MINUTES OF THE MEETING
OF THE
TASK FORCE FOR THE FUND FOR
A HEALTHY NEVADA
(*Nevada Revised Statutes* 439.625)
November 5, 2001
Las Vegas, Nevada

The second meeting of the Task Force for the Fund for a Healthy Nevada (*Nevada Revised Statutes* [NRS] 439.625) for the 2001-2002 interim was held on Monday, November 5, 2001, at 10:00 a.m., in Room 4401 of the Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, Nevada, and videoconferenced to the Legislative Building, Room 2135, 401 South Carson Street, Carson City, Nevada. Pages 2 and 3 contain the "Meeting Notice and Agenda."

COMMITTEE MEMBERS PRESENT IN LAS VEGAS:

Senator Raymond D. Rawson, Chairman
Assemblywoman Kathy McClain
Maureen Brower
Dr. John Ellerton
Dr. Elizabeth Fildes
Ron Mestre
Carla Sloan

COMMITTEE MEMBERS ABSENT:

Assemblywoman Vivian L. Freeman, Vice Chairwoman
Bill Welch

LEGISLATIVE COUNSEL BUREAU STAFF PRESENT:

Crystal M. McGee, Senior Research Analyst
Bob Atkinson, Program Analyst
Kimberly A. Morgan, Chief Deputy Legislative Counsel
Bonnie Borda Hoffecker, Senior Research Secretary
Ricka Benum, Senior Research Secretary

MEETING NOTICE AND AGENDA

-

Name of Organization: Task Force for the Fund for a Healthy Nevada (*Nevada Revised Statutes* 439.625)

Date and Time of Meeting: Monday, November 5, 2001
10 a.m.

Place of Meeting: Grant Sawyer State Office Building
Room 4401
555 East Washington Avenue
Las Vegas, Nevada

Note: Some members of the task force 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 2135
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 Website 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 Raymond D. Rawson, Chairman

*II. Approval of Minutes of the October 15, 2001, Meeting

III. Report on the Status of the Federal Tobacco Settlement
Cindy Pyzel, Office of the Attorney General

IV. Report on the Investment and Administration of Proceeds From the Tobacco Settlement Agreement
Brian K. Krolicki, State Treasurer

*V. Request for Approval of Additional Administrative Monies for the Department of Human Resources (DHR)
Debbra King, Administrative Services Officer, DHR

VI. Report on the Outcomes of 2000-2001 Grantees of the Fund for a Healthy Nevada Whose Programs Target Children in Nevada
Laura Hale, Grants Analyst, DHR

A. Community Chest, Inc.
B. Family Counseling Service of Northern Nevada Inc.
C. Family Resource Center of Northeastern Nevada, Hispanic Children's Medical Services
D. Nevada Early Childhood Association for Special Children/Rural Respite
E. Kids' Korner, Reno Police Department
F. St. John's Lutheran Church
G. Saint Mary's Foundation
H. Support, Inc. Big Brothers/Big Sisters Program
I. Clark County Health District
J. Economic Opportunity Board of Clark County
K. United Way, Coalition for MAP
L. University Medical Center, Las Vegas
M. WestCare, Health Care Program

VII. Report and Discussion on the Status of Children's Health in Nevada
Mary E. Guinan, M.D., Ph.D., State Health Officer, Health Division, DHR

VIII. Report and Discussion on the Delivery of State Health Care Services for Children in Nevada
Michael J. Willden, Director, DHR

A. Nevada Check Up
Charles Duarte, Medicaid Administrator, Division of Health Care Financing and Policy
B. Community Connections
Janelle Mulvenon, Program Administrator, Community Connection
C. Services for Children With Special Health Care Needs
Judith Wright, Chief, Family Health Services Bureau
D. Special Children's Clinics
Karen M. Cummings, Health Program Manager III, Special Children's Clinic of Las Vegas

IX. Report and Discussion on Specific Health Care Needs of Children in Nevada

A. Family Counseling Services for Children of Need
Kathleen Sandoval, Program Director, Family and Youth Issues Department, Children's Cabinet, Inc.
B. Children's Access to Health Care
Fran Courtney, R.N., Director of Clinic and Nursing Services, Clark County Health District
C. Homeless Children
Shaun Griffin, Executive Director, Community Chest, Inc.

X. Public Comment

XI. Adjournment

*Denotes items on which the task force 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 Bonnie Borda Hoffecker 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

Chairman Rawson called the meeting to order at 10:09 a.m. and announced that two committee members were ill and unable to attend. He noted that a quorum was at hand, with all members present except Vice Chairwoman Freeman, and Mr. Welch.

APPROVAL OF MINUTES FROM THE OCTOBER 15, 2001, MEETING

Chairman Rawson asked for approval of the minutes of the Task Force meeting held on October 15, 2001.

DR. ELLERTON MOVED FOR APPROVAL OF THE MINUTES OF THE TASK FORCE'S MEETING HELD ON OCTOBER 15, 2001, IN LAS VEGAS, NEVADA.

ASSEMBLYWOMAN MCCLAIN SECONDED THE MOTION, WHICH CARRIED WITH ALL MEMBERS PRESENT VOTING YEA.

REPORT ON THE STATUS OF THE FEDERAL TOBACCO SETTLEMENT

Cynthia Pyzel

Cynthia Pyzel, Chief Deputy Attorney General, Office of the Attorney General, Carson City, directed the members' attention to a letter dated October 19, 2001, from John Albrecht, Chief Tobacco Counsel, Office of the Attorney General (Exhibit A). The letter outlines the status of the appeal of the dismissal of the civil action of the Medicaid Recipients Class Action petition for a portion of the Tobacco Settlement. Ms. Pyzel reported the plaintiff's appeal case is to be argued November 6, 2001, in the United States (U.S.) Ninth Circuit Court of Appeals, U.S. District Court. She reiterated that the Office of the Attorney General is confident that the state's position will be upheld in the appeal.

Senator Rawson requested that the Task Force be informed of the court's action and notified if concerns or unforeseen problems arise during the appeal process.

REPORT ON THE INVESTMENT AND ADMINISTRATION OF PROCEEDS FROM THE TOBACCO SETTLEMENT AGREEMENT

Janice Wright

Janice Wright, Deputy of Cash Management, Office of the State Treasurer, Carson City, testified on behalf of Brian K. Krolicki, State Treasurer. Ms. Wright provided the Task Force with an informational report on the estimated payments from the four major tobacco companies (Exhibit B). She pointed out that these payments are due to the state of Nevada in January and April of each year. The first payment this fiscal year is expected in January 2002.

Referring to the chart on page 1 of Exhibit B, Ms. Wright noted the comparison shows the difference between the estimated receipts and the actual receipts for the first two years. The state of Nevada has received slightly more than the amount originally estimated. There is no way to determine (based on smoking usage) the exact amount of future payments; however, according to Ms. Wright, the initial amounts are appropriate estimates. The second page of Exhibit B indicates the dates and payment amounts received.

Ms. Wright referred to an analysis chart prepared by Bob Atkinson, Program Analyst, Fiscal Analysis Division, Legislative Counsel Bureau, (LCB), (Exhibit C) noting the categories of primary concern are the Reduction of Tobacco Usage Grant (20 percent), and the Disabled Children Grants (20 percent).

According to Ms. Wright, the existing figures are current and there should be no cause for concern that the dollar amounts anticipated by the state will, in fact, not be received by the state of Nevada. The Fund for a Healthy Nevada will receive in excess of $23 million, and she stated it is understood that the budgeted expenditures will be approximately $22 million. Ms. Wright stressed that the Office of the Treasurer will strictly monitor the master settlement payments and provide the Task Force with regular updates.

Senator Rawson questioned the likelihood of the State Treasurer reviving the tobacco fund securitization proposal that failed during the 71st Legislative Session. The measure was introduced at the request of the Office of the Treasurer as Senate Bill (S.B.) 488, which revises authority of the state treasurer to invest money held in certain trust funds and to administer proceeds from settlement agreements and civil litigation between State of Nevada and tobacco companies.

In response, Ms. Wright stated that S.B. 488 passed the Senate, but stalled after the Assembly Committee on Judiciary did not vote on the measure. It is her understanding that the figures have not changed significantly since S.B. 488 was initially presented, and the state of Nevada still has the opportunity to pursue the securitization of the funds for use as a means of financing several important health programs.

Senator Rawson stressed the necessity for the Task Force to become knowledgeable on the issue of securitization, noting the possibility that the tobacco settlement funds may not be available in the future. He commented that the problem with delaying this issue too long is that Nevada could lose a window of opportunity, and that in the last year, approximately 12 states enacted legislation to take advantage of securing a portion of the settlement funds. Senator Rawson requested the Office of the Treasurer to present an in-depth report, together with a recommendation, to the Task Force at a future meeting. Once the members are informed on the precise details of the Treasurer's proposal, an endorsement may be in order for the upcoming legislative session.

Ms. Wright indicated that the State Treasurer would welcome the opportunity to present the plan to the Task Force at its earliest convenience.

REQUEST FOR APPROVAL OF ADDITIONAL ADMINISTRATIVE MONIES FOR THE DEPARTMENT OF HUMAN RESOURCES (DHR)

Debbra King

Debbra King, Administrative Services Officer, DHR, Carson City, provided the members with a handout outlining the revenue increase request from the Director's Office, DHR, (Exhibit D). Ms. King explained the request is to increase the amount of money available for administrative costs. The cost adjustments involve three areas of the work program including:

- Additional funding necessary for personnel services to allow for the hire of an employee at an increased payroll step;
- An increase of in-state travel funds to allow the management analyst and the auditor one on-site visit per year, to meet with the staff of each sub-recipient; and
- Additional operating expenses to reflect cost increases in advertising, lease of copiers, postage fees, printing, and rent fees.

Ms. King referred to the second page of Exhibit D, stating the chart indicates that the work program budget reflects an increase of $1.2 million in Category 16, the Senior Rx program. This item conveys the budgetary authority at the level the Task Force approved during a previous meeting.

In response to a question from Dr. Ellerton, Ms. King clarified that the amount of $1.2 million merely raises the authority for payment of contractors, and is shown only to illustrate the updated figures; there is no additional money.

Senator Rawson indicated that the request appeared appropriate and called for a motion to approve the request.

DR. ELLERTON MOVED FOR APPROVAL OF THE FUNDING FOR ADDITIONAL ADMINISTRATIVE MONIES FOR THE DEPARTMENT OF HUMAN RESOURCES. DR. FILDES SECONDED THE MOTION, WHICH CARRIED WITH ALL MEMBERS PRESENT VOTING YEA.

REPORT ON THE OUTCOMES OF 2000-2001 GRANTEES OF THE FUND FOR A HEALTHY NEVADA WHOSE PROGRAMS TARGET CHILDREN IN NEVADA

Laura Hale

Laura Hale, Grants Analyst, DHR, Carson City, explained the format of the items in the handout provided to the Task Force members, titled "Fund For a Healthy Nevada, Children's Health Grants" (Exhibit E).

Referring to the handout, Ms. Hale explained that grant amounts awarded are listed for each organization; the first amount shown is the combined total of the grant money for Fiscal Years (FY) 2001 and 2002. The second and third

amounts, in parenthesis, illustrate the first and second year grants separately. In some instances, grantees were not funded in FY 2001, yet received funding in FY 2002 and vice versa. The remaining information shown in Exhibit E provides:

- The name of the organization or grantee;
- Target population, showing more than one age group, if applicable;
- The location, which refers to the service location rather than location of the organization; and
- The Goals and Outcomes/Outputs illustrating the original proposed goal and the progress or outcomes reported during January through September 2001.

Family Counseling Services

Family Counseling Services organization originated in the Reno, Nevada, area and provides services for sexually abused children. The grant was funded to expand services to Carson City to target abused children and teenagers, as well as starting a summer camp to serve abused children statewide. Teenage recruitment for group counseling proved difficult in the Carson City area and the organization proposed that a portion of the funds be used in the Reno program.

Forty-eight children attended the summer camp sponsored by the Family Counseling Services, and 62 percent of those attendees demonstrated a decrease in their symptoms.

Senator Rawson questioned whether the guidelines and terms set by the Task Force were being adhered to by allowing an organization, such as the Family Counseling Services, to use the grant funds in an area other than where the money was originally approved.

In response, Ms. Hale stated that she perceived the program to be operating under the guidelines set by the Task Force since it is still serving sexually abused children. She said it is her understanding that many such programs have a lengthy start-up period. The theory is the money would be used more effectively to expand the Reno area program, which has a greater volume of abused children needing services.

Senator Rawson requested that future reporting charts include a “yes/no” column to inform the Task Force when grantees have not met all specifications of their grant. The Task Force can then make an objective decision whether the true spirit of an organization’s goal is being met, and determine if the funds are being managed appropriately.

Dr. Ellerton agreed with Senator Rawson and stated that the Task Force must use the reports provided by DHR as indicators to determine funding for the next phase of the grant cycle. Many of the same programs will request grant money again and a large portion of the funding may be determined by past performance.

Senator Rawson expressed a sentiment of disappointment on behalf of the Task Force that the Family Counseling Services program has not met the goal of expanding to Carson City as intended under the grant. Noting that it may indicate an unsuccessful effort, the Task Force may be less willing to approve the program in the future unless such issues are overcome. He requested that the Task Force be made aware immediately of programs that have not met the technical requirements of their grants.

Community Chest, Inc.

The Community Chest, Inc., is based in Virginia City, Nevada, and serves Storey and Lyon Counties. All funds were rolled into the second fiscal year, as the program experienced difficulty finding a community health nurse at the salary available, which accounted for its late start. A nurse was hired in July 2001, and during August and September, 74 patients received services that included blood pressure checks, general health consultations, and immunizations.

Ms. Hale noted that although this program also had a slow start, it has provided significant a service to the

community.

Family Resource Center Of Northeastern Nevada, Hispanic Children's Medical Services

The Family Resource Center of Northeastern Nevada is based in Elko, Nevada, and provides translation services to the Hispanic population. The goal was to provide services for 60 Nevada Check Up applicants, 174 Medicaid applicants, and complete 154 medical appointments. Ms. Hale indicated that some of the goals of the program have been met.

Saint Mary's Foundation – Dental Sealant

All grant funds were rolled into the second fiscal year to allow the administrators to coordinate with the new school year. The initial goal was to expand dental sealant services to an additional 525 at-risk elementary school children. Thus far, 24 students have received sealant and 84 students have been given oral health instruction.

Support, Inc. – Big Brothers/Big Sisters Program

The goal of Support, Inc., based in Ely, Nevada, was to connect big brothers with little brothers and likewise big sisters – with little sisters. A total of 18 applications have been received with six successful matches. It was also reported that additional funds have been raised through ongoing promotions resulting in $3,000 in pledges and an additional $1,000 in sponsorships.

Economic Opportunity Board Of Clark County

The Economic Opportunity Board of Clark County targeted 50 children from the Headstart Program for follow-up dental treatment. The Board also aimed to provide dental hygiene education to all Headstart parents. A total of 353 children have been provided treatment, and hygiene training has been provided to parents of those children.

University Medical Center, Las Vegas

The University Medical Center in Las Vegas provides automobile child safety seats and instruction to new parents, lacking insurance. Citing its late start, Ms. Hale reported that 321 car seats are now available for distribution, and personnel are working with medical staff to distribute the car seats after hours when regular program staff is not available.

Reno Police Department – Kids' Korner

The goal of the Kids' Korner was to provide case management, including immunizations to 1,400 children, 550 well-child examinations, and follow-up services for low-income and homeless children. To date, 418 immunizations and 185 well-child examinations have been provided. There are 20 families receiving more extensive services, and Washoe County Social Services has identified two families with findings of abuse or neglect.

St. John's Lutheran Church – Family-To-Family

Ms. Hale described the various goals of the Family to Family Program that serves Churchill, Humboldt, and Pershing Counties. The objectives include:

- Expanding the availability of childcare centers for infants and toddlers;
- Increasing the number of parenting and prenatal classes being offered;
- Providing an additional 200 family visits per year for developmental and health screenings; and
- Implementing an intensive teen-parenting component to the program.

The reports indicate that 240 families have been served with 1,210 visits to the program. Currently, there are 24 teen participants.

Saint Mary's Foundation – Mobile Dental Van

Only second fiscal year funds were requested under this grant for a mobile dental van. The original application was for funds to purchase a van with three dental chairs to provide full dental service throughout the Reno area. Since the original application was received, an economic cost analysis has been completed, which indicates that a four-seat van would allow the program to eventually be completely self-funding. Therefore, purchase of the dental van has been delayed to raise additional funds for a more cost-effective vehicle.

Ms. Hale reported that staff is working to determine whether the request to modify the original proposal is reasonable; therefore, the funds have not yet been released.

Responding to an inquiry from Assemblywoman McClain as to whether the money requested included salaries, Ms. Hale indicated the grant amount was for the cost of the vehicle and equipment only. The total of the grant funds was $250,000 and the estimated cost of the second vehicle is estimated at $400,000.

Michael Johnson

Michael Johnson, representing Saint Mary's Health Network and speaking from Carson City, clarified that the original proposal was for a two-seat vehicle and has now been modified to a three-seat van. He affirmed that the grant is solely for the cost of the vehicle and equipment and does not include staff salaries.

Senator Rawson cautioned the grantees that it may be considered risky not to use the grant monies during the current grant period. Since the second two-year cycle is forthcoming, he encouraged them to work closely with state administrators and provide detailed information.

Dr. Ellerton requested close monitoring of the St. Mary's situation during the current grant cycle.

Nevada Early Childhood Association For Special Children Rural Respite

The goal of the Nevada Early Childhood Association is to provide respite services to 150 rural families with special-needs children. To date, 31 families have received reimbursement vouchers, and an additional 42 families have applied for the program. Additionally, 19 respite providers have completed training in three communities, and 17 communities have been supplied with revised training materials.

WestCare, Health Care Program

West Care is a Las Vegas area program, which provides adolescent detoxification services with an 85 percent success rate. The program goals are to provide increased access to nonhospital detoxification programs, and decrease substance abuse and addiction. In addition reports indicate:

- An 86 percent success rate among the 96 youths served in the adolescent detoxification program;
- There have been 105 youths who participated in the nonhospital based detoxification center;
- Early intervention and crisis counseling has been provided to a total of 1,892 youths; and
- Program coordination has been provided in conjunction with 432 educational/support groups.

Clark County Health District

The Clark County Health District has met its goals to provide acute health care, maintenance, and prevention, along with support for chronic disease, and educational services at public schools in low-income areas. A total of 85

students have been treated through the school-based center, and 596 parental permission slips for treatment have been received through the facility. Eight hundred students have completed health surveys, and an additional 400 students at project high schools have also completed the surveys.

United Way Coalition For Making Access Possible (MAP)

The United Way MAP program serves various locations. The coalition provides numerous services to reach its objective of increasing access for health care, including:

- Dental care;
- Immunization;
- Laboratory services;
- Pharmacy services;
- Physical examinations;
- Physician referrals;
- Prevention;
- Primary;
- Reproductive health; and
- Wellness education.

Additionally, it was noted that ongoing marketing efforts and administrative support is provided centrally by the coalition. Ms. Hale reported on the various clients affiliated with the MAP Program.

- The Huntridge Teen Clinic located in southern Nevada, expanded its hours to serve an additional 1,000 patients per year. Expanded hours began mid-September, and reports indicate that 280 patients have been treated.

- The Pediatric School of Medicine Clinic located in southern Nevada, extended its hours to increase access and reduce emergency room visits. During the last quarter, 164 children were provided service during the expanded evening hours. Also, there is an indication of a heightened awareness of insurance options, and the no-show appointment rate has dropped from 25 percent to 7 percent.

- The Adolescent Mobile Clinic provides on-site services to at-risk adolescents in outlying and popular urban areas. The vehicle purchased has been readied for service, stocked with needed materials, and procedures and protocols have been developed. A program referred to as "Street Teens," which serves homeless teenagers, receives weekly visits from the mobile clinic, and there has been successful implementation of a prescription account that was coordinated with Smith's Food and Drug Stores.

- In rural Nevada, there has been increased access for underinsured and uninsured children and adolescents. The area of Pahrump, Nevada, saw the opening of Happyland Pediatrics on September 30, 2001. In addition, all patients are referred to Nevada Check Up and Medicaid programs, and older pediatric patients were referred to local dentists for treatment.

- There have been a total of 773 teenage clients treated at the Heath Access Washoe County (HAWC) Community Health Center in northern Nevada. The services are free to patients or processed through Medicare.

Dr. Ellerton reiterated his comments from the October 15, 2001, Task Force meeting regarding the correct title used by the organizations receiving grant money. He restated that the proper name is the Task Force for the Fund for a Healthy Nevada. He noted that the Task Force is a "funding source" only and does not endorse or operate any of the grant organizations.

Referring to the Adolescent Mobile Clinic, Senator Rawson questioned whether birth control and pregnancy

counseling rank as the primary aspect of service listed under acute health care functions.

Rosemary West

Rosemary West, Director, Community Development, United Way of Southern Nevada, Las Vegas, explained that the clinic provides a number of school sports physicals to students in low-income areas, and has made available drop-in medical services to teenagers who are considered to be homeless or without parents. There has been a rapid increase in the number of teenagers seeking a variety of clinic treatments. During September 2001, there were 53 patients treated, and during October 2001, 150 teenage clients were seen.

The services provided by the mobile clinic are for the same general types of illnesses as treated by a general practitioner or pediatrician, such as colds, influenza, or injuries. Ms. West indicated that a complete in-depth report is will be provided to the Task Force at its next meeting. The mobile clinic has expanded hours and services, exceeding those of regular clinics, making it more accessible to adolescents who truly need medical assistance.

REPORT AND DISCUSSION ON THE STATUS OF CHILDREN'S HEALTH IN NEVADA

Judith Wright

Judith Wright, Chief, Bureau of Family Health Services, Health Division, DHR, Carson City, reported on the status of the health of the children and youth of Nevada. Ms. Wright referred to the handout provided to the members of the Task Force, titled "State of Child and Adolescent Health in Nevada" (Exhibit F).

Nevada's Children and Youth Population

The current figures from the U.S. Census Bureau, U.S. Department of Commerce, indicate that 28 percent of the children in the state are less than 19 years of age. Nevadans with children make up 35.8 percent of total households. By the year 2005, the population of children in Nevada is expected to increase by 21 percent.

Teen Births

The Office of Vital Records and Statistics, Health Division, DHR, provided the following teenage pregnancy data:

- The pregnancy rate for youths, 10 to 14 years of age, is 1.37 per 1,000. During the past year, 89 pregnancies occurred in this age group, 68 of which were recorded in Clark County. This figure represents an improvement from the 1999 statistics. The highest number of pregnancies among 10 to 14 year-olds was reported in the black population.

- Last year the teen pregnancies reported for youths 15 to 19 years of age was 4,851, a rate of 75.9 percent. Further statistics for this age group show that:

  1. The Washoe County rate improved significantly from a rate of 96.4 in 1999, to 78.6 percent in 2000;

  2. The rate in Clark County improved from 79.2 to 78.6 percent;

  3. The teen pregnancy rate in rural counties regressed from a rate of 59.7 percent in 1999, to 61.3 percent in 2000; and

  4. The highest rate of teen pregnancy in 2000 was the Black population with a rate of 114.9 percent.

- Fifty-one percent of high school students in Nevada reported having had sexual intercourse at lease once in their life, which is an 8.5 percent increase over 1997.

- Currently, Nevada ranks 42nd in teen pregnancies in the 15 to 17 year-old age group.

Teen Pregnancy Prevention and Senate Bill 367

Ms. Wright reported that Nevada's teen pregnancy rate is, in fact, dropping. Community Action Teams (CATS) have become a strong component over the last five years, and these groups have examined the challenges and issues of today's youth. The Health Division's goal is to reduce the teen pregnancy rate to no more than 35 per 1,000 by the year 2005.

Continuing, Ms. Wright commented that the teen pregnancy issue is a major health concern and that Nevada has had the highest teen pregnancy rate in the nation for the past decade. She recapped the history of Senate Bill 367, (Chapter 518, *Statutes of Nevada 2001*), which provided for administration of certain activities to prevent or delay early sexual activity and reduce the rate of pregnancies among unmarried teenage girls in Nevada.

As a result of S.B. 367, the State Partnership to Prevent Teen Pregnancy was created to raise public awareness of teen pregnancies in Nevada.

- The partnership allows for the expansion of teen pregnancy prevention efforts, including the activities of educators, faith-based organizations, family courts, juvenile justice, law enforcement, and parents.

- While opportunities for collaboration have increased, the potential for duplication between the various participants has decreased.

- The partnership resulted in the transfer of funds from the Temporary Assistance for Needy Families (TANF) program, Welfare Division, DHR, to the Health Division. The partnership and TANF funds jointly will enable communities to target the specific community needs.

Oral Health in Nevada

The last statewide oral health survey for children was done in 1992. The percentage of Nevada's children with advanced tooth decay was significantly higher than the national average for all age groups. Statistics indicated a great number of children in need of some form of urgent care due to active decay that could lead to infection or pain. About 5 percent of first graders and 3 percent of sixth graders needed immediate attention.

In October 2000, the Heath Division, DHR, conducted a dental fitness check in Clark County. Approximately 10,000 children in 26 southern Nevada elementary schools received a visual oral screening. The results indicated that:

- There were 695 children (7 percent) needing immediate treatment due to pain and/or swelling;

- Visible untreated decay was evident in 3,695 (37 percent) of the children screened.

- Fifty-six percent, or 5,568 of the children screened were identified to need routine care.

In 1999, the Health Division's Oral Health Initiative provided funding for protective dental sealants for third grade children in Nevada. Among children in northern and rural Nevada, 44 percent of all third graders had at least one protective dental sealant on a permanent molar. In southern Nevada, the rate was 26 percent of all third graders.

Optimal fluoridation in community drinking water was implemented in Clark County on March 1, 2000. Sixty-six percent of Nevada residents have access to fluoridated drinking water.

Access to Care and Senate Bill 133

Effective October 1, 2001, Senate Bill 133 (Chapter 340, *Statutes of Nevada 2001*) authorized the board of dental examiners of Nevada to issue certain licenses without examinations or clinical demonstrations to dentists and dental hygienists licensed in other jurisdictions under certain circumstances.

The measure established two types of dental licensure, temporary and geographically restricted licenses. Senate Bill 133 set the guidelines for licensure.

- To qualify for a "temporary" license the applicant must have practiced dentistry in another state for a period of not less than five years. Under the temporary license, a Nevada dentist may practice in any community, in any type of setting.

- An applicant of a "geographically restricted" license must have been licensed to practice in another state and may not have had any actions against his/her license. A dentist with a "geographically restricted" license may practice: (1) in any setting in a county designated as "under-served" by the Office of Rural Health; (2) in Clark or Washoe Counties; (3) in a Federally Qualified Health Center (FQHC); or (4) for a nonprofit facility.

Center for Disease Control (CDC) Grant to Establish a State Office of Oral Health

The Center for Disease Control and Prevention (CDC), U.S. Department of Health and Human Services, awarded a $1.6 million grant to the Health Division, DHR, to establish a State Office of Oral Health. The Interim Finance Committee of the Nevada Legislature accepted the five-year funding project that will include:

- The establishment of an Oral Health Advisory Committee;

- The development of an Oral Health Plan for Nevada;

- A statewide dental sealant program and statewide oral health screening survey;

- An oral heath education campaign; and

- The development of an oral health curriculum that will be available for use by schools statewide.

Ms. Wright highlighted a number of child and adolescent health indicators from the *2001 Nevada KIDS COUNT Data Book*. The indicators are considered to be a reflection of critical elements of child and youth well-being.

1. The percent of low-birth weight babies is 7.6 in Nevada; of the 83,779 babies born between 1997 and 1999, 6,370 babies weighed less that 5.5 pounds. The state was ranked 25th nationally for low-birth weight babies.

2. During 1999, 3 percent of the pregnant woman had no prenatal care and 6,064 pregnant women, or 24 percent, delayed their prenatal care. The corresponding national average was 17 percent.

   The Baby Your Baby Initiative continued its bilingual multimedia campaign promoting early prenatal care. An evaluation found 77.4 percent of all women giving birth in Nevada had heard of the program, and one-in-five of those giving birth were enrolled.

   The Health Division, DHR, has continued its statewide public information campaign on Fetal Alcohol Syndrome Prevention and Substance Abuse. The program coordinator is working on a curriculum to aid primary healthcare providers in outlying and rural areas to screen, minimally intervene, and refer substance abusing pregnant women to the proper local agencies.

   The Health Division, DHR, also participates in an "Action Learning Lab" focusing on the prevention of the perinatal transmission of human immunodeficiency virus (HIV) and the infection of acquired immune deficiency syndrome (AIDS.) The information obtained will be used to target social marketing campaigns for both providers and identified populations.

3. The Nevada program for women, infants and children (WIC), serves an average of 39,000 low-income nutritionally at-risk women and children each month. This figure is an increase of 3,000 participants per month from the previous year. As of 2001, all WIC clinics were integrated into the state immunization

registry.

4. The leading cause of death of Nevada's children, adolescents through age 24, is unintentional injuries. From 1995 to 1997, 406 deaths occurred from injuries described as drowning, motor vehicle or traffic accidents, falls, poisonings, or suffocations. The CDC Grant has allowed the Health Division, DHR, to establish an Injury Prevention Initiative, current activities includes the collection and analysis of data to produce a complete needs assessment on injuries, both intentional and unintentional.

   The suicide rate in Nevada is more than twice the national average among adults and children. Suicide is the sixth leading cause of death in Nevada. The number of deaths from suicides surpasses the number from AIDS, homicides, or motor vehicle accidents.

5. There are two state-level programs to assist children from low-income households who need a reliable source of health care: (1) the Nevada Medicaid (CHAP); and (2) the Nevada Check Up (CHIP) programs. Approximately 22 percent of children 18 years or younger are uninsured. The corresponding national average is 15 percent.

6. The immunization rate for Nevada's two-year-old children has increased dramatically since 1990. In 1991, 35 percent were fully protected from dangerous diseases such as measles and whooping cough. Currently, 73 percent of the state's two-year-olds are fully immunized.

7. The data from the 1999 Department of Education's Youth Risk Behavior Survey provides the statistics on the use and abuse of alcohol, drugs, and tobacco among Nevada's children and adolescents. The survey data indicates that:

   - Twenty-four percent of all high school students have smoked at least one cigarette every day for 30 days at some point in their lives.

   - Eighty-one percent of all high school students have had at least one alcoholic drink during their lifetime; more than one-third of them have had five or more drinks in a row during the pervious month.

   - Marijuana use was reported by 50 percent of the students one or more times during their lives. Also, 26 percent of students used marijuana one or more times during the month prior to the Youth Risk Behavior Survey.

   - Thirteen percent of those surveyed used some form of cocaine, including crack, freebase, or powder one or more times during their life. The remaining types of drug use identified were aerosol spray or other inhalants, sniffing glue, heroin, and methamphetamines.

   - In 1999, 31 percent of students had someone either give, offer, or sell, them an illegal drug while on school property.

Ms. Wright provided the Task Force with copy of the booklet titled "Nevada Five-Year Maternal and Child Health Needs Assessment," which is a comprehensive look at the health of the maternal and child population in the state (Exhibit G).

Senator Rawson requested that Ms. Wright provide the Task Force with Nevada's national ranking for the past two to five years, on each of the issues contained in her report. He said this would enable the Task Force members to see where Nevada stands on each of the key indicators, how the trend is progressing in the state, and may have bearing on future grant awards. Further, Senator Rawson indicated that the Task Force would request this type of in-depth report every two years.

Dr. Fildes asked if the Task Force could be provided with the amount of both federal and state funds and how they are applied. Noting the amount of time involved with such a request, Senator Rawson asked that the figures be included whenever possible in the reports.

REPORT AND DISCUSSION ON THE DELIVERY OF STATE HEALTH CARE SERVICES FOR CHILDREN IN NEVADA

Michael J. Willden

Michael J. Willden, Director, DHR, Carson City, referred to the request for information on the national standing of the state's health care issues. He offered to provide each member of the Task Force with a document issued by the United Health Foundation, titled "State Health Rankings," which details 17 categories of health issues. The document illustrates each state's ranking, as well as the position/standing over the previous three to five years.

Proceeding with his report, Mr. Willden summarized the successful funding that resulted from the 71st Legislative Session, and the previous budget cycle. Both served to greatly advance the state's health care services.

The budgetary and legislative revisions discussed by Mr. Willden included:

- The elimination of the assets test under the Child Health Insurance Program (CHIP) as of July 2002, which will improve access to the program.

- The significant expansion of the Nevada Check Up Program.

- Considerable funding increases for Medicaid to absorb caseload growth and rates paid to providers for all services. Also, funding for additional positions within the Welfare Division, DHR, to implement an expedited eligibility program, primarily for pregnant women.

- Assembly Bill 513 (Chapter 541, *Statutes of Nevada 2001*) which allowed for an appropriation to DHR for development of long-term strategic plans concerning health care needs of citizens of Nevada. The measure focused on four primary areas: (1) disabled services for adults and children; (2) rural health issues; (3) senior services; and (4) the of rate payment for services provided by the DHR.

- Assembly Bill 514 (Chapter 440, *Statutes of Nevada 2001*) made an appropriation to the Interim Finance Committee (IFC) for an allocation to DHR for an electronic application process for the Nevada Check Up program and Medicaid assistance. These funds allowed for electronic access and web-based application to the major health programs administrated by the Department. It is anticipated that the program will be operating by July 2002.

- Assembly Bill 1 (Chapter 1, *Statutes of Nevada 2001 Special Session*) provides for integration of state and local child welfare services. There are provisions for a significant amount of the "front-end services" going to Clark and Washoe Counties.

Additionally, Mr. Willden made note of the strides made to the Childcare Assistance for Low Income Families program. He initially became involved with the program six years ago, with a budget of approximately $5 million. Today the work program budget is $50 million, which has significantly improved childcare assistance for children in need.

Mr. Willden provided the Task Force with a handout (Exhibit H), which briefly outlines the functions and services of the divisions under DHR. The document may serve as a quick-reference guide for what is available from each individual division. Please refer to Exhibit H for the complete listing of services provided.

The Department has made every effort to increase access to Nevada's families in light of the increase of economic

hardships during recent months. Mr. Willden noted that all programs under DHR have experienced significant increases in the number of enrollments. A number of policy changes and waivers have been implemented to expedite coverage for many public assistance programs. The major number of new enrollments has occurred under CHIPs, with 3,200 during the prior two months.

Nevada Check Up Program

Charles Duarte

Charles Duarte, Medicaid Administrator, Division of Health Care Financing and Policy, DHR, Carson City, summarized the history of the Nevada Check Up Program. Mr. Duarte's testimony paralleled the information contained in the handout he provided the Task Force (Exhibit I).

Referring to the document, Mr. Duarte's comments encompassed the following areas:

- Eligibility Requirements. Nevada Check Up is available to children ages 0 through 18 with a family income at or below 200 percent of the Federal Poverty Limit (FPL). Eligibility is valid for one year from the first date of enrollment and reevaluated annually on a self-declared basis. Nevada is filing a State Plan Amendment to exempt unemployment compensation benefits from family income determination.

- Application Requirements. Completion of a one-page application form, along with the two most recent pay stubs for each family adult member or tax return if self-employed. Application to Nevada Check Up does not affect a family's immigration status, and there is no contact with the Immigration and Naturalization Service (INS), U.S. Department of Justice, concerning applicants.

- Enrollment. There is no co-payment required when accessing covered services, with certain exceptions. Premiums are scaled to FPL income levels and payment of the quarterly premium is required, with the exception of Native American families who are exempt.

- Covered Services. Children enrolled in the Nevada Check Up program are eligible for comprehensive medical, mental health, dental, and vision services; the preventive services include screening examinations and immunizations. Nevada Check Up is not an entitlement program.

- Health Care Services Delivery. Children in Clark and Washoe Counties receive health services from Medicaid providers who are members of the networks of the state-contracted health maintenance organizations (HMOs). Participants residing in all other areas of the state receive care from Medicaid providers on a fee-for-service basis.

- Access To Health Care. Services are available in-state from Medicaid providers and, if necessary, from certain out-of-state facilities. There are ongoing outreach and marketing efforts in place to improve access to health care.

- Enrollment Statistics. As of November 2001, the total Nevada Check Up enrollment figure is 22,129. This figure represents an increase of 6,400 children, or 41 percent since January 1, 2001. Current enrollment represents approximately 61 percent of the 35,723 eligible children.

Mr. Duarte referred to page ten of his handout (Exhibit I), titled "Budgeted and Actual Enrollment June 1, 2000 to October 1, 2001." The graph indicates that the program has exceeded the budgeted projections for enrollment; the current budget is to serve 19,871 children. The situation is being monitored closely in cooperation with the Director's Office of DHR. The final page of the handout illustrates the number of children receiving coverage by county, then ethnic status.

The final three pages of handout contain an informational flyer distributed by the DHR, and a sample of the application for the Nevada Check Up Program. Applications are printed in both English and Spanish.

Senator Rawson expressed concern with the data indicating the enrollments are exceeding the budgeted projections and if this would affect enrollment activities.

Mr. Duarte responded that the enrollment activities have not changed or been scaled back. His staff is looking into grant funding to increase enrollment activities through community-based organizations. The Director's Office will work in conjunction with the Office of the Governor to address the priorities of the recent caseload growth of Medicaid and the Nevada Check Up Program.

Community Connections

Janelle Mulvenon

Janelle Mulvenon, Program Administrator, Community Connection, Directors Office, DHR, informed the Task Force that Community Connection was formed in 1999 and administers and awards funds made available to communities to promote child and family support services. The Task Force was furnished with an informational packet prepared by Ms. Mulvenon (Exhibit J).

Ms. Mulvenon listed the six funding sources that are administered by Community Connection:

- Children's Trust Fund, which receives federal and state funds. Its primary purpose is to provide prevention services for primary and secondary child abuse.

- Family-to-Family Connection receives state funds and provides services to families with newborns to age 12 months to further infant and toddler development, health, and safety concerns.

- Family Resource Centers is a state program, which has centers in at-risk communities to assist families in accessing services by providing information and referral services. There are 38 centers encompassing 13 Nevada counties.

- Title XX Program is a Federal Block Grant that provides funding for 30 locally administered nonprofit programs in urban and rural communities throughout the state.

- Community Service Block Grant provides grant awards to promote economic self-sufficiency, community revitalization, and family stability, and to reduce poverty. The Economic Opportunity Board of Clark County has designated a portion of the funds to be used for health service issues.

- Part C, Individuals with Disabilities Education Act (IDEA) ensures that necessary services are available to meet the development needs of Nevada's infants and toddlers with disabilities. Funds from the Part C, IDEA, are sub-granted to the five different programs.

Ms. Mulvenon outlined the information for each program administered by Community Connection contained on pages 3 through 27 of the document. (Please refer to Exhibit K.)

Concluding her comments, Ms. Mulvenon said a priority for FY 2002 and 2003 is to develop consistent grant management for each budget account overseen by Community Connections.

Ms. Sloan requested that Ms. Mulvenon provide the Task Force with the total amount of funds made available from each of the funding sources.

Mr. Willden, previously identified herein, suggested the Task Force receive a copy of the Funding Matrix made available by Community Connections. The matrix provides pertinent information on the various programs, defines the grants received, and the source of the grant.

Services For Children With Special Health Care Needs

Judith Wright

Judith Wright, Chief, Family Health Services Bureau, DHR, Carson City, gave a brief history of the services for children with special health care needs. She explained that in 1935 the Federal Government enacted Title V of the Social Security Act, which granted funding to states for improving the health of women of childbearing age, infants, and children. The grants also included funds for crippled children's services, now known as the Children with Special Health Care Needs (CSHCN) program. Over time, the program evolved to include coverage for additional chronic disorders and now links clients to resources such as Medicaid, Nevada Check Up, various county services, and many local and national charitable organizations.

- Current Federal Title V statutes require states to develop systems of care that are community-based, culturally appropriate, and family-centered. Chapter 442 of *Nevada Revised Statutes* (NRS) implements Title V of the Social Security Act in Nevada, and the resulting regulations contained in the *Nevada Administrative Code,* (NAC) Chapter 442, provide specific program guidance.

- The purpose of Nevada's CSHCN program is to develop, extend, and improve services for locating children with special needs, and to provide corrective, medical, and surgical care and other services.

- The DHR is designated to administer a program of services for special needs children, or those suffering from conditions that may lead to a handicap, and to supervise the administration of those services.

- *Nevada Administrative Code*, Chapter of 442 was amended in 2000 in response to the implementation of the Nevada Check Up program and the increased opportunity for coverage it provided for the population served by the CSHCN program. The eligibility was raised from 200 percent of FPL, to 250 percent of FPL.

- Insurance coverage does not exclude clients from eligibility for the CSHCN program. The program is able to be more financially efficient by covering only the co-pay portion for those with insurance. Applicants must be residents of Nevada and a citizen of the United States (or in the country legally).

- The health care providers sign a memorandum of understanding with the Health Division, DHR, agreeing to accept reimbursement provided under the program (paid at Medicaid rates) as payment in full. Families cannot be billed for any remaining balances. The providers may include laboratories, nutritionists, specialty physicians, and therapists. All services must have prior authorization; the CSHCN program must have advance notice and authorize any treatment before it will be eligible for reimbursement.

- In accordance with the NAC, program support is limited to no more than $10,000 per year per client, unless otherwise authorized for additional expenditures. Defined eligible medical conditions are those for which fair to excellent prognosis is anticipated, and may include conditions that can be corrected through surgery and therapies. For eligible children, the program will also cover immunizations, primary care, and "well child" visits.

- The CSHCN staff members monitor the client's condition and medical services, assist families in accessing quality-appropriate services in their community, provide information and referrals to early intervention services statewide to fit that child's individual needs, and help the family enable their child to reach maximum potential.

- Families with special-need children identified through the Birth Defects Registry are referred to both the CSHCN program, and the appropriate service agencies in their community. Children identified through newborn screening are provided case management into adulthood. Assembly Bill 250 (Chapter 510, *Statutes of Nevada 2001*) required screening of newborn children for hearing impairments under certain circumstances. Currently, systems development or enhancement, and regulations are in progress to ensure implementation of newborn hearing screening in Nevada as required by A.B. 250.

Concluding, Ms. Wright said 784 children were provided with coverage for treatment by the CSHCN program in FY 2001. Ms. Wright submitted a copy of an informational flyer (Exhibit K,) titled "Family Health Services, Services For Children With Special Health Care Needs, Prenatal Care," distributed by the Health Division, DHR.

Special Children's Clinics

Karen M. Cummings

Karen M. Cummings, Health Program Manager III, Special Children's Clinic and Children's Special Health Care Services, Bureau of Health Services, Health Division, DHR, Las Vegas, provided an overview of the Special Children's Clinic program and its major functions. An informational document was provided by Ms. Cummings, which is referenced herein as Exhibit L.

Ms. Cummings stated there are regional centers located in Las Vegas and Reno that provide comprehensive, community based, family-centered treatment and follow-up services to families with children who have known, or suspected developmental delays. The developmental delays may encompass the areas of cognition, communication, physical development, social/emotional development, and adaptive skills. Although the clinics serve children up to 21-years of–age, children age birth through age two receive priority.

The Special Children's Clinics seek to improve the quality of life for Nevada's families by preventing disease, detecting health problems early enough for successful intervention to avoid disability, and developmental delays. The clinics provide sites to educate and train public health professionals, such as dietitians, nurse practitioners, pediatric residents, school psychologists, and social workers.

The clinics are also the sole providers of assessment and follow-up services for the local hospitals' neonatal intensive care nurseries. Clinic staff includes audiologists, developmental specialists, nutritionists, pediatricians, clinical social workers, physical and occupational therapists, psychological developmental counselors, Spanish language interpreters and parental resource coordinators, and speech pathologists. There are specialty medical clinics provided for children ages birth to 21 years for treatment of genetic disorders, craniofacial anomalies, endocrinology, metabolic disorders, and pulmonology.

Statistics indicate that accurate assessment of developmental status and medical diagnosis are essential in providing the correct treatment for children with known, or suspected developmental delays. The clinic's multidisciplinary team provides comprehensive information not accessible to private pediatricians or family practitioners. Also, the clinic staff directs families to funding sources and other community services of which private practitioners may be unaware.

The Special Children's Clinics provide an extensive scope of services that benefit the entire family of special-needs children. The families are:

- Educated about their child's level of development and provided with techniques to maximize their child's growth and progress;
- Provided with comprehensive services regardless of their ability to pay; and
- Involved in each aspect of their child's experience. Parents are said to perceive the cost of their involvement (insurance coverage, life style change, and time) as a worthwhile investment in exchange for the quality of the service and the eventual long-term benefits.

The comprehensive, multidisciplinary, medical diagnostics are what distinguish the Special Children's Clinics from other early intervention programs.

Ms. Cummings provided the following statewide totals for FY 2001:

- The number of children served by Special Children's clinics was 4,314;
- There were 1,609 new cases opened at the Special Children's clinics;
- The number of cases the clinics documented which involved coverage by medical insurance, was 2,107 cases;

- There were a total of 1,558 children served who also received Title XX (Medicaid);
- The number of children covered by the Nevada Check Up Program was 44; and
- The children treated with no third-party payment source totaled 613.

Additional FY 2001 statistics reported by Ms. Cummings include:

- The amount of revenue billed by the Las Vegas area clinics from a third-party payment source was $1,653,533; the amount collected was $389,415.
- The amount of revenue billed by the Reno area clinic from a third-party payment source was $850,153; the amount collected was $328,477.
- The number of underinsured children served by the clinics (early intervention or diagnostics not covered, or deductible not met) totaled 2,270 children.

Even though a child may be covered by insurance, the Special Children's Clinics does not always receive reimbursement for their services. Ms. Cummings explained that Medicaid pays for all services based on an agreed upon amount, and private insurance companies pay more for certain disciplines than for others. (Please refer to page five of Exhibit M for a sampling of services and related private insurance reimbursement percentages.)

Ms. Cummings listed the funding revenue sources for the Special Children's Clinics for FY 2001 as follows:

General Fund Appropriation (state funding)	$4,267,295
Maternal Child Health Block Grand (federal grant)	439,679
Child Care and Development Fund (federal grant)	59,000
Insurance Revenue Collection	750,000
Photocopy Charges	129

Ms. Cummings explained the insurance revenue collection denotes funds that have been collected from private insurance companies and Medicaid. Also, the figure for photocopy charges represent fees collected from outside sources for copying medical records.

REPORT AND DISCUSSION ON SPECIFIC HEALTH CARE NEEDS OF CHILDREN IN NEVADA

Family Counseling Services For Children Of Need

Pam Becker

Pam Becker, Special Projects Manager, Children's Cabinet, focused her comments on the Reno-based program, which provides family-counseling services for sexually abused children and their families. She solicited the help of the Task Force by requesting funds during the next grant cycle and to allow the Children's Cabinet to provide it's counseling services in the established resource centers located throughout the state.

Ms. Becker testified that family counseling is offered by a variety of state and non-profit agencies in special circumstances and limited to specific target populations, such as drug rehabilitation and special-needs children. She explained that children who have experienced sexual abuse receive counseling through a variety of sources but funds are limited for counseling of the family members dealing with the experience. She informed the Task Force that in a family where a child has been the victim of sexual abuse, there is a need for the entire family to verbalize feelings of the event in order to gain strategies for coping and re-establishing a sense of wholeness. The Children's Cabinet provides this type of specified counseling for these families.

The Children's Cabinet has provided family counseling services for the past 12 years. The counseling services are available to all families, not limited to specific populations, as well as being considered preventative. During this time the Children's Cabinet has assisted well over 1,000 families in dealing with a variety of difficult issues. These include communication, discipline, gender issues, possible changes in the family unit, self-esteem, and stress from both the parent's perspective and the child's.

Ms. Becker provided the following additional facts:

- The Cabinet's counseling program was designed to provide short-term therapy, a maximum of ten sessions per family at no cost to the families.

- In order to maximize funding, the Cabinet uses Marriage and Family Therapy interns who have completed 1,200 hours of supervised therapy and have obtained licensure. A licensed Marriage and Family therapist is contracted to provide supervision. The Cabinet has been successful in recruiting and retaining therapists at a rate of pay below the prevailing rate.

- The Cabinet covers the cost of the intern's supervision and pays a stipend for the counseling sessions provided by the interns. The licensed therapist is compensated for the supervision and also counsels the families at a reduced rate.

- Families are referred to the Children's Cabinet from several sources: businesses, juvenile services, nonprofit and profit agencies, past experience, schools, and "word of mouth" referrals.

Ms. Becker citied the two major obstacles the Children's Cabinet has encountered: (1) the lack of transportation for clients traveling to the facility; and (2) a shortage of physical space to provide clients additional therapy sessions per week. Many times families must wait weeks to receive counseling services.

Ms. Becker suggested that the family resource centers located throughout the state be the vehicle for replicating the Cabinet's family therapy model, enabling each center to reach their local population base. It is Ms. Becker's opinion that providing counseling services in this venue will move toward changing the perception that counseling is punitive, remove the negative stigma, and shift to one of prevention and skill building.

Senator Rawson explained that the Task Force does not solicit projects for funding; rather its job is to consider what has been submitted. It will be necessary for the Children's Cabinet to proceed through the formal grant application process.

Children's Access To Health Care

Fran Courtney

Fran Courtney, R.N., Director of Clinic and Nursing Services, Clark County Health District, Las Vegas, told the Task Force that the number of uninsured children in Nevada remains a major concern. Although, the increased availability to Medicaid services, and the implementation of the Nevada Check Up Program has improved access and provided insurance for children, much remains to be done in this area of healthcare.

According to Ms. Courtney, the Nevada Legislature needs to increase the enrollment number of children under the Nevada Check Up Program. She reported that a large percentage of parents of children served by community-based outreach programs, are not aware of their eligibility for Medicaid or the Nevada Check Up Program.

Ms. Courtney outlined two programs recently initiated in southern Nevada, including:

1. The initiative of a school-based clinic which opened in August 2001, which serves three Las Vegas area schools, an elementary, middle, and high school. The Clark County Health District contracted with the Twenty-First Learning Century Grant Project, in conjunction with the Clark County School District to provide healthcare services at the clinic. The majority of children have received treatment for acute illnesses,

immunizations, and sports physicals. Of the 150 children seen at the clinic, 50 percent are uninsured. Information was provided to their parents on the Nevada Check Up Program.

2. The Huntridge Team Clinic, is sponsored by a community-based organization was started in 1993. The clinic has averaged treatment of approximately 100 children per month. During the last two months, the clinic average has increased to 150 children per month, and it is estimated that two-thirds of these children are uninsured.

The primary areas of immediate concern listed by the staff of the Clark County Health District, is the lack of service for dental and vision problems.

- The reports indicate a number of children are in need of vision care extending beyond corrective lenses; but, without insurance, they cannot be referred to a physician. There is service, however, for children that just need corrective eyeglasses.

- There are a number of children in the Las Vegas area in dire need of oral health care; many children are suffering from acute pain.

Ms. Courtney stressed the need to explore available options, and expedite a means to fund these necessary healthcare services for children.

Homeless Children

Shaun Griffin

Shaun Griffin, Executive Director, Community Chest, Inc., Virginia City, testified that 12 years ago he founded the Statewide Homeless Youth Education Office in Nevada. Mr. Griffin provided the following information and statistics pertaining to homeless children:

- The last study to compile statistics on homeless children in Nevada was completed in June 2000. At that time, there were 2,730 identified and suspected homeless school children in the state, including preschool children.

- Homeless children do not have the same access to community healthcare services. The health care problems of homeless children are magnified by the desperate circumstances of their situation.

- There is a stigma of blame that envelops the homeless, especially children; many students experience feelings of guilt and shame. These homeless students remain “faceless and invisible” and are perceived as unwarranted for inclusion in community-based services. The students face the challenge of just getting to school.

- The single greatest obstacle for homeless children is hunger.

- Many homeless youths are threatened by the healthcare system, and under the impression they will need parental consent for treatment. They are suspect of authority, untrusting, and therefore, do not access services out of fear. Many homeless youths trade their bodies for the basic needs of food and shelter; this behavior predisposes these children to the greatest of health risks.

Mr. Griffin stated that current funding falls extremely short of addressing the basic healthcare needs and services for Nevada’s homeless children, and not enough is being done to change this deplorable situation.

The “numbing” statistics portray that homeless students’ health needs are being threatened by hunger. The most effective way to reach homeless children is through the school system. Fortunately, many stay in school and can be reached through administrators and teachers. Every school in Nevada has an advocate on staff to work on behalf of homeless students.

Mr. Griffin implored the Task Force to partner healthcare professionals, educators, school administrators, and statewide advocates to make Nevada’s homeless children a priority. He emphasized that the issue of blame is so

closely associated with homelessness that it actually impedes services to these students.

Citing the national statistic that 5,000 unidentified teenagers are buried each year, as noted in the article provided by Mr. Griffin (Exhibit M), Senator Rawson requested staff to research Nevada teen death statistics and provide the data to the Task Force.

PUBLIC COMMENT

Louise Helton

Louise Helton, Mobile Adolescent Clinic, a program under the United Way Coalition Making Access Possible (MAP), invited the Task Force members and staff to tour the mobile unit, which was available outside the Grant Sawyer State Office Building.

There were no additional comments from the public.

ADJOURNMENT

There was no further business before the Task Force and Chairman Rawson adjourned the meeting at 12:55 p.m.

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

Respectfully submitted,

Ricka Benum
Senior Research Secretary

Crystal M. McGee
Senior Research Analyst

APPROVED BY:

_____
Senator Raymond D. Rawson, Chairman

Date:_____

LIST OF EXHIBITS

Exhibit A is a letter dated October 19, 2001, from John Albrecht, Chief Tobacco Counsel, Office of the Attorney General, to Kenny C. Guinn, Governor, Office of the Governor; Brian K. Krolicki, State Treasurer, Office of the State Treasurer; Michael J. Willden, Director, Department of Human Resources, (DHR); Senator Raymond D. Rawson, and Assemblywoman Vivian L. Freeman. The letter provides an update on the status of *Rickerts, et al., v. Guinn*, et al., in the U.S. Court of Appeals for the Ninth Circuit, United States District Court, which pertains to the Medicaid Recipients Class Action for a portion of the Tobacco Settlement Funds.

Exhibit B was submitted by Janice Wright, Deputy of Cash Management, Office of the Treasurer, which consists of the following:

1. A report titled "Tobacco Settlement Receipts for Fiscal Years 2000 through 2025," prepared by the Office of the State Treasure; and

2. A report titled "Trust Fund for Healthy Nevada, BA 262-090" illustrating FY 2000 Settlement Receipts and FY 2001 Settlement Receipts, prepared by the Office of the Treasurer.

Exhibit C is an analysis chart submitted to by Janice Wright, Deputy of Cash Management, Office of the State Treasurer, prepared by Bob Atkinson, Program Analyst, Fiscal Analysis Division, Legislative Counsel Bureau, "Trust Fund for Healthy Nevada, Projection of Funds Available for Distribution FY02 and FY03."

Exhibit D contains a Memorandum dated October 29, 2001, to Dennis Humphrey, Budget Analyst, Budget Division, Department of Administration, from Debbra J. King, CPA, Administrative Services Officer IV, Director's Office, DHR, titled "SFY 02 Work Program C-11805, BA 3261."

Exhibit E is a document provided by Laura Hale, Grants Analyst, DHR, titled "Fund For a Healthy Nevada, Children's Health Grants," dated October 29, 2001.

Exhibit F is a handout provided by Judith Wright, Chief, Bureau of Family Health Services, Health Division, DHR, titled "State of Child and Adolescent Health in Nevada."

Exhibit G, also provided by Judith Wright, (identified above), is a copy of a report titled *Nevada Five-Year Maternal and Child Health Needs Assessment, 2000 – 2005*, dated July 2000.

Exhibit H is a reference guide submitted by Michael J. Willden, Director, DHR, titled "Department of Human Resources Services Provided to Children," dated October 29, 2001.
Exhibit I is information provided by Charles Duarte, Medicaid Administrator, Division of Health Care Financing and Policy, DHR, titled "Nevada Check Up Program Eligibility and Coverage Overview," dated November 5, 2001.

The handout referenced as Exhibit J was provided by Janelle Mulvenon, Program Administrator, Community Connection, Director's Office, DHR, titled "Community Connections."

Exhibit K contains an informational flyer titled "Family Health Services, Services For Children With Special Health Care Needs, Prenatal Care," distributed by the Health Division, DHR, and was submitted by Judith Wright, Chief, Family Health Services Bureau, DHR.

An informational document referenced as Exhibit L and titled, "Special Children's Clinics Las Vegas and Reno," was submitted by Karen M. Cummings, Health Program Manager III, Special Children's Clinic of Las Vegas, Health Division, Bureau of Health Services, DHR.

Exhibit M is a copy of an article submitted by Shaun Griffin, Executive Director, Community Chest, Inc., titled "Understanding the Health Care Needs of Homeless Youth," by Amy M. Taylor, M.D., Deputy Chief of the Health Care for the Homeless Branch, Bureau of Primary Health Care, Heath Resources and Services Administration, Department of Health and Human Services (DHHS); and Jean Hochron, Chief of the Health Care for the Homeless

Branch, Bureau of Primary Health Care, Heath Resources and Services Administration, DHHS.

Exhibit N is the “Attendance Record” for this meeting.

Copies of the materials distributed in the meeting are on file in the Research Library of the Legislative Counsel Bureau, Carson City, Nevada. You may contact the library at (775) 684-6827.