

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

**Seventy-Third Session
March 21, 2005**

The Committee on Health and Human Services was called to order at 1:35 p.m., on Monday, March 21, 2005. Chairwoman Sheila Leslie presided in Room 3138 of the Legislative Building, Carson City, Nevada, and, via simultaneous videoconference, in Room 4401 of the Grant Sawyer State Office Building, Las Vegas, Nevada. [Exhibit A](#) is the Agenda. All exhibits are available and on file at the Research Library of the Legislative Counsel Bureau.

COMMITTEE MEMBERS PRESENT:

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

COMMITTEE MEMBERS ABSENT:

None

GUEST LEGISLATORS PRESENT:

None

STAFF MEMBERS PRESENT:

Carol Stonefield, Committee Policy Analyst
Barbara Dimmitt, Committee Analyst
Joe Bushek, Committee Attaché

OTHERS PRESENT:

Dr. Carlos Brandenburg, Director, Division of Mental Health and Developmental Services, Department of Human Resources, State of Nevada

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

Mike Willden, Director, Nevada Department of Human Resources

James Osti, MPH, Grant Writer, Clark County Health District, Clark County, Nevada

Rory Chetelat, Manager, Emergency Medical Services Office, Clark County, Nevada

Jennifer Crowe, Legislative Advocate, representing Bristlecone Family Resources

EJ Maldonado, Court Services Officer, Washoe County Mental Health Court, Reno, Nevada

Matthew Fisk, Administrator, Justice Court and Mental Health Court, Carson City, Nevada

Larry Struve, Advocate, Religious Alliance in Nevada, Reno, Nevada

Pam Becker, Chairwoman, Washoe County Children's Mental Health Consortium, Reno, Nevada

Paula Berkley, Legislative Advocate, representing Service Employees International Union Local 1107

Chairwoman Leslie:

[Meeting called to order and roll taken.] We have a bill that needs a committee introduction. It is BDR 40-928.

- BDR 40-928—Authorizes county hospitals to compensate physicians for provision of certain medical services to indigent patients. (Assembly Bill 327)

ASSEMBLYWOMAN MCCLAIN MOVED FOR COMMITTEE INTRODUCTION OF BDR 40-928. (ASSEMBLY BILL 327)

ASSEMBLYWOMAN PARNELL SECONDED THE MOTION.

THE MOTION PASSED. (Assemblywoman Angle was not present for the vote.)

Chairwoman Leslie:

We will go ahead and introduce that bill on behalf of the Committee. I'll go ahead and open the hearing on A.B. 175, which is the major bill we have today.

Assembly Bill 175: Makes appropriations for various improvements to mental health services, mental health courts and community triage centers. (BDR S-1359)

Chairwoman Leslie:

During the first and second week of the session, we had quite a bit of testimony on the mental health crisis in Las Vegas. This is a committee bill that the Speaker gave to us to develop a response from this Committee to all that testimony that we heard. Let's go through the bill and make sure we understand what is in it. Dr. Brandenburg should be able to help us with any questions that we have. So we'll go ahead and start with Section 1, which appropriates the amounts that you see there. For the purpose of providing community residential placements by 90 beds, Dr. Brandenburg, it is my understanding that this 90 beds would double the increase that is already in the budget. I believe there are 90 additional housing units in the budget for southern Nevada. This would double those housing placements in an effort to keep people out of the hospital. Would you like to comment on that?

Dr. Carlos Brandenburg, Director, Division of Mental Health and Developmental Services, Department of Human Resources, State of Nevada:

The 90-bed matches the 90 beds currently in the *Executive Budget* for residential. One of the things the Committee needs to understand is that having additional placements in the community will allow us hopefully to keep people out of the emergency rooms and allow people to maintain themselves in the community.

Chairwoman Leslie:

Explain to us what that means—having a housing bed—because it's not just a bed. It includes supportive services, does it not?

Carlos Brandenburg:

Exactly. What it includes, besides the housing, which is the full gamut—everything from supportive living arrangements to group living, so we provide a continuum of housing services. Attached to the housing services are the auxiliary services, such as service coordination, outpatient counseling, medication clinic, and psychosocial rehab. It basically involves all those auxiliary

services that helps keep the consumer in the community and, hopefully, out of the hospital.

Chairwoman Leslie:

Somebody to go in and check and make sure they are taking their medication, remind them they have an appointment, and find out if the place has been trashed and drug addicts moved in?

Carlos Brandenburg:

That's what the coordinator does. He or she basically goes and provides those after-care services to the individuals and coordinates the services in the residential programs.

Chairwoman Leslie:

Are there enough service providers in Las Vegas to be able to be able to respond if we added 90 more beds?

Carlos Brandenburg:

That would be no problem at all.

Chairwoman Leslie:

The total amount of housing supports available in southern Nevada before we add this 90 and the 90 that is in the budget?

Carlos Brandenburg:

I believe the last figure that we received at our hearing with you was that we have 613 housing placements as of last month, and this will probably take us up to around 300 community placements in Las Vegas.

Chairwoman Leslie:

I think this is one of the more important parts of the bill. If we have a place where people can be safe with their housing, it's much more likely they will stay on medication and stay out of the hospital.

We'll go to Section 2, and what we are talking about doing in Section 2 is appropriating \$5 million in each of the fiscal years, for a total of \$10 million, to have a request for proposal (RFP) process to purchase additional acute psychiatric crisis placements. Dr. Brandenburg, my understanding is this is the part that fills in the gap between now, when we have such a crisis, and when the new hospital fully opens in December 2006; is that right?

Carlos Brandenburg:

That's correct. As the Committee is well aware, the 150-bed hospital is scheduled to come on board in May 2006. The 490 beds are scheduled to come on December 2006, so what we have is a gap between now and May 2006 as to exactly what we can do to alleviate the emergency room crisis. One of the things that the Division and Department will be doing with the Chairwoman—and Senator Heck is developing a request for proposal—will be hitting the streets, probably around April 1, asking for a vendor to submit a binding proposal, subject to availability of funds, to see how much it would cost the State to run a 50-bed crisis unit that has a medical clearance component attached to it. We should have that proposal on the streets by April. By the early part of May, we should have the proposal back to us, allowing us to come back before the Legislature to give you the actual dollar amount that the vendor feels that they can provide the services for. But as you know, what we need to have is something in place between now and May 2006 to alleviate the crisis that is currently occurring at the emergency rooms in Las Vegas.

Chairwoman Leslie:

What is the latest number in the emergency rooms of people waiting for beds?

Carlos Brandenburg:

I believe as of has week, we are averaging about 42 individuals.

Chairwoman Leslie:

So this should, indeed, fill in that gap then. Do you than anticipate there will be more than one vendor coming forward to compete for these funds?

Carlos Brandenburg:

The Department and the Division have talked to three vendors that have expressed some interest. We know one for sure that has the track record and the experience. So at least there are three vendors out there right now that have indicated. We are actually going to submit the proposal to all the CEOs [chief executive officers] of all the hospitals, so that they can be aware of this and see if they might be interested in also submitting their proposal.

Chairwoman Leslie:

I think there was one hospital in southern Nevada that was possibly interested in expanding their psychiatric beds. So, they could choose to compete for these funds on a short-term basis and, maybe, want to stay in business after?

Carlos Brandenburg:

That's an excellent point. The Committee needs to understand that we are looking for funds between August of this year—when the proposal will start—

until June or July 2006 when, hopefully, the hospital will be completed, and there will not be the need for this short-term beds that we need now.

Assemblywoman Pierce:

Can I go back to Section 1 for a second? Can you explain to me more about these 90 beds in Section 1?

Carlos Brandenburg:

The 90 beds are the community placement beds that are in the community. They are from group home beds. They are supported living arrangement beds, which are individualized beds in the community. They are special need beds for individuals who have complications; they are intensive supportive living arrangements. There is a continuum of residential housing that we have currently in the community.

Chairwoman Leslie:

This Section 2 we referred to in the past as the crisis unit, which is different than the triage centers, which will be further in the bill.

Carlos Brandenburg:

Those are two very important concepts we need to keep separate. The crisis units are basically beds that will be used to house those individuals that are in the Form 2000 that are currently clogging the emergency rooms. Individual Forms 2000s are individuals who are seen as being a danger to self and others. They are acutely psychotic. Triage beds are for the public inebriants, for those who do not have an acute psychiatric crisis at the moment.

Chairwoman Leslie:

In Section 2, these are beds for people who would go into the State facility if there were sufficient beds. There are people who are danger to themselves or others and are in acute psychiatric crisis.

Carlos Brandenburg:

That's correct.

Chairwoman Leslie:

Thus, the name "crisis unit." Section 3 is funding for the Clark County Mental Health Court, similar to what the community has seen before in A.B. 41. We want to put it in the bill not to double the amount of funding, but one way or the other to make sure it happens. This number, which is very close to the number in Mr. Horne's bill, came from a decision unit that the Division submitted to the Governor's Office. Is that not right, Carlos?

Carlos Brandenburg:

That's correct. The numbers you see in this bill are the numbers we used to put together for the decision unit in the Mental Health Court in Clark County that was not funded.

Chairwoman Leslie:

If Ways and Means chooses to fund A.B. 41, we would delete this section of the bill. Does that meet with your approval, Mr. Horne?

Assemblyman Horne:

Madam Chairwoman, that would be fine as long as the mental health courts down in Clark County got the appropriate funding and could do what we hope they would do. I have no problems one way or the other.

Chairwoman Leslie:

Okay, good. We just didn't want to get it overlooked and have people say, "Why isn't there funding for Las Vegas in this bill?" How many people would this serve, Carlos? It has housing money, medication money, or is it case coordination?

Carlos Brandenburg:

It's case coordination funds and residential funds. There's no medication money in this bill. I don't have the actual number of individuals, but I thought it was 300. Assemblyman Horne, wasn't it around 300 for the Mental Health Court?

Chairwoman Leslie:

How many people per year are we serving with these funds?

Assemblyman Horne:

Oh, no, it was less. No more than 200, I think. It's going to be less than that. Right now we are at 25.

Chairwoman Leslie:

Housing is the big expense.

Carlos Brandenburg:

The major expenditure here is for the three positions. As you know, Clark County was able to seek some federal dollars on a grant. The grant dollars are going away, and the court needs to have the service coordination to provide the services in the community to these folks who are going to be coming out of Mental Health Court into the residential program. The agency will pick up the medication cost of those clients that are in Mental Health Court and provide the

ongoing support. It's actually developing the coordination between the court and the Southern Nevada Adult Mental Health Services.

Chairwoman Leslie:

In looking at the bill, I see it says, "Supported living arrangements for approximately 75 additional persons." Why is there a different amount per year, Carlos, between 2005 and 2006, and 2006 and 2007?

Carlos Brandenburg:

My understanding was the actual start of the program in 2006, it was half a year, and then in 2007. You have one-time expenditures in the first year, in terms of position, which you don't have the second year.

Chairwoman Leslie:

Let's go on, if there are no other questions, to Section 4—similar situation, but this is funding for the Mental Health Court in Washoe County. As the Committee knows, I work professionally in the Mental Health Court in Washoe County, although this funding would be the same thing for case coordinators, which is not my position. State case coordinators, state positions, and supportive living. Those amounts also came from a decision unit that was forwarded, I believe.

Carlos Brandenburg:

That's correct. What you see there are the actual numbers for the decision unit that we submitted for the Governor's consideration, as part of the caseload growth for the Mental Health Court in Washoe County. The positions and the numbers are based on actual growth that has occurred with mental health court in Washoe.

Chairwoman Leslie:

Then, Section 5 includes \$100,000 in each fiscal year for the brand new mental health court in Carson City. Now, that was not submitted to the Governor; is that correct?

Carlos Brandenburg:

That's correct. We were unaware that Carson City was thinking of implementing a mental health court. We met with the judge, the sheriff, and some Carson City supervisors, and they had expressed an interest in starting a mental health court, which they have, by the way. What you see here in \$100,000 is some money for a staff member, as well as some funds for some residential services in Carson City for mental health court.

Chairwoman Leslie:

Any questions on the mental health court funding from anybody? Let's go on to Section 6 then. In Section 6, the bill calls for \$900,000 in each year of the biennium for the community triage center in Las Vegas. It also has language requiring matching amounts of money to be provided from local governments and hospitals in southern Nevada. Carlos, do you have any comments on that section?

Carlos Brandenburg:

This is the triage center. This is the program that a lot of people get confused about when they think about the crisis beds. The triage center is basically the program for those individuals who are public inebriants, those individuals who have mental problems but are not acutely psychotic. For those of you from Clark County, this is the program that Clark County and the hospitals have been contributing one-third, and they were asking the State to contribute one-third. The funding you see here is the one-third State funding for this program.

Chairwoman Leslie:

Everybody clear on that? This differs from A.B. 40, which had money in it for the triage centers in this current fiscal year. That bill is over in Ways and Means. This bill has money going forward from July 1.

Carlos Brandenburg:

Assembly Bill 40 provides funds, I believe, for just this fiscal year now, but it does not provide any ongoing funds. What this bill does is provides ongoing funding for the triage program in Clark County.

Assemblywoman McClain:

If you look under subsection 2(b), explain to me why it is saying that the Division will end up expending one-half of the combined total of the amount provided by the local governments and hospitals.

Chairwoman Leslie:

You are talking about Section 6, subsection 2(b). Read that section for us again, Kathy.

Assemblywoman McClain:

"The Division shall not expend more of the money appropriated by subsection 1 than is matched by both local governments and hospitals, but the money provided by local governments and hospitals may be combined so the maximum expended by the Division equals one-half of the combined total of the amount provided by local governments and hospitals." Is it a third or a half?

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

The only thing that I can figure out is that this is something that just gives some flexibility—perhaps that the State would be funding at a \$900,000 level—and whether or not, through the RFP process, we can get it for cheaper than we were figuring on. Before, it cost about \$2.7 million. I don't know how this got in here, other than the fact that it gives some flexibility as to whether the State funds between one-third and a half, and then the local governments and hospitals.

Assemblywoman McClain:

I guess my point is that the State is not going to fund more than one-third.

Chairwoman Leslie:

I think the deal is one-third, one-third, one-third, so maybe we can clean up that language to reflect that.

Assemblyman Hardy:

Historically, the State has not funded their one-third, if that plays into this equation somewhere. We've gone two years without the State coming up. That may be where some of this is coming from.

Assemblywoman McClain:

That's what A.B. 40 was trying to rectify. So, if that is funded, then I think we should look at this going forward. What do we think the State's responsibility is? Now, remember that there's other funding that the State provides, not just the \$900,000. That's through BADA [Bureau of Alcohol and Drug Abuse] also. So the \$900,000 is not meant to represent one-third, but I think that's the policy question for the Committee as we vote on this bill. Do we agree that the formula ought to be one-third, one-third, one-third?

Dan Musgrove:

That's always been the agreement so far. There was hope by some of the hospitals that the State would take on more of a share of that. We are talking about a different population. We're talking about chronic inebriants; we're talking about folks who have a dual diagnosis that weren't necessarily part of the State's responsibility. As this was negotiated in previous years, it always was the one-third, as you talk about, for all three parties. But it's up to the State. The key is getting some funding to try to keep it going. That's the bottom line.

Chairwoman Leslie:

I don't think we would preclude more money being spent, but I think the point is that if we put up \$900,000, or whatever our one-third turns out to be, we would want to see that matched by local governments and hospitals.

Mike Willden, Director, Nevada Department of Human Resources:

If you look closer at the way it's written, it's bill drafter language. Our one-third is half of their two-thirds. That's all their intent is.

Chairwoman Leslie:

Our one-third is half of their two-thirds?

Mike Willden:

We are not putting in half of the total. We are putting in one-half of their combined amount. It's bill drafter language, but I think we want to be clear. We are one-third, one-third, one-third.

Chairwoman Leslie:

We can check with Legal.

Mike Willden:

We have had that problem here a couple of times on some of our bills; we have seen this language before.

Chairwoman Leslie:

We'll check with Legal to double-check. That's always been the intent. That would make sense that they were doing that.

Assemblyman Horne:

This is more mechanics; it just crossed my mind, because we refer to A.B. 40 and A.B. 41. If they pass out of Ways and Means, and we amend this, which will pass first? I know a lot of that stuff goes over at the same time.

Chairwoman Leslie:

Just from my experience, this bill will end up in Ways and Means if we pass it out of this Committee. Sitting on that committee as several other members of this Committee do, it will go over to the Senate amended. Either the mental health court language will be amended out of this bill and it will go with a companion with A.B. 41, or a strategic decision might be made to leave it all in here with a better chance of getting it passed in the Senate. We'll work all that out in Ways and Means. You and I can talk to the Chair and make sure it goes over in the way that you would prefer.

[Chairwoman Leslie, continued.] Section 7—for the triage center in the northern part of the State—I think here we need to add the same language. I think that was just a mistake. If you look in Section 6 on line 23, page 3, it says, “For the support of the community triage center,” and then it has the appropriations. On page 4 in Section 7, paragraph 1, that language is missing, but that's the intent. Would you all agree it should read “for the support of the community triage center,” the same way?

Carlos Brandenburg:

Absolutely.

Chairwoman Leslie:

Is there anything you want to add on this same thing, but for northern Nevada? It's the same language?

Carlos Brandenburg:

It's the same language, and it's the same program. As you know, we started the concept up here, and it's important for us to have that as part of the continuum of care for those individuals who are mentally ill and have the co-occurring disorders, individuals with mental health problems, as well as substance abuse problems.

Chairwoman Leslie:

I would point out to the Committee in both Section 6 and Section 7, for the triage centers, there is a paragraph in there that requires a request for proposal (RFP) process. We had that question arise on A.B. 40, and we want to make sure the public understands that is in the bill.

Assemblywoman Parnell:

I agree completely. I read this a couple of times. I thought, okay, what is this going to be used for? Since it's northern Nevada and it's an area I'm particularly sensitive to and care about, I think we need to be really careful that it's delineated carefully as to where that money will be going, because I was wondering why it was missing out of that, when all of the other sections clearly stated where the money was going.

Chairwoman Leslie:

When I read it, I had the same thing. I know we asked for \$500,000 a year. So it has to be for the triage center, but we need to amend the bill to be specific.

Assemblywoman McClain:

Thank you, Mike. It makes perfect sense to me now. As an example, in case anybody else is still confused or never was, let's say the hospitals put in

\$400,000 and local government puts in \$600,000. The State's only required to put in \$500,000.

Chairwoman Leslie:

Our legal department may be tired, but they know what they're doing. Do you think that A.B. 175 will make a significant dent in the mental health crisis, particularly in southern Nevada? We know the Governor put a lot of money in the budget for ongoing mental health needs, but is this bill going to fill the gaps?

Carlos Brandenburg:

The bill will fill the gap for additional residential programs that we desperately need in Clark County. It will fill the gap between now and May or June of 2006, when the 190-bed hospital is built. It will address those individuals who have co-occurring disorders and those individuals who are mentally ill, don't meet the criteria for the Form 2000, but have the substance abuse problem which, as you know, is one of the biggest gaps in our service delivery system. It will fill the gap in the sense that it will have the same type of program that we want in the north, and it will start developing the mental health court program in Clark County that has proven to be an extremely beneficial program and kept individuals out of the hospital, has kept individuals out of the jails, and kept individuals into the community. So yes, it's a nice bill that basically addresses those gaps that are currently in our system.

Mike Willden:

I would echo that. I think we are turning the corner on mental health issues in southern Nevada. I can only think of two issues that, if it were Christmas, we would solve today. One would be the federal MMA [Medicare Modernization Act of 2003] rules. We are still struggling as a department, as you know, to determine the impact of that federal policy, particularly on disabled populations, and that is going to be a hard corner for us to keep peeking around for the next year or so. That deals particularly with medication clinic impact. That probably is our only big concern.

My other concern about the mental health program is just staffing all this stuff. We have a tremendous recruiting, staffing and training issue. I've said a number of times at this table that we're going to have to be very patient to get over that over the next year to 18 months. We have nurses, doctors, social workers, and all kinds of individuals that deal with the mentally ill and the disabled to hire, and that is going to be a challenge for all of us.

Chairwoman Leslie:

It will, but hopefully out there people will see that the State has a serious commitment to providing funding for these issues, and we will look forward to working with you to make sure that we get the staff we need.

Dan Musgrove:

I have to echo the experts that just talked before me: Dr. Brandenburg, Director Willden, and yourself, Madam Chair, and the leadership you have shown this whole Committee on being so receptive to the matters we brought before you earlier in the session. I won't lay out the issues again. You've heard them all before. The numbers are interesting. Friday, off the EMS system—which is a little bit different than what Dr. Willden brought up—there were 55 folks in the emergency rooms waiting, and this morning it was 45 at 8:00 a.m. For the hospital that's almost a good day, but you can't imagine that 45 or 55 people is a good thing to have. It's not. But with the efforts of this omnibus piece of legislation that I call the “spokes of the wheel,” with so many parts and parcels, it makes up exactly what we need to keep these folks out of crisis, or if they are in crisis, gives them a place to go and gets them out of the emergency room is exceptional.

When we worked over the summer in the interim with the Chairman and others, these were all the things that we hoped to get. Now, to see it in one piece of legislation, along with A.B. 40 and A.B. 41, I think that we can really do a huge service to our community, to our constituents who don't have access to medical care, because they are waiting on these folks to get their problems solved. It affects every one of us, whether we have people who have mental health issues in our own families and friends or are folks who just need access to medical care. This truly helps, and I thank you all and hope it speeds through the Legislature.

James Osti, MPH, Grant Writer, Clark County Health District, Clark County, Nevada:

The Health District has been a very strong supporter of this type of legislation. We are very pleased that the Committee is looking at funding of this level. I would like to alert the Committee to one thing that I think may be a problem in the future, and that is Section 2. The amount of funding in Section 2, if I understand this correctly, would be to fund an acute care service that would be through an RFP, as well as finding additional psychiatric beds in the community through a contract. Those two things have been put together with an appropriation of \$5 million. If you do a little bit of math on that, you may find that the contract, if it's executed at ten beds—which is what I've heard about through previous conversations—at approximately \$550 a day, would expend \$2,007,500 if it were fully executed during the fiscal year. That would leave

less than \$3 million for an acute care crisis facility to operate. I'm hoping that the Committee will take a look at that and think through the ramifications of having both the crisis center RFP and the contract for acute care beds in the same appropriation.

Chairwoman Leslie:

I guess my understanding of this is a little different. Maybe Dr. Brandenburg can illuminate us. I think it's one RFP for crisis unit beds, not two. Am I misunderstanding that? Maybe Dr. Brandenburg can come forward and make sure we both understand what's in here.

Carlos Brandenburg:

My understanding is that they are before the crisis beds.

Chairwoman Leslie:

Mr. Osti, where are you seeing that it's two separate things?

James Osti:

It is my understanding that the State is interested in contracting for a private psychiatric facility for beds as well. The only place I can see it coming out of this particular bill is in this Section 2.

Chairwoman Leslie:

Now I understand where you're coming from. If we had a private hospital—I heard that, too—that might want to do ten beds, they might respond, saying, "We'll do ten beds," but somebody else will respond, saying, "We'll do 15 beds." So it could be more than one thing funded out of the \$5 million per year. Is that your concern, that there's not enough money to do two?

James Osti:

Absolutely. If you look at what the \$5 million would do in one facility, it would be \$273 a day for 50 beds, and that is less than what the State is actually providing services for in their psychiatric hospitals currently. I know that \$273 per day is far less than what a private psychiatric facility would charge. Generally, a \$530 to \$550 per day range is what has been discussed.

Chairwoman Leslie:

I guess I would hope that the State—I'll let Carlos respond to that—would get the best deal it could, depending on who responded.

Carlos Brandenburg:

I think what Mr. Osti is indicating is that, when we first discussed the various options, one of the options was the 40- to 50-bed crisis unit. That was

option A. Option B was to look at a place like Montevista, who would be willing to provide psychiatric beds at a cost of, I believe, \$460 a day. Mr. Osti is right. If we get a proposal from a vendor that wants to do the 50-bed unit, then I will not have the funds available to then provide the contract with Montevista. So it all depends on what the Committee wants. If the Committee wants both options A and B, you might want to consider putting in some additional dollars in there so I can go out and secure the beds with Montevista. But right now, in terms of the crisis in Clark County, I would probably pursue a vendor looking at the 50-bed unit.

Chairwoman Leslie:

That is helpful to clarify. Mr. Willden, did you want to add something?

Mike Willden:

Montevista was \$550 a day, or \$1.6 million for a one-year contract, for eight psychiatric beds, and then they would give us additional beds floating on top of that, up to 12, for the same \$550 a day. I think what Jim is indicating is that if we went with that option off the top and said we want those eight psychiatric beds, then \$1.6 million of the first \$5 million would be eaten up by the Montevista beds, and you would have \$3.4 million for the crisis unit beds. Another way to look at that is to look at the language. The way the bill is written now, the \$5 million reverts at the end of each year. You could allow that money to float back and forth, and it gives us some ability to do more in the early part of the biennium and less as the new hospital comes on board. Let that money float between two years.

Chairwoman Leslie:

You are suggesting some language in there that allows that?

Mike Willden:

Right, rather than to revert at the end of the biennium.

Chairwoman Leslie:

That's a good suggestion. I guess, in my mind, I always thought of the Montevista option more in the Medicaid budget through the reimbursement rate.

Mike Willden:

It is not reimbursable through the Medicaid option. For this population, the 18 to 64 age group, Medicaid does not reimburse free standing psych hospitals. This is all on the State General Fund dollar.

Chairwoman Leslie:

I would like the State to have as much flexibility as possible to negotiate the best deal. Does this language right now—except for the reversion that we could change to revert at the end of the biennium instead of each year—give you enough flexibility?

Mike Willden:

Specifically in this section, I think that would be the only suggestion I would have. I think there's probably adequate money there to get us through the interim period until the new hospital is there. It depends on what you wanted to do in that first year. The load is on the first year of the biennium, not on the second year of the biennium. We have equal appropriations into each year, so if there was flexibility there to be able to move them back and forth, the Department is always amenable to come to IFC [Interim Finance Committee] and explain the plan or whatever as to how we are going to load.

Chairwoman Leslie:

That really makes sense. You've got me convinced: that's what it should be.

James Osti:

I have one more point that the Committee might want to look at. There is nothing in this particular bill draft resolution that indicates changes in NRS [*Nevada Revised Statutes*] 433A, which covers the mental health patients on an involuntary hold. I believe that some of the language in 433A may be a stumbling block to implementing some of the appropriations that you are looking at in this particular bill. Specifically, an individual would have to go to a hospital, and I don't know if there's language that has been done in the past or will be done as part of another bill that will authorize individuals to go to a crisis facility that is not a hospital. If the committee could just look at that, I would be real appreciative.

Chairwoman Leslie:

We've discussed that issue in the hearings that we had previously. My understanding is that the problem in Las Vegas—and everywhere—is not really the hospital doing the medical screening. It's that there's no place to send them out to once that screening has been done. I just don't see that as such a major issue. The price tag—the State looked at it—was something like \$27 million.

Mike Willden:

We believe that that language is being taken care of in A.B. 40, where the CTC [Community Triage Center] language—the new criteria—is being placed to have a Bureau of Licensing and Certification. We have been working with bill drafters to include the language there to have what we call the “appropriate medical

professionals" doing the screening, and we worked extensively with Senator Heck on that language also. We believe A.B. 40, and the RFP that we are putting out April 1—which Dr. Brandenburg spoke about—will take care of that. That will be effective July 1, or upon passage of that or similar legislation. That is how we think we are going to handle it. We do have one sticking point with the Attorney General's office, which is how fast can we promulgate regulations within the Health Division for that new CTC category. Again, we are talking about maybe needing to amend that legislation—tweak it one more time—to authorize us to run on some set of regulations until the Bureau of Licensing can propose some regulations to the Board of Health for that licensing category.

Chairwoman Leslie:

I did read the memo from the Attorney General. My reaction to it is that the CTC is operating now. I don't see that we are changing it from current operations. I guess I didn't see what the big fuss was, but maybe I'm missing it.

Mike Willden:

I think the difference is, again, we are intermixing CTC and crisis unit. Again, we are talking today more the emphasis on the crisis unit, the 50-bed crisis unit. But, we are going to work through that one way or the other. We understand the message—that we need to bring on additional capacity—and we will find a way to do it.

Rory Chetelat, Manager, Emergency Medical Services Office, Clark County Health District, Clark County, Nevada:

I would like to throw my support and the support of the emergency services providers here in Clark County behind this money, to help alleviate the problem we have with emergency department overcrowding. It's simple; we are from an emergency medical service community in dire need of increasing our capacity in the emergency rooms, and I believe this legislation will help us greatly.

Jennifer Crowe, Legislative Advocate, representing Bristlecone Family Resources:

We are one of the largest non-profit providers of drug abuse and substance abuse treatment in northern Nevada. We wanted to express our support for your support of A.B. 40, which you heard several weeks ago. You heard some really good testimony, and we appreciate you voting that out. We are also here today to support A.B. 175. This is a critical step as we move forward in our development and planning of the triage center in Washoe County. The city has broken ground on their project, which is the community assistance center. There's been space dedicated in that center for our triage center. By the State coming in with their commitment, we think there's an opportunity to get this thing moving forward. We appreciate your support.

EJ Maldonado, Court Services Officer, Washoe County Mental Health Court, Reno Nevada:

I am here for A.B. 175 and voicing our support for it. We wanted to thank you for recognizing the need throughout the State of Nevada, but also including the needs up in northern Nevada as well. Two years ago, the Legislature allocated \$640,000 for housing to provide our participants of our Mental Health Court. Back then, we were averaging 50 to 60 participants. Today, two years later, we have doubled our active participation. Currently, we are at 172 participants in Mental Health Court. The money allocated two years ago was to at least give us up to 30 placements, which would have been about half of our enrollment back then. We feel that the money that was put in Section 4 would adequately address the needs that we have at this time. Our current AWOL [Absent Without Official Leave] percentage rate is at 12 percent, which is far below the average of District Court, but we also attribute that to some of the lack of resources, such as supported housing, that we could put people in. Again, I just wanted to thank you for addressing this in this bill.

Matthew Fisk, Administrator, Justice Court and Mental Health Court, Carson City Nevada:

I would like to express thanks for your support. Our Mental Health Court is up and running. We have approximately seven individuals in Mental Health Court and another 35 individuals receiving a stepped-up level of supervision from the court system and municipal probation department. This funding would help us a lot, in order to have a service coordinator and to provide some transitional housing for the people on our caseload. Once again, thank you for your help.

Larry Struve, Advocate, Religious Alliance in Nevada (RAIN), Reno Nevada:

We are here to lend our support to A.B. 175. I note that this is a committee introduction, and on behalf of RAIN, I would like to compliment you for bringing this bill forward. As I understand the testimony that has been presented, this is a bill to supplement what was in the Governor's budget so that the crisis in the mental health area in Clark County and Washoe County will be adequately addressed. As you heard from prior testimony I've given to your Committee, our organization believes that health care is a shared endeavor. This is a classic example of you, the Legislature, reaching out to help those in our society who simply are not able to help themselves—the people who will be helped through the Mental Health Courts, the crisis centers, et cetera.

We also were very influenced, Madam Chairwoman, by your presentation at the RAIN legislative forum at the beginning of this Legislature, telling us about the nature of this crisis and how the people of the State of Nevada really had to step up to the plate. Many in the audience remembered that the reason the Religious Alliance In Nevada came into existence was because of the massive

cuts that were made to the mental health programs in the early 1990s, when there was a budget crisis. That's what formed this group of mainline judicatory church members who said that this was basically wrong. If we have budget crises, don't put it on the backs of the most vulnerable in society. It seems like we are coming full circle. RAIN is happy to come forward to support this bill, and we commend you for the leadership and bringing this bill, and we will help you on the Senate side if you run into any resistance. Thank you.

Pam Becker, Chairwoman, Washoe County Children's Mental Health Consortium, Reno, Nevada:

We are here to support this piece of legislation that you proposed. We are very happy that it includes pieces for the entire state. We know that the problem was exacerbated in Las Vegas, but you have taken it a step further and said that we have issues throughout the entire state, and we really appreciate that. The funds that you are including for Carson City are much needed in this area, and I know it will help them a lot. We are not so naïve to think that we are going to solve all of the children's mental health issues. We do believe we will have some children exiting the children's system into the adult system, and you are putting in place for them. We really do appreciate that. Thank you very much for your vision in this respect.

Paula Berkley, Legislative Advocate, representing Service Employees International Union Local 1107:

We represent a number of health care professionals in the north and the south. I have certainly heard from the union of a number of health care professionals that really struggle trying to do a good job, feel like they've not had the right resources in order to do it, and go to work unhappy every day. I think this really addresses a whole sector of employees that will really be empowered by this money.

Chairwoman Leslie:

We'll go ahead and close the hearing on A.B. 175. Committee, we have heard two suggestions for amendment. One is in Section 2, to allow the flexibility there, so the money isn't reverted at the end of each fiscal year but rather reverted at the end of the biennium, which would allow the Department to spend the money up front where it's needed and taper off. Then the other amendment is the bill drafting oversight in Section 7, to put the same language there as we have in Section 6, which says that the funding is specifically for the support of a community triage center.

ASSEMBLYMAN HORNE MOVED TO AMEND AND DO PASS
ASSEMBLY BILL 175.

ASSEMBLYMAN HARDY SECONDED THE MOTION.

Chairwoman Leslie:

Is there discussion?

Assemblywoman Angle:

I'm in favor of the policy behind this. This will go to Ways and Means, so we'll have another opportunity to vote on the budgetary implications here, right?

Chairwoman Leslie:

This bill is all about money. It will be sent over to Ways and Means after it is amended.

THE MOTION CARRIED UNANIMOUSLY.

Chairwoman Leslie:

I think this is an excellent response from this Committee to the testimony we did hear at the beginning of the session and, hopefully, will be processed quickly so we can move forward, especially in the Las Vegas area, to solve the mental health crisis there. The only other item we have today is the presentation on the Nevada Mental Health Plan Implementation Commission.

Carol Stonefield, Committee Policy Analyst, Legislative Counsel Bureau (LCB):

I was the policy analyst to the Nevada Mental Health Plan Implementation Commission during the interim, so I will give you a summary of the activities of the Commission. It was formed by Senate Bill 301 of the 72nd Legislative Session. It was directed to come up with an action plan to implement the recommendations from the President Bush's New Freedom Commission on Mental Health. As you are aware, Senator Townsend was honored, and Nevada was honored by his appointment, to serve on that commission. The Commission met for about a year and took testimony, had several hearings around the country in addition to those in Washington, and it condensed its findings into six goals, which are contained in the bulletin ([Exhibit B](#)) that you have before you. I won't go into those in any detail except to say that the hearings in the Nevada Commission were arranged according to the goals of the New Freedom Commission. Presenters were invited from the New Freedom Commission, and then presenters were invited from various organizations in Nevada so that we would have both a national and a State perspective. The S.B. 301 Commission consisted of three Senators and three members of the Assembly. You, Madam Chair, Dr. Hardy, and Mr. Horne were all members of the Commission. Then

there were four administrators from divisions within the Department of Human Resources. The process was quite interesting because, when the presentations on the six goals were completed, the stakeholders were invited to recommend to the Commission what they thought should be done and what kinds of actions should be recommended by the Commission. When all was said and done, there were over 200 recommendations from stakeholders, which were then arranged according to the six goals and winnowed down to a point where a list was presented again to all of the stakeholders as well as the members of the Commission. They were asked to identify their top three. From those we came up with a final list of 26 recommendations, which are included in the bulletin ([Exhibit B](#)).

[Carol Stonefield, continued.] Essentially, the New Freedom Commission drew two conclusions. One was that the mental health delivery system in this country is fragmented. The funding is arranged in silos. Services are also in silos. It is difficult for people, for the whole system, to coordinate. People find out they are eligible for certain kinds of services in one program. But, because they go from being a minor to being an adult, they all of a sudden lose those services. Parents have to give up custody of their children in order to get services for them. Different services are not available or funding sources don't pay for particular kinds of services. So the New Freedom Commission recommended that this fragmentation needed to be addressed. The other conclusion from the New Freedom Commission was that recovery is possible.

So with those two guiding principles, the Nevada Mental Health Plan Implementation Commission came up with some recommendations to address the fragmentation. Probably the most exciting recommendation was to develop a comprehensive statewide mental health plan. I believe in the recommendations, the bulletin ([Exhibit B](#)), it's actually worded as a recommendation to the Governor to bring all of the various agencies that either fund or deliver mental health services together, and coordinate all of these services so that people finally can decide who does what and who pays for what and who is eligible for what, and bring it all together so that—instead of having the programs determine who gets what kind of services—the redesign would be so that an individual plan would be identified for a person and then all of the services and the funding would fall in place after that. So the plan and the needs of the individual would drive the services rather than trying to make all the people fit into the various pegs and slots.

To address the recovery side of it, the Commission recommended a number of different approaches. One would be public service announcements to educate people, to help reduce the stigma. This is one of the findings from the New Freedom Commission, that the stigma associated with mental illness is

necessary for people to be able to seek services, that we should also encourage Americans to be seeking treatment. Another finding is that housing is essential. If people are going to re-enter the community, they must have certain kinds of services available to them: housing, employment, mental health care, and general physical health care. So the committee—in particular, on housing—recommended that a permanent subcommittee be established in the Interim Finance Committee that would oversee all of the funding, public housing that is funded in whole or in part from federal funds, and other public funds.

[Carol Stonefield, continued.] Also, the committee recommended that the State support a grant writer. In the beginning they thought it was just someone who would just seek funding for housing. But, as they began to talk about this issue, they decided that Nevada is in need of a grant writer overall, someone who really understands the ins and outs of seeking federal funding for any number of human resources programs from the federal government. There are also a number of recommendations for recruiting and retaining professionals, particularly to serve in rural areas of the state, to provide children's psychiatric services, to provide health services in the mental facilities, and to provide mental health services in corrections, juvenile justice facilities, and other kinds of state facilities.

Cultural awareness—the diversity among various cultures, with regard to mental health—is another issue that needs to be addressed, and a recommendation was made that all State agencies become culturally aware. There has been a bill already introduced and heard in the Senate, S.B. 21, that would recommend that consumers have an active part in their own care, and that consumers become a member of the Mental Health Commission. The Commission has recommendations on crisis triage, professionals who serve seniors, increasing alcohol and drug counselors, and also relying more on technology—particularly tele-mental-health services to reach rural areas. These are some of the recommendations.

I enjoyed very much staffing this Commission. It was an exciting subject, and I expect that the development of the comprehensive statewide mental health system will be a challenge and also quite exciting for Nevada. I look forward to the development of that myself.

Chairwoman Leslie:

We really appreciated your hard work on the Commission. It was a lot of long, long hearings, and a lot of material to go through. I think this is just an excellent work product, and one that we will be referring back to for many years to come.

Assemblyman Horne:

I also would like to thank you, Ms. Stonefield, for your hard work on this. I enjoyed serving on this Commission. You know how we are always talking about the direction that Nevada needs to take in this area. You put it perfectly: we will be referring back to this. During this Commission, when we brought all the stakeholders together and started highlighting, it really opened my eyes into all the little areas that we just were overlooking, that we really didn't have a clue on what was going on. So, this was a good first step.

Chairwoman Leslie:

Anything else to come before the committee today? We are adjourned [at 2:40 p.m.].

RESPECTFULLY SUBMITTED:

Julie Morrison
Committee Manager

APPROVED BY:

Assemblywoman Sheila Leslie, Chairman

DATE: _____

EXHIBITS

Committee Name: Committee on Health and Human Services

Date: March 21, 2005

Time of Meeting: 1:30 p.m.

Bill	Exhibit	Witness / Agency	Description
	A		Agenda
	B	Carol M. Stonefield/Nevada Mental Health Plan	Implementation Commission Bulletin (115 pages)