

**MINUTES OF THE MEETING
OF THE
LEGISLATIVE COMMISSION'S
SUBCOMMITTEE TO STUDY SUICIDE PREVENTION
May 24, 2002
Las Vegas, Nevada**

The fourth meeting of Nevada's Legislative Commission's Subcommittee to Study Suicide Prevention for the 2001-2002 interim was held on Friday, May 24, 2002, at 8:30 a.m., in Room 4401 of the Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, Nevada. This meeting was videoconferenced to Room 3138 of the Legislative Building in Carson City, Nevada. Pages 2 and 3 contain the "Meeting Notice and Agenda."

COMMITTEE MEMBERS PRESENT IN LAS VEGAS:

Senator Ann O'Connell, Chairwoman
Senator Randolph J. Townsend
Senator Valerie Wiener
Senator Mark Amodei
Assemblyman David R. Parks
Assemblywoman Debbie Smith

COMMITTEE MEMBERS PRESENT IN CARSON CITY:

Assemblyman David E. Humke
Assemblywoman Sheila Leslie

LEGISLATIVE COUNSEL BUREAU STAFF PRESENT:

Donald O. Williams, Chief Principal Research Analyst, Research Division
Jan K. Needham, Principal Deputy Legislative Counsel, Legal Division
Kennedy, Senior Research Secretary, Research Division

MEETING NOTICE AND AGENDA

Name of Organization: Legislative Commission's Subcommittee to Study Suicide Prevention

Date and Time of Meeting: Friday, May 24, 2002
8:30 a.m.

Place of Meeting: Grant Sawyer State Office Building
Room 4401
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 videoconference conducted at the following location:

Legislative Building
Room 3138
401 South Carson Street

Carson City, Nevada

If you cannot attend the meeting, you can listen to it live over the Internet. The address for the legislative web site is <http://www.leg.state.nv.us>. For audio broadcasts, click on the link "Listen to Meetings Live on the Internet."

A G E N D A

I. Opening Remarks

Senator Ann O'Connell, Chairwoman

*II. Approval of Minutes of the Subcommittee's Meeting Held on March 22, 2002, in Reno, Nevada

*III. Presentation and Discussion of State Suicide Prevention Plans and Programs in Other States, for Consideration in Developing a State Suicide Prevention Plan in Nevada

Carla Curran, Policy Specialist, Health Services—Prevention Projects, National Conference of State Legislatures

Linda L. Flatt, Nevada Community Organizer, Suicide Prevention Advocacy Network USA (SPAN USA)

Sue Eastgard, M.S.W., President, American Association of Suicidology, and Director, Washington State's Youth Suicide Prevention Program
Jerry and Elsie Weyrauch, Founders, SPAN USA

Reese Butler, Executive Director, Kristin Brooks Hope Center, and Administrator, The National Hopeline Network 1—800—SUICIDE

*IV. Presentation and Discussion of the Importance of Addressing Substance Abuse and Other Co-occurring Disorders in Suicide Prevention Plans and Programs

Rena M. Nora, M.D., Chief of Psychiatry Service, United States Veterans Health Administration (VA) Southern Nevada Healthcare System, Las Vegas, Nevada, and President, American Foundation for Suicide Prevention — Nevada

Bruce D. Emery, M.S.W., President, Strategic Partnership Solutions, and Consultant to the National Association of State Mental Health Program Directors

*V. Presentation and Discussion of Existing Nevada Programs and Services Relating to Suicide and Suicide Prevention, Particularly in Clark County

Ron W. Flud, M.P.A., Coroner, Office of the Coroner/Medical Examiner, Clark County

Michael Bernstein, M.Ed., Health Educator, Clark County Health District

Lieutenant Stan Olsen, Government Liaison, Las Vegas Metropolitan Police Department

Ken Riddle, Deputy Chief, Las Vegas Fire Department

Marian Thomas, Director, Trauma Intervention Program (TIP) of Southern Nevada

Mark Nichols, Executive Director, National Association of Social Workers,

Nevada Chapter, Las Vegas

VI. Public Comment

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, 401 South Carson Street, Carson City, Nevada 89701-4747, or call Kennedy at (775) 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; City Hall, 201 North Carson Street; Legislative Building, 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: Clark County Office, 500 South Grand Central Parkway; and Grant Sawyer State Office Building, 555 East Washington Avenue. Notice of this meeting was posted on the Internet through the Nevada Legislature's web site at www.leg.state.nv.us.

OPENING REMARKS

Chairwoman Ann O'Connell called the meeting to order at 8:38 a.m. and welcomed members of the Subcommittee and public to the fourth meeting of the Study of Suicide Prevention. She said suicide is Nevada's most critical health issue. The focus of the meeting includes testimony from local and out-of-state representatives of various suicide prevention organizations. Chairwoman O'Connell announced September 1, 2002, as the legislative deadline for recommendations submitted by the Subcommittee. She explained that the last meeting of the Subcommittee is August 16, 2002, and the public should submit suggestions by mid-July 2002, to allow ample time for the Subcommittee to consider and discuss them at its August meeting.

APPROVAL OF MINUTES OF THE SUBCOMMITTEE'S MEETING HELD ON MARCH 22, 2002, IN RENO, NEVADA

SENATOR WIENER MOVED FOR APPROVAL OF THE MINUTES FROM THE MARCH 22, 2002, MEETING OF THE SUBCOMMITTEE TO STUDY SUICIDE PREVENTION HELD IN RENO, NEVADA. THE MOTION WAS SECONDED BY ASSEMBLYWOMAN SMITH AND CARRIED UNANIMOUSLY.

PRESENTATION AND DISCUSSION OF STATE SUICIDE PREVENTION PLANS AND PROGRAMS IN OTHER STATES, FOR CONSIDERATION IN DEVELOPING A STATE SUICIDE PREVENTION PLAN IN NEVADA

Carla Curran

Carla Curran, Policy Specialist, Health Services-Prevention Projects, National Conference of State Legislatures (NCSL), Denver, Colorado, shared information from the Adolescent and School Health Projects of NCSL. She said that NCSL covers a broad range of topics including substance abuse, mental health issues, and tobacco use. She referred to additional sources listed in the *Directory of Issue Specialists* and the May 2002 issue of *State Legislatures* magazine (**Exhibit A**).

Linda L. Flatt

Linda L. Flatt, Nevada Community Organizer, Suicide Prevention Advocacy Network USA (SPAN USA), Las Vegas, Nevada, introduced the next four speakers on the agenda and spoke briefly on their efforts to raise public awareness regarding suicide and effective suicide prevention programs. Ms. Flatt proposed the establishment of an accredited suicide prevention center, including a hotline, in Clark County.

Continuing, Ms. Flatt pointed out recent Nevada suicide statistics and the limited resources currently available to southern Nevada. She recommended the establishment of a Clark County suicide prevention partnership to provide effective and diverse suicide prevention programs for its communities. Ms. Flatt listed agencies and individuals who have expressed support for the development and implementation of a collaborative partnership in Clark County. The proposed suicide prevention model includes:

- Evidence-based programs to reduce risk factors and enhance protective factors for suicidal behavior across the life span of individuals;
- Distribution of awareness and educational materials to reduce the stigma associated with suicide;
- An accredited 24-hour suicide hotline;
- Service referral for at-risk individuals;
- Development of a Clark County Resource Directory and/or Internet Web site for suicide prevention and survivor assistance;
- Effective and accessible suicide intervention training for gatekeepers and first responders, including school district personnel;
- Media education and guideline distribution; and
- Suicide survivor services.

Concluding, Ms. Flatt asked for financial support for the development of a statewide suicide prevention plan and the appointment of personnel to implement and sustain it.

A complete copy of Ms. Flatt's testimony is available in **Exhibit B**.

Sue Eastgard, M.S.W

Sue Eastgard, M.S.W., President, American Association of Suicidology, and Director, Washington State's Youth Suicide Prevention Program (YSPP), Seattle, Washington, explained how a youth suicide in Washington ten years ago sparked a community movement, which increased and gained legislative support for suicide prevention plans and associated programs. She presented the following highlights of the YSPP, including:

- Youth suicide statistics for the State of Washington;
- Youth suicide prevention goals and identification of risk spectrum factors;
- Universal, selective, and indicated prevention strategies;
- The youth suicide prevention evaluation plan, budget, and implementation activities, including: (1) public education; (2) gatekeeper training; and (3) enhancement of crisis services; and
- The philosophy that the success of any statewide suicide plan is determined by the quality of community partnerships.

Continuing, Ms. Eastgard discussed statewide findings and statistics for: (1) YSPP campaign awareness; (2) attitudes toward youth suicide; and (3) behavior with suicidal youth. Additionally, school-based findings and statistics include: (1) YSPP campaign awareness; (2) behavior intentions regarding suicidal youth; and (3) desirable interventions and referrals. She said the program does not want children to assume responsibility for becoming counselors in school, but to become effective conduits to school counselors.

Concluding, Ms. Eastgard said that the public in the State of Washington is more aware of the problems associated with suicide because of the efforts of the education system and the media. She said that youth are more aware of the problem and are knowledgeable about crisis resources. Community groups have developed across the state to address the problem of suicide and schools, and crisis services are more integrated.

Responding to comments from Senator Wiener, Ms. Eastgard said the YSPP prepared a “media kit” that educates press staff regarding incorporating levels of sensitivity into suicide press coverage, and broadcasting referral numbers and prevention messages. She said she continually re-educates revolving staff in the media industry.

A paper copy of Ms. Eastgard’s PowerPoint presentation and pamphlets/brochures referenced in her testimony are available in **Exhibit C**.

Jerry and Elsie Weyrauch

Jerry and Elsie Weyrauch, Founders, SPAN USA, Marietta, Georgia, shared a personal story of suicide and acknowledged Nevada’s role in starting a national momentum for suicide prevention.

Mr. Weyrauch listed federal investments in suicide prevention, including: (1) the National Suicide Prevention Research Center in Las Vegas; (2) the suicide hotline program; and (3) the National Technical Suicide Prevention Resource Center.

Mrs. Weyrauch referred to the *Georgia Suicide Prevention Plan (Exhibit D)*, and said that Georgia is the only state to develop and fund its suicide prevention plan implemented by a non-profit agency. She recommended that Nevada customize the *Surgeon General’s National Strategy for Suicide Prevention: Goals and Objectives* to meet the needs of the state. She discussed the successful elements of a statewide plan including: (1) a knowledge base; (2) public will; and (3) a social strategy. Mrs. Weyrauch also discussed recommendations for oversight to Nevada’s proposed suicide prevention plan.

Mr. and Mrs. Weyrauch stressed the importance of establishing private sector partnerships and connecting them effectively with the public sector. Mrs. Weyrauch said it was her opinion that Nevada possessed two of the three elements needed to establish a statewide suicide plan, including a knowledge base and public will to support change and generate resources. Mr. Weyrauch stressed the importance of Nevada developing the third element, which is to form social infrastructures with “innovative public/private partnerships.” Additionally, Mr. Weyrauch suggested that Nevada undertake a “needs assessment” to identify existing resources, areas of improvement, and to determine levels of community interest and willingness to participate.

Concluding, Mr. Weyrauch added that Nevada’s suicide prevention plan should: (1) include elementary school-aged students; (2) provide education for gun owners; and (3) promote public awareness of suicide and suicide prevention.

Responding to a question from Assemblywoman Leslie, Mr. Weyrauch provided budget figures for the State of Georgia’s suicide prevention plan, and discussed the plan’s funding history.

A copy of Mr. and Mrs. Weyrauch’s testimony and pamphlets/brochures referenced in their presentation are available in **Exhibit D**.

Reese Butler

Reese Butler, Executive Director, Kristin Brooks Hope Center, and Administrator, The National Hopeline Network 1-800-SUICIDE, Purcellville, Virginia, shared a personal story of suicide and discussed the initiatives taken by the Virginia State Legislature to develop and fund a state suicide prevention plan. He presented a PowerPoint slideshow on 1-800-SUICIDE, which is a national suicide hotline that networks certified crisis centers in participating states (**Exhibit E**). Highlights of the Mr. Butler’s presentation included:

- Statistics on the number of telephone calls received;
- Nevada population statistics;

- Statistics for the Crisis Call Center in Reno;
- Statistics from the 877-885-HOPE (the Crisis Call Center telephone number);
- Statistics from crisis call centers located in the State of Maine;
- The vision, goal, and objectives of community-based crisis call centers nationwide;
- The assembly of a “telephony network.” Features of a telephony network include: (1) seamless conferencing and transfer functionality; (2) uninterrupted access for callers and crisis centers; and (3) the ability to interoperate with a diverse range of crisis center telephony systems of various vintage and capacity.
- Additional hopeline technology, including:
 1. Lethality assessment tools;
 2. A standardized call data gathering tool
 3. Sub-networking capabilities;
 4. “Option One,” which is allows any participating agency to dial one number to automatically route a caller in crisis to the 1-800-SUICIDE network;
 5. Partnership with NENA/911, for instant access to emergency services; and
 6. Partnership with 211/AIRS, for an access point for information/referral services for community-based services, with transferring capability abilities to the 1-800-SUICIDE network.
- A timeline to implement technology to crisis call centers.

Concluding, Mr. Butler said that the National Hopeline Network began with one crisis center located in Contra Costa, California. At the same time, the Nevada State Legislature voted to fund a toll-free number for the state, making Nevada the only state in the nation with a statewide toll-free number for all suicidal callers. He explained that Maine and Maryland have youth crisis hotlines that are marketed strictly to the youth. Mr. Butler said, “If I can leave you with one message—one life that the crisis center saves is priceless.”

Responding to questions by Assemblywoman Leslie, Mr. Butler discussed the importance of national standards for crisis call centers. He said that Reno’s Crisis Call Center is currently the only certified call center in the State of Nevada.

A paper copy of Mr. Butler’s PowerPoint presentation and other information referenced in his testimony are available in **Exhibit E**.

PRESENTATION AND DISCUSSION OF THE IMPORTANCE OF ADDRESSING SUBSTANCE ABUSE AND OTHER CO-OCCURRING DISORDERS IN SUICIDE PREVENTION PLANS AND PROGRAMS

Rena M. Nora, M.D.

Rena M. Nora, M.D., Chief of Psychiatry Service, United States Veterans Health Administration (VA) Southern Nevada Healthcare System, Las Vegas, and President, American Foundation for Suicide Prevention-Nevada, discussed suicide prevention programs for veterans and persons with co-occurring (dual diagnosis) disorders. She listed four caveats of addictions and suicide: (1) there is a high correlation between mental illness and addictive disorders; (2) dual diagnosis is an expectation, not an exception; (3) untreated depression is one of the most common causes of attempted or completed suicide; and (4) there is increased attention to dual diagnosis and suicide as co-morbidities. She noted that there is no one uniform treatment for individuals with dual diagnoses because each patient requires a tailored program to address individual phases of recovery, levels of acuity, severity, disability, and motivation for treatment.

Continuing, Dr. Nora listed recommendations for suicide prevention, specifically early identification and diagnosis, which include:

- Enhancing the community gatekeepers' training and education;
- Incorporating two hours of continuing education activity as a requirement for renewal of license for health care professionals;
- Establishing suicide screening programs;
- Incorporating "means restriction," including weapons and lethal substances; and
- Increasing public education and awareness to avoid the "contagion effect of media reporting on suicide."

Dr. Nora listed recommendations for suicide treatment (intervention), which include:

- Offering timely treatment in an appropriate setting;
- Ensuring an appropriate length of hospital stay;
- Prescribing adequate and judicious use of medications with potential for abuse or self-harm; and
- Educating peace officers and police systems to recognize human emergencies and to assist.

Concluding, Dr. Nora listed recommendations for suicide follow-up (postvention), which include:

- Constructing treatment facilities to conduct Root Cause Analysis (suicide reviews) for major suicide attempts or complete suicides
- Caring for survivors of suicide;
- Working with insurance companies to obtain coverage for treatment of addictions (including pathological gambling);
- Encouraging certification programs to emphasis suicide prevention and management; and
- Researching and monitoring suicide prevalence and qualitative studies not only as a basis for treatment and program planning, but also for studying the impact of new programs on suicide prevention.

Responding to a comment by Chairwoman O'Connell, Dr. Nora said that youth smoking, whether it is cigarettes or marijuana, is secondary to the rising alcohol abuse rates. She noted that youth statistics for substance abuse reflect constantly shifting trends. She said the motivation for youth to engage in the latest "fad" should be addressed because "one addiction opens the gateway to another addiction." Additionally, factors that lead youth to engage in unhealthy behaviors are complex and might include: (1) increased peer pressure; (2) a technologically sophisticated and more demanding lifestyle than their parents; and (3) family structures with diminished support systems. Dr. Nora said it is her opinion that the youth of today have access to "incredible wealth and easy opportunities" which can be problematic.

A copy of Dr. Nora's testimony is available in **Exhibit F**.

Bruce D. Emery, M.S.W.

Bruce D. Emery, M.S.W., President, Strategic Partnership Solutions, and Consultant to the National Association of

State Mental Health Program Directors, Takoma Park, Maryland, stressed the importance of including substance abuse and other co-occurring disorders in Nevada's statewide suicide plan.

Mr. Emery discussed the prevalence of mental illness in the United States, particularly within the homeless population, and noted the costs and indirect costs of treating mental illness. He noted the challenges in treating individuals with co-occurring mental health and substance abuse disorders, and said, ". . . the use of alcohol or drugs by an individual with mental illness is a significant issue of public safety, due to an increased incidence of violence toward self or others." He also noted the difficulty for individuals to access treatment because of the historical perception that mental health and substance abuse conditions are separate and distinct. He also noted that the provider community lacks the expertise to treat patients with co-occurring disorders.

Continuing, Mr. Emery shared the history of how mental health agencies evolved toward integrated treatment for individuals with co-occurring disorders and said the philosophy exists that individuals with co-occurring disorders must be able to seamlessly enter a system of care and treatment. An integrated service would offer staffs that are cross-trained, multi-disciplinary, assertive and competent. Additionally, integrated treatment would address unique challenges for clientele with co-occurring disorders, including: (1) housing; (2) employment; (3) social support; and (4) motivation. Mr. Emery pointed out that many individuals receive assistance in hospitals or jails and said the "largest mental health facility in the country is the Los Angeles County Jail."

Concluding, Mr. Emery said a critical gap exists between what is known from research about effective treatment and what professionals practice. He made the following recommendations to improve the delivery of co-occurring treatment and services, which may in turn reduce Nevada's suicide rate:

- Improve existing service delivery structure and financing mechanisms to persons with co-occurring mental health and substance use disorders;
- Eliminate licensure and financial barriers that inhibit co-occurring program development;
- Standardize treatment agencies toward the goal of achieving recovery or significant improvement for individuals with co-occurring disorders;
- Establish goals for state mental health and substance abuse authorities to include enhancement of "core" systems capacity to respond to the needs of persons with co-occurring disorders and achieve positive outcomes;
- Recognize that an agency's inability to effectively meet the needs of individuals with co-occurring disorders is likely to result in those individuals entering other service systems and generating additional "downstream" service costs; and
- Unite the differences that exist in training, staffing, ideology, funding, and program orientation among mental health and substance abuse authorities to strengthen co-occurring service delivery systems.

Responding to a comment by Assemblywoman Leslie that northern Nevada's mental health professions offer the most resistance to treating individuals with co-occurring disorders, Mr. Emery opined that the motivation behind professionals' reluctance is "fear of failure." He explained that co-occurring treatment is a relatively new field and both mental health and substance abuse professionals are reluctant to respond because their clientele do not make vast improvements and offer many challenges to professionals who are trained to succeed. He suggested that professionals in both mental health and substance abuse receive better training to effectively expand their capacities and improve their willingness to work with these difficult clientele. He shared other reasons for why professionals are reluctant to treat individuals with co-occurring disorders, including "loss of professional identity" and flaws in "systems levels."

Responding to a question by Chairwoman O'Connell, Mr. Emery said that a preventative substance abuse program is central a successful approach. He opined, ". . . collaboration is the key to virtually everything" and pointed out that school systems have the capacity to work with parents and children to prevent worsening situations for children at risk. Mr. Emery suggested that school systems incorporate intervention and prevention programs for mental health

and substance abuse issues as soon as possible.

Chairwoman O'Connell requested that Mr. Emery provide information on family oriented programs that treat children with co-occurring disorders.

A copy of Mr. Emery's testimony is available in **Exhibit G**.

PRESENTATION AND DISCUSSION OF EXISTING NEVADA PROGRAMS AND SERVICES RELATING TO SUICIDE AND SUICIDE PREVENTION, PARTICULARLY IN CLARK COUNTY

(The following speakers are listed in order as they appear on the agenda and not necessarily in order of their appearance before the subcommittee)

Ron W. Flud, M.P.A.

Ron W. Flud, M.P.A., Coroner, Office of the Coroner/Medical Examiner, Clark County, Las Vegas, discussed his role as a coroner in dealing with suicide victims and their families. He reported on statistics of suicide deaths in Nevada for the past ten years, and pointed out that suicide cases are problematic to his office and staff due to the emotions attached to suicide, including anxiety and grief. Also, he explained that families of the deceased solicit the Coroner's Office for information and sometimes it is difficult to convince them that the deceased person took his or her own life.

Continuing, Mr. Flud reviewed statistics for Clark County's suicide rate. He said that 15 percent of suicides are visitors to Nevada. The most common methods of suicide are gunshot, overdose/poisoning, and hanging. More suicides are committed during the month of September, and men, age 40 to 49, commit suicide at the highest rate, followed by senior citizens. Mr. Flud stressed that gaming was not a factor for suicide and noted that Las Vegas does not have any unique reasons for suicides when compared to national statistics.

Responding to a comment from Senator Wiener, Mr. Flud gave information on the Coroner's Visitation Program for juveniles, which is an educational program for first time offenders in the juvenile court system. The participants are required to write a report about the program, which includes a tour and case studies. He said that media and parents are not allowed to participate, because it could inhibit the youth from discussing relevant topics. Currently, the class is offered as a referral through the court system, but many parents are calling to reserve a place on a tour. Mr. Flud said the tour would be expanded and offered to non-criminally oriented youth (such as pre-med students, church youth programs, and Boy Scouts) on a regular basis in the future.

Responding to a requests by Subcommittee members, Mr. Flud said the Coroner's Office would prepare a report on "resident", "new resident", and "visitor" suicides in Clark County. Also, he said the report would include demographics relative to age, education, next of kin, and professional/career occupations of suicided victims.

Statistics referenced in Mr. Flud's testimony are available in **Exhibit H**.

Michael Bernstein, M.Ed.

Michael Bernstein, M.Ed., Health Educator, Clark County Health District, Las Vegas, updated Subcommittee members on the role of the Health District in providing education and training programs for emergency medical personnel in suicide prevention, treatment, and referral. Mr. Bernstein said the Health District recently collaborated with the Nevada Public Health Foundation, and the Nevada Chapters of SPAN and the American Foundation of Suicide Prevention to procure funding for the development of a non-profit, full service, suicide prevention resource center in Clark County. He noted that there are "scattered services" around Clark County that exist with little coordination and communication with each other or with other providers. He spoke on the need for a "community approach" to suicide prevention and the development of a statewide strategy.

Concluding, Mr. Bernstein recommended that the Clark County Health District participate in:

- Recruiting, hiring, and funding a position for a statewide suicide prevention coordinator to oversee the development and implementation of a suicide prevention strategy for Nevada;

- Providing office space to the coordinator;
- Planning and coordinating a public information campaign on suicide prevention; and
- Expanding community injury prevention efforts and increasing the corresponding financial commitment.

Mr. Bernstein said that the Clark County Health District is committed to working with the Subcommittee to Study Suicide Prevention, the State of Nevada, and Clark County, in order to achieve a significant and sustained reduction in the rate of suicide in southern Nevada.

A copy of Mr. Bernstein's testimony is available in **Exhibit I**.

Lieutenant Stan Olsen

Lieutenant Stan Olsen, Government Liaison, Las Vegas Metropolitan Police Department (Metro), said he would supply the figures regarding the number of "calls for service" received by Metro for suicide or suicide attempts. He said Metro could anticipate 2,600 suicide calls between now and January 1, 2003, based on the current rate of calls received thus far.

Continuing, Lt. Olsen said that the homeless population in southern Nevada represents a significant problem and a "huge drain on resources." He said it is the opinion of Metro that the State Mental Health Facility does not meet the needs of the community or law enforcement. He reported that Washoe County has four times more emergency observation beds than Clark County.

Lieutenant Olsen updated Subcommittee members on law enforcement training relating to suicide prevention and mentally ill individuals. He said there is no class that specifically addresses the issue of suicide; however, it is addressed in domestic violence curriculum, and crimes and patrol procedures. Additionally, the issue of suicide is addressed through training in communications—for new police officers, for veteran police officers, for supervisors—and a mandatory video for all commissioned positions. The video includes information on mentally ill individuals and is a precursor to a possible Metro pilot program modeled after the crisis intervention team (CIT) program in Memphis, Tennessee.

Furthermore, Lt. Olsen said that Metro would begin training 30 officers after ten initial officers gathered CIT program information in Memphis. One of the many benefits of having a dedicated CIT team is evident in Memphis Police Department statistics by a reduction of barricaded suspect incidents, injured officers, and officers shot by mentally ill suspects. Additionally, Memphis police officers spend less time (20 minutes) with mentally ill suspects than Metro police officers, who spend four to six hours on similar types of calls. Lieutenant Olsen noted that calls involving violent individuals with mental illnesses required more officers and resources.

Concluding, Lt. Olsen said the State mental health system is "incapable or unwilling to address the problems in southern Nevada." He said the problems with mentally ill individuals, including homeless people with mental illnesses, are far more significant in southern Nevada. He said that private providers, such as Montevista Hospital, Valley Hospital, and others, accept cases involving mental illness, but only if those individuals have medical insurance. Lieutenant Olsen said southern Nevada "needs about 150 to 200 beds," and remarked that it was inappropriate for Metro and the Coroner's Office to be the most involved agencies in crisis intervention issues. He said, "It is not our job. . . we will do the best we can because we care about what happens—both to these individuals and to the community—which is why we are getting involved in it, but it is the job of the mental health facilities which do not exist."

Responding to a question by Senator Townsend, Lt. Olsen said some communities have mental health response teams but a recent bill draft request for \$500,000 to fund field units to address the population of homeless with mental illness, was absorbed into the budget of Nevada's Division of Mental Health and Developmental Services.

Senator Townsend noted that the State is interested in the effectiveness of pilot programs to determine if long-term funding plans are feasible. He said that even one program in southern Nevada may provide data with encouraging statistics. He noted that any pilot program plan should be designed by all of the parties involved with mental illness,

and be based on the successes and failures of similar programs in other jurisdictions.

Chairwoman O'Connell directed Lt. Olsen to assist the Subcommittee in drafting proposals.

Ken Riddle

Ken Riddle, Deputy Chief, Las Vegas Fire Department, Las Vegas, updated Subcommittee members on education and training programs for fire service personnel in suicide prevention and treatment. He said that emergency response personnel receive very little training directly related to suicide incidents. Also, there is a lack of training available to public safety managers and administrators in recognizing suicidal indicators in their personnel, even though public safety employees are prone to higher suicidal rates than the general public.

Concluding, Mr. Riddle listed various levels of training and education for emergency medical technicians (EMTs). He said there are no specific certification or licensure requirements for emergency medical personnel related strictly to suicide risk recognition abilities. Also, there is little referral activity with suicidal persons short of transporting them to a hospital emergency room. The training and education related to suicide responsiveness is contained within the behavioral emergencies module and includes all aspects of mental health emergencies.

Responding to a comment by Senator Wiener, Mr. Riddle reiterated that EMTs are called to a scene with a primary purpose that does not include acting in the capacity of a social worker. He requested that a formalized written or short program be available for management to raise awareness of EMT personnel at-risk for suicide, and that EMT personnel have a directory of resources to leave at scenes of trauma.

A copy of Mr. Riddle's testimony is available in **Exhibit J**.

Marian Thomas

Marian Thomas, Director, Trauma Intervention Program (TIP) of Southern Nevada, Las Vegas, said she is the Crisis Team Manager for TIP. She explained that TIP offers volunteer assistance to people in the aftermath of traumatic events by administering "emotional first aid." The TIP volunteer provides temporary support until the persons involved in the crisis are able to depend on family, friends, neighbors, and others. The TIP volunteer gives a resource guide to its client before leaving the scene. She said that TIP is dedicated to providing compassionate care in emergency situations and is a national non-profit organization staffed entirely by volunteers. The TIP responds at the request of authorized hospital personnel, police officers, fire fighters, and paramedics, and is available 24 hours a day, 365 days a year. She said that funding is made possible through grants from local government, individual contributions, and fund raising efforts.

Responding to questions by Chairwoman O'Connell, Ms. Thomas discussed training requirements for volunteers, including continuing education. Furthermore, the training includes instruction on protecting clients from the media and family members or friends who have unrealistic good intentions. She said, "We never tell a person that life is going to get better, we tell them that life will go on."

Additionally, Ms. Thomas gave details on the number of TIP responders and shift assignments. She said that every attempt is made to advertise, but "unless you need us, you do not know about us."

Assemblyman Parks commented that he was aware of the efforts of TIP and had heard complimentary remarks regarding its services.

Information on TIP, including pamphlets and brochures referenced in Ms. Thomas' testimony, are available in **Exhibit K**.

Mark Nichols

Mark Nichols, Executive Director, National Association of Social Workers (NASW), Nevada Chapter, Las Vegas, updated Subcommittee members on commitments he made at the February 1, 2002, meeting, specifically: (1) the completion of a newsletter (**Exhibit L**); (2) the commitment of continuing education for social workers and other professionals through NASW in conjunction with the National Association of Marriage and Family Therapists; and

(3) continued advocacy in the area of suicide prevention.

Diane Phenix, L.C.S.W., NASW, Reno, commented that she works with children and families in the capacity of an outpatient therapist, which involves completing “risk assessments” for potentially suicidal and/or homicidal individuals. She discussed positive impacts of school social workers and the role of school psychologists.

Responding to questions from Chairwoman O’Connell, Ms. Phenix said she performs a “needs assessment” on students referred to her by counselors and teachers. This assessment includes an examination of the student’s family, finances, resources, and support systems. She said that no-harm contracts are utilized if students present as suicidal. The University of Nevada, Reno, school social worker program has approximately 23 student interns currently enrolled.

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PUBLIC COMMENT
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Jane Kadoich

Jane Kadoich, Director, Guidance and Counseling Services, Clark County School District, Las Vegas, said more funding is needed for counseling positions in schools. She listed the ratios of high school counselors to students (400 to 1) and middle school ratios (500 to 1). She said state funds are nonexistent for counselors at the elementary school level.

Responding to questions from Assemblywoman Smith, Ms. Kadoich said academic standards do not formally include suicide issues. She said that the counselors are “on their own” regarding suicide prevention, intervention, and treatment because of the “lack of leadership at the state level.” Ms. Kadoich said that the school counselors in the Clark County School District spend the majority of their time “reacting” to crises.

Responding to questions from Senator Townsend, Ms. Kadoich discussed the role of school district crisis teams and the lack of information regarding a student’s family situation, specifically, details on any history of domestic dispute and/or family violence. She advocated hiring more school counselors instead of having access to a criminal database.

Janelle Kraft

Janelle Kraft, representative, City of Las Vegas, reported that the Southern Nevada Regional Planning Coalition formed a subcommittee to study the hospital overcrowding crises, including chronic inebriants and the mentally ill who access emergency rooms services. She said that the study caused changes to the Clark County Health District regulations to allow paramedics to transport inebriated patients to more appropriate facilities. However, the study found that emergency room hospital beds are monopolized by mentally ill patients awaiting medical assessments before being discharged to the Southern Nevada Adult Mental Health Center.

Continuing, Ms. Kraft said the Chronic Inebriant Task Force merged with the Sheriff’s Mental Health Coalition and has formulated recommendations for the Subcommittee, including:

- The formation of a centralized drop-off center where individuals can be medically assessed because they present with mental illness, inebriation, substance abuse, Alzheimer’s, et cetera;
- The creation of a mobile assessment team which consists of a group of people who work “in the field to make medical assessments”;
- The addition of crisis beds; and
- A database to track individuals who access services (hot lines, mental health services, or shelters).

Ms. Kraft gave statistics on incarcerated mentally ill populations and estimated costs of caring for these individuals. She said it is inappropriate and expensive to “house” people with mental illness in jails, and taxpayers would save money by funding mental health services. She said she would provide Subcommittee members with statistics on cost

projections compiled by the University of Nevada, Las Vegas (UNLV).

Senator Townsend requested more detailed information including the specifications of location and building types of facilities with crisis beds on the West Charleston Campus, UNLV. He said facility design should be based on the special needs of the mentally ill population, and he urged the audience and members to visit the hospital on the grounds of the Southern Nevada Mental Health Institute to better understand the unique needs of this population. Senator Townsend said the center is under funded and “it is tragic.” He stated that the estimated percentages of mental illness and substance abuse within the homeless population are erroneously low and the actual figure is closer to 70 percent. Senator Townsend encouraged Las Vegas business owners to campaign for assistance for the mentally ill because it has a direct impact on their business environments. He pointed out that the Reno business community enjoyed success in working together to address the problems presented by homelessness and mental illness in northern Nevada.

Ms. Kraft said that there are ten new beds on the West Charleston campus but they are unavailable because of the difficulty in obtaining a certificate of occupancy from the State Fire Marshall. She agreed to provide the current proposed plans for the Southern Nevada Adult Mental Health Center. She said southern Nevada is experiencing a mental health crisis and “needs someone to champion the needs of the mentally ill.”

Chairwoman O’Connell requested that Ms. Kraft produce a budget, including requests, for submission to the Budget Office.

Misty Allen

Misty Allen, Crisis Line Coordinator, Crisis Call Center, Reno, acknowledged the efforts of the Subcommittee in addressing suicide in Nevada, and said the meetings are a “wonderful opportunity” to raise public awareness and improve collaborative efforts of individuals and agencies involved in suicide prevention throughout the state.

Continuing, Ms. Allen recommended that the Subcommittee:

- Appropriate funding for the development of a collaborative, comprehensive, statewide suicide prevention plan, including the appointment of a state coordinator to administer and implement a suicide prevention strategy for Nevada;
- Increase the availability of mental health services throughout Nevada; and
- Provide funding to the Crisis Call Center to establish a similar service in Clark County.

A copy of Ms. Allen’s testimony and a comprehensive statistical report from the Crisis Call Center is available in **Exhibit M**.

Maria Canfield

Maria Canfield, Chief, Bureau of Alcohol and Drug Abuse, Nevada’s Health Division, Carson City, shared information on a voluntary data coding program for injuries reported in hospital outpatient departments and emergency rooms. Ms. Canfield said the program is called E-Coding and she will submit details when data becomes available from the Health Division.

Responding to a question from Chairwoman O’Connell, Ms. Canfield explained that the Health Division, the Nevada Hospital Association, and UNLV entered into a letter of understanding in October of 2000, to include additional coding in the abstraction of client records that indicates injury-related diagnostic conditions when patients present in emergency rooms and department outpatient clinics. Later, this information will be extracted to determine if the encounter was related to suicide or to other kinds of incidences.

Jerry Weyrauch, previously identified in these minutes, explained that Georgia plans to fund an E-Coding study to address under reporting of suicides in approximately 50 hospitals. He shared a scenario of a patient admitted with a self-inflicted injury who dies later from complications of the initial injury. He said the self-inflicted injury should be

reported as a suicide attempt, but the actual cause of death may be listed as a heart attack or infection as a result of the self-inflicted injury. Mr. Weyrauch said that states should establish clear guidelines for causes of death and share that information with other states.

William Miller

William Miller, Assistant Director of Psychological Services, Clark County School District, Las Vegas, said the school district crisis response teams have greater success in assisting families when a “small window of opportunity” is taken advantage of. He explained that families in crisis experience a brief period in which children and parents are both willing to find a solution. He said that timeliness is also a factor for good outcomes when school police respond to situations and address the emotional mental health needs of the school-age students.

Dorothy Bryant

Dorothy Bryant, Director, Suicide Prevention Center of Clark County, Las Vegas, suggested that Nevada’s statewide suicide prevention plan include an advocate assigned to mentally challenged adults. She said that a statewide suicide prevention plan is necessary, but each community should have the ability to tailor the plan to meet its unique needs.

Concluding, Ms. Bryant explained that the Suicide Prevention Center of Clark County “started the crisis program within the school district here many years ago,” and needed additional funding.

Chairwoman O’Connell explained that the goal of the Subcommittee is to develop an overall statewide suicide prevention plan, not to fund individual groups, and she directed Ms. Bryant to contact the Interim Finance Committee through the Legislative Counsel Bureau for funding requests.

Assemblyman Parks suggested that Ms. Bryant address a letter to the budget director at the office of Governor Kenny Guinn, to request funding in the Governor’s budget that is currently being constructed for submission to the Legislature for approval.

ADJOURNMENT

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There being no further business to come before the committee, Chairwoman O’Connell adjourned the meeting at 3 p.m. **Exhibit N** is the “Attendance Record” for this meeting.

Respectfully submitted,

Kennedy
Senior Research Secretary

Donald O. Williams
Chief Principal Research Analyst

APPROVED BY:

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Senator Ann O’Connell, Chairwoman

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Date: _____

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LIST OF EXHIBITS

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Exhibit A is pamphlet title “Directory of Issue Specialists – Your Connection To NCSL,” and a 35-page publication from the National Conference of State Legislatures dated May 2002, titled “State Legislatures,” distributed by Carla Curran, Policy Specialist, Health Services - Prevention Projects, National Conference of State Legislatures, Denver, Colorado.

Exhibit B is a two-page copy of testimony dated May 24, 2002, provided by Linda L. Flatt, Nevada Community Organizer, Suicide Prevention Advocacy Network USA, Las Vegas, Nevada.

Exhibit C is information provided by Sue Eastgard, M.S.W., President, American Association of Suicidology, and Director, Washington State’s Youth Suicide Prevention Program, Seattle, Washington, including:

- A 22-page paper copy of a PowerPoint presentation titled “Youth Suicide: The Facts”;
- A business card titled “For help, call 1-800-SUICIDE”;
- An informational card titled “Youth Suicide Prevention Program”;
- A pamphlet titled “Watch for Signs – Stop Youth Suicide”;
- A pamphlet titled “Washington State Youth Suicide Prevention Program presents ASIST – Applied Suicide Intervention Skills Training”;
- A pamphlet titled “What every teacher should know about preventing youth suicide”;
- A 19-page booklet titled “A Parent’s Guide To Recognizing And Treating Depression In Your Child”; and
- A six-page publication dated Winter/Spring 2002 and titled “Youth Suicide Prevention Program – May Events Promote Awareness.”

Exhibit D is a packet of information provided by Jerry and Elsie Weyrauch, Founders, Suicide Prevention Advocacy Network USA (SPAN USA), Marietta, Georgia, including:

- A five-page copy of testimony dated Friday, May 24, 2002, and titled “Testimony of Elsie and Jerry Weyrauch”;
- A 40-page bound document dated June 30, 2001, and titled “Georgia Suicide Prevention Plan - Saving Lives In Georgia – Together We Can,” published by SPAN USA;
- A 14-page bound report titled “Suicide in Georgia: 2000 – State and County Statistics – Strategic Plans,” published by the Georgia Department of Human Resources, Division of Public Health;
- A SPAN-USA CD-ROM titled “Suicide Prevention Now: Linking Research to Practice”; and
- A 34-page SPAN-USA document titled “Suicide Prevention – Prevention Effectiveness and Evaluation.”

Exhibit E is a packet of information provided by Reese Butler, Executive Director, Kristin Brooks Hope Center, and Administrator, The National Hopeline Network 1-800-SUICIDE, Purcellville, Virginia, including:

- A ten-page brochure titled “National Hopeline Network – HOPE 1.800.SUICIDE”;
- A one-page copy of a map of the United States titled “National Hopeline Network 1.800.SUICIDE Networked Centers”; and

- A 19-page paper copy of a PowerPoint Presentation titled “1-800-Suicide Nevada.”

Exhibit F is a two-page document titled “Addictions and Suicide,” presented by Rena M. Nora, M.D., Chief of Psychiatry Service, United States Veterans Health Administration (VA) Southern Nevada Healthcare System, Las Vegas, and President, American Foundation for Suicide Prevention-Nevada.

Exhibit G is an 11-page copy of testimony dated May 24, 2002, and titled “State of Nevada Legislative Commission’s Subcommittee to Study Suicide Prevention – Presentation on Co-Occurring Mental Health and Substance Use Disorders”, provided by Bruce D. Emery, M.S.W., President, Strategic Partnership Solutions, and Consultant to the National Association of State Mental Health Program Directors, Takoma Park, Maryland.

Exhibit H is a six-page set charts titled “Suicide Deaths for 1991—2001,” presented by Ron W. Flud, M.P.A., Coroner, Office of the Coroner/Medical Examiner, Clark County, Las Vegas, Nevada.

Exhibit I is a one-page copy of remarks given by Michael Bernstein, M.Ed., Health Educator, Clark County Health District, Las Vegas, Nevada.

Exhibit J is a one-page copy of testimony titled “Testimony of Ken Riddle on May 24, 2002, to the Legislative Commission’s Subcommittee to Study Suicide Prevention,” provided by Ken Riddle, Deputy Chief, Las Vegas Fire Department, Las Vegas, Nevada.

Exhibit K is a folder of information titled “TIP Trauma Intervention Programs, Inc.,” provided by Marian Thomas, Director, Trauma Intervention Program (TIP) of Southern Nevada, Las Vegas, Nevada.

Exhibit L is a one-page document titled “Suicide Prevention – Nevada Responds to Surgeon General’s Report and Our #1 Ranking,” provided by Mark Nichols, Executive Director, National Association of Social Workers, Nevada Chapter, Las Vegas, Nevada.

Exhibit M is a two-page document dated May 24, 2002, provided by Misty Allen, Crisis Line Coordinator, Crisis Call Center, Reno, Nevada.

Exhibit N is the “Attendance Record” for the 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 775-684-6827.