

REVISED
MEETING NOTICE AND AGENDA

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

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

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

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

Grant Sawyer State Office Building
Room 4401
555 East Washington Avenue
Las Vegas, Nevada

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

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A G E N D A

I. Opening Remarks

Senator Ann O'Connell, Chairwoman

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

III. Public Comment

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

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

V. Adjournment

*Denotes items on which the Subcommittee may take action.

Note: We are pleased to make reasonable accommodations for members of the public who are disabled and wish to attend the meeting. If special arrangements for the meeting are necessary, please notify the Research Division of the Legislative Counsel Bureau, in writing, at the Legislative Building, 401 South Carson Street, Carson City, Nevada 89701-4747, or call Kennedy at (775) 684-6825 as soon as possible.

Notice of this meeting was posted in the following Carson City, Nevada, locations: Blasdel Building, 209 East Musser Street; Capitol Press Corps, Basement, Capitol Building; City Hall, 201 North Carson Street; Legislative Building, 401 South Carson Street; and Nevada State Library, 100 Stewart Street. Notice of this meeting was faxed for posting to the following Las Vegas, Nevada, locations: Clark County Office, 500 South Grand Central Parkway; and Grant Sawyer State Office Building, 555 East Washington Avenue. Notice of this meeting was posted on the Internet through the Nevada Legislature's web site at www.leg.state.nv.us.

REVISED WORK SESSION DOCUMENT

Legislative Commission's Subcommittee to Study Suicide Prevention

August 16, 2002

At the direction of Senator Ann O'Connell, Chairwoman of the Legislative Commission's Subcommittee to Study Suicide Prevention, the subcommittee staff prepared this "Work Session Document." It contains a summary of major recommendations that have been presented in public hearings and correspondence during the course of the study. Organized by topic headings, it is designed to assist the subcommittee members in making decisions during the work session. Each item in this document may be the subject of further discussion, refinement, or action.

The possible recommendations contained herein do not necessarily have the support or opposition of the subcommittee. Rather, these possible actions are compiled and organized so the members may review them to decide if they should be adopted, changed, rejected, or further considered. The members of the subcommittee may vote to send as many subcommittee statements or letters as they choose; however, pursuant to *Nevada Revised Statutes* (NRS) 218.2429, the subcommittee is limited to five bill draft requests (BDRs), including requests for the drafting of legislative resolutions.

The source of each recommendation is noted in parentheses. All place names referred to in this document are in Nevada unless otherwise noted. Please note that specific details of approved requests for legislation or subcommittee statements may need to be clarified by subcommittee staff prior to drafting. The subcommittee's recommendations will be submitted to the Legislative Commission and highlighted in the report that will be made to the 2003 Session of the Nevada Legislature.

Background information on many of the compiled recommendations may be obtained by contacting Donald O. Williams, Chief Principal Research Analyst, or Kennedy, Senior Research Secretary, Research Division, Legislative Counsel Bureau, at 775/684-6825.

RECOMMENDATIONS FOR LEGISLATIVE MEASURES - SUBCOMMITTEE BILL DRAFT REQUESTS (BDRS) FOR BILLS OR RESOLUTIONS

- 1. Draft and enact legislation requiring the development of a Nevada State Suicide Prevention Plan and establishing a Statewide Suicide Prevention Program within the Director's Office of Nevada's Department of Human Resources (DHR). The purpose of the state plan/program is to reduce the number of attempted and completed suicides in Nevada. The state plan should address the risk factors related to suicide and identify populations most at risk, and it should be distributed statewide and made available to the public not later than January 3, 2005.**

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

and others who are the first contacts with individuals at risk of suicide.

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

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

Statewide Suicide Prevention Coordinator

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

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

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

Suicide Prevention Trainer & Networking Facilitator

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

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

(Based on recommendations by Linda Flatt, Suicide Prevention Advocacy Network [SPAN]-USA, 11/09/01 and

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

2. Urge, by drafting and adopting a resolution, governmental and nongovernmental agencies in Clark County to cooperate in establishing a Clark County suicide prevention program to provide effective and diverse suicide prevention programs for its communities. Funding for these programs should include a combination of government (federal, state, and local) and nongovernmental money. The proposed suicide prevention program would include the following:

- **Evidence-based programs to reduce risk factors and enhance protective factors for suicidal behavior across the life span of individuals;**
- **Distribution of awareness and educational materials to reduce the stigma associated with suicide;**
- **A 24-hour suicide hotline accredited or certified by a nationally recognized organization in the field of suicide prevention (and supported by a continuation and increase in the Clark County local governments' existing funding for suicide prevention programs);**
- **Service referral for at-risk individuals;**
- **Development of a Clark County Resource Directory and/or Internet Web site for suicide prevention and survivor assistance;**
- **Effective and accessible suicide intervention training for gatekeepers and first responders, including school district personnel;**
- **Media education and guideline distribution; and**
- **Suicide survivor services.**

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

3. Urge, by drafting and adopting a resolution, that each community in Nevada form a coalition of agencies and service providers to address suicide prevention, education, response, and treatment (adapted to community resources and needs), with the goals of reducing suicides in each community and providing survivor support. (Based on testimony by Lance Crowley, Senior Juvenile Probation Officer, Douglas County, 2/01/02)

4. Urge, by drafting and adopting a resolution, that the Clark County Health District: (1) plan and coordinate a public information campaign on suicide prevention; and (2) expand community injury prevention efforts and increase the corresponding financial commitment. (Based on testimony by Michael Bernstein, Clark County Health District, 5/24/02)

5. Draft and enact legislation requiring school administrators, counselors, librarians, psychologists, social workers, and teachers to report pupils at high risk of suicide to their parents/guardians and the appropriate mental health agencies. This law should reflect the same standard as in the existing statute (Subsection 3(e) of NRS 432B.220) for reporting child abuse or neglect. (Based on remarks by Assemblyman David Humke, 3/22/02)

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**RECOMMENDATIONS FOR POSSIBLE LEGISLATIVE ACTIONS OR MEASURES TO BE CONSIDERED
BY OTHER LEGISLATIVE COMMITTEES**

6. **Draft and send a letter to the Legislative Committee on Education recommending that it consider requesting legislation requiring all public school teachers, including elementary education teachers, to complete certain courses in suicide prior to license renewal. Such legislation could require that Nevada's Regional Training Programs for the Professional Development of Teachers and Administrators provide training specific to suicide issues to teachers and administrators. (Based on testimony by Keith Rheault, Nevada's Department of Education, 3/22/02)**
7. **Draft and send a letter to the Legislative Committee on Education requesting that it consider requesting legislation for an appropriation of state funds to provide additional counseling positions in public middle schools and high schools, and state funds for counselors at the elementary school level. (Jane Kadoich, Clark County School District, 5/24/02)**
8. **Draft and send letters to the Legislative Committee on Health Care and its Subcommittee to Study Mental Health Issues recommending consideration of requesting that the Governor and the Legislature approve increased funding for mental health services throughout Nevada and particularly for rural mental health agencies to provide emergency response and ongoing services to suicide survivors, those who have attempted or threatened suicide, and those determined to be at high risk for suicide. (Based on testimony by Lance Crowley, Senior Juvenile Probation Officer, Douglas County, 2/01/02; and Misty Allen, Reno Crisis Call Center, 2/01/02)**
9. **Draft and send letters to the Legislative Committee on Health Care and its Subcommittee to Study Mental Health Issues requesting consideration of the following recommendations from the Task Force on Emergency Room Overcrowding (also known as the Chronic Public Inebriate [CPI] Task Force) and the Southern Nevada Mental Health Coalition.**
 - **Allow more people in crisis to have access to treatment and allow first responders, police, fire, and paramedics, a timely return to service by: (1) creating a centralized drop-off location for triage with funding provided by state and local governments and area hospitals; (2) developing a mechanism for providing permanent, long-term funding to support CPI and mental health services such as increasing the tax on the sale of liquor; (3) considering changing NRS 433A.330, which requires the mentally ill to be transported to hospitals for medical screening or authorize paramedics to transport patients, who meet specific criteria, directly to a MHDS facility or other qualified facilities for treatment; and (4) funding mobile crisis units that can make assessments in the field and reduce the need for transporting patients to hospitals. (Janelle Kraft, Las Vegas Metropolitan Police Department, 5/24/02, and Letter of 7/18/02)**
 - **Consider expanding the civil protective custody statute (NRS 458.270) to pertain to persons with substance abuse and mental illness. (Janelle Kraft, Las Vegas Metropolitan Police Department, Letter of 7/18/02)**
 - **Increase services to the seriously mentally ill in southern Nevada by (1) adding sufficient crisis observation beds and adequate staff to care for the increasing number of patients who need mental health care, including those with co-occurring disorders; (2) adding sufficient in-patients beds and staffing for treatment after patients have been assessed and stabilized at a triage facility, emergency room, or MHDS facility; (3) establish a client data base to provide easy access to available services, track patients through various programs and prevent duplication of services; (4) provide centralized and coordinated case management and outpatient services; (5) contracting with the Program for Assertive Community Treatment to perform personalized, intensive case management; and (6) ensuring that all possible federal funding has been accessed. (Janelle Kraft, Las Vegas Metropolitan Police Department, 5/24/02, and Letter of 7/18/02)**
 - **Establish and fund a mental health court in southern Nevada. (Janelle Kraft, Las Vegas Metropolitan Police Department, and Letter of 7/18/02)**
10. **Draft and send letters to the Legislature's Standing Committees on Judiciary recommending their**

consideration of requesting legislation to amend the statutes pertaining to minors and alcohol. Although current law makes it unlawful for a minor to be purchasing, consuming, or possessing an alcoholic beverage, testimony indicated that law enforcement cannot arrest minors who have already consumed, but are not at the time consuming, an alcoholic beverage. Amend the statutes with provisions similar to the Reno Municipal Code whereby it is unlawful for a person under the age of 21 to “be impaired to any degree by the use of an alcoholic beverage.” The purpose of this amendment is to require that such minors be required to undergo evaluation and possible treatment for alcohol and/or drug abuse. (Based on testimony by Laurel Stadler, Mothers Against Drunk Driving, 3/22/02, and telephone conversation of 8/07/02)

**POSSIBLE STATEMENTS TO BE INCLUDED IN
THE SUBCOMMITTEE’S FINAL REPORT**

11. **Include a statement in the subcommittee’s final report recommending that the Governor and the Legislature approve the necessary state funding to provide Nevada’s Division of Mental Health and Developmental Services (MHDS) with the computer equipment and related software necessary to collect and analyze data regarding suicide rates for MHDS clients and their family members. (Based on testimony by Carlos Brandenburg, 3/22/02)**
12. **Include a statement in the subcommittee’s final report recommending that the Governor and the Legislature support state funding for the Reno Crisis Call Center to establish, in Clark County, a service similar to its existing crisis call center and suicide prevention hotline. (Misty Allen, Reno Crisis Call Center, 5/24/02)**
13. **Include a statement in the subcommittee’s final report recommending that the Board of Regents of the University and Community College System of Nevada (UCCSN), the UCCSN Chancellor, and the President of the University of Nevada, Las Vegas (UNLV) assist in providing university faculty, staff, and students to help coordinate and staff suicide prevention programs in Clark County.**

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

14. **Include a statement in the subcommittee’s final report recommending enhancing community gatekeepers’ education and training by requiring two hours of continuing education in suicide prevention, including identification, diagnosis, referral, and treatment, as a requirement for renewal of license for health care professionals. (Rena Nora, M.D., U.S. Veterans Administration, 5/24/02)**
15. **Include a statement in the subcommittee’s final report recommending that the DHR Health Division’s Emergency Medical Services Program develop a formalized education and training program in suicide prevention for emergency medical services (EMS) managers and personnel. Among other things, the program should raise awareness of EMS personnel at risk for suicide. In addition, the program should provide EMS personnel with a directory of suicide prevention agencies and programs to leave at scenes of trauma. (Based on a recommendation by Ken Riddle, Las Vegas Fire Department, 5/24/02)**
16. **Include a statement in the subcommittee’s final report recommending that Nevada school districts address adolescent suicide by adherence to a theoretical framework which incorporates three levels of intervention: (1) primary intervention – when a suicide occurs; (2) secondary intervention – treatment**

activity with survivors, other students, parents, school personnel, and so forth; and (3) tertiary intervention – suicide prevention activities and programs.

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

(Rita McGary, Miguel Ribera Family Resource Center, Reno, 3/22/02)

- 17. Include a statement in the subcommittee's final report recognizing the importance of including substance abuse and other co-occurring disorders in a Nevada statewide suicide prevention plan. In addition, the statement should recognize that the enhancement of the delivery of co-occurring treatment and services may assist in reducing Nevada's suicide rate. (Bruce Emery, M.S.W., 5/24/02)**
- 18. Include a statement in the subcommittee's final report recognizing that any state suicide prevention program should address the relationship between youth suicide and the use of alcohol and drugs by minors.**
- 19. Include a statement in the subcommittee's final report supporting the work of the President's New Freedom Commission on Mental Health. Also include in the final report a summary of the Commission's findings and recommendations regarding suicide prevention. (Suggested by Chairwoman O'Connell and Senator Townsend)**

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