

**MINUTES OF THE MEETING  
OF THE  
LEGISLATIVE 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*)**

**February 26, 1998**

**Carson City, Nevada**

The third meeting of the Legislative Committee to Study the Feasibility of Adopting a Program of Outpatient Civil Commitment for the Mentally Ill (S.C.R. 60) was held on Thursday, February 26, 1998, commencing at 10 a.m., in Room 4100 of the Legislative Building, 401 South Carson Street, Carson City, Nevada, and video conferenced to Room 4401 of the Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, Nevada. Pages 2 and 3 contain the "Meeting Notice and Agenda."

**COMMITTEE MEMBERS PRESENT IN CARSON CITY:**

Assemblywoman Vivian L. Freeman, Chairwoman

Senator Maurice E. Washington

Assemblyman Donald (Don) G. Gustavson

Assemblyman David E. Humke

**COMMITTEE MEMBERS PRESENT IN LAS VEGAS:**

Assemblywoman Merle A. Berman

**COMMITTEE MEMBERS ABSENT:**

Senator Raymond D. Rawson

Senator John (Jack) B. Regan

Senator Randolph J. Townsend

Assemblyman Harry Mortenson

LEGISLATIVE COUNSEL BUREAU STAFF PRESENT:

Juliann K. Jenson, Senior Research Analyst

Kimberly A. Morgan, Chief 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: Thursday, February 26, 1998

10 a.m.

Place of Meeting: Legislative Building

Room 4100

401 South Carson Street

Carson City, 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:

Grant Sawyer State Office Building

Room 4412

555 East Washington Avenue

Las Vegas, Nevada

**AGENDA**

I. Introduction and Opening Remarks

Assemblywoman Vivian L. Freeman, Chairwoman

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

III. Background Information Regarding the Use of Outpatient Civil Commitment in Other States

Juliann K. Jenson, Senior Research Analyst, Legislative Counsel Bureau

IV. Special Presentations

1. Issues and Concerns of Local Service Providers, Advocacy Groups, and Private Health Care Providers Regarding the Mentally Ill Population in Nevada

Nancy M. Paolini, Executive Director, ReStart Homeless Services

Jeannette K. Belz, President/CEO, Nevada Association of Hospitals and Hospital Administrators

Jack Mayes, Executive Director, Nevada Disability Advocacy and Law Center

Rosetta Johnson, President, National Alliance for the Mentally Ill of Northern Nevada

1. Report Regarding Civil Commitment Proceedings and Other Related Issues for the Mentally Ill in Clark County

William O. Voy, Mental Commitment Hearings Master, Clark County

C. Report Regarding Community-Based Programs and Services for the Mentally Ill in Nevada

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

\*V. Discussion of Future Topics and Future Meetings

\*VI. Directions to Staff

VII. Public Testimony

VIII. 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.

## **INTRODUCTION AND OPENING REMARKS**

Assemblywoman Vivian L. Freeman

Chairwoman Vivian L. Freeman began the meeting by making introductions and providing opening remarks. In particular, she noted the "Take Back the River" project in Washoe County, Nevada, whereby the Washoe County Sheriff's Office is relocating individuals who live on the banks of the Truckee River. She relayed that many of these people are mentally ill and emphasized the need to have appropriate services for this population.

Exhibit A is an information packet prepared by staff for use by the committee members during this meeting. Please see "List of Exhibits" for details of its contents.

#### Kimberly A. Morgan

Kimberly A. Morgan, Chief Deputy Legislative Counsel, Legal Division, Legislative Counsel Bureau (LCB), provided a copy of a Legislative Counsel Bureau Opinion dated February 3, 1998, which is Exhibit B regarding whether a local governmental entity may relocate homeless persons from a public area. This has become an issue in light of relocation efforts of the "Clean up the River" project along the Truckee River, referenced above. This opinion was authored by William L. Keane, Deputy Legislative Counsel, and Bradley A. Wilkinson, Principal Deputy Legislative Counsel. She explained that:

- It is the opinion of the Legal Division that if a local government in Nevada enacted and enforced an ordinance restricting the act of sleeping or camping in certain public areas, such an ordinance would likely be found to be constitutional if challenged.
- However, because no legal precedent binding in Nevada exists with regard to ordinances prohibiting the act of sleeping or camping, the outcome of a constitutional challenge to such an ordinance cannot be predicted with certainty; and
- Applying the relevant case law to the facts communicated to the Legal Division concerning the "Clean up the River" campaign along the Truckee River, it is also of the opinion that the relocation efforts of the campaign would likely withstand a court challenge.

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

No action was taken on this item.

### **BACKGROUND INFORMATION REGARDING THE USE OF OUTPATIENT CIVIL COMMITMENT IN OTHER STATES**

#### Juliann K. Jenson

Juliann K. Jenson, Senior Research Analyst, Research Division, LCB, provided an overview of outpatient civil commitment in other states. Her presentation covered the following topics:

- Involuntary outpatient commitment statutes require mentally ill patients to comply with a community-based programs to avoid commitment to a mental institution. Outpatient commitment is usually characterized by short recurring visits to a mental health clinic that provides services such as day treatment, individual or group therapy, medication, and supervise living arrangements.
- Outpatient commitment is applied to individuals living in the community who in the past would have been inpatients. It is used most commonly for individuals with bipolar disorders, schizophrenia, or other psychoses such as those who are noncompliant in taking their prescribed medications.

Ms. Jenson reported that a survey conducted by the National Association of State Mental Program Directors found that:

- Of the 33 states including the District of Columbia, who have outpatient commitment statutes, only five states use it frequently.
- The uncertainty of the constitutionality of involuntary outpatient civil commitment and the problems of monitoring patients in the community are cited as the two main reasons that it is not used more often.

According to Ms. Jenson, the North Carolina Health Evaluation Unit conducted a series of studies regarding outpatient civil commitment and its effectiveness. The results of the study found that with the use of an outpatient civil commitment program:

- Hospital admissions were reduced; the length of hospital stay was reduced; more appointments were kept at mental health clinics; and retention rates were higher for treatment during the commitment period.
- Mental health professionals and community mental health centers played a "crucial" role in the effectiveness of a outpatient civil commitment program. Further, many community-based centers prefer not to deal with noncompliant patients.

Ms. Jenson discussed the pros and cons of outpatient civil commitment and noted that:

- Most research professionals appear to have the opinion that more studies need to be conducted to determine if a patient's ability to function in the community is truly enhanced by outpatient civil commitment or if other community-based resources work as effectively.
- It is this committee's charge to determine if outpatient civil commitment or other community resources would best serve the mentally ill population.

### **SPECIAL PRESENTATIONS**

#### **ISSUES AND CONCERNS OF LOCAL SERVICE PROVIDERS, ADVOCACY GROUPS, AND PRIVATE HEALTH CARE PROVIDERS REGARDING THE MENTALLY ILL POPULATION IN NEVADA**

##### **Nancy M. Paolini**

Nancy M. Paolini, Executive Director, Restart Homeless Services, Project ReStart, Reno, Nevada, gave an overview of her organization's involvement with the homeless population in Reno. Her written testimony is Exhibit C. She explained that Project ReStart:

- Is charged with the responsibility of coordinating homeless services, identifying gaps and duplications, and developing programs to meet unmet needs of the homeless.
- Has established a strong relationship with the Mental Hygiene and Mental Retardation (MH/MR) Division, Nevada's Department of Human Resources (DHR), in an effort to bolster services to homeless individuals.
- Has helped to establish a mental health support center under the State Projects to Assist in the Transition from Homelessness (PATH) grant.

Continuing her presentation, Ms. Paolini stated that:

- As a result of a murder in Reno, involving a mentally ill person who refused treatment, Project ReStart, the Nevada Mental Health Institute (NMHI), MH/MR Division, developed a "convalescent leave protocol." This protocol is being tested as pilot program and operates in a similar fashion to outpatient commitment.
- This protocol currently requires that an individual be identified as treatment resistant and noncompliant.
- An individualized justice plan is created to include medication compliance after release. Then the individual is released on convalescent leave rather than discharged. Should the person decompensate, a ReStart worker can notify NMHI staff and initiate return to inpatient status. This would not require an individual to be placed in a hospital's crisis unit on a 72-hour emergency hold, known as a "Legal 97."
- It was her opinion that involuntary outpatient civil commitment would be very beneficial only in cases where appropriate care and community resources are not available.

In response to Chairwoman Freeman's question, Ms. Paolini stated that Project ReStart is a private, nonprofit organization whose primary operational funding comes from Washoe County.

Addressing Chairwoman Freeman's question as to what her recommendations for the 1999 Legislative Session, Ms. Paolini suggested that this committee:

- Increase funding for transitional housing and outreach programs; and
- Continue to review the issue of noncompliant, treatment resistant, individuals, who continue to be a danger to themselves and others, and cycle in and out of the criminal justice system.

### Jeannette K. Belz

Jeannette K. Belz, President/CEO, Nevada Association of Hospitals and Hospital Administrators, Reno, gave a brief synopsis of the duties and responsibilities of the Nevada Association of Hospitals and Hospital Administrators. She introduced representatives from private hospitals who made presentations on the health care provider's role in the care and commitment of the mentally ill.

- Lynn M. Rosenbach, Chief Executive Officer, Charter Behavioral Health Systems of Nevada, Las Vegas.
- Darryl Dubroca, Chief Executive Officer, Monte Vista Hospital, Las Vegas.
- Vicki L. Miller, Director, Crisis Response and Information Services, of Monte Vista Hospital, Las Vegas.
- Dr. Howard Mason, Medical Director at Charter Behavioral Health Systems of Nevada, Las Vegas, attended via video conference in Las Vegas.
- Linda Morfield, Director, Medical Services at Charter Behavioral Health Systems of Nevada, Las Vegas, attended via video conference in Las Vegas.

### Lynn M. Rosenbach

Lynn M. Rosenbach (previously identified) provided the committee with a folder of information, titled "Comprehensive, Flexible, Integrated, Responsive, Effective, Charter Behavioral Health System of Nevada," which is Exhibit D. She began her presentation by noting the function of private health providers in the mental health care system which includes:

- Assistance in placement or referral of mentally ill patients.
- Acute inpatient hospitalization for adults, adolescents, and children.
- Inpatient acute medical detoxification as part of an individual's substance abuse program.
- Acute inpatient geropsychiatric services.
- Organized outpatient services including partial hospitalization where patients spend the treatment day at the facility but do not stay overnight.
- Outpatient treatment for compulsive gamblers.
- Mobile crisis evaluation services.
- Crisis telephone lines 24-hours per day.

### Vicki L. Miller

Vicki L. Miller (previously identified) gave a private provider perspective regarding their role in serving the mentally ill population in Nevada. She stated that:

- Up to 500 mobile crisis calls per month are received at Monte Vista Hospital. These calls are referrals from families, hospital emergency rooms, law enforcement, and physicians.
- For those individuals who are civilly committed, there are not adequate services for medical detoxification.
- Additional medical detoxification, assisted living, case management services, community support systems, and medication clinics are needed for the mentally ill.
- Outpatient civil commitment is premature at this time as Nevada does not have the necessary infrastructure in place to assist with such a commitment process.
- The State of California has a year-long process whereby a mentally ill individual, assigned a public guardian or conservator. The conservator offers support to the mentally ill individual and can initiate treatment if that person decompensates. This applies to indigents as well.

### Darryl Dubroca

Darryl Dubroca (previously identified) stated that Montevista Hospital is an 80-bed psychiatric/substance abuse facility. Prior to joining Montevista Hospital, he stated he had previous mental health work experience in several states which include Florida, Georgia, Louisiana, Missouri, and Texas. In his opinion, recommendations for the 1999 Nevada Legislature for the mentally ill include:

- More geriatric services.
- An increase in the number of crisis observation units; and
- Attention to medication compliance issues.

### Linda Morfeld

Linda Morfeld, Director of Clinical Services at Charter Behavioral Health Systems of Nevada, testified via video conference in Las Vegas. Ms. Morfeld's testimony covered her previous work experience as a community mental health nurse in Lyn County, Iowa, during the 1980s. She stated her opinion that outpatient civil commitment is helpful only with an intensive case management system and a well-organized network system of community services.

### Jack Mayes

Jack Mayes, Executive Director, Nevada Disability Advocacy and Law Center (NDALC) introduced H. Jill Smith, Esquire, Advocacy Director, NDALC, who made the presentation for the NDALC.

### H. Jill Smith

H. Jill Smith explained that the NDALC is a nonprofit private law firm assigned the duty to advocate for the legal rights and interests of individuals in Nevada with disabilities. She stated this agency works for the protection and advocacy of the legal rights of individuals with mental illnesses both inside and outside institutional settings, and noted she is also a family member of a person with a severe mental illness.

Ms. Smith provided a copy of NDALC's position paper which is Exhibit E, is titled "Why Involuntary Outpatient Commitment Won't Work for Nevada." This document sets forth a detailed discussion of the legal issues involved in adopting an involuntary civil commitment program. She relayed constitutional and civil liberty concerns about this procedure and emphasized other forms of community-based treatment as an alternative. She reviewed in detail the issues presented in this paper and concluded it is the NDALC's opinion that:

- The adoption of an involuntary outpatient commitment statute is a drastic and counterproductive step which significantly abridges an individual's civil liberties and is an unproven and ineffective means of accomplishing the stated goals for which such initiatives are advanced.
- Instead of outpatient civil commitment, the availability of adequately funded community-based treatment options and support services provide the best mechanism for ensuring favorable outcomes for individuals with mental illness who might otherwise be the target of proposed coercive treatment legislation.

### Rosetta Johnson

Rosetta Johnson, President, National Alliance for the Mentally Ill (NAMI) of Northern Nevada, explained that she also has a son who is mentally ill. She thanked the 1997 Nevada Legislature for approving additional funding to mental health programs and services. She presented a brief segment of a videotape titled "Physical Causes of Mental Illness" which the committee viewed. Her written testimony along with the following documents are Exhibit F:

- A letter dated February 26, 1998, to the Legislative Commission's Committee to Study the Feasibility of Adopting a Program of Outpatient Civil Commitment for the Mentally Ill (S.C.R. 60), which lists the NAMI's recommendations for the 1999 Legislature.
- A copy of the January 1998, NAMI Nevada Newsletter titled *Brainwaves*.
- An article titled "Schizophrenia in Monozygotic Twins," which illustrates the loss of brain volume associated with schizophrenia.

A news article titled "Nevada gets new psychiatric hospital . . . and more" from *NAMI Advocate*, dated January/February 1998.

Ms. Johnson's testimony covered the following NAMI recommendations:

- Support involuntary outpatient treatment commitment program. Outpatient civil commitment is necessary for those persons who may not meet the statutory requirement "to be a danger to themselves or others," are dysfunctional, and difficult to handle.
- Institute a "need for treatment" and "gravely disabled" standard to supplement Nevada law regarding "danger to self or others."
- Establish a policy to allow judges consider past behavior of a mentally ill individual when making an involuntary treatment determination.
- Provide that a decision to treat someone should be made at the same time a determination is made to involuntarily commit an individual.
- Consider the urgency to adopt a program for involuntary outpatient treatment based on economic, ethical, human, and medical standards.

## **REPORT REGARDING CIVIL COMMITMENT PROCEEDINGS AND OTHER RELATED ISSUES FOR THE MENTALLY ILL IN CLARK COUNTY**

### William O. Voy

William O. Voy, Mental Commitment Hearings Master, Clark County, testified regarding outpatient civil commitment. He raised concerns regarding implementing and monitoring an outpatient civil commitment program and stated that:

- The process to recommit an individual to an institution is very difficult.
- It is his opinion that a permanent outpatient civil commitment order would not withstand a constitutional challenge.

For the 1999 Legislative Session, Mr. Voy suggested that:

- A crisis intervention mobile unit be provided for Clark County.
- The committee consider the number of people this order would affect and the fiscal impact that would occur.

## **REPORT REGARDING COMMUNITY-BASED PROGRAMS AND SERVICES FOR THE MENTALLY ILL IN NEVADA**

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

Carlos E. Brandenburg, Ph.D., Administrator, MH/MR Division, Nevada's Department of Human Resources, presented a report regarding community-based programs and services for the mentally ill population in Nevada. A copy of his presentation is Exhibit G.

Chairwoman Freeman asked Dr. Brandenburg to respond to Rosetta Johnson's (identified earlier) suggestions for involuntary commitment. He stated that:

- As a result of the increases made to the MH/MR Division's budget during the 1997 Legislative Session, it is his opinion that the state does not need an outpatient commitment statute.
- It is the MH/MR Division's opinion that a client-centered, community-based program, which includes funds for education, housing, outreach programs, is necessary to help a patient live successfully in the community and would reduce the need for involuntary civil commitment.

Dr. Brandenburg reviewed the services provided by the NMHI for outpatients which include:

- A "medication clinic" which is provided for clients who receive medication on an outpatient basis.
- Outpatient counseling, which is provided for patients through mental health counselors, psychologists, or social work staff members.



- Case management services, which are available 24 hours a day, seven days a week. This assistance involves intensive monitoring of the day-to-day activities of clients in the community.
- Psychosocial rehabilitation services, which provide clients with independent living skills.
- Vocational services, which train clients to become employed and live independently.
- A variety of housing services such as shelter, supervised or transitional apartments, supported living arrangements (SLA), and other care.
- A number of mental health and mental retardation sites which are located: in Las Vegas, Reno and rural Nevada.
- Crisis service, which is the 24-hour a day ambulatory program as well as an emergency residential program in Las Vegas. It is available to any individual who might have problems with stressful life events.

Continuing, Dr. Brandenburg noted the following issues would need to be addressed if an involuntary outpatient program were instituted: civil rights and liability issues; court involvement and compliance issues; and fiscal impact. He also noted that:

- Additional outreach programs are needed in order for the appropriate agencies to take a more proactive role with the mentally ill population.
- The MH/MR Division is developing a partnership with the Washoe County Sheriff's Office to provide a crisis observation unit for the homeless population.

### **DISCUSSION OF FUTURE TOPICS AND FUTURE MEETINGS**

Chairwoman Freeman announced that the next S.C.R. 60 Committee meeting would be held in Las Vegas in early April 1998.

### **DIRECTIONS TO STAFF**

Assemblywoman Freeman requested staff to contact an expert to testify before the next committee meeting regarding outpatient civil commitment. Specifically, the expert would assist in better understanding the interplay of law and policy concerning this issue.

Additionally, Chairwoman Freeman requested Robert A. Guernsey, Principal Deputy Fiscal Analyst, Fiscal Analysis Division, LCB, to research:

- The cost-effectiveness of the PACT Program; and
- The number of additional case managers the MH/MR Division, needs to effectively manage mentally ill clients in the community.

### **PUBLIC TESTIMONY**

#### **James Richard Lucas**

In response to a question posed by James Richard Lucas, a member of the public, regarding the percentage of the mentally ill population who are also substance abusers, Dr. Brandenburg, stated 60 percent of mentally ill patients who enter the system are dually diagnosed. The MH/MR Division has developed a working relationship with the Bureau of Alcohol and Drug Abuse, Rehabilitation Division, Nevada's Department of Employment, Training and Rehabilitation, to serve the dual diagnosed patients.

#### **Morty Ebers**

Morty Ebers, President, National Alliance for the Mentally Ill in Southern Nevada, Board Member of the State National Alliance for the Mentally Ill, and parent of a

mentally ill son testified on the difficulties he experienced in getting his son back into the mental health system.

- His son disappeared from a group home when he had an adverse reaction to a change in medication.
- He had to prove that his son was a "danger to himself" to reinstate him in the mental health system.

Mr. Ebers stated that NAMI supports an outpatient civil commitment statute and read an editorial regarding mental illness and outpatient civil commitment for the record.

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#### Joe Tyler

Joe Tyler, a member of the public who suffers from schizophrenia, testified regarding the difficulties he encountered when he was in denial about his mental illness. He described the "cycle" of mental illness and explained that he has been institutionalized seven times. He stated that he supports an involuntary outpatient civil commitment program.

#### Elizabeth Francis

Elizabeth Francis, a Professor of English and Judicial Studies at the University of Nevada, Reno, and parent of a 25-year-old schizophrenic daughter testified regarding her experience with voluntary and involuntary commitment.

Ms. Francis's recommended:

- Outpatient commitment should be viewed as a therapeutic move instead of as a punitive deprivation of civil liberties.
- A law be enacted requiring a mentally ill individual to remain compliant with their medication regimen as prescribed by their physician.

#### Pat Hines

Pat Hines, the parent of a mentally ill son, testified in support of outpatient civil commitment of the mentally ill. She stated the desires of the mentally ill are the same as everyone else for clothing, food, friends, and shelter, but because of the damage to the brain, priorities are put into the wrong place. She suggested that:

- The legal definition of "mentally ill" be expanded to include the acutely and chronically mentally ill.
- More funding for outpatient programs.
- A pilot outpatient civil commitment program.
- A dual diagnosis unit and community training center be implemented at the Southern Nevada Adult Mental Health Services hospital which is currently being used by Southern Nevada Child and Adolescent Services (Children's Behavioral Services - South), Division of Child and Family Services, DHR.

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

- A copy of a study titled "Implementing Civil Commitment in Connecticut."
- A letter from Ed Clements, dated February 1998, of Las Vegas, Nevada, which lists his recommendations for the 1999 Legislature.
- A paper titled "Outpatient Civil Commitment in North Carolina: Constitutional and Policy Concerns," by Erika F. King.

Exhibit B is a Legislative Counsel Bureau Opinion dated February 3, 1998, regarding whether a local governmental entity may relocate homeless persons from a public area, authored by William L. Keane, Deputy Legislative Counsel Legal Division, LCB, and Bradley A. Wilkinson, Principal Deputy Legislative Counsel, Legal Division, LCB, provided by Kimberly A. Morgan, Chief Deputy Legislative Counsel, Legal Division, LCB.

Exhibit C is a letter dated February 26, 1998, to Assemblywoman Vivian Freeman which outlines a presentation to the committee by Nancy M. Paolini, Executive Director, Project ReStart.

Exhibit D is a folder of information provided by Lynn M. Rosenbach, Chief Executive Officer, Charter Behavioral Health System of Nevada, Las Vegas, Nevada, titled Comprehensive, Flexible, Integrated, Responsive, Effective, Charter Behavioral Health System of Nevada."

Exhibit E is a position paper titled "Why Involuntary Outpatient Commitment Won't Work for Nevada," which sets forth a detailed discussion of the legal issues involved in adopting an involuntary civil commitment program and was provided by H. Jill Smith, Esquire, Nevada Disability Advocacy and Law Center.

Exhibit F consists of handouts from Rosetta Johnson, President, Nevada Alliance for the Mentally Ill, which include:

- A letter dated February 26, 1998, to the Legislative Commission's Committee to Study the Feasibility of Adopting a Program of Outpatient Civil Commitment for the Mentally Ill (S.C.R. 60), which lists the NAMI's recommendations for the 1999 Legislature.
- A copy of the January 1998 NAMI Nevada Newsletter titled "*Brainwaves*."
- An article titled, "Schizophrenia in Monozygotic Twins," which illustrates the loss of brain volume associated with schizophrenia.
- A news article titled "Nevada gets new psychiatric hospital...and more" from *NAMI Advocate*, dated January/February 1998.

Exhibit G is the written testimony presented by Carlos E. Brandenburg, Ph.D., Administrator, Mental Hygiene and Mental Retardation Division, Nevada's Department of Human Resources, regarding "Community Based Programs."

Exhibit H 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 Research Library at (702) 684-6827.