

SENATE COMMITTEE ON  
HEALTH, WELFARE AND STATE INSTITUTIONS

MINUTES OF MEETING # 16

MARCH 23, 1973

The meeting was called to order at 8:20 a.m.

Senator Walker in the chair.

PRESENT: Senators Neal  
Drakulich  
Herr

SB 437: Enlarges eligibility for aid to dependent  
children. (BDR 38-1356).

Ms. Ruby Duncan, Welfare Activist from Las Vegas, was first to testify. She asked that the committee consider implementing a program similiar to the AFDC - U or better, the program itself. This is aid to dependent children in homes with unemployed fathers. Funding for this program (AFDC-U) is provided by federal matching funds on a sliding scale, those of the state. This request was justified on the basis that without this program, Nevada is contributing to the destruction of the family unit, since unemployed fathers are often forced to leave their families so that they may qualify for ADC assistance in order to eat. Refer to Exhibit B hereto attached for details.

The next witness was Sister Carole Hurray of the Franciscan Center in Las Vegas. Sister Carole stressed the cost factor in implementing the AFDC-U program which proved to be 7% increase over ADC rolls. Refer to Exhibit B hereto attached for projected and actual figures.

Mrs. Mia Miller spoke, explaining that Nevada's non-participation in the AFDC-U Program was costing the state money. She felt that it would be better to have it under state control. She spoke of the need among the indian people as well.

Ms. Bernice Frankie, President of the Nevada League of Women Voters spoke in favor of this bill also, on behalf of the league.

Mr. Tomlinson, Welfare Department, made reference to AB 180 which has passed both houses (aid to dependent children for medical or remedial expenses, who were attending educational institutions).

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(Refer to Minutes # 3, page 4).

His concern was that the language in SB 437 is contrary to AB 180, and would, since it is a new law, take precedence over AB 180 and wipe out what it did, which was to allow his department to conform with the laws of the Federal Government. He asked that subsection #5 undersection 1 be amended to conform with that of subsection 5 of AB 180, which reads as follows:

### A. B. 180

15 5. "Dependent child" means: [a]

16 (a) A needy child under the age of [16] 18 years, or under the age of  
17 21 years if found by the department to be regularly attending a school,  
18 [and obtaining a passing grade in his studies, until completion of high  
19 school or vocational school.] college or university, or regularly attending  
20 a course of vocational or technical training designed to fit him for gainful  
21 employment, who has been deprived of parental support or care by  
22 reason of the death, continued absence from the home, or physical or  
23 mental incapacity of a parent, and who is living with his father, mother,

81  
82 1 grandfather, grandmother, brother, sister, stepfather, stepmother, step-  
2 brother, stepsister, uncle, aunt, first cousin, nephew or niece, in a place  
3 of residence maintained by one or more of such relatives as his or their  
4 own home; or [in a foster home, group care facility or other care center  
5 or institution.]

6 (b) A child removed from the home of a relative designated in para-  
7 graph (a) after April 30, 1961, as a result of a judicial determination that  
8 continuance in the home of the relative would be contrary to his welfare  
9 for any reason, and who has been placed in foster care as the result of  
10 such determination, if the child was receiving aid to dependent children  
11 in or for the month in which the court action was initiated or would have  
12 received aid to dependent children if the application had been made, or  
13 who lived with a relative designated in paragraph (a) within 6 months  
14 prior to the month in which court action was initiated, and who would  
15 have received aid to dependent children in the month court action was  
16 initiated if he were still living with the relative and application for assist-  
17 ance had been made, provided the custody of such child has been placed  
18 with the welfare division by court order.

His second concern was the fact that there is no fiscal note on this piece of legislation. He felt that the figures presented by Sister Carole were somewhat low.

He then commented on the subject of tax incentive. He stated that there is a set certain number of people that they can place under the program. I.E., not every employee under AFDC-U will be, to the employer, tax exempt. That number is far less than our current recipient case load.

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Further, that there was no mention of this in the Legislative Council Bureau's comment to Senator Brown, or the Finance Committee, and there was no reference given in the submitted budget.

Senator Walker then asked for his comments on SB 426. (Established aid to disabled persons.) This is Senator Raggio's bill.

We are not opposed to this bill, but the problem is now the timing of this bill, with the passage of HR 1 - Public Law #92-603 ...effective January 1, 1974. As of this date, the disabled will get a cash grant from the Federal Government. Funding prior to that causes a two-point dilemma. (a) what amount of money we could pay prior to January 1, 1974, --our current program (medical benefits) is set at \$175.00. Compare this to \$130.00 allowed by HR 1. If the funds were appropriated for this (\$175.00) the situation of law due January 1, 1974 is only \$130.00. So ..anything Nevada would pay above the \$130.00 is purely state funds. The anticipated increase in case load would mean that you would have to make up the difference (\$45.00) for each of 2300 people or up to 4 - 6,000 people from the state treasury - federal funds are not matching in this instance. Afsolution+would be to accept the federal payment level of \$130.00. If we did that, there would be no problem come January 1, 1974. If not, those that received the \$175.00 would be completely cut-off from all funds. Simply, delay the grant program until January 1, 1974, and maintain until that time, the current medical payment of \$175.00. There was no further discussion.

SB 435: Clarifies responsibility for federal problems relating to welfare and assistance.

Mr. Tomlinson commented that this was an administrative bill, which simply states a change of language specifying a single state agency to which the HEW funds are given. It makes it clear that the department (welfare) is a single state agency. Then, on page 2, carries out the fact that the Health, Welfare and Rehabilitation shall carry out the procedures of rules and regulations administered in chapter 7, under the Department of Welfare. There was no further comment.

SB 336: Repeals provisions concerning vending machines for prophylactics. (BDR 40-547)

Mr. George Bennet commented that this bill was introduced by the Pharmacy Board, in attempt to control the quality of this product,

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i.e., to protect the public from the sale of defective goods. But this attempt has proven futile, therefore, requests the repeal of NRS 454.630. The only way the Board could control quality would be to remove the vending machines, and restrict the sale to pharmacies only. But too many objections to that, so not proposing that as an answer.

Senator Drakulich asked if Mr. Bennett would draw up the language for amending this bill, so as to make it workable, to which he replied in the affirmative. The bill was tabled, pending receipt of same.

AB 309 Requires all public school pupils to be immunized against rebeola and other diseases. (BDR 34-67)

Mr. Nash and Mr. Edwards of the Health Department testified in favor of this bill, stating that we now have over 14 children throughout the state in hospitals who are totally disabled and deformed, and will have to remain hospitalized for life. It was pointed out that \$16,500.00 was the total cost of the entire immunization plan, while that will not cover medical expenses for one case alone.

Mrs. Dorothy Button, Nevada Nurses Association, opposed this bill on the grounds that records indicate less than 50% of school age children are not immunized when they reach school age when responsibility is left to the parent.

Mrs. Shirley Wedow, Nevada PTA, supported passage of the bill on behalf of the PTA.

It was pointed out that the problem here was in record keeping. There are approximately 19,000 children per school nurse.

Mr. Nash recognized the validity of statement, and offered a suggestion that volunteer programs be set up to help with the record keeping.

Mr. Albert Wittenberg, Nevada State Assemblyman, spoke in support of this bill as co-sponsor. He made an analogy to polio, and the effect immunization has had on this disease. He felt that rubeola would, if this bill were passed, become as obsolete as polio is today.

AB 309 was tabled pending further testimony.

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SB 511 Provides for qualifications, appointment, powers and duties of certain mental hygiene and mental retardation division personnel. (BDR 39-1283)

Dr. Brown, psychiatrist from Reno, spoke in opposition to this bill, on the grounds that administration should be by psychiatrist - with a psychiatrists' qualifications, but that there was no mention of this in SB 511. He felt that the psychiatrists were being short-changed. Also, if qualified personnel and an upgrading in the field of mental health is to take place in this state, that the salary of psychiatric personnel would have to be raised.

Dr. Montgomery, Director of the Medical Health Counsel, requested more time to review this bill.

Mr. Trounday, Director, Nevada State Hospital, and proponent of this bill, informed the committee that the qualifications as they now stand are too restrictive, and too difficult to meet, making the employment of administrative people near impossible. He felt that since the trend across the U.S. has been to get away from these restrictions, that Nevada should allow it as well.

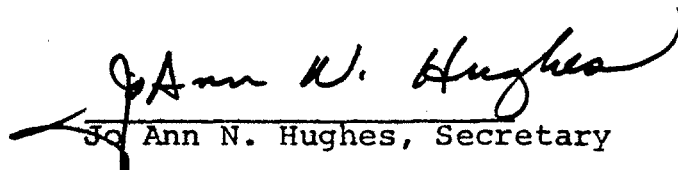
Dr. Gould, Psychiatrist, Reno, Nevada, Professor MacReynolds, University of Nevada, along with Dr. McQueen, University of Nevada, all urged support of SB 511. Refer to Exhibit C hereto attached, for detail of the above testimonies.

Mr. Reveley and Mr. Wedge also testified in favor of this bill, stating that less than 10% of all hospital administrators are M.D.'s.

Senator Walker tabled this bill, re-scheduling set for April 4, 1973, along with SB 274.

The meeting adjourned at 10:45 a.m.

Respectfully submitted,

  
Ann N. Hughes, Secretary

APPROVED:

\_\_\_\_\_  
Lee. E. Walker, Chairman

EXHIBIT  
Agend

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*Sister Carole Hurray*

Mr. Chairman and members of the committee for Health and Welfare,  
I am Sister Carole Hurray of the Franciscan Center in Las Vegas.  
The Center is one of some 20 community organizations of both Northern  
and Southern Nevada interested in Welfare Reform. I thank you for  
the opportunity to speak to you today on S.B. 437 which as you know  
would provide enabling legislation for Nevada to participate in the  
Federal AFDC-U program. This program would provide assistance to  
dependent children in intact families with an unemployed father.  
(As you know, these children get just as hungry as those children  
whose father has been forced to leave the home so that they may  
have some form of assistance--as slight as that might be!) We feel  
this is particularly important since under current Nevada law, a  
father must in fact leave the home in order to obtain State aid  
for his children. (I submit to you articles of such a happening  
in Florida which I am sure could be told many times over here in  
Nevada). While counties do contribute General Assistance to these  
families, at a much lower (and even more unreasonable grant), it is  
with 100% county taxpayers dollars vs. what could be provided through  
a State program with 100% Federal matching funds.

In 1961, the Social Security Act was amended to broaden the  
definition of dependent children to include children--deprived of  
parental support by reason of unemployment of the father. Funding  
for AFDC-U is the same as for ADC...presently, \$22 Federal funds to  
\$10 state funds--50-50 beyond the \$44 grant level.

The program is very limited by Federal requirements making only  
a small, but very important segment of our families eligible--  
those families with a father who:

- 1) Has not been employed 30 days prior to application.
- 2) Has not refused a bonafide employment or training offer;

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# 16 - 3/23/73 *So. Exhibit B* P. 1/2

3) Has 6 or more quarters of work in any 13 quarter period ending within one year prior to application.

Aid will be denied if the father has not registered with the Employment Security Department or if he is receiving unemployment compensation. These eligibility criteria are very rigid and hardly allow so-called "loafer" to abuse the program.

The Nevada Legislative Commission sub-committee for the study of Welfare Laws chaired by Senator Walker, has ranked implementation of an AFDC-U program secondly only to initiation of an Aid to Permanently and Totally Disabled Program in Nevada. Their report states: "Presently, there is no state level program which provides assistance to the intact family. As a result, there is an incentive for family breakup to obtain state aid or the burden is shifted to the county where no federal matching is available." On page 11 of their report, they cite costs at \$900,000 per year. The cost, of course, depends on the average grant to ADC recipients. For an average grant of \$67/person/month, the legislative counsel auditor agreed with our projections and indicated the total costs for the biennium would be 1.3 million dollars--for lesser grants it would be lower.

The Nevada Welfare Department will say to you that it will increase the rolls tremendously! However, you should know that national utilization experiences for the AFDC-U program shows only a 7% increase over ADC rolls. (This is based on national utilization figures as reported by U.S. Dept. HEW, in "Public Assistance Payments" #SRS 73-03-100, Oct. 3, 1972). And using this utilization figure of 7%, the projected case load for 1974 would be 1375, for 1975, and for the biennium, 2819--substantially below even the figure reported by the department at the last legislative session. (See attached copy of projected and actual figures enclosed.)

Even using the Governor's recommended 10% increase in the average monthly grant, (which I find substantially below what any person living in these United States today could live on!), \$20 in state funds, \$22 in Federal funds, this program is estimated to cost a mere \$354,960 in 1974, \$372,720 in 1975 or \$727,680 for the biennium. Compared to some of our programs, this is indeed a modest cost!

For your reference, I submit to you Table 7 indicating ADC caseloads and average grants and also Table 8 showing caseload figures for the 24 states currently participating in the program. As you will note, Vermont most closely approximates Nevada though is substantially higher in average ADC grant (\$66.05/person/month) and thus recipients served.

I also refer you to the Critique done on the Governor's Welfare Budget which you received several weeks ago. The legislative counsel bureau auditors told us that the HEW Regional Office confirmed both our projections and costs for this program for both a \$42 and \$67 average grant. Even Mr. David Thomlinson, Eligibility Director of the Nevada State Welfare Department, indicated in a meeting with the sub-committee on welfare of the Ways and Means that our projections were very near what he calculated--in fact, had no problem with.

I consider this particularly significant because as you see from Welfare Department projections, they are prone to over project. Table 3 shows their projections to the last legislature to be 25,740 for February, 1973 whereas, they only served 14,709 needy mothers and children, deprived of a father.

But, should the need of a poor child not be sufficient to see you on the program, let me indicate benefits to the State of Nevada:

These are:

1) It would provide relief from double taxation now suffered by county taxpayers who find that their county taxes are paying for an increasing case load for county general assistance, which is financed completely from their local tax dollars. Local taxpayers have already contributed their share to Federal programs that can provide more aid by matching state funds with federal funds. ----- case in point--in one peak month in 1971, Clark County served 710 families of unemployed fathers with an average cash grant of \$13. Had this been done under a State AFDC-U program, not only would this have provided a average \$32 average grant for poor people, but would have brought \$19,850 Federal funds into the Nevada economy. Multiply that by 12 to ascertain the amount loss not only to poor people but merchants in the state of Nevada!

2) As noted above, an AFDC-U program would bring more of Nevada's tax money back home to circulate in our local economies and stimulate our economic growth. It has long been established that low income families spend all of their available income on consumers goods available in the local market.--they are not our citizens who fly to Florida or San Francisco to purchase goods from out of state merchants, and in deed pay out of state sales tax!

3) But even more important, maybe, is the tax credit which AFDC-U provides for private employers. The Revenue Act of 1971 (see attached) encourages the private sector to employ AFDC-U fathers by extending them a 20% tax credit for each recipient employed. 20% of all wages paid to a recipient would be directly deducted, dollar for dollar from his income tax liability. Therefore, a recipient hired at the minimum



wage of \$1.65 would actually cost the employer \$1.32 an hour; or another way of saying it--a recipient hired at \$5,000/year would lead to a reduction of an employer's tax payment of \$1,000. (Note per the attached, this tax break is available for the first 12 mos. of employment of recipients certified by the Department of Labor).

4) But again, the most important benefit as far as I can see, is that with AFDC-U, Nevada would begin to contribute to the maintenance of the intact family--a quality heard many times over during this legislative session--and in fact, a tradition upon which America claims to stand. It is in keeping with the recommendations of the sub-committee to Study Welfare Laws and the intent of Congress in passage of the original legislation.

NSJ

Friday, January 26, 1973

# Welfare Aid Seen as Key to Life

# Love May Lead to Divorce

ST. PETERSBURG, Fla. — Mrs. Ruth Thomas has long suffered from the crippling effects of multiple sclerosis, and her husband says he loves her enough to divorce her as the only way to getting money for medical assistance to keep her alive.

Letters of encouragement, many containing donations to help fight the battle, continued to pour in Thursday to a trust fund set up to help Thomas.

The costly expense of the nursing home, running about \$500 a month, had been met

through state welfare assistance. But that aid was cut off in November when the state learned Thomas makes \$550 a month. The maximum income allowed to qualify for aid is \$427.

Thomas saw only one course

of action—divorce his wife, thus making her single, unemployed and eligible for welfare.

"I love my wife and it won't make any difference to me that we are divorced," the steelworker said. "I just thank God she won't have to know about it. She's nothing but a vegetable anymore."

The Thomases have six children, aged five to 30, but only the two youngest still lived at home, and they are now staying with married sisters. He said his children know he loves their mother and understand her condition is so advanced she doesn't know what is happening anymore.

## Divorce sought to regain wife's aid

Associated Press

ST. PETERSBURG, Fla. — Steelworker Howard Thomas loves his dying wife of 32 years, but is suing her for divorce in an effort to regain lost welfare benefits.

"There is no other answer," Thomas said yesterday.

"I'm going to get a divorce in order to help my wife. I love her but I'm at the end of my rope."

Thomas' ordeal began in November when the Florida Division of Family Services, which administers the federal Medicaid program in Florida, cut off the \$117 a month he had been receiving for his wife Ruth, 45, who is confined to a nursing home suffer-

ing from advanced stages of multiple sclerosis.

The couple has six children, two of whom still live at home. Thomas said his grown children don't have the money to help support their mother.

State officials explained, Thomas said, that they had made a mistake 17 months earlier in ruling him eligible for the program. Thomas said he was told that his monthly income of \$550 was \$123 above the maximum amount a person can make and still qualify for Medicaid benefits.

"They said they were sorry but there was nothing they could do," Thomas said.

Without the welfare aid, Thomas

said, he cannot afford the \$500 a month it costs to keep his wife in the nursing home. Thomas said the divorce, which becomes final in about 10 days, will allow his wife to qualify for benefits because she then will be without any means of support.

"I can't help but feel guilty about it, but there was nothing else I could do," he said. "I just thank God she won't have to know about it. She's nothing but a vegetable any more. She can't talk and she can't understand. She's just dwindling away."

Since the aid was cut off, Thomas said, he has amassed a \$2,000 bill with the nursing home and doesn't have the money to pay it.

*Phoenix paper*

SIERRA MENTAL HEALTH MEDICAL GROUP, INC.

LESLIE H. GOULD, M.D., F.A.P.A.  
LINDA MADDEN, M.A.  
W. THOMAS MANAUGH, M.A.

333 West Liberty Street  
Reno, Nevada 89501  
(702) 323-0351

CARSON CITY  
INCLINE VILLAGE  
SOUTH LAKE TAHOE

March 22, 1973

Senator Lee Walker, Chairman  
Senate Health, Welfare, and Institutions Committee  
Nevada State Legislature  
401 South Carson Street  
Carson City, Nevada 89701

Dear Senator Walker:

As Chairman of the Community Committee that consulted with the Division of Mental Hygiene and Mental Retardation about legislative proposals, I would like to report the recommendations of that Committee.

The Committee consisted of the following people:

Leslie H. Gould, M.D., Psychiatrist in private practice  
Donald A. Moide, M.D., Psychiatrist in private practice  
Richard Lewis, Ph.D., Clinical Psychologist in private practice  
DeWitt (Bud) Baldwin, M.D., Psychiatrist, School of Medical Sciences, University of Nevada  
Robert McQueen, Ph.D., Assistant Dean, Arts and Sciences, University of Nevada (Clinical Psychologist)  
Loren Belknap, MSW, Chairman, Department of Social Services and Corrections, University of Nevada  
Gwen O'Bryan, Ph.D., Program Coordinator, Division of Mental Hygiene and Mental Retardation  
Roger S. Trounday, Director, Department of Health, Welfare and Rehabilitation

Dr. O'Bryan and Mr. Trounday served as consultants and did not vote.

In considering the positions of Administrator of the Division of Mental Hygiene and Mental Retardation and the Director of the Nevada Mental Health Institute, we unanimously agreed that the qualifications should be broadened to include both medical and non-medical professionals. This would make it possible to consider many more persons who have the ability to serve the State in these positions but who cannot now be considered qualified because they do not meet the present restrictive requirements. In eighteen years

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31--1

Exhibit C

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of practice as a psychiatrist in this community, I have known two occasions when, because of restrictions in the law, only a handful of professionals could be considered for these positions.

I strongly endorse this legislation.

Respectfully yours,

LESLIE H. GOULD, M.D.

cc: Roger S. Trounday, Director  
Department of Health, Welfare and Rehabilitation

LHG/kd



Mr. Chairman and Members of this Committee

I am Paul McReynolds. I am Professor in the Department of Psychology and Professor in the Division of Behavioral Sciences in the Medical School at the University of Nevada, Reno.

First of all, I want to thank this Committee for the opportunity of appearing before it in support of Senate Bill 511.

This bill, in my opinion, should not be deemed as controversial. Its purpose is to contribute to the development of programs for mental health and mental retardation in Nevada. It would do this by increasing the latitude within which the Department of Health, Welfare and Rehabilitation may select the administrators for the mental health and mental retardation programs, while at the same time <sup>retaining the</sup> clearly specifying <sup>medical</sup> traditional relationships between physicians and patients in the direct treatment of patients.

The change which SB 511 will bring about is sound administrative practice. As evidence of this, I would like to summarize the policies of the Veterans Administration of the U.S. government. The Veterans Administration operates the largest health care delivery system in the western hemisphere.

The national policy of the Veterans Administration is to select the best qualified persons as administrative heads of its various health facilities, without requirements as to a particular degree or a particular profession.

For example, the heads of the V.A. Hospitals are called Hospital Directors. Directors may be either M.D.s or non-M.D.s, but most are non-M.D.s. For example, in the Western Region of the V.A., which includes 10 western states, there are 31 hospital facilities. 21 of these, including the hospital in Nevada, have non-M.D.s as Directors, and 10 have M.D.s as Directors. As any given Directorship becomes vacant,

the Veterans Administration appoints the person best qualified of those available without respect to his degree.

The V.A. also operates a large number of Mental Hygiene Clinics. The heads of these are termed Chiefs. I have here a copy of the official V.A. regulations on the qualifications required for the Chiefs of these Clinics. <sup>And</sup> I quote:

[The Chief of each Mental Hygiene Clinic will be [an appropriately qualified member of any of the mental health professions who will be responsible for the formulation and general supervision of administrative activities inherent in the professional programs of the mental hygiene clinic. Any person serving as chief shall not remove himself from clinical activities within the area of his own discipline. The] basic staffing unit will consist of a psychiatrist, a clinical psychologist, and a social worker, with supporting clerical and stenographic personnel adequate to maintain records and correspondence and other duties. Additional personnel such as counseling psychologists, PM & R therapists, psychiatric nurses, EEG technicians and appropriate categories of trainees will be assigned to mental hygiene clinics according to patients' and training needs.

In addition to both general medical and psychiatric hospitals in the V.A., appropriate professional persons, other than M.D.s <sup>but including MDs,</sup> may also be <sup>and</sup> currently are-- administrative heads of V.A. Day Hospitals, Day Care Centers, Restoration Programs, Alcohol Rehabilitation Programs, and Drug Abuse Programs.

So much for the V.A. Another large <sup>about the country</sup> program is that of the ~~large~~ system of Community Mental Health Centers ~~around the country~~ supported in part by local <sup>Department</sup> funds and in part by U.S. Health, Education and Welfare <sup>Department</sup> funds. The regulations of

these Centers also provide for either M.D. or non-M.D. professionals as administrative heads.

These various data, and particularly the extensive experience of the Veterans Administration, make it quite clear that it is possible to have the advantages of being able to select administrative heads of large mental health and mental <sup>retardation</sup> ~~hygiene~~ agencies from a wide list of professions, while at the same time maintaining the essential relationships of direct medical responsibility for the medical care of patients.

I thank you.

Paul McReynolds

*Director of Res.*

Mr. the Gov

S.B. 511

STATEMENT

# 16 - 3/23/75

As a member of the Committee that worked out the qualifications for the Directors of the Division of Mental Hygiene and Mental Retardation and the Mental Health Institute I felt we were all motivated by two principal concerns. The first one was to prepare the State against the day when it would need to fill each of these positions with a new person. Since, no matter how competent an incumbent may be, nor how meritorious his service has been, his place must someday be taken by another and the State should be well prepared. Our second concern was to create a larger pool of qualified candidates for these two positions. This latter objective was what prompted us to broaden the range of professional fields from which candidates could be drawn to include the fields of medicine, psychiatry, psychology, social work and education. Our reasons for settling on those choices were that each of these disciplines are currently producing mental health professionals of exceptional merit and ability. And, from each of these fields are also emerging Administrators of great skill and talent. We felt very strongly that we should not so restrict or limit the qualifications for the positions that we would arbitrarily place any of these important talents beyond reach. For my own part, after working closely with all of the incumbents of these two positions over the last dozen years, it seems abundantly clear that the principal demands placed upon them are administrative ones. The job requirements are not basically psychological, nor medical, nor psychiatric, nor educational. They turn out, in fact, to be a little bit of each. - but mainly the work load carried by the people who occupy these offices is administrative. One finds that the day-to-day and week-to-week problems with which they must deal are ones of personnel



management, budget preparation, program development and the execution of policy. What the persons in these positions actually do is really not all that different from what occupies a college dean, a superintendent of schools, a university president or the director of a large social agency. What all of these people fundamentally have in common is that they are administrators. Finally, what makes this recommendations so relevant today is that the arena of mental health is shared by professionals from many cooperating disciplines. The proposed law, as it is now written, affords the State of Nevada the freedom to avail itself of the administrative expertise to be found in all of the professional fields that have a stake in mental health.