DHHS Fact Book

September 2016

Formerly known as "Nassir Notes", the DHHS Fact Book is dedicated to the distinguished career of Diane Nassir.

State of Nevada
Department of Health and Human Services
http://dhhs.nv.gov

Helping People –

It's who we are and what we do

Brian Sandoval
Governor

Richard Whitley
Director

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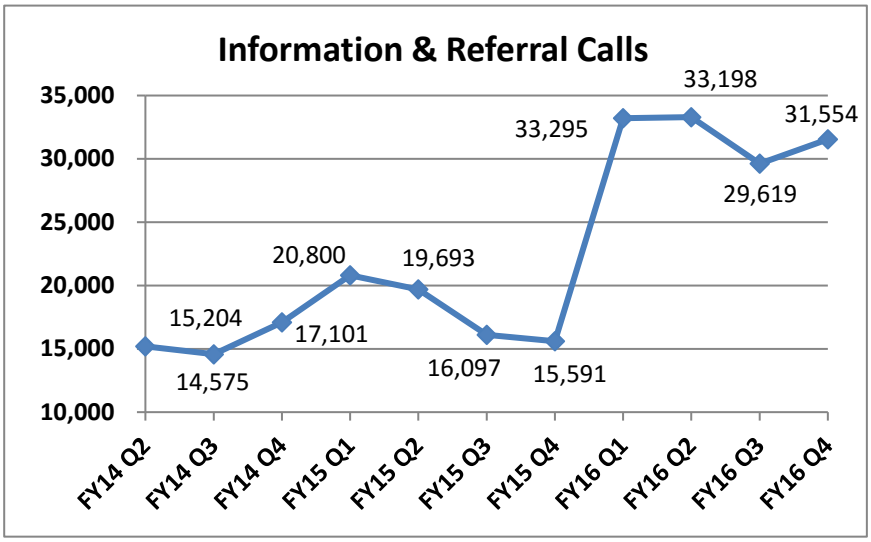
1.01 2-1-1 Partnership

Program: Established by Executive Order in February 2006, Nevada 2-1-1 was created to implement a multi-tiered response and information plan in the state of Nevada. 2-1-1 is an easy to remember telephone number that connects people with vital community services and volunteer opportunities, where and when available. Information and resources on essential health and human services include: basic human services, physical and mental health resources, crisis programs, employment support services, programs for children, youth and families, support for seniors and persons with disabilities, volunteer opportunities, and donations and support for community crisis and disaster recovery.

Hours of Service: 2-1-1 is available 24 hours per day, seven days per week. Service is provided statewide by the Financial Guidance Center.

Quarters Data	Total Calls
FY14 Q2	15,204
FY14 Q3	14,575
FY14 Q4	17,101
FY15 Q1	20,800
FY15 Q2	19,693
FY15 Q3	16,097
FY15 Q4	15,591
FY16 Q1	33,198
FY16 Q2	33,295
FY16 Q3	29,619
FY16 Q4	31,554

FY16 Q4 Call Volume:	Total Calls
Apr 16	10,421
May 16	10,444
Jun 16	10,689



Comments: Call volume of 29,619 calls, FY16 Q3 recorded an increase over FY15 Q3 of 54.34%. Nevada 2-1-1 has given referrals to over 51,000 individuals in the last nine months. 80% of Information and Referral calls were answered within the first 30 seconds.

Website: http://Nevada211.org

1.02 Office of Consumer Health Assistance (OCHA)

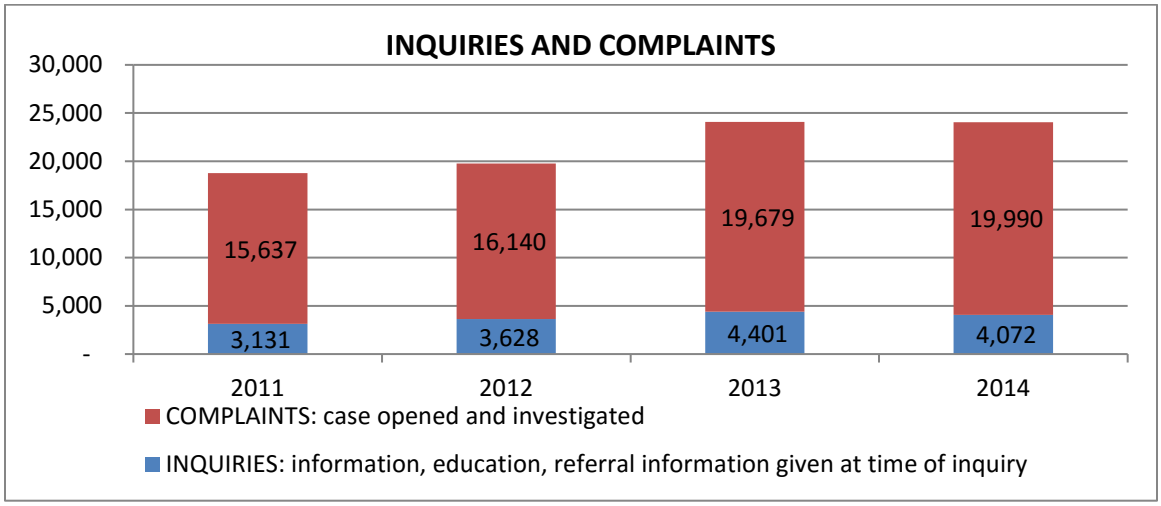
Program: Established by the Nevada Legislature in 1999, the Office for Consumer Health Assistance (OCHA) is a vital point of contact for healthcare consumers and providers in Nevada. OCHA's mission is to provide the opportunity for all Nevadans to access information regarding patient rights and responsibilities, and to advocate for and educate consumers and injured workers concerning their rights and responsibilities under various health care plans and policies. This education and advocacy is provided to those who have insurance through an employer, managed care, individual health policies, ERISA, Worker's Compensation, Medicare, or Medicaid. Assistance is also provided to the uninsured and underinsured. OCHA collaborates routinely with state and federal agencies, and non-profit organizations. OCHA has expanded operations since its inception, and as of July 2011, has been operating through the Director's Office of DHHS. OCHA serves as an umbrella agency for multiple consumer health related programs, including:

- Bureau for Hospital Patients
- External Review Organization
- Small Business Insurance Education Program
- RxHelp4NV
- Canadian Prescriptions
- Worker's Compensation Consumer Assistance
- Office of Minority Health
- Nevada 2-1-1
- Affordable Care Act – Consumer Assistance Program
- Affordable Care Act – Silver State Exchange Consumer Assistance

Service Area: OCHA serves consumers statewide out of our main office in Las Vegas, and one satellite operation in Elko, Nevada to provide additional support to Northern/Rural Nevadans. The Office of Minority Health is also based in the Las Vegas Office for Consumer Health Assistance.

Hours: OCHA office hours are 8am – 5pm Monday through Friday, inquiries are accepted after hours by voicemail and email, and are returned as soon as possible.

Workload History: OCHA currently has six full-time Ombudsmen managing caseloads of 125 to 240. OCHA has continued to receive a significant volume of calls related to the Affordable Care Act (ACA), and now has three temporary full-time Navigators funded by a grant from the Nevada Silver State Health Insurance Exchange, to assist consumers with applying for insurance coverage. OCHA also continues to respond to an increased number of cases related to Medicaid. In addition to managing cases ranging in context from access to care, billing disputes, hospital bills, provider/insurance grievances and appeals, OCHA has increased its level of knowledge to resolve ACA-related cases by having staff members become Certified Application Counselors who are registered with the Nevada Division of Insurance, and can assist consumers with selecting a Qualified Health Plan or apply for Medicaid.



Comments: Full details of OCHA's programs, notable accomplishments, and history is published annually in our 2013 Executive Report, which is available on our website.

Website: http://dhhs.nv.gov/Programs/CHA

1.03 Office of Minority Health

Program:

The Office of Minority Health (OMH) was established under NRS 232.467. The mission of OMH is to improve the quality of health care services for members of minority groups, to increase access to health care services, to seek ways to provide education, address, treat and prevent diseases and conditions that are prevalent among minority populations, increase access to health care services, and disseminate information to and educate the public on matters concerning health care issues of interest to members of minority groups. AB519 placed the Office of Minority Health under the Office of Consumer Health Assistance within the Department of Health and Human Services, Director's Office. AB519 was approved by the Governor in June 2011.

OMH provides a central source of information concerning healthcare services and issues for racial and ethnic minorities. The current focus of OMH is providing Education and Outreach about the Affordable Care Act to minority communities within Nevada, and encouraging individuals and families to enroll in Nevada Health Link or Nevada Medicaid. OMH endeavors to engage in outreach activities and fosters partnerships with stakeholder groups including: community and faith-based organizations; schools and universities; medical centers, health care systems, and health departments; tribal, state, and federal government offices; policymakers and community residents; advisory committees and task forces; and corporations, foundations, and the media. OMH continues to provide information regarding minority health care issues and helps ensure that both public and private entities have access to culturally competent and linguistically appropriate health information.

Funding:

As of August 31, 2015, Nevada's State Partnership Grant Program to Improve Minority Health funding through the federal Office of Minority Health ended. The Nevada OMH did apply for two additionally grant opportunities; however, was not selected as one of the few funded agencies nationwide, as there were only 17 funded states, as opposed to the 42, which had been funded in previous grant cycles. Due to the lack of funding, the Nevada OMH currently has no staff dedicated solely to its activities; however, OCHA administrative staff continues to seek other funding opportunities, while remaining engaged with community partners and statewide minority health coalitions.

Key Demographics:

Region	Metric	Whites*	African Americans*	Asian Americans*	American Indian/ Alaskan Native*	Native Hawaiians/ Pacific Islander*	Persons Reporting Two or More Races	Hispanic/ Latino**
United States	Population	243,353,287	40,818,541	15,579,596	3,739,103	623,184	7,166,614	52,035,850
	% of Total	78.1	13.1	5.0	1.2	0.2	2.3	16.7
Nevada	Population	2,116,021	234,206	209,696	43,573	19,063	100,763	738,020
	% of Total	77.7	8.6	7.7	1.6	0.7	3.7	27.1
Source: US Census Bureau, 2011 State and County QuickFacts: quickfacts.census.gov/afd/states/32000.html								
*Percentages and total population estimates include persons indicating only one race.								
**Hispanic/Latino may be of any race, so also included in applicable race categories.								

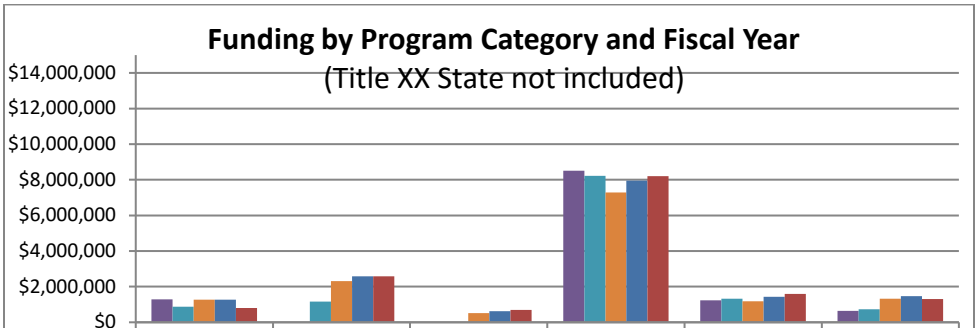
Website http://dhhs.nv.gov/Programs/CHA

1.04 Grants Management Unit

Program: **The Grants Management Unit** (GMU) is an administrative unit within the Department of Health and Human Services, Director's Office, which administers grants to local, regional, and statewide programs serving Nevadans. The Unit ensures accountability and provides technical assistance for the following programs.

- **Children's Trust Fund** (CTF) grants prevent child abuse and neglect.
- **Community Service Block Grant** (CSBG) promotes self-sufficiency, family stability, and community revitalization.
- **Family Resource Centers** (FRC) provide information and referral services, and various support services to families.
- **Differential Response** (DR) addresses child safety through partnerships between child welfare agencies and designated FRCs.
- **Fund for a Healthy Nevada** (FHN) grants (1) improve the health and well-being of Nevada residents including programs that improve health services for children and (2) improve the health and well-being of persons with disabilities.
- **Social Service Block Grant** (SSBG-TXX) assists persons in achieving or maintaining self-sufficiency and/or prevents or remedies neglect, abuse, or exploitation of children and adults.
- **Revolving Account for Problem Gambling Treatment and Prevention** provides funding for problem gambling treatment, prevention, research and related services.
- **The Contingency Account for Victims of Human Trafficking** was created by the 2013 Legislature and revised by the 2015 Legislature. Funding may be awarded in a competitive grant process or through an emergency fund to provide direct victim assistance in crisis situations. No funds have been utilized to date.

Eligibility: **Most GMU funding sources** target at-risk populations. CTF focuses on primary and secondary prevention of child abuse and neglect. CSBG targets people at 125 percent of the Federal Poverty Level. FRC must conduct outreach to at-risk populations. Some FHN funds are targeted to people with disabilities.



	Wellness: Health Only	Wellness: Food Security	Wellness: Nevada 2-1-1	Family Support	Disability Services	Problem Gambling
FY12	$1,282,762			$8,516,006	$1,238,596	$643,714
FY13	$879,927	$1,161,388		$8,224,082	$1,326,465	$731,271
FY14	$1,272,562	$2,316,681	$512,000	$7,294,293	$1,179,475	$1,316,094
FY15	$1,264,399	$2,586,087	$625,771	$7,944,824	$1,440,086	$1,463,420
FY16	$800,000	$2,586,568	$700,000	$8,201,352	$1,594,659	$1,303,672

Comments: **Food Security:** In FY13, a statewide community needs assessment indicated a need to shift resources to a new service category -- Food Security. Projects are intended to provide direct services to reduce hunger, help food insecure individuals and families become more self-sufficient, build capacity within the food safety network, and maximize federal benefits. Funding is drawn primarily from FHN Wellness with a small assist from SSBG-TXX.

Information and Referral (I&R): The same needs assessment indicated a need for stable support and development of information and referral (I&R). In FY14, the GMU began supporting Nevada 2-1-1 from a single source rather than piecing together small grants that were then reported across multiple funding streams.

Health: In FY16, the amount allocated from FHN Wellness to health projects declined significantly to avoid duplication of benefits available as a result of the Affordable Care Act and Medicaid Expansion.

Website: http://dhhs.nv.gov/Programs/Grants/GMU/

1.05 Health Information Technology (HIT)

Program:

The Health Information Technology for Economic and Clinical Health (HITECH) Act was enacted as part of the 2009 American Recovery and Reinvestment Act (ARRA) and authorized outlays for Health IT. It expanded the role of states in fostering a technical infrastructure to facilitate intra-state, interstate and nationwide health information exchange (HIE). Better health care does not come from the adoption of technology itself. It is accomplished through the electronic exchange and use of health information for effective clinical decisions at the time and point of care.

Health Information Technology (HIT) was responsible for administering the 4-yr. $6,133,426 Nevada ARRA HITECH State HIE Cooperative Agreement awarded to DHHS, of which approximately $4.2 million was actually expended. The funding was used to facilitate creating the core infrastructure and capacity enabling the electronic exchange of health information and coordinating related HIE initiatives, including state economic and workforce development. The State HIE Cooperative Agreement performance period was February 8, 2010 through February 7, 2014.

Other:

As required by the grant, Nevada's State HIT Strategic and Operational Plan (State Health IT Plan) was approved by federal HHS in May 2011, and the most recent required updated version was approved October 2013. The plan's implementation was enabled and supported by NRS 439.581 through 439.595 (Senate Bill 43 passed in 2011).

Comments:

In September 2009, Governor Jim Gibbons issued an Executive Order establishing the Nevada Health IT Blue Ribbon Task Force (HIT Task Force), to assist DHHS with the development of the State HIT Plan and to recommend legislative and policy actions. From October 2009 through January 2011, the HIT Task Force met almost monthly, under Open Meeting Law, and its final recommendations were incorporated into both the State Health IT Plan and SB 43. By Executive Order, the HIT Task Force sunset on June 30, 2011, after successfully completing its mission. Per NRS 439.588, the Nevada Health Information Exchange (NV-HIE) was established September 2012 as a Nevada domestic non-profit corporation. Due to an unclear path for financial sustainability and the existence of a competing HIE in the marketplace, the NV-HIE Board voted on January 24, 2014 to cease operations on February 7, 2014. On January 31, 2014, the NV-HIE Board voted to dissolve the corporation, which was done by the Nevada Secretary of State on February 28, 2014. At the end of the grant, Nevada was recognized by federal HHS for having the 2nd highest number of medical laboratory participants out of all 56 State and territory HIE grantees, and was commended for having 97% of its pharmacies enabled for and actively using e-Prescribing. Also, Nevada took a leadership role in interstate HIE, as a core member of the successful Westerns States Consortium federal grant project, and was a founding member of the National Association for Trusted Exchange (NATE), a non-profit organization made up of state HIE officials seeking to advance interstate HIE through state policy coordination.

Currently:

Health Information Technology advancement is underway throughout the Department of Health and Human Services.

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2.01 Advocate for Elders

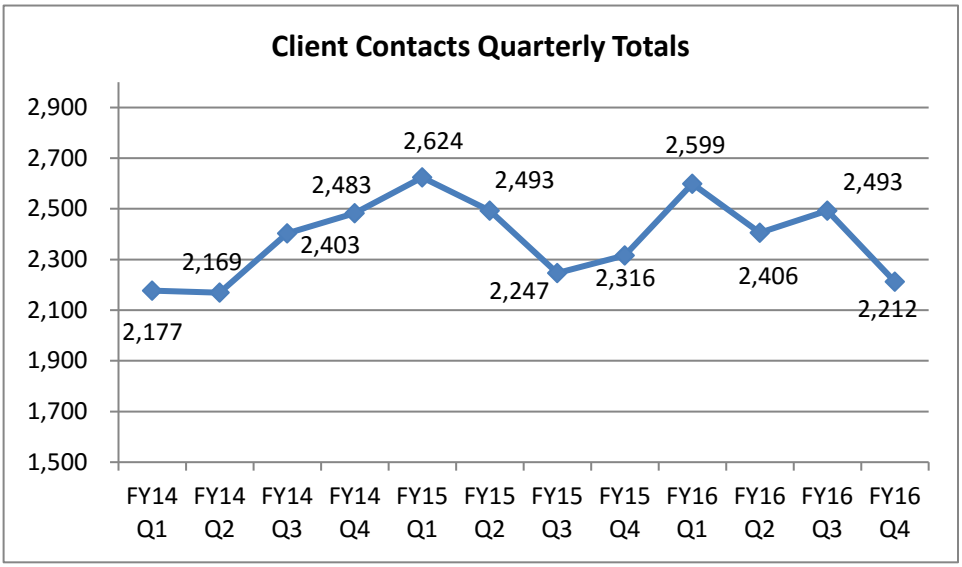
Program: The Aging and Disability Services Division (ADSD) Advocate for Elders program provides advocacy and assistance to frail, older adults (age 60 and older) and their family members to enable older adults to maintain their independence and make informed decisions.

Eligibility: Seniors age 60 or older, primarily homebound residing in communities throughout Nevada.

Workload History:

Fiscal Year	Client Contacts	Average Monthly Contacts
FY12	10,370	864
FY13	7,981	665
FY14	9,232	769
FY15	9,562	797
FY16	9,710	809

FYTD:	Contacts
Jul 15	895
Aug	834
Sep	870
Oct	773
Nov	755
Dec	878
Jan 16	830
Feb	827
Mar	836
Apr	940
May	638
Jun	634
FY16 Total	9,710
FY16 Avg	809



Other: "Client contacts" includes: phone calls, walk-ins, e-mail, postal mail, and contacts made on behalf of a client. Please note the program has 2.5 staff positions; one fulltime Advocate for Elders in Northern Nevada, one in Southern Nevada, and a half-time position in Elko to serve Elko area seniors.

Funding Stream: General Fund

Comment: Historically, program contacts increase related to the Open Enrollment Period of the State Health Insurance Assistance Program (SHIP) which occurs during Quarter (Q)2 of each State Fiscal Year. Q1 SFY12 and SFY 13 are stable. SFY 12 dips reflected are a result of a turnover in staff. SFY 14 Q1, Q2 and Q3 remain stable, but with a slightly upward trend in Q3 and Q4. SFY 15 remains stable. SFY 16 remains stable.

Web Link: http://adsd.nv.gov/Programs/Seniors/AdvocateElders/AdvocateForElders/

2.02 Community Options Program for the Elderly (COPE)

Program: The Aging and Disability Services Division (ADSD) Community Options Program for the Elderly (COPE) provides services to seniors to help them maintain independence in their own homes as an alternative to nursing home placement. COPE services can include the following non-medical services: Case Management, Homemaker, Adult Day Care, Adult Companion, Attendant Care, Personal Emergency Response System, Chore and Respite.

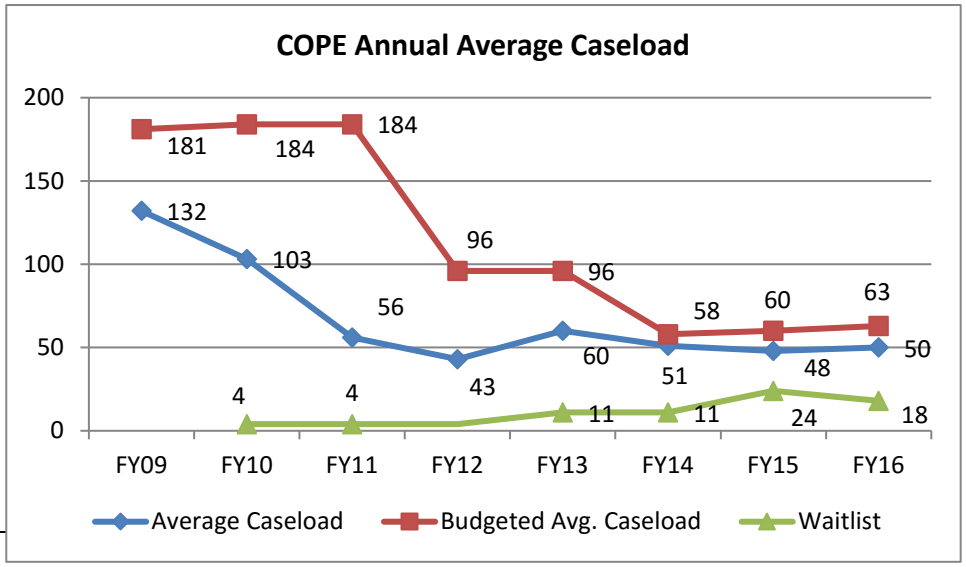
Eligibility: Must be 65 years old or older; financially eligible (for 2016 income up to $3,099; assets below $10,000 for an individual and $30,000 for a couple); at risk of nursing home placement without COPE services to keep them in their home and community. Priority given to those meeting criteria of NRS 426 – unable to bathe, toilet and feed self without assistance.

Workload History:

Fiscal Year	Average Caseload	Budgeted Avg Caseload	Average Waitlist	Total Expenditures
FY10	103	184	4	$760,522
FY11	56	184	4	$413,487
FY12	43	96	4	$372,824
FY13	60	96	11	$548,775
FY14	51	58	12	$623,315
FY15	48	60	24	$609,812
FY16	50	63	18	$498,332

FYTD:

Month	Caseload	Waitlist
Jul 15	50	15
Aug	49	18
Sep	50	24
Oct	49	23
Nov	51	22
Dec	51	29
Jan 16	51	19
Feb	50	18
Mar	51	15
Apr	51	14
May	53	9
Jun	47	9
FY16 Total	**603**	**215**
FY16 Avg	**50**	**18**



Funding Stream: General Fund

Web Link: http://adsd.nv.gov/Programs/Seniors/COPE/COPE_Prog/

Comment: Caseload and waitlist trends remain stable.

2.03 Elder Protective Services Program

Program: Nevada Revised Statutes mandates that Aging and Disability Services Division receive and investigate reports of abuse, neglect, exploitation, isolation and abandonment of older persons, defined as 60 years or older. The Elder Protective Services (EPS) program utilizes licensed social workers to investigate elder abuse reports. Social workers provide interventions to remedy abusive, neglectful and exploitive situations. The investigation commences within three working days of the report. EPS may contact local law enforcement or emergency responders for situations needing immediate intervention. The Crisis Call Center handles after-hour calls for EPS. EPS refers cases where a crime may have been committed to law enforcement agencies for criminal investigation and possible prosecution. Self-neglect is the single largest problem reported. EPS social workers provide training to various organizations regarding elder abuse and mandated reporting laws.

Eligibility: Any older person, defined by NRS as 60 years or older, is eligible. EPS investigates elder abuse reports in all counties of Nevada in both community and long-term care settings.

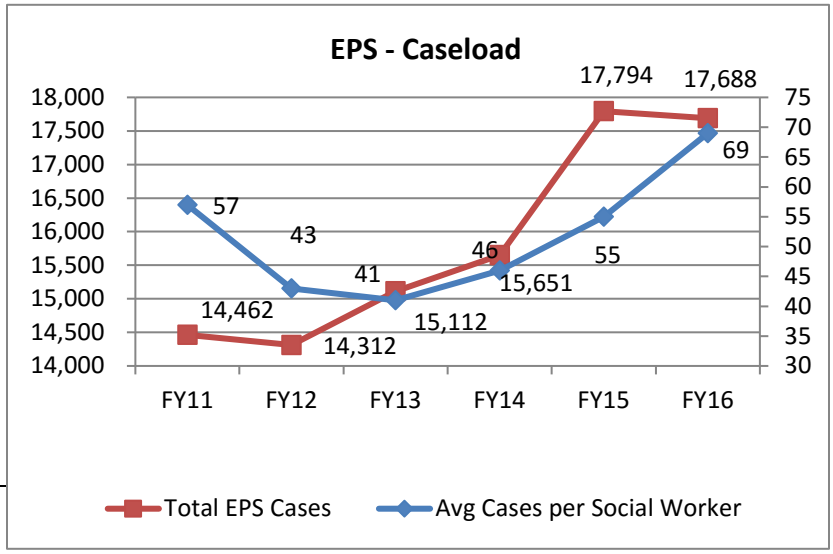
Workload History:

Fiscal Year	Total Cases	Average Cases per Social Worker	Total Expenditures*
FY12	14,312	43	$3,437,968
FY13	15,112	41	$3,812,582
FY14	15,651	46	$3,063,232
FY15	17,794	52	$3,559,875
FY16*	17,688	69	$2,828,826

*FY16 data does not include admin costs

FYTD:

Month	Total Cases	Avg Cases per Social Worker
Jul 15	1,312	57
Aug	1,309	57
Sep	1,325	55
Oct	1,260	48
Nov	1,148	46
Dec	1,196	50
Jan 16	1,111	48
Feb	1,452	73
Mar	1,783	89
Apr	1,815	91
May	1,939	102
Jun	2,038	107
FY16 Total	**17,688**	**1,474**
FY16 Avg	**1,474**	**69**



Funding Stream: TITLE XX - Title XX funds through the Nevada Department of Health and Human Services; General Fund

Comment: TOTAL CASES - Total cases represent Total New Cases Received, Total Cases Investigated and Closed and Cases Carried Over from the Previous Months. The Average Cases per Social Worker represents the Total Cases divided by the actual number of Social Workers. As of July 1, 2010, ADSD assumed full responsibility for all elder abuse investigations in Clark County making ADSD and law enforcement agencies the sole responders to reports of elder abuse statewide.

Web Link: http://adsd.nv.gov/Programs/Seniors/EPS/EPS_Prog/

2.04 Homemaker Program

Program: The Aging and Disability Services Division (ADSD) Homemaker Program provides in-home supportive services for seniors and persons with disabilities who require assistance with activities such as housekeeping, shopping, errands, meal preparation and laundry to prevent or delay placement in a long-term care facility.

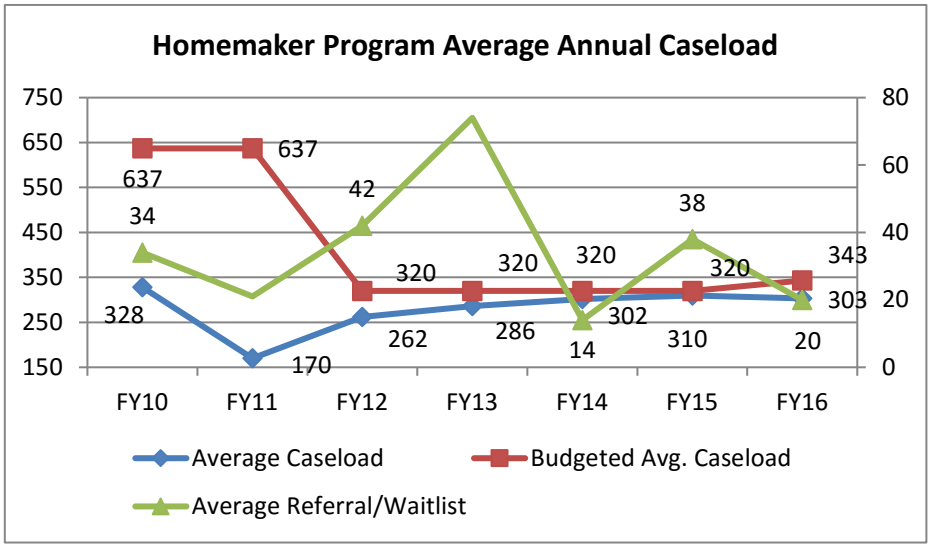
Eligibility: Seniors and person with disabilities throughout Nevada in need of supportive services; financially eligible (110 percent of Federal Poverty income below $1,079 monthly).

Workload History:

Fiscal Year	Average Caseload	Budgeted Avg Caseload	Average Waitlist	Total Expenditures
FY10	328	637	34	$910,353
FY11	170	637	21	$860,423
FY12	262	320	42	$530,446
FY13	286	320	74	$567,943
FY14	302	320	14	$714,506
FY15	310	320	38	$1,084,817
FY16	303	343	20	$821,272

FYTD:

Month	Caseload	Waitlist
Jul 15	307	26
Aug	306	14
Sep	314	14
Oct	318	13
Nov	311	16
Dec	300	21
Jan 16	294	28
Feb	295	23
Mar	287	29
Apr	285	28
May	303	15
Jun	318	11
FY16 Total	**3,638**	**238**
FY16 Avg	**303**	**20**



Analysis of Trends The waitlist has been reduced as additional case managers have been hired. This has had a positive impact on the number of cases that can be processed.

Funding Stream: Title XX/General Fund

Web Link: http://adsd.nv.gov/Programs/Seniors/HomemakerProg/HomemakerProg

2.05 Independent Living Grants

Program: Independent Living Grants (ILG): The Nevada State Legislature passed legislation in 1999, which enacted the Governor's plan for utilizing part of Nevada's proceeds from the Master Tobacco Settlement to support "independent living" among Nevada seniors. This program funds a number of vital services for seniors, such as respite care, transportation and supportive services. Supportive services includes: adult day care; case management; caregiver support services; information, assistance and advocacy; companion services; geriatric health and wellness; homemaker services; home services; legal services; medical nutrition therapy; volunteer care; emergency food pantry; Personal Emergency Response System (PERS); and representative payee.

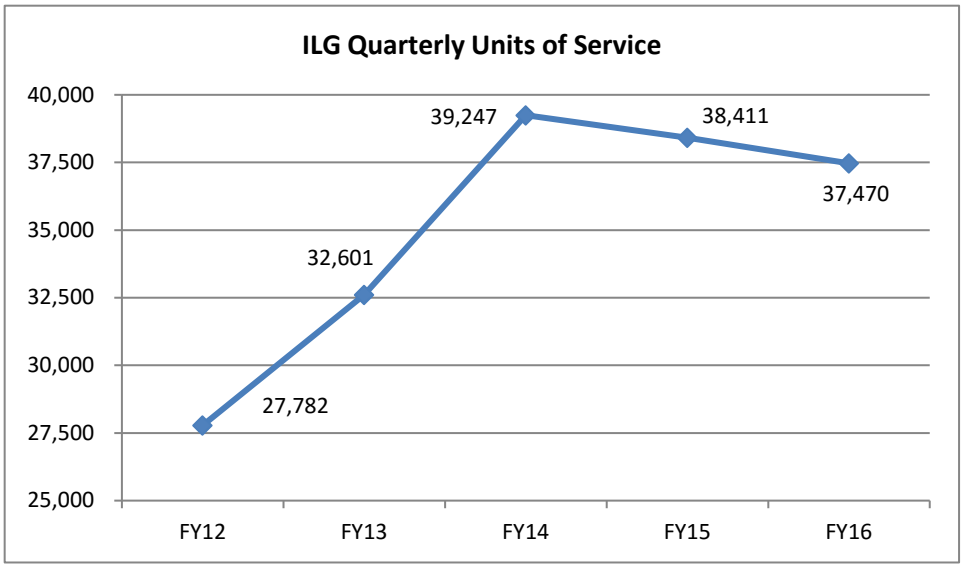
Eligibility: Seniors throughout Nevada, age 60 or older, in need of assistance to live independently.

Workload History:

Fiscal Year	Units of Service	Monthly Average Units
FY12	333,382	27,782
FY13	391,214	32,601
FY14	470,967	39,247
FY15	460,926	38,411
FY16	449,639	37,470

FYTD:

Month	Units of Service
Jul 15	39,463
Aug	41,022
Sep	39,606
Oct	36,355
Nov	33,036
Dec	33,721
Jan 16	36,161
Feb	39,279
Mar	40,815
Apr	38,657
May	32,263
Jun	39,261
FY16 Total	**449,639**
FY16 Avg	**37,470**



Funding Stream: Healthy Nevada Fund from the Tobacco Settlement Fund

Web Link: http://adsd.nv.gov/Programs/Grant/Resources/

Analysis of Trends One year can differ from another for clients served due to the types of programs funded and the movement of programs between OAA Title III-B and Independent Living Grant funding. For SFY 13 Q1 the trend shows a slight increase due to a change in funded services between funding sources. The

same remains true for SFY 2014. SFY 2015 is stable as well. SFY 2016 is missing data from Washoe County, but otherwise remains within a stable range.

2.06 Long Term Care Ombudsman Program (Elder Rights Specialists)

Program: The Long Term Care (LTC) Ombudsman program is authorized by the federal Older American's Act. The Act requires that a statewide Ombudsman program investigate and resolve complaints made by or on behalf of individuals who are residents of long term care facilities. The Act also requires numerous activities related to the promotion of quality care in LTC facilities. Elder Rights Specialists, also known as Ombudsmen, provide residents with regular and timely access to Ombudsman advocacy services by conducting routine visits to assigned facilities. They advocate for residents and provide information regarding services to assist residents in protecting their health, safety, welfare and rights. The Ombudsman Program is comprised of two basic components – a "case" or an "activity". A case includes the investigation and resolution of particular complaints made by or on behalf of residents. Activities include duties such as consultation and training for facility staff, working with resident and family councils, and participating in facility surveys.

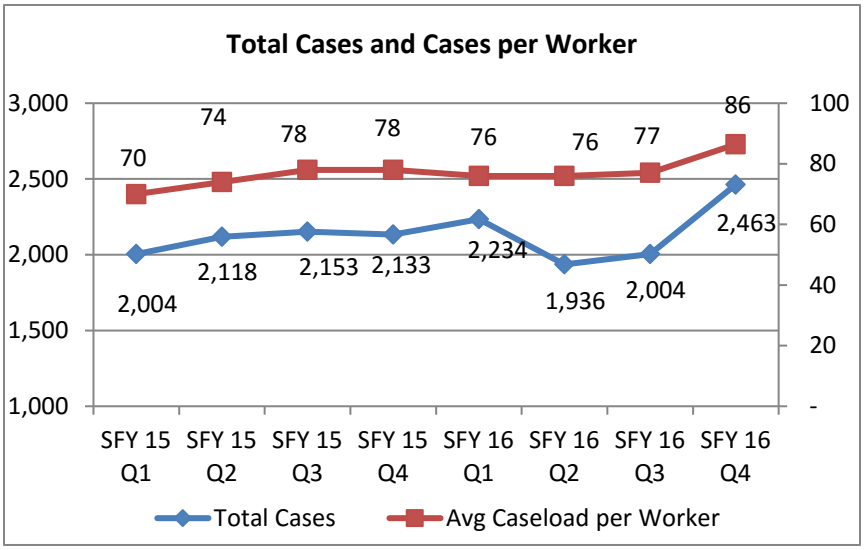
Eligibility: Eligibility includes every individual living in a long term care facility including:
- Homes for Individual Residential Care
- Residential Facilities for Groups including Assisted Living Facilities
- Skilled Nursing Facilities

Workload History:

Fiscal Year	Total Cases	Avg Cases per Worker	Total Expenditures
FY14	6,934	61	$1,442,861
FY15	8,408	74	$1,345,054
FY16	8,633	79	$1,208,650

FYTD:

Month	Total Cases	Avg Cases per Worker
Jul 15	719	76
Aug	723	76
Sep	792	83
Oct	584	69
Nov	609	64
Dec	743	87
Jan 16	598	70
Feb	593	70
Mar	813	96
Apr	723	76
May	767	81
Jun	973	102
FY16 Total	**8,633**	
FY16 Avg	**719**	**79**



Funding Stream: Funding stream includes: Older Americans Act Funds through the Administration on Aging; Medicaid Funds through the Division of Health Care Financing and Policy; and General Fund.

Comment: Total cases represent Total New Cases, Total Closed Cases, Cases Ongoing from the previous months and total activities weighted at 5 activities (5 activities = 1 case). The Average Cases per Elder Rights Specialists represents the Total Cases divided by the actual number of Elder Rights Specialists. This caseload definition was approved in 2015. Please contact Jennifer Williams-Wood at (775) 687-0823 or jlwilliams@adsd.nv.gov for more information.

Web Link: http://adsd.nv.gov/Programs/Seniors/LTCOmbudsman/LTCOmbudsProg/

2.07 Senior Support Services

Program: Supportive Services and Senior Center Programs (funded by the Older American's Act Title III-B) are intended to maximize the informal support provided to older Americans, to enable them to remain living independently in their homes and communities. Services funded under Supportive Services and Senior Center Programs include: senior companion; transportation; adult day care; homemaker; information, assistance and advocacy; representative payee; caregiver support, education and training; legal services; telephone reassurance; volunteer services; Personal Emergency Response System (PERS); case management; respite; and transitional housing.

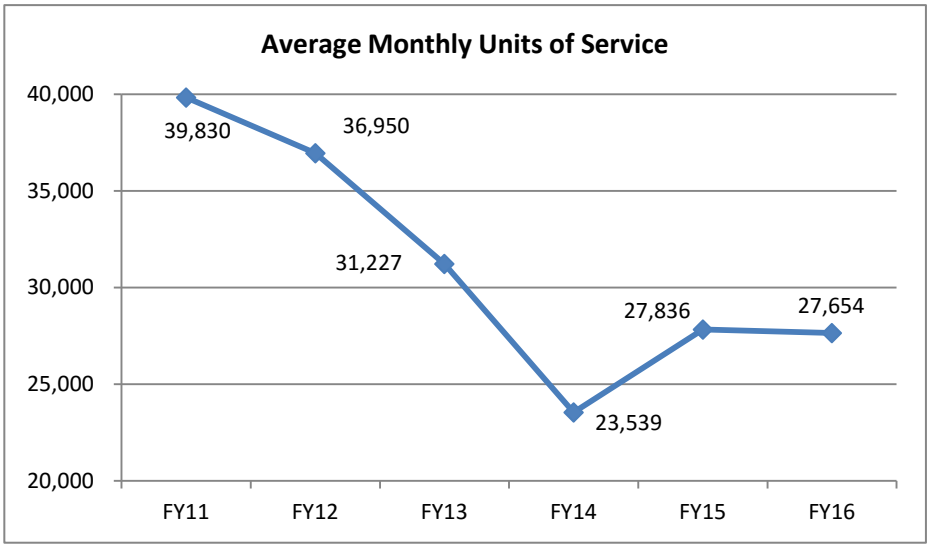
Eligibility: Individuals throughout Nevada age 60 or older with particular attention to low-income older individuals, including low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas.

Workload History:

Fiscal Year	Units of Service	Average Units of Service
FY11	477,956	39,830
FY12	443,398	36,950
FY13	374,727	31,227
FY14	282,462	23,539
FY15	334,033	27,836
FY16	331,844	27,654

FYTD:

Month	Units of Service
Jul 15	29,018
Aug	28,335
Sep	28,173
Oct	28,161
Nov	27,723
Dec	28,049
Jan 16	27,189
Feb	26,099
Mar	28,393
Apr	28,229
May	26,430
Jun	26,044
FY16 Total	**331,844**
FY16 Avg	**27,654**



Funding Stream: Title III - Older Americans Act (OAA) Funds through the Administration on Aging (AoA); General Fund

Web Link: http://adsd.nv.gov/Programs/Grant/ServSpecs/Documents/

Analysis of Trends: For SFY 2012 the downward trend is caused by programs reporting fewer services delivered. For SFY 13 the downward trend is due to a change in funded services between funding sources. SFY 14 decrease is due to a change in funded services between funding sources. SFY 15 reflects an overall increase in services. SFY 16 is stable with shifting of programs between funding sources.

2.08 Senior Nutrition – Meals in Congregate Settings

Program: Senior Nutrition - Meals in Congregate Settings (funded by the Older Americans Act Title III - C1) are allocated to provide meals to seniors in congregate settings, usually at senior centers. The purposes of this part are to reduce hunger and food insecurity; to promote socialization of older individuals; and to promote the health and well-being of older individuals by assisting such individuals to gain access to nutrition and other disease prevention and health promotion services to delay the onset of adverse health conditions resulting from poor nutritional health or sedentary behavior.

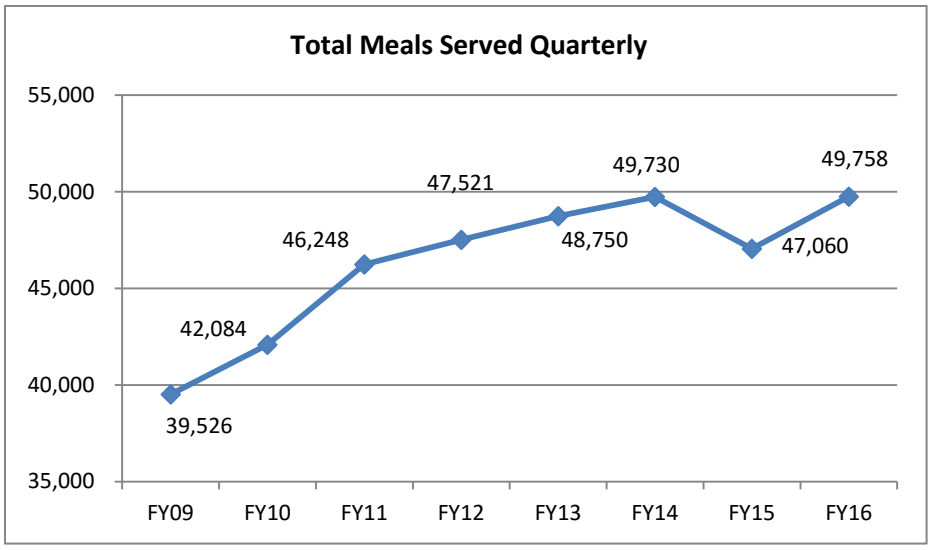
Eligibility: Individuals age 60 or older and their spouses; individuals with disabilities who have not attained the age of 60, but reside in housing facilities occupied primarily by older individuals at which a congregate meal site has been established; individuals providing essential volunteer service during meal hours at a congregate setting; adults with disabilities who reside at home with an eligible older individual, who come into the congregate setting without that individual.

Workload History:

Fiscal Year	Units of Service	Average Units of Service
FY13	584,997	48,750
FY14	596,757	49,730
FY15	564,715	47,060
FY16	597,093	49,758

FYTD:

Month	Units of Service
Jul 15	51,045
Aug	46,780
Sep	49,120
Oct	49,562
Nov	45,099
Dec	49,404
Jan 16	48,114
Feb	51,775
Mar	56,771
Apr	52,057
May	45,820
Jun	51,546
FY16 Total	**597,093**
FY16 Avg	**49,758**



Funding Stream: Title III - Older Americans Act Funds through the Administration on Aging; General Fund

Web Link: http://adsd.nv.gov/Programs/Grant/Nutrition/Resources/

Comment: Meals Served graph - Numbers are reflected for State Fiscal Year and represent the number of meals served to participants of the program. Meal count trends are expected to increase due to Nevada's economic decline. Additionally, aging of baby boomers is accelerating growth and Southern Nevada is attracting more retirees.

2.09 Senior Nutrition – Home Delivered Meals

Program: "Senior Nutrition - Home Delivered Meals (funded by the Older Americans Act Title III - C2) funds are allocated to furnish meals to homebound seniors, who are too ill or frail to attend a congregate meal site.

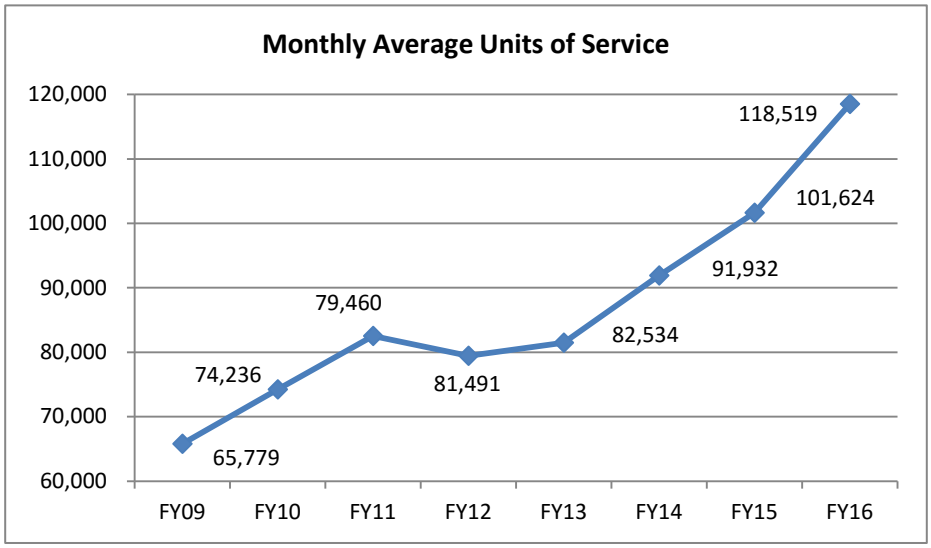
Eligibility: Individuals age 60 or older and their spouses and disabled individuals, who reside with individuals over age 60.

Workload History:

Fiscal Year	Units of Service	Monthly Average Units of Service
FY12	953,525	79,460
FY13	977,890	81,491
FY14	1,103,179	91,932
FY15	1,219,485	101,624
FY16	1,422,225	118,519

FYTD:

Month	Units of Service
Jul 15	108,849
Aug	107,937
Sep	115,012
Oct	115,168
Nov	112,553
Dec	124,513
Jan 16	112,510
Feb	116,113
Mar	130,187
Apr	122,395
May	125,118
Jun	131,870
FY16 Total	**1,422,225**
FY16 Avg	**118,519**



Funding Stream: Title III - Older Americans Act Funds through the Administration on Aging; General Fund

Web Link: http://adsd.nv.gov/Programs/Grant/Nutrition/Resources/

Comment: Meals Served graph - Numbers are reflected for State Fiscal Year and represent the number of meals served to participants of the program. The increase is a result of the slowing economic conditions nationwide and in Nevada. Aging of baby boomers and Southern Nevada as an attractive retirement area are contributing factors.

2.10 National Family Caregiver Program

Program: The National Family Caregiver Support Program (funded by the Older Americans Act Title III E) addresses the needs of family caregivers by increasing the availability and efficiency of caregiver support services and of long-term care planning resources.

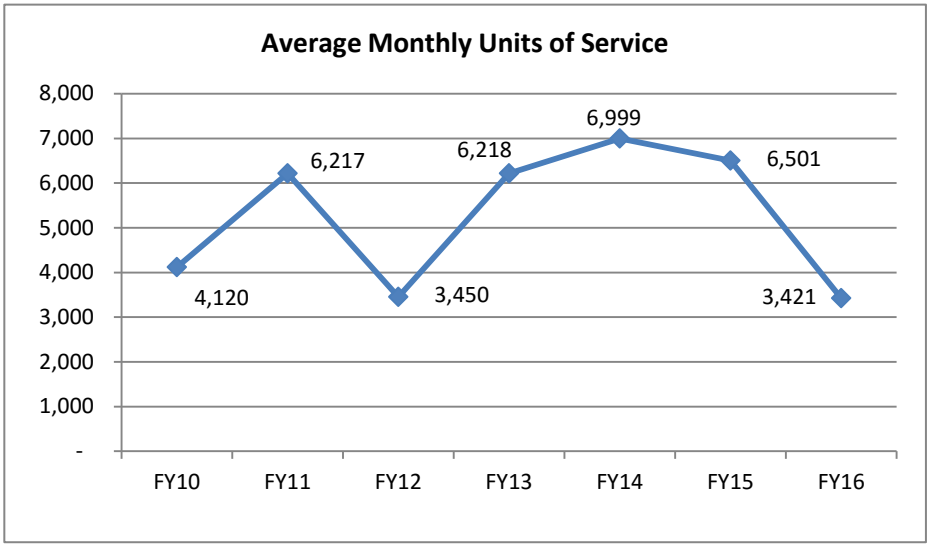
Eligibility: Family caregivers of adults age 60 or older; grandparents and caregivers, age 55 or older, of children not more than 18 years of age, who are related by blood, marriage or adoption; parents, age 55 years or older, caring for an adult child with a disability.

Workload History:

Fiscal Year	Units of Service	Average Monthly Units of Service
FY11	74,612	6,217
FY12	41,395	3,450
FY13	74,612	6,218
FY14	83,986	6,999
FY15	78,009	6,501
FY16	41,056	3,421

FYTD:

Month	Units of Service
Jul 15	1,842
Aug	1,959
Sep	2,108
Oct	3,257
Nov	3,480
Dec	3,094
Jan 16	3,634
Feb	3,818
Mar	4,953
Apr	4,309
May	4,295
Jun	4,309
FY16 Total	**41,056**
FY16 Avg	**3,421**



Funding Stream: Title III - Older Americans Act Funds through the Administration on Aging; Healthy Nevada Fund from the Tobacco Settlement Fund

Web Link: http://adsd.nv.gov/uploadedFiles/adsdnvgov/content/Programs/Grant/ServSpecs/NationalFamilyCaregiverSupportProgram.pdf

Comment: SFY 2012 trend shows increased accuracy and a difference in types of program funded, now primarily focused on ADRCs (Aging and Disability Resource Center). SFY 2013 reflects an increase due to changes in reporting requirements. SFY 2014 shows an upward trend due to the funding of new ADRC serving the rural areas. Q3 and Q4 remain stable. In SFY14 and SFY15 the ADRC program began focusing efforts on Options Counseling which is a more holistic approach to service delivery, versus information and referral.

2.11 Taxi Assistance Program

Program: Allows seniors age 60 and older and those of any age with permanent disability in Clark County to use taxicabs at a discounted rate. Funded by the Nevada Taxicab Authority by a surcharge on taxicab rides.

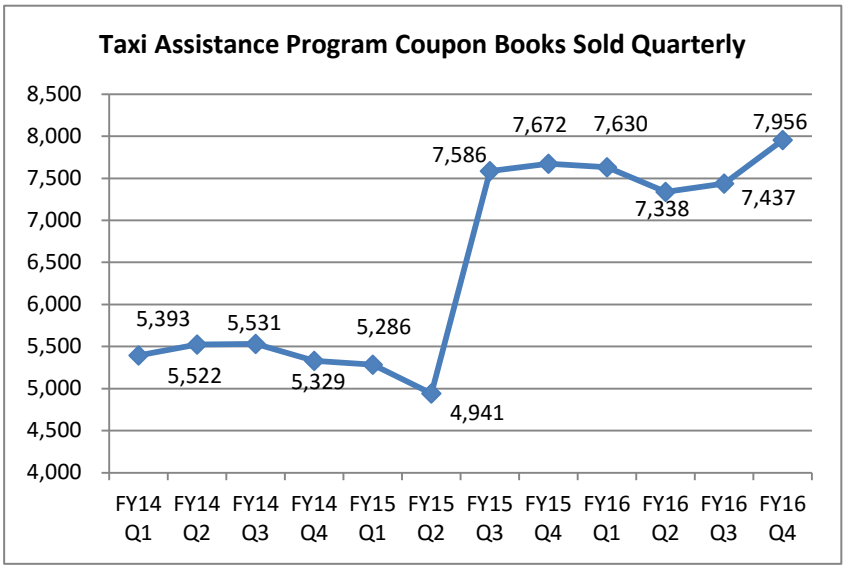
Eligibility: Age 60 or older or permanently disabled of any age with Nevada ID and having incomes within the program criteria.

Workload History:

Fiscal Year	Units of Service
FY12	40,331
FY13	24,682
FY14	21,775
FY15	25,485
FY16	33,020

FYTD:

Month	$5 Books Sold	$10 Books Sold
Jul 15	1,494	1,173
Aug	1,861	774
Sep	1,786	542
Oct	1,969	524
Nov	1,996	486
Dec	1,883	480
Jan 16	1,930	455
Feb	1,990	403
Mar	2,102	557
Apr	2,049	451
May	2,129	559
Jun	2,188	580
FY16 Total	**23,377**	**6,984**
FY16 Avg	**1,948**	**582**



Other: Legislative changes in October, 2014 resulted in program changes in January 2015 allowing for variable book price and an increase in books available per client. Lower income clients (below 200% Federal Poverty Level) price change from $10 per book to $5 per book. All clients are able to purchase 6 books per month. August 2015, Tier 4 persons (301% - 400% Federal Poverty Level incomes) were dropped from the program due to budget decrease.

Funding Stream: Nevada Taxicab Authority

Web Link: http://adsd.nv.gov/Programs/Seniors/TAP/TAP_Prog/

Comment: This program typically has its highest coupon book sales during Quarter (Q)1 and Q4 of each SFY, which are also the warmest months in Clark County.

2.12 Senior Rx and Disability Rx

Program: Nevada Senior/Disability Rx helps eligible applicants obtain essential prescription medications. Some members may also receive help with the monthly premium (if applicable) for their Part-D plan. Eligible members may use the program as a secondary payer during the Medicare Part-D coverage gap.

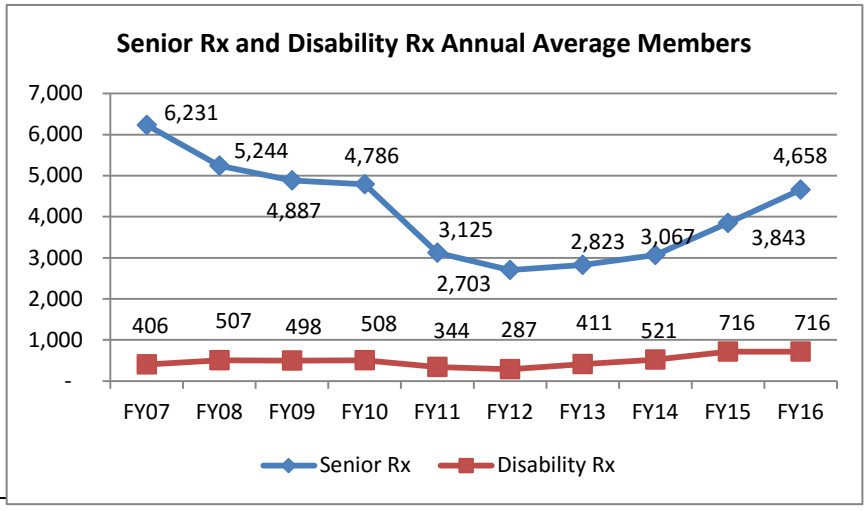
Eligibility: Residency -- Continuous Nevada resident for the 12 months prior to application. Annual Household Income Limit -- Effective 7/1/2015 = $27,923 for singles, $37,222 for couples. Age -- For Senior Rx, age 62 or older. For Disability Rx, age 18 through 61 with a verifiable disability.

Workload History:

	Senior Rx		Disability Rx	
Fiscal Year	Average Cases	Total Expenditures	Average Cases	Total Expenditures
FY10	4,786	$3,635,391	508	$504,406
FY11	3,125	$2,928,171	344	$411,875
FY12	2,703	$2,099,622	287	$273,202
FY13	2,823	$1,910,886	411	$340,779
FY14	3,067	$2,330,710	521	$460,287
FY15	3,843	$1,382,077	716	$253,678
FY16	4,658	$1,908,704	716	$339,516

FYTD:

Month	Senior Rx	Disability Rx
Jul 15	4,165	662
Aug	4,261	677
Sep	4,437	707
Oct	4,595	704
Nov	4,651	701
Dec	4,711	698
Jan 16	4,734	708
Feb	4,806	741
Mar	4,871	754
Apr	4,849	752
May	4,870	740
Jun	4,946	745
FY16 Total	**55,896**	**8,589**
FY16 Avg	**4,658**	**716**



Comment: Beginning in FY-15 funding for this program was reduced, so program and fiscal staff monitors caseload growth and its impact on direct services expenditures to ensure program costs stay within authority going into FY16 and FY17, including discussions of any actions necessary to stay within budget.

Web Link: http://adsd.nv.gov/Programs/Physical/DisabilityRx/DisabilityRx/

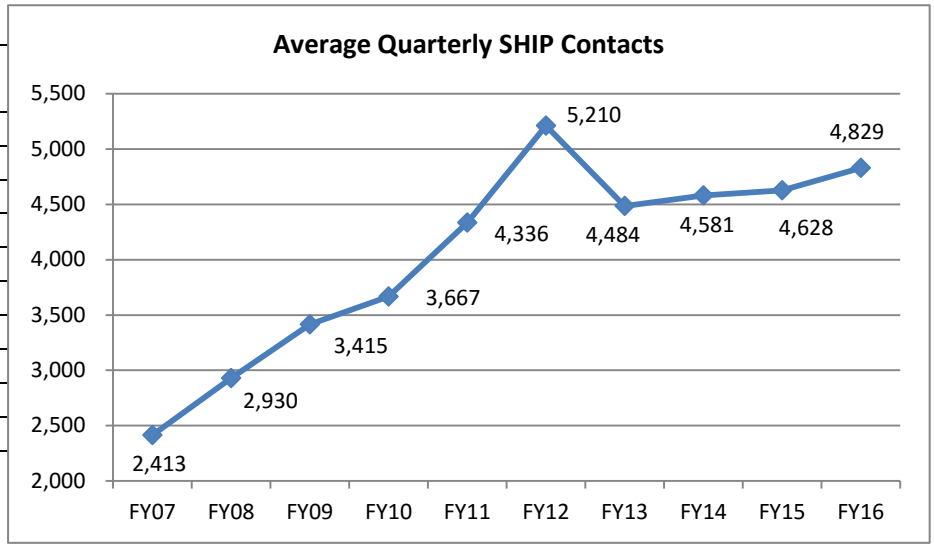
2.13 State Health Insurance Assistance Program (SHIP)

Program: Provides information, counseling, and assistance services to Medicare beneficiaries, their families and others. These services are provided relevant to: Medicare Part D Prescription Drug Coverage; Medicare Part A-Hospital; Medicare Part B-Medicare; Medicare supplemental insurance; long-term care insurance; Medicare Part C-Advantage Plans; Extra Help Part D drug program; beneficiary rights and grievance appeal procedures. Referrals to other community resources are made as needed.

Eligibility: Medicare Beneficiaries; Seniors age 65 or older and/or persons with a verified disability of any age and their caregivers.

Workload History:

	Total SHIP Contacts	Quarterly Average
FY07	9,650	2,413
FY08	11,718	2,930
FY09	14,458	3,615
FY10	14,668	3,667
FY11	17,345	4,336
FY 12	20,840	5,210
FY 13	17,934	4,484
FY 14	18,323	4,581
FY 15	18,513	4,628
FY 16	19,316	4,829



Other: SHIP utilizes trained volunteers, contract staff and partners for outreach and Medicare beneficiary navigation enrollment assistance. Services are advertised through outreach events, websites, referrals and training. Medicare beneficiaries call a statewide, toll-free phone number and are referred to a trained volunteer to assist with explanation and access of health benefits. SHIP contacts/encounters are entered into the Centers for Medicare and Medicaid Services (CMS) database and reported periodically as required to CMS and ACL.

Funding Stream: The Administration for Community Living (ACL) & ILG State Funds.

Web Links: http://adsd.nv.gov/Programs/Seniors/SHIP/SHIP_Prog
www.NevadaSHIP.com

Analysis of Trends: Due to complexities associated with Medicare assistance, counseling sessions are more time consuming and sometimes involve case management related duties, and require providing beneficiaries with a number of referrals and assistance with social needs. Volunteers are reluctant to do counseling because of the complexity of the job and the time commitment for training and counseling. As of June 30, 2016, there are 73 volunteers statewide, 34 of whom are SHIP Certified Counselors and some currently in certification training to continue the efforts of SHIP and increase the workforce behind Medicare counseling.

2.14 Home and Community Based Waiver (HCBW) – Frail Elderly

Program: The Aging and Disability Services Division (ADSD) Home and Community Based Waiver (HCBW) for the Frail Elderly provides waiver services to seniors to help them maintain independence in their own homes and communities as an alternative to nursing home placement. HCBW services can include the following: Case Management, Homemaker, Adult Day Care, Adult Companion, Personal Emergency Response System, Chore, Respite, and Augmented Personal Care and access to State Plan Personal Care Services.

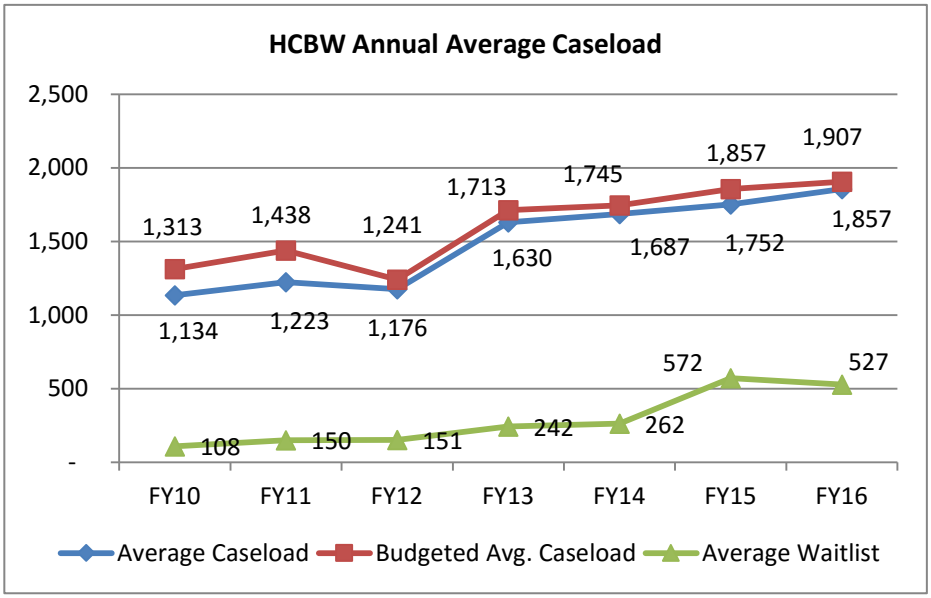
Eligibility: Must be 65 years old or older; at risk of nursing home placement within 30 days without services; financially eligible (300 percent of SSI income up to $2,199); need assistance with one or more of the following: bathing, dressing, eating, toileting, ambulating, transferring. Applies for and is determined eligible for full Medicaid benefits through the Division of Welfare and Supportive Services (DWSS).

Workload History:

Fiscal Year	Average Caseload	Budgeted Avg Caseload	Average Waitlist	Total Expenditures
FY10	1,134	1,313	108	$4,083,178
FY11	1,223	1,438	150	$4,016,041
FY12	1,176	1,241	151	$4,563,023
FY13	1,630	1,713	242	$6,222,738
FY14	1,687	1,745	262	$5,856,376
FY15	1,752	1,857	572	$5,904,555
FY16	1,857	1,907	527	$4,704,476

FYTD:

Month	Caseload	Waitlist
Jul 15	1,835	499
Aug	1,839	513
Sep	1,836	524
Oct	1,844	570
Nov	1,840	594
Dec	1,871	587
Jan 16	1,858	590
Feb	1,856	564
Mar	1,887	500
Apr	1,885	460
May	1,866	472
Jun	1,861	449
FY16 Total	**22,278**	**6,322**
FY16 Avg	**1,857**	**527**



Funding Stream: Medicaid/General Fund

Analysis of Trends: Staff turnover has been quite severe. Requirements for eligible hiring of case managers has now changed within the newly approved FE Waiver which will provide a wider range of eligible candidates resulting in faster processing of cases to minimize waitlist.

Note: Reporting structure starting July 1, 2014, combined the HCBW for the Frail Elderly Waiver with the Assisted Living Waiver.

Web Link: http://adsd.nv.gov/Programs/Seniors/HCBW/HCBW_Prog/

2.15 Home and Community Based Waiver (HCBW) - Physically Disabled

Program: The State of Nevada Waiver for the Physically Disabled is operated by the Nevada Division of Health Care Financing and Policy (DHCFP). The goals of this waiver are to provide the option of home and community-based services as an alternative to nursing facility placement and to allow maximum independence for persons with physical disabilities who would otherwise need nursing facility services.

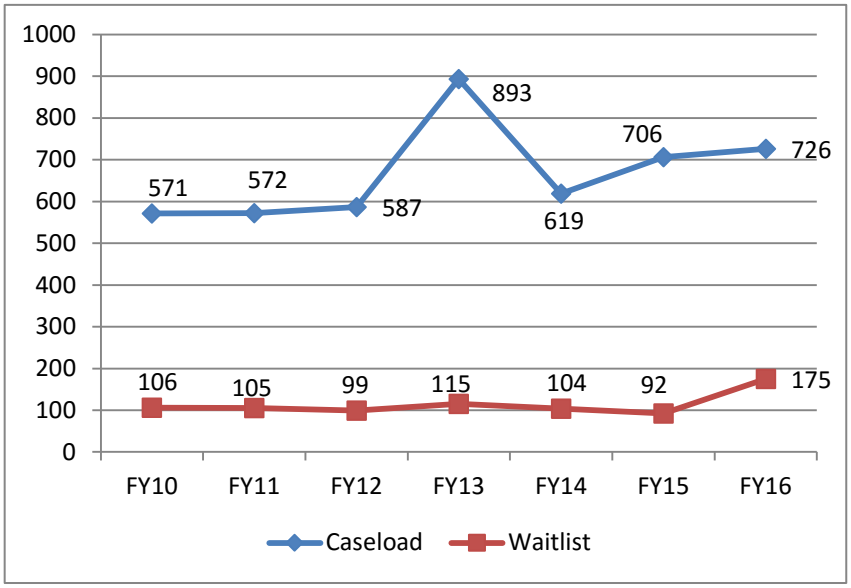
Eligibility: Interest in waiver services initiates a screening process to determine if the individual appears to meet the following eligibility requirements:
*Without the waiver services, would require institutional care provided in a skilled nursing facility or intermediate care facility for the intellectually disabled (ICF/ID);
*Applies for and is determined eligible for full Medicaid benefits through the Division of Welfare and Supportive Services (DWSS);
*Is certified as physically disabled by DHCFP's Central Office Disability Determination Team.

Workload History:

State Fiscal Year	Average Caseload	Budgeted Average Caseload	Average Waitlist	Total Expenditures
FY11	572	579	105	$3,860,025
FY12	587	579	99	$3,434,462
FY 13	563	579	115	$3,487,297
FY 14	619	630	104	$3,744,300
FY 15	706	714	92	$4,635,137
FY 16	726	741	175	Not Yet Available

Caseload FYTD:

Month	Caseload	Waitlist
Jul 15	724	76
Aug	737	88
Sep	743	159
Oct	742	189
Nov	738	197
Dec	731	205
Jan 16	724	206
Feb	725	212
Mar	712	203
Apr	707	199
May	707	190
Jun	718	172
FY16 Total	**8,708**	**2,096**
FY16 Avg	**726**	**175**



Comments: The waitlist is growing and caseload decreasing as a result of increased referrals, wait time for eligibility and high staff turnover in the fourth quarter. We anticipate this trend will reverse itself by the end of the fiscal year as cross-training of FE and PD staff continues enabling more efficient processes.

Website: http://adsd.nv.gov/Programs/Seniors/HCBW/HCBW_Prog/

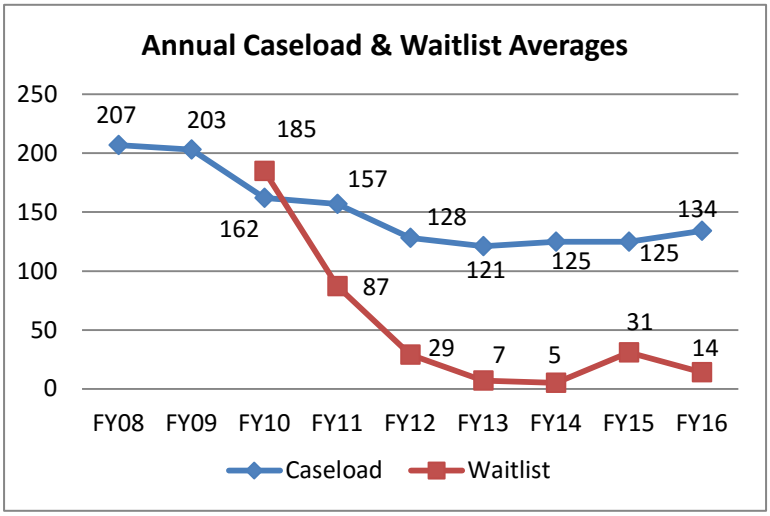
2.16 Personal Assistance Services

Program: This program provides in-home assistance with daily tasks like bathing, toileting and eating. Service recipients share in the cost of their services, based upon a sliding scale formula. Services are typically provided on an ongoing basis; however some applicants have terminal conditions and are only assisted for short-term periods.

Eligibility: Applicants must be over age 18, have a severe physical disability, and must have all their care needs addressed when the resources of this program are combined with other resources available to the applicant (family, friends, assistive technology, private-pay care, etc.). Note: PAS Services are for those that do not meet the financial criteria for Nevada Medicaid or are waiting for the Frail Elderly or Physically Disabled Waiver program.

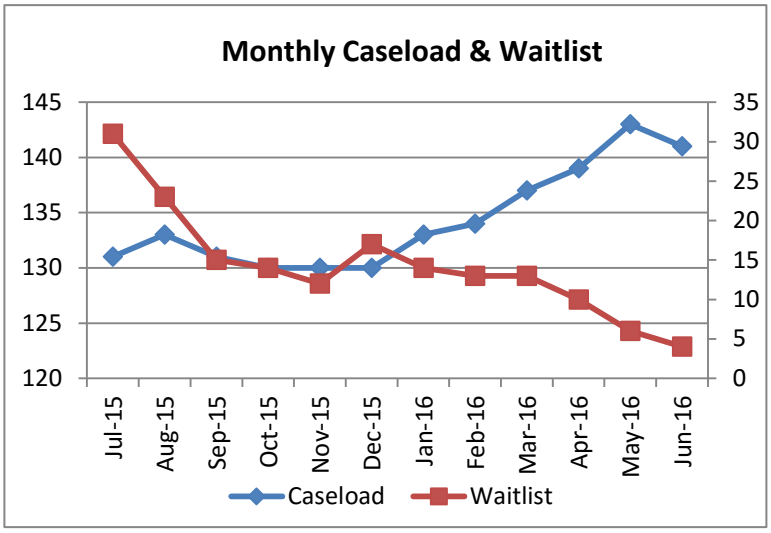
Workload History:

Fiscal Year	Average Caseload	Average Waitlist	Expenditures
FY 10	162	185	$3,239,720
FY 11	157	87	$3,196,309
FY 12	128	29	$2,813,504
FY 13	121	7	$2,570,445
FY 14	125	5	$2,598,948
FY 15	125	31	$2,682,810
FY 16	134	14	$2,202,070



FYTD:

Month	Caseload	Waitlist
Jul 15	131	31
Aug	133	23
Sep	131	15
Oct	130	14
Nov	130	12
Dec	130	17
Jan 16	133	14
Feb	134	13
Mar	137	13
Apr	139	10
May	143	6
Jun	141	4
FY16 Total	**1,612**	**172**
FY16 Avg	**134**	**14**



Analysis of Trends: The caseload remains relatively stable for the PAS program.

Web Links: http://adsd.nv.gov/Programs/Seniors/PersAsstSvcs/PAS_Prog/

2.17 Disability Services – Assistive Technology for Independent Living

Program: The Assistive Technology for Independent Living (AT/IL) Program helps individuals to remain living in the community by making their homes and vehicles more accessible. Some clients share in the cost, on a sliding scale. The program provides one-time services that are not provided on an ongoing basis.

Eligibility: Applicants must have a severe disability that results in significant limitation in their ability to perform functions of daily living, and there must be an expectation that services will help to improve or maintain their independence.

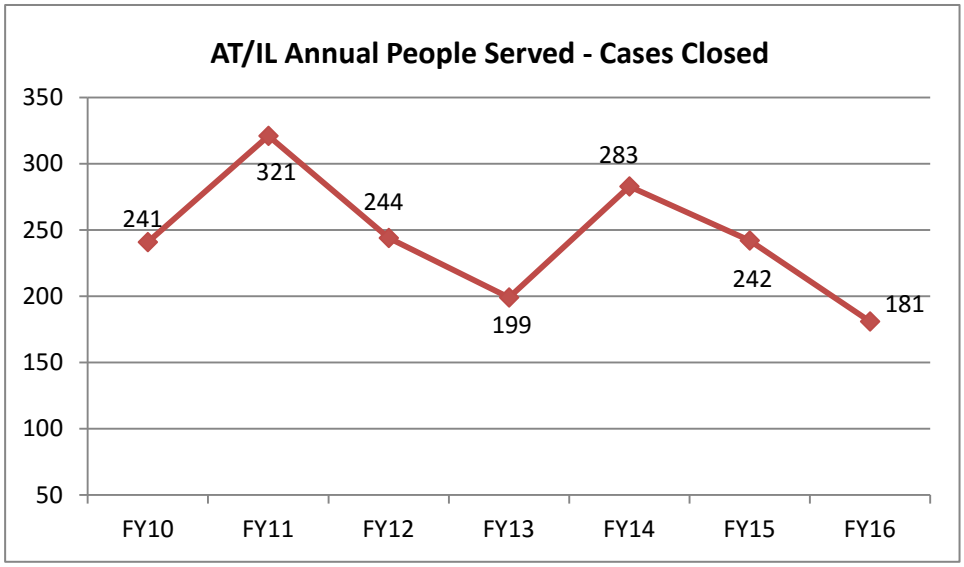
Workload History:

Fiscal Year	Applications	Cases Closed	Expenditures
FY 10	292	241	$1,895,972
FY 11	295	321	$1,528,652
FY 12	322	244	$1,586,976
FY 13	297	199	$1,045,448
FY 14	229	283	$1,606,319
FY 15	205	242	$1,833,459
FY 16*	119	181	$1,169,142

*Expenditures thru Mar 2016

FYTD:

Month	Cases Closed
Jul 15	14
Aug	15
Sep	14
Oct	6
Nov	6
Dec	11
Jan 16	11
Feb	14
Mar	11
Apr	31
May	22
Jun	26
FY16 Total	**181**
FY16 Avg	**15**



Other: The average household income of program applicants is $1,781 per month with an average household size of 1.7 people. The average age of those served is 60. The most commonly provided services are home that provide access into the home and to bathroom; and vehicle modifications to transport their mobility devices.

Funding for this program is provided through a Federal and State partnership. It is a "resource of last resort," meaning that applicants must exhaust other public and private resources before receiving assistance. The program helps Nevadans to avoid institutional placement and to leverage care and other resources available from family and friends.

Web Links: http://adsd.nv.gov/Programs/Physical/ATforIL/ATforIL/

2.18 Disability Services – Traumatic Brain Injury Services

Program: The Traumatic Brain Injury Program provides one-time rehabilitation services that enable recipients to gain or maintain a level of independence, by re-learning how to walk, talk and conduct other routine activities. After a person is injured, there is a short window of opportunity in which they can be effectively rehabilitated.

Eligibility: Applicants are generally between age 18 and 50, must have a recent brain injury, and must present as a good candidate for successful rehabilitation.

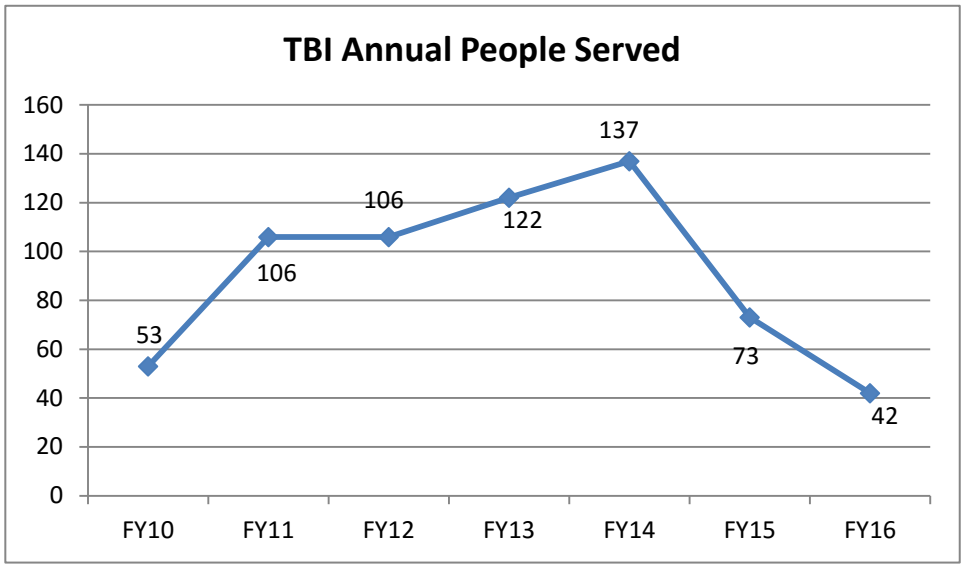
Workload History:

Fiscal Year	Active Cases	Cases Closed	Expenditures
FY 11	106	40	$1,538,063
FY 12	106	42	$1,510,623
FY 13	122	59	$1,498,475
FY 14	130	93	$1,359,969
FY 15	73	96	$479,426
FY 16 YTD*	42	13	$346,335

*Expenditures are thru Mar 2016

FYTD:

Month	Active Cases
Jul 15	2
Aug	4
Sep	5
Oct	4
Nov	6
Dec	6
Jan 16	5
Feb	4
Mar	2
Apr	1
May	2
Jun	1
FY16 Total	**42**
FY16 Avg	**4**



Other: This program has consistently met its 90-day waiting time target under the US Supreme Court's Olmstead Decision. Traumatic Brain Injury is six times more common than breast cancer, HIV/AIDS, spinal cord injuries and Multiple Sclerosis…combined.

Funding: Funding for this program is provided entirely through the State general fund. This program is a "resource of last resort," meaning that applicants must exhaust other sources of funding before receiving assistance. The program helps Nevadans to avoid institutional placement and to leverage care and other resources available from family and friends. The number of persons served shown is for those applicants who meet the program's criteria for having maximum rehabilitation potential.

Web Links: http://adsd.nv.gov/Programs/Physical/TBIProg/TBI/

2.19 Disability Services – Communication Services

Program: The Communication Services Program provides telecommunications equipment to enable recipients to have access to the Relay System.

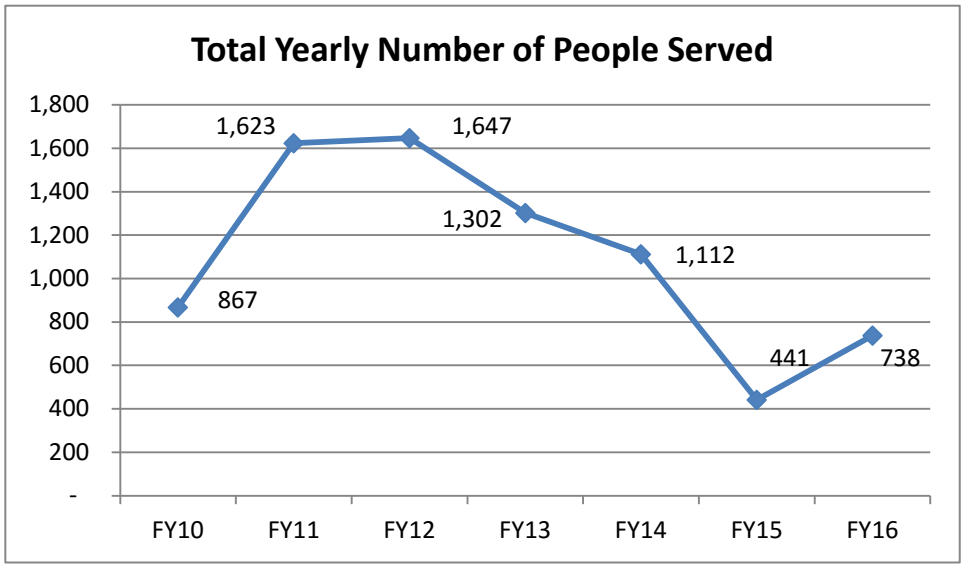
Eligibility: Recipients must have a documented communication disability.

Workload History:

Fiscal Year	Number Served	Expenditures
FY 10	867	$1,467,118
FY 11	1,623	$1,533,604
FY 12	1,647	$1,612,209
FY 13	1,302	$1,173,668
FY 14	1,112	$1,422,824
FY 15	441	$1,460,186
FY 16	738	Not Yet Available

FYTD:

Month	Caseload
Jul 15	61
Aug	51
Sep	57
Oct	155
Nov	40
Dec	50
Jan 16	39
Feb	86
Mar	46
Apr	51
May	57
Jun	45
FY16 Total	**738**
FY16 Avg	**62**



Per Capita/Key Demographics: This program does targeted outreach to rural areas and the following demographic groups: persons with communication disabilities, who are minorities, have lower income, are children or are seniors.

Other: Funding for this program is provided entirely through the telecommunications surcharge assessed on each phone in Nevada and collected by the Public Utilities Commission (PUC). The Federal Communications Commission (FCC) mandates state relay programs for telephone access.

Analysis of Trends: The difference in number of person served this year compared to previous years was anticipated due to Public Utilities Commission's change in service delivery.

Web Links: http://adsd.nv.gov/Programs/Physical/ComAccessSvc/CAS/

2.20 Autism Treatment Assistance Program (ATAP)

Program: The Autism Treatment Assistance Program helps families of children ages 0-18, with Autism Spectrum Disorders, to establish and fund home-based therapy programs. Funds are used to pay clinical professionals who design the therapy programs and train lay-providers to deliver the therapy, as well as to pay the lay-providers for the delivery of services.

Eligibility: Recipients must be under age 19 and have a documented diagnosis of an Autism Spectrum Disorder. Applicants are prioritized based upon a number of factors relating to their need and opportunities for successful therapy.

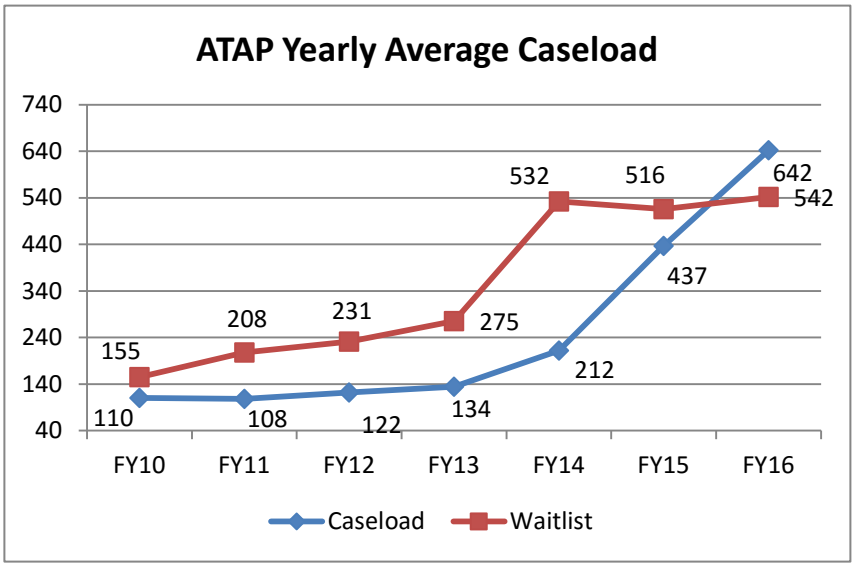
Workload History:

Fiscal Year	Average Caseload	Average Waitlist	Expenditures
FY 10	110	155	$1,288,262
FY 11	108	208	$1,885,987
FY 12	122	231	$1,959,167
FY 13	134	275	$2,390,915
FY 14	212	532	$3,493,764
FY 15	437	516	$6,740,509
FY 16	642	542	$9,899,078

*FY 16 YTD data is annualized

FYTD:

Month	Caseload	Waitlist
Jul 15	585	453
Aug	601	490
Sep	617	511
Oct	637	540
Nov	648	536
Dec	638	520
Jan 16	643	540
Feb	663	575
Mar	669	592
Apr	669	606
May	669	581
Jun	660	561
FY16 Averages	**642**	**542**



Funding: Funding for this program was provided entirely through the state general fund during FY 07-12, but transferred to the Fund for a Healthy Nevada in FY 13.

Analysis of Trends: There are no identifiable data trends for new ATAP applicants. Applications and New Referrals arrive with no discernable predictability other than thru normal population growth. ATAP received an increase in funding during the 2013 Legislative Session for FY14-15, causing an increase in caseload.

Web Links: http://adsd.nv.gov/Programs/Autism/ATAP/ATAP

2.21 Developmental Services

Program: Developmental Services provides a full array of community based services for people with Intellectual Disabilities and Related Conditions and their families in Nevada. The goal of coordinated services is to assist persons in achieving maximum independence and self-direction. Service coordinators assist individuals and families in developing a person centered life plan focused on individual needs and preferences for the future. They also assist people in selecting and obtaining services and funding to achieve personal goals, community integration and independence. Major programs provided to achieve these goals include Community based residential supports, Jobs & Day Training Supports and Family Supports.

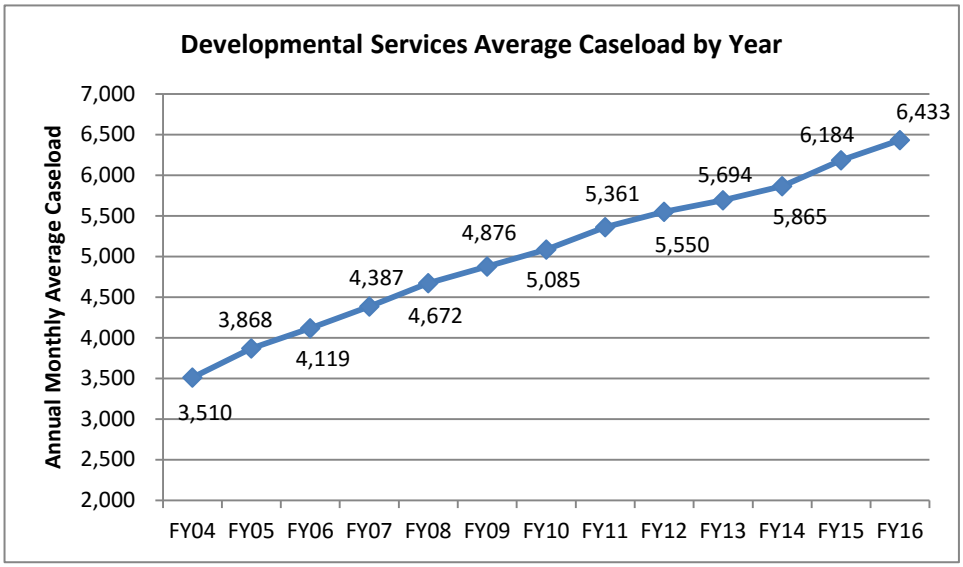
Eligibility: All individuals who meet Developmental Services eligibility requirements of Intellectual Disability diagnosis or Related Conditions and three of six major life skill limitations who apply for services receive basic service coordination. Developmental Services agencies provide many services to Medicaid eligible clients. Provider based services are given under a Medicaid waiver depending on the level of care the individual needs. Direct services are provided under the Medicaid State Plan.

Workload History:

Fiscal Year	Total Expenditures	Average Caseload
FY09	$139,752,916	4,876
FY10	$126,585,304	5,085
FY11	$129,468,112	5,361
FY12	$128,766,028	5,550
FY13	$136,720,966	5,694
FY14	$149,929,411	5,865
FY15	$154,288,219	6,184
FY16	$153,692,835	6,433

Caseload FYTD:

Month	Caseload
Jul 2015	6,349
Aug	6,348
Sep	6,357
Oct	6,376
Nov	6,378
Dec	6,395
Jan 2016	6,418
Feb	6,450
Mar	6,494
Apr	6,513
May	6,532
Jun	6,580
FY16 Total	**77,190**
FY16 Avg	**6,433**



Website: http://adsd.nv.gov/Programs/Intellectual/Intellectual/

2.22 Early Intervention Services (Part C, Individuals with Disabilities Education Act)

Program: Early Intervention is a system of services and supports individually designed to help families meet the specific needs of their children. Early Intervention programs provide services based on the regulations provided by Part C of the Individuals with Disabilities Act (IDEA).

The mission of Nevada's Early Intervention Services is to identify infants and toddlers (ages 0-3) who are at-risk for, or who have developmental delays; provide services and supports to families to meet the individualized developmental needs of their child; and facilitate the child's learning and participation in family and community life through the partnerships of families, caregivers and service providers.

Early Intervention has regional sites in Las Vegas, Carson City, Reno, and Elko and contracts with community providers to provide services as well. Children ages birth through two years will be determined eligible for early intervention services if they meet the state's defined eligibility criteria through medical diagnosis, test scores from standard evaluation tools or by informed clinical opinion.

Workload History:

Fiscal Year	Monthly Average Cases	Total Expenditures	Total Referrals
FY 12	2,735	$22,649,687	5,216
FY 13	2,830	$23,642,678	5,427
FY 14	2,892	$25,637,476	5,737
FY 15	3,102	$30,088,365	6,275
FY 16 YTD*	3,366	$32,604,720	6,630

*FY 16 data is annualized

FYTD:

Month	New Referrals	Total IFSPs*	Waiting for Services	Services Waiting	Exiting with IFSPs*
Jul 15	622	3,317	55	65	199
Aug	509	3,347	50	56	210
Sep	583	3,375	66	81	221
Oct	526	3,418	78	91	225
Nov	526	3,385	59	74	202
Dec	549	3,353	61	70	283
Jan. 16	610	3,349			238
Feb	615	3,365			226
Mar	684	3,423			244
Apr	657	3,462			235
May	598	3,533			280
Jun	609	3,553			294
FY16 Total	**7,088**	**40,880**	**369**	**437**	**2,857**
FY16 Avg	**591**	**3,407**	**62**	**73**	**238**

*IFSP – Individualized Family Service Plan

Comments: Data for January 2016 through June 2016 were collected on 8/31/16 & 9/1/16 from TRAC-IV using Crystal Reports by Randi Humes, MAII with Nevada Early Intervention Services. From January 2016 to current, referrals include children who are Part C referrals but also children who are CAPTA (Child Abuse Prevention and Treatment Act), Audio Only and SaM (Screening and Monitoring) referrals. Total IFSPs includes children who were in ""active"" status during the month because they were determined eligible and have an active IFSP. It also includes children who have now exited from the program but would have been eligible with an active IFSP during that month. Total IFSPs and referral are not mutually exclusive. Children who were referred during the month may be included in the total IFSP numbers if the child was found eligible for services and has an active IFSP or if the child exited during that time frame and had an active IFSP. Data may vary from previous months due to methodology, process, and /or data source. Data from January 2016 to current were provided by Nevada Early Intervention Services and were pulled from TRAC-IV using Crystal Reports. Number of children waiting for services and number of services waiting have not been included for January through June due to data availability. Data for services waiting is considered ""point-in-time"" data and could not be determined after the fact.

Website: http://adsd.nv.gov/Programs/InfantsToddlers/Infants_Toddlers/

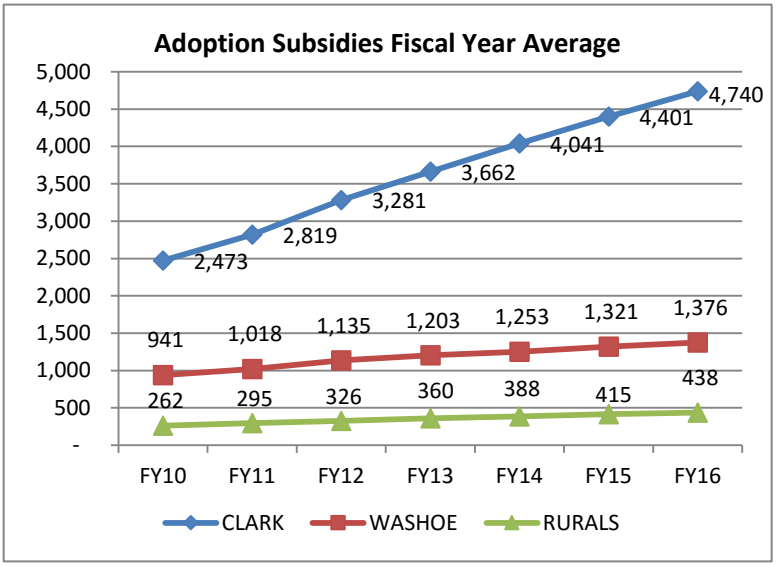
3.01 Adoption Subsidies

Program: It is the policy of the agencies providing child welfare services to provide financial, medical, and social services assistance to adoptive parents, thereby encouraging and supporting the adoption of special-needs children from foster care. A statewide collaborative policy outlines the special-needs eligibility criteria, application process, types of assistance available and the necessary elements of a subsidized adoption agreement.

Eligibility: To qualify for assistance, the child must be in the custody of an agency which provides child welfare services, or a Nevada licensed child-placing agency, and an effort must have been made to locate an appropriate adoptive home which could adopt the child without subsidy assistance. The child must also have specific factor(s) or condition(s) that make locating an adoptive placement resource difficult without recruitment, special services, or adoption assistance; such as being over the age of five, having siblings with whom they need to be placed, or having a physical, mental or behavioral condition that results in the need for treatment.

Other: All three public child welfare agencies, Clark County Department of Family Services (CCDFS); Washoe County Department of Social Services (WCDSS); and the Division of Child and Family Services (DCFS) Rural Region, administer the subsidy program with state oversight and in accordance with statewide policy.

FYTD:	Clark	Washoe	Rurals	Total
Jul 15	4,562	1,355	431	6,348
Aug	4,589	1,374	427	6,390
Sep	4,594	1,369	426	6,389
Oct	4,661	1,372	426	6,459
Nov	4,741	1,385	435	6,561
Dec	4,773	1,381	442	6,596
Jan 16	4,775	1,375	437	6,587
Feb	4,774	1,377	443	6,594
Mar	4,809	1,375	448	6,632
Apr	4,851	1,366	447	6,664
May	4,870	1,388	450	6,708
Jun	4,879	1,398	445	6,722
FY16 Total	**56,878**	**16,515**	**5,257**	**78,650**
FY16 Avg	**4,740**	**1,376**	**438**	**6,554**



Analysis of Trends: The number of adoption subsidies has increased during the past two years in all public child welfare agencies. This fluctuation in the number of subsidies for that time period can be attributed to the rate of finalized adoptions and the number of subsidies that terminated as adopted youth reached the age of 18 years old.

Website: http://www.dcfs.state.nv.us/DCFS_Adoption.htm

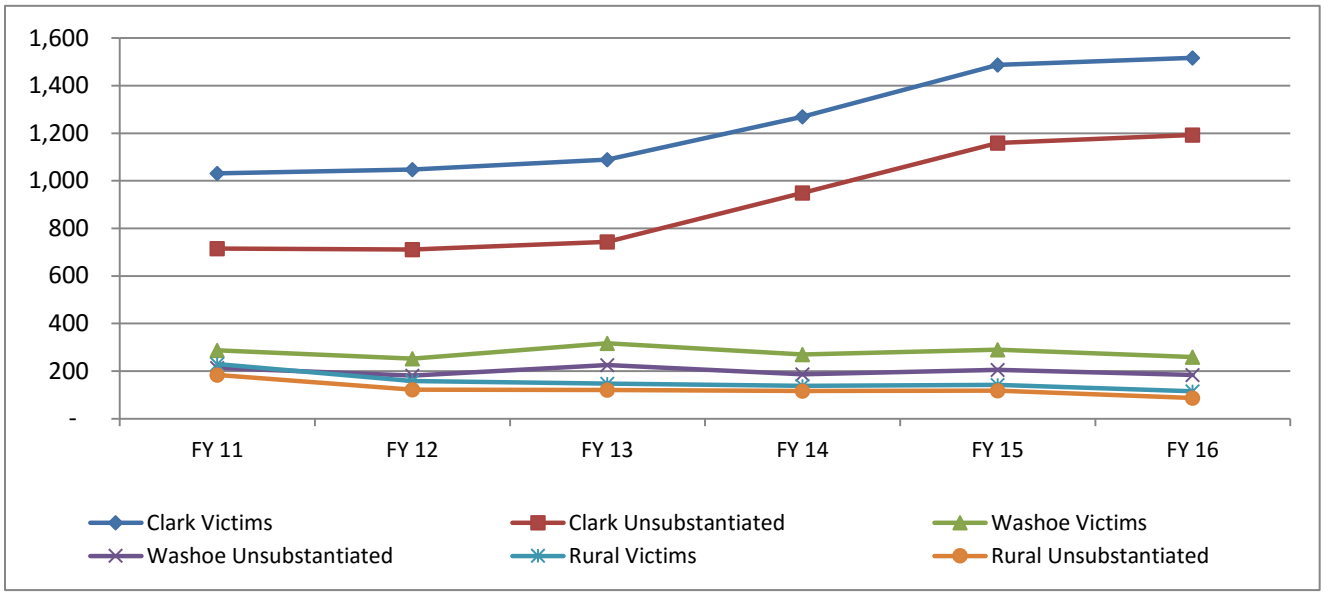
3.02 Child Protective Services (CPS)

Program: CPS agencies respond to reports of abuse or neglect of children under the age of eighteen. Abuse or neglect complaints are defined in statute, and include mental injury, physical injury, sexual abuse and exploitation, negligent treatment or maltreatment, and excessive corporal punishment. The CPS worker and family develop a plan to address any problems identified through assessment. Families may be referred to community-based services to prevent their entry into the child welfare system.

Administration: Division of Child and Family Services (DCFS) Family Program's Office has oversight responsibility to monitor compliance with federal/state requirements and provide technical assistance as needed. Federal funding is administered through DCFS to child welfare programs in Clark and Washoe Counties. Rural programs are administered directly by DCFS.

FYTD:

	Clark County		Washoe County		Rural Counties	
	Total Victims	Un-Substantiated	Total Victims	Un-Substantiated	Total Victims	Un-Substantiated
JUL 15	1,870	1,491	295	210	87	69
Aug	1,401	1,101	198	136	125	99
Sep	1,266	980	290	207	73	59
Oct	1,327	1,025	294	217	141	114
Nov	1,643	1,250	275	202	108	75
Dec	1,673	1,322	222	177	115	80
Jan 16	1,405	1,104	243	166	106	85
Feb	1,317	1,014	274	185	105	70
Mar	1,566	1,264	272	195	97	72
Apr	1,420	1,098	214	139	120	80
May	1,557	1,232	242	168	169	139
Jun	1,763	1,437	288	207	136	102
FY16 Total	**18,208**	**14,318**	**3,107**	**2,209**	**1,382**	**1,044**
FY16 Avg	**1,517**	**1,193**	**259**	**184**	**115**	**87**



Analysis of Trends: The number of child abuse and/or neglect victims and unsubstantiated reports has risen in Clark County within the last two years, August 2013 through September 2015. Media attention on this subject has heightened public awareness, resulting in a substantial increase of calls to the DCFS hotline. As a result, the number of investigations has also increased as well as the number of alleged victims.

Website: http://www.dcfs.state.nv.us/DCFS_ChildProtectiveSvcs.htm

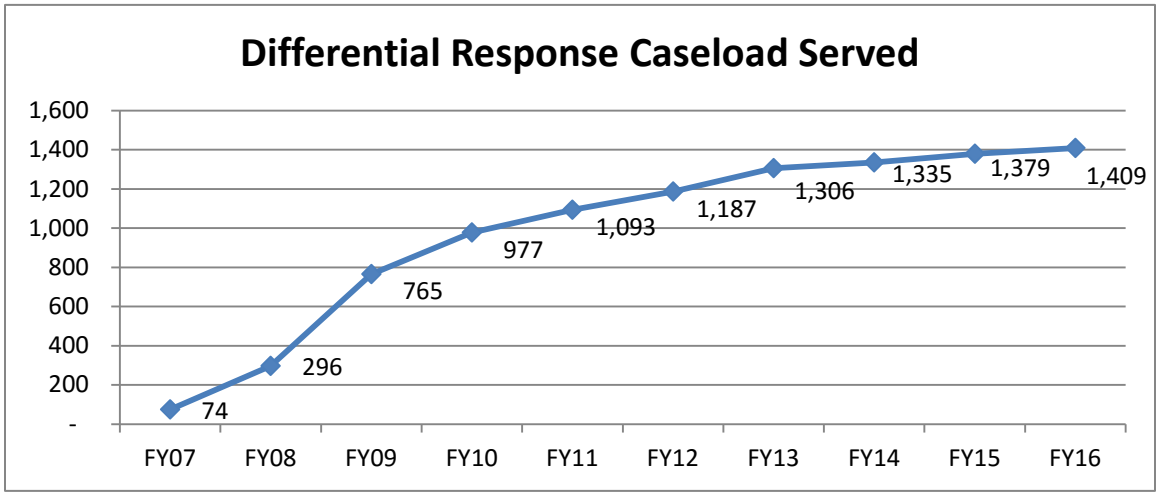
3.03 Differential Response

Program: The Differential Response Program is a joint project between the Family Resource Centers and the three child welfare agencies. Reports of child maltreatment that meet the statutory threshold for a home visit to determine child well-being, where there is not an imminent threat to the child's safety, may be referred to the Differential Response staff for assessment and case management. Typically these reports involve such issues as educational neglect, environmental neglect, medical neglect, and improper supervision. Frequently the Differential Response worker is able to assist the family in accessing services that will assist the family in providing positive interactions and a safe environment for their children.

Service Areas: Service Areas: Services are provided in the following counties: Clark, Washoe, Elko, Carson City, Douglas, Storey, Churchill, Lyon, Mineral, Pershing and southern Nye.

Workload History:

Fiscal Year	Referred	Returned	Served	Closed
FY07	90	16	74	33
FY08	362	66	296	247
FY09	912	147	765	665
FY10	1,053	76	977	906
FY11	1,137	44	1,093	1,135
FY12	1,234	47	1,187	1,182
FY13	1,319	13	1,306	1,324
FY14	1,367	32	1,335	1,333
FY15	1,421	42	1,379	1,403
FY16	1,436	27	1,409	1,396



Comments: The chart reflects ongoing caseloads. Reports screened for a DR response typically involved families with basic needs, followed by educational neglect, lack of supervision, medical neglect, and various family problems. Currently, DR referrals reflect approximately 9 percent of the child maltreatment reports in the communities served. If expanded statewide, it is estimated that DR referrals could reach 17 percent of total child maltreatment reports. Nevada is one of 22 states implementing Differential Response. DR program Administration is moving from DHHS Grants Management Unit to DHHS DCFS (Division of Child and Family Services) January 1, 2016.

Website: http://dcfs.nv.gov/Programs/CWS/DR/DR_Program/

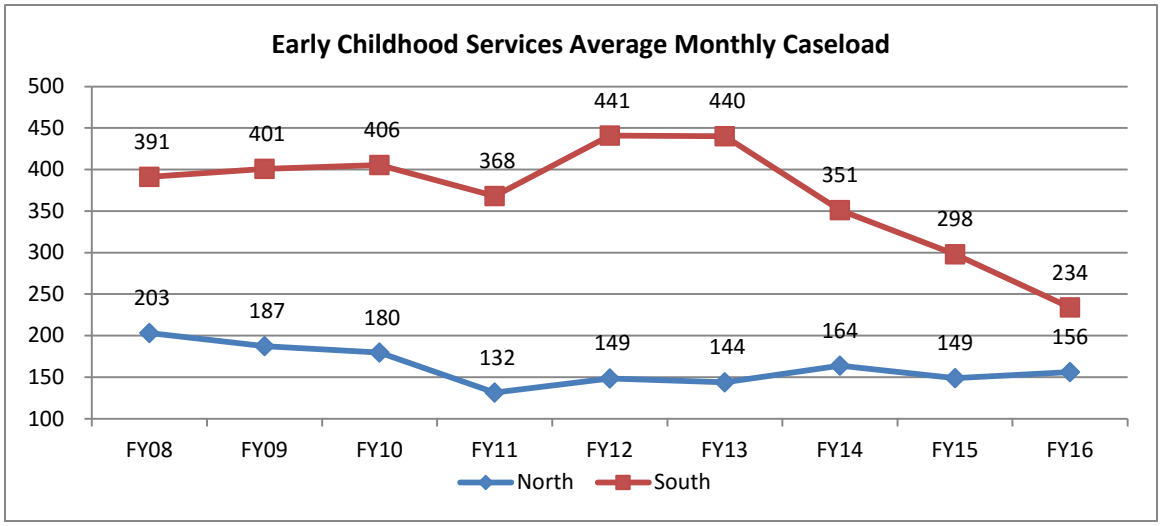
3.04 Early Childhood Services

Program: Early Childhood Mental Health Services are available for eligible children from birth to 6 years of age who have significant emotional, mental health, or behavior problems or those who are at high risk for these problems and associated developmental delays. The goal is to strengthen the parent-child relationship, support the family's capacity to care for the child, and to enhance the child's social and emotional well-being. Northern Nevada Child & Adolescent Services is located in Washoe County, and Southern Nevada Child & Adolescent Services is located in Clark County.

Eligibility: Birth through age six.

Other: Serves children who are covered under fee-for-service Medicaid, HMO Medicaid, or Nevada Check Up, and children who are uninsured or underinsured.

FYTD:	North	South
Jul 15	148	255
Aug	163	253
Sep	167	230
Oct	154	228
Nov	155	241
Dec	162	235
Jan 16	164	235
Feb	166	247
Mar	155	223
Apr	156	235
May	127	223
Jun	156	204
FY16 Total	**1,873**	**2,809**
FY16 Avg	**156**	**234**



Analysis of Trends: Early Child Mental Health Services in the Southern Region continue to decrease due to staff shortages and a decrease in the number of youth with fee-for-services Medicaid.

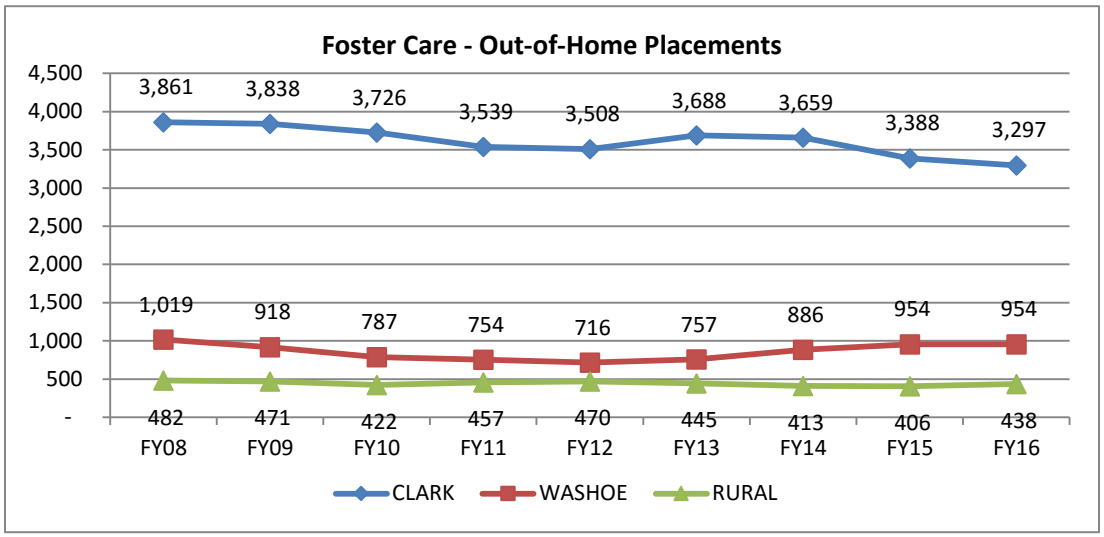
Website: http://www.dcfs.state.nv.us/DCFS_CommunityBasedOPSvcs.htm

3.05 Foster Care – Out-of-Home Placements

Program: Foster Care services are provided as temporary placement for children who are removed from the home to protect them from harm or risk. Needs assessments are conducted and a caseworker arranges care and services for the child, and also provides counseling to the child, biological parents, and the foster/substitute care provider. Permanency plans developed with the district court may include reunification, kinship placement, adoption or other planned permanent living arrangements.

Administration: The role and function of the Social Services Program Specialists assigned to Foster Care is to provide statewide oversight to the three child welfare jurisdictions in Nevada to ensure compliance with federal and state regulations, statutes and policy. The Foster Care Specialist is also responsible for providing technical assistance to the jurisdictions, fielding questions from the public regarding foster care, and engaging in quality assurance monitoring and quality improvement activities to ensure that children in foster care are safe and stable in their placements.

FYTD:	Clark	Washoe	Rurals	Total
Jul 15	3,366	929	444	4,739
Aug	3,425	956	445	4,826
Sep	3,424	947	451	4,822
Oct	3,430	962	450	4,842
Nov	3,380	955	444	4,779
Dec	3,233	947	452	4,632
Jan 16	3,220	953	435	4,608
Feb	3,235	954	427	4,616
Mar	3,225	341	433	4,599
Apr	3,225	963	429	4,617
May	3,171	979	411	4,561
Jun	3,225	963	429	4,617
FY16 Total	**39,559**	**11,449**	**5,250**	**56,258**
FY16 Avg	**3,297**	**954**	**438**	**4,688**



Analysis of Trends: In November 2013, the Nevada Safety Model was first implemented in Clark County. This model has enhanced the staff's ability to identify appropriate services to reduce safety issues and may have contributed to fewer reports of maltreatment and reduced out-of-home placements.

Website: http://www.dcfs.state.nv.us/DCFS_PlaceRes.htm

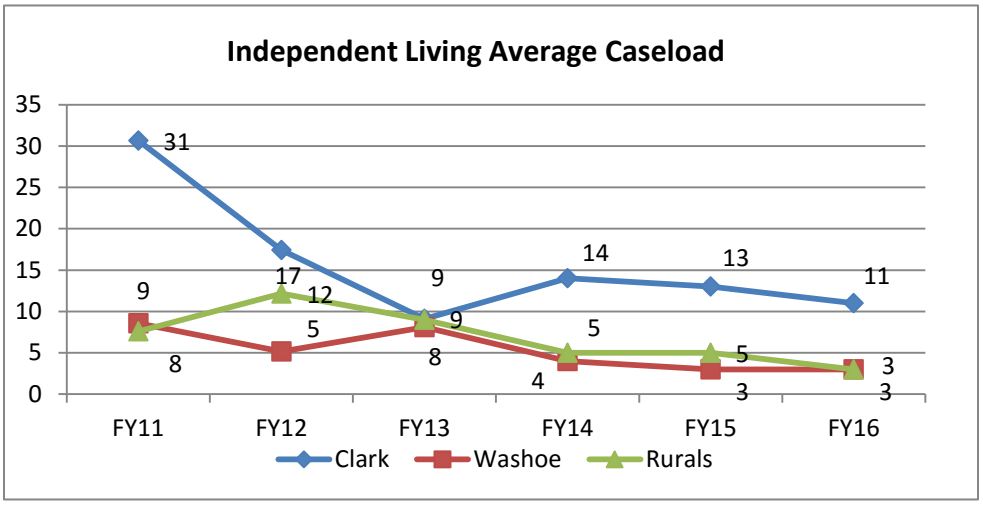
3.06 Foster Care – Independent Living

Program: The Nevada Independent Living Program is designed to assist and prepare foster and former foster youth in making the transition from foster care to adulthood by providing opportunities to obtain life skills for self-sufficiency and independence. The Independent Living Program does this by offering many learning and training opportunities along with financial assistance. The three major sources of funding to assist foster youth in care and those that have aged out of the foster care system come from the federal and state government.

Eligibility: Services are available to youth aged 15 and above who are currently in foster care and to former foster youth who have aged out of the foster care system at age 18. Youth who were adopted from foster care on or after their 16th birthday are also eligible for services. Those who aged out of care may continue receiving services to age 21, including those who came to Nevada from another state.

Other: Supplemental financial assistance is provided through the Fund to Assist Former Foster Youth (FAFFY). These funds provide assistance with household goods, job training, housing assistance, case management and medical insurance. Assistance is available up to age 21.

FYTD:	Clark	Washoe	Rurals	Total
Jul 15	13	2	2	17
Aug	14	2	2	18
Sep	15	2	1	18
Oct	12	1	4	17
Nov	15	0	0	15
Dec	13	3	4	20
Jan 16	9	5	1	15
Feb	9	5	1	15
Mar	8	5	2	15
Apr	9	7	5	21
May	7	4	5	16
Jun	9	4	5	18
FY16 Total	**133**	**40**	**32**	**205**
FY16 Avg	**11**	**3**	**3**	**17**



Analysis of Trends: Beginning SFY 2011, the Court Jurisdiction youth counts were no longer being added to the total for Washoe County and Clark County.

Website: http://www.dcfs.state.nv.us/DCFS_IndependentLiving.htm

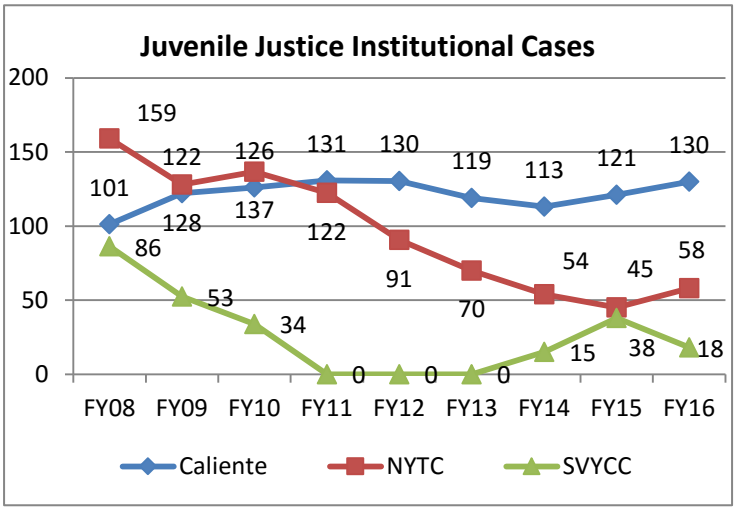
3.07 Juvenile Justice – Facilities

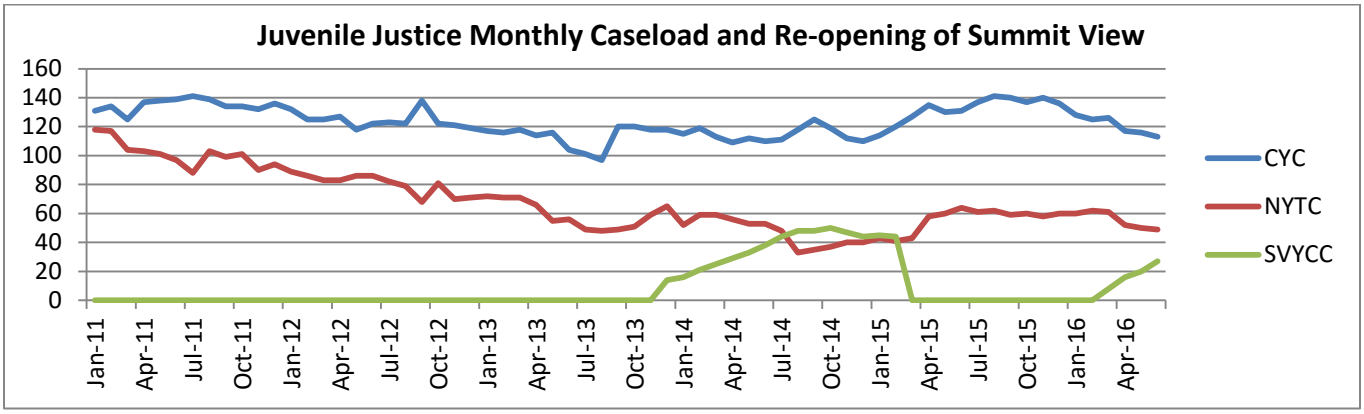
Caliente Youth Center (CYC): Opened: 1962. Renovated: 1977 Juvenile facility/training school. Security: minimum. Programs: academic education, vocational training, substance-abuse counseling, psychological counseling, behavior/anger management, violence prevention, prerelease/transitional training, cognitive-skills training, private family visitation.

Nevada Youth Training Center (NYTC): Opened: 1913. Renovated: 1961. Juvenile facility/training school. Security: medium, minimum. Programs: academic education, vocational training, substance-abuse counseling, psychological counseling, behavior/anger management, cognitive-skills training, violence prevention, private family visitation.

Summit View Youth Correctional Center (SVYCC): What was previously "Summit View" reopened December 2013 with new name: "Red Rock Academy" and was run by the Rite of Passage non-profit. The Department closed the facility on March 10, 2015 and is in the process of reopening it again under the Summit View name. Security: maximum. Programs: aggravated/violent behavior; substance abuse counseling; sex offender counseling; restorative solutions; family groups and visitations; skill development; academic education; vocational training.

FYTD:	CYC	NYTC	SVYCC	Total
Jul 15	137	61	0	198
Aug	141	62	0	203
Sep	140	59	0	199
Oct	137	60	0	197
Nov	140	58	0	198
Dec	136	60	0	196
Jan 16	128	60	0	188
Feb	125	62	0	187
Mar	126	61	8	195
Apr	117	52	16	185
May	116	50	20	186
Jun	113	49	27	189
FY16 Total	**1,556**	**694**	**71**	**2,321**
FY16Avg	**130**	**58**	**14**	**193**





Analysis of Trends: Initiatives such as the Juvenile Detention Alternatives Initiative (JDAI) and the targeted focus of the Nevada Supreme Court Commission on Statewide Juvenile Justice Reform have driven efforts in Juvenile Justice to reduce State commitments. Counts at NYTC and CYC will trend lower when Summit View opens.

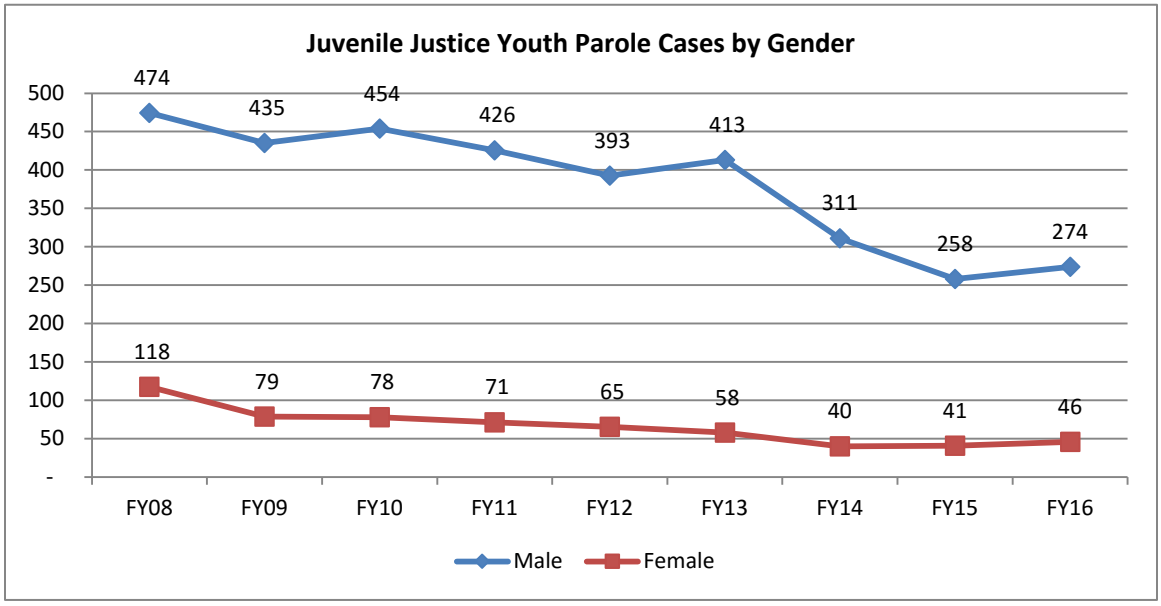
Website: http://www.dcfs.state.nv.us/DCFS_JuvenileJusticeSvcs.htm

3.08 Juvenile Justice – Youth Parole

Program: The Nevada Youth Parole Bureau has offices in Las Vegas, Reno, Carson City, Fallon and Elko. The staff is committed to public safety, community supervision, and services to youth returning home from juvenile correctional facilities. All youth parole counselors have been trained and certified as peace officers and act in accordance in the performance of their duties. Working closely with families, schools and the community, parole counselors help each youth maintain lawful behavior and encourage positive achievement. The Bureau also supervises all youth released by other states for juvenile parole in the State of Nevada pursuant to interstate compact.

Eligibility: Males and females; Felony and misdemeanor adjudications. Ages 12-21.

FYTD:	Male	Female
Jul 15	266	45
Aug	262	44
Sep	257	44
Oct	255	43
Nov	255	43
Dec	255	43
Jan 16	281	48
Feb	278	49
Mar	287	50
Apr	288	49
May	290	47
Jun	293	46
FY16 Total	**3,288**	**547**
FY16 Avg	**274**	**46**



Analysis of Trends: Initiatives such as the Juvenile Detention Alternatives Initiative (JDAI) and the targeted focus of the Nevada Supreme Court Commission on Statewide Juvenile Justice Reform have driven efforts in Juvenile Justice to reduce State commitments. Reduced counts at NYTC coincide with the re-opening of the Summit View academy in December 2013.

Website: http://www.dcfs.state.nv.us/DCFS_JJS_YouthParole.htm

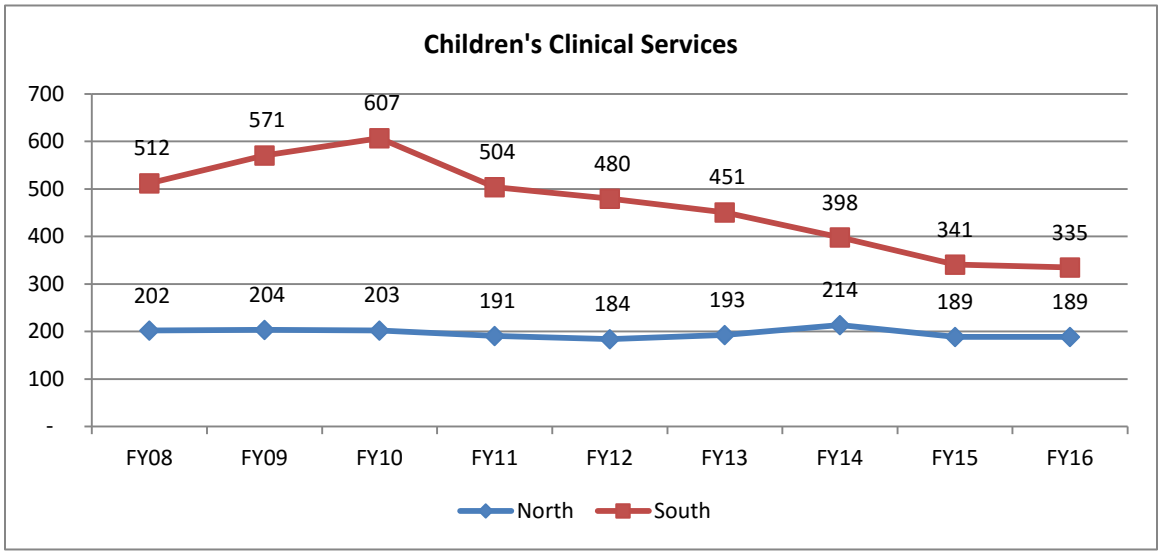
3.09 Children's Clinical Services

Program: Outpatient therapy services are available for eligible children and adolescents who have significant emotional, mental health, or behavior problems. These services work with children and their families to reduce challenging behaviors, increase emotional and behavioral skills, improve functioning at home, in school and in the community, and strengthen the parent-child relationship while supporting the family's capacity to care for their child's needs. Northern Nevada Child & Adolescent Services is located in Washoe County, and Southern Nevada Child & Adolescent Services is located in Clark County.

Eligibility: Ages 6 to 18.

Other: Serves children who are covered under fee-for-service Medicaid, HMO Medicaid, or Nevada Check Up, and children who are uninsured or underinsured.

FYTD:	North	South
Jul 15	197	356
Aug	203	355
Sep	196	306
Oct	182	337
Nov	187	328
Dec	188	330
Jan 16	185	335
Feb	180	332
Mar	186	341
Apr	190	347
May	189	338
Jun	190	311
FY16 Total	**2,273**	**4,016**
FY16 Avg	**189**	**335**



Analysis of Trends Due to a shortage of staff (including nurses, clinical social workers, and psychiatrists, for example), several units had to be closed since 2010, resulting in a decrease in children's clinical services.

Website: http://www.dcfs.state.nv.us/DCFS_CommunityBasedOPSvcx.htm

3.10 Residential Treatment Services

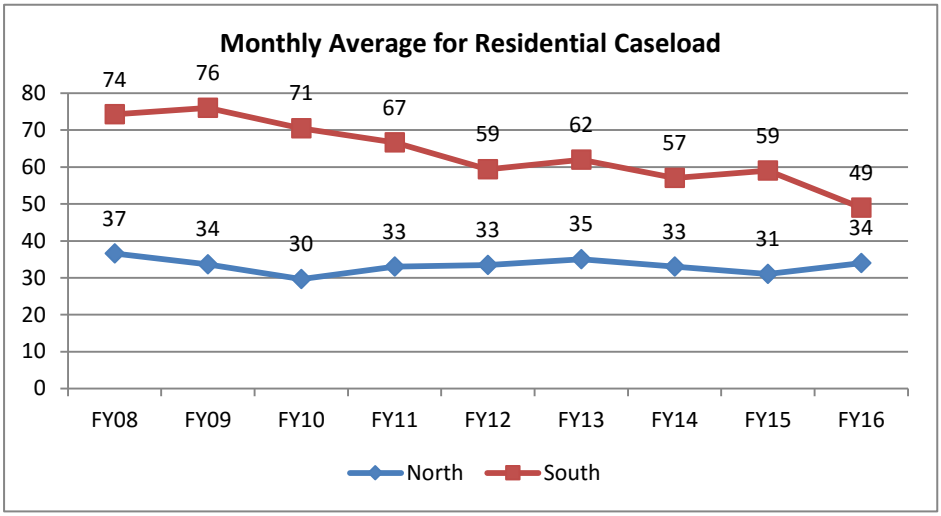
Program: Treatment Home services work in the context of family and community life with children and adolescents whose emotional, mental health, and behavioral needs cannot be met in their own families and who require a higher level of mental health intervention in an out of home setting. Inpatient acute hospital care provides services for eligible children and adolescents ages 6 to 18 years who are at immediate risk of harm to themselves or others due to an emotional crisis and Residential Treatment center care for eligible children and adolescents from age 12 to 18 years with treatment needs that require extended 24-hour secure care. Northern Nevada Child & Adolescent Services is located in Washoe County, and Southern Nevada Child & Adolescent Services is located in Clark County.

Eligibility: North: Ages 6 to 18 are served through Family Learning Homes; ages 13 to 18 are served through Adolescent Treatment Homes.

South: Ages 6 to 18 are served through Oasis on Campus Treatment Homes and Desert Willow Treatment Center.

Other: Serves children who are covered under fee-for-service Medicaid, HMO Medicaid, or Nevada CheckUp, and children who are uninsured or underinsured.

FYTD:	North	South
Jul 15	32	58
Aug	34	52
Sep	35	50
Oct	35	57
Nov	34	51
Dec	38	50
Jan 16	34	50
Feb	33	51
Mar	33	44
Apr	31	42
May	32	43
Jun	31	41
FY16 Total	**402**	**589**
FY16 Avg	**34**	**49**



Analysis of Trends:

1. In the North, November and December 2014 census counts were lower due to staff shortages.
2. In the South, the decline in Residential Treatment Services since FY08 is due to the following reasons: As of the December 2015 update, DCFS has closed approximately six agencies with two more pending in the last two years. There had been a net decrease of approximately 50 HLOC (Higher Level of Care) beds over the last two years; the implementation of AB348 greatly increased the standards required for HLOC agencies. Many agencies have been unable to meet the requirements and were forced to close. Others voluntarily closed when their parent companies left Nevada. This led to the following:
   a. A decrease in the number of agencies providing services.
   b. Agencies accepting sibling groups to fill their beds instead of specialized placements. Agencies universally prefer higher-functioning sibling groups that pay nearly the same as the HLOC rate.
   c. A change in Medicaid approval of Basic Skills Training / Psychosocial Rehabilitative (BST/PSR) services. The statewide Specialized Foster Care Pilot may have impacted the decrease as well.

Website: http://www.dcfs.state.nv.us/DCFS_ResDayTreatment.htm

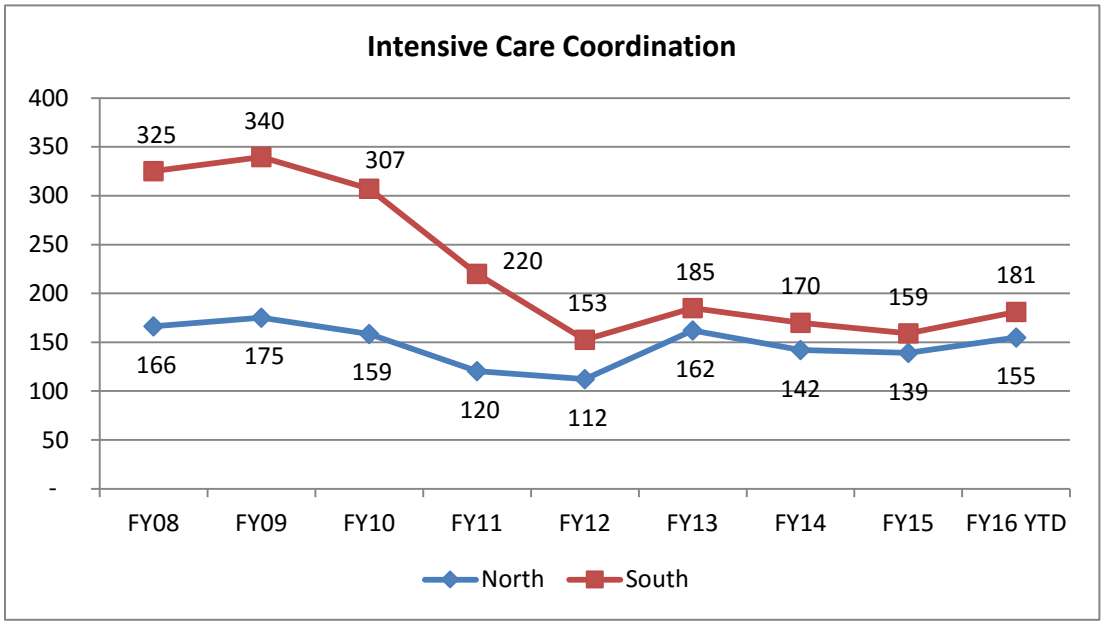
3.11 Intensive Care Coordination Services

Program: Intensive Care Coordination Services is provided using a wraparound model for children, age's birth to eighteen years, with severe emotional disturbance and multiple, complex needs across multiple child serving systems. Services include assessment, case planning, crisis response, and monitoring.

Eligibility: Ages 6 to 18.

Other: Serves children with fee-for-service Medicaid benefits.

FYTD:	North	South
Jul 15	133	197
Aug	134	185
Sep	148	185
Oct	156	180
Nov	168	186
Dec	162	186
Jan 16	142	177
Feb	153	171
Mar	164	186
Apr	167	174
May	169	176
Jun	160	174
FY16 Total	**1,856**	**2,177**
FY16 Avg	**155**	**181**



Analysis of Trends: Services declined due to a decrease in referrals and a decrease in the number of youth that were FFS Medicaid Eligible.

Website: http://www.dcfs.state.nv.us/DCFS_CommunityBasedOPSvcs.htm

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4.01 Medicaid Totals

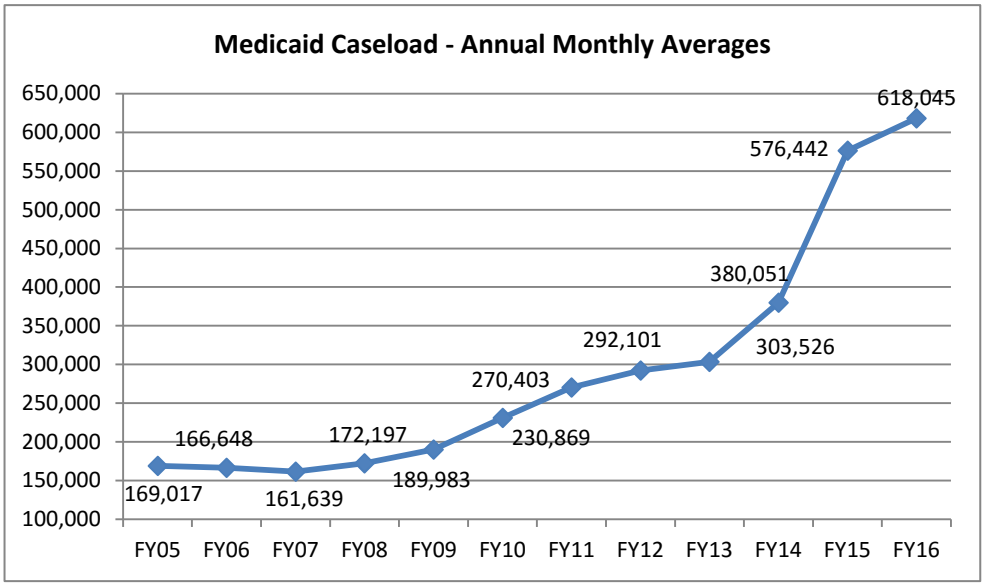
Program: Medicaid is a joint Federal-State program that provides medical services to clients of the State public assistance program and, at the State's option, other needy individuals, as well as augments hospital and nursing facility services that are mandated under Medicaid. States may decide on the amount, duration, and scope of additional services, except that care in institutions primarily for the care and treatment of mental disease may not be included for persons over age 21 and under age 65.

Eligibility: Eligibility for Medicaid is not easily explained as there are a number of different mandatory and several optional categories where eligibility can be approved. For more detailed information about the many different categories of Medicaid eligibility, please access the website below.

Workload History:

Fiscal Year	Average Cases	Total Expenditures
FY 12	292,101	$1,638,664,986
FY 13	303,526	$1,740,345,035
FY 14	380,051	$2,027,481,858
FY 15	576,442	$2,964,391,898
FY 16	618,045	$3,240,369,856

FYTD:	Caseload
Jul 15	591,628
Aug	595,923
Sep	603,810
Oct	609,222
Nov	612,174
Dec	618,685
Jan 16	624,213
Feb	630,588
Mar	633,053
Apr	630,925
May	631,876
Jun	634,444
Member Months	**7,416,541**
Average Caseload	**618,045**



All statistics are estimates only and must be qualified as such if used either verbally or in written form.

Comment: Recent trends in caseload growth are due to the expansion of Medicaid enrollment brought on by the implementation of The Patient Protection and Affordable Care Act (PPACA). All of the significant changes in caseload prior to the implementation of the PPACA, including the FY 2007 "dip", arose for macroeconomic reasons. There were no material explanatory changes in other areas (e.g., eligibility criteria or take-up rate) during the period. The principal causal factors are (1) population/demographic change, (2) secular trends in returns-to-skills, (3) the cyclic variation in the overall economy, (4) the cyclic variation in the labor market and (5) the complex lags associated with the aforementioned cycles and caseloads for means-tested social programs. Select the below link and at the bottom right hand corner of the Home page, under "State Employees", select "Budget & Caseload Statistics".

Website: https://dwss.nv.gov/

4.02 Medicaid Waivers

Program:

Waiver for the Frail Elderly (FE) - This waiver serves recipients age 65 or older who demonstrate a need of waiver services, as determined by the Division for Health Care Financing and Policy (DHCFP) and the Aging and Disability Services Division (ADSD), and who maintain the required Level of Care (LOC) (admission into a Nursing Facility within 30 days if waiver services or other supports were not available).

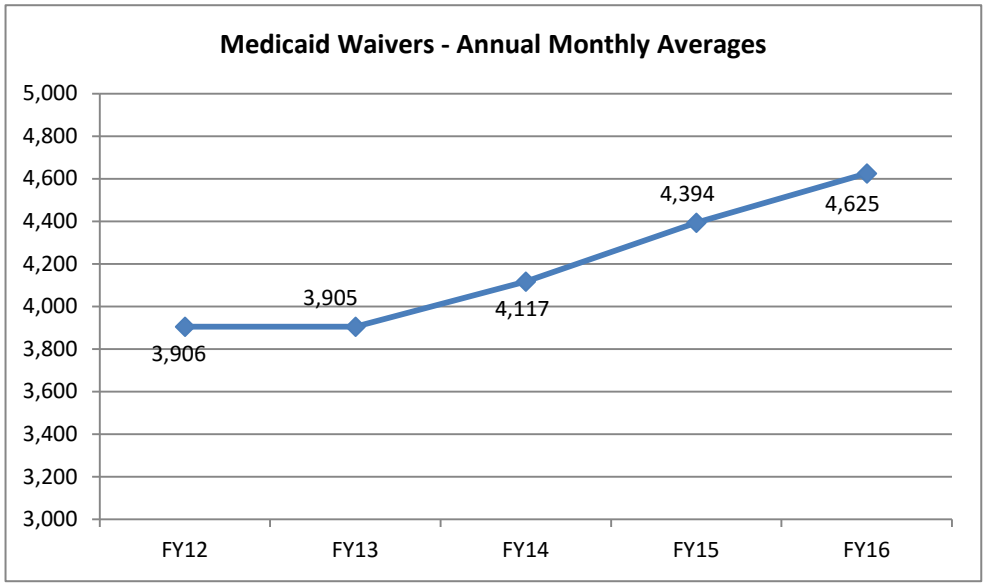
Waiver for Individuals with Intellectual Disabilities and Related Conditions (IID) - This waiver serves recipients of all ages who have a documented intellectual disability or related condition, such as Autism or Down Syndrome, as determined by the Division of Health Care Financing and Policy (DHCFP) and the Aging and Disability Division (ADSD), and who maintain the required Level of Care (LOC) (admission into a Nursing Facility within 30 days if waiver services or other supports were not available).

Waiver for Persons with Physical Disabilities (PD) - This waiver serves recipients of all ages who have a documented physical disability, as determined by the Division of Health Care Financing and Policy (DHCFP) and the Aging and Disability Services Division (ADSD), and who maintain the required Level of Care (LOC) (admission into a Nursing Facility within 30 days if waiver services or other supports were not available).

Workload History:

Fiscal Year	Average Cases	Total Expenditures
FY 12	3,906	$32,148,992
FY 13	3,905	$33,550,204
FY 14	4,117	$45,573,096
FY 15	4,394	$54,565,860
FY 16	4,625	$57,697,625

FYTD:	Caseload
Jul 15	4,563
Aug	4,583
Sep	4,611
Oct	4,624
Nov	4,619
Dec	4,652
Jan 16	4,628
Feb	4,618
Mar	4,646
Apr	4,655
May	4,649
Jun	4,657
Member Months	**55,505**
Average Caseload	**4,612**



All statistics are estimates only and must be qualified as such if used either verbally or in written form.

Comment:

Website: https://dwss.nv.gov/

4.03 Child Welfare

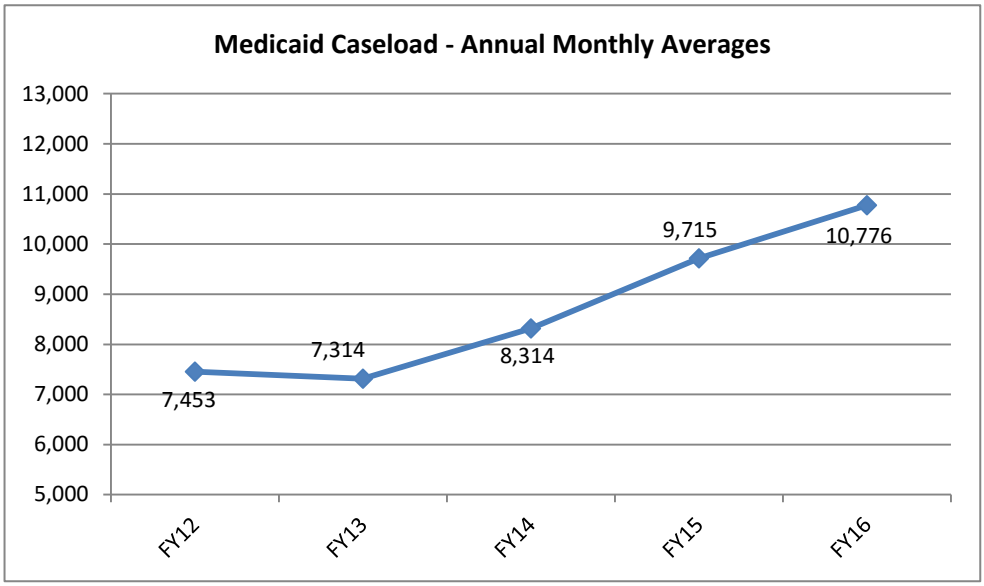
Program: This category contains medical costs for child welfare cases involving children for whom a public agency is assuming full or partial financial responsibility.

Eligibility:

Workload History:

Fiscal Year	Average Cases	Total Expenditures
FY 12	7,453	$81,090,998
FY 13	7,314	$77,728,952
FY 14	8,314	$80,223,551
FY 15	9,715	$85,311,870
FY 16	10,776	$89,989,893

FYTD:	Caseload
Jul 15	10,291
Aug	10,423
Sep	10,390
Oct	10,492
Nov	10,556
Dec	10,644
Jan 16	11,475
Feb	11,433
Mar	10,947
Apr	10,824
May	10,909
Jun	10,927
Member Months	**129,311**
Average Caseload	**10,739**



All statistics are estimates only and must be qualified as such if used either verbally or in written form.

Comment:

Website: https://dwss.nv.gov/

4.04 County Indigent Program

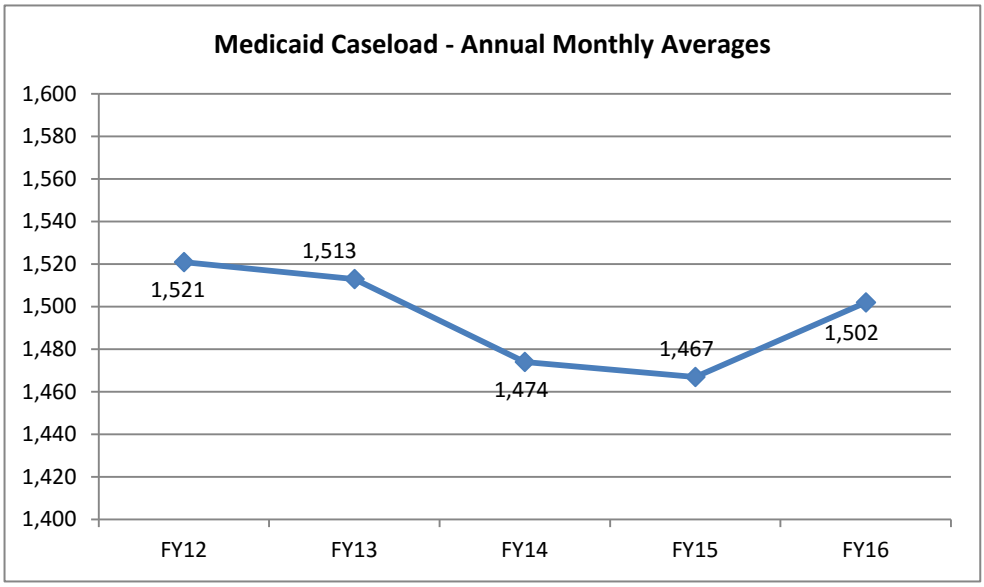
Program: This category contains medical costs for the county indigent population. Nevada counties pay the non-federal portion of medical costs for institutionalized individuals and waiver recipients with incomes between 142-300% of the FBR. Counties are required to pay up to the proceeds of an eight cent ad valorem assessment determined by the Nevada Department of Taxation. Any costs above that, on an individual county level, is the responsibility of the State and illustrated in category 40, County Match Supplemental Fund.

Eligibility: Institutionalized recipients between 142-300% of the Federal Benefit Rate.

Workload History:

Fiscal Year	Average Cases	Total Expenditures
FY 12	1,521	$82,369,562
FY 13	1,513	$69,436,551
FY 14	1,474	$63,327,976
FY 15	1,467	$65,454,612
FY 16	1,502	$65,743,842

FYTD:	Caseload
Jul 15	1,518
Aug	1,499
Sep	1,500
Oct	1,490
Nov	1,483
Dec	1,492
Jan 16	1,507
Feb	1,504
Mar	1,529
Apr	1,516
May	1,492
Jun	1,490
Member Months	**18,020**
Average Caseload	**1,502**



All statistics are estimates only and must be qualified as such if used either verbally or in written form.

Comment:

Website: https://dwss.nv.gov/

4.05 Health Insurance for Work Advancement (HIWA)

Program: HIWA provides necessary health care services and support for competitive employment of persons with disabilities aged 16 through 64. The program is designed so individuals with disabilities who are employed can retain or establish Medicaid eligibility if they meet certain eligibility criteria. Those receiving this coverage pay a monthly premium of between 5% and 7.5% of their monthly net income.

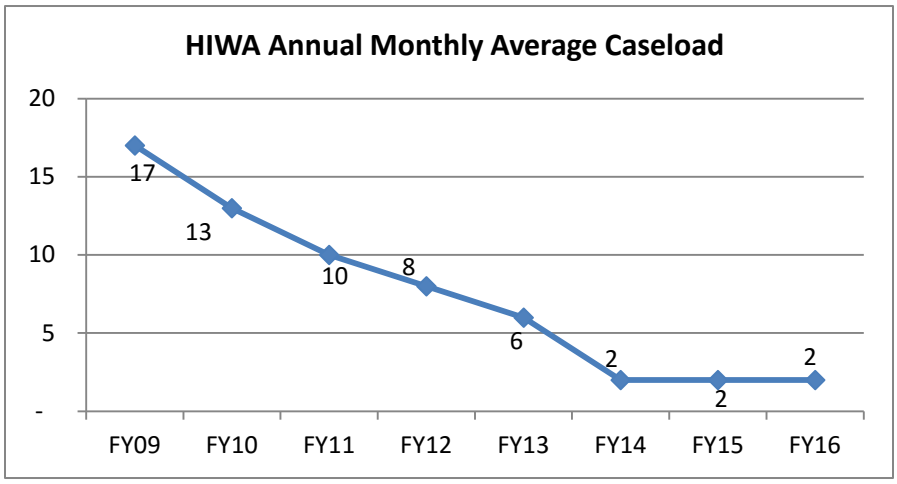
Eligibility: Citizenship, residency, disability and current employment are requirements of the program. The resource limit is $15,000. A vehicle, special needs trusts, medical savings accounts and tax refunds are some of the resources which are excluded. There are several work-related expenses which are disregarded such as travel-related costs, employment-related personal care aid costs, service animal costs and other costs related to employment.

Other: HIWA was implemented in July 2004. Maximum gross unearned income limit, prior to disregard is $699. Maximum gross earned income limit, prior to disregards is 450% of the Federal Poverty Level (FPL). The total net earned and unearned income must be equal to or less than 250% of the FPL. The individual must be disabled as determined by the Social Security Administration, either through current or prior receipt of social security disability benefits. A recipient losing employment through no fault of their own, remains eligible for three additional months provided the monthly premiums continue to be paid. Retroactive enrollment is permitted with payment of monthly premiums.

Workload History:

Fiscal Year	Average Cases	Total Expenditures
FY 12	8	$8,649
FY 13	6	$6,727
FY 14	2	$6,208
FY 15	2	$26,915
FY 16	2	$15,404

FYTD:	Caseload
Jul 15	3
Aug	3
Sep	3
Oct	2
Nov	2
Dec	2
Jan 16	2
Feb	2
Mar	2
Apr	2
May	3
Jun	3
FY16 Member Months	**29**
FY16 Average Caseload	**2**



Comment: The 2014 American Community Survey of the US Census reported Nevada had an estimate of 1,747,883 persons aged 18-64. Of the 1,231,682 employed, 82,484 people were with a disability and 1,149,198 people were without a disability. Of the 116,906 unemployed, 15,188 people were with a disability and 101,718 people were without a disability.

Website: http://www.dhcfp.nv.gov (Program: HIWA)

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5.01 TANF Cash - Single Parent

Program: This program is a cash assistance program with its focus on employment and self-sufficiency. In order to receive continued monthly benefits, households must meet the conditions of their Personal Responsibility Plan, which includes work participation requirements. Failure to do so results in a full family sanction with no cash benefits for three months. Upon reapplication and approval the household will be required to meet the conditions of their Personal Responsibility Plan.

Eligibility: Citizenship, residency, children's immunizations and proof of school-age children in school, living with a specified relative, social security number for each recipient, less than $6,000 countable resources per TANF case (exceptions: 1 automobile, home, household goods and personal items).

Need Standard:

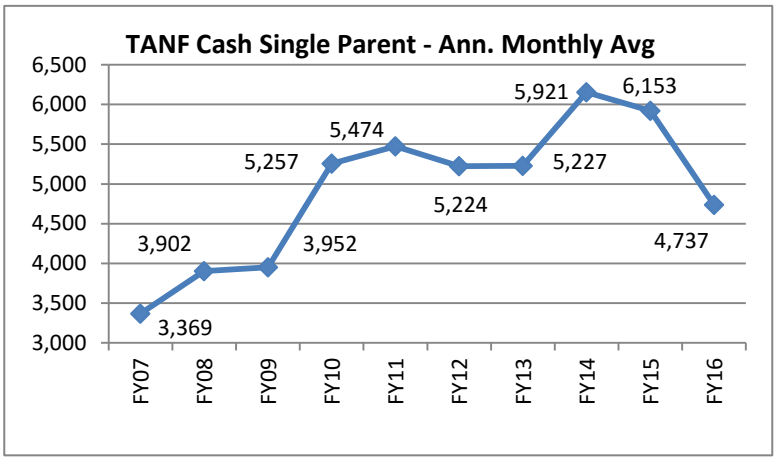
Household Size	Maximum Income Test (130% of FPL)	Need Standard 100%	Payment Allowance 75% of FPL
1	$1,287	$990	$253
2	$1,736	$1,335	$318
3	$2,184	$1,680	$383
4	$2,633	$2,025	$448
5	$3,081	$2,370	$513
6	$3,530	$2,715	$578
7	$3,979	$3,061	$643
8	$4,430	$3,408	$708

Workload History:

Fiscal Year	Average Monthly Cases	Total Expenditures
FY 12	5,224	$18,044,184
FY 13	5,227	$18,149,842
FY 14	6,153	$21,676,920
FY 15	5,921	$21,049,604
FY 16	4,737	Not Yet Available

FYTD:

Jul 15	5,086
Aug	4,937
Sep	5,142
Oct	4,950
Nov	4,951
Dec	4,939
Jan 16	4,753
Feb	4,615
Mar	4,607
Apr	4,300
May	4,329
Jun	4,232
FY16 Total	**56,841**
FY16 Avg	**4,737**



Comments: The Division plans to implement a new Employment Retention Program which will provide a TANF benefit of $50/month for six months following a loss of TANF NEON eligibility due to excess earned income or loss of earned income disregards. The current bonus is paid in a lump sum to households not currently receiving NEON benefits. This will enable households to access case management and NEON Support Services for this period of time in order to support job retention.

5.02 TANF Cash - Two Parent

Program: This program is a cash assistance program with its focus on employment and self-sufficiency. In order to receive continued monthly benefits, households must meet the conditions of their Personal Responsibility Plan, which includes work participation requirements. Failure to do so results in a full family sanction with no cash benefits for three months. Upon reapplication and approval the household will be required to meet the conditions of their Personal Responsibility Plan.

Eligibility: Citizenship, residency, children's immunizations and proof of school-age children in school, living with a specified relative, social security number for each recipient, less than $6,000 countable resources per TANF case (exceptions: 1 automobile, home, household goods and personal items).

Need Standard:

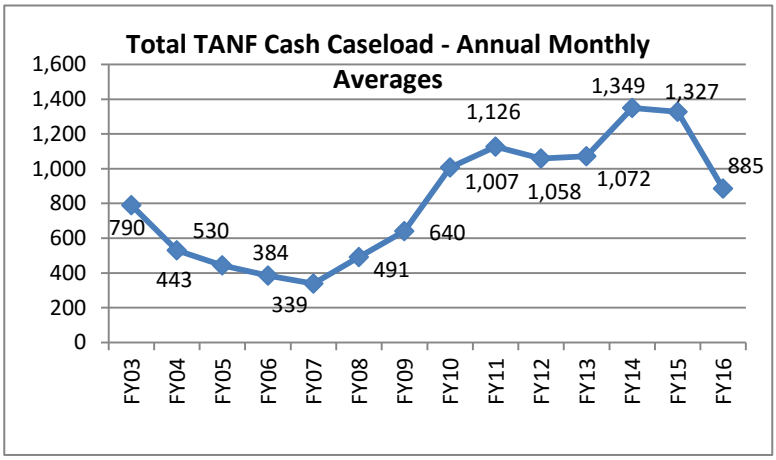
Household Size	Maximum Income Test (130% of FPL)	Need Standard 100%	Payment Allowance 75% of FPL
1	$1,275	$981	$253
2	$1,726	$1,328	$318
3	$2,176	$1,674	$383
4	$2,627	$2,021	$448
5	$3,078	$2,368	$513
6	$3,528	$2,714	$578
7	$3,979	$3,061	$643
8	$4,430	$3,408	$708

Workload History:

Fiscal Year	Average Cases	Total Expenditures
FY 11	1,126	$4,318,977
FY 12	1,058	$4,101,907
FY 13	1,072	$4,122,515
FY 14	1,349	$5,456,619
FY 15	1,327	$5,359,706
FY 16	885	Not Yet Available

FYTD:

Jul 15	987
Aug	977
Sep	1,025
Oct	933
Nov	885
Dec	881
Jan 16	870
Feb	818
Mar	812
Apr	793
May	833
Jun	800
FY16 Total	**10,614**
FY16 Avg	**885**



Comments: The Division plans to implement a new Employment Retention Program which will provide a TANF benefit of $50/month for six months following a loss of TANF NEON eligibility due to excess earned income or loss of earned income disregards. The current bonus is paid in a lump sum to households not currently receiving NEON benefits. This will enable households to access case management and NEON Support Services for this period of time in order to support job retention.

5.03 Child Only Cash Programs

Program: These programs are designed for households who do not have a work eligible individual. No adults receive assistance due to ineligibility or because the caretaker is a non-needy relative caregiver. Categories of child only households include: Non-Citizen Parent, SSI Parent Household, Non-Needy Caretaker Relative Caregiver (NNRCC), and Kinship Care. The caretakers in these cases have no work participation requirements included in their Personal Responsibility Plan. Non-Needy and Kinship Care caretakers receive a higher payment based on the number of children and for Kinship Care the ages of the children in their care.

Eligibility: Citizenship, residency, children's immunizations and proof of school-age children in school, living with a specified relative, social security number for each recipient, less than $6,000 countable resources per TANF case (exceptions: 1 automobile, home, household goods and personal items). Total household income must be less than or equal to 275 percent of poverty for Non-Needy and Kinship Care caretakers.

Need Standard:

Household Size	Maximum Income Test (130% of FPL)	Payment Allowance 35%	NNRC* 275% FPL**	NNRC Allowance
1	$1,275	$253	$2,697	$417
2	$1,726	$318	$3,651	$476
3	$2,176	$383	$4,604	$535
4	$2,627	$448	$5,557	$594
5	$3,078	$513	$6,511	$654
6	$3,528	$578	$7,464	$713
7	$3,979	$643	$8,417	$772
8	$4,430	$708	$9,371	$831

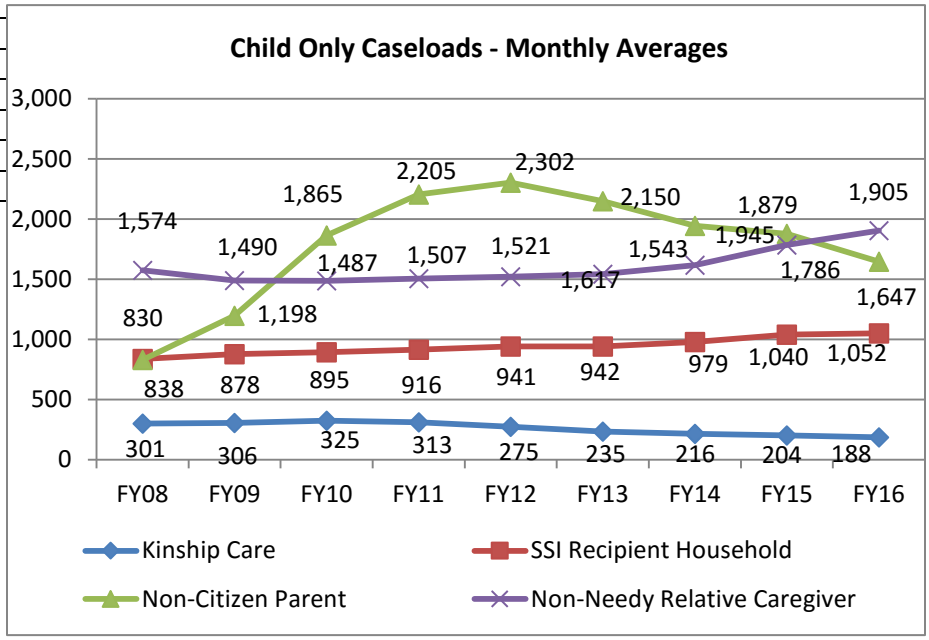
***NNRC-Non-Needy Relative Caregiver. **FPL-Federal Poverty Level. Note: Kinship Care Allowance: Age 0-12=$400 per child; Age 13+=$462 per child.**

Workload History:

Year	Cases	Expenditures
FY12	5,038	$21,816,693
FY13	4,870	$20,926,645
FY14	4,758	$20,653,444
FY15	4,909	$21,621,020
FY16	4,792	Not Yet Available

FYTD:

Jul 15	4,892
Aug	4,830
Sep	4,902
Oct	4,767
Nov	4,780
Dec	4,881
Jan 16	4,806
Feb	4,814
Mar	4,846
Apr	4,735
May	4,653
Jun	4,594
FY16 Total	**57,500**
FY16 Avg	**4,792**



Note: Total of all Child Only Cash Cases. For statistical purposes only as each aid code is different and cannot be compared.

5.04 Temporary Assistance for Needy Families (TANF) - All Cash Programs

Program: Temporary Assistance for Needy Families (TANF) is a time-limited, federally-funded block grant to provide assistance to needy families so children may be cared for in their homes or in the homes of relatives. TANF provides parents/caregivers with job preparation, work opportunities and support services to enable them to leave the program and become self-sufficient.

Eligibility: Citizenship, residency, children's immunizations and proof of school-age children in school, living with a specified relative, social security number for each recipient, less than $6,000 countable resources per TANF case (exceptions: one automobile, home, household goods and personal items).

Need Standard:

Household Size	Need Standard 100%	Maximum Payment Allowance	NNRC* 275% FPL**	NNRC Allowance
1	$980	$253	$2,723	$417
2	$1,335	$318	$3,671	$476
3	$1,680	$383	$4,620	$535
4	$2,025	$448	$5,569	$594
5	$2,370	$513	$6,518	$654
6	$2,715	$578	$7,466	$713
7	$3,061	$643	$8,417	$772
8	$3,408	$708	$9,371	$831

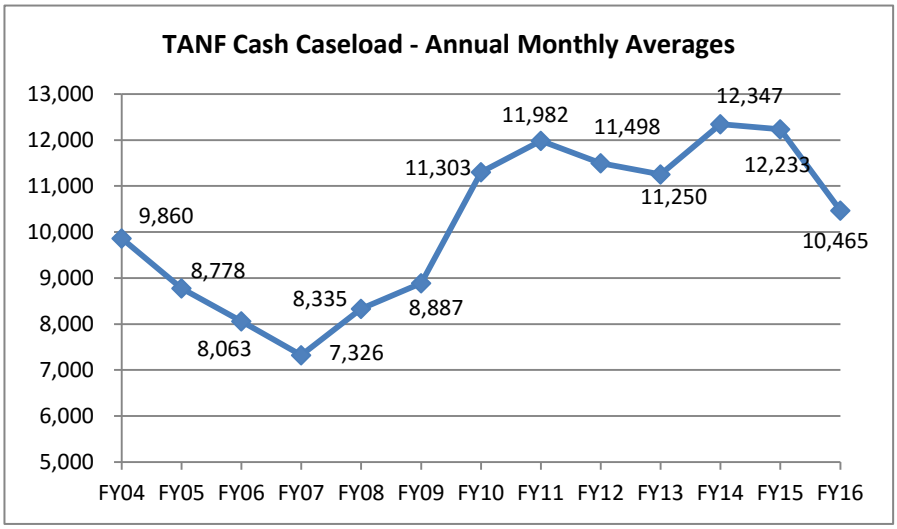
***NNRC-Non-Needy Relative Caregiver. **FPL-Federal Poverty Level. Note: Kinship Care Allowance: Age 0-12=$400 per child; Age 13+=$462 per child.**

Workload History:

Fiscal Year	Average Cases	Total Expenditures
FY 12	11,498	$44,664,101
FY 13	11,250	$43,525,013
FY 14	12,347	$48,159,450
FY 15	12,233	$48,367,759
FY 16	10,465	Not Yet Available

FYTD:

Jul 15	11,019
Aug	10,808
Sep	11,129
Oct	10,711
Nov	10,672
Dec	10,755
Jan 16	10,478
Feb	10,285
Mar	10,318
Apr	9,882
May	9,860
Jun	9,666
FY16 Total	**125,583**
FY16 Avg	**10,465**



Comments: Total of all Cash Cases. For statistical purposes only as each aid code is different and cannot be compared.

5.05 New Employees of Nevada (NEON)

Program: The Nevada Division of Welfare and Supportive Services' TANF Employment and Training Program is called "New Employees of Nevada (NEON)". The program provides a wide array of services designed to assist TANF households become self-sufficient primarily through training, employment and wage gain; thereby, reducing or eliminating their dependency on public assistance programs. NEON provides support services in the form of child care, transportation, clothing, tools and other special need items necessary for employment.

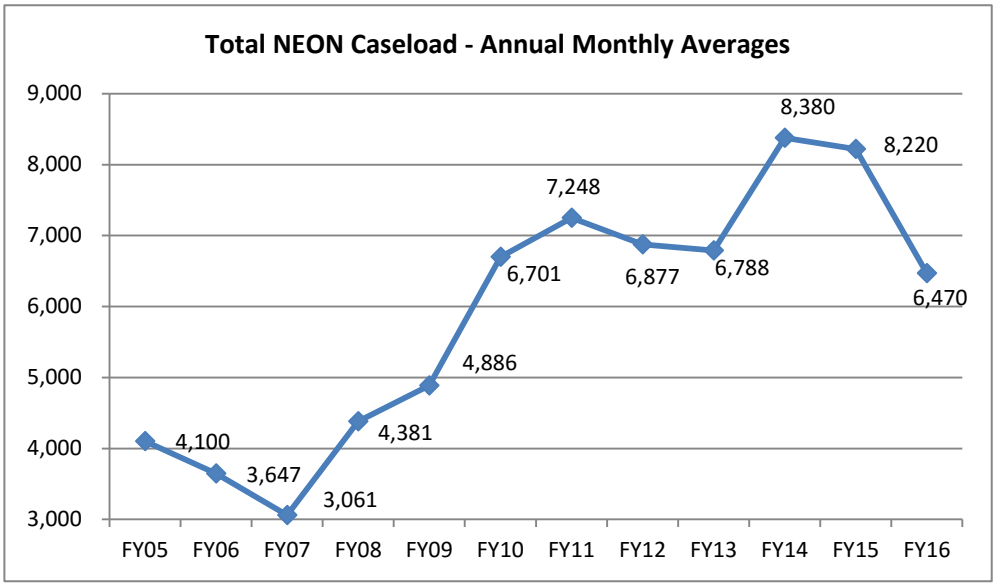
Eligibility: Individuals who meet the definition of a "work eligible individual" are NEON mandatory. This includes all adults or minor head-of-households (HOH) receiving assistance under TANF-NEON program. This excludes minor parents not HOH or married to the HOH, ineligible non-citizens, SSI recipients, parents caring for disabled family members in the home and tribal TANF recipients.

Workload History:

Fiscal Year	Average Cases
FY 12	6,877
FY 13	6,788
FY 14	8,380
FY 15	8,220
FY 16	6,282

FYTD:

Month	Caseload
Jul 15	6,690
Aug	6,715
Sep	6,750
Oct	6,673
Nov	6,491
Dec	6,561
Jan 16	6,261
Feb	6,108
Mar	5,980
Apr	5,770
May	5,739
Jun	5,640
FY16 Total	**75,378**
FY16 Avg	**6,282**



Comments: Nevada's labor markets gained some momentum in SFY13, although the underlying improvement is best described as 'moderate.' With the slow but steady economic gains of SFY13 continuing to carry forward into the first quarter of SFY14, the recent rise in the NEON caseload is not following its historical correlation to the state's economy. This rise in the caseload is theorized to be a result of the recent implementation of the Affordable Care Act Medicaid expansion and new streamlined eligibility process. New Medicaid applicants are becoming aware of their eligibility for TANF and efficient application business processes are removing barriers and improving program access. If correct, it is anticipated that caseload growth will stabilize by the end of the fiscal year and caseload trends will return to their historical correlation with the economy. In SFY15, the NEON caseload has continued to decrease due to program changes and the continuing economic improvement.

5.06 Adult Medicaid (Original Medicaid Group)

Program Notes: The Adult Medicaid group covers parents and caretaker relatives who meet income guidelines based on the previous adult group known as TANF related medical. This group also includes adults who have aged out of the foster care program, the breast and cervical cancer program and parents and caretakers who lost eligibility for Medicaid due to an increase in earnings. There are still some recipients aged 0-18 in this category; however, they will be moved to the appropriate category at natural opportunity or as redeterminations are complete. Naming this program "Adult Medicaid" best captures the general population. This is a mandatory coverage group and receives the standard Medicaid FMAP.

Eligibility Medicaid eligibility is determined using modified adjusted gross income (MAGI) which is based on IRS rules and includes budgeting taxable income. (Except Aged out of Foster Care and the Breast and Cervical programs) Assistance units are determined based on the household tax filing status. Adult Medicaid covers individuals with income below the AM Limit, which is the previous TANF related medical limit.

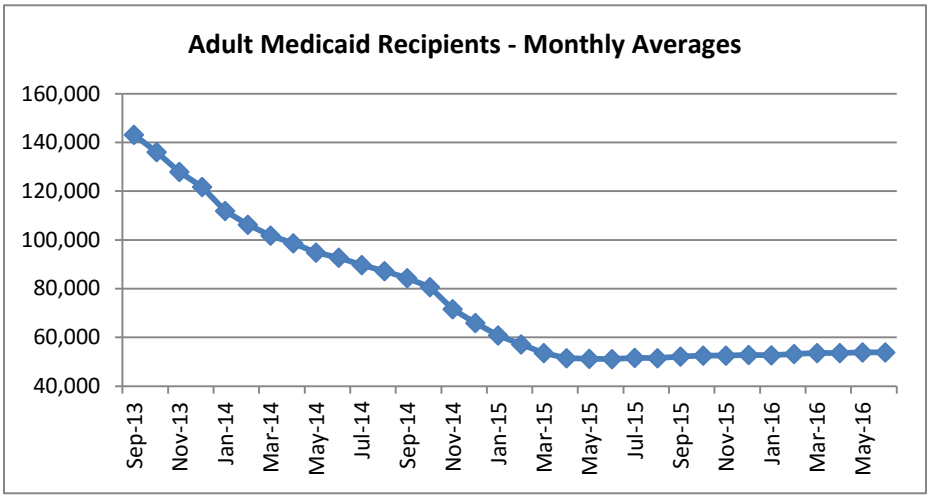
Household Size	AM Limit
	Parent/Caretakers
1	$319
2	$407
3	$495
4	$582
5	$670
6	$758
7	$849
8	$934

Workload History:

Fiscal Year	Average Cases
FY 14	118,214
FY 15	67,082
FY 16	52,843

FYTD:

Jul 15	51,640
Aug	51,542
Sep	52,196
Oct	52,572
Nov	52,505
Dec	52,763
Jan 16	52,757
Feb	53,191
Mar	53,605
Apr	53,613
May	53,833
Jun	53,900
FY16 Total	**634,117**
FY16 Avg	**52,843**



Comments: The ACA now categorizes caseload by recipients where caseload was previously categorized by households. The decreasing trend line reflects this as children previously in households are being transferred out of "Adult Medicaid" and into the Child Medicaid (CH) group. Adult Medicaid does, in fact, include miscellaneous categories of children who will transition thru the Adult Medicaid program. This will be about 15 percent of the total recipients over time.

5.07 New ACA (Affordable Care Act) Adult Medicaid

Program Notes: This category covers the expanded eligibility for adults under ACA and includes parents, caretaker relatives and childless adults. This is an optional coverage group and is entitled to the enhanced FMAP.

Eligibility Medicaid eligibility is determined using modified adjusted gross income (MAGI) rules based on IRS rules and includes budgeting taxable income. Assistance units are determined based on the household tax filing status. The new Adult Medicaid group covers individuals with income below 138 percent (which includes a 5 percent disregard) of the federal poverty level (FPL).

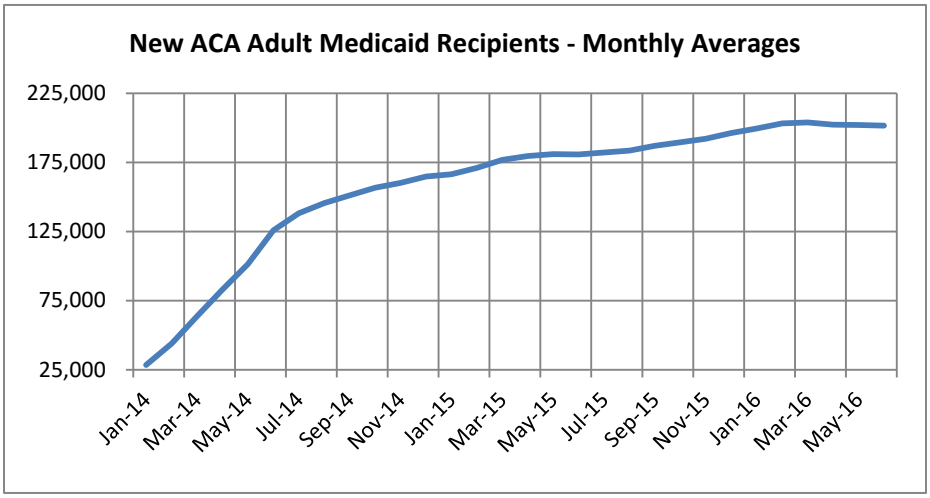
Household Size	138% FPL
	ACA Adult Medicaid
1	$1,366
2	$1,842
3	$2,318
4	$2,795
5	$3,271
6	$3,747
7	$4,224
8	$4,703

Workload History:

Fiscal Year	Average Cases
FY 14	74,461
FY 15	164,423
FY 16	195,372

FYTD:

Jul 15	182,221
Aug	183,740
Sep	187,110
Oct	189,623
Nov	192,224
Dec	196,446
Jan 16	199,534
Feb	203,292
Mar	203,929
Apr	202,469
May	202,255
Jun	201,613
FY16 Total	**2,344,460**
FY16 Avg	**195,372**



Comments: The initial increasing trend was due to adding adults that are newly eligible under ACA. It remains to be seen if peak enrollment has momentarily stabilized. We anticipate caseload fluctuating with the business cycle and population growth.

5.08 Pregnant Women and Children Medicaid

Program Notes: The Pregnant Women and Children Program cover pregnant women and children under 19. This is a mandatory coverage group and receives the standard Medicaid FMAP.

Eligibility: Medicaid eligibility is determined using modified adjusted gross income (MAGI) which is based on IRS rules and includes budgeting taxable income. Assistance units are determined based on the household tax filing status. This category covers pregnant women and children under 6, with income below 165 percent (which includes a 5 percent disregard) of the federal poverty level (FPL) and children 6-18 with income below 122 percent of the FPL.

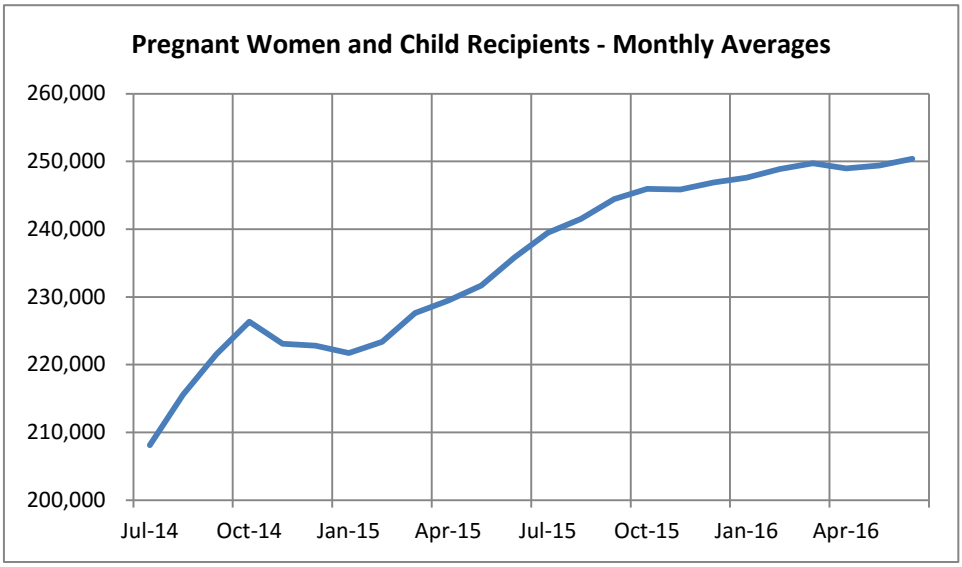
Household Size	122% FPL	165% FPL
	Children 6-18	Pregnant Women & Children 0-5
1	$1,208	$1,634
2	$1629	$2,203
3	$2,050	$2,772
4	$2,471	$3,341
5	$2,891	$3,911
6	$3,312	$4,480
7	$3,734	$5,051
8	$4,158	$5,623

Workload History:

Fiscal Year	Average Cases
FY 11	73,560
FY 12	81,097
FY 13	82,448
FY 14	129,699
FY 15	223,931

FYTD:

Jul 15	239,459
Aug	241,513
Sep	244,453
Oct	245,931
Nov	245,858
Dec	246,882
Jan 16	247,617
Feb	248,887
Mar	249,747
Apr	248,991
May	249,402
Jun	250,407
FY16 Total	2,959,147
FY16 Avg	246,596



Comments: It is anticipated this caseload will grow to about 260,000 by mid-2017. Thereafter it will fluctuate with the business cycle and population growth.

5.09 New ACA Expanded Children's Group

Program Notes: The new ACA Child group covers children 6-18 with income above the CH income limit (previous page) up to 138 percent (which includes a 5 percent disregard) of the federal poverty level (FPL). This is a mandatory coverage group. These children were previously covered under CHIP and continue to receive the CHIP FMAP.

Eligibility: Medicaid eligibility is determined using modified adjusted gross income (MAGI) which is based on IRS rules and includes budgeting taxable income. Assistance units are determined based on the household tax filing status. The ACA mandated the increased income limit for children ages 6-18 to 138 percent (which includes a 5 percent disregard) of the FPL. The New ACA Child group covers children between 122 percent and 138 percent FPL (which includes a 5 percent disregard).

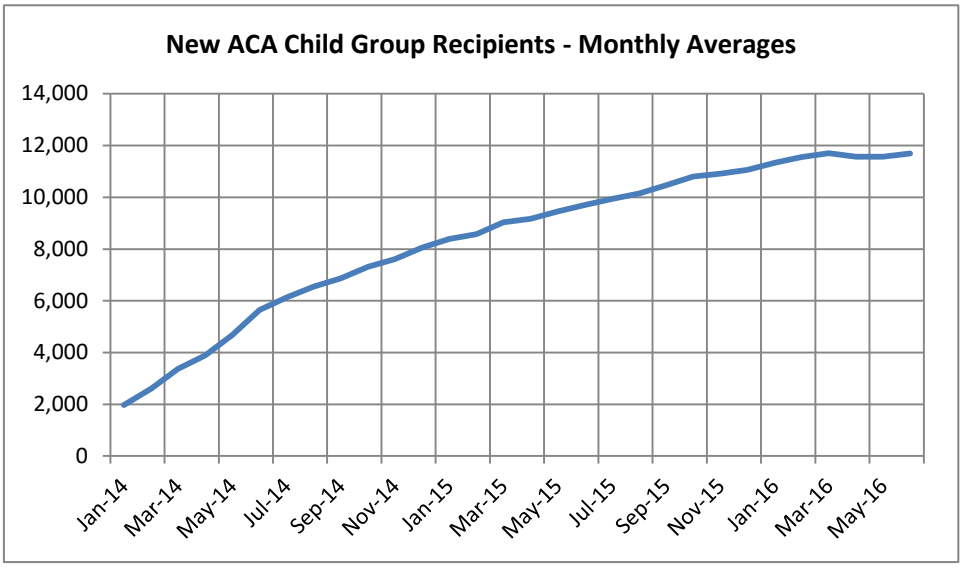
Household Size	122% FPL	138% FPL
1	$1,208	$1,366
2	$1,629	$1,842
3	$2,050	$2,318
4	$2,471	$2,795
5	$2,891	$3,271
6	$3,312	$3,747
7	$3,734	$4,224
8	$4,158	$4,703

Workload History:

Fiscal Year	Average Cases
FY 14	2,736
FY 15	8,072
FY 16	11,061

FYTD:

Jul 15	9,931
Aug	10,148
Sep	10,472
Oct	10,798
Nov	10,918
Dec	11,060
Jan 16	11,337
Feb	11,553
Mar	11,700
Apr	11,564
May	11,566
Jun	11,689
FY16 Total	132,736
FY16 Avg	11,061



Comments: The New ACA child category increased as children were moved from Nevada Check Up at natural opportunity or at redetermination which was completed by April 2015. Caseload is expected to fluctuate with the business cycle and population growth.

5.10 Nevada Check Up

Program: Effective July 1, 2013 (SFY14) the Nevada Check Up (NCU) program was transferred from DHCFP to DWSS as a result of ACA system requirements. As of October 1, 2013, NCU eligibility is determined by DWSS. Authorized under Title XXI of the Social Security Act, (NCU) is the State of Nevada's Children's Health Insurance Program (CHIP). The program provides low cost, comprehensive health care coverage to low income, uninsured children 0 through 18 years of age who are not covered by private insurance or Medicaid. The NCU program requires a monthly premium based on household size and income.

Effective January 1, 2016, DWSS implemented a policy which allows children who have access to Public Employees' Benefits Program (PEBP) to qualify for Nevada Check Up, if they meet all other eligibility criteria.

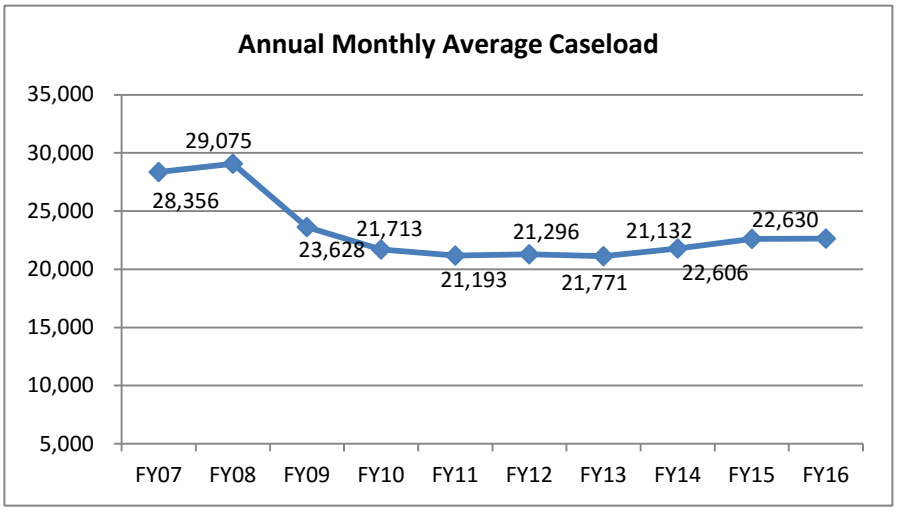
Eligibility: The family's gross annual income must be below 205 percent FPL (which includes a 5 percent disregard). Pay monthly premiums (if applicable), the child is a U.S. citizen, "qualified alien" or legal resident with 5 years residency and is under age 19 on the date coverage began.

Income Guidelines	
Household Size	**205% FPL**
1	$2,030
2	$2,737
3	$3,444
4	$4,151
5	$4,859
6	$5,566
7	$6,275
8	$6,986

Workload History:

Fiscal Year	Average Cases	Total Expenditures
FY 12	21,296	$33,456,579
FY 13	21,132	$33,800,728
FY 14	21,771	$38,321,913
FY 15	22,606	$45,023,906
FY 16	22,630	Not Yet Available

FYTD:	Caseload
Jul 15	20,995
Aug	21,373
Sep	21,154
Oct	22,419
Nov	22,742
Dec	22,922
Jan 16	22,211
Feb	23,276
Mar	22,471
Apr	23,837
May	24,431
Jun	23,728
FY16 Total	271,559
FY16 Avg	22,630



Comment: Expenditure totals are for benefit costs only and do not include Personnel or other Administrative expenses.

Website: https://nevadacheckup.nv.gov/

5.11 County Match

Program: Through an agreement with the Division, Nevada counties pay the non-federal share of costs for institutionalized persons whose monthly income is between $1,024.01 and 300 percent of the SSI payment level.

Eligibility: No age requirement, a citizen of the United States or a non-citizen legally admitted for permanent residence to the U.S. and meets certain criteria, or is in another eligible non-citizen category and meets certain criteria.

Other: Resource limits are determined by whether a person is considered an individual or a member of a couple. When resources exceed the following limits, the case is ineligible. $2,000 for an individual or $3,000 for a couple. Resources are evaluated at market value less encumbrances. Certain types of resources are excluded, such as: Term life insurance policies, and life insurance policies when the total face value is less than $1,500; vehicles necessary to produce income; transportation for medical treatment on a regular basis (specifically handicapped equipped vehicles), or the value of a vehicle up to $4,500; burial plots/plans (certain exclusions).

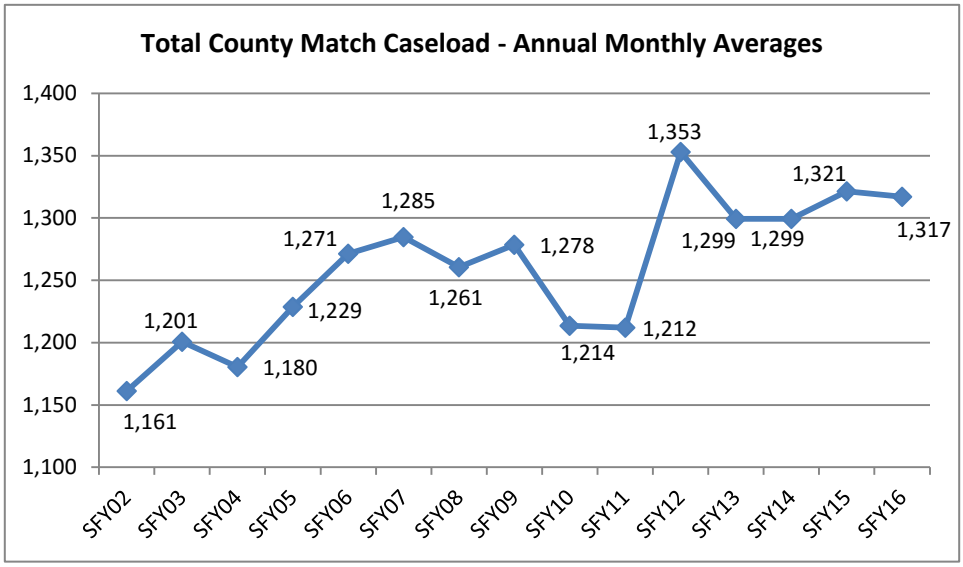
Workload History (with Retros*):

Fiscal Year	Average Cases
FY 11	1,212
FY 12	1,353
FY 13	1,299
FY 14	1,299
FY 15	1,321
FY 16	1,317

***Retroactive eligibility can be prior medical care or pending application processing time.**

FYTD:

Jul 15	1,332
Aug	1,315
Sep	1,316
Oct	1,307
Nov	1,301
Dec	1,309
Jan 16	1,322
Feb	1,319
Mar	1,341
Apr	1,330
May	1,309
Jun	1,307
FY16 Total	**15,808**
FY16 Avg	**1,317**



Comments: In SFY12 a change in eligibility requirements increased the caseload.

5.12 Medical Assistance to the Aged, Blind, and Disabled

Program: These are medical service programs only. Many applicants are already on Medicare and Medicaid supplements their Medicare coverage. Additionally, others are eligible for Medicaid coverage as a result of being eligible for a means-tested public assistance program such as Supplemental Security Income (SSI). Categories are: SSI, State Institutional, Non-Institutional, Prior Med, Public Law, Katie Beckett.

Eligibility: No age requirement (except for Aged), a citizen of the United States or a non-citizen legally admitted for permanent residence to the U.S. and meets certain criteria, or is in another eligible non-citizen category and meets certain criteria.

Other: Resource limits are determined by whether a person is considered an individual or a member of a couple. When resources exceed the following limits, the case is ineligible. Medicare Savings Program cases: $7,280 - for an individual or $10,930 for a couple. Other cases: $2,000 for an individual or $3,000 for a couple. Resources are evaluated at market value less encumbrances. Certain types of resources are excluded, such as: Life insurance policies, when the total face value is less than $1,500; vehicles necessary to produce income; transportation for medical treatment on a regular basis (specifically handicapped equipped vehicles), or the value of a vehicle up to $4,500; burial plots/plans.

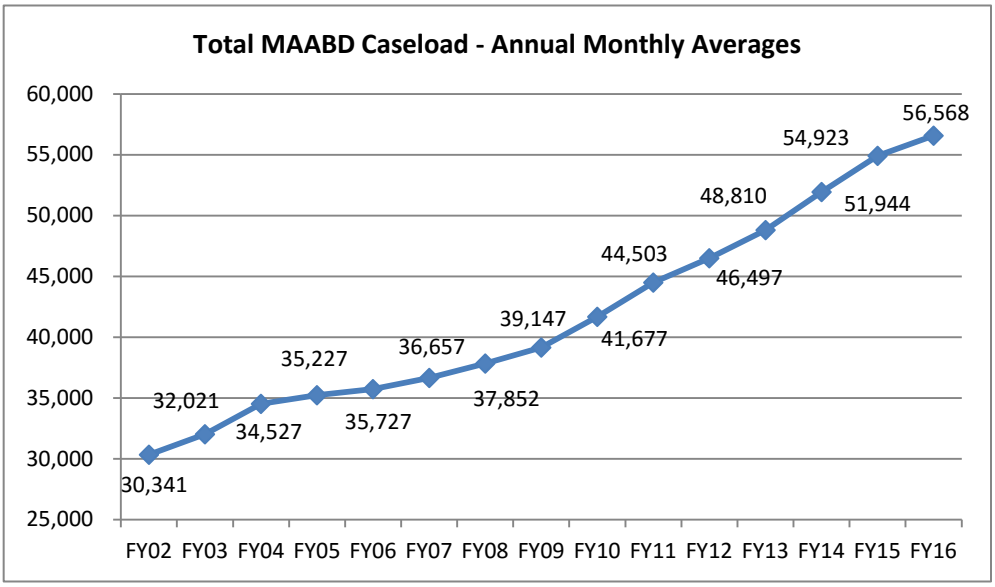
Workload History (with Retros*):

Fiscal Year	Average Cases
FY 10	41,677
FY 11	44,503
FY 12	46,497
FY 13	48,810
FY 14	51,944
FY 15	54,923
FY 16	56,568

***Retroactive eligibility can be prior medical care or pending application processing time.**

FYTD:

Jul 15	55,309
Aug	55,612
Sep	55,788
Oct	56,111
Nov	56,199
Dec	56,527
Jan 16	56,627
Feb	56,847
Mar	57,221
Apr	57,372
May	57,548
Jun	57,660
FY16 Total	**678,821**
FY16 Avg	**56,568**



Comments: SSI cases can take up to 3 years for approval/denial. Total of all MAABD Cases. For statistical purposes only as each aid code is different and cannot be compared. *Retro cases numbers are reported from SFY02 through SFY15. Beginning SFY16, actual cases are reported.

5.13 Supplemental Nutrition Assistance Program (SNAP)

Program: The purpose of SNAP is to raise the nutritional level among low income households whose limited food purchasing power contributes to hunger and malnutrition among members of these households. Application requests may be made verbally, in writing, in person or through another individual. A responsible adult household member knowledgeable of the households circumstances may apply and be interviewed. The date of application is the date the application is received in the Division of Welfare and Supportive Services office.

Eligibility: The household's gross income must be less than or equal to 200 percent of poverty; the household's net income must be less than or equal to 100 percent of poverty to be eligible. Households in which all members are elderly or disabled have no gross income test. The resource limit for all house-holds except those with elderly or disabled members is $2,000; households with elderly or disabled members have a resource limit of $3,250 (exceptions: one vehicle, home, household goods and personal items).

Need Standard:

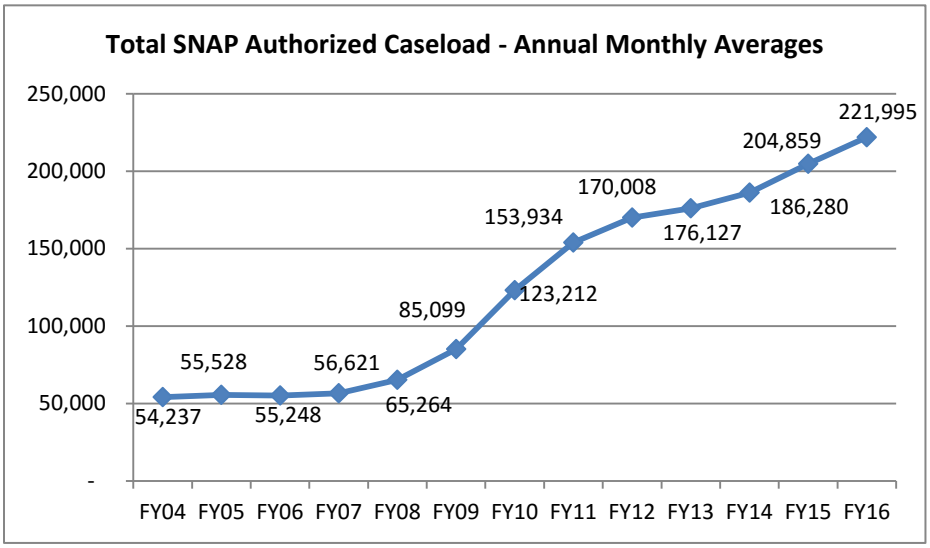
Household Size	100% of Poverty	130% of Poverty	200% of Poverty	Maximum Allotment
1	$981	$1,275	1,962	$194
2	$1,328	$1,726	2,655	$357
3	$1,674	$2,176	3,348	$511
4	$2,021	$2,627	4,042	$649
5	$2,368	$3,078	4,735	$771
6	$2,714	$3,528	5,428	$925
7	$3,061	$3,979	6,122	$1,022
8	$3,408	$4,430	6,816	$1,169

Workload History:

Fiscal Year	Average Cases	Total Expenditures	Total Applications
FY 12	170,008	$518,493,663	312,302
FY 13	176,127	$524,977,396	354,799
FY 14	186,280	$527,560,395	346,314
FY 15	206,787	$586,737,558	384,921

FYTD:

Jul 15	217,193
Aug	219,328
Sep	220,631
Oct	221,762
Nov	222,960
Dec	223,221
Jan 16	223,077
Feb	223,222
Mar	223,282
Apr	223,417
May	223,855
Jun	
FY16 Total	**2,441,948**
FY16 Avg	**221,995**



Comments: The SNAP caseload has increased substantially since the start of the recession in December 2007 because of the high unemployment experienced in Nevada. A change in SNAP regulations effective 3/15/2009 made many households categorically eligible based on receiving a benefit which meets Purposes 3 and 4 for TANF and having a gross income limit of 200 percent of poverty. There is no further income or resource test.

Website: https://www.dwss.nv.gov/

5.14 Supplemental Nutrition Employment and Training Program (SNAPET)

Program: SNAPET promotes the employment of SNAP participants through job search activities and group or individual programs which provide a self-directed placement philosophy, allowing the participant to be responsible for his/her own development by providing job skills and the confidence to obtain employment. SNAPET also provides support services in the form of transportation reimbursement, bus passes and assistance meeting the expenditures required for Job Search (such as interview clothing, health or sheriff's card if it is known that one will be required).

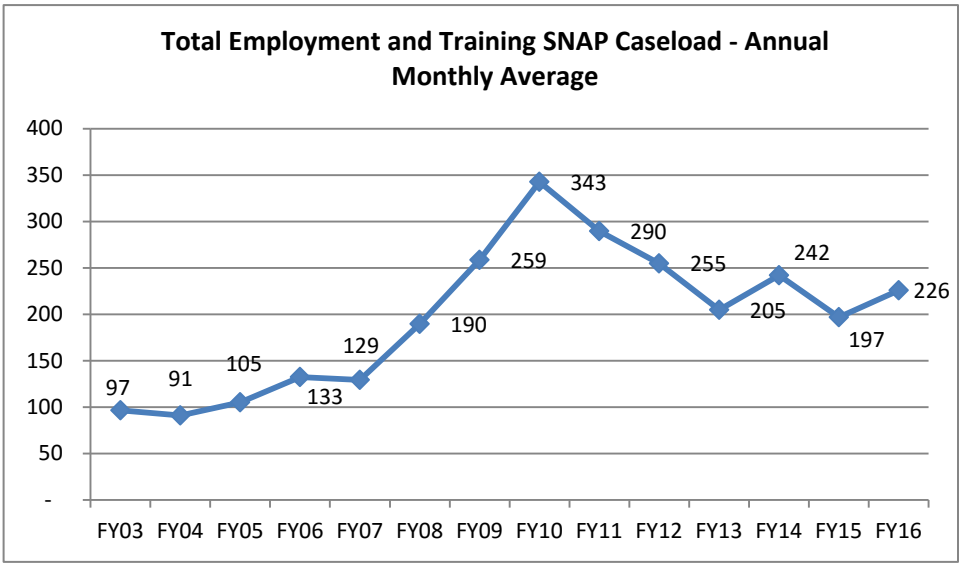
Eligibility: Registration and participation is mandatory and a condition of SNAP eligibility for all non-exempt SNAP participants. Persons who are exempt may volunteer. Persons are exempt when they are under age sixteen (16), age sixty (60) or older, disabled, caring for young children under the age of six (6) or disabled family members, already working, NEON mandatory, participant in drug/alcohol treatment, receiving UIB, age 16/17 attending school or training at least half time or eligible student age 18-49 enrolled at least half time in school or training program.

Workload History:

Fiscal Year	Average Cases
FY 11	290
FY 12	255
FY 13	205
FY 14	242
FY 15	197
FY 16	226

FYTD:

Jul 15	270
Aug	281
Sep	264
Oct	158
Nov	187
Dec	168
Jan 16	213
Feb	201
Mar	207
Apr	175
May	280
Jun	309
FY16 Total	**2,713**
FY16 Avg	**226**



Comments: The SNAPET caseload parallels the SNAP caseload but on a smaller scale since we only work with clients who do not meet a work exemption. These clients are classified as work mandatory and are required to complete an orientation and a two month job search program or until they have become employed. FY06 and FY07 saw growth. FY08 started showing the effects of the current deep recession (started in December 2007), layoffs and high unemployment rates not seen in recent history. In FY09 caseloads increased an average of 3.2 percent per month. This equals to about 38 percent increase for the year. In FY10 a higher number of participants (that included exempt clients) were invited to orientation than in FY09. In FY11 only mandatory clients invited to orientation were counted. In FY12 and FY13 a decrease in invited participants was seen due to the inconsistent distribution of Federal Funds.

5.15 Child Care and Development Program

Program: The Child Care Program assists low-income families, families receiving temporary public assistance, families with children placed by CPS, and Foster families by subsidizing child care costs so they can work. Households are able to qualify for child care subsidies based upon their total monthly gross income, household size, and other requirements. Assistance is provided through 3 programs: Certificate - Provides a Certificate to an eligible household to use for payment of child care services to an eligible provider; Contracted Slots - serves an approved number of slots for low income families in Before and After School Programs; and Wrap-Around which also serves an approved number of slots for low income families for services before and after Early Head Start or Head Start Program.

Eligibility: To qualify for child care subsidy assistance, the child must be under the age of 13 unless they have a special need in which case they are eligible until they turn 19. Other factors include citizenship, immunizations, relationship, and residency. Additionally, adult household members and minor parents must have a purpose of care such as working or a minor parent attending high school.

Fee Scale: The Sliding Fee Scale provides the income limits for each household size. This is an example for a four person household. The (P) indicates the federal poverty level. The column on the right designates the percentage of the State approved maximum child care rate which would be paid by the Child Care & Development Program.

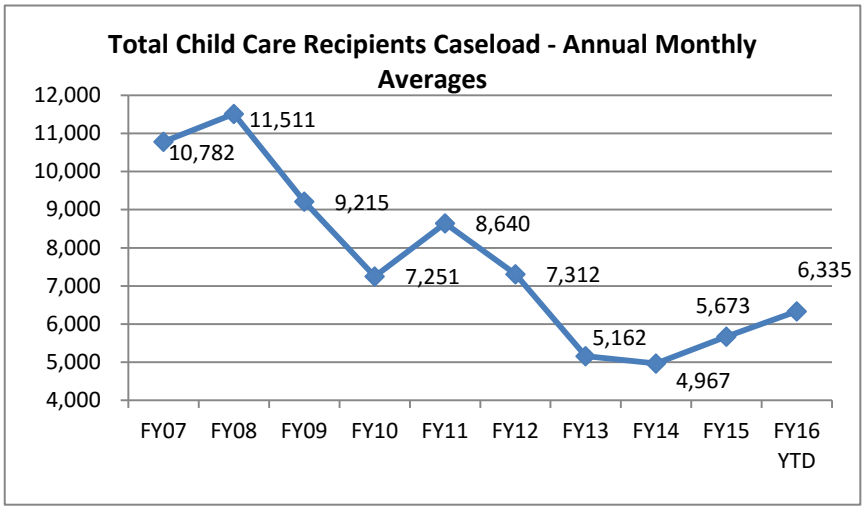
Sliding Fee Scale	
Income Limits for Family of Four	**Subsidy Percent**
$0 - $2,021(P)	95%-110%
$2,022 - $2,358	90%
$2,359 - $2,695	80%
$2,696 - $3,031	70%
$3,032 - $3,368	60%
$3,369 - $3,705	50%
$3,706 - $4,042	40%
$4,043 - $4,379	30%
$4,380 - $4,708	20%

Workload History:

Fiscal Year	Average Cases	Total Payments
FY 11	8,640	$34,536,354
FY 12	7,312	$30,247,720
FY 13	5,162	$21,161,327
FY 14	4,967	$20,141,474
FY 15	5,673	$23,217,821

FYTD:

Jul 15	5,422
Aug	5,735
Sep	5,741
Oct	6,109
Nov	6,099
Dec	6,352
Jan 16	6,403
Feb	6,727
Mar	7,261
Apr	7,462
May	
Jun	
FY16 Tot	**63,345**
FY16 Avg	**6,335**



Analysis of Trends: *In October 2015 initial program eligibility was moved from 90% to 80% and a sliding fee scale was implemented which allows families with higher incomes to continue receiving assistance with an increased copayment*

Website: https://dwss.nv.gov/ChildCareGeneral.html

5.16 Child Support Enforcement Program

Program: The program is a federal, state, and local intergovernmental collaboration functioning in all 50 states, the District of Columbia, the Commonwealth of Puerto Rico, Guam, and the Virgin Islands. The Office of Child Support Enforcement in the Administration for Children and Families of the U.S. Department of Health and Human Services helps states develop, manage and operate child support programs effectively and according to federal law. The CSEP is administered by DWSS and jointly operated by State Program Area Offices (PAO) and participating county District Attorney offices through cooperative agreements.

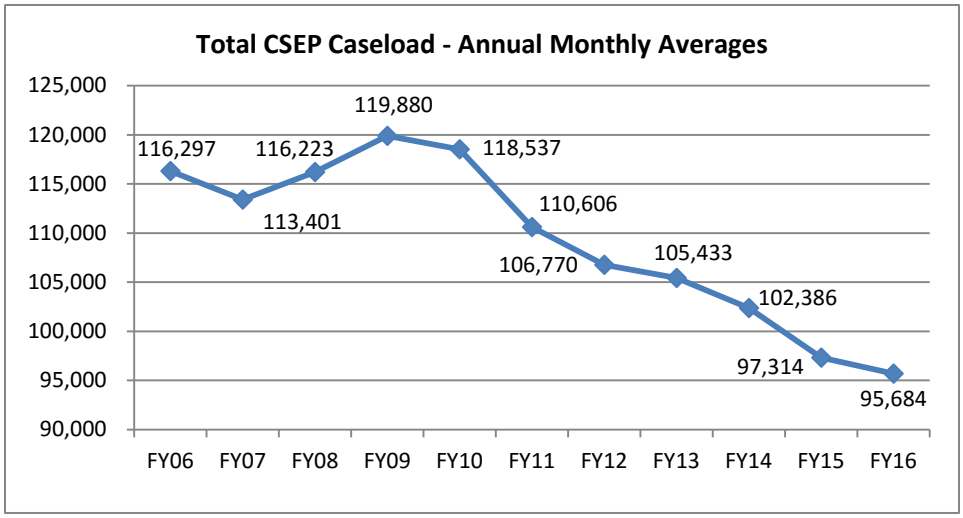
Eligibility: There are no eligibility requirements for child support services, which include locating the non-custodial parent, establishing paternity and support obligations and enforcing the child support order. Non-public assistance custodians complete an application for services. Public assistance custodians must assign support rights to the state and cooperate with the agency regarding Child Support Enforcement (CSE) services.

Workload History:

Fiscal Year	Average Cases	Gross Collections
FY 11	110,606	$198,573,814
FY 12	106,770	$205,934,166
FY 13	105,433	$207,634,173
FY 14	102,386	$209,402,698
FY 15	97,314	$210,726,927

FYTD:

Jul 15	95,609
Aug	95,497
Sep	94,537
Oct	94,366
Nov	94,977
Dec	94,568
Jan 16	94,799
Feb	96,067
Mar	97,066
Apr	98,195
May	96,689
Jun	95,832
FY16 Total	**1,148,202**
FY16 Avg	**95,684**



Comments: As illustrated in the Bureau of Labor Statistics Data, the CSE caseload trend is tied closely to the economy. When the economy is good, fewer customers need child support services; when there is a downward turn in the economy, more customers need child support services. Additional factors contributing to the caseload trend going down include case closure projects and stopping inappropriate referrals (unborn cases). A factor that may contribute to an increase in caseload is an increase in public assistance referrals and non-assistance applications during an economic downturn and high unemployment rate.

Website: https://dwss.nv.gov

5.17 Energy Assistance Program

Program: The Energy Assistance Program (EAP) assists eligible Nevadans maintain essential heating and cooling in their homes during the winter and summer seasons. The program provides for crisis assistance as well.

Eligibility: Citizenship, Nevada residency, household composition, Social Security numbers for each household member, energy usage and income are verified prior to the authorization and issuance of benefits. Eligible households' income must not exceed 150 percent of poverty level. Priority is given to the most vulnerable households, such as the elderly, disabled and young children.

Need Standard:

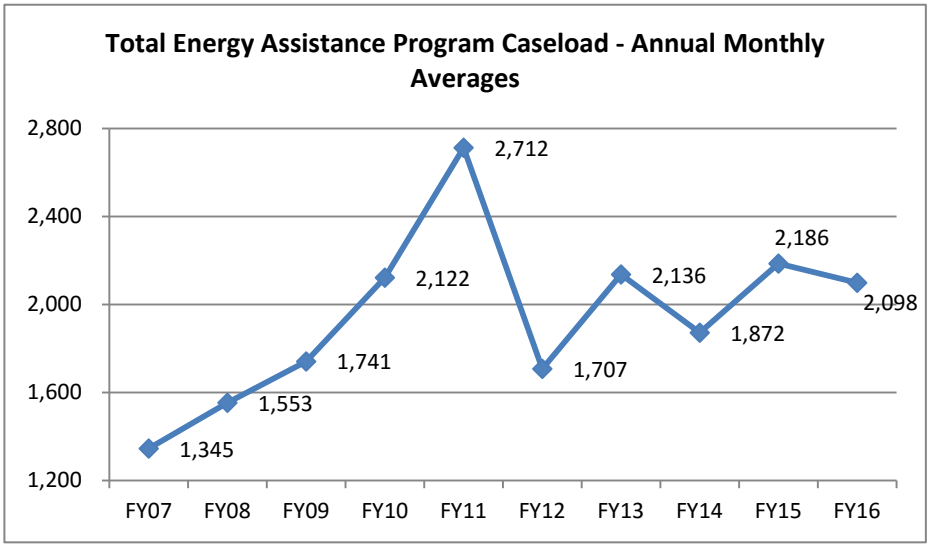
2015 HHS Poverty Guidelines (100%)		Estimated State Median Income FFY 2016
Persons in Family	48 Contiguous States and D.C.	60% of Estimated State Median Income for a Four Person Household
1	$11,770	
2	$15,930	
3	$20,090	
4	$24,250	$39,877
5	$28,410	
6	$32,570	
7	$36,730	
8	$40,890	

Workload History:

Fiscal year	Average Cases	Total Cases	Total Expenditures	Total Applications
FY 12	1,707	20,484	$11,361,013	38,643
FY 13	2,136	25,631	$18,684,877	36,764
FY 14	1,872	22,463	$16,086,863	41,190
FY 15	2,186	26,228	$18,784,915	40,726

FYTD:

Jul 15	1,670
Aug	2,440
Sep	2,717
Oct	2,048
Nov	1,738
Dec	2,687
Jan 16	1,941
Feb	1,888
Mar	2,256
Apr	1,829
May	2,296
Jun	1,670
FY16 Total	**25,180**
FY16 Avg	**2,098**



Comments: In SFY12 the eligibility requirements were changed to lower the monthly benefit amount and FPL from 150 percent to 110 percent which has decreased the EAP caseload. SFY13 increased benefits to 125 percent FPL (July) and 150 percent FPL (December) which was retroactive to July 2012. In April 2013 the benefit cap was increased for households that fall >75 percent of the poverty level guideline to bring their average energy burden in line with households that fall in the 75-125 percent and the 125-

150 percent poverty levels. SFY14 & SFY15 & SFY 16 are continuing with the same benefit amounts and poverty level that we ended with in SFY13.

Website: https://dwss.nv.gov

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6.01 Newborn Screening (NBS) Program

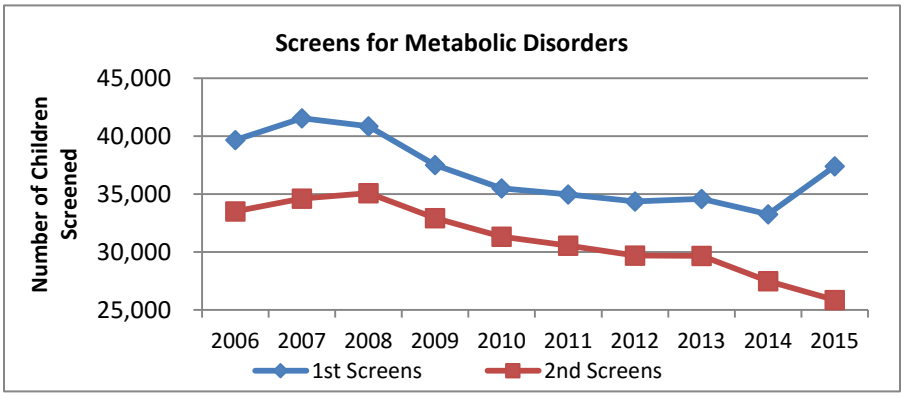
Program: Nevada Revised Statute (NRS) 442.008 mandates that all infants born in Nevada receive newborn Dried Blood Spot (DBS) screening for a panel of congenital disorders. A first screen is collected ideally between 24 and 48 hours of age, and the second screen is ideally collected between the 10th and 15th day of life. As of July 1, 2014, the Nevada State Public Health Laboratory, in conjunction with the University of Nevada-Reno (UNR) School of Community Health Sciences, is responsible for testing and following Nevada's newborn babies' blood samples shortly after birth and again at two weeks of age, to screen for approximately 46 disorders each year. The Nevada State Public Health Laboratory is contracted to screen specimens, follow-up on positive screens and provide medical consultants who provide guidance to Nevada's primary care physicians until a confirmation of a diagnosis is reached. Families of infants with identified disorders can access follow-up services through Nevada Early Intervention Services or other community providers. The Newborn Screening Program is funded entirely with birth registration fees.

Eligibility: There are no eligibility requirements for dried blood screening. Newborn screens are required for all infants born in Nevada. Birthing facility staff are required to collect an acceptable sample before the infant is discharged from the facility and to submit the sample for metabolic screening as required in NAC 442.020-050. Infants with conditions identified in the newborn screening process are eligible for Early Intervention and Home Visiting services.

Infants Screened by Year:

Year	Number of First Screens	Number of Second Screens	Total Number of Screenings	Percent of First Screen Babies that also Received Second Screens
2010	35,510	31,341	66,851	88.3%
2011	34,974	30,570	65,544	87.4%
2012	34,366	29,698	64,064	86.4%
2013	34,594	29,683	64,277	85.8%
2014*	33,276	27,492	60,768	82.6%
2015**	37,420	25,856	63,276	69.1%

*2014 Data is annualized. ** The University provided updated numbers in January 2016. UNR projects the drop in the 2nd screen in 2015 may be due to lack of education to the providers and plan to hire additional staff.



Comments: The Nevada Division of Public and Behavioral Health no longer maintain a Newborn Screening Program due to the transition to the Nevada State Lab. There is not currently a reporting mechanism, though the Division does anticipate reports from the University on a biannual basis.

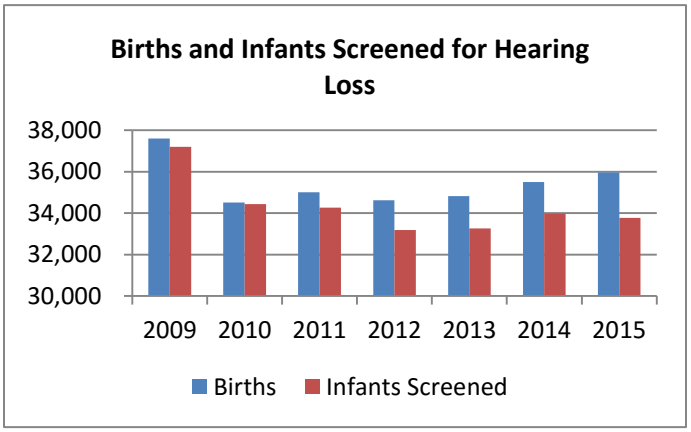
Website: http://medicine.nevada.edu/nsphl/newborn-screening

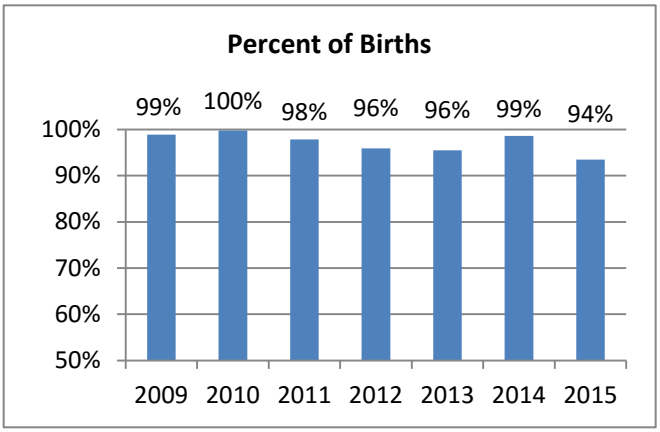
6.02 Early Hearing Detection and Intervention

Program: The goals of the Nevada Early Hearing Detection and Intervention (EHDI) program are to ensure that: 1) all infants are screened for hearing loss before one month of age, 2) referred infants receive diagnostic evaluation by three months of age, and 3) infants identified with hearing loss receive appropriate early intervention by six months of age. The negative effects of hearing loss can be substantially mitigated through early intervention that may include amplification, speech therapy, cochlear implants, and/or signing. EHDI works with birthing hospitals statewide, pediatric audiologists and with Nevada Early Intervention Services to ensure infants are screened, identified, and enrolled into services within recommended time frames. The program partners with non-profits, hospitals, and audiologists to develop and update best practices and provides parents with education, support, and trained mentors. The program is entirely funded by grants from the Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA).

Eligibility: There are no eligibility requirements for newborn hearing screening. NRS 442.450 requires all hospitals in the state with 500 or more births per year to screen newborn infants' hearing prior to discharge. However, all birthing hospitals in the state, even those with less than 500 births per year, provide hearing screenings as a "Best Practice". All infants identified in the newborn hearing screening process with confirmed hearing loss are eligible for Early Intervention services.

Calendar Year	Births	Infants Screened	Percentage of Births
2010	34,517	34,433	99.8%
2011	35,017	34,263	97.8%
2012	34,623	33,195	95.9%
2013	34,820	33,268	95.5%
2014	35,507	33,969	95.7%
2015*	35,963	33,776	94.0%





Comments: * Calendar Year 2015 January through December data for hearing screenings and number of births are complete based on current program information but birth numbers are still considered to be preliminary by the Office of Vital Records. Calendar Year 2016 is considered to preliminary to report.

Websites: http://dpbh.nv.gov/Programs/EHDI/EHDI-Home/
http://www.infanthearing.org/states/state_profile.php?state=nevada
http://www.cdc.gov/ncbddd/ehdi/

6.03 Immunization

Program: The goal of the program is to decrease vaccine-preventable disease through improved immunization rates among children, adolescents and adults. The Program collaborates with providers, schools, pharmacies, immunization coalitions and other stakeholders to improve immunization practices by enrolling providers into the State Program, ensuring compliance to all regulations, and by educating providers how to record vaccination data and monitor coverage rates in the state's immunization registry (NV WebIZ).

Vaccines for Children Program (VFC): Any provider licensed by the State of Nevada to prescribe and administer vaccines may enroll as a participant in the VFC Program, as long as they serve the eligible population(s). The Program provides federally funded vaccines at no cost to these participants, who then administer them to eligible children. VFC-eligible children include those who are uninsured, Medicaid enrolled/eligible, or American Indian/Alaska Native; and, the family is also not charged for the cost of these vaccines. Additionally, children enrolled in the NV Check-Up insurance plan are provided state-funded vaccines through a contract with the Division of Health Care Financing and Policy.

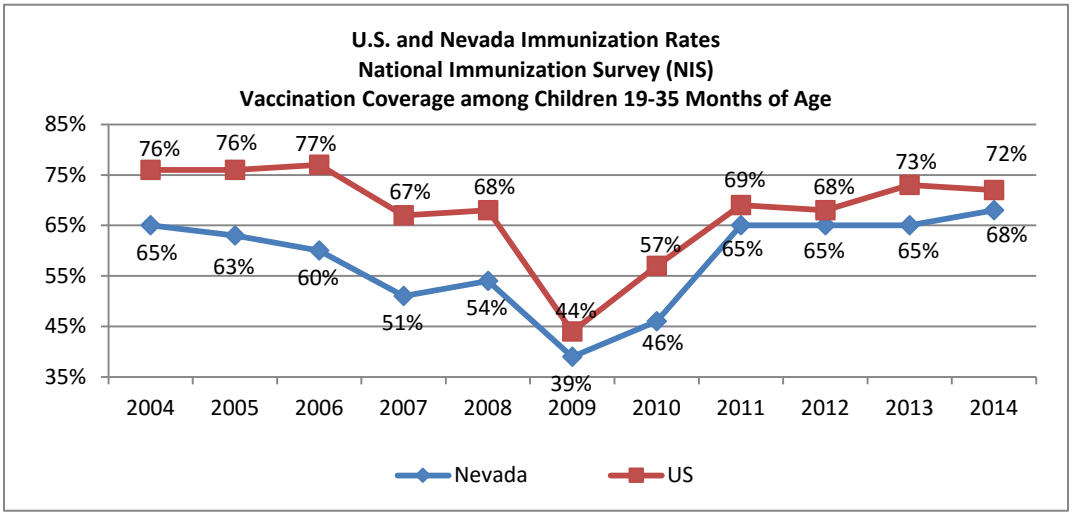
Nevada WebIZ: Any provider that administers vaccines and any organization with a need to verify immunizations may enroll as users of NV WebIZ. Vaccination data collected in the system can be used to identify populations at risk in the event of a disease outbreak and to locate communities with low coverage to target interventions. On July 1, 2009 NRS 439.265 (and corresponding regulations) went into effect, requiring all persons vaccinating children in Nevada to enter certain data about the vaccination event. On January 28, 2010 the NRS corresponding regulation was updated requiring all persons vaccinating adults in Nevada to also record specific information. The IIS operates as an "opt-out" system.

Program Participation:

Vaccines for Children Participation Status	
Clark	148
Washoe	50
Carson/Rural	73
Note: 267 "Active" providers (currently receiving vaccine supply) and 4 "Temp Leave" providers (vaccine shipments temporarily suspended)	

Nevada WebIZ Statistics	
Clinics Using IIS	2,969
HC Providers Using IIS*	1,442
Active Users of IIS**	14,449
100 percent of Vaccines for Children participants are enrolled to enter their immunization data in Nevada WebIZ.	

*One HC Provider may have multiple clinics represented in Nevada WebIZ; *WebIZ data is current as of 04/08/2016. **Within one clinic are multiple users of Nevada WebIZ.



Comments:
- From 2002 - 2006, the immunization series was 4:3:1:3:3:1 (4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hep B, 1 Varicella).
- From 2007 - 2011, the immunization series was 4:3:1:3:3:1:4 (4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hep B, 1 Varicella, 4 pneumo).
- Starting in 2007 and ending in 2009, the United States experienced a Hib shortage, hence the reason behind a significant decrease in immunization rates during that time period.

Website: http://dpbh.nv.gov/Programs/Immunization/

6.04 Women, Infants, and Children (WIC) Supplemental Food Program

Program: The Special Supplemental Food Program for Women, Infants, and Children, commonly known as WIC, is a 100% federally funded program that provides nutritious foods to supplement the diets of limited income pregnant, postpartum and breastfeeding women, infants, and children under age 5 who have been determined to be at nutritional risk. At WIC participants get access to good healthy foods, advice on good nutrition, health screening, information on health care services like immunizations, prenatal care, and family planning, and information about other family support services available in their community.

Eligibility: Applicant must be (1) an infant or child under five years of age, (2) a pregnant woman, (3) a postpartum woman (up to 6 months after giving birth), or (4) a breastfeeding woman (up to the breastfed infants first birthday). Must be a Nevada resident and physically live in Nevada at the time of application. Must be at or below 185% of the federal poverty level. Last, but not least, the applicant must be at nutritional risk as determined by a Competent Professional Authority (CPA) at the WIC clinic.

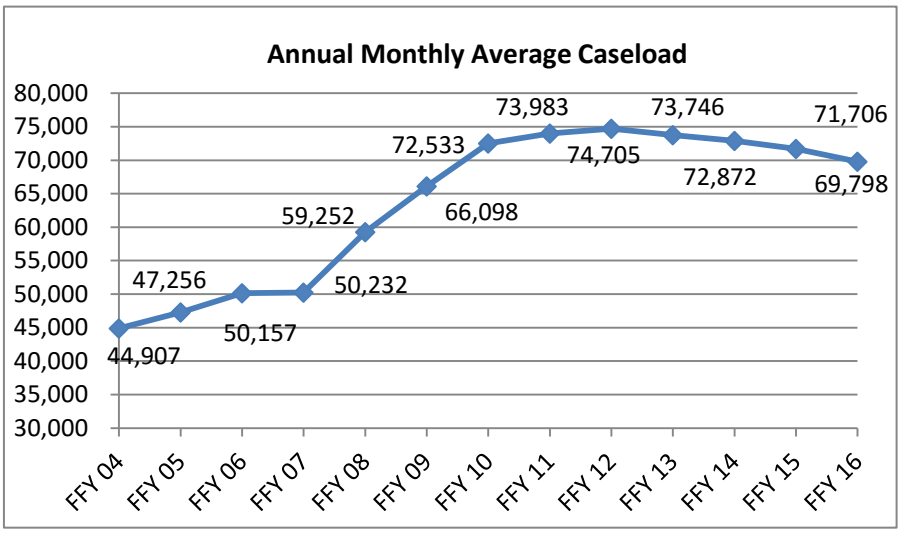
Workload History:

Federal Fiscal Year	Total Expenditures	Average Caseload
FFY10	$14,399,912	72,533
FFY11	$14,487,881	73,507
FFY12	$13,778,416	74,705
FFY13	$14,124,298	73,746
FFY14	$13,127,340	72,872
FFY15	$12,768,079	71,706
FFY16	$4,187,853	69,798

*Current FFY NSA expenditures are YTD; through month reported for caseload below

Caseload FFYTD:

Oct 15	71,983
Nov	70,551
Dec	69,677
Jan 16	69,655
Feb	68,939
Mar	69,200
Apr	68,579
May	
Jun	
Jul	
Aug	
Sep	
FFY15 Total	**488,584**
FFY15 Average	**69,798**



Comments: As one of the fastest growing states in the country, Nevada has experienced a WIC participation growth of 11 percent from FFY09 to FFY13. Further, food dollars expended for the WIC program for the same period has increased 16 percent.

The WIC program has completed its initiative through a contract with JP Morgan for the automation of the issuance of all WIC Benefits using Electronic Benefits Transfer (EBT). All participants can now use their new EBT card at any of WIC's 223 authorized grocery stores.

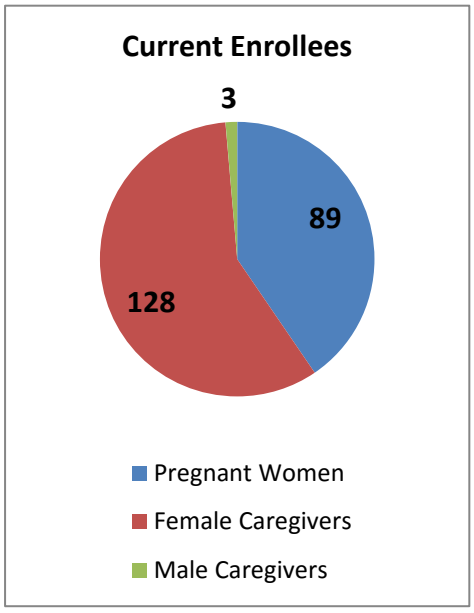
Website: www.nevadawic.org

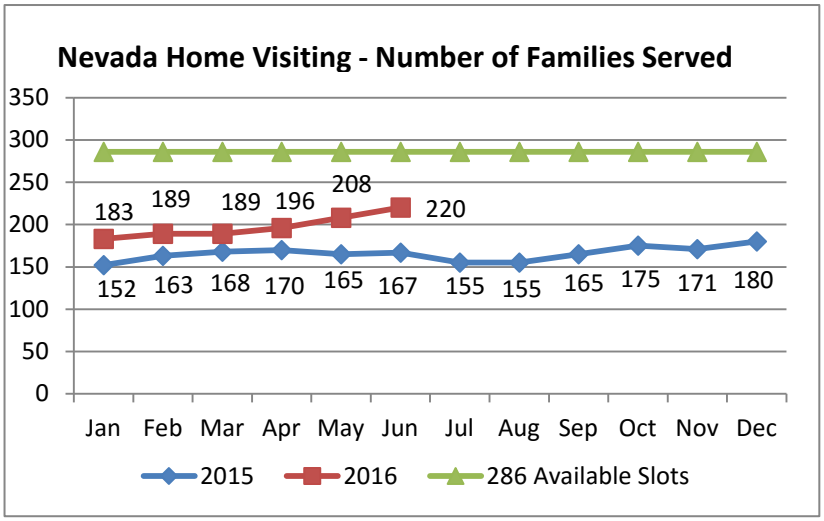
6.05 Nevada Home Visiting Program

Program: The Nevada Home Visiting Program (NHV) aims to improve health, social, and academic outcomes for the most vulnerable young families in our state. NHV develops and promotes a statewide coordinated system of evidence-based home visiting supporting healthy child development and ensuring the safety of young children and family members. NHV provides home visiting services in seven (7) Nevada counties through Local Implementing Agencies (LIAs). Home Visiting has proven successful in Nevada and serving the highest need areas is a priority for NHV.

Models Implemented: ***Nurse Family Partnership*** *(NFP)* – Implemented in Clark County to address the needs of first time mothers. This program utilizes public health nurses to serve pregnant women from 28 weeks gestation until the child is two years old.
Early Head Start Home Based Option – This model is implemented in Clark, Washoe and Elko Counties and serves very low-income expectant mothers and families with children up to age three.
Home Instruction for Parents of Preschool Youngsters *(HIPPY)* – This model is implemented in Clark and Elko Counties and is proposed in Washoe County. The model was selected based on school readiness data identified by needs assessment in the areas served.
Parents as Teachers *(PATS)* – This model is implemented in Lyon, Storey and Mineral Counties. PAT was selected to serve a broad range of ages and needs in low population communities. Models with a narrower opportunity for enrollment do not meet all the needs in low population areas. This model provides service to expectant mothers and families with children up to kindergarten entry.

Authority: The Patient Protection and Affordable Care Act of 2010 (Affordable Care Act) added Section 511 to Title V of the Social Security Act creating a Maternal, Infant, and Early Childhood Home Visiting Program.





Comments: The charts above show the number of enrollees served by the program. The pie chart shows the breakdown of enrollees by category. The line chart shows the enrollment numbers served by NHV program compared to enrollment capacity.

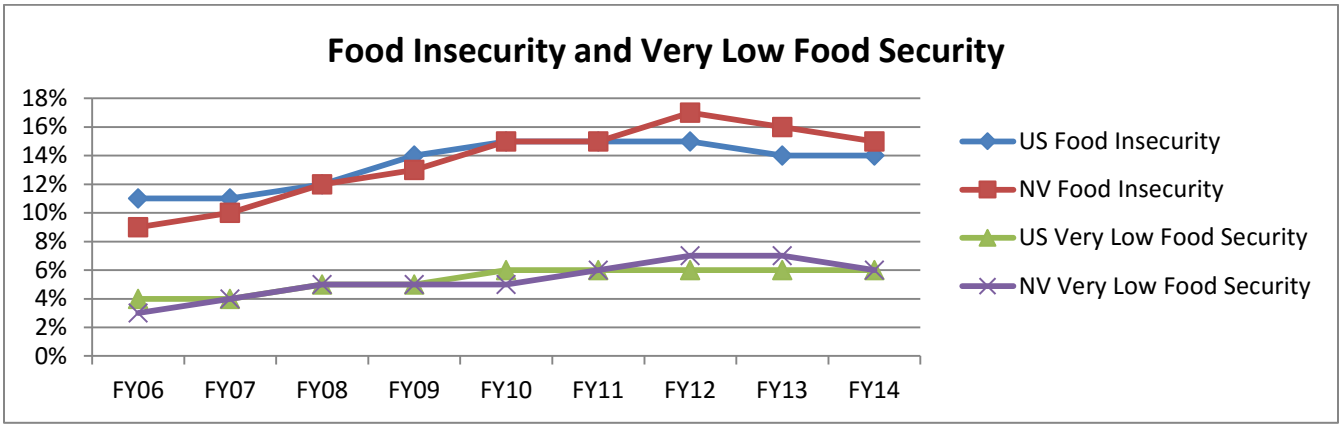
Website: http://dpbh.nv.gov/Programs/MIECHV/Nevada_Home_Visiting_(MIECHV)_-_Home/

6.06 Office of Food Security

Mission: It is incumbent on our society to ensure that each individual has access to healthy nutrition because it contributes to our quality of life, a strong citizenry, resilient communities and a robust economy.

Program: Leaders from government agencies, non-profit organizations and the private sector have joined forces to establish a strategic plan to increase food security in Nevada using the following core principles:

- Incorporate economic development opportunities into food security solutions.
- Use a comprehensive, coordinated approach to ending hunger and promoting health and nutrition, rather than just providing emergency short-term assistance.
- Focus on strategic partnerships among all levels of government, communities, non-profit organizations, including foundations, private industries, universities, and research institutions.
- Use available resources in a more effective and efficient way.
- Implement research-based strategies to achieve measurable results.



Agency	Key Accomplishments:
DHHS Director's Office	• In 2015 established the Office of Food Security in the Department of Health and Human Services Chronic Disease Prevention and Health Promotion Section.
Governor's Office	• In 2014 established the Statewide Food Policy Advisory Council that links to and leverages regional and local community-based efforts.
Governor's Council	• Researched and developed a menu of model policies/regulation options to promote food security in Nevada. Including breakfast after the bell programs and accountability reports for public schools.
NV Department of Agriculture	• In cooperation with a stakeholder group, drafted the Nevada School Wellness Policy to reflect current Federal School Wellness Policy Regulations.
NV Department of Agriculture	• In cooperation with a stakeholder group, conducted a comprehensive benefit analysis study of the current state and nonprofit commodity/food delivery system that includes cost efficiency, frequency of delivery, and recommendations.
NV Department of Agriculture	• In cooperation with a stakeholder group, developed a comprehensive community food supply assessment to determine what organizations, agencies and groups are providing services as well as the frequency and schedule of deliveries to determine efficiencies and opportunities for streamlining food distribution processes.
NV Department of Agriculture	• Implemented SB 503, which mandates that all schools with 70% or greater free and reduced meal eligible students, must serve breakfast after the bell.

Website: http://dhhs.nv.gov/Programs/Grants/Programs/Food_Security/Food_Security/

6.07 Oral Health Program

Program: The **Community Preventive Services Task Force** recommends school-based sealant delivery programs based on strong evidence of effectiveness in preventing dental caries (tooth decay) among children. This recommendation is based on evidence that shows these programs increase the number of children who receive sealants at school, and that dental sealants result in a large reduction in tooth decay among school-aged children (5 to 16 years of age). Dental (pit and fissure) sealants are clear or opaque plastic resinous materials applied to the chewing surfaces of the back teeth to prevent dental caries (tooth decay). School-based dental sealant delivery programs provide dental sealants to students either onsite at schools or offsite in dental clinics. These programs often target schools in low socioeconomic status (SES) neighborhoods, often identified based on the percentage of children eligible for the federal free or reduced-price meal programs.

Community Health Alliance sealant program is a non-profit school-based sealant program that utilizes a mobile van to provide oral health education, sealants and fluoride varnish to 2nd grade children in underserved schools in Nevada (>50 percent Free and Reduced Lunch [FRL]). They operate during the 9-month academic year.

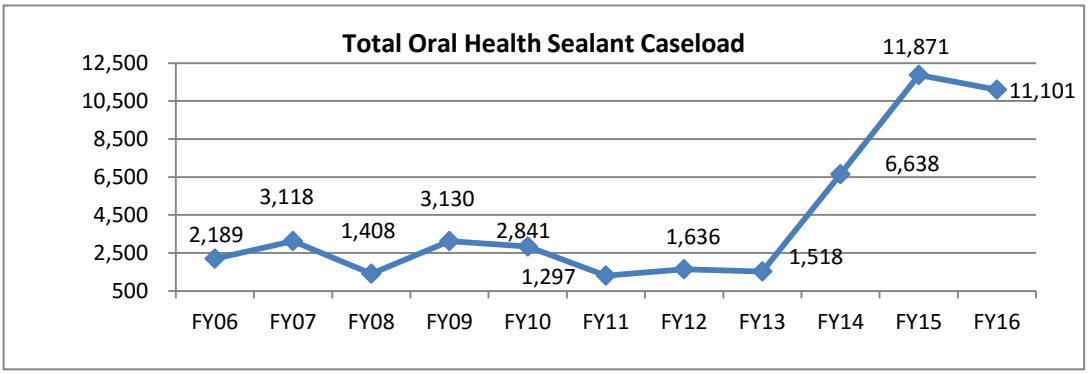
Seal Nevada South is a non-profit school-based sealant program, administered through UNLV School of Dental Medicine (SDM). The program serves uninsured children in second through fifth grade in underserved schools (>50 percent FRL) in Southern Nevada. They operate during the 9-month academic year.

Future Smiles is a non-profit school-based sealant program that provides two types of delivery models: Set locations in School-Based Health Centers for Education and Prevention of Oral Disease (EPODs) and mobile school-based locations utilizing portable equipment. Public Health Endorsed Dental Hygienists provide screenings, oral health education, dental cleanings, sealants, fluoride varnish and case management through a referral system to a local dentist or UNLV SDM. They operate 12-months of the year.

Eligibility: Eligibility is determined by the individual programs. (Please note: These Community-Based Organizations do not receive funding through the Division of Public and Behavioral Health for their sealant programs.)

Caseload History:

Program	Number of Schools		Children Served		Sealants Placed	
	SFY15	SFY16	SFY15	SFY16	SFY15	SFY16
Community Health Alliance	24	25	563	603	1,451	11,628
Seal Nevada South	14	18	414	515	1,369	11,648
Future Smiles	21	21	1,721	1,509	9,051	7,825
Total	59	64	2,696	2627	11,871	11,101



Comments: All programs are reporting individual teeth sealed per CDC recommendations.

Website: http://dpbh.nv.gov/Programs/OH/OH-Home/

6.08 Vital Records and Statistics

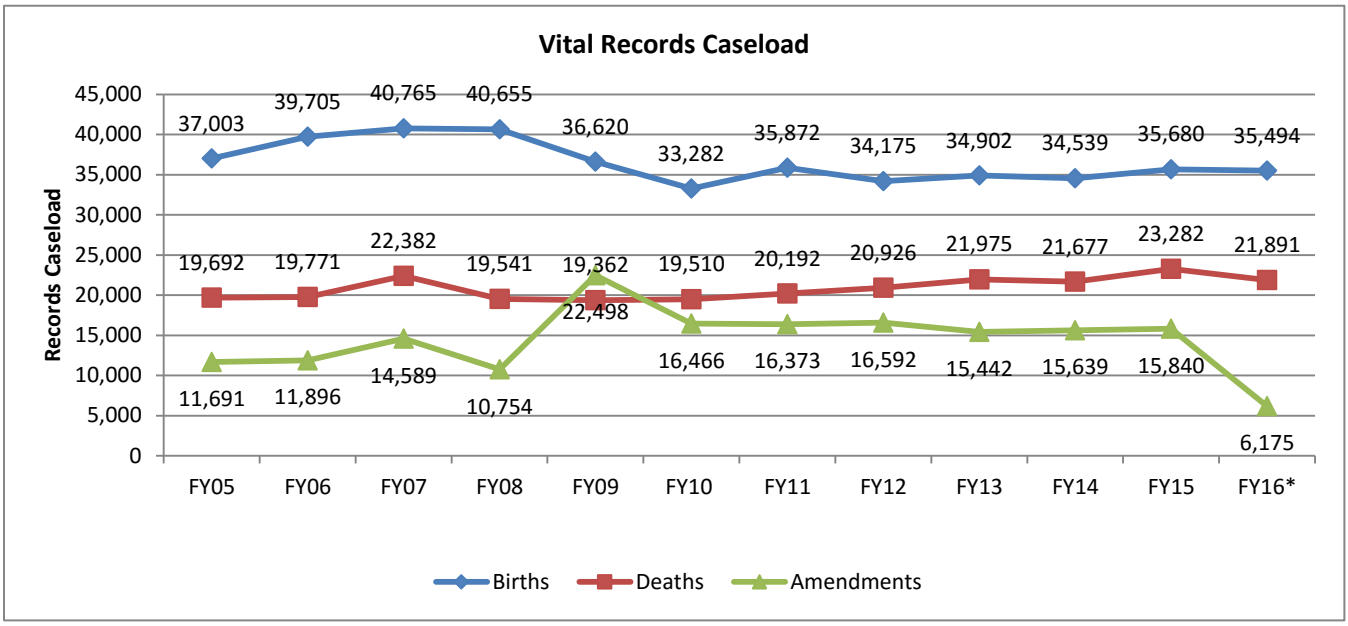
Program: The Office of Vital Records and Statistics administers the statewide system of Vital Records by documenting and certifying the facts of births, deaths and family formation for the legal purposes of the citizens of Nevada, participates in the national vital statistics systems, and responds to the needs of health programs, health care providers, businesses, researchers, educational institutions and the Nevada public for data and statistical information. The Office of Vital Records also amends registered records with required documentation such as court orders, affidavits, declarations and reports of adoptions per NRS and NAC 440. Amendments include corrections, alterations, adoptions and paternities.

Authority: Any person or organization that can provide personal or legal relationship or need for birth, death or statistical data is eligible for services. NRS 440

Caseload:

Fiscal Year	Births	Deaths	Amendments
FY 11	35,872	20,192	16,373
FY 12	34,175	20,926	16,592
FY 13	34,902	21,975	15,442
FY 14	34,960	21,940	15,639
FY 15	35,680	23,282	15,840
FY 16*	35,494	21,891	6,175

*Lower number of amendments due to staff shortage.



Comments: Current processing times for the Office of Vital Records:

- Birth registration – Avg 9 days
- Death Registration – Avg <7 days

Note: Amendment counts include hospital paternities.

Website: http://dphb.nv.gov/Programs/Office_of_Vital_Statistics/

6.09 Women's Health Connection Program

Mission: Reduce breast cancer mortality and incidence of cervical cancer thereby enhancing the quality of life for Nevada women and their families through collaborative partnerships, health education, and access to high quality screening and diagnostic services.

Program: The Women's Health Connection (WHC) Program is a federally funded cooperative agreement through the Centers for Disease Control and Prevention (CDC). The cooperative agreement is authorized for 5-year periods, and the current agreement expires on June 29, 2017. Funding is awarded to pay for an office visit for the purpose of having a clinical breast exam, pelvic exam, and Pap test, if needed, for eligible clients. The program will pay for a screening mammogram for women 50 years of age and older. Clients who need diagnostic work-up based on an abnormal screening exam are covered by the program. Women diagnosed with breast or cervical cancer as a result of a program-eligible screening or diagnostic service and who are legal citizens of the U.S. are processed into Medicaid for treatment. The program fiscal year is June 30 to June 29 of each year. NOTE: WHC data has an approximate two month delay due to billing timelines.

Eligibility: Women must be residents of Nevada, be 40 years of age or above to receive breast cancer screening services and 21 years and above to receive cervical cancer screening services, has no Medicaid or Medicare Part B, is not a member of an HMO, or is underinsured or uninsured, and fall within 250 percent of federal poverty level.

Household Size	Eligible Monthly Income
1	$2,452
2	$3,319
3	$4,185
4	$5,052
5	$5,919
6	$6,785
7	$7,652
8	$8,519

Income is based on 250 percent of the Federal Poverty Level with rates adjusted on July 1 of each year.

Note: For each additional person, add $4,060

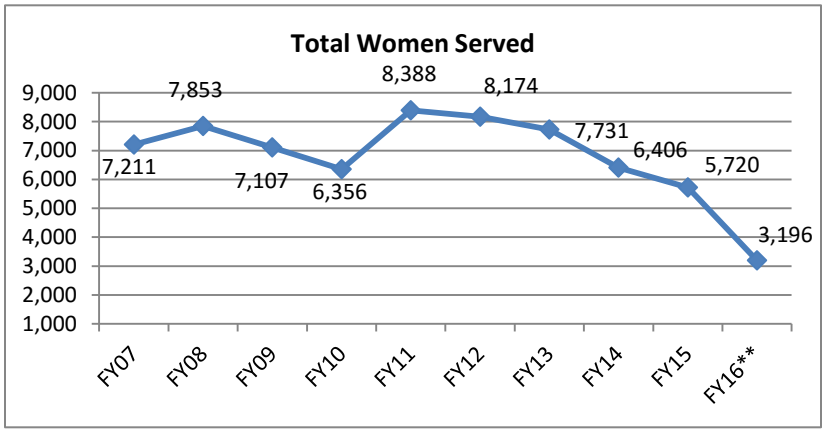
Workload History:

Fiscal Year	Avg Screening Cases/Month	Total Expenditures	Total New Enrollees
FY13	651	$2,357,718	3,933
FY14*	539	$2,216,255	2,377
FY15*	450	$2,215,020	899
FY16*	284	$425,162	500

*Data reported as of 1/04/2016

FY15TD: Women Served

Jul 15	276
Aug	355
Sep	256
Oct	286
Nov	271
Dec	159
Jan 16	294
Feb	265
Mar	235
Apr	
May	
June	
FY16 YTD Total	**2,397**
FY16 YTD Avg	**266**



**FY16 Data is Annualized

Comments: WHC is transitioning clients to sustainable insurance products and not utilizing the program as in previous years. This allows the program to reach a new demographic of women who are at risk for cervical cancer.

Website: http://dpbh.nv.gov/Programs/WHC/Women_s_Health_Connection_-_Home/

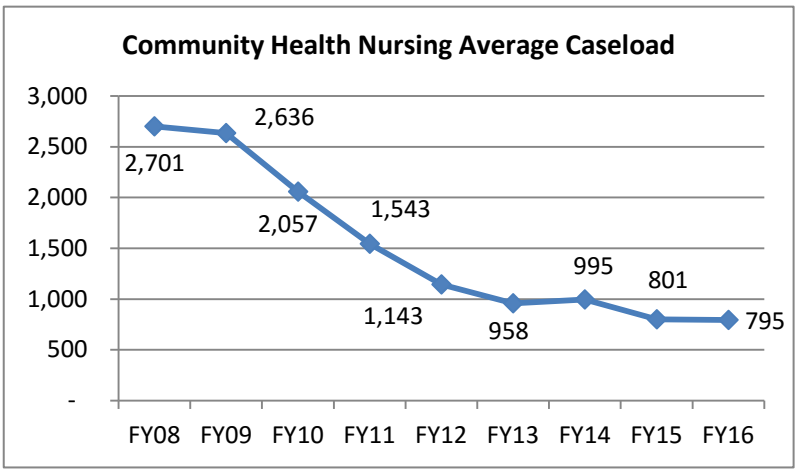
6.10 Community Health Nursing

Program: The Community Health Nursing program promotes optimal wellness in frontier and rural Nevada through the delivery of public health nursing, preventive health care, early detection of threats to public health, response to natural and human caused disasters, and education statewide. Essential public health services such as adult and child immunizations, well child examinations, chronic disease education, lead testing, Family Planning/Cancer Screening, identification/treatment of communicable diseases such as Tuberculosis (TB), Sexually Transmitted Diseases (STD) and Human Immunodeficiency Virus (HIV) are offered. Two Community Health Nurses (CHN) function as the school nurse in the rural districts without school nurses. Other nursing services are provided based on the needs of the county served.

Eligibility: All individuals may access the CHN clinics. The targeted populations are: the working poor, under and uninsured, and indigent populations of the fourteen (14) frontier and rural counties in Nevada. PHCS CHN services are based on the federal poverty guidelines using a Sliding Scale Fee structure. Services are not denied due to inability to pay.

Community Health Nursing

FYTD	Caseload
Jul 15	758
Aug	963
Sep	801
Oct	1,000
Nov	732
Dec	794
Jan 16	643
Feb	670
Mar	763
Apr	795
May	704
Jun	642
FY16 Total	**9,265**
FY16 Avg	**772**



Comments: Community Health Nurse caseloads are generally decreasing due to clinics dispensing method controls for nine month time frames instead of monthly. CHN numbers represent clients served.

Website http://dpbh.nv.gov/Programs/ClinicalCN/Clinical_Community_Nursing_-_Home/

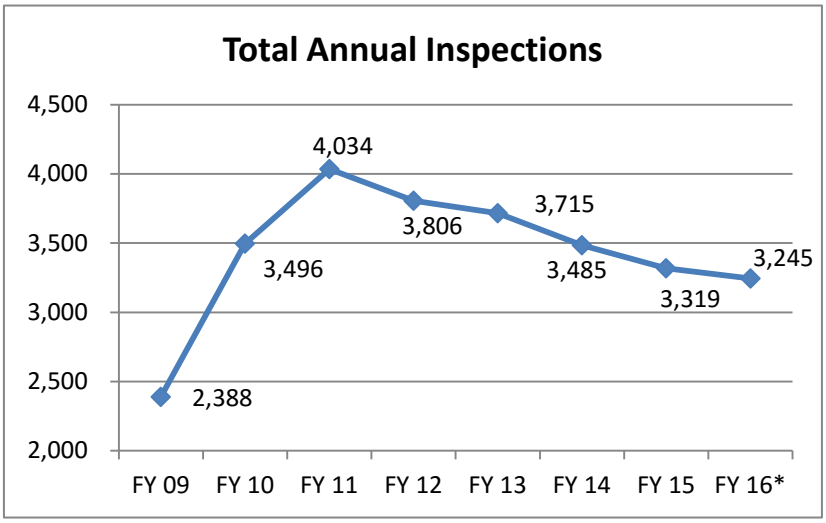
6.11 Environmental Health Services Program

Program: The Environmental Health Services program promotes optimal wellness in frontier and rural Nevada through the delivery of food safety inspections which provides early detection of threats to public health

Other: Environmental Health Services (EHS) involves those aspects of public health concerned with the factors, circumstances, and conditions in the environment or surroundings of humans that can exert an influence on health and well-being. The majority of workload is associated with food establishments. Effective January 1, 2014, Douglas County partnered with Carson City to provide environmental health services. Effective July 1, 2015, Southern Nevada Health District assumed regulatory responsibility for environmental health services at the campuses of higher learning in Clark County. Regulatory responsibilities for approximately 550 permitted facilities were transferred to Carson City, and 161 establishments were transferred to Southern Nevada Health District resulting in fewer inspections for EHS

Environmental Health Food Inspections

FYTD	Inspections
Jul 15	269
Aug	255
Sep	237
Oct	258
Nov	261
Dec	332
Jan 16	286
Feb	234
Mar	302
Apr	
May	
Jun	
FY 16 Tot	**2,434**
FY 16 Avg	**270**



*FY16 data is annualized

Comments: Health inspections decreased in FY14 due to the transfer of approximately 550 Douglas County permits to Carson City Health and Human Services. Two EHS positions were eliminated as a result of the decrease in workload. Effective July 1, 2015, Southern Nevada Health District will provide environmental health services at the campuses of higher learning in Clark County. This will decrease EHS inventory by approximately 161 food establishments for FY16.

Website: http://dpbh.nv.gov/Reg/Environmental_Health/

6.12 Sexually Transmitted Disease Program

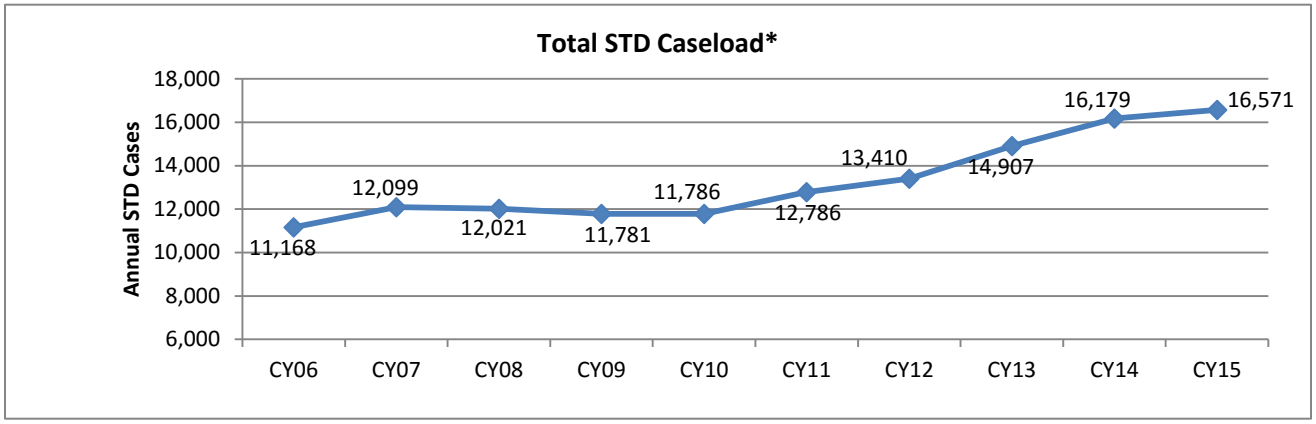
Program: The Sexually Transmitted Disease (STD) Prevention and Control Program's major function is to reduce the incidence and prevalence of sexually transmitted diseases in Nevada. The program emphasizes the importance of both education and screening of people who engage in high-risk activities by a comprehensive program of: 1) case identification and locating, 2) testing and treatment, and 3) education. The program's functions are achieved by working through public and private medical providers, local health authorities, and state and local disease intervention specialists.

Trends: For CY 2015-Q1 through Q4, there were 12,306 reported chlamydia cases, 3,495 reported gonorrhea cases, and 322 reported primary and secondary (P&S) syphilis cases in Nevada, for a total of 16,123 STD cases. Comparing CY 2015 to the previous reporting year, Chlamydia cases increased by 0.7percent, gonorrhea cases increased by 5.7 percent, and P&S syphilis cases increased by 4.9 percent. Overall, the total number of reported STDs (chlamydia, gonorrhea, and P&S syphilis) in Nevada increased by 1.8 percent from 2014 to 2015. Historically, the number of chlamydia and gonorrhea cases reported in Nevada increase minimally from year-to-year, and the number of reported P&S syphilis cases fluctuates from year-to-year.

The total number of reported chlamydia cases in Nevada increased from 10,445 in 2011 to 12,306 in 2015, a 17.8 percent increase during this five year period. The rate of chlamydia in 2015 in Nevada was 428.17 cases per 100,000 population based on 2015 population projections from the Nevada State Demographer-vintage 2015 data. Nevada fell below the national chlamydia rate of 456.1 cases per 100,000 population, as reported by the 2014 CDC STD Surveillance Report.
The total number of reported cases of gonorrhea in Nevada has increased from 2,034 in 2011 to 3,495 in 2015, a 71.8 percent increase during this five year reporting period. The gonorrhea rate in Nevada in 2015 was 121.60 cases per 100,000 persons based on 2015 population projections from the Nevada State Demographer-vintage 2015 data. Nevada fell above the national gonorrhea rate of 110.7 cases per 100,000 population, as reported by the 2014 CDC STD Surveillance Report.

The total number of reported cases of P&S syphilis in Nevada has increased from 137 in 2011 to 322 in 2015, a 135.0 percent increase during this five year reporting period. The P&S syphilis rate in Nevada in 2015 was 11.20 cases per 100,000 persons based on 2015 population projections from the Nevada State Demographer-vintage 2015 data. Nevada was higher than the national P&S syphilis rate of 6.3 cases per 100,000 population, as reported by the 2014 CDC STD Surveillance Report.

Previously, Nevada experienced a syphilis outbreak, with 40 P&S syphilis cases reported in 2004 and 109 P&S syphilis cases reported in 2005. The number of cases reported peaked in 2006, with 139 total P&S cases reported in the state (132 cases reported in Clark County). In 2006, Nevada had the highest rate of congenital syphilis in the United States at 42.6 cases per 100,000 live births and 15 total reported cases.



*Includes Chlamydia, Gonorrhea, and Primary and Secondary Syphilis.

Analysis of Trends: From 2011 to 2015 there has been a 34.0 percent increase of reported cases during this five year reporting period. Compared to a 42.1 percent increase of reported cases for the 2010 - 2014 five year reporting period. Increased access to care, testing, and preventive screenings through the Affordable Care Act may account for the increase in reported cases. Increased utilization of electronic lab reporting has reduced reporting delay.

Website: http://dpbh.nv.gov/Programs/Office_of_Public_Health_Informatics_and_Epidemiology_%28OPHIE%29/

6.13 Ryan White AIDS Drug Assistance Program

Program: The Ryan White Part B program is a federally funded grant that offers many services for People Living with HIV (PLWH) in Nevada who meet the eligibility criteria. The AIDS Drug Assistance Program (ADAP) is the Ryan White CARE Program that combines federal and state funds to supply formulary medications to clients. If a client has existing health coverage rage, the Ryan White Program will pay monthly premiums and medication co-pays. Enrollment in the Ryan White Part B programs is handled by Access to Healthcare Network, Southern Nevada Health District, and Aid for AIDS of Nevada. Clients can pick up medications at any pharmacy in Nevada within the OptumRx network.

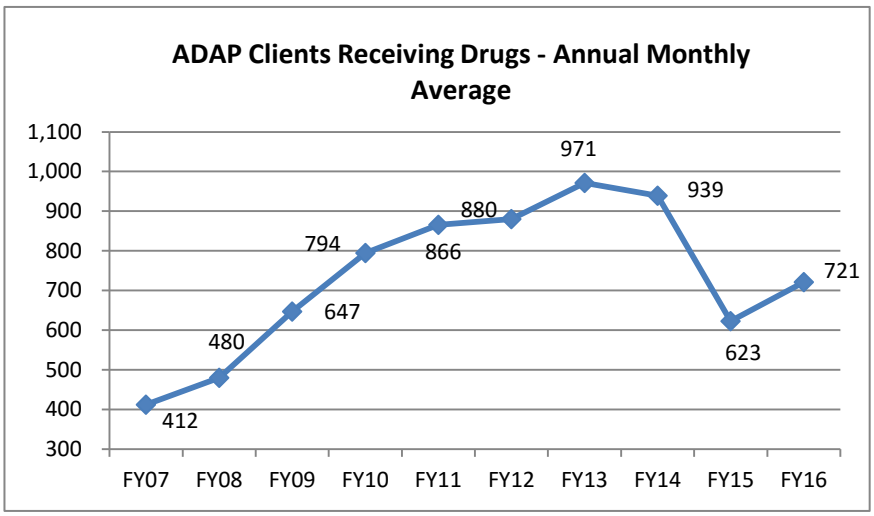
Eligibility: The Client's household income must not exceed 400 percent of Federal Poverty Level guidelines - $47,080 for a single person. A Ryan White Part B client must live within the State of Nevada and must be recertified every six months.

Workload History:

State Fiscal Year	Avg Cases/Month	Total Expenditures
FY11	866	$8,509,961
FY12	880	$8,100,917
FY13	971	$8,417,531
FY14	939	$9,681,573
FY15	623	$6,864,539
FY16	721	$12,552,751

FYTD:

Jul 15	646
Aug	620
Sep	633
Oct	635
Nov	652
Dec	663
Jan 16	780
Feb	833
Mar	871
Apr	783
May	786
Jun	788
FY16 Tot	**8,649**
FY16 Avg	**721**



Comments: The program has been successful in transitioning Ryan White clients into the Marketplace and Medicaid during each Open Enrollment. The Ryan White Part B program will continue to be the payer of last resort and will continue to provide those services not covered, or partially covered, by public or private health insurance plans.

Website: http://dpbh.nv.gov/Programs/HIV/HIV_and_AIDS_Prevention_-_Home/

6.14 HIV-AIDS Prevention Program

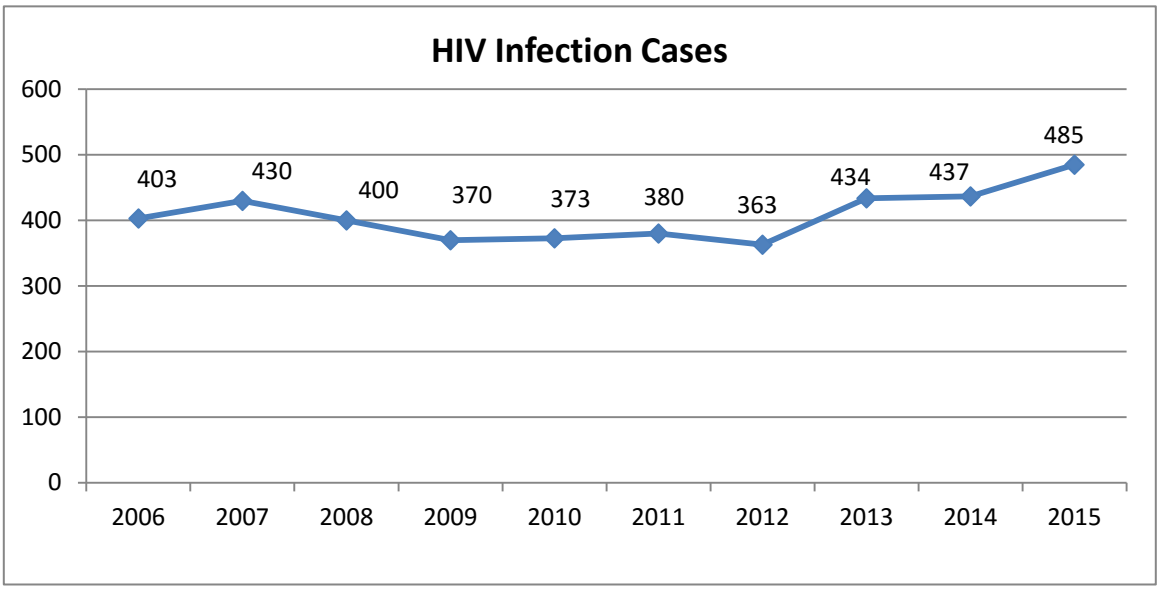
Program: The Human Immunodeficiency Virus (HIV) Prevention Program facilitates a process of jurisdictional HIV prevention planning. At present, the Division of Public and Behavioral Health funds Southern Nevada Health District (SNHD), Washoe County Health District (WCHD), and Carson City Health and Human Services (CCHHS) to provide CDC HIV prevention core services, such as HIV testing to high-risk populations, Partner Services, and to ensure condoms are available to populations most at-risk for HIV. Additionally, the HIV Prevention Program provides HIV testing supplies and condoms to the Community Health Nursing Program to support HIV testing in the rural areas of the state. The Division of Public and Behavioral Health's HIV Prevention also provides funding for social marketing campaigns, HIV prevention information dissemination, and data collection.

Eligibility: There are no eligibility requirements. It is our mandate to reduce HIV infections in Nevada, and this is accomplished by providing services to everyone. Some community based programs do require that participants meet criteria as outlined in the curriculum, i.e. target population or risk factors.

Other: Please note that the HIV Prevention Program is funded on a calendar year basis and therefore, data and expenditures for this report are reported on the calendar year, not fiscal year. The increase in new HIV infections can be directly attributed to new targeted HIV testing strategies, targeting those most at-risk for acquiring HIV.

Workload History:

Calendar Year	Total Cases	Total Funding
2011	380	$2,713,662
2012	363	$2,426,284
2013	434	$2,294,816
2014	437	$2,140,521
2015	485	Not Yet Available



Comments: 1. The HIV Prevention Program is funded by a grant from the Centers for Disease Control and Prevention on a calendar year basis; therefore, data contained in this document is reported annually and year to date.

2. The increase in data between 2012 and 2013 can be attributed to the drop in overall testing in 2012, due to the closure of Southern Nevada Health District's main testing facility. In 2013 the state implemented High Impact Prevention (HIP) strategies statewide, targeting those most at-risk for HIV and getting them and identified high-risk individuals contained in their social networks tested; therefore, identifying more HIV.

Website: http://dpbh.nv.gov/Programs/HIV-OPHIE/HIV/AIDS_Surveillance_Program_%28HIV-OPHIE%29_-Home/

6.15 HIV Surveillance Program

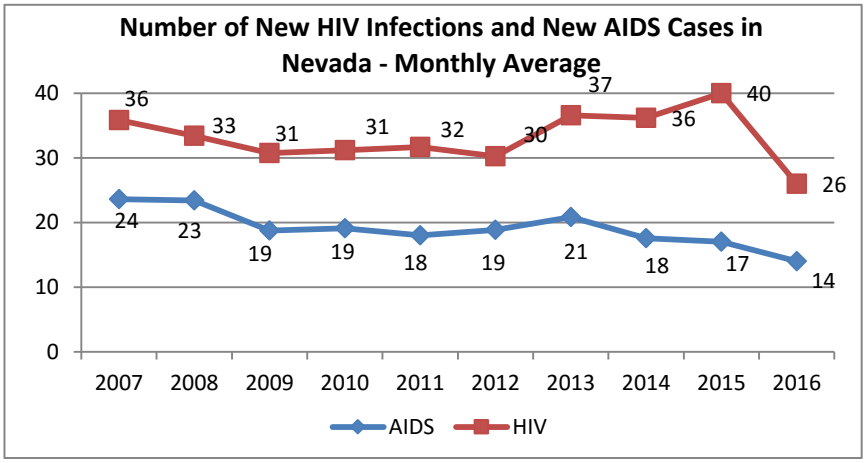
Program: The mission of the HIV-AIDS Surveillance Program is to work with the local health authorities and the medical community to prevent and control the transmission of the Human Immunodeficiency Virus (HIV) and the development of an annual integrated HIV/AIDS epidemiological profile; the dissemination of HIV/AIDS data to HIV community planning groups and other agencies and the public to help target HIV prevention activities; and training and technical assistance to local health authorities and community-based organizations that assist in HIV/AIDS surveillance activities. The Program's functions are achieved through collaborative relationships with public and community-based organizations, local health authorities, clinical laboratories, community members, and other key stakeholders.

Eligibility: There are no eligibility requirements. The State HIV/AIDS Program tracks all new HIV/AIDS cases reported and persons living with HIV/AIDS including cases from other states and jurisdictions who move to Nevada. Incidence (new cases) and prevalence (old and new cases) are reported separately. Statutory authority – NRS 441A and NRS 439.

Other: Primary workload indicators for federal funding include the number of new HIV and AIDS cases reported annually and the number of persons living with HIV/AIDS in Nevada (prevalence data). Demographic information of HIV/AIDS cases (county, sex, race/ethnicity, age, exposure category) is reported to track disease trends and to provide information to community planning groups to better allocate local resources and to target HIV/AIDS prevention activities.

Workload History:

Calendar Year	Average AIDS Monthly Caseload	Average HIV Monthly Caseload
2011	18	32
2012	19	30
2013	21	37
2014	18	36
2015	17	40
2016	14	26



Comment: Though it is difficult to accurately identify the reasons for increases in reported HIV and decreases in reported AIDS, they may be a result of: 1. Increased access to care, testing, and preventive screenings through the Affordable Care Act (may account for the increase in reported HIV cases), 2. Comprehensive health coverage through the Affordable Care Act as individuals with HIV are less likely to progress into AIDS with earlier and better care (may account for the decrease in reported AIDS cases). Causes for change evolve through time and are not easily identifiable.

Website: http://dpbh.nv.gov/Programs/HIV-OPHIE/HIV/AIDS_Surveillance_Program_percent28HIV-OPHIEpercent29_-Home/

6.16 Nevada Central Cancer Registry

Program: The primary purpose of the Statewide Cancer Registry is to collect and maintain all reportable cancer cases that occur in Nevada. This data is used to evaluate the appropriateness of measures for the prevention and control of cancer and to conduct comprehensive epidemiological surveys of cancer and cancer related deaths. Statutory Authority: NRS 457

Eligibility: No eligibility required. This is a population-based Registry collecting data for all cancer cases diagnosed in Nevada.

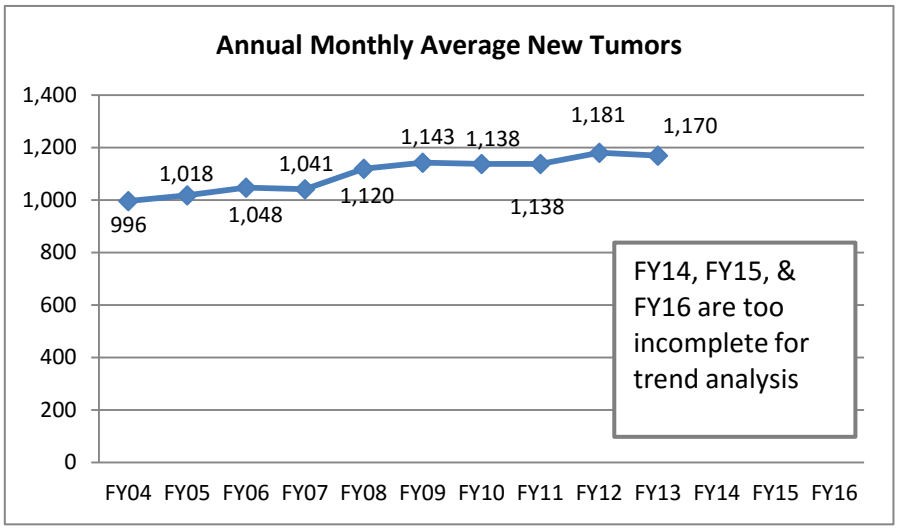
Other: The figures in this report reflect actual cancer (in-situ and invasive cancer) incidence data submitted annually to the Centers for Disease Control and Prevention/National Program of Cancer Registries. This submission follows a 23 month delay to capture all relevant cases.

Workload History

SFY	Total Expenditures	Avg New Tumors
FY12	$582,704	1,177
FY13	$459,160	1,170
FY14	$807,123	1,035
FY15	$832,938	828
FY16	$629,416	190

FY 16 YTD

Month	New Tumors
Jul-15	567
Aug	408
Sep	402
Oct	355
Nov	278
Dec	256
Jan-16	2
Feb	6
Mar	2
Apr	
May	
Jun	
FY15 Total	**2,276**
FY15 Avg	**190**

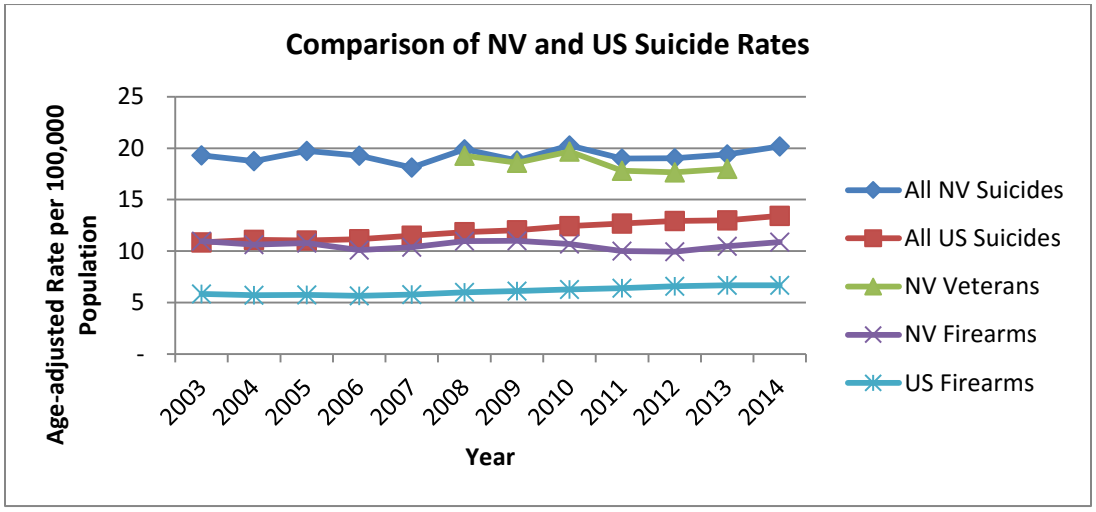


Comments: Update 3rd Quarter 2016:
1) NCCR is currently working on NAC 457 regulation changes to update cancer reporting guidelines and recommendations to re-align with national standards, and to improve compliance with cancer reporting requirements to avoid under-reporting.
2) NCCR continues to conduct mailings to providers and facilities in the state to raise reporting awareness and improve cancer incidence reporting.

Website: http://dpbh.nv.gov/Programs/NCCR/dta/Community/Nevada_Central_Cancer_Registry_percent28NCCRpercent29_-_Community/

6.17 Office of Suicide Prevention

Program The Nevada Office of Suicide Prevention (NOSP) is the clearinghouse for suicide prevention information in Nevada. The Suicide Prevention Coordinator, Northern Suicide Prevention Training/Outreach Facilitator, Youth Mental Health First Aid Coordinator, along with the Suicide Prevention Assistant are located, in Reno. The Southern Suicide Prevention Training/Outreach Facilitator is located in Las Vegas. This team is responsible for the development, implementation, and evaluation of the Nevada Suicide Prevention Plan (NSPP to be updating in FY 2016). A major initiative is following up on the Veterans' Suicides and collaboration with the Veterans Services Green Zone Initiative to prevent suicides among service members, veterans, and families. Collaboration for awareness/prevention/intervention is occurring in all regions of the state along with strong partnership from local coalitions, school districts, and the Nevada Coalition for Suicide Prevention. Some of our most successful initiatives with our partners have been with Signs of Suicide middle and high school suicide awareness curriculum and screening programs statewide, text messaging crisis intervention, safeTALK and Applied Suicide Intervention Skills Trainings. NOSP is staff to Nevada's first Committee to Review Suicide Fatalities. NOSP is also making great strides toward increasing awareness about addressing access to lethal means through the Suicide-Proof Your Home, Securing Firearms Education and The 11 Commandments of Gun Safety. Collaboration with Nevada School Districts on SB 164 requirements through safeTALK training is occurring in partnership with the Nevada Department of Education. In addition Youth Mental Health First Aid training is in our communities through NOSP and Project Aware. NOSP will coordinate statewide YMHFA training with all Project Aware grantees and community partners.



Comments/Facts about Suicide:

- Based on 2014 data, Nevada has lowered from 2nd in 2005 to 6th highest suicide rate in the nation.*
- Suicide is the 6th leading cause of death for Nevadans and 10th leading cause of death for the US.***
- Suicide is the 2nd leading cause of death for our youth and young adults ages 10-34.***
- Males make up 79 percent of suicide fatalities in the U.S., 77 percent in Nevada.**
- Historically Nevada has the highest suicide rate (30) for seniors over 65 in the nation, almost double the national average rate (15.33) for the same age group.**
- Historically more Nevadans die by suicide than by all homicides/motor vehicle accidents combined.**
- Proven over time Native Americans have a highest suicide rate among our youth/young adults.**
- Our veterans and military account for 20 percent of our nations suicides and 24.4 percent of Nevada's suicides.****

*Source: 2014 Center for Disease Control (CDC), Web-based Injury Statistics Query/Reporting System
**Source: 2007-2014 CDC, Web-based Injury Statistics Query and Reporting System
***Source: National Center for Health Statistics, National Vital Statistics System 2013
****Source: Suicide Mortality in Nevada's Military Veterans, 2008-2013

Website: www.suicideprevention.nv.gov

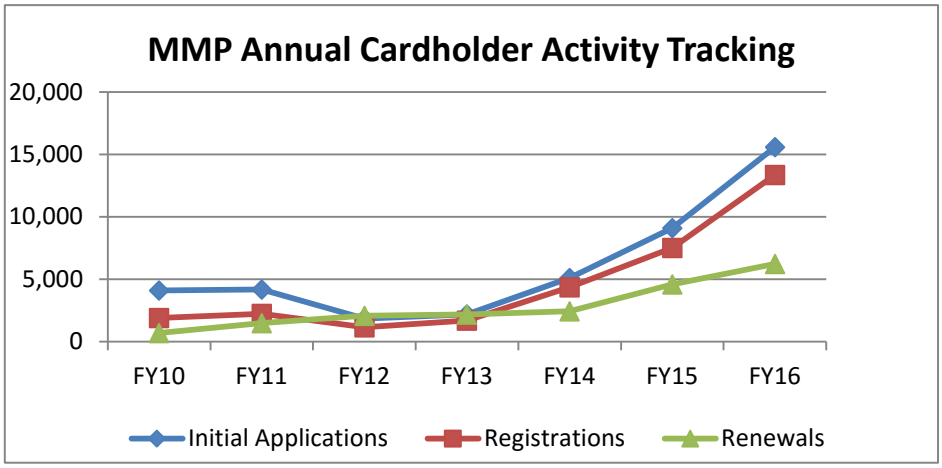
6.18 Medical Marijuana Cardholders

Program: The Nevada Marijuana Registry is a state registry program within the Nevada Department of Health and Human Services, Division Of Public and Behavioral Health. The role of the program is to administer the provisions of the Medical Use of Marijuana law as approved by the Nevada Legislature and adopted in 2001.

Authority: Individuals can apply for the registry and, if found eligible, are approved for issue of an identification card to show approval, within limitations, for the cultivation and use of the Cannabis plant for personal use. Eligibility is determined through physician certification of a qualifying medical condition, acceptable criminal background check, and Nevada residency. NRS 453A.

Cardholder Processing Tasks Performed by Staff			
Year	**Initial Application Requests Received***	**Registrations Received****	**Renewals Received*****
FY10	4,109	1,970	688
FY11	4,185	2,231	1,488
FY12	1,842	1,145	2,083
FY13	2,183	1,694	2,175
FY14	5,092	4,350	2,435
FY15	9,110	7,507	4,580
FY16	15,585	13,343	6,218

FYTD:	Cardholder Processing	Active Patients
Jul 15	2,094	9,385
Aug	2,372	10,119
Sep	2,406	11,406
Oct	2,957	12,091
Nov	2,581	12,873
Dec	2,322	13,561
Jan 16	2,473	14,482
Feb	2,855	15,238
Mar	4,176	16,053
Apr	4,661	17,156
May	4,080	18,599
Jun	3,888	19,774
FY16 Total	36,865	19,774
FY16 Avg	3,072	1,648



Definitions:

***Requests for Initial Applications:** Patient submits a request for an application with the required $25.00 fee.

****Registrations:** Patient submits completed application including attending physician statement and $75.00 application fee.

*****Renewals:** Patients that are registered are required to renew their enrollment each year and pay a $75.00 renewal fee.

Website: http://dpbh.nv.gov/Reg/MM-Patient-Cardholder-Registry/MM_Patient_Cardholder_Registry_-_Home/

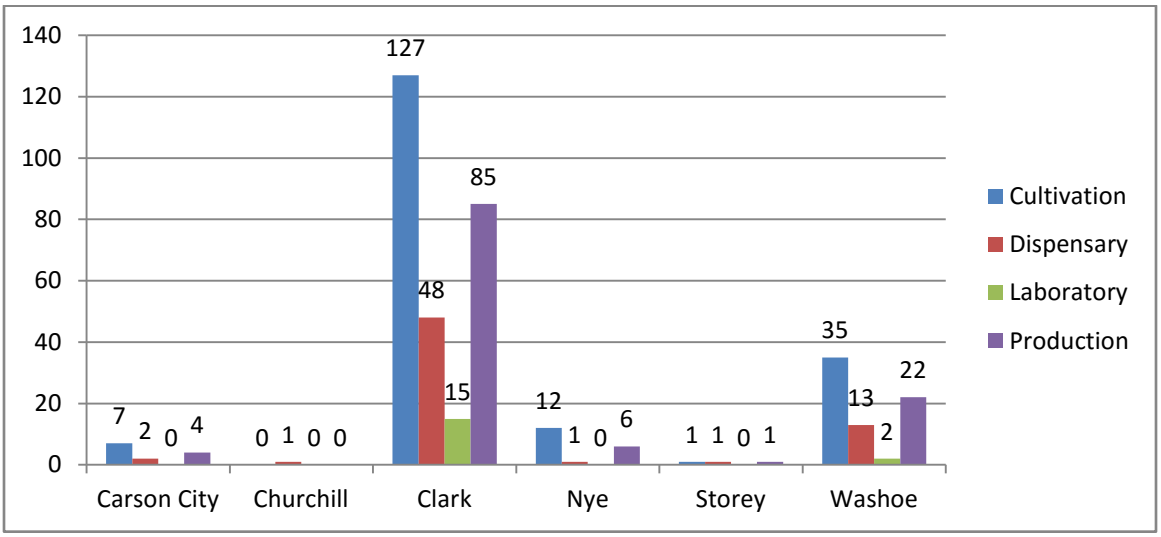
6.19 Medical Marijuana Establishments

Program: The Nevada Medical Marijuana Program is a state registry and licensing program within the Nevada Department of Health and Human Services, Division of Public and Behavioral Health. The role of the program is to administer the provisions of the Medical Use of Marijuana law as defined in NRS and NAC 453A. The program is to carry out the regulations for all aspect related to medical marijuana establishments which are defined as independent testing laboratories, cultivation facilities, a facility for the production of edible marijuana products or marijuana-infused products, and medical marijuana dispensaries.

Authority: Statutory Authority: Nevada Constitution, Article 4, Section 38. Use of plant genus Cannabis for medical purposes and NRS 453A, Medical Use of Marijuana.

Type	Provisional Certificates Issued	Establishment Applications Received
Cultivation	182	183
Dispensary	55	199
Laboratory	17	18
Production	118	119
Total	**372**	**519**

Provisional Certificates Issued by County and Type						
Type	**Establishment County**					
	Carson City	**Churchill**	**Clark**	**Nye**	**Storey**	**Washoe**
Cultivation	**7**	**0**	**127**	**12**	**1**	**35**
Dispensary	**2**	**1**	**48**	**1**	**1**	**13**
Laboratory	**0**	**0**	**15**	**0**	**0**	**2**
Production	**4**	**0**	**85**	**6**	**1**	**22**
Total	**13**	**1**	**275**	**19**	**3**	**72**



Comments: Each establishment application required a $5,000 non-refundable fee.

Website: http://dpbh.nv.gov/Reg/MME/MME_-_Home/

6.20 Substance Abuse Prevention and Treatment Agency (SAPTA)

Program: The Substance Abuse Prevention and Treatment Agency (SAPTA) provides funding via a competitive process to non-profit and governmental organizations throughout Nevada. It does not provide direct substance abuse prevention or treatment services. The Agency plans and coordinates statewide substance abuse service delivery and provides technical assistance to programs and other state agencies to ensure that resources are used in a manner which best serves the citizens of Nevada.

Eligibility: All funded programs must not discriminate based on ability to pay, race/ethnicity, gender or disability. Additionally, programs are required to provide services utilizing a sliding fee scale that must meet minimum standards.

Other: SAPTA is the designated Single State Agency for the purpose of applying for and expending the federal Substance Abuse Prevention and Treatment Block Grant (SAPTBG) issued through the Substance Abuse and Mental Health Services Administration (SAMHSA).

Data is accurate as of 7/21/2015, but some changes may occur until official closing. The expenditures include payments to providers for the following services: Treatment (adult and adolescent), HIV, TB, Women's set-aside, Co-occurring, Marijuana Registry, and Liquor Tax.

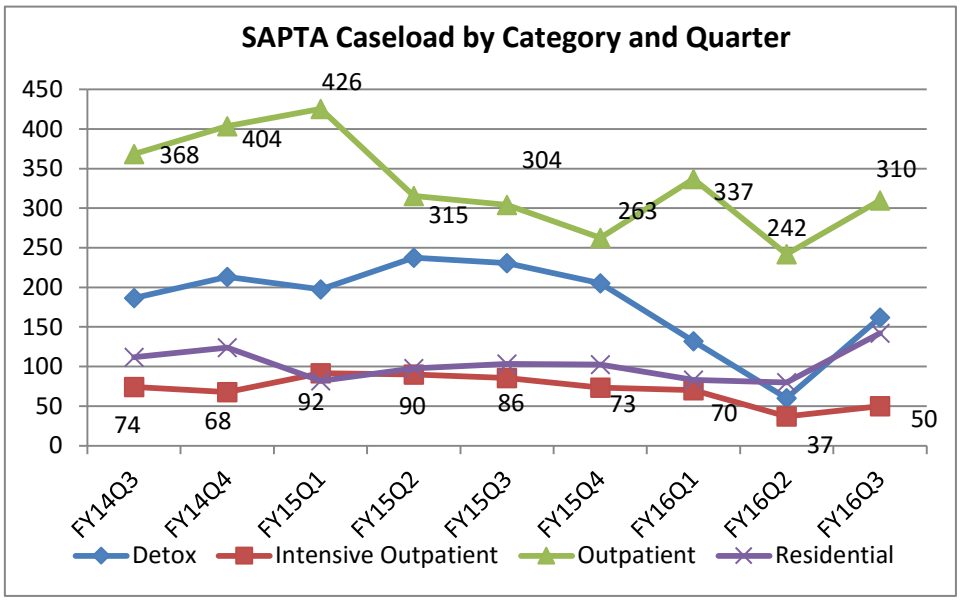
Treatment History:

	FY10	FY11	FY12	FY13	FY14	FY15	FY16*
Admissions	11,131	11,190	11,503	11,907	9,716	8,715	5,953
Total Expenditures	$16,222,000	$17,282,217	$16,948,678	$15,237,284	$12,806,806	$11,703,634	$6,142,150

*FY16 data is annualized

Total Duplicated Admissions

FYTD	Admissions
Jul 15	791
Aug	731
Sep	733
Oct	790
Nov	601
Dec	571
Jan 16	594
Feb	553
Mar	617
Apr	
May	
Jun	
FY 16 Total	**5,981**
FY 16 Avg	**665**



Comments: SAPTA funded programs serve a number of clients funded by Medicaid dollars but these numbers are not included in this report. Since 2014, the numbers of clients admitted to SAPTA programs and funded by SAPTA is declining as provider's transition to Medicaid and other third party payers. This primarily impacts outpatient services since these are the services typically reimbursed by Medicaid and the Managed Care Organizations. Detox admissions in the last quarter increased dramatically. This is due to erratic reporting by some providers caused by the change from the NHIPPS electronic health record to other EHRs (i.e. Avatar, Awards, and others). SAPTA is working with the detox providers and other providers to develop a plan of action to collect consistent and reliable data.

Website: http://mh.nv.gov/Meetings/SAPTA_Program_Page/

6.21 Health Care Quality and Compliance

Program: The mission of the Bureau of Health Care Quality and Compliance (HCQC) is to protect the safety and welfare of the public through regulation, licensing, enforcement and education. The Bureau accomplishes its mission by evaluating the quality of health care provided to residents/patients of medical facilities, medical laboratories and facilities for the dependent, issuing licenses to certain allied health professionals, such as medical laboratory personnel, dietitians and music therapists and conducting kitchen and pool inspections in health facilities. This is accomplished through on-site inspections of facilities and complaint investigations. The Bureau disseminates regulatory information and provides education, for the public, other governmental entities and providers as well as partnering with industry groups.

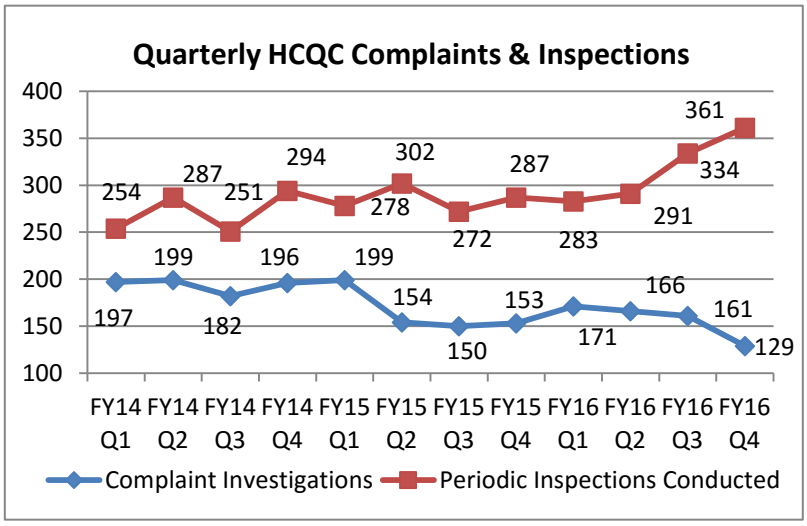
Authority: NRS Chapter 449, NRS Chapter 652, NRS Chapter 640D and NRS Chapter 640E addresses licensing, certification, permits, complaint investigations and periodic inspection criteria for Health Facilities (449), Medical Laboratories and Personnel (652), Music Therapists (640D) and Dietitians (640E).

Other: The Bureau of Health Care Quality and Compliance has two offices, one in Carson City and one in Las Vegas and services the entire state including rural areas. The main workload for the Bureau is processing of applications, complaint investigations and periodic inspections.

Treatment History:

Fiscal Year	Health Facility Applications Received	Allied Health Personnel Applications Received	Complaints & Entity Self-Reported Incidents Received
FY 13	2,499	7,240	3,353
FY 14	2,594	6,340	3,080
FY 15	2,606	7,543	3,031
FY 16	2,895	7,406	2,727

FYTD	Complaint Investigations	Periodic Inspections Conducted
Jul 15	64	91
Aug	48	90
Sep	59	102
Oct	57	95
Nov	37	95
Dec	72	101
Jan 16	53	112
Feb	41	110
Mar	67	112
Apr	41	131
May	47	112
Jun	41	118
FY 16 Total	**627**	**1,269**
FY 16 Avg	**52**	**106**



Analysis of Trends: The number and types of periodic inspections fluctuate from month to month, based on inspection due dates and available resources. The frequency of inspections is determined by NRS, CMS's mission priority document, and by Division budget policy. Complaint investigations have trended downward for several quarters and have appeared to level off with a slightly decreasing trend in FY16 Q4. All complaints are triaged and assigned a priority based on the allegations; investigations are then scheduled based on priority and availability of resources. HCQC has a backlog of lower priority complaints and due to the lack of investigation resources, some of these lower priority complaints are held for investigation during the next scheduled periodic visit at the facility.

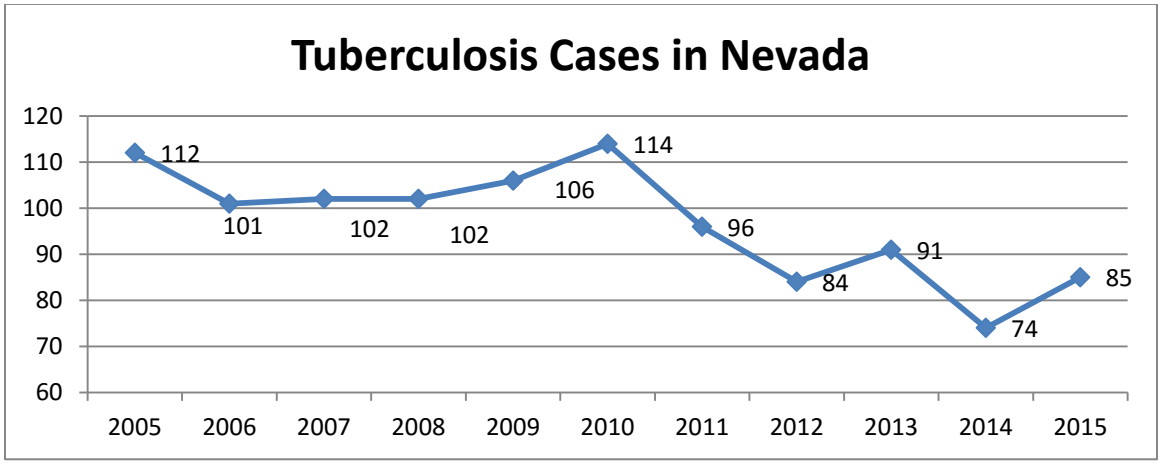
Website: http://dhhs.nv.gov/Health/HCQC.htm

6.22 Tuberculosis Prevention, Control and Elimination

Program: Nevada's Tuberculosis (TB) Program is located within the Office of Public Health Informatics and Epidemiology. Statewide, the TB Program is comprised of: the DPBH, three local health authorities (Clark County, Washoe County and Carson City), the state public health laboratory, the DPBH Rural Community Health Services, the Department of Corrections, and all agencies, organizations and health professionals interested in advancing Nevada's progress toward improving our TB elimination and control efforts. These stakeholders provide TB prevention and control services e.g.; testing, treatment, education and surveillance activities for the residents within their jurisdictions. This program manages the federal funding provided to Nevada which helps support the state and local TB programs' infrastructure, operating expenses, testing, prevention, and outreach activities and operates within the Office of Public Health Informatics Epidemiology budget account 3219/14.

Authority: RS 441A.340 through NRS 441A.400 and NAC 441A.350 through NAC 441A.390 address the responsibilities that the state, county and local health care providers are required to perform in order to promote and protect the well-being of Nevada's citizens and visitors by preventing, controlling, tracking and treating tuberculosis in Nevada. Similar statutes and regulations addressing the public health threat posed by tuberculosis are found throughout the United States and its territories.

Other: The State of Nevada's Tuberculosis (TB) Program continues to address its mission of "reducing the incidence of TB by the aggressive management of newly diagnosed cases and extensive preventative treatment of those infected with TB." In 2015, Nevada had 85 reported active cases of TB which is up from 74 cases in 2014. The prevention and control of TB in Nevada is also dependent upon (in part) meeting the challenges of controlling TB in the increasing number of foreign-born persons who come to the United States/Nevada infected with M. tuberculosis or who develop TB disease soon after arriving. In 2015, 59 of the 85 cases were foreign-born individuals. To assist with the prevention of active Tuberculosis in the high-risk populations mentioned above, the State of Nevada TB Program will be performing several outreach activities in 2015.



Website: http://dpbh.nv.gov/Programs/TB/Tuberculosis_percent28TBpercent29_Prevention,_Control_and_Elimination_Program_-Home/

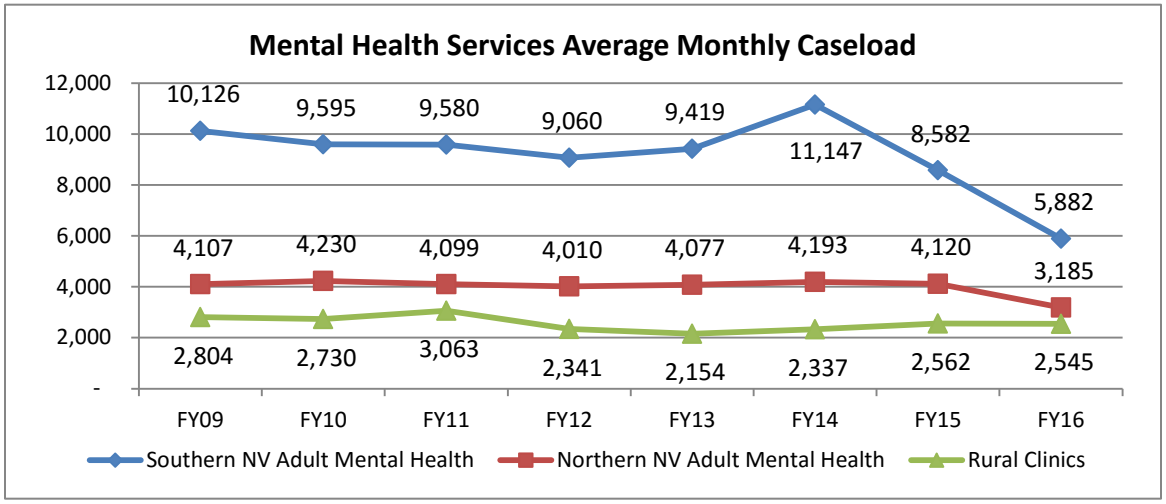
6.23 Mental Health Services

Program: Key Mental Health Services programs includes: Inpatient psychiatric hospital services (in urban areas served by SNAMHS & NNAMHS only); Outpatient Counseling; Service Coordination; Medication Clinic; Psychosocial Rehabilitation; Residential Programs; Psychiatric Emergency Services (urban areas); Mental Health Court counseling and treatment services; Senior Outreach; Mobile Crisis (urban areas); Programs for Assertive Community Treatment (urban areas); Outpatient Co-Occurring disorders treatment; and Consumer-Directed Peer-Support Programs.

Eligibility: Inpatient services are primarily offered to stabilize individuals who are acutely ill and are a danger to self and or others per NRS. Consumers with Severe Mental Illness (SMI) are given priority for Outpatient services by all three mental health agencies. All agencies serve primarily indigent clients. All clients are required to provide financial information to establish eligibility. Clients may be required to pay a portion of the cost of their services based upon insurance and income.

FYTD:

Month	State Total	Southern NV Adult Mental Health	Northern NV Adult Mental Health	Rural Clinics
Jul 15	13,328	6,781	3,668	2,564
Aug	13,270	6,686	3,707	2,557
Sep	12,920	6,474	3,578	2,559
Oct	12,712	6,346	3,536	2,516
Nov	12,429	6,148	3,467	2,492
Dec	12,397	6,089	3,469	2,498
Jan 16	11,865	5,869	3,122	2,466
Feb	11,224	5,327	3,014	2,483
Mar	11,022	5,264	2,824	2,537
Apr	10,766	5,178	2,673	2,611
May	10,753	5,208	2,625	2,643
Jun	10,666	5,217	2,535	2,610
FY16 Avg	**11,946**	**5,882**	**3,185**	**2,545**



Comments: Mental Health Services is undergoing changes and improvements in service delivery and data collection. Changes will result in frequent changes to this report until full implementation is completed.

6.24 Lake's Crossing Center (LCC)

Program: Lake's Crossing Center (LCC) is the only forensic mental health facility serving clients in the state of Nevada. The program provides treatment for severe mental illness and other disabling conditions that interfere with a person's ability to proceed with their adjudication or return to the community after having been found not guilty by reason of insanity/incompetent without probability of attaining competence. The program provides a broad spectrum of treatment interventions.

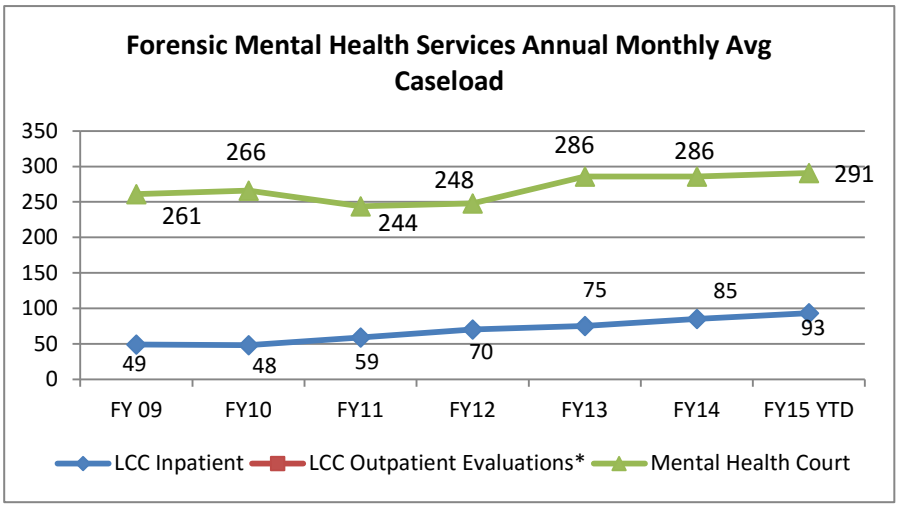
Mental Health Court is a collaboration between the Mental Health and Criminal Justice systems. This program provides opportunity for people with misdemeanor and minor felony criminal charges who would benefit from psychiatric treatment to be diverted from the standard criminal justice system if they participate in treatment. It is a service coordination model.

Eligibility: Clients are admitted to the inpatient program, Lakes Crossing Center, primarily by court order after a pre-commitment examiner has found them incompetent to stand trial and recommended treatment to competency. Occasionally a client without charges is administratively transferred to this program because they cannot be treated elsewhere.

Clients are admitted to Mental Health Court services by criminal justice courts.

Workload History:

Month	Statewide Forensic Caseload	LCC In-Patient	LCC Out-Patient Evaluations*	Mental Health Court
Jul 14	403	92		311
Aug	413	100		313
Sep	406	93		313
Oct	410	98		312
Nov	394	101		293
Dec	392	97		295
Jan 15	392	101		291
Feb	374	100		274
Mar	371	101		270
Apr				
May				
Jun				
FY15 Avg	395	98		297



*LCC Outpatient Evaluations data is under review.

Comments: The format for this report is new starting with this quarter as a test to incorporate all forensic clients from Lakes Crossing Center's inpatient assessment and treatment programs, and outpatient evaluations with outpatient Mental Health Court services provided through SNAMHS, NNAMHS, and Rural MHS.

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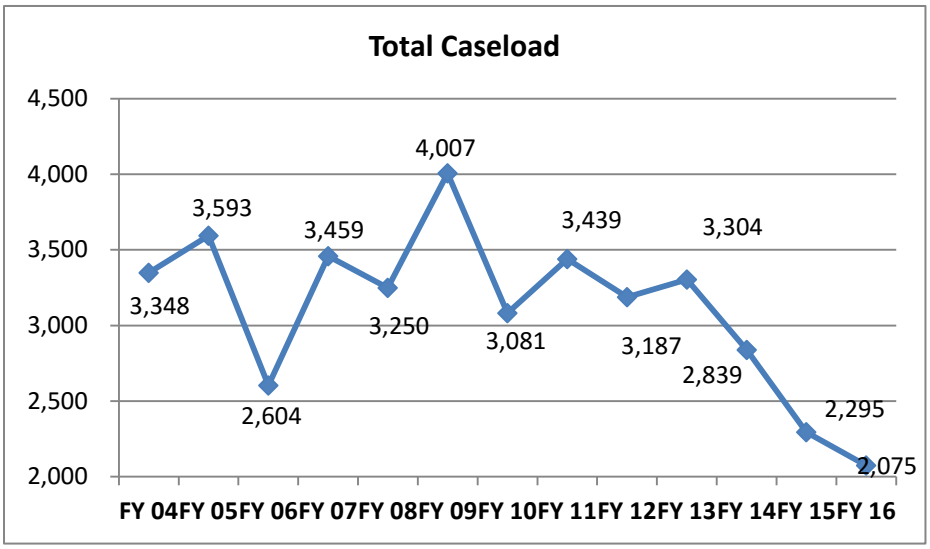
7.01 Public Defender

Program: Representation of indigent adults and juveniles charged with a criminal offense or delinquent acts in a participating county and Attorney General prosecuted criminal matters in those counties. The office also represents parents whose children have been removed from the home by DCFS.

Eligibility: The court determines eligibility considering income, expenses, personal property, and outstanding debt. The potential client must be at risk of receiving a sentence of confinement. If the defendant does not have the liquid assets to retain private counsel for the specific type of case, the court will consider appointing the public defender. The defendant may be required to reimburse the county for the services of the public defender.

Workload History:

Fiscal Year	Cases
FY07	3,459
FY08	3,259
FY09	4,007
FY10	3,081
FY11	3,439
FY12	3,187
FY13	3,304
FY14	2,839
FY15	2,295



Caseload Fiscal FY16:

Carson City	1,903
Storey	79
State	93
Total FY 14	**2,075**

Comments: The case numbers are declining because the method which we used to count the number of cases to which we were appointed changed. We used to count all of the different crimes charged against one client as separate cases. Now, we only count the most serious charge against one client as one case, with the exception of domestic violence and driving under the influence which is always counted as separate cases.

Website: http://dhhs.nv.gov/Resources/PD/Public_Defender.htm

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NOTE: The data in this document comes from many sources. For the sake of consistency, a uniform ordinal ranking system has been adopted, with 1 indicating the best ranking and 50 indicating the worst. Where relevant, the final column of each table contains an icon to indicate how the ranking has changed from the previous year: improvement (▲), worsening (▼), or no change (=).

Population/Demographics

- Nevada's July 1, 2015 estimated **population** is 2,890,845. *(U.S. Census Population Estimates)*
  - By Gender: Males 50.2 percent, Females 49.8 percent. *(U.S. Census, American Community Survey)*
  - By County: Clark 73 percent, Washoe 15 percent, Carson City 2 percent, and Balance-of-State 10 percent. *(Nevada State Demographer, Estimates by County)*

- **Population growth** - From 2014 to 2015, Nevada's population grew 1.8 percent, which was the 3rd fastest behind Texas and North Dakota. From 2013 to 2014 it was the 2nd fastest growing state. It had been among the top four fastest growing states for each year from 1984-2007. *(U.S. Census)*

- **Age distribution** - Nevada's population distribution varies slightly compared to the U.S. average. *(U.S. Census)*

Population by Age	Under 5 years	5 to 17 years	18 to 24 years	25 to 34 years	35 to 44 years	45 to 54 years	55 to 64 years	65 to 74 years	75 years and over
Nevada	6%	17%	10%	14%	13%	13%	13%	9%	6%
United States	6%	17%	9%	14%	13%	13%	12%	9%	5%

- Growth in **school enrollment** varies across Nevada's counties. *(Nevada Department of Education)*

Enrollment by School District	2011-12 School Year		2012-13 School Year		2013-14 School Year		2014-15 School Year		2015-16 School Year	
	# of students	% change	# of students	% change	# of students	% change	# of students	% change	# of students	% change
Carson City	7,888	1%	7,628	-3%	7,525	-1%	7,586	1%	7,833	3%
Churchill	4,048	-3%	3,740	-8%	3,675	-2%	3,488	-5%	3,273	-7%
Clark	306,300	-2%	311,238	2%	314,643	1%	318,040	1%	325,990	2%
Douglas	6,292	-1%	6,124	-3%	6,121	0%	6,054	-1%	6,041	0%
Elko	9,744	2%	9,926	2%	9,945	0%	9,859	-1%	10,149	3%
Esmeralda	67	2%	67	0%	78	16%	74	-5%	78	5%
Eureka	255	7%	271	6%	246	-9%	247	0%	259	5%
Humboldt	3,434	2%	3,501	2%	3,517	0%	3,473	-1%	3,487	0%
Lander	1,111	-1%	1,094	-2%	1,121	2%	1,049	-6%	1,001	-5%
Lincoln	994	2%	977	-2%	973	0%	996	2%	1,006	1%
Lyon	8,458	0%	8,076	-5%	8,104	0%	8,082	0%	8,129	1%
Mineral	550	6%	499	-9%	459	-8%	475	3%	505	6%
Nye	5,678	-4%	5,384	-5%	5,214	-3%	5,167	-1%	5,071	-2%
Pershing	690	2%	708	3%	710	0%	692	-3%	649	-7%
Storey	422	-1%	415	-2%	398	-4%	401	1%	411	2%
Washoe	66,721	3%	62,424	-6%	62,986	1%	63,108	0%	66,504	5%
White Pine	1,474	3%	1,420	-4%	1,334	-6%	1,250	-6%	1,237	-1%
Charter Schools	16,176	114%	22,245	38%	24,756	11%	29,111	18%	25,748	-13%
Total	440,302	1%	445,737	1%	451,805	1%	459,152	2%	467,371	2%

- Nevada's **racial mix** differs from the U.S. average. *(U.S. Census)*

Population by Race	White, not Hispanic Origin	Hispanic or Latino	African American	Asian or Pacific Islander	Native American	Other/Mixed
Nevada	54%	26%	8%	8%	1%	4%
United States	64%	16%	12%	5%	1%	2%

- Nevada's **minority population** as a share of total population exceeds the U.S. average. *(U.S. Census, American Community Survey)*

Minority Population		2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Nevada	%	39%	40%	41%	42%	43%	44%	46%	47%	47%	48%	49%
United States	%	33%	33%	34%	34%	34%	35%	36%	37%	37%	38%	38%

Economy

- In 2015, Nevada's **personal income per capita** was $42,185 ranking 34th among states (37th in 2013 and 2014). The per capita income for the U.S. as a whole was $47,669. The U.S. average is 13 percent higher than Nevada (15 percent in 2014). From 2003 thru 2007 Nevada's **personal income per capita** exceeded the U.S. average due to our outsized housing boom. *(U.S. Bureau of Economic Analysis)*

- The Kaiser Family Foundation measures **state economic distress** by taking into account the number of foreclosures, the change in the unemployment rate, and the change in the number of people receiving food stamps. Nevada's ranking for 2015 is 1st. Nevada ranked 4th highest in foreclosure rate after leading the nation for many years. Nevada ranked 9th in the largest drop in unemployment rate among all 50 states. Even though Nevada ranked high in the **unemployment rate change**, Nevada has the 4th highest **unemployment rate level** in the country in 2015. Nevada ranked 1st in change in food stamp participation. *(Kaiser Family Foundation, State Health Facts)*

- In October 2015, Nevada's **foreclosure rate** was 1 of every 593 homes is currently under foreclosure. This is fourth highest in the nation. Maryland was the worst state with 1 of every 466 homes in foreclosure. The U.S. average was 1 of every 1,147 homes. Nevada has consistently ranked near the worst since the housing crisis began. *(RealtyTrac)*

- Nevada's **unemployment rate** *(U.S. Bureau of Labor Statistics)*

Unemployment Rate		Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	6 Month Average
Nevada	%	5.9%	5.8%	5.8%	6.1%	8.4%	6.5%	6.4%
	Rank	44	43	43	45	49	49	49
United States	%	4.9%	5.0%	5.0%	4.7%	4.9%	4.9%	4.9%

- Nevada's **average annual unemployment rate** has continued to decrease, but has remained above the national rate. *(U.S. Bureau of Labor Statistics)*

Unemployment Rate		2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	
Nevada	%	4.7%	6.7%	11.7%	14.0%	13.5%	11.2%	9.5%	7.8%	6.7%	6.1%	
	Rank	35	45	48	50	50	50	50	50	49	44	▲
United States	%	4.6%	5.8%	9.3%	9.6%	8.9%	8.1%	7.4%	6.2%	5.3%	4.9%	

- Nevada's **Labor Force Participation Rate (LFPR)** has fallen since the recession began. The national LFPR has also fallen. *(U.S. Bureau of Labor Statistics)*

Labor Force Participation Rate		2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	
Nevada	%	68.2	68.6	69.0	67.5	65.9	65.5	64.6	63.8	63.1	63.2	
	Rank	18	16	15	18	23	22	23	25	27	27	=
United States	%	66.2	66.0	66.0	65.4	64.7	64.1	63.7	63.3	62.9	62.7	

Poverty

- The 2016 US Department of Health and Human Services **Poverty Income Guidelines** for one person at 100 percent of poverty is $11,880 per year, and $24,300 for a family of four. *(Federal Register, 80 FR 3236, January 25, 2016)*

- The share of Nevada's total **population living in poverty** (below 100 percent) matches the average for the U.S. *(U.S. Census, American Community Survey)*

Total Poverty (100%)		2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	
Nevada	%	11%	10%	11%	11%	12%	15%	16%	16%	16%	15%	
	Rank	16	10	14	15	20	27	28	32	27	26	▲
United States	%	13%	13%	13%	13%	15%	15%	16%	16%	16%	15%	

- The share of Nevada's **children living in poverty** (below 100 percent) is equal to the national average. *(U.S. Census, American Community Survey)*

Under Age 18 in Poverty (100%)		2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	
Nevada	%	15%	14%	15%	15%	15%	22%	22%	24%	23%	22%	
	Rank	18	14	17	15	19	32	29	34	31	31	=
United States	%	19%	18%	18%	18%	19%	22%	22%	23%	22%	22%	

- The share of Nevada's **female-headed households** with children, no husband, living in poverty (below 100 percent) is below the national average. *(U.S. Census, American Community Survey)*

Female-Headed Households with Children Under 18, No Husband, in Poverty (100%)		2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	
Nevada	%	32%	35%	34%	35%	44%	35%	32%	36%	36%	40%	
	Rank	2	7	7	7	14	11	7	14	12	6	▲
United States	%	44%	44%	44%	43%	46%	40%	41%	42%	41%	45%	

- The share of **older Nevadans in poverty** (below 100 percent) is lower than the average for the U.S. *(U.S. Census, American Community Survey)*

Age 65+ in Poverty (100%)		2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	
Nevada	%	9%	7%	8%	8%	7%	8%	9%	8%	9%	8%	
	Rank	23	6	7	10	9	16	31	22	24	22	▲
United States	%	10%	10%	10%	10%	10%	9%	9%	10%	10%	10%	

- **Poverty and gender** - A higher percentage of older women are impoverished than older men. *(U.S. Census, American Community Survey)*

Age 65+ in Poverty (100%)		2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Nevada	Females %	10%	8%	9%	8%	9%	7%	11%	9%	10%	8%
	Males %	7%	6%	6%	7%	6%	6%	7%	7%	7%	7%
United States	Females %	12%	12%	12%	12%	12%	9%	11%	11%	11%	10%
	Males %	7%	7%	7%	7%	7%	6%	7%	7%	7%	7%

- The definition of a **working poor family** is one with:
  - One or more children,
  - At least one member working or actively seeking work, and
  - Having a family income of 200 percent of poverty or less.

- The percentage of Nevada's families that are **working poor families** with children rose significantly in 2011, but has been steady and recently declined since. *(Kids Count)*

Working Poor Families with Children		2008	2009	2010	2011	2012	2013	2014	
Nevada	%	20%	21%	21%	26%	26%	24%	26%	
	Rank	25	28	26	43	43	37	41	▼
United States	%	20%	20%	21%	22%	22%	22%	23%	

Children

- In 2014, Nevada had 662,531 **children under 18**, and 278,839 **families with related children less than 18 years**. *(U.S. Census, American Community Survey)*

- The share of Nevada's **population that is under age 18** has gradually decreased in recent years. *(U.S. Census, American Community Survey)*

Population Under Age 18		2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	
Nevada	%	25%	25%	26%	26%	26%	25%	24%	24%	24%	23%	
	Rank	13	13	10	10	7	16	16	16	18	21	▼
United States	%	25%	25%	25%	25%	24%	24%	24%	24%	23%	23%	

- Nevada's share of children in families where **no parent has full-time, year-round employment** is higher than the national average. *(Kids Count)*

Children in families where no parent has full-time, year-round employment		2008	2009	2010	2011	2012	2013	2014	
Nevada	%	26%	34%	36%	34%	34%	34%	32%	
	Rank	21	38	39	35	38	41	40	▲
United States	%	27%	31%	33%	32%	31%	31%	30%	

- Nevada's share of **low-income working families with children** (income less than 200 percent of the federal poverty level) has increased significantly since the Great Recession began. *(Kids Count)*

Low-income working families with children		2008	2009	2010	2011	2012	2013	2014	
Nevada	%	20%	21%	21%	26%	26%	24%	26%	
	Rank	25	28	26	43	43	37	41	▼
United States	%	20%	20%	21%	22%	22%	22%	23%	

- Nevada's percent of children who live in **single parent families** exceeds the national average. *(Kids Count)*

Children in Single Parent Families		2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	
Nevada	%	32%	34%	33%	33%	35%	36%	36%	39%	37%	39%	
	Rank	31	36	31	29	34	35	31	42	35	40	▼
United States	%	32%	32%	32%	32%	34%	34%	35%	35%	35%	35%	

- In 2014, 6.4 percent of Nevadans ages 5 to 17 had some **disability**, which is roughly equal to the nationwide average of 6.6 percent. *(U.S. Census, American Community Survey)*

- The prevalence of different **types of disability** among Nevada's children is lower than the national average in Mental and Self-Care and higher in Vision or Hearing. *(U.S. Census, American Community Survey)*

Population Aged 5 to 17, by Type of Disability		Vision or Hearing	Ambulatory	Cognitive	Self-Care
Nevada	# per 1,000	26	6	33	10
	Rank	50	19	11	34
United States	# per 1,000	15	6	41	9

Child Welfare

- Fewer of Nevada's children suffer from **maltreatment** than the average across the U.S. *(U.S. Dept. of Health and Human Services, Administration for Children and Families, American Community Survey)*

Total Child Maltreatment		2006	2007	2008	2009	2010	2011	2012	2013	
Nevada	Total	5,345	5,417	4,877	4,708	4,947	5,355	5,724	5,659	
	Rank	18 of 49	17 of 49	16	15	18	21 of 49	22 of 49	31	▼
	# Per 1,000	8.3	8.1	7.2	6.9	7.4	8.1	8.6	8.6	
United States	# Per 1,000	11.3	10.3	10.1	10.0	10.0	9.1	9.2	9.2	

- **Child maltreatment fatalities** in Nevada have started to decrease. *(U.S. Dept. of Health and Human Services, Administration for Children and Families)*

Child Maltreatment Fatalities		2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	
Nevada	# per 100,000	2.8	2.2	3.2	2.6	4.3	2.2	2.9	2.7	1.7	2.1	
	Rank	42	34	39	35	47	33	41	37	24	21	▲
States Reporting		50	48	49	49	47	50	49	47	48	50	
United States	# per 100,000	2.0	2.0	2.3	2.3	2.3	2.1	2.1	2.2	2.0	2.1	

- **Response Time in Hours** (the time between the receipt of a call alleging maltreatment and face-to-face contact with victim, or with another person who can provide information on the allegation). Nevada has consistently been much lower than the national average. *(U.S. Dept. of Health and Human Services, Administration for Children and Families)*

Response Time in Hours		2007	2008	2009	2010	2011	2012	2013	2014	
Nevada	Hours	33	26	15	13	13	15	12	16	
	Rank	7	7	4	4	2	2	2	2	=
States Reporting		30	35	38	36	33	34	37	37	
United States	Hours	80	79	69	78	71	69	65	75	

- Of the children who received post-investigation services, the **average number of days to initiation of services** has improved for Nevada and is close to the national average. *(U.S. Dept. of Health and Human Services, Administration for Children and Families)*

Average Number of Days to Initiation of Services		2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	
Nevada	Days	58	61	63	60	57	46	46	45	45	45	
	Rank	25	32	34	32	33	28	20	26	31	24	▲
States Reporting		38	41	40	42	43	44	38	44	44	39	
United States	Days	46	43	40	41	40	41	48	47	41	49	

- The **median** length of stay for children in **foster care** in Nevada has improved over the last two years. *(U.S. Dept. of Health and Human Services, Administration for Children and Families)*

Foster Care Length of Stay in Months		2006	2007	2008	2009	2010	2011	2012	2013	
Nevada	Number	4,612	5,008	5,021	4,794	4,820	4,654	4,765	4,649	
	Months	12.9	13.3	14.8	15.8	14.8	13.9	12.1	11.9	
	Rank	20	19	24	34	30	31	20	18	▲
United States	Months	15.5	15.5	15.8	15.4	14.0	13.5	14.0	13.5	

- **Adoption** - In 2014 in Nevada, 729 children were adopted through public welfare agencies. 2,059 awaited adoption on September 30th. The ratio of adoptions to children waiting for adoptions increased slightly in 2013 compared to 2014 for Nevada. *(U.S. Dept. of Health and Human Services, Administration for Children and Families)*

Agency Adoptions		FFY05	FFY06	FFY07	FFY08	FFY09	FFY10	FFY11	FFY12	FFY13	FFY14	
Nevada	# Adoptions	380	446	466	475	525	644	821	766	721	729	
	# Waiting	1,701	1,786	1,936	2,200	2,098	2,094	1,970	1,880	1,956	2,059	
	Ratio	22%	25%	24%	22%	25%	31%	42%	41%	37%	35%	
	Rank	49	46	49	50	50	48	38	40	44	44	=
United States	Ratio	39%	37%	39%	44%	50%	49%	48%	51%	50%	47%	

- For Nevada children the **median length of stay** in care (in months) of all children discharged from foster care to a finalized adoption during the year has improved significantly. The length of stay is from the date of latest removal from the home to the date of discharge to adoption. *(U.S. Dept. of Health and Human Services, Administration for Children and Families)*

Median Number of Months Until Adoption		2006	2007	2008	2009	2010	2011	2012	2013	
Nevada	Months	34	34	37	36	36	35	31	29	
	Rank	39	39	46	46	44	46	37	31	▲
United States	Months	31	31	31	30	31	30	29	29	

Seniors

- Nevada's share of **population aged 65+** is similar to the national average. *(U.S. Census, American Community Survey)*

Population Age 65+		2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	
Nevada	%	11%	11%	11%	11%	12%	12%	12%	13%	14%	14%	
	Rank	40	44	44	44	44	44	44	40	38	29	▲
United States	%	12%	12%	12%	12%	13%	13%	13%	14%	14%	14%	

- Percent of people 65 years and over **below poverty level** in the past 12 months in Nevada is still less than the average for the 50 U.S. states. *(U.S. Census, American Community Survey)*

Age 65+ in Poverty (100%)		2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	
Nevada	%	9%	7%	8%	8%	7%	8%	9%	8%	9%	8%	
	Rank	23	6	7	10	9	16	31	22	24	22	▲
United States	%	10%	10%	10%	10%	10%	9%	9%	10%	10%	10%	

- In 2014, approximately 36 percent of Nevadans aged 65+ have some **disability**, the same as nationwide. *(U.S. Census, American Community Survey)*
    - The prevalence of different **types of disability** among Nevada's seniors is close to the national average for most of the primary disabilities. *(U.S. Census, American Community Survey)*

Population Age 65+, by Type of Disability		Vision or Hearing	Ambulatory	Mental	Self-Care	Go-Outside-Home
Nevada	# per 1,000	227	243	91	73	138
	Rank	21	37	28	18	18
United States	# per 1,000	217	233	92	86	157

- The **nursing facility residency rate** for elderly Nevadans is significantly lower than the national average. *(Centers for Disease Control and Prevention, National Center for Health Statistics)*

Nursing Facility Residents		2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	
Nevada	Residents	4,399	4,664	4,724	4,724	4,699	4,735	4,717	4,625	4,749	4,821	
	Residents per 1,000 population aged 85+	171	168	158	148	145	156	143	133	131	138	
	Rank	5	6	6	6	6	6	5	5	5	5	=
United States	Residents per 1,000 population aged 85+	295	283	271	259	249	252	244	235	227	222	

Disability

- In 2014, Nevada's non-institutionalized population was **disabled** at a very similar rate to U.S. average**.** *(U.S. Census, American Community Survey)*

Disabled Population by Age		5 to 17 years	18 to 34 years	35 to 64 years	65 years & over
Nevada	%	5%	6%	13%	36%
	Rank	11	19	29	26
United States	%	5%	6%	13%	36%

- The number of **disabled per 1,000 population** is decreasing and is now lower in Nevada than the U.S. *(U.S. Census, American Community Survey)*

Disabled Population		2008	2009	2010	2011	2012	2013	2014	
Nevada	# per 1,000	100	101	106	113	130	130	120	
	Rank	5	8	11	16	27	26	24	▲
United States	# per 1,000	121	120	119	121	126	126	123	

- Nevada's **spending on developmental services** in 2013 fell below the national average. *(State of the States in Developmental Disabilities, 2013)*

Developmental Services Spending per $1,000 of Personal Income	Community/Family Services	Institutional Services	Total
Nevada	$1.40	$0.12	$1.52
United States	$3.81	$0.59	$4.40

- For 2013, **family support spending per participant** in Nevada was $2,432. The national average was $8,835. *(State of the States in Developmental Disabilities, 2013)*

- Nevada's **percent of disabled that are working** consistently remains higher than the national average. However, the total disabled working population has dropped since the recession. (*U.S. Census, American Community Survey*)

Employed Disabled		2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	
Nevada	%	40%	40%	40%	43%	40%	38%	36%	36%	39%	42%	
	Rank	23	21	20	19	17	18	18	21	16	23	▼
United States		38%	37%	36%	39%	35%	33%	33%	33%	34%	35%	

Health

- Nevada's **overall ranking** from the Annie E. Casey Foundation's 10 infant, children and teen indicators at 47th in 2015. *(Kids Count)*

Kids Count Overall Rank		2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	
Nevada	Rank	33	36	39	36	40	48	48	48	47	47	=

- The percentage of Nevada's babies that are **low birth weight** (less than 5.5 lbs.) is approximately the same as the U.S. average. *(Kids Count)*

Low Birth Weight Babies		2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	
Nevada	%	8%	8%	8%	8%	8%	8%	8%	8%	8%	8%	
	Rank	25	25	22	23	23	29	24	23	23	23	=
United States	%	8%	8%	8%	8%	8%	8%	8%	8%	8%	8%	

- Nevada's **infant mortality rate** (deaths of children less than 1 year of age per 1,000 live births) is slightly below the national average. *(United Health Foundation, America's Health Rankings)*

Infant Mortality		2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	
Nevada	# per 1,000	6	6	6	6	6	6	6	6	5	5	
	Rank	17	17	17	16	19	12	15	18	18	13	▲
United States	# per 1,000	7	7	7	7	7	7	7	6	6	6	

- Nevada's **child and teen death rate** (deaths of children aged 1 to 19 years, from all causes, per 100,000 children in this age range) generally runs a little higher than the national average. *(Kids Count)*

Child & Teen Deaths		2006	2007	2008	2009	2010	2011	2012	2013	2014	
Nevada	# per 100,000	38	34	29	29	27	31	24	24	24	
	Rank	35	31	25	29	23	36	16	18	22	▼
United States	# per 100,000	31	31	29	27	26	26	25	24	24	

- Nevada's **teen birth rate** (births per 1,000 females aged 15-19) is higher, but getting closer to the U.S. average. *(United Health Foundation, America's Health Rankings)*

Teen Birth Rate		2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	
Nevada	# per 1,000	53	51	50	56	55	54	39	36	33	30	
	Rank	41	39	41	44	42	41	35	36	34	35	▼
United States	# per 1,000	42	41	41	42	42	42	34	31	29	27	

- A higher percentage of adult Nevadans report that their **current health** is "poor" or "fair" compared to the average in the U.S. *(United Health Foundation, America's Health Rankings)*

Poor Health Status		2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	
Nevada	%	18%	18%	17%	19%	17%	19%	16%	17%	20%	19%	
	Rank	40	40	35	42	36	42	34	35	41	37	▲
United States	%	15%	15%	15%	15%	15%	14%	15%	15%	17%	17%	

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- When a person indicates that their **activities are limited due to physical health difficulties**, this is considered to be a "poor physical health day". In 2015, Nevadans reported suffering fewer poor physical health days in the previous 30 days than the national rate. *(United Health Foundation, America's Health Rankings)*

Poor Physical Health Days		2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	
Nevada	# of Days	3.7	3.7	3.7	3.5	3.6	3.8	3.9	4.2	3.6	3.7	
	Rank	35	38	36	28	30	36	25	34	15	22	▼
United States	# of Days	3.6	3.6	3.6	3.6	3.6	3.7	3.9	4.0	3.9	3.9	

- The percent of adults that report consuming at least five **servings of fruits and vegetables** each day has been just slightly higher for Nevada than the national average. *(United Health Foundation, America's Health Rankings)*

Daily Vegetables & Fruit		2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	
Nevada	%	21%	22%	20%	20%	23%	23%	22%	22%	24%	24%	
	Rank	37	28	37	37	30	30	32	32	23	23	=
United States	%	24%	23%	23%	23%	23%	23%	24%	24%	23%	23%	

- The United Health Foundation has, as of 2012, separated Fruits and Vegetables. Nevada consumes approximately the same intake of **fruits and vegetables** as the national average. *(United Health Foundation, America's Health Rankings)*

Daily Vegetables		2012	2013	2014	2015	
Nevada	# of Vegetables	0.8	0.8	2.0	2.0	
	Rank	38	38	7	7	=
United States	# of Vegetables	0.8	0.8	1.9	1.9	

Daily Fruits		2012	2013	2014	2015	
Nevada	# of Fruits	1.0	1.0	1.4	1.4	
	Rank	19	19	14	14	=
United States	# of Fruits	1.0	1.0	1.4	1.4	

- The percent of adults that report participating in **physical activities** during the previous month is slightly higher for Nevada than the national average in 2014. *(United Health Foundation, America's Health Rankings)*

Physical Activity		2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	
Nevada	%	76%	73%	73%	76%	72%	76%	77%	76%	79%	76%	
	Rank	31	36	42	35	38	30	20	17	18	14	▲
United States	%	78%	76%	77%	77%	75%	76%	76%	74%	77%	75%	

- The percentage of Nevada **adults who are current smokers** is the slightly lower than the average for the U.S. as a whole. *(Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System)*

Adults Who Are Current Smokers		2006	2007	2008	2009	2010	2011	2012	2013*	2014	2015	
Nevada	%	22%	22%	22%	22%	21%	23%	23%	18%	19%	17%	
	Rank	36	35	42	41	42	35	34	27	27	18	▲
United States	%	20%	20%	19%	18%	17%	21%	21%	20%	19%	18%	

* There was a change in data collection methodology significant enough to constitute a break in the trend. Comparison to previous years' estimates may be misleading.

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- The percentage of Nevadans over age 18 that **drank excessively** (5+ drinks in one setting for males, 4+ for females) in the previous 30 days is the same as the national average. *(United Health Foundation, America's Health Rankings)*

Binge Drinking		2007	2008	2009	2010	2011	2012	2013	2014	2015	
Nevada	%	17%	16%	18%	18%	17%	19%	15%	15%	16%	
	Rank	NA	32	41	42	38	28	13	17	26	▼
United States	%	15%	16%	16%	16%	16%	18%	17%	17%	16%	

- In 2013, approximately eleven percent of Nevadans participated in **illicit drug use** compared to nine percent nationwide. *(SAMHSA, Substance Abuse and Mental Health Services Administration)*

Illicit Drug Use in the Past Month		2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	
Nevada	%	9%	8%	8%	9%	9%	10%	10%	10%	11%	11%	
	Rank	37	32	32	35	41	41	36	38	42	36	▲
United States	%	8%	8%	8%	8%	8%	8%	9%	9%	9%	9%	

- Nevada's **obese** population (Body Mass Index of 30 or higher) is under the national average. *(CDC, Behavioral Risk Factor Surveillance System)*

Obesity		2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	
Nevada	%	25%	25%	26%	26%	23%	23%	26%	26%	26%	28%	
	Rank	24	13	19	21	5	4	17	11	11	16	▼
United States	%	25%	26%	27%	27%	27%	28%	28%	29%	29%	30%	

- **Infectious disease cases** per 100,000 population are significantly lower for Nevada than on average for the U.S. *(United Health Foundation, America's Health Rankings)*

Infectious Disease Cases		2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	
Nevada	# per 100,000	6	6	5	5	6	8	8	6	5	6	
	Rank	16	18	14	7	11	15	21	14	4	8	▼
United States	# per 100,000	9	9	9	11	13	12	9	9	10	12	

- The percent of adult Nevadans who report being told by a doctor that they have **diabetes** is slightly lower than the national average. *(United Health Foundation, America's Health Rankings)*

Diabetes		2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	
Nevada	%	7%	8%	8%	9%	8%	9%	10%	9%	10%	10%	
	Rank	21	26	25	30	16	22	37	15	22	20	▲
United States	%	7%	8%	8%	8%	8%	9%	9%	10%	10%	10%	

- The percent of adult Nevadans who report being told by a health professional that they have **high blood pressure** is equal to the national average. *(United Health Foundation, America's Health Rankings)*

High Blood Pressure		2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	
Nevada	%	24%	24%	27%	27%	28%	28%	31%	31%	31%	31%	
	Rank	15	15	24	24	17	17	24	24	17	17	=
United States	%	26%	26%	28%	28%	29%	29%	31%	31%	31%	31%	

- The percent of adult Nevadans who report being told by a health professional that they have **high cholesterol** is the same as the national average. *(United Health Foundation, America's Health Rankings)*

High Cholesterol		2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	
Nevada	%	39%	39%	37%	37%	39%	39%	37%	37%	38%	39%	
	Rank	48	48	19	19	30	30	18	18	27	27	=
United States	%	36%	36%	38%	38%	38%	38%	38%	38%	38%	38%	

- The percent of adult Nevadans who report being told by a health professional that they have had a **stroke** is at the national average. *(United Health Foundation, America's Health Rankings)*

Stroke		2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	
Nevada	%	3%	3%	2%	2%	2%	3%	3%	3%	3%	3%	
	Rank	35	30	17	7	23	36	33	30	29	29	=
United States	%	3%	3%	3%	3%	2%	3%	3%	3%	3%	3%	

- The percent of adult Nevadans who report being told by a health professional that they have **cardiac heart disease** is slightly below the national average. *(United Health Foundation, America's Health Rankings)*

Cardiac Heart Disease		2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	
Nevada	%	4%	5%	4%	4%	4%	4%	4%	4%	3%	5%	
	Rank	17	38	28	22	25	19	24	24	10	33	▼
United States	%	4%	5%	4%	4%	4%	4%	4%	4%	4%	4%	

- The percent of adult Nevadans who report being told by a health professional that they have had a **heart attack** (myocardial infarction) is the same as the national average. *(United Health Foundation, America's Health Rankings)*

Heart Attack		2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	
Nevada	%	5%	5%	4%	4%	5%	5%	5%	5%	4%	5%	
	Rank	39	37	25	31	42	38	38	28	26	32	▼
United States	%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	

- The number of **cardiovascular deaths** per 100,000 population has been declining in Nevada, but remains higher than the national average. *(United Health Foundation, America's Health Rankings)*

Cardiovascular Deaths		2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	
Nevada	# per 100,000	328	323	320	313	299	284	273	272	272	275	
	Rank	33	35	38	39	37	36	33	35	36	38	▼
United States	# per 100,000	319	309	298	288	278	270	265	259	251	250	

- The number of **cancer deaths** per 100,000 population is slightly lower in Nevada than the national average for the U.S. *(United Health Foundation, America's Health Rankings)*

Cancer Deaths		2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	
Nevada	# per 100,000	205	201	199	196	194	193	192	191	188	188	
	Rank	33	34	32	27	25	27	24	25	22	22	=
United States	# per 100,000	197	195	193	192	192	191	191	191	190	190	

Health Care

- **Early prenatal care** (the percent of pregnant women who receive care during the first trimester) has improved for Nevada. In 2010 a change in definitions led to a break in the series. The series was discontinued in 2012. The United States average is not available for 2010 or 2011. *(United Health Foundation, America's Health Rankings)*

Early Prenatal Care		2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	
Nevada	%	67%	68%	70%	72%	67%	67%	61%	57%	73%	75%	
	Rank	48	46	41	36	44	44	43	46	32	28	▲
United States	%	76%	76%	75%	75%	75%	75%	69%	69%	NA	NA	

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- **Immunization** Nevada vaccinates children ages 19-35 months at a rate lower than the national average. In 2012, varicella and PCV were added to DTP, poliovirus vaccine, any measles-containing vaccine, and HepB when determining whether children were completely vaccinated. This created a break in the series, making comparisons before and after 2012 inconsistent. *(United Health Foundation, America's Health Rankings)*

Immunization Coverage		2006	2007	2008	2009	2010	2011	2012*	2013	2014	2015	
Nevada	%	82%	81%	82%	85%	84%	85%	65%	65%	61%	68%	
	Rank	50	50	50	49	49	49	39	38	49	37	▲
United States	%	90%	91%	91%	91%	90%	90%	69%	68%	70%	72%	

* Break in series caused by additional vaccine requirements

- Nevada has the lowest number of adults aged 65+ who have had a **flu shot** within the past year. *(Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System)*

Adults Aged 65+ Who Have Had a Flu Shot Within the Past Year		2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	
Nevada	%	59%	53%	58%	62%	57%	64%	59%	54%	50%	52%	
	Rank	49 of 49	50	50	50	50	49	50	49	50	50	=
United States	%	68%	66%	70%	72%	71%	70%	68%	61%	60%	63%	

- In Nevada, the percent of adults who have had their **blood cholesterol checked** within the last 5 years is below the U.S. average. *(United Health Foundation, America's Health Rankings)*

Cholesterol Check		2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	
Nevada	%	67%	67%	71%	71%	76%	76%	72%	72%	74%	74%	
	Rank	47	47	46	46	27	27	39	39	35	35	=
United States	%	73%	73%	75%	75%	77%	77%	76%	76%	76%	76%	

- In Nevada, the percent of **women aged 40+ who have had a mammogram within the past two years** is lower than the national average. *(Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System)*

Women Aged 40+ Who Have		2000	2002	2004	2006	2008	2010	2012	2013	2014	
Nevada	%	74%	73%	69%	71%	68%	67%	67%	67%	70%	
	Rank	38	39	38 of 49	43	47	48	42	48	40	▲
United States	%	76%	76%	75%	77%	76%	76%	74%	75%	74%	

- In Nevada, the percent of **women aged 18+ who have had a Pap Smear test within the past three years** is lower than the national average. *(Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System)*

Women Aged 18+ Who Have		2000	2002	2004	2006	2008	2010	2012	2013	2014	
Nevada	%	84%	83%	85%	82%	78%	78%	73%	NA	82%	
	Rank	43	48	34 of 49	40	47	43	48	NA	32	▲
United States	%	87%	87%	86%	84%	83%	81%	78%	NA	85%	

- The percent of Nevada adults aged 50+ that have ever had a **colorectal cancer screening** (sigmoidoscopy or colonoscopy) is below the national average. *(Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System)*

Colorectal Cancer Screening		2002	2004	2006	2008	2010	2012	
Nevada	%	45%	47%	55%	56%	62%	61%	
	Rank	36	45 of 49	38	45	39	49	▼
United States	%	49%	54%	57%	62%	65%	67%	

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- The percentage of Nevadans that **visited the dentist** for any reason during the past year is lower than the national average. *(United Health Foundation, America's Health Rankings)*

Recent Dental Visit		2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	
Nevada	%	65%	66%	66%	64%	64%	67%	67%	61%	61%	60%	
	Rank	44	39	39	44	44	36	36	40	40	40	=
United States	%	71%	70%	70%	71%	71%	70%	70%	67%	67%	65%	

- Nevada has fewer **primary care physicians** per 100,000 population than the national average. *(United Health Foundation, America's Health Rankings)*

Primary Care Physicians		2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	
Nevada	# per 100,000	85	86	85	87	86	86	84	85	85	86	
	Rank	46	46	46	46	46	46	47	47	47	47	=
United States	# per 100,000	119	120	120	121	121	121	120	121	124	127	

- Nevada has a lower number of **preventable hospitalizations** per 1,000 Medicare recipients than the average for the U.S. *(United Health Foundation, America's Health Rankings)*

Preventable Hospitalizations		2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	
Nevada	# per 1,000	62	65	65	62	57	59	58	57	52	46	
	Rank	11	13	13	11	12	15	16	16	16	14	▲
United States	# per 1,000	77	78	78	71	71	68	67	65	63	58	

- The number of **deaths** in Nevada per 10,000 admissions in **low mortality Diagnosis Related Groups** (DRGs) is close to the average in the U.S. *(U.S. Dept. of Health and Human Services, Agency for Healthcare Research and Quality)*

Deaths in Low Mortality DRGs		2005	2006	2007	2008
Nevada	# per 10,000	5.6	4.4	4.3	5.1
United States	# per 10,000	4.5	4.3	4.2	5.0

- In Nevada, the number of **infections due to medical care** per 1,000 medical and surgical discharges exceeds the national average. *(U.S. Dept. of Health and Human Services, Agency for Healthcare Research and Quality)*

Infections due to Medical Care		2004	2005	2006	2007
Nevada	# per 1,000	2.3	2.9	2.8	2.8
United States	# per 1,000	1.6	2.3	2.2	2.0

- Nevada ranks poorly in the percent of adult surgery patients who received the **appropriate timing of antibiotics**. *(U.S. Dept. of Health and Human Services, Agency for Healthcare Research and Quality)*

Appropriate Timing of Antibiotics		2005	2006	2007	2008	2009	2010	
Nevada	%	55%	66%	76%	72%	76%	86%	
	Rank	50	50	50	50	50	49	▲
United States	%	75%	81%	86%	81%	87%	92%	

- The percent of hospital patients with **heart failure** in Nevada who received **recommended hospital care** is just above the national average. *(U.S. Dept. of Health and Human Services, Agency for Healthcare Research and Quality)*

Hospital Patients with Heart Failure Who Received Recommended Hospital Care		2005	2006	2007	2008	2009	2010	2011	
Nevada	%	89%	90%	93%	90%	93%	96%	96%	
	Rank	18	31	26	29	26	16	5	▲
United States	%	88%	91%	93%	91%	94%	95%	94%	

- Nevada has improved dramatically in the percent of hospital patients with **pneumonia** who received **recommended hospital care**. *(U.S. Dept. of Health and Human Services, Agency for Healthcare Research and Quality)*

Hospital Patients with Pneumonia Who Received Recommeded Hospital Care		2005	2006	2007	2008	2009	2010	2011	
Nevada	%	65%	72%	79%	72%	79%	87%	93%	
	Rank	50	50	49	50	48	45	17	▲
United States	%	74%	81%	84%	81%	86%	90%	93%	

- The percent of hospice patients in Nevada who received **care consistent with stated end-of-life wishes** is equal to the national average. *(U.S. Dept. of Health and Human Services, Agency for Healthcare Research and Quality)*

Hospice Patients Who Received Care Consistent with Stated End-of-Life Wishes		2006	2007	2008	2009	2010	2011	2012	
Nevada	%	91%	92%	93%	94%	92%	95%	93%	
	Rank	44 of 45	45 of 46	38 of 46	25 of 46	43 of 45	17 of 48	49	▼
United States	%	95%	95%	94%	95%	95%	95%	95%	

Health Insurance

- In 2013 in Nevada, 53 percent of private sector establishments **offered health insurance to employees** (rank=14th highest, down from 63 percent in 2008). The national average was 50 percent. *(Kaiser Family Foundation, State Health Facts)*

- In 2014 in Nevada, the average **health insurance premium** (employer and worker share combined) for an individual was lower than the national average. Nevada's workers also pay a lower share of the premium than is typical nationwide. For family coverage, Nevadans pay a lower worker premium and total premiums are lower. *(Kaiser Family Foundation, State Health Facts)*

Annual Health Insurance Premiums		Individual Coverage		Family Coverage	
		Employee	Total	Employee	Total
Nevada	$	$1,204	$5,426	$4,212	$16,152
	Rank	19	8	16	22
	Share of Premium	22%		26%	
	Rank	32		18	
United States	$	$1,234	$5,832	$4,518	$16,655
	Share of Premium	21%		27%	

- A higher percentage of Nevadans are **uninsured** than average in the U.S. in 2014 *(U.S. Census, American Community Survey)*

Uninsured Population		2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	
Nevada	%	17%	20%	17%	19%	20%	23%	22%	22%	21%	15%	
	Rank	39	44	40	44	47	49	49	49	49	46	▲
United States	%	15%	16%	15%	15%	17%	16%	15%	15%	15%	12%	

- Nevada ranks near the bottom of all states with the highest percentage of **uninsured children** in 2014. *(U.S. Census, American Community Survey)*

Uninsured Population Age 0-17		2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	
Nevada	%	14%	19%	14%	19%	17%	17%	16%	18%	15%	10%	
	Rank	46	47	47	50	49	50	50	48	50	48	▲
United States	%	11%	12%	11%	10%	10%	8%	7%	12%	7%	6%	

Mental Health

- The average number of **poor mental health days** per month for Nevadans is the same as the national average. *(United Health Foundation, America's Health Rankings)*

Poor Mental Health Days		2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	
Nevada	%	3.5%	3.5%	3.8%	3.6%	4.0%	3.8%	3.9%	4.1%	3.7%	3.4%	
	Rank	36	36	43	35	45	38	28	35	24	16	▲
United States	%	3.3%	3.4%	3.4%	3.4%	3.5%	3.5%	3.8%	3.9%	3.7%	3.7%	

- A higher percent of Nevadans report suffering from **Frequent Mental Distress** (14 or more mentally unhealthy days per month) than average in the U.S. *(Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion)*

Frequent Mental Distress		2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	
Nevada	%	10%	NA	12%	11%	11%	11%	11%	11%	13%	12%	
	Rank	30	NA	43	38 of 49	35	38	40	37	45	35	▲
United States	%	10%	9%	10%	10%	10%	10%	10%	10%	11%	11%	

- It is estimated that Nevada has 88,540 residents suffering from **serious mental illness**. *(National Alliance on Mental Illness, Grading the States 2009)*

- Nevada's adult **public mental healthcare system** earns poor grades in a nationwide survey. *(National Alliance on Mental Illness, Grading the States 2009)*

Adult Public Mental Healthcare System		Health Promotion & Measurement	Financing & Core Treatment / Recovery Services	Consumer & Family Empowerment	Community Integration & Social Inclusion	Overall Grade
Nevada	Grade	F	D	D	F	D
United States	Grade	D	C	D	D	D

- Nevada's **per capita mental health spending** is significantly below the national average. *(Kaiser Family Foundation, State Health Facts)*

Per Capita Mental Health Expenditures		FY04	FY05	FY06	FY07	FY08	FY09	FY10	FY11	FY12	FY13	
Nevada	$ Per Capita	$54	$63	$61	$79	$81	$64	$68	$65	$59	$89	
	Rank	40	39	42	33	36	42	41	43	43	33	▲
United States	$ Per Capita	$98	$103	$104	$113	$121	$123	$121	$124	$125	$120	

Suicide

- Nevada's **suicide rate** is higher than the national average. *(Centers for Disease Control and Prevention, National Center for Injury Prevention and Control)*

Suicide Rate		2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	
Nevada	# per 100,000	20	20	18	19	19	20	18	18	19	20	
	Rank	49	47	46	46	46	47	44	43	45	44	▲
United States	# per 100,000	11	11	11	12	12	12	13	13	13	13	

- The **suicide rate among Nevadans aged 65+** is almost twice the average for the U.S. *(Centers for Disease Control and Prevention, National Center for Injury Prevention and Control)*

Suicide Rate Age 65+		2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	
Nevada	# per 100,000	36	33	31	28	35	30	27	24	31	35	
	Rank	50	50	50	50	50	50	48	47	50	51	▼
United States	# per 100,000	15	14	14	15	15	15	15	15	16	17	

- In 2013, suicide was the 6th leading cause of death in Nevada and the 10th nationwide. *(Centers for Disease Control and Prevention, National Center for Injury Prevention and Control)*

Rank of Suicide as a Leading Cause of Death, by Age	10 to 14 years	15 to 24 years	25 to 34 years	35 to 44 years	45 to 54 years	55 to 64 years	65 to 74 years	75 to 84 years	85+ years	All Ages
Nevada	2	2	2	4	4	7	11	15	17	6
United States	3	2	2	4	5	8	13	17	>20	10

- In 2013, approximately eleven percent of Nevada's 9th through 12th graders **attempted suicide** in the last 12 months, compared to nearly six percent nationwide. In 2011 the national rate went up, while state level data is not available. *(Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Youth Risk Behavior Surveillance System)*

Suicide Attempts Among High School Students		1999	2001	2003	2005	2007	2009	2011	2013
Nevada	%	9%	11%	9%	9%	9%	10%	NA	11%
United States	%	8%	9%	9%	8%	7%	6%	8%	8%

Public Assistance

- In 2014 the number of Nevada households that receive **public assistance** income per 1,000 households was lower than the national average. This outcome occurred as public assistance participation rates have surged nationwide. *(U.S. Census, American Community Survey)*

Households Receiving Public		2007	2008	2009	2010	2011	2012	2013	2014	
Nevada	# per 1,000	47	60	79	109	117	134	127	131	
	Rank	1	4	7	15	16	19	15	19	▼
United States	# per 1,000	84	93	111	127	137	143	142	139	

  - Note that a rank of 1 indicates that state has the fewest households receiving public assistance per 1,000 households.

- The **maximum income allowed for initial TANF eligibility** for a family of three in Nevada is considerably higher than the national average. *(Urban Institute, Welfare Rules Databook)*

Maximum Income for Initial Eligibility for a Family of Three (1 adult, 2 kids)		2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Nevada	Maximum Income	$1,168	$1,185	$1,230	$1,341	$1,375	$1,430	$1,430	$1,448	$1,448	$1,526	$1,546
United States	Maximum Income	$771	$766	$777	$789	$785	$817	$822	$800	$823	$829	$817

- The **maximum TANF benefit** for a family of three (one adult, two children) with no income in Nevada is lower than the average in the U.S. *(Urban Institute, Welfare Rules Databook)*

Maximum TANF Benefit for a Family of Three with No Income		2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Nevada	Maximum Income	$348	$348	$348	$348	$383	$383	$383	$383	$383	$383	$383
United States	Maximum Income	$413	$413	$417	$419	$475	$431	$436	$436	$430	$424	$428

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- In 2013, the **asset limit** for TANF recipients in Nevada is $2,000. Among other states the minimum is $1,000, and the maximum is unlimited assets in Alabama, Colorado, Louisiana, Maryland, Ohio and Virginia. *(Urban Institute, Welfare Rules Databook)*

- Nevada's TANF **work participation rate** is higher than the average for the U.S. Note that "work activities" may include employment, job search activities, community service, education, and job skills training. *(U.S. Dept. of Health and Human Services, Administration for Children and Families, Office of Family Assistance)*

TANF Work Participation Rate		FFY04	FFY05	FFY06	FFY07	FFY08	FFY09	FFY10	FFY11	FFY12	FFY13	
Nevada	%	35%	42%	48%	34%	42%	39%	38%	38%	35%	36%	
	Rank	27	15	12	28	17	20	21	26	23	20	▲
United States	%	32%	33%	33%	30%	29%	29%	29%	30%	34%	34%	

- The **average number of hours of participation in work activities** per week for all adult TANF recipients participating in work activities in Nevada is slightly higher than the national average. *(U.S. Dept. of Health and Human Services, Administration for Children and Families, Office of Family Assistance)*

Average Participation in Work Activities Per Week		FFY04	FFY05	FFY06	FFY07	FFY08	FFY09	FFY10	FFY11	FFY12	FFY13	
Nevada	Hours	23	18	20	27	27.5	26	25	26	25	26	
	Rank	44	50	48	23	15	14	21	16	22	18	▲
United States	Hours	28	28	28	27.4	25	25	25	24	25	25	

- Nevada's **job entry by TANF recipients** falls below the national average. *(U.S. Dept. of Health and Human Services, Administration for Children and Families, Office of Family Assistance, High Performance Measures)*

Job Entry by TANF Recipients		FFY02	FFY03	FFY04	FFY05	FFY06	FFY07	FFY08	FFY09	FFY10	FFY11	
Nevada	%	37%	37%	39%	40%	28%	25%	23%	17%	17%	15%	
	Rank	19 of 48	15 of 49	13 of 49	11	46	44	42	37	43	48	▼
United States	%	36%	34%	36%	35%	36%	36%	35%	26%	25%	28%	

- Nevada performs well in terms of **job retention by employed TANF recipients**, ranking higher than the national average. *(U.S. Dept. of Health and Human Services, Administration for Children and Families, Office of Family Assistance, High Performance Measures)*

Job Retention by Employed TANF Recipients		FFY02	FFY03	FFY04	FFY05	FFY06	FFY07	FFY08	FFY09	FFY10	FFY11	
Nevada	%	63%	63%	65%	67%	71%	72%	72%	68%	71%	72%	
	Rank	13 of 48	13 of 49	10 of 49	12	3	2	3	4	4	4	=
United States	%	59%	59%	60%	63%	64%	64%	63%	61%	60%	65%	

- The percent of Nevada's employed TANF recipients that have achieved **earnings gains** is less than the national average. *(U.S. Dept. of Health and Human Services, Administration for Children and Families, Office of Family Assistance, High Performance Measures)*

Earnings Gain by Employed TANF Recipients		FFY02	FFY03	FFY04	FFY05	FFY06	FFY07	FFY08	FFY09	FFY10	FFY11	
Nevada	%	35%	29%	38%	37%	44%	38%	22%	19%	26%	24%	
	Rank	26 of 48	39 of 49	32 of 49	37	20	33	47	46	43	45	▼
United States	%	38%	38%	42%	44%	43%	37%	33%	30%	30%	31%	

Medicaid

- For FFY 2013 Nevada's **Medicaid spending per capita** is among the lowest in the nation. *(National Association of State Budget Officers, State Expenditure Report; U.S. Census, Annual Population Estimates)*

Medicaid Expenditures		FFY06	FFY07	FFY08	FFY09	FFY10	FFY11	FFY12	FFY13	FFY14	FFY15	
Nevada	$ per capita	$468	$487	$435	$504	$561	$573	$703	$715	$714	$1,000	
	Rank	50	50	50	50	50	50	49	49	39	36	▲
United States	$ per capita	$983	$1,016	$1,021	$1,092	$1,170	$1,280	$1,246	$1,331	$1,331	$1,593	

- Historically, Nevada ranked low in providing **Medicaid coverage to pregnant women**; Nevada had the 13th lowest eligibility rate at 164 percent of poverty effective January 2015. *(Kaiser Family Foundation, State Health Facts)*

- Nevada's **Medicaid nursing facility spending** was $60 per person in 2009, ranking 50th among all states. The U.S. average is $168. *(AARP Public Policy Institute, Across the States 2012)*

- Nevada's **Medicaid Home and Community Based Services (HCBS) spending** for older people and adults with physical disabilities was 34 percent of Medicaid long-term care expenditures in 2009. Nevada ranked 19th and the US national average is 36 percent. *(AARP Public Policy Institute, Across the States 2012)*

- In Nevada, the **costs** of many health care services for the elderly are generally near the national average. *(Genworth, Cost of Care Survey 2015)*

Costs of Care, Average Median Annual Expense		Homemaker Services	Adult Day Care	Assisted Living Facility (private 1 bdrm)	Nursing Home (semi-private room)	Nursing Home (private room)
Nevada	$	$48,048	$18,070	$38,850	$86,140	$98,550
	Rank	29	27	12	28	30
United States	$	$44,616	$17,904	$43,200	$80,300	$91,250

Child Care

- Of families that receive subsidized child care, the percentage of these families with a **$0 co-payment** is higher in Nevada than the U.S. average. *(U.S. Dept. of Health and Human Services, Administration for Children and Families, Child Care Bureau)*

Families with $0 Copay		FFY04	FFY05	FFY06	FFY07	FFY08	FFY09	FFY10	FFY11	FFY12	FFY13	FFY14
Nevada	%	38%	24%	15%	18%	23%	23%	25%	18%	23%	29%	33%
United States	%	25%	24%	24%	23%	21%	20%	23%	21%	21%	21%	20%

- The **average family co-payment** for subsidized child care as a percent of family income is lower in Nevada than the average nationwide. *(U.S. Dept. of Health and Human Services, Administration for Children and Families, Child Care Bureau)*

Average Family Co-Payment as a % of Income		FFY05	FFY06	FFY07	FFY08	FFY09	FFY10	FFY11	FFY12	FFY13	FFY14	
Nevada	%	5%	6%	6%	6%	5%	3%	4%	3%	3%	3%	
	Rank	30	38	34	32	25	18	17	11	8	13	▼
United States	%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	

  - Note that a rank of 1 indicates that state has the lowest average family co-payment as a percent of income.

Food Insecurity

- Nevada's **food insecurity** (lack of access by all people at all times to enough food for an active, healthy life) is higher than the national average. *(U.S. Dept. of Agriculture, Economic Research Service)*

Food Insecurity		2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	
Nevada	%	8%	9%	10%	12%	13%	15%	15%	17%	16%	15%	
	Rank	9	10	24	34	25	31	35	43	40	35	▲
United States	%	11%	11%	11%	12%	14%	15%	15%	15%	15%	14%	

- The percentage of Nevadans experiencing **very high food insecurity** (at times during the year, the food intake of household members was reduced and their normal eating patterns were disrupted) recently eclipsed the national average. *(U.S. Dept. of Agriculture, Economic Research Service)*

Very Low Food Security		2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	
Nevada	%	3%	3%	4%	5%	5%	5%	6%	7%	7%	6%	
	Rank	12	13	27	33	25	28	34	43	43	39	▲
United States	%	4%	4%	4%	5%	5%	6%	6%	6%	6%	6%	

- Nevada's **food stamp participation rate** (percent of eligible population that receives benefits) has recently increased substantially but remains lower than the national average. *(U.S. Dept. of Agriculture, Food and Nutrition Service)*

Food Stamp Participation Rate		2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	
Nevada	%	41%	42%	54%	53%	51%	50%	56%	62%	69%	66%	
	Rank	49	50	42	49	38	49	46	48	42	48	▼
United States	%	54%	56%	65%	67%	65%	66%	72%	75%	79%	83%	

- Between February 2014 and February 2015, the number of Nevadans receiving **food stamps** increased by 10.1 percent, giving Nevada the fastest growing caseload nationwide. The national average year-over-year increase was -1.1 percent. *(U.S. Dept. of Agriculture, Food and Nutrition Service Program Data)*

- During 2014, a lower percentage of Nevada's **families received food stamps** than average for the U.S. *(U.S. Census, American Community Survey)*

Households Receiving Food Stamps During Last 12 Months		2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Nevada	%	4%	4%	4%	4%	4%	5%	10%	11%	13%	12%	12%
United States	%	7%	8%	8%	8%	8%	8%	12%	13%	14%	13%	13%

- For FFY14, Nevada's **average monthly food stamp benefit** per person was $116.59 and per household was $236.97. The national averages were $125.35 and $256.98 respectively. *(U.S. Dept. of Agriculture, Food Stamp Program State Activity Report)*

Child Support Enforcement

- The U.S. Dept. of Health and Human Services Office of Child Support Enforcement measures states using five **performance indicators**. Nevada made very slight improvements in most of the five performance indicators for FFY 2014. *(U.S. Dept. of Health and Human Services, Administration for Children and Families, Office of Child Support Enforcement)*

Paternity Established		FFY05	FFY06	FFY07	FFY08	FFY09	FFY10	FFY11	FFY12	FFY13	FFY14	
Nevada	%	66%	69%	80%	84%	86%	100%	109%	117%	118%	117%	
	Rank	49	49	49	49	46	14	3 of 24*	2 of 24*	3 of 26	3 of 26	=
United States	%	92%	95%	95%	95%	96%	96%	99%	100%	100%	100%	

*States choose one of two ways to measure **Paternity Established**.

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Note: Ratios over 100 percent for **Paternity Established** are achieved because the denominator is from prior years while the numerator is from the current year

Support Orders Established		FFY05	FFY06	FFY07	FFY08	FFY09	FFY10	FFY11	FFY12	FFY13	FFY14	
Nevada	%	62%	67%	69%	68%	70%	76%	81%	82%	83%	85%	
	Rank	45	44	44	43	43	38	32	34	34	29	▲
United States	%	77%	78%	79%	79%	79%	80%	81%	82%	83%	85%	

Current Support Collected		FFY05	FFY06	FFY07	FFY08	FFY09	FFY10	FFY11	FFY12	FFY13	FFY14	
Nevada	%	46%	46%	48%	48%	48%	49%	51%	56%	58%	60%	
	Rank	49	50	50	50	50	50	49	42	38	35	▲
United States	%	59%	60%	61%	62%	61%	62%	62%	63%	64%	64%	

Arrearages Collected		FFY05	FFY06	FFY07	FFY08	FFY09	FFY10	FFY11	FFY12	FFY13	FFY14	
Nevada	%	50%	52%	52%	53%	52%	57%	60%	57%	59%	61%	
	Rank	48	48	49	49	49	45	33	44	39	35	▲
United States	%	61%	61%	62%	63%	64%	62%	62%	62%	62%	63%	

Cost Effectiveness		FFY05	FFY06	FFY07	FFY08	FFY09	FFY10	FFY11	FFY12	FFY13	FFY14	
Nevada	Ratio	3.0	3.3	3.5	3.5	3.9	2.9	4.0	4.1	3.9	4.0	
	Rank	48	47	45	47	41	48	42	41	42	41	▲
United States	Ratio	5.0	5.1	5.2	4.8	5.3	4.9	5.1	5.1	5.3	5.3	

Funding

- Nevada's **state and local tax burden per capita** is lower than the national average. Nevada's state and local tax rate (state and local tax burden per capita divided by income per capita) is one of the lowest in the nation. *(Tax Foundation, State/Local Tax Burdens, All States)*

Total State and Local Per Capita Taxes Paid		2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	
Nevada	$ per capita	$3,406	$3,694	$3,801	$3,900	$3,827	$3,665	$3,449	$3,386	$3,221	$3,349	
	Tax Rate	8.0%	8.1%	7.6%	7.7%	7.6%	7.7%	8.2%	8.6%	8.1%	8.1%	
	Rank	7	7	4	5	4	5	6	9	8	7	▲
United States	$ per capita	$3,981	$4,131	$4,296	$4,479	$4,637	$4,589	$4,368	$4,245	$4,217	$4,420	
	Tax Rate	9.8%	9.8%	9.8%	9.9%	10.0%	10.0%	10.1%	10.2%	9.8%	9.9%	

  - Note that a rank of one indicates that state has the lowest tax burden.

- Nevada's **state government tax collections** per capita generally run about equal to the average of all other states. (Nevada along with Texas, Washington and Wyoming don't have individual or corporate net income taxes. Alaska, Florida and South Dakota have only corporate net income taxes, but not individual income taxes. All other states have both taxes.) *(U.S. Census, American Community Survey)*

State Government Tax Collections Per Capita		2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	
Nevada	Per Capita	$2,348	$2,466	$2,458	$2,365	$2,123	$2,158	$2,325	$2,456	$2,518	$2,516	
	Rank	32	30	26	21	17	24	25	27	23	21	▲
United States	Per Capita	$2,199	$2,391	$2,530	$2,532	$2,326	$2,728	$2,435	$2,531	$2,682	$2,715	

  - Note that a rank of one indicates that state has the lowest tax burden.

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- Nevada receives lower **federal government expenditures per capita** than all other states. *(Consolidated Federal Funds Report and U.S. Census, American Community Survey)*

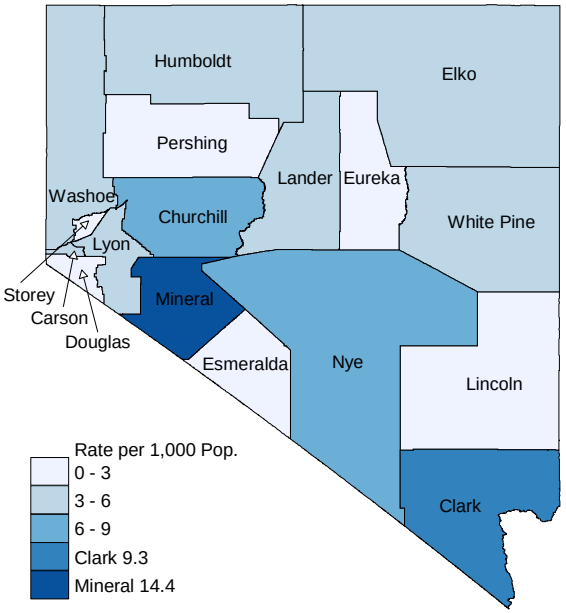
Federal Spending Received		FFY02	FFY03	FFY04	FFY05	FFY06	FFY07	FFY08	FFY09	FFY10	
Nevada	$ per capita	$4,992	$5,234	$5,529	$5,889	$5,852	$6,032	$6,638	$7,117	$7,321	
	Rank	50	50	50	50	50	50	49	50	50	=
United States	$ per capita	$6,890	$7,202	$7,548	$7,964	$8,058	$8,339	$9,042	$10,185	$10,460	

Note: The Consolidated Federal Funds Report (CFFR) is no longer published. The U.S. Census Bureau replied that any current information is not comparable.

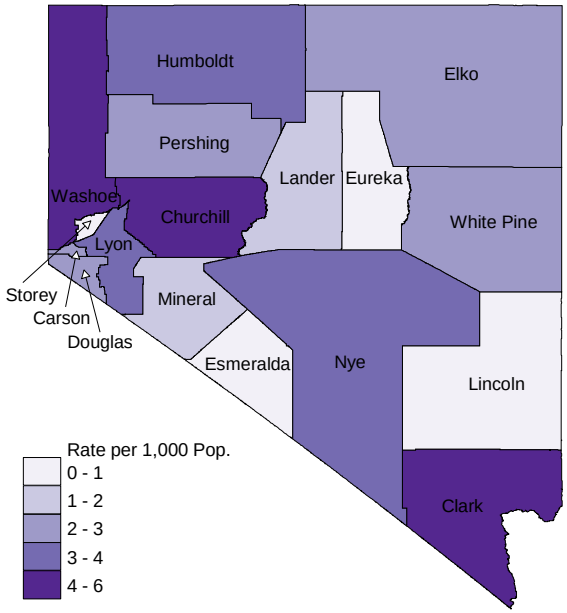
Maps – Program Participation Rates by County

Source: DHHS Caseload Data

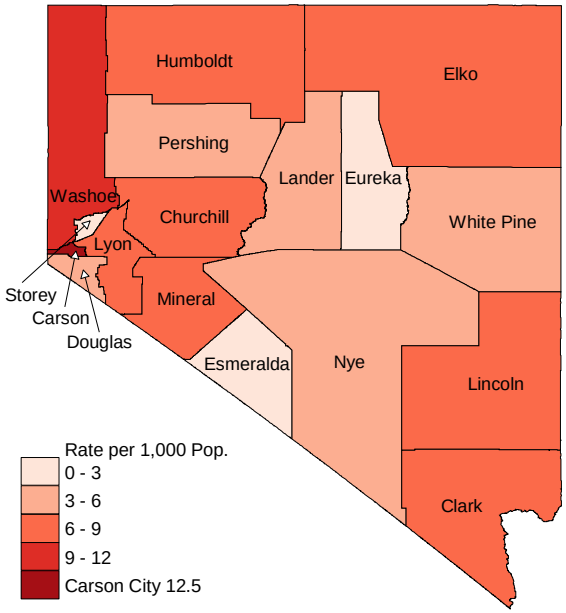
TANF Cash Participation Rate - Jun 2016



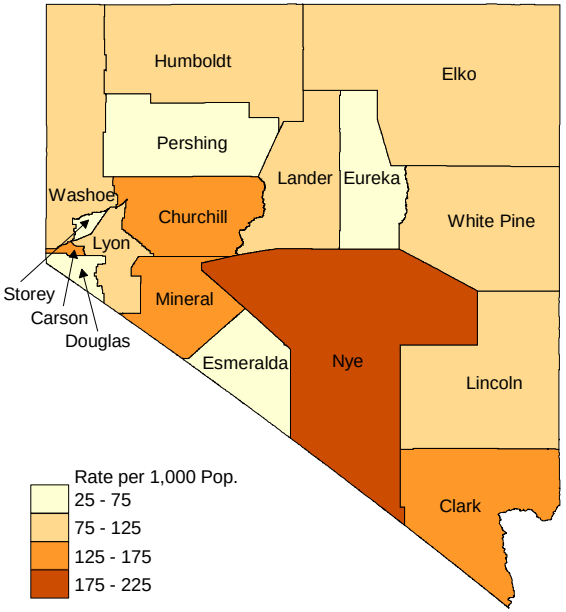
Child Welfare Participation Rate - Jun 2016



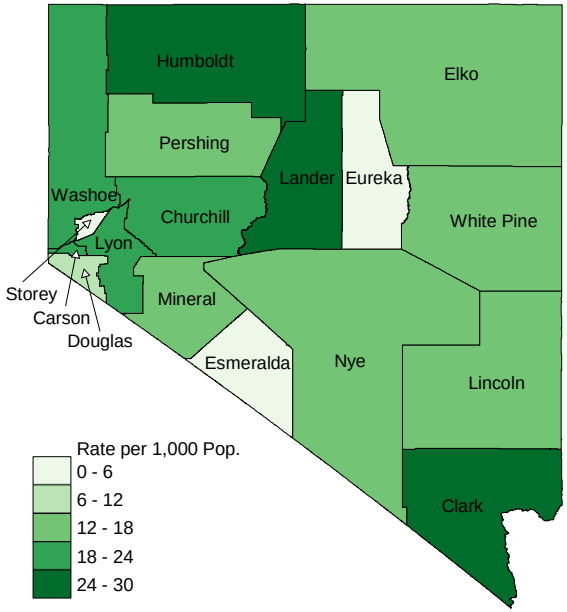
NV Check Up Participation Rate - Jun 2016



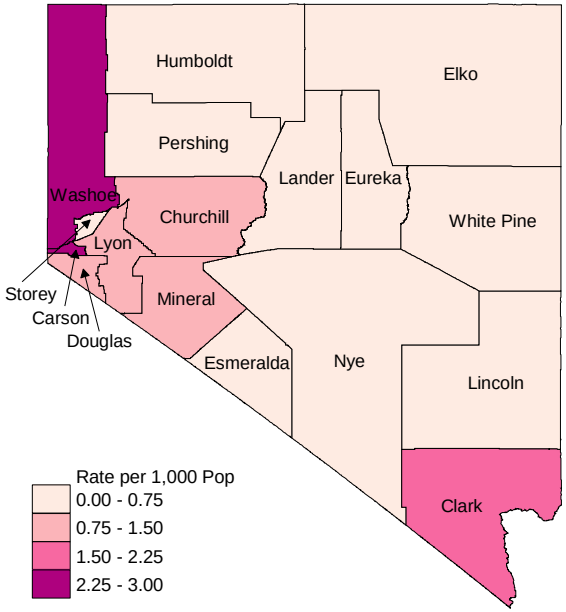
SNAP Participation Rate - Jun 2016



WIC Participation Rate - May 2016



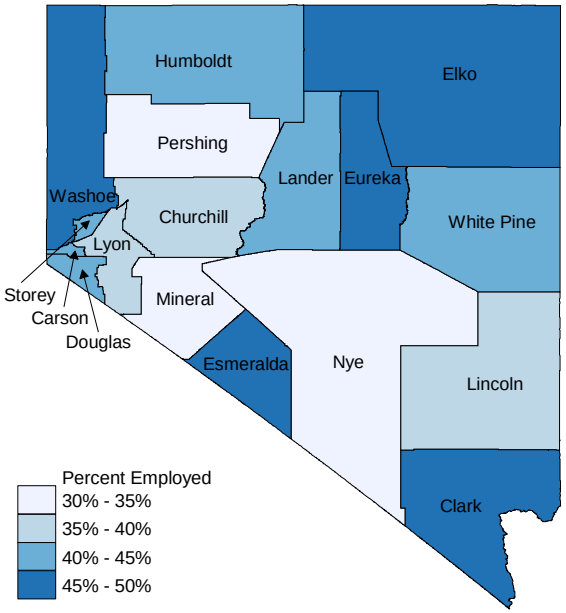
Childcare Participation Rate - Sep 2015



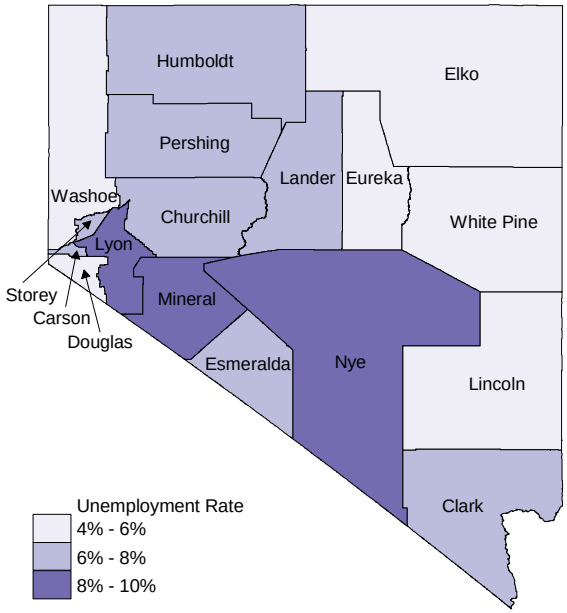
Maps – Socioeconomic Indicators by County

Source: Employment and Unemployment Rate – DETR; Others – U.S. Census Bureau

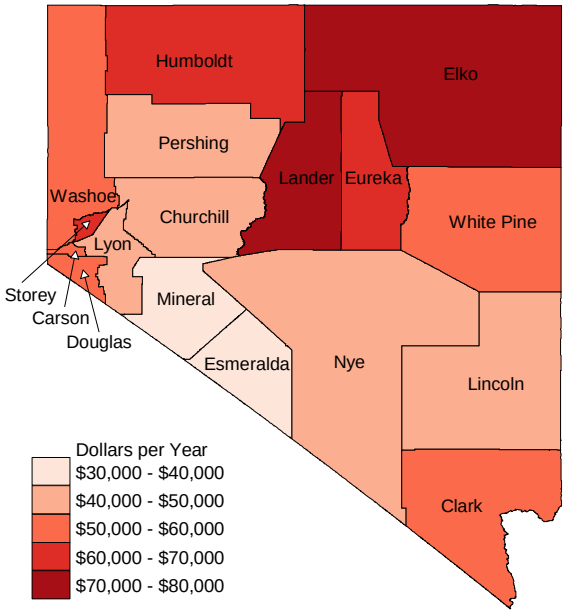
Employment to Population Ratio - Mar 2016



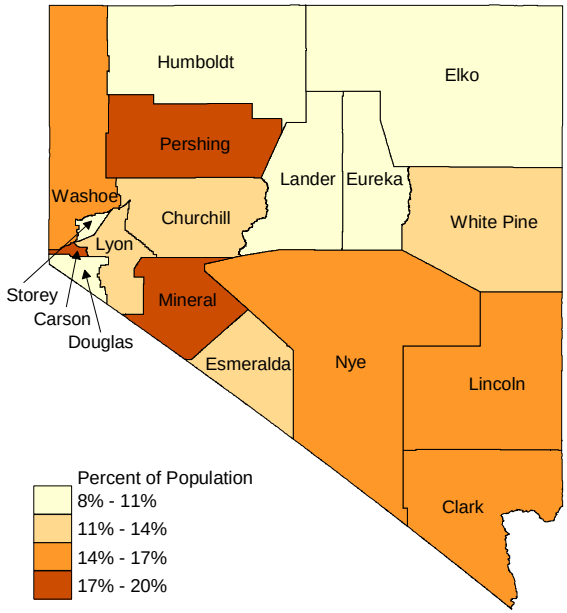
Unemployment Rate - Jul 2016



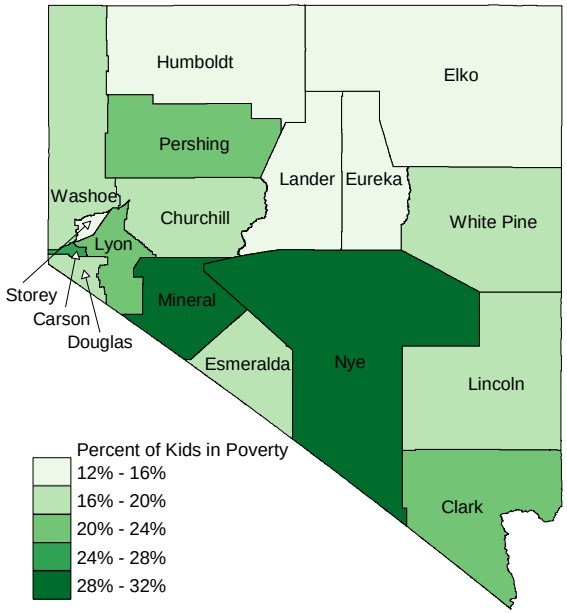
Median Household Income - 2010-2014



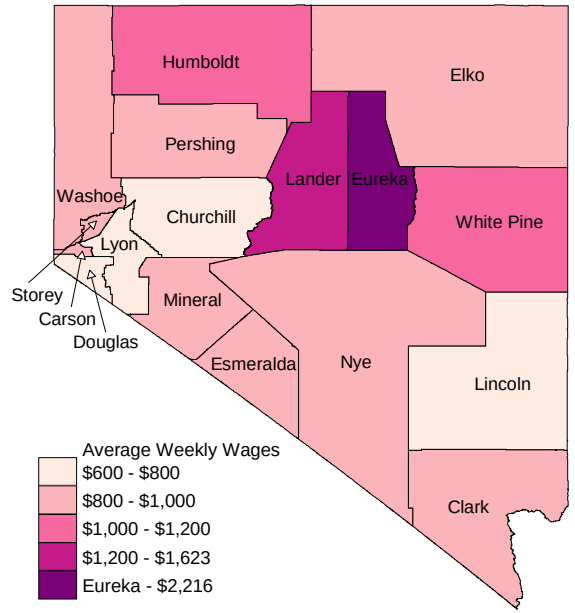
Persons Below Poverty - 2014



Child Poverty - 2014



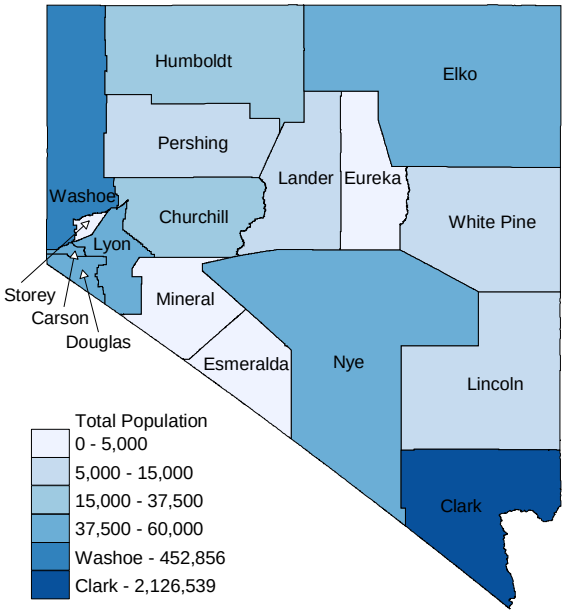
Average Weekly Wages - Q2 2016



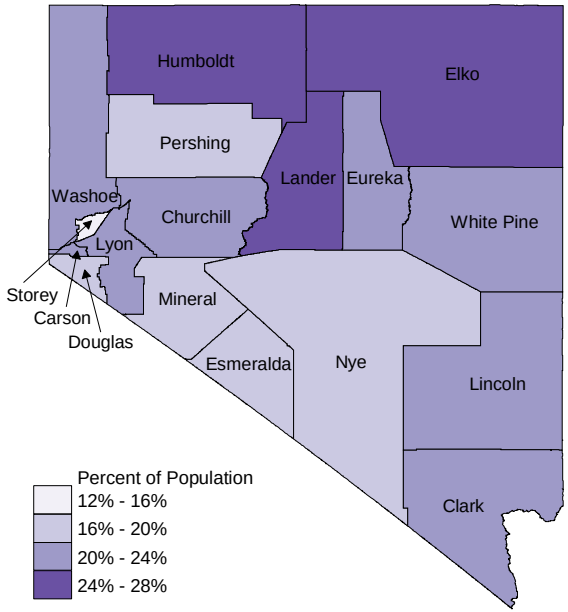
Maps – Demographic Indicators by County

Source: Total population – State Demographer; Others – U.S. Census Bureau

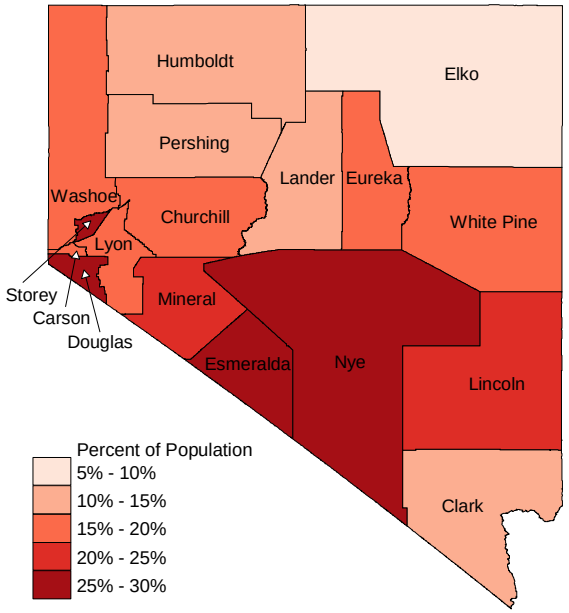
Total Population - Mar 2016



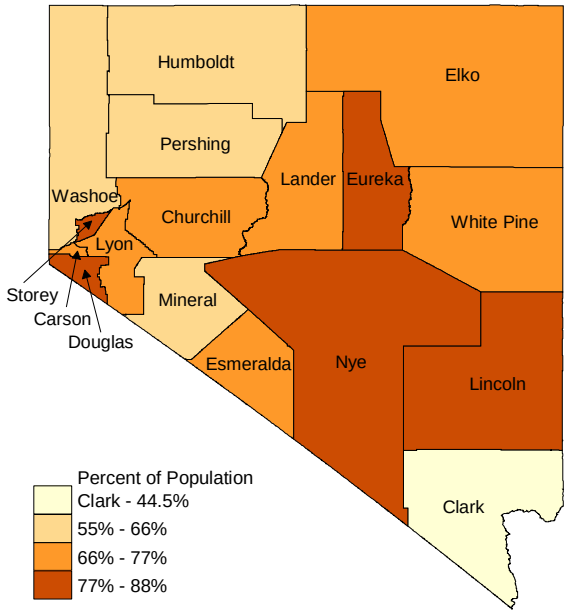
Persons Under 18 Years - 2015



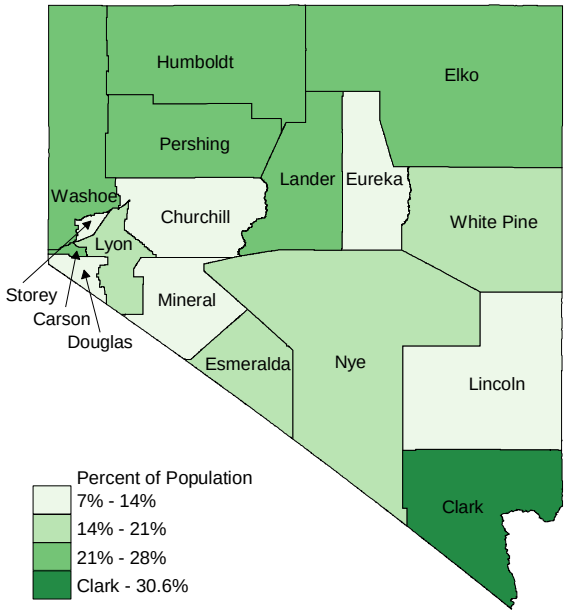
Persons Age 65 and Over - 2015



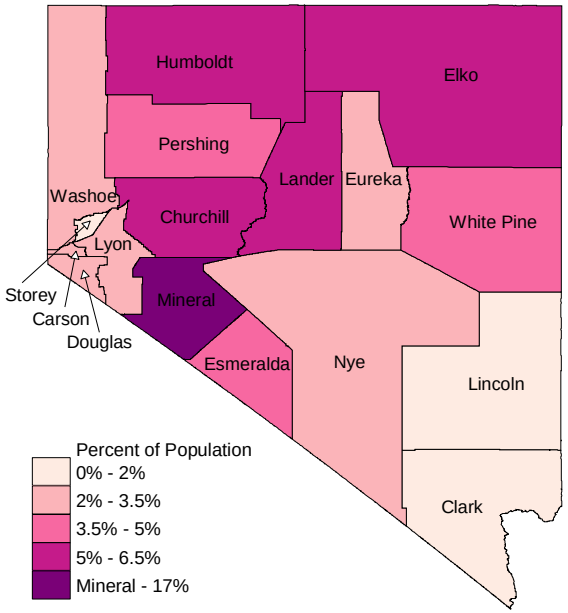
White Persons Not Hispanic - 2015



Persons of Hispanic Origin - 2015



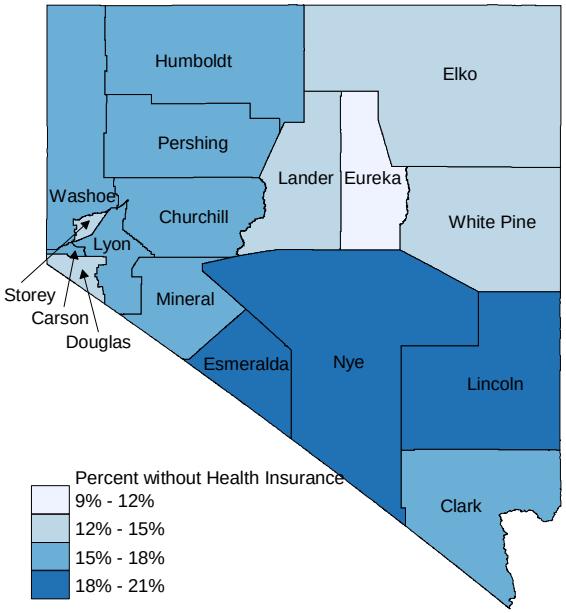
Native American Persons - 2015



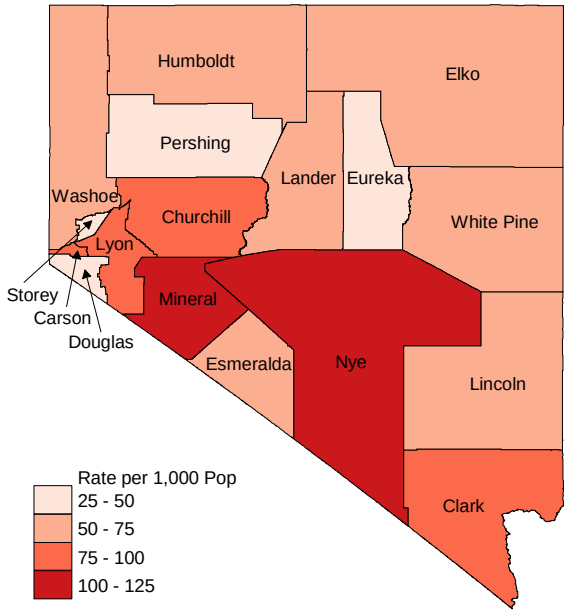
Maps – ACA Outcomes by County

Source: Uninsured – CPS; Medicaid Totals DWSS ILD File; Other - DHCFP

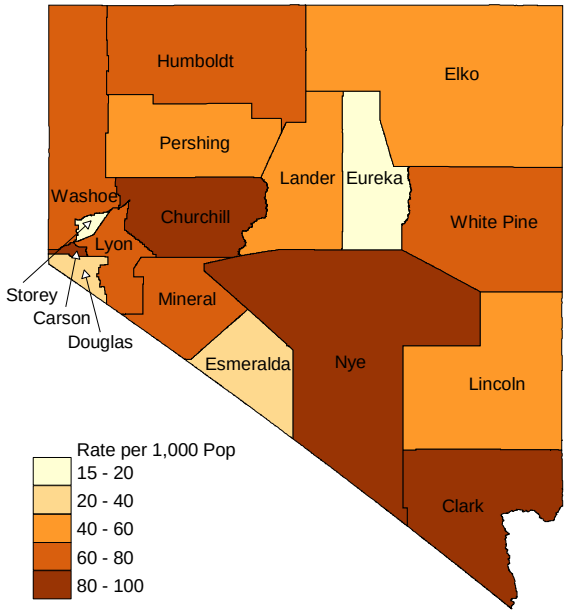
Uninsured < Age 65 - Jul 2016



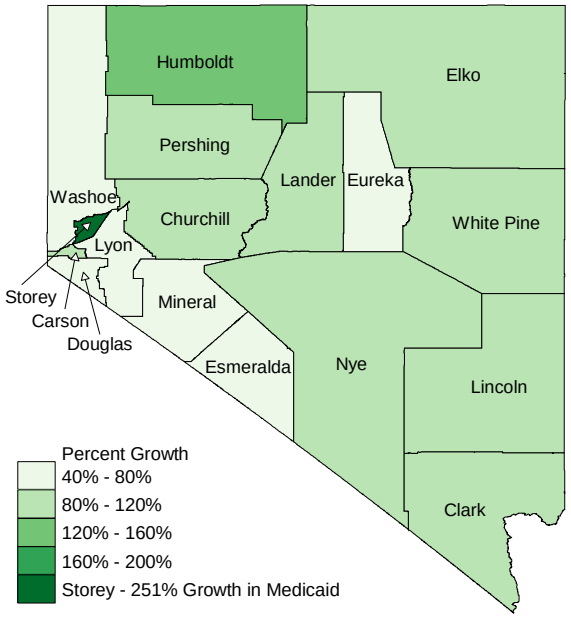
Adult/ACA Medicaid - Jun 2016



Pregnant Women & Children - Jun 2016



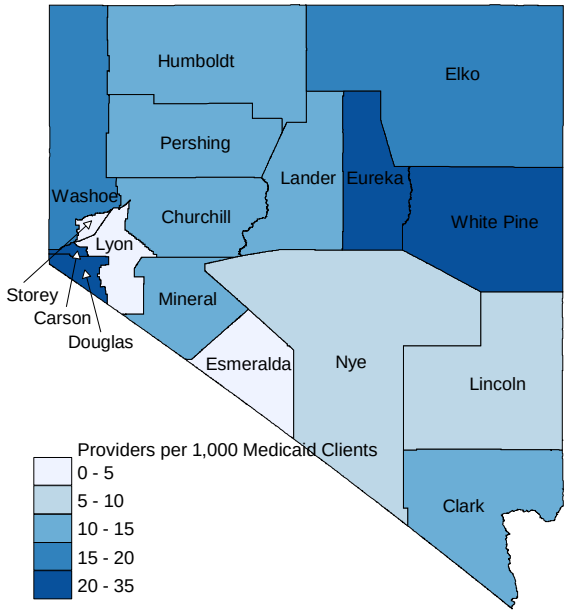
Post ACA Medicaid Growth - Jun 2013 To Jun 2016



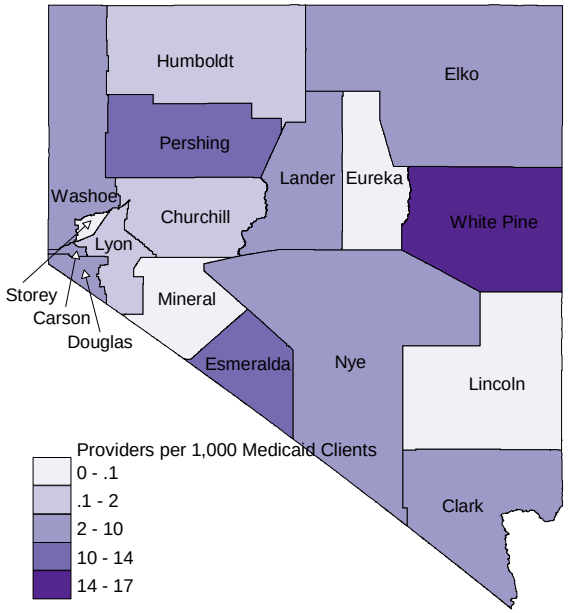
Maps – ACA Outcomes by County - Continued

Source: Uninsured – CPS; Medicaid Totals DWSS ILD File; Other - DHCFP

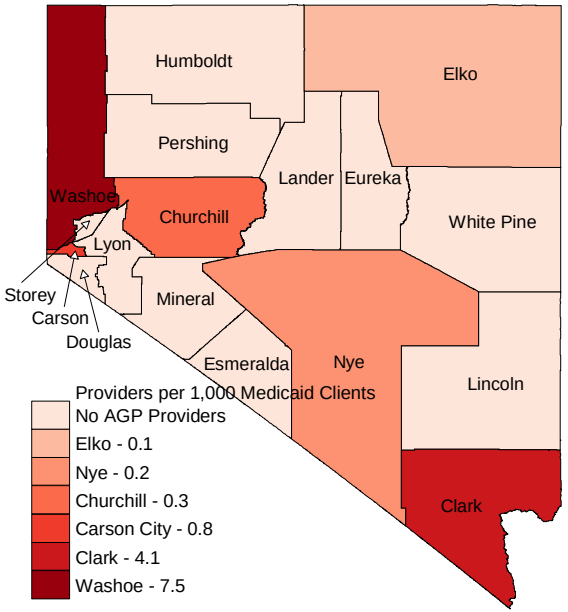
FFS Providers - Jun 2016



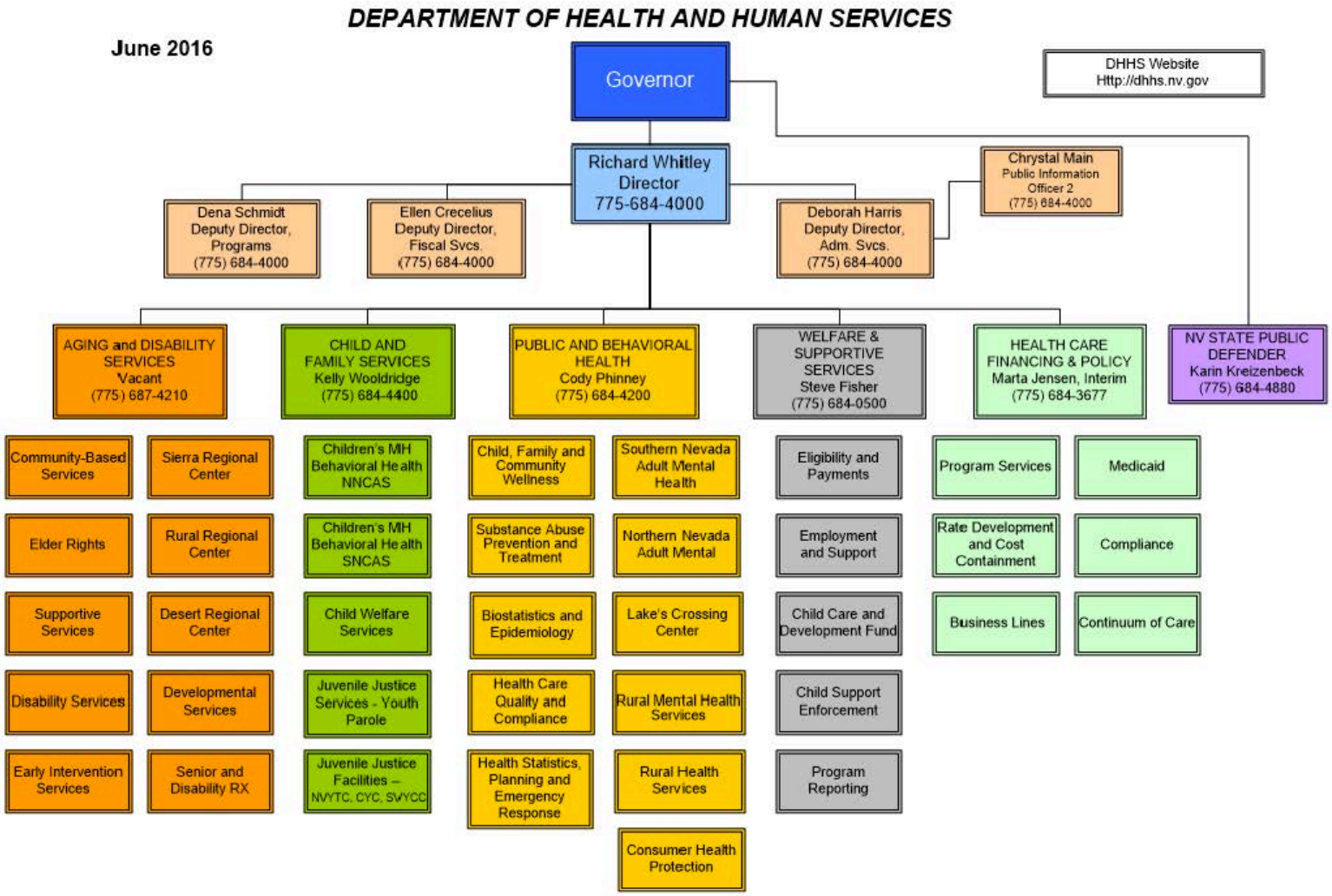
HPN Providers - Jun 2016



Amerigroup Providers - Jun 2016



Nevada Department of Health and Human Services, Organizational Chart
Organizational Chart



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Updated November 2013

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Acronyms

A
ABA – Applied Behavioral Analysis
ACA – Affordable Care Act
ACF – Administration of Children and Families
ACL – Administration for Community Living
ADSD – Aging and Disability Services Division
AFDC – Aid Families with Dependent Children
AGP – Amerigroup
AMCHP – Association of Maternal and Child Health Programs
AOD – Alcohol & other Drugs
AOT – Assisted Outpatient Treatment
ASPR – Assistant Secretary for Preparedness and Response
ASTHO - Association of State and Territorial Health Officials
ARRA – American Recovery and Reinvestment Act
ATAP – Autism Treatment Assistance Program

B
BEARS – (Baby) Birth Evaluation and Assessment of Risk Survey
BHCQC – Bureau of Health Care Quality and Compliance
BHWC – Behavioral Health and Wellness Council
BIPP – Balancing Incentive Payment Program

C
CASAT – Center for the Application of Substance Abuse Technologies
CCDP – Child Care and Development Program
CCHD - Critical Congenital Heart Disease
CDPHP – Chronic Disease Prevention and Health Promotion
CDS – Core Data Set
CFR – Code of Federal Regulations
CHIP – Children's Health Insurance Program
CMO – Care Management Organization
CMS – Centers for Medicare and Medicaid Services
COA – Commission on Aging
COD – Co-Occurring Disorder
COOP – Continuity of Operations Plan
CPC – Civil Protective Custody
CSA – Core Standardized Assessment
CSPD – Commission on Services to Persons with Disabilities

D
DAFS – District Attorney Family Support
DBT – Digital Breast Tomosynthesis

DCFS – Division of Child and Family Services
DHCFP – Division of Health Care Financing and Policy
DPBH – Division of Public and Behavioral Health
DSH – Disproportionate Share Hospitals
DSM-IV – Diagnostic Statistical Manual of Mental Disorders IV
DSRIP – Delivery System Reform Incentive Payment
DWSS – Division of Welfare and Supportive Services

E
ECHO – Extension for Community Health Outcomes
EI – Early Intervention
EITS – Enterprise IT Services
EMS – Emergency Medical Systems
EMSC – Emergency Medical Services for Children
EMR – Electronic Medical Record
EPSDT – Early and Periodic Screening, Diagnostic and Treatment Services
EQRO – External Quality Review Organization

F
FDA – Federal Drug Administration
FFI – Federal Fiscal Year
FFS – Fee For Service
FMAP – Federal Medical Assistance Percentage

G
GovCHA – Governor's Office of Consumer Health Advocates
HAZTRAK – Hazardous Materials Notification System
HCGP – Health Care Guidance Program
HCBW-AL – Home and Community Based Waiver for Assisted Living

H
HCBW-FE – Home and Community Based Waiver for the Frail Elderly
HCQC – Health Care Quality and Compliance
HER – Electronic Health Record
HIPPA – Health Insurance Portability & Accountability Act
HPN – Health Plan of Nevada
HPV – Human Papillomavirus
HRSA – Health Resources and Services Administration
HSAG – Health Services Advisory Group

I
IAF – Indigent Accident Fund
IOP – Intensive Out Patient

L
LBGTQ – Lesbian, Gay, Bisexual, Trans-Gender, or Questioning
LCC – Lake's Crossing Center
LHA – Local Health Authority
LLRW – Low Level Radioactive Waste
LOC – Level of Care

LOCUS – Level of Care Utilization System
LOI – Letter of Intent
LOS – Length of Stay
LTSS – Long Term Services and Supports

M
MCHB – Maternal and Child Health Bureau
MCO – Managed Care Organizations
MERS – Middle East Respiratory Syndrome
MICPD – Medicaid Incentives for the Prevention of Chronic Disease
MITA – Medicaid Information Technology Architecture
MMIS – Medicaid Management Information System
MOE – Maintenance of Effort

N
NASADAD – National Association of Alcohol and Drug Abuse Directors
NET – Non-Emergency Transportation
NF – Nursing Facility
NHA – Nevada Hospital Association
NHIPPS – Nevada Health Information Provider Performance System
NICHQ – National Institute for Children's Health Quality
NIDA – National Institute on Drug Abuse
NIS – National Immunization Survey
NITT-AWARE-SEA- Now Is The Time-Aware-State Educational Agency
NNAMHS – Northern Nevada Adult Mental Health Services
NNSA – National Nuclear Security Administration
NOGA – Notice of Grant Award
NSHE – Nevada System of Higher Education
NWD – No Wrong Door OJJDP – Office of Juvenile Justice and Delinquency Prevention

O
OCHA – Office of Consumer Health Assistance
OCSE – Office of Child Support Enforcement
OMH – Outpatient Mental Health
OMT – Opioid Maintenance Therapy
ONDCP – Office of National Drug Control Policy
OP – Out Patient
OPHIE – Office of Public Health Informatics and Epidemiology
OSP – Office of Suicide Prevention

P
PAIS – Preparedness, Assurance, Inspections and Statistics
PCP – Primary Care Physician
PCS – Personal Care Services
PD – Public Defender
PE – Presumptive Eligibility
PHP – Public Health Preparedness
PIC – Program Integrity Contractor
PIP – Performance Improvement Projects
PIRE – Pacific Institute for Research and Evaluation

PPACA – Patient Protection and Affordable Care Act
PPHF – Prevention and Public Health Foundation
PRAMS – Pregnancy Risk Assessment Monitoring Survey
PREA – Prison Rape Elimination Act

R
RCHS – Rural Counseling and Community Health Services
RCP – Radiation Control Program
RES - Residential
RFI – Request for Information
RFP – Request for Proposal
RSS – Receive, Stage, Store Warehouse

S
SALT – Seniors and Law Enforcement Together
SAMHSA – Substance Abuse and Mental Health Services Administration
SAPTA – Substance Abuse Prevention and Treatment Agency
SCaDU – State Collections and Distribution Unit
SCT – Specialty Care Transportation
SDFS – Safe and Drug Free Schools
SIM – State Innovation Model
SMI – Serious Mental Illness
SMP – Senior Medicare Patrol
SNAMHS – Southern Nevada Adult Mental Health Services
SNAP – Supplemental Nutrition Assistance Program
SNHPC – Southern Nevada Health Preparedness Coalition
SNHD – Southern Nevada Health District
SPA – State Plan Amendment
SS/HS – Safe Schools/Healthy Students
STD – Sexually Transmitted Disease
SSBM – Supported State Based Marketplace

T
TANF – Temporary Assistance to Needy Families
TAP – Taxi Assistance Program
TFAG – Tribal Family Assistance Grant
TH – Transitional Housing
TIR – Technology Investment Request
TPL – Third Party Liability

U
UNSOM – University of Nevada School of Medicine

W
WebIZ – Statewide Immunization Information System
WGA – Western Growers Association
WICHE – Western Interstate Commission for Higher Education

WPR – Work Participation Rate

Y

YEP – Youth Empowerment Program

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