

# Department of Health and Human Services Behavioral Health

---

## SFY 14/15 Budget Presentation

*Brian Sandoval, Governor*

*Michael J. Willden, Director*

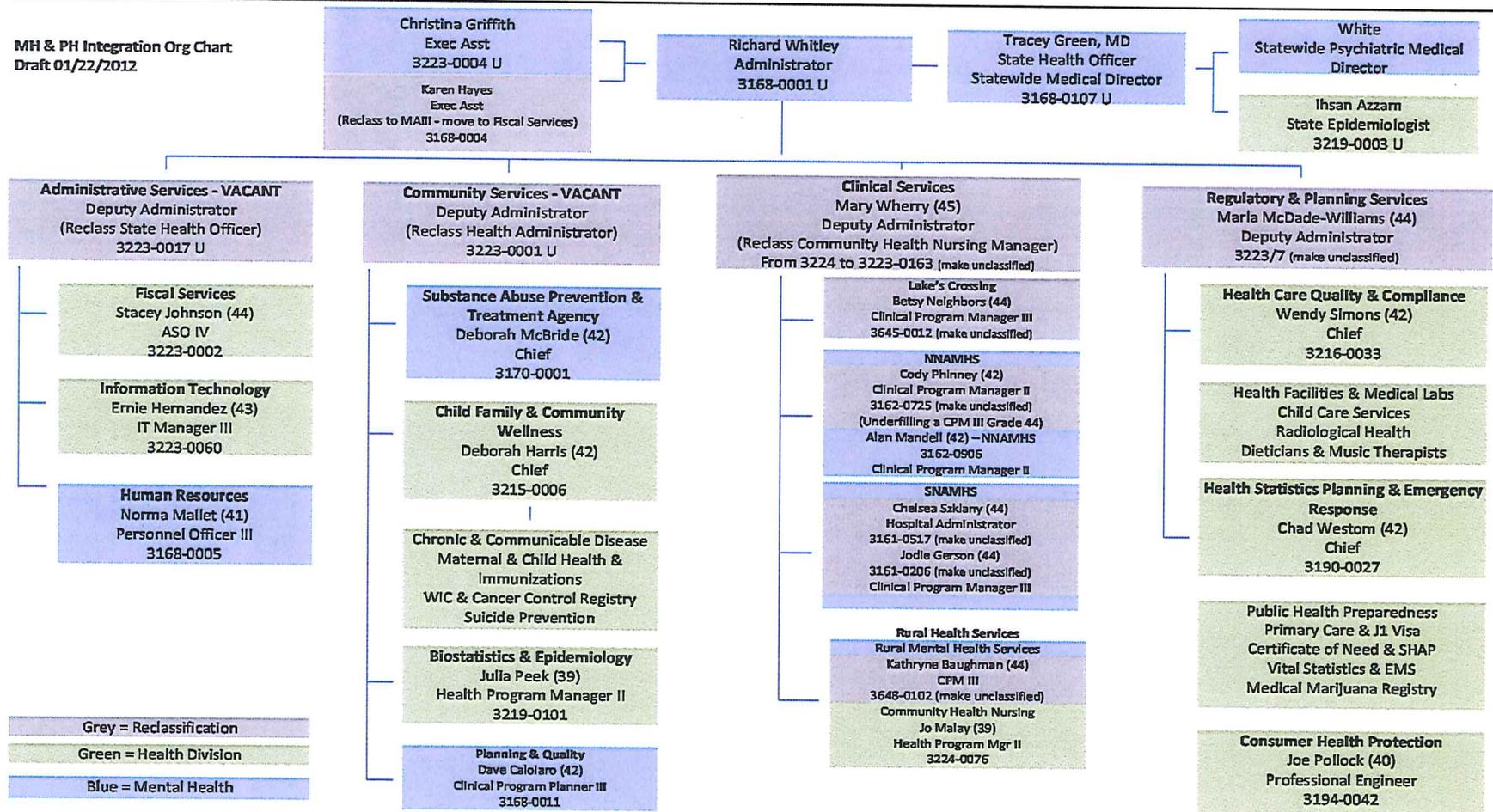
*Richard Whitley, MS, Administrator*

*Tracey D. Green, MD, Statewide Medical Program Coordinator*

February 14, 2013

# Division of Public and Behavioral Health

MH & PH Integration Org Chart  
Draft 01/22/2012



## 408 – Behavioral Health

Behavioral Health is responsible for planning, administration, policy setting, monitoring and budget development of all state funded behavioral health and substance abuse programs. This includes the operation of state funded outpatient community mental health programs, psychiatric inpatient programs, mental health forensic services, and substance abuse prevention and treatment programs.

Behavioral Health is made up of five agencies:

- Southern Nevada Adult Mental Health Services (SNAMHS)
- Northern Nevada Adult Mental Health Services (NNAMHS)
- Lake's Crossing Center
- Rural Services
- Substance Abuse Prevention and Treatment Agency (SAPTA)

The mission of Behavioral Health is to develop and operate programs which assist individuals who have mental illness and substance abuse disorders. Behavioral Health is obligated to offer care regardless of ability to pay, assure services are offered in the “least restrictive environment,” base services upon individual needs, and honor consumer’s rights.

## 408 – Behavioral Health

You will notice that some of the decision units have been color coded to show decision units that are similar across the majority of the Behavioral Health budget accounts.

The **green** decision units represent an increase in medication costs due to inflation.

The **blue** decision units represent an increase in Medicaid caseload for outpatient and pharmacy services generated from individuals who have been eligible for Medicaid, but never enrolled and the expansion of the Medicaid program to 138% of the poverty level.

The **red** decision units represent adjustments to funds that are cost allocated to the Behavioral Health Administration (3168) and Information Technology (3164) budgets.

The **orange** decision units represent IT related decision units.

The **purple** decision units represent decision units that are transferring to the Aging and Disability Services Division (ADSD) as part of the consolidation of developmental services.

Throughout the presentation you will see various decision units requesting that positions be reviewed by the Division of Human Resource Management for potential reclassification as well as various deferred maintenance requests.

Methodologies used to determine and forecast caseload.

Standard Base, M100, M150, M300 and the E670 series decision units have not been detailed out in the presentation.

**Green = Inflation**    **Blue = ACA**    **Red = Cost Allocation**    **Orange = IT**    **Purple = Integration**

## BA 3161 – Southern Nevada Adult Mental Health Services (SNAMHS)

The mission of Southern Nevada Adult Mental Health Services (SNAMHS) is to help adults with mental illness through inpatient and community-based services; empowering them to live and safely participate in the community while maximizing their quality of life. SNAMHS provides comprehensive psychiatric services to individuals with mental illness throughout locations in Southern Nevada. Statutory Authority: NRS 433.

- M101 – This request funds increased medication costs due to inflation. The inflation rate is 4.3% for FY 2014 and 4.2% for FY 2015.
- M425 – This request replaces exterior doors with reinforced doors to reduce elopement risk and reduce damages at Rawson Neal Psychiatric Hospital.
- M426 – This request replaces an interior door with a reinforced door to lower the elopement risk and reduce damages at the Rawson-Neal Psychiatric Hospital.
- M427 – This request funds paint for the exterior of six buildings on the West Charleston campus.
- M428 – This request funds paint for the interior of the Rawson-Neal Psychiatric Hospital.

Green = Inflation

Blue = ACA

Red = Cost Allocation

Orange = IT

Purple = Integration

## BA 3161 – Southern Nevada Adult Mental Health Services (SNAMHS)

- M740 – This request reflects an increase in Medicaid caseload revenue for outpatient services generated from individuals who have been eligible for Medicaid, but never enrolled.
- M745 – This request reflects an increase in Medicaid caseload revenue for pharmacy services generated from individuals who have been eligible for Medicaid, but never enrolled.
- E226 – This request co-locates focused medical clearance and urgent care programs at SNAMHS.
- E227 – This request provides funding for Residents Services outside regular operating hours to the SNAMHS Psychiatric Hospital and the proposed 24-hour Urgent Care Facility.
- E228 – This request increases the University of Nevada, School of Medicine residency full time equivalent (FTE) count for post-graduate residents from 2.0 FTE to 3.0 FTE.

Green = Inflation

Blue = ACA

Red = Cost Allocation

Orange = IT

Purple = Integration

## BA 3161 – Southern Nevada Adult Mental Health Services (SNAMHS)

- E231 – This request eliminates a Medical Program Coordinator and a part-time Senior Psychiatrist to continue funding for the contracted Statewide Psychiatric Medical Director.
- E350 – This request provides after care housing and treatment for 38 clients who have co-occurring diagnosis of substance abuse and mental illness (HUD Grant Award).
- E710 – Replaces computer hardware and associated software per Enterprise Information Technology Services (EITS) recommended replacement schedule.
- E720 – This request funds software licenses used for medical record dictation.

Green = Inflation

Blue = ACA

Red = Cost Allocation

Orange = IT

Purple = Integration

## BA 3161 – Southern Nevada Adult Mental Health Services (SNAMHS)

- E741 – This request reflects an increase in Medicaid caseload revenue for outpatient services due to the expansion of the Medicaid program to 138% of the poverty level.
- E746 - This request reflects an increase in Medicaid caseload revenue for pharmacy services due to the expansion of the Medicaid program to 138% of the poverty level.
- E800 - This request adjusts the funds that are cost allocated to the IT budget (3164).
- E801 - This request adjusts the funds that are cost allocated to the Administration budget (3168).
- E802 – This request increases the salary for the Statewide Mental Health Medical Coordinator in order to remain competitive.

Green = Inflation

Blue = ACA

Red = Cost Allocation

Orange = IT

Purple = Integration

## **BA 3161 – Southern Nevada Adult Mental Health Services (SNAMHS)**

- E805 – This request reclassifies a Director of Nursing II to a Chief of Nursing, two Accounting Assistant III's to Accountant Technician I's, an Administrative Assistant II to an Information Technology Technician IV and a Personnel Analyst I to a Personnel Analyst II commensurate with the duties of these positions.
- E811 – This request reclassifies a classified Clinical Program Manager III to an unclassified Agency Manager and a Hospital Administrator from classified to unclassified.

Green = Inflation

Blue = ACA

Red = Cost Allocation

Orange = IT

Purple = Integration

## BA 3161 – Southern Nevada Adult Mental Health Services (SNAMHS)

- E903 – This request transfers IT positions from BA 3161 (SNAMHS) to BA 3164 (Mental Health Information System) to centralize IT services.
- E904 – This request transfers one motor pool vehicle from BA 3648 (Rural Clinics) to BA 3161 (SNAMHS).
- E911 – This request transfers an IT Manager position from SNAMHS, BA 3161, to Aging and Disability Services Administration, BA 3151 as part of the consolidation of developmental services.
- E920 – This request transfers a part-time Senior Psychiatrist from NNAMHS, (BA 3162), to SNAMHS (BA 3161).

Green = Inflation

Blue = ACA

Red = Cost Allocation

Orange = IT

Purple = Integration

## BA 3162 – Northern Nevada Adult Mental Health Services (NNAMHS)

The mission of Northern Nevada Adult Mental Health Services is to provide psychiatric treatment and rehabilitation services for adults of Northern Nevada with mental illness in the least restrictive setting to support personal recovery and enhance quality of life. Statutory Authority: NRS 433; 433A; 436.

- M101 – This request funds increased medication costs due to inflation. The inflation rate is 4.3% for FY 14 and 4.2% for FY 15.
- M102 – This request funds increased food costs due to inflation. The inflation rate is 4% for FY 14-15.
- M200 – This request funds caseload growth in the Medication Clinic.
- M201 – This request funds caseload growth for Mental Health Court.
- M202 – This request funds caseload growth for Supported Living Arrangements.

Green = Inflation

Blue = ACA

Red = Cost Allocation

Orange = IT

Purple = Integration

## BA 3162 – Northern Nevada Adult Mental Health Services (NNAMHS)

- M425 – This request funds maintenance of the interior and exterior buildings of the NNAMHS campus to prevent further deterioration of the buildings.
- M501 – Provides services for ten youth who have returned from out of state placement.
- M740 - This request reflects an increase in Medicaid caseload revenue for outpatient services generated from individuals who have been eligible for Medicaid, but never enrolled.
- M745 - This request reflects an increase in Medicaid caseload revenue for pharmacy services generated from individuals who have been eligible for Medicaid, but never enrolled.
- E225 – This request eliminates one full-time and two part-time senior psychiatrist positions and establishes them as contract positions.

Green = Inflation

Blue = ACA

Red = Cost Allocation

Orange = IT

Purple = Integration

## BA 3162 – Northern Nevada Adult Mental Health Services (NNAMHS)

- E227 – This request funds a contracted part-time Psychiatric Nurse and a part-time Administrative Assistant to co-locate at NNAMHS and provide after-hours medical clearance to reduce inappropriate use of emergency rooms.
- E229 – This request funds building enhancements on the NNAMHS campus for office space for the Program for Assertive Community Treatment staff and the Mobile Outreach Safety Team.
- E710 – Replaces computer hardware and associated software per Enterprise Information Technology Services (EITS) recommended replacement schedule.

Green = Inflation

Blue = ACA

Red = Cost Allocation

Orange = IT

Purple = Integration

## BA 3162 – Northern Nevada Adult Mental Health Services (NNAMHS)

- E741 – This request reflects an increase in Medicaid caseload revenue for outpatient services due to the expansion of the Medicaid program to 138% of the poverty level.
- E745 - This request reflects an increase in Medicaid caseload revenue for pharmacy services due to the expansion of the Medicaid program to 138% of the poverty level.
- E800 - This request adjusts the funds that are cost allocated to the IT budget (3164).
- E801 - This request adjusts the funds that are cost allocated to the Administration budget (3168).
- E802 – This request increases the salary for the Statewide Mental Health Medical Coordinator in order to remain competitive.
- E805 – This request reclassifies an Administrative Assistant III to an IT Technician IV and increases the position from .75 to 1.0 FTE commensurate with the duties of the position.

Green = Inflation

Blue = ACA

Red = Cost Allocation

Orange = IT

Purple = Integration

## BA 3162 – Northern Nevada Adult Mental Health Services

- E807 – This request reclassifies a Health Information Director to a Program Officer III commensurate with duties of the position.
- E808 – This request reclassifies a Psychiatric Nurse IV position to a Mid-Level Medical Practitioner commensurate with the duties of the position.
- E811 – This request reclassifies a classified Clinical Program Manager III to an unclassified Agency Manager commensurate with the duties of the position.
- E902 – This request transfers IT positions from BA 3162 (NNAMHS) to BA 3164 (Mental Health Information System) to centralize IT services.
- E908 – This request transfers a Personnel Technician I from Rural Clinics (BA 3648) to NNAMHS (BA 3162).
- E920 – This request transfers a part-time Senior Psychiatrist from NNAMHS, BA 3162, to SNAMHS (BA 3161).

Green = Inflation

Blue = ACA

Red = Cost Allocation

Orange = IT

Purple = Integration

## BA 3164 – Mental Health Information System

This budget supports the Mental Health Management Information System (MIS) for the Behavioral Health Services Division. This budget is committed to division-wide information technology (IT) implementation projects, IT planning, and IT improvements to the MIS. Statutory Authority: NRS Chapter 433.254.

- E502 – This request combines two part-time IT Technician V positions to make one full-time IT Tech V position.
- E503 - This request combines two part-time IT Technician V positions to make one full-time IT Tech V position.
- E607 – This request eliminates a Business Process Analyst II position to enhance the centralized IT Unit.
- E720 – This request funds new hardware and software to monitor and control internet security.

Green = Inflation

Blue = ACA

Red = Cost Allocation

Orange = IT

Purple = Integration

## BA 3164 – Mental Health Information Systems

- E805 – This request reclassifies two Business Process Analyst III positions to IT Professional III positions commensurate with the duties of these positions.
- E807 – This request reclassifies an Information Professional III position to an Information Technology Manager position commensurate with duties of the position.
- E901 – This request transfers IT positions from Rural Clinics (BA 3648) to Mental Health Information System (BA 3164) to centralize IT services.
- E902 – This request transfers IT positions from BA 3163 (NNAMHS) to BA 3164 (Mental Health Information System) to centralize IT services.
- E903 - This request transfers IT positions from BA 3161 (SNAMHS) to BA 3164 (Mental Health Information System) to centralize IT services.
- E906 – This request transfers one Information Technology Professional II position from the Sierra Regional Center, BA 3280, to Mental Health Information System, BA 3164 to centralize IT services.
- E912 - This request transfers IT positions from Mental Health Information System BA 3164 to Aging and Disability Services Administrative BA 3151 as part of the consolidation of developmental services.

Green = Inflation

Blue = ACA

Red = Cost Allocation

Orange = IT

Purple = Integration

## BA 3168 – Mental Health Administration

Working in partnership with consumers, families, advocacy groups, agencies, and diverse communities, the Division of Behavioral Health provides responsive services and informed leadership to ensure quality outcomes. The division's mission includes treatment in the least restrictive environment, prevention, education, habilitation and rehabilitation for Nevadans challenged with mental illness or mental retardation. These services are designed to maximize each individual's degree of independence, functioning and satisfaction. Statutory Authority: NRS Chapters 433, 433A, and 433B, specifically NRS 433.254.E710 Replacement Equipment – Provides \$6,241 each fiscal year to purchase four computers and software to adhere to DOIT's 20% replacement schedule.

- E225 – This request adds a Management Analyst IV and an Accountant Technician II for the centralized Grants Management and Accounting Units.
- E250 – This request adds a Biostatistician II to evaluate programs, collect data, report, interpret and evaluate mental health data.
- E710 – Requests replacement computer hardware and associated software per the Enterprise Information Technology Services (EITS) recommended replacement schedule.

Green = Inflation

Blue = ACA

Red = Cost Allocation

Orange = IT

Purple = Integration

## BA 3168 – Mental Health Administration

- E744 – This request adds one Social Services Manager IV, one Business Process Analyst III and one Program Officer III needed to support revenue collection and service delivery goals established due to the expansion of the Medicaid Program.
- E800 - This request adjusts the funds that are cost allocated to the IT budget (3164).
- E806 – This request increases the salary for the Statewide Mental Health Medical Coordinator in order to remain competitive.

Green = Inflation

Blue = ACA

Red = Cost Allocation

Orange = IT

Purple = Integration

## BA 3168 – Mental Health Administration

- E811 – This request reclassifies the Executive Assistant to a Management Analyst III position to assist with the implementation and oversight of an auditing program for sub-recipients in the Division of Public and Behavioral Health.
- E910 – Transfers positions from Mental Health Administration BA 3168 to Aging and Disability Services as part of the consolidation of developmental services.

Green = Inflation

Blue = ACA

Red = Cost Allocation

Orange = IT

Purple = Integration

## BA 3170 – Substance Abuse Prevention and Treatment (SAPTA)

The mission of the Substance Abuse Prevention and Treatment Agency (SAPTA) is to reduce the impact of substance abuse in Nevada by regulating and funding quality education, prevention, and treatment programs. Statutory Authority: NRS 458.

- E230 – This request eliminates redundancies for certain alcohol and drug abuse facilities by allowing the facility to be certified or accredited. A Bill Draft Request has been submitted to support this request.
- E249 – This request funds a new Management Analyst III position to oversee compliance of sub-grantees.
- E250 – This request funds a new Quality Assurance Specialist II position to assure quality outcomes within the new service delivery model.
- E710 – This request replaces computer hardware and associated software per the Enterprise Information Technology Services (EITS) recommended replacement schedule.
- E740 - This request reflects an increase in Medicaid caseload revenue for outpatient services due to the expansion of the Medicaid program to 138% of the poverty level.

Green = Inflation

Blue = ACA

Red = Cost Allocation

Orange = IT

Purple = Integration

## BA 3170 – Substance Abuse Prevention and Treatment (SAPTA)

- E800 - This request adjusts the funds that are cost allocated to the IT budget (3164).
- E801 - This request adjusts the funds that are cost allocated to the Administration budget (3168).
- E802 – This request increases the salary for the Statewide Mental Health Medical Coordinator in order to remain competitive.
- E805 – This request reclassifies a Health Program Specialist II to a Clinical Program Planner II and three Health Program Specialist I's to Clinical Program Planner I's commensurate with the duties of these positions.
- E807 – This request reclassifies a Management Analyst II to a Business Process Analyst II and a Health Program Specialist II to a Business Process Analyst III commensurate with the duties of these positions.

Green = Inflation

Blue = ACA

Red = Cost Allocation

Orange = IT

Purple = Integration

## BA 3645 – Facility for the Mental Offender (Lake's Crossing Center)

The mission of the Lake's Crossing Center facility is to provide statewide forensic mental health services in a secure setting to mentally disordered offenders who have been deemed incompetent to stand trial, referred from the court system, so they can be restored to competency and can be referred back to the court system to stand trial. Lake's Crossing Center also treats very difficult to manage patients from other facilities in the state until they can return to a less restrictive setting, as well as clients acquitted as not guilty by reason of insanity; and dangerous, unrestorable clients. Statutory Authority: NRS 175, 178 and 433.

- M101 – This request funds increased medication costs due to inflation. The inflation rate is 4.3% for FY 14 and 4.2% for FY 15.
- M102 – This request funds increased food costs due to inflation. The inflation rate is 4% for FY 14-15.
- E226 – This request funds overtime, holiday, shift differential and standby pay costs due to 24 hour coverage required for this forensic facility.
- E229 – This request funds additional in-state and out-of-state travel to cover a projected increase in the number of transports required over the 2013-15 biennium.
- E710 – This request replaces computer hardware and associated software per the Enterprise Information Technology Services recommended replacement schedule.
- E811 – This request reclassifies a classified Clinical Program Manager III to an unclassified Agency Manager commensurate with the duties of the position.

Green = Inflation

Blue = ACA

Red = Cost Allocation

Orange = IT

Purple = Integration

## BA 3648 – Rural Clinics

Rural Clinics facilitates the delivery of essential, evidence-based outpatient mental health services for adults and children in collaboration with community partners in rural Nevada. Statutory Authority: NRS 433.

- M101 – This request funds increased medication costs due to inflation. The inflation rate is 4.3% for FY 14 and 4.2% for FY 15.
- M740 - This request reflects an increase in Medicaid caseload revenue for outpatient services generated from individuals who have been eligible for Medicaid, but never enrolled.
- M745 - This request reflects an increase in Medicaid caseload revenue for pharmacy services generated from individuals who have been eligible for Medicaid, but never enrolled.
- E225 – This request funds a Management Analyst II position and an Administrative Assistant II position to assist with the pharmacy patient assistance program.
- E227 – This requests a replacement phone system for Rural Services Carson City location.

Green = Inflation    Blue = ACA    Red = Cost Allocation    Orange = IT    Purple = Integration

## BA 3648 – Rural Clinics

- E710 – This request replaces computer hardware and associated software per the Enterprise Information Technology Services (EITS) recommended replacement schedule.
- E720 – This requests funds a new policy and procedures management software.
- E721 – This request funds ten EKG machines for rural Mental Health Centers.

Green = Inflation

Blue = ACA

Red = Cost Allocation

Orange = IT

Purple = Integration

## BA 3648 – Rural Clinics

- E741 – This request reflects an increase in Medicaid caseload revenue for outpatient services due to the expansion of the Medicaid program to 138% of the poverty level.
- E745 - This request reflects an increase in Medicaid caseload revenue for pharmacy services due to the expansion of the Medicaid program to 138% of the poverty level.
- E800 - This request adjusts the funds that are cost allocated to the IT budget (3164).
- E801 - This request adjusts the funds that are cost allocated to the Administration budget (3168).
- E802 – This request increases the salary for the Statewide Mental Health Medical Coordinator in order to remain competitive.

Green = Inflation

Blue = ACA

Red = Cost Allocation

Orange = IT

Purple = Integration

## BA 3648 – Rural Clinics

- E805 – This request reclassifies an Administrative Assistant II to an IT Technician IV and a Business Process Analyst I to IT Technician V commensurate with the duties of these positions.
- E811 – This request reclassifies a Clinical Program Manager III to an unclassified Agency Manager commensurate with the duties of the position.
- E901 - Transfers IT positions from Rural Clinics (BA 3648) to Mental Health Information System (BA 3164) to consolidate IT services into one budget account.
- E904 – This request transfers a motor pool vehicle from Rural Clinics (BA 3648) to SNAMHS, BA 3161.
- E908 – This request transfers a Personnel Technician I from Rural Clinics, BA 3648, to NNAMHS, BA 3162.

Green = Inflation

Blue = ACA

Red = Cost Allocation

Orange = IT

Purple = Integration

White Paper  
Maximizing Revenue for Behavioral Health Services  
Brandi Johnson  
December 10, 2012

**Summary** – It is the goal of the MHDS to maximize the revenue for behavioral health services, which include both mental health and substance abuse, by billing identified third party payors including Medicare, Medicaid, and other insurance carriers/programs for all eligible services.

**Background** – Historically, the majority of behavioral health services provided directly by MHDS have been supported by the State General Fund. Initiatives and efforts to supplement this funding through revenue collection, specific to medical billing, have been increased over the past years. This includes the development of the Centralized Billing Office (CBO). Absent the Medicaid cost settlement process FY 2012 revenue collections were 15% of costs.

**Problem Statement** – The amount of collectable revenue needs to be concretely identified so policies and procedures may be developed and implemented to ensure all collectable monies are being captured as revenue. Processes surrounding medical claims billing are not specific to the CBO. The billing process starts when the patient contacts or enters the facility and ends when a claim for services submitted to the insurance carrier is paid. Since a multitude of responsibilities are spread over numerous departments, it can be challenging to identify root causes.

**Proposed Solution** – A multifaceted approach initiating from the Billing Quality Team will be utilized. A comprehensive review will include the following specific areas:

- Cost Allocation Plan- existing plan compliance, cost settlement process and future requirements related to both direct and indirect services under the plan
- Client Eligibility-Current processes for obtaining insurance information, eligibility assistance, overarching processes
- Service Delivery Models-Service identification and provision, caseloads specific to service providers, QA, authorization procedures/barriers,
- Equipment - Practice Management System (AVATAR) pros and cons of current systems, system abilities and limitations, available upgrades/add-ons, expanded use potential, and non AVATAR software/hardware

Subgroups will be assigned for each area identified for review. Upon completion of the review the following will have been determined:

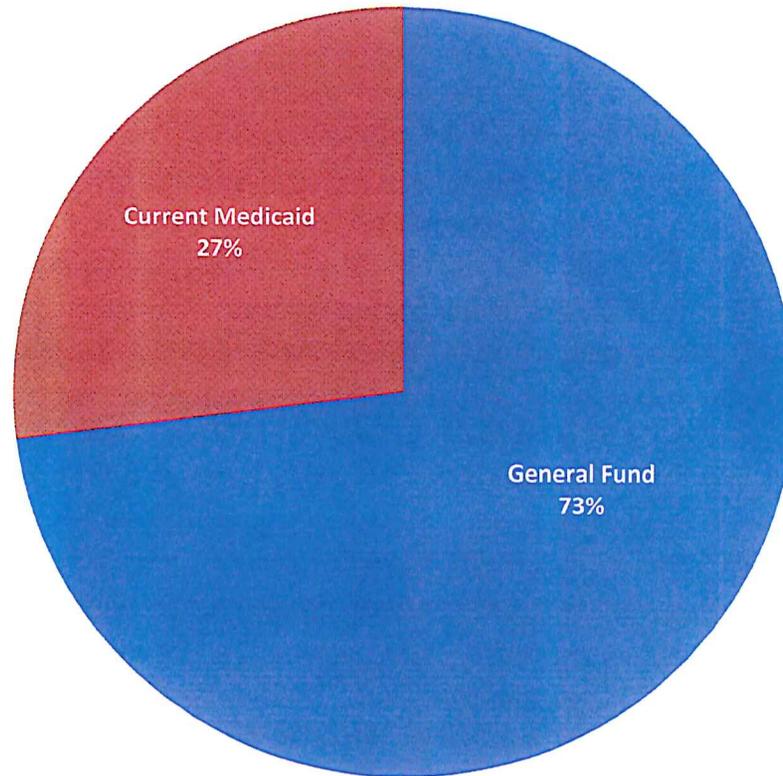
- areas of strength and weakness in over all practices
- opportunities for revenue that has not been historically collected
- services and providers that will not produce revenue
- roles and responsibilities of CBO and service sites

Policies and procedures will be developed to promote maximum revenue collection, accountability, standardization and comprehensive processes. Training will be conducted specific to the needs of each department and site including professional staff.

**Conclusion** –The review and resulting policy and procedure changes at all levels will identify collectable revenue more accurately and implement a systematic approach to maximizing revenue for behavioral health services.

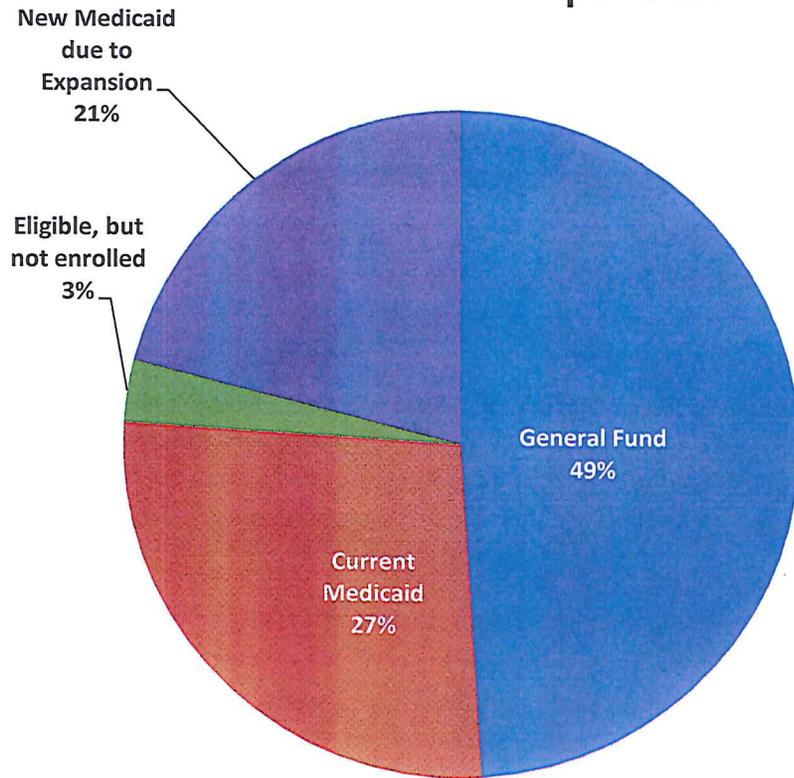
# Affordable Care Act

SFY 2014/2015 before Expansion

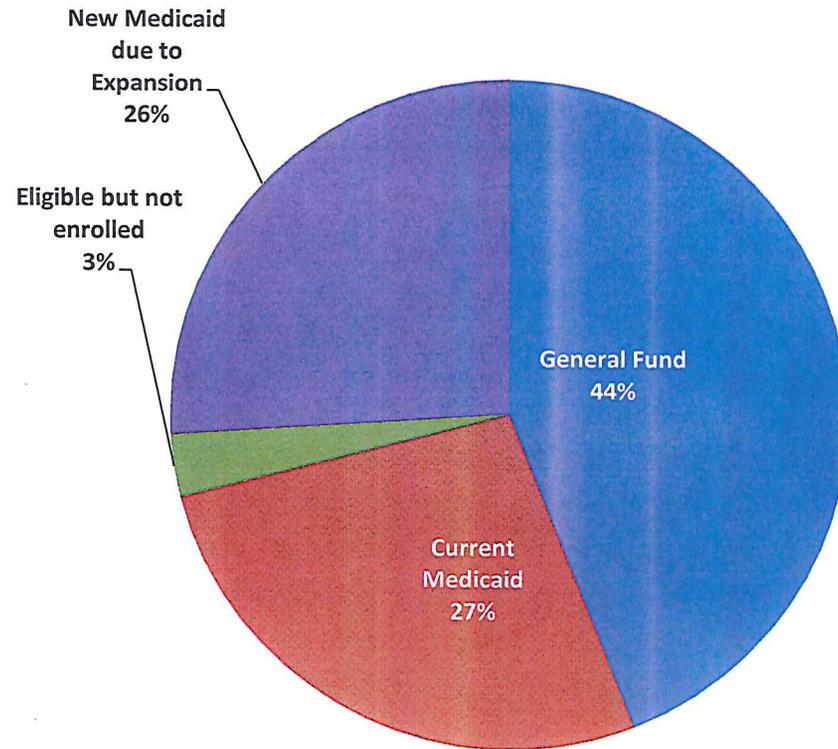


# Affordable Care Act

## SFY 2014 with Expansion



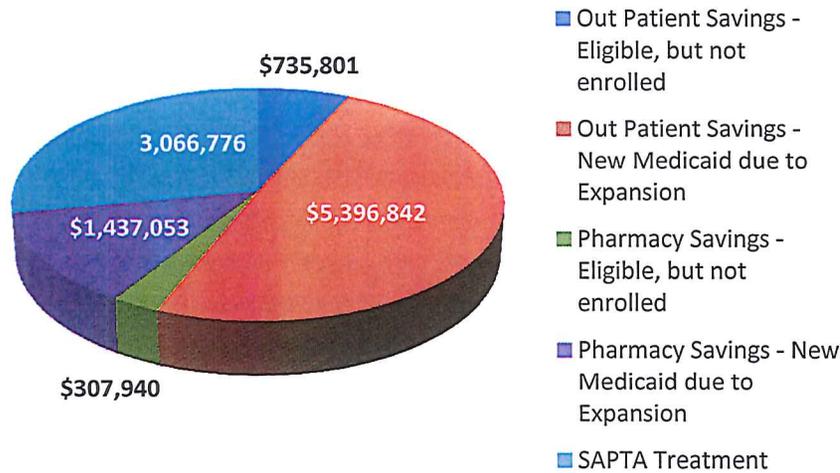
## SFY 2015 with Expansion



# Affordable Care Act

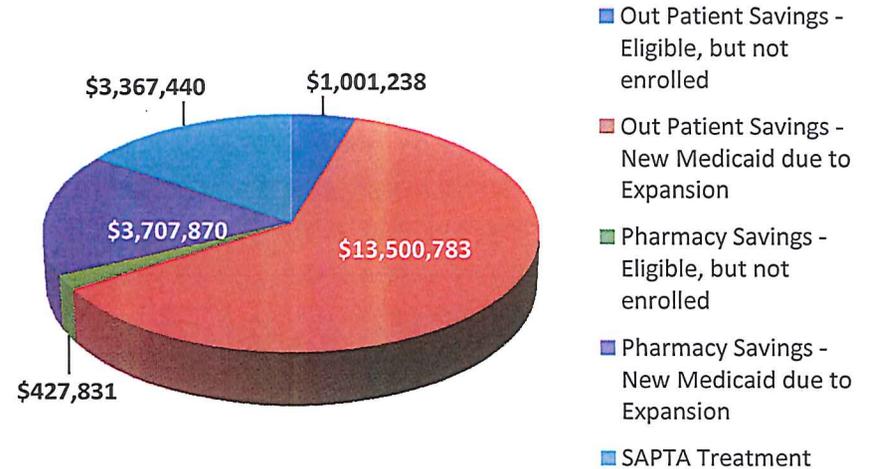
## SFY 2014 Projected ACA Savings

Total Savings: \$10,944,412

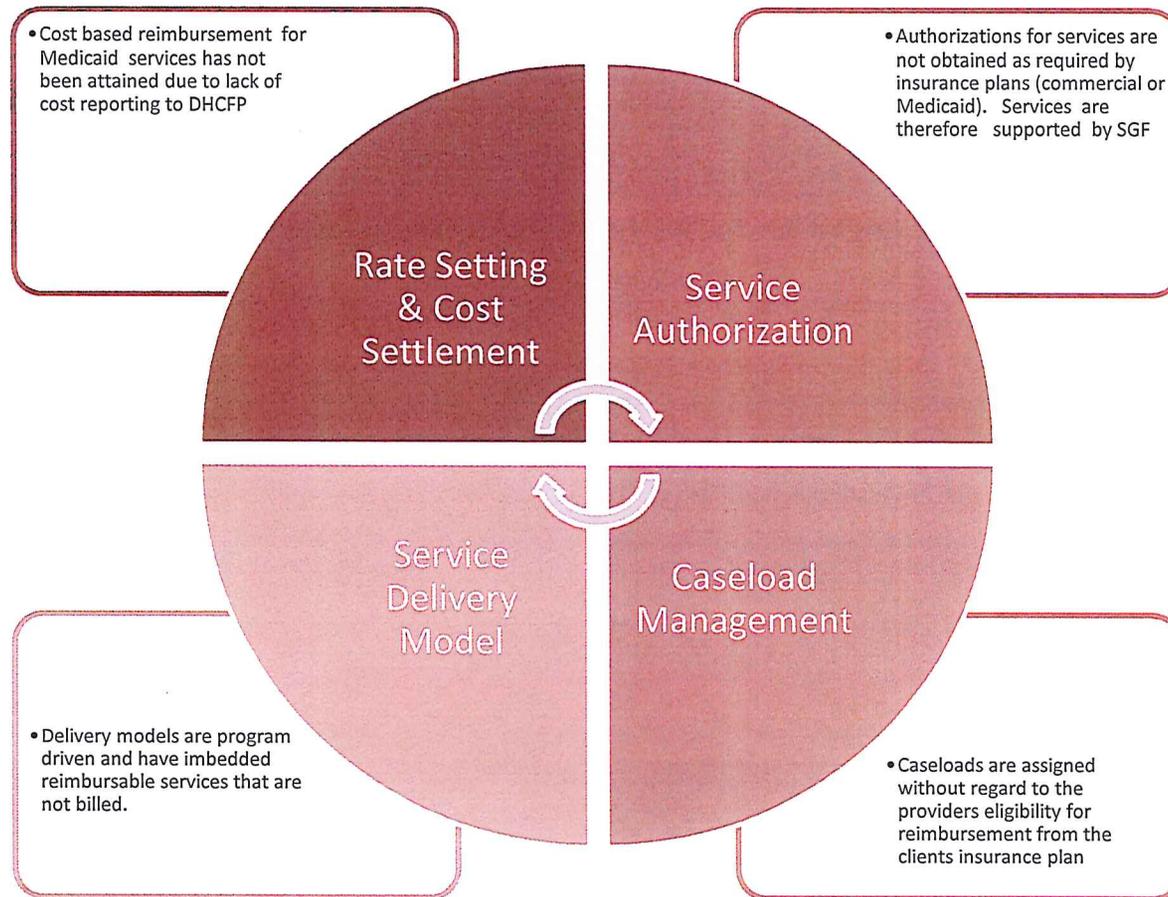


## SFY 2015 Projected ACA Savings

Total Savings: \$22,005,162



# Missed Opportunities for Reimbursement



# FY2012 vs. FY2015

## FY 2012

- 27% of Clients are Medicaid Eligible
- 13.55% of costs were recouped in Medicaid Revenue

Cost \$14,181,837

Revenue \$ 1,921,686

SGF Match \$ 6,374,736

General Fund \$ 5,885,415

## FY 2015

- 56% of Clients are Medicaid Eligible
- 100% of costs (less SGF Match) will be recouped in Medicaid Revenue

Cost \$29,414,179

Revenue \$23,408,510

SGF Match \$ 6,005,669

General Fund \$ 0

# Insurance Breakdown

## Behavioral Health Clients

Insurance	2/23/2012	Projected FY 14	Projected FY 15
Medicaid Only	2207 (27%)	7840(51%)	8608(56%)
Medicare/Medicaid	151	151	151
Private/Medicaid	197	197	197
Private/Medicare/Medicaid	1627	1627	1627
Medicare Only	171	171	171
Medicare/Private	1569	1569	1569
Private Only	616	616	616
No Insurance	8834	3174	2433
	15372	15372	15372

\*\*Includes Medicaid and other insurance

# White Paper

## Co-locating a Walk-in Clinic within the Psychiatric Hospital in Las Vegas

February 01, 2013

**Summary** – It is the goal of the MHDS to co-locate a 24/7 walk in clinic within the psychiatric hospital to provide individuals access to services and to relieve the emergency rooms of the local hospitals of mentally ill clients that do not require emergency room services.

**Background** – The benefit of integration is the use of data to identify special populations and specific needs. Southern Nevada Adult Mental Health Services (SNAMHS) has benefitted from working closely with the Health Division and the resources of the population based model. The data identified a group of high system utilizers that had multiple recurring encounters with emergency rooms, the psychiatric observation unit and hospitals. The data also identified a unique population that did not require acute hospitalization but instead needed immediate assessment, medication stabilization and referral. The population identified needs urgent evaluation and triage rather than emergency care. Furthermore, this population may need services at any hour of the day, but the current system only provides services from 8am to 5pm.

There is also a gap in services identified for families and friends of the mentally ill in crisis when the crisis occurs after 5pm. In the current system there is no alternative but the emergency room.

We have begun to improve the system by decreasing time in the Emergency Room from 3 days to 32 hours. The mechanism for improving wait time is two-fold. First, we have enhanced our MCT team which is a Mobile Crisis Team that evaluates and triages clients in emergency rooms in Las Vegas. A team of Licensed Clinical Social Workers evaluate and when feasible develop a safe discharge plan with the ER physician's approval. This team averts unnecessary psychiatric hospitalizations, saves ER personnel time and reduces the number of psychiatric patients in the ER. We have also begun admitting clients to the psychiatric observation unit during all shifts throughout the day and had previously only admitted clients during day shift.

The system requires a step- down level of care between Emergency rooms and outpatient services describes as Urgent care. In an Urgent care clinic clients can receive immediate services, stabilization, medication and referral to either outpatient or inpatient services depending on their level of service needs.

This Urgent Care request is to co-locate the SNAMHS outpatient urban clinic identified as the Downtown Clinic into the Rawson Neal Hospital to provide focused medical clearance and urgent care services at SNAMHS 24 hours a day, 7 days a week. The implementation will be incremental to assure adequate training of staff and development of community resources. The Urgent Care model would provide the new site for care for these individuals, families and friends. The Downtown Clinic is located at 720 South 7<sup>th</sup> Street in Las Vegas. The distance to the Rawson Neal hospital by foot is 5.5 miles. However, Bus 206 goes directly from Charleston at Gas to Charleston at Jones. The bus runs every 20 minutes, all day every day. We will be providing bus passes to clients as they are identified. There are 15 state staff positions

working 8am to 5pm and all staff will be retained. The additional shifts to provide services will be covered by the supplemental staff requested in this budget.

**Problem Statement** – Today, all individuals with mental illness use the emergency room for mental health services if their primary Psychiatrist's office or the outpatient clinics are closed. Also the emergency rooms are the primary site that mentally ill clients receive medical clearance. Medical clearance is a component of the physical required for admission to an acute psychiatric facility. It is an element that rules out acute medical disease as a cause of the mental health condition but is not required to be done in an emergency room.

Currently, individuals with mental illness crowd the emergency rooms in Southern Nevada. These individuals are brought to the emergency room by local law enforcement, by other healthcare providers, or they walk into the emergency rooms with family and friends.

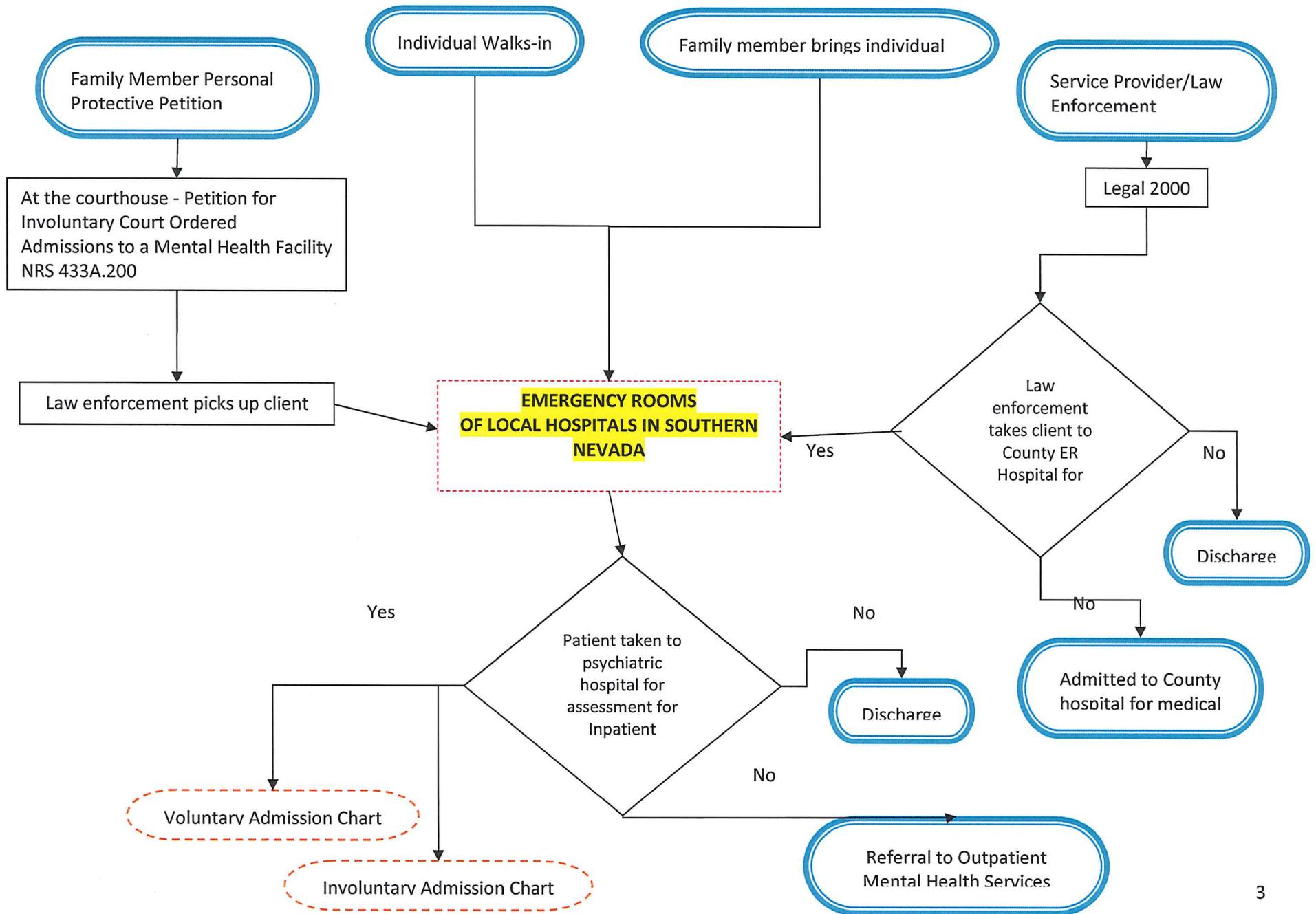
Of the clients that walk into an emergency room for mental health services, the data indicates that an average of 45% of the individuals are discharged needing only mental health referral to outpatient services and simple crisis intervention. Approximately 55% require further assessment and are determined by Emergency Room staff to be at risk of harm to themselves or others. These individuals are placed on a hold called a Legal 2000. Following the placement of a Legal 2000, an individual in the current environment is cleared to be transported to an appropriate psychiatric hospital. Data shows that once these individuals are routed to a psychiatric hospital, another 50% of them are discharged back to the community with only medication and service referrals. Since much of emergency room diagnosis does not lead to acute inpatient admission, a psychiatric observation unit (POU) has been established at the psychiatric hospital to further screen clients for appropriate level of services. It is believed that many of the clients currently utilizing the POU could easily have accessed an Urgent Care Facility and been appropriately treated and released, freeing both the Emergency Room and the Psychiatric Observation beds for the clients that really need them

There is also a high co-occurrence of substance abuse with mental illness, and the urgent care program will provide integrated substance abuse treatment services for dually diagnosed clients. The data also shows increased walk in volume occurs after normal business hours supporting a 24 hour/7 day a week program. The implementation of the 24 hour urgent care will occur incrementally providing for hiring and training staff for all shifts.

There is a need to more effectively manage the flow of individuals with mental illness seeking psychiatric services 24 hours/7 days a week. To better divert individuals from the local hospital emergency rooms, provide quicker access to inpatient and outpatient psychiatric services and deliver appropriate level of services as indicated, the division of Mental Health is proposing a new service delivery model for the Urgent Care System. In addition, we have provided those clients that are arriving via a walk- in clinic a permanent mental health team in a clinic close to their neighborhood of origin to provide future consistency.

We have begun the process of managing the clients in the outpatient clinic by providing them with a stable outpatient clinician home after their walk in assessment to mirror the future service model at the walk in clinic. We have relocated 1,462 clients based on their zip code of origin of which 500 clients went to our West Charleston Clinic, 727 to East Las Vegas clinic and 132 at the Henderson Clinic. The remaining clients continue to utilize the walk in clinic.

# Current Model of Care



**Proposed Solution** This request co-locates the SNAMHS outpatient urban clinic identified as the Downtown Clinic into the Rawson Neal Hospital to a vacant wing that was previously used for community services. SNAMHS will incorporate all current staff from the Downtown Clinic into the new site and add two new Senior Psychiatrist positions and two Accounting Assistant II positions to operate expanded, 24 hour Urgent Care services. The service delivery model will not change but will be expanded to include medical clearance when appropriate and the hours of service will be expanded to accommodate more clientele.

The staffing plan for the new Urgent Care model is to start the clinic Monday thru Friday from 8 am to 5 pm with the current staff. As the clinic grows, the clinic will expand to weekend coverage and a second shift will be added to open the clinic from 7 am to 11 pm. Eventually the clinic will be open 24 hours/7 days a week.

#### 24/7 Walk-in Clinic at Rawson Neal-

The SNAMHS plan is to initially open the walk in clinic Monday through Friday from 8- 5 with the existing filled positions from the Downtown Clinic below:

- 2 Administrative Assistant III - Receptionist
- 1 Administrative Assistant III - supervisor of AA staff
- 1 Administrative Assistant IV & 1 Administrative Assistant II- Fiscal
- 1 Psychiatric Nurse III - supervisor
- 4 Psychiatric Nurse II
- 2 Prescribers (Psychiatrist/APN/PA)
- 2 Clinical Social Work II
  - o This is based off the current staffing from the Downtown clinic

#### Current Staff at Downtown:

- Supervisors
  - o Psychiatric Nurse III - occupied
  - o Administrative Assistant III - occupied
- Prescribers
  - o Psychiatrist - Occupied
  - o Physician Assistant - Occupied (covering wc)
  - o Applied Practicing Nurse - occupied (covering ELV)
  - o Psychiatrist- Vacant
  - o Psychiatrist- Vacant
- Psychiatric Nurse III/
  - o Psychiatric Nurse II - Occupied

- Psychiatric Nurse II - Occupied
- Psychiatric Nurse II - Occupied
- Psychiatric Nurse II - Vacant
- Counseling
  - Clinical Social Worker II – Occupied - (covering POU/Inpt)
  - Clinical Social Worker II - Occupied
- Pharmacy
  - Pharmacist - Occupied
  - Pharmacy Tech - Occupied
- Fiscal
  - Administrative Assistant IV - Patient Benefits - Occupied
  - Administrative Assistant II - Fiscal - Occupied
- Medical Records
  - HIC - occupied
- Administrative Assistant
  - Administrative Assistant II/I - Occupied
  - Administrative Assistant II/I - Occupied
  - Administrative Assistant II/I - Occupied
  - Administrative Assistant II/I - Vacant
  - Administrative Assistant II/I - Vacant

The staffing pattern that SNAMHS would to have is identified below for all three shifts. However, this pattern can't be implemented without identifying other positions within SNAMHS or using contracts.

- 1<sup>st</sup> Shift - days
  - 2 Administrative Assistant II/I - Receptionist
  - 1 Administrative Assistant III - supervisor of AA staff
  - 1 Administrative Assistant IV & 1 Administrative Assistant II - Fiscal
  - Psychiatric Nurse III - supervisor
  - 4 Psychiatric Nurse II
  - 2 Prescribers (Psychiatrist/APN/PA)

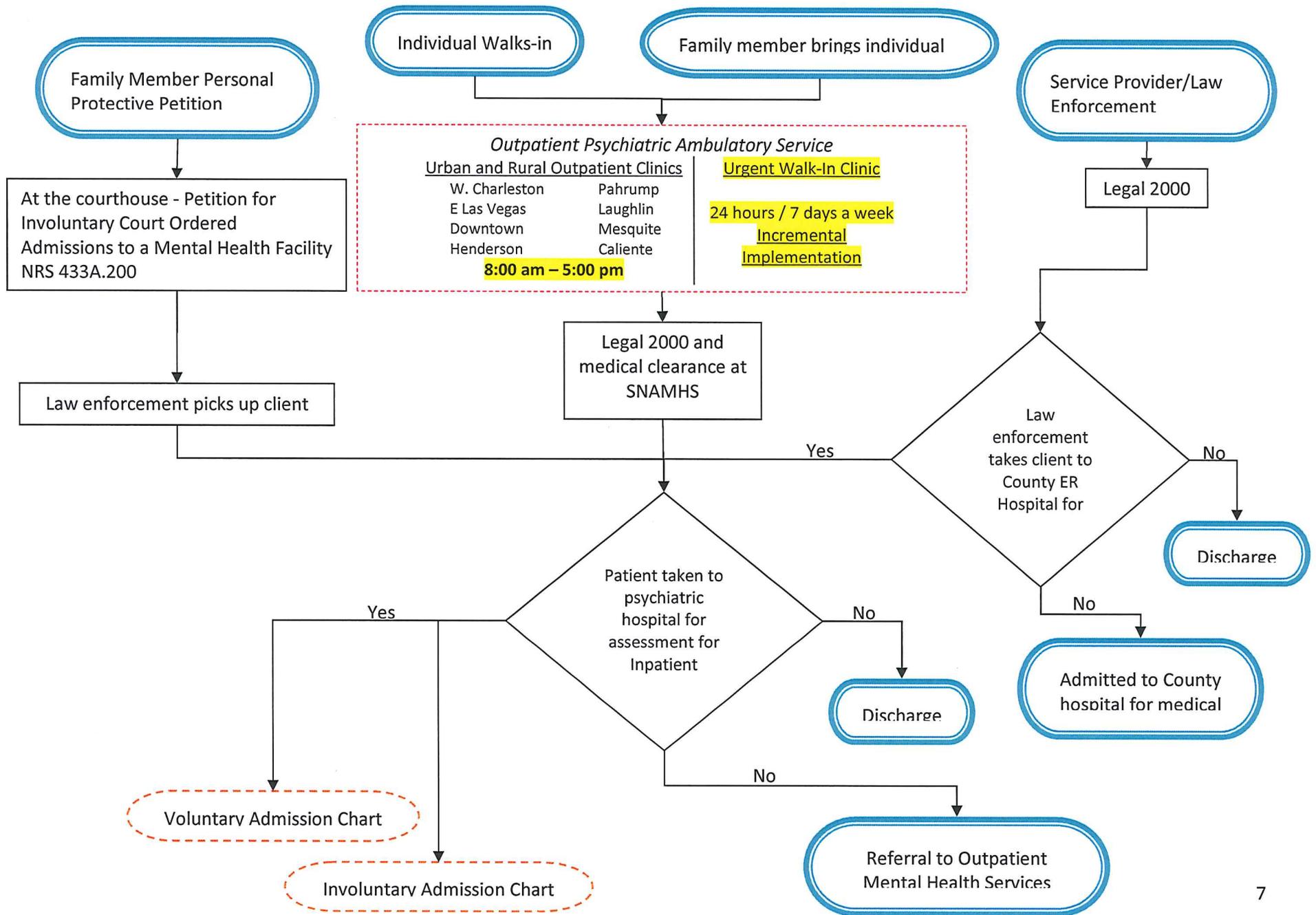
- 2 Clinical Social Work II
- 2<sup>nd</sup> shift - evenings
  - 2 Administrative Assistant III/I - Receptionist
  - 1 Administrative Assistant IV & 1 Administrative Assistant II - Fiscal
  - 4 Psychiatric Nurse II
  - 2 Prescribers (Psychiatrist/APN/PA)
  - 2 Clinical Social Work II
- 3<sup>rd</sup> shift - nights
  - 1 Administrative Assistant II/I - Receptionist
  - 1 Administrative Assistant II - Fiscal
  - 1 Psychiatric Nurse II
  - 1 Prescribers (Psychiatrist/APN/PA)
  - 1 Clinical Social Work II

The proposed Urgent Care program will provide urgent mental health services 24 hours a day/7 days a week for persons with mental illness needing immediate access to crisis mental health services. Acute and sub-acute mental health services will include:

- Crisis intervention
- Crisis risk assessments
- Medications
- Substance abuse counseling
- Case management
- Referrals to SNAMHS and contracted clinics and to residential supports
- Family support and education
- Referral to non-SNAMHS primary care providers for outpatient services.
- 24-hour crisis stabilization/referral to inpatient as needed

This will divert approximately 60 individuals daily from the local hospital emergency rooms that would walk into these areas after normal business hours, provide quicker access to inpatient and outpatient psychiatric services, and more effectively manage the flow of individuals seeking psychiatric services. Lease savings from the Downtown Clinic location and the requested funds in this decision unit will support this clinic.

# Proposed Urgent Care Model



**Conclusion** – The incremental implementation of this program is expected to relieve the emergency rooms of the local hospitals in Southern Nevada by reducing the daily walk in volume of individuals with mental illness after normal business hours.

## DHHS Projects in Partnership with Enterprise Information Technology Services (EITS)

### Purpose

Across all divisions within the department, the focus is to standardize software deployment to maximize purchasing power and realize savings associated with management of this infrastructure. Movement toward virtualized servers housed at the EITS Facility maximized cost savings for each of the divisions and provides the platform to future IT consolidation. As one of the largest departments in the State, it is the objective of DHHS IT staff to collaborate with EITS to build the needed enterprise class technologies and transition this to EITS who will eventually provide this back as a fee for service to all divisions.

As stated in the EITS IT Strategic Plan, Current State of IT, “inter-agency collaboration is sparse with little regard to the duplication of collective or enterprise applications.” As you will see for the information provided in this document, DHHS IT is implementing enterprise class technologies to remove application duplication, maximize limited IT personnel and deliver quality services by deploying IT best practices. This will promote a brighter future for all State users of IT services.

### Symantec Enterprise Products to Manage IT Risk and Maximize IT Performance

**Symantec Endpoint Protection** – to date all divisions within the department have transitioned to using Symantec Endpoint for antivirus protection. Health Division has Endpoint deployed on virtual servers at EITS. MHDS and ADSD are currently transitioning this software deployment to EITS. Now that the infrastructure has been set up to administer Endpoint, other divisions in the Department will evaluate the transition to EITS.

- State Information Security Policy requires that all state systems *must have* protection programs to minimize the risk of intruding malicious code. DHHS has adopted Symantec Endpoint antivirus software across all divisions. This was recommended by EITS as part of a statewide collaboration to simplify management and reduce overall costs.
  - Without current antivirus software, DHHS computers would not be allowed to use the State infrastructure known as Silvernet.

- This meets EITS IT Strategic Plan, Goals, Simply the IT Ecosystem. As stated, “Leveraging enterprise class technologies not only simplifies the architectures, but maximizes the economies of scale resulting in reduced IT expenditures through collaborative enterprise service agreements (e.g. a single statewide license for desktop antivirus software), bulk purchases of common equipment, and multi-agency collaborative volume discount purchases.”

**Symantec Altiris Client Management Suite (CMS)** – manages, secures and troubleshoots systems with greater efficiency on more platforms, including Windows, Linux and virtual desktop environments. The suite automates time-consuming and redundant tasks to minimize efforts and costs associated with deploying, patching, supporting client systems and software.

- Symantec Altiris is used to deploy software and monitor Symantec Endpoint from a global perspective. Both EITS and Health Division have already implemented Altiris CMS and will be used by entities to manage their IT infrastructure locally, allowing for timely deployments of both software updated and hardware patches.
  - Not having Altiris CMS will increase technical staff time to deploy new equipment.

**Symantec PGP Encryption** – deliver protection with centralized policy management through use of Encryption Management Server.

- This allows DHHS to meet the requirements of NRS603A that states you *must* encrypt any information containing personal identifiable information (PII) sent via electronic media.
- PGP Encryption is software deployed on mobile devices in use that contain PII.
- DHHS currently uses ProofPoint encryption appliance for email sent outside the state email system. This is limited to only encrypting email and does not meet the full requirement of NRS603A.
  - Without PGP Encryption, the State is at risk for costly data breach and violation of the provisions contained within HIPAA.

**Symantec Mobile Device Management** – provides policy and configuration management for mobile devices including threat protection technology.

- Currently EITS only provides an enterprise mobile device management for Blackberry devices. While use by DHHS employees of other cell phones with iOS, Android and Windows operating systems has increased.
  - Without Mobile Device Management risk of disclosure of protected personal information (PII) increases as deployment of security policies to

the devices is manual and requires devices to be individually patched for known security vulnerabilities.

- This meets one of EITS Strategic Plan, Goals to “expand services to include a mobile development platform.”

**Active Directory** – established DHHS-AD through collaboration with EITS, consolidation of separate division active directory structures into centralized enterprise service.

- Integrated with State email account for single sign on for network and email accounts.
- User accounts and computers will be migrated to this new domain.
- Authentication will occur with virtualized servers at EITS Facility rather than servers housed locally within the divisions.
- Three of the seven DHHS divisions will be migrated to this new active directory by end of this fiscal year.

**Track IT** – Adopted DHHS standard for help desk and inventory management.

- Health, MHDS, ADSD, DHCFP, and DCFS all used TrackIT for help desk work order tracking.
- Virtualized servers at EITS Facility have been fully configured to provide consolidated instances of TrackIT
- Standardized tables have been built through discussion with IT staff from each of the DHHS divisions for seamless integration
- Developed standardized computer naming convention to identify and simplify management of inventory
- Developed process to match TrackIT hardware inventory to ADVANTAGE, working with fiscal staff to meet requirements

**Microsoft SharePoint**

- Microsoft SharePoint is a Content Management and collaboration program that allows knowledge sharing, leads to higher productivity from improved business processes, replaced the outdated intranet for improved communications between staff, provides better compliance and information governance, and improved project management.
  - Without this funding, only a portion of MHDS staff would be able to access the functionality developed to improve communication and efficiency.

### **Proof Point Encryption**

This is a continuing event. EITS will be the host facility and eventually look to having them provide through assessment.

### **Virtualized Servers at EITS Facility**

This is a continuing event. Each time new servers are deployed they are hosted by EITS. As we continue with infrastructure integration physical servers are being migrated to the EITS Virtual Environment.

### **Video Conferencing**

This is a current discussion project with EITS and the Governor's Office IT.

### **Data Sharing and Data Warehouse**

This is a current discussion project across the department (DHHS) that will be housed at EITS in their Virtual Environment.

### **Security Awareness Committee (SAC)**

The SAC committee was created in November 2009. Membership includes the Information Security Officers (ISO) from each of the DHHS divisions who were formally appointed by their respective division's administrator.

The mission of the DHHS Security Awareness Committee is to facilitate interaction and consistency among all DHHS divisions, agencies, boards, and commissions related to: the establishment of and to ensure compliance with a core set of IT security policies and standards for the identification and mitigation of IT security risks, problems and issues confronting the Department.

- Dept. level acceptable use policies – Nov. 2010
- Dept. level Incident Reporting policy submission
- State policy review
- Symantec Security Mgmt

### **Committee on Privacy and Confidentiality (CPC)**

The mission of the Nevada Department of Health & Human Services Committee on Privacy & Confidentiality is to ensure consistent implementation of standardized privacy and confidentiality practices, policies, and procedures across divisions towards minimizing risk to the department, increasing efficiency, and to mitigate damages resulting from confidentiality and privacy issues.

Creation of CPC –Dept. level HIPAA training – Dec 2010

- Revised Business Associate Agreement
- Privacy and Confidentiality training standardized

**White Paper**  
**System of Care for Mental Health Court**  
**February 2013**

**Summary** – Mental Health Court offers the mentally ill, low-level criminal offender an alternative to incarceration by providing a coordinated system of care and wrap around services outside of the jails and prison system.

**Background** – Mental Health Courts were created to divert individuals with mental illness who commit misdemeanor or low-level felonies from the jails. These are different than and separate from the Commitment Courts in which individuals with mental illness are committed for care. The Mental Health Court serves individuals with pending charges who are mentally ill by offering them an alternative to jail sentencing by addressing the underlying mental health needs. It is a multi-jurisdictional, community-based program that provides court supervision, psychiatric case management, mental health services that include treatment for co-occurring disorders (mental health and substance abuse) and housing. Individuals participate in this program for a minimum of one year.

The mental health court process is as follows:

1. The public defender completes a referral form and sends it to court services.
2. All referrals are compiled for the week and are presented on Friday morning at the State Mental Health Division. The following individuals are present: the judge, public defender, Probation and Parole, court services, specialty court administrator, and Northern Nevada Adult Mental Health Services (NNAMHS) staff.
3. Court services then notifies the referral source of acceptance or decline to the Mental Health Court program. New participants are set for their first appearance when accepted.
4. At the client's first appearance, the judge welcomes the participant and sets him/her up for Mental Health Court (MHC) Orientation. The following Friday a MHC service coordinator is assigned and introduced to the participant.

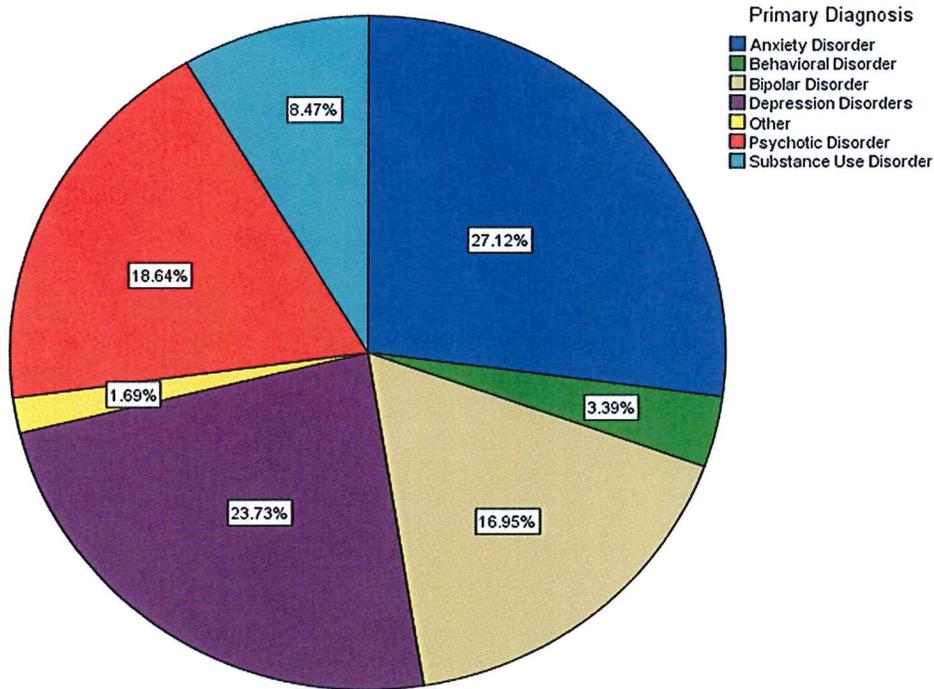
All participants are set up on a four phase program (engagement, stabilization, active treatment and transition). Misdemeanors are just supervised by court services and service coordination. Gross misdemeanors and felonies are supervised by Probation and Parole, court services and service coordination.

The multidisciplinary team consists of Psychiatrists, APNs, Clinical Social Workers, Mental Health Counselors, Psychiatric Case Workers, Mental Health Technicians and Consumer Service Assistants.

The individuals accepted into the program receive an assessment to determine and provide all the mental health and social services necessary. Funding is provided for housing for these individuals as well. The clients receiving services in Mental Health Court initially get a comprehensive assessment, evaluation and behavioral health screening. During this evaluation service needs are assessed. Within the Mental Health court system there are a number of services available to the client. These services include individual therapy, family therapy, crisis intervention, group therapy, psychosocial rehabilitation, targeted case management, psychiatric evaluations, medication management nursing assessments and nursing medication training and teaching.

The Mental Health Court budget is primarily a housing budget. All of the staffing services are funded out of other budgets. Across the state there is not a standardized use of the Mental Health Court housing funds.

The following chart shows the primary diagnosis of the Mental Health court clients 2012



**Overall Diagnostic Presentation:**

- 75% of clients had at least two mental health diagnoses
- 51% had a mood disorder
- 34% had an anxiety disorder
- 20% had a psychotic disorder
- 64% had a substance use disorder

**Problem Statement – Program design and operation differs across the State**

1. Admission criteria – Policies are restrictive in the South limiting the number of clients in the program
  - a. The South requires five prior arrests or contacts with the criminal justice system; requires the offense to be committed involving the use or threatened use of force or violence; and an interview with the client confirming that the client is amenable to treatment.
  - b. The North has an open door policy.
2. Housing Capacity/Funding- Funding is allocated and not spent
  - a. The South had budgeted for all clients in Mental Health Court to receive State funded housing. Many clients come to Mental Health services with their own housing and thus housing resources have been inaccurately estimated, managed and annually reverted.
  - b. The North has more efficiently used housing as needed for their clients. It also uses the funds for supplemental wrap around services as needed.

3. Accepted vs participated: Many clients that are referred and accepted to program do not participate. The reasons appear multi factorial and must be reviewed.
  - a. Screening reveals clients do not show for appointments
  - b. Clients recommit crimes and re-enter the criminal justice system
4. Communication with the Judicial System – Referrals vary depending upon judges interest and education about the program availability and services. There is no system for tracking referrals in the South.
5. We have a staffing model of 25 clients per 1 Case worker and do not currently track a waiting list. There is no mechanism to assess need.

**Proposed Solution – Statewide programmatic standardization.**

The Mental Health Court program will remain a priority of MHDS and will include standardized processes throughout the State for access to these programs combined with consistent quality oversight.

- Standardization of admission criteria
- Standardization in the accuracy and tracking of referrals and decision outcomes
- Accurately identifying the total caseload counts
- Adequately addressing the housing needs of the individuals referred to and accessing the program
- Determining and allocating funds for other specific needs of the individuals served

This model will be data driven, with formalized processes that include:

1. Identification and standardization of timeframes and procedures to track and monitor referrals and waitlists.
2. Identifying, incorporating and reporting of consistent programmatic quality outcomes to include:
  - a. Count of referrals;
  - b. Average timeframe between referral and assessment;
  - c. Average timeframe between assessment and decision;
  - d. Count of intakes;
  - e. Count/time of waitlist; and
  - f. Percent of caseload at each level of care.
3. Identifying, incorporating and reporting of consistent clinical quality measures:
  - a. Comparing time spent in hospitals/incarcerations before entering the program to time spent after entering the program.
  - b. Progression to the highest level of residential independence in the community with the least restrictive supports.
  - c. Pre/Post Arrests/Convictions
4. Develop and implement necessary policies and protocols to provide adequate and consistent guidance to employees throughout the State to provide Mental Health Court/jail diversion supports and services in a standardized way.
5. Develop and implement educational workshops and in-services for employees to change the philosophical culture to promote Mental Health Court/jail diversion supports and services for individuals with mental illness.

6. Statewide Meetings with Public Health, Mental Health, Judicial/Law Enforcement to assure standards and communication of program. Develop relationships with the judicial system to assure the system is meeting the needs of the mentally ill clients.

**Conclusion** –The new Mental Health Court statewide standardized service delivery model will divert mentally ill offenders from the jails by wrapping the necessary and appropriate levels of mental health services, substance use treatment, social support and housing services around the individual. This will improve the quality of life for the individual served, and promote public safety and reduce recidivism in the criminal justice and mental health system.

# White Paper

## Underutilization of Residential Supported Living Monies

February 4, 2013

**Summary** – It is the goal of MHDS to promote independence and sustainability in the community for individuals with mental illness by providing residential supports. Standardization of processes for access combined with consistent quality oversight for clinical and financial outcomes for the individuals served will ensure the complete utilization of the resources allocated.

**Background** – In the last three fiscal years, MHDS has reverted dollars allocated for residential supports in budget categories 18 and 24. The root causes for these reversions were:

1. A change in programming was made to shift the collection for Medicaid dollars for Basic Skills Training (BST) from the State to the actual residential providers. Providers with whom the MHDS Agencies contract to house and serve individuals with mental illness were given training and supports to enroll and bill for such services.
2. There was increased efficiency on the part of service coordinators to more quickly move through the eligibility process for Social Security Supplemental Insurance. All service coordinators were required to participate in Federal SOARS workshops. As a result, the individuals served were able to gain financial resources quicker and share in expenses. When this was paired to a caseload expectation for each service coordinator a natural bottleneck occurred. Service coordinators could maintain the same caseload while the dollar expenditure decreased.
3. There was a philosophical culture to place more individuals into group homes rather than into supported living arrangements (SLA). Group homes ensure a stable consistent cost where as SLA require more funds as start up. This took place more so in Southern Nevada. At the core of this philosophical culture was the individual would be safer in such a setting even though he/she had less opportunity to learn and practice those skills necessary to become more independent. Another factor that influenced this philosophy is that it would be easier to negotiate with one provider or landlord in the event the individuals' symptoms and/or the economy regressed.
4. There was an inadequate number of referrals due to the bottleneck caused by specific caseload in service coordinators, and the individuals themselves refused group housing because they wanted to maintain a degree of independence just like any other person with an illness.
5. There were an inadequate number of individuals accepted into the program because the assessment and intake process was not user friendly, available to community partners or expeditious.
6. There were and continues to be a lack of resources for providers willing to work with individuals with behavior problems and there is a greater lack of resources for providers willing to work with individuals with substance abuse co-occurring problems.

**Problem Statement** – The agencies had created an unintended bottleneck for individuals with mental illness to access and use the residential supports and monies. The shifts in programming occurred without upgrading the necessary performance indicators or adding the fiscal or clinical quality monitoring. Some of the providers of residential services chose not to proceed with Medicaid billing and there was insufficient monitoring of the clinical outcomes associated with Basic Skills Training. There is a lack of residential providers for individuals with behavioral problems and for individuals with substance abuse co-occurring problems.

**Proposed Solution** – The proposed solution to mitigate the problems identified to ensure individuals with mental illness receive residential supports and the monies allocated for these services are used include the standardization of processes for access combined with consistent quality oversight for clinical and financial outcomes to include:

1. Identification and standardization of timeframes and access procedures to track and monitor referrals and waitlists for services;
2. Incorporating flexibility into the specific service coordinator to consumer caseload formula to allow for consumers to progress to independence. This would mean that consumers requiring less or light supports would not be given the same value as those requiring maximum or full supports in the caseload formula. The flexibility allows the agencies to organize this by person or by team to manage the greater caseload.
3. Identifying, incorporating and reporting of consistent programmatic quality monitors to include:
  - a. Count of referrals;
  - b. Average timeframe between referral and assessment;
  - c. Average timeframe between assessment and decision;
  - d. Count of intakes;
  - e. Count/time of waitlist; and
  - f. Percent of caseload at each level of residential support.
4. Identifying, incorporating and reporting of consistent clinical quality monitors to include:
  - a. Competency based performance of basic life skills correlated to the BST;
  - b. Sustainability in the community for individuals receiving residential supports; and
  - c. Progression to the highest level of residential independence in the community with the least restrictive support.
5. Identifying, incorporating and reporting of consistent fiscal quality monitors to include:
  - a. Monitoring contracted providers to determine their level of billing BST to Medicaid and correlate with clinical monitoring;
  - b. Monitoring and consistent reporting of average cost of residential supports per individual served;
  - c. Monitoring and consistently reporting the percentage of individuals eligible for and receiving Social Security income;
  - d. Monitoring and consistently reporting the percentage of individuals eligible for and receiving health insurance;
  - e. Monitoring and consistently reporting fiscal projections; and
  - f. Incorporating flexibility across agencies to utilize the monies to serve individuals with mental illness throughout the State.
6. Identify and implement a centralized quality oversight person and/or process for the regular review, reporting and coordination of residential services and supports across the State within MHDS to ensure consistency of activities.
7. Develop and implement necessary policies and protocols to provide adequate and consistent guidance to employees throughout the State to promote residential independence for individuals with mental illness.
8. Develop and implement a marketing plan to increase residential providers and facilities throughout the State to serve individuals with mental illness, who have behavioral problems and/or have co-occurring substance related problems and/or have co-existing medical conditions. This plan must include ongoing educational support and opportunities for such providers.
9. Develop and implement educational workshops and in-services for employees to change the philosophical culture to promote residential independence for individuals with mental illness.

**Conclusion** – Standardization of processes for access combined with consistent quality oversight for clinical and financial outcomes for the individuals served will ensure the complete utilization of the resources allocated.

The following charts show the funding request by housing type in the State Fiscal Year 2014-15 budget by region:

### Southern Nevada Adult Mental Health Services

Type of Housing Category	Type of Housing	Number of Clients Served per Month	Total Number of Providers/ Houses	Cost per Month	Annual Number of Clients Served	Annual Cost
SLA	Supported Living Arrangement (SLA)	144	10/100	\$701	1,728	\$1,211,328
	Long Term Care	26	10/15	\$2,592	312	\$808,704
	Emergency	39	1/1	\$599	468	\$280,332
	Mental Health Court – SLA	36	10/15	\$1,269	432	\$548,208
ISLA	Intensive Supported Living Arrangement	6	10/3	\$4,522	72	\$325,584
SLA	Shelter Plus Care	197	10/150	\$144	2,364	\$340,416
	Housing and Urban Development	197	10/152	\$655	2,364	\$1,547,758
Group Homes	Group Homes	295	60/60	\$585	3,540	\$2,070,900
	Special Needs Group Home	48	60/60	\$703	576	\$404,928
	Dual Diagnosis	37	1/3	\$2,477	444	\$1,099,788
	Mental Health Court – Group Homes	14	60/60	\$714	168	\$119,952

### Northern Nevada Adult Mental Health Services

Type of Housing Category	Type of Housing	Number of Clients Served per Month	Total Number of Providers/ Houses	Cost per Month	Annual Number of Clients Served	Annual Cost
SLA	Supported Living Arrangement (SLA)	134		\$992	1,608	\$1,595,136
ISLA	Intensive Supported Living Arrangement	5		\$8,264	60	\$495,840
SLA	Shelter Plus Care	43		\$261	516	\$134,676
	Housing and Urban Development	58		\$485	696	\$337,560
Group Homes	Group Homes	64		\$356	768	\$273,408
	Mental Health Court – Group Homes	113		\$779	1,356	\$1,056,324

### Rural Clinics

Type of Housing Category	Type of Housing	Number of Clients Served per Month	Total Number of Providers/ Houses	Cost per Month	Annual Number of Clients Served	Annual Cost
SLA	Supported Living Arrangement (SLA)	16	16	\$1,045	192	\$200,640
	Mental Health Court – SLA	5	5	\$218	60	\$13,080
	Housing and Urban Development	29	29	\$651	348	\$226,487

#### Housing Definitions:

- SLA - Client leased apartment or homes where they receive basic skills training. This skills training is provided by contracted providers and state employees. This is an independent living program with support so that clients can maintain independence in the community. Client room and board is subsidized by the State.
- ISLA - Client leased apartment or homes where they receive basic skills training with providers on site for extended day and evening hours. This skills training is provided by contracted providers and state employees. This is an independent living program with support so that clients can maintain independence in the community. Client room and board is subsidized by the State
- Permanent Supportive Housing Shelter Plus Care - Client leased apartment or homes where clients receive basic skills training. This skills training is provided by contracted providers and state employees. This is a grant funded permanent housing program so that clients can maintain independence in the community. Rent and utilities subsidized by the grant and food and other expenses subsidized by the State.
- Group Housing - Bureau of Health Care Quality and Compliance licensed residential homes with the licensed mental health endorsement. Providers remain in the facility but are not required to have 24 hour wakeful monitoring of consumers. State contract with the provider to supply room and board.

- Co-Occurring Intensive Out Patient with Residential - Bureau of Health Care Quality and Compliance licensed residential homes with the licensed mental health endorsement with 24 hours wakeful staff and intensive outpatient therapy for individuals with co-occurring (mental health and substance use) disorders. State contracts with the provider to supply room and board.
- Co-Occurring Aftercare Treatment - Client leased apartment or homes. This is a grant funded Permanent Supportive Housing program that provides aftercare for individuals with co-occurring disorders. Rent, utilities, and Service Coordination subsidized by the grant and food and other expenses subsidized by the State.