



NEVADA LEGISLATURE
LEGISLATIVE COMMITTEE ON HEALTH CARE
(*Nevada Revised Statutes [NRS] 439B.200*)

SUMMARY MINUTES AND ACTION REPORT

The third meeting of the Nevada Legislature's Legislative Committee on Health Care was held on Wednesday, February 5, 2014, at 9 a.m. in Room 4401 of the Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, Nevada. The meeting was videoconferenced to Room 3138 of the Legislative Building, 401 South Carson Street, Carson City. A copy of this set of "Summary Minutes and Action Report," including the "Meeting Notice and Agenda" ([Exhibit A](#)) and other substantive exhibits, is available on the Nevada Legislature's website at <http://www.leg.state.nv.us/interim/77th2013/committee/>. In addition, copies of the audio or video record are available through the Legislative Counsel Bureau's Publications Office (e-mail: publications@lcb.state.nv.us; telephone: 775/684-6835).

COMMITTEE MEMBERS PRESENT IN LAS VEGAS:

Senator Justin C. Jones, Chair
Assemblywoman Marilyn Dondero Loop, Vice Chair
Senator Joseph (Joe) P. Hardy, M.D.
Senator Joyce Woodhouse
Assemblyman James Oscarson

COMMITTEE MEMBER PRESENT IN CARSON CITY:

Assemblywoman Teresa Benitez-Thompson

LEGISLATIVE COUNSEL BUREAU STAFF PRESENT:

Marsheilah D. Lyons, Supervising Principal Research Analyst, Research Division
Risa B. Lang, Chief Deputy Legislative Counsel, Legal Division
Eric Robbins, Deputy Legislative Counsel, Legal Division
Sally Trotter, Principal Administrative Assistant, Research Division

OPENING REMARKS

- Chair Jones welcomed members, presenters, and the public to the third meeting of the Legislative Committee on Health Care (LCHC).

PUBLIC COMMENT

- Joe Tinio, Chair, Adult Residential Care Providers of Nevada, Las Vegas, testified that there are over 100 beds allocated for mentally ill patients in group homes throughout the State. He cited delays in approval of contracts by the Division of Public and Behavioral Health (DPBH), Department of Health and Human Services (DHHS), as the reason why group homes are unable to make these beds available.

CONSIDERATION OF REGULATIONS PROPOSED OR ADOPTED BY CERTAIN LICENSING BOARDS PURSUANT TO NRS 439B.225

(As directed by Chair Jones, this agenda item was taken out of order.)

LCB File No. R104-13, State Board of Health

LCB File No. R150-13, Chiropractic Physicians' Board of Nevada

- Risa B. Lang, Chief Deputy Legislative Counsel, Legal Division, Legislative Counsel Bureau, provided copies of the proposed regulations, which the LCHC is required to review pursuant to NRS 439B.225 ([Exhibit B](#) and [Exhibit B-1](#)).
- Senator Hardy requested clarification regarding the definition of “rural” and the level of certification in Section 29 (sic) of LCB File No. R104-13, State Board of Health.
- Ms. Lang clarified the section should be Section 28.
- Leticia Metherell, Health Facilities Inspection Manager, DPBH, DHHS, defined rural as a population of 50,000 or less. She explained that there are several categories of laboratories including: (1) exempt; (2) registered; and (3) licensed. Ms. Metherell testified that all three laboratory types are licensed; however, the requirements for licensure and governing directors are different. She stated that the reference in Section 28 is specific to laboratories classified as licensed and does not include exempt and registered laboratory types.

There was discussion between Senator Hardy and Ms. Metherell regarding rural laboratories. Senator Hardy asked about the potential impact of the regulation on laboratories that are in counties that have both urban and rural areas. Ms. Metherell offered to provide more detailed information.

- Assemblyman Oscarson opined there is ambiguity regarding definitions in the regulation. He stated that often small rural hospitals have the only available laboratory. Assemblyman Oscarson wondered how this regulation would affect those facilities.
- Joan Hall, B.S.N., R.N., President, Nevada Rural Hospital Partners, testified that she was involved in discussions regarding the regulation. She commented the regulation would eliminate the requirement for an on-site laboratory director in rural areas.

Responding to Assemblyman Oscarson's inquiry regarding benefits to rural communities, Ms. Hall affirmed that the needs of the rural communities were taken into consideration.

- Senator Hardy asked about the definition of "patient" in Section 4 of LCB File No. R150-13 (Chiropractic Physicians Board) for certain treatments such as massage.
- Benjamin S. Lurie, D.C., Vice President, Chiropractic Physicians' Board of Nevada, clarified the regulation refers to hiring a massage therapist as an employee in a clinic. He stated the patients treated by a massage therapist are considered patients of the doctor. Dr. Lurie added that a chiropractic physician can hire a licensed massage therapist as an independent contractor and the therapist would not be considered an employee.

Discussion ensued between Senator Hardy and Dr. Lurie regarding massages performed by therapists on one another. Dr. Lurie clarified that chiropractic assistants are not authorized to perform massage therapy. He also indicated that certain provisions of the regulation were added to increase public safety by ensuring the accountability of chiropractic assistants to maintain professional contact.

In response to Assemblyman Oscarson's inquiry regarding fee increases, Dr. Lurie stated fees were raised due to the labor-intensive, time-consuming process to review continuing education applications. He explained the licensing fee for a chiropractic assistant was increased to offset costs due to the high volume of applications received.

APPROVAL OF MINUTES OF THE MEETING HELD ON NOVEMBER 21, 2013, IN LAS VEGAS, NEVADA

- The Committee **APPROVED THE FOLLOWING ACTION:**

SENATOR HARDY MADE A MOTION TO APPROVE THE MINUTES OF THE NOVEMBER 21, 2013, MEETING HELD IN LAS VEGAS, NEVADA. THE MOTION WAS SECONDED BY ASSEMBLYMAN OSCARSON AND PASSED UNANIMOUSLY.

UPDATE CONCERNING STATE BEHAVIORAL HEALTH PROGRAMS AND MENTAL HEALTH FACILITIES

- Richard Whitley, M.S., Administrator, DPBH, DHHS, provided an update on the lawsuit against Lake's Crossing Center. He testified a consent decree was signed on January 29 that resolved the lawsuit. Mr. Whitley commented the opening of additional beds at Dini-Townsend Hospital reduced wait times. He stated clients were scheduled to be transferred within 21 days. Mr. Whitley described a capitol improvement project to expand the number of available beds in a secured unit at the (Muri) Stein Hospital. Mr. Whitley added Governor Brian Sandoval had approved funding for additional staffing at the Stein Hospital. (See [Exhibit C.](#))

Responding to Chair Jones's inquiry regarding the status of construction at Stein Hospital, Mr. Whitley stated it is current and weekly updates are provided to the DPBH. He remarked the unit is scheduled to open August 2015.

In response to Chair Jones's query regarding the number of beds available in northern Nevada for patients from southern Nevada, Mr. Whitley stated there are 86 total beds available statewide and confirmed that 75 percent of the patients are from southern Nevada.

Discussion ensued between Chair Jones and Mr. Whitley regarding availability of open beds for forensic patients at Stein Hospital and transportation of patients to northern Nevada. Mr. Whitley affirmed that clients in southern Nevada are transported by plane to Lake's Crossing. He pointed out clients are assessed and placed in the most appropriate facility. Mr. Whitley commented a similar approach was used in other states. He stated that staffing and security for the new beds would be included in the budget request.

- Chair Jones mentioned that land had been purchased to build a forensic facility in southern Nevada and wondered if there were any plans to continue that effort. Mr. Whitley concluded the timely solution was to provide additional beds at Stein Hospital. He remarked that outpatient initiatives and similar programs (such as mandated outpatient treatment, greater access to community-based outpatient programs, and housing assistance) limit a client's potential for involvement with the criminal justice system.
- Tracey D. Green, M.D., Chief Medical Officer, DPBH, DHHS, provided an update on the certification and accreditation of the Rawson-Neal Hospital. She pointed out areas that need improvement and noted a plan of correction was submitted. Dr. Green discussed the closing of the outpatient clinic at Rawson-Neal. She reported all staff was relocated and clients were redirected to other outpatient clinics. Dr. Green stated an application was resubmitted to the Joint Commission and the facility will be re-surveyed after April 2014.

She discussed the status of lawsuits involving Rawson-Neal Hospital. Dr. Green pointed out a program of peers working with clients that has been very successful at the drop-in center. She talked about the remodel of Building 3A that will open 21 civil beds, with an anticipated completion date of March 2014. Dr. Green informed the Committee the Stein Hospital plans to add 12 civil beds, in addition to 46 forensic beds, to enhance services to southern Nevada clients.

She provided an overview of three new programs slated to begin in March: (1) home visitation; (2) a jail re-entry program that will provide housing placement and wraparound services; and (3) assisted outpatient treatment. Dr. Green pointed out the DPBH has been working closely with managed care organizations to provide rapid response teams to assist clients waiting in emergency rooms (ERs) for placement. She noted alternatives to ERs, such as: (1) mobile outreach; (2) law enforcement ride-along; (3) enhancement of crisis intervention officer training; (4) new models of intervention; and (5) community triage models to address co-occurring treatment.

Dr. Green addressed problems with current language in NRS regarding the Legal 2000 process, specifically legal holds. She explained the requirement that a psychiatrist or medical physician decertify a patient creates a barrier. Dr. Green asked for consideration of a bill draft to address this issue.

In closing, she stated the DPBH will seek additional funding from the Interim Finance Committee for housing. Dr. Green testified there are 156 clients waiting for housing in southern Nevada. (See [Exhibit D.](#))

There was discussion between Chair Jones and Dr. Green regarding the certification at Rawson-Neal. Dr. Green assured the Committee that Rawson-Neal is currently certified and following a plan of correction.

Responding to Senator Jones's inquiry regarding an alternate plan, Dr. Green discussed plans to assign provider numbers to outpatient clinics under a hospital so they are eligible for Medicaid reimbursement.

Discussion ensued between Senator Hardy and Dr. Green regarding the process to redirect provider numbers. Dr. Green explained the Centers for Medicare and Medicaid Services' reimbursement process. She pointed out that separating outpatient clinics from hospitals allows the clinics to bill for Medicaid/Medicare services.

In response to Senator Hardy's query regarding payment for crisis intervention centers, Dr. Green clarified that the service provider within the center bills Medicare/Medicaid.

There was discussion between Chair Jones and Mr. Whitley regarding staffing and hiring at Rawson-Neal and similar facilities. Mr. Whitley discussed the challenges the DPBH has with recruitment and retention, licensing boards, and pay equity. Mr. Whitley testified the DHBP frequently requests to move State funds over to

contract funds. He said they have had some success in hiring nurses by hiring at the top pay grade. Mr. Whitley reported the DPBH is working on an incentive package to retain and recruit employees.

Discussion ensued between Assemblywoman Benitez-Thompson and Dr. Green regarding the availability and number of civil beds. Dr. Green clarified the total number of beds at Rawson-Neal will be 223. She added there will be an additional 100 beds statewide for individuals who need a long-term living environment. Dr. Green noted the DPBH has already spent the budgeted allotment for residential beds. She testified there are new facilities opening that have free-standing psych beds. Dr. Green added those beds are not reimbursed by Medicaid.

Discussion continued between Assemblywoman Benitez-Thompson and Mr. Whitley regarding the proposed 100 new beds and the current need. Mr. Whitley explained that 100 beds will be designated for patients with co-occurring disorders being moved out of jails or detention centers. He said the DPBH will request to move funds from unexpended categories to address the shortages of residential beds. He added that based on current utilization and projection that should alleviate the waiting list.

- Assemblywoman Benitez-Thompson wondered about the length of stay and turnaround time for available beds and the treatment program.
- Mr. Whitley responded that housing needs and availability are better managed at a community level. He commented that housing opportunities need to be coordinated between hospitals and housing facilities. Mr. Whitley discussed the importance of stabilized housing.

Responding to Assemblyman Oscarson's inquiry regarding costs to hire nurses and psychologists under contractual services, Mr. Whitley testified he will provide a breakdown by clinical type of costs for contractual services.

- Senator Hardy asked how the Committee could assist facilitating the process between licensing boards and hiring by the DPBH,
- Mr. Whitley said there is a meeting scheduled with the licensing boards and the University of Nevada to discuss issues including reporting issues, incentives, and reciprocity from other states.

In response to Chair Jones's question regarding where clients on waiting lists are housed, Dr. Green said they are all in temporary placement and none are waiting in ERs.

Discussion followed between Chair Jones and Mr. Whitley regarding funding needs for housing. Mr. Whitley stated the program was underutilized and wait times have not

been fully determined. He mentioned a meeting with Clark County Social Services to address housing needs.

- Dr. Green highlighted honors received by the Dini-Townsend Psychiatric Hospital. She mentioned 15 rural outpatient clinics that provide opportunities for community collaboration and address prevention for specific populations.
- Chair Jones stressed that southern Nevada needs attention and there are still many problems that need to be addressed.

PRESENTATION CONCERNING MENTAL HEALTH ISSUES IN LAW ENFORCEMENT AND THE JUDICIAL SYSTEM

(As directed by Chair Jones, this agenda item was taken out of order.)

- The Honorable Peter Breen, Senior District Court Judge, Second Judicial District Court, Washoe County, testified regarding mental health and specialty courts in Washoe County. He stated these courts reduce costs to the public and recidivism rates, as well as the pain and suffering produced by mental illness and drug addiction. Judge Breen provided a PowerPoint presentation that outlined percentages of jail inmates with mental illness and the success rate of specialty courts measured by decreases in jail days ([Exhibit E](#)). He pointed out issues important to reducing recidivism: (1) after care programs for participants to keep them connected with services; (2) more supported housing options to increase stability; (3) transportation; and (4) institutional support of the specialty court system.
- The Honorable William O. Voy, Family Division, Department A, Eighth Judicial District Court, Clark County, testified on the needs of Clark County. Judge Voy commented that last week there were 180 patients in the ER waiting to be cleared or placed in a mental hospital. He pointed out six-month waiting lists for group homes and assisted living housing for the mentally ill. Judge Voy brought attention to the chronically ill patients placed in group homes who within days are back at Rawson-Neal or a detention center. He recommended a higher level of supervision at specialized psychiatric nursing homes for these patients. Judge Voy discussed an outpatient commitment process approved by the 2013 Legislature. He recommended the Legislature approve funding for patient-aligned care teams in southern Nevada. Judge Voy pointed out the lack of communication and the importance of agencies coordinating resources. He recommended diverting funds from Lake's Crossing to provide a similar facility in Las Vegas.

There was discussion between Chair Jones and Judge Voy regarding funding to open 46 beds at Stein Hospital. Chair Jones wondered if that would help alleviate the bed shortage in southern Nevada. Judge Voy opined that number should be doubled.

- Kenneth T. Furlong, Carson City Sheriff, provided a history of Carson City's crime rate and the Forensic Assessment Services Triage Team (FASTT) program developed in 2012. He introduced Joseph McEllistrem, Ph.D., Forensic Psychologist, who provided an overview of the FASTT program ([Exhibit F](#) and [Exhibit F-1](#)) that included:
 - Program development;
 - Client identification;
 - Assessment and treatment;
 - Client transition to services;
 - Ongoing monitoring; and
 - Procedural considerations.

Responding to Chair Jones's inquiry regarding implementing FASST in Las Vegas, Dr. McEllistrem remarked the program would need to be adjusted to the community since there are different services, providers, and client populations in the jails.

In response to Assemblywoman Benitez-Thompson's request for information regarding boundaries and follow through, Dr. McEllistrem commented that wraparound services are designed for each client. He added prescriptions are provided to cover the time between discharge from jail and their first appointment.

- Chuck Callaway, Police Director, Office of Intergovernmental Services, Las Vegas Metropolitan Police Department (LVMPD), discussed the types of calls the LVMPD receive involving the mentally ill. He stated deputies receive 40 hours of crisis intervention training (CIT) with recertification every two years. Director Callaway commented on challenges to retain CIT programs with current budget cuts. He testified CIT officers were sent out to 18,700 calls for service involving the mentally ill in 2013. Director Callaway remarked that according to a report by the United States Department of Justice, approximately two-thirds of the mentally ill patients in prisons or detention centers suffer from substance abuse problems. He pointed out costs to house inmates waiting for competency court and transport to Lake's Crossing. He offered the following recommendations:
 - Create a procedure for Legal 2000 for simultaneous or more timely medical and psychological clearance in ERs;
 - Provide a forensic facility in southern Nevada; and
 - Authorize paramedics to perform a Legal 2000 hold in statute, so that they are able to transport nonviolent individuals without police presence.
- Chair Jones requested that Director Calloway provide the Committee with bullet points regarding the Legal 2000 process and how it intersects with law enforcement.

Responding to Assemblyman Oscarson's inquiry regarding cost savings the LVMPD would realize if inmates did not have to be transported to Lake's Crossing, Director Callaway

stated it would be significant. He offered to provide a breakdown of savings to the Committee.

Discussion ensued between Senator Hardy and Chair Jones regarding available land for a forensic facility in southern Nevada.

In response to Senator Hardy's query regarding appetite for restoration and competency hearings within the LVMPD jail, Director Callaway stated that it may not be feasible due to limited bed space.

- Lieutenant Eric Spratley, Washoe County Sheriff's Office, reported on programs in northern Nevada. He discussed Intercept Points, which uses a variety of resources to prevent further justice involvement. Lt. Spratley noted the importance of CIT certification and testified the Sheriff's Office plans to have all deputies certified in 2014. He mentioned a Mobile Outreach Safety Team in Reno similar to the FFAST program and a forensic mental health team that provides an on-site caseworker at the detention center to keep the mentally ill out of jail. Lt. Spratley reported decreases in bookings and total bed days, which he attributed to the collaboration of the forensic mental health team. He commented on the importance of follow-up treatment.

PRESENTATION CONCERNING COMPREHENSIVE GAPS ANALYSIS OF BEHAVIORAL HEALTH SERVICES

- Kelly A. Marschall, M.S.W., Principal, Social Entrepreneurs, Inc., presented a Gap Analysis Update ([Exhibit G](#)) and a report, *2013 Comprehensive Gaps Analysis of Behavioral Health Services* (link provided as [Exhibit G-1](#)). She pointed out details in the Report including: (1) current behavioral health service delivery; (2) unmet needs; and (3) opportunities and recommendations for system improvement. Ms. Marschall gave a history of the integration of mental health services in Nevada. She noted limitations that are important to consider, such as differences in reporting of comparison data and federal expenditure reports. She presented:
 - A description of the current service systems;
 - Missed opportunities over the last 50 years;
 - Behavioral health expenditures from Fiscal Year (FY) 2007 to FY 2013;
 - Current expenditures by category; and
 - A profile of current behavioral health consumers served (age, gender, and race).

Responding to Chair Jones's comment on the percentage of Asian and Native Americans in the profile, Ms. Marschall explained this culture is very family-oriented and may be accessing care in other ways. She added the lack of providers and the appropriate cultural and linguistic services contribute to the disparity within the Hispanic and Latino population.

Continuing, Ms. Marschall discussed:

- Estimates of unmet need using census data;
- Unmet needs of children in the State;
- Unmet needs of adults in the State;
- Consumer surveys;
- Data indications; and
- Gaps in services.

In response to Chair Jones's inquiry regarding community-based health systems, Ms. Marschall discussed the "Sampson Model" and importance of partnerships for best practices.

Concluding her presentation, she pointed out:

- Shortage of providers;
- Lack of nonprofits and community-based services;
- Services that lack capacity and have long waiting lists;
- Lack of housing;
- Lack of substance abuse programs;
- Insufficient wraparound services;
- Lack of resources for children, teens, and seniors; and
- Lack of sufficient transportation.

Ms. Marshall recommended focus in the following areas: (1) ensure accountability, credibility, and high-quality services; (2) develop assessment and treatment at the earliest possible opportunity; and (3) plan for a system of care.

PRESENTATION CONCERNING STATE MENTAL HEALTH BEST PRACTICES LEGISLATION

(As directed by Chair Jones, this agenda item was taken out of order.)

- Sita Diehl, Director, State Policy and Advocacy, National Alliance on Mental Illness (NAMI), provided a Microsoft PowerPoint presentation titled "Best Practices in Mental Health State Policy Initiatives," ([Exhibit H](#)) and graphs of the array of services provided to adults and youth ([Exhibit H-1](#) and [Exhibit H-2](#)). She gave a brief history of NAMI and commended the State's development of the 2005 *Nevada Mental Health Implementation Plan Commission Report*. Ms. Diehl voiced support for a more comprehensive long-term strategic approach to mental health services. She remarked on the importance of developing a partnership with Medicaid since it provides over one-half of the funding for mental health services. Ms. Diehl commended Nevada for its efforts on Medicaid expansion.

Her recommendations for best practices included:

- Redesign of the crisis service system (crisis line, mobile crisis response, walk-in respite services, crisis stabilization units, and social detox centers);
- Housing for mentally ill and persons with substance abuse issues;
- Supported employment;
- Integrated mental health and addiction treatment; and
- Peer support specialists.

Responding to Senator Hardy's query regarding certification and wage for peer support representatives, Ms. Diehl stated the model was created in Georgia and all states require training. She pointed out the education requirements in Georgia include counseling, listening skills, suicide prevention, and a residency. Ms. Diehl reported the salary for the entry-level position is about \$12 per hour.

Continuing, she reported on cost savings recognized by using peer support. However, Ms. Diehl cautioned against using peer support in place of a professional. She added these best practices:

- Family education and support; and
- Early identification and school-linked services.

In response to Chair Jones's inquiry regarding local funding for NAMI affiliates, Ms. Diehl stated local funding is provided through a block grant. She commented there are now three affiliates in Nevada.

Ms. Diehl reiterated the importance of integrated health care, restoring mental health budgets to the 2007 levels, leveraging Medicaid expansion, redesigning crisis services, and housing.

In response to Assemblyman Oscarson's question regarding integration of mental health programs into school-based health clinics, Ms. Diehl affirmed in most cases schools are including a mental health capacity to health clinics.

Responding to Senator Hardy's inquiry regarding Nevada's 2007 and current budget, Ms. Diehl stated she did not have those figures; however, \$80 million was cut from the 2007 budget.

- Chair Jones mentioned the *State Legislation Report 2013* by NAMI as a good reference for more detailed information. (A link is provided as [Exhibit H-3](#).)

PRESENTATION CONCERNING MENTAL HEALTH, SUBSTANCE ABUSE, AND CO-OCCURRING DISORDERS

- Lesley R. Dickson, M.D., FAPM, FAPA, Medical Director, Center for Behavioral Health, presented an introduction to mental health, substance abuse, and co-occurring disorders ([Exhibit I](#)). She provided a brief history of psychiatric treatment in the United States, dual diagnosis or co-occurring disorders, and prescription drug abuse. Dr. Dickson discussed the scope of the substance abuse problem and the source of prescription drugs. Her focus was on the use of prescription opiates. Dr. Dickson pointed out a chart depicting illicit drug use in patients 12 years of age or older and a graph of the past month's non-medical use of psychotherapeutic drugs. She noted the high percentage of patients with co-occurring disorders.

In response to a question from Senator Hardy regarding illicit substance use by patients to treat Schizophrenia, Dr. Dickson commented nicotine does not treat Schizophrenia but can have a calming effect. She stated there are no studies that indicate any other illegal substances that would be effective as a treatment.

- Continuing, she commented on the lack of training and skills to diagnose co-occurring disorders. She presented:
 - Optimal integrated models of care;
 - General goals of treatment;
 - Barriers to integrated treatment; and
 - Local resources.

Responding to Chair Jones's request for legislative ideas and solutions for the Committee to bring forward to the Legislature next session regarding substance abuse policies, Dr. Dickson mentioned funding and reimbursement for substance abuse treatment.

PUBLIC COMMENT

Chair Jones called for public comment; however, no testimony was presented.

ADJOURNMENT

There being no further business to come before the Committee, the meeting was adjourned at 2:45 p.m.

Respectfully submitted,

Sally Trotter
Principal Administrative Assistant

Marsheilah D. Lyons
Supervising Principal Research Analyst

APPROVED BY:

Senator Justin C. Jones, Chair

Date: _____

LIST OF EXHIBITS

[Exhibit A](#) is the “Meeting Notice and Agenda” provided by Marsheilah D. Lyons, Supervising Principal Research Analyst, Research Division, Legislative Counsel Bureau (LCB).

[Exhibit B](#) is the Digest and Proposed Regulation of the State Board of Health, LCB File No. R104-13, dated January 9, 2014, submitted by Risa B. Lang, Chief Deputy Legislative Counsel, Legal Division, LCB.

[Exhibit B-1](#) is the Digest and Proposed Regulation of the Chiropractic Physicians’ Board of Nevada, LCB File No. R150-13, dated January 16, 2014, furnished by Risa B. Lang, Chief Deputy Legislative Counsel, Legal Division, LCB.

[Exhibit C](#) is a Microsoft PowerPoint presentation titled “Mental Health Update,” dated February 2014, given by Richard Whitley, M.S., Administrator, Department of Public and Behavioral Health (DPBH), Department of Health and Human Services (DHHS), and Tracey D. Green, M.D., Chief Medical Officer, DPBH, DHHS.

[Exhibit D](#) is a graph presentation titled “New L2K Average,” and “L2k Waiting Average Comparison (ER) 2012-2014,” offered by Tracey D. Green, M.D., Chief Medical Officer, DPBH, DHHS.

[Exhibit E](#) is a Microsoft PowerPoint presentation titled “Mental Health Issues in Law Enforcement and the Judicial System,” dated February 5, 2014, provided by the Honorable Peter Breen, Senior District Court Judge, Second Judicial District Court, Washoe County.

[Exhibit F](#) is a document titled “Forensic Assessment Services Triage Team: FASTT,” submitted by Kenneth T. Furlong, Carson City Sheriff, Carson City.

[Exhibit F-1](#) is a FASTT flow chart furnished by Kenneth T. Furlong, Carson City Sheriff, Carson City.

[Exhibit G](#) is a Microsoft PowerPoint presentation titled “Gaps Analysis of Behavioral Health Services Updated,” dated February 5, 2014, provided by Kelly A. Marschall, M.S.W., Principal, Social Entrepreneurs, Inc., Reno.

[Exhibit G-1](#) is a web link to the *2013 Comprehensive Gaps Analysis of Behavioral Health Services*, report prepared by Lisa Watson, M.A., Principal, and Kelly A. Marschall, M.S.W., Principal, Social Entrepreneurs, Inc., Reno.

[Exhibit H](#) is a Microsoft PowerPoint presentation titled “Best Practices in Mental Health State Policy Initiatives,” dated February 5, 2014, submitted by Sita Diehl, Director, State Policy and Advocacy, National Alliance on Mental Illness (NAMI), Arlington, Virginia.

[Exhibit H-1](#) is a document titled “NAMI Policy Priority: Effective mental health services for adults,” furnished by Sita Diehl, M.A., MSSW, Director, State Policy and Advocacy, NAMI, Tennessee.

[Exhibit H-2](#) is a document titled “NAMI Policy Priority: Effective Mental Health Services for Youth,” provided by Sita Diehl, M.A., MSSW, Director, State Policy and Advocacy, NAMI, Tennessee.

[Exhibit H-3](#) is a web link to the *State Legislation Report 2013*, “Trends, Themes & Best Practices in State Mental Health Legislation,” offered by Sita Diehl, M.A., MSSW, Director, State Policy and Advocacy, NAMI, Tennessee.

[Exhibit I](#) is a Microsoft PowerPoint presentation titled “An Introduction to Mental Health, Substance Abuse and Co-Occurring Disorders,” dated February 5, 2014, submitted by Lesley R. Dickson, M.D., FAPM, FAPA, Medical Director, Center for Behavioral Health, Las Vegas.

This set of “Summary Minutes and Action Report” is supplied as an informational service. Exhibits in electronic format may not be complete. Copies of the complete exhibits and other materials distributed at the meeting are on file in the Research Library of the Legislative Counsel Bureau, Carson City, Nevada. You may contact the Library online at www.leg.state.nv.us/lcb/research/library/feedbackmail.cfm or telephone: 775/684-6827.