

**MINUTES OF THE MEETING
OF THE
ASSEMBLY COMMITTEE ON JUDICIARY**

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

The Committee on Judiciary was called to order at 9:03 a.m., on Monday, February 21, 2005. Chairman Bernie Anderson 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:

Mr. Bernie Anderson, Chairman
Mr. William Horne, Vice Chairman
Ms. Francis Allen
Mrs. Sharron Angle
Ms. Barbara Buckley
Mr. John C. Carpenter
Mr. Marcus Conklin
Ms. Susan Gerhardt
Mr. Brooks Holcomb
Mr. Garn Mabey
Mr. Mark Manendo
Mr. Harry Mortenson
Mr. John Ocegüera
Ms. Genie Ohrenschall

COMMITTEE MEMBERS ABSENT:

None

GUEST LEGISLATORS PRESENT:

None

STAFF MEMBERS PRESENT:

Allison Combs, Committee Policy Analyst
René Yeckley, Committee Counsel
Katie Miles, Committee Policy Analyst
Jane Oliver, Committee Attaché

OTHERS PRESENT:

Jone Bosworth, J.D., Administrator, Division of Child and Family Services
Leonard Pugh, Director, Washoe County Department of Juvenile Services,
representing Nevada Association of Juvenile Justice Administrators
Dan Musgrove, Director, Office of the County Manager,
Intergovernmental Relations, Clark County
Jeanette Belz, Legislative Advocate, representing Nevada Alliance for
Addictive Disorders Advocacy, Prevention and Treatment Services
Janine Hansen, President, Nevada Eagle Forum
Andrew List, Executive Director, Nevada Association of Counties
Scott MacKenzie, Executive Director, State of Nevada Employees
Association and American Federation of State, County and
Municipal Employees, Local 4041
Leland Lesicka, State Officer, State of Nevada Employees Association and
American Federation of State, County and Municipal Employees,
Local 4041
Bob Romer, Employee Representative, State of Nevada Employees'
Association and American Federation of State, County and
Municipal Employees, Local 4041

Chairman Anderson:

[Meeting called to order and roll called.]

[Chairman asked for a Committee introduction.]

- BDR 1-529 — Revises provisions governing suspension of sentence of person convicted of misdemeanor.

ASSEMBLYWOMAN OHRENSCHALL MOVED FOR
COMMITTEE INTRODUCTION OF BDR 1-529.

ASSEMBLYMAN CARPENTER SECONDED THE
MOTION.

THE MOTION PASSED UNANIMOUSLY.

I'll have that brought to the Floor today.

Let us turn our attention to Assembly Bill 47.

Assembly Bill 47: Requires screening of certain delinquent children for mental health and substance abuse problems.

Ms. Leslie indicated she would come over and do the introduction again. We heard about this earlier when we did the overall review of the study committee that dealt with this issue on juvenile justice, and I served on that committee. I indicated to her that I thought we all understood this issue, or at least the background of this issue, so rather than spend a great deal of time dealing with it, it would be better to hear directly from the interested agencies.

Jone Bosworth, J.D., Administrator, Division of Child and Family Services:
[Spoke from prepared testimony [Exhibit B](#).]

I'm here to provide information ([Exhibit B](#)) regarding A.B. 47. This bill would require local jurisdictions and the Division of Child and Family Services to screen adjudicated delinquent juveniles for mental health and substance abuse issues upon commitment, allowing for earlier needs identification.

At present, the Division provides screening for every youth at intake, making use of screening tools such as Massachusetts Youth Screening Instrument [MAYSI-2], Substance Abuse Subtle Screening Inventory [SASSI], Mental Health Juvenile Detention Admission Tool [MH-JDAT], and the Beck Depression Inventory, as well as completing clinical diagnostic interviews. These clinical assessments are conducted by the Division's mental health professionals that report to the Deputy Administrator for Juvenile Services. Some of the screening tools require a qualified mental health professional to administer them, while some are designed to be used by paraprofessional staff.

The Division's Juvenile Justice Program Office during 2004 instituted a screening instrument, the MAYSI-2, requirement as part of the application and compliance process for detention centers throughout the state to access grant dollars. This screening tool was selected based on research conducted by one of the Division's licensed psychologists and a Social Services Chief I, and has acknowledged validity, particularly as a quick screening, triage-type, self-reporting tool.

[Jones Bosworth, continued.] Mr. Leonard Pugh of Washoe County Juvenile Services who is sitting to my left, reported during the Juvenile Justice Commission meeting on February 17, 2005, that all jurisdictions have implemented this screening tool and procedure.

Another key component of the bill directs the Division of Child and Family Services to adopt regulations to carry out the provisions of the section including the development of regulations prescribing:

- Forms to be used in screening
- Qualifications of person who conducts a screening
- The requirements of the transmittal of information obtained during the screening
- Creating requirements for protecting the confidentiality of information obtained during the screening

We are seeking clarification from the Committee, if the intent is for the Division of Child and Family Services to assume a role of oversight, quality assurance, data collection, and reporting.

In the event that the Committee is contemplating this kind of oversight role by the State, there would be a fiscal note as follows. The Division would need one full-time Social Services Specialist II reporting to the Division's statewide Juvenile Justice Mental Health Coordinator, in order to complete the necessary drafting of regulations, the quality assurance checks, data gathering and reporting, in short: the performance evaluation component of this.

This position would have statewide responsibility for communication with the county detention centers and the state operated youth training facilities. There is information in the testimony that has been distributed to you ([Exhibit B](#)), with respect to a fiscal note, if that was a role that the Committee was contemplating under A.B. 47. Thank you, I'd be happy to answer any questions you may have.

Chairman Anderson:

Are there any questions from members of the Committee relative to Ms. Bosworth's presentation?

Assemblyman Carpenter:

How would the screening that you do now, work in conjunction with what we're asking to be done? What is the difference?

Jone Bosworth:

We actually use the MAYSI-2 now from the state end. However, we do a much broader clinical diagnostic approach to this. The MAYSI is really that screening component where you just want to know, on a triage basis, are there any serious mental health issues such as self-harm, that we need to be concerned about the minute we first see the kids. That's what that screening is for. It wouldn't change the process that the Division uses in any way. That is a first step. We use several screening instruments and then we do a full diagnostic evaluation of the youth at intake to us.

Chairman Anderson:

Mr. Carpenter, I think you're referring to a bill that we dealt with in the last session, or maybe the session before, where we determined that it was necessary for an evaluation to be done for the commitment of children, for abuse of alcohol or drugs. As a result, to try to facilitate that, and to make sure that the institutions knew what the condition of the child was.

They began to look for other instruments. What happens is, this would merely set up the standard by which the state would proceed with children that came in, so that we would know what was happening. Whatever flag may show up, we then would see whether a more detailed and expensive evaluation had to followed up with, relative to both mental health and drug and alcohol abuse.

Jone Bosworth:

Yes, that's exactly correct. From the state perspective this is not going to change our current practice. We're already using a broad range of screening instruments, and then the full blown diagnostic evaluation, for each of the kids committed to the state. However, this would have an impact at the county detention level where they can use this self-reporting screening instrument to immediately identify if there are issues they need to be concerned about, so they can call in mental health support to do a more thorough evaluation. I'm sure Mr. Pugh intends to speak to the issue of the frontline work at the county detention center levels.

Chairman Anderson:

You pointed out in your testimony, and as we see on the face of the bill, there is an effect on both local and state government, and thus the attached fiscal note reflects that in your testimony.

Assemblywoman Angle:

I want a point of clarification on the drug abuse part of this. When you screen, do you screen also for prescriptive drugs as well as illegal drugs? Do you know that a child is on all kinds of medications even if they are prescriptive? I have a nephew that I felt was abusing his prescriptive Adderall and it turned out he was, and it led to crank, so I'm wondering if you're screening across the board or if you're just looking for illegal use.

Jone Bosworth:

This screening instrument is a 52-question instrument that asks all sorts of very valid questions, to try to get to the heart of what kinds of substances abuse issues or mental issues, a youth may have. I think what you're asking about is, when do we get to a more careful drug evaluation to identify prescription drugs, as well as illicit drug use. We use the SASSI, which is the Substance Abuse Subtle Screening Inventory screening to get to the heart of those issues.

This instrument will at least highlight for staff immediately, is there anything we need to be worried about right now in terms of a crisis situation. It's a triage approach. Do we need to be worried that this youth may in fact try to harm himself immediately? Do we need to be aware that he has been using some kind of drugs so that we know how to treat him, immediately? It does get to that but we do need to, in terms of getting to what you're talking about, have a more thorough evaluation.

Chairman Anderson:

Ms. Angle, I would remind you that one of the things that we were concerned about in the last legislative session, was what kind of profile we were receiving about children who were going through the court system, both at the local level, and then if they were sent on to either Elko or Caliente, that we had a picture and knew exactly what medications were properly prescribed, and those that might be of use for legal purposes.

Assemblywoman Gerhardt:

You are not actually testing these kids for drugs, you are relying on them telling you what they're taking and what their situation is?

Jone Bosworth:

No. We do testing. It might be helpful for Mr. Pugh to speak to the very frontline detention level. This is before the kids are committed to the State. They are at the local detention level. When they come to us, yes, we do comprehensive screening, which is one of the reasons that A.B. 47 doesn't have a significant impact on State practice, because we do full clinical diagnostic interviewing as well as drug testing.

[Jones Bosworth, continued.] They have a medical evaluation when they come to us. At the detention center level they need to know immediately if there is an issue that we need to be concerned about. We don't want a youth in Nevada, who commits suicide because we weren't aware that there was a serious issue. This instrument will give us that information, immediately. No, there is a lot more that happens following this. This is just that very front-end screening.

Assemblywoman Gerhardt:

You sometimes rely on lay people to ask this 50-some questionnaire?

Jones Bosworth:

Yes. This instrument can be administered by a lay person. It's a self-reporting instrument. I'm sure you've probably heard of these kinds of instruments before: "Have you been having nightmares this week? Have you thought about harming yourself?" This is the very first step. No, it does not require a licensed mental health professional to administer this self-reporting instrument that just gives you basic screening, and highlights for us if there is something we need to be worried about, right now, the minute we get these kids.

Chairman Anderson:

This is going to raise the flag.

Assemblywoman Allen:

Most of these current screening facilities, are they financed by the State or local governments?

Jones Bosworth:

The fiscal note has to do more with the component of A.B. 47, that may or may not be intended to be an oversight role by the State. Speaking for just the State level, we of course gather data regarding screening instruments that we use and evaluations that we do, the full-blown evaluations that we do with kids.

This bill appears to contemplate a different role for the Division, in terms of adopting the regulations to carry these things out, so that's where the fiscal note comes in. Is someone going to be responsible for getting that statewide perspective, in terms of data gathering and performance evaluation? Right now we do it for ourselves, so therein lay the fiscal impact.

Chairman Anderson:

Ms. Allen are you okay?

Assemblywoman Allen:

Yes.

**Leonard Pugh, Director, Washoe County Department of Juvenile Services,
representing the Nevada Association of Juvenile Justice Administrators:**

[Spoke from prepared testimony, [Exhibit C.](#)] [Introduced himself.]

I'm testifying on behalf of the Nevada Association of Juvenile Justice Administrators. The Association is in support of the screening of juveniles detained in local juvenile detention centers for mental health and substance abuse problems. As a matter of fact, every juvenile detention center in the state of Nevada had been using the MAYSI-2 to screen youths detained pending a hearing, since January of this year.

This practice does not include those youths released to parental custody within a few hours after police booking. The MAYSI-2 is an inexpensive instrument that can be administered by existing staff. Depending on the scores, protocols are then established to seek more in-depth evaluation if necessary. For example, certain scores for suicide ideation require that a more in-depth evaluation be conducted by a trained professional, typically a licensed clinical social worker, or a licensed marriage and family therapist.

High scores in substance abuse or thought disturbance areas result in specific substance abuse or psychological evaluations being recommended to the court, if none had been completed recently. As Ms. Bosworth said, if a child scored high in suicidal ideation in the local detention center, the first thing we would do is put him in a camera-monitored room or a room where we run five-minute room checks, to ensure the safety of that child while in our custody.

However, A.B. 47 in its current form does create some concern. First of all, with the exception of probation violators, the court does not commit juveniles to a juvenile detention center. This language could be interpreted to greatly reduce the number of youths screened, which I do not believe is the intent of the legislation.

The Association recommends that the phrase, "every child detained at a juvenile detention facility" be used instead. It is also recommended that the screening occur as soon as practicable, but no later than 48 hours after booking. The bill also mandates that children committed to youth camps and correctional centers be

screened. There are two problems with this requirement. The incarceration process for a child begins at a juvenile detention center where the screening will be administered. If further evaluation is warranted as a result of the screening, the completed evaluations are forwarded to the camps or the correctional centers. These facilities have mental health staff to continue addressing the identified needs of these children. Similar to what Ms. Bosworth just said.

[Leonard Pugh, continued.] Additionally, and I wasn't aware they were also doing the MAYSI-2 [Massachusetts Youth Screening Instrument], one of the areas of concern with the MAYSI-2 is that if it is administered too frequently, it loses its reliability because the child knows how to manipulate it.

The Association is opposed to the Division of Child and Family Services prescribing which forms should be used and the qualifications of a person who conducts the screen. This has the potential of causing significant fiscal impacts on the counties operating juvenile detention centers, and its unfunded mandate.

For example, if the Division decided to require licensed mental health professionals to conduct the screens, and that an instrument with ongoing fees be used, it would have a significant fiscal impact on the counties. It is more appropriate to use these expensive resources after the screening instrument identifies a possible problem.

Instead, the Association recommends that local juvenile detention centers be required to conduct the screens for mental health and substance abuse problems using instruments that are researched both as valid and reliable. Juvenile detention centers are currently using the MAYSI-2, and according to the Nevada Institute for Children's Research it is inexpensive and the research results are comparable with other studies.

The Association believes this approach meets the needs of the youth in juvenile detention centers and the intent of the legislation, while not creating a significant fiscal impact on local government.

Thank you for your thoughtful consideration to these recommendations and I'm happy to answer any questions.

Chairman Anderson:

I have a couple of concerns, having sat through several hours of hearings on the juvenile question. While this particular issue was not one of the more elaborate discussions that we had, it is a baseline kind of question. I thought there was a certain level of concern about the lack of uniformity in the application, making sure we all came away with a common reporting instrument so that when it moved from county control to State control, we were able to share information in a common format?

Leonard Pugh:

Chairman Anderson, you're absolutely right. That's what we would be doing. If we administered the MAYSI-2 at the local detention center and then depending on the results, that led to a further substance abuse or psychological evaluation, all that information is then included in the packet if a child is committed to a camp or training center. That information is then given to their mental health professionals who will come in, review it, and then administer their own testing so there is continuity in the information that's passed from our center to the camps, and to the correctional centers.

Chairman Anderson:

My concern is that if there's not someone who says this is the form we're using, MAYSI-2, it will leave it open to interpretation that the county got to choose the form, and the formulation in which it was doing this early screening instrument. This is the first flag that we're going to put up on this child who's coming in to any of our facilities at the local level or at the State level. We want to make sure of the validity, before we put money into in-depth evaluation. Right?

Leonard Pugh:

Right. And I guess therein lies the rub. We're all using this and we're all in agreement with what you just stated. It's just a matter of fact that I'm not sure there's any legislation that can specify a specific instrument to be used. On the other hand we wanted to make sure that we had the opportunity to provide input, because in its current form, and from the testimony this morning you can tell that we are in concert in the state, with using this instrument. We're in agreement, but the way the language is presented, down the road, you could say we want you to use a different instrument, and that instrument could cost you \$2,000 to purchase. It could cost you another \$100 a month in ongoing licensing fees.

That's where our opposition comes in. That's why we thought the language could be more generic to allow us to come up with a common instrument. In our testimony to the A.C.R. 18 Subcommittee, you know we're on the same page

and we want every facility using the same instrument. We just don't want to be burdened by something that's going to have a negative fiscal impact on us.

Chairman Anderson:

I heard the "Kum-Ba-Ya" clearly sung by all of you in the A.C.R. 18 [2003] Subcommittee. You all agreed on the common instrument at this particular point in time. The question that I'm concerned about is what happens when somebody on their own, not the state, but one of the other counties decide that this isn't the instrument that they want to use, they wish another instrument to be used, and it's not compatible with that. I'm playing the devil's advocate here. What happens when you guys want to go on your own?

Leonard Pugh:

I was kind of hoping that someone in the Legislative Counsel Bureau could help us with this dilemma, because if we simply said that the Division of Child and Family Services could then choose the instrument and the qualifications of those that are administering that instrument, you could turn around and have a significant impact. For example: if we had to bring in someone who was a licensed mental health professional to cover seven days a week. We could be talking about \$130,000 to \$150,000, just in new personnel costs, including the administration of the instrument, so that's what we're looking at.

Chairman Anderson:

I think I understood all three points where you disagreed with them. One of them I clearly think that, in my opinion, we might be able to work with. The second one might be okay, but I'm a little concerned about the instrument.

Assemblyman Carpenter:

Right now the juvenile detentions are using the same instrument as Elko or Caliente? Is there a problem there? It seemed to me in your testimony you indicated it might be a problem, using the same instrument.

Leonard Pugh:

The problem depends on how often it is. It depends on how quickly someone would move, from when the test is administered at our level, to the State. I don't think it's the type of problem that is of great concern because if we identified those problems, we would do a more in-depth evaluation. That information would then be given to the State.

As Ms. Bosworth testified, they are not just looking at the MAYSI-2. That's only one of several instruments that they're using to make sure that those children's needs are being addressed. The potential problem is that these are self-reporting instruments and if someone saw that same instrument too often, they could

start to mess with the results and be manipulative. At that stage we're already going to have more backup evaluation that's been done by mental health professionals, so I don't really see that as problematic.

Chairman Anderson:

Are there any other questions from members of the Committee? I think if we're going to move with this bill, and I have no idea whether we are at this particular time, I want to make sure that I understand. You're recommending, Mr. Pugh, to the bill drafter that every child detained at a juvenile detention facility, rather than the juvenile court question, that this be done within 48 hours of booking. We reexamine the question of how to set the qualification and what the instruments are, and your concern about the fact that they would have to do this administratively. Of course that would mean that they would have to come to the Legislative Commission to approve any regulation that would set those kinds of standards, and you're not sure that would be sufficient opportunity for the local governments to have their say?

Leonard Pugh:

Right.

Assemblywoman Buckley:

With regard to the mental health assessment, does every child who stays in the system longer than five days, who is a foster care child, receive that same assessment?

Jone Bosworth:

I would defer to the counties to talk about their mental health practices in terms of kids in the system five days. For our rural region, often in our intensive family preservation program, we do have licensed mental health professionals that immediately see the kids and discover whether or not there are issues. But no, in the foster care system we don't have any regulations that are telling us when a mental health screening must be done for children that come into foster care.

Assemblywoman Buckley:

Even in the urban counties the State has the responsibility still on the mental health services, correct?

Jone Bosworth:

No, that's incorrect Ms. Buckley. The mental health staff as they were formerly known—and I apologize I can't think of what the counties are calling these staff—that used to be before A. B. 1 of the Seventeenth Special Session and the transition to the counties of State staff, they had a full contingency of clinical staff. The Children's Resource Bureau was one name, and I'm not sure if

it was different north and south. All of those licensed mental health professionals' transitioned to the counties through integration, so those are the staff in terms of doing that up-front functional behavioral assessment. That clinical staff are county staff members now under child welfare, so they do have the staff that used to perform that when it was with the State.

Assemblywoman Buckley:

The assessment folks are with the counties but the actual providers are with the state?

Jone Bosworth:

That's correct in terms of the people that were tied to the child welfare system, those clinical staff, did transfer to the counties. Seventy percent of the kids in families that we serve through the Division of Child and Family Services mental health service delivery system are non-welfare children. They're parental custody children, families that need mental health assistance. We view ourselves as keeping those kids from coming into the child welfare or juvenile justice systems. However, the counties do not hold that contract for residential-treatment levels of care. Medicaid authorizes the provider's agreements, the State holds the contract but it's really that relationship between the child welfare and the residential provider that needs to be realigned.

Assemblywoman Buckley:

If you screen every child that comes in the delinquency door, the foster care door, and anybody else who's trying to come in your door, do you have the money then to provide the services? We'll screen you and then we'll tell you "sorry," we don't have any staff to help you.

Leonard Pugh:

Our current practice is that if we identify a need, based on a screen, then we'll get the next level of evaluation. We've only been implementing the MAYSI since January. So far it hasn't identified that many more youth than we were through our previous processes.

When we did a medical screen on a youth at admission before that, at that point in time, based on the questions we were asking both the juvenile and the juvenile's parents, we were identifying a lot of times when there was concern about the kid being self-destructive. We were already getting a more in-depth evaluation at that point in time. Then, if a probation officer is doing an interview of a child and a parent and gathering other information, combined with what other behaviors might be identified that are discussed at a hearing, then we were oftentimes asking for psychological evaluations. In Washoe County we're

spending well over a \$100,000 a year on psychological evaluations, and probably another \$50,000 a year on substance abuse evaluations.

[Leonard Pugh, continued.] The answer to your question is, right now we're hoping that dollar amount will be sufficient to cover those kids that we identified through this screening instrument. If not, at least it will provide us the database by which we can go to our policy makers and say, "This is what we're finding and we need enhancement to that budget account so that we can pay for those." That's exactly the approach that we'd be taking in Washoe County. I can't speak for every other county this morning but that's the approach we'd be taking in Washoe County.

Chairman Anderson:

Ms. Buckley, let me respond in part because this is an issue that we've been looking at since 1995, trying to screen for drug and alcohol as a part of that original recidivist problem, and for prison. We felt that the earlier we could do that the better. This instrument, I believe, merely raises a flag so that the more costly in-depth evaluation ... It protects the county, to know where the child is when he comes in the door, so that we know if we have to put a watch on him, or other kinds of things, so that we don't have tragedies—people committing suicide while they're in our custody—at least try to cut down on that.

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

[Introduced himself.] I want to echo the comments of Mr. Pugh, as well as the Chairman, on what the intent was that came out of the committee, the interim study. We have been using the MAYSI-2. I want you to know that Clark County has upwards of 16,000 youth that come through our juvenile detention. Any kind of screening tool obviously has to be factored into that kind of numbering of population of folks coming through.

The MAYSI is an excellent tool and is very cost-effective for us to make those determinations that Mr. Pugh talked about. I will try to get some further answers for you, Assemblywoman Buckley, in terms of what we're doing on the foster care side, through our Family Services Department. I don't have any personal knowledge of it. I again echo the comments and hope that perhaps something in the bill could be drafted that would allow the DCFS [Division of Child and Family Services], and the local jurisdictions, to work in concert to come up with that screening tool. Obviously we've come to the Legislative Commission to make sure that we are all in agreement as to what the regulation says.

Chairman Anderson:

Part of this is, thinking back to the 1995 question, trying to move from anecdotal information to actual statistical raw numbers, so that we can begin to see how big the problem is, in reality, rather than where it is theoretically.

Jeanette Belz, Legislative Advocate, representing Nevada Alliance for Addictive Disorders Advocacy, Prevention and Treatment Services:

[Introduced herself.] I'm here today representing Nevada AADAPTS which is a private nonprofit organization whose members provide prevention treatment and intervention services to persons with addictive disorders.

Following up with Ms. Buckley's comments, screening is very important and we support screening of any kind to help identify persons with addictive problems. The problem is the follow-up and the subsequent treatment, to make sure that is available. To the extent that it's fully funded, we support it 1,000 percent.

Chairman Anderson:

The funding question here is relative to the instruments and not the actual treatment question, which is carried, I think, in another piece of legislation that is in Ways and Means.

I see no questions from members of the Committee.

I have other people who have indicated a neutral position on the bill. Is there anyone else who wishes to speak in support of this piece of legislation? Anyone who wishes to speak in opposition to the legislation?

Ms. Hansen, I see you down as a neutral but desiring to speak.

Janine Hansen, President, Nevada Eagle Forum:

[Introduced herself.] I'm pleased to see in Section 1, [subsection] 2(d), that there is provision in this bill for protecting the confidentiality of the children in this screening process. There is a real move towards electronic data collecting, particularly at the national level under an initiative by the Bush Administration, through the new Freedom Commission on Mental Health to make these electronic medical records, and also for tracking.

I bring to your attention that it is very important to maintain the confidentiality of these young people so that these records, when they get out of the system, don't follow them forever. I express my concerns because I'm sure you're concerned about their future as well, and that we make sure we do that.

Also, as we have mental health screening, which in this process is probably absolutely essential, I have concerns about where this leads. We have heard a lot in the media, and I have been concerned about this issue for many years, the prescribing of psychotropic and anti-depressant drugs, especially when they have not been fully reviewed for the use with young people, and so there are some problems that develop when these drugs are prescribed.

[Janine Hansen, continued.] I'm hoping that as these federal programs in some 25 federal agencies come down, that we'll be careful as we look toward prescribing psychotropic and anti-depressant drugs to young people, because they can oftentimes have very devastating consequences. We recently saw in the media the child relating that he murdered his grandparents because of this, and then others committing suicide. I bring those up as issues to be cautious about.

Chairman Anderson:

This is the instrument itself on paper, not prescription, which would be a health question. It would be in another committee as you well know. The sharing of information and cyber crime is a major concern of ours. We share that with you.

Are there any questions for Ms. Hansen?

Andrew List, Executive Director, Nevada Association of Counties:

[Introduced himself.] The Association of Counties does not have a position on this bill one way or the other. What we're concerned about is the funding of the bill. In particular, we're concerned about Section 3 which states, "The provisions of NRS 354.599 [*Nevada Revised Statutes*] do not apply to any additional expenses of local government that are related to the provisions of this act." NRS 354.599 is the Unfunded Mandates Law that has been on the books in this state since 1992. We believe that it's up to this Body to decide whether or not this piece of legislation has merit. We're concerned that if this bill is passed, that it be appropriately funded within the confines of the Unfunded Mandate Law.

Additionally, if I may address the remarks made by Assemblywoman Buckley, it is important that if these individuals are identified as needing treatment, that they are treated, so that piece of the funding wouldn't need to be put into place as well.

Chairman Anderson:

Since you get to represent the counties, do you feel that there is a certain level of protection that it would be incumbent upon the counties to have, if they

were taking a child into custody, to know what that condition is, in order not to be sued?

Andrew List:

I think you raise a valid point. I think this bill might have some merits to get some initial read on the child, as to their immediate condition within 48 hours, as was previously stated. For that reason, this bill might have some merit, but that is the decision for this panel to make.

If these children are diagnosed earlier, and treated earlier, there may be some savings down the road in terms of county jail costs and incarceration costs, and that might be something that's worth looking into as far as the fiscal analysis.

Chairman Anderson:

I'm sure that's a trade off the counties would have to make as to both their protection, and their long-term cost of treatment versus the long-term cost ... It's kind of like who pays for it, the county or the State? The need is there if that can be proven. I think that's what one of our concerns is.

Assemblyman Carpenter:

It appears that the counties are already doing this, so probably the fiscal note has been discussed and they're able to do it at this time, so there probably wouldn't be any greater fiscal note if they're doing it at this time.

Andrew List:

The fiscal note, I believe, was for this next biennium, around \$250,000. I'm not sure how it's apportioned between the counties and the State.

Chairman Anderson:

I guess I let money committees deal with those issues and we get to deal with the policy question. Not that we shouldn't be mindful of the cost that we're dealing with, and Mr. List does well to remind us of our overall responsibility on unfunded mandate.

Andrew List:

Whether or not the cost savings in the long term are to the counties or the State, I remind you that the counties are responsible for funding jails and the State for prisons, so I guess it would depend on the length and type of incarceration.

Chairman Anderson:

And of course, the type of treatment that has to come along too, the modality and the type of people, and the instruments that we're mandating.

Is there anyone else who wishes to give testimony on this particular bill [A.B. 47]? [Closed the hearing on A.B. 47.]

[Chairman Anderson, continued.] I'm concerned about this particular piece of legislation, and I think that it was well intended, and I would ask if Mr. Pugh and Ms. Bosworth and the folks, can work out the differences between us. There are some issues that we would like to see so we can get it out the door. This bill looks like it needs a small amendment and a little bit of sanding. We'll see if we can put it on a work session document.

One of the groups that I asked to come speak to us dropped by my office the other day, and I indicated that we would spend a few moments talking to them. Mr. MacKenzie and Mr. Lesicka.

Mr. Mackenzie, you and I had a conversation the other day relative to some potential bill draft requests. I indicated to you, if it would be at all possible, rather than me reinterpret what you told me, if you could provide us with somebody who had first hand knowledge of why we should move in this particular area, and that I would give you a few moments in front of the Committee to explain why we should take one of our five remaining bill draft requests and use it in this particular area. I would caution the Committee that I have quite a few issues that are in here. However, I did want to make sure that you heard directly from Mr. MacKenzie relative to the importance of why there was a need for this particular issue.

**Scott MacKenzie, Executive Director, State of Nevada Employees Association
and American Federation of State, County and Municipal Employees,
Local 4041:**

[Introduced himself.] We need to discuss a request from our members for possible legislation which, in essence, is asking for a training officer to be authorized for the youth camps, along with changing the status of the group supervisors to Category III Peace Officers, which we would like to see grandfathered in.

The purpose of this goes back to the Department of Justice report that came out in Elko last session, which made some changes within the camps. This is the perception of the rank and file out in Caliente and Elko, in terms of possible legislation to bring up-to-date policies that would be in relation to where they see the youth camps going. Today, I brought Leland Lesicka, who is a Group Supervisor II, to explain from the rank and file perspective why they believe this legislation is necessary.

Leland Lesicka, State Officer, State of Nevada Employees Association and American Federation of State, County and Municipal Employees, Local 4041:

I'm here to talk briefly about a training officer. We wanted a training officer because we get our training from individuals like me, or anybody else that they can just give a book to, and train. It's not a certified training because we don't have enough training officers. The reason we want a training officer is we feel that the Division of Child and Family Services is going from more of rehabilitation, to more of a correctional. That started with some of you coming in. We feel that we're going into a correction mode. Most of us don't want to do that, we like the rehabilitation, and the way it was. We understood the investigation and the changes that have come down. I don't have any problem with the changes. For liability, and the purpose of protecting us and the youth that are at our facilities, we feel that making us corrections officers would be a better benefit for the state, than it would be actually for the youth in the long run. We feel it's a changing mode and you're not up-to-par on the changes that are going on from more rehabilitation to more corrections. If you have any questions, I'd like to answer them.

Chairman Anderson:

Any questions from members of the Committee?

The net outcome would be that you think we should ask for a training officer to come to a position of a training officer and would ask to reclassify officers at your facility?

Leland Lesicka:

Yes, Mr. Chairman. The training officer would be like a P.O.S.T.-certified training officer, a certified state training officer. That way when we have the training, we could look back if we had to go to a court hearing or something, we could say that we were certified trained in this. And if we didn't follow the procedures, it would give us more procedure and more policy to back us up, or the youth up, if we've done something wrong.

Chairman Anderson:

So that raises your level of responsibility and accountability within the system itself?

Leland Lesicka:

Yes, Mr. Chairman. Right now our level of responsibility and accountability has been raised into corrections, at this time in our opinion, by what we do now. We never used to do pat-downs. We do them all the time for the safety of the youth. We now walk a different way, we do different things, we have different

ways we dress, and address things, there at the youth center. In the last two years it has changed because of the investigation, and we want to make sure that we're covered, and that the State of Nevada is covered in this.

Chairman Anderson:

Are there any questions from members of the Committee?

Assemblywoman Buckley:

I didn't understand that because of the federal report that there was a shift to make it more of a corrections mode? I understood it was a shift to update procedures, to update treatment modalities, to eliminate some styles, like the listening in on phone conversations by peers, and some kind of outdated material. I have no problem requesting a bill draft for training if that's what we need, and supporting it to be whatever you might need, whether it's safety issues, or with regard to treatment issues. I don't have a problem with that. My understanding of what the shift was is different than what you state.

Leland Lesicka:

The shift has been made that we were changing the treatment modality in our facility at Caliente, and was different than Elko. The investigation occurred in Elko not in Caliente. We've changed with that. When some of you came in it changed more towards the corrections. Everything was becoming more stringent for the youth. Personal relationships, like trying to get the kids to trust in you a little bit, talk to them, take them out and do things, were eliminated at one point in time at Caliente. The reason was because of the staff ratio and everything else. But we're not adhering to the staff ratio at this time. We're still having a problem with that. It's in a corrections mode because now we're doing everything this way instead of the way we used to do it. It's hard to explain if you have never been at Caliente and seen it.

I'll give you an example. Dr. Parsons from Summit View came up to give us some training and she was shocked that we could walk the kids on the walks the way we do. She says "At Summit View that doesn't happen." Those are her words. We can walk 20 kids on the walks. I used to walk 20 kids on the walks by myself, and we've never had but one incident, and that was in 1990 when I started there, I've been there 16 years. One riot occurred, six people fighting and we took care of that. It was never anything that was brutal.

Now with the mentality that we've gone to, I feel that we're treating these kids like they're prisoners, instead of trying to rehabilitate them. That's our feeling right now.

Chairman Anderson:

Are there any other questions?

Scott MacKenzie:

There is one point I think that needs to be made. If I'm not mistaken, currently the staff out there has peace officer status during an escape, but not day-to-day. I wanted to make that point. I don't think there would be a fiscal note involved with this request.

Chairman Anderson:

Mr. MacKenzie, I appreciate you coming up with the possible bill draft request. I note that among the other things you're concerned about deals with group supervisors, and category of officers at the youth correctional centers. Is that necessary for us to examine also? Would that require a second bill draft or do you think we can do this all in one?

Scott MacKenzie:

I think it could be done all in one bill draft.

Chairman Anderson:

And then some problems with officers and the change in NRS 289.200 when they are arresting officers, so that we would move them to Category III Peace Officer status, is what we would do?

Scott MacKenzie:

For the record, yes.

Chairman Anderson:

In your bill draft request, do you think we can come up with one piece of legislation that would deal with all three issues?

Scott MacKenzie:

Yes, that was our intent.

Chairman Anderson:

Are there any other questions from members of the Committee?

Let me see if I can get this put down into a form and make sure that all of you are aware of what our choice would be when we come to discuss this issue, so that if we decide to use one of our five shots in this particular area, we would be able to address the issue.

Does anybody else have any other issues they wish to be brought before the Judiciary Committee?

Jone Bosworth:

I have a couple of quick points based on the information that was just provided. I want to make the Committee aware, that under the Division of Child and Family Services budget, in our Governor's recommended Budget, we do have training officers included for both Caliente Youth Center and the Nevada Youth Training Center.

In terms of making the group supervisors P.O.S.T.-certified police and fire, there would be a tremendous fiscal impact. I can't give you off-the-top of my head what that would be, but that would make all the positions eligible for early retirement, for example, under police and fire.

I understand Mr. MacKenzie stated that he represents the rank and file. I have had rank and file members of my staff tell me that they in fact prefer not to be considered police, fire, or law enforcement type correctional officers, because they want to have a relationship with the kids. However, when there is an escape or a child absconds from our facilities, that's when that kicks in. Staff has told me particularly from Elko that they prefer not to be viewed as police type officers, when they're working in the facilities. I wanted to make those couple of points. Training officers for the training centers in the rural areas are included in the Governor's recommended Budget. In terms of group supervisors, it would be a significant impact if they were changed to Category III Peace Officers.

We have moved towards a much more cognitive restructuring model in working with our kids at our facilities. It's an issue of their safety and an issue of using the most cutting-edge science-based practices. We'd be glad to provide information at another time to this Committee regarding the programming that we do use, and have moved to, at our facilities.

Bob Romer, Employee Representative, State of Nevada Employees' Association and American Federation of State, County and Municipal Employees, Local 4041:

[Introduced himself.] I think there are some misunderstandings here. I don't know how far it went back. The group supervisors at the boys and girls schools, NYTC [Nevada Youth Training Center at Elko] and Caliente, already have early retirement. They are already into the police and fireman's retirement.

Chairman Anderson:

Is there anything else to come before the Committee? [Adjourned meeting at 10:09 a.m.]

RESPECTFULLY SUBMITTED:

Jane Oliver
Committee Attaché

APPROVED BY:

Assemblyman Bernie Anderson, Chairman

DATE: _____

EXHIBITS

Committee Name: Assembly Committee on Judiciary

Date: 02-21-05 **Time of Meeting:** 9:03 a.m.

Bill #	Exhibit ID	Witness	Dept.	Description
	A			Agenda
A.B. 47	B	Jone Bosworth	Division of Child and Family Services	Testimony
A.B. 47	C	Leonard Pugh	Nevada Association of Juvenile Justice Administrators	Testimony