

**MINUTES OF THE MEETING  
OF THE  
LEGISLATIVE COMMISSION'S  
SUBCOMMITTEE TO STUDY SUICIDE PREVENTION  
August 16, 2002  
Carson City, Nevada**

The fifth and final meeting of Nevada's Legislative Commission's Subcommittee to Study Suicide Prevention for the 2001-2002 interim was held on Friday, August 16, 2002, at 10 a.m., in Room 3138 of the Legislative Building in Carson City, Nevada. This meeting was videoconferenced 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:**

Senator Ann O'Connell, Chair  
Senator Randolph J. Townsend  
Assemblyman David E. Humke  
Assemblywoman Sheila Leslie  
Assemblywoman Debbie Smith

**COMMITTEE MEMBERS PRESENT IN LAS VEGAS:**

Senator Valerie Wiener  
Assemblyman David R. Parks

**COMMITTEE MEMBER ABSENT:**

Senator Mark Amodei

**LEGISLATIVE COUNSEL BUREAU STAFF PRESENT:**

Donald O. Williams, Chief Principal Research Analyst, Research Division  
Kimberly A. Morgan, Chief Deputy Legislative Counsel, Legal Division  
Kennedy, Senior Research Secretary, Research Division

**REVISED  
MEETING NOTICE AND AGENDA**

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

Date and Time of Meeting: Friday, August 16, 2002  
10 a.m.

Place of Meeting: Legislative Building  
Room 3138  
401 South Carson Street  
Carson City, Nevada

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

Grant Sawyer State Office Building  
Room 4401  
555 East Washington Avenue

Las Vegas, 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 the Minutes of the Subcommittee's Meeting Held on May 24, 2002, in Las Vegas, Nevada

III. Public Comment

\*IV. Work Session - Discussion and Action on Recommendations  
(See the "Revised Work Session Document" for a summary of possible recommendations.)

*The attached "Revised Work Session Document" is also available on the Nevada Legislature Web site ([www.leg.state.nv.us](http://www.leg.state.nv.us)) at the Subcommittee's home page [/Session/71st2001/Interim/Studies/Suicide/](#), or it may be obtained by contacting Donald O. Williams, Chief Principal Research Analyst, Research Division, Legislative Counsel Bureau, at (775) 684-6825.*

V. Adjournment

\*Denotes items on which the Subcommittee 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](http://www.leg.state.nv.us).

**OPENING REMARKS**

Chairwoman Ann O'Connell announced that the agenda and work session document were revised and the Subcommittee would work from these documents during the meeting (**Exhibit A**). She welcomed all to the final meeting and work session of the Legislative Commission's Subcommittee to Study Suicide Prevention and said input is needed prior to the drafting of legislation for the 2003 Session. Chairwoman O'Connell said the Subcommittee sent a letter to Nevada Governor Kenny C. Guinn requesting that he include the proposed statewide suicide prevention plan/program in his budget (**Exhibit B**).

**APPROVAL OF THE MINUTES OF THE SUBCOMMITTEE'S MEETING HELD ON MAY 24, 2002, IN LAS VEGAS, NEVADA**

SENATOR TOWNSEND MOVED FOR APPROVAL OF THE MINUTES FROM THE MAY 24, 2002, MEETING OF THE SUBCOMMITTEE TO STUDY SUICIDE PREVENTION HELD IN LAS VEGAS, NEVADA. THE MOTION WAS SECONDED BY ASSEMBLYWOMAN LESLIE AND CARRIED UNANIMOUSLY.

### **PUBLIC COMMENT**

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

Carlos Brandenburg, Ph.D., Administrator, Division of Mental Health and Developmental Services (Division of MHDS), Nevada's Department of Human Resources (DHR), Carson City, Nevada, said that meetings with Michael Willden, Director, DHR, concluded that the proposed state suicide prevention plan/program will reside at DHR, which is also charged with providing oversight to all divisions that interface with suicide issues. He reported that Mr. Willden would include the funds for the proposed state suicide prevention plan/program in the DHR enhancement budget for Governor Guinn's consideration. He said that the plan/program includes the appointment of two positions. Fiscal impacts were analyzed by DHR staff (**Exhibit C**).

#### ***Linda L. Flatt***

Linda L. Flatt, Nevada Community Organizer, Suicide Prevention Action Network USA (SPAN-USA), formerly the Suicide Prevention Advocacy Network USA, Henderson, Nevada, expressed her appreciation of the Subcommittee's "tireless commitment to aggressively address the serious public health issue of suicide in Nevada." She said that SPAN-USA seeks evidenced-based methods to stop the legacy of suicide in families, provide suicide prevention/intervention, and offer survivor bereavement support.

Continuing, Ms. Flatt reviewed Nevada's history of addressing suicide and said it was the first state in the nation to fund a toll-free suicide crisis line in 1999. She said that the Subcommittee to Study Suicide Prevention during the 2001-2002 interim has gained national attention and the State of California has requested details of the interim study process to use as a model to facilitate suicide prevention initiatives in that state.

Concluding, Ms. Flatt advocated for the appointment of a state suicide prevention coordinator in Carson City, the appointment of a suicide prevention trainer/network facilitator in Clark County, and the collaborative development of a Nevada strategy for suicide prevention.

Assemblywoman Leslie opined that the proposed state suicide prevention plan/program might suffer because Governor Guinn announced a 3 percent—or \$1.7 million—cut from the current mental health budget. She stated that there is a current waiting list of 225 adolescents at behavioral services and said, "The best plan in the world is not going to get those kids the mental health treatment they need." She argued that the greatest impact that Nevada can have on the high rate of suicide, is to allow freer access to mental health and substance abuse treatments.

Dr. Brandenburg said that the \$1.7 million deficit is faced by the division as a whole, and not exclusively for the mental health services. He said it is too premature to make conclusive statements regarding impending cuts and their effect on the division. He said there will be some reduction in the areas of housing and medication, but contingency plans are under development.

Ms. Flatt said she recently returned from a meeting with the Nevada Congressional Delegation in Washington D.C. and was informed that Congress will appropriate \$9 million for the establishment of a national suicide prevention resource technical center over three years. The center will provide information for advocates who are developing suicide prevention plans at the state level. She said there is an ongoing movement on Capitol Hill in the area of suicide prevention.

### **WORK SESSION – DISCUSSION AND ACTION ON RECOMMENDATIONS**

Chairwoman O'Connell referred to the "Revised Work Session Document" (**Exhibit A**) and explained that the recommendations contained therein do not necessarily have the support or opposition of the Subcommittee. Rather,

these possible actions are compiled and organized so the members may review them to decide if they should be adopted, changed, rejected, or further considered. The members of the Subcommittee may vote to send as many Subcommittee statements or letters as they choose; however, pursuant to *Nevada Revised Statutes* (NRS) 218.2429, the Subcommittee is limited to five bill draft requests (BDRs), including requests for the drafting of legislative resolutions. (The recommendations contained in the “Revised Work Session Document” are listed below in bolded italics and precede the actions of the Subcommittee.)

Donald O. Williams, Chief Principal Research Analyst, Research Division, Legislative Counsel Bureau, Carson City, reviewed each of the recommendations in the “Revised Work Session Document” prior to Subcommittee discussion.

***Recommendation No. 1: Draft and enact legislation requiring the development of a Nevada State Suicide Prevention Plan and establishing a Statewide Suicide Prevention Program within the Director’s Office of Nevada’s Department of Human Resources (DHR). The purpose of the state plan/program is to reduce the number of attempted and completed suicides in Nevada. The state plan should address the risk factors related to suicide and identify populations most at risk, and it should be distributed statewide and made available to the public not later than January 3, 2005.***

***The State Suicide Prevention Plan shall be modeled after existing state plans in Georgia and several other states, which incorporate goals from the United States Surgeon General’s 2001 report, National Strategy for Suicide Prevention: Goals and Objectives for Action. Nevada’s state plan should focus on the Surgeon General’s goals relating to public awareness, building community networks, and implementing suicide prevention training programs for law enforcement, health care professionals, school employees, and others who are the first contacts with individuals at risk of suicide.***

***The Statewide Suicide Prevention Program will include the establishment and funding of two personnel positions to develop and implement suicide prevention programs in Nevada. One position would be the Statewide Suicide Prevention Coordinator based in the Director’s Office of DHR in Carson City, and the other position would be a Suicide Prevention Trainer & Networking Facilitator based in the office of a government or nonprofit agency in Clark County. Funding for these positions may depend on a combination of government (federal, state, and local) and nongovernmental money. The Governor is urged to include this program as part of the DHR budget, and the Legislature is urged to approve a budget to support the program.***

***The Director of DHR shall be required to submit a copy of the state plan and a report on the program to the Governor and the Director of the Legislative Counsel Bureau (for distribution to the Legislature) on or before January 3, 2005.***

#### **Statewide Suicide Prevention Coordinator**

***Under the direction of the Director of DHR, the Statewide Suicide Prevention Coordinator will be responsible for developing, disseminating, and implementing a statewide suicide awareness and prevention plan and program throughout Nevada, including public education activities, gatekeeper training, and enhancement of crisis services. The Coordinator will conduct suicide prevention public awareness and media campaigns in all 17 Nevada counties, beginning first in Clark County.***

***Furthermore, the Coordinator will link suicide assessment and intervention trainers to schools, community centers, nursing homes, and other facilities serving persons most at risk of suicide. The position will coordinate the establishment of local advisory groups in each county to offer additional support to the program’s efforts. Working with suicide prevention advocacy groups, community coalitions, managers of existing nationally accredited/certified crisis hotlines, and staff of mental health agencies in the state, the Coordinator will identify and address the barriers that interfere with providing services to at-risk groups, such as the elderly, Native Americans, youth, and residents of rural communities. The Coordinator will also develop and maintain a state suicide prevention Internet Web site with links to appropriate resource documents, accredited/certified suicide hotlines, licensed professionals, state and local mental health agencies, and national organizations.***

***The Coordinator will review current research on data collection for factors related to suicide, and develop***

*recommendations for improved surveillance systems and data collection. In addition, the position will develop and submit proposals for funding from federal government agencies and nongovernmental organizations. Finally, the Coordinator would provide oversight and technical assistance to the Suicide Prevention Trainer & Networking Facilitator based in Clark County.*

### **Suicide Prevention Trainer & Networking Facilitator**

*Under the oversight of the Statewide Suicide Prevention Coordinator, the Suicide Prevention Trainer & Networking Facilitator will assist in disseminating and implementing the state suicide prevention plan and program in Clark County. This position will provide suicide prevention information and training to mental health agencies, social service agencies, churches, public health clinics, school districts, law enforcement agencies, emergency medical personnel, health care providers, and various community organizations. In addition, the position will assist in developing and carrying out public awareness and media campaigns targeting Clark County groups at risk of suicide.*

*The Trainer & Facilitator will assist in developing a network of community-based suicide prevention programs in Clark County, including the establishment of one or more local suicide prevention advisory groups. This position will facilitate sharing information and consensus building among multiple constituent groups in the county, including public agencies, community organizations, suicide prevention advocacy groups, mental health providers, and various representatives of the at-risk population groups.*

(Based on recommendations by Linda Flatt, Suicide Prevention Advocacy Network [SPAN]-USA, 11/09/01 and 5/24/02; Carlos Brandenburg, Ph.D., DHR Division of Mental Health and Developmental Services [MHDS], 11/09/01; Williams Evans, Ph.D., University of Nevada, Reno [UNR], 3/22/02; Robert Norman, Ed.D., Indian Health Services, 3/22/02; Misty Allen, Reno Crisis Call Center, 5/24/02; Jerry and Elsie Weyrauch, SPAN-USA, 5/24/02; and Michael Bernstein, Clark County Health District, 5/24/02)

Discussion on the motion included Senator Wiener's request that the Statewide Suicide Prevention Coordinator position in Recommendation No. 1 include the language "uniform data collection" to address the Subcommittee's commitment to standardize data collection across all health care disciplines.

Assemblywoman Leslie asked for clarification on the class and duties of the proposed positions and learned that they are state jobs supported by undetermined funding sources that will be administered by the DHR. Funding may originate from state, local and/or federal sources.

Dr. Brandenburg commented that the Suicide Prevention Trainer & Networking Facilitator position in the proposed state suicide prevention plan/program will interface with Clark County's suicide prevention services to ensure that the crucial elements of training, facilitation, and networking in the community are executed.

SENATOR TOWNSEND MOVED FOR APPROVAL OF RECOMMENDATION NO. 1. THE MOTION WAS SECONDED BY ASSEMBLYWOMAN LESLIE AND CARRIED UNANIMOUSLY.

*Recommendation No. 2: Urge, by drafting and adopting a resolution, governmental and nongovernmental agencies in Clark County to cooperate in establishing a Clark County suicide prevention program to provide effective and diverse suicide prevention programs for its communities. Funding for these programs should include a combination of government (federal, state, and local) and nongovernmental money. The proposed suicide prevention program would include the following:*

- *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;*
- *A 24-hour suicide hotline accredited or certified by a nationally recognized organization in the field of suicide prevention (and supported by a continuation and increase in the Clark County local*

*governments' existing funding for suicide prevention programs);*

- *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.*

(Linda Flatt, SPAN-USA, 5/24/02)

ASSEMBLYMAN HUMKE MOVED FOR APPROVAL OF RECOMMENDATION NO. 2. THE MOTION WAS SECONDED BY SENATOR TOWNSEND.

Discussion on the motion included Assemblywoman Leslie emphasizing the importance of this recommendation due to the potential impact it could have on the suicide rate in Clark County. She urged the Clark County Commission and the Clark County agencies to take the issue of suicide “as seriously as possible, and to do something as quickly as possible.” Assemblywoman Leslie said the State of Nevada is “more than willing to do our part, but we really need [Clark County] to come to the table and address this with the state.”

Chairwoman O’Connell pointed out that Clark County has already found funding sources and may contribute \$10,000.

Douglas Bell, Manager of Community Resources, Clark County Commission, Las Vegas, verified that the Clark County Manager and the County Commission are very supportive in finding solutions to the issue of suicide in Clark County. He said that the county is interested in being part of a “community solution” to this issue.

WITH THE CALL OF A MOTION AND A SECOND, THE MOTION TO APPROVE RECOMMENDATION NO. 2 CARRIED UNANIMOUSLY.

***Recommendation No. 3: Urge, by drafting and adopting a resolution, that each community in Nevada form a coalition of agencies and service providers to address suicide prevention, education, response, and treatment (adapted to community resources and needs), with the goals of reducing suicides in each community and providing survivor support. (Based on testimony by Lance Crowley, Senior Juvenile Probation Officer, Douglas County, 2/01/02)***

SENATOR TOWNSEND MOVED FOR APPROVAL OF RECOMMENDATION NO. 3. THE MOTION WAS SECONDED BY ASSEMBLYMAN HUMKE.

Public Comment on Recommendation No. 3, including comments on Recommendation No. 1 previously approved, included:

Cindy Marchant, Suicide Prevention Network of Douglas County, Gardnerville, Nevada, explained that a personal tragedy in 1998 prompted her and her husband to advocate for suicide prevention and intervention in Douglas County. She said they gathered support and interest for the Yellow Ribbon Youth Suicide Prevention Program, founded by Dale and Darlene Emme, by first contacting school administrators and counselors. Ms. Marchant said she asked a newspaper to run an article on youth suicide, and an announcement of an organizational meeting of the Douglas County Yellow Ribbon Program. Thirty people representing clergy, emergency personnel, teachers, counselors, and others, attended the first meeting. She said the Yellow Ribbon Program is very successful in Douglas County because of publicity and public access to program resources.

Misty Allen, Crisis Line Coordinator, Crisis Call Center, Reno, Nevada, offered support for Recommendation No. 1 because Clark County lacks networking and public awareness in suicide prevention and intervention efforts. She said a statewide coordinated effort to prevent suicide should include both northern and southern Nevada, and a statewide coordinator working in conjunction with more crisis call centers is a crucial component toward this effort.

Continuing, Ms. Allen suggested that the Crisis Call Center be allowed to provide oversight to the Statewide Suicide Prevention Coordinator and Suicide Prevention Trainer & Networking Facilitator positions in the proposed state suicide prevention plan/program. This request is based on the successful record of the Crisis Call Center, which has served Nevada for over 35 years and has the resources to coordinate suicide prevention services statewide. She said the Crisis Call Center received a \$100,000 grant in 1999 to establish and operate a statewide suicide prevention hotline and has since developed access to sources that could provide full or partial funding for staffing positions proposed in Recommendation No. 1.

Concluding, Ms. Allen said the Crisis Call Center anticipates responding to a level of involvement in Nevada's effort to bring public awareness to the high rate of suicide by offering a statewide suicide hotline, suicide prevention resources, and the center's proven ability to provide effective outreach.

Pastor Pete Nelson, Carson Valley United Methodist Church, Gardnerville, said the proposed Statewide Suicide Prevention Coordinator and Suicide Prevention Trainer & Networking Facilitator positions appear to operate in "some sort of hierarchy." He asked for clarification on which proposed position would be responsible for providing resources to or facilitating Nevada's rural counties.

Responding to Pastor Nelson's question, Dr. Brandenburg, previously identified in these minutes, said the Director of DHR would task the proposed Statewide Suicide Prevention Coordinator position with developing the state suicide prevention plan, in conjunction with input from various stakeholders and community representatives. The Facilitator position would be located in Clark County and would assist rural areas. The Statewide Suicide Prevention Coordinator position would be tasked with developing a network for the entire state as well as facilitate and network the various suicide prevention centers, hotlines, and prevention programs within school systems, nonprofits, and the throughout the state. He said DHR is attempting to create a system where one person networks with a variety of existing local programs for a unified approach, because Nevada currently has a wide variety of successful programs operating independently of each other.

Pastor Nelson shared a story of a recent suicide in Douglas County and said he realized that the victim was encouraged to seek help but seemed unable to access the more traditional or formal venues of counseling possibly due to depression or other factors. He opined that professional help might carry a judgmental stigma that offers a negative label to an already overwhelmed and depressed individual. He opined that informal support, from nonprofessionals or through acquaintances, may be more effective in reaching suicidal persons that are mired in depression and cannot bear to be labeled. He said that Douglas County has witnessed several adult suicides in the past two months where the individuals knew how to access help, but refused.

Jennifer L. Personius, Research Coordinator, Nevada Institute for Children, University of Las Vegas Nevada (UNLV), Las Vegas, and representative of the Suicide Prevention and Resource Center at UNLV, suggested that the various suicide prevention agencies place more emphasis on data collection and standardization to link information and track individuals throughout health care systems more effectively. She said analysis of this data could be used to develop suicide prevention and treatment programs and ultimately, to determine if a person is going to commit suicide.

WITH THE CALL OF A MOTION AND A SECOND, THE MOTION TO APPROVE RECOMMENDATION NO. 3 CARRIED UNANIMOUSLY.

***Recommendation No. 4: Urge, by drafting and adopting a resolution, that the Clark County Health District: (1) plan and coordinate a public information campaign on suicide prevention; and (2) expand community injury prevention efforts and increase the corresponding financial commitment. (Based on testimony by Michael Bernstein, Clark County Health District, 5/24/02)***

SENATOR WIENER MOVED FOR APPROVAL OF RECOMMENDATION NO. 4. THE MOTION WAS SECONDED BY ASSEMBLYMAN HUMKE.

Public discussion on Recommendation No. 4 included:

Jeanne Palmer, Health Education Manager, Clark County Health District (CCHD), Las Vegas, offered the following resources for suicide prevention and intervention efforts:

- Physical office space in the Health Education Office of the Clark County Health District for the proposed Statewide Suicide Prevention Coordinator and Suicide Prevention Trainer & Networking Facilitator positions.
- \$20,000 in this fiscal year budget toward suicide prevention awareness.
- \$50,000 from the Public Health Trust Fund for development of a Columbia Teen Screen Program within Clark County Health District's school-based health center.

Michael Bernstein, M.ED., CCHD Health Educator, Las Vegas, reviewed the difficulties in coordinating a public information campaign without benefit of utilizing resources from developed statewide or county plans. He expressed optimism for working with the proposed Suicide Prevention Trainer & Networking Facilitator to develop a viable coalition of interested parties in Clark County. He said that the CCHD is experienced in funding the development of successful media and public information campaigns for topics such as tobacco prevention, drowning prevention, Human Immunodeficiency Virus (HIV)/Acquired Immune Deficiency Syndrome (AIDS) prevention campaigns. He recommended that a media campaign for suicide prevention be designed to foster public support.

Continuing, Mr. Bernstein reported that CCHD's school-based health center is the recipient of a grant from the Trust Fund for Public Health and the majority of those funds will be utilized to provide service. Additionally, the grant includes free training by Columbia University experts if CCHD can provide access to health care services for suicidal individuals. Mr. Bernstein said that the grant would allow CCHD to collect valuable data and determine if the school-based health center is a viable project.

Responding to a question from Chairwoman O'Connell, Mr. Bernstein said he only recently became aware of the "Out of the Darkness" walk-a-thon to benefit breast cancer victims and agreed that similar types of events can be designed to benefit suicide prevention programs. He said that these types of events are popular with the media, which ultimately creates public interest. He said that the creation of a suicide prevention coalition in Clark County could also provide an available pool of expert speakers to attend such events. He said that there is no formalized speakers' bureau on suicide prevention presently.

Responding to a question from Assemblywoman Leslie, Mr. Bernstein said that the \$50,000 grant for the district's school-based center is allocated to mental health services, including counseling, and the center is located in a high-risk community. Additional funding is provided by the Twenty-First Century Learning Center.

Margaret McMillan, Director of Government Affairs for Sprint, Las Vegas, expressed support the Subcommittee's efforts in addressing Nevada's suicide rate. Ms. McMillan said that her family had suffered multiple deaths by suicide. She said she was encouraged by efforts of school personnel to address suicide issues with students overcoming the loss of classmates and urged the Subcommittee members to promote school reporting and increased suicide awareness education for teachers. Ms. McMillan agreed to meet with the Chairwoman in the future.

WITH THE CALL OF A MOTION AND A SECOND, THE MOTION TO APPROVE RECOMMENDATION NO. 4 CARRIED UNANIMOUSLY.

***Recommendation No.5: Draft and enact legislation requiring school administrators, counselors, librarians, psychologists, social workers, and teachers to report pupils at high risk of suicide to their parents/guardians and the appropriate mental health agencies. This law should reflect the same standard as in the existing statute (Subsection 3(e) of NRS 432B.220) for reporting child abuse or neglect. (Based on remarks by Assemblyman David Humke, 3/22/02)***

The Subcommittee did not take any action on this recommendation. Discussion on the recommendation indicated controversy and the difficulties that mandatory reporting requirements incur.



Assemblyman Humke noted the gravity of the situation and the obligation of society to provide protection to suicidal children/juveniles. He said that training must precede the effective date of the law to mandate reporting. Assemblywoman Smith shared concerns for the “subjective nature of the recommendation” including the weight of school personnel having to report a suicidal person versus the consequences of not reporting.

Dr. Keith Rheault, Deputy Superintendent for Instruction, Research, and Evaluative Services, Nevada’s Department of Education, Carson City, remarked that serious liability issues are raised by the recommendation in the absence of an absolute definition of suicidal indicators and a clear process of reporting. Reverend Pete Nelson, previously identified in these minutes, said it is “virtually impossible” to legislate morals. Jane Kadoich, Director, Guidance & Counseling Services, Clark County School District, Las Vegas, pointed out that education counselors and caregivers already have the ability and authority to breach confidentiality and privileged communications in circumstances where a danger is present to self or others. She suggested that Recommendation No. 5 be stricken and considered after Recommendation No. 1 has been enacted and produces an appropriate referral/resource agency.

Senator Townsend, recently appointed to the Subcommittee on Suicide Prevention of the President’s Commission on Mental Health, said that infrastructures to support children in the past have disappeared. He said that children cope today in a more complex society and parents must be available to listen to their children. He said the President’s New Freedom Commission on Mental Health’s Subcommittee on Suicide Prevention came to the conclusion that the vast majority of suicides and attempts are diagnosable mental health issues, but they are so complex and varied that one diagnosis could not possibly offer a cookie cutter solution for all suicidal children. He said the best solution would include creating an atmosphere in communities that assists parents in keeping their children physically active while promoting public awareness.

Ms. Linda Flatt, previously identified in these minutes, suggested that the Clark County School District’s Crisis Team Program be expanded to allow the gatekeepers access to its resources.

Proponents of Recommendation No. 5 included Ms. Cindy Marchant, previously identified in these minutes, who said the life of one child is worth the possibility of misreporting. Jacquie Manoukian Mott, Gardnerville, recommended that suicide prevention information not be limited to gatekeepers, but be communicated to parents and families in order to save more lives. She said her family never considered her brother “at-risk” for suicide, yet he took his own life after a 12-year struggle with manic-depression.

Responding to a question from Chairwoman O’Connell, Dr. Rheault said Nevada’s Department of Education does not provide information regarding children suicide statistics to teachers or counselors, but does perform a health survey biennially and publishes the results on an Internet Web site. Chairwoman O’Connell requested that Dr. Rheault provide a packet of information on suicide issues to each counselor in Nevada’s Department of Education.

***Recommendation No. 6: Draft and send a letter to the Legislative Committee on Education recommending that it consider requesting legislation requiring all public school teachers, including elementary education teachers, to complete certain courses in suicide prior to license renewal. Such legislation could require that Nevada’s Regional Training Programs for the Professional Development of Teachers and Administrators provide training specific to suicide issues to teachers and administrators. (Based on testimony by Keith Rheault, Nevada’s Department of Education, 3/22/02)***

SENATOR TOWNSEND MOVED TO ADOPT OR PASS THE FOLLOWING RECOMMENDATIONS IN THE REVISED WORK SESSION DOCUMENT: ITEMS 6 THROUGH 10, UNDER RECOMMENDATIONS FOR POSSIBLE LEGISLATIVE ACTIONS OR MEASURES TO BE CONSIDERED BY OTHER LEGISLATIVE COMMITTEES. THE MOTION WAS SECONDED BY ASSEMBLYMAN HUMKE.

Dr. Keith Rheault, previously identified in these minutes, rescinded his testimony on March 22, 2002, regarding Recommendation No. 6 and stated the Legislative Committee on Education should not be allowed to mandate licensing for teachers, affecting approximately 19,000 applications. He said the recommendation is not clear regarding access to instruction or courses in suicide and he advocated that this requirement not be tied to teacher licensure renewal. Dr. Rheault said the issue could be more effectively handled at the local school district level. Further, he mentioned unresolved problems with the lack of training schedules, materials, or access for rural teachers. He discussed the ever-changing role of the Professional Development Regional Program, which was

originally academic training and now is reading assessments to affect student achievement. He said teachers “are overloaded already.” Dr. Rheault said the Department of Education is willing to determine minimum training guidelines in suicide education for teachers.

Chairwoman O’Connell reworded Recommendation No. 6 to include: Draft and send a letter to the Legislative Committee on Education recommending that it consider requesting legislation requiring all public school teachers, including elementary education teachers, to complete certain courses in suicide prior to license renewal. Such legislation could require that Nevada’s Regional Training Programs for the Professional Development of Teachers and Administrators provide teachers and administrators with information and training specific to suicide issues, including identifying and intervening with pupils at high risk of suicide.

***Recommendation No. 7: Draft and send a letter to the Legislative Committee on Education requesting that it consider requesting legislation for an appropriation of state funds to provide additional counseling positions in public middle schools and high schools, and state funds for counselors at the elementary school level. (Jane Kadoich, Clark County School District, 5/24/02)***

***Recommendation No. 8: Draft and send letters to the Legislative Committee on Health Care and its Subcommittee to Study Mental Health Issues recommending consideration of requesting that the Governor and the Legislature approve increased funding for mental health services throughout Nevada and particularly for rural mental health agencies to provide emergency response and ongoing services to suicide survivors, those who have attempted or threatened suicide, and those determined to be at high risk for suicide. (Based on testimony by Lance Crowley, Senior Juvenile Probation Officer, Douglas County, 2/01/02; and Misty Allen, Reno Crisis Call Center, 2/01/02)***

***Recommendation No. 9: Draft and send letters to the Legislative Committee on Health Care and its Subcommittee to Study Mental Health Issues requesting consideration of the following recommendations from the Task Force on Emergency Room Overcrowding (also known as the Chronic Public Inebriate [CPI] Task Force) and the Southern Nevada Mental Health Coalition.***

- ***Allow more people in crisis to have access to treatment and allow first responders, police, fire, and paramedics, a timely return to service by: (1) creating a centralized drop-off location for triage with funding provided by state and local governments and area hospitals; (2) developing a mechanism for providing permanent, long-term funding to support CPI and mental health services such as increasing the tax on the sale of liquor; (3) considering changing NRS 433A.330, which requires the mentally ill to be transported to hospitals for medical screening or authorize paramedics to transport patients, who meet specific criteria, directly to a MHDS facility or other qualified facilities for treatment; and (4) funding mobile crisis units that can make assessments in the field and reduce the need for transporting patients to hospitals. (Janelle Kraft, Las Vegas Metropolitan Police Department, 5/24/02, and Letter of 7/18/02)***
- ***Consider expanding the civil protective custody statute (NRS 458.270) to pertain to persons with substance abuse and mental illness. (Janelle Kraft, Las Vegas Metropolitan Police Department, Letter of 7/18/02)***
- ***Increase services to the seriously mentally ill in southern Nevada by (1) adding sufficient crisis observation beds and adequate staff to care for the increasing number of patients who need mental health care, including those with co-occurring disorders; (2) adding sufficient in-patients beds and staffing for treatment after patients have been assessed and stabilized at a triage facility, emergency room, or MHDS facility; (3) establish a client data base to provide easy access to available services, track patients through various programs and prevent duplication of services; (4) provide centralized and coordinated case management and outpatient services; (5) contracting with the Program for Assertive Community Treatment to perform personalized, intensive case management; and (6) ensuring that all possible federal funding has been accessed. (Janelle Kraft, Las Vegas Metropolitan Police Department, 5/24/02, and Letter of 7/18/02)***
- ***Establish and fund a mental health court in southern Nevada. (Janelle Kraft, Las Vegas***

Discussion on Recommendation No. 9 included:

James Nadeau, representing the Washoe County Sheriff's Office, Reno, expressed concerns with the expansion of the civil protective custody statute (NRS 458.270) to pertain to persons with substance abuse and mental illness.

Janelle Kraft, Budget Director, Office of Finance, Las Vegas Metropolitan Police Department (Metro), and representative of the CPI Task Force, Las Vegas, said that Recommendation No. 9 addresses the problem of emergency room divert status and courts and jails overcrowded with the mentally ill. She said NRS 458.270 applies to individuals under the influence of alcohol only and she wants the NRS expanded to include mentally ill people and substance abusers. Ms. Kraft said that these individuals would not tie up hospital emergency rooms if they were taken to a more appropriate facility. She provided the Subcommittee with an overview (**Exhibit D**).

Senator Townsend provided an update from the Subcommittee on Suicide Prevention of the President's Commission on Mental Health, which included: (1) the demand for social services in Clark County now rivals other cities such as Chicago, New York, Miami, San Francisco, and Los Angeles; (2) there is a direct correlation between mental illness and being under the influence of alcohol/substance abuse; (3) services for co-occurring disorders demand more triage services to route individuals to the appropriate resource; and (4) study results indicate that Nevada's law enforcement is spending more time on domestic/family violence and substance abuse issues. He said that Clark County has 8,000 to 10,000 homeless people that raise other serious and complex issues for the county's communities, and the old solution of providing a "drunk tank" for inebriated people is no longer acceptable. Senator Townsend said Clark County must develop a more efficient and broader system of triage for identification and subsequent referrals to appropriate resources. He cautioned against "graying civil liberties" in discussing or making requests for legislation regarding protective custody issues through the Assembly and Senate Committees on Judiciary.

Concluding, Senator Townsend offered support for Recommendation No. 9 and requested emphasizing the need for funding mobile crisis units that make field assessments. He also asked that the Subcommittee's letter to the Standing Committees be crafted "with some delicateness so there is not an inappropriate perception" in the language of the BDR.

Dr. Carlos Brandenburg, previously identified in these minutes, agreed with Senator Townsend's concerns for the use of appropriate language regarding civil protective custody and said the intent of Recommendation No. 9 is "honorable and well meaning." He provided Subcommittee members with an update on the availability of crisis beds in northern Nevada and program expansions to provide more beds in southern Nevada.

Assemblywoman Leslie offered support for Recommendation No. 9, especially for the establishment and funding of a mental health court in southern Nevada. She said that currently, northern Nevada does not have funding for its mental health court pilot project and urged the Subcommittee to expand the language in Recommendation No. 9 to include funding all mental health courts in Nevada.

Chairwoman O'Connell directed staff to send the letter in Recommendation No. 9 to Senator Townsend for review prior to dissemination to the Legislative Committee on Health Care and Subcommittee on Mental Health Issues (those committees would make the decision to forward the letters to the Judiciary Committees).

WITH THE CALL OF A MOTION AND A SECOND, THE MOTION CARRIED UNANIMOUSLY.

***Recommendation No. 10: Draft and send letters to the Legislature's Standing Committees on Judiciary recommending their consideration of requesting legislation to amend the statutes pertaining to minors and alcohol. Although current law makes it unlawful for a minor to be purchasing, consuming, or possessing an alcoholic beverage, testimony indicated that law enforcement cannot arrest minors who have already consumed, but are not at the time consuming, an alcoholic beverage. Amend the statutes with provisions similar to the Reno Municipal Code whereby it is unlawful for a person under the age of 21 to "be impaired to any degree by the use of an alcoholic beverage." The purpose of this amendment is to require that such minors be required to undergo evaluation and possible treatment for alcohol and/or drug abuse. (Based on testimony by Laurel Stadler, Mothers Against Drunk Driving, 3/22/02, and telephone conversation of 8/07/02)***

- Senator Wiener asked that the motion be amended to provide for the provisions pertaining to the civil protective custody statute (NRS 458.270) contained within Recommendation No. 9.

- SENATOR TOWNSEND AMENDED HIS MOTION TO PUT RECOMMENDATION NOS. 6 THROUGH 10 ON A CONSENT CALENDAR AND SEND LETTERS TO THE APPROPRIATE COMMITTEES. FURTHER, THE MOTION INCLUDED DIRECTING THAT LETTERS PERTAINING TO THE CIVIL PROTECTIVE CUSTODY STATUTE PROVISIONS (NRS 458.270) IN RECOMMENDATION NO. 9 BE SENT TO THE ASSEMBLY AND SENATE COMMITTEES ON JUDICIARY INSTEAD OF TO THE LEGISLATIVE COMMITTEE ON HEALTH CARE AND ITS SUBCOMMITTEE ON MENTAL HEALTH ISSUES. THE MOTION WAS SECONDED BY ASSEMBLYMAN HUMKE AND CARRIED UNANIMOUSLY.

- ASSEMBLYMAN HUMKE MOVED TO ADOPT OR PASS THE FOLLOWING RECOMMENDATIONS IN THE REVISED WORK SESSION DOCUMENT: ITEMS 11 THROUGH 19, UNDER POSSIBLE STATEMENTS TO BE INCLUDED IN THE SUBCOMMITTEE'S FINAL REPORT. THE MOTION WAS SECONDED BY SENATOR TOWNSEND AND CARRIED UNANIMOUSLY.

- ***Recommendation No. 11: Include a statement in the Subcommittee's final report recommending that the Governor and the Legislature approve the necessary state funding to provide Nevada's Division of Mental Health and Developmental Services (MHDS) with the computer equipment and related software necessary to collect and analyze data regarding suicide rates for MHDS clients and their family members. (Based on testimony by Carlos Brandenburg, 3/22/02)***

***Recommendation No. 12: Include a statement in the Subcommittee's final report recommending that the Governor and the Legislature support state funding for the Reno Crisis Call Center to establish, in Clark County, a service similar to its existing crisis call center and suicide prevention hotline. (Misty Allen, Reno Crisis Call Center, 5/24/02)***

***Recommendation No. 13: Include a statement in the Subcommittee's final report recommending that the Board of Regents of the University and Community College System of Nevada (UCCSN), the UCCSN Chancellor, and the President of the University of Nevada, Las Vegas (UNLV) assist in providing university faculty, staff, and students to help coordinate and staff suicide prevention programs in Clark County.***

*One possible plan would be to coordinate educational, survivor support, and crisis line services through the Psychology Department at UNLV. A faculty member could serve in a coordinating role, responsible for overseeing the various support programs and supervising graduate students who would provide direct services. Services provided by graduate students could include educational programming for gatekeepers, at-risk groups and concerned community members, support groups for survivors, and coverage for the suicide crisis line. Additionally, graduate students could recruit volunteers from the community and from the undergraduate psychology program who would be trained to provide crisis intervention services and would assist with the crisis line work. Crisis line training and coverage would be specifically developed to meet accreditation/certification requirements with a short-term goal of obtaining crisis line accreditation/certification. This plan would provide continuity of preventative and intervention services as well as provide long-term stability in the delivery of ongoing services. (Based on information provided by Linda Flatt, SPAN-USA, and Dan Allen, Ph.D., UNLV, email of 7/02/02).*

***Recommendation No. 14: Include a statement in the Subcommittee's final report recommending enhancing community gatekeepers' education and training by requiring two hours of continuing education in suicide prevention, including identification, diagnosis, referral, and treatment, as a requirement for renewal of license for health care professionals. (Rena Nora, M.D., U.S. Veterans Administration, 5/24/02)***

***Recommendation No. 15: Include a statement in the Subcommittee's final report recommending that the DHR Health Division's Emergency Medical Services Program develop a formalized education and training program in suicide prevention for emergency medical services (EMS) managers and personnel. Among***

*other things, the program should raise awareness of EMS personnel at risk for suicide. In addition, the program should provide EMS personnel with a directory of suicide prevention agencies and programs to leave at scenes of trauma. (Based on a recommendation by Ken Riddle, Las Vegas Fire Department, 5/24/02)*

**Recommendation No. 16:** *Include a statement in the Subcommittee's final report recommending that Nevada school districts address adolescent suicide by adherence to a theoretical framework which incorporates three levels of intervention: (1) primary intervention – when a suicide occurs; (2) secondary intervention – treatment activity with survivors, other students, parents, school personnel, and so forth; and (3) tertiary intervention – suicide prevention activities and programs.*

*In addition, recommend that the school districts consider hiring additional trained professionals, including counselors, school psychologists, and social workers, to: (1) conduct assessments, implementation, follow-up, and to provide treatment (including primary, secondary, and tertiary interventions); (2) perform interventions in school settings; (3) establish relationships with parents, students, and other professionals; (4) maintain effective networks with the community; (5) address the mental health of troubled students; and (6) support the school student services staff. (Rita McGary, Miguel Ribera Family Resource Center, Reno, 3/22/02)*

**Recommendation No. 17:** *Include a statement in the Subcommittee's final report recognizing the importance of including substance abuse and other co-occurring disorders in a Nevada statewide suicide prevention plan. In addition, the statement should recognize that the enhancement of the delivery of co-occurring treatment and services may assist in reducing Nevada's suicide rate. (Bruce Emery, M.S.W., 5/24/02)*

**Recommendation No. 18:** *Include a statement in the Subcommittee's final report recognizing that any state suicide prevention program should address the relationship between youth suicide and the use of alcohol and drugs by minors.*

**Recommendation No. 19:** *Include a statement in the Subcommittee's final report supporting the work of the President's New Freedom Commission on Mental Health. Also include in the final report a summary of the Commission's findings and recommendations regarding suicide prevention. (Suggested by Chairwoman O'Connell and Senator Townsend)*

## **PUBLIC COMMENT**

### ***Shirley Swafford***

Shirley Swafford, Advocate, American Association of Retired Persons (AARP), Carson City, said AARP supports the suicide prevention issues discussed during the course of the study. She said she has media contacts and suggested—with the Chairwoman's approval—that the Subcommittee submit to an interview.

Chairwoman O'Connell agreed and alerted Senator Townsend and Assemblywoman Leslie to the possibility of interviews.

Ms. Swafford opined that grandparents might offer resistance and not believe school personnel reports that indicate a problem with their grandchildren. She asked for clarification on correlations between alcohol abuse, gambling, and the incidence of suicide.

### ***Marilyn Martin***

Marilyn Martin, volunteer, Suicide Prevention Center, Las Vegas, testified about the achievements of southern Nevada's Suicide Prevention Center, directed by Dorothy Bryant, and other concerns relating to suicide prevention efforts in Clark County.

A copy of Ms. Martin's comments is available in **Exhibit E**.

## **ADJOURNMENT**

There being no further business to come before the committee, Chairwoman O'Connell adjourned the meeting at 12:50 p.m. **Exhibit F** is the "Attendance Record" for this meeting.

Respectfully submitted,

Kennedy  
Senior Research Secretary

Donald O. Williams  
Chief Principal Research Analyst

APPROVED BY:

Senator Ann O'Connell, Chairwoman

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

## **LIST OF EXHIBITS**

**Exhibit A** is a nine-page document titled "Revised Work Session Document," prepared by Research Division staff in the Legislative Counsel Bureau, Carson City, Nevada.

**Exhibit B** is two-page letter dated June 10, 2002, to the Honorable Kenny C. Guinn from Senator Ann O'Connell, and a four-page attachment titled "Proposed Budget for Nevada State Suicide Prevention Plan/Program."

**Exhibit C** is nine-page document titled "Budget Request FY 03-04 and FY 04-05," prepared by Mike Torvinen, Administrative Services Officer IV, Nevada's Department of Human Resources, Carson City, Nevada.

**Exhibit D** is a packet of information dated July 17, 2002, titled "Mental Health Crisis Overview" provided by Janelle Kraft, Budget Director, Office of Finance, Las Vegas Metropolitan Police Department, and representative of the Chronic Public Inebriant Task Force, Las Vegas, Nevada.

**Exhibit E** is a copy of testimony provided by Marilyn Martin, volunteer, Suicide Prevention Center, Las Vegas, Nevada.

**Exhibit F** 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.