

**MINUTES OF THE MEETING  
OF THE  
LEGISLATIVE COMMISSION'S COMMITTEE TO STUDY THE FEASIBILITY OF  
ADOPTING A PROGRAM OF OUTPATIENT  
CIVIL COMMITMENT FOR THE MENTALLY ILL**

**(Senate Concurrent Resolution No. 60, File No. 146, *Statutes of Nevada 1997*)**

**April 8, 1998**

**Las Vegas, Nevada**

The fourth meeting of the Legislative Committee to Study the Feasibility of Adopting a Program of Outpatient Civil Commitment for the Mentally Ill was held on Wednesday, April 8, 1998, commencing at 9:30 a.m., in Room 4412 of the Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, Nevada, and video conferenced to Room 4100 of the Legislative Building, 401 South Carson Street, Carson City, Nevada. Pages 2 and 3 contain the "Meeting Notice and Agenda."

**COMMITTEE MEMBERS PRESENT IN LAS VEGAS:**

Assemblywoman Vivian L. Freeman, Chairwoman

Senator Raymond D. Rawson

Senator John (Jack) B. Regan

Assemblywoman Merle A. Berman

Assemblyman Harry Mortenson

**COMMITTEE MEMBERS PRESENT IN CARSON CITY:**

Senator Maurice E. Washington

Assemblyman Donald (Don) G. Gustavson

Assemblyman David E. Humke

**COMMITTEE MEMBERS ABSENT:**

Senator Randolph J. Townsend

**LEGISLATIVE COUNSEL BUREAU STAFF PRESENT:**

Juliann K. Jenson, Senior Research Analyst

Jan K. Needham, Principal Deputy Legislative Counsel

Charmaine L. Clark, Deputy Legislative Counsel

Robert A. Guernsey, Principal Deputy Fiscal Analyst

Nenita Wasserman, Senior Research Secretary

**MEETING NOTICE AND AGENDA**

Name of Organization: Legislative Commission's Committee to Study the Feasibility of Adopting a Program of Outpatient Civil Commitment for the Mentally Ill (S.C.R. 60)

Date and Time of Meeting: Wednesday, April 8, 1998

9:30 a.m.

Place of Meeting: Grant Sawyer State Office Building

Room 4412

555 East Washington Avenue

Las Vegas, Nevada

Note: Some members of the committee may be attending the meeting, and other persons may observe the meeting and provide testimony, through a simultaneous video conference conducted at the following location:

Legislative Building

Room 4100

401 South Carson Street

Carson City, Nevada

**AGENDA**

**I. Introduction and Opening Remarks**

Assemblywoman Vivian L. Freeman, Chairwoman

**\*II. Approval of Meeting Minutes from January 8, 1998, and February 26, 1998**

**III. Special Presentations**

**1. Overview of Outpatient Civil Commitment in Other States and Review of Related Legal and Policy Issues**

Marvin S. Swartz, M.D., Associate Professor, Department of Psychiatry, and Head, Division of Social and Community Psychiatry, Duke University Medical Center

2. Report Regarding Activities of the Community Unity Coalition of the Truckee Meadows and Position on Outpatient Civil Commitment

Sheila Leslie, Coordinator, Community Unity Coalition and Human Services Consultant

C. Report Regarding Proposed Procedure and Form for Requesting and Ordering Extension of Convalescent Leave Beyond Ten Days

Carlos E. Brandenburg, Ph.D., Administrator, Mental Hygiene and Mental Retardation Division, Nevada's Department of Human Resources (DHR)

Cynthia Pyzel, Senior Deputy Attorney General, Office of the Attorney General

4. Report Regarding Allocations for Newer, Safer Medications for the Mentally Ill

Carlos E. Brandenburg, Ph.D., Administrator, Mental Hygiene and Mental Retardation Division, DHR

E. Update on Program of Assertive Community Treatment (PACT) in Nevada

Carlos E. Brandenburg, Ph.D., Administrator, Mental Hygiene and Mental Retardation Division, DHR

\*IV. Discussion of Future Topics and Next Meeting

\*V. Direction to Staff

VI. Public Testimony

VII. Adjournment

\*Denotes items on which the committee may take action.

Note: We are pleased to make reasonable accommodations for members of the public who are disabled and wish to attend the meeting. If special arrangements for the meeting are necessary, please notify the Research Division of the Legislative Counsel Bureau, in writing, at the Legislative Building, Capitol Complex, Carson City, Nevada 89701-4747, or call Nenita Wasserman, at 684-6825, as soon as possible.

Notice of this meeting was posted in the following Carson City, Nevada, locations: Blasdel Building, 209 East Musser Street; Capitol Press Corps, Basement, Capitol Building; Carson City Courthouse, 198 North Carson Street; Legislative Building, Room 1214, 401 South Carson Street; and Nevada State Library, 100 Stewart Street. Notice of this meeting was faxed for posting to the following Las Vegas, Nevada, locations: Grant Sawyer State Office Building, 555 East Washington Avenue; Clark County Office, 500 South Grand Central Parkway.

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## **INTRODUCTION AND OPENING REMARKS**

Assemblywoman Vivian L. Freeman, Chairwoman, began the meeting by introducing Marvin S. Swartz, M.D., Associate Professor, Department of Psychiatry and Division Head of Social and Community Psychiatry, Duke University Medical Center, Durham, North Carolina. Dr. Swartz gave a presentation on outpatient civil commitment in other states which is detailed below under "special presentations."

## **APPROVAL OF MEETING MINUTES FROM JANUARY 8, 1998,**

## **AND FEBRUARY 26, 1998**

Chairwoman Freeman asked for approval of the minutes of the committee's meetings held on January 8, 1998, and February 26, 1998.

SENATOR REGAN MOVED FOR APPROVAL OF THE MINUTES OF THE COMMITTEE MEETINGS HELD ON JANUARY 8, 1998, AND FEBRUARY 26, 1998, RESPECTIVELY. SENATOR RAWSON SECONDED THE MOTION, WHICH CARRIED UNANIMOUSLY.

### **SPECIAL PRESENTATIONS**

#### **OVERVIEW OF OUTPATIENT CIVIL COMMITMENT IN OTHER STATES AND REVIEW OF RELATED LEGAL AND POLICY ISSUES**

##### **Marvin S. Swartz, M.D.**

Marvin S. Swartz, M.D., previously identified, has practiced psychiatry in North Carolina for 18 years has provided statewide leadership in the training of mental health professionals. Dr. Swartz also has developed services for individuals with severe and persistent mental illnesses in hospital and prison settings. He also presented data from a study that he is conducting on an outpatient program in North Carolina. A copy of Dr. Swartz's presentation is part of the meeting packet (Exhibit A) provided to committee members and is titled, "Is Coercion Appropriate in Outpatient Treatment?" He gave an overview of outpatient civil commitment in other states which covered the following topics:

- The mentally ill population referred to in his presentation are those individuals with severe mental illnesses such as schizophrenia and bipolar disease.
- It was his opinion, as a psychiatrist, that a mentally ill person's freedom to speak, freedom to have thoughts, and live independently is provided by good treatment and that the mental illness itself deprives a person more than medication.
- The population served by outpatient civil commitment has great difficulty in realizing the need for treatment which is a vicious cycle for the "revolving door patients" not only for themselves but for their families and mental health systems.
- Approximately two-thirds of state expenditures are still dedicated to inpatient care.
- States are in need of strategies to improve outcomes for this population in community programs.
- Potential strategies for improving community based programs for the mentally ill include: (1) integrated continuum of services; (2) intensive levels of case management; (3) involuntary inpatient and outpatient commitment; and (4) other types of coercive interventions such as guardianships and payeeships.
- There is increasing enactment of outpatient commitment laws in other states. It is explicitly permitted in 36 states and the District of Columbia. Despite statutory support in numerous states, it is used inconsistently.

Dr. Swartz described the three different ways that outpatient commitment is used:

- A conditional release program for involuntarily hospitalized patients.
- An alternative to hospitalization for patients who meet inpatient commitment criteria.
- An alternative status for patients who do not meet inpatient criteria.

Continuing his presentation, Dr. Swartz stated that:

- Controversies about the use of outpatient commitment include: (1) that it extends social control into outpatient settings; (2) there is no monitoring of potential abuse; (3) availability of appropriate services with aggressive

outreach might obviate the need for outpatient commitment; and (4) that it should not be used as a substitute for inadequacies in service systems.

Dr. Swartz stated the common questions asked regarding outpatient commitment are:

- What would be the best approach for this mentally ill population?;
- What is the approach that is going to maximize the treatment for as many individuals as possible?; and
- How to maintain the respect for the long-term autonomy of the mentally ill?

Agreeing with Chairwoman Freeman, Dr. Swartz indicated that every state has to design their own civil commitment program to fit their own population and noted that:

- The State of New York decided to put into effect a pilot statute which had a sunset provision. This allowed New York to decide on its own whether the statute was effective or not.
- There are no forprofit hospitals which accept outpatient committed patients.

Dr. Swartz then summarized studies conducted on outpatient civil commitment:

- One study found no differences in final outcome for patients in states that did use outpatient civil commitment compared to states that did not.
- Few studies specifically address severe and persistent mental illness.
- In a North Carolina study, it was found that patients experienced a reduced number of hospitalizations and a decrease in dangerous behavior.

## **REPORT REGARDING ACTIVITIES OF THE COMMUNITY UNITY COALITION OF THE TRUCKEE MEADOWS AND POSITION ON OUTPATIENT CIVIL COMMITMENT**

### **Sheila Leslie**

Sheila Leslie, Coordinator, Community Unity Coalition and Human Services Consultant, Reno, Nevada, stated that:

- It is the position of the Community Unity Coalition that outpatient civil commitment is premature for Nevada at this time and instead supports an extended convalescent leave protocol, which would allow the Mental Hygiene and Mental Retardation (MH/MR) Division, Nevada's Department of Human Resources (DHR), to monitor certain mentally ill patients for longer periods of time.
- The Community Unity Coalition was formerly known as the Mental Health Coalition of Northern Nevada.

### **Brian Lahren, Ph.D.**

Brian Lahren, Ph.D., Executive Director of the Washoe Association for Retarded Citizens (WARC), Inc., Reno, and member of the Community Unity Coalition, read into the record the Coalition's general principles on outpatient civil commitment and specific recommendations which are Exhibit B. He also referred to the Community Unity Coalition's general principles (as found in Exhibit B).

In summary, Dr. Lahren stated the Community Unity Coalition recommended that the S.C.R. 60 Committee adopt the recommendations, as described in Exhibit B, which include:

- No changes to Nevada's civil commitment statute.
- A statutory extension of the ten-day convalescent leave to six months.

- The MH/MR Division submit a letter of intent to the next legislative budget process information necessary to allow the Legislature and the Legislative Counsel Bureau to perform assessments on various mental health programs.
- The establishment of an additional Programs for Assertive Community Treatment (PACT) team for northern and southern Nevada, specifically targeted for the population in need of outpatient mechanisms.
- The creation of a standing mental health committee with a sunset date, whose scope of work includes the assessment of the mental health system and mental health resource needs.

#### Richard Siegel, Ph.D.

Richard Siegel, Ph.D., Vice President and Legislative Director for the American Civil Liberties Union (ACLU) stated that:

- The ACLU supports the Community Unity Coalition's proposal, recognizing that there are many details that must be addressed.
- Although Dr. Swartz's presentation does provide some evidence of the greater effectiveness of outpatient commitment, Nevada needs to be cautious when reviewing studies on outpatient commitment.

#### Nancy M. Paolini

Nancy M. Paolini, Executive Director, Restart Homeless Services, Project Restart, Reno and member of the Community Unity Coalition, stated she supports the recommendations that Dr. Lahren reviewed. She testified that Project Restart:

- Works with the homeless population in Reno.
- Has had much success using the payee program. A majority of the clients who left the payee program have had episodes of homelessness when they stopped receiving fiscal management services and meeting with their case manager.

#### Ernest K. Nielsen

Ernest K. Nielsen, Attorney, Washoe County Senior Services, Reno, and member of the Community Unity Coalition, covered the following topics for the committee:

- A statutory change is not advocated at this time for the outpatient commitment standard.
- Current statutes allow for the use of some subjective thought processes in the evaluation of whether a person is a danger to himself/herself or others.
- The move from a ten-day to a full six months for "convalescent leave" comes with concerns, such as the process provided to the individual who is on "convalescent leave" and whether they will no longer be under the court's jurisdiction of civil commitment.

#### Rosetta Johnson

Rosetta Johnson, President of the Nevada Alliance for the Mentally Ill (NAMI) of Northern Nevada, Reno, and parent of a mentally ill son, stated that she represents a large portion of family members and consumers who are concerned about the mentally ill in the State of Nevada. She stated that:

- Many of the mentally ill cannot make decisions for themselves.
- She agrees with all the recommendations presented by the Community Unity Coalition; and
- The NAMI urges the committee members to consider all recommendations related to PACT programs.

Responding to Mr. Humke's questions, Dr. Lahren testified that convalescent leave:

- Refers to the point in a patient's treatment where he/she is no longer a threat to himself/herself or others and it is recommended to reintegrate that person into the community and with family members.
- Can be revoked if the conditions of discharge are not complied with by the patient.
- Currently is set up for a ten-day period of time which in many cases is too short. Oftentimes there is not the opportunity to observe the patient to see if the patient is compliant in taking their medication. If there is relatively early noncompliance, the convalescent leave status can be revoked and the patient brought back to inpatient status.
- Provides a mechanism to intervene and "shortcut" the "revolving door cycle," if a patient has a history of recidivism, failure to comply with treatment, and decompensation.

Marvin S. Swartz, M.D.

Marvin S. Swartz, M.D., previously identified, stated that he was not advocating outpatient commitment and commented that it is an issue of trying to understand whether it is successful and how it works. Dr. Swartz noted that:

- He does not have an opinion whether outpatient commitment is more effective than other options.
- He supports PACT programs.
- Studies have shown when intervention occurs early in a person's course of mental illness, it can improve the long-term outcome of the condition.
- It is his opinion that "convalescent leave" is a good proposal. However, he expressed concern about addressing the needs of severely mentally ill persons who are not hospitalized.
- He supports a mechanism to keep patients in their community programs and working with community providers rather than returning them to the hospital.
- If the goal of convalescent leave is to keep patients in community programs, this goal could be complicated by placing noncompliant patients back in a hospital.

**REPORT REGARDING PROPOSED PROCEDURE AND FORM FOR REQUESTING AND ORDERING  
EXTENSION OF CONVALESCENT LEAVE BEYOND TEN DAYS**

Cynthia Pyzel

Cynthia Pyzel, Senior Deputy Attorney General, Office of the Attorney General, and Carlos Brandenburg, Ph.D. (previously identified), proposed a procedure for extending the convalescent leave protocol that is currently in Nevada law. Ms. Pyzel also provided the committee with a copy of a memorandum that discusses the issue of convalescent leave; where it is located in statute; the issues and concerns involved; and a sample pleading (Exhibit C). She testified that:

- When a patient is at the point of no longer being dangerous to himself/herself or others, it is probably appropriate to consider discharging a person from the hospital to a less restrictive environment.
- Nevada's statutes provide a means to "unconditionally discharge" a patient. This term often is intermingled with "convalescent leave."
- Current statutes state the release of an involuntarily court-admitted client becomes unconditional ten days after the release unless the admitting court, within that time period, issues an order providing otherwise.

Continuing her presentation, Ms. Pyzel stated the proposed procedure for extending the convalescent leave protocol

beyond ten days of the commitment order for patients who have been civilly committed would apply to the following:

- The client is known to the facility to be noncompliant with medication and/or treatment regimes. This noncompliance gives rise to a reasonable likelihood of decompensation within the period remaining.
- A dually diagnosed client with mental illness and substance abuse problems, who is known to have a high likelihood of continuing to abuse substances. This abuse causes rapid deterioration of mental health leading to a likelihood of decompensation with the period remaining.
- No insight to a client's illness has been displayed and he/she has demonstrated an unwillingness to continue participating in a treatment regime once discharged. This lack of insight and unwillingness will predictably cause a decompensation in his/her condition with the remaining time under the commitment order.
- The client has no or insufficient resources in the community to assist him/her in successfully living outside a mental health facility.
- Other circumstances which are particular to the individual, but create a strong likelihood that the mental health of the individual is likely to rapidly deteriorate, necessitating hospitalization within the time remaining under the commitment order. Such circumstances will be set forth in writing by the treatment team (which is the nurse, psychiatrist, psychologist, social worker, and technicians who observe the client on a daily basis) of the hospital.

Ms. Pyzel suggested that the committee consider amending *Nevada Revised Statutes* (NRS) 433A.370 "Escape or absence without leave," 433A.380 "Unconditional release, early release," and 433A.390 "Conditional release on convalescent leave: No liability of state, restoration rights,; notice to court and sitrict attorney," which is detailed on page 2 of Exhibit C, to allow for persons who have been involuntarily civilly committed to a mental health facility to be placed on convalescent or conditional leave for a period not to exceed six months. This proposal is designed to allow for a patient's release from the hospital into a community setting and provides for case manager intervention and possible rehospitalization if needed.

In response to Chairwoman Freeman's question, Mr. Nielsen (previously identified) stated when referring to the definitions set forth in NRS, it is his opinion, there are a substantial number of words that allow some subjectivity in the initial phase of involuntary commitment of a person. He suggested that the community would benefit from Nevada's Attorney General's Opinion that would provide interpretation and assist with the application of involuntary commitment.

Carlos E. Brandenburg, Ph.D.

Carlos E. Brandenburg, Ph.D., Administrator, Mental Hygiene and Mental Retardation Division, DHR, noted the MH/MR Division is working in partnership with Nevada's Attorney General to review this language statewide, with both the public and private sector. He noted that based on discussions at the S.C.R. 60 Committee's February 26, 1998, meeting, the private facilities have no opposition to the language.

## **REPORT REGARDING ALLOCATIONS FOR NEWER, SAFER MEDICATIONS FOR THE MENTALLY ILL**

Carlos E. Brandenburg, Ph.D.

Carlos E. Brandenburg, Ph.D., previously identified, discussed the use of newer, safer medications for mentally ill patients. These medications are currently being used in both the Las Vegas and Reno areas. He reviewed a chart for the committee which is titled "Medication Purchases, Comparison of Actual to Legislatively Approved Funds for Fiscal years 1997-1999" which is Exhibit D. He stated that:

- As a result of the increases made to the MH/MR Division's budget during the 1997 Legislative Session, a tremendous amount of research and work has been completed regarding medications. Improved medications give psychiatric patients more ability to control their disorders and to succeed in the community.



- The MH/MR Division provides the Legislative Counsel Bureau with a monthly and quarterly statement that compares actual and projected funds used for the "Medication Clinic Caseload program" shown on page 2 of Exhibit D.

## **UPDATE ON PROGRAM OF ASSERTIVE COMMUNITY TREATMENT IN NEVADA**

### **Carlos E. Brandenburg, Ph.D.**

Carlos E. Brandenburg, Ph.D., previously identified, gave a brief overview of the Programs for Assertive Community Treatment (PACT) and explained that:

- Two PACT programs were funded by the 1997 Nevada Legislature, one in the north and one in the south.
- A PACT program is designed for mentally ill individuals who are "revolving door patients."
- The program originated in the State of Wisconsin and consists of a treatment team that works in the community to provide the same type of intensive care provided when someone is hospitalized for mental illness.
- A PACT team consists of one clinical social worker, who serves as the program coordinator; a psychiatric case manager; psychologist; part-time psychiatrist; two psychiatric nurses; and, an occupational therapist. The ratio is one staff member for every ten patients. The PACT program will have approximately 70 patients.
- If possible, the 1999 Legislature will receive the results of the PACT programs.

## **PUBLIC TESTIMONY**

### **James Richard Lucas**

James Richard Lucas, private citizen, Las Vegas, referenced gaps in mental health services, particularly in educating the community about mental illness. He suggested the committee consider the following recommendations:

- Direct the MH/MR Division to produce and sponsor public service announcements regarding mental illness.
- Encourage the MH/MR Division to develop training programs, particularly for professionals who work with children, regarding mental illness and its warning signs.

### **Sigrid Macey**

Sigrid Macey, private citizen, Las Vegas, testified against outpatient civil commitment and stated that:

- It is her opinion that Nevada should be able to deal with mental health issues on its own and not follow another state's model.
- A district attorney should be required to consult with the person who is the subject of the petition for involuntary court-ordered admission before the clerk of the district court may accept the petition for filing.
- Individual's rights need to be recognized and careful thought be given before an outpatient civil commitment program is approved.

### **Wanda McClenaghan**

Wanda McClenaghan, private citizen, Las Vegas, stated that she has concerns about the outpatient civil commitment program and commented that:

- Medication is not the answer to solving problems for the mentally ill population.
- It is her opinion that family members of the mentally ill should ask for help if necessary instead of someone else intervening and having an individual committed.

#### Pat Hines

Pat Hines, parent of a son who was diagnosed mentally ill in 1979, testified in support of outpatient commitment. She also recommended that:

- More services and benefits for the younger population of mentally ill clients who are dually diagnosed be provided.
- An increase in community support for jobs for the mentally ill patients be made.
- Families and relatives be included in the treatment teams referred to in the PACT programs for the mentally ill.
- The State of Nevada supplement Social Security benefits for the mentally ill.
- Serious consideration be given to clients' specific requests as to how to spend their money through the payee system.

#### Tom McGowan

Tom McGowan, private citizen, testified against instituting an involuntary commitment program and noted that:

- More time should be given to public testimony so all viewpoints can be presented for the study.
- The committee should make a conscientious decision whether or not to endorse the proposals brought before it.

#### Rosetta Johnson

Rosetta Johnson, President, National Alliance for the Mentally Ill (NAMI) of Northern Nevada, Reno, explained that she also has a son who is mentally ill. She commented that there is a mental health coalition in Las Vegas with representation from NAMI, Americans for Mental Health, and in the criminal justice and mental health systems.

### **DISCUSSION OF FUTURE TOPICS AND NEXT MEETING**

Chairwoman Freeman announced the final work session for the committee would take place May 21, 1998 in Carson City.

#### **DIRECTION TO STAFF**

Chairwoman Freeman requested legal staff to research information on whether mentally ill patients can or cannot share living quarters.

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#### **ADJOURNMENT**

There being no further business to come before the committee, Chairwoman Freeman adjourned the meeting.

Respectfully submitted,

Nenita Wasserman

Senior Research Secretary

APPROVED BY:

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Assemblywoman Vivian L. Freeman, Chairwoman

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

### **LIST OF EXHIBITS**

Exhibit A is a packet of information provided to the committee members by staff, contains the following documents:

- A letter dated March 23, 1998, addressed to Juliann K. Jenson, Senior Research Analyst, Research Division, Legislative Counsel Bureau from Marvin Swartz, M.D., Associate Professor, Department of Psychiatry, and Head, Division of Social and Community Psychiatry, Duke University Medical Center, Durham, North Carolina. A copy of his presentation attached which is titled, "Is Coercion Appropriate in Outpatient Treatment?"
- A copy of Marvin S. Swartz's, M.D., Associate Professor, Department of Psychiatry, and Head, Division of Social and Community Psychiatry, Duke University Medical Center, Durham, North Carolina, curriculum vitae, dated February 1998.
- A copy of a preliminary report titled "Research Study of Involuntary Outpatient Mental Health Treatment" submitted by Policy Research Associates, Incorporated, Delmar, New York which was prepared for the New York City of Department of Mental Health, Mental Retardation and Alcoholism Services, New York, New York.
- A copy of an article titled "After the Asylum" from *Governing*, dated March 1998.
- A newspaper article titled "Like it or not, Washoe County Jail is in mental health business," from the *Reno Gazette Journal*, dated March 21, 1998.

Exhibit B is a memorandum addressed to the S.C.R. 60 Committee from the Mental Health Coalition of the Community Unity Coalition for presentation at the April 8, 1998, S.C.R. 60 Committee hearing, titled "General Principles the Coalition believes should guide all levels of government and other entities in further developing our mental health system, and Specific recommendations that the Coalition suggests the S.C.R. 60 Committee adopt."

Exhibit C is a copy of a memorandum provided by Cynthia Pyzel, Senior Deputy Attorney General to Carlos Brandenburg, Ph.D., Administrator, and David Rosin, M.D., Medical Coordinator, Mental Health and Mental Retardation Division, Nevada's Department of Human Resources, titled "Conditional Release (Convalescent Leave) Issues," dated February 17, 1998.

Exhibit D is a copy of a chart provided by Carlos E. Brandenburg, Ph.D., Administrator, Mental Hygiene and Mental Retardation Division, Nevada's Department Human Resources titled, "Medication Purchases, Comparison of Actual to Legislatively Approved funds for fiscal years 1997-1999."

Exhibit E is a letter dated March 27, 1998, to the S.C.R. 60 Committee from Ted Carr, Las Vegas, regarding the need for rooms for the mentally retarded population in Nevada.

Exhibit F is the "Attendance Record" for this meeting.

Copies of the materials distributed in the meeting are on file in the Research Library of the Legislative Counsel Bureau, Carson City, Nevada. You may contact the library at 702/684-6827.