

MINUTES OF MEETING - ASSEMBLY COMMITTEE ON JUDICIARY, SPECIAL SESSION, 1968, February 7.

Meeting was called to order by Chairman White at 2:00 P.M.

Present: White, Lowman, Dungan, Swackhamer, Schouweiler, Hilbrecht, Torvinen, Kean, Petri

Absent: None

Guests: Dr. McAllister, Mr. Grayson, Mel Close, Mary Frazzini, Mr. McKissick, and about four others unidentified.

AB 7: Amends financial and commitment provisions relating to mental illness and retardation of alcoholics, drug addicts and dependent children. Executive estimate of cost: \$350,000.

Dr. McAllister and Mr. Grayson were present in order to answer questions the committee might have about this bill.

MR. HILBRECHT: What is the present state of affairs of people not convicted or not sentenced but who become mentally deranged? If this bill were to make some provision for them at the hospital what would be the minimal cost?

DR. MCALLISTER: The minimal cost is totally unknown to me. Warden Hocker and others have reviewed the situation and have agreed we do not have the facilities for taking care of these people. Our building cannot be suitably remodeled to guarantee confinement for them

MR. HILBRECHT: In other words, no security ward?

DR. MCALLISTER: Right.

MR. HILBRECHT: No planning for such an establishment outside the penitentiary? What are your plans?

DR. MCALLISTER: The initial period in this kind of confinement could be more economically provided at the prison if they were separated from the regular inmates. I am talking about 15-20 patients. To staff this at the hospital and provide custodial staff is serious additional expense at this time, considering the small number of patients.

MISS DUNGAN: What is medium security compared with security you have for your violent patients?

DR. MCALLISTER: I have been in both sections of the prison and it is several hundred times better than anything we have.

MISS DUNGAN: What about prisoners transferred back to the prison? Were they violent?

DR. MCALLISTER: Some, not all. For us to provide psychiatric help might be a very simple matter but we can't provide security. We are in an impossible situation.

MR. HILBRECHT: No security problem from the standpoint of psychiatry? Just custodial problem?

DR. MCALLISTER: Right. There were too many escapes.

MISS DUNGAN: How many have done that (escaped) in the past?

DR. MCALLISTER: Sixteen months ago, one every week or two. We had more than we should have had.

MR. KEAN: In regard to what it would cost to staff a place like that: Four men around the clock, every day of the week, would take \$36,000 per year, one man on constantly. This is just considering the cost of manning, not considering treatment at all.

MR. WHITE: Doctor, your evaluation is that it is more feasible to staff psychiatrists at the prison than to build facilities to house them at the hospital?

DR. MCALLISTER: I would think so, yes. We would have to build the facility and provide two staffs, one for security and one for treatment.

MR. WHITE: Your present psychiatry staff could not handle them?

DR. MCALLISTER: Yes, if they were where they could be handled in groups, as we treat most of them at the hospital.

MR. WHITE: What is a normal workload for one psychiatrist? Could one handle all the prison inmates that need this help?

DR. MCALLISTER: One psychiatrist would be kept very busy managing the psychiatric prisoners and treating others who need his help but it would probably be no greater than one psychiatrist's load at the hospital.

MR. HILBRECHT: In this facility would the patients be in your charge or a part of the State Hospital? This bill seems to say they would go to the prison. Wouldn't it cost just as much to staff a separate institution as it would to simply supply a few guards for the State Hospital?

MR. TORVINEN: The difference is that a facility would have to be built, problem of capital improvements.

MR. HILBRECHT: You need to build a hospital at the minimal security prison.

MISS DUNGAN: This bill spells out what you feel is going on now. The Superintendent shall provide care and treatment. They are all your charge for whatever reason they are there. Is that right?

DR. MCALLISTER: Yes, and we do not do it adequately.

MR. TORVINEN: Let's back up and take smaller problems first. Person now charged with a misdemeanor and needing psychiatric treatment is transferred to the prison. I can't see where it makes him a different kind of person.

MR. GRAYSON: Can we amend this law to treat these people guilty or accused of a misdemeanor the same as any others?

MR. GRAYSON: The law now says they can be transferred to the prison.

MISS DUNGAN: Why are we amending the act then?

MR. GRAYSON: To make it mandatory.

DR. MCALLISTER: The law now says we can apply to the court to have them transferred to the prison.

Mr. Grayson was asked by Mr. White to go through the bill with the committee.

Section 10 under Section 1 is a definition of "public hospital". We have added a safeguard for getting additional financial support from relatives, etc. before a patient is transferred to any hospital other than a state hospital. Section 13.5 requires some financial arrangement be made to justify permanent transfer to a hospital in the state.

Section 14 has to do with getting the patient to the hospital. The State Hospital has a car that goes around the state every day but it cannot be everywhere at once. This section arranges for transportation to the hospital. Subsection 2 defines a duly accredited officer or agent of the department.

Section 14.5 was put in to cure a problem that is especially bad in Clark County. Any officer could detain and transport to the hospital anyone he thought mentally ill. Officers have been reluctant to do this because they felt a lack of expertise. This section will allow a policeman to act.

MR. CLOSE: Why have you made it the District instead of the court?

MR. GRAYSON: The Legislative Counsel Bureau made the determination.

MR. HILBRECHT: All this is is a warrant of apprehension.

MR. CLOSE: I used to be in the D.A.'s office and I did not want to do this. You have to decide through talking to someone else and may not even see the person yourself. If you have a court order you are somewhat protected.

MR. GRAYSON: Section 18 may possibly be in error. Subsection 3 is to make it comply.

Section 23 adds protection for the person adjudged mentally ill. It arranges for the petition for a hearing.

MR. SWACKHAMER: Is there an adequate definition for "immediately".

MR. TORVINEN: I think we should leave off the three days and let the judge rule whether or not "immediately" has been abused.

MR. GRAYSON: Section 24 arranges for a psychiatrist rather than a physician. It is broadened to include people with some special qualifications to perform examinations.

MR. HILBRECHT: What do you mean by family doctor? Most of us use several doctors.

MR. GRAYSON: Several things are going to have to be changed. I made a number of suggestions that have not been used in this bill.

MR. TORVINEN: It should be someone who has some knowledge of the patient.

MR. GRAYSON: Subsection 2 of Section 24 makes it mandatory for the patient to be present at the hearing.

MR. CLOSE: I have seen many cases where the patient should not be there. To have him there could be a very dangerous situation.

MR. HILBRECHT: Maybe we should hear some other people on this question.

MR. SWACKHAMER: How about the man who isn't so bad and may be being railroaded by someone? If I were being framed I would want to be there.

MR. WHITE: We will have a hearing on this bill.

MR. GRAYSON: Section 25 provides for relatives or friends to retain counsel. There is a limit of \$300 to provide for counsel as in the criminal law. It is on the counties before commitment and on the state after commitment.

There is a requirement that the D.A. shall represent in all emergencies for commitment. We have had D.A.'s refusing to act. It could be extremely one-sided otherwise.

Section 29: We have moved the provision providing for a hearing to ascertain ability of relatives to provide for cost to a later section. The money is to be paid directly to the hospital rather than through state services.

MR. WHITE: How much money are we talking about for private commitment?

DR. MCALLISTER: I don't know.

MR. GRAYSON: Howard Barrett would probably know.

One of the visitors made the statement that Southern Nevada Memorial Hospital has \$50,000 in these bills now.

MR. GRAYSON: Section 30 designates person to appear before the court to show cause for non-payment of costs.

MISS DUNGAN: I would like to ask the doctor where he thinks the mentally ill are getting better treatment?

DR. MCALLISTER: There is no substantial treatment at either place. We do have two charged with crime at the hospital. One is a woman charged with murder who is grossly psychotic. The other is a man charged with lewdness with a minor. We think he is not mentally ill and should stand trial, but while we have him at the hospital we must keep him confined. At the prison there isn't opportunity for these people to participate in other activities where we have to keep them confined.

We do have an agreement with the warden to provide psychiatric care. They are at the prison and are his charges but we do have some responsibility to provide some care. One is getting solitary confinement and sedation only.

MISS DUNGAN: Is this the recommended treatment?

DR. MCALLISTER: No, it is not, but it is all we are able to do at the present time.

MISS DUNGAN: So you need security at your hospital then?

DR. MCALLISTER: Yes, of a kind. We are considering transferring some of these patients to California. This is the warden's decision. Some of these people are too disturbed to be accepted in the California system.

MR. HILBRECHT: You mentioned the plight of the woman who is seriously disturbed. You have obtained an order to transfer her to the state prison. What if the warden refuses to accept her? Will this bill clear this?

DR. MCALLISTER: Under this provision it would be mandatory.

MR. CLOSE: Do you have equally disturbed patients at the hospital?

DR. MCALLISTER: Yes.

MR. CLOSE: Do you give them open treatment?

DR. MCALLISTER: Yes.

MR. CLOSE: Is this woman's crime the reason for her confinement?

DR. MCALLISTER: Yes. She is a prisoner. They come in as a police hold.

MISS DUNGAN: Are you saying the danger arises when the public knows what you are doing? You are prevented from treating the patient the way you want to because of public reaction?

MR. WHITE: Why, then, is a man confined not receiving the same treatment as one in an open ward?

MISS DUNGAN: Why doesn't he get separate but equal treatment?

DR. MCALLISTER: Because we are short-staffed all the way through. Practically all treatment is group therapy. Treating each of these patients would require at least a half-hour. At the prison they could be treated as a group.

MR. GRAYSON: The bill has some clarifications and a very few substantive changes, except for section 50 on page 16.

MISS DUNGAN: Which sections of this law do you deem to be emergencies?

MR. GRAYSON: That depends on your definition of emergency. We feel the law is unworkable at the present time. Most everything in here we feel is an emergency. Perhaps setting the fees is not an emergency but we do have every judge setting them differently.

MR. MCKISSICK: You have two alternatives: First repeal of all of the 1967 law---

MR. GRAYSON: That would be taking four hundred steps backward.

MR. MCKISSICK: If we forget about this bill, what would happen?

MR. GRAYSON: Complete uncertainty both in financing and administration. Something else would have to be done.

MR. WHITE: What are the three sections of this law and what are you accomplishing with each of the different sections?

MR. GRAYSON: I am not sure what you mean by three different sections. I guess if I must divide them into three sections it would be: 1. Fiscal. In 1963 you undertook certain burdens but appropriated no money to take care of them. 2. The Washington, D.C. law was appropriated by the legislature but was not adapted to Nevada needs which are somewhat different. 3. Mental retardation. There is now only one small section for retardation. It is quite different from mental illness.

MR. WHITE: Do you feel the bill is important to your operation? I am asking the doctor.

DR. MCALLISTER: I certainly do. I second Mr. Grayson.

MR. GRAYSON: I took this material to the Legislative Counsel Bureau but many others were involved in it, such as the judges, etc.

MR. HILBRECHT: Since the closing of the regular session I have been called many times by Dr. Schwartz and he indicates that the present bill is a good bill for up here where you have the facilities but not as good for Clark County. In your judgment have you accommodated his requirements or have you considered his problems?

MR. GRAYSON: I have not talked directly with the doctor. I will predict that within 18 months Clark County will have the cottages.

MR. HILBRECHT: So your answer is you don't know.

MR. WHITE: We will have a meeting after the Friday A.M. recess. Dr. Schwartz and others will be here at that time.

MR. MCKISSICK: I have heard the D.A.'s will not enforce this act. Why won't they? Is it true they are opposed to it?

MR. GRAYSON: I have heard of only two criticisms, one about public protector in emergency hearings and the other the claim that no person can be sent to the State Hospital for less than 90 days because the law says they must be examined every ninety days.

MR. WHITE: The committee will meet Thursday afternoon following the commission meeting in the afternoon. It will convene at approximately 3:00 P.M. and will discuss AB 6.

Meeting was adjourned at 3:15 P.M.