

MENTAL HEALTH CARE FACILITIES
AND PROGRAMS
INTERIM REPORT



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MENTAL HEALTH CARE FACILITIES AND PROGRAMS
INTERIM REPORT

Table of Contents

	<u>Page</u>
Report of the Legislative Commission	1
1. Introduction	2
2. Summary of Meetings	3
3. State Mental Health and Retardation Programs	5
(a) State Mental Retardation Services	7
(b) Northern and Central State Mental Health Services	8
(c) Southern State Mental Health Services	9
4. Legal Rights of the Mentally Handicapped	10

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REPORT OF THE LEGISLATIVE COMMISSION

TO THE MEMBERS OF THE 58TH SESSION OF THE NEVADA LEGISLATURE:

This interim report is submitted in compliance with the Legislative Commission directive issued at its meeting of May 23, 1973, for the study of Nevada's mental health care facilities and programs.

Because of a great amount of interest in Nevada's mental health and mental retardation programs and facilities, the Legislative Commission appointed a special subcommittee to conduct the study. Senator Lee E. Walker was named as Chairman and the following legislators were named as members: Senator William J. Raggio, Senator Thomas R. C. (Spike) Wilson II, Assemblyman Cranford L. Crawford, Jr., Assemblyman Mary Gojack, Assemblyman Robert E. Robinson, and Assemblyman Jack Schofield.

This interim report was accepted by the Legislative Commission in September 1974, with a recommendation that the subcommittee be continued until September of 1976. The continuance of the subcommittee will allow it to use information from a corollary study funded by the Fleischmann Foundation being conducted by the Rand Corporation of Santa Monica, California. Using the information from the Rand study, the subcommittee will submit a final comprehensive report to the Legislative Commission no later than September 1976.

Respectfully submitted,

Legislative Commission
Legislative Counsel Bureau
State of Nevada

Carson City, Nevada
September 1974

INTERIM REPORT TO THE LEGISLATIVE COMMISSION MENTAL
HEALTH CARE AND RETARDATION FACILITIES
AND PROGRAMS SUBCOMMITTEE

1. Introduction

The Nevada Legislative Commission, at its meeting of May 23, 1973, appointed a legislative subcommittee to study Nevada's mental health and retardation facilities and programs. The subcommittee was composed of the following: Senator Lee E. Walker, Chairman, Senator William J. Raggio, Senator Thomas R. C. (Spike) Wilson II, Assemblyman Cranford L. Crawford, Jr., Assemblyman Mary Gojack, Assemblyman Robert E. Robinson, Assemblyman Jack Schofield.

A correlative study was authorized and funded by the Fleischmann Foundation to be conducted by the Rand Corporation of Santa Monica, California. The Rand Corporation is undertaking a comprehensive investigation of the facilities and services available for the mentally ill and retarded throughout the state.

It was originally anticipated that the two studies could be conducted in such a way as to complement each other and avoid duplication. A preliminary report from the Rand Corporation was to have been made available to the legislative subcommittee at such a time as to allow it to use the information as a resource for its report to the Legislative Commission. Due to a change in the schedule for submission of the Rand study, however, this was not possible and the final draft of the Rand study will not be available until May of 1975.

The subcommittee received this information on the schedule change in May of 1974. It was then determined that, due to the limited time available and because the subcommittee did not want to duplicate the efforts of the Rand Corporation, it would concentrate its efforts on familiarizing itself with the state's mental health and retardation services and programs and on possible patient rights legislation.

The subcommittee felt that it would be difficult to determine any redirection or restructuring of Nevada's mental health and retardation services without the information from the

Rand Corporation. It is, therefore, recommended that the subcommittee be continued in order to use the information from the final Rand report to submit a final comprehensive report to the Legislative Commission as soon as possible, but no later than September of 1976.

2. Summary of Meetings

The subcommittee held two formal meetings, one in Carson City and one in Reno. In addition, the members, either as a group or individually, toured most of the mental health and retardation facilities in the state. They also held informal meetings with state employees associated with Nevada's mental health programs, private psychiatrists and interested private citizens.

At its initial meeting held in Carson City on November 15, 1973, the subcommittee heard from representatives of the Rand Corporation regarding the scope of their study. The objectives of the study were presented as follows:

- (a) Description of the services currently received by the population in Nevada.
- (b) Description of the current public and private service delivery system.
- (c) Estimation of the current size and characteristics of the mentally handicapped population in Nevada, and projection of those estimates 5 and 10 years into the future.
- (d) Identification of current and potential problems with both the services and the service delivery system.
- (e) Identification of major options for solving those problems and for providing needed services to the mentally handicapped population in Nevada.
- (f) Analysis and comparison of the implications of those major options, considering various objectives of the service delivery system.

The subcommittee pledged its full support to the Rand Corporation for the study and agreed to lend any assistance possible.

On April 19, 1974, northern Nevada members of the subcommittee toured the mental health and retardation facilities in Washoe County. A similar tour was made of southern Nevada facilities on April 26, 1974.

On April 30, 1974, an informal meeting was held in Reno with employees of the Nevada Mental Health Institute and private psychiatrists. Testimony was given during this meeting concerning the following:

- (a) Discussion of the lack of private mental health services in Washoe County.
- (b) Discussion of the problems with the federal supplementary security income program with particular emphasis on the Aid to the Permanently and Totally Disabled program.
- (c) Discussion of the alcoholic and drug abuse programs at the Nevada Mental Health Institute and the need for a detoxification center.
- (d) Concern for an apparent lack of medical input (psychiatric input) in the mental health and retardation programs.
- (e) Discussion on whether the position of administrator of the mental health institute should be filled with an administrator or a psychiatrist.

On June 21, 1974, the subcommittee held a formal meeting in Reno and heard testimony from the doctors from the Nevada Mental Health Institute, the Chairman of the Governor's Advisory Committee on Mental Hygiene and Retardation and the Administrator of the Division of Mental Hygiene and Mental Retardation. More testimony was given during this meeting regarding the apparent lack of medical or psychiatric input and services in the mental health and mental retardation programs. Further discussion was also heard regarding the question of who should administer clinical programs--psychiatrists, psychologists or professional administrators. Various treatment programs were also discussed with the mental health institute doctors with particular emphasis

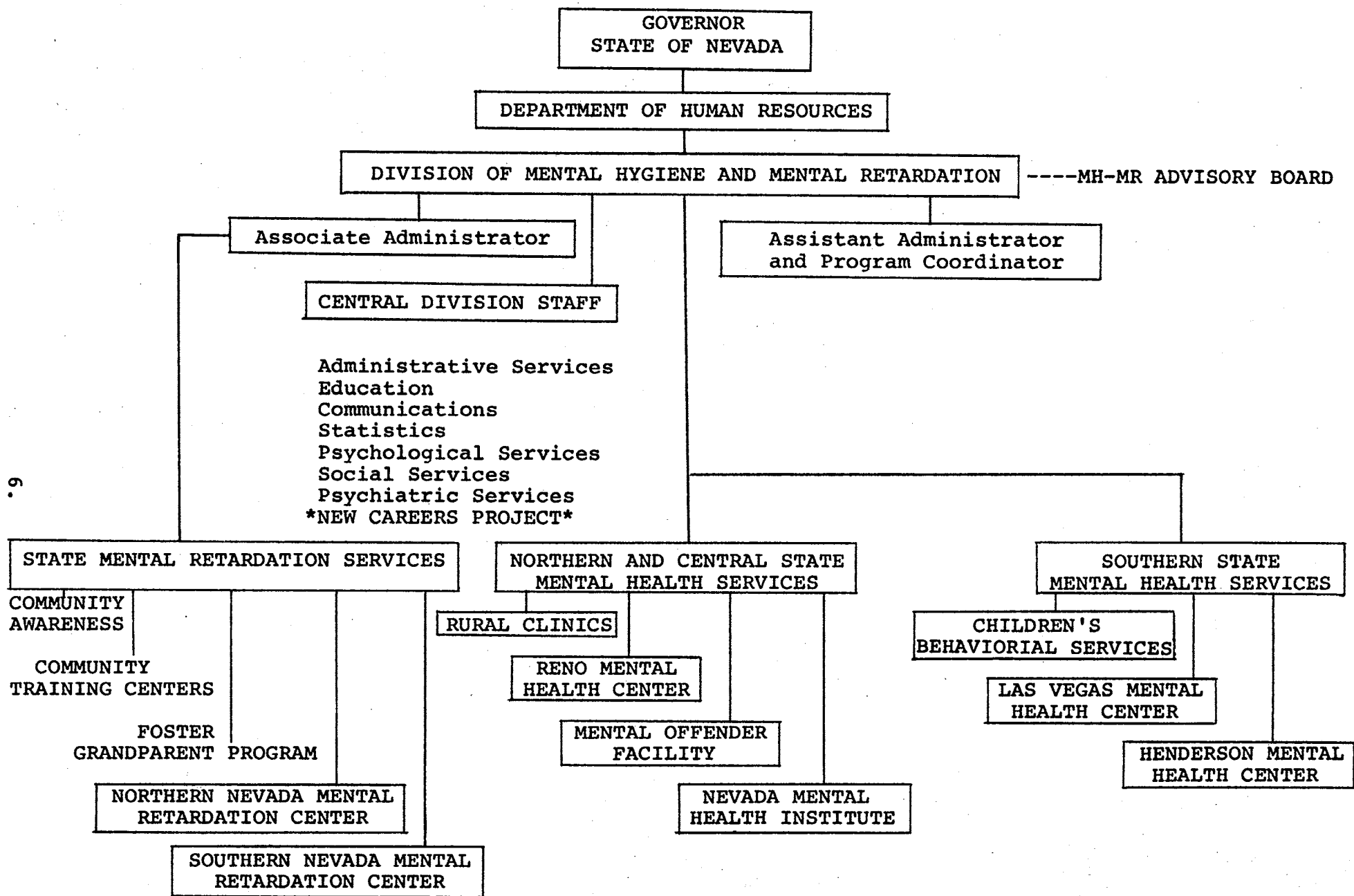
on behavior modification treatment. Patient rights issues were discussed and it was agreed that any legislative proposals regarding patient rights to be presented by the subcommittee would be reviewed by the institute doctors prior to the 1975 legislative session.

The Division of Mental Hygiene and Mental Retardation administrator discussed the present organization of Nevada's mental health and retardation programs along with the budgets of each. The goals of the division were also discussed along with various legislative proposals which were being considered for submission to the 1975 legislature.

Copies of the minutes of each of the meetings held by the subcommittee have been forwarded to the Rand Corporation. It is hoped that all the information developed by the subcommittee will be helpful in assisting the corporation in its comprehensive study of Nevada's mental health and retardation programs and facilities.

3. State Mental Health and Retardation Programs

The total fiscal 1973-74 budget, including general fund, federal resources and other outside resources, is in excess of \$8 million. Following is an organizational chart showing Nevada's mental health and retardation programs as of November 1973.



A brief description of these programs follows:

ADMINISTRATION--The Division of Mental Hygiene and Retardation administrative offices are located in Reno. They offer specialized services and direction to the mental hygiene and mental retardation programs and agencies throughout the state as well as liaison with other governmental agencies and the state legislature. Specialists in administration, planning, psychological and social service, education and communications programming, statistics and management analysis coordinate these activities on a division wide basis.

(a) State Mental Retardation Services

Northern and Southern Nevada Mental Retardation Centers--Located in Sparks and Las Vegas, these 30-bed residential facilities provide 24-hour care and training for moderately retarded children and young adults in a community living setting. The basic aim of the center programs is to increase the resident's social, educational and vocational skills to prepare him for community living. Consultation and training for parents and organizations is provided by the centers and short-term respite care is available.

Foster Grandparents--The foster grandparents program is one in which retired men and women work with retarded youngsters, providing companionship, the benefits of a warm one-to-one relationship and basic training in self-help skills.

Vocational Training--Vocational training offers specialized vocational evaluation, training and placement for mentally retarded adults and adolescents.

Community Awareness--Community awareness gives individualized classroom instruction, community oriented activities, and training services to mentally retarded, emotionally disturbed and multihandicapped students.

Community Living--The community living program includes support, training and guidance to allow mentally retarded persons to live in developmental foster homes and group living situations in the community.

Community Training Centers--The division also administers the community training center program. Although these centers are not operated by the division, much of their operating budget comes from funds administered by the division. These community training centers provide a variety of services to build self-help, educational and vocational skills of young, mentally retarded persons. Presently, there are private community centers located in Panaca, Elko, Babbitt, Las Vegas, Carson City, Reno and Ely.

(b) Northern and Central State Mental Health Services

Rural Clinics--The rural clinics program is designed to insure that people who live in the rural counties in the State of Nevada receive the mental health and mental retardation services they need, in spite of their distance from major metropolitan areas. Here, preventive services, especially those directed towards children's problems, are highly important as are consultation to schools, clergy, police and other indirect services which strengthen the rural community. Mental health technicians and professionals live and work in six rural communities and are backed by traveling teams of specialists. These rural mental health centers serve both the towns where they are located and smaller, outlying population centers, including Indian reservations, mining and ranching areas. Presently, rural mental health centers are located in Carson City, Elko, Ely, Fallon, Hawthorne and Winnemucca.

Reno Mental Health Center--The center offers outpatient mental health services to the Washoe County population. In addition to group and individual therapy and followup care for formerly hospitalized patients, the Reno Mental Health Center operates day care facilities for emotionally disturbed children and adolescents, with emphasis on family involvement and treatment.

Mental Offender Facility--This is a new facility which was authorized by the 1973 legislature, to be located in Sparks. It will be a treatment facility for people who are in some way associated with the judicial process such as persons who are seen as:

- (1) Not guilty by reason of mental illness;
- (2) Unable to stand trial because of mental illness;
- (3) Prisoners who develop some form of mental illness while in prison; and
- (4) Selected sex offenders.

Services will include basic psychiatric assessment, intellectual assessment, neurological assessment and social assessment, including an arrest and conviction profile.

Nevada Mental Health Institute--The institute (formerly Nevada State Hospital) is both a backup service for the division's other program units and a community based treatment and training service in its own right. The institute is fully accredited and provides longer term care, treatment and training for mentally retarded persons, for those with severe, chronic mental disabilities, including elderly people and alcoholics, and for those undergoing severe crisis situations. Special programs at the institute focus on helping families and communities assist former patients when they return home and also by providing behaviorally oriented outpatient services.

(c) Southern State Mental Health Services

Children's Behavioral Services--The CBS program in Clark County is designed to alleviate problems caused by younger children's disruptive behavior. The staff works with parents and others who are in daily contact with the child, training him to help him keep his behavior within acceptable, constructive limits. The program stresses improvement of the natural interaction between children and the adults in their lives, with the goal of preventing major problems.

Las Vegas Mental Health Center--This center provides a comprehensive range of mental health services to people living in the west Clark County area, including outpatient and emergency services, 24-hour and part-time hospitalization and consultation and education to community agencies and groups. The center also operates a satellite center serving the predominately black population of the Las Vegas west side.

Henderson Mental Health Center--This center provides outpatient services to people living in the east Clark County area and places considerable emphasis on consultation and education with other community agencies and groups. Center personnel provide diagnostic and evaluation services, individual and family counseling and training for parents.

4. Legal Rights of the Mentally Handicapped

It has become apparent during the last several years, both to state legislatures and to the courts, that the legal rights guaranteed to all persons by our federal and state constitutions are often flagrantly denied to persons committed to mental institutions or receiving services from mental institutions maintained by the various states. The legislatures in some states have already amended their mental health codes to protect the legal rights of mental patients. California, Wisconsin, Michigan and Massachusetts have recently taken this action. In some cases legislative action followed initiatives taken by the courts as a result of civil action brought by, or on behalf of, mental patients. In other cases legislative committees could no longer ignore the mounting evidence of neglect and abuse experienced by the mentally handicapped in institutions that were allegedly maintained for the benefit of these persons.

It becomes apparent, at the beginning of an effort to write legislation protecting the legal rights of the mentally handicapped, that the enforcement of these rights will in some cases be burdensome on the administration of mental health facilities. It will necessitate increasingly detailed patient records. It may even, in some cases, require a greater expenditure of public moneys as when more staff may be required or more sophisticated forms of treatment may be mandated. Administrative convenience, however, has never been an acceptable reason for denying persons their constitutionally guaranteed legal rights.

It also becomes apparent when developing legislation in this area that the relationships between mental health professionals and patients must be more carefully regulated if the goal of safeguarding the legal rights of the mentally handicapped is

to be achieved. Traditionally, the mental health professional has not only determined the type of environment in which a patient would be treated, but such professionals also decide whether the applicant would be treated at all. Today it is widely accepted that the mentally handicapped not only have a right to treatment, but also that this right extends to treatment in the least restrictive environment.

There are also many reported cases of mental health professionals' performing experimental or dangerous forms of treatment, often to prove the validity of their own hypothesis concerning the human organism. Psychosurgery (physically altering the integrity of the brain by surgical procedures in an effort to modify the patient's behavior) has sometimes been employed with the result that the behavior of the patient was so radically altered that he could often no longer function even in a controlled environment. Behavior therapists have sometimes attempted forms of punishment and aversion therapies which courts later deemed "experimental" and placed severe limitations on their use. Legal safeguards mandated by courts and state legislatures now often provide for supervisory committees of professionals and lay persons to restrict the use of dangerous and/or unproven forms of therapies performed by "therapists" more intent on proving the validity of their hypothesis than they are concerned with legal safeguards for the integrity and self-esteem of their patients.

Nevada has a rapidly growing, yet relatively small population. Legal deprivations suffered by our own mentally handicapped may not have reached the magnitude or received the level of notoriety which such issues have attained in some of our sister states. This subcommittee, however, has determined that legislative leadership should be exercised in this area in an effort to prevent development of more serious legal problems, and to maximize the treatment opportunities of our residents suffering from temporary or prolonged mental handicaps.

With the above justifications and precautions in mind, this subcommittee recommends legislation in the following areas:

- (a) Residents in need of mental health services have a legal right to such services in the least restrictive environment.
- (b) Individualized treatment plans for recipients of mental health services should be developed and kept current for each patient. Each patient should have a right to a review of his diagnosis, prognosis and treatment program with the mental health professional responsible for his treatment.
- (c) Patients should not be subjected to unnecessary medication.
- (d) Patients should be protected from all forms of abuse.
- (e) Patients should be protected from all forms of excessive and unnecessary invasions of their privacy.
- (f) Patients should have the right to communicate with persons outside the mental health facilities, including communication by telephone, mail and by personal visits within the facilities.
- (g) Patients should not be required to perform labor which contributes to the operation and maintenance of a mental health facility unless they voluntarily agree to perform the labor, if it does not interfere with the plan of treatment for the patient and the patient is adequately compensated for his labor.
- (h) Carefully delineated restrictions should be placed on the use of physical restraints on patients, and on placing patients in seclusion.
- (i) The freedom of movement of patients should not be restricted more than necessary to enable the mental health facility to provide necessary and appropriate services to the patient.
- (j) Creation of human rights committees composed of local professional and lay persons to provide objective guidance and supervision from concerned and knowledgeable members of the community and to assist professional and administrative personnel of public mental health facilities in guaranteeing the legal rights of persons seeking mental health services from these facilities should be considered. These committees would supervise and restrict the use of experimental and/or dangerous forms of treatment.

- (k) Provisions for carefully delineated restrictions to protect the confidentiality of a patient's clinical records.
- (l) Provisions for a civil cause of action for injunctive relief in any case where a patient believes his legal rights are being violated.
- (m) The confidentiality of a doctor-patient relationship, as contained in our evidence code, should be extended to the relationship between psychologists or social workers employed by the mental health facilities and their patients.