MINUTES OF THE MEETING OF THE
ASSEMBLY COMMITTEE ON WAYS AND MEANS
AND
SENATE COMMITTEE ON FINANCE
SUBCOMMITTEES ON HUMAN SERVICES

Seventy-Eighth Session
March 11, 2015

The joint meeting of the Assembly Committee on Ways and Means and Senate Committee on Finance Subcommittees on Human Services was called to order by Chair James Oscarson at 8:03 a.m. on Wednesday, March 11, 2015, in Room 3137 of the Legislative Building, 401 South Carson Street, Carson City, Nevada. The meeting was videoconferenced to Room 4404B 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: www.leg.state.nv.us/App/NELIS/REL/78th2015. In addition, copies of the audio or video of the meeting may be purchased, for personal use only, through the Legislative Counsel Bureau's Publications Office (email: publications@lcb.state.nv.us; telephone: 775-684-6835).

ASSEMBLY SUBCOMMITTEE MEMBERS PRESENT:

Assemblyman James Oscarson, Chair
Assemblywoman Jill Dickman, Vice Chair
Assemblyman Derek Armstrong
Assemblywoman Maggie Carlton
Assemblyman John Hambrick
Assemblywoman Marilyn K. Kirkpatrick
Assemblyman Michael C. Sprinkle
Assemblywoman Robin L. Titus

SENATE SUBCOMMITTEE MEMBERS PRESENT:

Senator Mark Lipparelli, Chair
Senator Ben Kieckhefer
Senator Aaron Ford

STAFF MEMBERS PRESENT:

Cindy Jones, Assembly Fiscal Analyst
Alex Haartz, Deputy Fiscal Analyst
Jennifer Ouellette, Program Analyst
Barbara Williams, Committee Secretary
Patti Adams, Committee Assistant

The committee assistant called the roll. Chair Oscarson asked for public comment.

Mr. Barry Lovgren, private citizen, read testimony (Exhibit C) regarding the use of the liquor tax account and the availability of civil protective custody in the rural areas for public inebriates.

Chair Oscarson thanked Mr. Lovgren and asked for any other public comment. Seeing none, he closed public comment and opened the budget hearings.

HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
HHS-DPBH - BEHAVIORAL HEALTH ADMINISTRATION (101-3168)
BUDGET PAGE DHHS - PUBLIC HEALTH-150

HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
HHS-DPBH - BEHAVIORAL HEALTH INFORMATION SYSTEMS (101-3164)
BUDGET PAGE DHHS - PUBLIC HEALTH-162

Richard Whitley, M.S., Interim Director, Department of Health and Human Services, and Administrator, Division of Public and Behavioral Health, Department of Health and Human Services, reminded the Subcommittees that because there had already been a presentation of the overview of the budget, it was his intention to review the decision units within each budget, which were available in his "Mental Health Budget Presentation" (Exhibit D).

He began with budget account (BA) 3168, Behavioral Health Administration, and BA 3164, Behavioral Health Information Systems. He recounted that during the 77th Legislative Session (2013), the Legislature approved the merger of the mental health budget accounts with the Health Division, creating the Division of Public and Behavioral Health (DPBH). The action resulted in a number of positions that performed administrative functions outside of the budget accounts.

Mr. Whitley explained that to realign the imbalance, DPBH was proposing an administrative structure that would transfer various positions and eliminate BA 3164. He advised that no staff would be moved during the alignment, but that the move would allow the agency to maximize cost allocations and indirect costs charged to federal grants. The Enhancement (E) decision units involved were E-902, E-904, and E-908 in BA 3164 and E-904, E-907, E-908, E-931, E-932, E-933, and E-934 in BA 3168.

Continuing with his presentation, Mr. Whitley described the following decision units within BA 3164:

- E-227 – Funded 100 new myAvatar licenses to support Nevada's behavioral health facilities and staff.
- E-710 – Funded five replacement computers.
- E-930, E-939, and E-940 – Transferred replacement equipment and myAvatar licenses to various budget accounts.

Within BA 3168, Behavioral Health Administration, Mr. Whitley outlined decision unit E-930, which transferred myAvatar license expenses from BA 3164. He described E-931, which transferred all federal grants and three positions in Behavioral Health Administration to BA 3170, Behavioral Health Prevention and Treatment, formerly known as the Substance Abuse Prevention and Treatment Agency, to integrate the mental health and substance abuse grants consistent with the federal Substance Abuse and Mental Health Services Administration (SAMHSA) allowances. The purpose of this transfer was to move the Division to a recovery-oriented system of care. Mr. Whitley concluded his presentation of BA 3164 and BA 3168.

Assemblywoman Carlton asked for assurance that the decision units involving the realignment of positions were accounting adjustments and did not move or eliminate any employees. She inquired whether there had been any concerns from clients on the changes.

Mr. Whitley assured the Subcommittees that staff had not been moved or eliminated. He said that the merger had no effect at the client level, but only at the administrative level.

Assemblywoman Carlton commented that making changes to serve one population should not negatively affect other populations.

Assemblyman Sprinkle mentioned that it appeared 14 full-time-equivalent positions were being eliminated, and he asked whether the positions were vacant.

Mr. Whitley replied that no positions were being eliminated, nor were there any changes to staff duties. He explained that the realignment of the positions was intended to maximize cost allocation, which was how the agency was reimbursed for its costs to deliver services. The move would also serve to align federal grants and the reimbursement the Division received to administer the grants.

Senator Kieckhefer asked why the agency was indicating the need for 100 software licenses, but was asking for funding for 200. He inquired whether the software license was an annual expense.

Mr. Whitley said that the intent was to cover 100 one-time license fees. He recognized that the agency had made an error in annualizing the cost.

Chair Oscarson asked what percentage of the agency's clients had both substance abuse and mental health disorders.

Mr. Whitley stated that SAMHSA had national data indicating that an estimated 65 percent of individuals with substance abuse disorders had a mental health condition, and that about half of people with mental health disorders had a substance abuse problem. A majority of clients, therefore, had co-occurring disorders. He mentioned that a psychologist in Washoe County, who did assessments while working with drug and mental health courts, had found that the national statistics held true for Nevada.

Chair Oscarson questioned whether clients who did not have co-occurring disorders would still receive the treatment they needed, and Mr. Whitley assured the Subcommittees that they would.

Chair Oscarson asked whether the agency would still need 100 myAvatar licenses if the reopening of Stein Hospital was not approved.

Mr. Whitley answered that, because most of the licenses were for the Stein Hospital, DPBH would need only seven licenses if the hospital was not approved.

HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
HHS-DPBH - BEHAVIORAL HEALTH PREV & TREATMENT (101-3170)
BUDGET PAGE DHHS - PUBLIC HEALTH-171

Richard Whitley, M.S., Interim Director, Department of Health and Human Services, and Administrator, Division of Public and Behavioral Health, Department of Health and Human Services, said that the agency was requesting to rename the Substance Abuse Prevention and Treatment Agency (SAPTA) to Behavioral Health Prevention and Treatment. He explained that budget account (BA) 3170 funded services at a community level and that the state was not a direct provider of services.

Mr. Whitley described the major Enhancement (E) decision units in BA 3170:

- E-710 – Requested 22 replacement computers.
- E-903 – Transferred three fiscal staff to BA 3223, the Office of Health Administration.
- E-931 – Transferred the federal grants and three positions from BA 3168, Behavioral Health Administration.
- E-934 – Transferred one clinical program planner from BA 3168.

Chair Oscarson requested an overview of some of the concerns experienced by the providers: staff credentials not meeting Health Plan of Nevada requirements, failure to file timely claims, and low reimbursement rates.

Tracey D. Green, M.D., Chief Medical Officer, Division of Public and Behavioral Health, Department of Health and Human Services, replied that the transition to care under the Affordable Care Act (ACA) had been problematic. Prior to the ACA, the SAPTA providers were funded by the agency. As the Division moved toward having a pay source for the clients, the agency had been working with each SAPTA provider to ensure that all of them were credentialed providers for both fee-for-service Medicaid and Medicaid managed care. The Medicaid managed-care administrators were Health Plan of Nevada (HPN) and Amerigroup.

Dr. Green elaborated, saying the agency had seen two problems. The first problem had been that some of the managed-care organizations required a certain level of clinician skill sets. When a SAPTA provider did not have the HPN-required master's level clinician, HPN would not enroll it as a provider. Each of the managed care organizations had to have an adequate network, but they were able to specify the clinician level that they required. The agency was evaluating the SAPTA providers to determine what level of clinicians they had and what types of services each offered. Each service that a provider wanted to bill Medicaid for must have been determined to be medically appropriate. She explained that a service that might be useful for a client might not be deemed medically appropriate and, therefore, not covered under Medicaid managed care.

Dr. Green continued, explaining that moving the SAPTA providers from nonbillers to billers had also presented challenges: how to bill Medicaid, how to assure prior authorization was obtained, and how to appeal a claim if denied. Many SAPTA providers were also frustrated with the length of time it took to get reimbursement.

Dr. Green said that the agency had assigned an individual to each of the SAPTA providers to assess their status and determine what steps they needed to take to be eligible for reimbursement under both managed care and fee-for-service models. She was happy to tell the Subcommittees that all the SAPTA providers were eligible for fee-for-service reimbursement, and most were eligible for managed care, although the HPN credentialing challenges persisted.

Dr. Green continued to elaborate on ways the agency had helped the SAPTA providers, including putting medical oversight in the clinics that did not currently have a medical director, while the provider sought to secure one. The agency had also placed some staff into the providers' clinics to assist with the billing process. She emphasized that it was an ongoing effort to resolve the problems.

Chair Oscarson asked whether DPBH anticipated that clearing up the issues with HPN would lead to increased Medicaid reimbursements.

Dr. Green believed that the outcome would be that some providers would not qualify to be in the HPN network. She noted that some of the providers would bring in additional Medicaid; others would not change their service delivery model and ultimately would not be enrolled in that particular managed-care program.

Chair Oscarson inquired whether there was a provisional plan if the network proved to be inadequate.

Dr. Green stated that it was important for Medicaid to hold the managed-care networks accountable, as it was their duty to have an adequate network. The Division would have to work with their partner agencies to look at the issues surrounding adequacy and determine how to better address them.

Assemblyman Sprinkle, referring to the staff that had been placed within the SAPTA provider offices to assess and help them, asked whether staff's regular duties had suffered in the meantime.

Dr. Green said that the role of staff was to ensure assistance to the providers, but as the SAPTA providers progressed to more independence, staff duties would transition to tasks like assuring that billing and electronic health records were being done appropriately.

HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
HHS-DPBH - RURAL CLINICS (101-3648)
BUDGET PAGE DHHS - PUBLIC HEALTH-181

Richard Whitley, M.S., Interim Director, Department of Health and Human Services, and Administrator, Division of Public and Behavioral Health, Department of Health and Human Services, described budget account (BA) 3648, Rural Clinics, which provided counseling and supportive services.

Mr. Whitley referred the Subcommittees to page 12 of the Mental Health Budget Presentation (Exhibit D), which showed where the clinics were located and the average number of clients seen monthly in each clinic.

Mr. Whitley recapped the major decision units within BA 3648, including decision unit Enhancement (E) 226, which requested funds to replace the current Internet services at all rural mental health clinics with a more efficient, single user T-1 line.

Chair Oscarson requested more detail as to the reason for E-226 and whether enhanced Internet capabilities would enable telemedicine at the clinics.

Mr. Whitley agreed that the upgrade to T-1 lines would allow the Division of Public and Behavioral Health (DPBH) to more fully use telehealth, and the efficiency of T-1 was crucial because DPBH used electronic medical records.

Assemblywoman Titus asked whether all the rural clinics would have broadband access, and Mr. Whitley replied that complete broadband access was the Division's goal.

Senator Lipparelli inquired whether the agency had investigated sharing T-1 lines with other state agencies.

Mr. Whitley responded that the agency was already sharing broadband with other agencies, and DPBH was attempting to position the public and mental health facilities in various rural areas in shared office space. This would result in cost savings and allow the sharing of broadband access as well.

Chair Oscarson asked about the Division's difficulties in meeting its Substance Abuse Prevention and Treatment (SAPT) block grant maintenance of effort (MOE) requirement, whether penalties had been imposed, and whether the agency had applied for waivers of penalty.

Mr. Whitley conceded that all grants stipulated an MOE, and consequently, there was always the possibility of failing to meet that standard. He said that in the past, the agency had failed to meet the MOE and had been granted a waiver. He explained that the Division failing to meet the MOE was a direct result of the Affordable Care Act (ACA) because many of the services were now reimbursed by Medicaid. The agency had sent a letter to the federal Substance Abuse and Mental Health Services Administration indicating that because expanded Medicaid was now covering the population, there was no longer a need for the State General Fund to pay for services. The agency had no response to date. He added that many other states that had expanded Medicaid were in the same situation. He believed that ultimately the federal government would recognize that, with the changes brought by the ACA, there needed to be a realignment of the grants to pay for direct services.

Chair Oscarson recalled that in an Interim Finance Committee (IFC) meeting, the Governor recommended a sweep of about $45,000 from BA 3170 for the State General Fund. He asked whether the waivers Mr. Whitley was referring to were for failing to meet the MOE in 2010 and 2012.

Mr. Whitley said they were and explained that the request to IFC for additional funds was to address the struggle of many of the SAPTA providers as they moved into the reimbursable model and billed Medicaid. The crisis of funding the providers were experiencing was not because the services were not reimbursable, but because the providers had been unable to bill Medicaid effectively and were reliant on General Funds.

Mr. Whitley described decision unit E-227 in BA 3648, which requested funds for the relocation of clinics in Battle Mountain, Elko, Fallon, and Lovelock, in addition to space expansion of clinics in Fernley and Gardnerville. He explained that E-228 funded 15 contract positions, consisting of 10 case managers and 5 mental health counselors, plus 2 state clinical social worker 3 positions.

Mr. Whitley continued, noting other major decision units within the budget:

- E-710 – Funded replacement furniture.
- E-719 – Funded replacement microwave equipment.
- E-905 – Transferred 5 positions to BA 3223, the Office of Health Administration.
- E-912 – Transferred Caliente and Pahrump rural clinics from BA 3161 to BA 3648.

Assemblywoman Kirkpatrick asked what methodology was used to determine the caseload ratio in the request for new positions. She recalled that there was a lot of discussion during the Governor's Behavioral Health and Wellness Council regarding the managed-care programs. She expressed concern about making sure DPBH was asking for enough caseworkers, since this area of the budget had been neglected for many years. She asked how the agency anticipated the new positions would help client flow.

Mr. Whitley explained that DPBH had chosen to request contractual positions because of the difficulty of recruiting, especially in rural Nevada. He stated that case manager was the most flexible position because personnel could have a variety of clinical backgrounds. He emphasized that in rural areas, the Division's clinics were not just the safety provider for low-income clients, but in some instances, they were the only provider. The agency wanted to build capacity in the communities and, with the state serving as the safety net, have communities with a full complement of clinical services. He believed having a mix of contractual and state employees was the best way of achieving that goal.

Assemblywoman Kirkpatrick said she applauded the agency's efforts to make services more available and convenient for all Nevadans.

Assemblywoman Titus commented on the waitlist for mental health services, and asked whether the agency had plans for reducing the waitlist.

Mr. Whitley responded that telehealth was one way the agency was addressing waitlist times. He added that the waitlist did not capture the data resulting from DPBH working to try to intervene earlier and prevent a crisis, especially in the rural areas and in collaboration with the jails.

Assemblywoman Titus encouraged the Division in its efforts toward early intervention and prevention, catching individuals before they went to jail or were committed, and she thought the agency was on the right track.

Chair Oscarson commented on the significant mental-health challenges experienced in Nye County, stating that the emergency room had acquired telehealth ability, and the mental-health nurse in Pahrump was recently credentialed at the hospital and could assess state clients for services there. He anticipated that would be a great access point for serving the community and hoped it would serve as a model for some of the other rural areas. He asked, since the Division's goal was to collocate public and behavioral health services, why the behavioral health budget was completely responsible for the ongoing rental expenses.

Mr. Whitley replied that it was a result of two programs that did business differently. He explained that the community health nursing program was the public health service in the rural areas that included immunization and well-child checkups. The counties contributed both financially and in-kind to the program, with buildings and with staff in some cases. Historically, the same contribution did not exist for the behavioral health program, but every county that the Division engaged with saw the benefits of collocated programs. Mr. Whitley believed the matter would have to be addressed community by community, determining where the best location was and where services could be centralized, with the goal of maximizing resources.

Chair Oscarson commended the effort by DPBH to centralize services in the rural communities.

Mr. Whitley said he would like to point out that innovative programs, such as the jail outreach and mobile outreach to the emergency rooms, had been done within the existing budget, with no infusion of federal funds. He wanted to recognize the leadership of Kathryn Baughman and her staff at Rural Community Health Services in providing clinical services that were reimbursable through Medicare and Medicaid. He pointed out that this budget was anticipated to revert about $1.5 million to the General Fund.

HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
HHS-DPBH - NO NV ADULT MENTAL HEALTH SVCS (101-3162)
BUDGET PAGE DHHS - PUBLIC HEALTH-192

Richard Whitley, M.S., Interim Director, Department of Health and Human Services, and Administrator, Division of Public and Behavioral Health, Department of Health and Human Services, explained that budget account (BA) 3162, Northern Nevada Adult Mental Health Services, included both inpatient and outpatient services.

Mr. Whitley highlighted the major Maintenance (M) decision units for the budget account:

- M-101 – Funded medication inflation.
- M-102 – Funded food inflation.
- M-200 – Funded an increase in projected medication clinic cases by adding two psychiatric nurses and one senior psychiatrist.
- M-201 – Funded an increase in projected residential services.
- M-202 – Funded an increase in projected mental health court cases.
- M-209 – Funded a part-time substance abuse counselor focused on clients with co-occurring disorders.
- M-425 – Funded deferred maintenance.

Assemblywoman Kirkpatrick recalled that the Governor's Behavioral Health and Wellness Council discussed at length the importance of the mental health courts and the benefits the clients received from them. She wanted to make sure that the Division of Public and Behavioral Health (DPBH) considered the long-term caseload growth rate in all parts of the state. She worried that the trend was to push funds towards one problem to the detriment of something else, and consequently the state continuously chased problems.

Mr. Whitley replied that the mental health court had been used differently in the northern and southern parts of the state, and that at one time, it was underutilized in southern Nevada. He stipulated that was no longer the case. In the north, mental health court had always had caseload growth and had expanded, but it had not always had the emphasis that DPBH was giving to it now. The focus going forward, he said, was on prevention and early intervention, and he stressed the partnership between behavioral health agencies and law enforcement. He stated that the programs were evidence-based, and over 80 percent of the clients who participated completed the program and avoided further admissions to the hospital or the jail.

Assemblywoman Kirkpatrick said that the success of the programs saved funds over the long term. More importantly, she felt, clients were returned to the community, allowed to be successful, and moved toward independence.

Assemblyman Sprinkle agreed that the mental health court program was working to identify and intervene early. He expressed concern that the caseload growth could outstrip the ability of the state to pay for services, as more and more individuals were identified as needing services.

Mr. Whitley replied that the projected caseload growth was for housing support, because the clinical services were largely reimbursed by Medicaid and Medicare. He stated that the Division had received some large grants for housing for persons with mental illness, but he acknowledged more could be done to pursue grant funding. The agency would be trying to integrate housing support for the mentally ill with community housing supports because the mentally ill should not be separated from the community. He said the agency was trying to move away from repeatedly placing individuals in temporary crisis housing and toward providing permanent housing solutions.

Senator Kieckhefer asked why the cost per client in transitional housing had increased dramatically in the last four years. He wondered whether the increase was being driven by the acuity of the client population.

Mr. Whitley said the recession had driven housing costs down, and now that the recession was abating, housing and rent costs were rising. There were times placement was difficult because not all neighborhoods welcomed a group home.

Assemblywoman Kirkpatrick recalled that the Governor's Council had made recommendations to enhance housing stability for individuals with mental illness by partnering with the business community and providing incentive payments to apartment complex owners. She emphasized that housing permanence, stability, and integration into the community were desirable goals with proven success records.

Mr. Whitley agreed that the Governor's Council had generated many ideas for outreach and business collaboration opportunities. The DPBH had found that the most value for the money came from working with local housing authorities and coalitions that addressed homelessness. He indicated the Division was looking at housing over the long term as a continuum, from emergency crisis housing to long-term placement. He said the DPBH in the past had isolated itself from other housing services to its own detriment, but was now trying to integrate at a community level with local housing authorities and homelessness prevention advocates to ensure that client housing needs were addressed in conjunction with the rest of the community.

Assemblywoman Dickman asked whether there was a large demand for transitional housing services not currently being met.

Mr. Whitley responded that there was, but the Division believed that expanding permanent housing was more critical, and that with more permanent housing, the agency could likely prevent the churning with the criminal justice system and hospitalization.

Chair Oscarson requested more detail regarding the medication waitlists, because he understood that they played a significant role in the decompensation of some patients.

Tracey D. Green, M.D., Chief Medical Officer, Division of Public and Behavioral Health, Department of Health and Human Services, agreed that the provision of medication to clients was critical to their success and ability to maintain independence in the community. She added that the Division had tried to find the balance between the state provision of services and the ultimate community capacity to provide medication clinics. In the budget, the agency had proposed an increase for medication clinics, but it was anticipated that over time, as community capacity grew with more providers assuring services to Medicaid clients, it would see a transition in that caseload. She remarked that there would be some niche areas that would not be met by the community, such as medication-assisted treatment that supported substance abusers as they came off opiates and injectable psychotropic medication for the seriously mentally ill.

Chair Oscarson asked how the agency planned to recruit for the psychiatric nurse and psychiatrist positions.

Mr. Whitley verified that most of Nevada, including the urban areas, was a designated shortage area for behavioral health clinicians. The agency was reaching out to the universities, so that state-run facilities could be placement sites for medical, nursing, social work, and psychology interns in the hope that they might stay after their internships. The Division was promoting the [National Health Service Corps] Loan Repayment Program, because serving in designated underserved areas allowed qualified applicants to access funds to help repay student loans. He acknowledged that filling professional positions within the behavioral health field was a constant challenge.

Assemblywoman Titus encouraged DPBH to promote the moonlighting program, which she thought had been very valuable to her as an intern.

Assemblyman Sprinkle said he was a strong supporter of using the resident program to recruit staff, but he asked why funding allocated in the past had not been fully used.

Dr. Green noted that, particularly in northern Nevada, there was a limited number of clinician residents, and they had many other opportunities for training, such as the U.S. Department of Veterans Affairs or the private sector. The agency was hoping the additional funding would allow more support, and the residency candidates would choose the Division. Additionally, the agency was trying to determine the candidates' specialty interests to better place them for permanency.

Assemblywoman Carlton recognized that there had been a historic problem attracting and retaining professionals and asked for a status update.

Dr. Green replied there were 1.5 full-time-equivalent psychiatrist vacancies in northern Nevada. She said the agency was primarily staffed with contract employees, although there were two state medical physician positions filled in the north.

Assemblywoman Dickman asked how the moonlighting program differed from the residency program.

Dr. Green responded that there were two opportunities for training in agency facilities. The first was the residency program, which was part of the school process in which the residents rotated on the clinical wards, worked with supervising psychiatrists, and participated in patient care and treatment. The second was the moonlighting program, which was after-hours and weekend coverage and was not part of the school program.

HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
HHS-DPBH - SO NV ADULT MENTAL HEALTH SERVICES (101-3161)
BUDGET PAGE DHHS - PUBLIC HEALTH-205

Richard Whitley, M.S., Interim Director, Department of Health and Human Services, and Administrator, Division of Public and Behavioral Health, Department of Health and Human Services, explained that the Southern Nevada Adult Mental Health Services (SNAMHS) budget account (BA) 3161 included both inpatient and outpatient services.

Mr. Whitley outlined the major Maintenance (M) decision units within BA 3161:

- M-101 – Funded medication inflation.
- M-201 – Funded an increase in projected residential services.
- M-202 – Funded residential service growth for mental health court.
- M-425, M-426, M-427, and M-428 – Funded deferred maintenance projects.

Mr. Whitley continued with the major Enhancement (E) decision units:

- E-227 – Funded an increase of one psychiatric nurse from part-time to full-time.
- E-276 – Funded an increase in the number of residents participating in the University of Nevada School of Medicine psychiatric residency program.
- E-277 – Funded psychology testing materials and established a token economy program within the inpatient psychiatric forensic unit at Rawson-Neal Hospital.
- E-350 – Funded a statewide psychiatric medical director.

- E-360 – Funded staffing and related operating expenses for the Stein Hospital.
- E-365 – Changed funding from State General Fund to Medicaid managed care for inpatient services.
- E-366 – Changed funding from State General Fund to Medicaid managed care for outpatient services.
- E-710 – Funded replacement of furniture and equipment.
- E-720 – Funded new software and equipment.
- E-906 – Transferred one management analyst to BA 3223, Office of Health Administration.
- E-912 – Transferred Caliente and Pahrump clinics to BA 3648, Rural Clinics.

Senator Kieckhefer asked why the requested staffing levels at Stein Hospital were so much higher than initially requested from the Interim Finance Committee (IFC) and also high relative to the staffing ratio at Lakes Crossing Center.

Chelsea Szklany, Registered and Licensed Occupational Therapist, Deputy Administrator for Clinical Services, Division of Public and Behavioral Health (DPBH), Department of Health and Human Services, explained that the additional staff was needed for safety and security and to achieve the hospital's accreditation. The original request to IFC was to open one unit in the Stein Hospital building, but later IFC approved funding to open the entire hospital, or six units. Stein Hospital was originally constructed to meet requirements for patient privacy, so in the hardening of it for forensic beds, there were problems with the layout: long hallways, blind corners, block walls, and isolated staircases. She said that the agency had to compensate for the structure of the building with staff. The primary staffing needs for the hospital were mental health technicians, forensic specialists, and psychiatric nurses.

Ms. Szklany explained that to receive Centers for Medicare and Medicaid Services (CMS) accreditation, there were many criteria that a hospital had to satisfy: quality assurance, staffing, privileging, and facility maintenance. She said the many requirements meant there was an additional infrastructure of staff needed for Stein to operate as a hospital.

Senator Kieckhefer asked when DPBH anticipated opening and transferring patients into Stein Hospital.

Ms. Szklany replied that the State Public Works Division, Department of Administration, expected to hand the building over to the Division of Public and Behavioral Health on October 1, 2015, and if the opening was approved and staff hired, patients could be transferred by mid-November 2015. The agency had informally started the recruitment process with residency and student programs in the south that included nine schools of nursing, a preceptor program, advanced education for nurses, and the loan payment program previously mentioned. She added that among the Division's internal staff there had been interest expressed in forensic careers.

Senator Kieckhefer inquired whether there would be enough time to train staff prior to admitting patients.

Ms. Szklany said the agency was talking with the Las Vegas Metropolitan Police Department, which was willing to help with continuing education and Peace Officers' Standards and Training (POST) instruction. She said in the north, POST training was provided free by the prison system, and she hoped a similar deal could be negotiated with the prison system in the south. Additionally, the agency had identified staff that were interested in forensic work, and it was hoped that training could start in July for them to go through POST training and be ready to come on board by October.

Assemblyman Sprinkle said an ongoing complaint heard throughout the budget hearings was the difficulty in hiring and retaining staff. He also mentioned that several bills were in committee that could potentially cut back on state employee benefits. The Stein Hospital was planning to hire 154 staff, many of them highly educated, trained individuals, and he wondered how DPBH expected to be able to fill and retain all the positions. He expressed concern that the state would only serve as a training ground before the employees moved on to other jobs elsewhere.

Ms. Szklany reiterated that the Division was working hard to recruit, especially through the universities and by sponsoring booths at professional conferences. To improve retention, it would offer flexible schedules, opportunities for advancement, and a loan repayment program.

Assemblywoman Carlton asked whether 2 percent medication inflation was adequate to meet the needs of the agency.

Mr. Whitley said that 2 percent was the standard rate of inflation used by Medicaid.

Assemblywoman Carlton requested more information on the community triage centers and the reason for the differences year to year in the budget for the southern Nevada center. She inquired whether the triage center was funded with federal dollars.

Mr. Whitley replied that the funding for the triage centers, currently managed by WestCare, came from a mix of local government, hospitals, and state funds.

Assemblywoman Carlton noticed that in northern Nevada, the budget line was for a straight $500,000 each year, but in southern Nevada, it varied quite a bit, and she asked for clarification of the formula that had been used.

Mr. Whitley explained that, in the past, some resources were not used, and that had a negative effect on the base budget that was now being corrected. Through a recommendation from the Governor's Behavioral Health and Wellness Council, DPBH had been able to get additional funding for an increase in bed count in southern Nevada from 36 to 50, and that increase was reflected in the budget request.

Assemblywoman Carlton expressed concern that when state resources went unused, it triggered a downward spiral. She wanted to make sure that as the funding decreased, the agency was still able to provide the services that were desperately needed in southern Nevada.

Mr. Whitley said that while hospitals had always been able to be relied on for their portion of the funding, it had sometimes been a challenge to coordinate the funding portion from southern Nevada local governments. He added that many of the services were now reimbursable and, because WestCare was a Substance Abuse Prevention and Treatment Agency provider, DPBH was working with the company to maximize the opportunity to bill Medicaid.

Assemblywoman Carlton said she would follow up with Clark County regarding any difficulties it might be having with their portion of the funding.

Chair Oscarson asked for the status of Stein Hospital's CMS certification and ability to bill Medicaid.

Mr. Whitley stated that Stein Hospital had remained licensed by the state throughout its closure. The hospital was really a forensic unit expansion of Rawson-Neal Psychiatric Hospital and would need CMS certification. Once received, it could bill for services. He said, however, that the Social Security Act contained a restriction on reimbursement from Medicaid for stand-alone psychiatric hospitals. This restriction occurred in the 1960s when the intent was to deinstitutionalize individuals. The only opportunity for reimbursement was for the state to get approval from CMS for managed-care organizations, which contracted with Medicaid, to contract with a freestanding psychiatric hospital. The Division received that approval in November 2014, and now the managed-care organizations had their contracts amended and worked with a variety of freestanding hospitals. He explained that when people became newly eligible for Medicaid, they were, by default, enrolled in fee-for-service Medicaid, which could not reimburse to a stand-alone psychiatric hospital. In Las Vegas, the problem was allayed by Valley Hospital Medical Center, which built a psychiatric unit in its acute hospital and therefore could be reimbursed for fee-for-service Medicaid. He said that he and Dr. Green were engaged with Medicaid to change this model, because it would be a benefit to the state if the newly eligible could enroll as managed-care patients. He added that Stein Hospital, once CMS certified, could bill for clients who were disabled and covered by Medicare, but he admitted that was a significantly lower proportion of the agency's clients.

Senator Kieckhefer asked whether DPBH expected to have resolved the problem of Medicaid reimbursement in time to build it into the current budget.

Mr. Whitley explained that Medicaid reimbursement was a problem for the civil hospitals as well, because often an individual's first encounter with the health-care system was when he or she experienced a mental health crisis, and that was the first opportunity to be made eligible for Medicaid. If fee-for-service was the default reimbursement arrangement, hospitals were severely limited as to placement of the individual.

Assemblyman Sprinkle asked for clarification of the differences in mental health courts between the one-year program in the north and the three-year program in the south, and what effect the program had on the previously-discussed housing problem.

Mr. Whitley believed DPBH needed to do a better job relating what the agency was actually paying for. The state was only paying for a piece of the service, so when looking at a three-year program, the General Fund housing supports were intended for transitional housing. The goal was to get the consumer into longer-term housing, which would not be captured in the budget. He stated that in Las Vegas, Mojave Mental Health [University of Nevada School of Medicine] was providing mental health court services, as opposed to northern Nevada, where the state was the only provider. He said the agency was working to better show the complete picture of mental health funding responsibilities in the state, especially as it partnered more with other community organizations

Mr. Whitley explained that in northern Nevada, mental health court was broader and treated individuals with felony or misdemeanor charges, many of whom did not need housing support. In southern Nevada, the mental health court was for felony defendants only, and most needed housing support. He acknowledged the agency could do a better job showing the differences in mental health courts.

Chair Oscarson asked whether the addition of 47 forensic beds at Stein Hospital would affect Lakes Crossing Center.

Mr. Whitley replied that the majority of the census at Lakes Crossing was from southern Nevada, so the result of Stein Hospital's opening should be to relieve the burden at Lakes Crossing Center. The Division was under a consent agreement for timeliness of accepting referrals from the court, and the short-term strategy had been to convert civil units in the Dini-Townsend Hospital to forensic units to take overflow clients. He anticipated that the opening of Stein Hospital would relieve that burden and make space in Dini-Townsend for more Medicaid-reimbursable clients.

Mr. Whitley said that Lakes Crossing had received Capital Improvement Program approval for some structural improvements; once the improvements were completed, DPBH could approach CMS for certification. The agency's goal was to have all the hospitals certified to maximize reimbursement. He concluded that opening Stein Hospital would result in a reduction in the need for beds at Lakes Crossing.

Chair Oscarson asked whether rural area clients would be split between the north and south mental health courts.

Mr. Whitley agreed that was likely, with the caveat that Lakes Crossing was a more correctional-like building than a civil hospital, so the Division needed the flexibility to assess clients and assign them to the hospital best suited to their acuity and safety needs.

Assemblyman Sprinkle asked whether the Lakes Crossing Center would act as an overflow if the 47 beds at Stein Hospital were filled.

Mr. Whitley responded that Lakes Crossing would accept overflow and clients needing a more secure facility.

Assemblywoman Titus commented that the clients in forensic facilities could be very dangerous and there would always be a need for a very secure facility such as Lakes Crossing.

Senator Kieckhefer mentioned a bill [Senate Bill 10] that was intended to allow the Division to work with inmates to bring them back to competency, and he asked whether DPBH was engaged with the jails to ensure that they had the capacity and ability to accomplish that goal.

Mr. Whitley responded that the agency was supportive of the bill, as it had been when it was introduced in the last legislative session, because he believed there was a need to explore options. He said there were other states that allowed competency treatment in jail, which had been of benefit when used appropriately. The bill gave permission to DPBH to explore the opportunity of using jail treatment as a tool for the forensic population.

Senator Kieckhefer commented that should the bill be enacted, it might relieve some of the burden on both Stein Hospital and Lakes Crossing.

Assemblywoman Kirkpatrick recalled that there had been a lot of valuable information shared and discussed at the Governor's Behavioral Health and Wellness Council regarding the best use of resources. She expressed frustration that the state did not engage in more long-term planning, frequently putting resources toward a problem only to cause a different problem somewhere else. She said that the backlog had caused people to stay in jail, when it was proven that they needed to have access to services so they could move forward. She stressed the value of early intervention in reducing the number of repeat offenders. She hoped the Subcommittees would have the opportunity to hear more about the recommendations of the Governor's Council.

Chair Oscarson asked what effect the new CMS psychiatric hospital reimbursement agreement had had on private hospitals, emergency rooms in southern Nevada, and occupancy rates for inpatient facilities. He wondered whether DPBH anticipated increased Medicaid reimbursements in the future.

Mr. Whitley explained that the emergency room backlog was the main reason for the rethinking of mental health court policy. Raising the rate for reimbursement had been a first step for an acute hospital with a behavioral health unit. The rule from CMS was that the rate for managed care to reimburse to a freestanding psychiatric hospital had to be lower than the approved rate for fee-for-service Medicaid. The policy change at CMS changed the dynamic, because the problem in southern Nevada was never that there were not enough beds, but that the hospitals could not be reimbursed for the beds. The Division's emergency room waitlist had decreased every week since the change to reimbursement rates, from a high of 145 to 21 currently. He said that for a brief period the prior week, there had been a few hours with no individuals waiting.

Mr. Whitley concluded that the market was apparently taking care of the waitlist problem, and that left the possibility that the state going forward might see less demand for civil beds. He said that the potential for empty beds in the civil facility [Rawson-Neal Hospital] meant that staff could be retooled for forensic beds at Stein Hospital, with accompanying savings reflected in the budget. He acknowledged that there was not enough history to assure the savings, and that would still have to be determined. The focus would now be on the clients that were classified as uninsured, which could be undocumented individuals or individuals who simply refused to apply for Medicaid. The agency was currently looking into the feasibility of applying for Medicaid on their behalf, as was done by the Department of Corrections.

Mr. Whitley recalled that the state had been criticized in the past for assisting clients in returning to their homes outside the state and said that Las Vegas was a magnet city where the Division saw a significant population from out of state. Some of the individuals were Medi-Cal enrollees from California, and the agency was investigating the possibility of enrolling as a Medi-Cal provider, so it could maximize the opportunity for reimbursement.

Chair Oscarson commented that it was gratifying to hear that the waitlist had been reduced so dramatically. He noted that it meant people were accessing care in a timely manner and therefore avoiding additional costly services.

He credited much of the success to the Governor's Council and to the Division staff.

Assemblywoman Kirkpatrick acknowledged the staff of the Division of Public and Behavioral Health and their tireless efforts toward streamlining the process whereby the mentally ill could access services.

Assemblywoman Carlton asked whether there were available beds at North Vista Hospital and how the Division assessed bed availability.

Mr. Whitley replied that because DPBH did not fund North Vista, he did not have the numbers. He acknowledged that the agency could have done a better job capturing the data on where consumers were going from the emergency room.

Dr. Green added that the agency was developing a communications process with the private psychiatric hospitals so that they could assess where the beds were to assist with the triage of clients in emergency rooms. She expected that process development to begin within the next month.

Assemblywoman Dickman asked why the funds allocated in 2014 for the psychiatric residency program were not spent and how many additional psychiatric residents the agency would be able to fund should the Governor's recommended budget be approved.

Dr. Green explained that in the previous two years, the Division had lost some residents within the residency program. When a resident left the program, in subsequent years the slot was left unfilled, leaving a reduction in the numbers in the program. She said that DPBH was excited that the University of Nevada School of Medicine was actively recruiting and filling its residency program, and the agency anticipated moving the current second- and third-year residents into the fourth-year residency program. The fourth-year residents were the farthest along in the program and provided the most services in the hospital. She stated that she could not provide exact numbers because all the residents worked on rotations of three to four months, so it took four residents to provide one full-time employee. The Division was using all residents in the current residency program and was filled for the fourth-year residents.

Assemblywoman Dickman asked what percentage of residents stayed in Nevada once they completed their residency program.

Dr. Green did not know the percentage, but she did know DPBH had four current graduates working in the hospital in the south and two current residents working in the hospital in the north. She offered to get the percentage for the Subcommittees.

Chair Oscarson asked Mr. Whitley to expand on the reasons and methodology for transferring the Caliente and Pahrump clinics to the Rural Clinics budget account.

Mr. Whitley replied that the rural definition for the public health program did include Caliente and Pahrump, and he had previously testified that the Division's intent was to integrate the clinical models since they served the same populations. What was termed rural in Clark County [Laughlin, Mesquite, and Moapa] would be served under the SNAMHS model.

Chair Oscarson expressed his support of the agency's intent and asked Mr. Whitley to proceed with his presentation.

HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
HHS-DPBH - FACILITY FOR THE MENTAL OFFENDER (101-3645)
BUDGET PAGE DHHS - PUBLIC HEALTH-221

Richard Whitley, M.S., Interim Director, Department of Health and Human Services, and Administrator, Division of Public and Behavioral Health, Department of Health and Human Services, described budget account (BA) 3645, Lakes Crossing Center, as a licensed facility with 86 forensic beds, 56 beds at Lakes Crossing proper and 30 beds at the Dini-Townsend annex.

Mr. Whitley outlined the major Maintenance (M) decision units within BA 3645:

- M-101 – Funded medical inflation.
- M-102 – Funded food inflation.
- M-425 and M-426 – Funded deferred maintenance projects.

Mr. Whitley continued, outlining the major Enhancement (E) decision units within BA 3645:

- E-227 – Funded mental health technician certification training for 19 forensic specialists.
- E-228 – Funded additional in-state travel.
- E-231 – Funded additional out-of-state travel to transport clients to adult care facilities.
- E-365 – Required counties to reimburse Lakes Crossing Center at an appropriate daily rate for client commitments who were county residents under *Nevada Revised Statutes* (NRS) 178.461. Bill draft request 15A4061266 had been submitted to support the decision unit.

Chair Oscarson asked whether the Division of Public and Behavioral Health (DPBH) was in compliance with the settlement agreement with the Office of the Clark County Public Defender.

Mr. Whitley explained that the consent agreement incorporated three phases. The first was to get the waitlist under 21 days, which had been satisfied. The second phase was to get the waitlist under 14 days, and the final phase, with the opening of the Stein Hospital, was to achieve admission in less than 7 days. He admitted the Division did not comply with the 14-day requirement, but was on the path to compliance. The agency communicated with the Office of the Clark County Public Defender on the status of compliance and was working on establishing guidelines for the possibility of moving some patients from Lakes Crossing to Rawson-Neal Psychiatric Hospital to achieve more timely admissions. He stated that the current waitlist was in excess of the 21-day wait, but he expected full compliance when the 46 beds at Stein Hospital opened up.

Chair Oscarson asked whether the agency had communicated the information to Clark County.

Mr. Whitley confirmed that DPBH gave a monthly status update to the public defender's office.

Chair Oscarson, referring to the county reimbursement to Lakes Crossing at the rate of $447 per day, asked for the reason behind the budgetary policy change and whether the revenue estimates took into account any potential effect of the Stein Hospital opening.

Dr. Green explained that NRS 178.461 pertained to individuals who had been found unrestorable, or what was commonly called "not guilty by reason of insanity." Currently, Lakes Crossing housed eight such individuals who had been committed by the court for up to ten years. The clients were members of an aging population who had increasing amounts of both medical and psychiatric needs. The bill requested that the services for the individuals be reimbursed by the county from which they came. The dollar amount was determined by the average cost per day to provide services. She acknowledged the opening of Stein Hospital would likely mean open beds at Lakes Crossing that could continue to house the unrestorable population, with the expectation they would be spending extended years in the facility.

Chair Oscarson commended the work of the staff of the Department of Health and Human Services and thanked them for their presentation. He then closed the budget hearing.

Chair Oscarson opened public comment.

Jeanne Nelson, private citizen, read the following into the record:

> Hello, my name is Jeanne Nelson from Douglas County, Nevada. I am a retired high tech executive and a NAMI [National Alliance on Mental Illness] instructor for the State of Nevada. Thank you for allowing me to share my family's personal story with you.
>
> My beautiful boy excelled in school, was popular and went on to graduate college with a bachelor's degree. He was a kind, handsome young man that slowly evolved into someone I did not recognize: paranoid, socially withdrawn, and severely underweight. His then untreated and undiagnosed brain illness made it impossible for him to share his delusional thoughts with anyone.
>
> Eventually, my stoic and brave son attempted to get psychiatric treatment using his excellent insurance plan. We were told at the close of his voluntary psych evaluation that no beds were available. Three hours after being turned away from this very popular hospital and still in full psychosis, he rammed another vehicle at high speed

on the freeway. This near-death car incident precipitated him finally getting treatment and a diagnosis of paranoid schizophrenia. This car incident also pushed him into the mental health criminal justice system.

A strong belief in his recovery was core. Unlike other illness, we knew this would not be a case of getting hospitalized once and miraculously things get better. We learned, through NAMI, that the average number of hospitalizations for individuals with psychosis is five times.

The county's mental health probation in the state in which he lives provided useful services, such as a court-mandated adherence to medication, six months in a small group home amongst his peers, and getting daily counseling and living skills. His psychiatrist found a simple monthly injectable that works well for him.

Returning to his full-time job and independent living was a huge part of his recovery. He was recently awarded employee of the quarter and given a promotion.

Today, I breathe easier, grateful to see our kind, handsome, productive son smiling again. But I am profoundly concerned about Nevada's state of mental health services and I want to help improve it. Last month's *Wall Street Journal* ranked Nevada the lowest in the nation for the total number of psychiatrists per capita.

People with mental illness can recover and thrive in the community, but very few have access to the services they need. Six percent of Americans are living with serious mental illness. A strong well-funded mental health system is essential. I am asking for your support to protect the funding of mental health services and, specifically, to help us all remember that we need to treat psychosis like a stroke. We need to get our loved ones the help they need quickly and there are six bills that I ask that you take a look at, I know you are not looking at bills today, but they are: Senate Bill (S.B.) 15, S.B. 7, S.B. 35, Assembly Bill (A.B.) 38, A.B. 91, and S.B. 10, as each of those six bills directly or indirectly

> will help those living with mental illness. Thank you again for hearing our family's personal story.

Donna Marie Shibovich, private citizen, read testimony into the record (Exhibit E), regarding the problems faced by the mentally ill and urged the Subcommittees to fund the programs discussed.

Mark Burchell, private citizen, read the following into the record:

> I am Mark Burchell. I am the vice president of NAMI Northern Nevada, and I am here to talk about my experience going to mental health court in 2004.
>
> I can tell you at that time I was homeless, I was having psychoses, and I made the decision with the help of the judge to go to mental health court, and let me tell you, that was the best decision I ever made. The mental health court team has compassion and respect for the clients. They helped me with my emotional issues. I was able to reunite with my family, and I was able to go to classes to help me interact with other people as well as my family.
>
> I had people that helped me with my meds. There was a doctor that took care of mental health court patients, and I got straightened out. In six months, my family started coming around, and things were looking up. I graduated in a year, and I had a job shortly afterwards. I had my own house and got married, and I have not been back to jail or the hospital for almost 11 years.
>
> When you talk about long term, you guys made me feel really good today because I hope the other clients that go through mental health court would have the same opportunities that I had in 2004. I can see today that you really do care about it, and I am glad that I am here today.

Barbara VanDyke, private citizen, read testimony into the record (Exhibit F), recounting the experience her son had in the emergency room and with the Mobile Outreach Safety Team (MOST). She commended the MOST team and urged the Committee to continue to fund the programs so vital to the mentally ill.

Joseph Tyler, private citizen, testified in support of mental health funding. He said that individual differences often meant treatments could take shorter or longer periods. He stated he had been hospitalized seven different times. He expressed dismay at the lack of psychiatric beds in northern Nevada.

Officer Travis Warren testified on behalf of the Reno Police Department and the Mobile Outreach Safety Team (MOST). He expressed thanks for the continued funding of MOST. He said since 2009, the program had expanded into Sparks and now the entire Washoe County metropolitan area was covered by MOST. He stated there were only three mental health counselors for the entire population, which really was not meeting the need. He emphasized that since 2010, MOST had helped over 1000 individuals with supportive services, of which only 30 percent had ended up incarcerated. He asked the Subcommittees to consider additional funding for MOST in northern Nevada.

Sandra Draper, private citizen, read testimony into the record (Exhibit G), recounting her daughter's experience with the mental health system. She asked the Subcommittees to support the NAMI Nevada 2015 Legislative Agenda (Exhibit H).

Carla Sue Brune, private citizen, read the following into the record:

> I am Carla Sue Brune, citizen and supporter of NAMI who educates people about mental illness.
>
> My son with paranoid schizophrenia is mostly stabilized because of the State of Nevada and the housing system for 27 years. Thanks to the hospital beds that were available two times, he had received immediate help when he was delusional. Thanks to the trained police officers so he agreed to go to the hospital. Thanks to the transitional housing that kept him out of the hospital and into citizenship. Thanks to the permanent individual housing that keeps him secure. Between that and the medications, he has been a wonderful citizen for the last 27 years. Thank you.

Misty Grimmer, representing North Vista Hospital, testified that the hospital had 20 inpatient psychiatric beds that had been open since July 2014. She acknowledged that the hospital needed to do a better job communicating with the state and law enforcement. She said that North Vista was the only hospital in North Las Vegas.

Kathy Rusco, private citizen, encouraged the Subcommittees to recognize the importance of housing support to the long-term independence of individuals with mental illness.

Dan Musgrove, representing the Valley Health System, Amerigroup Nevada, and WestCare of Nevada, expressed appreciation to Director Whitley and the staff at the Division of Public and Behavioral Health for their effort in putting together a workable template to enable the Substance Abuse Prevention and Treatment Agency (SAPTA) providers to get reimbursement from Medicaid through the managed-care model.

Robin Reedy, private citizen, introduced herself as the president of the NAMI Western Nevada and entered her testimony (Exhibit I) in praise of the Crisis Intervention teams and other programs for the mentally ill.

Chair Oscarson thanked all the individuals who participated in public comment and recognized that they had a passion for their cause. He closed public comment.

Chair Oscarson adjourned the meeting at 10:37 a.m.

RESPECTFULLY SUBMITTED:

____
Barbara Williams
Committee Secretary

APPROVED BY:

____
Assemblyman James Oscarson, Chair

DATE: ___________________________

____
Senator Mark Lipparelli, Chair

DATE: ___________________________

EXHIBITS

Committee Name: Subcommittees on Human Services

Date: March 11, 2015 **Time of Meeting: 8:03 a.m.**

Bill	Exhibit	Witness / Agency	Description
	A		Agenda
	B		Attendance Roster
	C	Barry Lovgren, Private Citizen, Gardnerville, Nevada	Testimony regarding civil protective custody in the rural areas
	D	Richard Whitley, Administrator, Division of Public and Behavioral Health, Department of Health and Human Services	Mental Health Budget Presentation
	E	Donna Marie Shibovich, Consumer Representative, NAMI of Nevada	Testimony in support for funding for mental health
	F	Barbara VanDyke, Private Citizen, Sparks, Nevada	Testimony in support for funding for mental health
	G	Sandra Draper, Private Citizen, Minden, Nevada	Testimony in support for funding for mental health
	H	Sandra Stamates, President, Board of Directors, National Alliance on Mental Illness (NAMI)	NAMI 2015 Legislative Agenda
	I	Robin V. Reedy, President, NAMI/Western Nevada Affiliate	Testimony in support for funding for mental health