

**MINUTES OF THE MEETING
OF THE
ASSEMBLY COMMITTEE ON WAYS AND MEANS
AND THE
SENATE COMMITTEE ON FINANCE
JOINT SUBCOMMITTEE ON HUMAN SERVICES
AND CAPITAL IMPROVEMENTS**

**Seventy-Sixth Session
February 17, 2011**

The Assembly Committee on Ways and Means and the Senate Committee on Finance, Joint Subcommittee on Human Services and Capital Improvements was called to order by Chair April Mastroluca at 8:05 a.m. on Thursday, February 17, 2011, in Room 3137 of the Legislative Building, 401 South Carson Street, Carson City, Nevada. The meeting was videoconferenced to Room 4412 of the Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, Nevada. Copies of the minutes, including the Agenda ([Exhibit A](#)), the Attendance Roster ([Exhibit B](#)), and other substantive exhibits, are available and on file in the Research Library of the Legislative Counsel Bureau and on the Nevada Legislature's website at www.leg.state.nv.us/76th2011/committees/. In addition, copies of the audio record may be purchased through the Legislative Counsel Bureau's Publications Office (email: publications@lcb.state.nv.us; telephone: 775-684-6835).

ASSEMBLY SUBCOMMITTEE MEMBERS PRESENT:

Assemblywoman April Mastroluca, Chair
Assemblywoman Debbie Smith, Vice Chair
Assemblyman David P. Bobzien
Assemblywoman Maggie Carlton
Assemblyman Pete Goicoechea
Assemblyman Crescent Hardy
Assemblyman Joseph M. Hogan

SENATE SUBCOMMITTEE MEMBERS PRESENT:

Senator Sheila Leslie, Chair
Senator Barbara K. Cegavske
Senator Steven A. Horsford

STAFF MEMBERS PRESENT:

Mark Krmpotic, Senate Fiscal Analyst
Mike Chapman, Principal Deputy Fiscal Analyst
Jordan Butler, Committee Secretary
Cynthia Wyett, Committee Assistant

Chair Mastroluca stated that the Subcommittee would begin with an overview of the Division of Mental Health and Developmental Services.

MENTAL HEALTH SERVICES – DIVISION-WIDE ISSUES

Harold Cook, Ph.D., Administrator, Division of Mental Health and Development Services (MHDS), Department of Health and Human Services, introduced himself to the Joint Subcommittee on Human Services and Capital Improvements along with Jane Gruener, Deputy Administrator, MHDS, and Dave Prather, Administrative Services Officer, MHDS.

Dr. Cook said his Division was concerned with the recommended reductions in the Division's budget. He noted, however, that cuts to state mental health services were a nationwide trend in the United States. Dr. Cook said, according to the National Association of State Mental Health Program Directors (NASMHPD), that states had cut \$2.2 billion from mental health services in fiscal year (FY) 2008-09, FY 2009-10, and FY 2010-11. The NASMHPD also reported that these reductions jeopardized the solvency of vital mental health services such as mobile crisis teams, public safety programs, and program supported employment.

Dr. Cook said mental health and substance abuse agencies collaborate with community partners to serve as many Nevadans as possible. But Dr. Cook warned that the recommended budget reductions for the 2011-2013 biennium forced MHDS, for the first time, to eliminate many programs from its budget. He advised that the elimination of the programs would affect hundreds of Nevadans who had already experienced reduced levels of care.

Dr. Cook said the Division's budget for FY 2011-12, if approved, would be the Division's fourth fiscal year of budget reductions. Dr. Cook said in the previous three years, MHDS had reduced staff and participated in the 4.6 percent furlough savings. He added that the Division had also reduced overtime expenditures from \$6.5 million in FY 2006-07 to \$2.7 million in FY 2009-10.

Despite the reductions, Dr. Cook said the Division was able to maintain Joint Commission certification and licensure of Nevada's civil hospitals, reduce crowding problems at hospital emergency rooms, and maintain compliance with court-mandated maximum waiting times at Lakes Crossing Center.

Dr. Cook observed that the proposed MHDS budget for the 2011-2013 biennium did not account for inflation or provide allocations for caseload growth and equipment purchases.

Dr. Cook explained that the Division had used the following criteria in determining which programs to eliminate: priorities and performance-based budgeting, protecting core clinical services, the number of consumers affected, and the need to preserve federal revenue sources.

One program recommended for elimination in The Executive Budget was the Mental Health Court. Dr. Cook said the Mental Health Court was "an extremely effective and valuable program." He added that the collaboration of the Court between state and county courts was nationally recognized as a best-practice model. Nevertheless, to preserve as many core clinical services as possible, Dr. Cook said his Division recommended shifting the financial burden of supporting the Court program from the state to the counties. Dr. Cook clarified that the state would still fund the Division's core clinical services.

Another program recommended for reduction was the Program for Assertive Community Treatment (PACT). Dr. Cook described PACT as "an extremely effective, evidence-based program which provides intensive community-based services to consumers who have a history of extensive psychiatric hospital use." Dr. Cook said the cost of PACT services were four to five times more than similar services offered by generic outpatient services. He said his Division recommended reducing PACT because reducing outpatient services by the same amount of money would affect 300 to 400 consumers versus PACT's 75 consumers. Dr. Cook insisted that if PACT was reduced, PACT's consumers would continue to receive services through service coordination and medication clinics.

Dr. Cook said the Reno Mobile Outreach program was also slated for elimination. He reiterated that the elimination would minimize cuts to the Division's core clinical services.

Other programs proposed for elimination, Dr. Cook said, included senior mental outreach services, psychosocial rehabilitation programs, and community triage

centers. He said, "These programs provide valuable services to their consumers and communities . . . but the magnitude of the budget cuts does not allow the Division to retain them." Dr. Cook said regarding senior mental outreach services, for example, the deducted tobacco funding for the program was eliminated from the MHDS budget.

Dr. Cook informed the Subcommittee that MHDS recommended consolidating hospital operations at Southern Nevada Adult Mental Health Services (SNAMHS), resulting in the elimination of various employee positions. He said the MHDS also planned to continue identifying consumers eligible for Medicaid and Medicare Part D programs, which would reduce pharmacy expenditures.

Despite the aforementioned cuts, Dr. Cook said MHDS was still forced to recommend cutting funding for some core clinical services. The Division recommended reducing allocations for counseling and residential services. Dr. Cook said the reductions would require these services to reform their operations to be more efficient. For example, Dr. Cook said counseling services could rely more heavily on evidence-based group therapies to maintain service with more limited resources.

It was recommended to reduce 22 acute-care beds at the Rawson-Neal Psychiatric Hospital and four forensic beds at Lakes Crossing Center. Dr. Cook lamented the choice to reduce hospital beds because he said inpatient services were the most critical care component in Mental Health Services. Dr. Cook reiterated that these cuts were similar to those being made throughout the United States. He cited the NASMHPD's report, saying that approximately 2,200 hospital beds had already been cut from mental health services nationwide with an additional 1,800 more beds slated to be eliminated later in the year.

Dr. Cook said his Division recommended retaining a portion of funds from a 22 acute-care bed reduction at Rawson-Neal Psychiatric Hospital and reallocating those funds to create a Hospital transportation program. The transportation program would transfer mental health patients from Clark County emergency rooms to the Rawson-Neal Psychiatric Hospital. Dr. Cook said the program would be operated by qualified medical vendors and was estimated to reduce the average wait time for patients to receive psychiatric treatment by one day. Dr. Cook estimated the program would reduce the average number of patients in Clark County emergency rooms by 50 percent.

In response to Chair Mastroluca, Dr. Cook noted that the 22 acute-care beds at the Rawson-Neal Psychiatric Hospital were part of an overflow unit and had not been used in the last six to nine months.

In response to Chair Mastroluca, who remarked that increasing transportation to the Rawson-Neal Psychiatric Hospital by reducing the Hospital's capacity seemed "counterproductive," Dr. Cook said that the Hospital had decreased patients' average length-of-stay from approximately 30 days to 16-17 days by making the Hospital's operations more efficient. Dr. Cook explained that the Hospital's greater efficiency had caused 22 hospital beds to be unused. He said MHDS had decided that the funds originally allocated to the 22 hospital beds would be better spent on a transportation program because it would allay crowding problems at Clark County emergency rooms.

Dr. Cook pointed out that creating a transportation program in lieu of 22 acute-care beds at the Rawson-Neal Psychiatric Hospital was "probably a temporary measure." He explained that the federal Patient Protection and Affordable Care Act would expand Medicaid in 2014 and begin to fund a transportation program at the Hospital.

Assemblyman Bobzien observed that in recent years, the Legislature had enacted many measures considered "temporary" that later evolved into permanent measures.

In response to Assemblyman Bobzien, who asked whether the Hospital's administration viewed the 22 hospital bed reduction and proposed transportation program as "temporary measures," Dr. Cook clarified that he considered the program's funding structure, not the program itself, as temporary.

Dr. Cook said his Division recommended transferring clinics in Laughlin, Mesquite, Pahrump, Moapa, and Caliente to SNAMHS's budget to make the clinics' operations more efficient.

Dr. Cook indicated MHDS also recommended merging the remaining 14 rural clinics in central and northern Nevada with the Rural Regional Center to form a consolidated Rural Services group. The clinics and the Rural Regional Center would retain separate budgets but would function as a single agency, the Rural Clinics group, under the direction of an existing clinical program manager 3 position. Dr. Cook said the consolidation would improve operations and use rural clinics' resources more efficiently.

While not included in the Division's budget request, Dr. Cook reported that MHDS and the Department of Corrections were developing a Request For Proposal (RFP) that would engage a medical management company to boost employee recruitment efforts and better coordinate psychiatric care for mental health patients being released from prison. Dr. Cook said the nascent RFP was in response to a June 2010 report from the Division of Internal Audits that found that MHDS was losing approximately \$2.5 million per year because of poor employee productivity and a difficulty in recruiting and retaining psychiatrists and medical directors. Dr. Cook emphasized the joint proposal would seek to more effectively use existing medical funding and was not an effort to cut expenditures.

Having finished his opening remarks, Dr. Cook invited questions from Subcommittee members.

In response to Chair Mastroluca, Dave Prather, Administrative Services Officer, MHDS, said regarding mental health agencies, the budget recommended a reduction of full-time equivalent (FTE) positions from 1,274.51 in FY 2010-11 to 1,116.04 FTE positions in FY 2011-12 and FY 2012-13. The proposed reduction of 158.47 FTE positions translated into 168 full-time and part-time positions. Of those 168 positions, 96 positions were vacant and an additional 37 positions were possible layoffs. Mr. Prather said the potential buyout cost of the 37 possible-layoff positions was estimated to be approximately \$460,000.

Assemblywoman Carlton voiced concern over eliminating the 96 vacant positions. She said the creation of new positions would be more costly than temporarily freezing the existing positions.

In response to Assemblywoman Carlton, Dr. Cook said the Division would not be creating new positions in the future.

Chair Mastroluca turned the discussion to community triage centers.

In response to Chair Mastroluca, Dr. Cook said he had not spoken with local governments or hospitals about whether they would continue to fund community triage centers if The Executive Budget eliminated funding support for those centers.

In response to Chair Mastroluca, Dr. Cook said if the community triage centers in Reno and Las Vegas were eliminated, there could be an increase in the number of consumers who frequented homeless services programs and hospital emergency rooms. Regarding the impact on MHDS programs, Dr. Cook predicted MHDS programs would not be greatly affected because a small percentage of consumers who used the community triage centers also used MHDS services. Dr. Cook said according to WestCare, the organization that operated Nevada's community triage centers, the Las Vegas and Reno centers respectively provide services to an average of 345 and 100 individuals per month.

Senator Leslie said she did not consider the reduction of mental health services an easy decision just because other states had already made similar reductions. She considered other states' mental health budgets irrelevant to Nevada's mental health budget because they were dissimilar. Senator Leslie said, for example, that while Nevada had been cutting its mental health budget since the 66th Session (1991), other states did not. She added that other states had not been developing mental health programs for decades to provide a minimal level of care like Nevada has.

Senator Leslie noted the Legislature had been building a community triage system in Nevada for a decade. She said the community triage centers interrelate with other state programs including the Mental Health Court, homeless shelters, and police programs. Senator Leslie emphasized that while many homeless Nevadans use the community triage centers, the centers should not be considered homeless shelters.

In response to Senator Leslie, Dr. Cook said he had not had the opportunity to discuss the proposed cuts to MHDS's budget with hospital and community triage center staff.

Senator Leslie said she was "speechless" that Dr. Cook had not conferred with hospital and community triage center staff.

Senator Leslie said efficient hospital operations were not laudable because many Nevadans were still unable to receive treatment. She opined that if community triage centers were eliminated, Nevada's entire mental health system would crumble.

Chair Mastroluca echoed Senator Leslie's sentiments, saying she was "disappointed" that Dr. Cook had not spoken with hospital and community

triage center staff, especially because those staff had initiated discussion on the proposed budget cuts with Subcommittee members.

Chair Mastroluca turned the discussion to the recommended elimination of the Senior Mental Health Outreach Program. She expressed concern at the recommendation.

In response to Chair Mastroluca, Dr. Cook said some of the Program's services would be provided through generic service coordination. Dr. Cook said other Program services slated for elimination, including homebound services for senior citizens, were not provided by other organizations.

In response to Chair Mastroluca, Dr. Cook said the Senior Mental Health Outreach Program had previously operated with Master Settlement Agreement funds.

Chair Mastroluca turned the discussion to the recommended reduction of medication funding.

In response to Chair Mastroluca, who asked how consumers would purchase medications with reduced state funding and rising inflation costs, Dr. Cook answered that MHDS had saved \$30 million to \$35 million by identifying individuals who were eligible for Medicare Part D and Medicaid. He insisted the Division would continue these services despite a reduced budget.

In response to Chair Mastroluca, Dr. Cook said his Division recommended no inflation adjustments regarding medication funding.

In response to Senator Leslie, Dr. Cook said there were no waiting lists for consumers at medication clinics in northern and southern Nevada.

In response to Senator Leslie, Dr. Cook said he was currently unable to provide information regarding the time between appointments at medication clinics in northern and southern Nevada. He assured his Division would provide the Subcommittee with that information.

In response to Senator Leslie, Dr. Cook agreed with Senator Leslie's observation that the time between patients' appointments had increased to six to eight weeks as psychiatrists' availability has become more limited. Dr. Cook said a patient on a maintenance schedule should ideally visit a psychiatrist every three months. For patients who were starting treatment, Dr. Cook commented,

they should visit a psychiatrist more frequently. He added that as caseloads increase, patients would visit their psychiatrists less often.

Senator Leslie emphasized that psychiatrists should immediately admit patients who were new to the mental health system or whose current medications were working incorrectly.

Referring to Caseload Evaluation Organization (CLEO) data, Senator Leslie said in October 2010, medication clinics served 3,517 persons with a waitlist of 258 persons. In August 2009, there was a waitlist of 309 persons.

In response to Senator Leslie, Dr. Cook said there was a discrepancy in how he and Senator Leslie defined the term "waitlist." Dr. Cook said patients were immediately admitted and prescribed medication at the Psychiatric Assessment Service (PAS). Dr. Cook considered a waitlist as an excessive amount of time between patients' initial visit with PAS and their next appointment with PAS and medication clinics.

In response to Senator Leslie, Dr. Cook said MHDS considered a wait period of two weeks or more as "an excessive amount of time." He said the Division had used this standard to measure waitlists for decades.

Senator Leslie said she approved of the Division's definition of "waitlist" because a psychiatric appointment more than two weeks away would be difficult for a severely mentally-ill person to remember.

Chair Mastroluca turned the discussion to the recommended elimination of Psychosocial Rehabilitation Services (PSR).

In response to Chair Mastroluca, Dr. Cook said if the recommended elimination was approved, Nevadans who would normally use PSR would receive similar services from service coordination, medication clinics, outpatient counseling services, and community residential services.

Chair Mastroluca noted that 300 persons used PSR in Clark County, 90 persons in Washoe County, and 35 persons in rural Nevada.

In response to Chair Mastroluca, who asked whether the elimination of PSR would create a "revolving-door scenario" where individuals would repeatedly visit hospital emergency rooms and psychiatric hospitals, Dr. Cook replied that there was potential for that scenario to occur.

Chair Mastroluca turned the discussion to the recommended budget reduction in outpatient counseling services.

In response to Chair Mastroluca, Dr. Cook confirmed his Division recommended cutting funds for outpatient counseling services, a core clinical service. Dr. Cook said his Division could not avoid cutting some core clinical services with the magnitude of budget reductions his Division faced.

In response to Chair Mastroluca, who asked what would be the ramifications for reducing outpatient counseling services for its estimated 1,300 consumers, Dr. Cook expressed uncertainty because MHDS had never reduced outpatient counseling services before. He said the reductions would force outpatient counseling services to reform its operations—by providing evidence-based group therapies, for example—to become more efficient. Dr. Cook reported if the reductions forced consumers away from outpatient counseling services, they would be able to receive similar services from medication clinics and nonprofit counseling services in northern and southern Nevada. Dr. Cook admitted the recommended reductions, if approved, would create consequences he could not foresee.

Senator Leslie requested research literature from Dr. Cook suggesting that group therapy was the best treatment modality for the severely mentally ill. She said she had not seen any literature suggesting the efficacy of group therapy. In Senator Leslie's experience, many severely mentally-ill patients did not benefit from group therapy because they were antisocial, uncooperative with other patients, or had special needs. Senator Leslie opined a shift to group therapy seemed like merely another way for the Division to save money.

Senator Leslie said although Dr. Cook claimed there were many "unforeseeable" consequences to reducing outpatient counseling services, Senator Leslie felt there would be many foreseeable consequences: namely, patients who would not use their medications, a higher frequency of hospitalizations, and increases in homelessness and imprisonment.

Senator Leslie urged the Subcommittee to consider the recommended reductions to outpatient counseling services. She said the recommended reduction, coupled with other proposed cuts in MHDS's budget, would create "a mental health catastrophe that's going to affect our society at every level." She recalled the Legislature came to regret cutting mental health services in

1991 and she could not believe that more drastic cuts to mental health services were being proposed this legislative session.

Chair Mastroluca turned the discussion to a recommendation to reduce \$4.4 million per fiscal year in the 2011-2013 biennium for supported living arrangement (SLA) services.

In response to Chair Mastroluca, Dr. Cook said the recommended reduction of SLA services would not affect current SLA patients. Dr. Cook indicated the recommendation would reduce the future capacity of the SLA program and limit the number of patients who would receive the service.

In response to Chair Mastroluca, Dr. Cook noted his Division would continue to support SLA placements within the approved budget's constraints for eligible individuals. If the program's capacity was 300 individuals, for example, and one individual were to leave, the SLA program would fill the vacancy with another eligible individual. With a reduction of SLA placements, Dr. Cook anticipated increased waiting lists and wait times for the service.

In response to Assemblywoman Smith, who asked about the efficiency of the SLA program's operations, Dr. Cook said the Division of Internal Audits reported last year that there was a potential error rate of approximately \$600,000 with MHDS's residential programs. Because the residential programs' annual budget was approximately \$120 million, Dr. Cook said the potential error rate was a healthy 0.5 percent. He qualified, however, that MHDS still sought to improve the programs' operations through a plan of corrections through the Executive Branch Audit Committee.

Assemblywoman Smith said she was interested in the SLA program's reimbursement guidelines for home utilities, transportation, and other expenditures. She said by further scrutinizing the SLA program's expenditures, the Subcommittee would avoid approving agency budgets that overlapped with other budgets.

Chair Mastroluca turned the discussion to the proposal to shift the Mental Health Court's financial burden from the state to the counties.

Chair Mastroluca had gathered that Nevada's counties were not in the financial position to fund the Mental Health Court. She said there was concern that such a shift would have "a devastating effect" on the Court.

In response to Chair Mastroluca, Dr. Cook explained the shift of the Mental Health Court's financial burden was recommended to preserve the Court while reducing state expenditures. He said the Division in an agency request originally recommended eliminating the Mental Health Court, but because there was much recognition in the Court's value and concern over its proposed elimination, shifting the Court's financial burden was the next best recommendation.

In response to Chair Mastroluca, Dr. Cook said the elimination of the Mental Health Court would certainly affect local jails and hospitals, but his Division had not quantified that impact. Dr. Cook added that there was data demonstrating the Mental Health Court had decreased jail times and hospitalizations. There was the expectation that the Court's elimination, if approved, would reverse those decreases.

Dr. Cook said his Division submitted a report to the Legislative Counsel Bureau last week regarding the Mental Health Court's influence on local jails and hospitals. He said the report would be distributed to Subcommittee members.

Senator Leslie disclosed to the Subcommittee and the public that she worked for Washoe County District Court's Specialty Court system. Senator Leslie noted her salary was paid by Washoe County, not the State of Nevada.

Senator Leslie opined if Mental Health Court was eliminated, its consumers would turn up at local jails, prisons, and other mental health programs in greater numbers. She said the financial savings of eliminating the Mental Health Court would be offset by increased expenditures in state programs elsewhere. She reiterated that eliminating the Mental Health Court while reducing other mental health programs' budgets would be catastrophic.

In response to Senator Horsford, Dr. Cook said The Executive Budget recommended cutting core clinical services that included outpatient counseling services, community residential services, 22 acute-care beds at the Rawson-Neal Psychiatric Hospital, and 4 forensic beds at Lakes Crossing Center.

Senator Horsford said he asked Dr. Cook the previous question solely to have Dr. Cook's response on the record.

Senator Horsford referred to the *Nevada Constitution* Article 13, Section 1 and Section 3, saying it was a Constitutional obligation to provide for "the

establishment and support for institutions for the insane, blind, deaf, and dumb, to be fostered and supported by the state, and to provide for the general welfare of the public of the citizens of the State of Nevada." Senator Horsford emphasized the *Nevada Constitution* used the word "shall," not "may," in fostering and supporting mental health institutions.

In response to Senator Cegavske, Dr. Cook said a June 2010 audit report from the Division of Internal Audits identified 16 individuals who were state employees or former state employees and who provided contracted services to MHDS. Of those 16 individuals, only 2 individuals were state employees while providing contracted services: one was a Department of Corrections' psychiatrist who also provided contracted services to developmentally disabled individuals at the Desert Regional Center; the other individual was a physician at the Dini-Townsend Hospital who provided contract work on her own time at Lakes Crossing Center. Dr. Cook said while the Dini-Townsend Hospital physician still provided contracted services to the state, the Department of Corrections' psychiatrist had stopped.

In response to Senator Cegavske, Dr. Cook said the Dini-Townsend Hospital physician was still receiving state funds.

Dr. Cook explained that the other 14 individuals were former MHDS employees who provided contracted services for agencies that lacked state employee positions. For example, if employees transferred from Northern Nevada Adult Mental Health Services to Rural Mental Health, they would need to assume contract positions because Rural Mental Health does not provide state employee positions. Dr. Cook said the Division had to contract for a medical doctor position at Lakes Crossing Center because the Center did not have a state medical doctor position there.

In response to Senator Cegavske, Dr. Cook said the Division had corrected issues involving state employees receiving contract funds while working on state time. He said that the Rawson-Neal Psychiatric Hospital psychiatrist was providing quality contracted services at Lakes Crossing Center at an inexpensive rate. Dr. Cook assured Senator Cegavske that the psychiatrist was not receiving contract funds while working on state time.

Senator Cegavske pronounced her passion for mental health issues. She admitted she found it difficult to listen to Dr. Cook's testimony about the recommended cuts to mental health services.

Dr. Cook thanked Senator Cegavske for her sympathy. He added, "It shouldn't be a surprise to you to reveal that I wish I could be anywhere else in the world right now."

Senator Cegavske remarked if the Legislature created a new source of revenue for The Executive Budget during the legislative session, the Legislature should try to allocate funds to mental health services.

Assemblywoman Smith said she understood MHDS's difficulty in hiring employees and filling employee positions in various sectors and agencies. Nevertheless, Assemblywoman Smith said she sought to make MHDS's budget as fiscally responsible as possible so that allocated funds were not "double-dipping or overlapping" with other allocated funds.

Assemblywoman Smith also expressed concern that it was difficult for Subcommittee members to understand the breadth of MHDS's budget when it used temporary employment agencies and contractors to fill some of its positions. Assemblywoman Smith wondered how legislators could reform agency policies so that legislators could better understand how the agency's budgets operate.

In response to Assemblywoman Smith, Dr. Cook reported MHDS was plagued by difficulties in recruiting, hiring, and retaining employees. In particular, the June 2010 audit identified that the Division had difficulties filling medical doctor positions because of salary scales and other issues. He said the Division had had a turnover of four medical doctors in the last three years in southern Nevada. As a result, MHDS used locum tenens, companies which are temporary employment agencies, at a great cost to fill state positions with contracted medical doctors. Dr. Cook remarked MHDS could use contracted employees with flexibility once they were hired.

Regarding Senator Cegavske's question about the Dini-Townsend Hospital physician who performed contracted services at Lakes Crossing Center, Dr. Cook said MHDS could investigate whether the physician could split her 40-hours per week between the two facilities. He cautioned, however, that there were often conflicting demands for physicians in such scenarios.

Chair Mastroluca said Dr. Cook would entertain one last question from Senator Leslie, and then the Subcommittee would revisit each mental health budget for public comment. She indicated that written testimony could be submitted for the record.

In response to Senator Leslie, Dr. Cook confirmed that in the last six or seven years there had been plans with local communities and stakeholders to develop “one-stop-shop” mental health facilities. The MHDS submitted a special consideration request for “one-stop-shop” facilities in MHDS budget proposals in 2005, 2007, and 2007, but the considerations were never funded.

In response to Senator Leslie, Dr. Cook said the Division did not include special consideration for “one-stop-shop” facilities in this session’s recommended budget.

Senator Leslie wondered whether “one-stop-shop” facilities would be a viable replacement for community triage centers in southern Nevada.

Chair Mastroluca called for public comment regarding community triage centers.

Dan Musgrove, a representative of WestCare, the City of North Las Vegas, and The Valley Health System, testified in opposition to the recommended reduction of funds allocated for community triage centers. Mr. Musgrove called the community triage centers a “community-wide solution.”

Mr. Musgrove said community triage centers were unique in that they had three revenue sources: the state, local governments, and private hospitals. He said while local governments and private hospitals contributed approximately \$655,000 per year to the community triage center in Las Vegas, the center would be forced to shutter its doors if the state withdrew support.

Mr. Musgrove said the statistics Dr. Cook mentioned regarding community triage centers—that the community triage centers in Las Vegas and Reno respectively provided services to an average of 345 and 100 individuals per month—were lower than in reality. Mr. Musgrove clarified those statistics only included individuals who were referred to community triage centers from hospitals. He said approximately 5,000 individuals per year received treatment at the community triage center in Las Vegas. Mr. Musgrove added that approximately 160,000 patient-days were spent at Nevada’s two community triage centers in the last decade.

Mr. Musgrove explained that community triage centers were developed about a decade ago for chronically inebriated or mentally-ill individuals who needed treatment but did not require visits to hospital emergency rooms. He indicated if community triage centers were shuttered, the average wait time at hospital

emergency rooms and the number of individuals frequenting emergency rooms would increase, affecting thousands of Nevadans each year. Mr. Musgrove warned that emergency medical services and emergency vehicle operators would see an unnecessary influx of patients.

Mr. Musgrove informed the Subcommittee that in 2005, 70 percent of individuals admitted to the community triage center in Las Vegas were referred by policemen, fire departments, emergency medical services, and hospitals. The number of referrals had dropped to 40 percent in 2010, which demonstrated an increase in unreferred visits to the center. Mr. Musgrove said these statistics proved the center was alleviating pressure on core social services provided by the state.

Mr. Musgrove remarked that if the state withdrew its funding support for community triage centers and the centers ceased to operate, it would put greater pressure on other social services in Nevada.

In response to Senator Cegavske, Mr. Musgrove said the WestCare community triage centers provided various substance-abuse rehabilitation programs. With the budget as recommended, however, WestCare was worried about losing Substance Abuse Prevention and Treatment Agency funding for those programs.

In response to Senator Cegavske, Mr. Musgrove clarified that the statistic he cited—that approximately 5,000 individuals visit Las Vegas's community triage center each year—included multiple visits by individuals. He said approximately 20 percent of the clinic's patients were repeat visitors.

In response to Senator Cegavske, Mr. Musgrove said the WestCare Foundation was not currently providing funds for community triage centers.

In response to Senator Cegavske, Mr. Musgrove provided executive summaries ([Exhibit C](#)) of the Las Vegas community triage center's performance for 2008, 2009, and 2010.

In response to Senator Cegavske, Mr. Musgrove said the community triage center in Clark County was at 930 N. Fourth Street, Las Vegas, NV 89101. He added that an outpatient treatment center was located at 401 S. Martin Luther King Boulevard, Las Vegas, NV 89106. Mr. Musgrove said he would provide the Subcommittee with addresses for other local treatment centers.

Senator Horsford opined that the recommended cuts to MHDS's budget exemplified the importance of a balanced state budget. He said when state governments are tasked with providing services to citizens, they must do so in a pragmatic and strategic manner.

Senator Horsford said the State of Nevada could not dismantle mental health services and expect other state services to operate normally. He emphasized that if the state were to reduce or eliminate its funding support for mental health services, many nonprofit organizations would not be able to replace the funding through other means.

Senator Horsford stressed that reductions to funds allocated to mental health services would affect every Nevadan. He said, "Think about when you have to take your family member—your child, your spouse, your loved one—to an emergency room, and the next time you have to wait there for three or four hours and you're complaining about getting in to see a doctor, think about this hearing."

Amy Roukie, Facility Administrator and Director, WestCare's Reno Community Triage Center, submitted written testimony ([Exhibit D](#)) in opposition to the recommended elimination of state funds for Nevada's community triage centers.

In response to Senator Cegavske, Ms. Roukie affirmed that the community triage center in Reno was collaborating with other community organizations and social services including the City of Reno's Community Assistance Center, the Reno-Sparks Gospel Mission, and the Hawk Outreach Clinic. She said the collaborations helped reduce the cost of social services in northern Nevada.

Patrick O'Bryan, Community Action Officer, Reno Police Department, testified in opposition to the proposed elimination of state funds for Nevada's community triage centers.

Officer O'Bryan said he had testified before the Legislature in the 73rd Session (2005) about "Million-Dollar Murray," an individual who Officer O'Bryan said cost the state more than \$1 million in social service expenditures. Officer O'Bryan said the research regarding "Million-Dollar Murray," formally called "The Back-of-Napkin Study," was recognized by academic and professional communities nationwide for depicting the chronic inebriants' enormous cost to state governments.

Officer O'Bryan said the northern Nevada community was only beginning to receive data detailing how much money the Reno Community Triage Center had saved. He said Ms. Roukie's research was beginning to prove that the Reno Community Triage Center cost \$150 to \$1,250 per patient visit versus \$1,200 to \$1,500 per visit to hospital emergency rooms. Furthermore, Washoe County Social Services followed five chronically-inebriate individuals and determined that had the individuals been treated more effectively, the northern Nevada community would have saved more than \$800,000. He emphasized that reducing state funding to community triage centers would magnify social service costs in Nevada.

Assemblyman Bobzien urged the Subcommittee and audience members to read "Million-Dollar Murray," an article by Malcolm Gladwell in the February 13, 2006, issue of *The New Yorker*.

Assemblyman Bobzien recalled that in December 2010, he brought his two-year-old son who had pneumonia to a hospital emergency room and had to wait two hours to be admitted. Assemblyman Bobzien said the experience taught him that if funding for Nevada's mental health services was reduced, all Nevadans would feel the impact.

In response to Assemblyman Bobzien, Officer O'Bryan said if the recommended reductions to mental health services were approved, he could not imagine how long it would take mental health services to return to offering a basic level of service. To offer some insight, Officer O'Bryan said it took five years to reform social services in northern Nevada to address the "Million-Dollar Murray" problem.

William Voy, Judge, Family Division, Eighth Judicial District Court, testified in opposition to the recommended budget for MHDS. He reiterated that The Executive Budget as proposed neglected the *Nevada Constitution* Article 13.

Judge Voy said reducing funds allocated to mental health services would present a substantial risk to public safety. He said while population growth in Clark County had stagnated, civic commitment filings had increased. Clark County received 4,692 civil commitment filings in 2010, a 5.3 percent increase from 2009. As of February 16, 2011, Clark County expected a 23 percent increase in civil commitment filings for 2011. Judge Voy warned that if the community triage centers ceased operations, civil commitment filings would continue to increase.

Judge Voy restated previous testimony that the shuttering of community triage centers would increase patient visits and wait-times at hospital emergency rooms.

Sue Condie, a representative of the National Alliance on Mental Illness (NAMI), testified in opposition to the recommended budget cuts to Nevada's community triage centers. Ms. Condie told the Subcommittee about her 24-year-old son with schizophrenia. Ms. Condie praised Officer O'Bryan, the Crisis Intervention Team program, and the community triage center for assisting her son. She repeated previous remarks that reductions in MHDS's budget would be catastrophic.

Bill Welch, President and CEO, Nevada Hospital Association, testified in opposition to recommended cuts to funds allocated for community triage centers. Mr. Welch emphasized the recommended cuts would negatively affect inpatient hospital services along with patients seeking emergency services.

Regarding the three-pronged system of funding for Nevada's community triage centers, Mr. Welch indicated northern Nevada hospitals contribute more than \$500,000 to the Reno Community Triage Center.

Alex Ortiz, a representative of Clark County's Department of Finance, testified in opposition to the proposed elimination of state funding support for community triage centers.

Kevin Quint, Executive Director, Join Together Northern Nevada, testified in opposition to The Executive Budget's recommendation to withdraw funding from community triage centers ([Exhibit E](#)).

Bill Kluesner, Vice President, NAMI of Southern Nevada, testified in opposition to recommendations to eliminate state funding for community triage centers. Mr. Kluesner recounted that his roommate and children were living productive lives because of the mental health services that Nevada provided.

Chair Mastroluca closed public comment regarding community triage centers and turned the discussion to the Mental Health Court.

Peter Breen, Retired Judge, Second Judicial District Court, testified in opposition to the proposal to shift the financial burden of the Mental Health Court from the state to the counties.

Judge Breen said Nevada's Mental Health Court deserved to be considered a necessary component of Nevada's judicial system. He said if the Legislature approved the budget as proposed, Washoe County would be unable to fund its Mental Health Court. He reported that in Washoe County, the County already paid for court clerks, bailiffs, caseworkers, and staff.

Judge Breen provided the Subcommittee with a National Association of Drug Court Professionals study ([Exhibit F](#)) which demonstrated that drug courts reduced crime on average between 8 percent and 26 percent. More specifically, there had been a 9 percent decrease in Clark County crime since the drug courts began operating there. Judge Breen explained that he provided drug court research rather than mental health court research because Clark County's Drug Courts were older, but the two systems used the same structure and methodology.

Judge Breen referred to statistics ([Exhibit G](#)) comparing prison costs versus Mental Health Court costs at Northern Nevada Adult Mental Health Services (NNAMHS). In 2007, there were 59 graduates of Mental Health Court, costing NNAMHS a total of \$483,800. Had those 59 graduates been imprisoned instead, they would have incurred \$1,036,748 to \$2,768,103 in prison costs. Judge Breen noted that Nevada prisoners were already entitled to NNAMHS's services, but the Mental Health Court made the services more effective.

Judge Breen brought the Subcommittee's attention to research ([Exhibit H](#)) that compared the average days in jail for Mental Health Court graduates versus nongraduates. The average number of days in jail during Mental Health Court for graduates was 11.91 days. By comparison, individuals who were referred to Mental Health Court but did not attend spent an average of 134.61 days in jail during the year after referral. Judge Breen said, "We believe that just these statistics show that it is financially better to send a person through the Mental Health Court than through any other way. It is clearly costly not to."

Judge Breen also provided the Subcommittee with commentary on the Mental Health Court from graduates ([Exhibit I](#)).

John McGroarty, Retired Judge, Eighth Judicial District Court, testified in opposition to the recommended state budget for the Mental Health Court. Judge McGroarty reiterated that the Mental Health Court reduced crime and criminal recidivism. He said the Court also diverted consumers from prison.

Judge McGroarty said Nevada's Mental Health Court was unique in reducing crime rates because it employed a model with the following three components:

1. Close supervision. Judge McGroarty said the Mental Health Court in his district evaluated its consumers' performances and sought to meet their needs.
2. Immediate consequences. Judge McGroarty said there was no delay in the Mental Health Court to set probation hearings, subpoena witnesses, and so on.
3. Sealed criminal records. Judge McGroarty indicated that sealed criminal records allowed Mental Health Court graduates to procure employment without the stigma of a felonious history.

John Tatro, Justice of the Peace, Carson City Justice and Municipal Court, testified in opposition to proposals to reduce state funding for the Mental Health Court. Judge Tatro said the Mental Health Court was effective in treating Nevadans because it allowed innovation in sentencing. He added that if the financial burden of the Mental Health Court was placed on Carson City, the Mental Health Court in Carson City would disappear because of lack of funding.

Judge Tatro remarked that along with serving Mental Health Court participants, the Court helped sooth the anxieties of participants' families.

Davin Brooks, a representative of Stepping Stones Behavioral Health Center and Nevada Youth Care Providers, testified in opposition to recommended budget cuts to outpatient counseling services. He said the Center and Providers provided behavioral health services to consumers, but their consumers also greatly benefited from outpatient counseling services. Mr. Brooks advised that the consumers who were jailed or imprisoned were often the ones who lacked daily routines or a deep understanding of their mental problems.

Steve Roll, Specialty Courts Manager, Clark County Courts, testified in opposition to The Executive Budget's recommended elimination of state funds for the Mental Health Court. Mr. Roll said since the Clark County Mental Health Court's inception in 2003, 70 percent of consumers had either graduated or were currently working to graduate. He referred to statistics ([Exhibit J](#)) to demonstrate that consumers' arrest rates decreased as they participated in the Court. Mr. Roll highlighted that even for consumers who participated in the

Court but did not graduate, only 10 percent of their arrests occurred after their participation in the program.

Mr. Roll said the Clark County Mental Health Court also had a direct impact on state prison populations. He said 70 percent of the Court's consumers were in the Mental Health Court on felony charges. Mr. Roll explained that the product of the Court's 144 graduates and an average of three-year prison sentences came to 432 prison years that were avoided. The Mental Health Court between 2003 and 2010 graduated 6,144 participants, which Mr. Roll said was a significant number of individuals diverted from Nevada prisons and prison expenditures.

Betsy Kolkoski, Chief Judge, Las Vegas Municipal Court, testified in opposition to proposals to withdraw state funding from Nevada's Mental Health Court. She also submitted written testimony ([Exhibit K](#)) on behalf of Cynthia Leung, Judge, Las Vegas Municipal Court.

Judge Kolkoski informed the Subcommittee that Mental Health Court participants were often individuals who committed misdemeanors. She said the Mental Health Court often diverted these individuals from committing more serious crimes.

Judge Kolkoski added that the Mental Health Court relieved Nevada's prison system from managing a costly and difficult population.

Min Choe, a graduate of the Mental Health Court, testified in opposition to the proposed budget cuts for the Court. Ms. Choe said the Court was effective in treating her mental disorder.

In response to Chair Mastroluca, Ms. Choe said she would have likely been in prison had she not participated in the Mental Health Court. She said the Court had made her a productive and healthy citizen in her community. Ms. Choe added that she was currently employed.

In response to Assemblyman Hardy, Judge Breen said the Reno Mental Health Court met every Friday at 9:30 a.m. and 12:00 p.m. He said Subcommittee members were welcome to attend the hearings.

In response to Assemblyman Hardy, Judge McGroarty said his Mental Health Court met every Thursday at 9:00 a.m., 10:00 a.m., and

1:00 p.m. Judge McGroarty invited Subcommittee members to attend the hearings if they pleased.

Mark Nichols, Executive Director, National Association of Social Workers Nevada Chapter, testified in opposition to the recommended state budget cuts to the Mental Health Court. Mr. Nichols urged the Subcommittee to find new revenue sources to fund the Mental Health Court.

Orrin Johnson, a representative of the Washoe County Public Defender's Office, testified in opposition to the recommended reductions in state funding for the Mental Health Court.

Mr. Johnson said in Nevada's criminal courts, mentally-ill criminals presented an ethical dilemma for attorneys. For example, if mentally-ill individuals committed a felony, Mr. Johnson said he could negotiate their cases to misdemeanor convictions, but the individuals would probably refuse to take their medications and would commit another crime. Conversely, Mr. Johnson said, if mentally-ill persons were convicted of a felony, they would receive treatment, but because of their criminal record, they would have difficulties finding employment. Mr. Johnson said the Mental Health Court avoided the ethical conundrums that mentally-ill criminals presented.

Kathleen O'Leary, Chief Deputy Public Defender, Washoe County Public Defender's Office, testified in opposition to the proposed budget cuts to outpatient counseling services. Ms. O'Leary told the Subcommittee that public defenders often represented patients who were involuntarily hospitalized and had not committed a crime.

Ms. O'Leary said NNAMHS had four psychologists on staff. She said if The Executive Budget reduced funds for outpatient counseling services and the four psychologist positions were eliminated, the 800 outpatients that NNAMHS served would decrease to an estimated 400 outpatients.

Echoing previous testimony, Ms. O'Leary said she interpreted the *Nevada Constitution* Article 13 to provide for mental health institutions in the least-restrictive environment. She advised that if mental health services were curtailed or eliminated, the State of Nevada would invite lawsuits from mental health providers in Nevada and nationwide.

Ms. O'Leary warned that northern Nevada was experiencing a suicidality crisis. She said she knew of 13 individuals in the City of Reno who had committed

suicide in the last four months and knew of another since she last spoke on February 1, 2011. Ms. O'Leary said her Office had opened 508 civil commitment filings in the past year, and 80 percent of the filings involved suicidal individuals. Ms. O'Leary said without outpatient counseling services, many suicidal individuals would successfully commit suicide after hospitalization.

Ms. O'Leary opined that group therapy was an ineffective method of treating suicidal individuals. She said many individuals refused to admit their pain, despair, and suicidal tendencies to others.

Ms. O'Leary reiterated previous testimony that reducing funds allocated to mental health services posed a public safety problem for Nevadans. She said such reductions would undermine law enforcement agencies' ability to manage mentally-ill individuals.

Bob Hadfield, a representative of Nevada's counties, testified in opposition to recommended state budget reductions to the Mental Health Court and community triage centers.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF MENTAL HEALTH AND DEVELOPMENTAL SERVICES
HHS – MHDS – RURAL CLINICS (101-3648)
BUDGET PAGE DHHS MHDS-57

Harold Cook, Ph.D., Administrator, Division of Mental Health and Development Services (MHDS), Department of Health and Human Services, said the Governor recommended eliminating three administrative assistant and four psychiatric caseworker positions from Nevada's rural clinics. Dr. Cook said the eliminations were recommended because a proposed consolidation of Clark County rural clinics with Southern Nevada Adult Mental Health Services (SNAMHS) and the 14 remaining rural clinics with the Rural Regional Center would require fewer employees. But Dr. Cook reported the primary reason for the eliminations was to meet budget reductions.

In response to Chair Mastroluca, Dr. Cook said MHDS intended for all Nevada's rural clinics to remain operational. Dr. Cook advised, however, that if the Division continued to experience employee recruitment and retention problems, some staff members may be forced to split their workloads between multiple clinics.

Dr. Cook explained it was practical to merge the SNAMHS budget with the clinics in Pahrump, Laughlin, Carlin, Caliente, and Mesquite. Dr. Cook noted that when one of these clinics needed managerial intervention, the merger, if approved, would expedite such interventions.

In response to Chair Mastroluca, Dr. Cook confirmed that the two recommended mergers would eliminate some employee positions. Dr. Cook said if MHDS's budget had not been reduced, some of the positions would not be slated for elimination.

In response to Chair Mastroluca, Dr. Cook confirmed that a psychologist position at the Pahrump Rural Clinic was recommended for elimination. He said the position's responsibilities would be assumed by a mental health counselor.

In response to Chair Mastroluca, who asked how mentally-ill students in Pahrump would receive an Individual Education Plan (IEP) without a Pahrump Rural Clinic psychologist, Dr. Cook responded that IEPs were required and fulfilled by the Nye County School District.

Chair Mastroluca countered that the Nye County School District was responsible for fulfilling IEPs but were not necessarily responsible for diagnosing IEPs.

In response to Chair Mastroluca, who asked why the Division's performance indicators for rural clinics were projected to remain the same for the 2011-2013 biennium, Dr. Cook answered that MHDS could not predict what influence the proposed reductions to its budget would have.

Hearing no requests for public testimony, Chair Mastroluca closed discussion on budget account 3648.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF MENTAL HEALTH AND DEVELOPMENTAL SERVICES

**HHS – MHDS – NORTHERN NEVADA ADULT MENTAL HEALTH SERVICES
(101-3162)**

BUDGET PAGE DHHS MHDS-69

Harold Cook, Ph.D., Administrator, Division of Mental Health and Development Services (MHDS), Department of Health and Human Services, said the Mobile Outreach Safety Team (MOST) program in Washoe County was a new and unique program. Dr. Cook noted that he could not think of other alternative services to the MOST program. The closest alternative Dr. Cook could identify

was that Washoe County law enforcement officers were Crisis Intervention Training (CIT) participants.

In response to Chair Mastroluca, Dr. Cook said he would provide the Subcommittee with statistics concerning MOST's performance.

In response to Senator Leslie, Dr. Cook confirmed that CIT officers did not work alongside mental health professionals.

Senator Leslie remarked that CIT was not a viable alternative to MOST.

Chair Mastroluca called for public comment regarding the recommended budget for Northern Nevada Adult Mental Health Services (NNAMHS).

William Rulla, Deputy Chief, Reno Police Department, testified in opposition to the recommended elimination of MOST.

Deputy Chief Rulla informed the Subcommittee that CIT allowed law enforcement officers to identify and manage mentally-ill clients, but MOST provided immediate treatment for the mentally ill. Deputy Chief Rulla said the elimination of MOST would create a "revolving door scenario" mentioned in previous testimony. He described MOST as an innovative partnership between the Reno Police Department and mental health services.

Paul Sevcsik, Sergeant, Reno Police Department, testified in opposition to the Governor's recommendation to eliminate the MOST program. Sergeant Sevcsik told the Subcommittee that MOST treated 473 individuals in 2010. This statistic did not include repeat patients. In the City of Reno in 2010, the Department responded to 1,742 suicidal-person calls and 397 mentally-ill-person calls.

Patrick O'Bryan, Community Action Officer, Reno Police Department, testified in opposition to the recommended elimination of MOST.

Officer O'Bryan reiterated that MOST was an innovative and effective program which was based off the Psychiatric Emergency Response Team model in San Diego, California. Officer O'Bryan said MOST was a long-term solution that was only implemented in the summer of 2010. He urged the Subcommittee to reconsider eliminating MOST so the program had ample time to prove its effectiveness.

Officer O'Bryan provided the Subcommittee with anecdotes in which MOST social workers had persuaded Nevadans with suicidal tendencies to receive treatment.

Assemblywoman Smith said she had recently toured mental health service facilities and was amazed by the effectiveness and cost-efficiency of the facilities' services. She said the public testimony presented at today's meeting reinforced her impressions regarding Nevada's mental health services and the need to preserve them.

Chair Mastroluca agreed with Assemblywoman Smith's remarks. Chair Mastroluca said although conventional wisdom advocated approaching state government with a long-term perspective, The Executive Budget provided short-term solutions through its MOST and Mental Health Court recommendations.

Amy Roukie, Facility Administrator and Director, Reno Community Triage Center, testified in opposition to the proposed elimination of MOST.

In response to Senator Cegavske, Ms. Roukie said she would provide statistics regarding aftercare services to the Subcommittee.

In response to Senator Cegavske, Ms. Roukie said WestCare, the organization that operated Reno's Community Triage Center, was in the process of building a transitional-living facility slated to open in the summer of 2011. Ms. Roukie indicated the facility was supported with funds from the City of Reno and the U.S. Department of Veterans Affairs. Ms. Roukie said she would investigate whether WestCare could provide more aftercare services to the northern Nevada community in the future.

In response to Senator Cegavske, who asked whether Ms. Roukie was familiar with the model of care provided by the Mayo Clinic in Rochester, Minnesota, Ms. Roukie responded that WestCare was already embracing the Mayo Clinic's model regarding housing and supportive services.

Senator Cegavske noted that while 12-step treatment programs were effective, they were not suitable for all individuals. Senator Cegavske praised aftercare services for individuals who resided with their families at home.

Ms. Roukie concurred with Senator Cegavske.

Chair Mastroluca called for public testimony.

Donna Shibovich, a secretary and consumer representative of the National Alliance on Mental Illness (NAMI) of Northern Nevada, read from written testimony ([Exhibit L](#)) in opposition to The Executive Budget's recommendations for the Mental Health Court.

Judy Phoenix, a representative of the Nevada Psychological Association, submitted written testimony ([Exhibit M](#)) advocating for psychology in Nevada's mental health services.

Joe Tyler, Executive Director, NAMI of Northern Nevada, testified in opposition to MHDS's proposed budget.

Shaun Griffin, Executive Director, Community Chest, Inc., testified in opposition to the recommended budget reductions to mental health services. Mr. Griffin urged the Subcommittee to find new revenue to sufficiently fund Nevada's mental health services.

Assemblywoman Smith thanked Mr. Griffin for reminding the Subcommittee about mental health services in rural Nevada.

Christy McGill, a representative of Healthy Communities Coalition, testified in opposition to the recommended budget for rural mental health services.

Assembly Committee on Ways and Means
Senate Committee on Finance
Joint Subcommittee on Human Services and Capital Improvements
February 17, 2011
Page 29

Genie Ganley-Jones, a representative of NAMI, testified in opposition to proposed budget cuts to NNAMHS.

Chair Mastroluca adjourned the meeting at 12:54 p.m.

RESPECTFULLY SUBMITTED:

Jordan Butler
Committee Secretary

APPROVED BY:

Assemblywoman April Mastroluca, Chair

DATE: _____

Senator Sheila Leslie, Chair

DATE: _____

EXHIBITS

Committee Name: Assembly Committee on Ways and Means/Senate Committee on Finance Joint Subcommittee on Human Services and Capital Improvements

Date: February 17, 2011

Time of Meeting: 8:05 a.m.

Bill	Exhibit	Witness / Agency	Description
	A		Agenda
	B		Attendance Roster
	C	Dan Musgrove, a representative of WestCare, the City of North Las Vegas, and The Valley Health System,	Executive summaries of the Las Vegas community triage center's performance for 2008, 2009, and 2010.
	D	Amy Roukie, Facility Administrator and Director of WestCare's Reno Community Triage Center	Written testimony in opposition to the recommended elimination of state funds for Nevada's community triage centers.
	E	Kevin Quint, Executive Director, Join Together Northern Nevada	Written testimony in opposition to proposed cuts in <u>The Executive Budget</u> for community triage centers.
	F	Peter Breen, Retired Judge, Second Judicial District Court	A National Association of Drug Court Professionals article on the influence of drug courts on crime rates.
	G	Peter Breen, Retired Judge, Second Judicial District Court	A comparison of Nevada prison costs versus Northern Nevada Adult Mental Health Services' costs.
	H	Peter Breen, Retired Judge, Second Judicial District Court	A comparison of jail times for graduates of Mental

			Health Court versus nongraduates.
	I	Peter Breen, Retired Judge, Second Judicial District Court	A commentary of Mental Health Court by Court graduates.
	J	Steve Roll, Specialty Courts Manager, Clark County Courts	Clark County Mental Health Court statistics.
	K	Cynthia Leung, Judge, Las Vegas Municipal Court	Written testimony in opposition to the proposed state budget cuts to the Mental Health Court.
	L	Donna Shibovich, secretary and consumer representative of the National Alliance on Mental Illness (NAMI) of Northern Nevada	Written testimony in opposition to the budget proposals for the Mental Health Court.
	M	Judy Phoenix, a representative of the Nevada Psychological Association	Written testimony advocating psychology in Nevada's mental health services.