

HEALTH, WELFARE AND STATE INSTITUTIONS

Minutes of Meeting - April 11, 1975

The twentieth meeting of the Health, Welfare and State Institutions Committee was held on April 11, 1975 at 12:00 p.m. in Room 323.

COMMITTEE MEMBERS PRESENT: Chairman Lee E. Walker
 Senator Neal
 Senator Gojack
 Senator Herr
 Senator Young

OTHERS PRESENT: See Exhibit A

A.B. 108 - Revises child abuse and neglect statutes.

Mr. William LaBodie, State Welfare, spoke in favor of this bill and advised that in order to qualify for funds which are now available, they need to have this bill passed by April 18th. The bill, as it is written, will qualify them for this funding.

Gloria Handley, State Welfare, advised that the bill requires that guardians be appointed by the court in any circumstances involving child abuse; the present law does not do this.

Senator Gojack asked what the funds would be used for; Ms. Handley advised that it would make it possible for the State to employ someone as a coordinator for child abuse activities - all cases would be reported to that person.

County welfare expressed concern that this would be additional costs charged to the counties.

The committee agreed to continue discussion on this bill on Tuesday, April 15, in order to obtain further testimony from the counties as well as a copy of the state's proposal with all the requirements.

S.B. 374 - Enacts the Nevada Mental Health and Mental Retardation Law.

Mr. Bob Broadbent advised that the Nevada Association of County Commissioners, and more particularly Clark County, cannot find much to fault with the bill except that it will be an additional burden on the counties for indigent care. Mr. Broadbent further commented that there is legislation limiting the amount of money the counties can spend on indigents. They feel that if the state decides to expand the services, the money should come from the state. See Exhibit B for information from Barbara Brady.

Margaret Knous, White Pine County Welfare, stated that their county, as well as every other county, cannot afford this legislation (See Exhibit C for letter from White Pine County Commissioners).

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Kazuko Nojima, Churchill County Welfare, spoke in opposition of the bill and advised that they cannot afford this additional cost.

Marguerite M. Turreuil, Elko County Welfare, supplied the committee with copies of letter from the Elko County D.A. (see Exhibit D) and advised that they cannot afford this legislation.

With respect to Barbara Brady's testimony on April 8 advising that Dr. Dickson's estimated cost to the counties and her estimates did not coincide, Dr. Dickson advised that he has rechecked the figures he had previously given the committee and found these figures to be correct. (See Exhibit E for cost estimates to the counties).

Senator Herr expressed concern with the 10-day residency referred to on page 7, lines 6-12 of the bill.

Doris Carpenter, Washoe County Welfare, expressed concern with the impact this legislation would have on the counties. In using the figures that Dr. Dickson presented, Mrs. Carpenter feels that Washoe County would have to find an additional \$1,000,000 to implement this bill. To obtain this figure, Mrs. Carpenter advised that she used 116 people, took 65% indigency, and came up with 1 1/2 million dollars. (The figure of 116 is a total of Washoe County patients on a given day).

Mr. William Hadley, Washoe County D.A., feels that the care of the indigent is the responsibility of the state, since they are the best equipped to take care of this problem. With respect to the 10-day residency problem mentioned by Senator Herr, Mr. Hadley feels this is a problem in that it may be unconstitutional. Mr. Hadley further referred to Section 102 and feels it should not be the responsibility of the district attorney to appoint a guardian. Section 123 and the wording "agreeable financial arrangements" on line 24, page 25, seems to Mr. Hadley to be grossly improper, if not illegal. Mr. Hadley referred to Section 125, page 25, line 42, and feels that "may" should be changed to "shall". Mr. Hadley and Mrs. Carpenter agreed that Section 131 was very vague - this should be either rewritten or deleted. With reference to Section 151, page 32, line 11-12, which states that it will be a charge upon the county of last known residency, Mr. Hadley stated that this is the most objectionable portion of the entire bill. Subparagraph 2 of this section seems to be in conflict with Chapter 432 which states that the state is responsible for handicapped children.

Barbara Brady stated that she does not know where they would get the money for this. With reference to Section 124, Ms. Brady feels that the way it is now written, it could later be interpreted to mean out patients. The intent of the Division was only for in patients, but their D.A. does not feel that it reads this way.

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Janice Ayres, State Executive Director for Nevada Mental Retardation Association, stated that philosophically the Association supports this bill. They would like to see mentally ill persons in a less restrictive setting than the Institute. Ms. Ayres referred to page 2, lines 24-30 and stated that the counties are not using these facilities that are available within the counties. Ms. Ayres further stated that the patients should be able to look at their records. Ms. Ayres feels that there are more commitments being made to the Institute than need to be made. The Association is in favor of a person, if he has voluntarily committed himself, can also release himself.

Mrs. Carpenter stated that as a county agency, she knows of only 3 people at the Mental Health Institute that they have been actively involved in committing.


Barbara Brady advised that in Clark County they have a problem with the group care homes not being able to handle many of the patients. They are asking if the group care homes in Washoe County could take some of these patients.

The meeting was adjourned at 2:00 p.m., and hearing on S.B. 374 is to be continued on Tuesday, April 15, 1975.

Respectfully submitted,


Sharon W. Maher, Secretary

APPROVED:


Lee E. Walker, Chairman

ROOM # _____

DAY _____ DATE _____

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NAME	ORGANIZATION	ADDRESS
W. J. J. J. J.	Welfare	C.C.
Thos. Hindley	Welfare	C.C.
Frank Holzner	Dist. Human Assoc.	C.C.
Peter T. Lomb	Atty Gen.	RNO
Claudia Ferretto	MH-MR	Reno
Chuck Dickson	MH-MR	Reno
Jerry H. Mangum	MH-MR	Reno
Gwen O'Brien	MH + MR	Reno
Larry Oakley	MH + MR	Reno
Harry C. Gurns	MH-MR	Reno
Thom C. Bess	Mental Health Institute	Sparks
Regina Maynard	Churchill Co. Welfare	Fallon
Margaret A. Townsend	Elko County Welfare	Elko
Margaret Knous	White Pine Co. Welfare	Ely
Bob Broadbent	Nev. Assoc. of Co. Comm.	Boulder City
Mara Stapleton	UNR	Reno
John R. Kimball	member adv. comm. 16 counties aging	C.C.
Richard Dunker	County of Clark	C.C.
Jack Miller	DMH + MR	Reno
Ray Howard	DMH + MR	
Miss Carpenter	Washoe Co. Welfare	Reno
Wm. J. Halley	Washoe Co. District Atty.	
Julia Kronberg	Nevada Pharmaceutical Assoc.	Carson City

Clark County Social Service

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DAVID B. HENRY
County Administrator

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BARBARA J. BRADY
Social Service Director

Clark County is presently spending over \$150,000 for psychiatric care both for in-patient care at Southern Nevada Memorial Hospital and for medication for indigent clients receiving out-patient services at the Las Vegas Mental Health Center. Clients are admitted to Southern Nevada Memorial Hospital prior to a court proceeding and Clark County pays anywhere from \$600 to \$1,000 for each period of hospitalization.

Clark County is not in agreement with some of the present procedures and policies of the Department of Human Resources. For example, in Washoe County the patients are admitted directly for their court proceedings to the Nevada Mental Health Institute at no expense to the County. Voluntary patients are also admitted directly, again at no expense to Washoe County. Therefore, it is costing Clark County more monies for psychiatric care than the other counties.

It is not unusual for a patient to be at Southern Nevada Memorial Hospital for a number of days and then after the court commitment be transported to the Las Vegas Mental Health Center only to be released or to walk away within a few hours or days. Often the same client will then be re-admitted to Southern Nevada Memorial Hospital within a few weeks, or at the most, months.

We have some dissatisfaction with the coordination for discharging of indigent clients with the County Agency that is to be responsible. We question whether it is often conducive to the patient's best interest and we also at times question that follow-up care for clients with emotional problems is in their best interest.

S.B.374 seems to give the County the bill for the services that the Department of Human Resources offers but no input into the program.

Clark County cannot afford the expenses that S.B.374 will cost. I cannot come up with a complete figure for several reasons. One, we are not sure how many will be considered indigent as the State will decide this. Nevada Mental Health Institute did not have statistics available to determine how many Clark County residents are in that facility. An estimated cost at the Division's facilities can be determined however the price of private hospitals could vary. The number of patients who might go to private hospitals is also undetermined.

Section 124 seems to indicate the counties would be responsible for out-patient care as well as for in-patient care and for all ages. The cost

B

for out-patient care is most difficult to determine because we do not know the present financial condition of the out-patient population. Nor do we know what criteria the State would use in determining the clients' abilities to pay.

The following would be a minimum prediction of what in-patient charges would be at Las Vegas Mental Health Center, Nevada Mental Health Institute, and the Mental Offender Facility. It does not include out-patient services at Las Vegas Mental Health Center, Henderson Mental Health Center or Children's Behavioral Services nor at Southern Nevada Mental Retardation Center, private hospitals or out-of-state hospitals. It does not include what changing the term "retarded children" to "retarded persons" might cost the County as we do not have the figures on how many retarded persons would require County help.

S.B.374 changes residence from one year to ten days. This would be almost everyone receiving treatment or care from the Division would be a resident of some Nevada county. This, too, adds expense for the County.

Las Vegas Mental Health Center

In-patient \$75.00 a day by 7/75 plus \$17.44 per psychiatrist visit, average three a week. Partial hospitalization cost \$19.84 per day.

Adolescent - average number of patients per day 73-74 - 9.73
 Adult - average number of patients per day 73-74 - 19.15
 Partial Hospital - average number of patients per day 73-74 - 10.19

Percent of indigent is based on experience County has had:

Adolescent - 75% Indigent
 Adult - 85% Indigent
 Partial Hospitalization - 60% Indigent

For 1976-77 a 12% increase has been added.

	<u>Number</u>	<u>1975-76</u>	<u>1976-77</u>
Indigent Adolescent	7.3	199,837	223,818
Indigent Adult	16.28	445,665	499,144
Psychiatrist	23.58	64,153	71,851
Partial	6.114	<u>44,275</u>	<u>49,588</u>
Las Vegas Mental Health Center TOTAL		753,930	844,401

Nevada Mental Health Institute

The number of Clark County patients at Sparks is undetermined. The daily number of patients is 326. There are fewer Clark County patients there because of the Las Vegas Mental Health Center. However, there is still a sizable Clark population

for several reasons. For example, the Alcoholic ninety-day program is at that facility. Some patients are directly committed to Nevada Mental Health Institute by the courts. With residency being reduced from one year to ten days this should increase Clark County resident numbers. The prediction which may well be very low, is 25% of the 326 of Clark County residents or 81.5. The daily rates of \$45.20 and \$46.27 are based on the Governor's recommended budget.

	<u>Number</u>	<u>1975-76</u>	<u>1976-77</u>
Nevada Mental Health Institute	81.5	1,344,587	1,376,417

Facility for Mental Offender

A new program that will have thirty-two patients predicts 65% will be Clark County residents or 20.8. A rate of \$46.66 and \$48.42 again is based on the Governor's recommended budget.

	<u>Number</u>	<u>1975-76</u>	<u>1976-77</u>
Facility for Mental Offender	20.8	354,242	367,605

The total cost for in-patient care and partial hospitalization of these three facilities would be \$2,494,659 for 1975-76 and \$2,625,351 for 1976-77. If we even predict that it will cost Clark County a fourth of the programs of out-patient care at Las Vegas Mental Health Center, at Henderson Mental Health Center, and the Children's Behavior Services, the following figures would be appropriate. However, this seems very low to me and probably a better prediction would be at least a third and possibly even one-half.

	<u>1975-76</u>	<u>1976-77</u>
Las Vegas Mental Health Center 1/4 of cost	237,482	253,698
Henderson Mental Health Center 1/4 of cost	46,022	47,541
Children's Behavioral Services 1/4 of cost	130,503	130,078
	<u>414,007</u>	<u>431,317</u>

It is therefore predicted that the least the cost for just mental health programs would be to Clark County would be three million and most likely much more. If there are many additional costs because of the prediction of low numbers of patients plus costs for mental retard persons. then S.B.374 would easily cost Clark County more than five million dollars.

Since most all patients will have ten days residence in one of the seventeen counties of Nevada the money in the State budget for mental health will be almost all county money. The central administration cost would still belong to the State until they could figure a way the counties could pay for that. The county money, the private patient's money plus some Federal monies, especially at Las Vegas Mental Health Center, will put the Department in good shape while the counties get more and more of the burden but no more ability to pay.

Barbara J. Brady
 (Mrs.) Barbara J. Brady, A.C.S.W.
 Social Service Director

Clark County Social Service

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BARBARA J. BRADY
Social Service Director

ADDENDUM TO REPORT ON S.B.374

In this addendum I would like to address myself mainly to Sections 124 thru 131, especially in relationship to what Dr. Charles Dickson related on 4/8/75. According to Dr. Dickson, Section 124 refers only to in-patient clients. However, after reviewing again with the District Attorney's Office, this may be the intent but it appears that it refers to all the Division's facilities. To quote, it says: "When a person is admitted to a private hospital or a Division mental health facility under the provision of this Chapter." However, according to 433.0082:

1. "Division facility means any unit or sub-unit operated by the Division for the care, treatment and training of clients.
2. The Division facilities providing mental health services shall be known as:
 - a. Nevada Mental Health Institute
 - b. Las Vegas Mental Health Center
 - c. Henderson Mental Health Center
 - d. Reno Mental Health Center
 - e. Rural Clinics
 - f. Children's Behavioral Services
 - g. Mentally Disordered Offender Program."

It is often the intent of a bill to do something that because of its language, it does not do it. We have no assurance that Dr. Dickson will remain the Administrator for as long as this Bill is in effect nor do we really have any assurance that the intent will remain as it is presently indicated.

Two under Section 124, explains who the county will be responsible for and since the residency has been changed from one year to ten days, this can mean even visitors to Las Vegas who might wind up staying more than ten days or people passing through would become the responsibility of the county for perhaps a long period of time.

Section 125 states that: "The Administrative Office of the Division of Mental Health shall cause an investigation to be made in order to determine the ability of the responsible party to pay the cost of the treatment or portion thereof." What does this actually mean. Will the Division be

setting up a welfare-type investigation and, if so, how much additional staff will this cost, which in the long run, will cost the counties as it will be added to the daily rate per patient. If they do not then what assurances do the counties have that the patients are indigent. This will mean that the counties will have to investigate afterwards and then try to collect. This type of procedure makes collecting much more difficult as people feel if the State would determine them indigent therefore the counties should also and they resist paying even more than they would resist paying the State.

Under Section 126, it indicates that if a person can pay any of the fee that the Division sets, he will do so otherwise, as it states in Section 127, the counties will be responsible for the full cost. Dr. Dickson indicated that the minimum fee perhaps could be \$1.50 per day. Of course, this is quite possible but it seems improbable that if a person has only an excess of \$1.50 a day the State would ask him to pay that rather than to declare him indigent as we are possibly only talking about someone with a \$1.50 a day over a twenty-one day period. But based on Dr. Dickson's declaration that only sixty percent of the in-patients are indigent and based on the figures that he has said were the costs at the various facilities at present, I can still not come up with the figure of only \$650,000.

Dr. Dickson stated that at the Las Vegas Mental Health Center the cost is \$72.00 a day plus the psychiatrist's visit of \$17.44 which each patient averages three times a week. Based on these charges and a sixty percent rate of indigent patients, I find that the Las Vegas Mental Health Center alone would cost Clark County \$546,755. My information regarding Nevada Mental Health Institute was possibly too high in my first report. In trying to be more fair and more accurate, I have revised the figures based on Dr. Dickson's indications and find that we probably are averaging seven indigent alcoholics and around twenty other indigent patients at Nevada Mental Health Institute. Based on \$41 per day, I find that it would cost Clark County \$404,055 at the Institute. Then based on, again, Dr. Dickson's figures for the Facility for the Mental Offender if we take sixty percent of those Clark County clients admitted there as indigent, a figure of \$187,063 would be appropriate. However, in that facility, I would really assume much more than sixty percent would be indigent.

Las Vegas Mental Health Center

	<u>County Patients</u>	<u>Cost</u>
Adolescent	5.84	\$153,475
Adult	11.49	301,957
Psychiatrist	17.33	47,149
Partial Hospitalization	6.1	44,174
		<u>\$546,755</u>

Nevada Mental Health Institute

Alcoholic	7	\$104,755
Other Mental Patients	20	299,300
		<u>\$404,055</u>

Facility for Mental Offender

<u>County Patients</u>	<u>Cost</u>
12.5	\$187,063

Total cost for all three facilities ----- \$1,137,873.

But basing it on the figures that Dr. Dickson has presented, we in Clark County still come up with a total of \$1,137,873. This does not take into consideration any services at the other facilities and, as Children's Behavioral Services may be having in-patient cost relatively soon, I am sure this would be at least another charge to the County.

Section 129 indicates that the State could take the county to court if payment was not made. Since the county's Indigent Fund is limited by law on how much can be expended the counties are going to be illegal any way they go as I do not believe there is one of the seventeen counties that can afford this Bill but certainly Clark County will be illegal one way or the other. At the end of this Fiscal Year, Clark County's Indigent Fund will be almost completely depleted. Some of the services that we now offer for indigent care should be expanded as our guidelines are based on old OEO Poverty Lines but because of our inability to put money in the Indigent Fund, we therefore, cannot raise the standards for what is considered indigent in Clark County.

Section 131 provides that the client's estate cannot be drawn upon if it would likely make him a financial burden to the community after his discharge so he will therefore be a financial burden to the county while in the hospital. Either way, the burden falls upon the county.

There are many other items in this Bill that may be detrimental to the county and perhaps even to the client. However, I would like to point out only one more in this report and that is Section 142, where it changes "retarded children" to "retarded persons." Though it is quite clear in other areas that the divisions will support them when they are in their division facility, what happens when they are in private hospitals or private programs. There are a couple of private organizations now that do have programs for the mentally retarded person and though if the county so desired at present to contract for some of the services they provide, would the county later perhaps have to contract for these services which up to now have been provided for by the private sector of the community.

I certainly hope the Committee will consider not passing S.B.374 in its present form as counties will not be able to fulfill the obligation this Bill would place upon them.

Barbara J. Brady
(Mrs.) Barbara J. Brady, A.C.S.W.
Social Service Director

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 F. DEAN BRUNSON
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Board of County Commissioners

WHITE PINE COUNTY
 ELY, NEVADA 89301

April 10, 1975

Nevada State Legislature
 Committee on Health, Welfare and
 State Insitutions
 Carson City, Nevada 89701

Re: SB-374

Dear Committee Members,

White Pine County, as every other county, cannot afford any legislation which will cause additional costs to them at this time of economic crisis. Even if it were good legislation the counties cannot possibly assume additional obligations. In a case such as SB-374, there is no way they could undertake the additional costs to the county.

As to the way the bill is written -- allowing the Administrator, and/or his designee to determine the indigency of the counties patient-client it is, by law, not the said agencies' duty, and rightfully so, to ascertain the indigency of the counties own people.

That portion of the bill, (section 171), pertaining to community mental health centers with regard to the locally controlled County Mental Health Advisory Boards, and Governing Body, appears to be fundamentally acceptable at this time. However, it seems inexplicable that the bill at this point recognizes, and indeed encourages, local control whereas all of the preceeding portions of the bill give total power and control to the Administrator and/or designee of the Mental Health facilities.

Therefore, the White Pine County Board of County Commissioners goes on record as being opposed to SB-374 as now written.

F. DEAN BRUNSON
*Bonding Commission
 Employee Relations
 Library Board
 Town Boards
 Welfare - Health*

DOUG HAWKINS, Chairman
*Fair - Agriculture
 Golf Board
 Parks & Recreation
 Hospital Board
 Swimming Pool Board*

RAYMOND URRIZAGA
*Airport
 County Roads
 Game Management
 Museum Board
 Planning & Zoning*

Sincerely yours,

BOARD OF COUNTY COMMISSIONERS
White Pine County State of Nevada

By: *James H. ...*
Chairman

By: *...*
Member

By: *L. Dean ...*
Member

OFFICE OF DISTRICT ATTORNEY

Elko County Courthouse

Elko, Nevada 89801

Telephone (702) 738-3101

ROBERT C. MANLEY
District AttorneyGARY E. DIGRAZIA
Assistant District Attorney

April 11, 1975

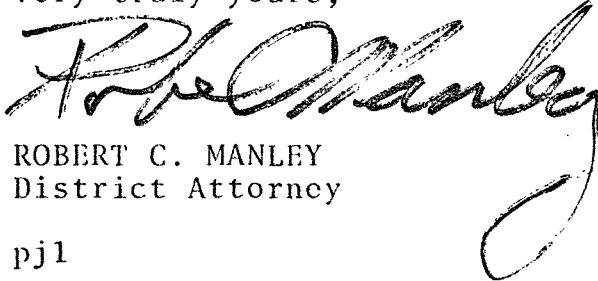
Senator Lee Walker, Chairman
Committee on Health, Welfare and State Institutions
Legislative Building
Carson City, Nevada 89701

Re: SB 374 (Enacts the Nevada Mental Health and Mental
Retardation Law)

Dear Senator Walker:

In our opinion SB 374 has some commendable provisions including Sec. 50 on patient's rights. However, we are seriously concerned about the impact of the determination of indigency (Sec. 127) on the county's resources. This is particularly so considering Sec. 45 of the Bill requiring only 10 days presence for "residence" for the purpose of the Bill. We recognize that the developing case law has seriously narrowed the possible requirements with regard to residency, especially in the health and welfare area. However, the short residency period coupled with the provision for county payment for indigent patients would be a heavy burden. The Bill allows little participation by the county in the determination of indigency. We oppose the entire Bill unless the afore mentioned burden can be eliminated.

Very truly yours,



ROBERT C. MANLEY
District Attorney

pjl