DHHS Fact Book

August 2017

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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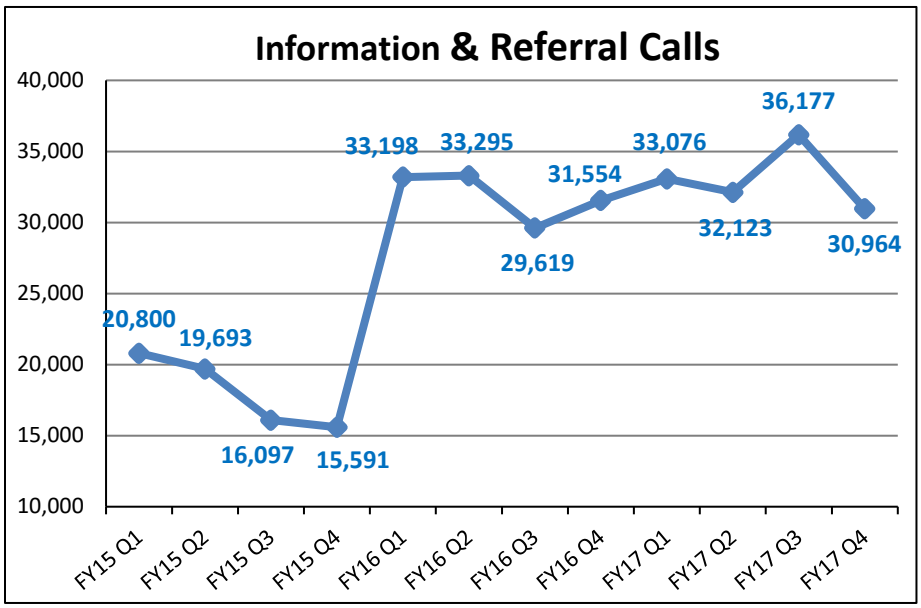
1.01 2-1-1 Partnership

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, where available, connects people with important community services and volunteer opportunities. Available information on essential health and human services includes: basic human services, physical and mental health resources, 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 by the Financial Guidance Center.

Quarters Data	Total Calls
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
FY17 Q1	33,076
FY 17 Q2	32,123
FY17 Q3	36,177
FY17 Q4	30,964

FY17 Q4 Call Volume:	Total Calls
April 17	10,326
May 17	9,907
June 17	10,731



Comments:

- In Fiscal Year 2017 the total call volume of 132,340 exceeded 2016 by 4.63% and 2015 by 83.34%.
- The call volume for 2017 continues at an average of 10,000 calls per month.
- 94.19% of calls were answered in under two minutes, 84.98% in less than 30 seconds.
- For FY 2017 an average call lasted 4:16.
- There were 1,027 unique clients that contacted Nevada 2-1-1 via text messaging in 2017.
- The Nevada 2-1-1 website was visited by 51,100 visitors from all 50 States and over 90 countries.
- There are currently 870 agencies listing 3,144 services active in the Nevada 2-1-1 database.

Website: http://Nevada211.org

1.02 Office of Consumer Health Assistance (OCHA)

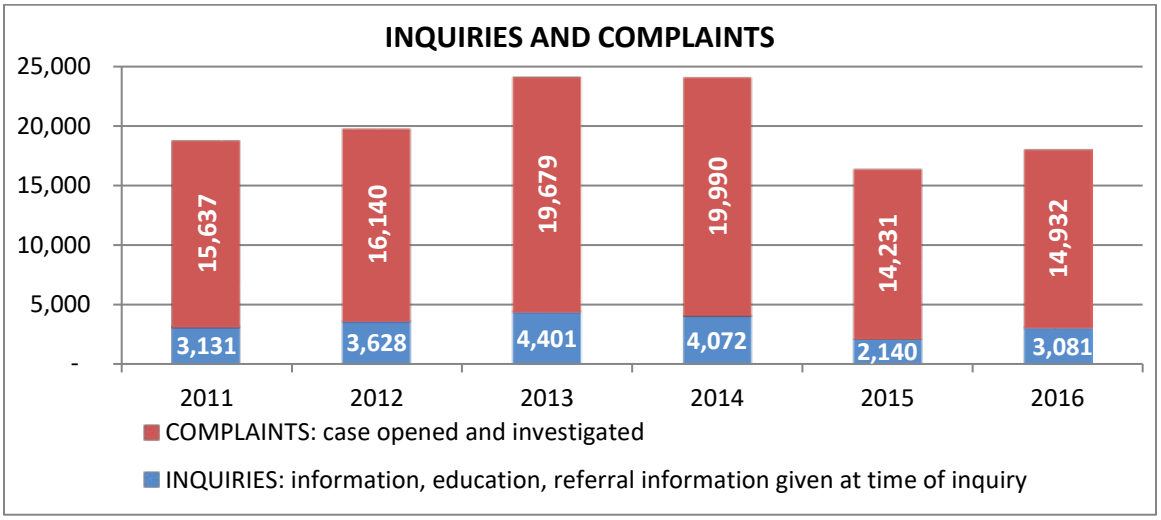
Program: Established by the Nevada Legislature in 1999, the Office for Consumer Health Assistance (OCHA) is a vital point of contact for healthcare consumers and providers in Nevada. OCHA's mission is to provide the opportunity for all Nevadans to access information regarding patient rights and responsibilities, 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 four 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 in our 2012 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.								

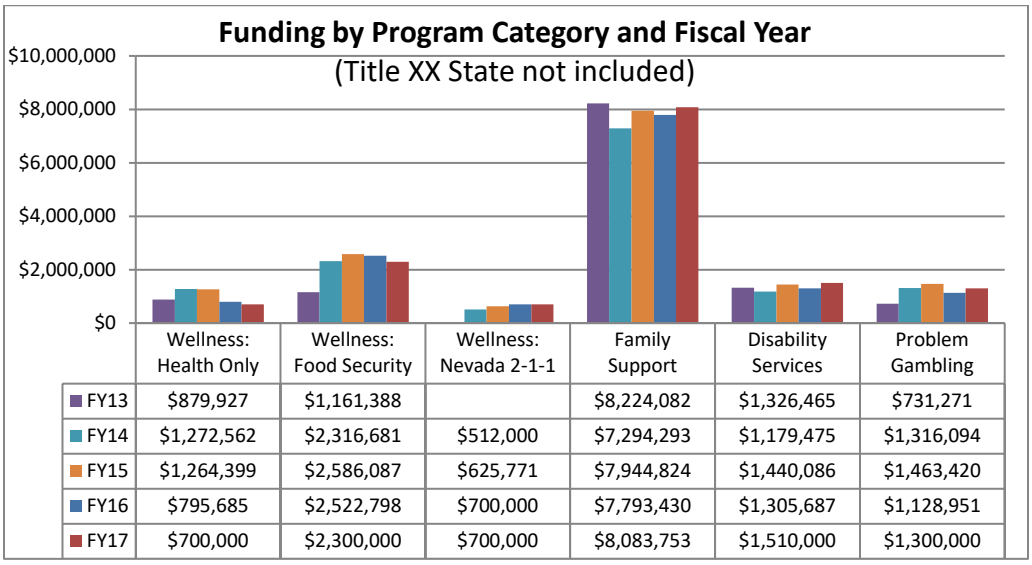
Website http://dhhs.nv.gov/Programs/CHA

1.04 Office of Community Partnerships and Grants (OCPG)

Program: **OCPG** is housed within the Department of Health and Human Services. Originally created to administer grants to local, regional, and statewide programs serving Nevadans, the unit has matured to include program development as one of its principal roles. The unit builds and supports networks that help families and individuals assess their needs and work toward holistic solutions and shares responsibility for program accountability, growth and success with its community partners.

- **Children's Trust Fund** (CTF) funding helps in the prevention 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 supports child abuse prevention efforts.
- **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. There is a policy and a request form available for community agencies to request funds on the OCPG website.

Eligibility: **Most OCPG 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. FRCs 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
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	$795,685	$2,522,798	$700,000	$7,793,430	$1,305,687	$1,128,951
FY17	$700,000	$2,300,000	$700,000	$8,083,753	$1,510,000	$1,300,000

Comments: **Food Security:** In FY15, 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/

2.01 Advocate for Elders

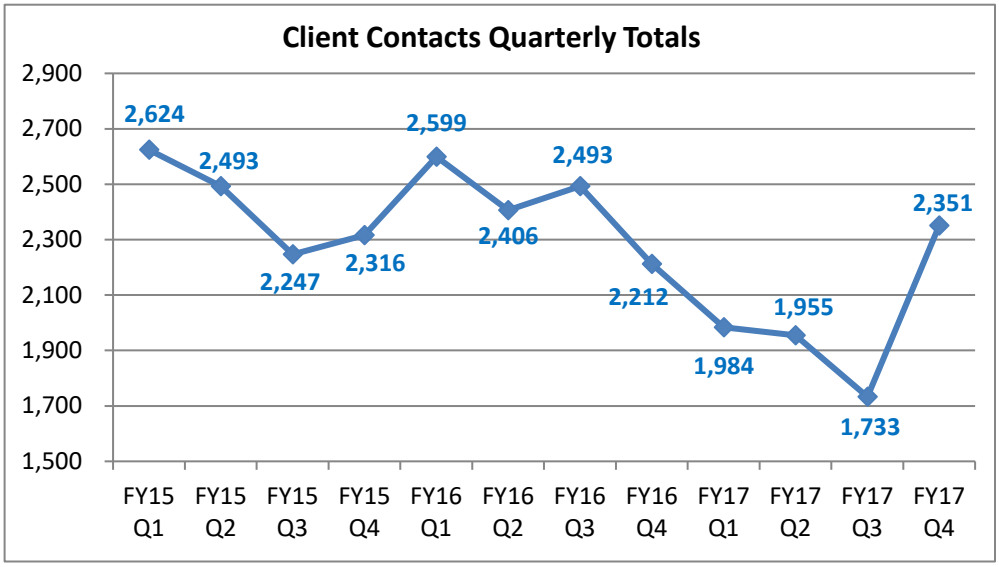
Program: The Aging and Disability Services Division (ADSD) Community Advocate (formerly Advocate for Elders) program provides advocacy and assistance to individuals across the lifespan who do not reside in facilities for long-term care. The assistance provided by Advocates can include: coordination of resources and services in the community, dissemination of information to partners and consumers, and emergency assistance. NRS 427A.300 was revised to expand the role of the advocates to the lifespan.

Eligibility: Individuals across the lifespan, including people with disabilities and older adults with low incomes.

Workload History:

Fiscal Year	Client Contacts	Average Monthly Contacts
FY13	7,981	665
FY14	9,232	769
FY15	9,562	797
FY16	9,710	809
FY17	8,023	669

FY17D:	Contacts
Jul 16	682
Aug	682
Sep	620
Oct	679
Nov	646
Dec	630
Jan 17	569
Feb	602
Mar	562
Apr	726
May	833
Jun	792
FY17 Total	8,023
FY17 Avg.	669



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 FTE Advocate in Northern Nevada, one in Southern Nevada, and a .5 FTE in Elko.

Funding Stream: State General Fund

Comment: Historically, program contacts increase related to the Open Enrollment Period of the State Health Insurance Assistance Program (SHIP) which occurs during Q2 of each State Fiscal Year. The downward trend from SFY16, Q3 is due to the position in Reno being vacated and the training and recruitment of new staff.

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.

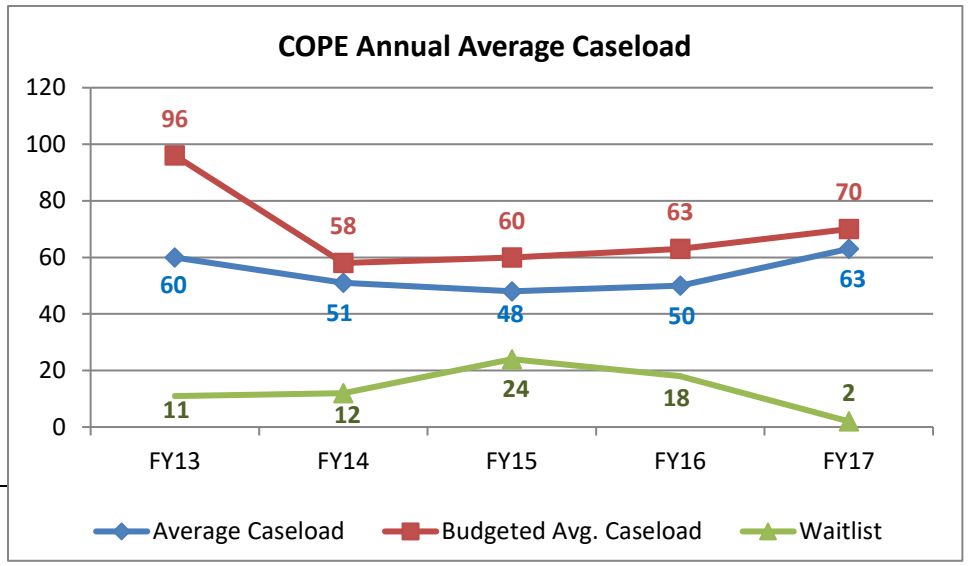
Eligibility: Must be 65 years old or older; financially eligible (for 2016 income up to $3,099; assets below $10,000 for an individual and $30,000 for a couple); at risk of nursing home placement without COPE services to keep them in their home and community. Priority given to those meeting criteria 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
FY13	60	96	11	$548,775
FY14	51	58	12	$623,315
FY15	48	60	24	$609,812
FY16	50	63	18	$576,496
FY17	63	70	2	$501,931

FYTD:

Month	Caseload	Waitlist
Jul 16	49	6
Aug	56	2
Sep	62	1
Oct	59	1
Nov	60	1
Dec	65	2
Jan 17	67	2
Feb	66	2
Mar	71	4
Apr	68	1
May	67	4
Jun	67	2
FY17 Total	**757**	
FY17 Avg.	**63**	**2**



Funding Stream: State General Fund

Comment: 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 approved and processed.

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

2.03 Elder Protective Services

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.

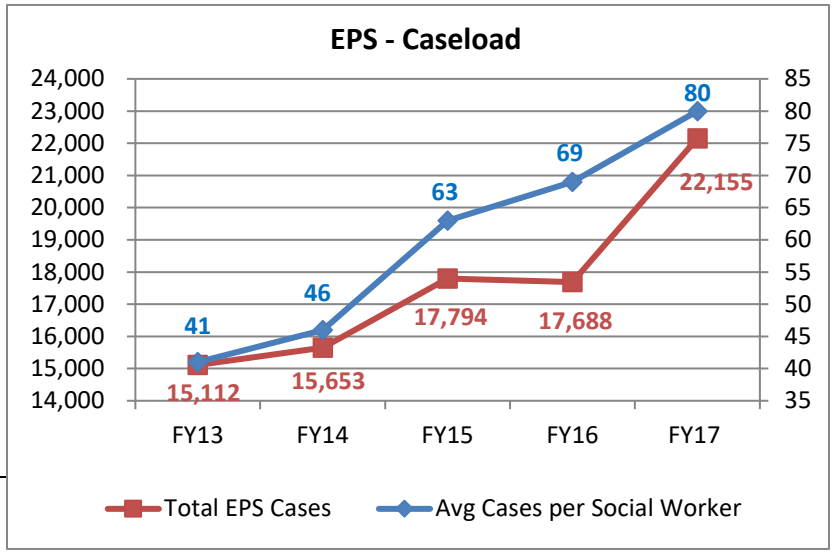
Eligibility: Any older person, defined by NRS as 60 years or older, is eligible. EPS investigates elder abuse reports in all counties of Nevada in both community and long-term care settings.

Workload History:

Fiscal Year	Total Cases	Average Cases per Social Worker	Total Expenditures
FY13	15,112	41	$3,812,582
FY14	15,651	46	$3,063,232
FY15	17,794	63	$3,559,875
FY16	17,688	69	$3,797,753
FY17	22,155	80	$3,492,298

FYTD:

Month	Total Cases	Avg. Cases per Social Worker
Jul 16	2,066	118
Aug	1,985	113
Sep	1,957	100
Oct	1,766	75
Nov	1,654	66
Dec	1,655	66
Jan 17	1,784	71
Feb	1,811	72
Mar	1,992	77
Apr	1,706	66
May	1,878	67
Jun	1,903	66
FY17 Total	**22,155**	
FY17 Avg.	**1,846**	**80**



Funding Stream: TITLE XX - Title XX funds through the Nevada Department of Health and Human Services; State 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% of Federal Poverty income below $1,106 monthly for a 1 person household).

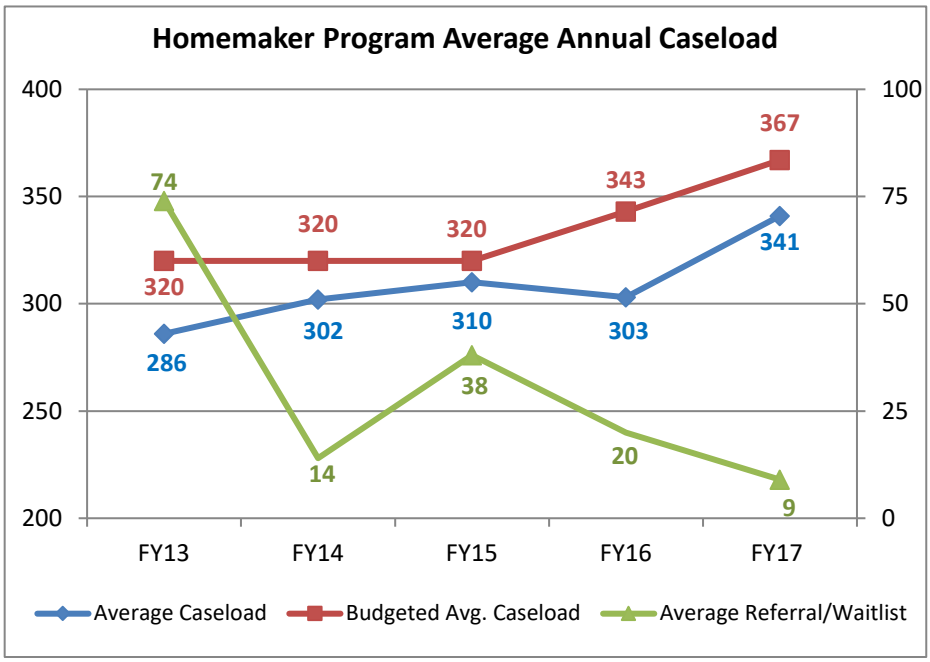
Workload History:

Fiscal Year	Average Caseload	Budgeted Avg. Caseload	Average Waitlist	Total Expenditures
FY13	286	320	74	$567,943
FY14	302	320	14	$714,506
FY15	310	320	38	$1,084,817
FY16	303	343	20	$1,058,277
FY17	341	367	9	$745,201*

*Expenditures through May 2017

FYTD:

Month	Caseload	Waitlist
Jul 16	314	7
Aug	322	7
Sep	320	11
Oct	326	8
Nov	329	11
Dec	343	5
Jan 17	335	11
Feb	355	6
Mar	361	8
Apr	364	5
May	360	7
Jun	360	17
FY17 Total	**4,089**	
FY17 Avg.	**341**	**9**



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/State General Fund

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

2.05 Independent Living Grants

Program: 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 include: 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.

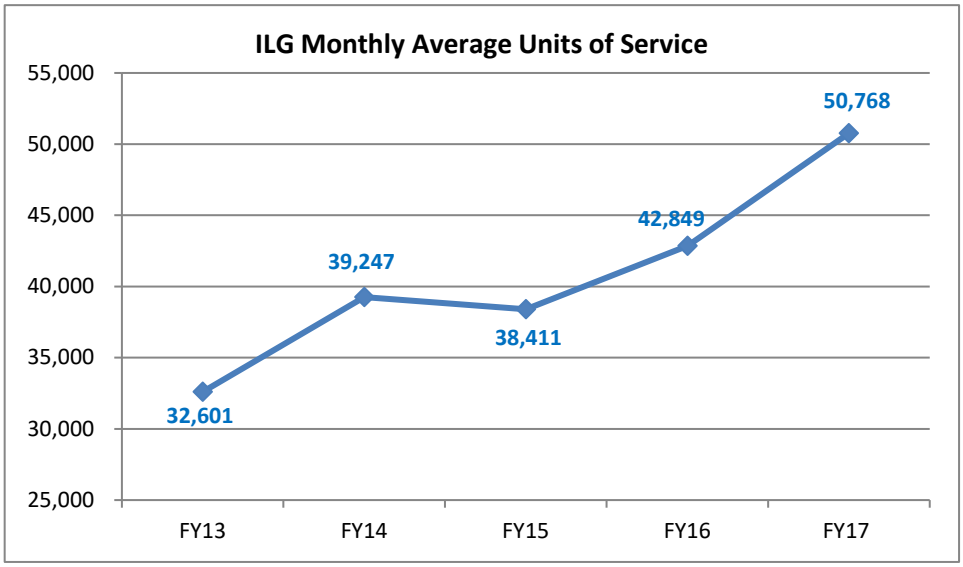
Eligibility: Seniors throughout Nevada, age 60 or older, in need of assistance to live independently.

Workload History:

Fiscal Year	Units of Service	Monthly Average Units
FY13	391,214	32,601
FY14	470,967	39,247
FY15	460,926	38,411
FY16	514,190	42,849
FY17	609,221	50,768

FY17:

Month	Units of Service
Jul 16	51,163
Aug	57,804
Sep	56,392
Oct	52,487
Nov	52,172
Dec	52,693
Jan 17	46,618
Feb	46,814
Mar	52,663
Apr	45,764
May	48,283
Jun	46,369
FY17 Total	**609,221**
FY17 Avg.	**50,768**



Funding Stream: Fund for a Healthy Nevada

Analysis of Trends Service trends can vary for ILG funded programs year to year due to the movement of programs between ILG and Title III-B.

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

2.06 Long Term Care Ombudsman Program (Elder Rights Specialists)

Program: The Long Term Care (LTC) Ombudsman program is authorized by the federal Older Americans 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.

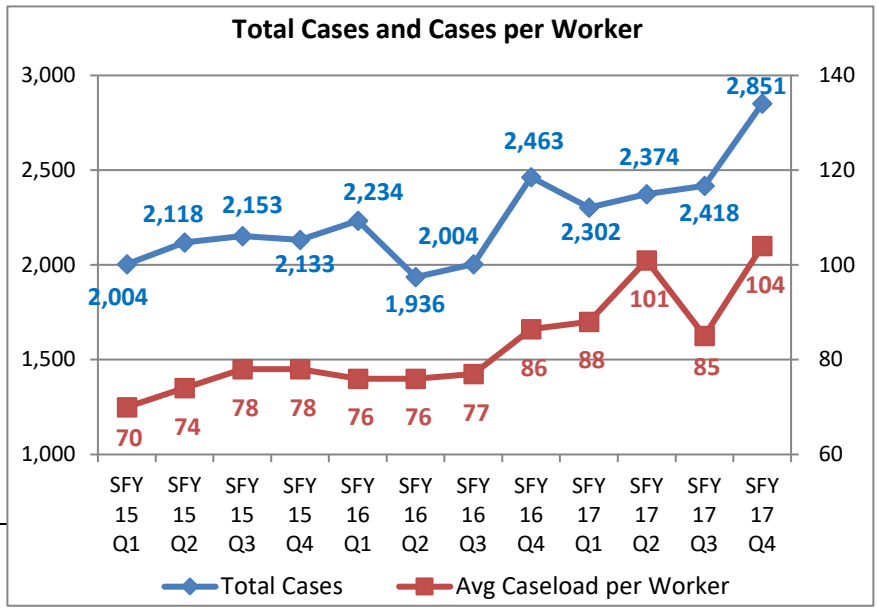
Eligibility: Eligibility includes every individual living in a long term care facility including:
- Homes for Individual Residential Care
- Residential Facilities for Groups including Assisted Living Facilities
- Skilled Nursing Facilities

Workload History:

Fiscal Year	Total Cases	Avg. Cases per Worker	Total Expenditures
FY14	6,934	61	$1,442,861
FY15	8,408	74	$1,420,500
FY16	8,633	79	$1,647,076
FY17	9,951	94	$1,261,649

FYTD:

Month	Total Cases	Avg. Cases per Worker
Jul 16	754	79
Aug	791	83
Sep	763	102
Oct	649	87
Nov	809	108
Dec	916	108
Jan 17	765	81
Feb	759	80
Mar	894	94
Apr	913	96
May	979	103
Jun	959	113
FY17 Total	**9,951**	
FY17 Avg.	**829**	**94**



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 State 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 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.

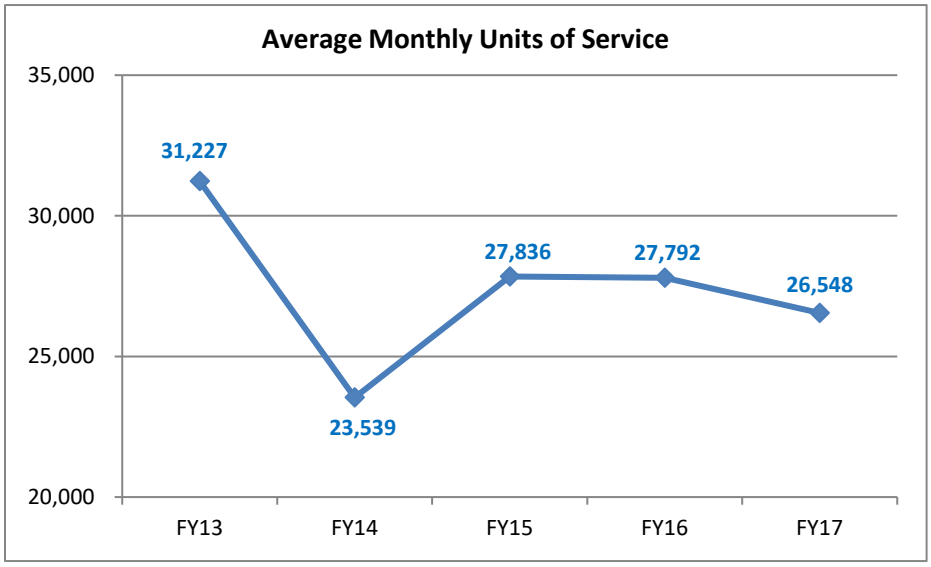
Eligibility: Individuals throughout Nevada age 60 or older with particular attention to low-income older individuals, including low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas.

Workload History:

Fiscal Year	Units of Service	Average Units of Service
FY13	374,727	31,227
FY14	282,462	23,539
FY15	334,033	27,836
FY16	333,508	27,792
FY17	318,578	26,548

FY17:

Month	Units of Service
Jul 16	27,441
Aug	28,979
Sep	27,277
Oct	25,360
Nov	25,277
Dec	24,811
Jan 17	25,385
Feb	24,490
Mar	27,971
Apr	25,988
May	27,803
Jun	27,795
FY17 Total	**318,578**
FY17 Avg.	**26,548**



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

Analysis of Trends: SFY 15 and 16 reflects an overall increase in services. SFY 16 and SFY 17 shows a downward trend due to the shifting of programs between funding sources.

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

2.08 Senior Nutrition – Meals in Congregate Settings

Program: Senior Nutrition - Meals in Congregate Settings 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.

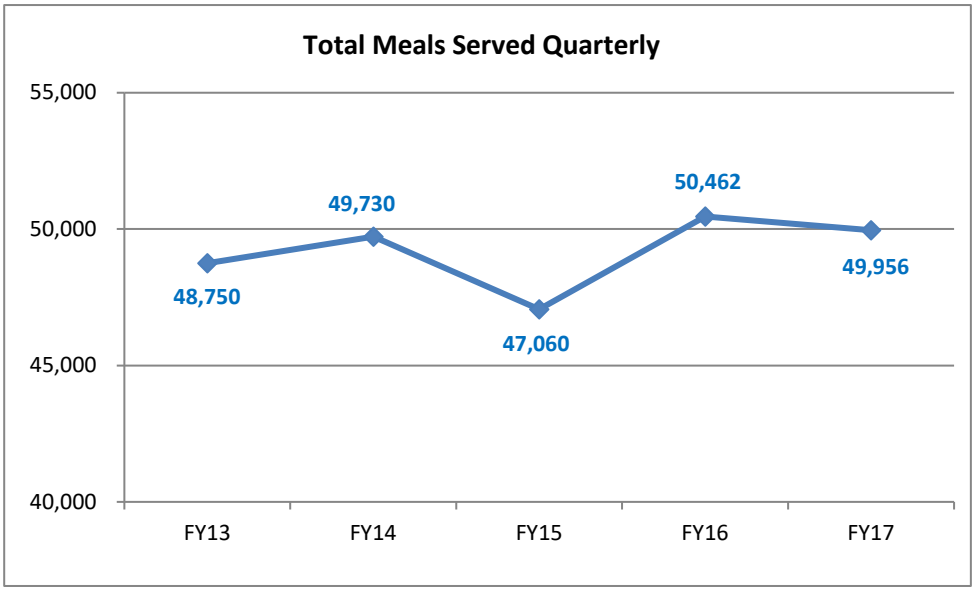
Eligibility: Individuals age 60 or older and their spouses; individuals with disabilities who have not attained the age of 60, but reside in housing facilities occupied primarily by older individuals at which a congregate meal site has been established; individuals providing essential volunteer service 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	605,543	50,462
FY17	599,466	49,956

FY17:

Month	Units of Service
Jul 16	47,350
Aug	53,292
Sep	50,897
Oct	49,972
Nov	48,933
Dec	50,076
Jan 17	46,938
Feb	48,261
Mar	57,067
Apr	49,220
May	52,367
Jun	45,093
FY17 Total	**599,466**
FY17 Avg.	**49,956**



Funding Stream: Title III-C1 - Older Americans Act Funds through the Administration on Aging; State General Fund

Comment: The numbers represent meals served to participants in the program by State Fiscal Year, reported by congregate Meals providers funded by ADSD. Meal service is expected to decline in Q4 and Q1, during summer months, due to "snow bird" seniors returning to northern climates during these warmer months. Anticipated trend is to go down during Qtr. 1 and Qtr. 4.

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

2.09 Senior Nutrition – Home Delivered Meals

Program: Senior Nutrition - Home Delivered Meals funds are allocated to furnish meals to homebound seniors, who are too ill or frail to attend a congregate meal site.

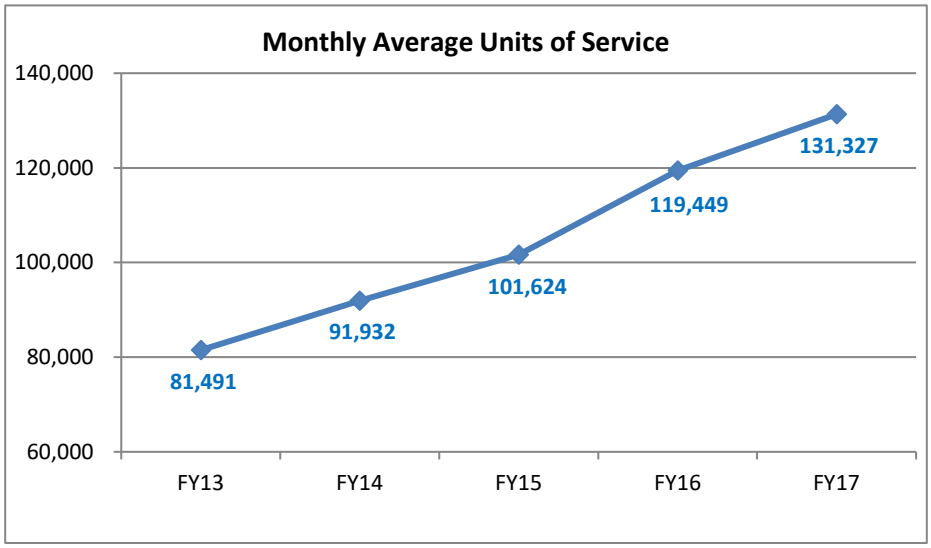
Eligibility: Individuals age 60 or older and their spouses and disabled individuals, who reside with individuals over age 60.

Workload History:

Fiscal Year	Units of Service	Monthly Average Units of Service
FY13	977,890	81,491
FY14	1,103,179	91,932
FY15	1,219,485	101,624
FY16	1,433,390	119,449
FY17	1,575,929	131,327

FY17:

Month	Units of Service
Jul 16	123,531
Aug	144,190
Sep	133,278
Oct	133,279
Nov	132,853
Dec	132,179
Jan 17	130,941
Feb	119,804
Mar	137,151
Apr	120,223
May	136,872
Jun	131,628
FY17 Total	**1,575,929**
FY17 Avg.	**131,327**



Funding Stream: Title III-C2 - Older Americans Act Funds through the Administration on Aging; State General Fund

Analysis of Trends: The numbers represent meals served to participants in the program by State Fiscal Year, reported by Home Delivered Meals providers funded by ADSD. In SFY16, a large Home Delivered Meal program was awarded funding to help reduce waitlist, increase their service capacity. SFY17 number of served meals increased 9.94% compared to SFY16.

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

2.10 National Family Caregiver Program

Program: The National Family Caregiver Support Program addresses the needs of family caregivers by increasing the availability and efficiency of caregiver support services and of long-term care planning resources.

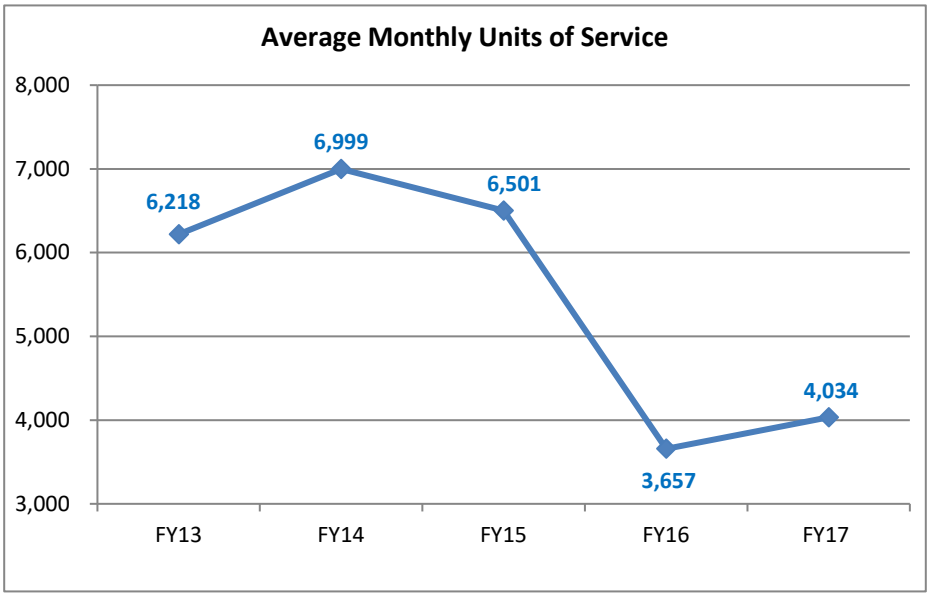
Eligibility: Family caregivers of adults age 60 or older; grandparents and caregivers, age 55 or older, of children not more than 18 years of age, who are related by blood, marriage or adoption; parents, age 55 years or older, caring for an adult child with a disability.

Workload History:

Fiscal Year	Units of Service	Average Monthly Units of Service
FY13	74,612	6,218
FY14	83,986	6,999
FY15	78,009	6,501
FY16	43,887	3,657
FY17	48,408	4,034

FY17:

Month	Units of Service
Jul 16	3,330
Aug	4,498
Sep	3,879
Oct	3,724
Nov	4,120
Dec	4,096
Jan 17	4,375
Feb	4,084
Mar	4,743
Apr	4,071
May	3,641
Jun	3,848
FY17 Total	**48,408**
FY17 Avg.	**4,034**



Funding Stream: Title III-E - Older Americans Act Funds through the Administration on Aging; Fund for a Healthy Nevada

Comment: In SFY14 and SFY15 the ADRC program began focusing efforts on Options Counseling which is a more qualitative approach to service delivery, compared to information and referral. Additionally, in SFY16 ADRCs stopped tracking contacts and are only tracking ¼ hour units due to the upcoming implementation of the SAMS I&R module. In addition, in SFY16 the number of ADRC providers was reduced from 7 to 4 to encourage broader service areas and achieve statewide coverage of the program. The shift in providers and broader service areas necessitated a 3 month implementation phase for the providers to establish operations in their broader areas. This includes bringing on new staff, establishing relationships in new counties, and beginning outreach efforts so the community is aware of the provider. In SFY17 average monthly units of service increased for 10.31% compared to SFY16.

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

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.

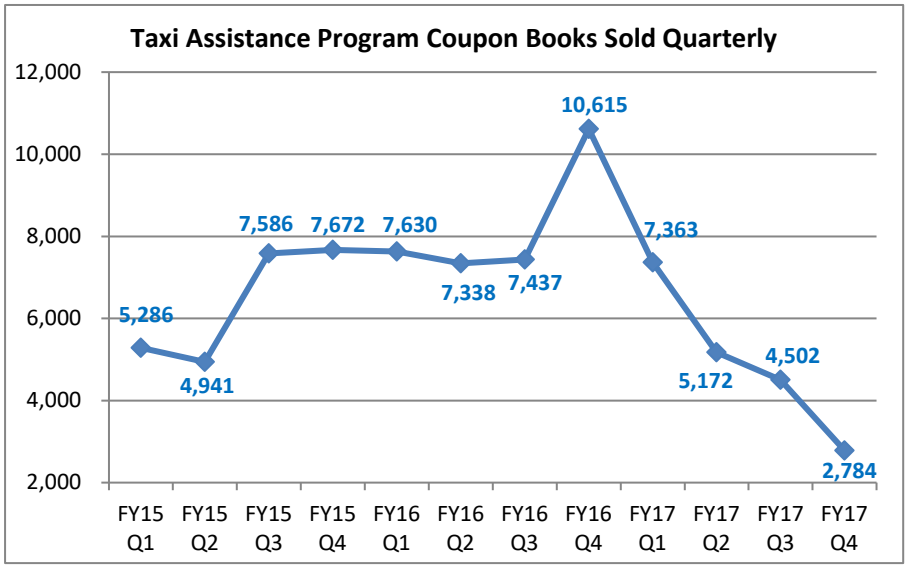
Eligibility: Age 60 or older or permanently disabled of any age with Nevada ID and having incomes within the program criteria.

Workload History:

Fiscal Year	Units of Service
FY13	24,682
FY14	21,775
FY15	25,485
FY16	33,020
FY17	19,821

FY17:

Month	$5 Books Sold	$10 Books Sold
Jul 16	1,674	246
Aug	1,564	249
Sep	1,628	213
Oct	1,607	182
Nov	1,584	154
Dec	1,494	151
Jan 17	1,418	142
Feb	1,563	133
Mar	1,103	143
Apr	807	149
May	866	124
Jun	102	736
FY17 Total	**15,410**	**2,622**
FY17 Avg.	**1,284**	**219**



Other: Clients in Active status meet all the program eligibility requirements and have provided the required proof of income. The chart depicts the total number of books sold each quarter per state fiscal year. The number of books available for sale is limited by the amount of funding received from the Nevada Taxicab Authority. The Legislatively Approved Tier changes with income eligibility requirements were implemented October 2012 and amended October, 2014. 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. Q1 2017 trend shows an expected decrease because fewer books available to clients due to a 40+% cut in funding. In March 2017, client services was cut to 2 books per month maximum. In June, 2017 all books were increased from $5 to $10, affecting approximately 75% of the client base.

Funding Stream: Nevada Taxicab Authority

Comment: This program typically has its highest coupon book sales during Quarter Q1 and Q4 of each SFY, which are also the warmest months in Clark County.

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

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.

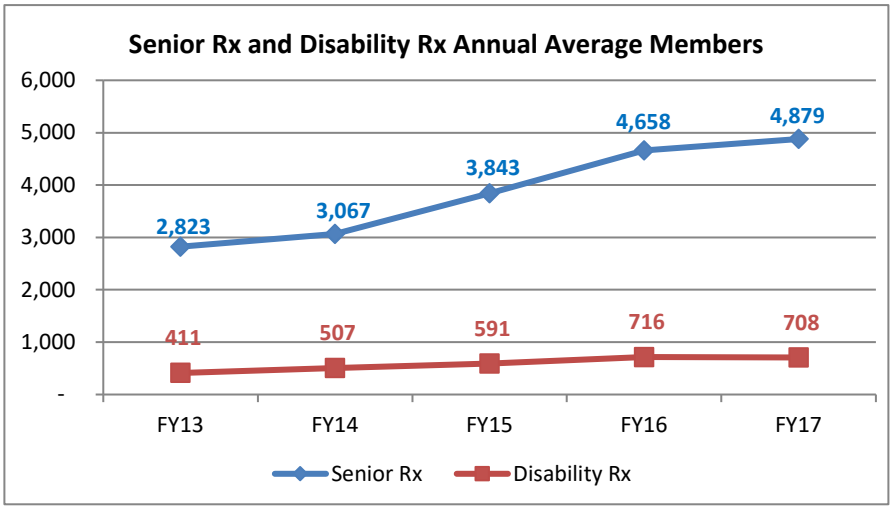
Eligibility: Residency -- Continuous Nevada resident for the 12 months prior to application. Annual Household Income Limit -- Effective 7/1/2016 = $28,119 for singles, $37,483 for couples. Age -- For Senior Rx, age 62 or older. For Disability Rx, age 18 through 61 with a verifiable disability.

Workload History:

	Senior Rx		Disability Rx	
Fiscal Year	**Average Cases**	**Total Expenditures**	**Average Cases**	**Total Expenditures**
FY13	2,823	$1,910,886	411	$340,779
FY14	3,067	$2,330,710	507	$460,287
FY15	3,843	$1,382,077	591	$253,678
FY16	4,658	$1,908,704	716	$339,516
FY17	4,879	Not Yet Available	708	Not Yet Available

FY17:

Month	Senior Rx	Disability Rx
Jul 16	4,938	748
Aug	4,991	765
Sep	5,040	756
Oct	4,969	735
Nov	5,088	749
Dec	4,908	707
Jan 17	4,917	703
Feb	4,853	686
Mar	4,819	678
Apr	4,746	671
May	4,673	662
Jun	4,610	634
FY17 Total	**58,552**	**8,494**
FY17 Avg.	**4,879**	**708**



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. Beginning in FY-18 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 through FY19 and FY20, including discussions of any actions necessary to stay within budget.

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

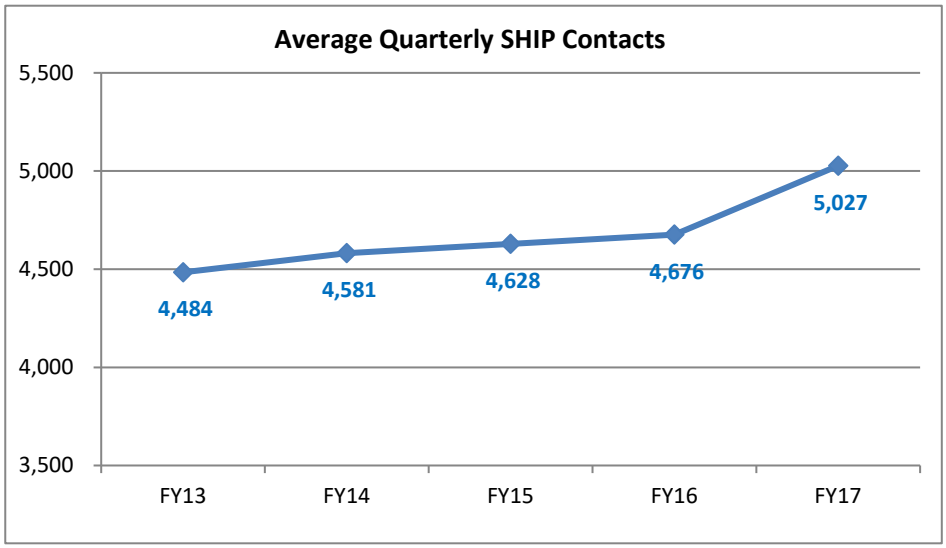
2.13 State Health Insurance Assistance Program (SHIP)

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
FY 13	17,934	4,484
FY 14	18,323	4,581
FY 15	18,513	4,628
FY 16	19,316	4,676
FY 17	20,106	5,027



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.

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 December 31, 2016, there are 73 volunteers statewide, 32 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.

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

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% of SSI income up to $2,199.00); 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).

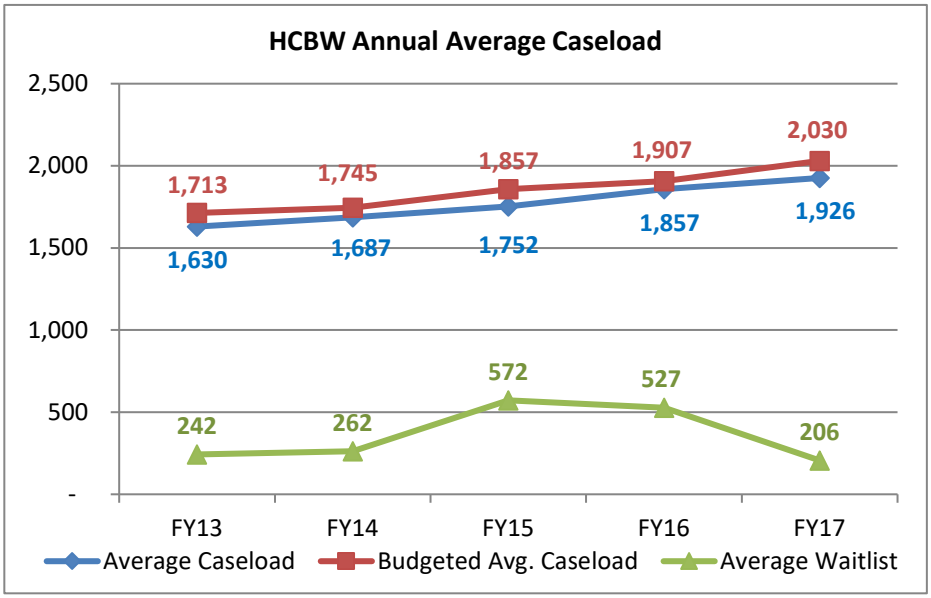
Workload History:

Fiscal Year	Average Caseload	Budgeted Avg. Caseload	Average Waitlist	Total Expenditures
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	$6,203,247
FY17	1,926	2,030	206	$4,927,200*

*Expenditures through March 2017

FY17:

Month	Caseload	Waitlist
Jul 16	1,884	385
Aug	1,879	359
Sep	1,881	294
Oct	1,886	230
Nov	1,894	214
Dec	1,898	185
Jan 17	1,919	141
Feb	1,919	166
Mar	1,976	128
Apr	1,981	126
May	1,995	119
Jun	1,994	127
FY17 Total	**23,106**	
FY17 Avg.	**1,926**	**206**



Funding Stream: Medicaid/State General Fund

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 new cases that can be processed.

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 now operated by ADSD as it was merged July 2015 from 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.

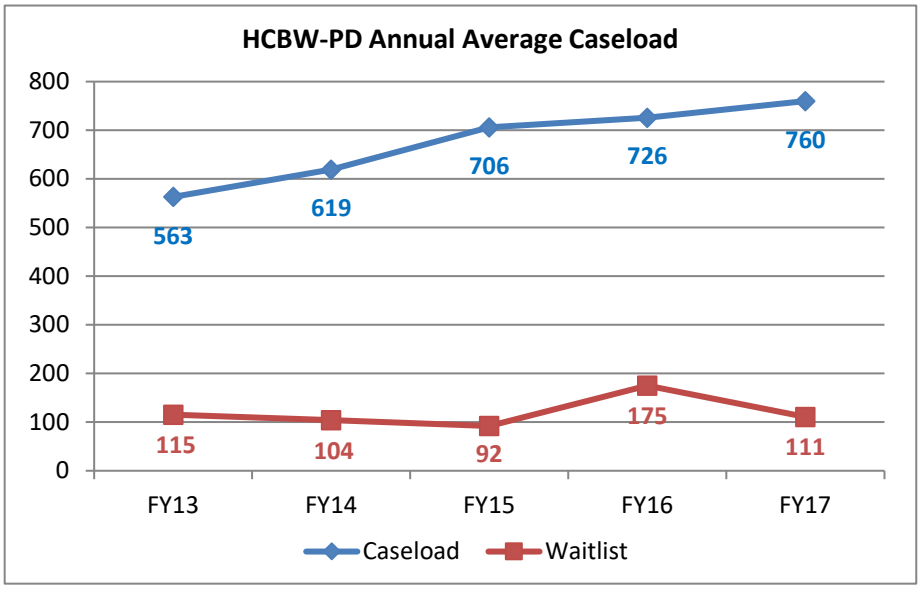
Workload History:

State Fiscal Year	Average Caseload	Budgeted Average Caseload	Average Waitlist	Total Expenditures
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	$1,896,495
FY 17	760	780	111	$1,443,878*

*Expenditures through March 2017

Caseload FY17:

Month	Caseload	Waitlist
Jul 16	738	142
Aug	751	124
Sep	745	137
Oct	749	127
Nov	748	119
Dec	752	113
Jan 17	761	92
Feb	758	87
Mar	765	84
Apr	773	97
May	786	97
Jun	789	114
FY17 Total	**9,115**	
FY17 Avg.	**760**	**111**



Comments: This trend continues to increase in a positive fashion. The hiring of new staff as well as the remodeling of the intake portion of the program have all been factors in increasing the processing of new referrals.

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

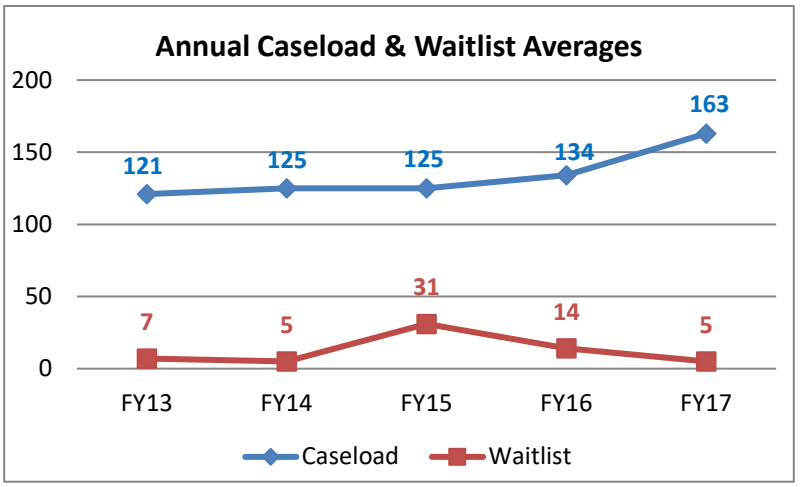
2.16 Personal Assistance Services

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.

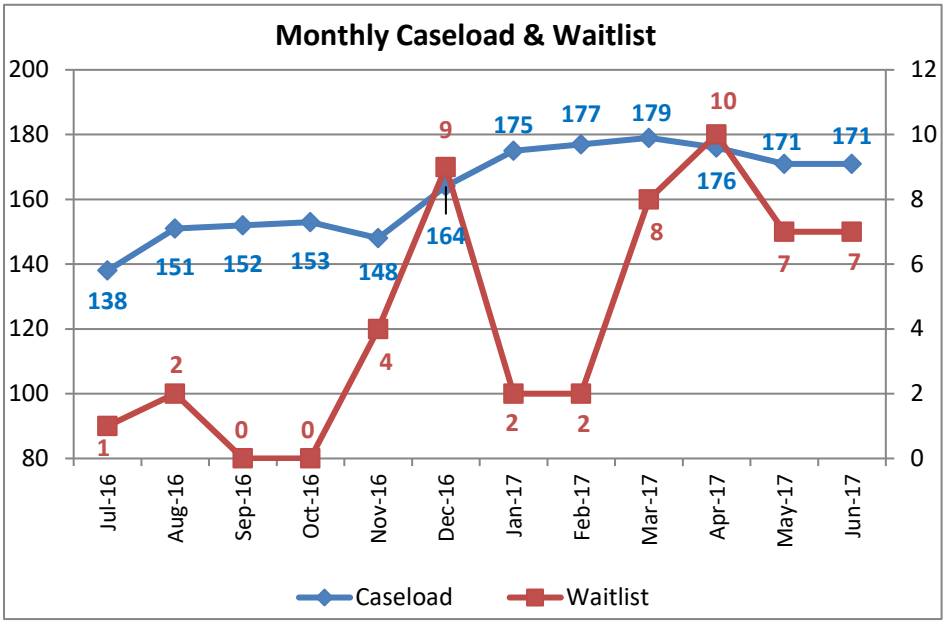
Workload History:

Fiscal Year	Average Caseload	Average Waitlist	Expenditures
FY 13	121	7	$2,570,445
FY 14	125	5	$2,598,948
FY 15	125	31	$2,682,810
FY 16	134	14	$2,558,925
FY 17	163	5	$2,207,466



FY17:

Month	Caseload	Waitlist
Jul 16	138	1
Aug	151	2
Sep	152	0
Oct	153	0
Nov	148	4
Dec	164	9
Jan 17	175	2
Feb	177	2
Mar	179	8
Apr	176	10
May	171	7
Jun	171	7
FY17 Total	**1,955**	
FY17 Avg.	**163**	**5**



Analysis of Trends: Slots for this program are now being utilized for clients as they wait for the Physically Disabled Waiver program which has decreased the waitlist and shown a positive impact on the utilization of slots.

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.

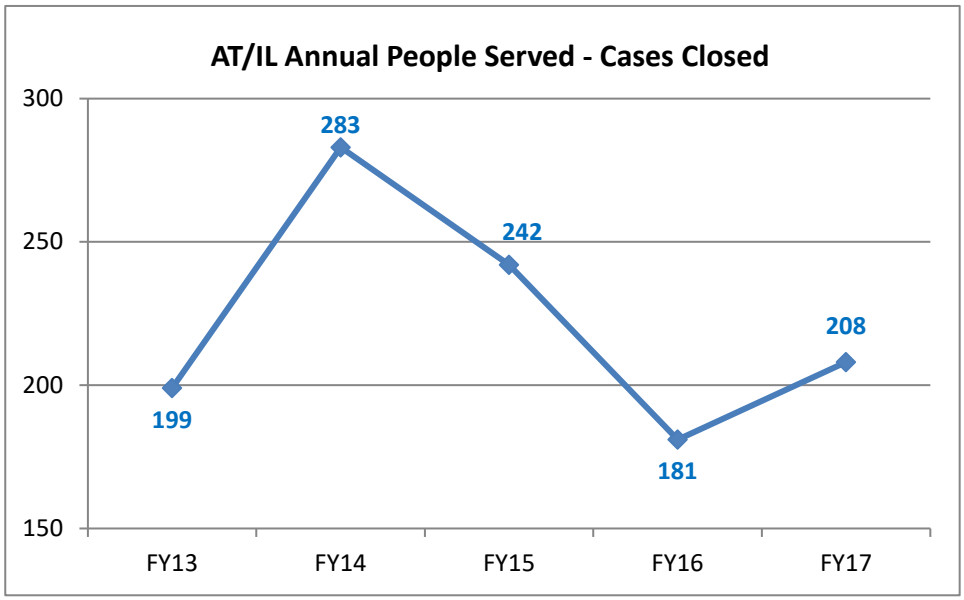
Eligibility: Applicants must have a severe disability that results in significant limitation in their ability to perform functions of daily living, and there must be an expectation that services will help to improve or maintain their independence.

Workload History:

Fiscal Year	Applications	Cases Closed	Expenditures
FY 13	297	199	$1,045,448
FY 14	229	283	$1,606,319
FY 15	205	242	$1,833,459
FY 16	119	181	$1,718,296
FY 17	138	208	Not Yet Available

FY17:

Month	Cases Closed
Jul 16	19
Aug	22
Sep	16
Oct	8
Nov	11
Dec	16
Jan 17	12
Feb	9
Mar	14
Apr	30
May	18
Jun	32
FY17 Total	**208**
FY17 Avg.	**17**



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: 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.

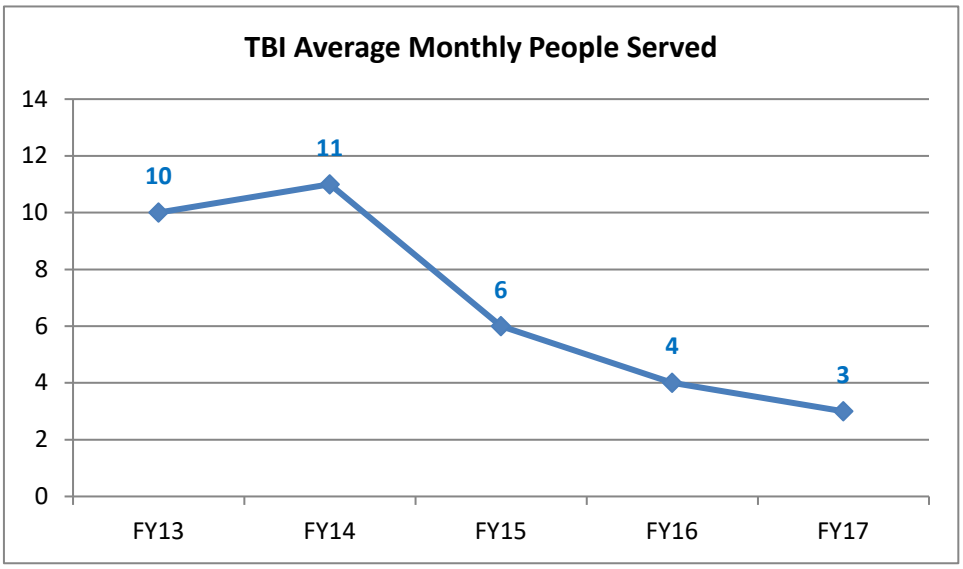
Eligibility: Applicants are generally between age 18 and 50, must have a recent brain injury, and must present as a good candidate for successful rehabilitation.

Workload History:

Fiscal Year	Active Cases	Cases Closed	Expenditures
FY 13	122	59	$1,498,475
FY 14	130	93	$1,359,969
FY 15	73	96	$479,426
FY 16	43	13	$393,393
FY 17	30	16	Not Yet Available

FYTD:

Month	Active Cases
Jul 16	3
Aug	5
Sep	3
Oct	5
Nov	3
Dec	2
Jan 17	2
Feb	1
Mar	2
Apr	2
May	1
Jun	1
FY17 Total	**30**
FY17 Avg.	**3**



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. The Relay system allows persons who are Deaf, Hard of Hearing or persons with speech disabilities to communicate with persons who use a standard telephone.

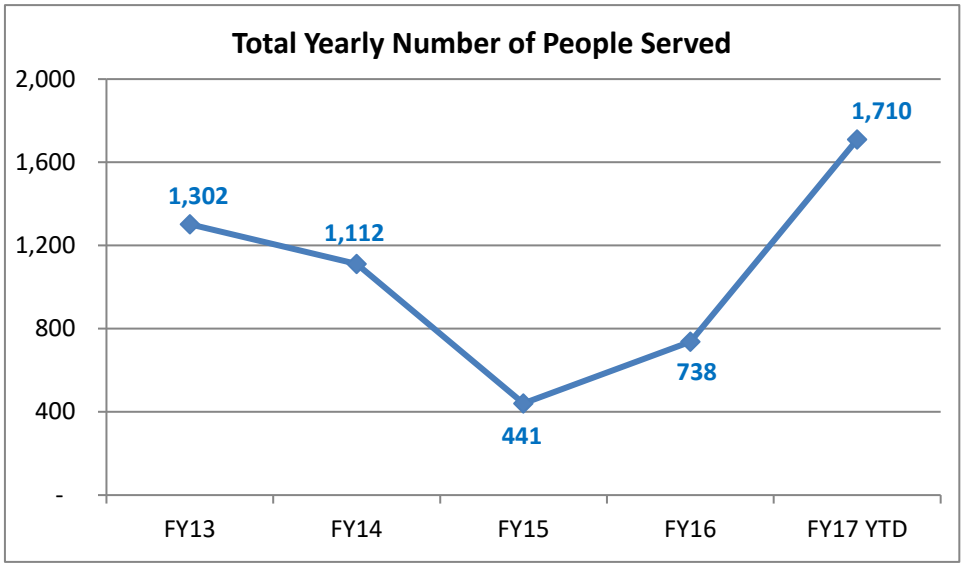
Eligibility: Recipients must have a documented communication disability.

Workload History:

Fiscal Year	Number Served	Expenditures
FY 13	1,302	$1,173,668
FY 14	1,112	$1,422,824
FY 15	441	$1,460,186
FY 16	738	$1,806,039
FY 17	1,710	$2,102,645

FY17:

Month	Caseload
Jul 16	116
Aug	113
Sep	113
Oct	109
Nov	101
Dec	62
Jan 17	96
Feb	126
Mar	205
Apr	215
May	206
Jun	248
FY17 Total	**1,710**
FY17 Avg.	**143**



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.

Funding: 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 0-19, 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.

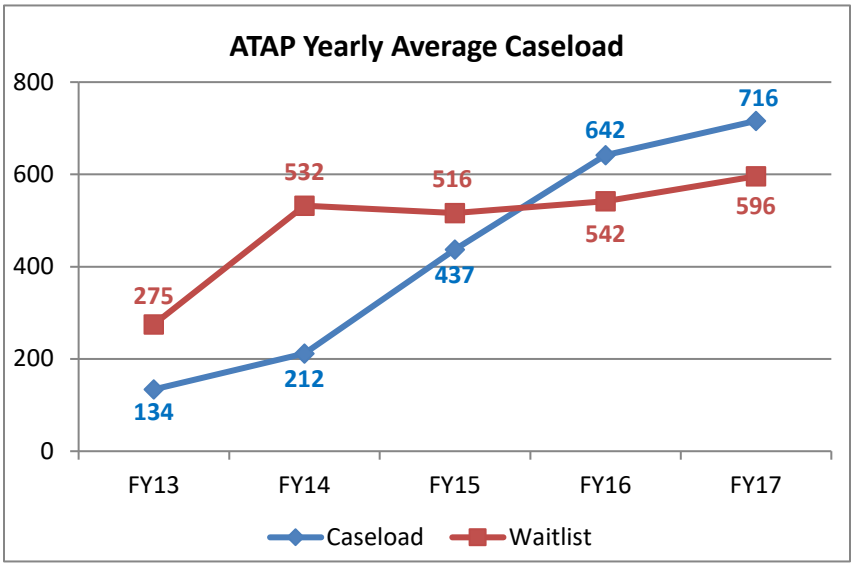
Eligibility: Recipients must be under age 19 and have a documented diagnosis of an Autism Spectrum Disorder. Applicants are prioritized based upon a number of factors relating to their need and opportunities for successful therapy.

Workload History:

Fiscal Year	Average Caseload	Average Waitlist	Expenditures
FY 13	134	275	$2,390,915
FY 14	212	532	$3,493,764
FY 15	437	516	$6,740,509
FY 16	642	542	$11,065,626
FY 17	716	596	$10,831,503

FY17:

Month	Caseload	Waitlist
Jul 16	655	559
Aug	676	584
Sep	690	601
Oct	697	615
Nov	714	602
Dec	725	618
Jan 17	738	595
Feb	746	558
Mar	747	595
Apr	746	617
May	741	628
Jun	721	581
FY17 Avg.	**716**	**596**



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.

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. Currently the program is funded with a mix of State General Fund, Fund for a Healthy Nevada, and Medicaid.

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.

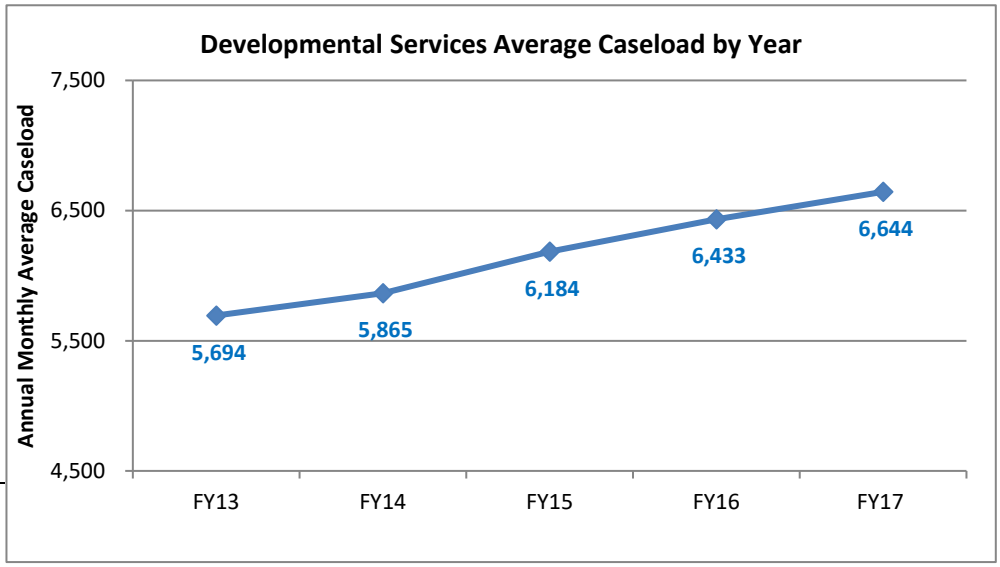
Eligibility: All individuals who meet Developmental Services eligibility requirements of Intellectual Disability diagnosis or Related Conditions and three of six major life skill limitations who apply for services receive basic service coordination. Developmental Services agencies provide many services 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
FY13	$136,720,966	5,694
FY14	$149,929,411	5,865
FY15	$154,288,219	6,184
FY16	$162,607,543	6,433
FY17	Not Yet Available	6,644

Caseload FY17:

Month	Caseload
Jul 16	6,544
Aug	6,546
Sep	6,572
Oct	6,574
Nov	6,580
Dec	6,620
Jan 17	6,642
Feb	6,661
Mar	6,689
Apr	6,732
May	6,775
Jun	6,790
FY17 Total	
FY17 Avg.	**6,644**



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 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	3,414	$35,531,716	6,587
FY 17	3,556	$34,050,954	7,439

FYTD:

Month	New Referrals	Total IFSPs*	Waiting for Services	Services Waiting	Exiting with IFSPs*
Jul 16	535	3,490	2	4	289
Aug	631	3,503	9	16	237
Sep	638	3,512	1	2	235
Oct	549	3,513	0	0	226
Nov	556	3,557	3	4	238
Dec	541	3,530	5	8	240
Jan. 17	638	3,5418	1	1	281
Feb	660	3,529	1	1	205
Mar	723	3,616	0	0	263
Apr	586	3,580	3	7	215
May	656	3,641	2	2	266
Jun	726	3,650	6	12	288
FY17 Total	**7,439**	**42,669**	**33**	**57**	**2,983**
FY17 Avg.	**620**	**3,556**	**3**	**5**	**249**

*IFSP – Individualized Family Service Plan

Comments: 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. Waiting for services includes children who have not initiated any services and ALL services are over the 30-day timeline. "Waitlist" sheet and "Wait by Service" sheet include ANY service that has not met the 30-day timeline.

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

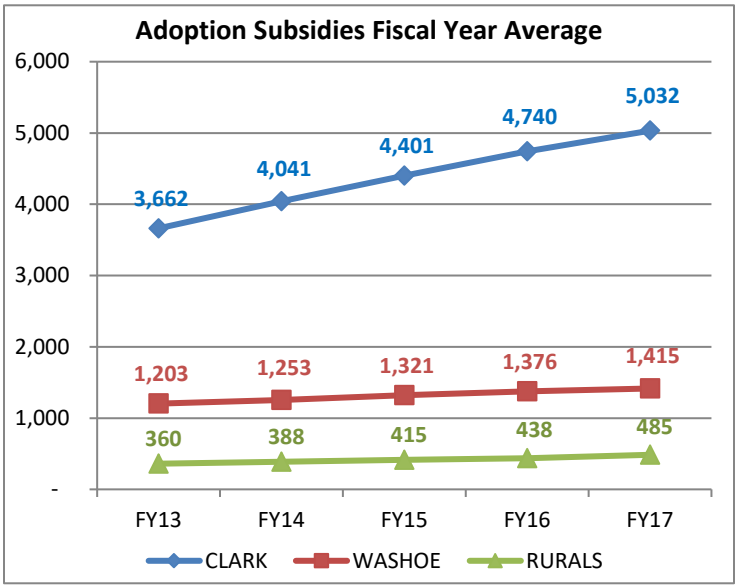
3.01 Adoption Subsidies

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.

FY17:	Clark	Washoe	Rurals	Total
Jul 16	4,894	1,394	457	6,745
Aug	4,925	1,405	460	6,790
Sep	4,964	1,397	463	6,824
Oct	4,980	1,400	467	6,847
Nov	5,027	1,411	481	6,919
Dec	5,033	1,412	492	6,937
Jan 17	5,046	1,414	487	6,947
Feb	5,046	1,422	492	6,960
Mar	5,081	1,426	497	7,004
Apr	5,111	1,422	502	7,035
May	5,133	1,437	509	7,079
Jun	5,143	1,435	511	7,089
FY17 Avg.	**5,032**	**1,415**	**485**	**6,931**



Analysis of Trends: The number of adoption subsidies has increased during the past two years in all public child welfare agencies. This fluctuation 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://dcfs.nv.gov/Programs/CWS/Adoption/Guide/InfantAdoptions/

3.02 Child Protective Services (CPS)

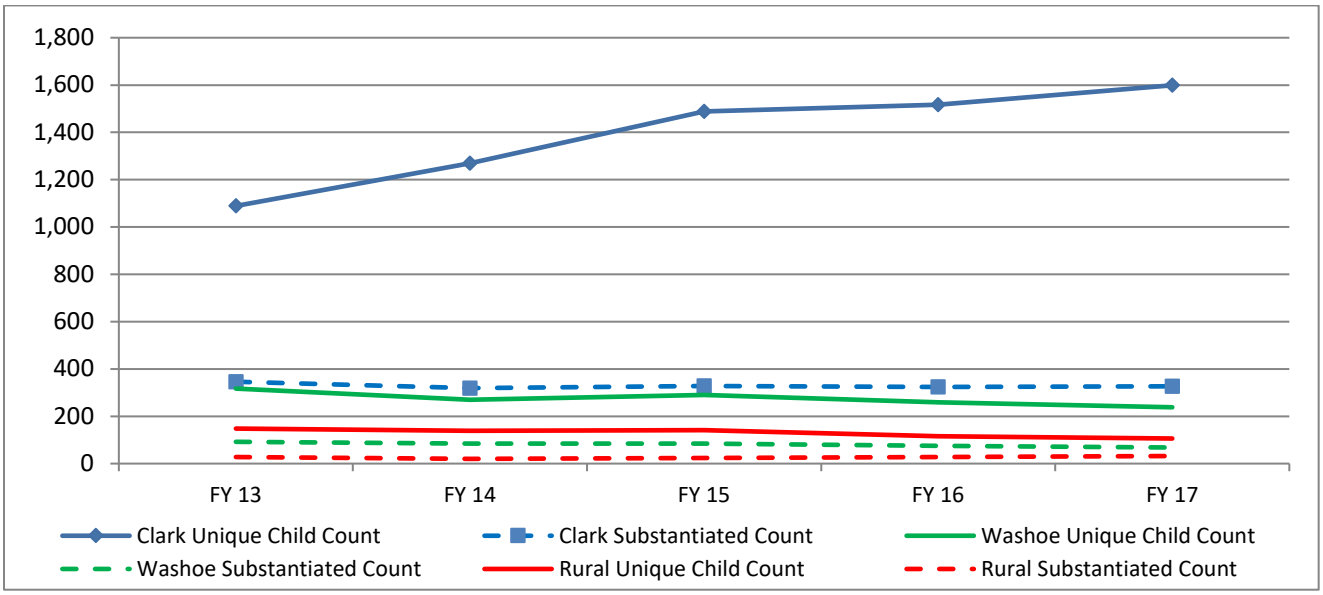
Program: CPS agencies respond to reports of abuse or neglect of children under the age of eighteen. Abuse or neglect complaints are defined in statute, and include mental injury, physical injury, sexual abuse and exploitation, negligent treatment or maltreatment, and excessive corporal punishment. The 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.

FY17:

	Clark County		Washoe County		Rural Counties	
	Unique Child Count*	Substantiated Count	Unique Child Count*	Substantiated Count	Unique Child Count*	Substantiated Count
JUL 16	1,516	321	263	67	105	35
Aug	1,563	324	276	110	86	32
Sep	1,509	372	278	99	64	27
Oct	1,559	297	251	74	76	21
Nov	1,844	371	317	67	103	22
Dec	1,742	339	159	47	118	33
Jan 17	1,602	312	239	54	97	32
Feb	1,298	525	221	43	103	37
Mar	1,612	306	243	78	102	31
Apr	1,431	288	197	77	122	37
May	1,610	335	192	47	157	29
Jun	1,903	410	214	51	142	45
FY17 Total	**19,189**	**3,927**	**2,850**	**814**	**1,275**	**381**
FY17 Avg.	**1,599**	**327**	**238**	**68**	**106**	**32**

*Unduplicated report of maltreatment. Multiple cases may occur in a single household.



Analysis of Trends: The number of reports of alleged child abuse and/or neglect (maltreatment) has risen in Clark County between September 2012 and October 2015 but has gone up only slightly since then. 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 reports of alleged maltreatment has increased as well as the number of investigations. However, the unique count of children, whose report of maltreatment was investigated and at least one allegation of maltreatment was substantiated, has not changed significantly since SFY 2012.

Website: http://dcfs.nv.gov/Programs/CWS/CPS/CPS/

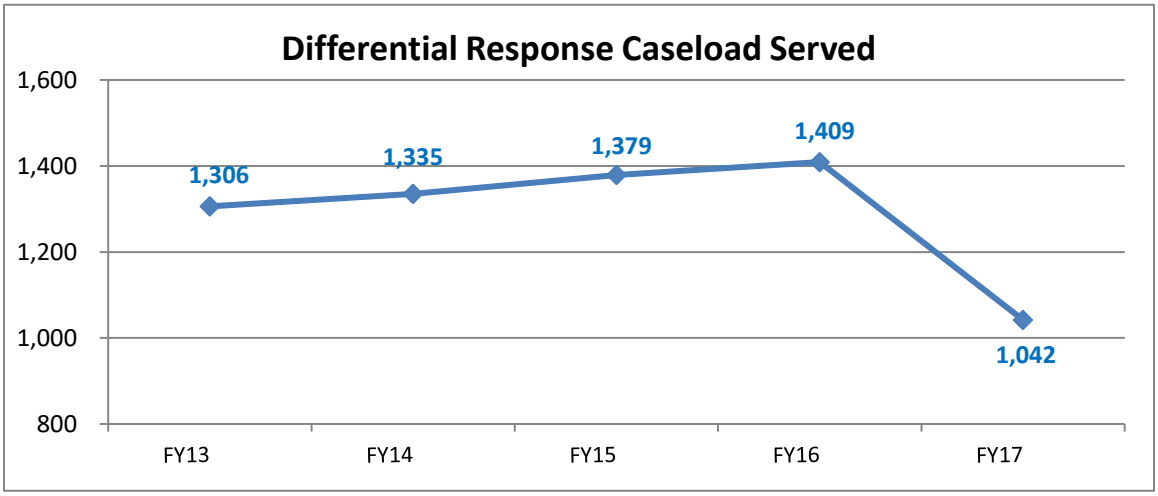
3.03 Differential Response

Program: The Differential Response Program is a joint project between Community Based Service Providers 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 program for assessment and case management. Typically, these reports involve such issues as educational neglect, environmental neglect, medical neglect, and improper supervision. Frequently the Community Based Service Provider 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
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
FY17	1,077	35	1,042	1,093



Analysis of Trends: The chart reflects ongoing cases that were referred to Differential Response (DR). Reports screened in and referred to Differential Response typically involve 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 serviced. Since January 1, 2016, program administration has been conducted by DHHS Division of Child and Family Services (previously under DHHS Grants Management Unit). A change in practice since spring of 2016 has resulted in a decrease in the number of cases that were referred to Differential Response.

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

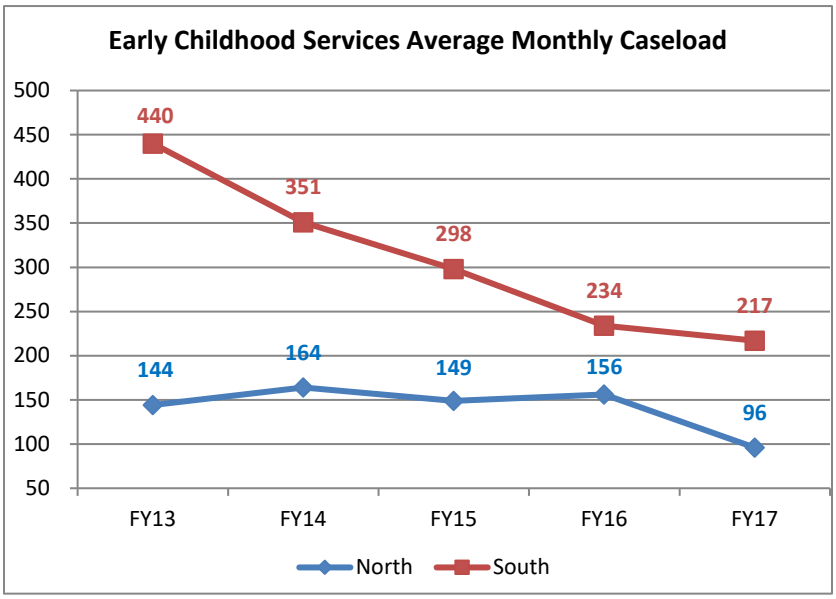
3.04 Early Childhood Services

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.

FY17:	North	South
Jul 16	92	207
Aug	92	203
Sep	94	204
Oct	101	218
Nov	97	209
Dec	93	219
Jan 17	97	212
Feb	101	244
Mar	102	242
Apr	92	225
May	93	207
Jun	96	210
FY17 Total	**1,150**	**2,600**
FY17 Avg.	**96**	**217**



Analysis of Trends: Early Child Mental Health Services counts continue to decrease primarily due to staff shortages, and also because of a decrease in the number of youth with fee-for-services Medicaid. Staff typically provide 25 client hours of billable time and additional non-billable services per week. During periods of severe staff shortages, clients are either transferred to other programs or have their services ended.

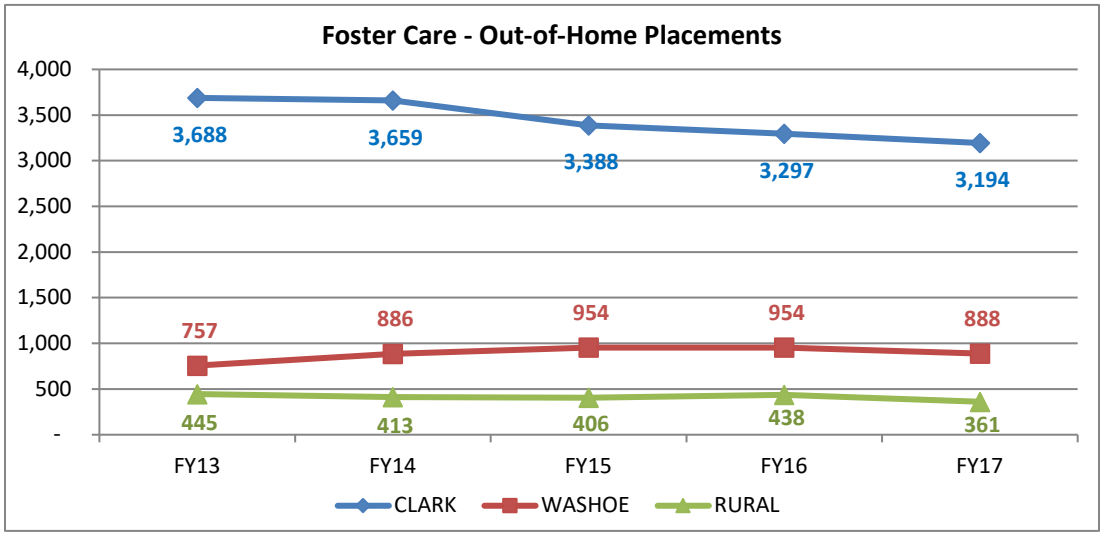
Website: http://dcfs.nv.gov/Programs/CMH/Community-Based-Outpatient-Services/

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: Division of Child and Family Services (DCFS) Family Programs 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.

FY17:	Clark	Washoe	Rurals	Total
Jul 16	2,964	905	357	4,226
Aug	3,234	971	387	4,592
Sep	3,184	977	378	4,539
Oct	3,217	977	378	4,572
Nov	3,014	886	346	4,246
Dec	3,231	940	368	4,539
Jan 17	3,201	926	354	4,481
Feb	3,182	829	333	4,344
Mar	3,260	831	359	4,450
Apr	3,306	834	363	4,503
May	3,306	813	353	4,472
Jun	3,230	804	356	4,390
FY17 Total	**38,329**	**10,658**	**4,331**	**53,318**
FY17 Avg.	**3,194**	**888**	**361**	**4,443**



Analysis of Trends: Nevada Safety Model was first implemented in Clark County in November 2013. 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://dcfs.nv.gov/Programs/CWS/Placement/FosterCareForms/

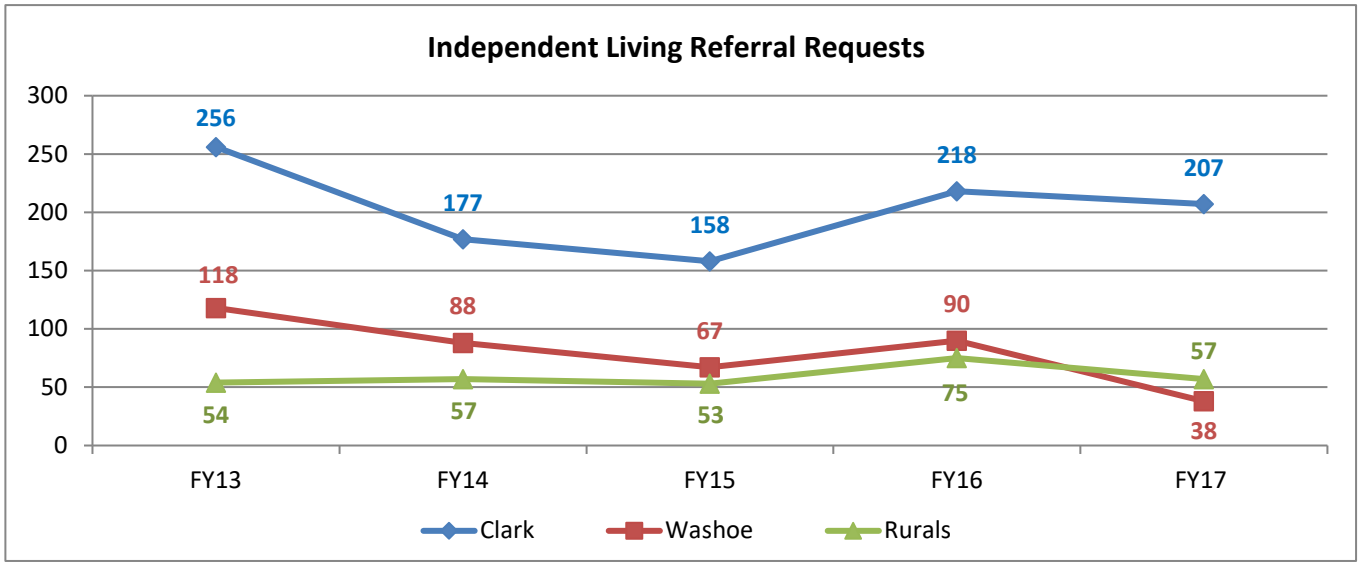
3.06 Foster Care – Independent Living

Program: Child welfare agencies have the responsibility to provide foster youth the opportunity to learn the necessary skill sets to allow them to develop into productive and self-sufficient adults. The Independent Living Program (ILP) provides youth ongoing opportunities to learn and gain familiarity with various Independent Living (IL) activities.

Eligibility: IL Services are provided for Nevada's youth ages 14-17 who are in the foster care system, or those youth with whom the child welfare agency has placement care responsibility. Nevada's youth may opt into Court Jurisdiction (CJ) upon turning 18. The Independent Living Agreement (ILA) requires youth to be at least 17, have demonstrated IL competency (described in ILP Policy 0801), and placed in out-of-home care for at least 6 months prior to entering into an ILA, unless otherwise approved by the child welfare agency.

FY17:	Clark		Washoe		Rurals		Total	
Age	14-17	18-21	14-17	18-21	14-17	18-21	14-17	18-21
Jul 16	10	1	4	0	4	0	18	1
Aug	17	0	4	0	0	0	21	0
Sep	22	0	2	1	4	0	28	1
Oct	12	0	0	0	8	4	20	4
Nov	12	0	2	0	3	0	17	0
Dec	13	1	5	0	8	2	26	3
Jan 17	23	2	11	0	1	0	37	2
Feb	16	0	4	0	1	0	21	0
Mar	26	4	0	0	8	0	34	4
Apr	19	0	0	0	6	0	25	0
May	19	0	4	0	6	1	29	1
Jun	18	0	2	0	6	0	26	0
FY17 Total	**207**	**8**	**38**	**1**	**57**	**7**	**302**	**16**
FY17 Avg.	**17**	**1**	**3**	**0**	**5**	**1**	**25**	**1**

	Age: 14-17	Age: 18-21
2013	428	62
2014	322	15
2015	278	10
2016	383	11
2017	302	16



Website: http://dcfs.nv.gov/Programs/CWS/IL/

Funding: The three major sources of funding come from a federal grant (John H. Chafee Foster Care Independence Program/CFCIP), State General Funds (Fund to Assist Former Foster Youth/FAFFY), and Local Funding.

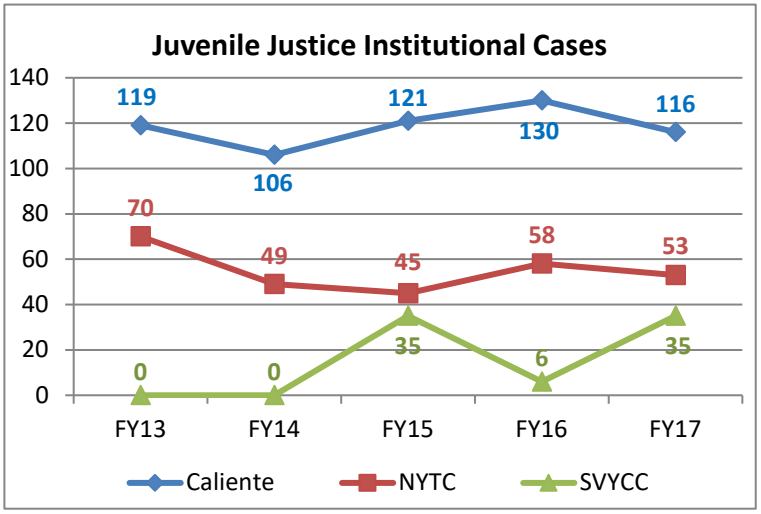
3.07 Juvenile Justice – Facilities

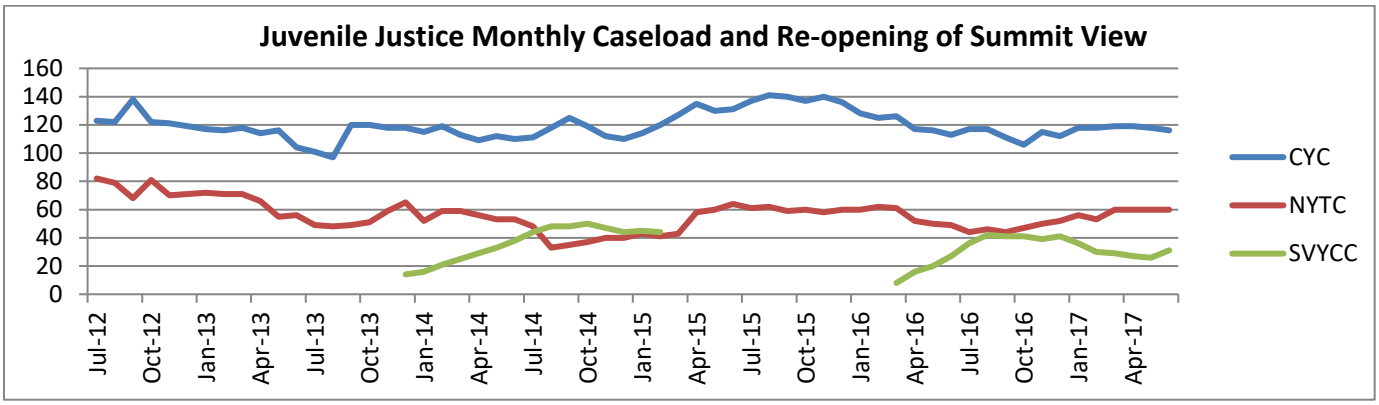
Caliente Youth Center (CYC): Opened in 1962 and renovated in 1977. Juvenile facility/training school. Security: staff-secure. Programs: academic education, vocational training, substance-abuse education, psychological counseling, outdoor work crew, behavior/anger management, violence prevention, prerelease/transitional training, cognitive-skills training, private family visitation.

Nevada Youth Training Center (NYTC): Opened in 1913 and renovated in 1961. Juvenile facility/training school. Security: staff-secure. Programs: academic education, vocational training, substance-abuse counseling, psychological counseling, behavior/anger management, cognitive-skills training, violence prevention, private family visitation, NIAA interscholastic sports.

Summit View Youth Correctional Center (SVYCC): Re-opened as State-run facility in February of 2016. Security: Physically-secure. Programs: academic education, vocational training, substance-abuse counseling, psychological counseling, behavior and anger management, family visitation, transition planning, positive behavioral interventions and supports.

FY17:	CYC	NYTC	SVYCC	Total
Jul 16	117	44	36	197
Aug	117	46	42	205
Sep	111	44	41	196
Oct	106	47	41	194
Nov	115	50	39	204
Dec	112	52	41	205
Jan 17	118	56	36	210
Feb	118	53	30	201
Mar	119	60	29	208
Apr	119	60	27	206
May	118	60	26	204
Jun	116	60	31	207
FY17 Avg.	**116**	**53**	**35**	**203**





Analysis of Trends: Initiatives such as the Juvenile Detention Alternatives Initiative (JDAI), state investments in front-end programs 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. The populations of NYTC and CYC lowered upon opening of SUYC. The Division is currently working with the Council of State Governments in an in-depth analysis of our Juvenile Justice System.

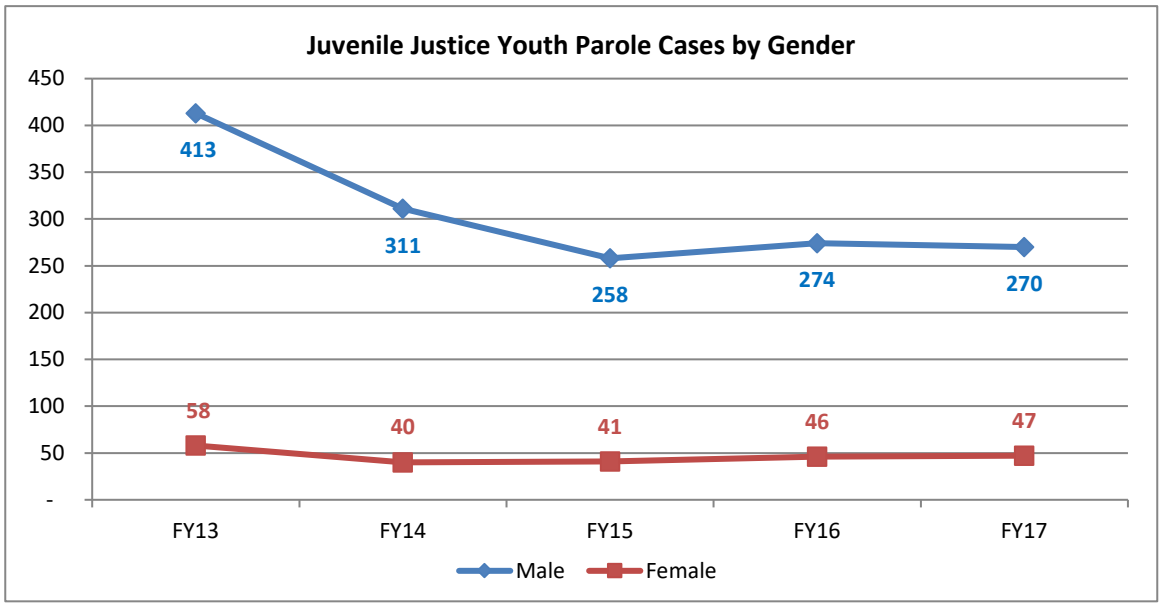
Website: http://dcfs.nv.gov/Programs/JJS/

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.

FY17:	Male	Female
Jul 16	272	46
Aug	272	47
Sep	261	51
Oct	252	55
Nov	257	55
Dec	258	49
Jan 17	273	43
Feb	265	42
Mar	292	45
Apr	301	44
May	275	45
Jun	258	45
FY17 Avg.	**270**	**47**



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.

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

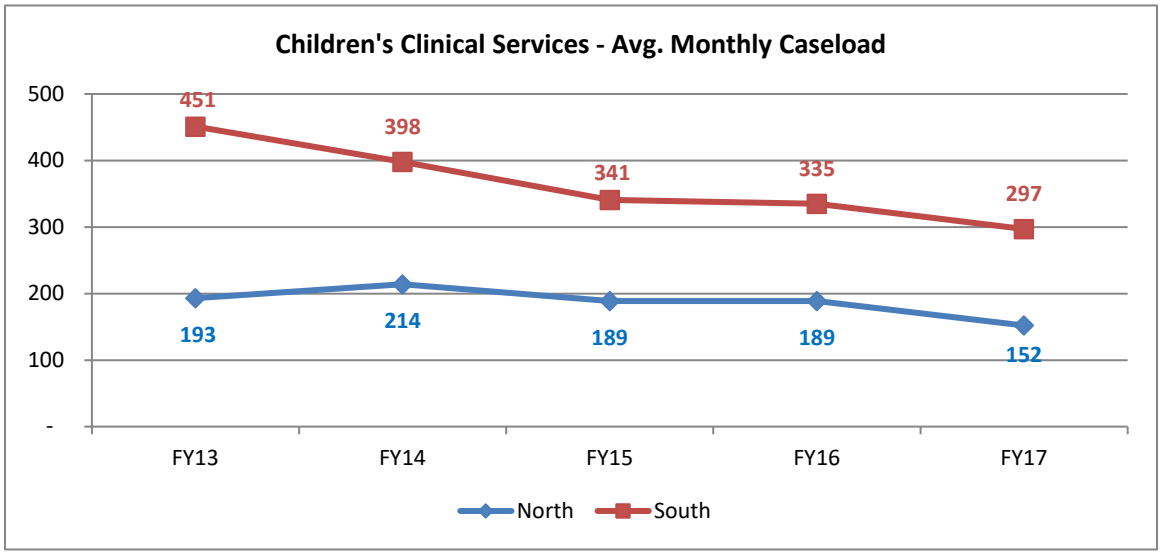
3.09 Children's Clinical Services

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.

FY17:	North	South
Jul 16	182	304
Aug	170	273
Sep	156	275
Oct	152	278
Nov	150	284
Dec	153	295
Jan 17	150	288
Feb	157	292
Mar	151	307
Apr	132	301
May	146	329
Jun	130	335
FY17 Total	**1,829**	**3,561**
FY17 Avg.	**152**	**297**



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://dcfs.nv.gov/Programs/CMH/Community-Based-Outpatient-Services/

3.10 Residential Treatment Services

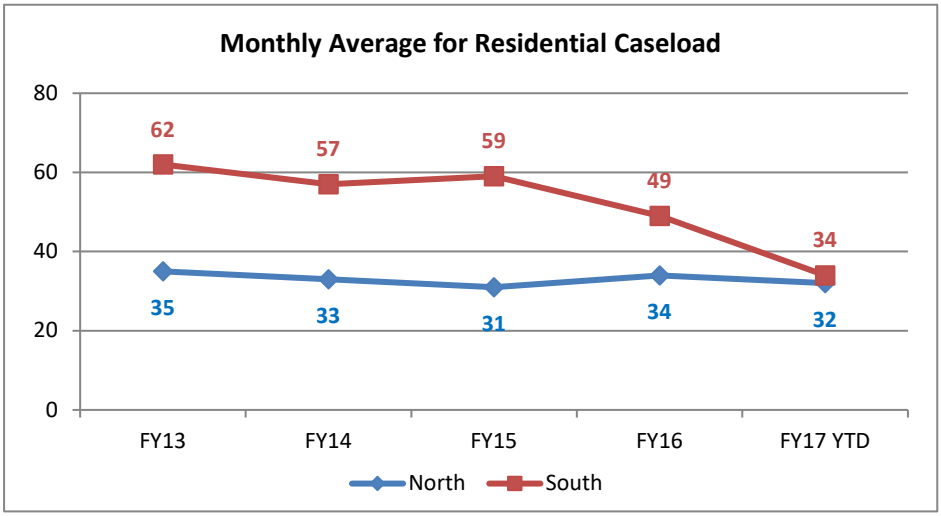
Program: Treatment Center services work in the context of family and community life with children and adolescents whose emotional, mental health, and behavioral needs cannot be met in their own families and who require a higher level of mental health intervention in an out of home setting. Inpatient 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 12 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.

FY17:	North	South
Jul 16	28	31
Aug	35	27
Sep	35	30
Oct	34	37
Nov	33	40
Dec	33	37
Jan 17	30	34
Feb	30	37
Mar	31	35
Apr	30	37
May	31	32
Jun	30	28
FY17 Avg.	**32**	**34**



Analysis of Trends:

1. In the North, counts were lower due to staff shortages.
2. In the South, the decline in Residential Treatment Services since SFY08 was due to the following reasons: As of the December 2015 update, DCFS had closed approximately six agencies with two more pending in the last two years. There had been a net decrease of approximately 50 Higher Level of Care (HLOC) 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://dcfs.nv.gov/Programs/CMH/Resident-day-treatment-svcs/

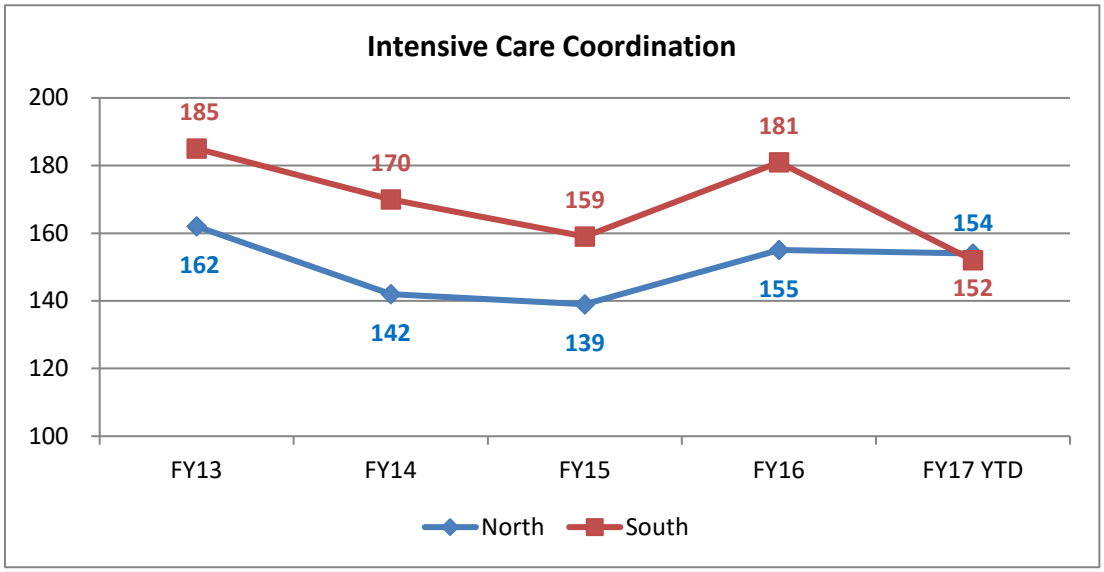
3.11 Intensive Care Coordination Services

Program: Intensive Care Coordination is provided using a wraparound model for children, ages 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. These needs 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: Ages 6 to 18.

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

FY17:	North	South
Jul 16	157	167
Aug	158	163
Sep	160	144
Oct	157	155
Nov	151	147
Dec	159	151
Jan 17	151	147
Feb	164	147
Mar	156	148
Apr	148	151
May	145	169
Jun	142	138
FY17 Avg.	**154**	**152**



Analysis of Trends: Services declined due to a decrease in referrals and a decrease in the number of youth that were FFS Medicaid Eligible. However, counts have remained fairly constant since SFY13.

Website: http://dcfs.nv.gov/Programs/CMH/Community-Based-Outpatient-Services/

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4.01 Medicaid Totals

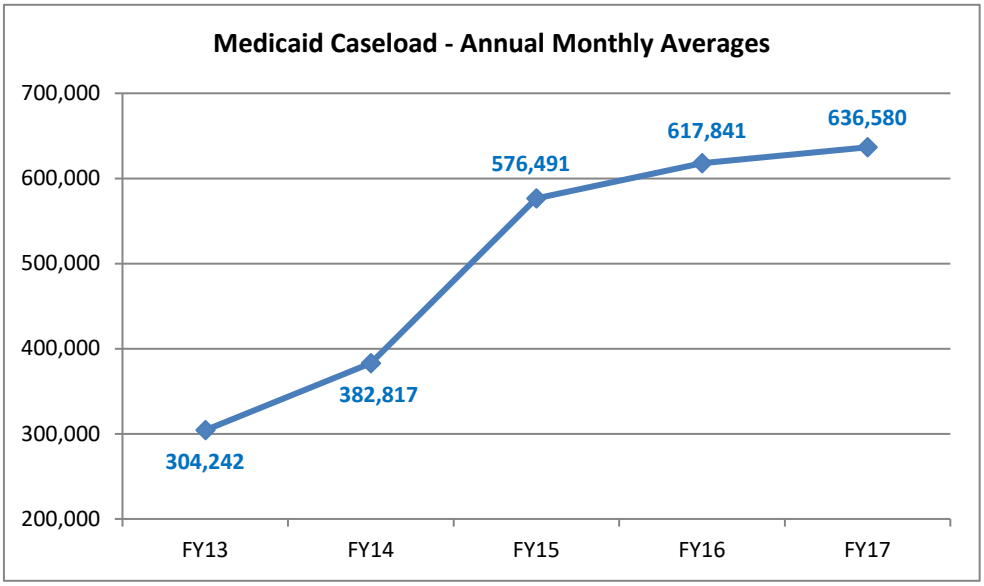
Program: Medicaid is a joint Federal-State program that provides medical services to clients of the State public assistance program and, at the State's option, other needy individuals, as well as augments hospital and nursing facility services that are mandated under Medicaid. States may decide on the 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 link below and select "Eligibility & Payments Information Manual" off the Home page. Next select the "Maps" tab.

Workload History:

Fiscal Year	Average Cases	Total Expenditures
FY 13	303,526	$1,740,345,035
FY 14	382,817	$2,027,481,858
FY 15	576,491	$2,975,550,583
FY 16	617,841	$3,226,886,021
FY 17	636,580	$3,553,904,567

FY17:	Caseload
Jul 16	621,989
Aug	626,736
Sep	628,879
Oct	632,415
Nov	632,688
Dec	636,351
Jan 17	640,821
Feb	641,959
Mar	644,628
Apr	643,244
May	644,174
Jun	645,196
FY17 Average Caseload	**636,580**



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

Analysis of Trends: 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).

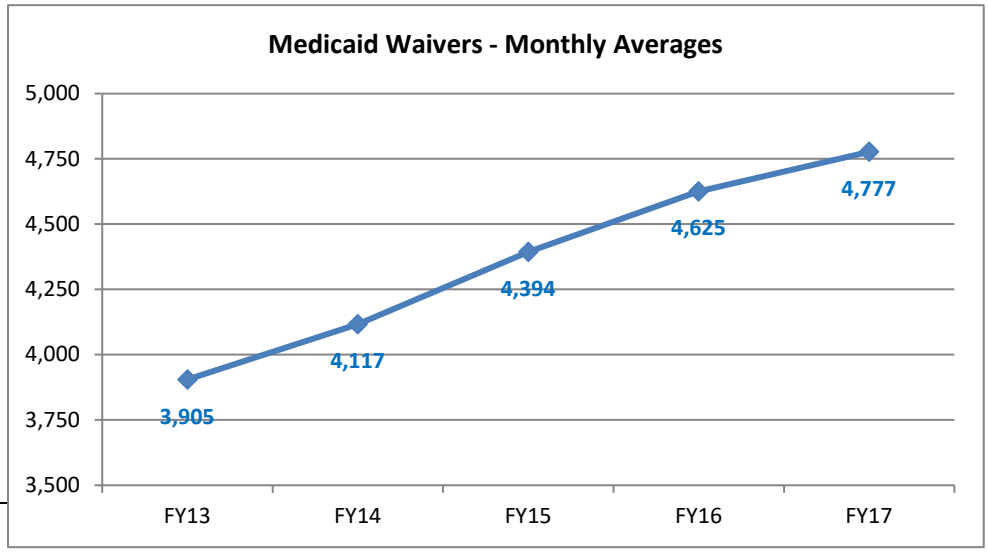
Waiver for Individuals with Intellectual Disabilities and Related Conditions (IID) - This waiver serves recipients of all ages who have a documented intellectual disability or related condition, such as Autism or Down Syndrome, as determined by the Division of Health Care Financing and Policy (DHCFP) 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 13	3,905	$33,550,204
FY 14	4,117	$45,573,096
FY 15	4,394	$54,565,860
FY 16	4,625	$57,714,244
FY 17	4,777	$65,451,345

FY17:	Caseload
Jul 16	4,668
Aug	4,706
Sep	4,694
Oct	4,705
Nov	4,717
Dec	4,723
Jan 17	4,766
Feb	4,765
Mar	4,845
Apr	4,874
May	4,923
Jun	4,935
FY17 Average Caseload	**4,777**



Analysis of Trends: Actual caseload data is trending slightly below both budgeted and projected caseloads. Expenditures in total and in average cost per client are above budgeted amounts most likely because budgeted expenditures were too conservative. Expenditures for these types of waivers, which are home and community based, can be difficult to predict due to their nature.

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.

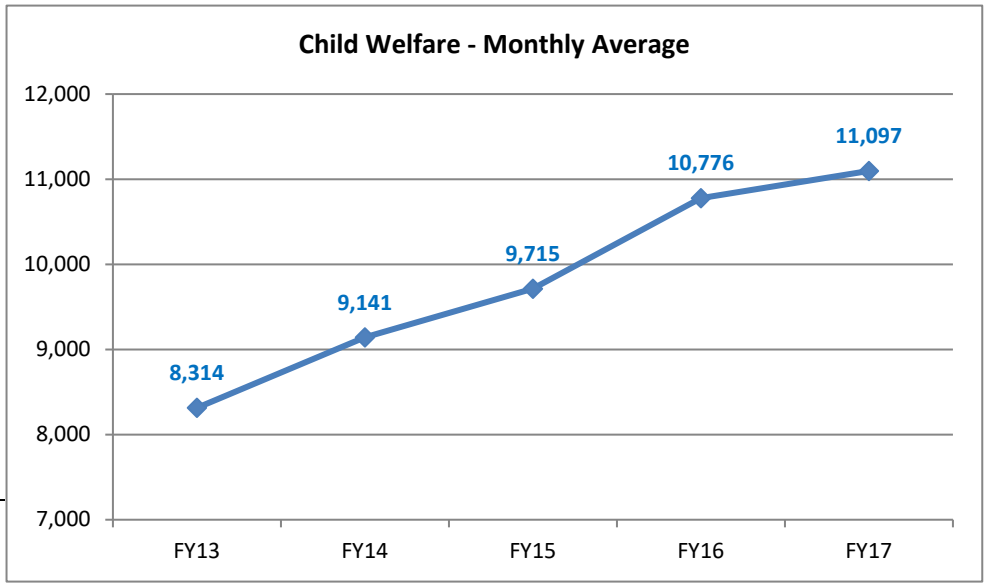
Eligibility: For recipients who qualify for Medicaid under the child welfare eligibility guidelines, regardless of whether they are in state, county, or parental custody.

Funding: Funding for this program is split 64.74% Federal funds and 35.26% State General Fund.

Workload History:

Fiscal Year	Average Cases	Total Expenditures
FY 13	8,314	$52,420,833
FY 14	9,141	$80,223,551
FY 15	9,715	$85,311,870
FY 16	10,776	$89,989,893
FY 17	11,097	$91,022,869

FY17:	Caseload
Jul 16	10,934
Aug	10,997
Sep	11,086
Oct	11,114
Nov	11,076
Dec	11,146
Jan 17	11,084
Feb	11,146
Mar	11,184
Apr	11,086
May	11,115
Jun	11,196
FY17 Average Caseload	**11,097**



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

Comment: Caseload for this targeted group is significantly above budgeted amounts and currently tracks just below projections. Overall expenditures for this group is above budgeted amounts due to a larger population than budgeted. The average cost per client fluctuates above and below budgeted amounts based on the type and amount of expenditures paid.

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 percent of the Federal Benefit Rate (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.

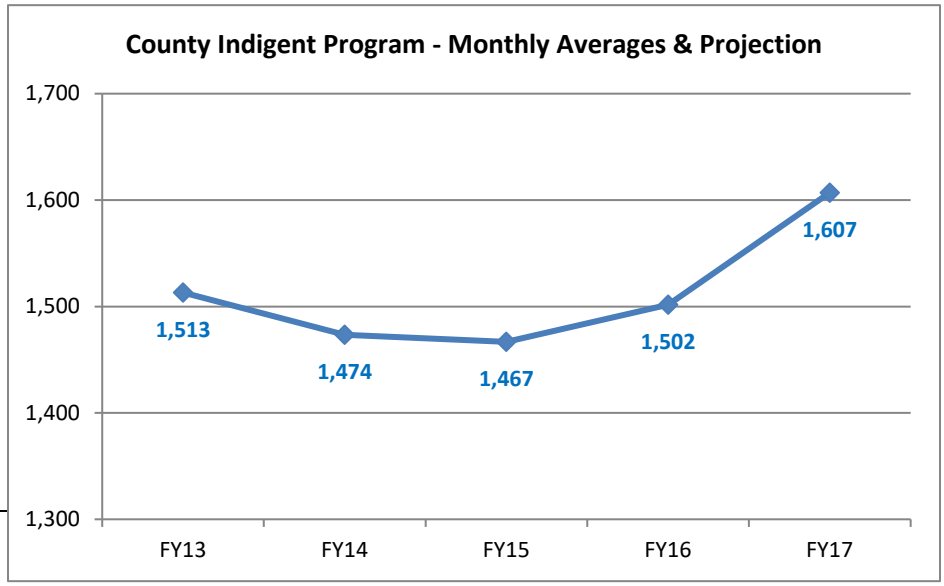
Eligibility: Institutionalized recipients between 142-300 percent of the Federal Benefit Rate.

Funding: Nevada counties pay the non-federal portion of medical costs for institutionalized individuals and waiver recipients with incomes prescribed by the Director annually. Counties are required to pay up to the proceeds of an eight cent ad valorem assessment. Any costs above that, on an individual county level, is borne by the State.

Workload History:

Fiscal Year	Average Cases	Total Expenditures
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
FY 17	1,607	$68,438,151

FY17:	Caseload
Jul 16	1,568
Aug	1,576
Sep	1,591
Oct	1,610
Nov	1,609
Dec	1,624
Jan 17	1,632
Feb	1,613
Mar	1,625
Apr	1,619
May	1,627
Jun	1,595
FY17 Average Caseload	**1,607**



Comment: At the current time actual caseload is slightly above projected and budgeted caseload. In addition, total expenditures and average cost per client are significantly lower than budgeted amounts most likely due to estimates assuming higher cost care than has been required for this participant category.

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 percent and 7.5 percent of their monthly net income.

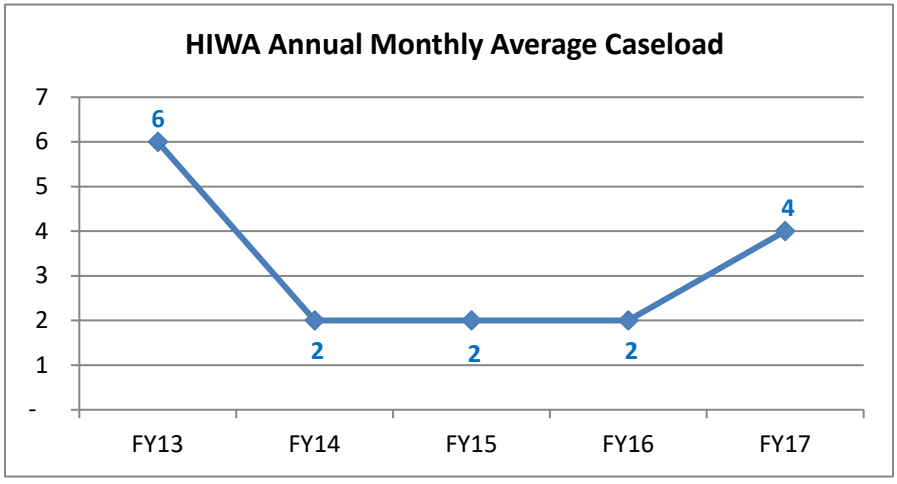
Eligibility: Citizenship, residency, disability and current employment are requirements of the program. The resource limit is $15,000. A vehicle, special needs trusts, medical savings accounts and tax refunds are some of the resources which are excluded. There are several work-related expenses which 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 13	6	$6,727
FY 14	2	$6,208
FY 15	2	$26,881
FY 16	2	$15,404
FY 17	4	$6,908

FY17:	Caseload
Jul 16	4
Aug	4
Sep	4
Oct	4
Nov	4
Dec	4
Jan 17	4
Feb	4
Mar	4
Apr	4
May	4
Jun	4
FY17 Average Caseload	**4**



Comment: The 2015 American Community Survey of the US Census reported Nevada had an estimate of 1,770,634 persons aged 18-64. Of the 1,255,999 employed, 83,559 people were with a disability and 1,172,440 people were without a disability. Of the 107,895 unemployed, 12,845 people were with a disability and 95,050 people were without a disability.

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

4.06 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).

The Office of Health Information Technology (OHIT) is responsible for the adoption and promotion of health information technology (HIT) to improve health care quality, increase patient safety, reduce health care costs, and enable individuals and communities to make the best possible health decisions.

The Department of Health and Human Services (DHHS) is in the final stages of enacting the revisions to the Nevada Administrative Code (NAC), giving the DHHS regulatory authority over the Health Information Exchange (HIE) systems operating in the state.

Eligibility:

Electronic Health Record Incentive Program:

Eligible Professionals (EPs)
MDs and DOs, Dentists, Certified nurse midwives (CNMs), Physician Assistants (PAs) when practicing and leading at a Federally Qualified Health Center (FQHC)/Rural Health Clinic (RHC) and Nurse Practitioners (NPs).

Eligible Hospitals (EHs)
Acute care hospitals, including cancer hospitals and children's hospitals.

The deadline to start the program is September 30, 2017. To qualify EPs must have a minimum Medicaid patient volume of 30% or have a minimum of 20% Medicaid patient volume if they are a pediatrician. The patient volume requirements are for 90-day period.

HIT Interoperability:
The Centers for Medicare and Medicaid Services (CMS) has updated guidance to allow State Medicaid Agencies to leverage Medicaid HITECH or HIT funding to support Medicaid providers with whom Eligible Providers (EPs) wish to coordinate care with.

Opportunities include funding for HIE on boarding and systems for behavioral health providers, long term care providers, substance abuse treatment providers, home health providers, correctional health providers, social workers, emergency medical services providers and so on. It may also support the HIE on-boarding of laboratory, pharmacy or public health providers.

Funding:

Funding for these activities is outlined in SMD#16003, https://www.medicaid.gov/federal-policy-guidance/downloads/smd16003.pdf, and funds go directly to the state Medicaid agency in the same way existing Medicaid HIT administrative funds are distributed. Federal funding for HIE and Interoperability activities described in SMD#16003 is in place until 2021 and is a 90/10 Federal State match. The state is responsible for securing the 10% match. As such, DHHS OHIT will need to work with potential recipients of this enhanced funding to identify a source for the 10% match. Please note, matching funds are subject to federal funding rules and cannot be provided directly from providers/entities benefiting from the enhanced funding.

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:

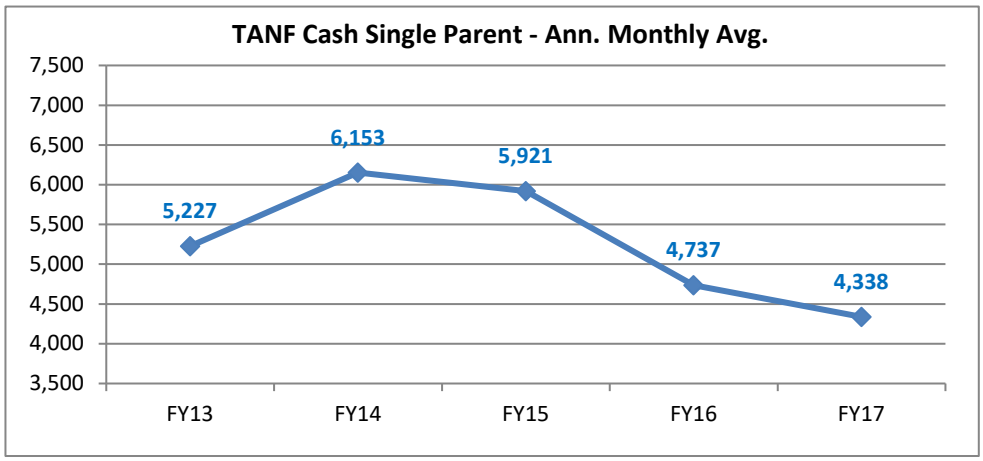
Household Size	Maximum Income Test (130% of FPL)	100% Need Standard (75% of FPL)	Maximum Payment Standard
1	$1,307	$754	$253
2	$1,759	$1,015	$318
3	$2,212	$1,276	$383
4	$2,665	$1,538	$448
5	$3,118	$1,799	$513
6	$3,571	$2,060	$578
7	$4,024	$2,321	$643
8	$4,476	$2,583	$708

Workload History:

Fiscal Year	Average Monthly Cases	Total Expenditures
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	$16,642,056
FY 17	4,338	Not Yet Available

FY17:

Jul 16	4,193
Aug	4,576
Sep	4,266
Oct	4,533
Nov	4,518
Dec	4,480
Jan 17	4,238
Feb	4,275
Mar	4,245
Apr	4,110
May	4,384
Jun	4,242
FY17 Avg.	**4,338**



Comments: There has been a significant decrease in TANF NEON recipients due to several factors: More clients have exhausted their 60-month lifetime limit and, as a result, are no longer eligible for TANF payments; more stringent pre-eligibility requirements have slowed down approvals for TANF NEON; and NEON caseloads are smaller and more manageable and are therefore being terminated timely.

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

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:

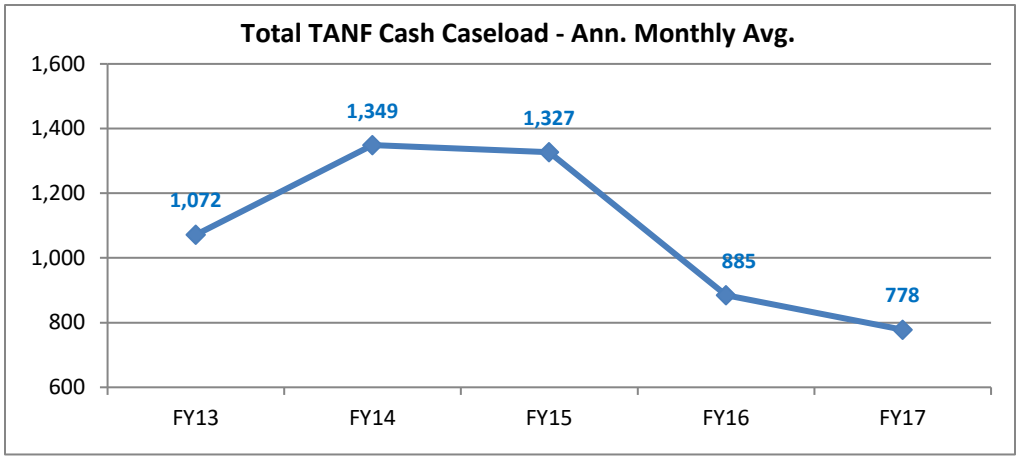
Household Size	Maximum Income Test (130% of FPL)	100% Need Standard (75% of FPL)	Maximum Payment Standard
1	$1,307	$754	$253
2	$1,759	$1,015	$318
3	$2,212	$1,276	$383
4	$2,665	$1,538	$448
5	$3,118	$1,799	$513
6	$3,571	$2,060	$578
7	$4,024	$2,321	$643
8	$4,476	$2,583	$708

Workload History:

Fiscal Year	Average Cases	Total Expenditures
FY 13	1,072	$4,122,515
FY 14	1,349	$5,456,619
FY 15	1,327	$5,359,706
FY 16	885	$3,602,280
FY 17	778	Not Yet Available

FY17:

Jul 16	777
Aug	838
Sep	788
Oct	796
Nov	803
Dec	822
Jan 17	771
Feb	782
Mar	754
Apr	739
May	742
Jun	724
FY17 Avg.	**778**



Comments: There has been a significant decrease in TANF NEON recipients due to several factors: More clients have exhausted their 60-month lifetime limit and, as a result, are no longer eligible for TANF payments; more stringent pre-eligibility requirements have slowed down approvals for TANF NEON; and NEON caseloads are smaller and more manageable and are therefore being terminated timely.

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

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)	Maximum Payment Allowance	NNRCC*/Kinship Care 275% FPL*	NNCT*/CON Allowance
1	$1,307	$253	$2,764	$417
2	$1,759	$318	$3,722	$476
3	$2,212	$383	$4,680	$535
4	$2,665	$448	$5,638	$594
5	$3,118	$513	$6,595	$654
6	$3,571	$578	$7,553	$713
7	$4,024	$643	$8,511	$772
8	$4,476	$708	$9,469	$831

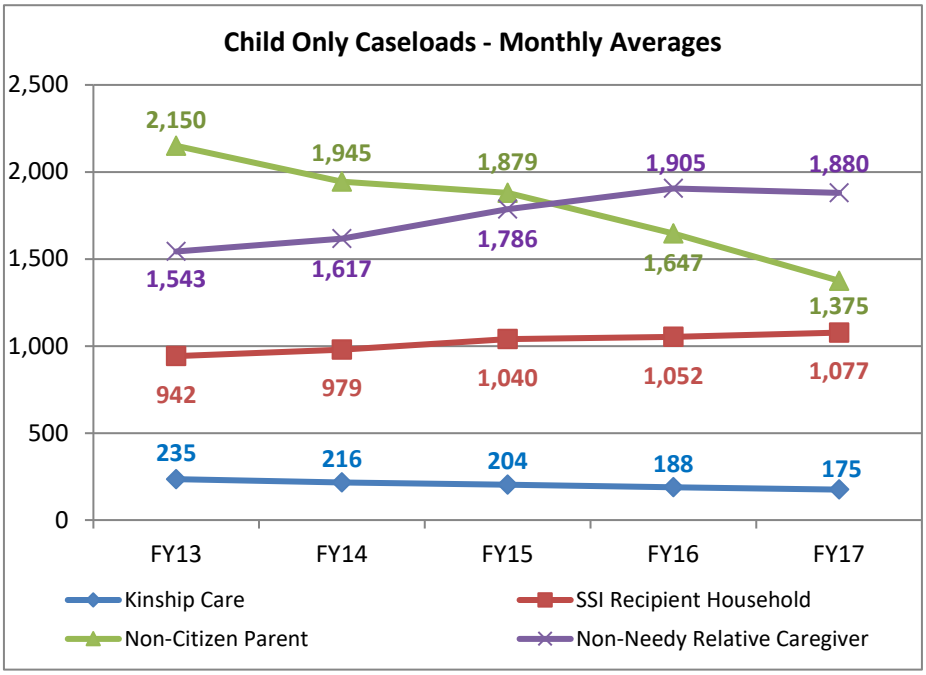
Note: Kinship Care Allowance: 0-12 year of age = $400 per child, if there is only one child the payment is $417; 13 yrs+ = $462 per child
*NNCT = Non-Needy Relative Caretaker; FPL = Federal Poverty Level

Workload History:

Year	Cases	Expenditures
FY13	4,870	$20,926,645
FY14	4,758	$20,653,444
FY15	4,909	$21,621,020
FY16	4,792	$21,458,375
FY17	4,507	Not Yet Available

FY17:

Jul 16	4,572
Aug	4,631
Sep	4,564
Oct	4,564
Nov	4,613
Dec	4,575
Jan 17	4,557
Feb	4,506
Mar	4,475
Apr	4,335
May	4,363
Jun	4,344
FY17 Avg.	**4,507**



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

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	100% Need Standard (75% of FPL)	Maximum Payment Allowance	NNCT*/CON 275% FPL*	NNCT*/CON Payment Allowance
1	$754	$253	$2,764	$417
2	$1,015	$318	$3,722	$476
3	$1,276	$383	$4,680	$535
4	$1,538	$448	$5,638	$594
5	$1,799	$513	$6,595	$654
6	$2,060	$578	$7,553	$713
7	$2,321	$643	$8,511	$772
8	$2,583	$708	$9,469	$831

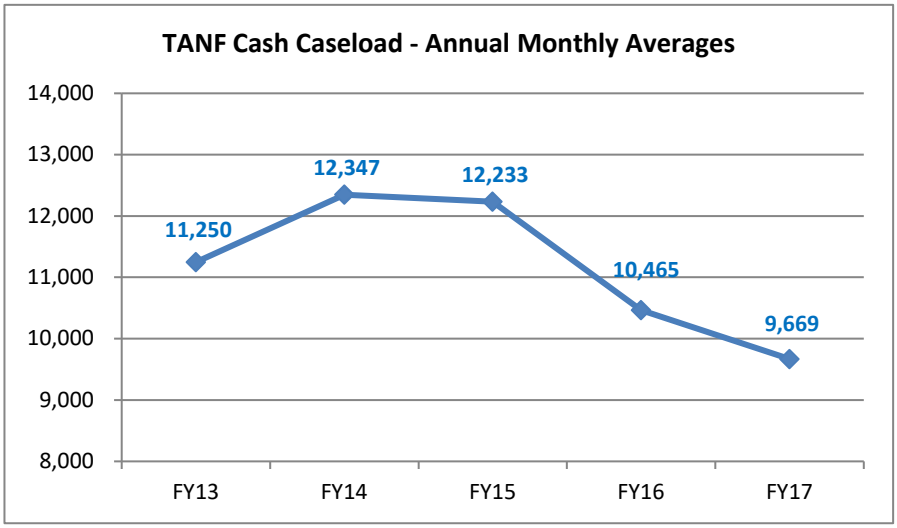
Note: Kinship Care Allowance: 0-12 year of age = $400 per child, if there is only one child the payment is $417; 13 yrs+ = $462 per child
*NNCT = Non-Needy Relative Caretaker; FPL = Federal Poverty Level

Workload History:

Fiscal Year	Average Cases	Total Expenditures
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	$41,928,930
FY 17	9,669	Not Yet Available

FY17:

Jul 16	9,594
Aug	10,089
Sep	9,668
Oct	9,920
Nov	9,987
Dec	9,931
Jan 17	9,619
Feb	9,601
Mar	9,511
Apr	9,224
May	9,530
Jun	9,359
FY17 Avg.	**9,669**



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

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

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.

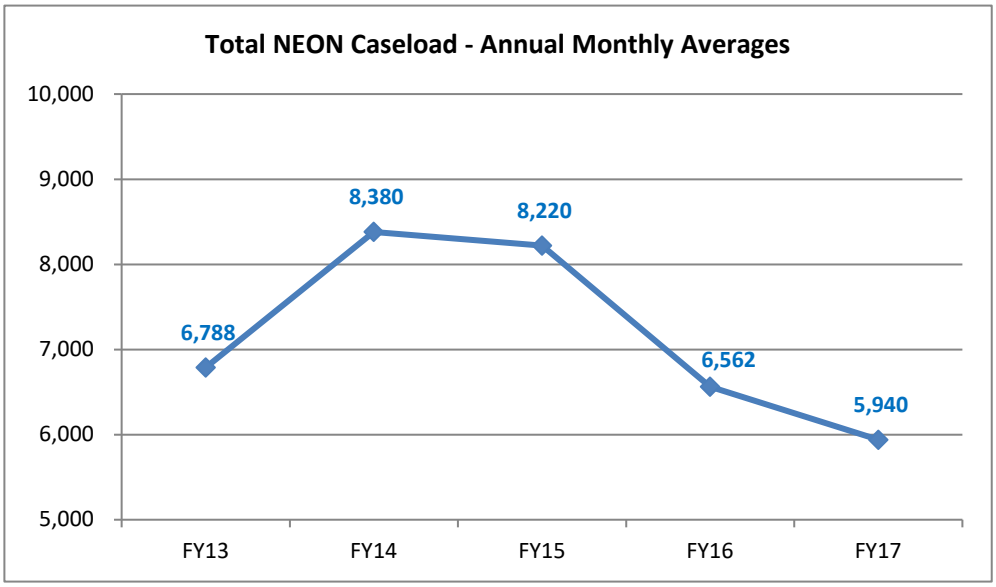
Eligibility: Individuals who meet the definition of a "work eligible individual" are NEON mandatory. This includes all adults or minor head-of-households (HOH) receiving assistance under TANF-NEON program. This excludes minor parents not HOH or married to the HOH, ineligible non-citizens, SSI recipients,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

Workload History:

Fiscal Year	Average Cases
FY 13	6,788
FY 14	8,380
FY 15	8,220
FY 16	6,562
FY 17	5,940

FY17:

Month	Caseload
Jul 16	5,799
Aug	6,309
Sep	5,892
Oct	6,170
Nov	6,177
Dec	6,175
Jan 17	5,828
Feb	5,877
Mar	5,789
Apr	5,627
May	5,909
Jun	5,739
FY17 Avg.	**5,940**



Comments: 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.

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

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.

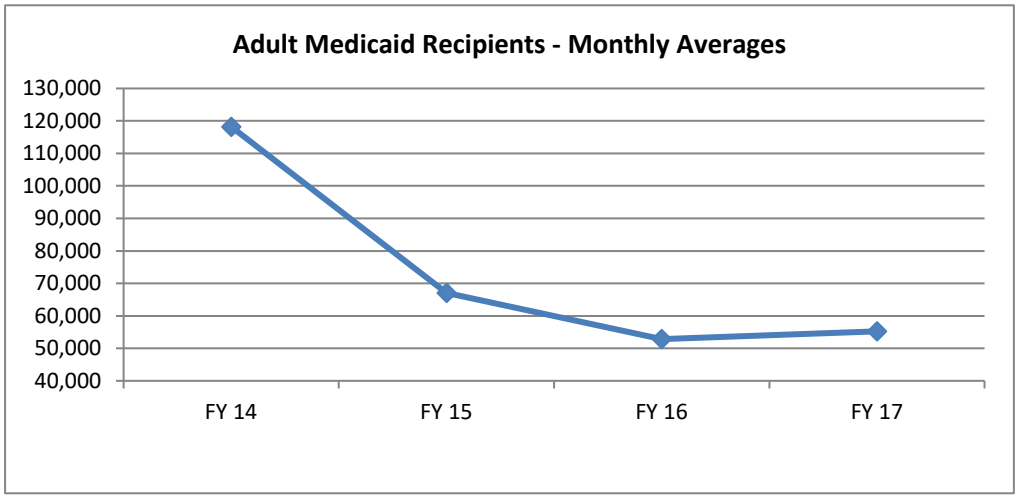
Household Size	AM Limit
	Parent/Caretakers
1	$319
2	$407
3	$495
4	$582
5	$670
6	$758
7	$849
8	$934

Workload History:

Fiscal Year	Average Cases
FY 14	118,214
FY 15	67,082
FY 16	52,843
FY 17	55,275

FY17:

Jul 16	54,126
Aug	54,511
Sep	54,528
Oct	54,740
Nov	54,653
Dec	54,801
Jan 17	55,346
Feb	55,725
Mar	56,263
Apr	56,130
May	56,176
Jun	56,299
FY17 Avg.	**55,275**



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.

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

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).

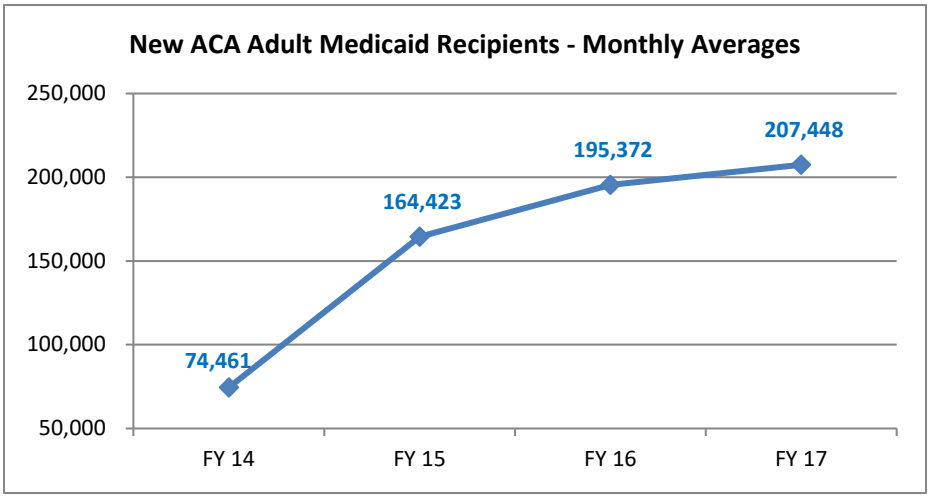
Household Size	138% FPL
1	$1,387
2	$1,868
3	$2,348
4	$2,829
5	$3,310
6	$3,790
7	$4,271
8	$4,752

Workload History:

Fiscal Year	Average Cases
FY 14	74,461
FY 15	164,423
FY 16	195,372
FY 17	207,448

FY17:

Jul 16	200,583
Aug	202,122
Sep	203,163
Oct	204,878
Nov	205,406
Dec	207,966
Jan 17	210,296
Feb	210,670
Mar	211,414
Apr	210,861
May	211,053
Jun	210,960
FY17 Avg.	**207,448**



Comments: The increasing trend is due to adding adults that are newly eligible under ACA. We anticipate this to fluctuate with the business cycle and population growth. In the short term, the enrollment period will influence growth of this caseload.

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

5.08 Pregnant Women and Children Medicaid

Program Notes: This category covers 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.

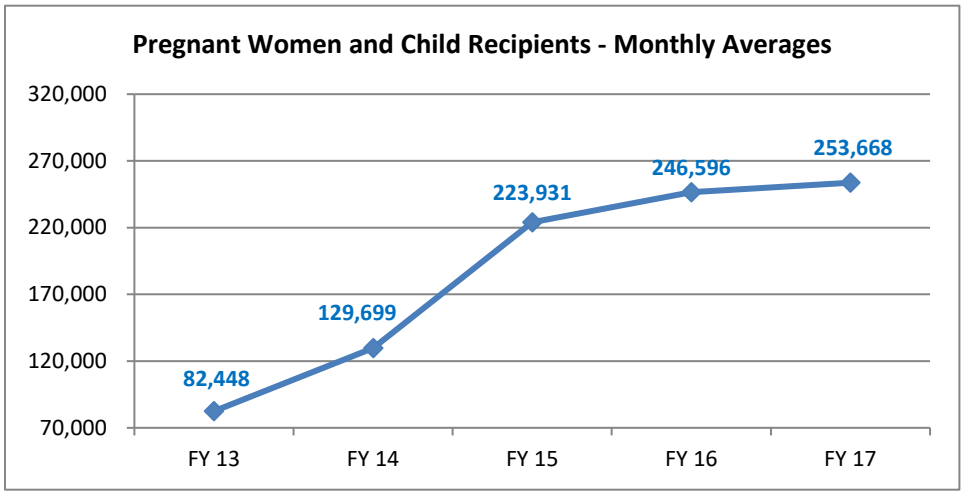
Household Size	122% FPL	165% FPL
	Children 6-18	Pregnant Women & Children 0-5
1	$1,226	$1,658
2	$1,651	$2,233
3	$2,076	$2,808
4	$2,501	$3,383
5	$2,926	$3,957
6	$3,351	$4,532
7	$3,776	$5,107
8	$4,201	$5,682

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
FY 16	246,596
FY 17	253,668

FY17:

Jul 16	250,728
Aug	252,844
Sep	253,048
Oct	253,662
Nov	252,957
Dec	253,347
Jan 17	254,057
Feb	254,160
Mar	254,871
Apr	254,412
May	254,641
Jun	255,289
FY17 Avg.	**253,668**



Comments: Children grouped in households under the previous Medicaid criteria are now included in this group and is driving the growth trend. Also, the woodwork affect may be increasing the recipient caseload. 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.

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

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).

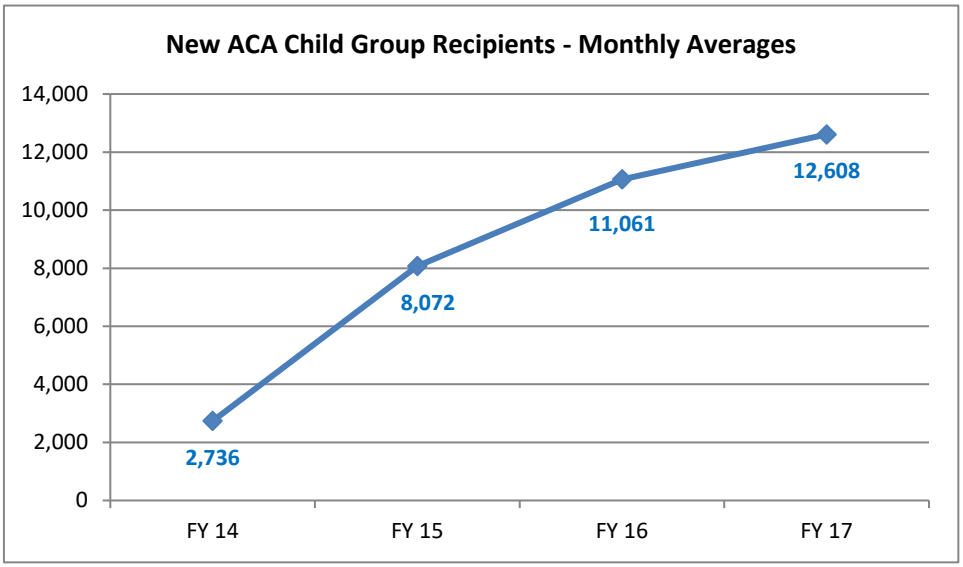
Household Size	122% FPL	138% FPL
1	$1,226	$1,387
2	$1,651	$1,868
3	$2,076	$2,348
4	$2,501	$2,829
5	$2,926	$3,310
6	$3,351	$3,790
7	$3,776	$4,271
8	$4,201	$4,752

Workload History:

Fiscal Year	Average Cases
FY 14	2,736
FY 15	8,072
FY 16	11,061
FY 17	12,608

FY17:

Jul 16	11,673
Aug	11,879
Sep	12,080
Oct	12,394
Nov	12,580
Dec	12,735
Jan 17	13,021
Feb	12,983
Mar	13,069
Apr	13,046
May	12,930
Jun	12,901
FY17 Avg.	**12,608**



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.

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

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.

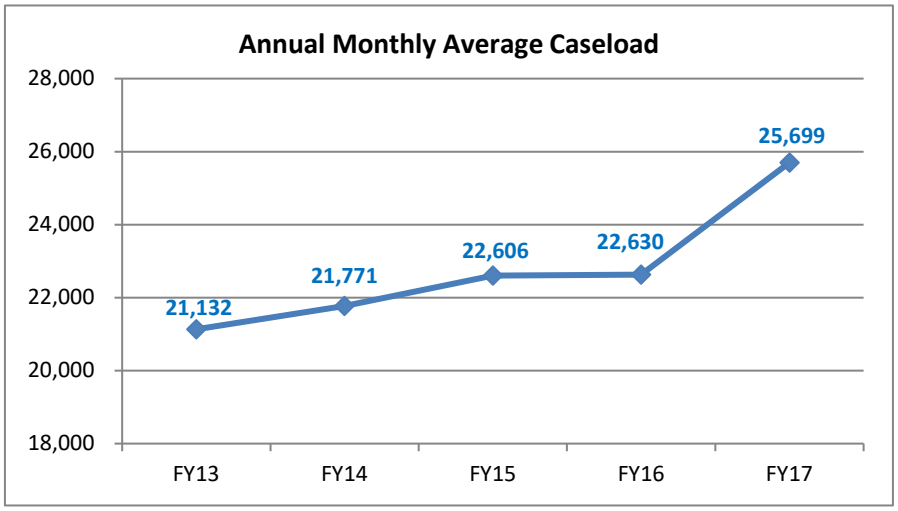
Eligibility: The family's gross annual income must be below 205 percent FPL (which includes a 5 percent disregard). Pay monthly premiums (if applicable), the child is a U.S. citizen, "qualified alien" or legal resident with 5 years' residency and is under age 19 on the date coverage began.

Income Guidelines	
Household Size	**205% FPL**
1	$2,060
2	$2,774
3	$3,488
4	$4,203
5	$4,917
6	$5,631
7	$6,345
8	$7,059

Workload History:

Fiscal Year	Average Cases	Total Expenditures
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	$42,698,920
FY 17	25,699	Not Yet Available

FY17:	Caseload
Jul 16	24,315
Aug	24,801
Sep	24,741
Oct	25,558
Nov	26,036
Dec	25,492
Jan 17	25,896
Feb	26,551
Mar	25,795
Apr	26,050
May	26,989
Jun	26,165
FY17 Avg.	**25,699**



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

Website: https://dwss.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 $1,045.00 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).

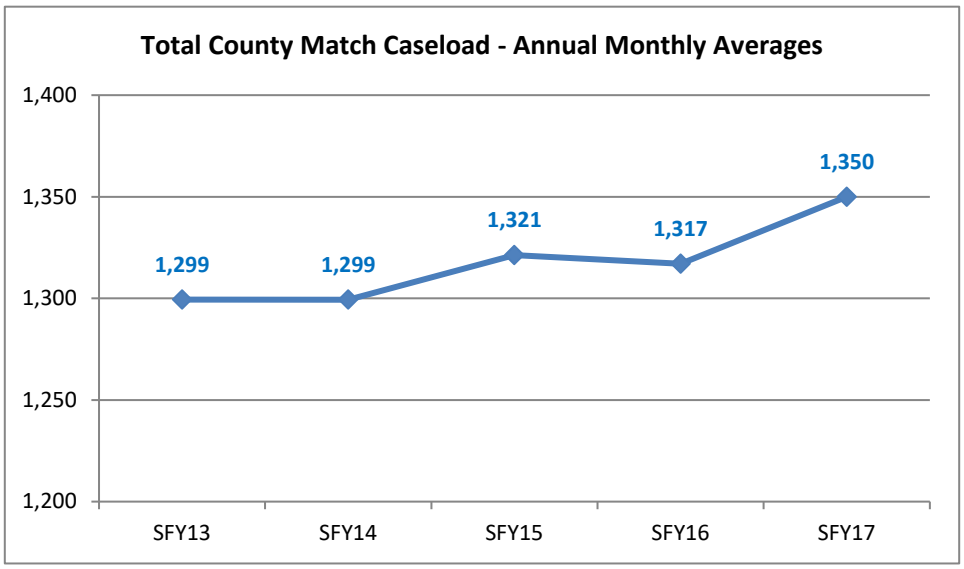
Workload History (with Retros*):

Fiscal Year	Average Cases
FY 13	1,299
FY 14	1,299
FY 15	1,321
FY 16	1,317
FY 17	1,350

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

FY17:

Jul 16	1,317
Aug	1,324
Sep	1,337
Oct	1,353
Nov	1,352
Dec	1,364
Jan 17	1,371
Feb	1,355
Mar	1,365
Apr	1,360
May	1,367
Jun	1,340
FY17 Avg.	**1,350**



Comments: Money deposited in a QIT is exempt and a potential County Match recipient may never reach the CM income threshold. In SFY12 a change in eligibility requirements increased the caseload.

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

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: $7,390 - for an individual or $11,090 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.

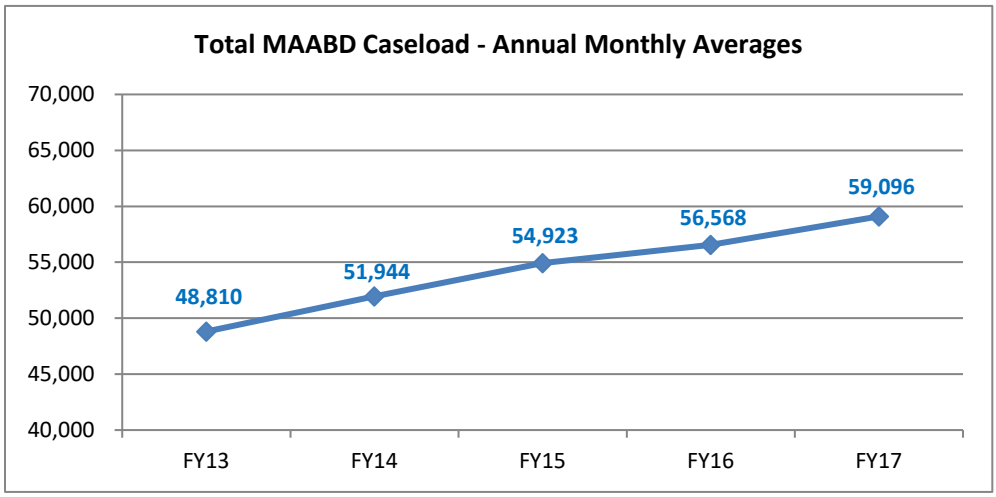
Workload History (with Retros*):

Fiscal Year	Average Cases
FY 13	48,810
FY 14	51,944
FY 15	54,923
FY 16	56,568
FY 17	59,096

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

FY17:

Jul 16	58,000
Aug	58,208
Sep	58,487
Oct	58,739
Nov	58,942
Dec	59,032
Jan 17	59,360
Feb	59,489
Mar	59,804
Apr	59,603
May	59,789
Jun	59,695
FY17 Avg.	**59,096**



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.

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

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 households except those with elderly or disabled members is $2,250; households with elderly or disabled members have a resource limit of $3,250 (exceptions: one vehicle, home, household goods and personal items).

Need Standard:

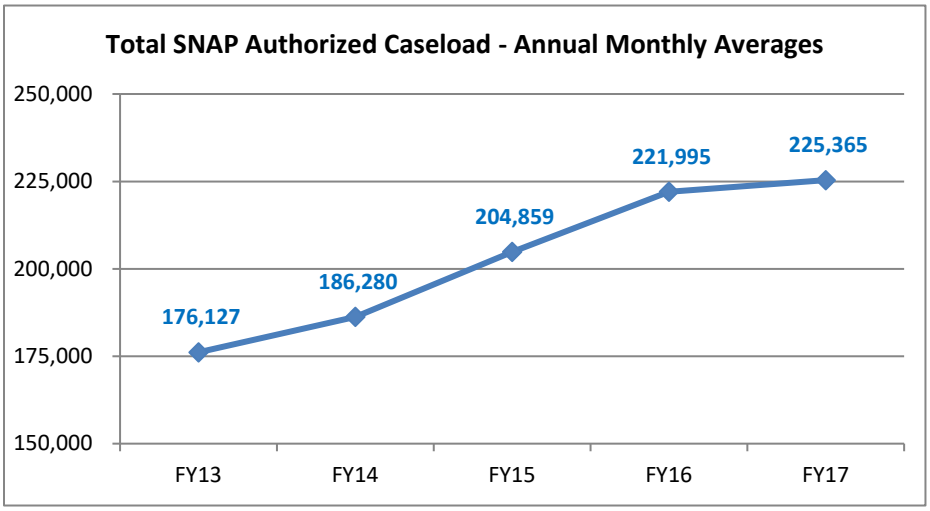
Household Size	100% of Poverty	130% of Poverty	200% of Poverty	Maximum Allotment
1	$1,005	$1,307	$2,010	$194
2	$1,353	$1,759	$2,707	$357
3	$1,702	$2,212	$3,403	$511
4	$2,050	$2,665	$4,100	$649
5	$2,398	$3,118	$4,797	$771
6	$2,747	$3,571	$5,493	$925
7	$3,095	$4,024	$6,190	$1,022
8	$3,443	$4,476	$6,887	$1,169

Workload History:

Fiscal Year	Average Cases	Total Expenditures	Total Applications
FY 14	186,280	$527,560,395	346,314
FY 15	206,787	$586,737,558	384,921
FY 16	222,203	$627,536,099	402,976
FY 17	225,365	Not Yet Available	Not Yet Available

FY17:

Jul 16	223,802
Aug	224,766
Sep	225,150
Oct	225,872
Nov	226,110
Dec	225,447
Jan 17	226,576
Feb	225,489
Mar	225,085
Apr	224,560
May	225,316
Jun	226,203
FY17 Avg.	**225,365**



Comments: The Food Stamp Program was renamed "Supplemental Nutrition Assistance Program" (SNAP) in October 2008. 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 that meets Purposes 3 and 4 for TANF and having a gross income limit of 200% of poverty. There is no further income or resource test.

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

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).

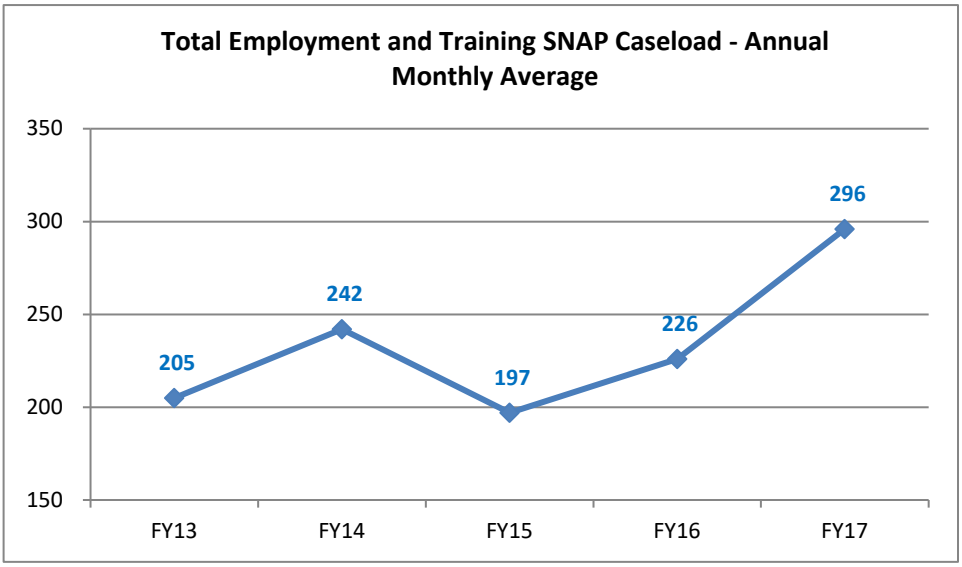
Eligibility: Registration and participation is mandatory and a condition of SNAP eligibility for all non-exempt SNAP participants. Persons who are exempt may volunteer. Persons are exempt when they are under age sixteen (16), age sixty (60) or older, disabled, caring for young children under the age 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 13	205
FY 14	242
FY 15	197
FY 16	226
FY 17	296

FY17:

Jul 16	274
Aug	388
Sep	294
Oct	309
Nov	320
Dec	267
Jan 17	345
Feb	325
Mar	337
Apr	250
May	218
Jun	223
FY17 Avg.	**296**



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.

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

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 childcare 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.

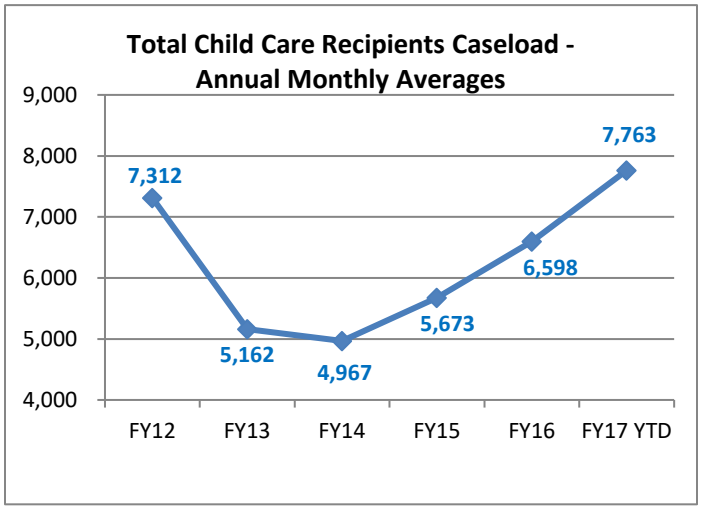
Eligibility: To qualify for childcare subsidy assistance, the child must be under the age of 13 unless they have a special need in which case they are eligible until they turn 19. Other factors include citizenship, immunizations, relationship, and residency. Additionally, adult household members and 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 childcare rate which would be paid by the Child Care & Development Program.

Workload History:

Fiscal Year	Average Cases	Total Payments
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
FY 16	6,598	$30,096,829
FY 17 YTD	7,763	Not Yet Available

Sliding Fee Scale	
Income Limits for Family of Four	**Subsidy Percent**
$0 - $2,025(P)	95%-110%
$2,026 - $2,384	90%
$2,385 - $2,742	80%
$2,743 - $3,101	70%
$3,102 - $3,459	60%
$3,460 - $3,818	50%
$3,819 - $4,177	40%
$4,178 - $4,535	30%
$4,536 - $4,886	20%



FY17 YTD:

Jul 16	7,371
Aug	7,555
Sep	7,280
Oct	7,644
Nov	7,795
Dec	7,775
Jan 17	7,719
Feb	7,783
Mar	8,141
Apr	8,256
May	8,069
Jun	
FY17 Avg.	**7,763**

Analysis of Trends: Beginning FY12 due to program changes, training was eliminated as a Purpose of Care and Student Purpose of Care was eliminated except for minor parents attending high school. In addition, a waitlist was implemented program wide. In FY 2014, the Program began removing families from the waitlist on a limited basis. Beginning March 2015, six-month eligibility periods were changed to 12 months. In October 2015 initial program eligibility was moved from 90% to 80% and a sliding fee scale was re-implemented, which allows families with higher incomes to continue receiving assistance with an increased copayment, up to 85% of the State Median Income.

Effective 5-23-16, all new applicant households are subject to the wait list with the exception of NEON, Foster Care, and CPS cases. Beginning 05-04-17, the program started removing households with income below 130% of poverty who qualify for 80% subsidy payments if all other eligibility factors are met from the waitlist.

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

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.

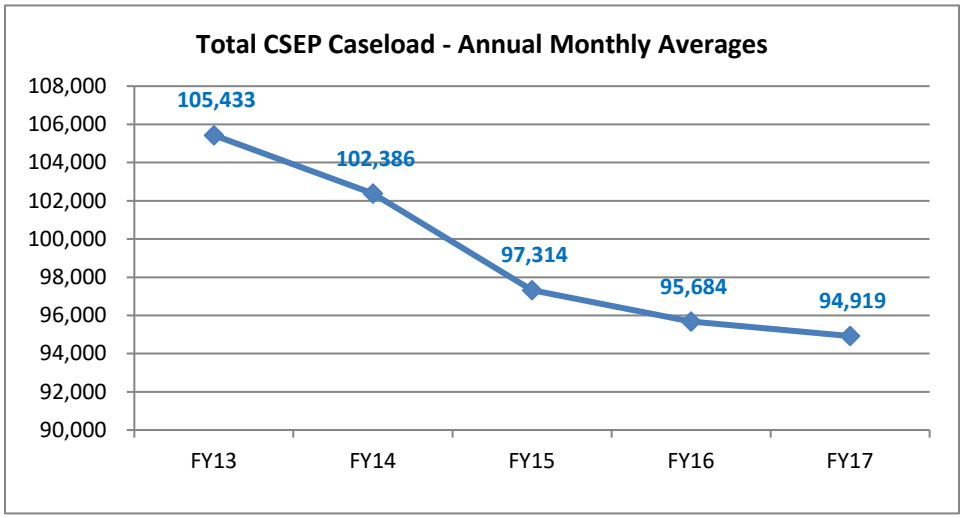
Eligibility: There are no eligibility requirements for child support services, which include locating the non-custodial parent, establishing paternity and support obligations and enforcing the child support order. Non-public assistance custodians complete an application for services. Public assistance 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 13	105,433	$207,634,173
FY 14	102,386	$209,402,698
FY 15	97,314	$210,726,927
FY 16	95,684	$214,484,468
FY 17	95,180	Not Yet Available

FY17:

Jul 16	95,355
Aug	95,327
Sep	94,857
Oct	94,913
Nov	94,531
Dec	94,531
Jan 17	94,350
Feb	94,296
Mar	94,259
Apr	93,901
May	93,264
Jun	92,728
FY17 Avg.	**94,359**



Comments: As illustrated in the Bureau of Labor Statistics Data, the CSE caseload trend is closely tied 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/Support/1_0_0-Support/

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:

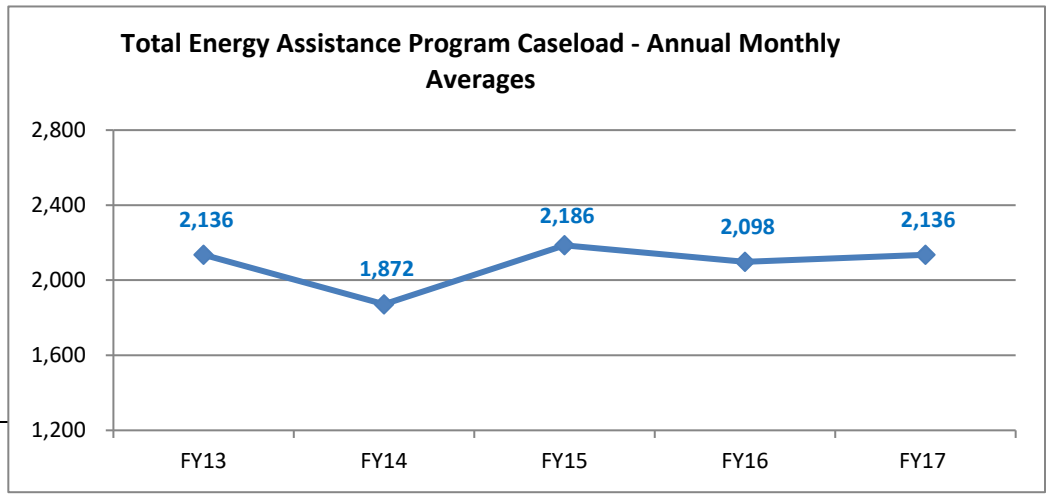
2017 HHS Poverty Guidelines (100%)		Estimated State Median Income FFY 2016
Persons in Family	48 Contiguous States and D.C.	60% of Estimated State Median Income for a Four Person Household
1	$12,060	
2	$16,240	
3	$20,420	
4	$24,600	$41,387
5	$28,780	
6	$32,960	
7	$37,140	
8	$41,320	

Workload History:

Fiscal year	Average Cases	Total Cases	Total Expenditures	Total Applications
FY 14	1,872	22,463	$16,086,863	41,190
FY 15	2,186	26,228	$18,784,915	40,726
FY 16	2,245	26,936	$18,512,778	41,448
FY 17	2,136	25,635	Not Yet Available	Not Yet Available

FY17:

Jul 16	1,076
Aug	1,890
Sep	1,926
Oct	2,035
Nov	1,926
Dec	1,811
Jan 17	2,627
Feb	2,703
Mar	3,240
Apr	2,209
May	2,104
Jun	2,067
FY17 Avg.	**2,136**



Comments: In FY12 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. FY13 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. FY14 thru FY 16 are continuing with the same benefit amounts and poverty level that we ended with in FY13. Based on the projected funding for FY 17 the benefit cap table has been reduced and the poverty levels were left the same.

Website: https://dwss.nv.gov/Energy/1_Energy_Assistance/

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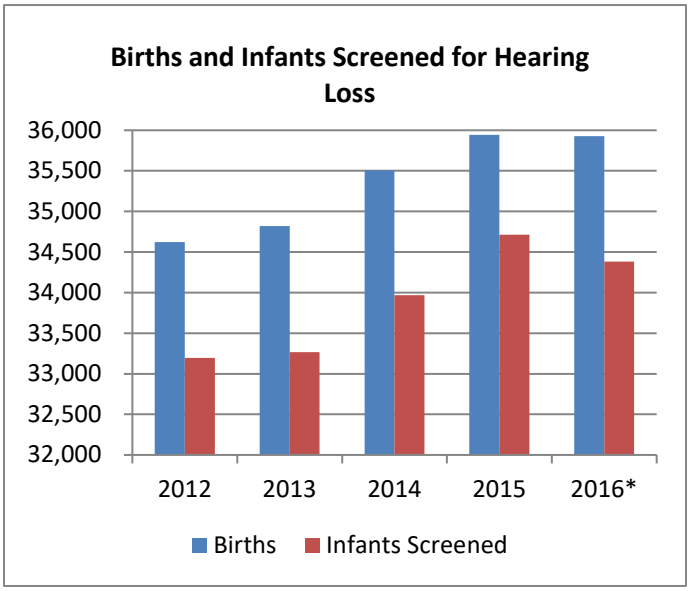
6.01 Early Hearing Detection and Intervention

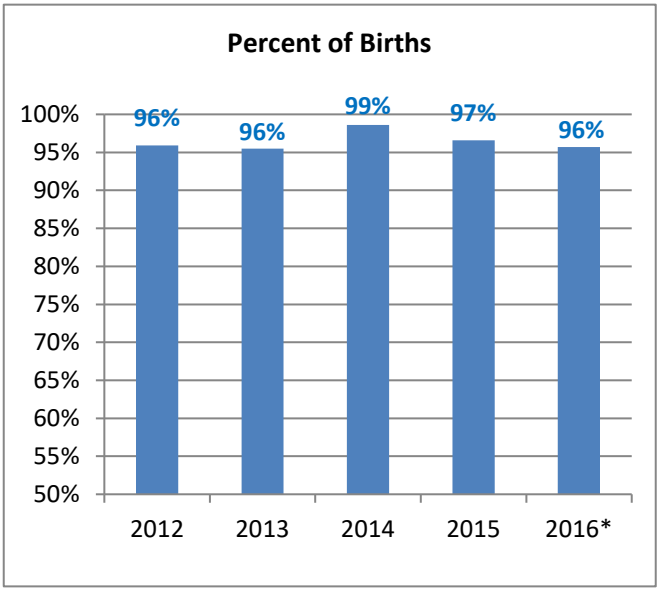
Program: The goals of the Nevada Early Hearing Detection and Intervention (EHDI) program are to ensure that: 1) all infants are screened for hearing loss before one month of age, 2) referred infants receive diagnostic evaluation by three months of age, and 3) infants identified with hearing loss receive 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
2012	34,623	33,195	95.9%
2013	34,820	33,268	95.5%
2014	35,507	33,969	95.7%
2015	35,945	34,713	96.6%
2016*	35,927	34,384	95.7%

* Calendar Year 2016 data is preliminary data.





Comments: * Calendar Year 2016 data: number of births and hearing screen data are still considered to be preliminary by either the Nevada Office of Vital Records or the Centers for Disease Control and Prevention. 2016 data will be updated quarterly until its final release.

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/

6.02 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: NV WebIZ is Nevada's statewide immunization information system (IIS). IISs are an integral part of immunization and public health activities. Nevada law requires reporting of all immunizations administered in the state, including certain patient details; patients retain the right to 'opt-out' of inclusion in the IIS. Data stored in NV WebIZ is used to support accurate and timely administration of vaccinations by medical providers, verify immunization records for school entry, track and account for vaccines purchased with public funding, monitor and assess the use of publicly-funded vaccines, identify populations at risk in the event of a disease outbreak, support public health investigations and emergency responses, and drive programmatic planning, such as determining areas of low immunization coverage for targeted intervention.

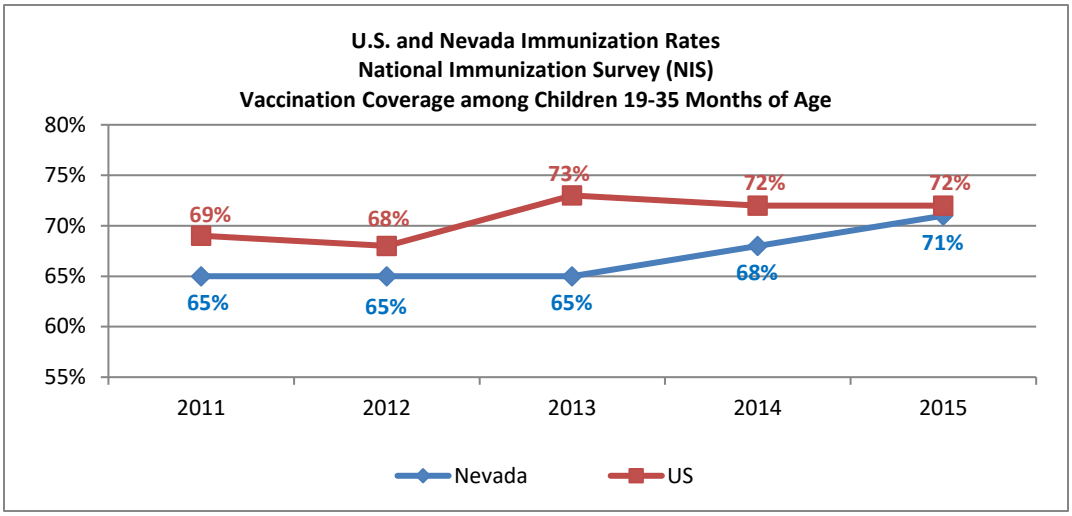
Program Participation:

Vaccines for Children Participation Status	
Clark	140
Washoe	43
Carson/Rural	66
Note: 249 "Active" providers (currently receiving vaccine supply).	

Nevada WebIZ Statistics	
Clinics Using IIS	2,665
HC Providers Using IIS*	1,512
Active Users of IIS**	15,731
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 06/21/2017. **Within one clinic are multiple users of Nevada WebIZ.

Note: 2016 data will not be available until October of 2017.



Comments:

- Immunization series is 4:3:1:3:3:1:4 (4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hep B, 1 Varicella, 4 pneumo).

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

6.03 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 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. In addition, the applicant must be at nutritional risk as determined by a Competent Professional Authority (CPA) at the WIC clinic.

Workload History:

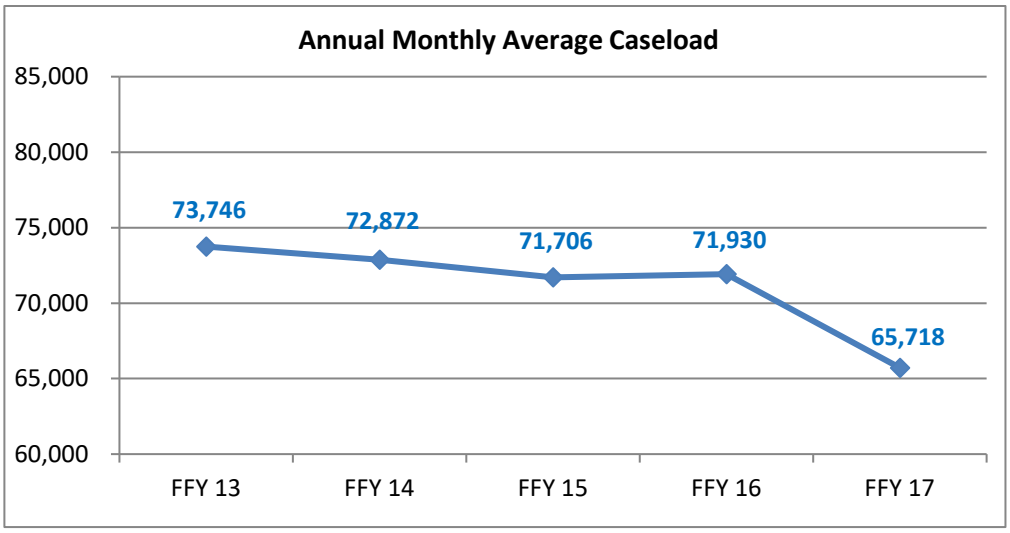
Federal Fiscal Year	Total Expenditures	Average Caseload
FFY13	$14,124,298	73,746
FFY14	$14,590,684	72,872
FFY15	$12,768,079	71,706
FFY16	$16,128,002	71,930
FFY17 YTD	$4,016,840	65,718*

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

** Data available through May 2017.*

Caseload FFY17 YTD:

Oct 16	68,061
Nov	67,224
Dec	66,147
Jan 17	66,340
Feb	65,075
Mar	64,674
Apr	63,918
May	64,301
Jun	
Jul	
Aug	
Sep	
FFY17 Total	**525,740**
FFY17 Average	**65,718**



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.

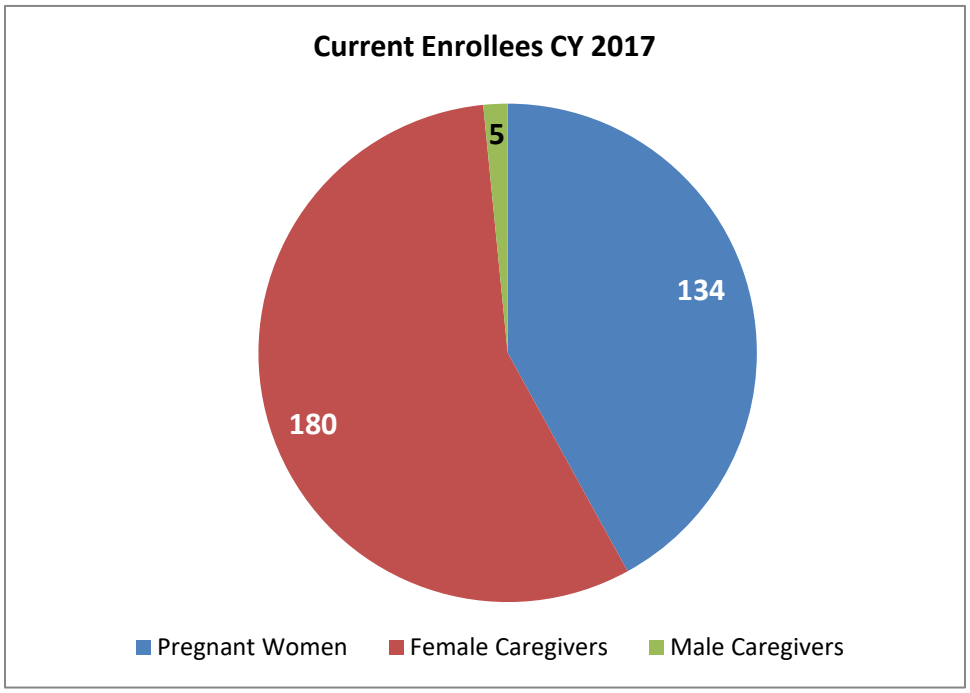
Website: www.nevadawic.org

6.04 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.

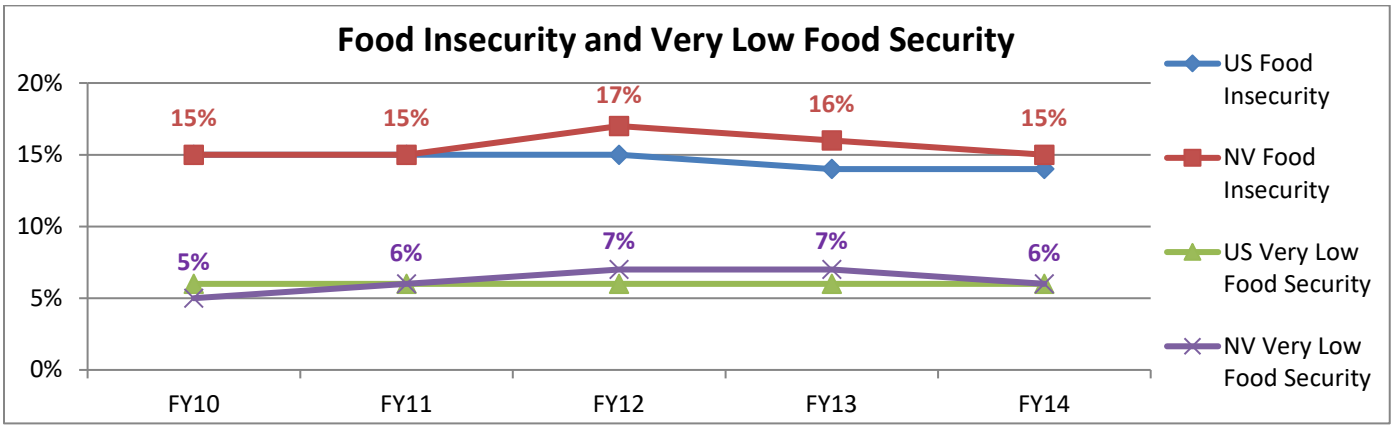
Website: http://dpbh.nv.gov/Programs/MIECHV/Nevada_Home_Visiting_(MIECHV)_-_Home/

6.05 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/

6.06 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. Dental (pit and fissure) sealants contain clear or opaque plastic resinous material which is applied to the chewing surfaces of the back teeth to provide a protective barrier against decay causing bacteria. Dental sealants can last up to ten years and take as little as 15 minutes to apply. School-based sealant programs target schools in low socioeconomic status (SES) neighborhoods which are identified based on the percentage of children eligible for the federal free and reduced-price meal programs. Data shows that these programs increase the number of children who receive sealants either onsite at schools or offsite in dental clinics.

Community Health Alliance 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 Northern Nevada (> 50 percent Free and Reduced Lunch (FRL)). They operate during the nine-month academic year.

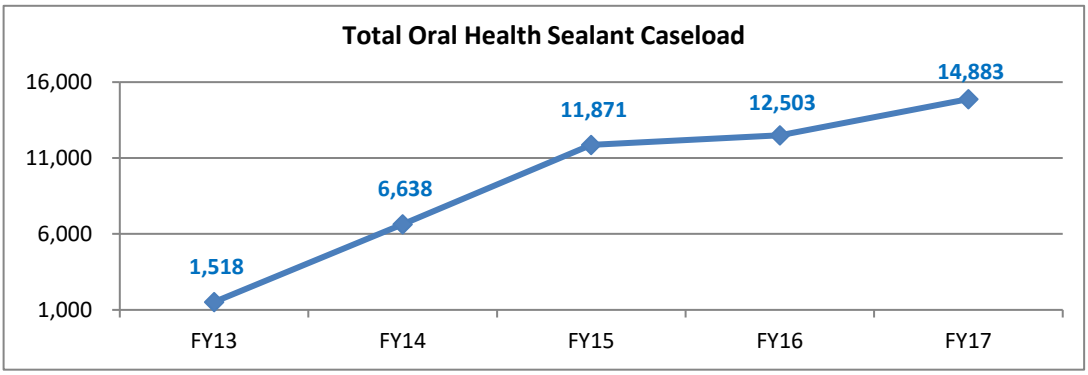
Seal Nevada South is a non-profit school-based sealant program, administered through UNLV School of Dental Medicine (SDM). The program serves uninsured children in second through fifth grade in underserved schools (>50 percent FRL) in Southern Nevada. They operate during the nine-month academic year.

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. Underserved schools (Title I with >50 percent FRL) in both Northern and Southern Nevada are now served year round during the twelve-month academic 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	SFY17	SFY15	SFY16	SFY17	SFY15	SFY16	SFY17
Community Health Alliance	24	25	24	563	609	467	1,451	1,562	1,219
Seal Nevada South	14	18	16	414	515	507	1,369	1,631	1,665
Future Smiles	21	25	49	1,721	3,323	4,691	9,051	9,310	11,999
Total	59	68	89	2,698	4,447	5,665	11,871	12,503	14,883



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

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

6.07 Vital Records and Statistics

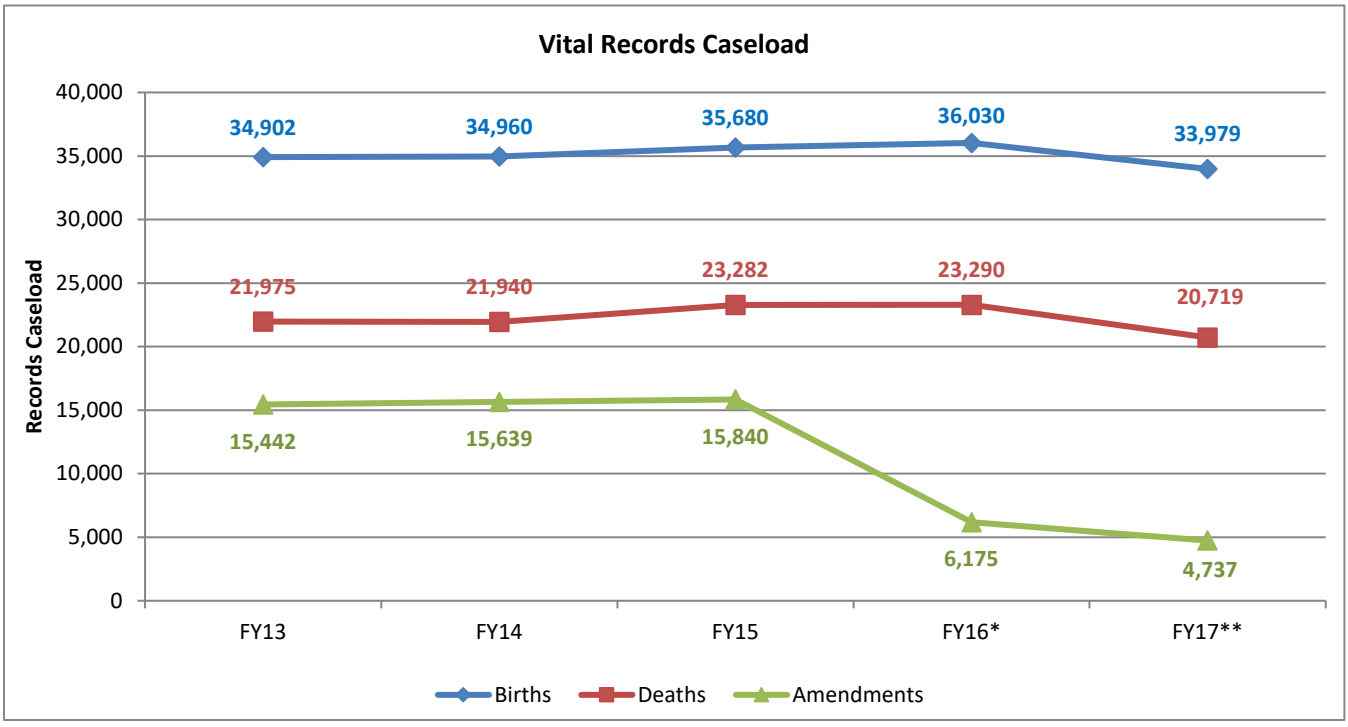
Program: The Office of Vital Records and Statistics administers the statewide system of Vital Records by documenting and certifying the facts of births, deaths and family formation for the legal purposes of the citizens of Nevada, participates in the national vital statistics systems, and responds to 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 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*	36,030	23,290	6,175
FY 17 **	33,979	20,719	4,737

*FY 16 lower number of amendments due to staff shortage. **FY 17 data is affected by staff shortage.



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

- Birth registration – Average of 9 days
- Death Registration – Average of <7 days

Note: Amendment counts include hospital paternities.

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

6.08 Women's Health Connection Program

Mission: The goal of the Women's Health Connection (WHC) program is to decrease cancer incidence, morbidity, and mortality by focusing on underserved populations who have increased cancer risk due to health disparities.

Program: The Women's Health Connection (WHC) Program has been a federally funded program through a cooperative agreement with the Centers for Disease Control and Prevention (CDC). The cooperative agreement is authorized for a 5-year period, and the current agreement began June 30, 2017. The purpose of the current funding is to increasing appropriate cancer screening services through provision of cancer screenings, eliminating barriers, and implementing key evidence-based strategies; supporting state-wide cancer coalitions and cancer plans to inform strategic policy, systems and environmental changes; and collection and dissemination of cancer surveillance data with enhanced use of cancer data for state planning. WHC will utilize collaborative and coordinated approach to implement cancer prevention and control activities to reduce the burden of cancer in Nevada. 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: Must be at least 21 years of age; Must be at or below 250% of federal poverty level; Nevada Resident; Underinsured and/or uninsured; Transgender women (male to female) 40 years and above who have taken or are taking hormones can receive breast cancer screening services; Transgender women (female to male) 21 years and above who have not undergone bilateral breast mastectomy and hysterectomy can receive breast and/or cervical cancer screening services.

Household Size	Eligible Monthly Income
1	$2,513
2	$3,383
3	$4,254
4	$5,125
5	$5,996
6	$6,867
7	$7,738
8	$8,608

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

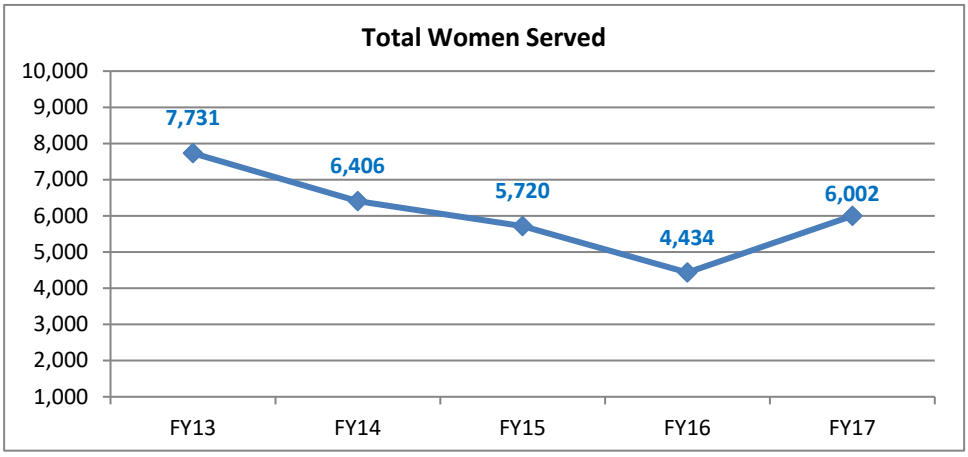
Workload History:

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	370	$2,213,678	1,898
FY17*	462	$2,671,431	3,171

*Data reported as of 8/24/2017

FY17: Women Served

Jul 16	499
Aug	489
Sep	372
Oct	223
Nov	344
Dec	306
Jan 17	388
Feb	668
Mar	648
Apr	612
May	777
June	676
FY17 Total	**6,002**
FY17 Avg.	**500**



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/

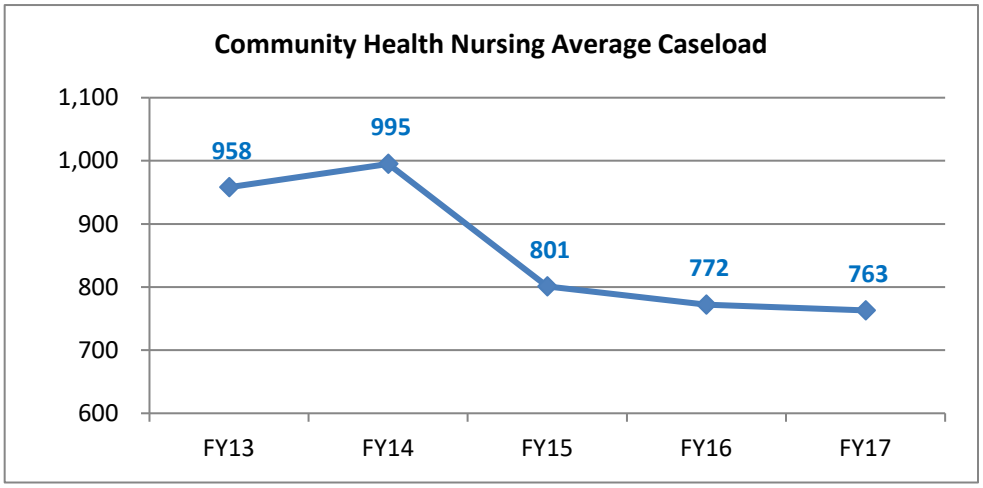
6.09 Community Health Nursing

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

FY17	Caseload
Jul 16	735
Aug	1,159
Sep	757
Oct	753
Nov	1,003
Dec	694
Jan 17	894
Feb	829
Mar	746
Apr	580
May	626
Jun	383
FY17 Total	**9,159**
FY17 Avg.	**763**



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/

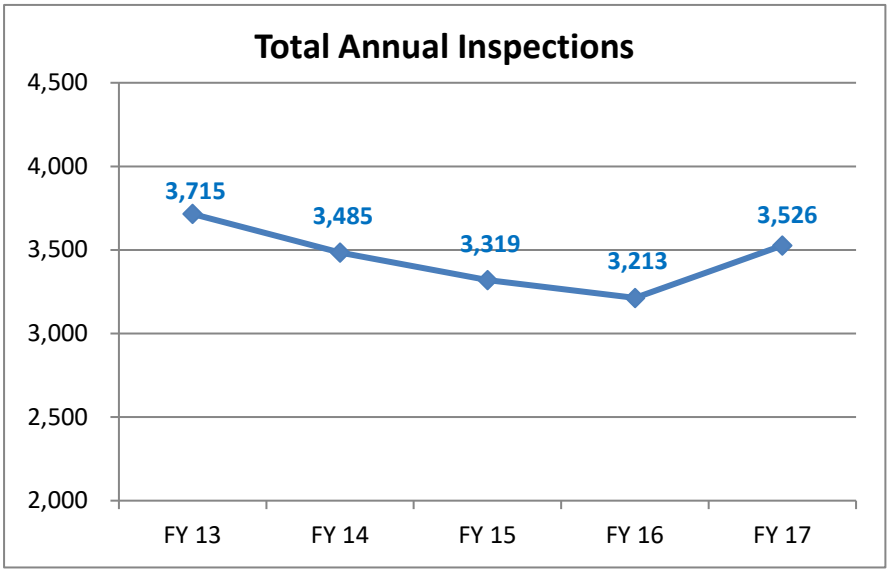
6.10 Environmental Health Services Program

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

FY17	Inspections
Jul 16	196
Aug	259
Sep	268
Oct	367
Nov	253
Dec	232
Jan 17	332
Feb	329
Mar	358
Apr	352
May	343
Jun	237
FY 17 Tot	**3,526**
FY 17 Avg.	**294**



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/

6.11 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.

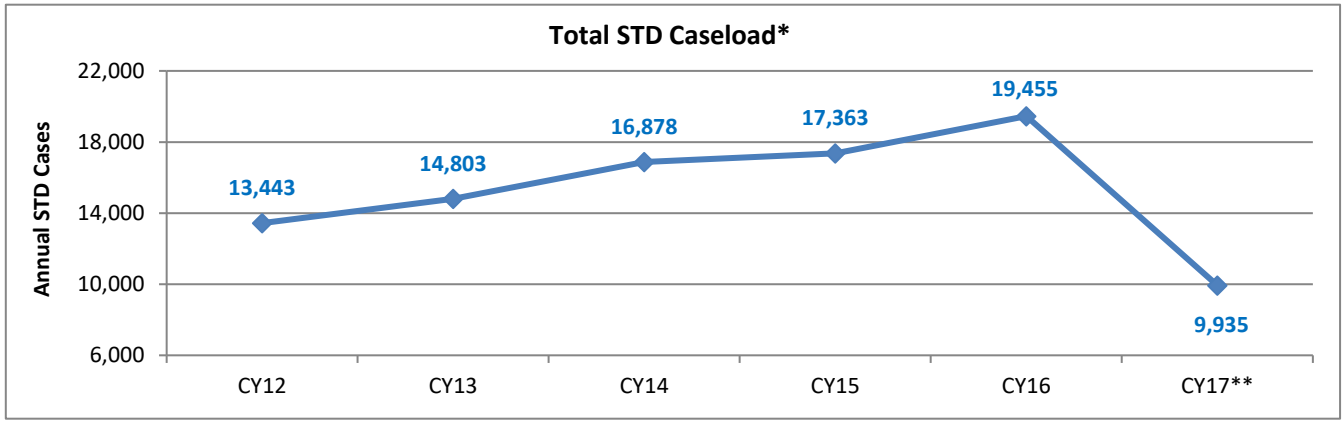
Trends: For CY 2016-Q1 through Q4, there were 14,656 reported chlamydia cases, 4,383 reported gonorrhea cases, and 416 reported primary and secondary (P&S) syphilis cases in Nevada, for a total of 19,455 STD cases. Comparing CY 2016 to the previous reporting year, Chlamydia cases increased by 13.1%, gonorrhea cases increased by 20.7%, and P&S syphilis cases increased by 24.2%. Overall, the total number of reported STDs (chlamydia, gonorrhea, and P&S syphilis) in Nevada increased by 15.0% from 2015 to 2016. 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. For CY 2017, Nevada has had 4,884 cases of STDs reported.

The total number of reported **chlamydia** cases in Nevada increased from 10,863 in 2012 to 14,656 in 2016, a 34.9% increase during this five-year period. The rate of chlamydia in 2016 in Nevada was 504.88 cases per 100,000 population based on 2016 population projections from the Nevada State Demographer-vintage 2016 data. Nevada is above the national chlamydia rate of 478.8 cases per 100,000 population, as reported by the 2015 CDC STD Surveillance Report.

The total number of reported cases of **gonorrhea** in Nevada has increased from 2,255 in 2012 to 4,383 in 2016, a 94.4% increase during this five-year reporting period. The gonorrhea rate in Nevada in 2016 was 150.99 cases per 100,000 persons based on 2016 population projections from the Nevada State Demographer-vintage 2016 data. Nevada fell above the national gonorrhea rate of 123.9 cases per 100,000 population, as reported by the 2015 CDC STD Surveillance Report.

The total number of reported cases of P&S **syphilis** in Nevada has increased from 113 in 2012 to 416 in 2016, a 168.1% increase during this five-year reporting period. The P&S syphilis rate in Nevada in 2016 was 14.33 cases per 100,000 persons based on 2016 population projections from the Nevada State Demographer-vintage 2016 data. Nevada was higher than the national P&S syphilis rate of 7.5 cases per 100,000 population, as reported by the 2015 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. **CY17 = 01/01/2017-06/30/2017 data as of July 12, 2017. Counts maybe an underestimated due to reporting delays.

Analysis of Trends: From 2012 to 2016 there has been a 47% increase of reported cases during this five-year reporting period. Compared to a 34% increase of reported cases for the 2011 - 2015 five-year reporting period. Nationally, there has been an increase in STDs as well. 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_Healh_Informatics_and_Epidemiology_%28OPHIE%29/

6.12 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, 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 - $48,240 for a single person. A Ryan White Part B client must live within the State of Nevada and must be recertified every six months.

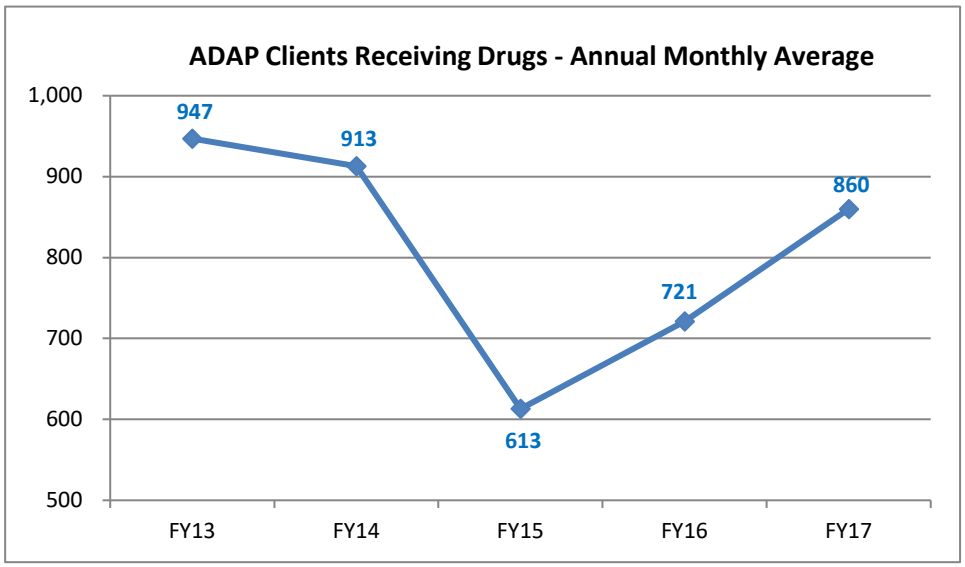
Workload History:

State Fiscal Year	Avg. Cases/Month	Total Expenditures
FY13	947	$9,748,380
FY14	913	$9,809,082
FY15	613	$6,863,624
FY16	721	$12,552,751
FY17	860	$11,437,158*

*Total Expenditures for FY17 are through March 2017.

FY17:

Jul 16	842
Aug	857
Sep	858
Oct	786
Nov	791
Dec	791
Jan 17	948
Feb	972
Mar	945
Apr	861
May	833
Jun	841
FY17 Avg.	**860**



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/

6.13 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.

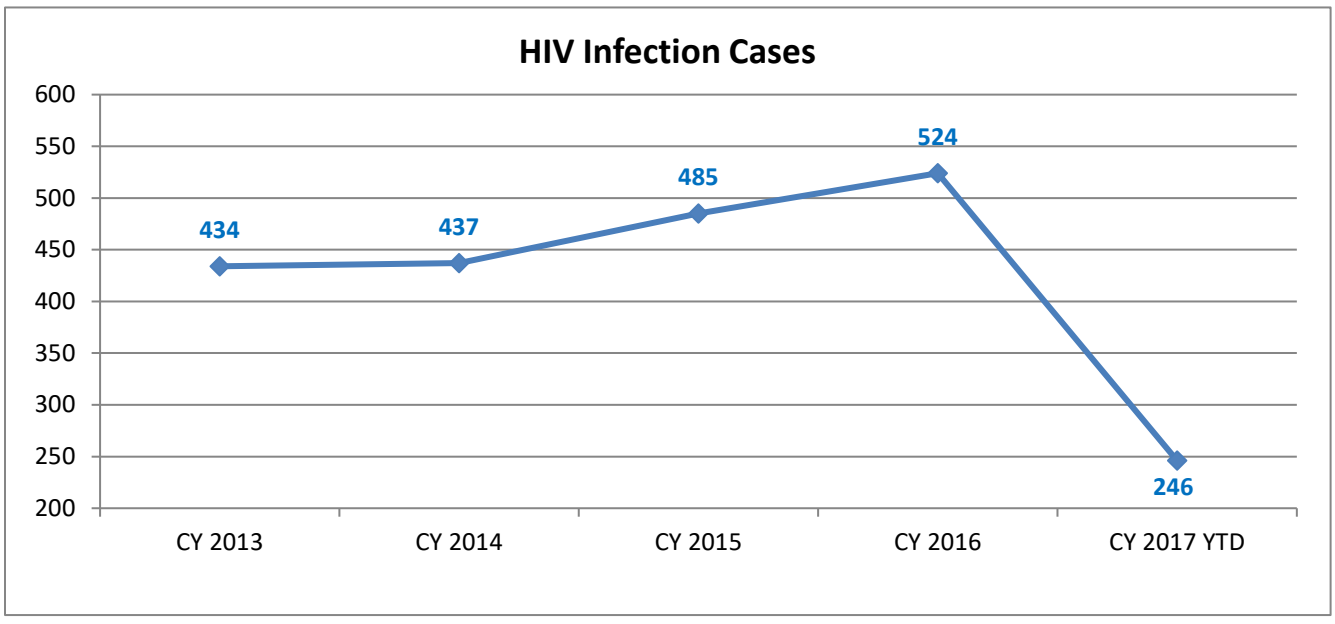
Eligibility: There are no eligibility requirements. It is our mandate to reduce HIV infections in Nevada, and this is accomplished by providing services to everyone. Some community based programs do require that participants meet criteria as outlined in the curriculum, i.e. target population or risk 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 HIV Cases	Total Funding
2013	434	$2,294,816
2014	437	$2,140,521
2015	485	$2,149,542
2016	524	$2,097,536
2017*	246	$2,093,342

*2017 data CYTD



Comments: 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.

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

6.14 HIV Surveillance Program

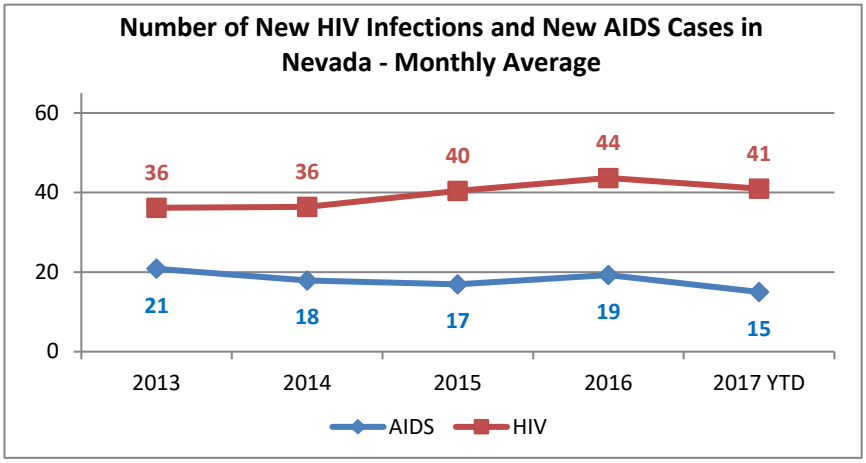
Program: The mission of the HIV-AIDS Surveillance Program is to work with the local health authorities and the medical community to prevent and control the transmission of the Human Immunodeficiency Virus (HIV) and the development of an annual integrated HIV/AIDS epidemiological profile; the dissemination 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
2013	21	36
2014	18	36
2015	17	40
2016	19	44
2017 YTD	15	41



Comment: Since 2006, the overall trend of HIV cases has increased, whereas the trend of AIDS cases has decreased over the same time period. Though it is difficult to accurately identify the reasons for an increase in reported HIV, it is likely a result of: 1. Increased targeted testing; 2. Better HIV case finding; and 3. Access to care. Reasons for a decrease in AIDS may be due to better care, which would have reduced the progression from HIV to AIDS. The Affordable Care Act may account for this, as more access to care keeps HIV patients in-care, meaning they do not progress to AIDS and they do not have high viral loads which could increase transmission to others.

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

6.15 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.

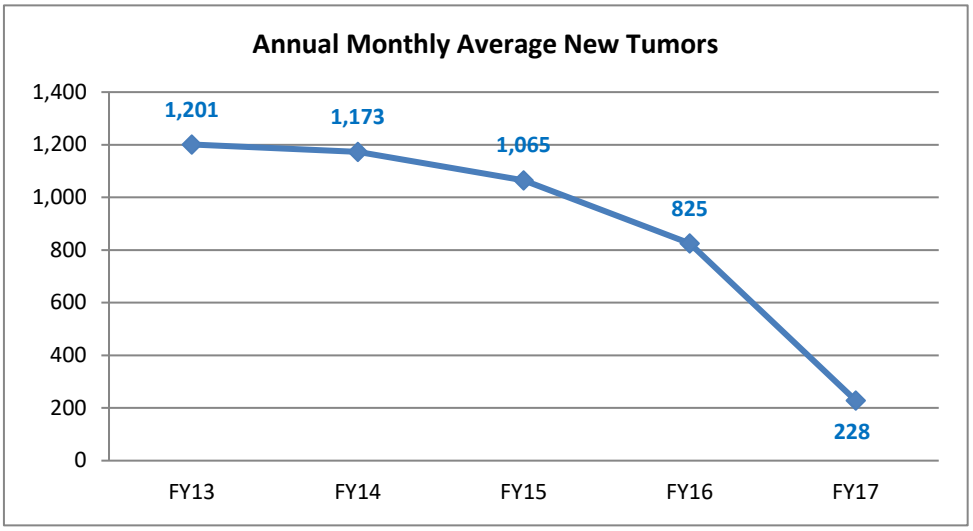
Other: The figures in this report reflect actual cancer (in-situ and invasive cancer) incidence data submitted annually to the Centers for Disease Control and Prevention/National Program of Cancer Registries. This submission follows a 23-month delay to capture all relevant cases.

Workload History

SFY	Total Expenditures	Avg. New Tumors
FY13	$459,160	1,201
FY14	$807,123	1,173
FY15	$832,938	1,065
FY16	$819,282	825
FY17 YTD	$649,650	228

FY 17

Month	New Tumors
Jul-16	481
Aug	479
Sep	416
Oct	403
Nov	351
Dec	285
Jan-17	158
Feb	75
Mar	57
Apr	22
May	11
Jun	0
FY17 Total	**2,738**
FY17 Avg.	**228**



Comments: Update 4th Quarter 2017:

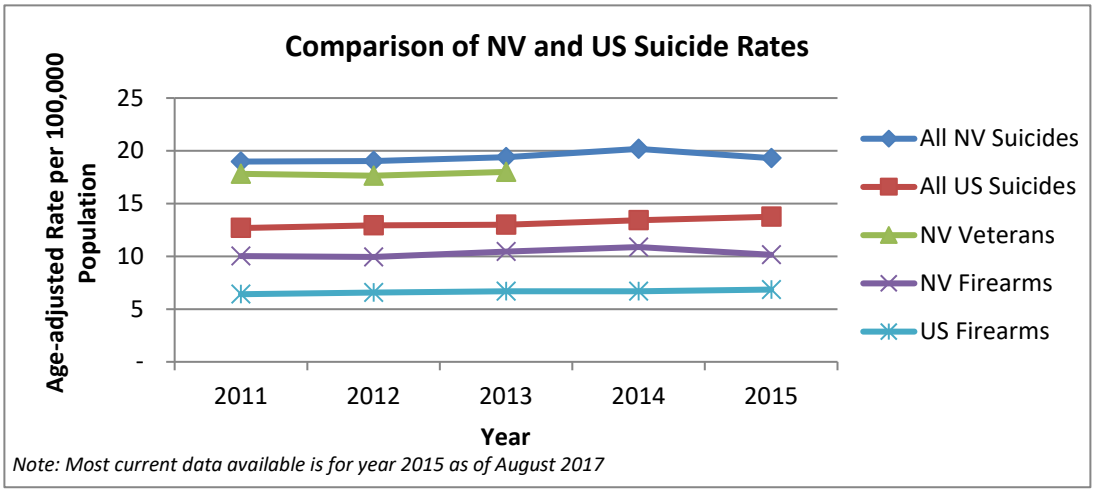
1) NCCR is currently working on NAC 457 regulation changes to update cancer reporting guidelines and recommendations to re-align with national standards, and to improve compliance with cancer reporting requirements to avoid under-reporting.

2) NCCR received 599,891 in federal funds from the Centers of Disease Control (CDC) National Program of Cancer Registries for FY 17.

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

6.16 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.



Note: Most current data available is for year 2015 as of August 2017

Comments/Facts about Suicide:

- Based on 2015 data, Nevada has lowered from 2nd in 2005 to 11th highest suicide rate in the nation.*
- Nevada has a suicide rate of 19.3/100,000 compared to the national rate of 13.8 for 2015.*
- Suicide is the 8th 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 78 percent of suicide fatalities in the U.S., 77 percent in Nevada.**
- Historically NV has the highest suicide rate (30) for seniors 65+ in USA, double the national rate (15.33) 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.**
- Historically (9 yrs) 71% of Nevada's firearm deaths are suicides and firearms are used in 52.5% of NV suicides.**
- Veterans account for 20% of nations suicides, 21% 2013, 23% 2014, reduced from 24.4%. in Nevada****
- 1999-2014 the US has increased 24% in its rate, NV reduced its rate a half point and the only state to reduce*****
- In 2015 our state potentially lost over 10 thousand years of human life from its residents taking their lives*

*Source: 2015 Center for Disease Control (CDC), Web-based Injury Statistics Query/Reporting System
**Source: 1007-2015, 2015 Nevada Suicides, CDC, Web-based Injury Statistics Query and Reporting System
***Source: National Center for Health Statistics, National Vital Statistics System 2017
****Source: Special Surveillance Report Veterans Suicides 2010-2014, June 2016
*****Source: Increase in Suicide Rate in the United States, 1999-2014, CDC April 2014

Website: www.suicideprevention.nv.gov

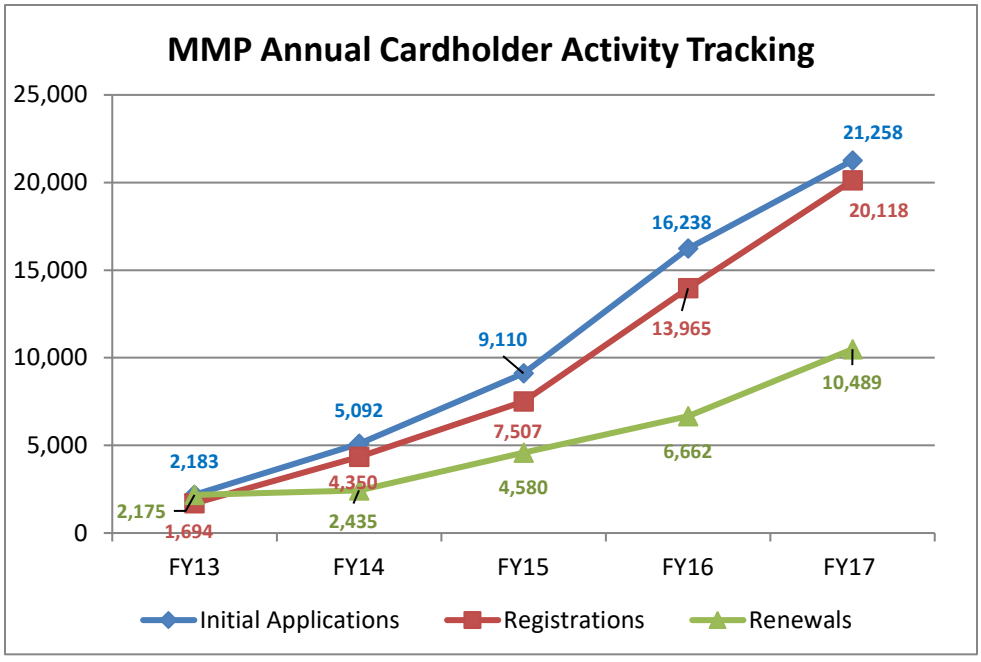
6.17 Medical Marijuana Cardholders

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*****
FY13	2,183	1,694	2,175
FY14	5,092	4,350	2,435
FY15	9,110	7,507	4,580
FY16	16,238	13,965	6,662
FY17	21,258	20,118	10,489

FY17:	**Cardholder Processing**
Jul 16	2,864
Aug	3,184
Sep	5,217
Oct	3,423
Nov	3,285
Dec	2,782
Jan 17	1,921
Feb	2,291
Mar	3,702
Apr	2,770
May	2,468
Jun	2,669
FY17 Total	**36,576**
FY17 Avg.	**3,048**



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/

6.18 Medical Marijuana Establishments

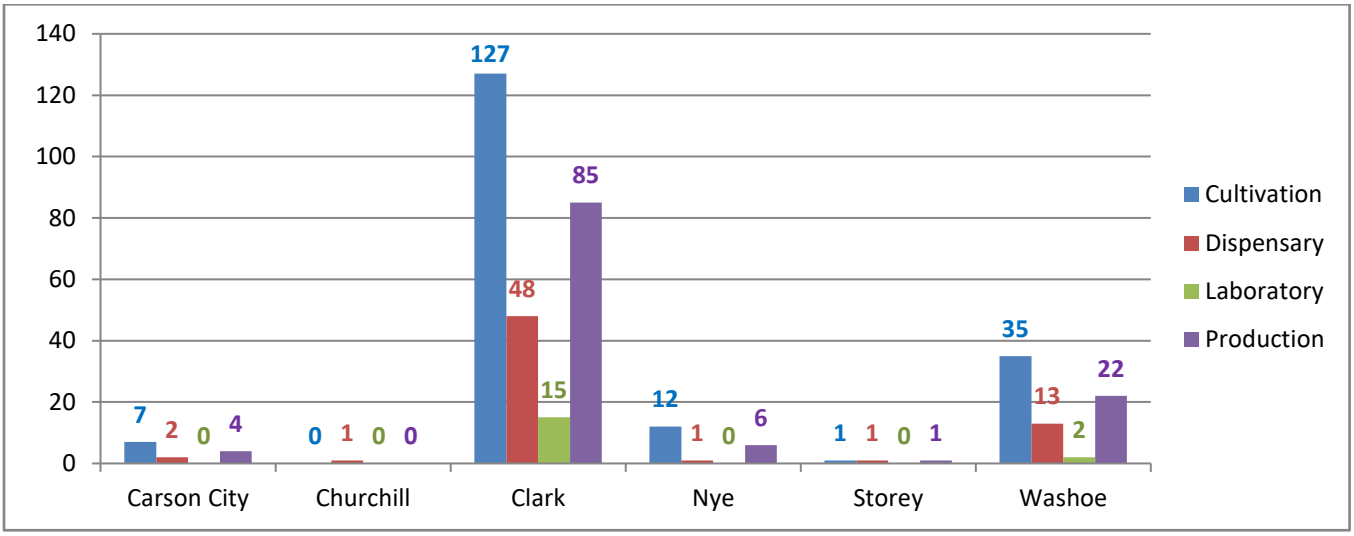
Program: The Nevada Medical Marijuana Program is a state registry and licensing program within the Nevada Department of Health and Human Services, Division of Public and Behavioral Health. The role of the program is to administer the provisions of the Medical Use of Marijuana law as defined in NRS and NAC 453A. The program is to carry out the regulations for all aspect related to medical marijuana establishments which are defined as dispensaries, cultivation facilities, facilities for the production of edible marijuana products or marijuana-infused products, and independent testing laboratories. Average time requirements for inspection/audits are as follows: Pre-opening = 12 hours (6 hours per person); Routine/Annual = 8 hours (4 per person); Dispensary Opening = 7 hours (3.5 per person).

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**

NOTE:
Program moved to the Department of Taxation as of July 1, 2017 (State Fiscal Year 2018).

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/

6.19 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).

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/

6.20 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.

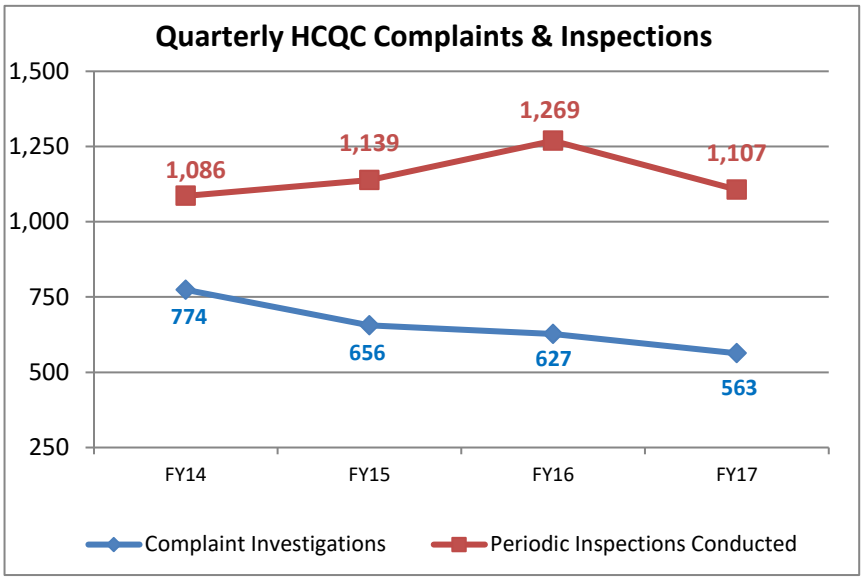
Authority: NRS Chapter 449, NRS Chapter 652, NRS Chapter 640D and NRS Chapter 640E addresses licensing, certification, permits, complaint investigations and periodic inspection criteria for Health Facilities (449), Medical Laboratories and Personnel (652), Music Therapists (640D) and Dietitians (640E).

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
FY 17	3,403	8,421	2,767

FY 17	Complaint Investigations	Periodic Inspections Conducted
Jul 16	54	83
Aug	63	110
Sep	39	119
Oct	50	115
Nov	23	102
Dec	27	97
Jan 17	27	66
Feb	49	73
Mar	33	98
Apr	67	78
May	84	83
Jun	47	83
FY 17 Total	**563**	**1,107**
FY 17 Avg.	**47**	**92**



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 are 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 have reached a new low. Downward trend this quarter may be attributed to holidays and staff time off. 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.

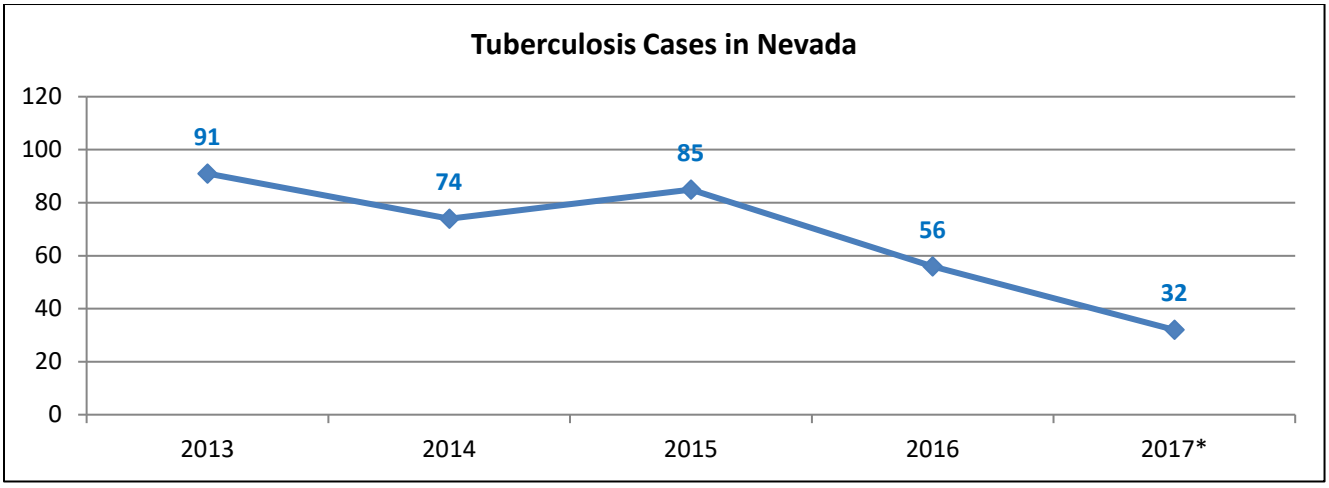
Website: http://dhhs.nv.gov/Health/HCQC.htm

6.21 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: NRS 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 arrive. In 2015, 69% cases were foreign-born individuals and in 2016, it was 71%. To assist with the prevention of active Tuberculosis in the high-risk populations mentioned above, the State of Nevada TB Program performed several outreach activities in 2016 and have several initiatives planned for 2017.



*CY17 data includes the time period of 01/01/2017 - 6/30/2017. Information taken from NBS. Case counts may be under-estimated due to reporting delays.

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

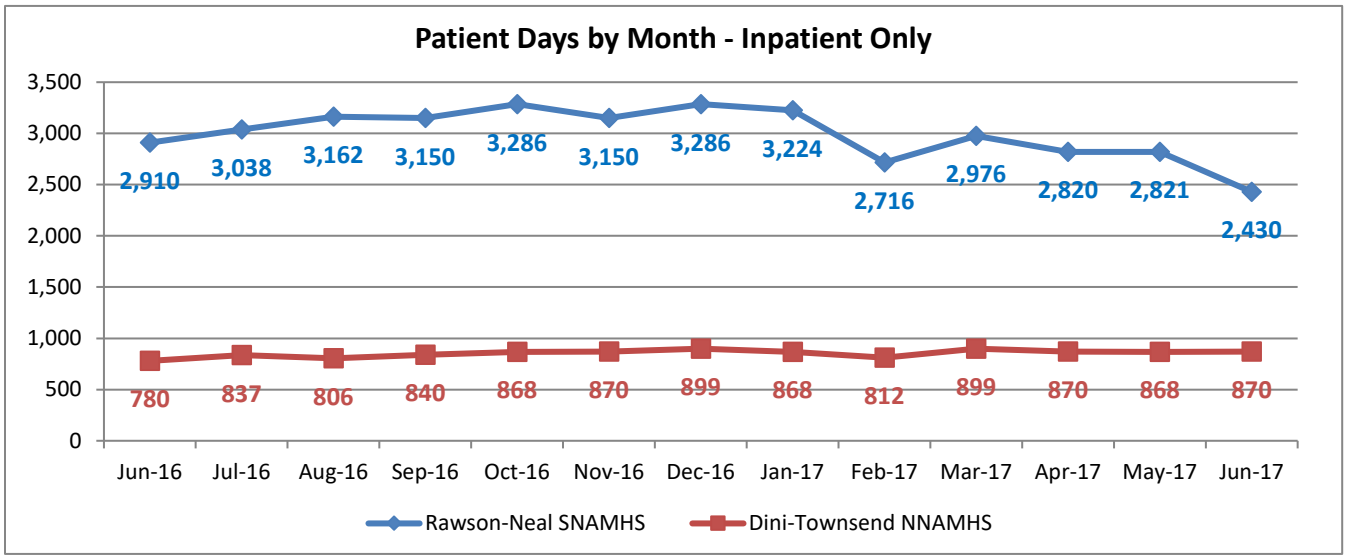
6.22 Civil Behavioral Health Services

Program: Behavioral Health Services are offered statewide. The urban areas have hospital-based programs for crisis stabilization at Dini-Townsend & Rawson-Neal Hospitals. Other services include the Mobile Outreach Safety Team (MOST) in urban Washoe & Clark Counties, & now in Carson City; Justice Involved Diversion outpatient programs (JID); Medication Clinics; Mental Health Court, Counseling, Care Coordination; Assessment Services; Program for Assertive Community Treatment (PACT); and Residential Services. Additionally, provision of outpatient services occurs statewide.

Eligibility: With expanded Medicaid, services are for those individuals who cannot access care through their insurance, and/or have other extenuating circumstances. Inpatient services are a short-term safety-net to stabilize individuals who are acutely-ill and are presenting as a danger to self and/or others, per NRS. Those with Severe Mental Illness (SMI) are given priority for Outpatient services by all mental health agencies. All agencies serve primarily indigent clients, and all clients are assisted in applying for qualified insurance programs while in the program.

FYTD:

Month	State Total	Rawson Neal	Dini Townsend
Jul 16	3,875	3,038	837
Aug	3,968	3,162	806
Sep	3,990	3,150	840
Oct	4,154	3,286	868
Nov	4,020	3,150	870
Dec	4,185	3,286	899
Jan 17	4,092	3,224	868
Feb	3,528	2,716	812
Mar	3,875	2,976	899
Apr	3,690	2,820	870
May	3,689	2,821	868
Jun	3,300	2,430	870
FY17 Avg.	**3,864**	**3,005**	**859**



Comments: Behavioral Health services are a collaborative effort and an increasing volume is being served outside of the DPBH direct- service providers. This is a positive change with the plan to encourage more capacity in the community and reduce care by DPBH where possible.

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

6.23 Forensic Behavioral Health Services

Program: Lake's Crossing Center (LCC) and now Stein Hospital are the only forensic behavioral health facilities 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.

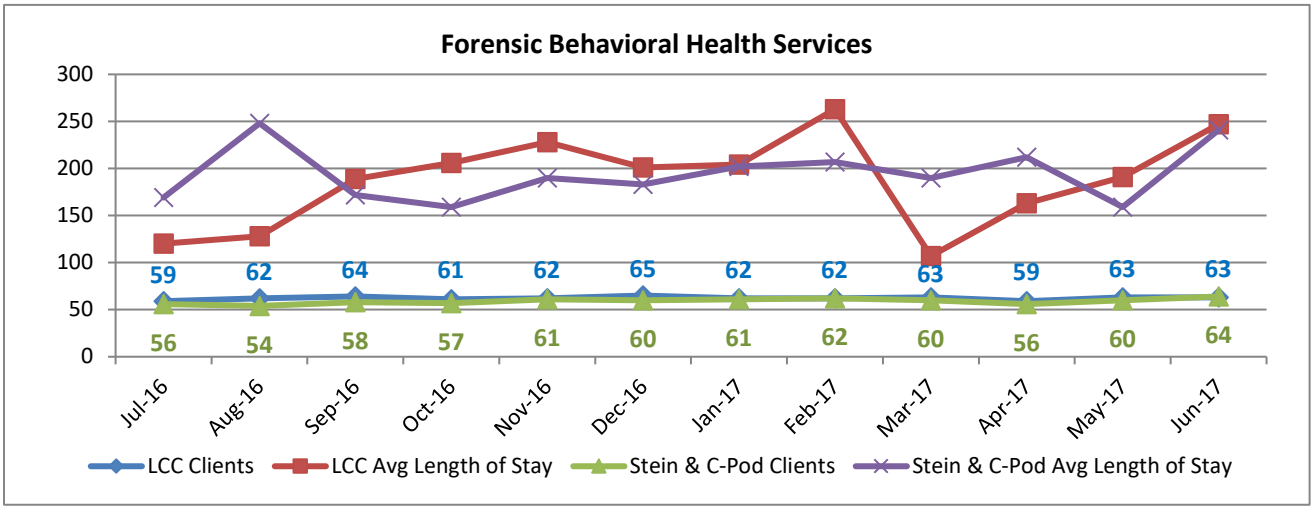
Mental Health Court is a collaboration between the Mental Health and Criminal Justice systems. This program provides opportunity for people with misdemeanor and minor felony criminal charges who would benefit from psychiatric treatment to be diverted from the standard criminal justice system if they participate in treatment. It is a service coordination model. In addition, Assisted Outpatient Treatment (AOT) is a new court-ordered outpatient treatment established in the State and operated by this Division.

Eligibility: Clients are admitted to the inpatient program, at either Lakes Crossing Center or Stein Hospital, 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. These services are supported by State General Fund.

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

Workload History:

Month	Statewide Forensic Caseload	LCC Clients	LCC Clients Average Length of Stay	Stein & C-Pod Clients	Stein Average Length of Stay
Jul 16	115	59	120	56	169
Aug	116	62	128	54	248
Sep	122	64	189	58	172
Oct	118	61	206	57	159
Nov	123	62	228	61	190
Dec	125	65	201	60	183
Jan 17	123	62	204	61	202
Feb	124	62	263	62	207
Mar	123	63	107	60	190
Apr	115	59	163	56	212
May	123	63	191	60	159
Jun	127	63	247	64	241
FY17 Avg.	**121**	**62**	**187**	**59**	**194**



Comments: The table above represents the trends in number of evaluation and restoration clients and average length of stay for each facility, Lake's Crossing Center in Sparks, and Stein Hospital in Las Vegas.

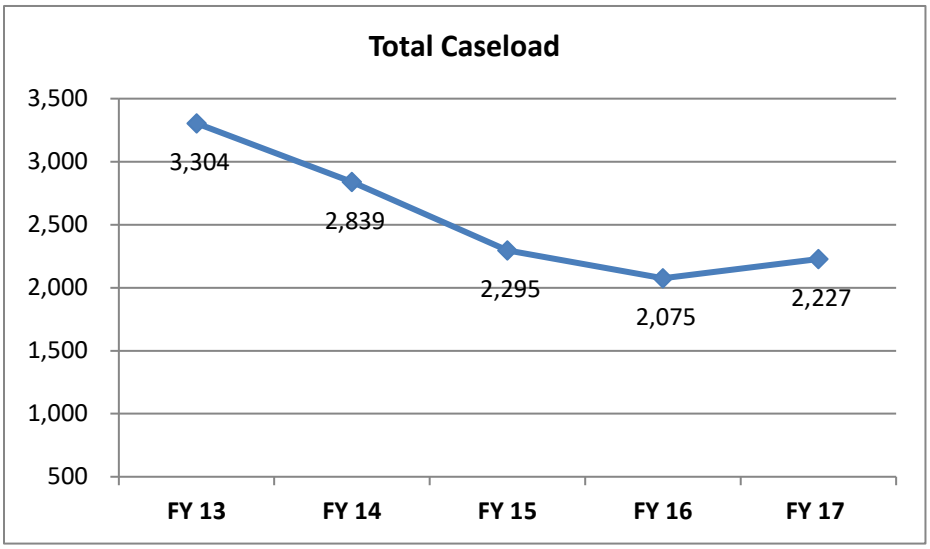
7.01 Public Defender

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
FY13	3,304
FY14	2,839
FY15	2,295
FY16	2,075
FY17	2,227



Caseload Fiscal FY17 YTD:

Carson City	2,058
Storey	69
State	100
Total FY 17	**2,227**

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 are always counted as separate cases.

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

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 **estimated population** as of July 1, 2016 is 2,940,058. *(U.S. Census Population Estimates)*
  - By Gender: Males 50.3 percent, Females 49.7 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 2015 to 2016, Nevada's population grew 2 percent, which was the 2rd fastest behind Utah. From 2014 to 2015it was the 3rd 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	2012-13 School Year		2013-14 School Year		2014-15 School Year		2015-16 School Year		2016-17 School Year	
	# of students	% change	# of students	% change	# of students	% change	# of students	% change	# of students	% change
Carson City	7,628	-3%	7,525	-1%	7,586	1%	7,833	3%	8,093	3%
Churchill	3,740	-8%	3,675	-2%	3,488	-5%	3,273	-6%	3,196	-2%
Clark	311,238	2%	314,643	1%	318,040	1%	325,990	2%	326,952	0%
Douglas	6,124	-3%	6,121	0%	6,054	-1%	6,041	0%	5,932	-2%
Elko	9,926	2%	9,945	0%	9,859	-1%	10,149	3%	9,911	-2%
Esmeralda	67	0%	78	16%	74	-5%	78	5%	75	-4%
Eureka	271	6%	246	-9%	247	0%	259	5%	276	7%
Humboldt	3,501	2%	3,517	0%	3,473	-1%	3,487	0%	3,399	-3%
Lander	1,094	-2%	1,121	2%	1,049	-6%	1,001	-5%	1,004	0%
Lincoln	977	-2%	973	0%	1,015	4%	1,006	-1%	1,085	8%
Lyon	8,076	-5%	8,104	0%	8,082	0%	8,129	1%	8,348	3%
Mineral	499	-9%	459	-8%	475	3%	505	6%	518	3%
Nye	5,384	-5%	5,214	-3%	5,167	-1%	5,071	-2%	5,037	-1%
Pershing	708	3%	710	0%	692	-3%	649	-6%	627	-3%
Storey	415	-2%	398	-4%	401	1%	411	2%	425	3%
Washoe	62,424	-6%	62,986	1%	63,108	0%	66,504	5%	66,671	0%
White Pine	1,420	-4%	1,334	-6%	1,250	-6%	1,237	-1%	1,390	12%
Charter School	22,245	38%	24,756	11%	29,112	18%	25,904	-11%	30,756	19%
Total	**445,737**	**1%**	**451,805**	**1%**	**459,172**	**2%**	**467,527**	**2%**	**473,695**	**1%**

- 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	51%	27%	8%	9%	1%	4%
United States	62%	17%	12%	6%	1%	3%

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

Minority Population		2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Nevada	%	40%	41%	42%	43%	44%	46%	47%	47%	48%	49%	49%
United States	%	33%	34%	34%	34%	35%	36%	37%	37%	38%	38%	38%

Economy

- In 2016, Nevada's **personal income per capita** was $43,637 ranking 34th among states (37th in 2013 and 2014 and 34th in 2015). The per capita income for the U.S. as a whole was $49,571. The U.S. average is 13 percent higher than Nevada (13 percent in 2015 and 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 2016 is 19th. Nevada ranked 6th highest in foreclosure rate after leading the nation for many years. Nevada ranked 48th in the largest drop in unemployment rate among all 50 states. Nevada had the 4th highest **unemployment rate level** in the country in 2015. Nevada ranked 10th in change in food stamp participation. *(Kaiser Family Foundation, State Health Facts)*

- In June 2017, Nevada's **foreclosure rate** was 1 of every 1,265 homes is currently under foreclosure. This is ninth highest in the nation. New Jersey was the worst state with 1 of every 607 homes in foreclosure. The U.S. average was 1 of every 1,789 homes. Nevada has consistently ranked top 10 worst for foreclosures since the housing crisis began. *(RealtyTrac & Bankrate)*

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

Unemployment Rate		2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	
Nevada	%	4.7%	6.7%	11.7%	14.0%	13.5%	11.2%	9.5%	7.8%	6.7%	5.1%	4.7%	
	Rank	35	45	48	50	50	50	50	50	49	44	37	↑
United States	%	4.6%	5.8%	9.3%	9.6%	8.9%	8.1%	7.4%	6.2%	5.3%	4.7%	4.3%	

- 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 2017 US Department of Health and Human Services **Poverty Income Guidelines** for one person at 100 percent of poverty is $12,060 per year, and $24,600 for a family of four. *(Federal Register, 82 FR 8831, January 31, 2017)*

- 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%)		2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	
Nevada	%	10%	11%	11%	12%	15%	16%	16%	16%	15%	15%	
	Rank	10	14	15	20	27	28	32	27	26	28	▼
United States	%	13%	13%	13%	15%	15%	16%	16%	16%	15%	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%)		2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	
Nevada	%	14%	15%	15%	15%	22%	22%	24%	23%	22%	21%	
	Rank	14	17	15	19	32	29	34	31	31	31	=
United States	%	18%	18%	18%	19%	22%	22%	23%	22%	22%	20%	

- 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		2007	2008	2009	2010	2011	2012	2013	2014	2015	
Nevada	%	25%	23%	25%	30%	27%	30%	29%	28%	27%	
	Rank	10	9	8	14	10	15	13	10	14	▼
United States	%	30%	30%	32%	33%	34%	34%	33%	33%	31%	

- 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%)		2007	2008	2009	2010	2011	2012	2013	2014	2015	
Nevada	%	7%	9%	8%	8%	9%	8%	9%	8%	8%	
	Rank	6	19	9	16	31	22	23	21	26	▼
United States	%	10%	10%	10%	9%	9%	10%	10%	10%	9%	

- **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%)		2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Nevada	Females %	8%	8%	8%	9%	8%	11%	9%	10%	9%	9%
	Males %	6%	5%	9%	6%	7%	7%	7%	7%	7%	7%
United States	Females %	11%	11%	11%	11%	10%	11%	11%	11%	11%	10%
	Males %	7%	7%	7%	7%	7%	7%	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	2015	
Nevada	%	20%	21%	21%	26%	26%	24%	26%	25%	
	Rank	25	28	26	43	43	37	41	41	▼
United States	%	20%	20%	21%	22%	22%	22%	23%	22%	

Children

- In 2015, Nevada had 668,555 **children under 18**, and 282,664 **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		2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	
Nevada	%	25%	26%	26%	26%	25%	24%	24%	24%	23%	23%	
	Rank	13	10	10	7	16	16	16	18	21	20	▲
United States	%	25%	25%	25%	24%	24%	24%	24%	23%	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	2015	
Nevada	%	26%	34%	36%	34%	34%	34%	32%	32%	
	Rank	21	38	39	35	38	41	40	43	▼
United States	%	27%	31%	33%	32%	31%	31%	30%	29%	

- 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	2015	
Nevada	%	20%	21%	21%	26%	26%	24%	26%	25%	
	Rank	25	28	26	43	43	37	41	41	=
United States	%	20%	20%	21%	22%	22%	22%	23%	22%	

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

Children in Single Parent Families		2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	
Nevada	%	34%	33%	33%	35%	36%	36%	39%	37%	39%	39%	
	Rank	36	31	29	34	35	31	42	35	40	42	▼
United States	%	32%	32%	32%	34%	34%	35%	35%	35%	35%	35%	

- In 2014, 5.0 percent of Nevadans ages 5 to 17 had some **disability**, which is above the nationwide average of 4.1 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	37	15	45	15
	Rank	50	50	29	49
United States	# per 1,000	13	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		2007	2008	2009	2010	2011	2012	2013	2014	2015	
Nevada	Total	5,417	4,877	4,708	4,947	5,355	5,724	5,659	4,297	4,532	
	Rank	17 of 49	16	15	18	21 of 49	22 of 49	31	20	17	▲
	# per 1000	8.1	7.2	6.9	7.4	8.1	8.6	8.6	6.5	6.8	▼
United States	# per 1000	10.3	10.1	10.0	10.0	9.1	9.2	9.2	9.4	9.5	

- **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 adoptions 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+		2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	
Nevada	%	11%	11%	11%	12%	12%	12%	13%	14%	14%	14%	
	Rank	44	44	44	44	44	44	40	38	29	11	▲
United States	%	12%	12%	12%	13%	13%	13%	14%	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%)		2007	2008	2009	2010	2011	2012	2013	2014	2015	
Nevada	%	7%	9%	8%	8%	9%	8%	9%	8%	8%	
	Rank	6	19	9	16	31	22	23	21	26	▼
United States	%	10%	10%	10%	9%	9%	10%	10%	10%	9%	

- In 2015, approximately 35 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	219	232	87	73	138
	Rank	26	34	29	18	22
United States	# per 1,000	212	226	90	82	149

- 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	2015	
Nevada	# per 1,000	100	101	106	113	130	130	120	134	
	Rank	5	8	11	16	27	26	24	29	▼
United States	# per 1,000	121	120	119	121	126	126	123	126	

- 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*)

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 equal to the national average. *(United Health Foundation, America's Health Rankings)*

Infant Mortality		2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	
Nevada	# per 1,000	6	6	6	6	6	6	6	5	5	6	
	Rank	17	17	16	19	12	15	18	18	13	16	▼
United States	# per 1,000	7	7	7	7	7	7	6	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		2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	
Nevada	# per 1,000	51	50	56	55	54	39	36	33	30	29	
	Rank	39	41	44	42	41	35	36	34	35	37	▼
United States	# per 1,000	41	41	42	42	42	34	31	29	27	24	

- 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%	

- 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 2016, Nevadans reported suffering slightly more poor physical health days in the previous 30 days than the national rate. *(United Health Foundation, America's Health Rankings)*

Poor Physical Health Days		2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	
Nevada	# of Days	3.7	3.7	3.5	3.6	3.8	3.9	4.2	3.6	3.7	4.0	
	Rank	38	36	28	30	36	25	34	15	22	30	▼
United States	# of Days	3.6	3.6	3.6	3.6	3.7	3.9	4.0	3.9	3.9	3.9	

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

Daily Vegetables		2012	2013	2014	2015	2016	
Nevada	# of Vegetables	0.8	0.8	2.0	2.0	2.1	
	Rank	38	38	7	7	3	▲
United States	# of Vegetables	0.8	0.8	1.9	1.9	1.9	

- Nevada consumes approximately the same intake of fruits as the national average. *(United Health Foundation, America's Health Rankings)*

Daily Fruits		2012	2013	2014	2015	2016	
Nevada	# of Fruits	1.0	1.0	1.4	1.4	1.4	
	Rank	19	19	14	14	9	▲
United States	# of Fruits	1.0	1.0	1.4	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		2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	
Nevada	%	73%	73%	76%	72%	76%	77%	76%	79%	76%	78%	
	Rank	36	42	35	38	30	20	17	18	14	23	▼
United States	%	76%	77%	77%	75%	76%	76%	74%	77%	75%	77%	

- 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.

- 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 lower than the national average. *(United Health Foundation, America's Health Rankings)*

Binge Drinking		2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	
Nevada	%	17%	16%	18%	18%	17%	19%	15%	15%	16%	14%	
	Rank	NA	32	41	42	38	28	13	17	26	11	▲
United States	%	15%	16%	16%	16%	16%	18%	17%	17%	16%	16%	

- In 2014, approximately ten percent of Nevadans participated in **illicit drug use** compared to ten percent nationwide. *(SAMHSA, Substance Abuse and Mental Health Services Administration)*

Illicit Drug Use in the Past Month		2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	
Nevada	%	8%	8%	9%	9%	10%	10%	10%	11%	11%	10%	
	Rank	32	32	35	41	41	36	38	42	36	31	▲
United States	%	8%	8%	8%	8%	8%	9%	9%	9%	9%	10%	

- 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 equal to the national average. *(United Health Foundation, America's Health Rankings)*

Diabetes		2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	
Nevada	%	8%	8%	9%	8%	9%	10%	9%	10%	10%	10%	
	Rank	26	25	30	16	22	37	15	22	20	27	▼
United States	%	8%	8%	8%	8%	9%	9%	10%	10%	10%	10%	

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

High Blood Pressure		2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	
Nevada	%	24%	27%	27%	28%	28%	31%	31%	31%	31%	28%	
	Rank	15	24	24	17	17	24	24	17	17	5	▲
United States	%	26%	28%	28%	29%	29%	31%	31%	31%	31%	30%	

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

High Cholesterol		2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	
Nevada	%	39%	37%	37%	39%	39%	37%	37%	38%	39%	37%	
	Rank	48	19	19	30	30	18	18	27	27	28	▼
United States	%	36%	38%	38%	38%	38%	38%	38%	38%	38%	36%	

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

Stroke		2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	
Nevada	%	3%	2%	2%	2%	3%	3%	3%	3%	3%	2%	
	Rank	30	17	7	23	36	33	30	29	29	10	▲
United States	%	3%	3%	3%	2%	3%	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 the same as the national average. *(United Health Foundation, America's Health Rankings)*

Cardiac Heart Disease		2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	
Nevada	%	5%	4%	4%	4%	4%	4%	4%	3%	5%	4%	
	Rank	38	28	22	25	19	24	24	10	33	22	▲
United States	%	5%	4%	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		2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	
Nevada	%	5%	4%	4%	5%	5%	5%	5%	4%	5%	4%	
	Rank	37	25	31	42	38	38	28	26	32	25	▲
United States	%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	

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

Cardiovascular Deaths		2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	
Nevada	# per 100,000	323	320	313	299	284	273	272	272	275	278	
	Rank	35	38	39	37	36	33	35	36	38	39	▼
United States	# per 100,000	309	298	288	278	270	265	259	251	250	251	

- 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		2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	
Nevada	# per 100,000	201	199	196	194	193	192	191	188	188	189	
	Rank	34	32	27	25	27	24	25	22	22	22	=
United States	# per 100,000	195	193	192	192	191	191	191	190	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	

- **Immunization** Nevada vaccinates children ages 19-35 months at a rate slightly 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		2007	2008	2009	2010	2011	2012*	2013	2014	2015	2016	
Nevada	%	81%	82%	85%	84%	85%	65%	65%	61%	68%	71%	
	Rank	50	50	49	49	49	39	38	49	37	30	▲
United States	%	91%	91%	91%	90%	90%	69%	68%	70%	72%	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		2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	
Nevada	%	58%	62%	57%	64%	59%	54%	50%	52%	53%	55%	
	Rank	50	50	50	49	50	49	50	50	50	50	=
United States	%	70%	72%	71%	70%	68%	61%	60%	63%	60%	61%	

- 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		2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	
Nevada	%	67%	71%	71%	76%	76%	72%	72%	74%	74%	74%	
	Rank	47	46	46	27	27	39	39	35	35	37	▼
United States	%	73%	75%	75%	77%	77%	76%	76%	76%	76%	78%	

- 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	2014	
Nevada	%	45%	47%	55%	56%	62%	61%	63%	
	Rank	36	45 of 49	38	45	39	49	46	▲
United States	%	49%	54%	57%	62%	65%	67%	69%	

- 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		2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	
Nevada	%	66%	66%	64%	64%	67%	67%	61%	61%	60%	60%	
	Rank	39	39	44	44	36	36	40	40	40	40	=
United States	%	70%	70%	71%	71%	70%	70%	67%	67%	65%	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		2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	
Nevada	# per 100,000	86	85	87	86	86	84	85	85	86	104	
	Rank	46	46	46	46	46	47	47	47	47	46	▲
United States	# per 100,000	120	120	121	121	121	120	121	124	127	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		2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	
Nevada	# per 1,000	65	65	62	57	59	58	57	52	46	42	
	Rank	13	13	11	12	15	16	16	16	14	13	▲
United States	# per 1,000	78	78	71	71	68	67	65	63	58	50	

- 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 2015 in Nevada, 53 percent of private sector establishments **offered health insurance to employees** (rank=4th highest, down from 63 percent in 2008). The national average was 46 percent. *(Kaiser Family Foundation, State Health Facts)*

- In 2015 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	$	$1,098	$5,800	$3,991	$17,434
	Rank	6	19	6	36
	Share of Premium	19%		23%	
	Rank	11		5	
United States	$	$1,255	$5,963	$4,710	$17,322
	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		2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	
Nevada	%	20%	17%	19%	20%	23%	22%	22%	21%	15%	12%	
	Rank	44	40	44	47	49	49	49	49	46	45	▲
United States	%	16%	15%	15%	17%	16%	15%	15%	15%	12%	9%	

- 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		2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	
Nevada	%	19%	14%	19%	17%	17%	16%	18%	15%	10%	8%	
	Rank	47	47	50	49	50	50	48	50	48	45	▲
United States	%	12%	11%	10%	10%	8%	7%	12%	7%	6%	5%	

Mental Health

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

Poor Mental Health Days		2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	
Nevada	%	3.5%	3.8%	3.6%	4.0%	3.8%	3.9%	4.1%	3.7%	3.4%	3.8%	
	Rank	36	43	35	45	38	28	35	24	16	30	▼
United States	%	3.4%	3.4%	3.4%	3.5%	3.5%	3.8%	3.9%	3.7%	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 2014, suicide was the 8th 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	3	2	2	4	4	7	10	12	16	8
United States	2	2	2	4	4	8	13	17	>20	10

- In 2015, approximately eleven percent of Nevada's 9th through 12th graders **attempted suicide** in the last 12 months, compared to nearly nine 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		2001	2003	2005	2007	2009	2011	2013	2015
Nevada	%	11%	9%	9%	9%	10%	NA	11%	11%
United States	%	9%	9%	8%	7%	6%	8%	8%	9%

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 Assistance Income		2007	2008	2009	2010	2011	2012	2013	2014	2015	
Nevada	# per 1,000	47	60	79	109	117	134	127	131	140	
	Rank	1	4	7	15	16	19	15	19	29	▼
United States	# per 1,000	84	93	111	127	137	143	142	139	135	

  - 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)		2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Nevada	Maximum Income	$1,185	$1,230	$1,341	$1,375	$1,430	$1,430	$1,448	$1,448	$1,526	$1,546	$1,660
United States	Maximum Income	$766	$777	$789	$785	$817	$822	$800	$823	$829	$817	$832

- 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		2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Nevada	Maximum Income	$348	$348	$348	$383	$383	$383	$383	$383	$383	$383	$383
United States	Maximum Income	$413	$417	$419	$475	$431	$436	$436	$430	$424	$428	$442

- In 2015, the **asset limit** for TANF recipients in Nevada is $6,000. Among other states the minimum is $1,000, and the maximum is unlimited assets in Alabama, Colorado, Hawaii, Illinois, 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		FFY06	FFY07	FFY08	FFY09	FFY10	FFY11	FFY12	FFY13	FFY14	FFY15	
Nevada	%	48%	34%	42%	39%	38%	38%	35%	36%	31%	38%	
	Rank	12	28	17	20	21	26	23	20	35	30	▲
United States	%	33%	30%	29%	29%	29%	30%	34%	34%	37%	48%	

- 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		FFY05	FFY06	FFY07	FFY08	FFY09	FFY10	FFY11	FFY12	FFY13	FFY14	
Nevada	Hours	18	20	27	27.5	26	25	26	25	26	26	
	Rank	50	48	23	15	14	21	16	22	18	17	▲
United States	Hours	28	28	27.4	25	25	25	24	25	25	26	

- 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 10th lowest eligibility rate at 165 percent of poverty effective January 2016. *(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 above the national average. *(Genworth, Cost of Care Survey 2016)*

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	$	$48,620	$18,720	$36,600	$95,265	$103,773
	Rank	30	28	9	33	32
United States	$	$45,760	$17,680	$43,539	$82,125	$92,378

Child Care

- Of families that receive subsidized childcare, 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 childcare 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)*

Families with $0 Copay		FFY05	FFY06	FFY07	FFY08	FFY09	FFY10	FFY11	FFY12	FFY13	FFY14	FFY15
Nevada	%	24%	15%	18%	23%	23%	25%	18%	23%	29%	33%	53%
United States	%	24%	24%	23%	21%	20%	23%	21%	21%	21%	20%	65%

  - 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 equal to 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		2004	2005	2006	2007	2008	2009	2010	2011	2012	2014	
Nevada	%	42%	54%	53%	51%	50%	56%	62%	69%	66%	64%	
	Rank	50	42	49	38	49	46	48	42	48	48	=
United States	%	56%	65%	67%	65%	66%	72%	75%	79%	83%	83%	

- Between February 2014 and February 2015, the number of Nevadans receiving **food stamps** increased by 3.1 percent, giving Nevada the fourth fastest growing caseload nationwide. The national average year-over-year increase was -4.7 percent. *(U.S. Dept. of Agriculture, Food and Nutrition Service Program Data)*

- During 2015, the same percentage of Nevada's **families received food stamps** as the average for the U.S. *(U.S. Census, American Community Survey)*

Households Receiving Food Stamps During Last 12 Months		2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Nevada	%	4%	4%	4%	4%	5%	10%	11%	13%	12%	12%	13%
United States	%	8%	8%	8%	8%	8%	12%	13%	14%	13%	13%	13%

- For FFY15, Nevada's **average monthly food stamp benefit** per person was $119.37 and per household was $235.50. The national averages were $124.45 and $254.45 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		FFY06	FFY07	FFY08	FFY09	FFY10	FFY11	FFY12	FFY13	FFY14	FFY15	
Nevada	%	69%	80%	84%	86%	100%	109%	117%	118%	117%	119%	
	Rank	49	49	49	46	14	3 of 24*	2 of 24*	3 of 26*	3 of 26*	3 of 26*	=
United States	%	95%	95%	95%	96%	96%	99%	100%	100%	100%	100%	

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

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		FFY06	FFY07	FFY08	FFY09	FFY10	FFY11	FFY12	FFY13	FFY14	FFY15	
Nevada	%	67%	69%	68%	70%	76%	81%	82%	83%	85%	87%	
	Rank	44	44	43	43	38	32	34	34	29	26	▲
United States	%	78%	79%	79%	79%	80%	81%	82%	83%	85%	86%	

Current Support Collected		FFY06	FFY07	FFY08	FFY09	FFY10	FFY11	FFY12	FFY13	FFY14	FFY15	
Nevada	%	46%	48%	48%	48%	49%	51%	56%	58%	60%	62%	
	Rank	50	50	50	50	50	49	42	38	35	32	▲
United States	%	60%	61%	62%	61%	62%	62%	63%	64%	64%	65%	

Arrearages Collected		FFY06	FFY07	FFY08	FFY09	FFY10	FFY11	FFY12	FFY13	FFY14	FFY15	
Nevada	%	52%	52%	53%	52%	57%	60%	57%	59%	61%	62%	
	Rank	48	49	49	49	45	33	44	39	35	30	▲
United States	%	61%	62%	63%	64%	62%	62%	62%	62%	63%	64%	

Cost Effectiveness		FFY06	FFY07	FFY08	FFY09	FFY10	FFY11	FFY12	FFY13	FFY14	FFY15	
Nevada	Ratio	3.3	3.5	3.5	3.9	2.9	4.0	4.1	3.9	4.0	4.1	
	Rank	47	45	47	41	48	42	41	42	41	42	▼
United States	Ratio	5.1	5.2	4.8	5.3	4.9	5.1	5.1	5.3	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		2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	
Nevada	Per Capita	$2,466	$2,458	$2,365	$2,123	$2,158	$2,325	$2,456	$2,518	$2,516	$2,606	
	Rank	30	26	21	17	24	25	27	23	21	20	▲
United States	Per Capita	$2,391	$2,530	$2,532	$2,326	$2,728	$2,435	$2,531	$2,682	$2,715	$2,851	

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

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

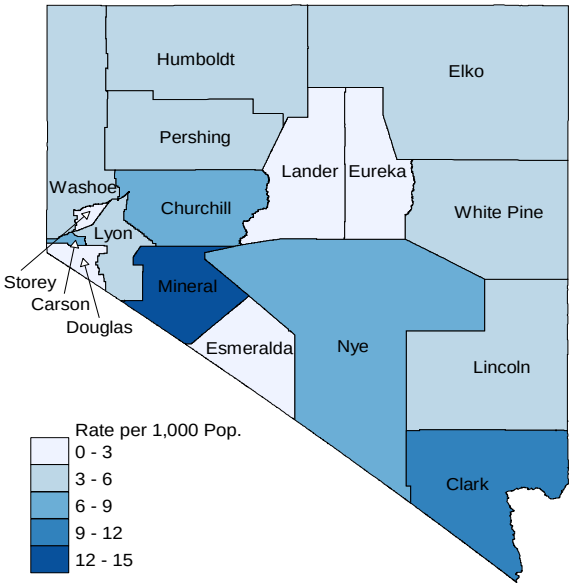
Federal Spending Received		FFY02	FFY03	FFY04	FFY05	FFY06	FFY07	FFY08	FFY09	FFY10	
Nevada	$ per capita	$4,992	$5,234	$5,529	$5,889	$5,852	$6,032	$6,638	$7,117	$7,321	
	Rank	50	50	50	50	50	50	49	50	50	=
United States	$ per capita	$6,890	$7,202	$7,548	$7,964	$8,058	$8,339	$9,042	$10,185	$10,460	

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

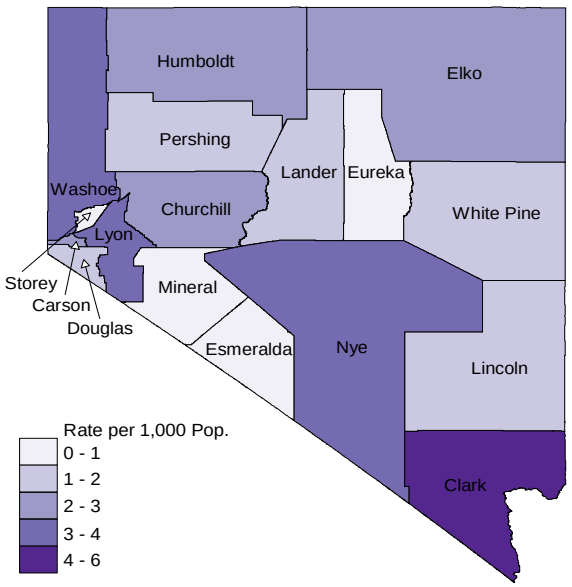
Maps – Program Participation Rates by County

Source: DHHS Caseload Data

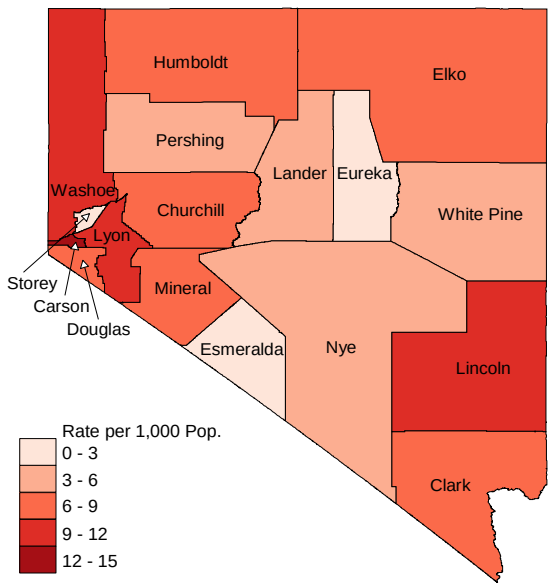
TANF Cash Participation Rate - Nov 2016



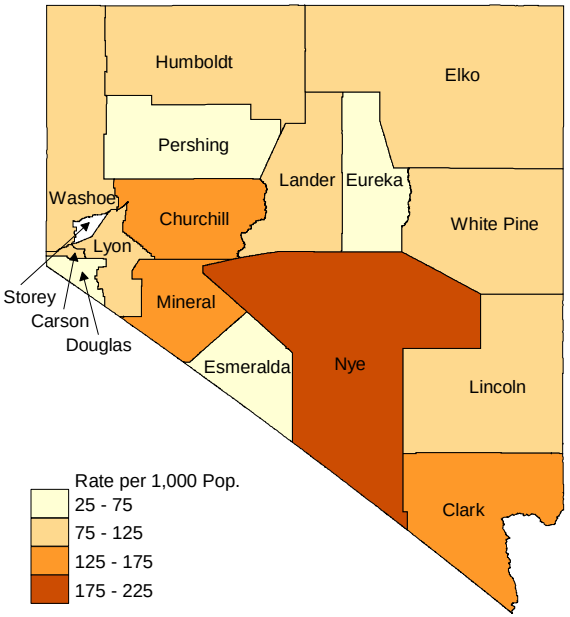
Child Welfare Participation Rate - Nov 2016



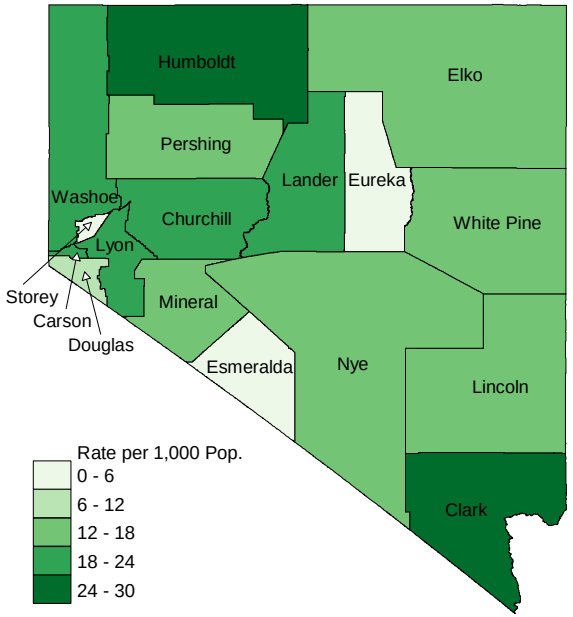
NV Check Up Participation Rate - Nov 2016



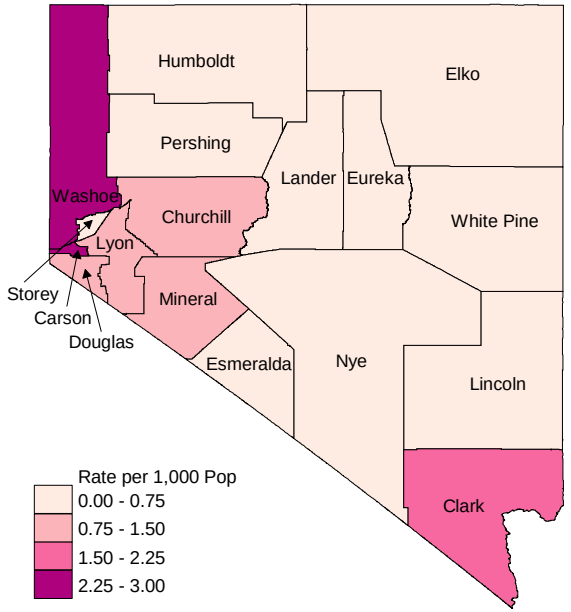
SNAP Participation Rate - Nov 2016



WIC Participation Rate - Nov 2016



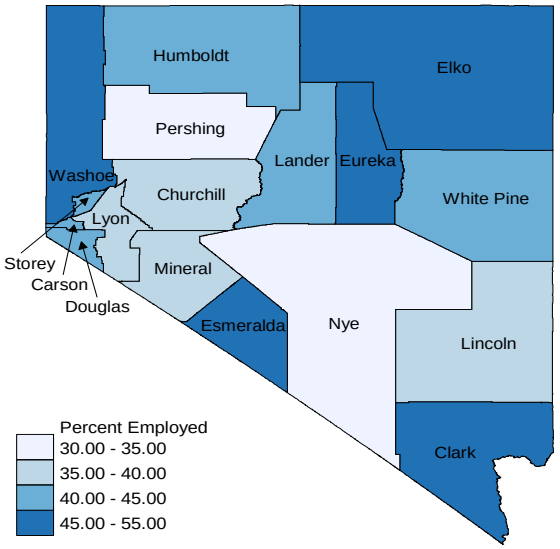
Childcare Participation Rate - Sep 2015



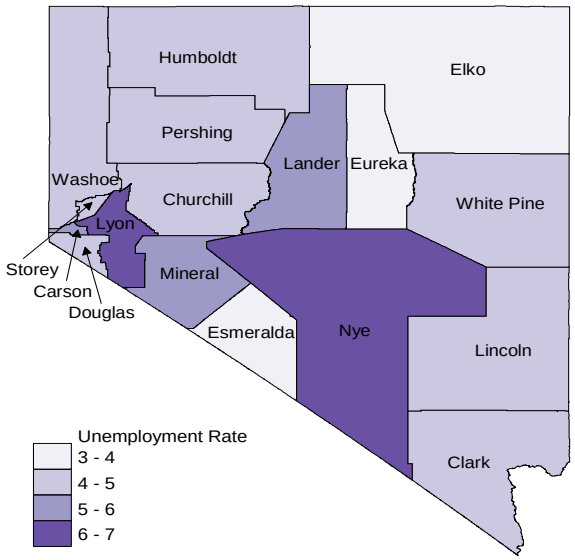
Maps – Socioeconomic Indicators by County

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

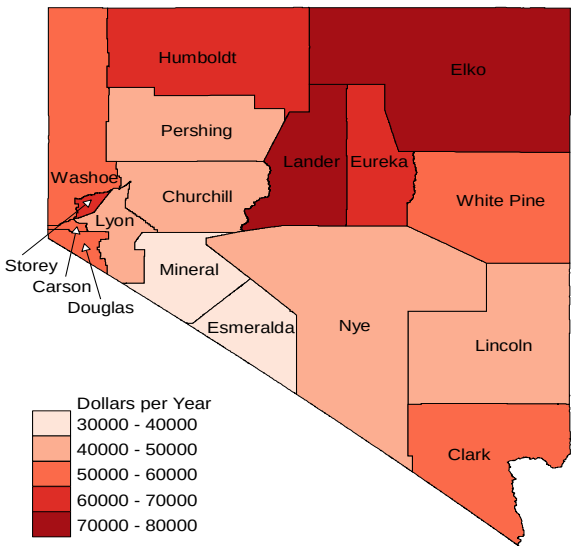
Employment to Population Ratio - Dec 2016



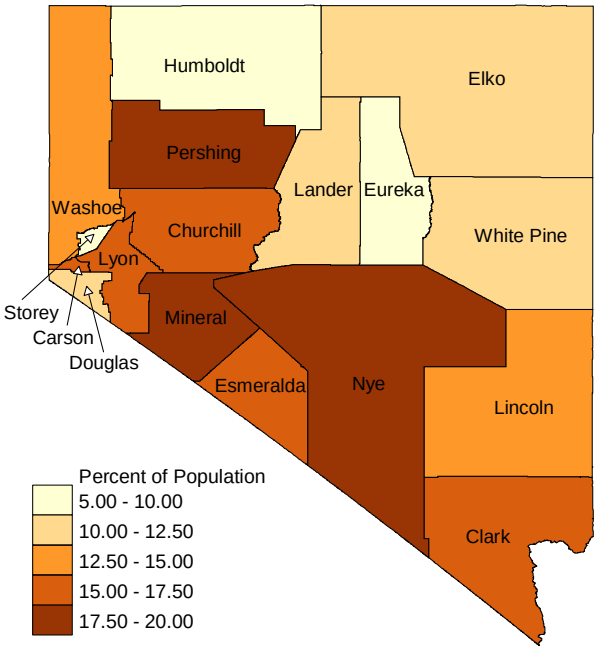
Unemployment Rate - Dec 2016



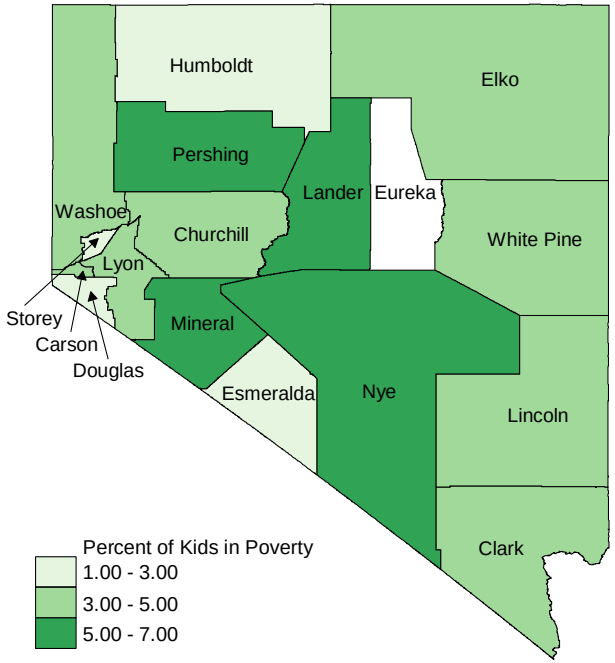
Median Household Income - 2010-2015



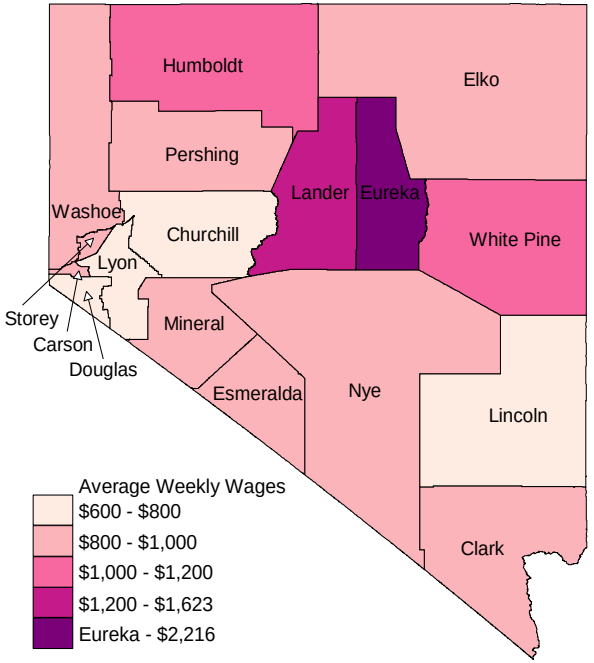
Persons Below Poverty



Children Below Poverty - 2016



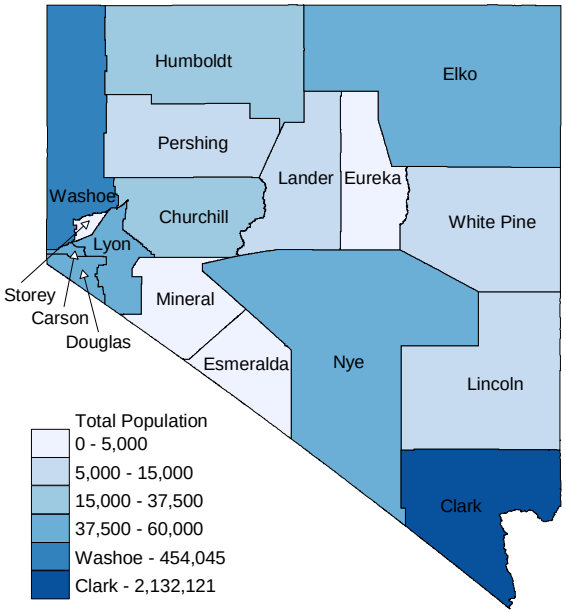
Average Weekly Wages - Q2 2016



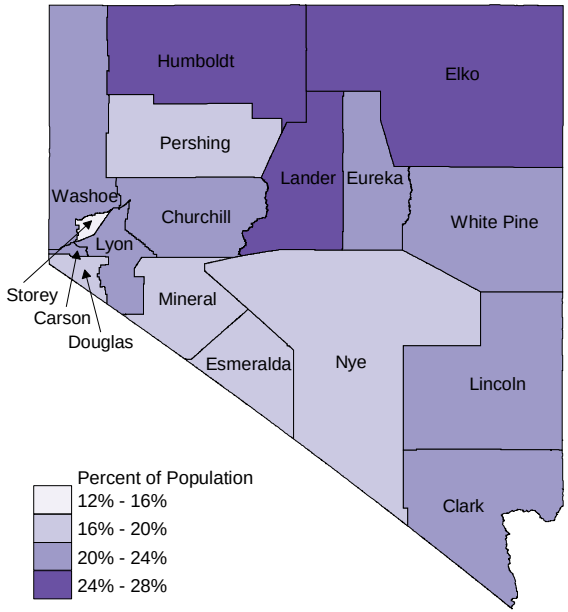
Maps – Demographic Indicators by County

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

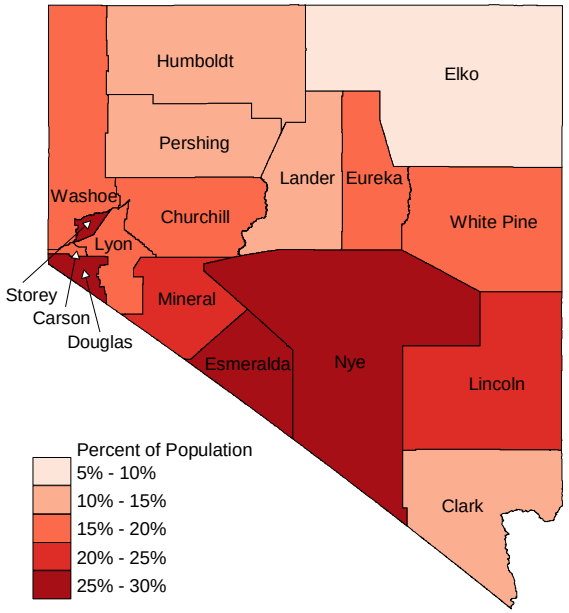
Total Population - Oct 2016



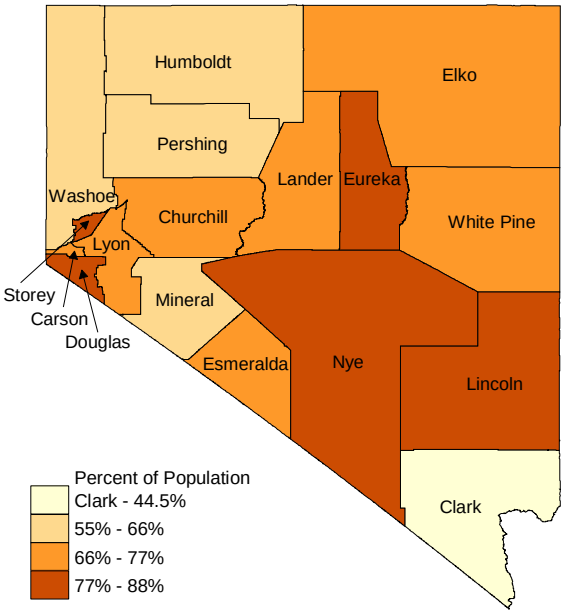
Persons Under 18 Years - 2015



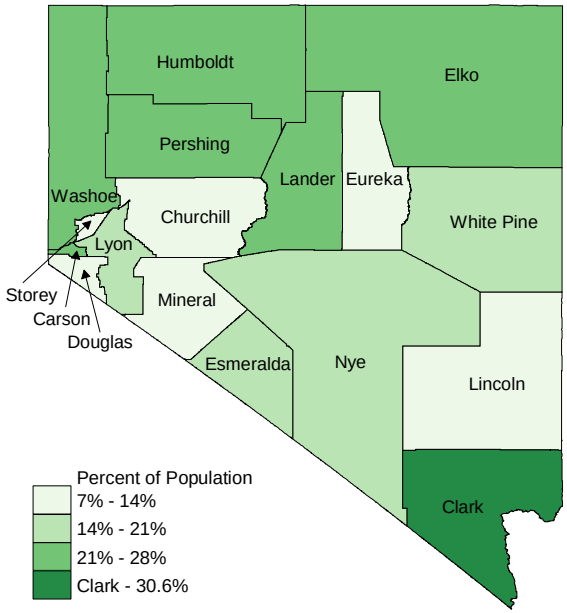
Persons Age 65 and Over - 2015



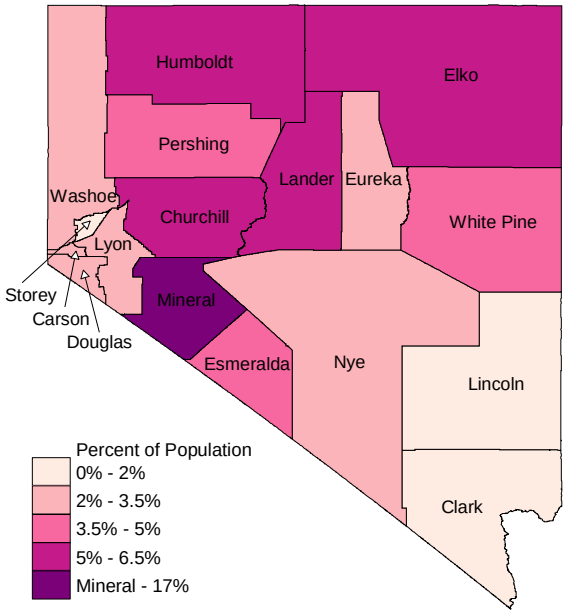
White Persons Not Hispanic - 2015



Persons of Hispanic Origin - 2015



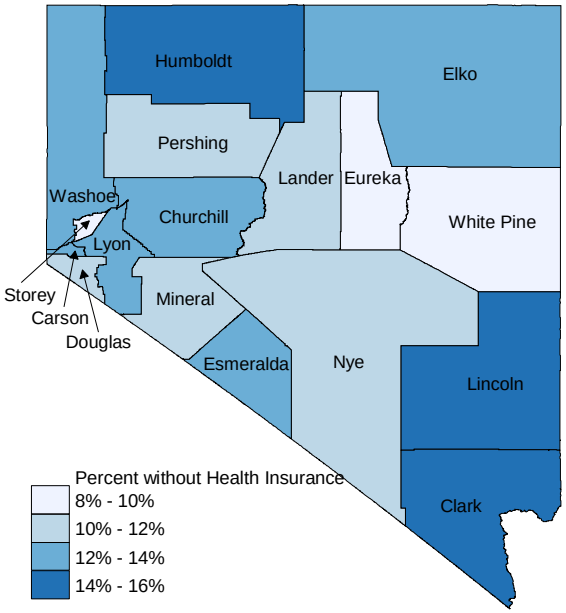
Native American Persons - 2015



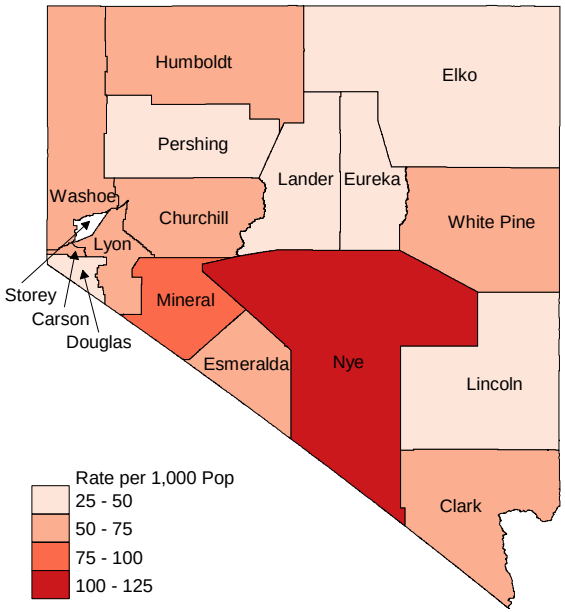
Maps – ACA Outcomes by County

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

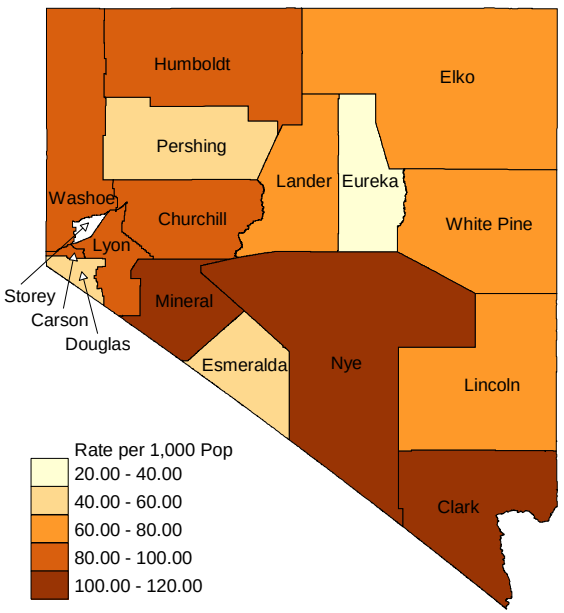
Uninsured < Age 65 - Jul 2016



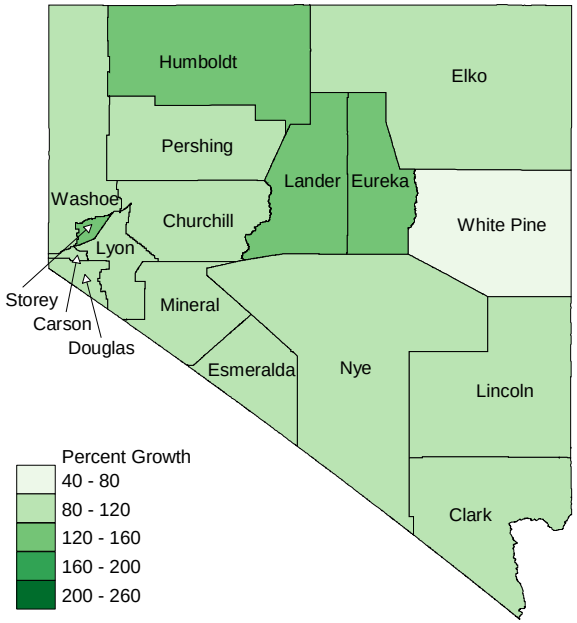
Adult/ACA Medicaid - Nov 2016



Pregnant Women & Children - Nov 2016



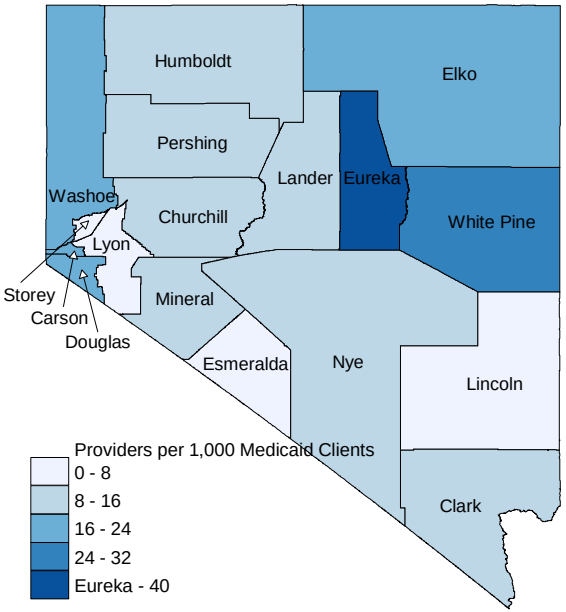
Post ACA Medicaid Growth - Jun 2013 To Nov 2016



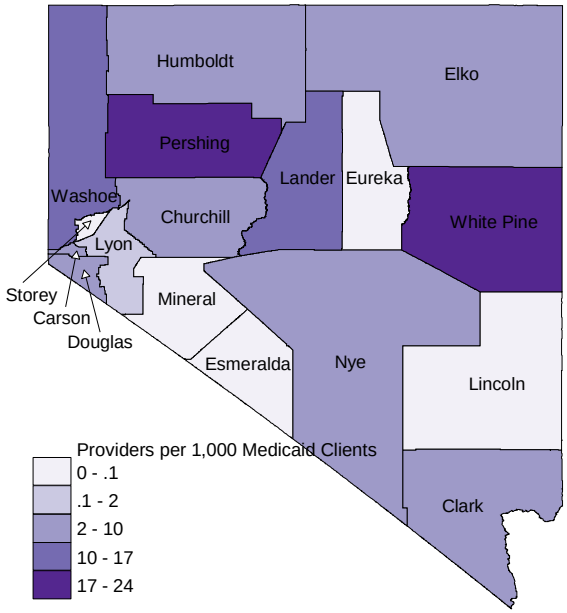
Maps – ACA Outcomes by County - Continued

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

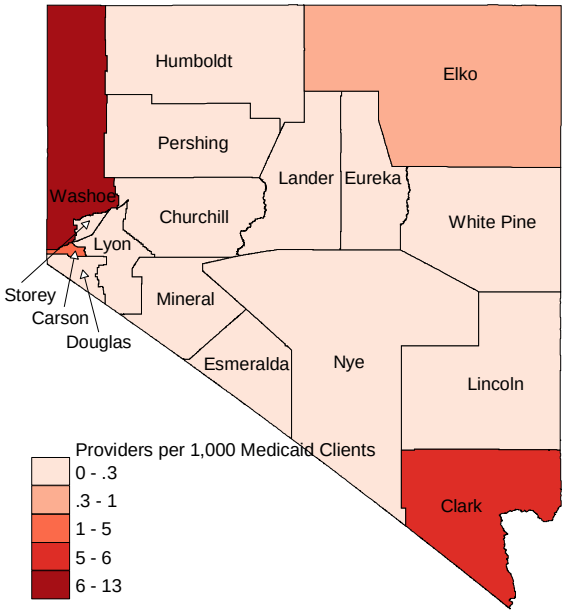
FFS Providers - Sep 2016



HPN Providers - Oct 2016



Amerigroup Providers - Oct 2016



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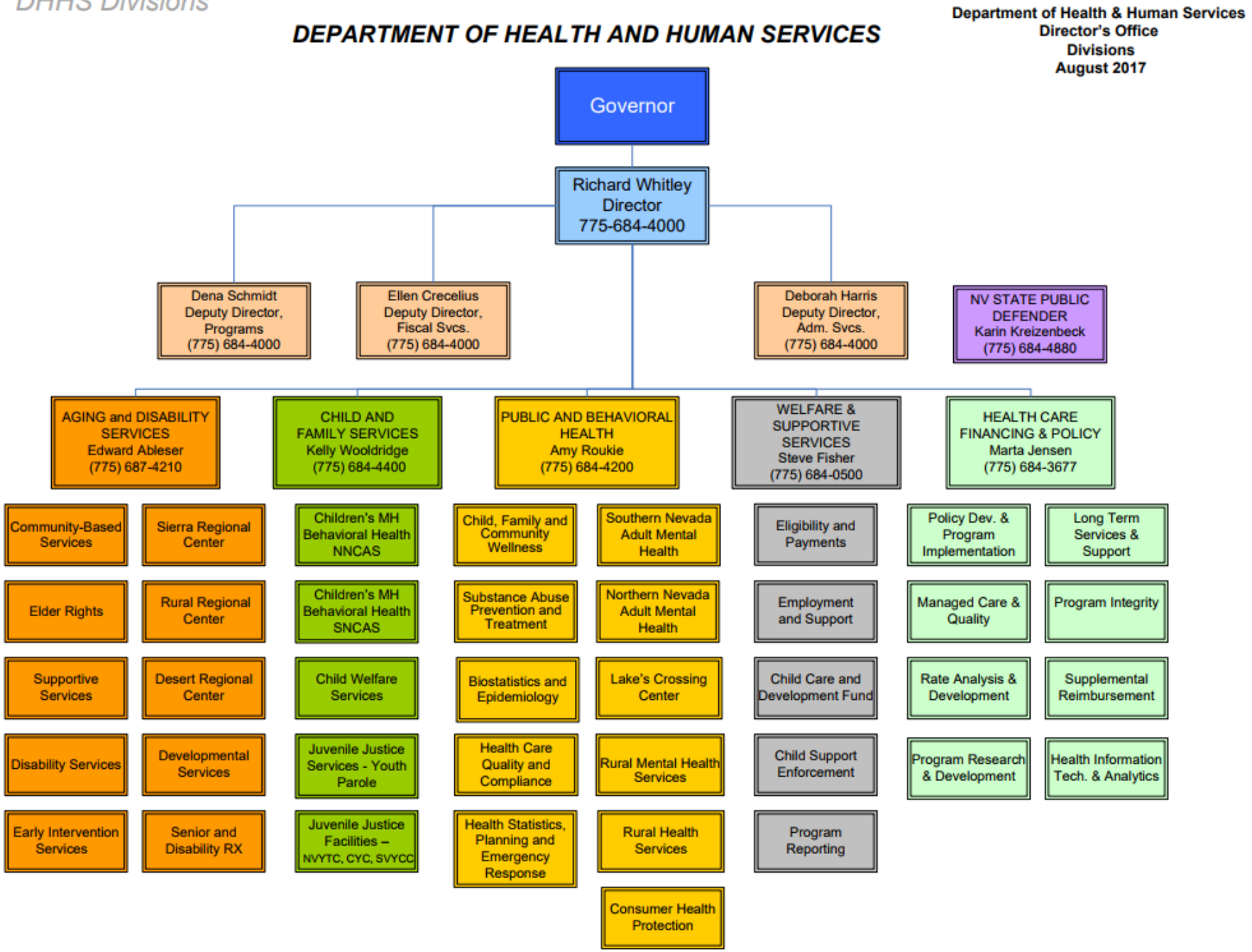
Nevada Department of Health and Human Services, Organizational Chart

DHHS Divisions



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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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