



**NEVADA LEGISLATURE**  
**LEGISLATIVE COMMITTEE ON HEALTH CARE**  
(*Nevada Revised Statutes 439B.200*)

**SUMMARY MINUTES AND ACTION REPORT**

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The fourth meeting of the Nevada Legislature's Legislative Committee on Health Care was held on January 23, 2008, at 9 a.m. in the Legislative Building, 401 South Carson Street, Carson City, Nevada, in Room 3138. The meeting was videoconferenced to Room 4401 of the Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, Nevada. A copy of this set of "Summary Minutes and Action Report," including the "Meeting Notice and Agenda" ([Exhibit A](#)) and other substantive exhibits, is available on the Nevada Legislature's website at [www.leg.state.nv.us/74th/Interim](http://www.leg.state.nv.us/74th/Interim). In addition, copies of the audio record may be purchased through the Legislative Counsel Bureau's Publications Office (e-mail: [publications@lcb.state.nv.us](mailto:publications@lcb.state.nv.us); telephone: 775/684-6835).

**COMMITTEE MEMBERS PRESENT IN CARSON CITY:**

Assemblywoman Sheila Leslie, Chair  
Senator Maurice E. Washington, Vice Chair

**COMMITTEE MEMBERS PRESENT IN LAS VEGAS:**

Senator Joseph J. Heck  
Senator Steven A. Horsford  
Assemblyman Joe Hardy

**COMMITTEE MEMBER ABSENT:**

Assemblywoman Susan I. Gerhardt

**LEGISLATIVE COUNSEL BUREAU STAFF PRESENT:**

Marsheilah D. Lyons, Principal Research Analyst, Research Division  
Sarah Lutter, Senior Research Analyst, Research Division  
Sara Partida, Senior Deputy Legislative Counsel, Legal Division  
Rebecca C. Dobert, Senior Administrative Assistant, Research Division

## **OPENING REMARKS**

Assemblywoman Sheila Leslie, Chairwoman, welcomed members, presenters, and the public to the fourth meeting of the Legislative Committee on Health Care (LCHC).

## **APPROVAL OF MINUTES OF THE MEETINGS HELD ON NOVEMBER 27, 2007, IN LAS VEGAS, NEVADA, AND DECEMBER 18, 2007, IN CARSON CITY, NEVADA**

The Committee **APPROVED THE FOLLOWING ACTION:**

SENATOR WASHINGTON MOVED TO APPROVE THE MINUTES FROM THE NOVEMBER 27, 2007, MEETING HELD IN LAS VEGAS AND THE DECEMBER 18, 2007, MEETING HELD IN CARSON CITY. THE MOTION WAS SECONDED BY SENATOR HECK AND PASSED UNANIMOUSLY.

## **DISCUSSION REGARDING LONG-TERM CARE OPTIONS FOR SENIOR ADULTS WITH ALZHEIMER'S, DEMENTIA, AND BEHAVIORAL PROBLEMS**

- The Honorable Frances Doherty, Department 12, Family Division, Second Judicial District Court of Nevada, used a Microsoft PowerPoint presentation to review treatment options for adults with behavioral challenges associated with Alzheimer's disease or dementia in Nevada ([Exhibit B](#)). Her presentation highlighted: (1) the number of publicly supported adults currently placed out of state by Nevada; (2) treatment challenges for this patient population; (3) the existing continuum of care in Nevada for adults with such behavioral challenges; (4) past legislative work addressing issues for this patient population; and (5) the future of care in Nevada for these patients.
- Senator Washington asked Judge Doherty to specify what is needed to address the problems faced by these patients.
- Judge Doherty answered that there is a belief that if these patients are brought back to Nevada facilities insurance rates would increase and investigating that potential increase would be a primary goal. She said that the Bureau of Licensure and Certification (BLC), Health Division, Department of Health and Human Services (DHHS), is reluctant to address the potential, even though sending patients out of state for treatment is not effective.
- Senator Washington asked if the BLC's requirements for medical facilities are too stringent or convoluted.

- Judge Doherty answered that she knew that stakeholders had met, but all information was speculative, with facilities of the opinion that their insurance rates would increase if they accepted patients with behavioral challenges related to Alzheimer's or dementia.
- Chairwoman Leslie suggested that the industry representatives present at today's meeting could answer the question. She added that it seems there is no incentive for facilities in Nevada to accept these patients and asked staff to get copies of relevant California guidelines for comparison.
- Judge Doherty concluded her presentation by saying that Nevada needs more acute care facilities for adults; effective, ongoing training for existing staff; and an increase in bed space.
- Ernie Nielsen, Senior Law Project Attorney, Washoe County Senior Law Project, said that his organization had investigated a care model from Indiana that incorporated some strategies that may benefit Nevada, including a care team concept that helped train nursing home staff to successfully care for these patients.
- Susan DeBoer, Washoe County Public Guardian, offered some stories about patients with behavioral challenges related to Alzheimer's or dementia and the problems they have encountered getting care in Nevada ([Exhibit C](#)).
- Mr. Nielsen said that the Senior Law Project was originally appointed to cases involving incarcerated persons and it was his opinion that jail is not an appropriate place for this kind of treatment. Mr. Nielsen said that the long-term care industry in Nevada is not used to patients with these particular behavioral issues. He said that training for staff could help, but first facilities must begin accepting these patients as a normal part of their population. Mr. Nielsen highlighted a few areas where the State could be helpful; including creating an entity that nursing facilities could refer to if they had questions, or providing one-shot funding to support programs. Mr. Nielsen explained that this particular patient population is not easily definable for the purpose of program waivers or service provisions, and referenced Executive Order 13217, "Community-Based Alternatives for Individuals with Disabilities," implementing the Olmstead Decision (*Olmstead v. L.C.*, 527 U.S.581, 119 S. Ct. 2176 [1999]) to say that a lack of proper care for these patients is discrimination. He concluded that there is a need to create incentives to invest in providing care for these patients in Nevada; he said that it does not make sense to send money out of state rather than developing our own infrastructure.
- Chairwoman Leslie asked where in Nevada those patients are from who are currently sent out of state for treatment, and what types of facilities they have been sent to.

- Mary Wherry, R.N., M.S., Deputy Administrator, Division of Health Care Financing and Policy (DHCFP), DHHS, reviewed specific patient numbers. She further identified patients by medical disorder and discussed a few specific cases—their treatment and outcomes.
- Chairwoman Leslie asked Ms. Wherry her opinion as to why these patients are not taken by Nevada long-term care facilities.
- Ms. Wherry said that tension between care facilities and licensing agencies could be part of the reason, with the difference between State and federal requirements for each also being a challenge. Ms. Wherry said that this patient population requires staff that is highly trained, that their treatment can be nuanced and complex.
- Chairwoman Leslie asked if the possibility of a psychiatric trainer, rather than a whole team, could be feasible. She suggested the idea of a designated facility for emergency placement.
- Ms. Wherry said that the DHCFP had discussed those options and that a designated facility for treatment could be a positive option for Nevada. She added that she had a positive experience at a prior employer with a task force dedicated to long-term care for these aging patients with behavioral problems.
- Chairwoman Leslie said that Nevada could possibly expand the task force that currently serves northern Nevada.
- Ms. Wherry replied that there is a general need for geriatric psychiatrists. She added that the DHCFP only tracks Medicaid patients out of state, not private-pay patients, who may also be placed out of state. Ms. Wherry said that, for geriatric psychiatrists, a centralized treatment facility would be ideal.
- Chairwoman Leslie pointed out that this problem will likely get worse in Nevada, due to its aging population.
- Michael Todd, Licensed Clinical Social Worker, Program Director, Senior Bridges, Northern Nevada Medical Center, said that Senior Bridges is the only hospital-based geriatric program in Nevada, with 14 psychiatric beds that are usually full. He said they also have 40 to 45 patients participating in weekly outpatient programs. Mr. Todd felt that the role of hospitals in caring for these populations is often by default rather than planned, with many patients staying for short lengths. He said that often the longer-stay patients are repeat clients who have “worn out their welcome” in other treatment facilities. Mr. Todd explained that this approach leads to instability for patients, often leading to unsuccessful outcomes and multiple transfers. Mr. Todd added that it is critical for treatment facility staff to have specific skill levels to properly manage these patients and a lack of these skills can be detrimental to patients.

Continuing his testimony, Mr. Todd explained that guardianship is also a major challenge to the treatment of behaviorally challenged patients. He said that when a patient is in crisis and needs acute care, establishing guardianship is time consuming and becomes an obstacle. Mr. Todd concluded by saying that supply-and-demand is also an issue with the private sector and the patients' ability to pay affecting provider incentive. He detailed some program adjustments that Senior Bridges is making, and noted that, generally, senior psychiatric programs are disappearing.

- Responding to questions from Senator Washington, Mr. Todd said that the majority of Senior Bridges' patients are covered by Medicare and that as the program lowers its age limits a larger portion of their patient population will not be covered by Medicare. It is not uncommon for dementia to be treated as a medical illness, adding to the complication of who will provide treatment.

Mr. Todd also explained a specific case where a patient destabilized after a transfer, saying that it was a classic issue of improper placement rather than an acute-care need. The patient was stable a few days after being returned to Senior Bridges. If properly trained staff had been available at the long-term care facility there would have been no need for her to return to acute care. Mr. Todd said that providing a mechanism to bring best practice skill sets together would be helpful. He said the staff exists in Nevada, but specialized training is needed.

- Ms. Wherry pointed out that the university system could be a partner for medical staff development and geriatric programming.
- Mr. Todd said that Northern Nevada Medical Center is currently working with the University of Nevada School of Medicine to create psychiatric residency options for students.
- Kathleen Buchanan, Clark County Public Guardian, said that she has also had difficulty finding treatment in Nevada for patients with behavioral problems related to Alzheimer's and dementia and routinely had to place them out of state. She said this is a nightmare situation for a public guardian, who has a responsibility to oversee the care of these individuals, and the expenses incurred sending case managers out of state for site visits is high. Ms. Buchanan agreed that the staff to care for these patients exist in Nevada, but there are training and facility needs.
- Chairwoman Leslie asked how many of Ms. Buchanan's cases are placed out of State, since Las Vegas is supposed to have more treatment facility options available.
- Ms. Buchanan said between 10 and 12 of her patients are placed out of Nevada and clarified that Las Vegas does not have a facility to send these patients to.

- Charles Perry, Executive Director, Nevada Health Care Association, explained the scope of his organization in representing skilled caregivers. He said that the providers he represents are not trying to turn away patients, but they have an obligation to provide proper care. Mr. Perry said it is more expensive to care for this patient population, given their higher staff and training needs. Mr. Perry noted that there has not been any additional State funding for increased staffing and specialized training; therefore, there is an unfunded demand to provide care.
- Chairwoman Leslie asked if the problem with this issue is about reimbursement rates or industry uneasiness about accepting these patients.
- Mr. Perry said that the DHHS seemed to be willing to take on the training and staff issues, but there is no funding.
- Chairwoman Leslie asked again if the primary issue is rates.
- Mr. Perry stated the issue is not solely rates, but rather a combination of things. He said that the BLC must serve two masters: the State of Nevada and the Centers for Medicaid/Medicare (CMS). Mr. Perry said that, with regard to deficiency of services, Nevada is one of the most cited states in the country. He highlighted which agencies could be involved in the process of improving care and concluded by addressing the issue of the general shortage of medical personnel.
- Chairwoman Leslie agreed that a statewide meeting of involved parties is needed, with concrete recommendations being brought back to the LCHC.
- Shirley Feedback, Clinical Services Director, Clinical Consulting, LLC, said that many long-term care facilities in Nevada are housing Alzheimer's and dementia patients without the proper resources to care for them. She added that regulatory guidelines restrict what long-term care facilities can do for these patients. Ms. Feedback said that often these patients require a different care environment and sometimes this places other patients in facilities in danger of being harmed by aggressive behavior. Ms. Feedback noted it is difficult to offset crisis situations due to the length of time required for psychiatric referral. Ms. Feedback thought that working with the mental health community would be useful in serving this patient population.
- Assemblyman Hardy asked about the legality of the BLC charging a fee for facility inspection to increase their revenue. He also wondered if there is a way to improve the Medicare approval rate.
- Mr. Perry said that the license fee that is paid by facilities in Nevada is set by the BLC and is used as a funding component for the agency. He noted that Medicare-funded hospital stays are generally limited.

- Assemblyman Hardy commented that there seems to be no mechanism to increase the licensing of care facilities.
- Mr. Perry said that the BLC is more qualified to address that issue and added that land costs are prohibitive to developing single-use types of facilities.
- Richard Whitley, M.S., Deputy Administrator, Health Division, DHHS, said the Health Division is willing to address barriers to new facilities opening. He said that other states may have implementation models that could be looked at.
- Diane Allen, R.N., Health Facility Surveyor IV, BLC, Health Division, DHHS, and said that all the involved parties are participating with one another. She added that while the citation rate is high in Nevada, they are largely cited for minor infractions, giving facilities a chance to correct problems.
- Chairwoman Leslie said she appreciated that point since perhaps facilities could misconstrue the citation rate as an unwillingness to work with them.
- Ms. Wherry addressed the reimbursement rate issue previously raised, and said that the DHCFP held a public workshop in 2004 regarding rate structure and policy, including the acceptance of public comments. She stated that they surveyed other state rates, such as Arizona, Idaho, and Utah, as part of this process. Ms. Wherry said the budget concept they submitted in 2007 failed and that work on the rate issue is ongoing.
- Chairwoman Leslie entered a letter of public testimony from Barbara Tonge, a resident of Carson City, Nevada, into the record ([Exhibit D](#)). Ms. Tonge's letter addressed her personal experience dealing with Alzheimer's.
- Connie McMullen, Chair, Strategic Plan Accountability Committee for Seniors, Reno, Nevada, testified that these long-term care issues are an ongoing priority for her Committee. She said that she was very encouraged by what she heard today.

## **PRESENTATION REGARDING SUBSTANCE ABUSE AND MENTAL HEALTH TREATMENT FOR ADULTS IN THE CRIMINAL JUSTICE SYSTEM IN NEVADA**

- Don Helling, Deputy Director-North, Department of Corrections (DOC), gave an overview of substance abuse issues and trends relevant to adults in the criminal justice system in Nevada ([Exhibit E](#)). Highlights included:

1. Types of facilities available to incarcerated mental health patients;
  2. The DOC's therapeutic programs; and
  3. Program performance indicators.
- Chairwoman Leslie said that she was pleased to hear about the transition programs and wished there were more available.
  - Senator Horsford asked if a survey of inmates indicating drug use is conducted on all persons incarcerated in the DOC facilities.
  - Mr. Helling replied no, and stated the data would need to be collected annually.
  - Senator Horsford asked if the percentage of inmates using drugs is surveyed during processing, so that they may receive treatment while incarcerated.
  - Mr. Helling said that since substance abuse is a crime, reporting it would be a self-admission, generally precluding collecting drug use data.
  - Senator Horsford was surprised to hear that drug use information is not systematically gathered and felt it should be looked into. He said he had seen reports that up to 70 percent of the incarcerated are substance abusers and it would seem to be problematic not to know and address such an issue.
  - Mr. Helling said that the DOC does have a new information system and that drug use data may be available.
  - Chairwoman Leslie asked that the DOC find out if such a report could be compiled for the LCHC's February 2008 meeting.
  - Continuing, Mr. Helling responded to questions from Senator Horsford regarding inpatient beds and stated that the DOC has about 505, with bed numbers scheduled to increase at some facilities. Treatment beds are for inpatient substance abuse and named some DOC facility substance abuse programs.
  - Senator Horsford then asked what other drug treatment programs are administered by the DOC.
  - Mr. Helling described additional programs, including follow-up and outpatient programs. He said treatment program completion is tracked manually, so it would take about three months to retrieve inmate completion information.



- Senator Horsford stated that there is increasing funding going to prisons yet woefully inadequate resources exist there for those with substance abuse issues. Senator Horsford pointed out that inadequate resources also exist in the communities to which prisoners are released and felt policy discussion needs to occur regarding inmates with substance abuse issues.
- Mr. Helling said that resources available prior to admission to the corrections system need to be looked at. He said that if an inmate has symptoms of Alzheimer's the DOC will treat them, but once they are released fewer community treatment resources are available. He said that the DOC has resource needs, but prevention and follow-up programs should be prioritized.
- Senator Horsford agreed that education and prevention need to be prioritized but said that there is currently a cycle in the corrections system that is not being addressed. He said incarcerated persons with substance abuse problems are released to communities and need to be worked with as a health care issue. He asked to receive substance abuse reports about the inmate population.
- Mr. Helling was of the opinion that likely 90 percent of inmates have substance abuse problems.
- Howard L. Skolnik, Director, DOC, discussed a small sample study of a biofeedback program for youthful offenders that showed a cost of \$200 to \$400 per inmate for substance abuse treatment. He said that he himself went through the program and found it provocative. Mr. Skolnick said that of the inmates put through the program none have had serious disciplinary incidents upon their return to the prison population.
- John Gonska, Chief, Division of Parole and Probation, Department of Public Safety (DPS), said that substance abuse treatment programs for offenders, both in the correctional system and the community, are crucial.
- Chairwoman Leslie turned the Chair over to Vice Chairman Senator Washington.
- Reynolds Johnson, Lieutenant, Division of Parole and Probation (DPP), DPS, testified that offenders with mental health and substance abuse problems need special attention. He said that treatment and supervision can be effective with this patient population and described court and drug programs available. Lieutenant Johnson estimated that at least 80 percent of the DPP clients have substance abuse problems and discussed what the DPP can do to improve treatment.
- Senator Horsford asked Lieutenant Johnson to identify community-based resources currently available that ensure those under DPP supervision are getting the substance abuse treatment that they need.

- Lieutenant Johnson replied that there are many providers used, with adequacy being difficult to assess. He said that primarily the issues are: (1) whether the person is ready for treatment; and (2) whether they have the resources for treatment. He said that the DPP has no way to subsidize the cost of community-based treatment.
- Mr. Gonska stated that mental health beds are needed in the community. He explained that many times a parolee who suffers from substance abuse is in violation of his parole, so the choice is to leave them in the community, which lacks treatment resources, or return them to jail.
- Senator Horsford asked how many parolees technically violate parole because of substance abuse or mental health problems.

Discussion followed pertaining to speculation about the significant numbers of parole violations related to the lack of availability of substance abuse and mental health treatment for offenders who wish to obtain it.

- Chairwoman Leslie resumed the Chair.
- Steven Burt, Executive Director, The Ridge House, referenced the outline and written proposal, available as [Exhibit F](#) and [Exhibit G](#), to explain The Ridge House's origins; program structure and funding; treatment schematics; and client statistics. He discussed funding cuts and resulting program restrictions and commented that The Ridge House is one of the few transitional residential facilities in Nevada.
- Chairwoman Leslie asked if The Ridge House operates in Las Vegas.
- Mr. Burt replied that they do not, though there is tremendous need there for this type of residential program.
- Chairwoman Leslie noted that the Interim Finance Committee (IFC) would be making decisions relevant to The Ridge House not at the January 24, 2008, meeting but at the March 2008 meeting.
- Richard Steinberg, Executive Director, Westcare Nevada, introduced Rod Mullen, Chief Executive Officer, Amity Foundation, and Shawn Jenkins, Chief Operating Officer, WestCare, who would present with him. Mr. Steinberg said that 70 percent or higher of incarcerated persons have substance abuse problems, often with little or no treatment, and this contributes to crime and perpetuates a cycle of substance abuse. Mr. Steinberg pointed out that other states have initiated significant systems changes that warrant review, including treatment programs for mothers with children and addressing the tremendous cost of *not* treating people for substance abuse. He detailed some programs from California, Illinois, and Florida specifically, including programs involving WestCare. Mr. Steinberg said that what has been learned is that the same

money can be used either to build new prisons or to provide proper substance abuse treatment and better invest in lowering the recidivism rate.

- Mr. Mullen said that in his 40 years of field experience he has addressed substance abuse issues many times. He highlighted one program for repeat offenders with an average of seven years incarceration and 21 felony arrests; a population that most people would write off as untreatable. Mr. Mullen explained that intensive treatment followed by close community supervision post-release resulted in an almost 50 percent drop in recidivism. He noted that health care, education, and social services budgets are affected when corrections programs are ineffective.
- Mr. Jenkins reviewed some WestCare programs and discussed substance abuse as a chronic, relapsing disease, resulting in high recidivism rates and perpetuated substance abuse-related problems ([Exhibit H](#)). Mr. Jenkins noted the importance of aftercare, including employment assistance and transitional programming and reviewed some of WestCare's aftercare and treatment programs.
- Chairwoman Leslie commented that the WestCare handout was very thorough and well researched. She lamented that funding availability would limit programming.

Discussion followed about programming flexibility adding to the success of treatment, and WestCare's presentation of their plan to the DOC and hopes to implement a working group to include all relevant State agencies.

- Senator Horsford commented that a change in the system is needed and wondered what legislative recommendations the LCHC could be involved in, perhaps to finance committees.
- Chairwoman Leslie said that perhaps the LCHC's work could be coordinated with the Advisory Commission on the Administration of Justice (NRS 176.0123), as Senator Horsford is a member of both.
- Mr. Steinberg commented that their State funding had been reduced.
- Mr. Mullen suggested that the LCHC ask their fiscal staff to provide an estimate of how much money would be saved if some of these substance abuse programs were done differently.
- Chairwoman Leslie said that she thought the broad nature of funding issues related to substance abuse programming was becoming clear to the Senate Committee on Finance and the Assembly Committee on Ways and Means.
- Mr. Mullen said he had worked with the California Legislature on a funding study which revealed that for each bed funded the payback was enough to further fund treatment programs.

## **PRESENTATION REGARDING SUBSTANCE ABUSE AND MENTAL HEALTH TREATMENT FOR JUVENILES IN THE CRIMINAL JUSTICE SYSTEM IN NEVADA**

- Fernando Serrano, Administrator, Division of Child and Family Services (DCFS), DHHS, introduced Daniel Prince, Deputy Administrator, Juvenile Services, DCFS, DHHS, and Anne Feher, Quality Assurance Coordinator, DCFS, DHHS, and said that the children's mental health consortium has been working with them on children's mental health.
- Mr. Prince noted that additional DCFS staff was in the audience and made small statistical corrections to the DCFS presentation handout ([Exhibit I](#)). He said there had been an increase in the number of youth coming to the DCFS facilities with dual diagnoses.
- Ms. Feher referred to [Exhibit I](#) and presented an overview of the mechanisms in place to provide youth services for juveniles in the criminal justice system in Nevada. She detailed the occurrence of weekly client review team meetings and their efficacy, and possible placement scenarios for juveniles in the criminal justice system needing substance abuse or mental health treatment. Ms. Feher said there are residential treatment centers for youth statewide, as well as outside of Nevada.
- Senator Horsford asked if all out of state placements are tracked so that in-state resources may be better developed.
- Ms. Feher replied yes and added that out of state placements are primarily driven by the specialized treatment needs of the youth offenders.
- Senator Horsford asked the reason youth offenders are sent out of state for treatment.
- Ms. Feher said that it is simply due to the highly specialized nature of the treatment services; those kinds of providers do not exist in Nevada.
- Chairwoman Leslie asked what specialized needs are going unmet in Nevada and what class of treatment is needed.
- Mr. Serrano answered that a detailed list could be provided and that the cost factor often limits specialized treatment options.
- Chairwoman Leslie asked for clarification of some items in the handout.
- Ms. Feher clarified the item "Referral by Gender and Service Approval," on page 5 of [Exhibit I](#), as providing an example of the range of services provided. She went on to explain three community resources: (1) WestCare; (2) ROP-Youth Parole Evening Reporting Center; and (3) gender specific treatment programming for girls.

- Mr. Prince said he had a written list of youth offenders from Nevada placed in out of state services.

Discussion followed pertaining to privacy issues with the list, with the request being made for identities to be kept private.

- The Honorable Frances Doherty, previously identified, and Joseph R. Haas, Ph.D., Psychologist, Washoe County Department of Juvenile Services, used a Microsoft PowerPoint presentation to review mental health and juvenile justice issues in Washoe County ([Exhibit J](#)). The presentation reviewed: percentages related to substance abuse and mental health issues in the youth criminal justice population; the reduction in the number of youth in these institutional situations due to redirection efforts; specific cases that give a human perspective to the problem; treatment services; community collaboration; challenges to care; and the future direction of programming efforts.
- Chairwoman Leslie asked what specific recommendations to the LCHC would advance their cause.
- Judge Doherty answered that financial problems prohibit wraparound treatment, with youth disconnected from treatment payment sources. She said that all involved agencies are hands-on partners, but there exist financial blocks that keep children from being in needed treatment programs.
- Chairwoman Leslie suggested that the State agencies return with recommendations on what is needed to change the process.
- Mr. Serrano noted that the statewide children's mental health consortium has wraparound services and is working to expand them.

Discussion ensued regarding having the DCFS staff return to a future LCHC meeting to further discuss wraparound services and review progress related to this issue.

- Cherlyn K. Townsend, Director, Department of Juvenile Justice Services, Clark County, provided some Clark County statistics related to youth in the criminal justice system. Her presentation included the need for evidence-based treatment models; a description of the lack of continuum of care for youth offenders in Nevada, rather than out of state; funding proposals for programs and purchase of services; draft policies; and aftercare programming details. Ms. Townsend said that Clark County reflects the same challenges to mental health and substance abuse treatment as presented by the DCFS staff.
- Senator Horsford asked if a funding formula for adult corrections could include funding juvenile justice services, with the long-term implication being a reduced need for funding for adult corrections.
- Chairwoman Leslie asked staff of the Fiscal Analysis Division, Legislative Counsel Bureau (LCB) to follow-up on this request and see if any viable models exist.
- Assemblyman Hardy asked if juvenile justice and relevant health issue funding could be unified.
- Chairwoman Leslie suggested that financing of treatment for youth offenders needs to be strengthened. She then called for public testimony.
- John Yacenda, M.D., Area Director and Spiritual Leader, Teen Challenge Nevada, Inc., Sparks, Nevada, spoke about the Teen Challenge Program. His written testimony is available as [Exhibit K](#).

## **UPDATE REGARDING THE PROPOSED REDUCTIONS TO THE BUDGET OF THE DHHS**

- Michael J. Willden, Director, DHHS, used [Exhibit L](#) to explain reductions to the DHHS budget. He noted that additional grant proposals are about to be submitted and an item not covered in his handout was that the projected budget shortfall is approximately \$517 million over the biennium. He said that without going to Nevada's "Rainy Day Fund" that number would be insurmountable. Mr. Willden added that some one-shot program funds will also be cut to balance budgets. He noted that the final percentage of cuts is 4.5 percent. He then referenced [Exhibit L](#) to present:
  1. A summary of the 4.5 percent DHHS budget cuts, broken down by division;
  2. The NEBS 220 document, available on the LCHC's website at <http://www.leg.state.nv.us/74th/Interim/StatCom/HealthCare/index.cfm?CommitteeName=Legislative%20Committee%20on%20Health%20Care>, noting that it is an evolving document;

3. Positions held or cut, including an extra ten positions in the Health Division not included in the handout; and

4. A caseload chart.

Mr. Willden said that projections indicate additional shortfalls in the biennium that will need to be addressed. He emphasized the DHHS's attempt not to impact client services with budget cuts, though it meant liquidating some of the Department's financial "safety valves." Mr. Willden added that his worst news was that the Nevada Check Up program would be capped at 30,000 participants, with an increased quarterly premium of \$15, except for very low income participants.

- Chairwoman Leslie asked about reduced funding that affects child welfare programs.

Discussion ensued about staffing and programs related to child welfare and that some program funds were reduced while workload was increased. Chairwoman Leslie requested detailed numbers representing how many children with autism will have unmet service needs due to budget cuts.

- Senator Washington asked if the Casey Family Fund dollars would have been available without budget cuts being made.

Discussion followed about Casey Family Fund financed programs in Nevada, the impact that the reduction of autism program budgets by \$87,000 will have on clients, and the fact that no cuts were made to Early Intervention Services.

- Senator Washington asked if Mr. Willden had any idea how budget shortfalls will be made up.
- Mr. Willden answered no, and felt the only way to make up the shortfalls would be if expenses decreased or revenues improved. He continued to summarize budget reductions, including not expanding the Health Insurance Flexibility and Accountability (HIFA) waiver program.
- Chairwoman Leslie asked if the reason that the HIFA waiver was not expanded was because of the cap on Nevada Check Up.
- Mr. Willden said that what prohibited the HIFA waiver expansion was the large cost.

Discussion followed about the elimination of growth for the HIFA waiver and the possibility of finding private funding to provide continued work on several health care information websites that were cut from the budget.

- Senator Washington noted his concern about the loss of the technology improvement requests.

Discussion ensued about funding reductions to mental health treatment facilities, programs, and enhancements. It was noted that 22 new mental health beds that had been scheduled to be added to facilities were not cut.

- Mr. Willden noted budget items that the DHHS did not eliminate, including child welfare, existing jobs, and the Temporary Assistance for Needy Families funding. He said the DHHS's main effort was toward slowing growth and cutting enhancements.
- Chairwoman Leslie pointed out that slowing program growth does reduce services.
- Senator Horsford said that he respected Mr. Willden's position and the Governor's prerogative to make these cuts, but that he was emphatically opposed to all of the cuts. He disagreed with the Nevada Check Up premium increase and was disturbed that all of the hard work on the HIFA waiver had been nullified. Senator Horsford expressed his concern regarding the impression that Nevada was balancing its budget on the backs of the most vulnerable people in the State and wondered how Governor Gibbons will justify setting Nevada back so far. Senator Horsford wondered why the Governor had not attempted to discuss cuts with legislators and the citizens of Nevada.
- Mr. Willden said that funding will not be increased unless taxes are raised, though Governor Gibbons has not said he will do that. He said that he cannot speak for the Governor, but that he had a duty to meet the needs of the State as presented to him. Mr. Willden noted that the Governor's budget staff would be at the January 24, 2008, Interim Finance Committee meeting.

Addressing delays in programming at the North Las Vegas Health Clinic, Mr. Willden clarified that it is not a one year delay due to cuts, but rather the clinic is being evicted from the site and they need to identify a replacement location.

- Assemblyman Hardy asked how the last two State health care budgets compare with the percentage of increase in Nevada's population.
- Mr. Willden said he can provide that information at a later date, broken down by budget accounts.
- Assemblyman Hardy asked how health program growth is measured.
- Mr. Willden said that, as far as growth, Nevada has been trying to catch up with the rest of the nation for about two decades.
- Assemblyman Hardy said that it seems bleak but progress is still being made. He thought that the revenue projections were the most frightening aspect of the budget discussion.



- Mr. Willden said that he would encourage everyone to investigate Governor Gibbons' budget revenue projections.
- Chairwoman Leslie said that the LCHC will progress with recommendations for the 2009 Session.

## **CONSIDERATION OF REGULATIONS PROPOSED OR ADOPTED BY CERTAIN LICENSING BOARDS PURSUANT TO NRS 439B.225**

*LCB File No. R193-07, State Board of Oriental Medicine*

*LCB File No. R196-07, State Board of Nursing*

*LCB File No. R201-07, Board of Dispensing Opticians*

- Sara Partida, Senior Deputy Legislative Counsel, Legal Division, LCB, reviewed regulations proposed or adopted by certain licensing boards pursuant to *Nevada Revised Statutes* 439B.225 ([Exhibit M](#)).
- Chairwoman Leslie wondered why the proposal from the Board of Oriental Medicine was received prior to the public hearing on the proposal.
- Ms. Partida explained that the Board may post notice for a public hearing 30 days after the submission of the proposed regulation to the Legal Division of the LCB. The regulation is provided to the LCHC at the same time the Legal Division delivers it to the Board to allow the Committee to comment on the regulation before it is adopted.

Discussion followed regarding regulatory authority of the LCHC and what the Committee can do regarding concerns with proposed regulations, such as sending a letter to the proper governing body.

- Assemblyman Hardy asked about a de facto increase to a nurse-midwife's scope of practice contained in the language of the State Board of Nursing's proposed regulation.
- Frederick R. Olmstead, General Counsel, Nevada State Board of Nursing, said that the proposed language change was meant to clarify, not expand, the scope of practice of a nurse-midwife in Nevada. He said that he would convey Assemblyman Hardy's concerns to the Executive Director of the Board.
- Assemblyman Hardy said that the language seemed to allow a nurse-midwife to practice as a nurse practitioner.
- Chairwoman Leslie asked whether the proposed regulation from the State Board of Nursing had been modified from the copy the LCHC had before them.

- Mr. Olmstead said that a public hearing had been held since the submission of the regulation and the wording had been adjusted based on comments made at that hearing.
- Assemblyman Hardy offered praise for including language enabling the hiring of nursing instructors.
- Chairwoman Leslie called for further comment and public testimony.

Discussion followed regarding the LCHC receiving an update from the Legislative Committee on Health Care Subcommittee to Review the Laws and Regulations Governing Providers of Health Care, the Use of Lasers and Intense Pulsed Light Therapy, and the Use of Injections of Cosmetic Substances (Senate Bill 4, Chapter 4, *Statutes of Nevada 2007, 23rd Special Session*) and about Senator Heck's impending absence from meetings.

## **PUBLIC COMMENT**

There was no additional public comment.

## ADJOURNMENT

There being no further business to come before the Committee, the meeting was adjourned  
at

Respectfully submitted,

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Rebecca C. Dobert  
Senior Research Secretary

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Marsheilah D. Lyons  
Principal Research Analyst

APPROVED BY:

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Sheila Leslie, Chairwoman

Date: \_\_\_\_\_

## LIST OF EXHIBITS

[Exhibit A](#) is the “Meeting Notice and Agenda” provided by Marsheilah D. Lyons, Principal Research Analyst, Research Division, Legislative Counsel Bureau (LCB).

[Exhibit B](#) is a Microsoft PowerPoint presentation titled “Building Options for Adults Placed Out of State With Behavioral Challenges Associated Alzheimer’s Dementia or Similar Disabilities,” dated January 23, 2008, and presented by The Honorable Frances Doherty, Department 12, Family Division, Second Judicial District Court of Nevada.

[Exhibit C](#) is a document presented by Susan DeBoer, Washoe County Public Guardian.

[Exhibit D](#) is the written testimony of Barbara Tonge, a resident of Carson City, Nevada, dated January 23, 2008.

[Exhibit E](#) is a document titled “Substance Abuse and Mental Health Treatment,” dated January 23, 2008, presented by Don Helling, Deputy Director-North, Department of Corrections.

[Exhibit F](#) is a document titled “Legislative Presentation Outline,” dated January 23, 2008, presented by Steven Burt, Executive Director, The Ridge House.

[Exhibit G](#) is a document titled “Legislative Proposal 2008 Executive Summary,” given by Steven Burt, Executive Director, The Ridge House.

[Exhibit H](#) is a document titled “WestCare,” presented by Richard Steinberg, Executive Director, Westcare Nevada.

[Exhibit I](#) is a document titled “Substance Abuse and Mental Health Treatment/Services for the Criminal Justice Population,” dated January 23, 2008, submitted by Fernando Serrano, Administrator, Division of Child and Family Services, Department of Health and Human Services (DHHS).

[Exhibit J](#) is a Microsoft PowerPoint presentation titled “Mental Health and Juvenile Justice: Facing the Challenge in Washoe County,” presented by The Honorable Frances Doherty, Department 12, Family Division, Second Judicial District Court of Nevada.

[Exhibit K](#) is the written testimony of John Yacenda, M.D., Area Director and Spiritual Leader, Teen Challenge Nevada, Inc., Sparks, Nevada, dated January 23, 2008.

[Exhibit L](#) is a document titled “Department of Health and Human Services 4.5% Budget Reduction,” dated January 11, 2008, presented by Michael J. Willden, Director, DHHS.

[Exhibit M](#) is a document titled “Consideration of Regulations Proposed or Adopted by Certain Licensing Boards Pursuant to NRS 439B.225,” presented by Sara Partida, Senior Deputy Legislative Counsel, Legal Division, LCB.

This set of “Summary Minutes and Action Report” is supplied as an informational service. Exhibits in electronic format may not be complete. Copies of the complete exhibits, other materials distributed at the meeting, and the audio record are on file in the Research Library of the Legislative Counsel Bureau, Carson City, Nevada. You may contact the Library online at [www.leg.state.nv.us/lcb/research/library/feedbackmail.cfm](http://www.leg.state.nv.us/lcb/research/library/feedbackmail.cfm) or telephone: 775/684-6827.