee for best practices of Nevada's children. The CAA proposed this to Governor Guinn on a number of occasions. For the last eight years, the Children's Advocacy Alliance has set out to understand and find solutions for critical problems facing the kids in Nevada for best practices clearly identifying solutions. We find highly imaginative and creative programs that benefit our children and save taxpayers' dollars.

[John Amos, continued.] A.B. 94 of the 71st Legislative Session, which you put into law two sessions ago, has made a huge difference with our foster youth who have aged out at the age of 18. This area we could be very proud of and I hope other states will follow. The legislation has come up in every session and it is a must. It is time for A.B. 36 to support extending medical benefits for our youth under the age of 21.

**Chairwoman Leslie:**

I did not hear anything in your testimony about A.B. 35. Can I assume that Children's Advocacy Alliance is in support of that bill as well?

**John Arnos:**

Yes, we are, Madam Chairwoman.

**Susan Klein-Rothschild, Director, Clark County Department of Family Services, Las Vegas, Nevada:**

Dr. Thom Reilly spoke on behalf of Clark County. I wanted to come briefly and respond to some of the questions that were asked after he left. Thom Reilly made some comments about Clark County's commitment to A.B. 35 and any financial aspects of it. Without having an in-depth discussion with him, I would suggest to you he was probably referring to the fact that Clark County has already made a commitment and it has assigned a full-time position for post-foster-care youth. As part of this bill, we see ongoing case management aspects, ongoing management aspects with the court. The costs and the comments Thom Reilly was making on behalf of Clark County may not have been in regard to maintenance. I wanted to clarify that since there were some questions about it.

**Chairwoman Leslie:**

I am sure you will be speaking with him. If that's not the case, you can let us know. Thank you. We will go ahead and close the hearing on Assembly Bill 35. Susan, you might want to come back because I think you and your agency and UNLV were the main proponents on A.B. 38. We will go ahead and open the hearing on that bill, authorizing release of information for research purposes.

**Assembly Bill 38: Authorizes release of information identifying subjects of reports of child abuse or neglect to persons engaged in bona fide research or audit under certain circumstances. (BDR 38-673)**

**Brad Donohue, Associate Professor, Department of Psychology, University of Nevada, Las Vegas, Las Vegas, Nevada:**

I'm a tenured associate professor at UNLV, with a specialty in child behaviors such as drug use, delinquency, and child maltreatment. The statement I am about to make reflects my beliefs, although I know many social service researchers also support A.B. 38. Along these lines, I strongly believe A.B. 38 would be a great benefit. First of all, it would permit agencies that provide child welfare, and law enforcement services within Nevada, to utilize independent researchers to objectively better evaluate the effectiveness of their programs while protecting the confidentiality of their families. Perhaps the clearest way to explain how this is accomplished, as well as to demonstrate how A.B. 38 benefits the families that are served by welfare services, is through an example of how the present law discourages effective collaboration between Nevada's research and welfare communities.

I recently submitted two grants, one to the Centers for Disease Control and another to the National Institute on Drug Abuse. These grants are basically treatment outcome studies. Specifically, we proposed to go ahead and evaluate two types of treatments. One would be treatment as usual, which would essentially be the services that are provided by our family services versus a combination of empirically-based best practices.

In order to conduct this outcome study, what we would need to do is objectively determine how the treatment effects have occurred. In order to do that, we would have to collaborate with our family services to be able to obtain information about what was happening with reports of child maltreatment. That information would have to be provided to us so we can combine it with some of our data which would be, for example, various paper-and-pencil questionnaires, drug urine testing, and so forth. The juvenile outcome studies are with women who are abusing drugs and have also been found to abuse or neglect their children.

To get this information from our family services to combine it to the data that we were getting, we would have to have that data de-identified presently. The problem with that is that if we wanted to conduct some further analyses, we would not be able to do so, because we wouldn't know how to match it up with the kids that were in our program.

Another way to do it is to provide them with our data, but that creates all kinds of complications in the sense that it would then have to be provided back to us, and we would know what information was provided anyway, because it would have been matched up. If they provided the information to us de-identified, we wouldn't be able to match it to our families, and therefore it would essentially

be useless, in terms of clearly demonstrating the effects of these various interventions. So, in order to conduct treatment outcome studies, the present law does not allow that to occur.

[Brad Donohue, continued.] The revision would also permit independent researchers to assist these agencies in objectively determining the extent to which agency staff are implementing empirically validated assessment of treatment to these families as the services should be provided. In other words, what is a big thing, as I heard earlier today, is that Nevada is not implementing best practices as it should be. A lot of times what happens is if you are implementing best practices, it is important to follow them exactly as they were intended to be.

This bill would allow researchers to collaborate with our welfare services to go ahead and to determine objectively if those best practices were being implemented correctly. The bill directly increases the likelihood of better services for our families, as it encourages independent researchers to collaborate better with our child welfare and law enforcement systems.

**Chairwoman Leslie:**

The way I read the bill, three things have to happen in order for you to use that data. You have to prove that the information is necessary for the audit or the research; whoever is doing the research has to maintain the confidentiality and only use it for the research. And the third thing, I think, is really important; it says each person identified in the report or their legal representative consents to the disclosure of the information. I just want to clarify that if somebody doesn't want to be included in the study, they are going to have an opt-out of the research. If that indeed is the case, what happens as a researcher if too many people decline to participate?

**Brad Donohue:**

I guess when I first was provided the bill, it didn't state that. I had just made the assumption that we would have to gather that information. It is pretty standard when we do informed consent. I am a clinical psychologist. These types of things have to be approved by the University System. They have to be approved by the funding agency. In this case, for example, it would be Centers for Disease Control, National Institutes of Health. They would warrant that that would happen, so that made sense to me.

**Chairwoman Leslie:**

The first two sound like they make sense. On the third one, where the person can opt out, is that going to cause a problem? Will you really be able to give

them an informed consent individually, and then do most people say I don't care, so it is not an issue?

**Susan Klein-Rothschild:**

Part of what we did after putting this proposal forward is look at it very carefully. All the issues were raised by the committee members. We would like to suggest a couple of amendments to help understand it better. The biggest barrier is related to giving data, computer or record data, about families. We really want to know: Are we making a difference, are we achieving outcomes with kids, and what are we doing that works? If we had a way to get de-identified data from our automated systems and records, no contact with families, no potential concerns that were raised earlier regarding that, we feel like we would be able to address it much better. We have experts in our community in the university level that can help us and analyze which things work best with families who are neglectful, how do we keep kids safe. What we would like to recommend as possible amendments is to delete some sections of the proposed bill and add a line inserted stating, "The information is obtained for research or audit that solely involves the review of written or electronic records." We feel that it will narrow some of the concerns and focus on what we need best which is access to the data, so those people who have the expertise can help us learn from that data to better help children.

**Chairwoman Leslie:**

We would appreciate getting that in writing. Make sure you put your name and agency on it, and we will consider that during the work session. Other questions from members of the Committee?

**Assemblyman Hardy:**

You are obviously talking about HIPAA [Health Insurance Portability and Accountability Act of 1997] electronic compliance.

**Susan Klein-Rothschild**

Dr. Hardy, we did look at that and consult with our legal experts on that. This bill does not in any way take away or add any requirements related to HIPAA. Those continue to be in place, and we continue to have responsibilities to maintain the confidentiality of health information.

**Assemblyman Hardy:**

The reason I ask is because I doubt if your electronic transmission of records is HIPAA-compliant, and you can correct me.

**Susan Klein-Rothschild:**

The current computer system we use is a statewide system, and we work with the State on that. I believe there are some people present in Carson City who can speak to that in regard to the system. It is our understanding they are looking at that carefully in terms of the compliance of HIPAA with the automated system and how that meets the needs.

**Diane Comeaux, Deputy Administrator, Division of Child and Family Services, Nevada Department of Human Resources:**

At this point in time, we don't have an interface to give them the information that is in place. But you are correct. If we do build an interface to the University System, absolutely, it would have to be HIPAA-compliant.

**Assemblyman Hardy:**

Leads me to my next fiscal note.

**Chairwoman Leslie:**

I doubt they would be doing it just for this bill. I guess your point would be if we proceed, we have to understand this may not happen immediately. Is that your point? We are just looking at the policy.

**Michelle Youngs, Sergeant, Washoe County Sheriff's Office, Reno, Nevada:**

I don't know if the amendment that was just proposed speaks to our question, but the Sheriff's Office would have a concern about records or investigative reports that might be contained in CPS's [Child Protective Services] investigative files or their files when we do joint investigations. That could happen up here. I don't believe that's the case in Clark County. That would be a concern. The amendment as just proposed, I am not sure; did they say that would mean the names or the identities would still be confidential?

**Chairwoman Leslie:**

My understanding was there would be no names or any identifying factors in the way that we would write this bill.

**Susan Klein-Rothschild:**

The intent is to release information that does include identifying name, identifying information, because we do not have the time to de-identify. We are specifically looking at releasing this information that we now have in our automated system or our records. What you are suggesting, suggests to me we should add something to say we can only release records that originated from our department?

**Michelle Youngs:**

That would be good for us. We were just concerned that our files—we do share our information, our investigative reports, from cases that have been concluded and cases that are opened with CPS, and they are at times contained within their files.

**Chairwoman Leslie:**

So Susan, you duly noted the concern and you might be modifying your amendment then accordingly?

**Susan Klein-Rothschild:**

Yes, thank you, Madam Chairwoman.

**Assemblywoman Parnell:**

I am a little concerned. If you look at the subsection 7 in this bill—that's paragraph (c)—where it says "each person identified in the report or his legal representative," et cetera, or the parent "who is the subject of the report, provides written consent to the disclosure." Why would it be necessary for all of those mentioned in the report to sign off if their names are not in any report?

**Susan Klein-Rothschild:**

We are suggesting that if information is released that is identifying, that does have people's names in it, then, in fact, if we need to release identifying information, it is very important to keep the confidentiality of that information.

**Chairwoman Leslie:**

We need to see the amendment in writing. It is too hard to do this orally because I thought you were replacing Section 1, subsection 7. I thought you were replacing all of that with your amendment. Is that the case or not?

**Susan Klein-Rothschild:**

Yes, that is correct. I apologize. I need to have it fully in writing and prepare it and provide it to you, the Committee.

**Chairwoman Leslie:**

Yes. We would like to have a statement of intent, what you are trying to do with your amendment, because we are just not getting it. We will accept the suggested amendment and we will have to look at this again once we see what it really is. Ms. Youngs, we will note your concern. If we need to open it up during work session to get comment, we certainly will. In general, for those of you who are regulars in this Committee, we need to have suggested amendments in writing. We can't deal with what we think we heard. We will

close the hearing on Assembly Bill 38, and we will open the hearing on Assembly Bill 46.

**Assembly Bill 46: Makes various changes concerning provision of child welfare services. (BDR S-666)**

**Jone Bosworth, Administrator, Division of Child and Family Services, Nevada Department of Human Resources:**

[Handed out [Exhibit F](#).] I am here to provide information on A.B. 46, that first extends the Children, Youth, and Family Committee to June 30, 2007. Second, it requires DCFS [Division of Children and Family Services] to develop a funding plan for child welfare services with Clark and Washoe Counties and submit that plan to the Governor, the Committee on Children, Youth, and Family, and the Interim Finance Committee on or before August 1, 2006. And third, it requires a proposal to be developed for transferring the responsibility for children who are receiving higher levels of care from the Division of Child and Family Services to the two urban counties' child welfare agencies.

As we heard earlier this afternoon, Ms. Buckley offered an amendment. Since I don't have that in writing, I won't make any comment with respect to that amendment. First of all, the Division recognizes the value and assistance provided by the Children, Youth, and Family Committee and supports strongly its extended life.

With respect to a future funding plan for child welfare services, the Division has consulted with the counties, and we agree that a collaborative approach to developing a funding plan is optimal. The division considers the August 1, 2006, deadline for submission of the plan realistic. To develop the funding plan, the Division requests that contracted fiscal services support be accessed, that a contractor firm with expertise and funding would provide assistance in developing and negotiating the plan with the counties. The estimated fiscal impact is \$100,000 for State fiscal year 2006. In regard to transferring higher levels of care, the Division has submitted a draft plan to the Department of Human Resources' director for consideration. The Department and Division are very willing to work with the counties on planning for and implementing a transfer of the higher levels of care for child welfare custody children.

We believe it is extremely important to realign responsibilities for the continuum of care needed by child welfare custody children. Providing the counties' child welfare agencies with the resources and the ability to hold residential treatment care providers accountable for quality services is crucial. However, the Committee may also wish to consider that children and youth who are not in



child welfare agencies' custody are also placed in medically necessary residential treatment care, called higher levels of care.

[Jones Bosworth, continued.] For instance, children in parental custody and children in the Division's juvenile services custody are also determined eligible for this kind of treatment, this higher level of care treatment. Assembly Bill 46 in its present form does not appear to contemplate non-custody care children. We seek clarification on that issue.

**Chairwoman Leslie:**

Let me start with the future funding plan. From your testimony, it looks like you're suggesting that the Legislature appropriate \$100,000 to see if a funding plan can be developed—I don't think this is what you mean. It kind of sounds like you want a funding plan to replace General Fund dollars. You want a funding plan to go out and see what kind of money we are missing. I am surprised you are going in this direction. I thought when we asked for a funding plan, we were looking for long-term with the counties, and maybe a switch with county and State responsibilities. This sounds to me like you are looking for federal money.

**Jones Bosworth:**

I apologize for the confusion. No, you are absolutely correct. What we are requesting is we would like to have money appropriated so that we can bring in external help to work with the counties and State together to develop that long-term plan. We understand from the history that there has been a lot of negotiation in the past and, in fact, national consultants were brought in to help Nevada, the counties, and the State work together to develop a plan. Currently, the funding is straight up. We fund the back end of the system, the counties are funding the front end. I know counties will speak soon, so they will have concerns they address. This money is just to go through similar processes as before, to access consultants to help the county and the State together, to come up with a solid plan for future funding that will be long-term. That's only for the consultants to bring in to work with us so we have a solid federal and State plan to help us move forward in the long term.

**Chairwoman Leslie:**

That's a lot of money.

**Assemblywoman Angle:**

Higher levels of care, could you give me a definition? And then would you explain further why the other two groups you mentioned, those in parental custody and also those in juvenile custody, might be able to access this kind of higher level of care?

**Jone Bosworth:**

Yes. Within the bill itself they provide a definition for higher levels of care, and it states, "Without limitation, all levels of foster care, above care that is provided in a family foster home, including, without limitation, foster care which is provided in a therapeutic care home or in a group, residential treatment, or institutional setting." In short, what that is talking about is kids with emotional disturbances that require mental health treatment services that are not able to be provided for in a family foster level of care. So it is out-of-home placement for foster care kids who are diagnosed as medically necessitating mental health services in a residential treatment center. Does that answer your question on that part of it? It is confusing. I have to say, being from outside of Nevada, it was confusing for me, too, the language used to describe the different settings that foster children may be placed in.

The second part of your question, with other kinds of kids that are placed in out-of-home mental health treatment placements, these are not just child custody kids. This seems to contemplate only kids that are placed in those higher levels of care who are in child welfare custody. There are other children within Nevada who are not in the custody of a child welfare agency, but they may be a child who has been adjudicated as delinquent for committing some juvenile offense. That child may be found to be seriously emotionally disturbed and medically necessitates an out-of-home treatment placement that meets his or her mental health needs. That's another type of kid.

This seems to blanket all higher levels of care going to the child welfare agencies. I am not sure that they would be willing to take on the responsibility of those levels of care for juvenile delinquents or for kids who are in parental custody, meaning their parents still have custody of them. That custody hasn't been given by the court to a child welfare agency.

**Chairwoman Leslie:**

Thank you for clarifying that. Clearly the intent is for child welfare. We can ask our legal counsel. Wouldn't that be in Section 62? I don't think it is the intent of the Committee. We never took testimony on kids from the juvenile services sector. That just doesn't apply in my mind. We will get legal advice on that. That's a different part of the statute.

**Assemblyman Hardy:**

Anecdotal experience. As a physician, I see a young man to follow on your comments, Ms. Bosworth, who lives in his parents' bedroom every night, locked in, and the parents are locked in. They have done this for years, because he escapes and does things that people in the neighborhood don't like him to do. And so this family has been searching for a means to get this young man the

help that he needs. They have basically been living captive in their own home for literally years. That has obviously an effect on a family. He is not in child welfare. He is not in the court system, because of patient and tolerant neighbors only and because of saints who happen to be called the parents in this case. That's the kind of child that you are referring to. They do exist.

**Michael Capello, Director, Department of Social Services, Washoe County, Reno, Nevada:**

[Handed out [Exhibit G](#).] The Department is generally in support of A.B. 46. Clearly, the continuation of the Committee on Children, Youth, and Families is a critical component to making sure that the continuing success of child welfare integration occurs. That committee has provided invaluable guidance to us as agencies over the last couple of biennia, and we fully support the extension of that committee.

The bill also addresses the need of a funding plan. This particular provision has been approved by the last two legislative sessions. And as of yet, we haven't really been able to reach a funding formula. The two counties and DCFS [Division of Child and Family Services] went forward and transferred child welfare services without a formula in place, relying upon several principles that Governor Guinn put forward at the time integration was approved. I can say from Washoe County's experience, those principles have worked well over the last two biennia. I think the way the budget was approved and developed through the Governor's Office and process, it has worked well.

One of my concerns is if the next funding formula would be approved by the next governor, I would like to see the provisions or the principles articulated by Governor Guinn, to fund integration over the last four years, at a minimum be incorporated into an immediate plan. Otherwise, in my opinion, it leaves the county at some risk for the next governor to decide whether or not to support Governor Guinn's funding principles.

That being said, we certainly support the ongoing work to develop a future funding formula that would continue to promote that balance in obligation from the counties and the State. As we entered into this, the agreement was it was not a program to shift cost to one entity or another. It was a program that would integrate services for children with both of us continuing to bear a proportionate responsibility as was in existence at the time of integration.

I think, as I said, we have been successful with these basic principles in place at this time. We continue to be concerned about discussion of transferring higher levels of care, not because we don't think the system needs improvement, not because we don't think by placing it at the local level it could improve. But, a

couple of key points. One, the majority of the funding for higher levels of care comes through Medicaid, and there are some provisions by Medicaid that the counties will never be able to control. We can't control utilization review. We can't necessarily do the contract to pay providers. So there are some provisions of that that will always be housed at the State level, given that is the primary source of funding for that level of care.

[Michael Capello, continued.] Not that some of those could not be strategically worked out, and hopefully those are the kinds of discussions we would have as we go about trying to implement that piece of the legislation. We do have some concerns that those are some of the issues that currently prevent the system from being as successful as it is. The level system really is a basis to justify payment levels to providers. We all agree the level system is antiquated. But how do you transition that to the new system that then continues to meet the requirements that Medicaid has in order to justify payment levels, to justify those kinds of issues that are really coming down from the federal government?

With that, I will say we will be committed to working on that provision and identifying strategies to improve the services. If, in fact, it does come down to transfer of that responsibility as appropriate, I would certainly take that back to our county commission asking them to support that particular provision.

**Chairwoman Leslie:**

Having served on this Committee for several interims, I know you have been at every meeting. You know our frustration. We've left it to you to come back with a funding formula and come back with the answers about the higher-level care. It is not happening. That's why the Committee put forward this bill draft with a specific date of August 1, 2006, so we can be sure we have one. I am not convinced that getting a \$100,000 consultant in here will make it happen. What I heard you say is that you would like it to start with the funding principles, put that in the plan, and start there. Is it your sense that perhaps there could be agreement with that among the three entities and that you all could get going on a more formalized codification, or more formalized plan of what we have been doing? I know we have been distracted with other things—we'll switch long-term care, we'll switch the district court. There have been strange ideas tossed out there, and discarded, and revived over the last four years. What are we going to do? We need some answers.

**Michael Capello:**

It is my understanding that the Governor's principles do two things that would be a comfort to both the state and the county. One, it continues to demonstrate an ongoing commitment to the State to continue funding. It also demonstrates the State is in control of deciding how much of that funding is

approved. For example, one of the examples is equitable caseloads. The Governor is proposing to reduce caseloads of 1 to 28 ultimately to 1 to 22 in the second year of the biennium. That is a decision the Executive Branch made in conjunction with the Department of Human Resources, with certainly our full support.

[Michael Capello, continued.] It leaves the State in a position of setting those upper funding limits, while at the same time confirming the ongoing commitment to funding the back end of child welfare. So is it optimal? Is it perfect? No. But does it give both sides what I think is some balance to how we might approach this? Again, from Washoe County's perspective, what has been in place is the letter from Governor Guinn to Senator Raggio originally that laid out how the State would approach future funding. My fear is, once Governor Guinn is no longer our Governor, what happens with the intent of that letter?

**Chairwoman Leslie:**

I think that's a legitimate fear. We need to get it settled. We have been waiting for four years. We will see what Ms. Klein-Rothschild says. Let's start with what we have. It seems to be working. I would like to see you get something on the table and go forward with it instead of waiting around for the next crazy idea of "we will swap this for that." Let's just move forward.

**Susan Klein-Rothschild:**

I think Mike Capello spoke eloquently about the issues and concerns from the county's perspective. We are in full support of continuing the committee and the need for a future funding plan, and the presentation he made in terms of beginning with the principles sounds like a solid place to begin. In terms of Clark County, I think we keep a couple things in mind. Both the State and county entered into this integration; we didn't want to do cost shifts. We wanted to maintain our continued commitment and make the system work better. That is a good place to start.

In regard to higher levels of care, Clark County has a couple of concerns as we move forward. Knowing we have just finished child welfare integration in October of this year, and we are getting on board to look at the system, we don't want to move forward for a plan for transition of higher levels of care unless we know we can be successful in implementing. Success in implementing that plan goes back to some of the things Mr. Capello spoke about in terms of the funding strategy: How do we fund it? How do we meet the Medicaid expectations when we don't have the responsibility or authority to do some of those functions? So we want to make sure we don't have a plan for transferring higher levels of care unless we know and see it is a plan that is

likely to be successful, and it is not based upon who is administering it. It is based upon more than that. It is much more about how the plan is written, how the funding is provided, how providers are supported, how we really serve kids. We know the system is not working as it needs to.

**Chairwoman Leslie:**

Rereading that section of the bill in Section 2, all the bill is asking for—basically, it puts a deadline for you all to come forward with a plan. It doesn't ask you to commit to a plan, although obviously if you can come forward with something, we would hope it would be implemented. In your mind, is that possible by August 1, 2006, with or without consultant funding?

**Susan Klein-Rothschild:**

I do hope it is possible to come forward with a plan by August 1, 2006. I think that is a reasonable amount of time. I don't know if a consultant is the way to go, but I do know we have not been successful thus far, and we need to try something different. Therefore, the alternative of using a consultant I am open to. We need to overcome this barrier and we need to be successful.

**Chairwoman Leslie:**

We have had the consultant before, too. Maybe not the right one, but we have tried it with a consultant and without a consultant, and we still don't have a plan. I don't know if there is a third way to do it. We have to do something.

**Bobbie Gang, Legislative Advocate, representing the Nevada Women's Lobby and the National Association of Social Workers, Nevada Chapter:**

We strongly support this bill. We were very much in support of the creation of the legislative committee when it first was brought out, and we feel it has been one of the more effective and successful committees, and yet there is still a lot to do in regard to children, youth, and families, and we hope it will be continued. As far as the plan, it is obvious there is a need for a plan, and there was no fiscal note on the appropriation of the bill. A deadline is always good if you are not getting those results.

**Larry Struve, Advocate, Religious Alliance In Nevada:**

I am speaking in support of this particular legislation. RAIN [Religious Alliance In Nevada], along with other groups in the state, worked very hard for the integration of the child protective services that you have worked on in the last two sessions, and we basically concur with everything that you have said, Madam Chairwoman, and I think many of the rest of you. If we are going to keep this investment in place, which we think is serving those youth and children of our state who need these services, there has to be a long-term funding plan developed. We cannot come to the next legislative session to find

that a different governor with different priorities pulls the plug on what the State commitment is, throwing everything into fiscal chaos. We are terribly worried in the RAIN organization about backtracking. Conceptually, the board is very supportive of the direction of A.B. 46, the work of your interim committee, and hope you will keep the pressure on that we will finish the job and have a funding plan.

[Larry Struve, continued.] And while I am here, Madam Chairwoman, I did want to state for the record that RAIN also supports A.B. 35, A.B. 36, A.B. 42, and A.B. 43, but we didn't want to waste your time on testifying on each one of the bills. This one they wanted me to speak on particularly, because it is a way of preserving the investment that has been made over the last five or seven years to solve this problem.

**Chairwoman Leslie:**

We always like to hear from you Mr. Struve. Two of the bills are not even on our agenda, A.B. 42 and A.B. 43. Any other testimony on this bill? Any concluding remarks? We will close the hearing on Assembly Bill 46. We have a couple other items of Committee business. Our Vice Chair, before she had to run off to Commerce, left me a bill that she would like introduced through the Committee, requested by the Task Force for the Fund for a Healthy Nevada. It is BDR 40-714. It provides subsidies from the Fund for a Healthy Nevada, for coverage of limited scope, dental and vision benefits to certain senior citizens.

- BDR 40-714—Provides subsidies from the Fund for a Healthy Nevada for coverage of limited-scope dental and vision benefits to certain senior citizens. (Assembly Bill 127)

ASSEMBLYWOMAN KOIVISTO MOVED FOR COMMITTEE  
INTRODUCTION OF BDR 40-714.

ASSEMBLYWOMAN PARNELL SECONDED THE MOTION.

THE MOTION PASSED UNANIMOUSLY.

Then we have the work session. Back on a bill we heard Monday, Assembly Bill 84, Mr. McCleary's bill. Mrs. Dimmitt, would you like to lead us quickly through what our choices are?

Assembly Bill 84: Makes various changes concerning homeless persons.  
(BDR 40-810)

**Barbara Dimmitt, Committee Analyst, Legislative Counsel Bureau:**

On Monday, the Committee discussed this bill and discussed dividing it into two bills. One of them would be a Committee bill to create the interim committee to study the problems of the homeless in Nevada. This would leave the remaining language in the bill to involve only exemption from paying certain fees to obtain various identifying documents for the homeless. So you have the language of the bill, the specific deletions here. Once the amendments are made that are on this sheet of paper, the deletions—all that's being deleted there is every reference to the study committee, and that language will go into a new bill. The language that remains will be the exemptions from the various fees for driver's licenses or ID cards and so forth for the homeless.

**Chairwoman Leslie:**

On the first part of it, we don't need a motion at this time. But if anyone objects to this, let me know. We do have one more Committee bill, so my intention is to ask Legal to put the interim study part of A.B. 84 into a committee bill. It will get a new number. It will come to the Floor and be referred to Mrs. Koivisto's committee for action. That way, we are not holding up the other part of A.B. 84, and Elections, Procedures, Ethics, and Constitutional Amendments can take action.

**Assemblywoman Pierce:**

Mr. McCleary talked about looking at other things that we could look at in terms of the homeless. I would like to pursue that. I would like to talk to Clark County and see if there are other things that we can do. Is that possible?

**Chairwoman Leslie:**

Yes. In fact, I had somebody else come to me also with that idea, and we did have to cut off some testimony from southern Nevada. We didn't have time to hear about what some of the needs are, and there seemed to be a lot of interest in the Committee. So I did speak to the Speaker today, and he has agreed to give this Committee another bill draft to work on homeless issues. So I would be happy to try to schedule a time when we can do that, if there are other ideas. I know the Committee was very interested in exploring this issue a little further. So maybe we should reserve that bill draft and schedule another hearing. Actually, I will take ideas from anybody who would like to put them in a Committee bill draft. We will get the bill and schedule a hearing separate from A.B. 84. I think we should leave A.B. 84, whatever we decide to do, separately—it has to do with IDs, kind of a narrow thing—and move forward with the grander scheme in the Speaker's extra bill draft. Is that all right with you? What would the Committee like to do? Are we prepared to go forward with the remaining part of A.B. 84? Or do you want to wait?



**Assemblyman Hardy:**

I need some clarification. The explanation was it would do away with fees. The only fees I see that it would do away with would be those from the State.

**Chairwoman Leslie:**

I think you are right and I think that's a problem. I did get an email from the Health Division saying we needed to consider putting in, if we want to proceed in this way, the Clark County Health Department and Washoe County, because the district health departments also issue these. If the intent is to waive the fees, you are right, it is not just the State. Is that what you are suggesting?

**Assemblyman Hardy:**

Right. I am looking at Section 4 of the bill, which we are taking out, which is the study, and then I am looking at the delete line 1, page 1 through 21, page 3.

**Chairwoman Leslie:**

That's still part of the study. It would start at line 22. Is that what you are saying?

**Assemblyman Hardy:**

I am just trying to get a comfort level of what I am actually looking at. I don't know if we have a clean bill yet.

**Chairwoman Leslie:**

I think that is a good point. We may need to have some kind of a statement; we'll have to ask. Maybe we need to have this bill come back after we separate it so we can see if it is in the right form. I think that's a good idea, because it is confusing. We will go ahead and request the Committee bill on the interim study so we will get that cleaned out. We will ask Legal to bring us back an amendment so we can see what it is and also go ahead and include Washoe and Clark so we have that.

**Assemblywoman Angle:**

I became aware of another fee that is not included in this but we might want to include that, and that fee is when you ask for duplicate documents. Even on the Internet, they charge you a \$7 fee to get a duplicate. That can just easily be accessed through the Internet; you can download and print, but the DMV has assigned a \$7 fee. So we may want to look into exempting that fee as well.

**Chairwoman Leslie:**

A duplicate document of what?

**Assemblywoman Angle:**

Your registration of your vehicle, those kinds of things.

**Chairwoman Leslie:**

We will look into that also. Thank you for your attention, and this Committee is adjourned [at 3:36 p.m.].

RESPECTFULLY SUBMITTED:

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Joe Bushek  
Committee Attaché

APPROVED BY:

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Assemblywoman Sheila Leslie, Chairman

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

## EXHIBITS

**Committee Name:** Health and Human Services

**Date:** 2/23/05      **Time of Meeting:** 1:30 p.m.

[illegible]