

**MINUTES OF THE MEETING
OF THE
ASSEMBLY COMMITTEE ON WAYS AND MEANS
AND THE
SENATE COMMITTEE ON FINANCE
JOINT SUBCOMMITTEE ON K-12/HUMAN RESOURCES**

**Seventy-Second Session
February 22, 2005**

The Assembly Committee on Ways and Means and the Senate Committee on Finance, Joint Subcommittee on K-12/Human Resources, was called to order at 8:03 a.m., on Tuesday, February 22, 2005. Chairwoman Sheila Leslie presided in Room 3137 of the Legislative Building, Carson City, Nevada. [Exhibit A](#) is the Agenda. All exhibits are available and on file at the Research Library of the Legislative Counsel Bureau.

ASSEMBLY COMMITTEE MEMBERS PRESENT:

Ms. Sheila Leslie, Chairwoman
Mr. Mo Denis
Mrs. Heidi S. Gansert
Ms. Chris Giunchigliani
Mrs. Debbie Smith
Ms. Valerie Weber

SENATE COMMITTEE MEMBERS PRESENT:

Senator Barbara Cegavske, Chairwoman
Senator Bernice Mathews
Senator William J. Raggio
Senator Dina Titus

COMMITTEE MEMBERS ABSENT:

None

GUEST LEGISLATORS PRESENT:

John C. Carpenter, Assembly District No. 33
Bonnie Parnell, Assembly District No. 40

STAFF MEMBERS PRESENT:

Gary Ghiggeri, Senate Fiscal Analyst
Steve Abba, Assembly Principal Deputy Fiscal Analyst
Michael Chapman, Program Analyst
Carol Thomsen, Committee Secretary
Susan Cherpeski, Committee Secretary

Chairwoman Leslie called the Committee to order, and informed those present that the first order of business would be budget presentations from the Department of Human Resources, Division of Mental Health and Developmental Services (MHDS). She announced that the meeting would be open for public

testimony upon completion of the budget presentations; all persons wishing to present testimony before the Committee were encouraged to sign the guest log.

The Chair recognized Carlos Brandenburg, Ph.D., Administrator, MHDS, Department of Human Resources (DHR), and asked him to provide an overview of the Division.

Dr. Brandenburg introduced himself and Jennifer Kizer, Administrative Services Officer IV, MHDS, to the Committee, and explained that the Division of Mental Health and Developmental Services had two distinct service components. The first component was mental health, where services were provided to individuals who were severely and persistently mentally ill. The second component was developmental services, where services were provided to those individuals who were intellectually challenged. According to Dr. Brandenburg, he would present the mental health budgets to the Committee during the present hearing.

Dr. Brandenburg explained that, in order to facilitate the presentation, he would present those decision units that had common features among all budgets within the Division. He offered the following:

- M-100: The decision unit recommended inflationary increases for the agencies for electricity, natural gas, and rates that were being charged to the agencies by other state agencies.
- M-101: Requested an inflationary adjustment for prescription drug costs. The costs were based on projections from the Centers for Medicare and Medicaid Services. The Division had also used that projection for the 2003 Legislature. For FY2006, the compound percentage was 26 percent over the amount for FY2004, and for FY2007, the percentage was 40.7 percent over the FY2004 amounts. For FY2003, the Division had used an increase of 26.7 percent over FY2002, and for FY2004 the increase had been 41.6 percent. It was a steep inflationary cost because of the cost for prescription medications.

Chairwoman Leslie asked whether the same criteria had been used to project the inflation factor as had been used for the 2003 Legislature. Dr. Brandenburg emphasized that it was absolutely the same. He explained that the percentage used for FY2006 was 26 percent and for the 2003 Legislative Session the figure used for the first year of the biennium had been 26.7 percent. For FY2007, the percentage used was 40.7 percent. For the 2003 session the figure used for the second year of the biennium had been 41.6 percent. Dr. Brandenburg reiterated that the figures were very consistent between the 2003 and 2005 sessions. The same methodology had been used to determine the percentages, which had been provided by the Centers for Medicare and Medicaid Services.

Chairwoman Leslie said she wanted to ensure that the Division was using the national methodology, and she asked whether a special adjustment had been needed for Nevada. Dr. Brandenburg indicated that no special adjustment had been necessary, and the Division had basically utilized the guidelines developed by the Centers for Medicare and Medicaid Services. Chairwoman Leslie pointed out that a 46 percent increase was "pretty steep." Dr. Brandenburg stated that the increase had also been pretty steep for the 2003 Legislature.

Dr. Brandenburg further explained that for FY2004, medication expenditures for the Division had encompassed approximately 18.55 percent of the total budget, and for FY2005, the cost was 20.70 percent of the total budget. He pointed out that the cost of medication was slowly becoming a significant part of the Division's budget.

Chairwoman Leslie concurred that medication costs were significant, but those costs were for the newer medications, which helped maintain persons in the community rather than in hospitals. Dr. Brandenburg agreed, and he believed Nevada should be proud that it was using the newer and safer generation of medications, which had proven to improve the quality of life, as well as the community tenure, of a great many of its consumers. According to Dr. Brandenburg, the Division used various procedures in an effort to control medication costs, such as:

1. Membership in the Minnesota Multistate Contracting Alliance for Pharmacy (MMCAP), which allowed the Division, through the State Purchasing Division, to buy medications at lower costs.
2. Use of generic medications whenever appropriate.
3. Development of a decision matrix which gave physicians a guideline regarding how to prescribe.
4. Creation of a Pharmacy Oversight Committee, chaired by Dr. Brandenburg, which met monthly to review the formulary. Members consisted of all medical directors of pharmacy and agency directors. All requests regarding the formulary had to be approved by the Committee.
5. Use of drug samples, indigent medications, patient assistance, and scholarship programs.

Dr. Brandenburg stated there was one factor that had greatly helped the Division improve and/or reduce the medication costs, and that was the educational program for physicians. He further explained that Division staff had met with its physicians and provided the costs for medications they were prescribing. Staff had also made the physicians aware of "best practices." Dr. Brandenburg said all those procedures aided the Division in its attempt to control the cost of medications.

Dr. Brandenburg continued his presentation of decision units common to all budget accounts within the Division.

- M-200. Requested an increase for caseload growth within the medication clinics over the biennium. The increase for mental health agencies was approximately \$13 million, and M-200 also requested approximately 58 full-time equivalent (FTE) positions. Those positions included nurses, psychiatrists, and pharmacists. The request was based on the projected caseload growth.

Chairwoman Leslie noted that Legislative Counsel Bureau (LCB) Fiscal Division staff had provided information to the Committee regarding the new positions recommended for MHDS within the "M" decision units to accommodate caseload growth. It appeared that the request was for approximately 159 new FTE positions throughout the Division's mental health budget accounts, and Chairwoman Leslie asked Dr. Brandenburg to comment regarding where those positions would be located. She noted that it would be a substantial increase in staff and she wondered whether sufficient space was available in southern Nevada to accommodate that number of new positions.

Dr. Brandenburg explained that the Division had held numerous meetings regarding the additional staff, and he would provide the Committee with charts that depicted staff positions according to decision units, and where the positions would be located. Dr. Brandenburg said one of the challenges facing the Division at the present time was locating appropriate space for the additional staff. The Division had reviewed a variety of options and one of those options was the possibility of the MHDS taking over Building 11 from the Division of Child and Family Services (DCFS). Dr. Brandenburg advised that the MHDS was negotiating with the DCFS regarding Building 11, which would be used to house the fiscal staff of the MHDS and free-up space at the West Charleston location.

Another option, said Dr. Brandenburg, was the possibility of developing a clinic within the "homeless corridor" in downtown Las Vegas, which would create a fifth clinic for the Division. Dr. Brandenburg said the Division actually had the flowchart that depicted the location for each new position and he would provide that information to the Committee.

Chairwoman Leslie stated that the Committee wanted to ensure that the resource pool for the additional staff had been determined. She asked whether hiring psychiatric nurses would be problematic. Dr. Brandenburg acknowledged that the Division would be challenged in hiring nurses. He pointed out that the bulk of the resources were allocated to southern Nevada. The Executive Budget recommended approximately 400 new positions for the MHDS Division, and approximately 350 of those positions would be located in Clark County with Southern Nevada Adult Mental Health Services (SNAMHS).

Dr. Brandenburg said 99 of the new positions were psychiatric nurse positions, which would be a challenge for the Division. Hopefully, the proposed two-grade increase for the psychiatric nurse positions would assist the Division in filling those positions. According to Dr. Brandenburg, David Rosin, M.D., Statewide Medical Director, MHDS, would also be challenged in hiring over 20 new psychiatrists. He reiterated that it would be a challenge for the Division to fill the requested positions. Dr. Brandenburg said that all had gone well in the recruitment of psychiatrists, and under Dr. Rosin's leadership those positions had been filled. He emphasized that the Division had filled all psychiatrist positions. On the other hand, stated Dr. Brandenburg, hiring psychiatric nurses would be a challenge because of the national and statewide shortage in the nursing field.

Assemblywoman Giunchigliani inquired about the proposed two-grade pay raise for nurses, and she asked about the starting salary in comparison to the salary in the private sector. Dr. Brandenburg stated that information regarding a comparison had not been provided to the Committee, but he believed such an analysis had been conducted by the Department of State Personnel, which supported the two-grade increase. Ms. Giunchigliani opined that competition was part of the problem, along with the alleged nursing shortage, which also included those who did not want to work in the profession any longer because of the working conditions. Ms. Giunchigliani said that perhaps the state's working conditions and salary might become competitive.

Chairwoman Leslie said she would be interested in information regarding a salary comparison, and she asked Dr. Brandenburg to provide that information.

Assemblyman Denis asked about the waiting list for services, and how that situation would change with the addition of new positions. Dr. Brandenburg indicated that the caseload ratio for psychiatrists was approximately 345:1, and the caseload ratio in Las Vegas was approximately 700:1. The Division anticipated that with the new psychiatrists the ratio could be reduced from 700:1 to 345:1. Mr. Denis asked about the ratio in northern Nevada. Dr. Brandenburg replied that the Division had not experienced that tremendous caseload demand in northern Nevada. As he presented the agency budgets and requested positions, Dr. Brandenburg said the Committee would notice that the bulk of the positions requested for Northern Nevada Adult Mental Health Services (NNAMHS) were for psychiatric emergency services, which was part of the hospital, as well as the medication clinic.

Mr. Denis asked whether there would still be clients who did not receive services when the caseload ratio in southern Nevada was reduced to 345:1. Dr. Brandenburg said there was no doubt in his mind that if the Las Vegas Valley continued to grow the way that it had in the past, the caseload ratio would again begin to climb. The Division's projection was based on a given period of time, and if the population continued to grow at the present rate, there would always be people waiting for services. Mr. Denis asked whether the projections for the upcoming biennium would allow for some growth in population. Dr. Brandenburg replied in the affirmative.

Continuing his presentation, Dr. Brandenburg offered the following:

- M-201. Contained the caseload growth for residential support services and associated staff. The total for residential support was approximately \$3.7 million. Residential support, a housing component, was extremely important to the Division. As the Division added facility beds, it also needed residential support services in the communities in order to comply with the requirements of the Olmstead decision.

Dr. Brandenburg advised the Committee that the Olmstead decision was a 1999 U.S. Supreme Court decision, which declared that states could not discriminate against people with disabilities by providing long-term care only in institutions, when certain individuals could receive services in the community in a more integrated manner. Dr. Brandenburg reiterated that residential support service was an extremely important component for the Division because it actually provided housing assistance to the Division's consumers within the community.

- M-203. Addressed the caseload growth for outpatient counseling and requested approximately \$1.5 million, along with 24 FTE positions.
- M-204. Addressed the caseload growth for psychiatric ambulatory services and requested approximately \$7 million, with 63 FTE positions.

Dr. Brandenburg noted that M-204 was extremely important. The Division offered psychiatric emergency service and there were two distinct separate components under that service. The first was the ambulatory service, which was the 24-hour-per-day, 7-day-per-week walk-in clinic. The second component was the observation unit. Dr. Brandenburg explained that M-204 would provide additional resources for SNAMHS and NNAMHS, based on the growth within the observation units. During the 1999 Legislature, the Division had asked for 29 FTE positions for NNAMHS and had been given 13 positions, based on the growth in ambulatory services. Dr. Brandenburg noted that the Division had been down 18 FTE positions at that time. In the current budget,

Decision Unit M-204 would add those 18 positions that were not funded by the 1999 Legislature and would also account for growth within the unit.

- M-425. Addressed deferred facility maintenance in the amount of approximately \$3.4 million. Deferred maintenance would address such issues as deep cleaning of carpets, repair of heating and air conditioning systems, ceiling repair, and painting structures for various agencies.

Dr. Brandenburg said that in May of 2004, the Division had representatives from the Public Works Board (PWB) conduct a facility condition analysis report. The report covered the 29 buildings on the grounds of NNAMHS. Dr. Brandenburg explained that NNAMHS had buildings that were built in the early 1800s up to the new Dini-Townsend Hospital that was built in 1999. Over the years, those buildings had deteriorated to the point where the Division was concerned that the state was "throwing good money" into buildings that could not be repaired. Dr. Brandenburg said the Public Works Board budget contained CIP P-19, which proposed a consolidated facility building study. The Division wanted to conduct an in-depth study of the 29 buildings at NNAMHS to determine which buildings would be cost-effective to keep and which buildings should be demolished and removed.

Dr. Brandenburg encouraged support of CIP P-19 when the budget for the Public Works Board was reviewed. The request would be for approximately \$277,000, but he believed it would be a worthwhile study. Dr. Brandenburg said the Division was currently attempting to repair buildings that continued to experience problems, such as leaking roofs, single-pane glass, antiquated heating and air conditioning systems, and antiquated steam systems that apparently could not be fixed.

Chairwoman Leslie noted there was money in Decision Unit M-425 for deferred maintenance on a portion of the buildings within the NNAMHS. Information provided to the Committee indicated that Buildings 6, 7, 9, 10, 11, and 24, were due for maintenance. She asked whether those buildings were currently in use or was the deferred maintenance simply to keep them from "falling down," and would it be a waste of money if some of the buildings were going to be torn down. Dr. Brandenburg explained that the deferred maintenance costs only addressed those buildings that were currently occupied. Buildings 9 and 24 were actually closed and there would be no deferred maintenance costs for any of the closed buildings. Dr. Brandenburg indicated that the requested maintenance was mainly heating and air conditioning for Building 5, which was currently occupied, and Building 8, which was the building leased to the DCFS, as well as the Youth Sexual Offender Program. Chairwoman Leslie indicated that LCB staff would work through the maintenance request with the Division in order to determine how the funds would be used.

Chairwoman Leslie asked whether the mold problem had been addressed in the building at NNAMHS that housed the service coordinators. Dr. Brandenburg said it was his understanding that a determination had been made that there was no mold problem. Chairwoman Leslie recognized that there were deferred maintenance needs regarding the buildings at NNAMHS, and the Committee wanted to ensure that all workers at the facility had a good working environment. Dr. Brandenburg stated that was what the consolidated facility study would address. He assured the Committee that the request for deferred maintenance was only for those buildings that were currently occupied. According to Dr. Brandenburg, the consolidated study would actually identify

those buildings that should be torn down and removed from the maintenance list.

Dr. Brandenburg said that he approached the Legislature year after year in an attempt to get heating and air conditioning problems corrected for Building 9, which also had single-pane glass in the windows. The heating and air conditioning system in that building was so antiquated that during the winter, the DCFS kept the front door open because it was so hot in the building. Dr. Brandenburg noted that the DCFS used that building for treatment of adolescents, and it had been so hot that they had to prop open the door. Dr. Brandenburg stated the Committee needed to understand that the cost to the Division for gas and electricity at the NNAMHS facility was approximately \$800,000 a year. He said it equated to approximately \$3.00 per square foot for electricity and gas, when the average for state buildings was between \$1.00 and \$1.25 per square foot. Dr. Brandenburg opined that the state was "throwing money away" in upkeep for those old buildings, and the aforementioned study would help analyze which buildings should be maintained and which should be destroyed.

Senator Raggio asked about the time frame regarding the proposed PWB facility condition analysis report. Dr. Brandenburg reported that the PWB would like to commence the study during the first year of the biennium in order to have a report completed for the base year of the budget. A report would then be submitted to the Legislature as part of the Division's budgetary process. Senator Raggio said he also believed there were some buildings at the NNAMHS facility that should have been torn down many years ago, and he would like to see the study expedited so that action could be taken over the interim rather than next session. Dr. Brandenburg told Senator Raggio that his help would be appreciated. Chairwoman Leslie said she echoed Senator Raggio's comments.

Assemblywoman Giunchigliani said many of the buildings at NNAMHS still looked like "institutions," and she realized that there were some horrible problems with some of the buildings. She noted that what had been found, even in the private sector, was that after a period of time buildings not deemed worthwhile for rehabilitation should be "bulldozed." Ms. Giunchigliani believed that Senator Raggio was absolutely correct. Ms. Giunchigliani opined that there might be one-shot money available for building maintenance.

Dr. Brandenburg said that the May 2004 report the Division had received from the PWB regarding the 29 buildings on the facility's 40-acre site had been used by the Division to develop the deferred maintenance plan and the Capital Improvement Program (CIP) request, as the PWB was aware of the buildings that should be torn down and those that should be rehabilitated.

Chairwoman Leslie referenced a crisis that had occurred during the past year with the restrooms in the building that housed the detoxification center. She opined that something should be done to correct the situation. Chairwoman Leslie said for those members who had never visited the NNAMHS facility, it was a beautiful campus on the Truckee River, but many of the buildings were long past time for maintenance issues. She believed that NNAMHS should be the "flag ship" in northern Nevada. Dr. Brandenburg agreed, especially since the state was spending \$800,000 a year to maintain the utilities in the buildings.

Dr. Brandenburg continued his presentation of decision units.

- E-350: The unit requested a rate increase for Supportive Living Arrangements (SLA) providers.

Dr. Brandenburg noted that the DHR had conducted a rate study for the 2003 Legislature and it had been determined that the Division's SLA providers were being underpaid by roughly 37 percent. The 2003 Legislature approved a 7 percent increase for the first year of the biennium and an 8 percent increase for the second year of the biennium, which totaled approximately \$7.87 million. The current request was for a total of \$6.5 million, a 3 percent increase for FY2006 and a 5 percent increase for FY2007. Dr. Brandenburg explained that E-350 was extremely important to the Division because it enhanced the residential housing component. As the Division contracted with more and more providers to assist with consumers in the community, it needed to ensure that those providers were financially solvent and able to do the job. Dr. Brandenburg said that in the past, SLA providers had experienced a high turnover rate because of the poor rate of compensation paid to their employees, which had affected the continuity of care and treatment. Dr. Brandenburg reiterated that E-350 was very important to the Division, and he also pointed out that SLA was an issue the Governor had placed high on his agenda. Chairwoman Leslie noted that the Legislature had actually followed through on that rate study over the 2001 and 2003 Legislative Sessions.

According to Chairwoman Leslie, the numbers provided by Dr. Brandenburg were different from those provided to the Committee because he had included the developmental services budget accounts. Dr. Brandenburg concurred, and noted that the figures were the total amounts for both mental health and developmental services.

Continuing his presentation, Dr. Brandenburg referenced the following enhancement unit:

- E-810: The enhancement unit recommended a two-grade increase for nurses and correctional officers, and totaled approximately \$2.3 million for the Division.

Dr. Brandenburg referenced the forensic specialist positions, and he noted that funding for upgrades for those positions was not included in the budget, nor were the funds for upgrades for the correctional officer positions at the Lake's Crossing Center. It was Dr. Brandenburg's understanding that an amendment had been submitted which would provide funding to upgrade the five correctional officer positions. Chairwoman Leslie stated that the Committee would review those figures when it reviewed the budget for the Lake's Crossing Center.

Chairwoman Leslie said Dr. Brandenburg had covered the major issues within the budget accounts for the Division. She asked if there were further questions from the Committee and, there being none, Chairwoman Leslie opened the hearing on BA 3168.

HR, MHDS ADMINISTRATION (3168)
MHDS 1-7 Volume II

Dr. Brandenburg stated that the scope of authority for BA 3168 encompassed administration, planning, management, policy-setting, and monitoring quality of

care and services, as well as fiscal integrity for the Division. The Division referred to BA 3168 as its "central office" budget, which included a staff of 36 individuals. Dr. Brandenburg indicated that resources included the Community Mental Health Services (CMHS) Block Grant.

Under expenditures, Dr. Brandenburg pointed out that BA 3168 controlled the statewide suicide hotline, which provided assistance to individuals who were in crisis 24-hours-a-day, 7-days-a-week. The budget also accounted for the Commission on Mental Health and Developmental Services, which was composed of eight members who provided policy oversight for the MHDS, as well as the residency programs. Dr. Brandenburg stated that the budget also included the Mental Health Planning Advisory Council, which was comprised of 17 members.

Senator Cegavske noted that several agencies had decided to use new performance indicators, and the Committee appreciated the fact that the Division was looking for new methods in an attempt to define its performance, but it would greatly assist the Committee if the Division would provide the statistics under the performance indicators used for the 2003 Legislature. Senator Cegavske asked for clarification regarding the leadership practices survey referenced in Program Indicator Number 1. She wondered whether it was a survey that had been newly designed by the Division.

Dr. Brandenburg stated the leadership practices survey had been newly designed by the Division. The indicators used for the 2003 Legislature did not measure the performance of BA 3168 as the "central office." Dr. Brandenburg said the Division's program evaluation staff had developed indicators that would measure the effectiveness of the "central office" throughout the Division, in both mental health and developmental services. According to Dr. Brandenburg, the survey would be sent to all agency directors and their leadership staff, and it would give those individuals an opportunity to determine whether or not the central office had been effective in helping the agencies achieve certain goals. Dr. Brandenburg said each of the budget accounts within the Division had been reviewed to ensure that the indicators would mean something to the Legislature. The Division wanted to ensure that legislators could look at its budget and see whether Dr. Brandenburg and his staff in the central office were viewed by Division staff as being effective in securing resources or following through regarding policies and procedures.

Senator Cegavske asked whether it was a way for the central office to receive feedback from staff at all levels. Dr. Brandenburg replied in the affirmative, from all levels. Senator Cegavske asked that Dr. Brandenburg provide the information based on the performance indicators used for the 2003 Legislature. Dr. Brandenburg said he would provide that information.

Assemblywoman Gansert asked how many individuals were in the psychiatry residency program, and did the Division take into consideration whether those individuals would remain in Nevada. Dr. Brandenburg explained that the residency program had proven to be an extremely effective program, because many of the young residents were actually working for the Division as psychiatrists at the present time. There were currently 2.5 postgraduate year II, or PGY-II, psychiatric residents in the program, and 2.5 postgraduate year III, or PGY-III, psychiatric residents. Dr. Brandenburg explained that one PGY-III position had been split into two half-time positions.

Mrs. Gansert asked for an explanation. Dr. Brandenburg said that many times the PGY-III residents split rotation between the Division's facilities and the Veterans Administration Hospital or the University Medical Center (UMC) in Las Vegas. Mrs. Gansert asked whether residents visited patients while in training, and Dr. Brandenburg replied that was correct. Mrs. Gansert noted that the first year would be the "internship year" and those students could not be utilized. She asked whether the program encompassed three years. Dr. Brandenburg stated there was a fourth year to the program, but it was similar to a fellowship. The Division was actually looking for a fellowship program resident for children and adolescents, because of the tremendous shortage of physicians who were specializing in that area.

Chairwoman Leslie referenced the transfer of a quality assurance specialist position from SNAMHS to the central office, and she asked Dr. Brandenburg to explain the reasons behind the proposed transfer, and to also explain why the agency medical directors were budgeted in BA 3168.

Dr. Brandenburg advised that Decision Unit E-901 contained that request. He noted that in 1995, when he became the Administrator for the MHDS Division, the Division was quite close to losing its accreditation by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) at the NNAMHS facility. The reason was because at that time quality assurance staff were reporting to the agency director, and Dr. Brandenburg explained that many deficiencies within the agencies were not being reported to the central office.

Dr. Brandenburg stated that he appeared before the 1997 Legislature and asked permission to transfer the quality assurance positions into the central office, and the Legislature approved that request. According to Dr. Brandenburg, the transfer provided:

- A statewide team approach
- Consistency of performance improvement activity
- Continuity
- Continuation of cross-training of staff

Dr. Brandenburg said one of the reasons he believed that SNAMHS was able to acquire accreditation by the JCAHO was because the Division had worked as a team and had provided the resources as a team, and the facility had received its accreditation. Dr. Brandenburg reiterated that the request went back to the 1997 Legislature, which had given him the authority to move those positions into the central office.

Chairwoman Leslie asked whether the position in question had been left behind at that time. Dr. Brandenburg said the position was held by a staff member employed by the Division of Child and Family Services (DCFS) who had personal issues. Michael Willden, Director, DHR, had approached Dr. Brandenburg and asked whether it was possible to swap positions between the MHDS Division and the DCFS. The position in question was the result of that swap and that was the reason for the request.

Chairwoman Leslie asked whether there were further questions regarding BA 3168, and hearing none, closed the hearing on that account and opened the hearing on BA 3162.

HR, NEVADA MENTAL HEALTH INSTITUTE (3162)
MHDS 8-20 Volume II

Dr. Brandenburg introduced Harold Cook, Ph.D., Clinic Director, Northern Nevada Adult Mental Health Services (NNAMHS), and Elizabeth O'Brien, Administrative Services Officer III, to the Committee. Dr. Brandenburg pointed out that The Executive Budget recommended a 32 percent increase in BA 3162 of approximately \$15.7 million, along with a total of 29 new FTE positions. Dr. Brandenburg believed it was important for legislators to realize that there were 29 buildings on a 40-acre site at NNAMHS, and the budget encompassed a great deal of land and older buildings.

Dr. Brandenburg said BA 3162 provided community- and hospital-based psychiatric services not only to Washoe County, but also to a great portion of rural Nevada. The facility was located within one location, 480 Galletti Way, Sparks, Nevada. Dr. Brandenburg indicated that between FY2003 and FY2004, NNAMHS had experienced a 9 percent growth in caseload, and had gone from serving 5,192 individuals in FY2003 to serving 5,669 individuals in FY2004.

Dr. Brandenburg asked whether there were any questions from the Committee regarding the performance indicators, the base budget figures, or the total resources category.

Chairwoman Leslie recognized Senator Cegavske.

Senator Cegavske referenced the performance indicators for BA 3162, and asked for clarification. She stated she was somewhat confused.

Dr. Cook stated that the six performance indicators in the budget indicated primarily how well NNAMHS was doing at maintaining persons within the community. For example:

Number 1: "Medication Clinic: Percent of clients using only the med clinic who were admitted to the Psychiatric Observation Unit." The indicator was a measure of the percentage of clients who were being maintained in the community. In FY2004, 5 percent of the clients who were being served in the medication unit only, had been admitted to the psychiatric observation unit. Typically, when an individual was admitted to the psychiatric observation unit, it was as an emergency admission as the person was viewed as a danger to self or others as a result of mental illness. Those persons were assessed and treated in the psychiatric unit. Approximately 50 percent to 55 percent of those individuals were then released back into the community, with the remaining individuals being admitted to inpatient services.

Number 2: "Supported Living Arrangements: Percent of time clients were in the inpatient hospital before (B) or after (A) receiving program services." Number 2 was the same type of measure regarding how well the program was maintaining individuals in the community, either before being released to the community (B) regarding the length of time spent in the hospital, or after release to the community (A). In FY2004, before release to the residential program, most individuals spent 13 percent of their time in the hospital, and after they were released to the program, 1 percent of their time was spent in the hospital, which was a fairly significant reduction.

Dr. Cook said he could address the remaining performance indicators, but asked whether the information he had provided explained the rationale for the programs. Senator Cegavske asked whether some indicators were new to the Committee. Dr. Brandenburg replied that NNAMHS had been using the performance indicators listed in BA 3162 for quite awhile because the Division placed such a tremendous value on keeping consumers out of the hospital and in the community. Dr. Brandenburg said the Division was trying to utilize indicators that showed community tenure, such as:

- The amount of time in the community
- The amount of time out of the hospital
- The amount of time spent in the psychiatric observation unit
- The amount of time spent in clinics to avoid time in the hospital

Dr. Brandenburg stated that was the reason that the same indicators were used, and the Division had chosen those indicators because it believed the psychiatric observation unit and housing services were extremely important components of reducing the most costly service, which was the hospital. Senator Cegavske noted that the indicators were shown as percentages, and she asked whether the corresponding numbers could be provided. Dr. Brandenburg stated that could also be done, and even though the Division had provided the information in percentages, the numbers were available. He would provide that information to the Committee. Senator Cegavske said that would be appreciated and asked that the numbers be provided along with the corresponding percentages.

Senator Cegavske asked why 5 percent had been used through FY2007 for Performance Indicator Number 1. Dr. Cook explained that was basically the best guess regarding what the recidivism rate would be. He noted that rate had proven to be 5 percent over the past few years, and that percentage had simply been projected throughout the biennium.

Chairwoman Leslie stated she liked the performance indicators and believed the percentages were quite impressive, and they also indicated that the program was working. Dr. Brandenburg stated that was exactly what the indicators showed, that the newer medications were working, that the residential housing program was working, that the outpatient clinic programs were working, and showed that, when not inundated with infrastructure problems, the Division could make the system work providing it had the resources.

Chairwoman Leslie stated that the mental health court had conducted a significant amount of tracking for its clients, and she wondered whether those cases were included in the performance indicators. Dr. Cook replied in the affirmative. Dr. Cook stated that NNAMHS tracked pre-mental health court admissions to the hospital, as well as admissions to jail, both pre- and post-mental health court, for Washoe County Mental Health Court cases. According to Dr. Cook, mental health court clients had spent an average of 528 days in the hospital over the year prior to admission to the court. After admission to the mental health court, clients spent an average of 93 days in the hospital, which Dr. Cook explained was approximately an 83 percent reduction. Regarding jail admissions, there had been numerous arrests, with clients incurring 45 arrests pre-mental health court, and 8 arrests post-mental health court, which was also an 83 percent reduction. Dr. Cook reported there had been significant improvements in many areas for mental health court clients.

Chairwoman Leslie noted that there had been no request in the current budget for an increase in funding for the mental health court and she asked whether that was correct. Dr. Brandenburg stated that was correct. Chairwoman Leslie said The Executive Budget included only the flat funding of approximately \$483,000 per year for housing and support services. Dr. Brandenburg stated that was correct, but that was not because the Governor did not feel the mental health court was important, but rather it was based on the recommendations that Dr. Brandenburg had provided regarding caseloads for medication clinics, residential programs, and availability of acute beds. The budget figures were based on the priority list that Dr. Brandenburg had presented to the Governor.

Chairwoman Leslie stated she understood and a bill would be drafted regarding additional funding. She referenced the numbers presented by Dr. Cook regarding mental health clients, and was pleased to hear that the program had been so successful. Chairwoman Leslie noted that enrollment in the program had grown to almost 200 individuals, but if housing support was not available, those individuals simply sat in jail and waited. That would make the numbers look bad for the next budget cycle when those people were simply waiting for availability of beds before they could be released.

Assemblyman Denis echoed Senator Cegavske's request regarding the performance indicators. Percentages were good, but he liked to see the numbers, because it was individuals who needed the help and it helped him to see the numbers.

Assemblywoman Giunchigliani asked about the cost for housing and the status of community beds. Dr. Brandenburg said that the daily hospital rate at NNAMHS was approximately \$505 per day, which equated to approximately \$11,670 per month. The Division could place an individual in a group home for \$437 per month, or in a supportive living arrangement for \$750 per month, or in an intensive supportive living arrangement for \$4,800 per month. Dr. Brandenburg stated that the Division could maintain individuals in the mental health court programs for \$891 per month. He emphasized how cost-effective it was for the Division to keep individuals in the community and out of the hospital.

Ms. Giunchigliani asked about the status of the group beds available in the community. Dr. Cook advised that in northern Nevada, the Division had currently placed approximately 170 individuals in a combination of supportive living arrangements and group homes. To date, there were 61 people placed in group homes and the remaining individuals were placed in supportive living arrangements.

Ms. Giunchigliani asked about southern Nevada. Dr. Brandenburg said in southern Nevada, there were over 765 placements in the community. Ms. Giunchigliani asked whether the requested amount of \$483,000 was based on an increase or if it was flat. Dr. Brandenburg said it was flat. Ms. Giunchigliani indicated there was no inflation factor built in, no recognition of growth, which she believed was an issue that the Committee should discuss.

Ms. Giunchigliani noted that funding for the mental health courts would be realized through bills, and asked about the amounts. Chairwoman Leslie explained that A.B. 41 asked for \$1 million in each year of the biennium for the Las Vegas mental health courts. Ms. Giunchigliani asked about northern Nevada. Chairwoman Leslie said the costs for housing, medication, and case coordination had been built into the budget for NNAMHS. The budget request

for funding was flat for northern Nevada, despite the growth, and also flat for the south and the rural areas. Chairwoman Leslie also believed that was an area the Committee should review.

Chairwoman Leslie asked whether there was capacity in the community to respond to a funding increase, should the Committee place additional funds for housing in the MHDS budget accounts. Dr. Brandenburg stated that the Division had many providers and had been able to cultivate providers, both in northern and southern Nevada. He said one of the recommendations over the interim regarding alternatives for the shortage of acute beds was to search for ways to increase funding for residential services, in order to keep people out of the hospital. Dr. Brandenburg indicated that it would not matter if there was a 2,000-bed hospital in Clark County if there were no community beds available. He pointed out that individuals released from the hospital into the community with nowhere to go would end up back in the emergency rooms and hospitals. Dr. Brandenburg said that was why the Division would continue its efforts in building the community capacity as it had in the past, with the support of the Governor.

Chairwoman Leslie opined that housing was the most underfunded part of the Division's budget across the board. Chairwoman Leslie stated that at a prior Health and Human Services Committee meeting, there had been a discussion regarding the homeless and the lack of housing for homeless people, who quite often were also mentally ill. If housing support was increased, that would be another way to address the mentally ill homeless individuals.

Ms. Giunchigliani asked how the Division solicited community beds and/or group homes. Dr. Brandenburg explained that providers had approached the Division regarding group homes. Ms. Giunchigliani noted that the beds were with the provider groups. Dr. Brandenburg indicated there was a very active provider community in Las Vegas. Ms. Giunchigliani asked about availability of beds in the rural areas. Dr. Brandenburg said that was an area where the Division was working with Rural Clinics' staff.

Historically, said Dr. Brandenburg, Rural Clinics had decided to create and staff their own community beds, however, for the developmental services component the Division had been able to bill providers, and Rural Clinics had been asked to begin cultivating providers in the rural areas. Dr. Brandenburg believed that the Division could create a statewide provider network. Rural Clinics believed there were not enough providers in rural Nevada, but the Division knew there were, and it had instructed Rural Clinics' staff to begin cultivating those providers and build capacity like the other regions.

Ms. Giunchigliani asked whether there was a program with law enforcement entities to create a triage approach for the homeless, as well as those that were mentally ill. She noted that some of her constituents were borderline homeless, and the vouchers provided by local entities or the state were not sufficient for housing needs in southern Nevada. Ms. Giunchigliani said she was curious regarding the cost for beds, so she could compare that cost with the provisions for those who were on the brink of becoming homeless. Ms. Giunchigliani said the figures provided by Dr. Brandenburg would give her some comparisons because the amount provided for housing was far from reality. Persons were given approximately \$369.17 for housing, and the state prohibited them from subsidizing that amount.

Ms. Giunchigliani opined that housing would be an acute issue for review throughout the budgets within the DHR. Dr. Brandenburg reiterated that it was an extremely important issue for the Division. He noted that the Division had attempted to make some headway with the Section 8 housing program through the U.S. Department of Housing and Urban Development (HUD). According to Dr. Brandenburg, the waiting list for Section 8 housing was 2 years, which was why the Division had chosen to augment its budget regarding residential treatment, because it had to provide residential support for its clients. When the Division was attempting to place hospital patients in the community, those patients could not wait 2 years for a Section 8 housing voucher.

Chairwoman Leslie stated that another important element was the supportive services that were provided along with housing for severely mentally ill patients. Such patients could not simply be given a voucher for housing, but also required assistance. Chairwoman Leslie stated she had seen how such services could completely change a patient's life, as depicted by the numbers from the mental health court. The reason the mental health court was successful, aside from the involvement of the judges, was the supportive housing. Chairwoman Leslie stated the court would know when a client was sleeping on the streets rather than staying in their apartment, and whether or not they were taking their medications.

Dr. Brandenburg concurred, and stated it was not only the housing, but the wraparound services that were so important for the consumer in the community in supportive living arrangements. He explained that such arrangements taught individuals how to take the bus, how to go shopping, how to keep their appointments, and how to take their medication. The idea was to keep the Division's consumers out of the hospital and improve their quality of life in the community.

Senator Cegavske referenced performance indicators, and asked that the current figures be recomputed according to past performance indicators for all the Division's budget accounts. Dr. Brandenburg stated he did not believe the indicators had changed since the 2003 Legislative Session. There might have been some minor changes, but they had remained the same throughout the mental health budget accounts. Dr. Brandenburg stated the only change he was aware of was in BA 3168, Administration. Senator Cegavske noted that the performance indicators for BA 3162 appeared to be new according to LCB staff. Dr. Brandenburg stated he did not believe they were new.

Assemblyman Denis asked how the Division determined whether housing in the community was adequate, and what criteria was used for group homes. Dr. Cook explained that the Division called it a "continuum of care," and there were a variety of supportive environment options for patients leaving the hospital. Some patients required 24-hours-a-day, 7-days-a-week supervision in the community, and Dr. Cook stated those patients were placed in intensive supportive living arrangements, which were the most expensive community placements. The Division had been able to provide that type of placement for patients who had been hospitalized for years. Dr. Cook reported that there were individuals currently living successfully in the community who had lived virtually hospitalized for the previous 4 or 5 years. He believed that intensive support was a significant component in community living. Dr. Cook indicated that supportive living arrangements ratcheted down in terms of support, as persons became more capable of providing for self-needs.

Regarding group homes, Dr. Cook stated that the Division had a number of those placements, and group homes basically provided persons with a place to live with food and shelter needs provided, and some help regarding medication management. Those placements provided the least level of support. Placement in community housing was a clinical decision made by treatment teams who tried to determine what would be best for each individual who left the hospital or was homeless in the community. Dr. Cook acknowledged that the teams did not always make the correct decision initially, but had the flexibility to move patients through the continuum of care.

Mr. Denis asked how it was determined which facilities run by private contractors were either group homes or intensive supportive living arrangements, and what criteria was used. He asked the question because he worked as a bishop in a church and dealt with homelessness. Mr. Denis said that one apartment complex in his area seemed to be a haven for mentally ill people, and he wondered whether that was one of the Division's facilities. Mr. Denis said he was trying to get a feel for how a determination was made that a facility or program was adequate and would work.

Regarding the question of how the Division made the distinction between group homes and supportive living arrangements, Dr. Cook explained that for group homes, the Division had one overriding state contract with facilities for a set number of beds. For example, the Division might have a contract with a facility for six beds and it paid for individuals who occupied those six beds. Mr. Denis asked whether the facility might be in a regular apartment complex. Dr. Cook said that was a possibility, or it could be a house.

According to Dr. Cook, all supportive living arrangements were individually contracted with the individual and the provider. The Division actually entered into a contract with the individual who received the services and with the provider, and that contract was customized to the individual, whereas, with a group home it was "one size fits all." Dr. Cook said that did not mean those individuals in supportive living arrangements could not be located within one area, such as an apartment complex or within one location, but the services were customized to each individual.

Dr. Brandenburg stated another component was that staff actually visited the group homes and conducted quality assurance and performance improvement inspections, to ensure that life-safety issues were maintained and that staff were adhering to those issues and requirements. Inspections also ensured that medications were being given, that air conditioning units worked, and that the home was clean. Dr. Brandenburg explained that most of the group homes were run by individuals in Las Vegas who owned the homes and had one or two bedrooms they wanted to contract with the Division to provide placement for individuals.

According to Dr. Brandenburg, when the Division began the community program in Las Vegas, it had placed the bulk of its consumers in group homes. The Division was trying to reduce the number of individuals in group homes and move clients to the more individualized and customized supportive living arrangements, because quality of life was tremendously improved under those arrangements. Dr. Brandenburg said individuals might start off in a group home placement and stay there for up to 1 year, but staff constantly monitored group homes and evaluated the consumer, and eventually that consumer would be transferred to an individual apartment or home. Dr. Brandenburg said the goal was to place individuals in their own homes. The whole idea was to move

individuals from the hospital, which was the most restrictive care, to the least restrictive care.

Chairwoman Leslie stated she had a few technical questions regarding the budget. She referenced E-428, which recommended the elimination of a health service coordinator position at NNAMHS and replaced it with two new consumer service assistants, and she asked why that was being done. Dr. Cook explained that the service coordinator position was a supervisory position, and he had made the decision to eliminate the position because that level of supervision was no longer needed. Dr. Cook said there had been changes in the psycho-social rehabilitation program and supervision was provided through both the Program of Assertive Community Treatment (PACT) and the service coordination program. He thought it would be in the best interest of the state to eliminate the unneeded position and convert it to consumer service assistant positions.

Dr. Brandenburg said one of the things the Legislature had done to aid the Division was allowing it to hire its own consumers as state employees. That had been a godsend for the Division, and Dr. Brandenburg explained that consumers were working at statewide sites as state employees. Those consumers actually modeled the phenomenon of recovery to other consumers. When current consumers saw former consumers working for the Division, it gave them hope, because if former consumers had recovered from mental illness and worked for the state, perhaps it could also happen for them.

Dr. Brandenburg said, more importantly, employers in the community had been asked to consider hiring the Division's consumers. The Division spent a great deal of time and energy in locating gainful employment for its consumers in the community. Dr. Brandenburg said it was hypocritical for the Division to ask employers to hire its consumers when the Division did not hire them. It had made the Division aware of some of the problems and how difficult it was to hire its consumers. Dr. Brandenburg said it was not an easy process, and at times staff revolted and did not want to continue hiring consumers because it was time-intensive. But what better way to tell the Division's consumers and the public that people could recover and there was resiliency, as long as consumers took their prescribed medications, participated in treatment, and followed the program, they could one day recover.

Dr. Brandenburg said the Division hoped to move the consumer advocate position into the continuity of its workforce, and hire consumers as service coordinators and assist them with attaining degrees in social work. According to Dr. Brandenburg, hiring consumers was taking place throughout the United States and was something that the Legislature should be extremely proud of. He emphasized that the program had shown itself to be extremely beneficial.

Chairwoman Leslie stated that during an interim meeting of the Nevada Mental Health Plan Implementation Commission, chaired by Senator Randolph Townsend, testimony had been presented from national experts who echoed Dr. Brandenburg's comments, and had stated that Nevada was actually leading the nation in the area of peer advocacy.

Chairwoman Leslie questioned the transfer in of an account assistant III position from the Lake's Crossing Center to NNAMHS as requested in E-901. Elizabeth O'Brien, Administrative Services Officer III, MHDS, explained that the Division was transferring that position because the person worked on both accounts, and it was an effort to align the position with the appropriate

budget account. Ms. O'Brien said training, travel, and planning issues were difficult for the position because the person worked in one budget account, but was paid from a different budget account.

Dr. Brandenburg also noted that NNAMHS provided a variety of auxiliary services to the Lake's Crossing Center, so it made sense to regionalize the business function under NNAMHS and utilize the staff for not only NNAMHS, but also for the Lake's Crossing Center.

Chairwoman Leslie asked Dr. Brandenburg to provide information regarding the decision unit that had been removed from the budget that pertained to funding for the mental health courts. Dr. Brandenburg said he would provide that information. Chairwoman Leslie asked whether funding had been recommended for both northern and southern Nevada. Dr. Brandenburg said the budget had included two decision units, one for northern Nevada and one for southern Nevada. Chairwoman Leslie asked for information pertaining to both decision units.

Chairwoman Leslie opened the hearing on BA 3645.

HR, FACILITY FOR THE MENTAL OFFENDER (3645)
MHDS 21– 27 Volume II

Dr. Brandenburg introduced Dr. Elizabeth Neighbors, Director, Lake's Crossing Center, to the Committee, and explained that BA 3645 was the account for the Lake's Crossing Center, which was the maximum security facility for mentally disturbed offenders. Dr. Brandenburg said individuals were sent to the Center for evaluation of competency to stand trial, or after adjudication of not guilty by reason of insanity. The Center was the only facility for mentally disturbed offenders and served the entire state. According to Dr. Brandenburg, most, if not all of the offenders sent to the Center were from the district courts throughout Nevada. In the rural areas, offenders were actually sent to the Center for an evaluation of competency, and in Washoe and Clark Counties, offenders were sent to the Center, after adjudicated incompetent, for treatment and restoration of competency to stand trial.

Dr. Brandenburg said there had been a 52 percent increase in the caseload at Lake's Crossing Center since the last legislative session. He explained that Dr. Neighbors had spent a great deal of time and energy conducting outpatient competency evaluations. The Center had a 48-bed capacity and the average daily occupancy census for FY2004 was 46.5. According to Dr. Brandenburg, the reason Dr. Neighbors had been able to maintain at least some semblance of control in terms of bed capacity was that she had encouraged the district courts to allow her to conduct competency evaluations on an outpatient basis, which was more cost-effective in terms of resources.

Continuing his presentation, Dr. Brandenburg explained that Dr. Neighbors also participated in the Sexual Offender Panels with the Nevada Department of Corrections (NDOC). He further explained that prior to an appearance before the Board of Parole Commissioners, all sexual offenders had to be seen by a panel for certification, and Dr. Neighbors represented the Division Administrator on that panel. Dr. Brandenburg stated that Dr. Neighbors' staff also participated in the sexual offender community triage notification panel. Dr. Neighbors and her staff were constantly working in the area of sexual offenders and conducting evaluations, as well as the tier notification regarding sexual offenders.

Dr. Brandenburg asked whether the Committee had questions regarding the performance indicators. Chairwoman Leslie said there had been a psychiatric nurse II position vacant for almost 2 years, and she asked whether that position could be eliminated. Dr. Brandenburg explained that the position was on the graveyard shift, and it had been very difficult for Dr. Neighbors to recruit a psychiatric nurse to work that shift. He said they had held interviews, and the job had actually been offered to applicants, but those applicants had turned down the position.

Dr. Brandenburg encouraged the Committee to allow the Center to keep that position. One of the things that Dr. Neighbors had been trying to do was to use that position under per diem, in order to bring in a contract person. Dr. Brandenburg emphasized that it was extremely important for the Center to retain that position. He pointed out that not every psychiatric nurse could work in a maximum security forensic facility and listen to the clanging of the steel doors behind them, or work in that type of environment with that type of population. Dr. Brandenburg said Dr. Neighbors had been making strides in recruitment and he would ask that she be allowed to continue to try and recruit a nurse for that position. Chairwoman Leslie asked if it would help if the salary increase was approved. Dr. Brandenburg stated that would be a great help and would aid in the recruitment and retention of psychiatric nurses.

Chairwoman Leslie asked about Decision Unit E-289 in the Administration budget, which encompassed the technology project that would support a videoconferencing system to conduct competency hearings between the Lake's Crossing Center and Clark County. She asked whether that would result in a savings in travel costs. Dr. Brandenburg said one of the things Dr. Neighbors had to deal with was that after an individual had been found to be either competent or incompetent to stand trial, that individual had to participate in a court hearing. Dr. Brandenburg said that most of the time individuals were picked up by the Clark County Sheriff's Office. Officers would be flown to Reno to pick up the individual for transport to Clark County, and after the court hearing some individuals were then flown back to Reno to the Lake's Crossing Center. In terms of cost, Dr. Brandenburg believed there was no cost to the state, as the cost was budgeted in the Clark County budget. It would save in terms of having to put an individual, who might be mentally ill, on a plane, transport that person to Clark County, have the person spend several days at the Clark County Jail, attend the court hearing, and then be transported back to Lake's Crossing. Dr. Brandenburg explained that videoconferencing would allow the Center to communicate directly with Clark County to hold the court hearings, which would eliminate the necessity of transporting mentally ill individuals. There would be no dollar savings, but use of videoconferencing would help in terms of quality of care.

Dr. Brandenburg said most of the transportation costs to the state were incurred whenever an individual was transferred from the Lake's Crossing Center to SNAMHS. Those individuals were usually transported after they had been found incompetent to stand trial with no substantial probability, and charges had been dropped. According to Dr. Brandenburg, the Division had to incur the costs for transportation of those individuals.

Chairwoman Leslie asked whether training costs could be reduced. Dr. Brandenburg said that, hopefully, the technology had improved and once the videoconferencing had been set up between the Lake's Crossing Center and Clark County the Division could utilize the capabilities between its facilities, and

eventually the central office. It was hoped that in the future all entities within the Division would be linked to the videoconferencing.

Assemblyman Denis asked what the ongoing costs would be for the videoconferencing. Responding to the question from Mr. Denis, Jennifer Kizer, Administrative Services Officer IV, MHDS, indicated that the amount of \$37,860 did not include the monthly outgoing costs. Those costs had inadvertently been omitted from the budget. Mr. Denis asked whether those costs were listed anywhere in the budget. Ms. Kizer stated the costs were not included, but there were several projects within the Administrative budget where the monies could be made up with savings that might occur.

Mr. Denis asked what kind of connection would be used for the videoconferencing, and Ms. Kizer said it would be a T-1 line. Mr. Denis asked how often the Center would be using the system. Responding to Mr. Denis' question, Dr. Neighbors advised that there had been some projections that the videoconferencing system would be utilized on a weekly basis, but exact numbers were not available at the present time. Mr. Denis asked whether the videoconferencing system would be connected to other agencies. Dr. Neighbors said she had spoken to district courts in rural areas as well as Washoe County about the possibility of utilizing videoconferencing with those entities.

Mr. Denis referenced Performance Indicator Number 3, "Percent of clients judged competent at discharge," and he asked whether the Center discharged "incompetent" clients. Dr. Neighbors explained that the Center did discharge individuals who were incompetent without probability. There had to be a court order for an individual to exit the Lake's Crossing Center, and there were two ways that could happen: 1. If an individual was adjudicated competent, that individual would return to the detention facility to continue court proceedings until resolved; 2. If an individual was found incompetent without probability, that meant the Center had 10 days to file a motion for civil commitment, which was generally done. Those individuals were discharged to civil hospitals for a hearing for civil commitment.

Senator Cegavske referenced Performance Indicator Number 2, "Average length of stay for admissions," and noted that the projection for FY2004 had been 111 days, and the actual had been 142 days, but the projection for FY2005 was 115 days. She asked why the projection for FY2005 was lower than the actual figure for FY2004. Dr. Brandenburg said the number of days for FY2004 was elevated because of four or five clients who had been at the Center an inordinate amount of time because of legalities. It was felt that the figure for FY2004 was somewhat of an aberration, which was why the projection for FY2005 was only 115 days. Senator Cegavske said she understood, and asked whether those few clients were still at the Center. Dr. Brandenburg confirmed that those clients were no longer at the Center and it was felt that the increased number of outpatient evaluations would help keep the bed days lower.

Senator Cegavske asked whether the Center might have other patients that would have lengthy stays. Dr. Neighbors stated there had been several occurrences over the past two years that had impacted the length of stay. One occurrence was a decision from the Supreme Court that significantly interfered with treatment of clients and changed how the courts would allow facilities to involuntarily medicate a client. Dr. Neighbors said there had been clients at the Center that staff had not been able to treat, which affected both the length of stay and the number of people discharged as competent.

The Center was working with the courts, district attorney's offices, and public defender's offices, to deal with the change in the law in order to move individuals more efficiently through the system, while still meeting the requirements of due process. Dr. Neighbors said the decision had been unexpected and the Center was attempting to deal with it and by doing so, would help reduce the length of stay and would also help the Center work more efficiently with the courts to help people be discharged in a timely manner.

Chairwoman Leslie referenced the contract with Washoe County regarding funding to conduct evaluations in the jail, and she asked whether there had been an increase in the budget to address the utilization rate, which had been astronomical over the past year. She asked whether the Center had requested a half-time position to address those needs. Dr. Neighbors said the Center was not asking for additional positions at the present time. Chairwoman Leslie indicated that Washoe County had been very pleased with the quality of the evaluations. Dr. Neighbors said that the Center was looking very carefully at how the outpatient evaluations were handled.

Chairwoman Leslie asked about the funding for training, and asked what type of training was being provided to employees. Dr. Brandenburg said training was for the forensic specialists in terms of Peace Officers Standards and Training (P.O.S.T.) certification. He advised that all forensic staff and correctional officers had to be P.O.S.T. certified, so as attrition occurred, all employees had to become P.O.S.T. certified. Dr. Brandenburg said the training budget would also help teach staff in the area of sexual abuse, which required ongoing staff training in order to keep up with "best practices" in terms of treatment, identification, and evaluation of sexual offenders.

Chairwoman Leslie noted that the pay for forensic specialists was currently two steps below the pay for correctional officers at the Center, which was of concern to her. Chairwoman Leslie believed that forensic specialists essentially did the same type of work with the same population as the correctional officers at the Center, and she asked for verification regarding the pay scale. Dr. Brandenburg said that forensic positions were paid at a rate two steps below that of correctional officers. He believed that when the State Personnel Department was reviewing the correctional officer category for upgrade, it only reviewed the duties of officers within the NDOC. State Personnel apparently overlooked the fact that there were also correctional officers working at the Lake's Crossing Center. Dr. Brandenburg said the Department also overlooked the fact that the forensic positions had to be P.O.S.T. certified, and part of the duties and responsibilities of those positions dealt with security within the Center.

Chairwoman Leslie asked Dr. Brandenburg to work with LCB staff to determine the cost to pay the forensic positions at the same pay grade as correctional officers since they did equal work. Dr. Brandenburg said he would be happy to do that. Chairwoman Leslie said she would like to see those figures and would like to have equity between those positions.

Chairwoman Leslie asked whether there were further questions regarding BA 3645, and there being none, declared the hearing closed. She opened the hearing on BA 3648.

HR, RURAL CLINICS (3648)
MHDS 28-40 Volume II

Dr. Brandenburg said The Executive Budget recommended over a \$15 million increase in the budget for Rural Clinics, which was approximately a 47.85 percent increase, and a total of 65 new positions. Rural Clinics served 16 of Nevada's 17 counties and covered approximately 100,000 square miles. Dr. Brandenburg stated that during FY2004, Rural Clinics experienced an 11 percent increase in caseload. Dr. Brandenburg indicated there were 9 clinics in rural Nevada:

1. Carson City
2. Douglas County
3. Elko
4. Ely
5. Mesquite
6. Yerington
7. Fallon
8. Pahrump
9. Winnemucca

According to Dr. Brandenburg, there were also 7 satellite clinics:

- 1) Silver Springs, 2) Dayton, and 3) Fernley, supervised by Yerington
- 4) Hawthorne and 5) Lovelock, supervised by Fallon
- 6) Tonopah, supervised by Pahrump
- 7) Battle Mountain, supervised by Winnemucca

Dr. Brandenburg stated that Mr. Kendall was available to answer questions from the Committee regarding performance indicators, resources, or expenditures regarding BA 3648.

Chairwoman Leslie stated the Committee would like to have the numbers regarding the performance indicators, so it could understand the number of people served. Dr. Brandenburg said those figures would be provided.

Dr. Brandenburg indicated that Rural Clinics would approach the Legislature regarding a supplemental appropriation for approximately \$483,000. That request was based on the fact that a different methodology had been utilized by the Division in projecting caseloads for Rural Clinics during the 2003 Legislature. Dr. Brandenburg reported that Ms. Kizer had corrected that methodology and there should be no further requests for supplemental appropriations. Chairwoman Leslie said that confirmed the information that had been provided to the Committee by LCB staff, and she asked whether it would be the last request for supplemental funding since the problem had been corrected. Hopefully, stated Dr. Brandenburg, it would be the last time that supplemental funding would be requested.

Dr. Brandenburg stated he was very confident that Mr. Kendall, Mr. Forderhase, and Ms. Kizer would not allow BA 3648 to go over expenditure. Chairwoman Leslie observed that the General Fund appropriation had significantly increased. Dr. Brandenburg said he was confident that there would be no further requests for supplemental funding.

Regarding the new clinic in Laughlin, Chairwoman Leslie noted that the budget request was for 7.5 new FTE positions, and the projection was to serve 270 to 330 clients. She asked that the projections be broken down by adults versus children. Chairwoman Leslie said she would also like to confirm that the Division had a "deal" with Clark County, wherein the county would pick up the cost of the space and janitorial services, but not the utilities. She asked whether that deal would only be for a period of 2 years. Dr. Brandenburg said the deal with Clark County was for 2 years. The Division had been attempting to fund a clinic in Laughlin for the past 2 sessions of the Legislature, but because of resources and priorities, the clinic had never been funded.

Dr. Brandenburg stated part of the Division's negotiations with Thom Reilly, Clark County Manager, was that the county put forth a good faith effort by providing the Division free rent and janitorial service for the Laughlin clinic. Dr. Brandenburg said the Division would more than likely be asking for rent funding from the 2007 Legislature. The Division did not want to treat Laughlin any differently than the other communities, and Dr. Brandenburg pointed out that the Division basically provided the rent for all rural Nevada clinics. Chairwoman Leslie said that Clark County was only giving the state and the Division a 2-year bonus incentive for the clinic. Dr. Brandenburg said that was correct.

Chairwoman Leslie asked for a projected figure for that rent. Dr. Brandenburg said he would provide that figure, and he believed it would be the same as other clinics in rural areas. Chairwoman Leslie asked about a breakdown regarding children and adolescents. Most likely, said Dr. Brandenburg, approximately 22 percent of the caseload in rural areas would be children, and he anticipated that approximately 22 percent of the caseload for the Laughlin clinic would be children.

Chairwoman Leslie referenced Enhancement Unit E-402, which was the behavioral health redesign for Rural Clinics. It appeared that there would be 2 phases, adding 21 positions during the upcoming biennium and approaching the 2007 Legislature for the remaining positions. Chairwoman Leslie advised that the Committee could not commit to what the economic picture of the Legislature would be in 2007. She asked what would happen if those positions were not added in 2007, would there be concern about the vacancy rates in rural Nevada. Chairwoman Leslie asked about the possibility of placing some of the interns in Rural Clinics as part of the recruitment and retention effort. Of course, those interns would require supervision, but Chairwoman Leslie wondered whether that would be appropriate, and did the Division need permission from the Legislature to proceed in that manner.

Dr. Brandenburg explained that, as of the current date, there were 25 vacant positions in Rural Clinics, 9 of which were clinical positions, 5 were caseworker positions, and 4.5 were support staff. He stated that Rural Clinics had done an admirable job in recruiting clinical staff. Dr. Brandenburg said one of the variables that had contributed to recruitment was that the 2003 Legislature had allowed the Division to change the social worker positions and allowed it to recruit mental health counselors. When the Division recruited mental health counselors, they were licensed marriage and family therapists. That had expanded the pool for the Division, and Dr. Brandenburg believed there would be no difficulties in recruitment of staff.

Dr. Brandenburg said one area of the budget would address the workforce issue. He explained that he had attended a conference hosted by the Western Interstate Commission for Higher Education (WICHE), which looked at recruitment of workforce professionals in rural/frontier areas. That was a problem experienced in Nevada and the western states. Dr. Brandenburg indicated that the budget requested hiring nine technicians, and it was the Division's hope to hire indigenous workers within nine communities, which would allow the Division to maintain continuity.

Dr. Brandenburg said in terms of social work, the Division would require statutory authority to utilize social worker or mental health counselor positions for intern positions, and allow the Division to contract with the Department of Social Work at the University of Nevada, Reno (UNR), to provide the interns. Dr. Brandenburg emphasized that the Division would not be opposed to that plan, and he believed that one social worker position could be used to fund at least three social worker intern positions.

According to Dr. Brandenburg, the Division was actually going to hire approximately 25 new mental health counselors, and he would like to work with the Budget Office to convert some of those positions into consumer assistants to work at the clinics. He advised that the Division would work with Budget Office staff regarding those position changes.

Chairwoman Leslie clarified that the positions in question were clinical social work positions, and Dr. Brandenburg concurred. Chairwoman Leslie asked Dr. Brandenburg to continue working with both the Budget Division and the LCB Fiscal Division staff regarding the position changes. Chairwoman Leslie said it made sense to use the dollars to go much further, especially in the rural areas. Interns from the rural areas would be more likely to go back to their home towns if there was work available in the community, and she believed it was a partial answer to the vacancy issue in rural areas.

Chairwoman Leslie asked for additional information regarding the recommended staffing ratios for children with Severe Emotional Disturbance (SED). She also asked that the Division provide the Committee with information regarding the requested positions in Enhancement Unit E-402, and where those positions would be located in the rural areas. Chairwoman Leslie said her rural colleagues would like to see the projections for each of the clinics. Dr. Brandenburg said he would provide the Committee with information regarding the location of the positions within the rural clinics.

Dr. Brandenburg stated that in rural Nevada, the ratio of staff to adolescents was 75:1 and the Division would like to bring the number of outpatient clients down to a more manageable ratio of 35:1. Regarding service coordination, Dr. Brandenburg said staff was seeing clients on a ratio of 45:1, and the Division wanted to lower that ratio to a more manageable number of 12:1. In rural Nevada, the Division did not have the luxury of auxiliary staff, as were available in the budgets for SNAMHS and NNAMHS. The staff in rural areas were basically "generalists" who saw both adults and children, which made it difficult to provide more specialized service to children and adolescents in rural areas.

Chairwoman Leslie referenced Enhancement Unit E-288, which addressed videoconferencing for the rural areas. She asked whether videoconferencing would allow the agency to save on travel for contracted psychiatric services. Dr. Brandenburg said the -\$79,200 depicted in E-288 was an error on the part

of the Division, and he respectfully requested that the Legislature allow the Division not to minus the \$79,200 from the Rural Clinics' budget. Dr. Brandenburg explained that E-288 was built around the amount of the average monthly in-state travel for psychiatrists. There was no doubt in his mind that it would take the Division months to develop the videoconferencing capacity at its rural sites. Dr. Brandenburg noted that the Division had not determined where the receiving site would be located, plus the idea of the videoconferencing was to augment the in-state travel rather than take away those funds. He said it was an oversight on his part, and he would ask the Budget Division to eliminate Enhancement Unit E-288.

With all due respect to the Budget Division, Chairman Leslie said the decision was up to the Legislature at the current time, so the Committee needed to have the necessary information to make the adjustment. Dr. Brandenburg said he would supply the information because he did not want to reduce the in-state travel funding for contract psychiatrists. Chairwoman Leslie asked that the information include the number of clients who would be using the videoconferencing. Dr. Brandenburg said he would provide that information as the request for videoconferencing was based on a pilot program in Silver Springs. He explained that the Division's psychiatrists for rural Nevada traveled from either the Reno or Las Vegas areas. The Division did not have even one psychiatrist stationed and living in the rural area and, as a result, when there was a crisis, the videoconferencing equipment would enable a psychiatrist to talk to rural offices, such as Ely. Chairwoman Leslie agreed, but she wanted the aforementioned information for the Committee. Dr. Brandenburg said the Division would provide the requested information.

Assemblyman Denis asked when the Division estimated that the videoconferencing would be completed and ready for use. Dr. Brandenburg said he could not provide a date at the present time, but it was hoped that it would be available within approximately one year. He said it would be a matter of T-1 line availability, but even more important to the Division was determining the exact location of the receiving sites. Dr. Brandenburg said the Division knew the videoconferencing would be located in the rural areas, but the question was where to locate the urban sites.

Mr. Denis referenced Performance Indicators Number 5 and Number 6, which addressed patient waiting lists, and he asked whether the figures under those indicators represented the number of people waiting for services. Dr. Brandenburg said that was correct, and he explained that waiting lists were compounded and complicated by the fact that the Division had clinical vacancies. Because the Division did not have the clinical staff to see each individual, those persons were put on waiting lists. Mr. Denis asked what happened to those individuals waiting for medication and counseling. Dr. Brandenburg said those individuals would receive medication and counseling, but it would take longer to receive those services.

Mr. Denis referenced the Actual 2004 figure of 161 under Performance Indicator Number 5, and asked for an explanation. Dr. Brandenburg reported that was the number of people waiting to be seen by the psychiatrist. He explained that 14 days was the number of days between the time a patient was seen by a clinician and the time a patient was seen by the psychiatrist. The figure represented the number of people waiting who had not seen the psychiatrist within that 14-day window. Mr. Denis asked whether those people would be seen at some point. Dr. Brandenburg said those patients had been seen and evaluated, but had not yet been seen by the psychiatrist.

Those patients might be seeing an outpatient therapist or service coordinator, but it was taking longer than 14 days to see the psychiatrist. Mr. Denis said the numbers slightly decreased for FY2006-07, and he asked whether that decrease would be based on filling the vacancies in Rural Clinics. Dr. Brandenburg said that was correct.

Chairwoman Leslie opened the hearing on BA 3161.

HR, SOUTHERN NEVADA ADULT MENTAL HEALTH SERVICES (3161)
MHDS 41–55 Volume II

Dr. Brandenburg introduced Dr. Jonna Triggs, Clinic Director, Southern Nevada Adult Mental Health Services (SNAMHS), Dr. David Rosin, Statewide Medical Director, MHDS, and Peter Brand, Administrative Services Officer III, SNAMHS, to the Committee.

Dr. Brandenburg stated The Executive Budget had made a concerted effort to try to address the acute adult psychiatric bed crisis in Las Vegas. Budget Account 3161 contained approximately \$63 million, a 58.24 percent increase, and SNAMHS would receive 356 of the total 449 new staff positions. Dr. Brandenburg explained that the SNAMHS facilities were located in 4 locations. The main location on West Charleston housed the outpatient clinic as well as the hospital, and there were satellite offices located in North Las Vegas, East Las Vegas, and Henderson.

According to Dr. Brandenburg, BA 3161 focused on the need to address the acute psychiatric bed crisis in southern Nevada. He indicated that the Division would be challenged because it would have to hire 28 new psychiatrists and 99 new psychiatric nurses. Dr. Brandenburg said he had instructed Dr. Rosin and Dr. Triggs to develop a “game plan” regarding how the nurses would be recruited for SNAMHS because, at the present time, there were 16 vacant nursing positions. It would be a challenge, but with the Governor’s recommended pay increase of 14 percent for nurses, the Division should be successful in recruiting and retaining nurses.

Chairwoman Leslie pointed out that both the Assembly and the Senate had held separate hearings on the mental health budget, but not all members of the Committee had participated in those hearings.

Assemblywoman Weber asked how many registered psychiatrists there were in the state. Dr. Brandenburg said he did not know that number, but he advised that the MHDS Division was the largest psychiatric “group” in the state. There were more psychiatrists working for the Division than for the largest private groups in Las Vegas or Reno. Ms. Weber said she asked that question in an attempt to determine the percentage of increase. Dr. Triggs said that 23 psychiatrists currently worked at SNAMHS and there was a vacancy rate of 1.5 positions, so adding 28 new psychiatrist positions would basically double the number of staff.

Ms. Weber asked about the psychiatric nursing positions, and she also asked whether the Division had talked to schools in both northern and southern Nevada. Dr. Triggs stated that Barbara Pieczyrak, Director of Nursing, SNAMHS, was extremely active in the nursing associations and in recruiting. According to Dr. Triggs, Ms. Pieczyrak was from Chicago, and there were more and more nurses being hired with Chicago accents, so it appeared she was calling her friends from nursing school. Dr. Triggs said SNAMHS had been very

lucky in hiring nurses, since it had to compete with private hospitals from the same nursing pool. Dr. Triggs said Ms. Pieczyrak was currently working with Dr. Rosin in compiling an action plan.

Dr. Rosin stated that SNAMHS did have a registered nurse recruitment action plan, and was currently identifying responsible parties and dates for activities. The plan was still in the process of being finalized, however, the Division was working with the State Personnel Department regarding a graduate nurse program. He explained that when a nurse graduated from nursing school, there was a waiting period prior to licensing and the Division was attempting to hire those nurses, which would give the Division a valuable recruitment tool as it approached the local schools of nursing to recruit nurses. Dr. Rosin said those nurses would not be recruited as psychiatric nurses, but rather would be trained and SNAMHS would work with those nurses.

According to Dr. Rosin, the Division was also planning on-site visits to the local in-state nursing schools, as well as those in surrounding states. The Division was also attending cultural and professional organizations; using Internet advertising; advertising in nursing spectrum magazines and newspapers; reviewing the possibility of using a professional; and reviewing the possibility of using traveling nurses for a period of time during the recruitment period. Dr. Rosin also stated that the Division was reviewing the possibility of converting some of its full-time positions to part-time positions, as those would be easier to fill. The Division was also contemplating a change in the shift hours, as it might be advantageous to recruit nurses for longer shifts and less work days. Dr. Rosin stated that the Division was looking at the possibility of identifying a person within the agency to be the nurse recruiter and take on the job of identifying needs and making the program workable. Dr. Rosin also believed that the proposed salary upgrade would help in the recruitment of nurses. He explained that the process would commence very shortly at the nursing schools where Division staff would speak to not only the graduate nurses for the current year, but also the graduate nurses for the next year, to staff the new hospital after it opened.

Ms. Weber asked whether a 2-year registered nurse would qualify as a psychiatric nurse and Dr. Triggs indicated they could be hired. Ms. Weber noted the Division could hire 2-year registered nurses and utilize a graduate nurse to conduct the on-the-job training for that specialty; she asked how many nurses were currently employed. Dr. Triggs replied that the Division currently employed 94 nurses. Ms. Weber noted that the request would double that number.

Assemblywoman Smith asked if the Division knew whether it was salary or working conditions, or a combination of both, that hampered its efforts to hire psychiatric nurses. Dr. Brandenburg believed it was multifaceted, and the two major obstacles facing the Division in recruitment of nurses were salary and the national nursing shortage. The issue was also whether there were very many nurses actually going into the psychiatric field. Dr. Brandenburg pointed out that some of the medical schools were being forced to close psychiatric residency programs because not many of the doctors were entering that field. He noted it was a combination of all the variables that had contributed to the vacancies. Dr. Brandenburg said one of the things that had helped the Division was the fact that it was basically "the only game in town," or the only psychiatric facility that was actually hiring psychiatric nurses. He opined that if there was an increase in hospitals opening specialty areas in psychiatry, the Division would then be competing. Dr. Brandenburg said that many of the

nurses in northern Nevada had been lost to a new private psychiatric facility because of salary. The private facility offered large bonuses to nurses and the state facility could not compete.

Mrs. Smith asked about retention rates in the psychiatric nurse field versus other fields, and how did it compare to the rest of the industry. Dr. Brandenburg said he did not know the answer to that question, but perhaps he could find that information. It was his understanding that the Division had been able to retain many of the nurses it employed, but the turnover rate was high. Dr. Brandenburg said he would provide that information. Mrs. Smith said she would appreciate that, and she asked whether the Division also had exit interview information available, so that the reasons for leaving would be known. Dr. Brandenburg replied in the affirmative, and explained that the Division conducted an exit interview for all employees. Each agency could provide an analysis for the Committee, but he would venture to say that over 80 percent was probably salary-driven. Mrs. Smith said she would be very interested in that information.

Senator Cegavske said that she had grown up in Minnesota, and she knew that some of the schools in that area produced a large number of nurses. She asked whether the Division had recruited from out-of-state schools, and whether that recruitment had been successful. Senator Cegavske wondered whether the growing national need was hurting the Division. Dr. Brandenburg said that there was such a growing need nationally and the Division was competing with entities on both the West and East Coasts. He stated that many of the out-of-state nursing programs had been approached, but the Division had tried to limit recruitment to in-state facilities, such as community colleges and the University of Nevada, Reno (UNR), and University of Nevada, Las Vegas (UNLV), nursing programs. But because the Division would be doubling its workforce in both psychiatry and psychiatric nursing, recruitment would be expanded, as explained by Dr. Rosin, in an attempt to touch base with as many nursing schools as possible.

Senator Cegavske referenced a program that she and Assemblywoman Giunchigliani had worked on during the 2003 Legislature, which had unfortunately been set aside. The program would have been based on a partnership between Bonanza High School and the community college. Senator Cegavske said the high school needed to update its chemistry and biology labs, and the college needed a facility. That partnership would have utilized the high school facility after 3:00 p.m. and it would have been productive for approximately 6 hours. Senator Cegavske said, in looking at that partnership, she and Ms. Giunchigliani were trying to work out a program where juniors and seniors at the high school, who expressed an interest in nursing, would actually be recruited. Senator Cegavske believed a partnership with the state to address the needs would also be beneficial. She said that needs and resources should be combined for recruitment.

Assemblywoman Giunchigliani said the program addressed the issue of dual credit. Many young high school men and women were very interested in the health-care field, as pointed out by the survey conducted at the high school. Because of its nexus, college students could simply walk across the street to access the high school facility. Ms. Giunchigliani said the program would allow the high school students to take classes which would assist them in the core requirements for the health related fields. Those students would also earn high school credit at the same time.

According to Ms. Giunchigliani, the biggest problem had been the inability to fund the dual credit portion of the program, but she said she had submitted legislation regarding a program that could be expanded statewide, not only for nursing, but for other areas as well. Ms. Giunchigliani said that young people who did not want to attend college for their A.A. degrees could take the Certified Nurse Assistant (CNA) course. That would be a group which might decide later to go back to school and add to that CNA course. Ms. Giunchigliani stated the biggest problem was not only the funding issue, but getting the college to deem K-12 high school teachers as equivalent instructors. If a teacher had a master's degree in his/her subject area, the college would recognize it, but there had been problems in that area. Ms. Giunchigliani believed that was another venue or avenue that might be discussed.

Senator Mathews indicated that a model program along those same lines had been conducted for a number of years in northern Nevada at Reno High School. She said that all the northern Nevada high schools had participated, and it had been a productive program that at least promoted student interest in the health field. Senator Mathews stated that students had received dual credits in medical terminology, and at one time they could also receive dual credits for the CNA program which was available at the high schools. She pointed out that the CNA programs had all migrated to the community colleges, because they were linked so closely to the nursing programs. Senator Mathews noted that there was already a model for that program and the school districts had to be convinced that it was a good program.

Chairwoman Leslie indicated that research showed if students became interested in the health-care field at an early age, they were much more likely to continue in that field.

Dr. Brandenburg said one of the variables had been increasing the capacity at the nursing schools. One of the hindering factors was that there was insufficient capacity in the nursing schools and the state was not producing enough nurses. Dr. Brandenburg pointed out that with increased capacity, the Division could actually recruit at the high school level, but if recruitment was done at the high school level and there was no capacity in the nursing programs, it would be counterproductive.

Chairwoman Leslie referenced the psychiatric residency program that was operational in northern Nevada, and she indicated that a decision unit was not included in the budget which would address that program in southern Nevada. Chairwoman Leslie said she simply wanted to confirm that the residency program was indeed not included in the budget. She asked Dr. Brandenburg to determine what the dollar amount would be for that program and provide those figures to LCB staff. Chairwoman Leslie believed that would be a very cost-effective way to acquire resources for SNAMHS. Dr. Brandenburg said the Division would work with LCB staff regarding the dollar amount for a residency program in southern Nevada. He confirmed that funding was not included in the current budget. Chairwoman Leslie asked Dr. Rosin whether he would be in favor of that program, and Dr. Rosin stated he would be in agreement.

Chairwoman Leslie asked about the supplemental appropriation from IFC for 28 beds at Building 1300 at SNAMHS. She asked when there would be a further request for funding. Dr. Brandenburg said the Division anticipated a request for a \$2.7 million supplemental. In terms of time, Dr. Brandenburg noted that much was driven by vacant positions. The vacant nurse positions were part of the request for Building 1300. Dr. Brandenburg said the Division

wanted to wait for awhile before presenting the final request. Chairwoman Leslie asked him to define "awhile." Dr. Brandenburg believed the request would be presented in April or May 2005, as he did not want to approach the Committee too soon and not have the accurate numbers. Chairwoman Leslie asked whether he understood the Committee's position, and she indicated that the information was needed as soon as possible. Dr. Brandenburg said he would work on that information for the Committee.

Chairwoman Leslie recapped the increase of bed capacity in southern Nevada from 131 to 217 through a variety of mechanisms. She noted that there had been discussion regarding triage centers and mental health court budgets in A.B. 40 and A.B. 41. The Governor had attended a recent meeting of the Assembly Health Committee and stated his support on record for both bills. Chairwoman Leslie stated that A.B. 40 would be heard by the Ways and Means Committee as a supplemental for the current fiscal year, and she believed that Dr. Brandenburg was also on record stating that triage centers should continue, despite the number of beds that would be available at SNAMHS, because there would still be a need for triage centers.

Chairwoman Leslie noted that the Governor had indicated he would like to fund triage centers as well, and she asked whether there would be a budget adjustment forthcoming from the Division for ongoing funding that was not addressed in A.B. 40 for the triage centers.

Dr. Brandenburg suggested an amendment or adjustment to the budget be considered so that the funding would be ongoing. He believed it was important to realize how triage centers and acute psychiatric beds differed. Triage centers were basically for those individuals who had substance abuse problems and were not acutely mentally ill. Dr. Brandenburg said those individuals would still access emergency rooms, but the Division was not tracking those cases. It was, however, an extremely important component to the mental health system, and the Division worked very closely with WestCare regarding those patients.

According to Dr. Brandenburg, the issue was what could be done between now and May 2006 to address the acute shortage of adult psychiatric beds in the Las Vegas area. The Division believed that the 217 beds would go a long way toward facilitating "enter and exit" from the emergency rooms. At the present time, said Dr. Brandenburg, there were 40 patients waiting in the emergency rooms, and the reason they were waiting was that the Division's facilities were full. Dr. Brandenburg stated that the Division and the Legislature needed to develop a plan regarding what could be done to help with the crisis in Las Vegas between now and May 2006. Chairwoman Leslie asked Dr. Brandenburg to work with LCB staff regarding what the dollar amount would be and suggestions regarding the source of the funding. She sensed a solid commitment and support in both the Senate and Assembly regarding the issue, and noted that the Governor also would be supportive.

Senator Cegavske stated that the Joint Committee on K-12/Human Resources had been rescheduled for the upcoming Wednesday, and one of the areas she would like to discuss at that meeting was licensing requirements. Dr. Brandenburg stated he would have Pam Graham, Chief of the Bureau of Licensure and Certification, present at the Senate hearing. Ms. Graham could actually walk the Committee through the process, as that Bureau established the regulations and rules regarding licensure.

Chairwoman Leslie said that the Committee appreciated the hard work done by Dr. Brandenburg and his staff, and should the budget be approved, the Division had a lot of hard work ahead of it regarding hiring of staff and infrastructure. Clearly, she believed the need had been demonstrated and was well understood by the Committee.

Dr. Brandenburg voiced appreciation for the support received from the Committee regarding mental health issues.

Chairwoman Leslie opened the hearing for public comment, and recognized advocates from the National Alliance for the Mentally Ill (NAMI).

Joseph Tyler, NAMI, informed the Committee that he was also a consumer service assistant for the MHDS Division. He stated that Dr. Brandenburg had eloquently explained the duties of consumer assistants and how important those positions were to the Division.

Mr. Tyler stated that he was a consumer who knew that mentally ill persons should take their medications in order to be more productive and live longer, because that obviously would beat the alternative; he jokingly stated that "dying is easy, testifying is hard." He thanked the Committee for allowing him to speak and stated that he represented hope for recovery for over 476 families and individuals within the Nevada NAMI organization, as well as the 1 in 4 families nationwide who had a member suffering from serious mental illness. Mr. Tyler opined that while mental illness ran through some families, it galloped through others.

Mr. Tyler stated the issues that made clients feel best were support and medication and he said he was, indeed, a psychotic "mess" without his medications. He stated he was, however, a skillful survivor, having lived many years on the "island" where there had been stigma and budget cuts. Mr. Tyler indicated he had done what he was sure every consumer hoped to do, by becoming a breadwinner and part of the solution rather than part of the problem.

According to Mr. Tyler, the key point was that the Division of MHDS had provided the finest state-of-the-art medications, but under Medicare Part D co-payments would soon be required for all medications for individuals who had dual eligibility under both Medicare and Medicaid. Beginning in 2006, many individuals would fall into that category. Mr. Tyler advised that Medicaid currently had a limited formulary, which required psychiatrists to write prior authorizations to access medications that they had used for patients in the hospital, or for "polypharmacy," where two medications from the same category were used for optimum results.

In conclusion, stated Mr. Tyler, a patient might be placed on a medication as an inpatient, which might not be available when that patient left the hospital, which created a lack of continuity in care. He also pointed out that Medicaid would not cover the costs for polypharmacy. Mr. Tyler said it was enough to make a person "crazy" and would cause unnecessary hospitalizations, which would ultimately cost more. One solution to resolve the problem would be physician-assisted programs that would work with pharmaceutical companies. Mr. Tyler said medications were very important, and he noted that many stories had been printed about a person who stopped taking his/her medication and either had or made problems. He stated he knew how that worked on a personal basis from his work in the psychiatric observation unit at the

Dini-Townsend Hospital. Mr. Tyler believed the problem could be solved if it was anticipated before it happened.

Assemblywoman Giunchigliani asked whether there had been problems with the pharmacy "cross match" of medications. Mr. Tyler said there was a polypharmacy and also a pharmaceutical augmentation, and his friend, Donna Shibovich, would address that area in her testimony, as she took two medications. Ms. Giunchigliani wanted to ensure that patients would not reach a barrier quite accidentally as pharmacists monitored the drugs prescribed for each patient to avoid abuse. Mr. Tyler said there was another problem regarding the co-payments for Medicare Part D, which was the new pharmacy program. He believed that consumers would suffer extra expenses and he had discussed the issue with consumers at the national NAMI conventions.

Chairwoman Leslie thanked Mr. Tyler for bringing that problem to the attention of the Committee. She said after Nevada had responded to the issue, the Committee would review the costs.

Mark Burchell, NAMI, said he would like to speak about the mental health court program. He said he was an advocate for the program and really believed that it worked for those in need of help. Mr. Burchell stated that before he went to mental health court, he was in and out of jail and wandering around the city of Reno completely lost. The police department was frustrated with him because they continually arrested him and put him in jail, and after a day or two he would be released. Mr. Burchell said the municipal court judge got tired of seeing him and, since that court believed he needed psychiatric help, referred him to the mental health court program. According to Mr. Burchell, because of that referral, he had become a consumer of NNAMHS.

Mr. Burchell explained that a day after he was released, he reported to NNAMHS for medication and treatment. That was approximately 1 year ago, and Mr. Burchell stated he had not been in jail or in the psychiatric hospital, had graduated from mental health court, and still continued his treatment and medication with NNAMHS. Mr. Burchell said he had talked to many consumers on the "warm line," which allowed persons from NNAMHS to call consumers who had been in the psychiatric hospital, and upon release, had signed a consent form that allowed persons from NNAMHS to call and see how they were doing and how their recovery was going.

Mr. Burchell stated it was totally amazing to him that so many consumers were able to remain out of the hospital because of NNAMHS, and they were also remaining out of jail and not utilizing hospital emergency rooms.

Mr. Burchell said there were several programs that benefited those who were mentally ill and helped them get back into the workforce. He emphasized that NNAMHS had made a great impact in the community of Reno and he believed it to be cost-effective. Mr. Burchell hoped the Legislature would allow enough money in the budget to continue the programs that made a difference to those who were mentally ill.

Chairwoman Leslie thanked Mr. Burchell for his testimony.

Mr. Tyler indicated that Dr. Cook counted the "warm line," which was a volunteer service, as a half-time service coordinator. Chairwoman Leslie opined that it was a great service. The Chair recognized Mrs. Tyler.

Bunchie Tyler, NAMI, said that without sufficient medication, people like her husband, Joseph Tyler, Mr. Burchell, Ms. Shibovich, and the rest of those present at the hearing would not be here. Mrs. Tyler said she had been involved in the system for approximately 25 years with her husband and she was well aware of the outcome when the newer medications were used. At the same time, when persons required hospitalization, they needed an up-to-date well-cared-for hospital and grounds. Mrs. Tyler said patients also needed the best doctors, and she believed that money should be appropriated to meet that need.

Mrs. Tyler referenced funding for housing in the group home area. She stated a woman had called her from Carson City who wanted to open a group home, but the expenses of licensure and other things were beyond her capabilities. The woman had indicated that her sister ran a group home in Chicago and she wanted to open one in the Carson City area. Mrs. Tyler said she did not know who to approach regarding the group home, but it appeared that Dr. Brandenburg could provide assistance.

As the wife of a consumer service assistant, Mrs. Tyler said she had been able to retire approximately 1.5 years ago. Having her husband able to work for the past four years had been a miracle, and she encouraged the Committee to approve the budget for the MHDS Division.

Chairwoman Leslie thanked Mrs. Tyler for her testimony, and recognized Ms. Shibovich.

Donna Shibovich stated she was the consumer representative for NAMI of Nevada. She said she was speaking on her own behalf because of the medication she was required to take, and on the behalf of others who were in similar situations. Ms. Shibovich reported that she took an interesting "cocktail" of medicines, Clozapine, Risperdal, and Prozac, which was called polypharmacy or medical augmentation, and might not be covered if the budget was cut under the new Medicare Part D program. She said that Part D was for persons who were eligible for both Medicare and Medicaid. Ms. Shibovich said she could relate to that, and hoped that when the bill was passed regarding Part D, there would not be a cut in coverage for her medications, or a cut for others in similar situations.

Ms. Shibovich stated she knew several people in her same situation and without medications, life would be a living hell and there would be added costs for hospitalization for those denied the medication that worked so well when taken. She noted that the newer medications should remain available because they had fewer side effects and worked better. Ms. Shibovich stated, "My brain cells could not be happier on my medicines." She asked that the Committee approve funding that would prevent the non-inclusion of newer medications, or a combination of medications, by Medicare and Medicaid.

Ms. Shibovich thanked the Committee for everything it had done for mental health and the funding that had been awarded to mental health. She voiced deep appreciation for the new Dini-Townsend Hospital. Ms. Shibovich said, "We do, however, need more case coordinators like Renee Jurosovich, more APNs like Peggy Kamper, and more CSAs like Joe Tyler and Barbara Jackson."

When deciding what to fund or not to fund, Ms. Shibovich asked that the Committee please not forget the mentally ill. She asked that Committee members open their hearts and minds to the mentally ill, who would be forever

grateful. Ms. Shibovich thanked the Committee for their time and offered to answer questions.

Chairwoman Leslie thanked Ms. Shibovich for her testimony, and explained that she wrote quite well and was a well-known poet in the northern Nevada community. Ms. Shibovich and Mr. Tyler were responsible for the NAMI newsletter that Chairwoman Leslie said she always read with great interest. Chairwoman Leslie stated she had known Ms. Shibovich and Mr. Tyler for a number of years and found it heartening to see how far they had progressed.

The Chair recognized Assemblyman Carpenter.

John Carpenter, Assembly District 33, Humboldt and Elko Counties, said he was present to testify in support of the budgets for Rural Clinics. He confessed that in his early years, mental health was not a subject about which he had much knowledge, but when he became a county commissioner, he learned that there were individuals in the community who needed assistance in order to make their lives better. Mr. Carpenter stated since he had been serving as an Assemblyman, he had served on a number of committees where the subject had been discussed many times. He said he believed that the Legislature did need to provide for those who were not as fortunate and needed assistance.

Mr. Carpenter said he was at the hearing to support the mental health budgets, and specifically wanted to support additional mental health support in the town of Wendover. For many years, Wendover had not had a mental health person available on a consistent basis, and such a position was truly needed. Mr. Carpenter said that Rural Clinics attempted to serve the Wendover community from Elko, which was approximately a 110-mile drive, and it had proven to be very difficult to provide the service needed in the community. He explained that Wendover now contained approximately 5,000 to 6,000 residents who contributed to the tax base of not only Elko County, but of the state of Nevada, because it was a very thriving gaming community. Mr. Carpenter believed that providing mental health assistance would prove to be a great advantage to the citizens of Wendover. According to Mr. Carpenter, for some reason it was very difficult to recruit professionals in the mental health field to come to Elko and remain there. He emphasized that he would not live anywhere else in the world.

Mr. Carpenter pointed out that the Nevada Youth Training Center (NYTC) had experienced a problem with staff, and the 2003 Legislature had passed a bill to increase the pay by one grade for staff, which had helped the facility fill most of its positions. According to Mr. Carpenter, the Division of Child and Family Services had also been able to fill positions, and he hoped that within the next few years, Elko would be able to fill the positions that were open in the field of mental health. Rural Clinics had not been able to fill the vacant positions, and Mr. Carpenter said he did not know the reasons why, but he believed that it was important to fill those positions and address the need for additional personnel. He pointed out that mental health in Elko served a large area and he hoped that the Committee would support the budget.

Chairwoman Leslie thanked Mr. Carpenter for his testimony and indicated that LCB staff would research the need in Wendover, as it had not previously been brought to the Committee's attention. Mr. Carpenter emphasized that it was very important to the people of Wendover, and with that number of people living in the area, certain services should be provided. Chairwoman Leslie

replied that the Committee would be discussing the Division of Child and Family Services (DCFS) budget in the very near future.

Senator Cegavske stated the need in Wendover had been discussed during past sessions. She pointed out that one of the biggest problems was that the Legislature was trying to catch up as fast as possible from the budget cuts from several years ago. She wondered whether everyone understood that, and pointed out that attempting to catch up was very difficult. There was the growth in southern Nevada to contend with, and the Legislature was trying to answer all the problems as fast and best that it could, but the cuts and lack of funding had been an added burden for the state of Nevada. Senator Cegavske said trying to catch up with the added growth was difficult, and she wanted to remind everyone of those cuts.

Chairwoman Leslie recognized those present from Carson City, and she invited persons who wished to speak to come forward.

Shelly Aldean, Carson City Supervisor and member of the Carson City Mental Health Coalition, stated she would testify in support of funding for Rural Clinics, and particularly for Carson Mental Health. There were a number of people present at the hearing in support of those issues. Ms. Aldean said she would focus on Carson City's efforts to address mental health issues, not only in Carson City, but also in what was descriptively referred to as the "Carson City catch basin," which included outlying areas.

In January of 2000, stated Ms. Aldean, the Carson City Mental Health Coalition was formed as an outgrowth of the concern by city officials about the unavailability of coordinated mental health services. The Coalition provided a forum for participating agencies to discuss methods and means for improving community health care. Ms. Aldean noted that since inception of the Coalition, roughly 31 agencies had participated on a regular basis in discussions of such sympathetic subjects as improving problem identification, priority setting, and coordination to avoid service duplication.

Ms. Aldean indicated that in 2001, the community-based Interdisciplinary Jail Medical Team was established, consisting of a forensic psychologist, two physician's assistants, and a nurse. Through the intensive team observation and care offered by those health-care professionals, many defendants were released with a plan of action that would lower recidivism. Ms. Aldean advised that local judges had also availed themselves of the mental health evaluations.

In 2002, said Ms. Aldean, the Coalition facilitated the establishment of a Systems Integration Process, with psychologists serving with physicians and nurses in a primary care setting. More recently, after months of dialogue among the members of the Mental Health Coalition, Carson City had established a mental health court, which would be described in further detail in later testimony.

Presently, stated Ms. Aldean, the Mental Health Coalition was focusing its attention on the community's homeless mentally ill population by investigating the financial feasibility of establishing a daytime drop-in center for the homeless mentally ill, not only to provide them with a safe haven, but to evaluate their needs and connect them with available services. Ms. Aldean stated that, interestingly enough, one of the recommendations from the Nevada Mental

Health Plan Implementation Commission was to support, "the crisis triage center concept throughout the state."

Ms. Aldean reported that to date, Carson City had been able to accomplish those things by using its existing resources and by reallocating positions and funding. However, she suspected that in short order, the City would become the victim of its own success and would require additional state assistance. Ms. Aldean yielded the microphone to Judge John Tatro, Carson City Justice/Municipal Court.

Judge Tatro introduced himself to the Committee and stated that he had been a judge for ten years, and during that time he had seen people cycle through the system 10, 20, 30, and even 40 times, for misdemeanor offenses such as trespassing, disorderly conduct, disturbing the peace, and some more serious offenses. Judge Tatro said that he sentenced repeat offenders to receive mental health evaluations, attend counseling, and take their medications, but it often took a few weeks to complete the mental evaluation, and during that period the offender would often be arrested again.

According to Judge Tatro, the major issues through the years had been the lack of any type of follow through. Persons who were known to have mental health issues would be sentenced to do certain things, but the court did not have the ability to follow through and ensure offenders were taking medications, keeping appointments for counseling, and working. Judge Tatro said at the same time the Coalition was addressing the mental health issues, members had talked to him regarding mental health court. He stated the court had been watching Judge Breen in the Washoe County Mental Health Court, and it had been determined that Carson City also needed a mental health court.

Judge Tatro said the nexus for the court involved a man in jail who had been there for quite awhile, and when Judge Tatro visited the jail to pick up police reports, he asked how long the man had been incarcerated. Judge Tatro said the man had been there for 60 days in an observation cell, which was located in front of the booking section, so that he could be monitored. That man had been held for 60 days in a cell where the lights were never turned off and he had mental health issues. The jail employees had done the best they could under the circumstances, but since the man was a problem, he sat in jail for 60 days. Judge Tatro said he spoke to the Sheriff about the situation and it was decided that Carson City needed a mental health court. The man who had been incarcerated for 60 days was released into a facility, and the mental health court was started. Judge Tatro explained that a team was formed consisting of the judges, the district attorney, the public defender, Dr. Joseph McEllistrem, the Carson City Sheriff, and Sueann Bawden, Carson Mental Health. Judge Tatro said participants went to training and attended courses at the Judicial College, and watched the process in the Washoe County Mental Health Court.

The Carson City Mental Health Court had only been in existence for two weeks and was in its infancy, but Judge Tatro said it was fantastic. Sueann Bawden with Carson Mental Health attended mental health court every week. The criteria for the court had been established after several meetings, which Ms. Bawden attended. Judge Tatro advised that Carson Mental Health was "strapped," and was extremely short-staffed. The plan would be for Carson Mental Health to hire a service coordinator and clinician, who would both work with the mental health court, and also to include a housing component to assist those who were homeless.

Judge Tatro said the court was “off and running,” and while there had not been many cases to date, he believed there would be many cases in the future. He advised that under Assembly Bill 29 of the Seventy-Second Legislative Session, the court had applied for specialty court funding and administrative assessments to help it get started. According to Judge Tatro, \$13,000 in seed money had been received, along with \$15,000 to support the court from January 2005 through June 2005. He emphasized that the mental health court desperately needed the Carson Mental Health Clinic and that entity desperately needed funding.

Judge Tatro referenced the possibility of videoconferencing as previously discussed by Dr. Brandenburg, and he stated that as a member of the Board of Directors for the Nevada Judge’s Association, he knew that the rural judges would be extremely supportive of a video link to the rural areas to help with their cases.

Chairwoman Leslie thanked Judge Tatro for his testimony and congratulated him for moving forward with the mental health court in Carson City. She said as the Committee reviewed the other mental court budgets, Carson City would be included for possible additional funding.

Assemblywoman Giunchigliani said that two judges in Clark County had told her about their frustration with medications for mentally ill individuals in the jail system. Apparently, the jail staff did not always accept the word of the individual that they were taking medications, and there was a problem in the area of providing prescriptions so the individuals could continue with their medication. Ms. Giunchigliani asked whether Judge Tatro had run into the same problem in Carson City. Judge Tatro stated that he had also run into that problem, and Dr. McEllistrem, who worked as a psychologist at the jail, would address that issue in his testimony.

Joseph McEllistrem, Ph.D., introduced himself to the Committee and stated he was a forensic psychologist in private practice in Carson City, and was also the Director of Forensic Mental Health Services for the Carson City Sheriff’s Office. He stated that he served in a similar role for the Douglas County Sheriff’s Department.

Dr. McEllistrem said that in 2001, he had been asked to evaluate what the Carson City jail was providing in terms of mental and medical health, as the Sheriff’s Department wanted to make some significant changes. At the time, the jail had an ad hoc program that dealt with crises, and Dr. McEllistrem said when a major crisis arose, the Sheriff’s Department would call in a clinician from the outside to have offenders evaluated, treatment prescribed, or possible transfer to the hospital. The problem was that the clinician from the outside often took 24 to 48 hours to arrive at the facility. Dr. McEllistrem explained that he was hired on a part-time basis to implement a program that would work.

The initial step had been to determine how to identify the inmates with mental health issues, so that those inmates would not “slip through the cracks.” Dr. McEllistrem said there was now a very broad net through medical screening to capture those inmates with mental health problems. According to Dr. McEllistrem, if an inmate was elevated in one of the “red flag” areas, even if it was a suicide attempt 20 years ago, that inmate would be detained in booking until he could be seen the following day, which would be less than 24 hours.

Dr. McEllistrem said that there were many false-positives using that method, but it was hoped that no one would slip through the cracks.

Dr. McEllistrem said training had also been implemented for the deputies so they could better identify mental health needs, gain a better sense of empathy for mentally ill inmates, and not just classify all inmates alike. He believed that had relieved a great deal of the stress facing frontline staff.

Dr. McEllistrem indicated that the crisis had to be addressed, so the Sheriff's Department hired two physician assistants and a public health nurse. Those physician assistants could prescribe medications, which meant that an inmate could be placed back on prescribed medications quite rapidly, or placed in a detoxification program. He stated those were the two primary issues that would be dealt with in any crisis situation. Dr. McEllistrem said that quite often inmates came into the facility under the influence and were either intoxicated or going through the process of withdrawal, and they had usually been off their psychiatric medication for days, weeks, or even years.

The third step, said Dr. McEllistrem, was discharge planning. After the inmate had been stabilized, the question was how to work with them through the rest of the course of their stay in the jail facility. The third step was where the courts became involved and a court liaison service had been developed. Dr. McEllistrem said that service basically identified certain individuals to the court, the public defender, and the district attorney, about whom there were concerns regarding the individual's ability to competently traverse the trial process, their ability to sustain themselves in the jail facility, and the risk for release back into the community, should the individual post bail. Dr. McEllistrem said there was now better communication between the jail and the courts, and also a better method of controlling medications.

Dr. McEllistrem said in creating that program, a great deal of pressure had been placed on Rural Clinics, particularly Carson Mental Health and Douglas Mental Health. Not only were referrals increased, but the severe nature of those referrals had also increased. Dr. McEllistrem said that offenders from the jail facility usually had a multiplicity of problems, such as medical problems, psychiatric problems, and addiction problems, and were often not easy to manage. That had placed a greater burden on Rural Clinics and the ability to work as a group and offer wraparound services was lacking. Dr. McEllistrem said once an inmate had been released from the jail facility, there were at least 15 others to deal with, and no follow-up was provided at that point because Carson Mental Health took over the case.

According to Dr. McEllistrem, what was really needed was a service provider or case manager who could follow the cases outside the courts, which would reduce recidivism and maintain continuity of care. He stated that would create a "hub" where clients would be managed through the courts, through the mental health courts, and through the medical and psychiatric system. Dr. McEllistrem said another issue was the lack of adequate housing or supportive living environments for the offenders, which was another factor against stabilization for those individuals because they often went back to transient motels.

Chairwoman Leslie said it had been duly noted that housing was also a need in Carson City.

Anne Langer introduced herself to the Committee, and stated she had been a prosecutor for the Carson City District Attorney's Office for over 15 years. She stated that the face of prosecution had changed over those 15 years, and 8 to 10 years ago, people who came into court and were not following their programs would be sent to jail or prison. Ms. Langer said what had been determined through the drug court process was that once individuals were off methamphetamines, quite often there were many underlying mental health problems. Because of that discovery, it was decided that Carson City needed a mental health court.

Ms. Langer said she was present to support the budget request for a caseworker and a coordinator, plus housing costs, which would actually save money overall. When she had been reviewing figures a couple of years ago for drug court costs, she had discovered that it cost approximately \$19,400 for each person sent to prison for one year, so if that person could be kept on the streets as an active, productive member of society, everyone would benefit.

Ms. Langer noted that Assemblywoman Leslie had been very helpful in the establishment of the Carson City Mental Health Court. Everyone had pitched in and worked together to establish the court, but Carson Mental Health was so overburdened that it took 6 weeks to 2 months for clients from the mental health court to access services. Ms. Langer said when everyone was questioning why clients were not doing what they were supposed to do, it was because they were mentally ill and a service coordinator was needed to assist them with programming. Those clients needed someone to help them every day and someone to tell them when to take their medications. Ms. Langer believed that the drug court and the mental health court would save the state a great deal of money and help mentally ill persons become productive members of society. Ms. Langer stated that was why she was present to support the mental health budgets.

Chairwoman Leslie thanked Ms. Langer for her testimony. She noted that Carson City Sheriff Ken Furlong and Assemblywoman Bonnie Parnell, District 40, were present in the audience to show their support for the mental health budgets.

Richard Siegel, President, American Civil Liberties Union (ACLU) of Nevada, said that saving people from going to prison would save a lot more than the \$19,400 referred to by Ms. Langer in her testimony. It would save because there would be no need to build an \$80,000 prison bed for the person the state was spending \$19,400 to house. Dr. Siegel said that was one of the great imperatives for what was currently being done. He indicated that for about two decades he had been part of the effort that brought everyone to the room today, and programming had reached the bottom between about 1991 and 1994. Dr. Siegel said mental health funding had been chopped disastrously by the state budget in 1991, and mental health had been climbing up from the bottom ever since with an incredible effort, which had been led by Assemblywoman Sheila Leslie and Senator Randolph Townsend.

Dr. Siegel said that a state study of the mental health system had just been completed and the report followed the lines of the national mental health report. He indicated that the national mental health report said that nationally the system was "broken," and he emphasized that it was seriously broken. Despite the fact that there had been record increases in mental health spending for the last ten years in Nevada, Dr. Siegel said there was still a mountain to climb. He asked the Committee to please recognize that there were many things yet to

achieve and they were not all addressed in the current budget. Dr. Siegel said he was delighted by the progress shown in the budget and he hoped that the Committee would endorse the very substantial increases across the line.

Dr. Siegel said he had been urged to come to the Committee and discuss rural mental health services. He noted that everyone was aware of the triage problem and emergency room problem in Clark County that would require additional funding. Dr. Seigel said juvenile mental health services would be another area that would have to be dealt with. He pointed out that the state did not have the budget for prison mental health services that were available for other areas, and he believed that prison inmates needed services and drug formularies as much as others. Dr. Siegel advised the Committee that the budget for the MHDS Division would not take care of the entire problem, because there were also the juveniles, the prisoners, and the people in jail to contend with. He indicated that the state had to take care of the broader public, which was not being educated about mental health. Dr. Siegel asked the Committee to please approve the budget and recognize the need for supplemental funding beyond the amounts requested, and keep up the work that had made him proud to be a Nevadan because of the great work that had been done over the past ten years.

Chairwoman Leslie thanked Dr. Siegel for his testimony and advised that the budget for the Division of Child and Family Services (DCFS) would be heard within the week.

Dan Musgrove, representing both Clark County and the University Medical Center (UMC), said that in the words of the previous speaker, "delighted" was also how Clark County and the UMC felt about the budget for the MHDS Division because it addressed funding issues for the clinic in Laughlin and the crisis in southern Nevada, along with other important issues. Mr. Musgrove said he would not go into detail at the present time because of time constraints. He said he appreciated the comments from Dr. Brandenburg that he did not want to treat Laughlin any differently from any other rural health clinics, and Mr. Musgrove said Clark County was very willing to provide space for the first 2 years as a gesture of good faith.

According to Mr. Musgrove, the Board of County Commissioners and the town manager in Laughlin were working very hard to come up with space, which was at a premium. Mr. Musgrove advised that Laughlin did not have a great deal of commercial space, and the sooner the Committee made a decision, the better it would be to identify space for the clinic. Laughlin had been asking for a rural clinic since late 1980s, and he appreciated the work done for southern Nevada by Dr. Brandenburg, Dr. Triggs, and Dr. Rosin.

Mr. Musgrove referenced the continued need for the community triage center, and Clark County needed, at the minimum, \$900,000 per year, which would be the state's one-third share of funding. Again, that could be a combination of Bureau of Alcohol and Drug Abuse (BADA) or mental health dollars, but Mr. Musgrove said that was the minimum amount needed in terms of keeping triage going at approximately \$2.7 million per year. He stated the funding had been "crunched," and had been approximately \$3.5 million, but with the lack of state funding the numbers had been crunched and some services eliminated. Mr. Musgrove advised that the center no longer accepted drop-ins, which was very important.

Chairwoman Leslie asked Mr. Musgrove to provide a detailed budget regarding exactly how the requested \$900,000 would be spent, and how much of that amount was anticipated as BADA funding versus mental health funding. Mr. Musgrove stated he would provide that information.

Mr. Musgrove stated that there had to be some solution reached for the gap in funding between now and May 2006, when the new hospital would open. He believed the Legislature had to step up to the crisis, and Clark County and UMC would stand in support of whatever action was initiated by the Legislature. Chairwoman Leslie stated that the Legislature realized that the problem in Las Vegas had to be solved.

Richard Steinberg, President/CEO, WestCare Foundation, said he was very pleased with the budget for the MHDS Division, and as a person who had been with WestCare for the past 27 years, he was pleased to watch what the Division had done over the past year with the major crisis in Las Vegas. Mr. Steinberg advised that WestCare volunteered to open an existing facility and add an additional 40 beds on the unit. It had been a situation where the community had worked well and the Division had really "stepped up to the plate" working with WestCare and the community. Mr. Steinberg said WestCare had offered a proposal to the Division that would perhaps be a stopgap to the crisis until the new psychiatric hospital was completed. He explained it would cost approximately \$5 million to add an additional 40-bed psychiatric-crisis unit. Mr. Steinberg said that cost might be trimmed, and in working with the Division, the possibility of potentially sharing personnel had been discussed as the Division prepared for the opening of its new hospital. Mr. Steinberg reiterated that WestCare was very pleased regarding how the Division had responded to the community.

Chairwoman Leslie thanked Mr. Steinberg and his organization for stepping up when the state needed assistance, and the Committee would look forward to working with WestCare regarding the triage center. She asked that Mr. Steinberg assist Mr. Musgrove in compiling the budget for the requested funding, and she advised that both legislative health committees were reviewing the crisis.

Helaine Jesse, private citizen, stated that she had not had any experience with the Nevada mental health system prior to 18 months ago, because she was blessed with a wonderful job and medical insurance. However, her boyfriend, who was chronically depressed, had no insurance and that was why she had become involved in the system. Ms. Jesse said it had been her experience that the system was so overloaded that when someone called in for help like her boyfriend had, the call had to be qualified. In other words, if the person was not in immediate danger of taking his/her life, the agency would not see that person immediately. Ms. Jesse stated that her boyfriend had been in serious need of help, but since he was not suicidal when he called for help, an appointment was made for him to be seen in 4 months. Ms. Jesse stated before the 4 months had elapsed, she had taken her boyfriend to the Carson-Tahoe Hospital Emergency Room and from there he was transferred to the Dini-Townsend Hospital for a 72-hour period. However, she reported that the Dini-Townsend Hospital had not been able to keep him for the full 72-hour period.

Ms. Jesse said her boyfriend did ultimately fall through the cracks and had committed suicide on September 12. She stated she was a native Nevadan and she was tired of Nevada being last in the nation regarding the criteria that indicated help was needed from state entities.

Ms. Jesse said that was why she did not want the \$300 rebate from the surplus money and, in fact, would match that amount with her own money. She stated that she would give the Committee a check for \$300, and she urged the Committee to keep the surplus money and put it to use where it counted most, which was toward the health of Nevadans.

Chairwoman Leslie thanked Ms. Jesse for her testimony, and knew it was very difficult for her to come forward. She expressed sympathy for Ms. Jesse's loss, and pledged on behalf of the Committee that the mental health area would be reviewed very seriously.

Ms. Jesse stated there were some huge gaps in the system, and she could go on and on about her personal experience. She stated it had been just horrible and her testimony was borne out of pain and devastation.

With no further business to come before the Committee, Chairwoman Leslie adjourned the hearing at 10:56 a.m.

RESPECTFULLY SUBMITTED:

Carol Thomsen
Committee Attaché

APPROVED BY:

Assemblywoman Sheila Leslie, Chairwoman

DATE: _____

Senator Barbara Cegavske, Chairwoman

DATE: _____

EXHIBITS

Committee Name: Joint Subcommittee K-12/Human Resources

Date: 02/22/2005 **Time of Meeting:** 8:03 a.m.

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