MINUTES

WAYS AND MEANS COMMITTEE

NEVADA STATE LEGISLATURE - 59th SESSION

February 11, 1977

The meeting was called to order by Chairman Mello at 7:00 a.m.

PRESENT: Chairman Mello, Mr. Bremner, Mrs. Brookman, Mr. Glover, Mr. Hickey, Mr. Kosinski, Mr. Serpa and Mr. Vergiels.

EXCUSED: Bode Howard, due to illness.

OTHERS PRESENT: John Dolan, Assembly Fiscal Analyst; Bill Bible,
Budget Division; Roger Trounday, Director of Human Resources; Dr.
Charles Dickson, Administrator - Mental Hygiene/Mental Retardation;
Dr. Gwen O'Brien, Deputy Administrator - MH/MR; Thomas Piepmeyer,
N.M.H.I.; Dr. Jack Mayville, Administrator, CBS, Washoe;
Robert Robert Hiller, Lakes Crossing; Assemblyman Bob Weise; Assemblyman
Dean Rhodes; Dr. Larry Miller, S.N.M.H.C.; Joe Burnett, C.B.S., Clark;
Dr. David Luke, Henderson Mental Health Center; Jack Middleton; Susan
Haase; Fledia Sardelli; Frank Weinrauch; Marilyn Orr; Roger Glover,
Rural Clinics; Frank Gross; Bob Keiffer, Reno Mental Health Center;
Reverend Jerome Blankinship and others (please see attached Guest
List).

DIVISION OF MENTAL HYGIENE/MENTAL RETARDATION. Dr. Dickson stated before the beginning of this decade, the Division of Mental Hygiene/ Mental Retardation consisted of very few people giving out-patient services in Las Vegas, about three or four therapists giving outpatient services in Reno, Dr. Dickson and several other Clinicians trying to give mental health services to rural Nevada and the Nevada State Hospital (a place where people were dumped when they were at odds with their community or seemed very disturbed). There were minimal services until the beginning of this decade for our citizens who were retarded and there were no services for children in Nevada. In the past six years with the support of Governor O'Callaghan and the 1971, 1973 and 1975 Legislatures, Nevada has now developed a model mental health program for children and is in the process of completing the most comprehensive program for mentally retarded persons in the nation. The Nevada State Hospital has been in a gradual and often painful period of change from an antiquated and custodial prisonlike environment. When this change is completed, the institute will be a warm, attractive, homelike setting in which people can be treated with dignity and respect. Dr. Dickson commented on the staff at the institute which has worked under very difficult circumstances during this re-building of the campus and the treatment approach.

There are four areas in Nevada in Mental Health/Mental Retardation that are seen as model programs nationally. One is the program for the children which is now in operation in Las Vegas and beginning to be in operation in Reno. Dr. Dickson will be asking for more services in Reno. Lakes Crossing, the program for mental offenders, is seen as a model program and other states frequently visit Lakes Crossing to copy the program. The progressive program for the retarded is seen as a model program by the American Association of Mental Deficiency. Finally, progressive legislation was passed by the 1975 Legislature which insures treatment of all clients in Nevada while protecting their freedom and respecting their dignity.

Dr. Dickson stated that he is asking the Committee for resources to continue the philosophy of community mental health services and

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community oriented services for retarded citizens.

There are eight existing positions in the administration budget and no vacancies.

Dr. Dickson stated that he requests a Psychologist under new positions. He stated that there is no question if they have someone writing grants (the Psychologist), they can bring in federal money or money from foundations. An example of why they need the Psychologist to write grants is in the last part of August, the Management Training Division of the National Institute of Mental Health called Dr. Dickson and said please get in a grant on Management Training within the next two weeks. They did not have the manpower to write a grant and get it in. The National Institute of Mental Health then asked Dr. Dickson if he would review the grants that were in and visit sites which he did. Eight grants were put in to the United States. four of them were not done well enough to be funded. Four grants were funded and a half million dollars per year was left over. It was a case of their not having enough manpower to write the grant to get the money.

The other position the Governor is recommending is a legal secretary for the Deputy Attorney General. The Deputy Attorney General now has lawsuits pending for collections totaling \$175,000. There have been judgments in the past two years totaling \$20,000 in favor of the state and settlements totaling \$49,000 favorable to the state. In addition, the Deputy Attorney General is defending five lawsuits valued at approximately \$1,600,000, which could be detrimental to the state. We are unable to do the work to support this lawyer, and therefore request the legal secretary.

The Governor is recommending \$10,000 in in-state In-state travel. This is to be used for the Governor's Advisory Board that travel. must meet by statute four times yearly. In addition, they end up having special meetings. Dr. Dickson estimated that amount to be \$4,000. The Board is made up of 11 members from throughout the In addition, the Governor's Advisory Board has statutory responsibility to review any denial of the rights of any client concerning treatment they receive in any of the programs. They have monthly meetings, usually on a regional basis, of sub-committees. Dr. Dickson estimated that cost to be \$400.00. Dr. Dickson would like to have four meetings a year for all the directors throughout the state. The cost for those four meetings is \$2,400. Dr. Dickson would like to be able to visit all rural areas at least twice a year. That would cost \$600.00. There is a Human Service Educator who would provide some training in the rural areas. Trips by the Human Service Educator would cost \$600.00. For staff members' travel to Clark County and rural areas to do evaluations, planning and personnel assessment would cost \$1,300. If Dr. Dickson travels to Clark County at least six times a year, that cost is estimated at \$600.00 per year. The Deputy Attorney General almost has to travel in order to defend potential lawsuits to Clark County a number of times per year. That cost is estimated to be \$1,800 and the use of private vehicles and local travel is \$2,200.

Dr. Dickson stated that the WICHE dues went up. Dr. Dickson recommended that they stay in WICHE because it has great benefit for their programs. Dr. Dickson stated it was a very worthwhile program, but the Governor recommended that it not be continued.

Chairman Mello asked about the training program. Dr. Dickson stated that the Governor did increase their overall training for Mental Health/Mental Retardation and has recommended a division total of \$70,000 training next year and \$50,000 the following year. The reason that the Governor recommended increased overall funding in training is because the Rand Report suggests Nevada needs much more training for Mental Health Technicians. This particular \$2,000 for training had to do with their training nine or ten employees 40 hours a year. That would cost \$1,000. The Human Service

Educator within the program would bring his people to provide training in areas that they don't have expertise in which would cost They then had some management training and if you another \$1,200. total all of that it comes to \$3,600. This is again a situation where Dr. Dickson felt they needed the money, but it is a matter of making a judgment of how much money is available. Contractual Services. Contractual services is in two places in the budget. Under operating expenses, they requested \$13,000 in contractual services the first year and \$15,000 the second year. Contractual Services has been deleted from operating and put in as a special category. In essence Dr. Dickson asked for \$13,000 and the Governor recommended \$5,000 for the first year. Dr. Dickson asked for \$15,000 the second year and the Governor recommended \$5,000. Dr. Dickson stated that one of the things they want to do is improve their overall accountability in quality control. The contract services would be used for consultants who are specialists in accountability (\$4,000), in grant writing (\$1,750), for services to high risk groups (\$3,500) and management consultants (\$4,000). Dr. O'Brien summarized what is going NEVADA MENTAL HEALTH INSTITUTE. on at the institute at this point in time and the long range planning report and brochure (Please see attachment). The Nevada State Mental Health Institute is listed as Priority No. 14 for capital improvements. There is a capital improvement program (77-14 - \$995,200 - Page Dr. O'Brien stated this will provide larger electrical services to eight existing buildings, three emergency power generators for six buildings, a new paging system for the entire institute, replacement of obsolete equipment in the central heat plant, repainting in five buildings, air-conditioning in two small buildings, a genetics laboratory in Building No. 3, a new roof on Building No. 7, replacement of plumbing fixtures, doors and electrical systems in Building No. 6 and other miscellaneous building improvements, including the demolition of the old farm buildings and an old garage and warehouse building. Dr. Dickson stated the laboratory would allow the Genetisist to do a more comprehensive job. Dr. Dickson stated they did not recommend a new Genetisist, but feels it would be ideal if there were one at each end of the state. A Genetisist is absolutely necessary, particularly with mental retardation population. Dr. Dickson stated again that the Nevada Mental Health Institute is in a period of drastic change. The Institute was the mental health and mental retardation program for years. Now appropriations of new monies have provided other community oriented programs. The N.M.H.I. now is responsible for the most severe mentally disturbed and mentally retarded persons within the state. There are now 334 existing positions. The Governor is recommending that 86 of these positions be transferred to a proposed Sierra Developmental Center (a center for retarded persons in Washoe County and included in the 1977 Capital Improvements Program). The Governor has also recommended the elimination of 13 1/2 positions and recommended 9 1/2 new positions. Three positions are recommended for transfer to the proposed Northern Nevada Mental Health Service. Mr. Piepmeyer stated that of the 334 positions in the institute on February 1, there were 18 vacant positions. Eight of the vacancies were 15 days or less and involved such positions as clerk typists, senior psychiatrist, three mental health technicians, a building tradesman and a recreation therapy technician. Four positions were vacant from the first of the year. Those four positions include the institute business manager, an accountant, senior clerk steno and a mental health technician, half-time. All told, 12 of the 18 positions were open for 30 days or less. Mr. Bible stated that Budget Division anticipates vacancies in this account and salary savings are budgeted on Page 334. 451 -3Dr. Dickson stated that the Committee would find a number of vacancies in the Mental Health/Mental Retardation budgets for psychiatric positions. One of the reasons has to do with the salary level of psychiatrists as compared to the other western states. The state pays approximately \$38,000 and this ranks very low compared to the other western states. Chairman Mello said he recently received a letter from a psychiatrist at the institute who disagrees with Dr. Dickson. This psychiatrist thinks that the conditions at the institute is the problem in keeping psychiatrists, not the salary level. Dr. Dickson said the turnover rate of psychiatrists at the institute is less than in any of the other programs.

Contract Services. Dr. Dickson explained there is a contract arrangement with Chaplains of three different denominations. Mr. Piepmeyer stated that the Chaplains are paid \$7.50 per hour and cost approximately \$14,000 per year. There is a Methodist Minister, a Protestant Minister and a Catholic Priest. Dr. Dickson stated that the institution has other visiting clergy and the purpose of the full time institute chaplain would be to develop a chaplaincy program of visiting chaplains not on the state payroll but who could be called for specific requests from other faiths.

Mr. Piepmeyer explained the Officer of the Day pay. He stated that in the past the institution had to use a salary from a half-time psychiatrist position in order to pay people who are working on weekends for emergency admissions or at night. It is recommended that the half-time psychiatrist position be deleted and the money transferred to Officer of the Day pay. In other larger hospitals, resident psychiatrists offer this coverage. Since Nevada has no residency program for psychiatrists, they have to pay Officer of the Day for that service.

Mr. Kosinski asked Dr. Dickson if one of the arguments of providing homes on the grounds for psychiatrists was that they would then be available as Officers of the Day on a 24 hour basis. Dr. Dickson said they would be available, but he thinks it would be unfair to ask them to work as much as is required without additional pay. He stated the Medical Director lives on grounds and also one physician. They have converted the other homes for services to clients.

Chairman Mello stated that he has received many letters complaining about the elimination of the 13 1/2 positions. Mr. Bible stated this was based on population at the institute decreasing over the years. Mr. Bible distributed a chart showing the changes in population. In July 1970, there was an in-patient population of 432 and institute staff of 340.5. In December of 1976, which was just two months ago, there were 205 in-patients and 334 total institute staff. Budget's recommendation on the elimination of the 13 1/2 positions is a direct result of the decrease in population at the institute. In some cases, money was provided in contract services to provide similar services, for example the beautician and the barber.

Chairman Mello asked if Dr. Dickson thinks the contractual services are adequate to provide clients with the same services they are receiving now. Dr. Dickson stated it is a situation where there are differences of opinion between what the agency requested and what the Governor recommended. If you look at the agency request, they obviously requested the positions remain. Dr. Dickson feels that in some cases they can provide the service and in some cases they will have to compromise some of the services. Dr. Dickson stated that at the sub-committee hearings he will express the needs of the institute so that the Legislature can act on them. Dr. Dickson also respects the position of the Budget officer in that there is only so much money to give. Chairman Mello stated that he would like Dr. Dickson to respect the Committee because the budget is now in the hands of the Committee. Chairman Mello stated that if Dr. Dickson felt he needed the positions that are not being recommended then the Committee would like to hear about it.

Dr. Dickson stated that one of the problems at the institute over the years has been the horrendous patient/staff ratio. It has been very negative and it is only now beginning to reach the point where accreditation standards in mental retardation programs is possible.

Dr. Dickson stated he does not feel the institute is in need of a full time dentist, but some contractual money is needed for dental services. \$15,000 for dental care is recommended in contractual services and the dentist positions will be transferred to Northern Nevada Mental Health Administration. Mr. Serpa asked Dr. Dickson to explain "patient workers." Dr. Dickson stated they must pay clients to work. The work must be rehabilitative in nature.

Mr. Hickey pointed out that the patient population is going down but the staff seems to be going up. Dr. Dickson stated traditionally the institute was a place in which people were placed but not necessarily treated. What the institute is trying to do is establish a treatment program. They are trying to get the institute away from a place where people live and provide a treatment program. If you look at the number of people going through the institute per year , that has not gone down. In other words, they see more people for a shorter period of time and treat them intensely. They are then moved out to community programs and back to work.

Mr. Piepmeyer stated that in four years 1971-72 to 1975-76, the admissions to the psychiatric program have almost doubled, but the average length of stay has been reduced. They are now treating their clients with a median length of stay of 14 days. Five years ago, it would have been four times as long. The admissions are doubling on a four to five year basis, but the length of stay has been shortened considerably. This attributes to the fact that the midnight census is lower but the intensity of services is approximately three or four times the intensity it was five years ago.

Chairman Mello stated that the institute was perhaps the most controversial part of the programs. Dr. Dickson said it was at the moment because the institute is in a period of change. The institute is changing from the old style of warehousing setting to a progressive mental health treatment center. Chairman Mello stated that it appears to him that there appears to be major problems at the institute, at least in the eyes of the public and asked Dr. Dickson if he agreed or disagred. Dr. Dickson stated he no longer got the literature that Chairman Mello has received. He stated that he did receive letters for several years but they stopped Dr. Dickson stated he would welcome that literature a year ago. and stated that he does get it indirectly, but he doesn't use that as a measure of what is going on at the institute. Dr. Dickson said that they do have problems at the institute, but stated that the institute has fewer problems than probably any other state. The programs are changing. Clients now have to be treated. You can no longer send someone to an institute and just hold them and not treat them. You have to treat them and clients know this. They have to be treated with dignity and with theraputic procedures that work. This requires staff and a theraputic program. The institute can't give psychological services at the institute to 200 people with one psychologist. That is one reason why they are having problems with accreditation. Dr. Dickson said the institute will continue to have problems with accreditation until that's There is a staff morale problem when the staff works very changed. hard for accreditation.

Dr. Dickson said his job was to try to get as many resources and management as he can. Dr. Dickson stated the money is not the cure-all, but it would help. Dr. Dickson stated if they don't have a better place for the retarded persons to live, they will never pass accreditation. Staff is one part of accreditation and good

management practices are part of accreditation. Good treatment practices are a part of accreditation. Chairman Mello asked Mr. Trounday when the institute was last accredited. Mr. Trounday said they are accredited now in mental health. In mental retardation they have never been accredited. Mr. Bremner asked if mental retardation were accredited, what additional federal funds would be available. Dr. Dickson stated that to his knowledge that doesn't change. Mr. Piepmeyer stated that accreditation for the psychiatric portion satisfies about 90% of the requirements for participation in the Title XVIII and Title XIX programs. If you have failed accreditation in the psychiatric portion, then the federal government would probably not participate in Medicare. Mr. Piepmeyer stated they could be penalized indirectly. Dr. Dickson stated that accreditation was voluntary on the hospital's part. There are only 49 accredited programs nationally as of February 1st (out of 1,200 that are eligible). Only 10% of the 1,200 even request accreditation. Chairman Mello pointed out that there will be a public hearing in Sparks on Mental Hygiene/Mental Retardation. RENO MENTAL HEALTH CENTER. Dr. Dickson stated that this is the out-patient facility in Reno for mental health treatment. There are 23 1/2 positions at the Center, of which one half-time Public Service Intern is vacant. That position will be filled by the end of February. There was no recommendation for new positions. The health center has some affiliate programs - Achievement Place, which is a home for adolescents. The Health Center in 1975-76 saw 735 people and are receiving between 90 and 100 applicants per month for new service. They are only seeing the more intensely disturbed people at this time. Mr. Weise asked if the social workers not recommended provide services to more of the out-patient Mr. Keefier stated that those four positions were to population. create, following the Rand Report recommendations, a 24 hour crisis intervention service in Reno, which is desperately needed. CHILDRENS BEHAVIORAL SERVICE - Washoe. Dr. Dickson stated that this is one of the model programs that has been developed. It is now functioning with four people and they are constructing a facility north of the University, which would be identical to the facility now existing in Las Vegas. The program in Las Vegas has been very successful and has received national acclaim. There are no vacant positions. Twenty-six new positions are being requested. The program is for children 12 and under. Approximately 500 families are seen per year. They can have 16 children in residential service at any one time and perhaps 70 to 90 people in day care services. There would be classrooms within the facility that are very specialized for persons who typically are unsuccessful in special education within the school system. A very disturbed youth population would be treated at this facility. Dr. Mayville stated that there are currently four people seeing individuals on an out-patient basis. There are currently no residential capabilities. There is a limited consultant type of capability with the school system. Under the program, they would have a residential capability of 16 children at any one time. Dr. Dickson said that the facility should be completed by October 1976. NORTHERN NEVADA MENTAL HEALTH SERVICES. Dr. Dickson stated that in this budget they are attempting to develop a better management system within existing resources. Dr. Dickson would like to manage the mental health programs of Northern Nevada under one administration -6-454

and to manage the mental health programs of Southern Nevada under one administration. Currently, there are residential programs, out-patient programs, children's programs and adolescent programs and different directors for these programs. Dr. Dickson is looking for a way, within existing resources, to have one manager with one Advisory Board to offer continuity of care for clients who are coming from out-patient to in-patient, back to out-patient to consultation in schools. They are looking for a way to do overall planning and training for the region. Dr. Dickson wants the mental health technician training monies to be in this budget so they can have one trainer with some monies to do overall training for all people within that region. Dr. Dickson wants better coordination of services. Dr. Dickson wants the ability to organize their resources so they can get the most productivity for their resources in Northern Nevada and Southern Nevada.

Chairman Mello asked if what is being done in the Northern Nevada Health Services budget can't be done under Dr. Dickson's administration budget. Dr. Dickson stated that his span of control now is about 13 or 14 people. If he, for example, has one staff meeting with each director, he has something like 16 standing appointments a week, and he doesn't get an opportunity to get out in the programs. What Dr. Dickson would like, within existing resources and without taking anything away from the clinical people, would be to centralize administration within each region so that there can be more regional interaction; that the citizens can interact with the regional director. Dr. Dickson stated that he does not have the manpower to do that.

Chairman Mello stated that he feels this is in direct conflict with the Governor's feelings as far as Community College is concerned. Their administration is being cut out. Mr. Bible stated that we are really talking about the same thing. This budget recommends that the administration be de-centralized to the local geographic area.

Mr. Weise asked where the central administration organization will be located. Dr. Dickson stated that they don't have a location yet either in the north or the south. Ideally it would not be with one of the existing programs. It would be a central administration reflecting the whole community service.

Mr. Weise said that in Dr. Dickson's statement he said he wanted to centralize and by the time Dr. Dickson finished he wants to de-centralize. Mr. Weise is concerned about creating a sub-layer of administration. Mr. Weise stated that in the mail he gets, they say that one of the problems is that the gap between administration and services is too big now and he wondered if this wouldn't really serve to do just the opposite of what Dr. Dickson is proposing. That is, to make it even more distant so that people looking for services can't find out why they are not getting exactly what they want. Dr. Dickson explained how this program might work. You would get mail now from the Las Vegas Mental Health Center Advisory Board, for example. They would not want to be a part of the overall regional service. That Advisory Board would be responsible for services on one-half of Las Vegas, but they have 80% of the resources. We need an administrator in Las Vegas who plans for all of Las Vegas and an Advisory Board in Las Vegas that is concerned with all of Las Vegas so that resources can be distributed throughout that region. Dr. Dickson feels the services and the people would be closer if there was one central advisory board for the whole region.

Dr. Dickson stated this program was put in on the basis of the Rand Report, which suggests regional centers. Dr. Dickson agreed that there should be a central referral center. Dr. Dickson stated he

feels that he is costing the people more money for amount of service with the present structure and if there is some evidence to the contrary he is open to hear it. Mr. Kosinski pointed out that Dr. Dickson had stated that administration was not going to cost the State of Nevada any more under reorganization, but the figures before the Committee show that in the present biennium the division administration is costing the state \$274,000 and into the next biennium, including the division administration and the intermediate levels the cost is \$540,000, double the figures they have now. Dr. Dickson stated that if, in fact, it does cost more money for the regionalization then they will put more money in receipts and not cost the state more money. <u>Training.</u> Dr. Dickson stated that the Rand Report was very harsh in terms of the need for training for mental health technicians, and on that basis the Governor increased the training allotments to \$70,000 for the next year and \$50,000 for the following year. FACILITY FOR THE MENTAL OFFENDER. Dr. Dickson stated this is the Lakes Crossing program. This serves a group of people who are seen by the legal or judiciary system as having an inability to aid in their own defense at a trial. These people are seen as so disturbed that they cannot aid in their own defense or they are seen as guilty by reason of insanity. Two years ago, the Legislature approved monies for probably the most progressive facility in the United States in this area. Two-thirds of the program is now open and functioning. This is a program wherein there could be numerous accidents if you aren't careful and this program has been very successful. The program has 36 staff. There is one vacant psychiatrist position and one vacant mental health technician position. The mental health technician will be filled immediately. Seven new positions are requested, four security officers, 2 mental health technicians and I academic teacher. The third wing would then be opened. It is a very difficult and sensitive program and one in which there has been considerable success so far.

Mr. Glover asked how dangerous the people were at Lakes Crossing. Dr. Hiller stated that is very complicated. Many of the people have committed very serious crimes and one of the people, for example, has 160 instances in which he has attacked attendants or care people so much so that they needed medical attention prior to coming to the facility. Since coming to the facility he has had 2 or 3 attempts. The facility in and of itself plus a good patient/staff ratio has reduced dramatically the dangerousness of the clients. Dr. Dickson stated it was their responsibility to prepare the people to stand trial, and return them to the community or to the state prison. Dr. Hiller said the program has been in operation since February. 62 prople have been discharged to the courts, to the community or to the Nevada State Prison. There are presently 26 in the program, of which 4 or 5 would be staying in the program for a very long time. One has been reintegrated into the community.

Dr. Hiller said the average length of stay is 78 days. 16% of their population has been released in as little as ten days. Those were people who were there for very specific reasons, usually orders by the court for treatment and evaluation.

Vice-Chairman Brookman stated that the contractual services figure is quite large in 1975-76 because of out-of-state placements until the Nevada facility was opened in February of 1976.

INSTITUTE LAND EXCHANGE. Dr. Dickson stated that this is basically
monies that they got and will be getting for pay-off for land

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exchange between the institute and the place where the children's behavioral service is near the University. These are monies that are earmarked for improvements at the institute. There is a piece of legislation relative to this issue. Specific improvement projects will be cleared with either the Legislature or Interim Finance Committee.

LAS VEGAS MENTAL HEALTH CENTER. Dr. Dickson stated that LVMHC is one of two programs that is receiving monies under the federal Community Mental Centers Act. At the present time the center has 115 staff. Programs include out-patient, in-patient, day care, crisis, therapy program, consultation and education. It is a total community health program.

There are five vacancies as of February 1st: psychiatrist, psychiatric social worker I, half-time psychiatric nurse trainee, psychologist V and principal clerk typist.

Funding. In October, 1973, the Las Vegas Mental Health Center received an eight-year federal Community Mental Health Center Staffing Grant. The grant pays 75% of the salary costs of eligible positions in the first two years, 60% in the third year, 45% in the fourth year and 30% for years five through eight. The State is in the fourth year of the formula at this time.

In 1975, a change in the federal law amended the requirements of a community mental health center.

Public Law 94-63, Title III of the Community Mental Centers, amendments of 1975, redefines community mental health centers as programs providing 12 essential services instead of the five previously required. Thus any center wishing to continue receiving federal funding must comply with Public Law 94-63, and add on newly required services. Further, not to do so will result in termination of all federal funding after September 30, 1977.

To assist centers in adding newly required programs, a Conversion Grant program was established. This two-year program provides significant federal support for only those new services spelled out in Section 201(b)(1) of the law. At the end of the two-year period the costs of these additional programs must be absorbed into the overall operation costs of the Center and funded by other sources of revenue, including the Operations Grant. This grant program, in contrast to the old staffing grant mechanism, enable the National Institute of Mental Health to participate in total operating costs of centers instead of just eligible staffing costs. Thus the eligible "base" is much larger than before. In determining how much money the National Institute of Mental Health will provide to a Two different formulae are project, an annual review is undertaken. applied to the Center's budget, one involving the operating "deficit" and the other assessing the costs of applying a fixed percentage of total costs. The National Institute of Mental Health will fund the lesser of the two cost figures. For example, if 30% (the fifth year figure) of the total operating budget is less than the deficit (computed by taking total budget costs minus all non-grant revenue), the National Institute of Mental Health will pay the percentage-If the deficit is the lesser amount, they will computed amount. fund that amount.

The following is a brief assessment of the impact of the various proposals.

Operations/Conversion Proposal. This mechanism would mean significant programs and staff expension in areas previously not programmed. Specifically, those areas are comprehensive mental health services to the elderly, day care and aftercare programs for

adolescents, transitional housing, aftercare services for former adult inpatients, court screening and alcoholism counseling. Excluding the alcoholism counseling, which would be contracted for, a total of forty-eight positions were requested to accommodate this expansion.

The conversion grant, which is designed to allow for new program expansion, would run for two years, terminating September 30, 1979. The operations funding, which is based on total program costs, would continue for another two years until September 30, 1981.

It is unlikely that the maximum eligible federal funding base would, in fact, be funded. To the extent that the amount of actual funding is less than the eligible base, new programs would have to be reduced proportionately.

Continuation of Staffing Grant. According to Regional National Institute of Mental Health Office staff, the only way to continue the Staffing Grant mechanism is to apply for, and have an approved application for, an operations/conversion grant for which there is insufficient money for funding. (An approved but unfunded grant.) The Staffing grant process would be a "fall back" mechanism to enable the National Institute of Mental Health to continue to fund existing centers which have years remaining of staffing grant eligibility. There are still four years left as of October 1, 1977. It should be noted that Public Law 94-63 does not refer to this "fall back" concept and, in fact, states that no center can receive more than two continuation grants after the enactment of the law. It can only be concluded that this whole approach to approved but unfunded operations/conversion grants is administrative in origin.

The programmatic impact of this mechanism would be basically a maintenance of existing operation. There would be no more treatment staff and clinical services not already provided would not be expected.

Terminating all Federal Support. The exercise of such an option would result in the forfeiture of any other federal funding under Public Law 94-63.

The table attached compares the estimated costs under the three options.

Dr. Dickson stated that budgets are being presented in a manner in which the Committee can make a decision about which option the Committee prefers.

Dr. Dickson stated that Nevada is a growing state. It is very probable that they will be asking the Committee for resources to keep up with population growth. Dr. Dickson's recommendation is that the state take any opportunity for federal funding to help offset the cost of that population increase whenever possible so even if it costs the state more money in five years, you have to look at the population growth and see if it's costing more that it would cost just to match that population growth.

Dr. Dickson will provide the Committee with information as to alcohol and drug programs.

Dr. Dickson stated that if they engaged the federal government in helping to support the program, the 48 new staff would probably be reduced to 28.

On existing positions, the Principal Clerk Typist has been transferred to Page 370.

On Page 355 the Community Group Home Program is transferred to Page 368 as income - agency match.

Mr. Bremner asked for an explanation of contractual services. Dr. Dickson stated that when this agency request was presented, they were asking in the neighborhood of a total new program budget of \$800,000. They are now asking for a total new program budget of about \$400,000. What the sub-committee will get will be the revised downward agency request column. There were several items in contractual services that they are no longer asking for. Also they had significant amounts of contract monies for the food service center that was moved to a separate category. They are therefore not asking for the large amounts of money in contract services. Dr. Dickson said there is no way in which their revised figure increases the state appropriation. It will only decrease federal participation.

CHILDRENS BEHAVIORAL SERVICES - LAS VEGAS. The Clinic Administrator III under existing positions (Page 359) has been transferred to Page 370. Dr. Dickson stated there are 31 existing positions. A quarter-time mental health technician position is vacant. This service was funded a few Legislatures ago. It is a very successful service. It is a service for children in Las Vegas who are 12 and under. Mr. Burnett has been very creative in getting funds for this program other than state funds. Contracts have been made with Welfare Division and with schools. In this program, they are asking for teaching parents which would enable them to open up the fourth unit of the residential service. These are professional parents. The teaching parents would include one couple. They are also asking for a half-time public service intern to assist the teaching parents.

On Page 361, the Community Group Home Program is transferred to Page 368 as income.

This is one of six training programs throughout the nation for teaching parents. The agency active caseload is 366 clients and they serve 625 new admissions during 1975 and 1976. There is now a waiting list for intake interviews.

Mr. Vergiels asked what the rationale was behind the Governor not recommending the other positions. Mr. Bible stated that these were support positions and in going through the mental health budget, it didn't have as high a priority as some of the program positions in other areas. Budget has been concerned for sometime down in Las Vegas that there are three separate facilities on the same grounds where they don't seem to share common support. Mr. Bible stated that will be one of the arguments Dr. Dickson will use for a southern regional unit to coordinate some of these services. Mr. Burnett stated that the extra positions requested would probably not increase the caseload as far as being able to serve more people, but would increase the variety of services that were available.

Dr. Dickson stated they obviously needed the positions or they wouldn't request them, but stated that he respected the fact that the Governor has requested a great number of positions throughout the Division.

Mr. Vergiels asked Mr. Burnett if we were to put money in other positions in other areas besides those requested, could he increase the caseload and would there be a need. Mr. Burnett replied definitely. He stated there is a waiting list. It takes three weeks now for an intake interview. There are about 30 intake interviews per week. There were 84 new clients last month and they just don't have the capacity to handle that. There are six applications for the residential program.

CBS EDUCATIONAL PROGRAM. Mr. Burnett stated A.B. 106 would allow the public education system to contract with state agencies for

educational services. Mr. Burnett is very much in favor of the bill. If the bill passes, they would go to contract with the Clark County School District for 3 teachers and 3 teacher aide positions. A.B. 106 has been passed out of the Assembly to the Senate. Four of the positions, two teachers and two teacher's aides, would be for existing programs that would allow them to offer a year round program and allow them to extend their teachers' time so they can work until 5:00 and therefore have a chance to meet with the parents, work with other staff and visit the schools. The third teacher and teacher's aide would be for what they hope will be a unit for autistic children and would help to open the fourth residential unit. At this time there are no programs in the state for autistic children.

HENDERSON MENTAL HEALTH CENTER. The Henderson budget provides out-patient services to east Las Vegas, Henderson and north Las Vegas. In 1975-76 this service provided out-patient treatment to almost 600 people. Another 210 people were maintained in a follow-up status and about 110 people received emergency services.

On Page 365, Community Group Home Program transferred to Page 368 as income - agency match.

Henderson is another example of a program that has generated funding. Even though this is basically an out-patient service, they expect to get some monies from receipts and recoveries and from Title XX In this program the agency request is 11 1/2 positions and the Governor is recommending 4 new positions. These four new positions are much needed positions. The new positions recommended by the Governor would be used to meet client needs and to fill in the gap for anticipated population growth. The eastern portion of Clark County has shown a jump in population from the 1970 census of 183,000 to the 1975 Clark County estimate of 253,000. There has been a 40% increase in population. Dr. Luke stated the budget presentation is based solely on keeping them even with the population growth, and he doesn't feel the center is completely fulfilling the identified In hopes of doing that eventually, the center is service needs. planning to and will be submitting an operations grant to the federal government to fully fund the needed services for Clark County. Currently, the distribution of clients is about one-third from Henderson, Boulder City and rural areas, one-third from unincorporated areas, and one-third from North Las Vegas. Dr. Luke would hope to be able to station some of these staff closer to the existing clients for therapy to be more accessible to high risk groups.

Dr. Luke stated that the proposed budget would be approximately \$2,000,000. The agency budget would be used as a match. The federal participation grant the first year would be 80%, and 65% for the second year. The rough projection would be approximately 70 additional staff to provide neighborhood based services, additional services in Henderson, North Las Vegas and unincorporated areas. The grant has been submitted to the Clark County Health Systems Agency and Dr. Luke will be re-submitting his budget to Budget Division.

Vice-Chairman Brookman stated that on Page 365 the great increase in the amount of rent is because of the new lease for expansion.

Dr. Luke stated that they are in critical need of rental space.

Mr. Glover asked the cost per foot of rental space. Dr. Luke stated currently at Rose De Lima it is \$.55 per square foot. The price will be going up.

Dr. Luke stated there is a half-time Mental Health Technician that resigned two weeks ago. The psychiatrist positions is vacant, but psychiatric services are being provided through contracts.

-12-

The request for contractual services was to provide some alternative homes in the community through private persons as alternatives to in-patient care. Mr. Bremner asked about "call back, standby. Dr. Luke stated that this is pay for a staff person to be on-call at other than regular working hours and was proposed in conjunction with homes in the community where there might be an emergency call for a staff person to assist in the home. Dr. Luke stated that they were unable to recruit and retain a psychiatrist because of the low pay. CLARK COUNTY COMMUNITY GROUP HOMES. The agency match at the top of Page 368 is from Pages 355, 361 and 365. Dr. Luke stated that this program was initiated as a joint effort of Las Vegas Mental Health Center, Childrens Behavioral Services and Henderson Mental Health Center. Through the assistance of the Welfare Division, Title XX funds, the program provides for group homes in the community and for teaching parent families that can take up to four children. These children are then referred by the sponsoring agencies to the group homes. The parents of the homes are on contract basis and the program is administered by a program director. COMMUNITY TRAINING CENTER FUND (S.B. 93). The Governor has recommended for this appropriation \$462,000 in 1977-78 and \$521,000 for 1978-79. The program from the Division of Mental Hygiene and Mental Retardations point of view is a flow-through money program. They fund 13 community training centers at different levels depending on their services and upon their size. Approximately 299 persons are enrolled in programs under this funding mechanism. They are asking for the addition or the transfer from their Mental Retardation Administrative unit of a half-time psychologist to this program so that they would have one full time person to offer education, consultation and program monitoring (From page 376). Under program administration, the \$8,000 is primarily travel in service training and visiting programs that are spread throughout Nevada. Mr. Middleton stated that the CTC program offers community services and is a real deterrent to the need for residential care. The CTS's are located throughout Nevada. Frank Weinrauch, who has been in the Mental Retardation Program for 15 years and helped establish the Elko School and Community Training Center spoke to the Community Training Center Budget. (His speech is attached.) Fledia Sardelli spoke to the Community Training Center budget. (Her speech is attached.) Susan Haase, Executive Director for the Nevada Association for Retarded Children spoke to the Community Training Center budget. (Her speech is attached.) Mr. Frank Gross, representing the Nevada Association for Physically Handicapped Children, spoke to the Community Training Center budget. He stated that the group he deals with mostly are cerebral palsy children and those individuals who are brain damaged. proposed program they make reference to either mentally or functionally retarded persons. In dealing with victims of cerebral palsy or brain damage, the treatment plan is the same as for those who are retarded. The Nevada Association for Physically Handicapped Children deals mostly with children that are of school age with this ailment. The NAPHC will be looking to Community Training Center They are vital. for services. -13-

Mr. Bible stated that Budget recommends a 5 1/2% increase in grant categories. Mr. Kosinski asked how these clients would be served if they were not in the program. Dr. Dickson stated he did not know how they would be served. SOUTHERN NEVADA MENTAL HEALTH SERVICES. Dr. Dickson stated that this program is basically the same process, procedure and rationale that was given for Northern Nevada Mental Health Services. would include Childrens Behavioral Service, Las Vegas Mental Health Center, Henderson Mental Health Center and the satellite services. He stated they had a more difficult time trying to find positions to transfer without cutting into clinical staff or without increasing There are three positions for the overall administration. RURAL CLINICS. Dr. Dickson stated that Rural Clinics represents, in the Divisions's opinion, the No. 1 priority problem in Nevada, because of the poverty of services that exists. There simply aren't enough doctors, psychologists, psychiatrists in the rural areas. There are 29 existing positions, 3 or 4 of which are presently vacant. One of the vacant positions is a psychiatrist and the way that is handled is to contract with two psychiatrists for service. Another vacant position is a half time position in Ely, which will be filled; a psychologist position in Elko which has been vacant since January 8th but will be filled; 1/2 mental health technician in Hawthorne; and a 1/2 position of child development specialist. One of the criticisms in the Rand Report was the professional level of people giving service to rural Nevadans. They have tried to up-grade positions as much as possible to get the highest level of personnel. The new positions are for a psychologist V in 1977-78, two in 1978-79, and two principal clerk typists. Basically, this will allow them to have one full time receptionist clerk typist in each of the seven rural clinics. Dr. Dickson stated that they wanted experienced people since they are working very much alone. Travel is always a big item in the budget. It simply costs money to travel. Dr. Dickson stated they requested capital improvements. It came out No. 48 on the priority list so it is not printed in the budget. In his discussions with the Governor, the Governor said that if it turned out that all the above items were funded, he would give strong consideration to a CBS in Elko. This program is eligible for a federal operations grant.

This program is eligible for a federal operations grant. That would be one way of getting staffing and they are working on that grant.

MENTAL RETARDATION. Dr. Dickson stated they were asking for a lot of transfers in the budget. The first budget would be the central office staff for mental retardation. There would be 9 positions in that budget. Previously positions existed in Northern Nevada Mental Retardation Center and Southern Nevada Mental Retardation Center. This budget proposes taking them out of the central staff and putting them into regional mental retardation budgets. There are no vacant positions.

DESERT DEVELOPMENTAL CENTER. Dr. Dickson said this center is scheduled for completion around April 1. (A-21 - S.B. 177) Page A-21 represents \$159,000 for start-up funds correlated with completion of the facility. The \$40,000 is for the special equipment necessary

to treat that population, which includes a special van with hydraulic lift, tractor, outdoor recreation equipment and medical equipment.

Dr. Dickson stated that this budget again reflects some transfers. They are deleting the old Southern Nevada Mental Retardation budget and will have one overall regional budget.

There are 6 existing positions. They are transferring 23.5 positions from the Southern Nevada Mental Retardation Center (from Pages 376-377).

New Positions. The Governor has recommended 75 new positions for the program. There will be 56 new beds in this program in a very modern, homelike, warm setting in Las Vegas. In addition the staff will see over 200 out-patients and give day care services. The staff ratio recommended by the Governor is one that would meet accreditation standards. Those clients that are retarded will be moved from the Nevada Mental Health Institute to the Desert Developmental Center. This is a program that will result in long term care for some people.

SIERRA DEVELOPMENTAL CENTER. Dr. Dickson stated this represents the transfer of positions from the Nevada Mental Health Institute (from Page 333). There is a capital improvement project (77-4; Page 781 - \$1,649,000). Dr. Dickson stated that this is basically the same program as the Desert Developmental Center. It will begin to It will begin to solve the problem of mental retardation in Nevada in terms of programming. Dr. O'Brien stated that the major part of the project will be located at the campus of the Nevada Mental Health Institute. There will be one portion of it north of the University of Nevada's medical school complex on state owned land. This was the exchange of the Stempeck Park in Sparks for the property. The program will have housing for 12 persons and a transition unit on the north of the University. There will be 16 beds for persons who are mentally handicapped. There will be an area for intensive training for 8 individuals. Located at the institute will be another 12 person transitional unit. That means after new construction, Sierra Developmental Center will have bed capacity for 48 individuals. There is also existing bed capacity at Northern Nevada Mental Retardation Center. The total bed capacity for the northern part of the state will be around 78.

Dr. Dickson stated there is one new position requested which is a mental health technician which would allow them to have two people on coverage from 11:00 p.m. to 7:00 a.m. in their existing Northern Nevada Mental Retardation Center.

There are no vacant positions in this budget.

RESIDENTIAL PLACEMENT FUND. Dr. Dickson stated this is a budget that allows them to place people out of the institutional setting into a professional home situation for people willing to provide care to retarded citizens. There are presently 64 people placed in 31 different homes. This budget is structured so that they could have 86 people placed by 1977-78 and 106 people placed in fiscal year 1978-79. The funds are used exclusively for placements. The foster home receives an average monthly payment of \$310.00 per child and they are recommending that that be increased to \$327.00 in 1977-78 and \$345.00 in 1978-79. There are a variety of sources of funds, regular appropriations, revenue from persons who are now in the program and Title XX social services.

COMMUNITY AWARENESS PROJECT. This is a totally federally funded project which provides instruction and education for retarded citizens.

50

FOSTER GRANDPARENTS PROGRAM. This is primarily a federally funded program. It is a program in which senior citizens are able to participate with their clients. They are paid about \$1.50 per hour, plus \$1.65 for transportation per day. They work four hours per day. The state support of this is about \$40,000 per year.

<u>Contractual Services.</u> The \$1.65 per day transportation is paid to the foster grandparents through contractual arrangement because they are not state employees.

RETIRED SENIOR VOLUNTEER PROGRAM. This is 100% federally funded and provides retired senior citizens the opportunity to work with clients in the mental hygiene/mental retardation division.

Reverend Jerome Blankinship introduced himself. He stated that he serves at the Governor's pleasure on the Governor's Advisory Board for Mental Health/Mental Retardation. He wants the Committee to know that the Governor has an 11 member board. They meet quarterly and sometimes more often throughout the year with representatives throughout Nevada who give advice and input to the Division's program.

The meeting was adjourned at 11:30 a.m.

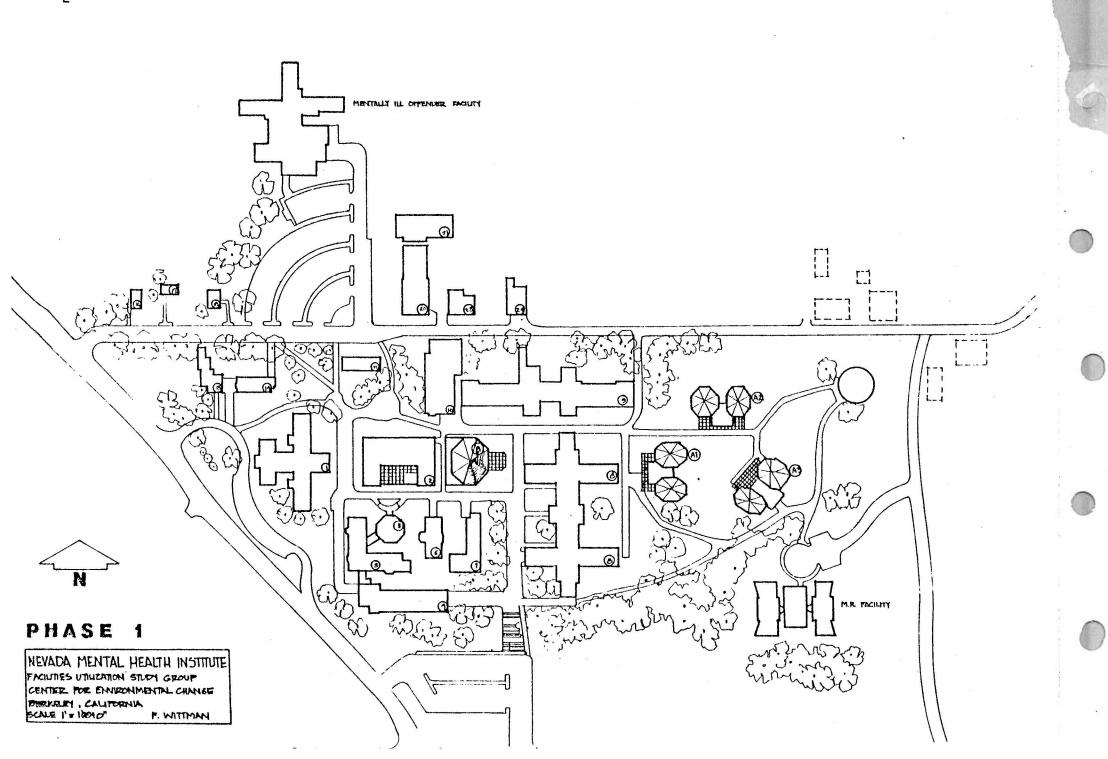
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	1975-76	1976-77	<u>1977-78</u>	1978-79	1979-80*	1980-81*	<u>1981-82</u> *	<u>1982-83</u> *
1. Continuation of Staffing Grant Revenue - Regular Appropriation Federal Grant Receipts and Miscellaneous Revenue	\$ 898,188	\$1,114,911	\$1,544,729	\$1,442,960	\$1,497,523	\$1,553,723	\$1,893,461	\$2,047,034
	798,582	666,868	422,780	375,804	375,804	375,804	93,951	0
	266,280	323,493	430,972	611,240	629,577	648,464	667,918	687,956
	\$1,963,050	\$2,105,272	\$2,398,481	\$2,430,004	\$2,502,904	\$2,577,991	\$2,655,330	\$2,734,990
2. Operations/Conversion Revenue - Regular Appropriation Federal Grant Receipts and Miscellaneous Revenue	\$ 898,188	\$1,114,911	\$1,544,729	\$1,537,462	\$1,780,711	\$2,020,005	\$2,808,455	\$3,137,406
	798,582	666,868	1,404,553	1,250,083	1,090,461	937,302	237,571	0
	266,280	323,493	430,972	611,240	629,577**	648,464**	667,918**	687,956**
	\$1,963,050	\$2,105,272	\$3,380,254	\$3,398,785	\$3,500,749	\$3,605,771	\$3,713,944	\$3,825,362
3. Termination of Federal Grant Revenue - Regular Appropriation Federal Grant Receipts and Miscellaneous Revenue	\$ 898,188	\$1,114,911	\$1,861,814	\$1,818,764	\$1,873,327	\$1,929,527	\$1,987,412	\$2,047,034
	798,582	666,868	105,695	0	0	0	0	0
	266,280	323,493	430,972	611,240	629,577	648,464	667,918	687,956
	\$1,963,050	\$2,105,272	\$2,398,481	\$2,430,004	\$2,502,904	\$2,577,991	\$2,655,330	\$2,734,990

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LONG RANGE PLANNING REPORT

IN JULY, 1974, THE DIVISION OF MENTAL HYGIENE & MENTAL RETARDATION RECEIVED A LONG RANGE PLANNING REPORT FOR DEVELOPMENT OF THE NEVADA MENTAL HEALTH INSTITUTE AND ITS FACILITIES AND GROUNDS. THIS REPORT, COMMONLY REFERRED TO AS THE FRIED WITTMAN STUDY, OUTLINES A CONCISE AND WELL ENGINEERED DEVELOPMENT PLAN FOR THE INSTITUTE. THIS PLAN IS BASED ON THE STATE'S BIENNIUM CAPITAL IMPROVEMENT SCHEDULE. THE 1975 LEGISLATURE APPROVED THE FIRST BIENNIUM INCREMENT. THIS REPORT PRESENTS SOME OF THE CRITICAL ELEMENTS IN THE SECOND BIENNIUM INCREMENT.



PHASEI

SUMMARY OF CURRENT CONSTRUCTION PROJECTS APPROVED IN THE 1975 LEGISLATIVE SESSION.

DAY ACTIVITIES CENTER

THIS FACILITY WILL PROVIDE INSTITUTE CLIENTS WITH A CHAPEL, LIBRARY, BEAUTY/BARBER SHOP, SUNDRY STORE AND COMMON LOUNGE AREA - ALL INTENDED TO PROVIDE THE CLIENT WITH SERVICES TO COMPLIMENT THE THERAPEUTIC AND CLINICAL SERVICES OF THE INSTITUTE. THE FOLLOWING PAGE ILLUSTRATES THE FLOOR PLAN OF THIS ESSENTIAL FACILITY. NEW RESIDENTIAL LIVING (3)

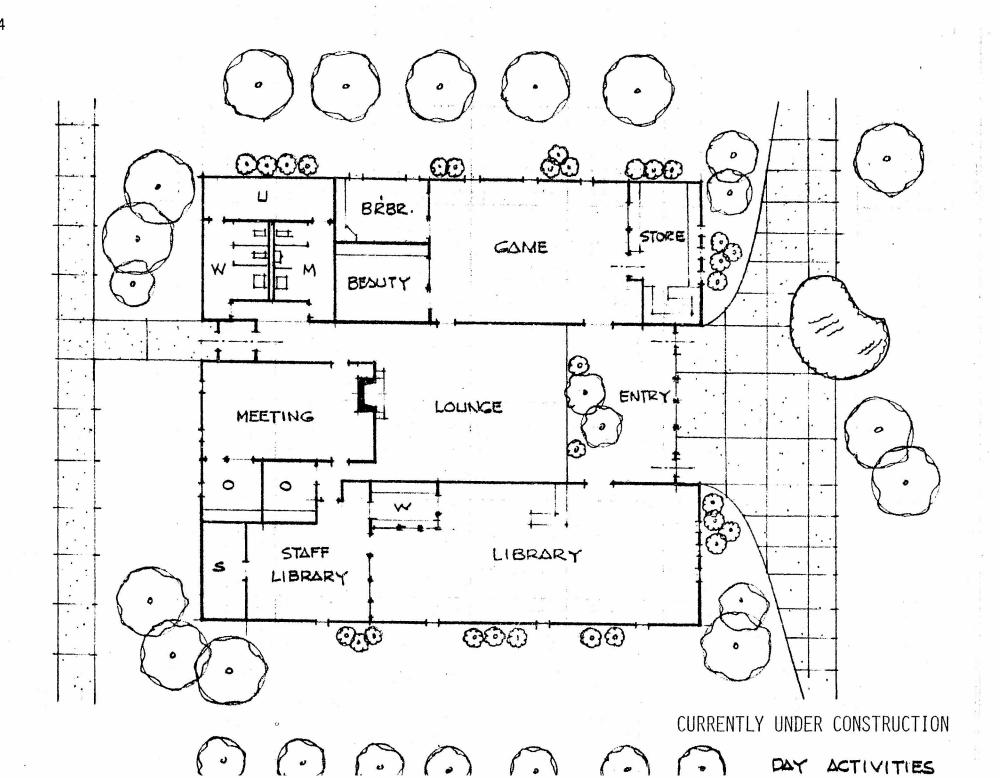
THESE 3 NEW RESIDENTIAL UNITS WILL PROVIDE A COMFORTABLE, NON-INSTITUTIONALIZED, COTTAGE ORIENTED FACILITY FOR PSYCHIATRIC PROGRAMS AT THE INSTITUTE. THE NEW UNITS ACCENTUATE PRIVACY AND HOMELIKE ACCOMMODATIONS (KITCHENS, SINGLE AND DOUBLE ROOMS, ETC.). SEE THE FOLLOWING PAGE FOR FLOOR PLAN SCHEMATIC.

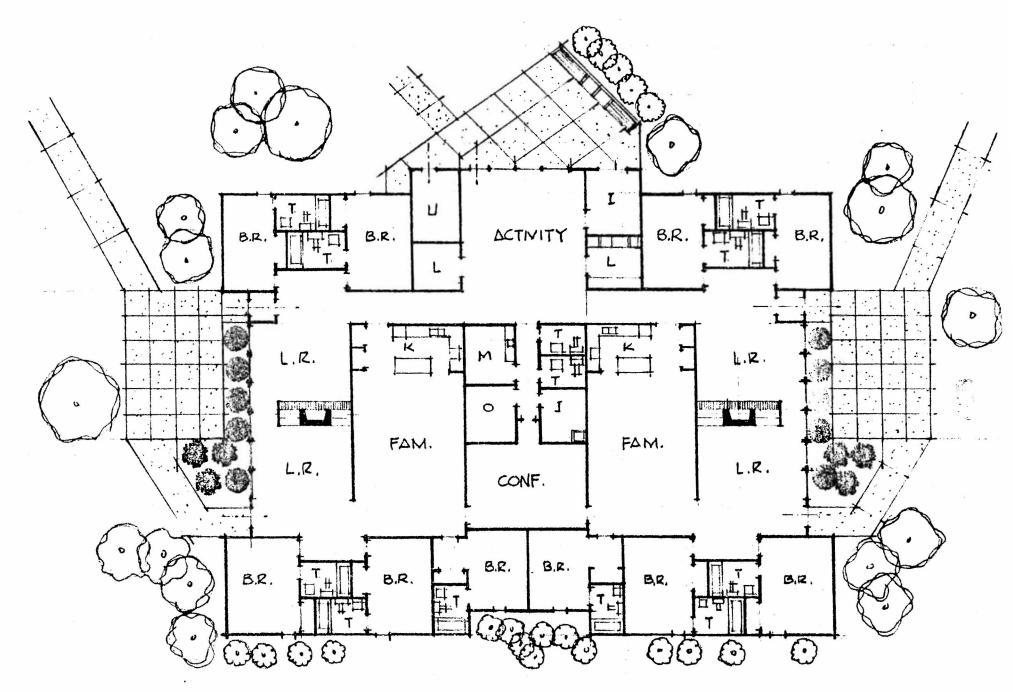
SITE DEVELOPMENT

THE TOTAL INSTITUTE CAMPUS NEEDS TO BE TIED TOGETHER INTO ONE COHESIVE PACKAGE. INTER-CONNECTING WALKWAYS, LIGHTING AND APPROPRIATE PARKING MUST BE PROVIDED TO SUPPORT EACH BUILDING. A COMMON LANDSCAPING THEME WILL THEN OFFER TO THE CLIENT, AN APPEALING ALTERNATIVE TO THE CONFINEMENT INHERENT IN INDOOR ENVIRONMENTS. THE 1975 LEGISLATURE APPROVED 50% OF THE TOTAL SITE DEVELOPMENT EFFORT; THE REMAINDER TO BE FUNDED IN FUTURE SESSIONS.

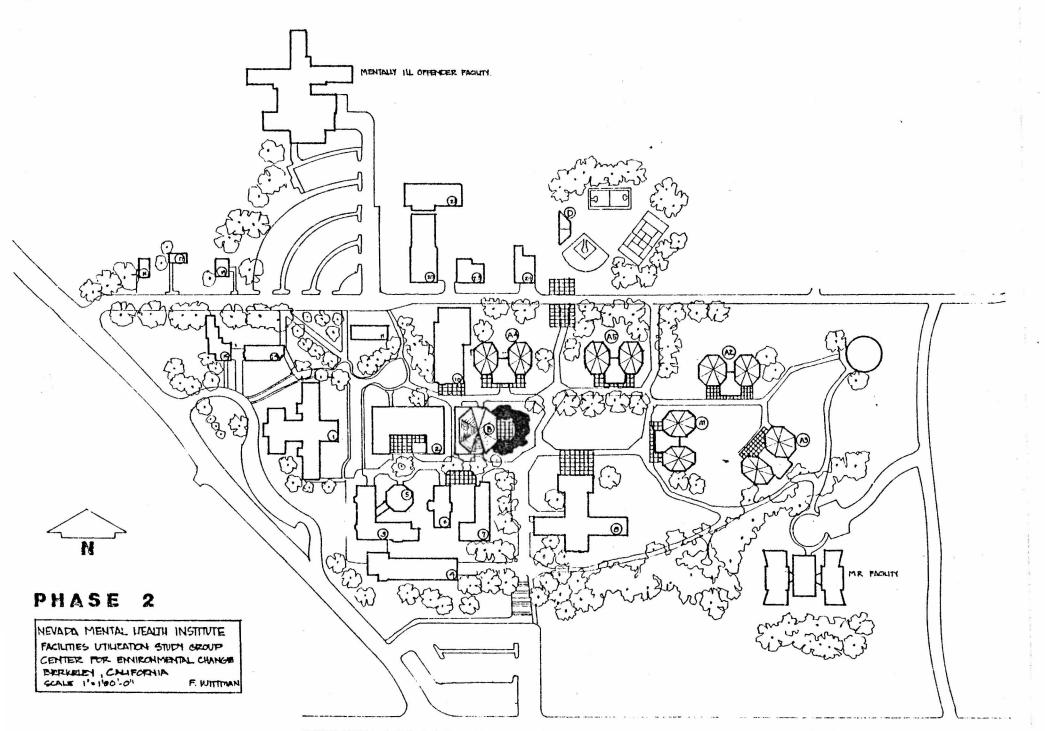
MODERNIZATION EFFORT FOR 7 BUILDINGS

CONTINUAL UPGRADING OF OUR PRESENT FACILITIES IS NOW UNDERWAY TO EXTEND THEIR USEFULNESS FOR CURRENT PROGRAMMING. SIGNIFICANTLY, THIS BIENNIUM WILL BE A MAJOR REMODELING EFFORT FOR THE DINING HALL, AND REMODELING OF BUILDING 11 TO SERVE AS A TRANSITIONAL LIVING UNIT.



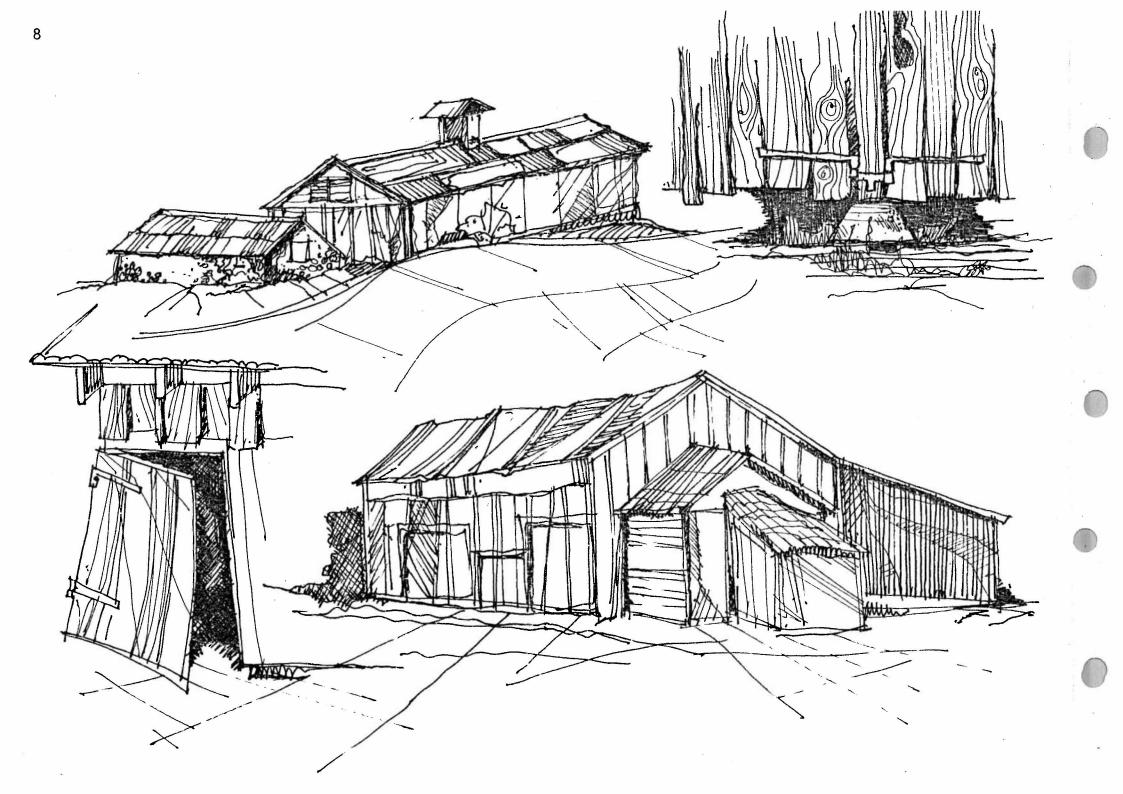


CURRENTLY UNDER CONSTRUCTION IN - PATIENT RESIDENTIAL



THREE ELEMENTS ESSENTIAL IN PHASE II

- 1. REMOVAL OF OUTDATED BUILDINGS. 1977 CIP Recommended
- 2. COMPLETION OF SITE DEVELOPMENT PROGRAM.
- 3. SELECTED IMPROVEMENTS TO CERTAIN EXISTING BUILDINGS, 1977 CIP Recommended



PHASE II REMOVAL OF OUTDATED BUILDINGS 1977 CIP Recommended

THE INSTITUTE, AT ONE TIME, MAINTAINED AN ACTIVE DAIRY HERD AND RELATED FARMING. MANY OF THE FARMING BUILDINGS REMAIN. THESE BUILDINGS HAVE NOT BEEN MAINTAINED; SOME ARE STRUCTURALLY UNSOUND; AND ALL PRESENT SIGNIFICANT FIRE AND SAFETY HAZARDS.

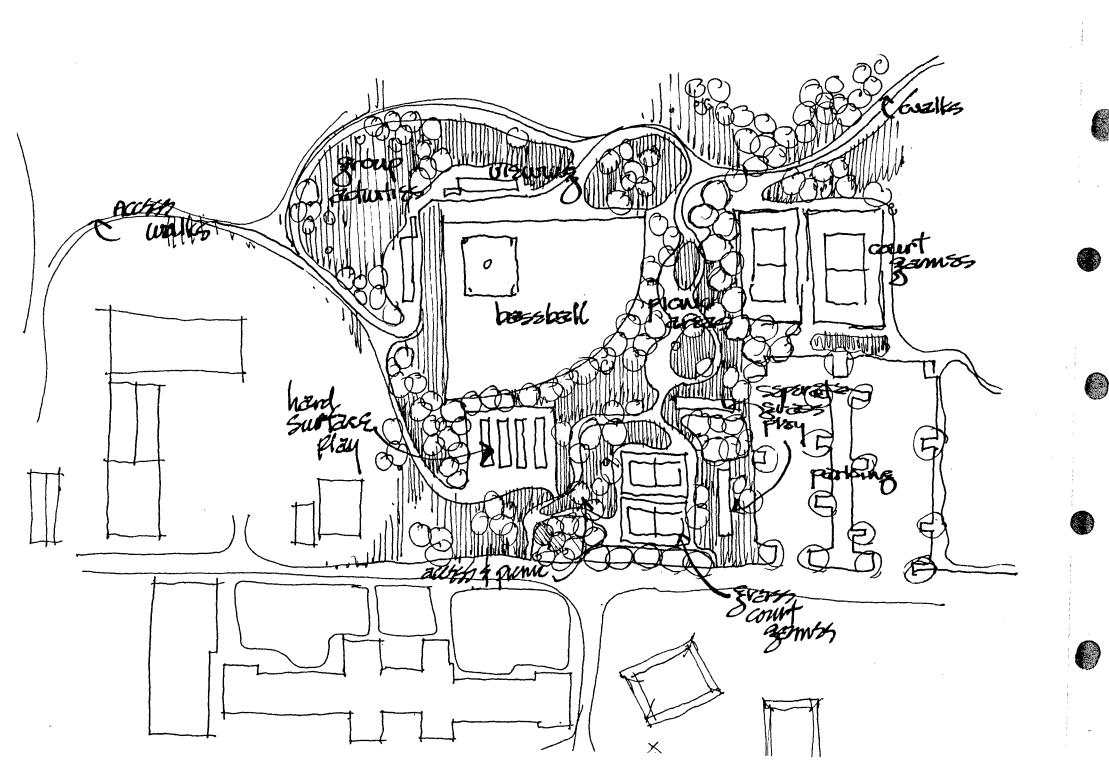
THE NORTH WING OF BUILDING #8 IS "NOT NECESSARY FOR INSTITUTE ACTIVITIES.

ADDITIONALLY, IT BLOCKS OPENING UP OF THE CAMPUS INTO A MORE SUITABLE RESIDENTIAL ENRIRONMENT."

THE FACILITY HAS BEEN USED IN PAST YEARS FOR THE GERIATRIC PROGRAM WHICH IS NOW BEING PHASED INTO THE COMMUNITY. THE NORTH WING DIVIDES AN AREA COMMON TO THE THREE NEW RESIDENTIAL UNITS AND THE NEW ACTIVITIES CENTER. REMOVAL OF THIS WING WILL PERMIT THE DEVELOPMENT OF A CENTRAL GREEN. THIS CENTRAL GREEN WILL TIE LIVING AND TREATMENT FACILITIES INTO ONE CONTINUOUS ELEMENT.

BUILDINGS #19 AND #20 ARE OLD BRICK SHOPS WHICH INADEQUATELY HOLD PAINT, PLUMBING AND GENERAL MAINTENANCE STORES. THESE BUILDINGS OBSTRUCT THE APPROACH TO THE MENTAL OFFENDERS PROGRAM; THEY ARE STRUCTURALLY UNSOUND AND SHOULD BE REMOVED AND REPLACED WITH AN ADEQUATE STORAGE FACILITY.

¹ FRIED WITTMAN STUDY, PAGE 113



PHASEII

COMPLETION OF SITE DEVELOPMENT PROGRAM

SITE DEVELOPMENT IS MORE THAN LANDSCAPING. SITE DEVELOPMENT IS MORE THAN A NETWORK OF WALKWAYS, LIGHTING AND PARKING. SITE DEVELOPMENT, WHILE INCLUDING THE ABOVE, <u>ALSO</u> PROVIDES ANOTHER DIMENSION FOR THERAPY AND TREATMENT. SITE DEVELOPMENT, AS ENVISIONED BY THE INSTITUTE, ENABLES THE CLIENT TO LEAVE THE CONFINEMENT OF OUR FACILITIES AND FIND AREAS CONDUCIVE TO A WHOLE SPECTRUM OF HUMAN ACTIVITY, FROM QUIET PLACES FOR INDIVIDUAL THINKING TO SMALL CONVERSATIONAL AREAS FOR INTERPERSONAL ACTIVITY TO LARGER RECREATIONAL AREAS WHICH ARE KEY TO LARGER GROUP ACTIVITIES.

THE FRIED WITTMAN STUDY PRESENTS A COHESIVE AND INTEGRATED CAMPUS DEVELOPMENT WITH A DISTINCT AREA FOR EACH ELEMENT IN THIS SPECTRUM OF OUTDOOR HUMAN ACTIVITY. PHASE I PROVIDED FOR MUCH OF THE NEEDED WALKWAYS, LIGHTING AND A PORTION OF OUR PARKING REQUIREMENTS. ESSENTIAL IN PHASE II IS THE IMPLEMENTATION OF THIS SECOND AND MORE THERAPEUTICALLY ORIENTED PROGRAM.

PHASE II SITE DEVELOPMENT WILL PROVIDE:

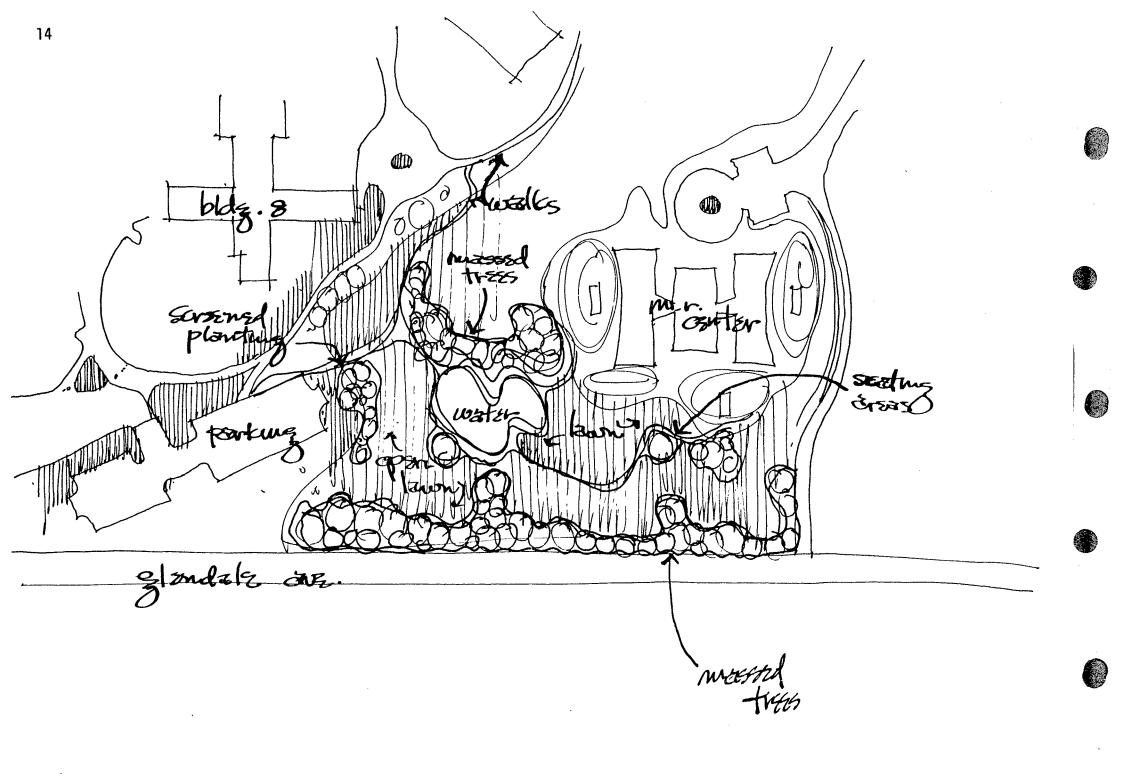
A MAJOR RECREATIONAL AREA FOR ORGANIZED GROUP ACTIVITIES SUCH AS BASEBALL,
BASKETBALL, VOLLEY BALL AND VARIOUS OPEN SPACE ACTIVITIES. ADDITIONALLY, FRISBEE,
HORSE SHOES AND OTHER SMALLER GROUP ACTIVITIES ARE EASILY INTEGRATED INTO THIS
AREA. WITHOUT THIS RECREATIONAL ELEMENT, THERE WILL BE NO AREA FOR THESE
ACTIVITIES.

Not Recommended
in 1977 CIP will be
requested through
money from NMHI
land exchange



Not Recommended in 1977 CIP

2. A <u>COMMUNITY GREEN</u> WILL TIE TOGETHER THE MAJOR RESIDENTIAL BUILDINGS WITH THE MAJOR TREATMENT ORIENTED BUILDINGS. THIS GREEN, TO BE LOCATED IN THE AREA WHERE THE NORTH WING OF THE GERIATRICS BUILDING IS NOW LOCATED, WILL BE CONDUCIVE TO INDIVIDUAL QUIET THINKING AND SMALL GROUP DISCUSSION. THE GREEN, TO BE THE CENTER OF THE COMPLETELY DEVELOPED INSTITUTE, WILL PROVIDE THE NEEDED SEPARATION BETWEEN THE HIGHLY ACTIVE TREATMENT FACILITIES AND THE MORE QUIET AND PRIVATE RESIDENTIAL FACILITIES. WITHOUT THE GREEN, MUCH OF THE INSTITUTE CAMPUS WILL APPEAR CLOSED IN, CONGESTED AND VISUALLY COMPLEX.



THE THIRD ELEMENT OF THE PHASE II SITE DEVELOPMENT CONSTITUTES

THE THIRD ELEMENT OF THE PHASE II SITE DEVELOPMENT CONCEPT.

UNFUNDED IN THE FIRST INCREMENT IS A LARGE AREA ALONG GLENDALE

ROAD, BETWEEN GALLETTI WAY AND THE NORTHERN NEVADA MENTAL

RETARDATION CENTER. THIS AREA, NOW AN OPEN FIELD, WILL BE

DEVELOPED TO COMPLETE THE MAIN ENTRANCE TO THE INSTITUTE FROM

GLENDALE ROAD (A MAJOR SIX LANE HIGHWAY) WITH THE IMPLEMENTATION

OF THE SIERRA DEVELOPMENTAL CENTER EAST OF THE CURRENT NORTHERN

NEVADA MENTAL RETARDATION CENTER. THIS OPEN FIELD WILL THEN

BE THE ONLY UNDEVELOPED PORTION OF THE INSTITUTE FACING GLENDALE

ROAD.

Partial Completion through existing 1975 Projects

1977 CIP Recommended

77-14 <u>Miscellaneous Improvements, Mental Health</u> 846,100 25,500 97,700 2,900 22,000 1,000 -0- -0- 995,200 Institute, Sparks

#

This will provide larger electrical services to eight existing buildings, three emergency power generators for six buildings, a new paging system for the entire Institute, replacement of obsolete equipment in the central heat plant, re-painting in five buildings, air-conditioning in two small buildings, a genetics laboratory in Building No. 3, a new roof on Building No. 7, replacement of plumbing fixtures, doors and electrical systems in Building No. 6 and other miscellaneous building improvements, including the demolition of the old farm buildings and an old garage and warehouse buildings.

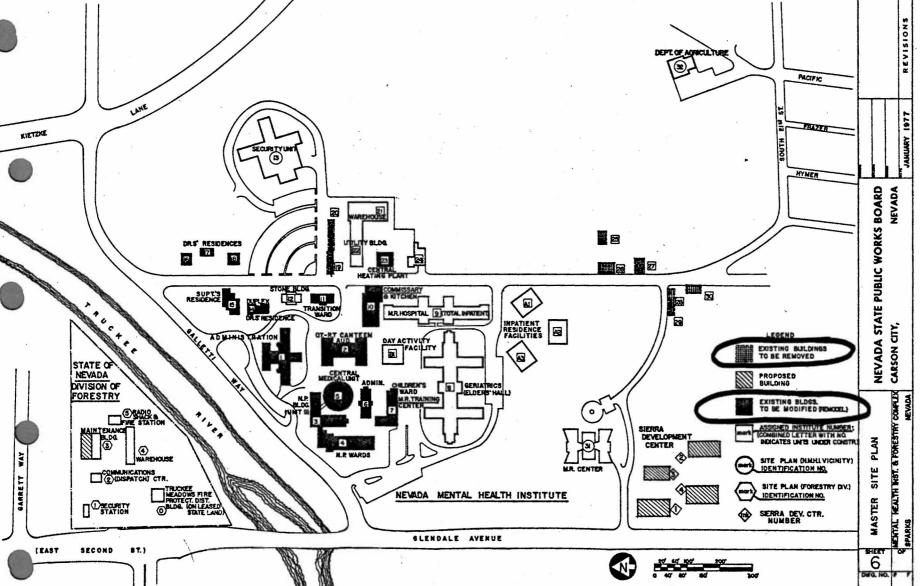
PHASE II

IMPROVEMENTS TO CERTAIN EXISTING BUILDINGS

IN ORDER TO MAINTAIN CURRENT FACILITIES IN OPERATIONAL CONDITION, CERTAIN IMPROVEMENTS AND MODIFICATIONS NEED TO BE MADE AT THIS TIME.

- HEAT PLANT REPAIRS NEW AIREATOR, HOT WELL AND RELATED PLUMBING
- ADDITIONAL ELECTRICAL SUPPLY NEW STEP DOWN TRANSFORMERS FOR BUILDINGS 5,6,7,8,9 AND 10 AND TWO NEW 300 KW GENERATORS FOR STANDBY EMERGENCY SUPPLY.
- EXTERIOR PAINTING FOR BUILDING 2 AND THE THREE STAFF COTTAGES.
- REPLACE CEILING IN BUILDING 2 AND THE GYM; AND NEW ROOF FOR BUILDING 7.
- REPLACE PLUMBING FIXTURES, ADDITIONAL ELECTRICAL OUTLETS; REPLACEMENT OF EXTERIOR DOORS AND FRAMES, BUILDING 6.
- INSTALL ADDITIONAL PATIENT LIGHTING, MEDICAL UNIT.
- CARPET BUILDING 3 TO REDUCE NOISE FACTOR.
- IMPROVE CURRENT PAGER SYSTEM.
- PROVIDE AIR CONDITIONING FOR RESIDENCES 14 AND 15.
- PERFORM SEISMIC SURVEY OF BUILDINGS 1,6,11 AND 23 TO DETERMINE THEIR FUTURE USE.
- DEVELOP A PERMANENT GENETICS LABORATORY IN BUILDING 4.

Projec	t Project Description	Con Cos	struction t	Con	ntingency	De	esign Fee	Plan Check Surveys Etc.	Inspect.	Testing and Misc.	Fure	ılsh.	La	nd		roject otal	State General Funds Accumulated Total	
77-13	Effluent Treatment Systems, Three Fish Hatcheries	\$	300,000	\$	9,000	\$	28,500	\$ 6,700	\$ 13,200	\$ 1,600	\$	-0-	\$	-0-	\$	359,000	\$5,193,000	
	Treatment systems consisting of vacuum cleaners settling ponds, digesters and sludge beds are required on the Washoe Rearing Ponds, Spring Creek Hatchery and Gallagher Hatchery to comply with EPA Standards.	•			æ		× 6		×									
77-14	Miscellaneous Improvements, Mental Health Institute, Sparks		846,100	050	25,500		97,700	2,900	22,000	1,000		-0-		-0-		995,200	6,188,200	
*	This will provide larger electrical services to eight existing buildings, three emergency power generators for six buildings, a new paging system for the entire Institute, replacement of obsolete equipment in the central heat plant, re-painting in five buildings, air-conditioning in two small buildings, a genetics laboratory in Building No. 3, a new roof on Building No. 7, replacement of plumbing fixtures, doors and electrical systems in Building No. 6 and other miscellaneous building improvements, including the demolition of the old farm buildings and an old garage and warehouse buildings.												•					
77-15	Campus Improvements, University of Nevada, Reno	1	,452,700		57,900		110,200	85,000	40,700	10,700		-0-		-0-		1,757,200	6,188,200	in
	This will provide an up-dated physical master plan demolition of four obsolete buildings and landscaping of their sites, remodeling of the old gymnasium, the University Services Building and the Getchell Library, replacement of the constant temperature room in the Home Economics Building, re-paving at the Agriculture Building, Morrill Hall and Mackay Science Building, landscape irrigation systems at Manzanita Bowl, Clark Administration Building, and Lake and Center Streets, an access road to the Anderson Health Sciences Building, elimination of street	•				e. De				ı					Fu C.	.E.C.C. unds 700,200 .I.F. Funds 1,057,000		
	drainage into Manzanita Lake, power factor correction capacitors, 5 KV oil switches, enlargement of the electrical manhole at Getchell Library, interconnection of the existing electrical substations, shunt trip switches on five existing buildings, a gasoline tank and pump at the motor pool, a cooling tower and emergency generator at the central		*															
	heat plant, and a heat trench to the Buildings and Grounds shops.													15				
77-16	Remodel Tonopah Hall, University of Nevada, Las Vegas		990,500		49,500	×	109,000	14,300	34,800	1,900	1	57,000		-0-		1,357,000	6,188,200	
	The existing dormitory building will be remodeled to classrooms and offices to house the College of Business and Economics and the College of Hotel Administration.										•				Fu C.	E.C.C. ands 357,000 I.F. Funds 1,000,000		



NEVADA MENTAL HEALTH INSTITUTE

Staffing and Patient Population

	Ending	Average Daily Census Inpatient Partial	
	Inpatient	Hospitalized and	Institute
	Population	Outpatient	Staff
July 1970	432	435	340.5
July 1971	375	393	340.5
July 1972	346	361	340.5
July 1973	373	371	335.5
July 1974	359	358	335.5
July 1975	246	251	334.0
July 1976	213	230	334.0
November 1976	185	200	334.0
December 1976	205	207	334.0

On July 1, 1977, the maximum inpatient capacity will be 138 being served by a requested staff of 242.5.

February 10, 1977 Budget Division







Nevada Mental Health Institute

P.O. Box 2460 • Telephone 322-6961 RENO, NEVADA 89505

To: Don Mello

From: Helen M. Price

Date: 2/3/77

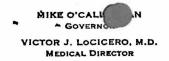
Re: Seamstress Positions

Several years ago when you were campaigning for Office, you took time to visit our Sewing room and to listen to our views and our problems. Since that time, you have had our loyal support because we felt you were interested in our Facility and the welfare of our Clients. Now we badly need your support.

There is not a Dep't. or a Client in this Hospital that is not touched by a service that the Sewing Room provides. Some of these services could not be obtained on the outside. Others would far exceed in cost, the salaries being paid these three Employees. The cost is a very serious consideration, but to me, the most important factor of all would be the dis-service to our Clients. Who will mend their clothing, sew on buttons, repair zippers etc.? Who will mend Linens?. At the price of sheets, are we just to throw them away when they become torn?. Who is to give Emergency Service when things need to be repaired and put back into service as soon as possible?/(Wheel Chairs etc.). The time factor is very important as far as taking care of our Clients is concerned. There are too many things that should be considered for me to put them all in this letter. I feel that it is crucial for you to come out here and talk to the people involved. If you do not have time to come here, we will be glad to come to you in the evenings or when and where you are available.

We have no way of knowing who made the dicision to eliminate the Sewing Room Dep't. from the Hospital but I feel that whoever those persons were, they could not have been knowledgeable of our needs or they were not concerned with the Clients welfare.

I have worked for the Hospital for nineteen years and I have <u>yet</u> to have a Legislator come and talk to me directly. I am in charge of the Sewing Room, Janitorial Services, Property & Clothing Rooms and Interior Decorating. These are all areas that provide Services







Nevada Mental Health Institute

P.O. Box 2460 • TELEPHONE 322-6961 RENO, NEVADA 89505

to the Clients. I do not mean to sound disrespectful, but I feel that people working for the Intitute have more knowledge of the Clients needs than someone sitting at a desk in an Office in Carson City or even here. Again, I am speaking of services to our Clients.

I hope you will show my letter to other Legislators. I am writing to others. If any of the Legislative body do visit the Hospital, Please make it a point to visit the Service areas and not just walk through a couple of Wards and the Adm. Bldg.. Please give us your Consideration.

Helen M. Price Exec. Housekeeper

1330 Castle Way
Reno, Nevada 89512
Home Phone- 329-2320
Office Phone- 322-6961 ext. 319

M. Weinrauch Speech The heade MH & MR agencies have been tolsing their lumps lately, + our organization has had a few differences with them, but, on the whole the nevad asse for Helanded aligens supports what MIH & MR gersonnel are basically trying to do and we do support their proposed budget with, hopefully, a few adjudinents I feel I must apologize to you for coming to you at this late how in the Legislature process in that we may be Compounding some of your problems, But frontly because of extending curumstances we didn't getown out together until this time

Va Proposine

EARLY HOUR IN THE MORNING, AND AT THIS LATE STAGE IN THE LEGISLATIVE PROCESS, I DON'T PLAN TO TAKE UP YOUR TIME, AND MINE, WITH AN IMPASSIONED PLEA EXTOLLING THE MERITS OF THE COMMUNITY TRAINING CENTERS. I WILL MAKE A BASIC ASSUMPTION THAT BOTH GOV. O'CALLAGHAN AND THIS NEVADA LEGISLATURE WOULD NOT CONSIDER CONTINUED, AND POSSIBLE INCREASED, FINANCIAL SUPPORT FOR COMMUNITY TRAINING CENTERS UNLESS THE PROGRAM DID HAVE MERIT.

LET ME PROCEED IMMEDIATELY TO THE CRUX OF THIS YOU MATTER AND RELATE TO/ONE EXAMPLE OF A CTC PROGRAM CURRENTLY BEING OPERATED IN THE RURAL SECTION OF NEVADA, AND I BELIEVE THAT YOU CAN INTERPOLATE AND APPLY THE FOLLOWING STATISTICS TO ELKO, PANACA, YERINGTON AND ELY.

THE MINERAL COUNTY SHELTERED WORKSHOP ALLOWED

ME TO EXTRACT THESE FIGURES FROM THEIR 1976 FINANCIAL STATE
MENT:

INCOME \$22,967.80 EXPENSES 21,133.72 CASH 12-31-76 \$1,834.08

THE MAXIMUM STATE SUPPORT FOR MINERAL COUNTY

CTC IS \$16,000, which requires THE ANNUAL GENERATION OF A

MINIMUM OF \$5,200 IN ORDER TO KEEP THIS FACILITY IN OPERATION.

THE \$16,000 IS A SUBSIDY FOR SALARIES ALONE. ALL OPERATING

EXPENSES HAVE TO BE PAID FOR BY LOCAL SUPPORTING AGENCIES OR

INDIVIDUALS. WE RESORT TO BAKE SALES, RAFFLES, SPAGHETTI

FEEDS, RIVER RUNS, WHAT HAVE YOU, IN AN ALMOST MONTH BY MONTH,

YEAR BY YEAR CONTINUOUS PLEA FOR FUNDS. THIS NEBULOUS AND

INEFFICIENT MODE OF FINANCING LEAVES NO LEEWAY FOR EXPANSION OF PROGRAMS OR IMPROVEMENTS THEREOF.

IF CTC'S ARE WORTH FUNDING THEY SHOULD BE FUNDED ADEQUATELY, AT LEAST TO ALLOW FOR A BUSINESS-LIKE OPERATION. THE \$600.00 PER ENROLLEE PER QUARTER THAT WE ARE REQUESTING WOULD ALMOST BALANCE MINERAL COUNTY'S BUDGET.

I COME FROM FALLON AND OUR CHURCHILL COUNTY
ASSOCIATION FOR RETARDED CITIZENS IS EVEN NOW IN THE PROCESS
OF TRYING TO SET UP A COMMUNITY TRAINING CENTER FOR THE
CITIZENS IN OUR AREA. BELIEVE ME, UNLESS YOU HAVE BEEN
PERSONALLY INVOLVED IN THIS PROCESS YOU CANNOT FULLY APPRECIATE THE PROBLEMS INVOLVED IN RAISING A CONTINUING SOURCE
OF FUNDS TO OPERATE THIS QUASI-CHARITABLE PROGRAM. IF YOU
WILL JUST MULTIPLY BY A HUNDRED PERCENT THE PROBLEMS YOU
ARE HAVING IN KEEPING YOUR FAMILIES AFLOAT IN THE MURKY
ECONOMIC WATERS WE ALL FIND OURSELVES IN YOU MAY PERHAPS
GET SOME IDEA OF WHAT IT IS LIKE TO SUSTAIN A CTC PROGRAM
IN RURAL NEVADA.

OUR NEXT SPEAKER WILL GIVE YOU SOME THOUGHTS

ON WHAT WE ENVISION AS THE FUTURE PROBLEMS OF CTC'S I

THANK YOU FOR YOUR TIME AND YOUR COURTESY IN LISTENING TO

OUR REQUESTED

THESE PRESENTATIONS AND I SOLICIT YOUR SUPPORT FOR INCREASED

FUNDENG FOR COMMUNITY TRAINING CENTERS.

(Our budget does not allow \$100 for telegrams)

Honorable Assemblymen Mello, Brookman, Bremner, Glover, Hickey, Kosinski, Serpa, Vergiels, Howard

Your affirmative vote for \$600 per client per quarter funding for the Community Training Centers is desperately needed to assure continued and better services in Mineral County and other areas of Nevada. We would appreciate your visit of our facilities at any time.

I Jandors Moredo y Jue Solyn 7. Erickson

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Mas Wasal Scotly Hegzelwood Lee Watson

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Willie Mac Javis

wien Hours well K. Smith

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Child I have been the tally interested in the field of retardation for several years I am also a member of the Board of clinities of opportunity village, but 1976 was was an especially good year for us. We had the opportunity to serve more clients—with an expanded staff and more effective training programs. We financed about 51% of the operation of the center with our thrift store and Nevala Badge (ompany. Both of these businesses, incidentally, serve a dual purpose as we combine the sale of goods and services with training programs for our clients.

The problems faced by Opportunity Village are probably what you would expect in any rapidly growing urban area. The remarkable increase in population each year in Southern Nevala demands that we expand, but we need capital funds for expansion, and we're currently forced to use that money for operation expenses.

The lack of adequate public transportation presents a problem, as the people to whom we must make our services available are spread over a large area, and just getting them to the center is expensive.

In addition to transportation vehicles, we must also maintain trucks to pick up donations throughout the community. These donations must be mentioned here because they are the life-blood of our thrift store. our major source of income. As you all know, So. Nev. has an extraordinary number of clubs and organizations which compete fiercly for donations. This problem has grown steadily from year to year and is now compounded by the arrival of Goodwill Industries. You're aware, I know, of their impact on a community through massive adventising campaigns, and we do not have the money to compete with them for donations.

Though we welcome the Desert Developmental (enter, which is to become fully operative this year, we realize that this, too, will affect our program. We a considerably below the pay level of the Des. Dev. (tr. and cannot compete for stalf. We cannot compete with any state agency for that matter. just last week we lost our Evaluator to State Vocational Rehabilitation because they pay more. A qualified staff is imperative to a Community I natring Center, and adding or medicine a staff member is a major untertained. He are affected by the control of the particular of

Le do what the people of the State expect of we, and state expect of we, and state expect of we have handle funding but is necessary to be forward quality directly the Desent Dev. (tr. will some another change. Opportunity Village will be expected to provide services for from 15 to 20 of the dients., Again, we must expend be expected to provide services for from 15 to 20 of the dients., Again, we must expend

Nevada Association for Retarded Citizens

1450 E. Second St. Reno, Nevada 89502 (702) 322-7255

N.A.R.C.

SUSAN M. HAASE Executive Director



To: Assembly Ways and Means Committee

Date: February 11, 1977

Subject: COMMUNITY TRAINING CENTER BUDGET, p. 390-391.

The Community Training Centers are asking today that you consider funding their programs at a rate of \$600/client/quarter as opposed to the Governor's request for \$422/client/quarter. This request is based on the Community Training Centers' increased role in serving the retarded citizens of Nevada.

Nevada is now in the process of "deinstitutionalization," a federally-

coined phrase (as is easily seen by its length) which refers to releasing residents of institutions and returning them to their home counties, and, also, to preventing future admissions through a reliance on alternative community services. Its goal is normalization and it depends upon the Community Training Centers.

The Centers will be expected to provide more than just vocational training because a person's ability as a meat packer or laboratory aide will do him little good if he can't survive in the off-the-job living situation. He must also know how to shop for groceries, handle his finances, spend his leisure time, and communicate effectively with all those providing the community services he needs. In other words, he needs Life Skills which most of us take for granted. This is a tremendous task, and it belongs to the Community Training Centers.

Testimony: Community Training Center Budget p. 2

Where are these centers? There are currently fourteen centers in Nevada. Four are in Reno, three are in Las Vegas, and the others are in Babbitt, Carson City, Elko, Ely, Fallon, Panaca, and Yerington. Some are quite sophistocated with several physical plants, and others are located in poorly-lit basements of old buildings. But regardless of size, they are all concerned about the effect of "deinstitutionalization" on Nevada's retarded citizens.

They're worried that the name may be as empty as it is long.

That it may mean an end to training services for the retarded unless viable community services are developed at the same time. Their fears seem substantiated when instead of "developmental" funding, a 5.5% increase is suggested. This figure, insufficient to cover cost-of-living and merit increases for staff, will not even sustain present program levels. Nevada's retarded citizens will not have the community services they're being promised, and "deinstitution-alization" will mean nothing more than changing a lot of addresses.

We hope you will help prevent this from happening by approving the \$600/client/quarter which the Community Training Center directors requested of the Division of Mental Hygiene and Mental Retardation last year.

Thank you.



Helpers:

Special education teacher Rae Ann Mathews helps Deanna Gross, 8-year-old daughter of Mr. and Mrs. Frank Gross, use a walker made by the girl's father for physically handicapped youngsters who attend Roger Corbett School.

(Journal Photo)

Group of Concerned Reno Parents Gets Aid for Handicapped Children

By PAMELA GALLOWAY

Area youngsters with physical handicaps or cerebral palsy are getting education and therapy due to the efforts of a group of concerned parents.

Seven years ago the Reno area lacked proper educational and recreational facilities for such children.

The parents got to know each other when their children were involved in physical therapy. They began to wonder what would happen to these youngsters when they became school age.

So in the fall of 1970, they formed the Nevada Association of Handicapped Children, a statechartered, tax-exempt organization.

And while progress has been slow considering seven years have passed, the group has made tremendous strides when one considers it has only 40 members.

Washoe Association of Retarded Citizens helped the parents start a pre-school program. Then the fathers started building special equipment for a classroom — the space being provided by WARC. Mrs. Dolores Munson, whose daughter was 3 years old when the

program began described the progress made during the following years:

"Later Easter Seal started a pre-school. Then we started working with the Special Education Department of the Washoe County School District. We got one classroom and pre-school and Roger Corbett School. Now it runs full day with about 10 children, one teacher and one aide."

Therapist Hired

A physical therapist was hired with funds deriving from a Fleischmann Foundation grant received three years ago.

The parents pooled their funds
or used contributions — for
materials to build equipment.
Fathers made large Formica-top
desks with cutouts for children in
wheelchairs to slide into. They
also made standing box-type
desks, parallel bars, walkers, a
standup mirror.

The arrival of the physical therapist, Elizabeth Howe, made life easier for the parents.

"Otherwise, we would have to

take kids to Easter Seal early in the morning or after school, which makes for a very long day," Mrs. Munson said.

The grant only paid half the therapist's salary, so the parents contributed the other half.

This year — for the first time — the Washoe County School District has agreed to pay the therapist's salary.

The children are given very individualized attention, Mrs.

Focus: Health

Munson said. Some go to regular classrooms full-time, some parttime, others not at all.

Mrs. Munson feels the situation is improving all the time. There is a greater awareness on the part of the community about physically handicapped persons. It isn't the "closed door" situation it was in 1970 when the group first began.

The program now also serves

children at Picollo School as wess helping a total of 30 youngsters.

Equipment Project

The parents are now active involved in equipping Picello School so existing equipment at Roger Corbett doesn't have to transported back and forth.

One of the organization's gost for the years ahead is to ensure that educational and vocation facilities for handicapped children are available in Nevada so these people can becomproductive, self-confident, self-confident, self-confident adults—not be a burdent their parents or the state.

The parents feel their children should be included in this community's social, educational and recreational settings, and that it citizens should be aware of the plight of these youngsters.

Another Reno area organization has become aware of the Nevad-Association for Handicappe Children. It is Beta Sigma Phi.

The sorority's annual Valentine Ball Feb. 12 will benefit the cause this year.

Funds raised will be used to build needed equipment for the children.

PLEASE PRINT

DATE: Feb., 11, 1977

WAYS AND MEANS COMMITTEE

REPRESENTING

GUEST LIST

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It is inconceivable that a problem of this nature has to continually be concerned with obtaining funds to function. I should hope that in the not too distant future it will be recognized that it is something that should be provided for with whatever funds it might take to create a worthwhile and adequate program.

In view of the fact that the retarded are entitled to a life the same as other people, and that it is impossible for them to do it without assistance, or for a parent to create a life for that individual is an impossibility, regardless how capable that person might be, or how wealthy, it takes something more, like training centers or special facilities. Everyone is bogged down with problems for periods of a lifetime, but how many of you are trapped with a problem that embraces a lifetime, as is the case of most instances with the retarded?

I encourage you to provide for the additional funding of \$600.00 per quarter per elient on the basis of these very fundamental facts, that have been ignored in the past, and with the hope that you will go out of here with an open mind to creative thoughts that could lead to better solutions to this endless problem in time.

Thank you!

Marilyn Orr

(Mother of a mentally retarded adult and board member of Washoe Assn. for the Retarded.)