# DHHS Fact Book

## April 2018

**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*

Page intentionally left blank.

# TABLE OF CONTENTS

## Director's Office

1.01 2-1-1 Partnership ..... 1
1.02 Office of Consumer Health Assistance (OCHA) ..... 2
1.03 Office of Minority Health ..... 3
1.04 Office of Community Partnerships and Grants (OCPG) ..... 4

## Aging and Disability Services Division

2.01 Advocate for Elders ..... 6
2.02 Community Options Program for the Elderly (COPE) ..... 7
2.03 Elder Protective Services ..... 8
2.04 Homemaker Program ..... 8
2.05 Independent Living Grants ..... 9
2.06 Long Term Care Ombudsman Program (Elder Rights Specialists) ..... 10
2.07 Senior Support Services ..... 11
2.08 Senior Nutrition – Meals in Congregate Settings ..... 12
2.09 Senior Nutrition – Home Delivered Meals ..... 13
2.10 National Family Caregiver Program ..... 14
2.11 Taxi Assistance Program ..... 15
2.12 Senior Rx and Disability Rx ..... 16
2.13 State Health Insurance Assistance Program (SHIP) ..... 17
2.14 Home and Community Based Waiver (HCBW) – Frail Elderly ..... 18
2.15 Home and Community Based Waiver (HCBW) - Physically Disabled ..... 19
2.16 Personal Assistance Services ..... 20
2.17 Disability Services – Assistive Technology for Independent Living ..... 21
2.18 Disability Services – Traumatic Brain Injury Services ..... 22
2.19 Disability Services – Communication Services ..... 23
2.20 Autism Treatment Assistance Program (ATAP) ..... 24
2.21 Developmental Services ..... 25

2.22 Early Intervention Services (Part C, Individuals with Disabilities Education Act)..... 26

## Division of Child and Family Services

3.01 Adoption Subsidies..... 27
3.02 Child Protective Services (CPS)..... 28
3.03 Differential Response..... 29
3.04 Early Childhood Services..... 30
3.05 Foster Care – Out-of-Home Placements..... 31
3.06 Foster Care – Independent Living..... 32
3.07 Juvenile Justice – Facilities..... 33
3.08 Juvenile Justice – Youth Parole..... 34
3.09 Children's Clinical Services..... 35
3.10 Residential Treatment Services..... 36
3.11 Intensive Care Coordination Services..... 37

## Division of Health Care Finance and Policy

4.01 Medicaid Totals..... 39
4.02 Medicaid Waivers..... 40
4.03 Child Welfare..... 41
4.04 County Indigent Program..... 42
4.05 Health Insurance for Work Advancement (HIWA)..... 43
4.06 Health Information Technology (HIT)..... 44

## Division of Welfare and Supportive Services

5.01 TANF Cash - Single Parent..... 45
5.02 TANF Cash - Two Parent..... 46
5.03 Child Only Cash Programs..... 47
5.04 Temporary Assistance for Needy Families (TANF) - All Cash Programs..... 48
5.05 New Employees of Nevada (NEON)..... 49

5.06 Adult Medicaid (Original Medicaid Group) ..... 50
5.07 New ACA (Affordable Care Act) Adult Medicaid ..... 51
5.08 Pregnant Women and Children Medicaid ..... 52
5.09 New ACA Expanded Children's Group ..... 53
5.10 Nevada Check Up ..... 54
5.11 County Match ..... 55
5.12 Medical Assistance to the Aged, Blind, and Disabled ..... 56
5.13 Supplemental Nutrition Assistance Program (SNAP) ..... 57
5.14 Supplemental Nutrition Employment and Training Program (SNAPET) ..... 58
5.15 Child Care and Development Program ..... 59
5.16 Child Support Enforcement Program ..... 60
5.17 Energy Assistance Program ..... 61

## Division of Public and Behavioral Health

6.01 Early Hearing Detection and Intervention ..... 63
6.02 Immunization ..... 64
6.03 Women, Infants, and Children (WIC) Supplemental Food Program ..... 65
6.04 Nevada Home Visiting Program ..... 66
6.05 Office of Food Security ..... 67
6.06 Oral Health Program ..... 68
6.07 Vital Records and Statistics ..... 69
6.08 Women's Health Connection Program ..... 70
6.09 Community Health Nursing ..... 71
6.10 Environmental Health Services Program ..... 72
6.11 Sexually Transmitted Disease Program ..... 73
6.12 Ryan White AIDS Drug Assistance Program ..... 74
6.13 HIV-AIDS Prevention Program ..... 75
6.14 HIV Surveillance Program ..... 76
6.15 Nevada Central Cancer Registry ..... 77
6.16 Office of Suicide Prevention ..... 78
6.17 Medical Marijuana Cardholders ..... 79

6.18 Medical Marijuana Establishments ..... 80
6.19 Substance Abuse Prevention and Treatment Agency (SAPTA) ..... 81
6.20 Health Care Quality and Compliance ..... 82
6.21 Tuberculosis Prevention, Control and Elimination ..... 83
6.22 Civil Behavioral Health Services ..... 84
6.23 Forensic Behavioral Health Services ..... 85

## Public Defender

7.01 Public Defender ..... 86

## Nevada Data and Key Comparisons

Population/Demographics ..... 87
Economy ..... 88
Poverty ..... 89
Children ..... 90
Child Welfare ..... 91
Seniors ..... 92
Disability ..... 93
Health ..... 94
Health Care ..... 97
Health Insurance ..... 99
Mental Health ..... 100
Suicide ..... 101
Public Assistance ..... 102
Medicaid ..... 103
Child Care ..... 104
Food Insecurity ..... 104
Child Support Enforcement ..... 105
Funding ..... 106
Maps – Program Participation Rates by County ..... 107

Maps – Socioeconomic Indicators by County ..... 108
Maps – Demographic Indicators by County ..... 109
Maps – ACA Outcomes by County ..... 110
Maps – ACA Outcomes by County - Continued ..... 111

## Organizational Chart

Organizational Chart ..... 113

## NRS Chapters for Statutory Authority by Division

NRS Chapters for Statutory Authority by Division ..... 116
Director's Office ..... 116
Aging and Disability Services Division ..... 116
Division of Child and Family Services ..... 117
Division of Health Care Financing and Policy ..... 117
Division of Welfare and Supportive Services ..... 117
Division of Public and Behavioral Health ..... 118
Office of the State Public Defender ..... 120

## Acronyms

Acronyms ..... 122

## Index

Index ..... 127

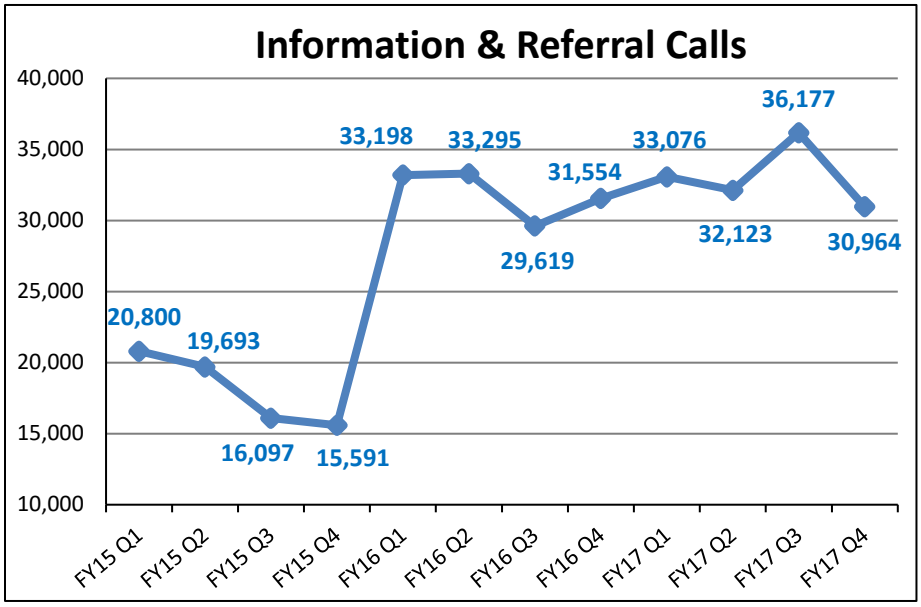
Page left intentionally blank

## 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)

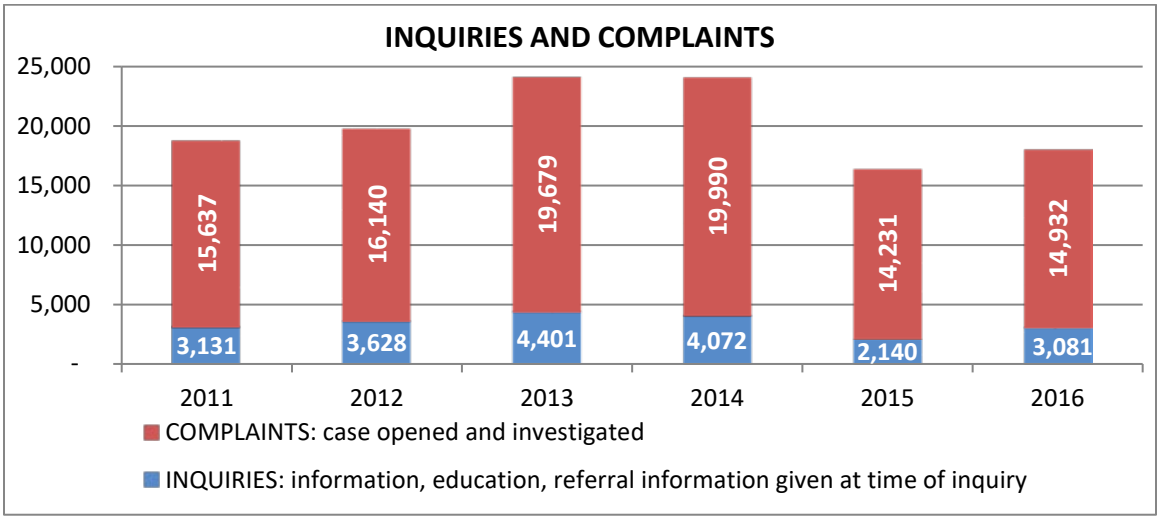
**Program:** Established by the Nevada Legislature in 1999, the Office for Consumer Health Assistance (OCHA) is a vital point of contact for healthcare consumers and providers in Nevada. OCHA's mission is to provide the opportunity for all Nevadans to access information regarding patient rights and responsibilities, 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 | 197,362,672 | 39,098,319 | 16,425,317 | 2,084,326 | 508,924 | 7,203,494 | 55,199,107 |
| | % of Total | 62.0 | 12.3 | 5.2 | 0.7 | 0.2 | 2.3 | 17.3 |
| Nevada | Population | 1,455,508 | 233,440 | 218,782 | 24,377 | 17,081 | 94,111 | 790,497 |
| | % of Total | 51.3 | 8.2 | 7.7 | 0.9 | 0.6 | 3.3 | 27.8 |
| Source: US Census Bureau, 2012–2016 American Community Survey 5–Year Estimates https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml | | | | | | | | |
| *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. | | | | | | | | |

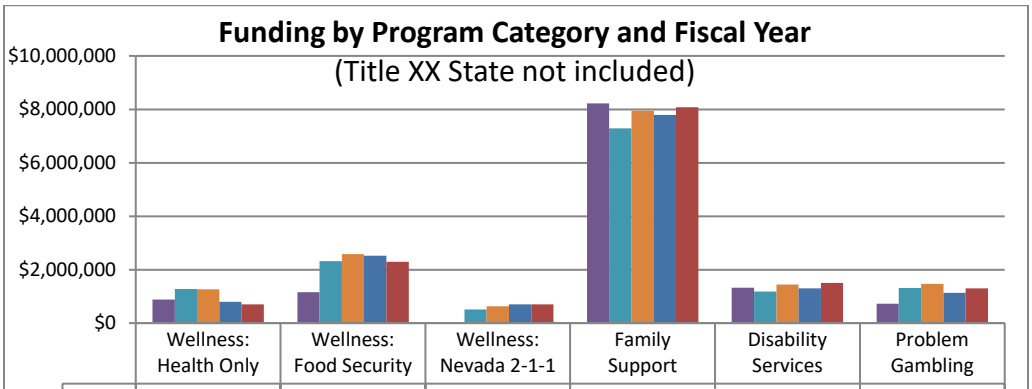
**Website** http://dhhs.nv.gov/Programs/CHA

## 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 of 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

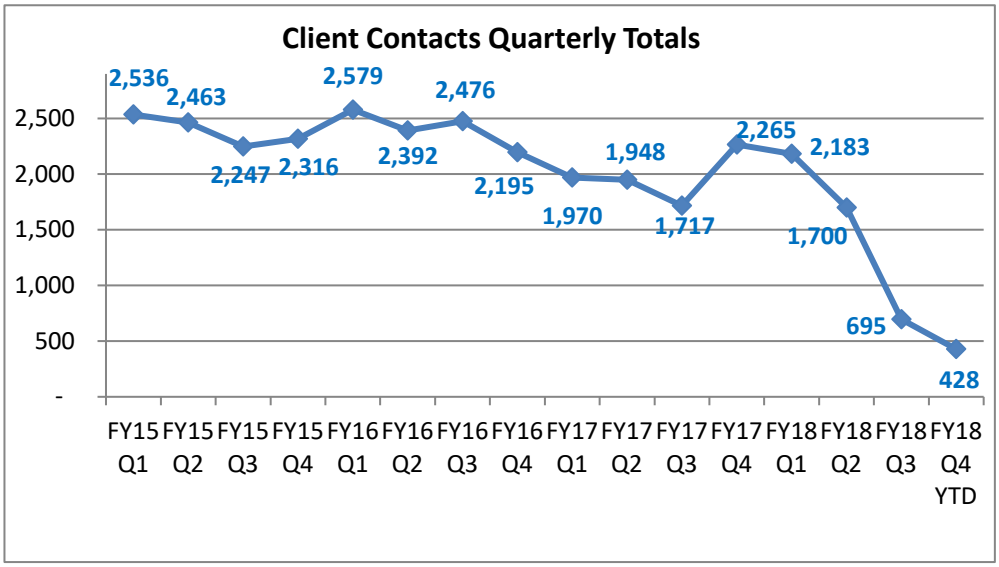
**Program:** The Aging and Disability Services Division (ADSD) Community Advocate program provides advocacy and assistance to older adults (age 60 and older), people with disabilities and their family members. Services include information and referral, emergency assistance, and outreach. The Community Advocate program was previously the 'Advocate for Elders' program. The name change went into effect September 1, 2017 due to changes made to NRS 427A.300 expanding the scope of services to people with disabilities.

**Eligibility:** Older Adults (age 60 and older), people with disabilities, and family members.

**Workload History:**

| Fiscal Year | Client Contacts | Average Monthly Contacts |
|---|---|---|
| FY13 | 7,981 | 665 |
| FY14 | 9,227 | 769 |
| FY15 | 9,562 | 797 |
| FY16 | 9,710 | 809 |
| FY17 | 8,023 | 669 |
| FY18 YTD | 4,246 | 531 |

| FY18 YTD: | Contacts |
|---|---|
| Jul 17 | 864 |
| Aug | 718 |
| Sep | 601 |
| Oct | 733 |
| Nov | 696 |
| Dec | 271 |
| Jan 18 | 247 |
| Feb | 197 |
| Mar | 251 |
| Apr | 428 |
| May | |
| Jun | |
| **FY18 Total** | 5,006 |
| **FY18 Avg.** | 501 |




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

**Funding Stream:** State General Fund

**Comment:** FY18 has started above the average for FY17, presumably due to the expanded age range served by the Advocates. New methodologies for tracking caseloads are being developed and will be piloted in November 2017, with full implementation to begin January 1. Update: The Community Advocates began fully utilizing the SAMS Case Management to track consumer services in December 2017. December data is still being analyzed from this implementation and will be updated in the next report.

**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.

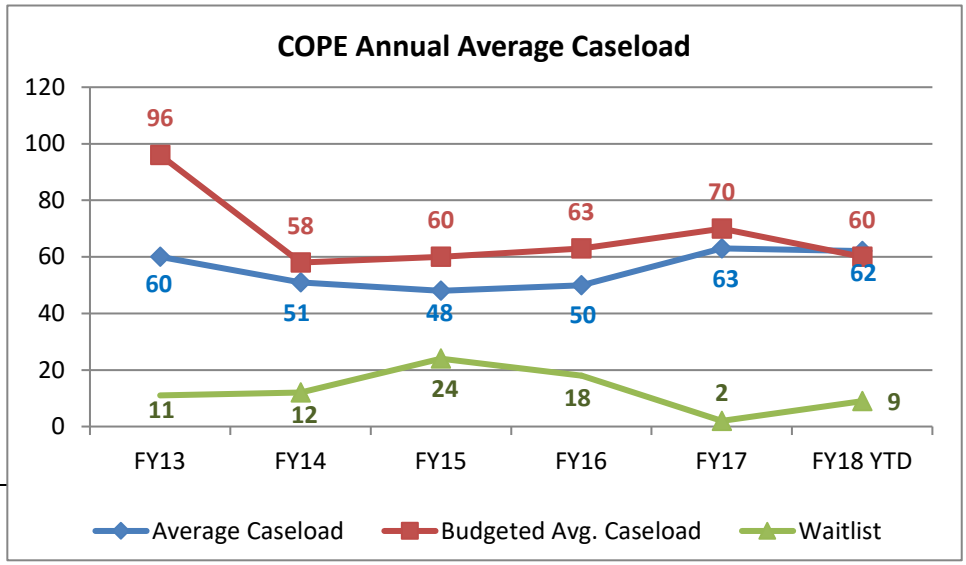
**Eligibility:** Must be 65 years old or older; financially eligible (for 2018 income up to $3,099; assets below $10,000 for an individual and $30,000 for a couple); at risk of nursing home placement without COPE services to keep them in their home and community. Priority given to those meeting criteria of NRS 426 – unable to bathe, toilet and feed self without assistance. Note: COPE Services are for those who do not meet the financial criteria for Nevada Medicaid or are waiting for the Frail Elderly Waiver program.

**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 | $618,010 |
| FY16 | 50 | 63 | 18 | $564,544 |
| FY17 | 63 | 70 | 2 | $622,760 |
| FY18 YTD | 62 | 60 | 9 | $449,258 |

**FYTD:**

| Month | Caseload | Waitlist |
|---|---|---|
| Jul 17 | 65 | 2 |
| Aug | 62 | 5 |
| Sep | 63 | 4 |
| Oct | 63 | 8 |
| Nov | 66 | 4 |
| Dec | 62 | 5 |
| Jan 18 | 63 | 8 |
| Feb | 60 | 20 |
| Mar | 57 | 26 |
| Apr | | |
| May | | |
| Jun | | |
| **FY18 Total** | **561** | **82** |
| **FY18 Avg.** | **62** | **9** |




**Funding Stream:** State General Fund

**Comment:** Due to a decrease in funding for this program, the wait list is expected to grow.

**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.

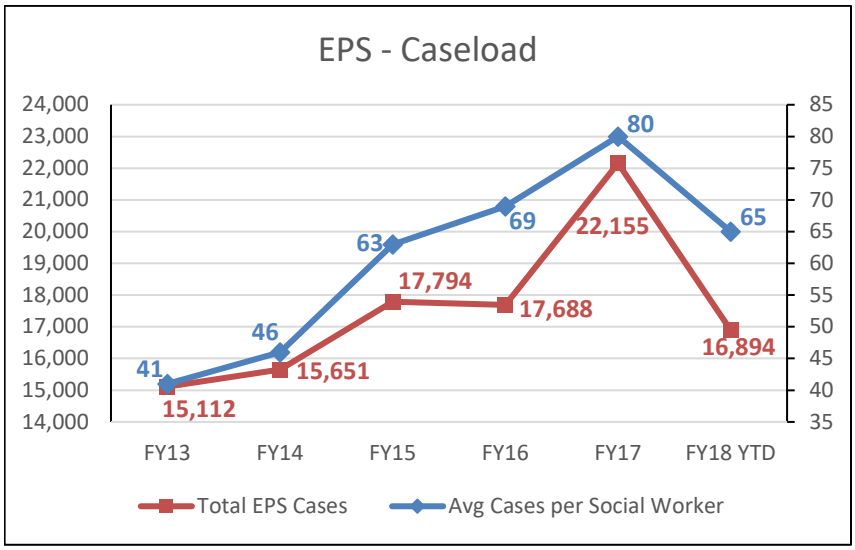
**Eligibility:** Any older person, defined by NRS as 60 years or older, is eligible. EPS investigates elder abuse reports in all counties of Nevada in both community and long-term care settings.

**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 | $4,711,343 |
| FY18 YTD | 16,894 | 65 | $3,762,916 |

**FYTD:**

| Month | Total Cases | Avg. Cases per Social Worker |
|---|---|---|
| Jul 17 | 1,669 | 49 |
| Aug | 2,114 | 73 |
| Sep | 1,772 | 61 |
| Oct | 1,848 | 68 |
| Nov | 1,935 | 74 |
| Dec | 1,867 | 69 |
| Jan 18 | 1,722 | 59 |
| Feb | 1,874 | 62 |
| Mar | 2,093 | 72 |
| Apr | | |
| May | | |
| Jun | | |
| **FY18 Total** | **16,894** | **587** |
| **FY18 Avg.** | **1,877** | **65** |




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

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

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

## 2.04 Homemaker Program

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

**Eligibility:** Seniors and person with disabilities throughout Nevada in need of supportive services; financially eligible (110% of Federal Poverty income below $1,079.00 monthly for a 1 person household).

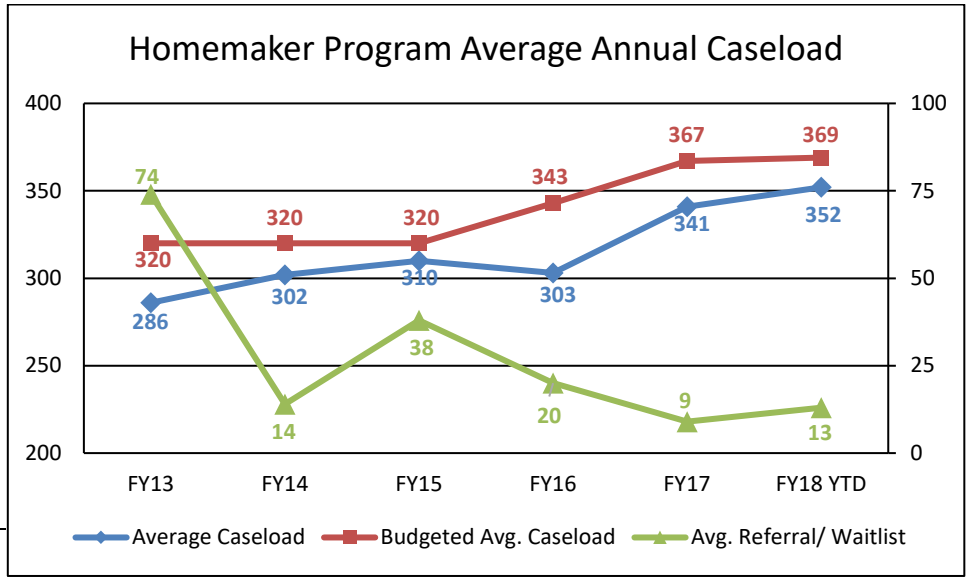
**Workload History:**

| 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 | $985,790 |
| FY18 YTD | 352 | 369 | 13 | $790,478* |

*Expenditures through May 2018

**FYTD:**

| Month | Caseload | Waitlist |
|---|---|---|
| Jul 17 | 357 | 5 |
| Aug | 351 | 9 |
| Sep | 349 | 11 |
| Oct | 351 | 13 |
| Nov | 347 | 18 |
| Dec | 349 | 10 |
| Jan 18 | 359 | 13 |
| Feb | 357 | 16 |
| Mar | 350 | 21 |
| Apr | | |
| May | | |
| Jun | | |
| **FY18 Total** | **3,170** | **116** |
| **FY18 Avg.** | **352** | **13** |




**Analysis of Trends** Due to a decrease in funding for this program, the wait list is expected to grow.

**Funding Stream:** Title XX/State General Fund

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

## 2.05 Independent Living Grants

**Program:** Independent Living Grants (ILG): The Nevada State Legislature passed legislation in 1999, which enacted the Governor's plan for utilizing part of Nevada's proceeds from the Master Tobacco Settlement to support "independent living" among Nevada seniors. This program funds a number of vital services for seniors, such as respite care, transportation and supportive services. Supportive services 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. ILG funding is also used as match on federal discretionary grant programs for the division.

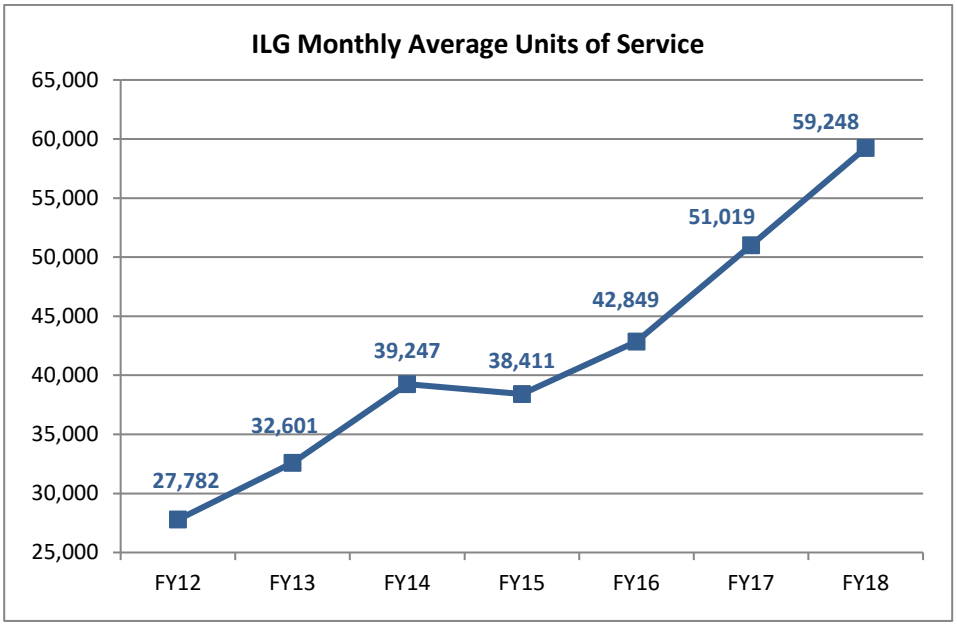
**Eligibility:** Seniors throughout Nevada, age 60 or older, in need of assistance to live independently.

**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 | 612,232 | 51,019 |
| FY18 YTD | 533,230 | 59,248 |

**FY18:**

| Month | Units of Service |
|---|---|
| Jul 17 | 60,460 |
| Aug | 66,280 |
| Sep | 56,504 |
| Oct | 62,467 |
| Nov | 57,548 |
| Dec | 54,194 |
| Jan 18 | 60,591 |
| Feb | 54,866 |
| Mar | 60,318 |
| Apr | |
| May | |
| Jun | |
| **FY18 Total** | **533,228** |
| **FY18 Avg.** | **59,248** |




**Funding Stream:** Healthy Nevada Fund from the Tobacco Settlement Fund

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

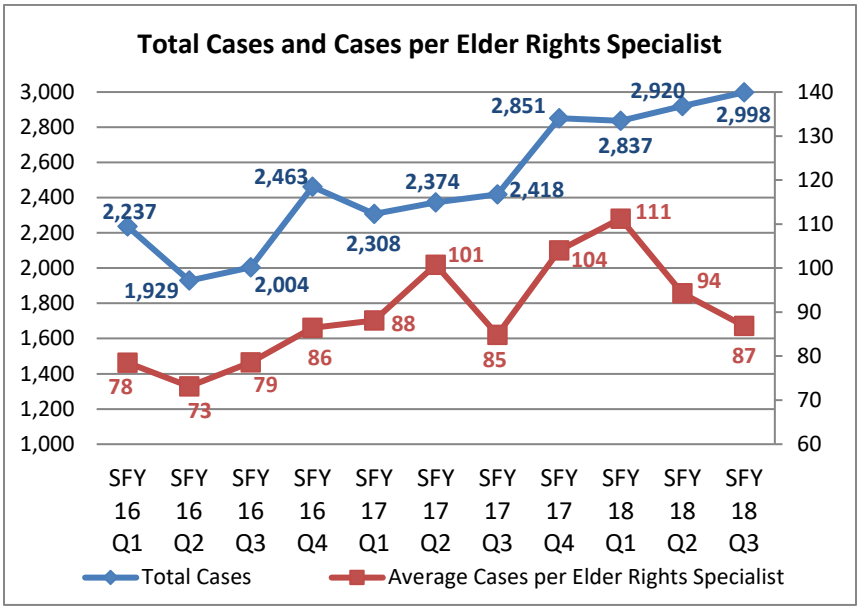
**Eligibility:** Eligibility includes every person living in a long term care facility including:
- Homes for Individual Residential Care;
- Residential Facilities for Groups including Assisted Living Facilities;
- Skilled Nursing Facilities.

**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 | $1,672,710 |
| FY18 YTD | 8,755 | 97 | $65,072 |

**FYTD:**

| Month | Total Cases | Avg. Cases per Worker |
|---|---|---|
| Jul 17 | 853 | 100 |
| Aug | 1,076 | 127 |
| Sep | 908 | 107 |
| Oct | 940 | 111 |
| Nov | 764 | 66 |
| Dec | 1,216 | 106 |
| Jan 18 | 1,118 | 97 |
| Feb | 914 | 79 |
| Mar | 966 | 84 |
| Apr | | |
| May | | |
| Jun | | |
| **FY18 Total** | **8,755** | **877** |
| **FY18 Avg.** | **973** | **97** |




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

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

## 2.07 Senior Support Services

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

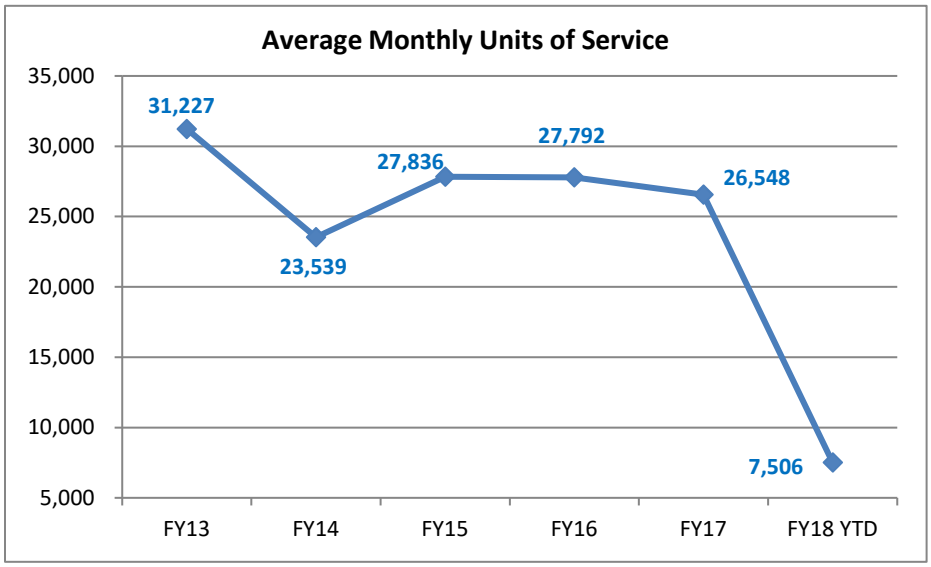
**Eligibility:** Individuals throughout Nevada age 60 or older with particular attention to low-income older individuals, including low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas.

**Workload History:**

| Fiscal Year | Units of Service | Average Units of Service |
|---|---|---|
| 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 |
| FY18 YTD | 67,550 | 7,506 |

**FY18:**

| Month | Units of Service |
|---|---|
| Jul 17 | 8,140 |
| Aug | 8,531 |
| Sep | 6,273 |
| Oct | 7,556 |
| Nov | 7,808 |
| Dec | 5,803 |
| Jan 18 | 7,646 |
| Feb | 6,985 |
| Mar | 8,808 |
| Apr | |
| May | |
| Jun | |
| **FY18 Total** | **67,550** |
| **FY18 Avg.** | **7,506** |




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

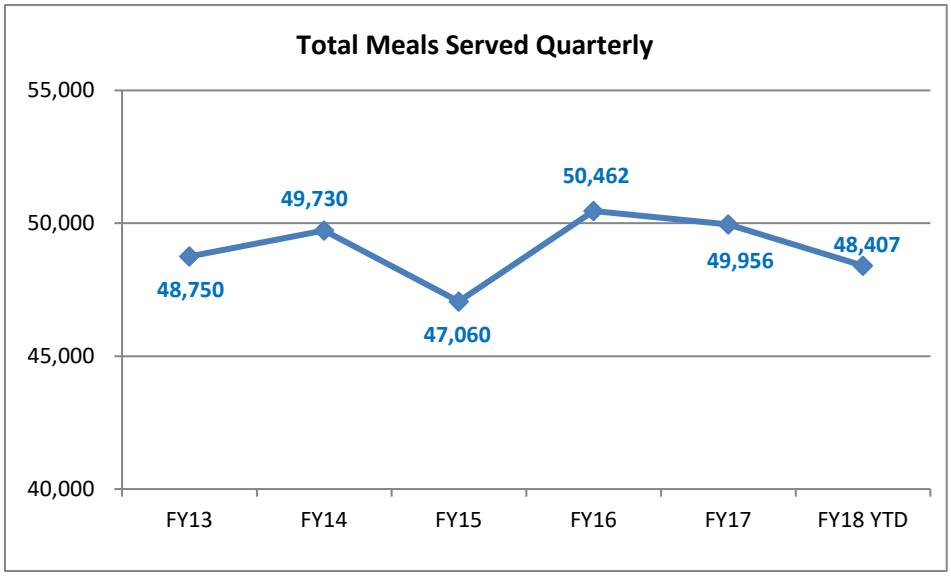
**Eligibility:** Individuals age 60 or older and their spouses; individuals with disabilities who have not attained the age of 60, but reside in housing facilities occupied primarily by older individuals at which a congregate meal site has been established; individuals providing essential volunteer service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

**Workload History:**

| Fiscal Year | Units of Service | Average Units of Service |
|---|---|---|
| FY13 | 584,997 | 48,750 |
| FY14 | 596,757 | 49,730 |
| FY15 | 564,715 | 47,060 |
| FY16 | 605,543 | 50,462 |
| FY17 | 603,649 | 49,956 |
| FY18 YTD | 435,664 | 48,407 |

**FY18:**

| Month | Units of Service |
|---|---|
| Jul 17 | 42,758 |
| Aug | 54,891 |
| Sep | 42,802 |
| Oct | 52,883 |
| Nov | 48,812 |
| Dec | 46,451 |
| Jan 18 | 51,771 |
| Feb | 47,027 |
| Mar | 48,269 |
| Apr | |
| May | |
| Jun | |
| **FY18 Total** | **435,664** |
| **FY18 Avg.** | **48,407** |




**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 Q1 and Q4.

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

## 2.09 Senior Nutrition – Home Delivered Meals

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

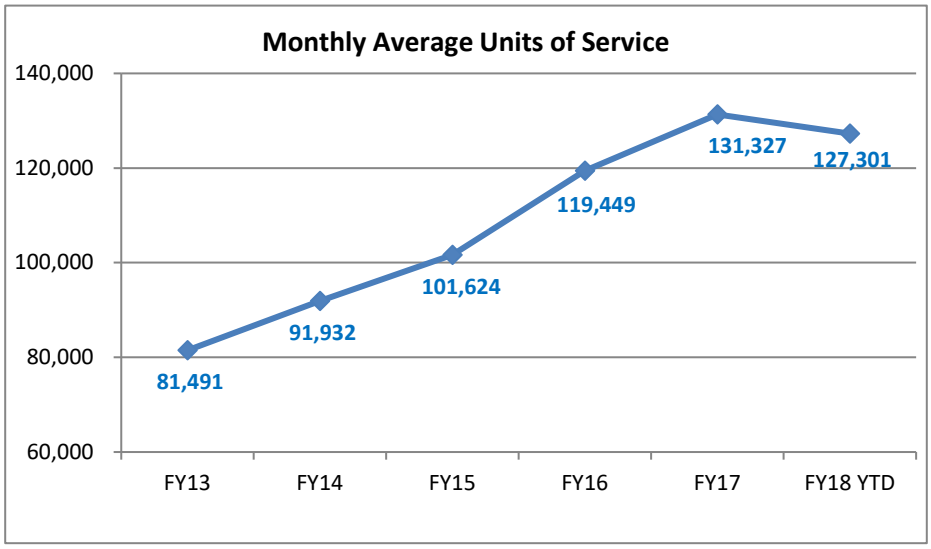
**Eligibility:** Individuals age 60 or older and their spouses and disabled individuals, who reside with individuals over age 60.

**Workload History:**

| Fiscal Year | Units of Service | Monthly Average Units of Service |
|---|---|---|
| FY13 | 977,890 | 81,491 |
| FY14 | 1,103,179 | 91,932 |
| FY15 | 1,219,485 | 101,624 |
| FY16 | 1,433,390 | 119,449 |
| FY17 | 1,575,930 | 131,327 |
| FY18 YTD | 1,145,712 | 127,301 |

**FY18:**

| Month | Units of Service |
|---|---|
| Jul 17 | 121,250 |
| Aug | 138,143 |
| Sep | 103,834 |
| Oct | 133,282 |
| Nov | 130,422 |
| Dec | 124,971 |
| Jan 18 | 137,637 |
| Feb | 122,231 |
| Mar | 133,942 |
| Apr | |
| May | |
| Jun | |
| **FY18 Total** | **1,145,712** |
| **FY18 Avg.** | **127,301** |




**Funding Stream:** Title III - 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.

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

## 2.10 National Family Caregiver Program

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

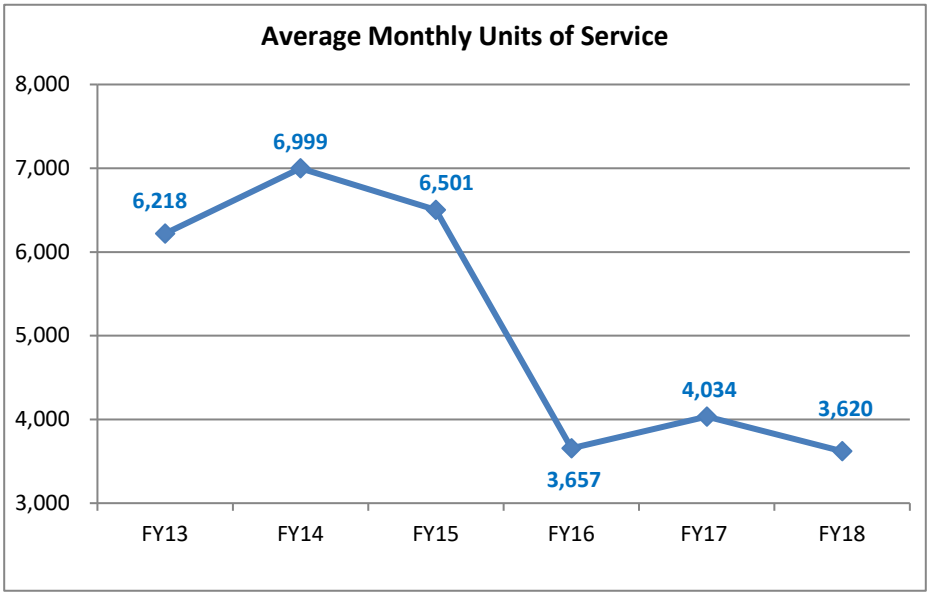
**Eligibility:** Family caregivers of adults age 60 or older; grandparents and caregivers, age 55 or older, of children not more than 18 years of age, who are related by blood, marriage or adoption; parents, age 55 years or older, caring for an adult child with a disability.

**Workload History:**

| Fiscal Year | Units of Service | Average Monthly Units of Service |
|---|---|---|
| FY13 | 74,612 | 6,218 |
| FY14 | 83,986 | 6,999 |
| FY15 | 78,009 | 6,501 |
| FY16 | 43,887 | 3,657 |
| FY17 | 48,592 | 4,034 |
| FY18 YTD | 32,583 | 3,620 |

**FY18:**

| Month | Units of Service |
|---|---|
| Jul 17 | 3,794 |
| Aug | 4,049 |
| Sep | 3,188 |
| Oct | 4,379 |
| Nov | 3,504 |
| Dec | 2,991 |
| Jan 18 | 3,638 |
| Feb | 3,286 |
| Mar | 3,754 |
| Apr | |
| May | |
| Jun | |
| **FY18 Total** | **32,583** |
| **FY18 Avg.** | **3,620** |




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

**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.

**Web Link:** http://adsd.nv.gov/

## 2.11 Taxi Assistance Program

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

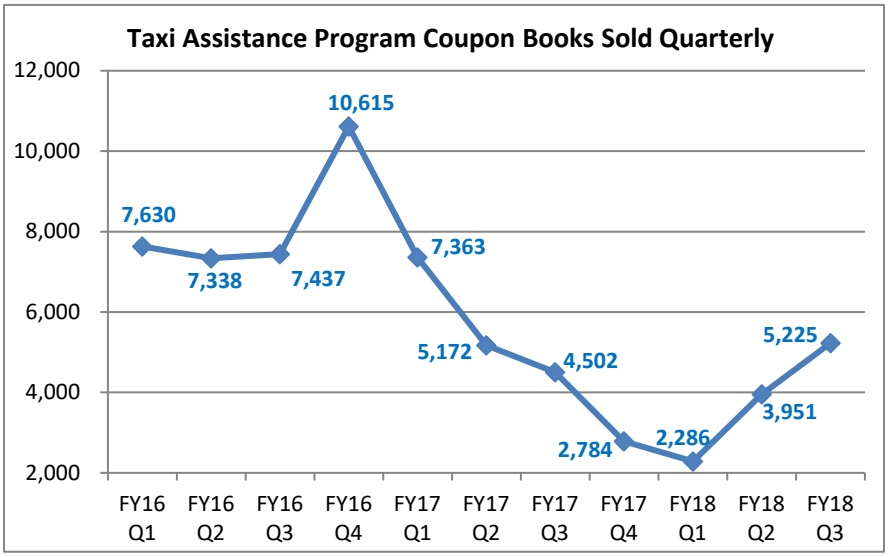
**Eligibility:** Age 60 or older or permanently disabled of any age with Nevada ID and having incomes within the program criteria.

**Workload History:**

| Fiscal Year | Units of Service |
|---|---|
| FY15 | 25,485 |
| FY16 | 33,020 |
| FY17 | 19,821 |
| FY18 YTD | 11,462 |

**FY18:**

| Month | $5 Books Sold | $10 Books Sold |
|---|---|---|
| Jul 17 | 0 | 738 |
| Aug | 0 | 785 |
| Sep | 0 | 763 |
| Oct | 0 | 716 |
| Nov | 1,747 | 138 |
| Dec | 1,278 | 72 |
| Jan 18 | 2,102 | 124 |
| Feb | 1,371 | 92 |
| Mar | 1,074 | 462 |
| Apr | | |
| May | | |
| Jun | | |
| **FY18 Total** | **7,572** | **3,890** |
| **FY18 Avg.** | **841** | **432** |




**Other:** As of June 30, 1,062 individuals are enrolled in the program as eligible to purchase books. 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. Oct 19, 2016 wait list instituted for new clients and they are not able to purchase books. March 2017 client services 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. Q1 FY2018 work began on reducing the wait list. Wait list high of 293 is planned to be alleviated within 4 months. Q2 FY2018 wait list alleviated. Books once again priced at $5 for low-income clients as of Nov, 2017.

**Funding Stream:** Nevada Taxicab Authority

**Comment:** This program typically has its highest coupon book sales during Q1 and Q4 of each SFY, which are also the warmest months in Clark County. Q4 2017 trend of significantly fewer books due to decrease in number available for client purchase plus increase in price.

**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.

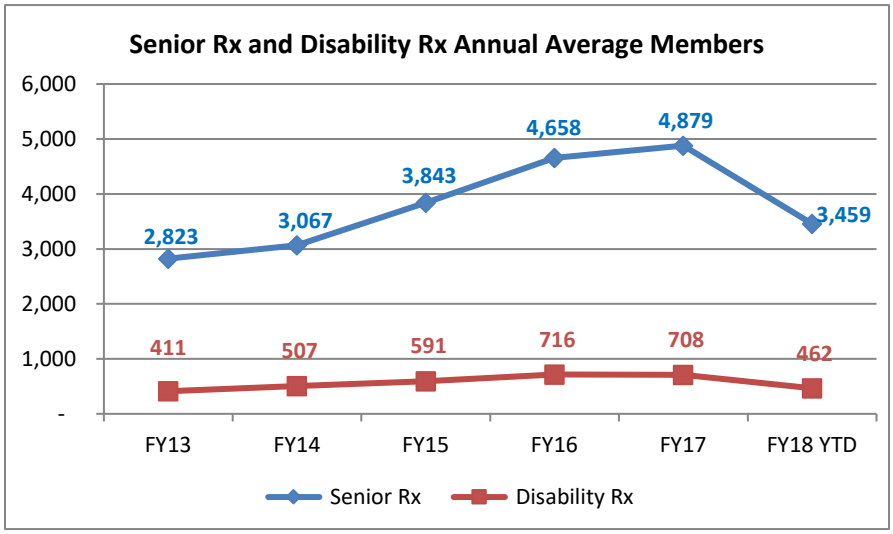
**Eligibility:** Residency -- Continuous Nevada resident for the 12 months prior to application. Annual Household Income Limit -- Effective 7/1/2017 = $28,709 for singles, $38,270 for couples. Age -- For Senior Rx, age 62 or older. For Disability Rx, age 18 through 61 with a verifiable disability.

**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 | $2,309,330 | 708 | $439,453 |
| FY18 YTD | 3,459 | $1,079,498 | 462 | $140,028 |

**FY18:**

| Month | Senior Rx | Disability Rx |
|---|---|---|
| Jul 17 | 4,371 | 605 |
| Aug | 4,163 | 571 |
| Sep | 3,915 | 528 |
| Oct | 3,664 | 486 |
| Nov | 3,439 | 446 |
| Dec | 3,211 | 426 |
| Jan 18 | 2,965 | 387 |
| Feb | 2,784 | 362 |
| Mar | 2,616 | 346 |
| Apr | | |
| May | | |
| Jun | | |
| **FY18 Total** | **31,128** | **4,157** |
| **FY18 Avg.** | **3,459** | **462** |




**Comment:** Beginning in FY18 funding for this program was reduced, so program and fiscal staff monitor 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/

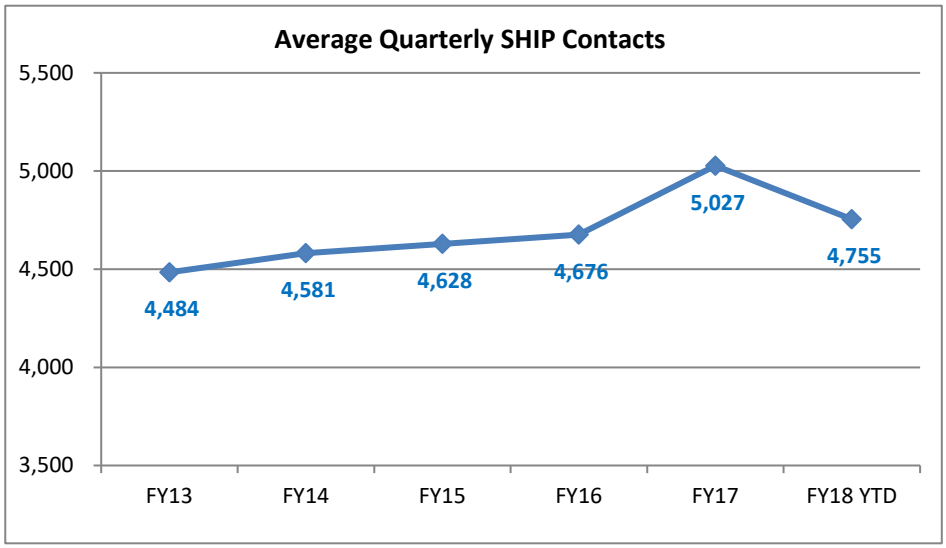
## 2.13 State Health Insurance Assistance Program (SHIP)

**Program:** Provides information, counseling, and assistance services to Medicare beneficiaries, their families and others. These free 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 |
| FY 18 YTD | 14,265 | 4,755 |




**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) National Performance Reporting database and reported periodically as required to CMS and ACL.

**Funding Stream:** The Administration for Community Living (ACL) SHIP Funding & Title IIIB Federal 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 March 30, 2018, there are 64 volunteers statewide, 42 of whom are SHP 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.

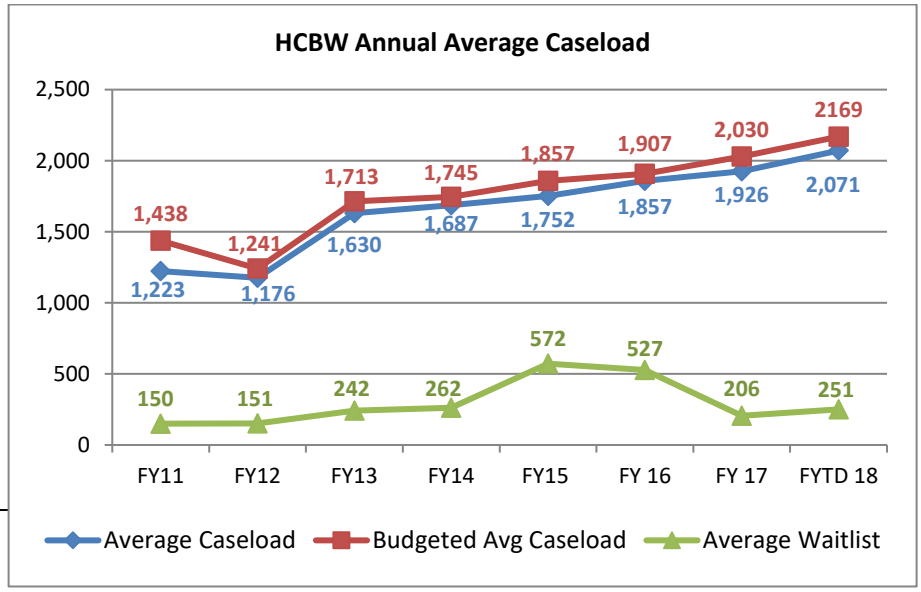
**Eligibility:** Must be 65 years old or older; at risk of nursing home placement within 30 days without services; financially eligible (300% of SSI income up to $2,199.00); need assistance with one or more of the following: bathing, dressing, eating, toileting, ambulating, transferring. Applies for 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 | $6,550,182 |
| FY18 YTD | 2,071 | 2,169 | 251 | $1,862,811 |

**FY18:**

| Month | Caseload | Waitlist |
|---|---|---|
| Jul 17 | 2,010 | 123 |
| Aug | 2,027 | 156 |
| Sep | 2,064 | 161 |
| Oct | 2,090 | 162 |
| Nov | 2,087 | 191 |
| Dec | 2,074 | 198 |
| Jan 18 | 2,076 | 401 |
| Feb | 2,093 | 416 |
| Mar | 2,118 | 454 |
| Apr | | |
| May | | |
| Jun | | |
| **FY18 Total** | **18,639** | **2,262** |
| **FY18 Avg.** | **2,071** | **251** |




**Funding Stream:** Medicaid/State General Fund

**Analysis of Trends:** The waitlist has increased as additional case managers have been hired and have been able to process applications. 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.

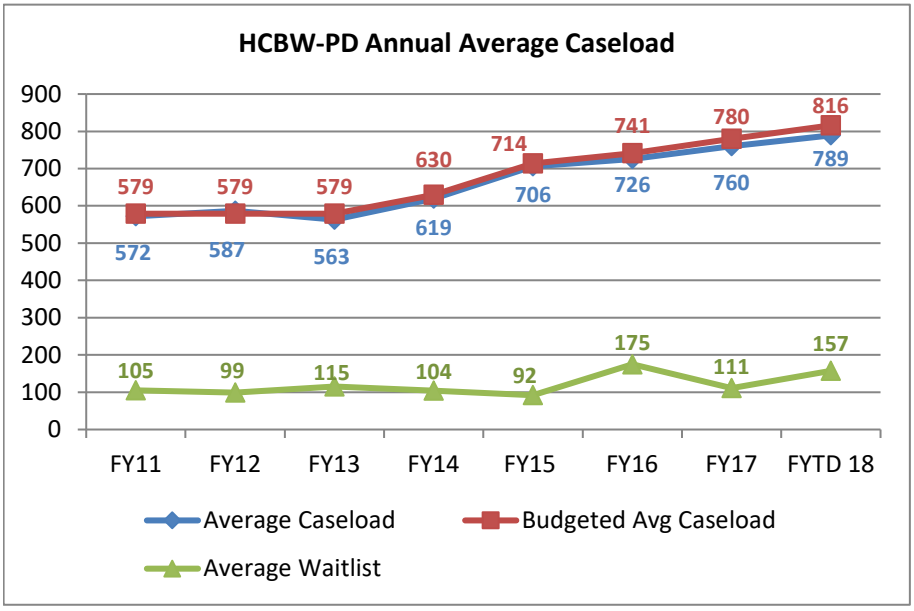
**Eligibility:** Interest in waiver services initiates a screening process to determine if the individual appears to meet the following eligibility requirements:
*without the waiver services, would require institutional care provided in a skilled nursing facility or intermediate care facility for the 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 the Nevada Division of Health Care Financing and Policy's (DHCFP) 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 | $1,905,021 |
| FY 18 YTD | 789 | 816 | 157 | $455,308 |

**Caseload FY18:**

| Month | Caseload | Waitlist |
|---|---|---|
| Jul 17 | 792 | 127 |
| Aug | 787 | 125 |
| Sep | 783 | 121 |
| Oct | 789 | 114 |
| Nov | 789 | 125 |
| Dec | 790 | 166 |
| Jan 18 | 789 | 215 |
| Feb | 789 | 217 |
| Mar | 794 | 207 |
| Apr | | |
| May | | |
| Jun | | |
| **FY18 Total** | **7,102** | **1,417** |
| **FY18 Avg.** | **789** | **157** |




**Comments:** 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/

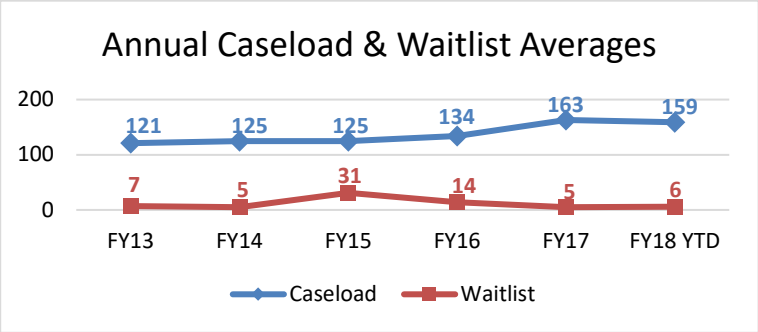
## 2.16 Personal Assistance Services

**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 who do not meet the financial criteria for Nevada Medicaid or are waiting for the Frail Elderly or Physically Disabled Waiver program.

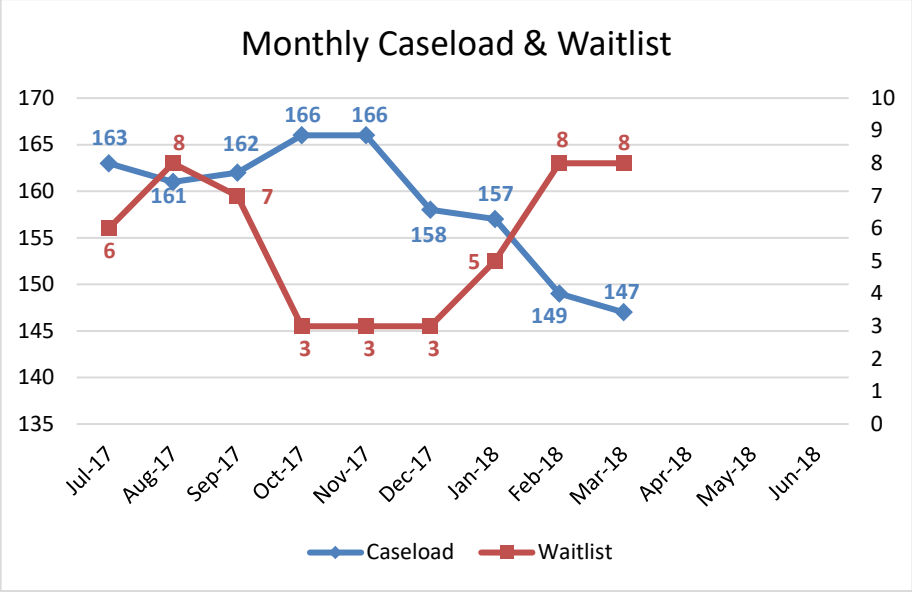
**Workload History:**

| Fiscal Year | Average Caseload | Average Waitlist | Total Expenditures |
|---|---|---|---|
| FY13 | 121 | 7 | $2,570,445 |
| FY14 | 125 | 5 | $2,598,948 |
| FY15 | 125 | 31 | $2,682,810 |
| FY 16 | 134 | 14 | $2,559,026 |
| FY 17 | 163 | 5 | $2,814,072 |
| FYTD 18 | 159 | 6 | $1,634,773 |




**FY18:**

| Month | Caseload | Waitlist |
|---|---|---|
| Jul 17 | 163 | 6 |
| Aug | 161 | 8 |
| Sep | 162 | 7 |
| Oct | 166 | 3 |
| Nov | 166 | 3 |
| Dec | 158 | 3 |
| Jan 18 | 157 | 5 |
| Feb | 149 | 8 |
| Mar | 147 | 8 |
| Apr | | |
| May | | |
| Jun | | |
| **FY18 Total** | **1429** | **51** |
| **FY18 Avg.** | **159** | **6** |




**Analysis of Trends:** Due to a decrease in funding for this program, the wait list is expected to grow.

**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.

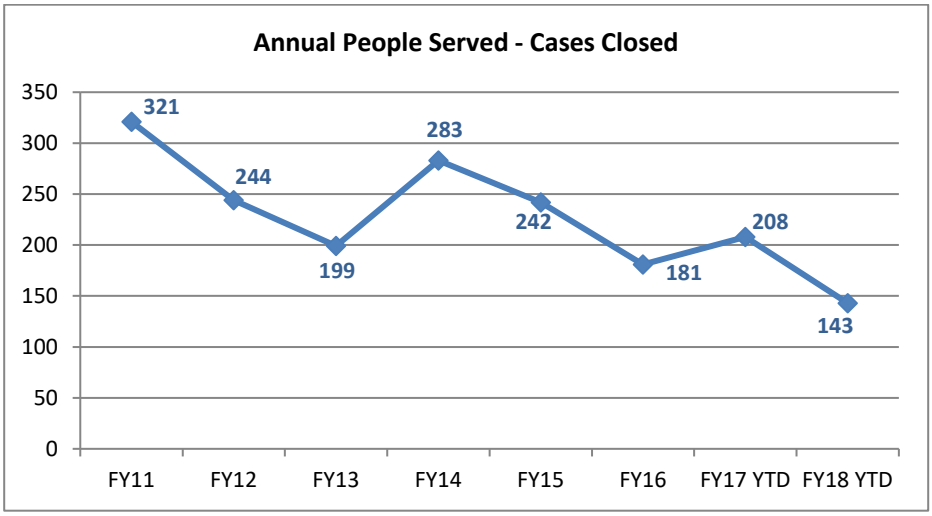
**Eligibility:** Applicants must have a severe disability that results in significant limitation in their ability to perform functions of daily living, and there must be an expectation that services will help to improve or maintain their independence.

**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 | $266,453 |
| FY18 YTD | 71 | 143 | Not Yet Available |

**FY18:**

| Month | Cases Closed |
|---|---|
| Jul 17 | 18 |
| Aug | 19 |
| Sep | 19 |
| Oct | 9 |
| Nov | 20 |
| Dec | 19 |
| Jan 18 | 15 |
| Feb | 24 |
| Mar | |
| Apr | |
| May | |
| Jun | |
| **FY18 Total** | **143** |
| **FY18 Avg.** | **18** |




**Other:** The average household income of program applicants is $1,855 per month with an average household size of 1.8 people. Average caseload has the age range for 0-30 at 18%; 31-59 at 28%; and 60-Up at 54%. The most commonly provided services are for access into the home and to shower/bathroom (modifications and durable medical equipment); and vehicle modifications to enable the individual to transport themselves and their person mobility device.

**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.

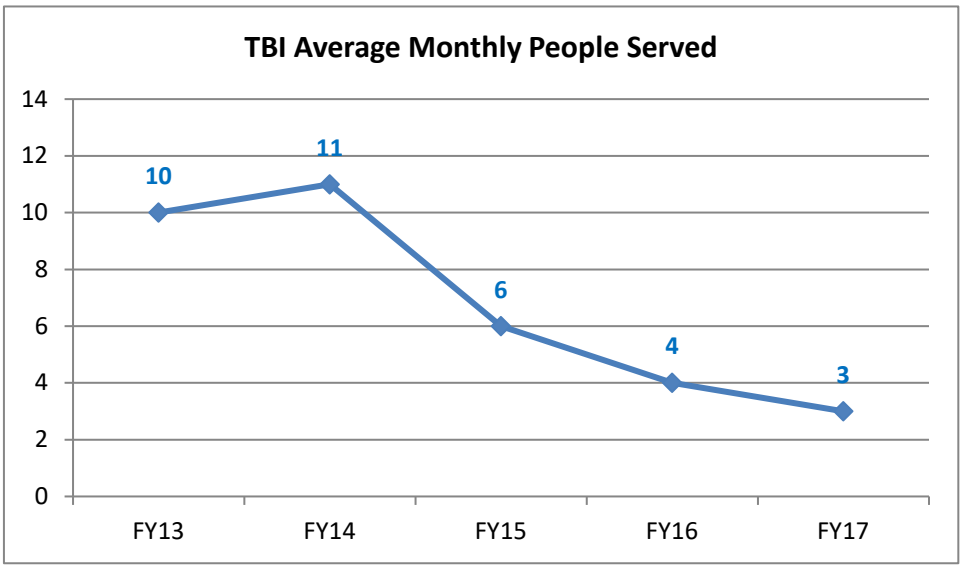
**Eligibility:** Applicants are generally between age 18 and 50, must have a recent brain injury, and must present as a good candidate for successful rehabilitation.

**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 17 | 3 |
| Aug | 5 |
| Sep | 3 |
| Oct | 5 |
| Nov | 3 |
| Dec | 2 |
| Jan 18 | 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. This program also provides advocacy services also known as "access to services."

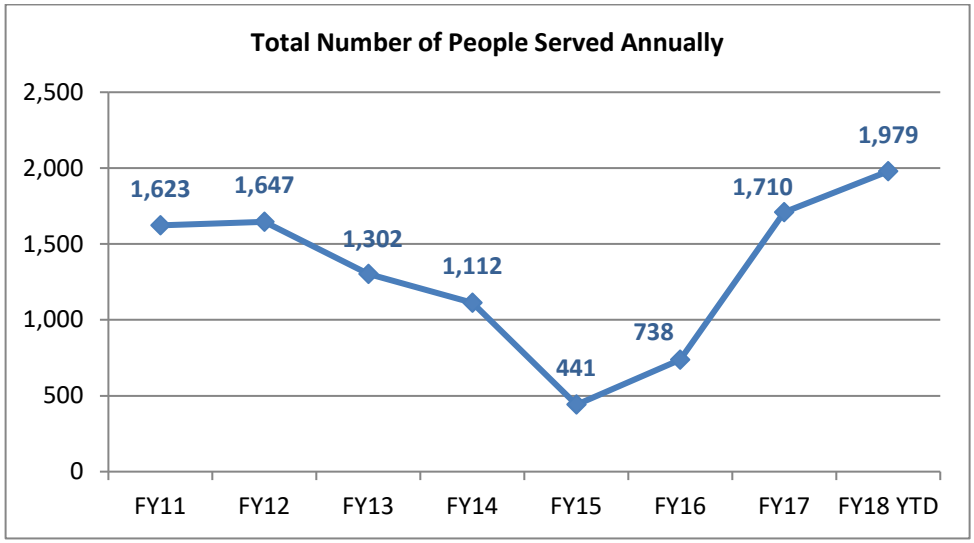
**Eligibility:** Recipients must have a documented communication disability.

**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 |
| FY18 YTD | 1,979 | $443,716 |

**FY18:**

| Month | Caseload |
|---|---|
| Jul 17 | 213 |
| Aug | 179 |
| Sep | 330 |
| Oct | 218 |
| Nov | 195 |
| Dec | 162 |
| Jan 18 | 219 |
| Feb | 235 |
| Mar | 228 |
| Apr | |
| May | |
| Jun | |
| **FY18 Total** | **1,979** |
| **FY18 Avg.** | **220** |




**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 senior citizens.

**Funding:** Funding for this program is provided entirely through the telecommunications surcharge assessed on each land line and cellular 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 program was temporarily unable to provide access to resources services due to a decision by the funding source, the Public Utilities Commission. A drop in services is evident in the FYTD caseload chart. Advocacy (or access to services) was returned to the program by a decision of the Nevada Supreme Court in 2015. This service was restored for FY17.

**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.

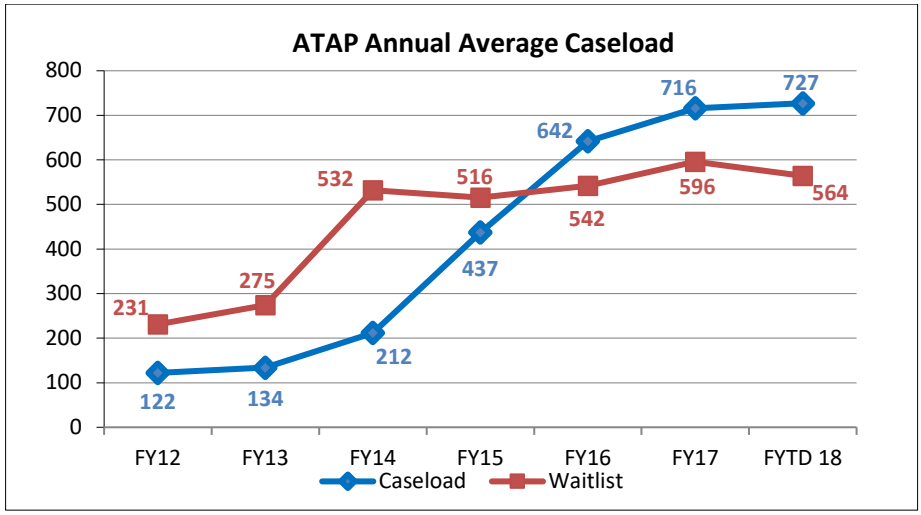
**Eligibility:** Recipients must be under age 19 and have a documented diagnosis of an Autism Spectrum Disorder. Applicants are prioritized based upon a number of factors relating to their need and opportunities for successful therapy.

**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 |
| FY 18 YTD | 727 | 564 | $1,268,654 |

**FY18:**

| Month | Caseload | Waitlist |
|---|---|---|
| Jul 17 | 734 | 579 |
| Aug | 725 | 575 |
| Sep | 724 | 561 |
| Oct | 722 | 575 |
| Nov | 732 | 558 |
| Dec | 740 | 525 |
| Jan 18 | 733 | 526 |
| Feb | 721 | 577 |
| Mar | 714 | 600 |
| Apr | | |
| May | | |
| Jun | | |
| **FY18 Avg.** | **727** | **564** |




**Analysis of Trends:** There are no identifiable data trends for new ATAP applicants. Applications and New Referrals arrive with no discernable predictability. 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 FY07-12, but transferred to the Fund for a Healthy Nevada in FY13. 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.

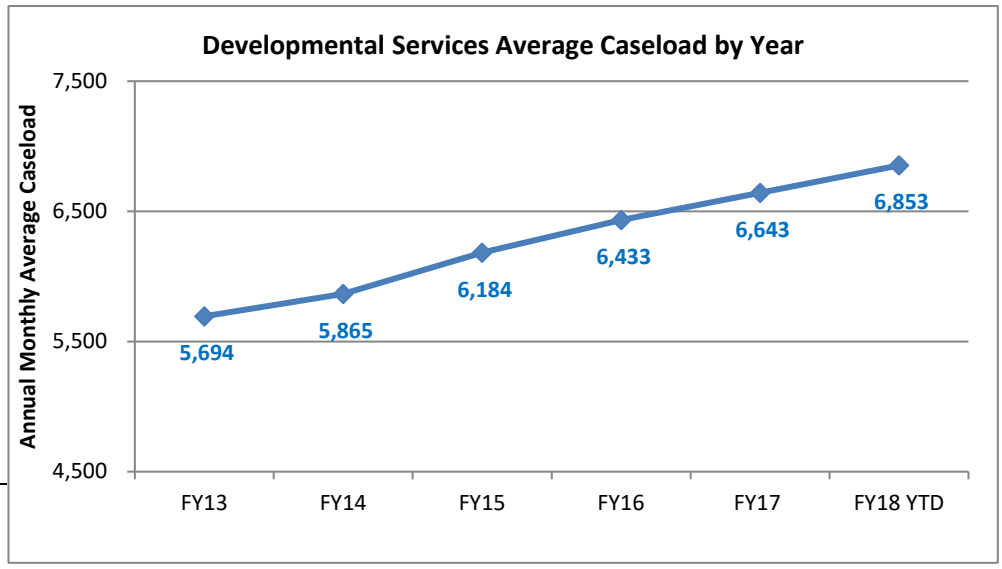
**Eligibility:** All individuals who meet Developmental Services eligibility requirements of Intellectual Disability diagnosis, or Related Conditions and three of six major life skill limitations, who apply for services receive basic service coordination. Developmental Services agencies provide many 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 | $175,842,018 | 6,643 |
| FY18 YTD | Not Yet Available | 6,853 |

**Caseload FY18:**

| Month | Caseload |
|---|---|
| Jul 17 | 6,784 |
| Aug | 6,805 |
| Sep | 6,802 |
| Oct | 6,815 |
| Nov | 6,843 |
| Dec | 6,866 |
| Jan 18 | 6,869 |
| Feb | 6,899 |
| Mar | 6,919 |
| Apr | |
| May | |
| Jun | |
| **FY18 Total** | **61,602** |
| **FY18 Avg.** | **6,845** |




**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 | 3,407 | $16,302,360 | 7,088 |
| FY 17 | 3,556 | $35,529,860 | 7,439 |
| FY 18 YTD | 3,543 | $3,904,967 | 5,645 |

**FYTD:**

| Month | New Referrals | Total IFSPs* | Waiting for Services | Services Waiting | Exiting with IFSPs* |
|---|---|---|---|---|---|
| Jul 17 | 531 | 3,587 | 3 | 4 | 250 |
| Aug | 720 | 3,573 | 5 | 5 | 265 |
| Sep | 639 | 3,540 | 7 | 12 | 259 |
| Oct | 638 | 3,550 | 8 | 16 | 269 |
| Nov | 608 | 3,558 | 5 | 8 | 259 |
| Dec | 540 | 3,487 | 13 | 23 | 204 |
| Jan 18 | 707 | 3,514 | 7 | 14 | 258 |
| Feb | 581 | 3,497 | 2 | 2 | 209 |
| Mar | 681 | 3,583 | 0 | 0 | 240 |
| Apr | | | | | |
| May | | | | | |
| Jun | | | | | |
| **FY18 Total** | **5,645** | **31,889** | **50** | **84** | **2,213** |
| **FY18 Avg.** | **627** | **3,543** | **6** | **9** | **246** |

*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. Data may vary from previous months due to methodology, process, and /or data source. Data from January 2016 to current were provided by Nevada Early Intervention Services and were pulled from TRAC-IV using Crystal Reports. Services Not Yet Initiated includes children who have not initiated any services and ALL services are over the 30-day timeline without a parent exception. "Waitlist" sheet & "Wait by Service" sheet include ANY service that has not met the 30-day timeline. Approximately 128 cases were observed by the southern state (NEIS-South) program in March 2018 upon contract termination of one community partner program (ISS).

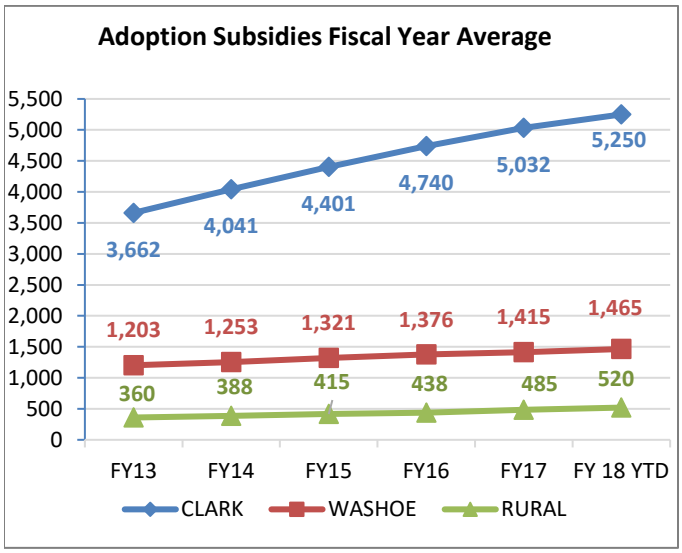
## 3.01 Adoption Subsidies

**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.

| FY18 YTD | Clark | Washoe | Rural | Total |
|---|---|---|---|---|
| Jul 2017 | 5,153 | 1,439 | 518 | 7,110 |
| Aug 2017 | 5,206 | 1,451 | 517 | 7,174 |
| Sep 2017 | 5,207 | 1,452 | 521 | 7,180 |
| Oct 2017 | 5,224 | 1,461 | 522 | 7,207 |
| Nov 2017 | 5,269 | 1,475 | 522 | 7,266 |
| Dec 2017 | 5,285 | 1,474 | 516 | 7,275 |
| Jan 2018 | 5,302 | 1,469 | 518 | 7,289 |
| Feb 2018 | 5,304 | 1,482 | 522 | 7,308 |
| Mar 2018 | 5,302 | 1,485 | 520 | 7,307 |
| Apr 2018 | | | | |
| May 2018 | | | | |
| Jun 2018 | | | | |
| **Total** | 47,252 | 13,188 | 4,676 | 65,116 |




**Analysis of Trends:** The number of adoption subsidies has increased during the past few 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/AdoptionInNV/

## 3.02 Child Protective Services (CPS)

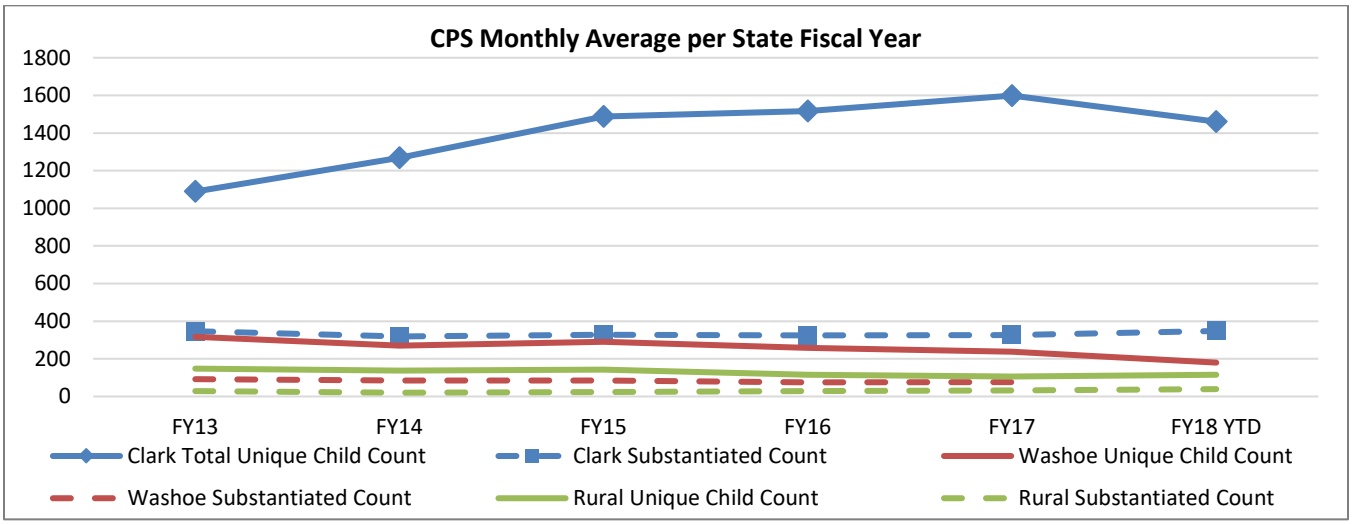
**Program:** CPS agencies respond to reports of abuse or neglect of children under the age of 18. Abuse or neglect complaints are defined in statute and include mental injury, physical injury, sexual abuse and exploitation, negligent treatment or maltreatment, and excessive corporal punishment. The CPS 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:** The 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.

**FY18:**

| | Clark County | | Washoe County | | Rural Counties | |
|---|---|---|---|---|---|---|
| | Unique Child Count* | Substantiated Count | Unique Child Count* | Substantiated Count | Unique Child Count* | Substantiated Count |
| Jul 2017 | 1,588 | 346 | 189 | 64 | 83 | 34 |
| Aug 2017 | 1,526 | 351 | 190 | 68 | 136 | 33 |
| Sep 2017 | 1,267 | 348 | 161 | 64 | 126 | 49 |
| Oct 2017 | 1,774 | 368 | 194 | 70 | 116 | 33 |
| Nov 2017 | 1,587 | 359 | 167 | 51 | 82 | 33 |
| Dec 2017 | 1,559 | 332 | 154 | 42 | 112 | 37 |
| Jan 2018 | 1,867 | 417 | 452 | 83 | 125 | 46 |
| Feb 2018 | 1,485 | 332 | 679 | 93 | 133 | 25 |
| Mar 2018 | 1,538 | 329 | 461 | 57 | 103 | 31 |
| Apr 2018 | | | | | | |
| May 2018 | | | | | | |
| Jun 2018 | | | | | | |
| **FY18 Total** | 14,191 | 3,182 | 2,647 | 592 | 1,016 | 321 |
| **FY18 Avg.** | 1,577 | 354 | 294 | 66 | 113 | 36 |

*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/

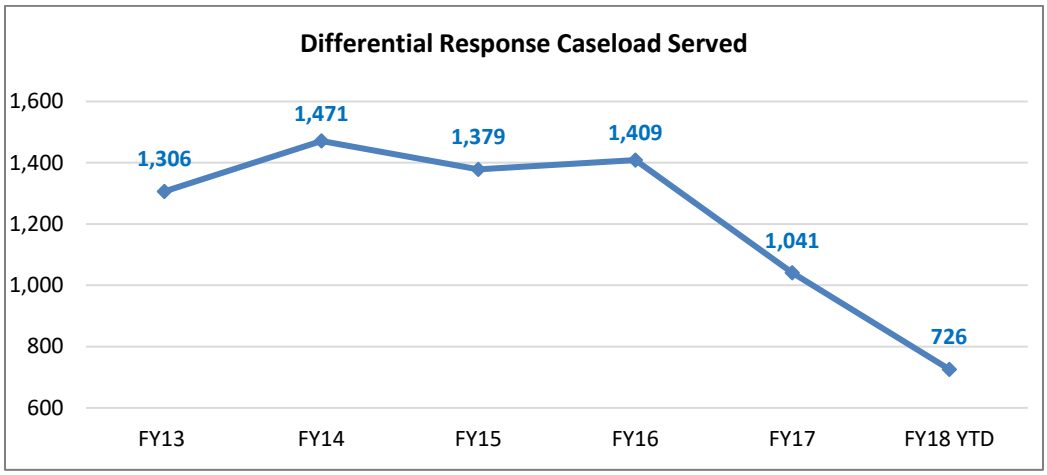
## 3.03 Differential Response

**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 no 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:** 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 |
|---|---|---|---|---|
| 2013 | 1,319 | 13 | 1,306 | 1,324 |
| 2014 | 1,507 | 36 | 1,471 | 1,449 |
| 2015 | 1,421 | 42 | 1,379 | 1,403 |
| 2016 | 1,436 | 27 | 1,409 | 1,396 |
| 2017 | 1,076 | 35 | 1,041 | 1,090 |
| 2018 YTD | 803 | 77 | 726 | 613 |




**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/

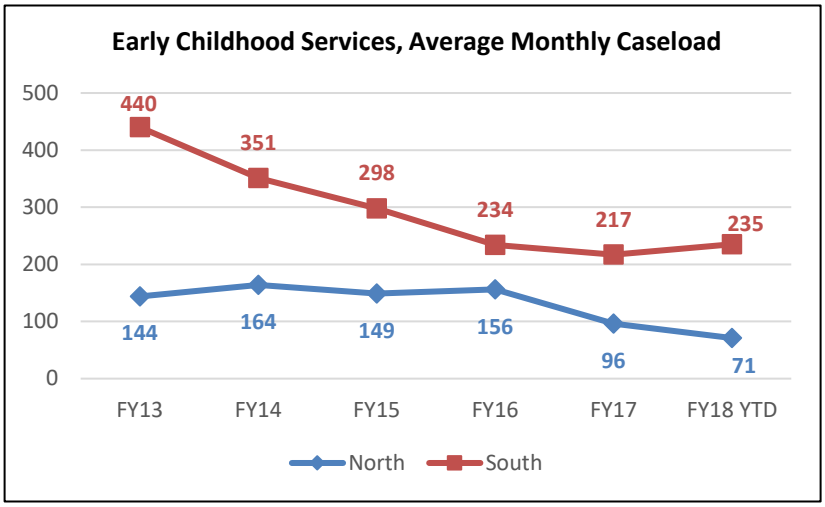
## 3.04 Early Childhood Services

**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:** This program serves children who are covered under Fee-for-Service Medicaid, HMO Medicaid, or Nevada Checkup, and children who are uninsured or children who are under-insured.

| FY18 YTD | North | South |
|---|---|---|
| Jul 2017 | 85 | 195 |
| Aug 2017 | 80 | 212 |
| Sep 2017 | 76 | 229 |
| Oct 2017 | 73 | 233 |
| Nov 2017 | 68 | 256 |
| Dec 2017 | 69 | 264 |
| Jan 2018 | 63 | 235 |
| Feb 2018 | 65 | 245 |
| Mar 2018 | 64 | 243 |
| Apr 2018 | | |
| May 2018 | | |
| Jun 2018 | | |
| **FY18 Total** | **643** | **2,112** |
| **FY18 Avg.** | **71** | **235** |




**Analysis of Trends:** Early Child Mental Health Services counts continue to decrease primarily due to staff shortages 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.

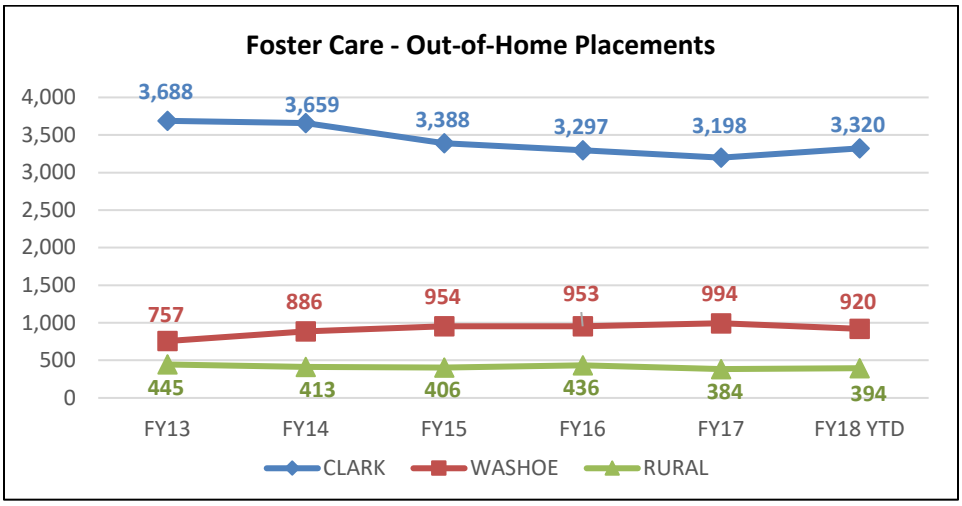
**Website:** http://dcfs.nv.gov/Programs/CMH/Community-Based-Outpatient-Services/

## 3.05 Foster Care – Out-of-Home Placements

**Program:** Foster Care services are provided as temporary placement for children who cannot remain safely in the home of their parents or primary caretakers. When children enter foster care, a case plan is developed that supports the achievement of permanency for the child in a timely manner. Federally mandated Permanency goals include reunification, adoption by a relative or non-relative, guardianship by a relative or non-relative, relative foster care or other planned permanent living arrangements.

**Administration:** The 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.

| FY18 YTD | Clark | Washoe | Rurals | Total |
|---|---|---|---|---|
| Jul 2017 | 3,251 | 949 | 378 | 4,578 |
| Aug 2017 | 3,314 | 945 | 376 | 4,635 |
| Sep 2017 | 3,312 | 934 | 384 | 4,630 |
| Oct 2017 | 3,326 | 933 | 391 | 4,650 |
| Nov 2017 | 3,314 | 911 | 401 | 4,626 |
| Dec 2017 | 3,304 | 906 | 389 | 4,599 |
| Jan 2018 | 3,350 | 911 | 400 | 4,661 |
| Feb 2018 | 3,325 | 908 | 418 | 4,651 |
| Mar 2018 | 3,385 | 882 | 406 | 4,673 |
| Apr 2018 | | | | |
| May 2018 | | | | |
| Jun 2018 | | | | |
| **FY18 Total** | **29,881** | **8,279** | **3,544** | **41,704** |
| **FY18 Avg.** | **3,320** | **920** | **394** | **4,634** |




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

**Website:** http://dcfs.nv.gov/Programs/CWS/Placement/FosterCareForms/

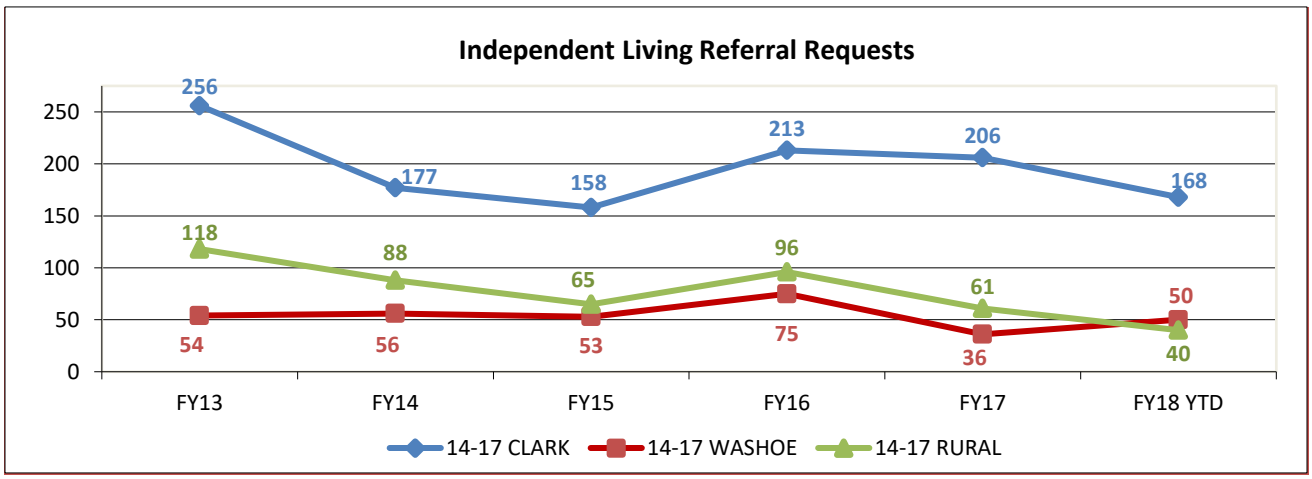
## 3.06 Foster Care – Independent Living

**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. 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.

**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.

| FY18 YTD | Clark | | Washoe | | Rurals | | Total | |
|---|---|---|---|---|---|---|---|---|
| Age | 14-17 | 18-21 | 14-17 | 18-21 | 14-17 | 18-21 | 14-17 | 18-21 |
| Jul 2017 | 13 | 0 | 11 | 0 | 5 | 0 | 29 | 0 |
| Aug 2017 | 16 | 0 | 4 | 0 | 8 | 0 | 28 | 0 |
| Sep 2017 | 27 | 0 | 1 | 0 | 5 | 0 | 33 | 0 |
| Oct 2017 | 26 | 0 | 3 | 0 | 6 | 0 | 35 | 0 |
| Nov 2017 | 11 | 0 | 3 | 0 | 1 | 0 | 15 | 0 |
| Dec 2017 | 18 | 0 | 12 | 0 | 6 | 0 | 36 | 0 |
| Jan 2018 | 18 | 0 | 6 | 0 | 3 | 0 | 27 | 0 |
| Feb 2018 | 17 | 0 | 3 | 0 | 3 | 0 | 23 | 0 |
| Mar 2018 | 22 | 1 | 7 | 0 | 3 | 0 | 32 | 1 |
| Apr 2018 | | | | | | | | |
| May 2018 | | | | | | | | |
| Jun 2018 | | | | | | | | |
| **FY18 Total** | **168** | **1** | **50** | **0** | **40** | **0** | **258** | **1** |
| **FY18 Avg.** | **19** | **0** | **6** | **0** | **4** | **0** | **29** | **0** |

| FY | Age: 14-17 | Age: 18-21 |
|---|---|---|
| FY13 | 428 | 62 |
| FY14 | 321 | 15 |
| FY15 | 276 | 10 |
| FY16 | 384 | 11 |
| FY17 | 303 | 16 |
| FY18 YTD | 258 | 1 |




**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.

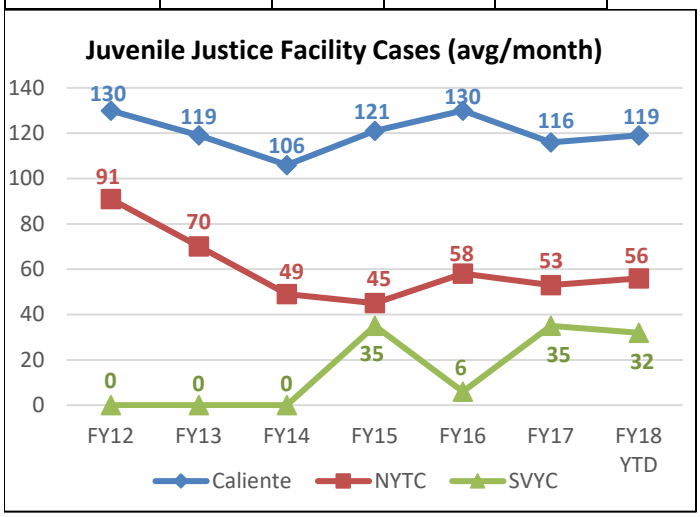
## 3.07 Juvenile Justice – Facilities

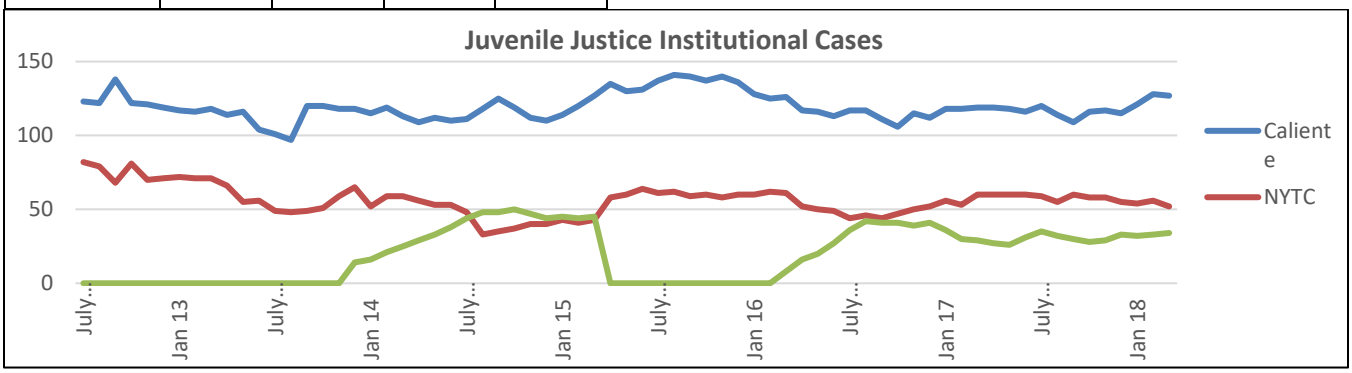
**Caliente Youth Center (CYC):** CYC, a juvenile facility/training school, was opened in 1962 and renovated in 1977. Security: staff-secure. Programs: academic education, vocational training, substance-abuse education, psychological counseling, outdoor work crew, behavior/anger management, violence prevention,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

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

**Summit View Youth Correctional Center (SVYCC):** Re-opened as a 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.

| FY18 YTD | CYC | NYTC | SVYCC | Total |
|---|---|---|---|---|
| Jul 2017 | 120 | 59 | 35 | 214 |
| Aug 2017 | 114 | 55 | 32 | 201 |
| Sep 2017 | 109 | 60 | 30 | 199 |
| Oct 2017 | 116 | 58 | 28 | 202 |
| Nov 2017 | 117 | 58 | 29 | 204 |
| Dec 2017 | 115 | 55 | 33 | 203 |
| Jan 2018 | 121 | 54 | 32 | 207 |
| Feb 2018 | 128 | 56 | 33 | 217 |
| Mar 2018 | 127 | 52 | 34 | 213 |
| Apr 2018 | | | | |
| May 2018 | | | | |
| Jun 2018 | | | | |
| **FY18 Avg.** | 119 | 56 | 32 | 207 |
| | | | | |




**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 SVYC. The Division is currently working with the Council of State Governments in an in-depth analysis of our Juvenile Justice System.

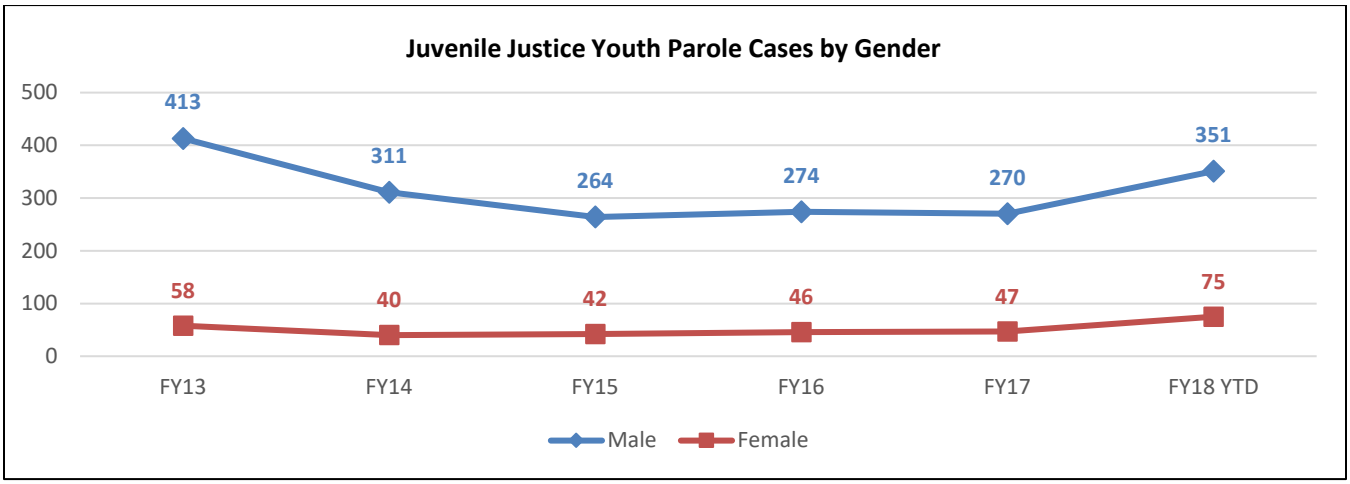
**Website:** http://dcfs.nv.gov/Programs/JJS/

## 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 with 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 the interstate compact.

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

| FY18 YTD | Male | Female |
|---|---|---|
| Jul 2017 | 259 | 52 |
| Aug 2017 | 260 | 45 |
| Sep 2017 | 271 | 44 |
| Oct 2017 | 276 | 51 |
| Nov 2017 | 315 | 60 |
| Dec 2017 | 306 | 60 |
| Jan 2018 | 486 | 121 |
| Feb 2018 | 485 | 118 |
| Mar 2018 | 500 | 125 |
| Apr 2018 | | |
| May 2018 | | |
| Jun 2018 | | |
| **FY18 Avg.** | 351 | 75 |




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

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

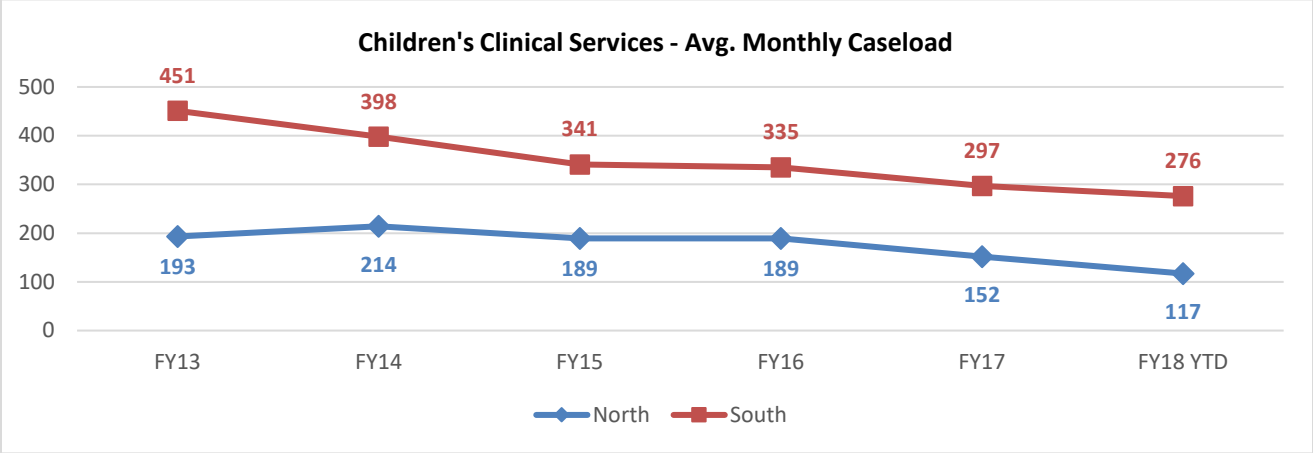
## 3.09 Children's Clinical Services

**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-Services Medicaid, HMO Medicaid, or Nevada Checkup, and children who are uninsured or under-insured.

| FY18 YTD | North | South | State |
|---|---|---|---|
| Jul 2017 | 124 | 330 | 454 |
| Aug 2017 | 122 | 303 | 425 |
| Sep 2017 | 129 | 240 | 369 |
| Oct 2017 | 126 | 264 | 390 |
| Nov 2017 | 113 | 275 | 388 |
| Dec 2017 | 104 | 269 | 373 |
| Jan 2018 | 106 | 266 | 372 |
| Feb 2018 | 111 | 266 | 377 |
| Mar 2018 | 119 | 269 | 388 |
| Apr 2018 | | | |
| May 2018 | | | |
| Jun 2018 | | | |
| **FY18 Total** | 1,054 | 2,482 | 3,536 |
| **FY18 Avg.** | 117 | 276 | 393 |




**Analysis of Trends** Due to staff shortages (including nurses, clinical social workers, and psychiatrists), 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

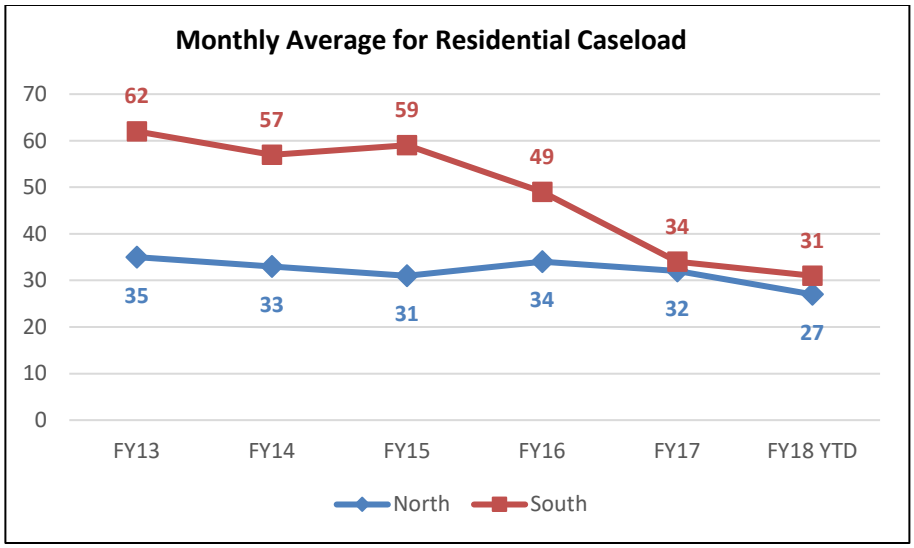
**Program:** Treatment Center services work in the context of family and community life with children and adolescents whose emotional, mental health, and behavioral needs cannot be met in their own families and who require a higher level of mental health intervention in an out-of-home setting. Inpatient 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-Services Medicaid or HMO Medicaid, and children who are uninsured or under-insured.

| FY18 YTD | North | South |
|---|---|---|
| Jul 2017 | 26 | 27 |
| Aug 2017 | 30 | 36 |
| Sep 2017 | 29 | 33 |
| Oct 2017 | 24 | 34 |
| Nov 2017 | 27 | 32 |
| Dec 2017 | 30 | 30 |
| Jan 2018 | 25 | 31 |
| Feb 2018 | 30 | 28 |
| Mar 2018 | 25 | 32 |
| Apr 2018 | | |
| May 2018 | | |
| Jun 2018 | | |
| **FY18 Avg.** | **27** | **31** |




**Analysis of Trends:**

1. In the North, counts are lower due to staff shortages.
2. In the South, the decline in Residential Treatment Services is due to the following (as of the Dec 2015 update):

i. DCFS closed approximately 6 agencies with 2 more pending in the last 2 years;
ii. A net decrease of approximately 50 Higher Level of Care (HLOC) beds over the last two years;
iii. The implementation of AB348 greatly increased the standards required for HLOC agencies;
iv. Many agencies have been unable to meet the requirements and were forced to close;
v. 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.

http://dcfs.nv.gov/Programs/CMH/Resident-day-treatment-svcs/

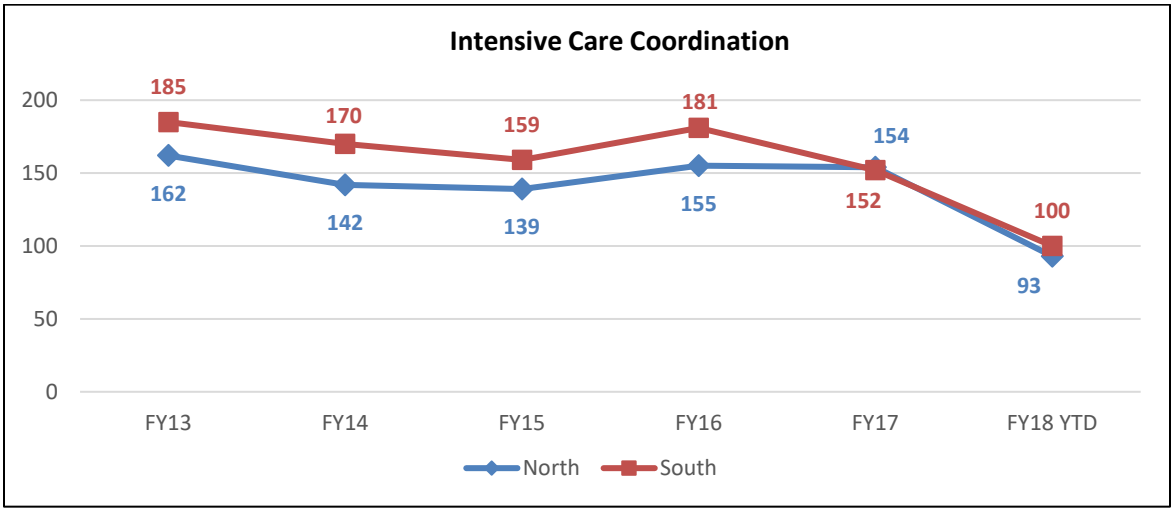
## 3.11 Intensive Care Coordination Services

**Program:** The Intensive Care Coordination Services program is provided using a wraparound model for children, ages birth to 18 years, with severe emotional disturbance and multiple, complex needs across multiple child-serving systems. Services include assessment, case planning, crisis response, and monitoring 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:** Birth to 18 years of age.

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

| FY18 YTD | North | South |
|---|---|---|
| Jul 2017 | 128 | 138 |
| Aug 2017 | 105 | 114 |
| Sep 2017 | 96 | 98 |
| Oct 2017 | 86 | 90 |
| Nov 2017 | 84 | 91 |
| Dec 2017 | 88 | 84 |
| Jan 2018 | 84 | 90 |
| Feb 2018 | 86 | 99 |
| Mar 2018 | 83 | 97 |
| Apr 2018 | | |
| May 2018 | | |
| Jun 2018 | | |
| **FY18 Avg.** | **93** | **100** |




**Analysis of Trends:** Services declined due to a decrease in referrals and a decrease in the number of youth that were fee-for-service Medicaid Eligible.

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

Page Left Intentionally Blank

## 4.01 Medicaid Totals

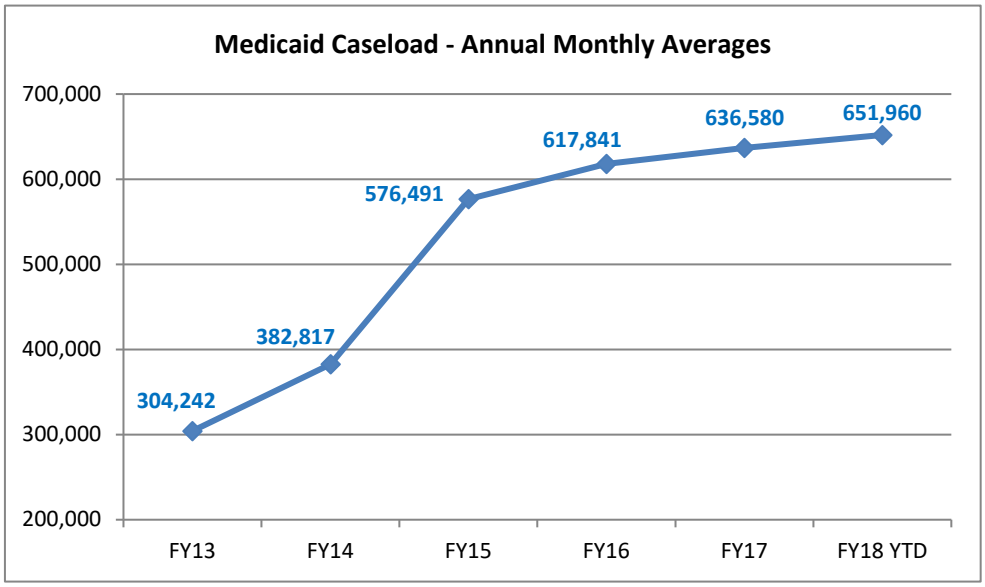
**Program:** Medicaid is a joint Federal-State program that provides medical services to clients of the State public assistance program and, at the State's option, other needy individuals, as well as augments hospital and nursing facility services that are mandated under Medicaid. States may decide on 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 |
| FY 18 YTD | 651,960 | $2,836,706,866 |

| FY18: | Caseload |
|---|---|
| Jul 17 | 647,170 |
| Aug | 650,177 |
| Sep | 648,650 |
| Oct | 651,207 |
| Nov | 650,323 |
| Dec | 651,960 |
| Jan 18 | 656,105 |
| Feb | 655,909 |
| Mar | 656,136 |
| Apr | |
| May | |
| Jun | |
| **FY18 Average Caseload** | **651,960** |




*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).

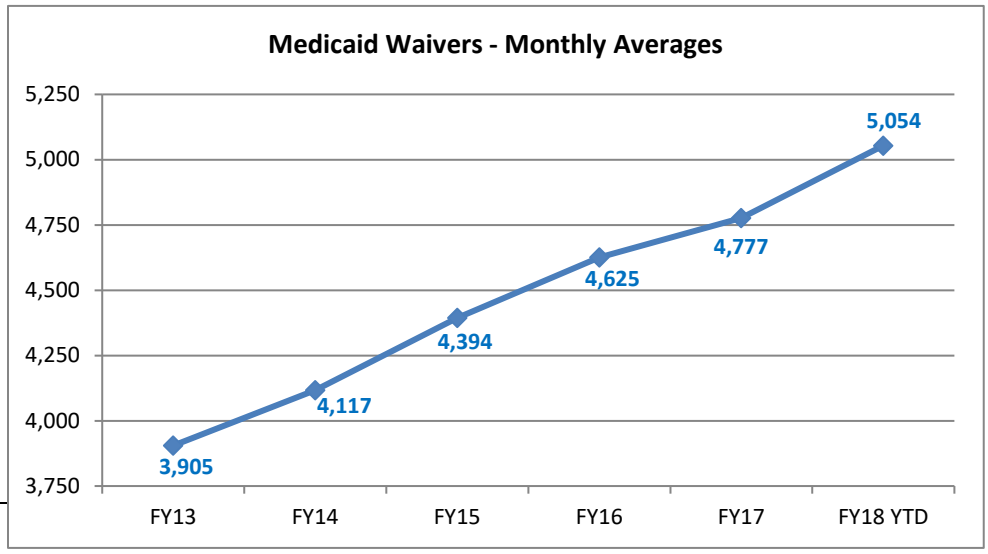
**Waiver for Individuals with Intellectual Disabilities and Related Conditions (IID)** - This waiver serves recipients of all ages who have a documented intellectual disability or related condition, such as Autism or Down Syndrome, as determined by the Division of Health Care Financing and Policy (DHCFP) 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 |
| FY 18 YTD | 5,054 | $51,434,174 |

| FY18: | Caseload |
|---|---|
| Jul 17 | 4,984 |
| Aug | 4,994 |
| Sep | 5,036 |
| Oct | 5,060 |
| Nov | 5,055 |
| Dec | 5,064 |
| Jan 18 | 5,091 |
| Feb | 5,095 |
| Mar | 5,107 |
| Apr | |
| May | |
| Jun | |
| **FY18 Average Caseload** | **5,504** |




**Analysis of Trends:** Actual caseload data is trending below budgeted and in line with the projected caseloads. Expenditures and average cost per client are slightly above the budgeted amounts most likely because budgeted expenditures were too low. 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.

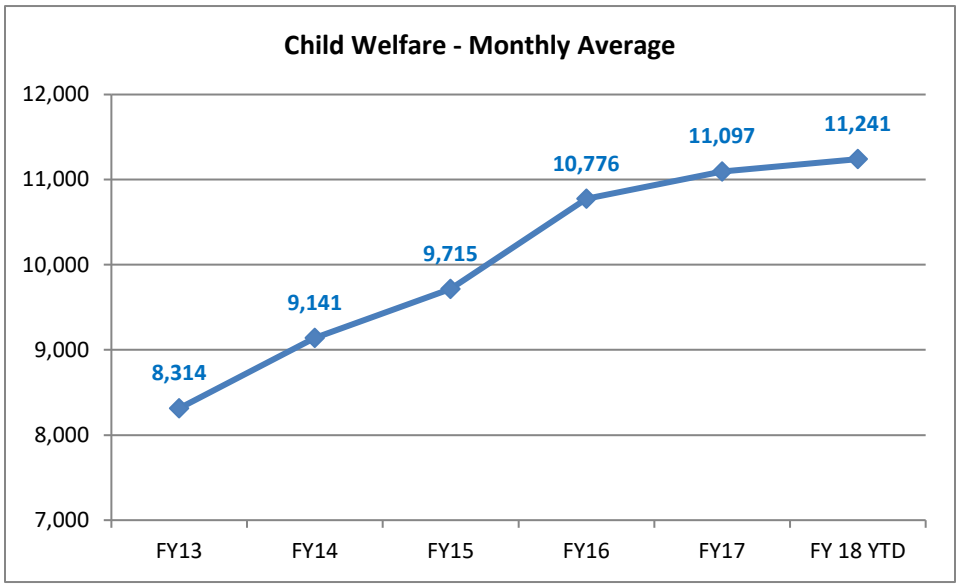
**Eligibility:** For recipients who qualify for Medicaid under the child welfare eligibility guidelines, regardless of whether they are in state, county, or parental custody.

**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 |
| FY 18 YTD | 11,241 | $61,902,825 |

| FY18: | Caseload |
|---|---|
| Jul 17 | 11,147 |
| Aug | 11,011 |
| Sep | 11,103 |
| Oct | 11,078 |
| Nov | 11,291 |
| Dec | 11,251 |
| Jan 18 | 11,430 |
| Feb | 11,398 |
| Mar | 11,460 |
| Apr | |
| May | |
| Jun | |
| **FY18 Average Caseload** | **11,241** |




*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 slightly below budgeted amounts. Overall expenditures and average cost per client are currently below budgeted amount as well.

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

## 4.04 County Indigent Program

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

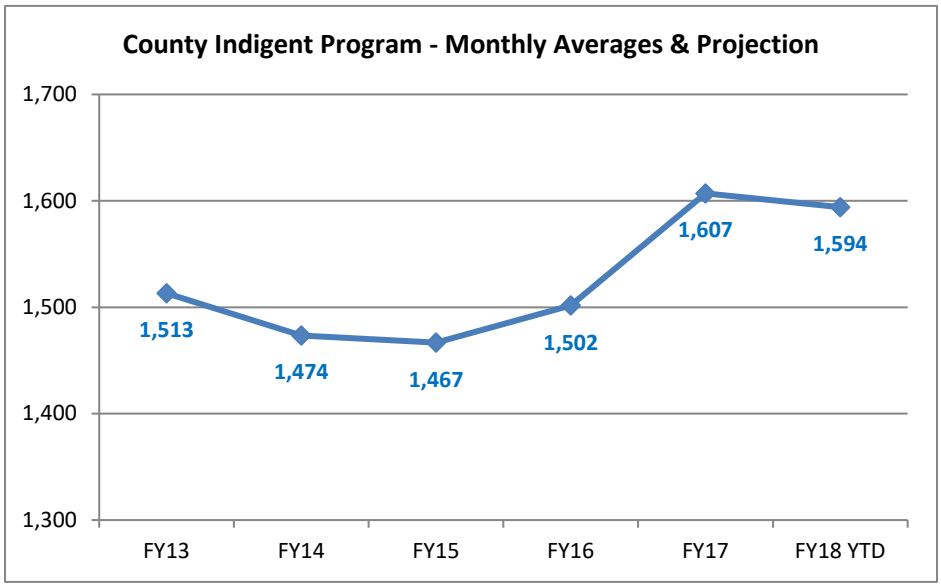
**Eligibility:** Institutionalized recipients between 142-300 percent of the Federal Benefit Rate.

**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 |
| FY18 YTD | 1,594 | $48,014,148 |

| FY18: | Caseload |
|---|---|
| Jul 17 | 1,593 |
| Aug | 1,616 |
| Sep | 1,609 |
| Oct | 1,587 |
| Nov | 1,601 |
| Dec | 1,596 |
| Jan 18 | 1,587 |
| Feb | 1,583 |
| Mar | 1,578 |
| Apr | |
| May | |
| Jun | |
| **FY18 Average Caseload** | **1,594** |




**Comment:** Actual caseload is currently below budgeted caseload. However, the population in this group of recipients is small so differences are magnified on the chart above. 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.

**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.

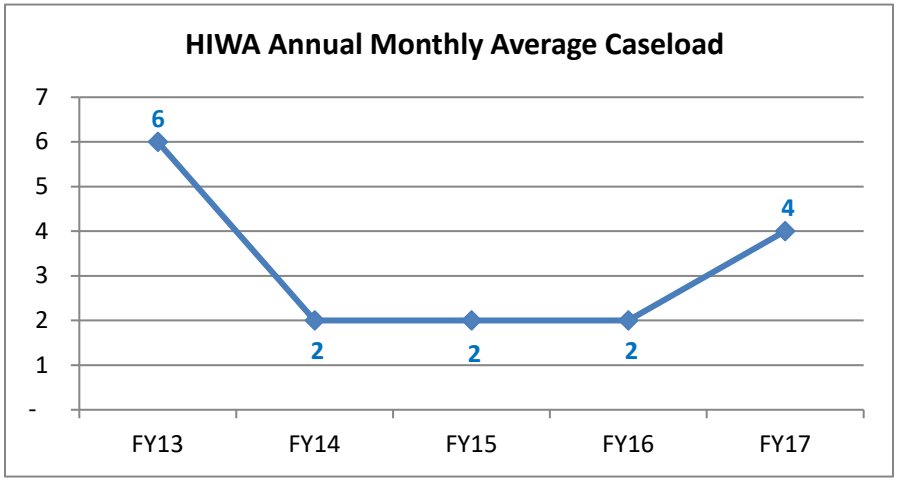
**Eligibility:** Citizenship, residency, disability and current employment are requirements of the program. The resource limit is $15,000. A vehicle, special needs trusts, medical savings accounts and tax refunds are some of the resources which are excluded. There are several work-related expenses which 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:**

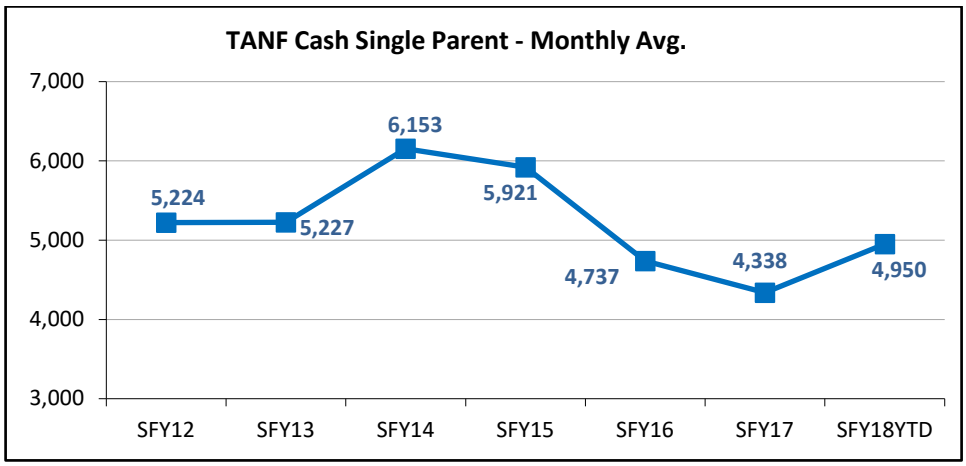
| Household Size | Maximum Income Test (130% of FPL) | 100% Need Standard (75% of FPL) | Maximum Payment Standard |
|---|---|---|---|
| 1 | $1,315 | $759 | $254 |
| 2 | $1,783 | $1,029 | $320 |
| 3 | $2,251 | $1,299 | $386 |
| 4 | $2,719 | $1,569 | $452 |
| 5 | $3,187 | $1,839 | $518 |
| 6 | $3,655 | $2,109 | $584 |
| 7 | $4,123 | $2,379 | $650 |
| 8 | $4,591 | $2,649 | $716 |

**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 | $15,389,304 |
| FY18 YTD | 4,950 | Not Yet Available |

**FY18:**

| | |
|---|---|
| Jul 17 | 4,555 |
| Aug | 4,967 |
| Sep | 4,889 |
| Oct | 5,073 |
| Nov | 5,162 |
| Dec | 5,016 |
| Jan 18 | 5,140 |
| Feb | 5,025 |
| Mar | 4,722 |
| Apr | |
| May | |
| Jun | |
| **FY18 Avg.** | **4,950** |




**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:**

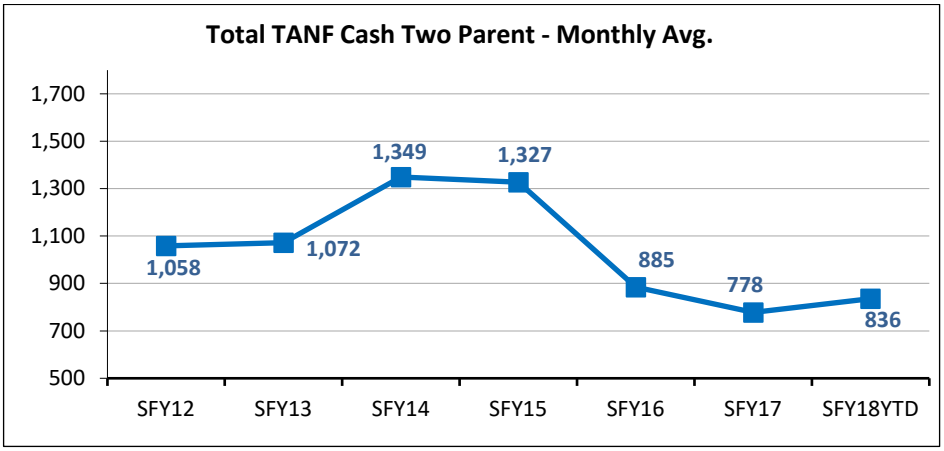
| Household Size | Maximum Income Test (130% of FPL) | 100% Need Standard (75% of FPL) | Maximum Payment Standard |
|---|---|---|---|
| 1 | $1,315 | $759 | $254 |
| 2 | $1,783 | $1,029 | $320 |
| 3 | $2,251 | $1,299 | $386 |
| 4 | $2,719 | $1,569 | $452 |
| 5 | $3,187 | $1,839 | $518 |
| 6 | $3,655 | $2,109 | $584 |
| 7 | $4,123 | $2,379 | $650 |
| 8 | $4,591 | $2,649 | $716 |

**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 | $3,221,410 |
| FY 18 YTD | 836 | Not Yet Available |

**FY18:**

| | |
|---|---|
| Jul 17 | 762 |
| Aug | 831 |
| Sep | 825 |
| Oct | 863 |
| Nov | 848 |
| Dec | 862 |
| Jan 18 | 875 |
| Feb | 870 |
| Mar | 789 |
| Apr | |
| May | |
| Jun | |
| **FY18 Avg.** | **836** |




**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 | $1,315 | $254 | $2,782 | $418 |
| 2 | $1,783 | $320 | $3,772 | $478 |
| 3 | $2,251 | $386 | $4,762 | $538 |
| 4 | $2,719 | $452 | $5,752 | $598 |
| 5 | $3,187 | $518 | $6,742 | $659 |
| 6 | $3,655 | $584 | $7,732 | $719 |
| 7 | $4,123 | $650 | $8,722 | $779 |
| 8 | $4,591 | $716 | $9,712 | $839 |

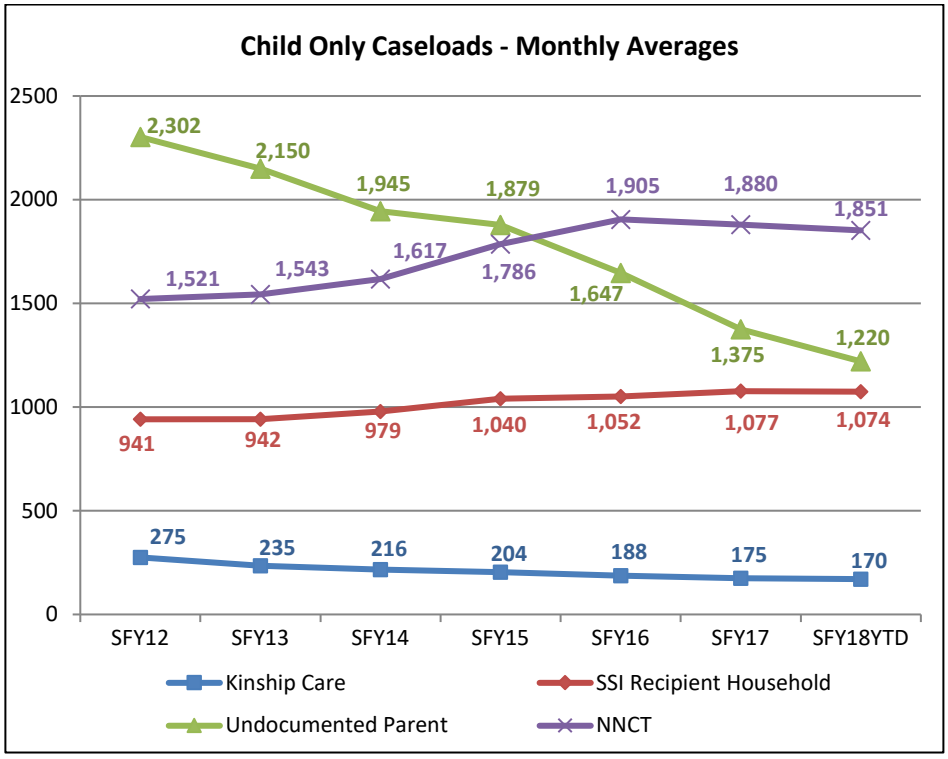
Note: Kinship Care Allowance: 0-12 year of age = $401 per child, if there is only one child the payment is $418; 13 yrs+ = $463 per *NNCT = Non-Needy Relative Caretaker; FPL = Federal Poverty Level

**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 | $20,415,515 |
| FY 18 YTD | 4,316 | Not Yet Available |

**FY18:**

| | |
|---|---|
| Jul 17 | 4,353 |
| Aug | 4,328 |
| Sep | 4,320 |
| Oct | 4,327 |
| Nov | 4,301 |
| Dec | 4,317 |
| Jan 18 | 4,311 |
| Feb | 4,317 |
| Mar | 4,274 |
| Apr | |
| May | |
| Jun | |
| **FY18 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 | $759 | $254 | $2,782 | $418 |
| 2 | $1,029 | $320 | $3,772 | $478 |
| 3 | $1,299 | $386 | $4,762 | $538 |
| 4 | $1,569 | $452 | $5,752 | $598 |
| 5 | $1,839 | $518 | $6,742 | $659 |
| 6 | $2,109 | $584 | $7,732 | $719 |
| 7 | $2,379 | $650 | $8,722 | $779 |
| 8 | $2,649 | $716 | $9,712 | $839 |

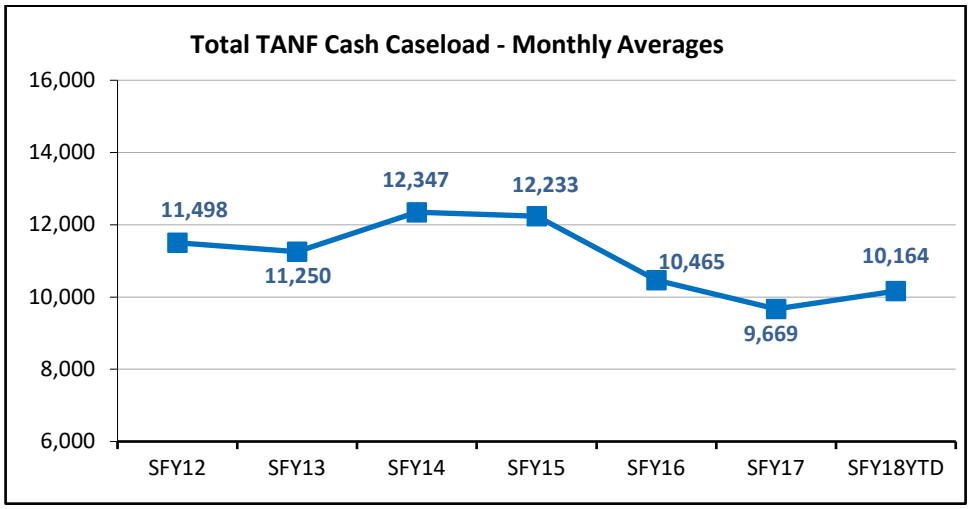
Note: Kinship Care Allowance: 0-12 year of age = $401 per child (unless there is only one child in this age group in the home the amount is $418); 13 yrs+ = $463 for each child.
*NNCT = Non-Needy Caretaker; FPL = Federal Poverty Level.

**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 | $39,225,106 |
| FY 18 YTD | 10,164 | Not Yet Available |

**FY18:**

| | |
|---|---|
| Jul 17 | 9,732 |
| Aug | 10,190 |
| Sep | 10,100 |
| Oct | 10,328 |
| Nov | 10,379 |
| Dec | 10,256 |
| Jan 18 | 10,387 |
| Feb | 10,269 |
| Mar | 9,832 |
| Apr | |
| May | |
| Jun | |
| **FY18 Avg.** | **10,164** |




**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.

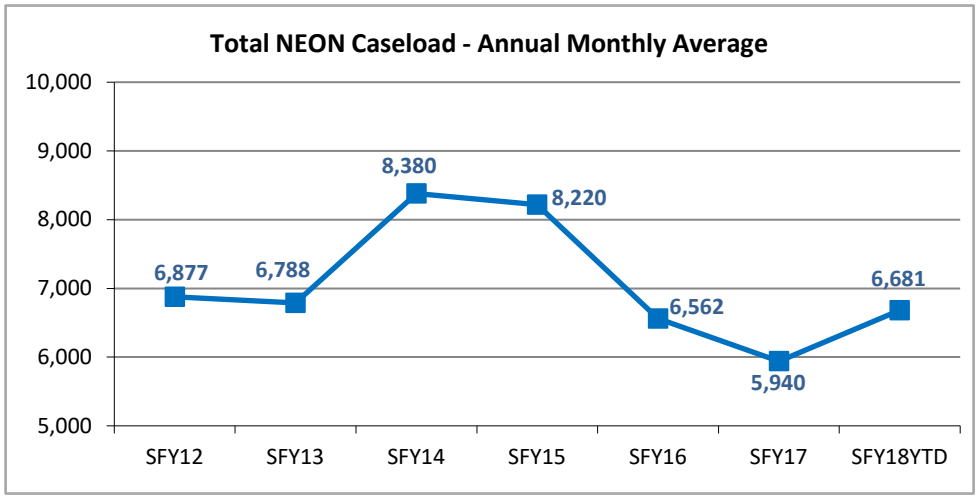
**Eligibility:** Individuals who meet the definition of a "work eligible individual" are NEON mandatory. This includes all adults or minor head-of-households (HOH) receiving assistance under TANF-NEON program. This excludes minor parents not HOH or married to the HOH, ineligible non-citizens, SSI recipients, 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 |
| FY 18 YTD | 6,681 |

**FY18:**

| Month | Caseload |
|---|---|
| Jul 17 | 6,139 |
| Aug | 6,690 |
| Sep | 6,602 |
| Oct | 6,861 |
| Nov | 6,924 |
| Dec | 6,800 |
| Jan 18 | 6,950 |
| Feb | 6,820 |
| Mar | 6,347 |
| Apr | |
| May | |
| Jun | |
| **FY18 Avg.** | **6,681** |




**Comments:** In SFY13 Nevada's labor markets gained some momentum. The slow and steady economic gains of SFY13 continued into the first quarter of SFY14. The rise in the NEON caseload was not following its historical correlation to the state's economy. This rise in the caseload was theorized to be a result of the Affordable Care Act Medicaid expansion implementation and new streamlined eligibility process. New Medicaid applicants became aware of their eligibility for TANF and efficient application business processes removed barriers and improved program access. Stabilization of caseload growth was anticipated by the end of the fiscal year. Caseload trends should return to their historical correlation with the economy. In SFY15, the NEON caseload continued to decrease due to program changes and the continuing economic improvement. In SFY17, the Employment Retention Payment(ERP) was implemented to improve employment outcomes for TANF recipients.

**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-5 Limit _ Parent/Caretakers |
|---|---|
| 1 | $319 |
| 2 | $407 |
| 3 | $495 |
| 4 | $582 |
| 5 | $670 |
| 6 | $758 |
| 7 | $846 |
| 8 | $934 |

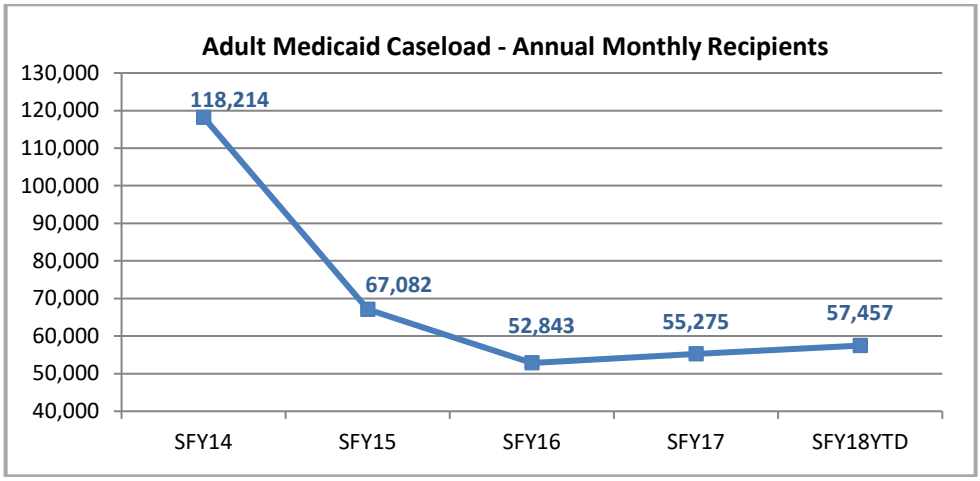
| Household Size | AM-B Limit _ Parent/Caretakers |
|---|---|
| 1 | $369 |
| 2 | $475 |
| 3 | $580 |
| 4 | $685 |
| 5 | $790 |
| 6 | $895 |
| 7 | $1,001 |
| 8 | $1,106 |

**Workload History:**

| Fiscal Year | Average Cases |
|---|---|
| FY 14 | 118,214 |
| FY 15 | 67,082 |
| FY 16 | 52,843 |
| FY 17 | 55,275 |
| FY 18 YTD | 57,457 |

**FY18:**

| | |
|---|---|
| Jul 17 | 56,730 |
| Aug | 57,209 |
| Sep | 57,255 |
| Oct | 57,594 |
| Nov | 57,197 |
| Dec | 57,454 |
| Jan 18 | 57,658 |
| Feb | 57,964 |
| Mar | 58,056 |
| Apr | |
| May | |
| Jun | |
| **FY18 Avg.** | **57,457** |




**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, caretakers 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 limit.

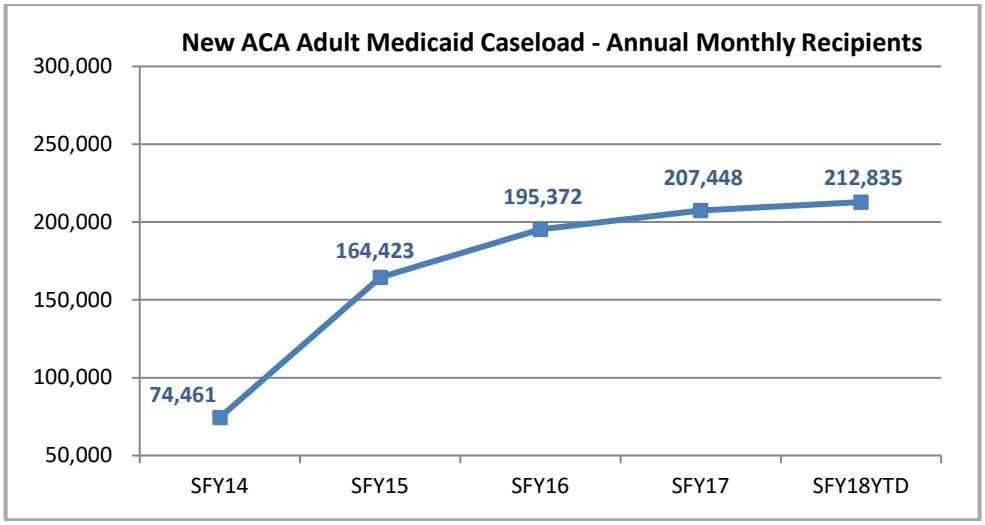
| Household Size | 138% FPL |
|---|---|
| | Expanded adult group |
| 1 | $1,396 |
| 2 | $1,893 |
| 3 | $2,390 |
| 4 | $2,887 |
| 5 | $3,383 |
| 6 | $3,880 |
| 7 | $4,377 |
| 8 | $4,874 |

**Workload History:**

| Fiscal Year | Average Cases |
|---|---|
| FY 14 | 74,461 |
| FY 15 | 164,423 |
| FY 16 | 195,372 |
| FY 17 | 207,448 |
| FY 18 YTD | 212,835 |

**FY18:**

| | |
|---|---|
| Jul 17 | 211,060 |
| Aug | 211,736 |
| Sep | 211,428 |
| Oct | 211,805 |
| Nov | 212,028 |
| Dec | 213,384 |
| Jan 18 | 215,236 |
| Feb | 214,570 |
| Mar | 214,266 |
| Apr | |
| May | |
| Jun | |
| **FY18 Avg.** | **212,835** |




**Comments:** The increasing trend is due to adding adults that are newly eligible under ACA. We anticipate this fluctuating 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.
Effective February 1, 2018, DWSS implemented a policy change allowing the enrollment of lawfully residing non-qualified non-citizen children under the age of 19 to qualify for Medicaid and/or Nevada Check Up, if they meet all other eligibility criteria.

**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.

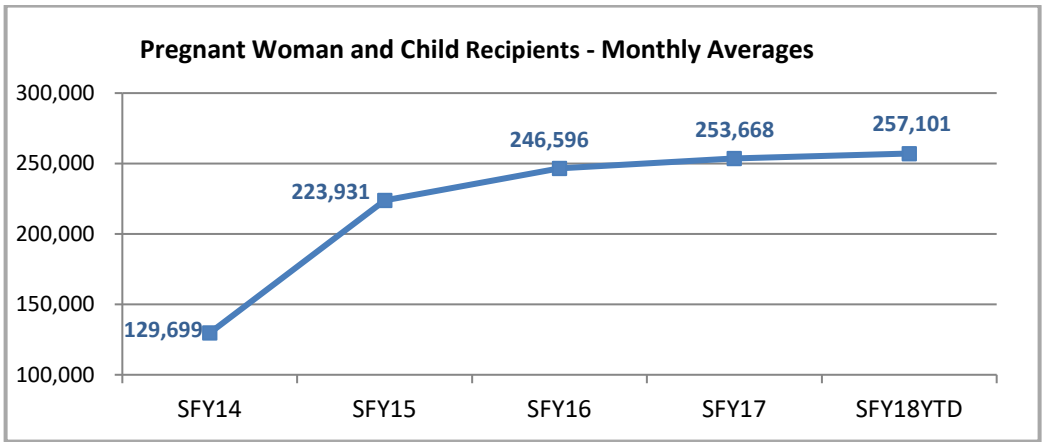
| Household Size | 122% FPL | 165% FPL |
|---|---|---|
| | Children 6-18 | Pregnant Women & Children 0-5 |
| 1 | $1,234 | $1,669 |
| 2 | $1,673 | $2,263 |
| 3 | $2,113 | $2,857 |
| 4 | $2,552 | $3,451 |
| 5 | $2,991 | $4,045 |
| 6 | $3,430 | $4,639 |
| 7 | $3,869 | $5,233 |
| 8 | $4,309 | $5,827 |

**Workload History:**

| Fiscal Year | Average Cases |
|---|---|
| FY 14 | 129,699 |
| FY 15 | 223,931 |
| FY 16 | 246,596 |
| FY 17 | 253,668 |
| FY 18 YTD | 257,101 |

**FY18:**

| | |
|---|---|
| Jul 17 | 256,302 |
| Aug | 257,776 |
| Sep | 257,240 |
| Oct | 257,588 |
| Nov | 256,496 |
| Dec | 256,042 |
| Jan 18 | 257,379 |
| Feb | 257,456 |
| Mar | 257,626 |
| Apr | |
| May | |
| Jun | |
| **FY18 Avg.** | **257,101** |




**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.
Effective February 1, 2018, DWSS implemented a policy change allowing the enrollment of lawfully residing non-qualified non-citizen children under the age of 19 to qualify for Medicaid and/or Nevada Check Up, if they meet all other eligibility criteria.

**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).

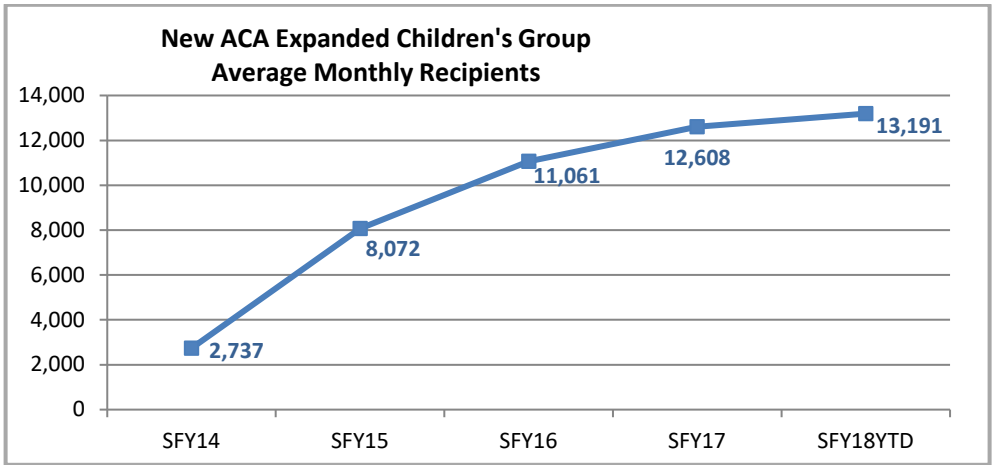
| Household Size | 122% FPL | 138% FPL |
|---|---|---|
| 1 | $1,234 | $1,669 |
| 2 | $1,673 | $2,263 |
| 3 | $2,113 | $2,857 |
| 4 | $2,552 | $3,451 |
| 5 | $2,991 | $4,045 |
| 6 | $3,430 | $4,639 |
| 7 | $3,869 | $5,233 |
| 8 | $4,309 | $5,827 |

**Workload History:**

| Fiscal Year | Average Cases |
|---|---|
| FY 14 | 2,737 |
| FY 15 | 8,072 |
| FY 16 | 11,061 |
| FY 17 | 12,608 |
| FY 18 YTD | 13,191 |

**FY18:**

| | |
|---|---|
| Jul 17 | 12,987 |
| Aug | 12,977 |
| Sep | 13,053 |
| Oct | 13,076 |
| Nov | 13,161 |
| Dec | 13,364 |
| Jan 18 | 13,472 |
| Feb | 13,333 |
| Mar | 13,294 |
| Apr | |
| May | |
| Jun | |
| **FY18 Avg.** | **13,191** |




**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. It 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.
Effective February 1, 2018, DWSS implemented a policy change allowing the enrollment of lawfully residing non-qualified non-citizen children under the age of 19 to qualify for Medicaid and/or Nevada Check Up, if they meet all other eligibility criteria.

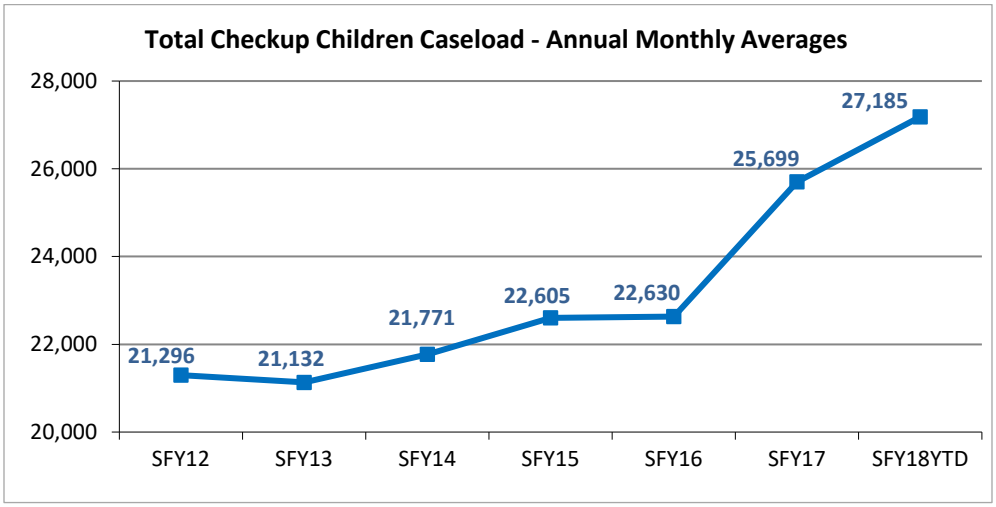
**Eligibility:** The family's gross annual income must be below 205 percent FPL (which includes a 5 percent disregard). Pay monthly premiums (if applicable), the child is a U.S. citizen, "qualified alien" or legal resident with 5 years residency and is under age 19 on the date coverage began.

| Income Guidelines | |
|---|---|
| **Household Size** | **205% FPL** |
| 1 | $2,074 |
| 2 | $2,812 |
| 3 | $3,550 |
| 4 | $4,288 |
| 5 | $5,026 |
| 6 | $5,764 |
| 7 | $6,502 |
| 8 | $7,240 |

**Workload History:**

| Fiscal Year | Average Cases | Total Expenditures |
|---|---|---|
| FY 14 | 21,771 | $38,321,913 |
| FY 15 | 22,605 | $45,023,906 |
| FY 16 | 22,630 | $42,698,920 |
| FY 17 | 25,699 | $45,242,767 |
| FY 18 YTD | 27,185 | Not Yet Available |

| FY18: | Caseload |
|---|---|
| Jul 17 | 26,369 |
| Aug | 26,604 |
| Sep | 26,935 |
| Oct | 27,515 |
| Nov | 27,372 |
| Dec | 26,842 |
| Jan 18 | 27,314 |
| Feb | 27,825 |
| Mar | 27,893 |
| Apr | |
| May | |
| Jun | |
| **FY18 Avg.** | **27,185** |




**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 $1,063.00 and 300% 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).

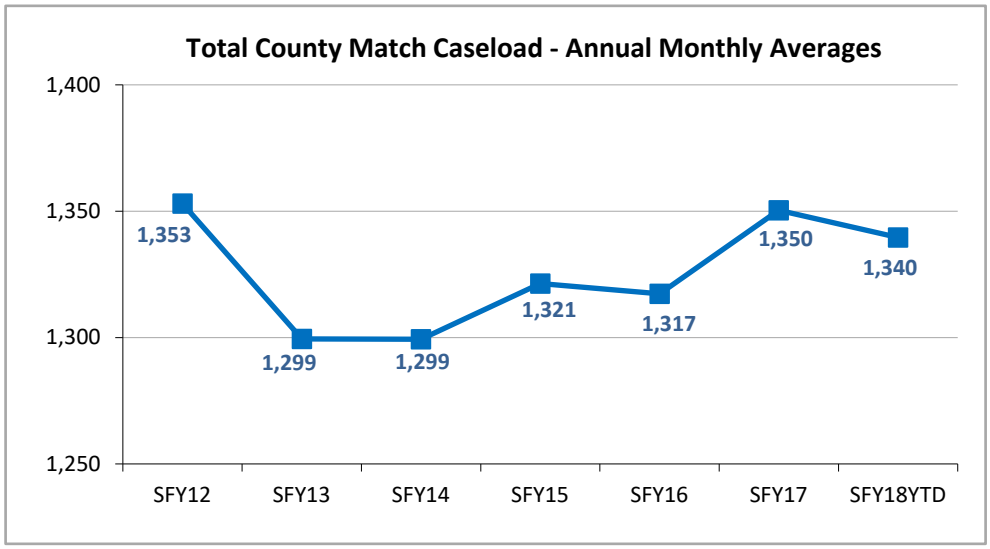
**Workload History (with Retros*):**

| Fiscal Year | Average Cases |
|---|---|
| FY 13 | 1,299 |
| FY 14 | 1,299 |
| FY 15 | 1,321 |
| FY 16 | 1,317 |
| FY 17 | 1,350 |
| FY 18 YTD | 1,340 |

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

**FY18:**

| | |
|---|---|
| Jul 17 | 1,338 |
| Aug | 1,358 |
| Sep | 1,352 |
| Oct | 1,333 |
| Nov | 1,345 |
| Dec | 1,341 |
| Jan 18 | 1,333 |
| Feb | 1,330 |
| Mar | 1,326 |
| Apr | |
| May | |
| Jun | |
| **FY18 Avg.** | **1,340** |




**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: $7,560 - for an individual or $11,340 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.

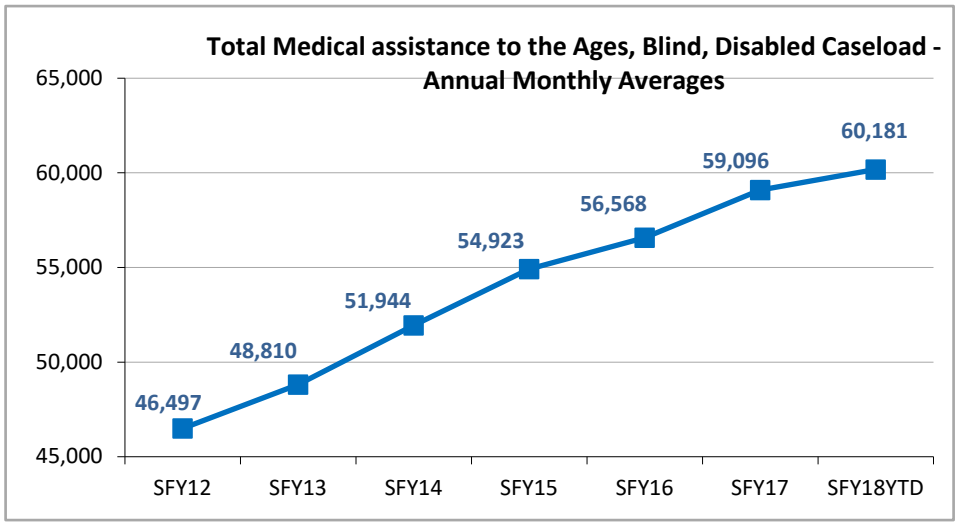
**Workload History (with Retros*):**

| Fiscal Year | Average Cases |
|---|---|
| FY 13 | 48,810 |
| FY 14 | 51,944 |
| FY 15 | 54,923 |
| FY 16 | 56,568 |
| FY 17 | 59,096 |
| FY 18 YTD | 60,181 |

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

**FY18:**

| | |
|---|---|
| Jul 17 | 59,786 |
| Aug | 60,063 |
| Sep | 59,072 |
| Oct | 60,285 |
| Nov | 60,247 |
| Dec | 60,381 |
| Jan 18 | 60,540 |
| Feb | 60,550 |
| Mar | 60,701 |
| Apr | |
| May | |
| Jun | |
| **FY18 Avg.** | **60,181** |




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

**Need Standard:**

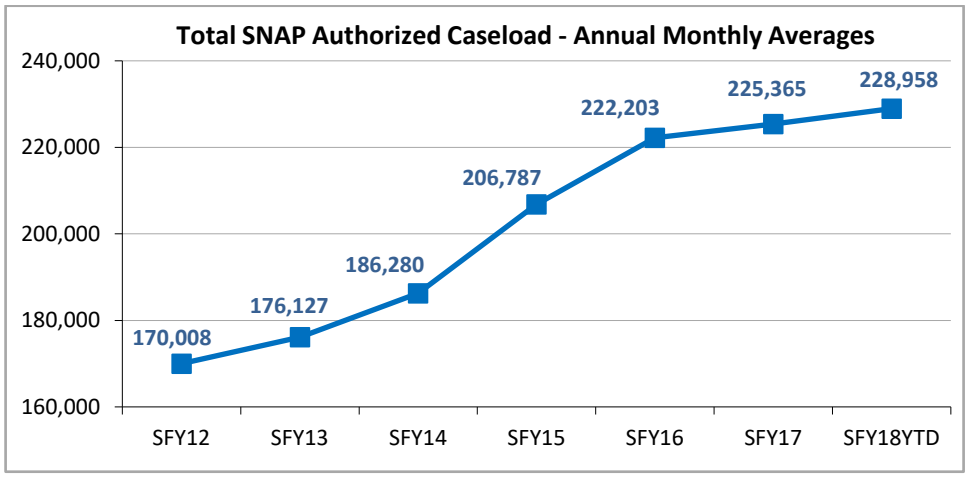
| Household Size | 200% of Poverty | 130% of Poverty | 100% of Poverty | Maximum Allotment |
|---|---|---|---|---|
| 1 | $2,010 | $1,307 | $1,005 | $192 |
| 2 | $2,708 | $1,760 | $1,354 | $352 |
| 3 | $3,404 | $2,213 | $1,702 | $504 |
| 4 | $4,100 | $2,665 | $2,050 | $640 |
| 5 | $4,798 | $3,118 | $2,399 | $760 |
| 6 | $5,494 | $3,571 | $2,747 | $913 |
| 7 | $6,190 | $4,024 | $3,095 | $1,009 |
| 8 | $6,888 | $4,477 | $3,444 | $1,153 |

**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 | $626,539,052 | 403,134 |
| FY 18 YTD | 228,958 | Not Yet Available | Not Yet Available |

**FY18:**

| | |
|---|---|
| Jul 17 | |
| Aug | 226,040 |
| Sep | 228,595 |
| Oct | 228,935 |
| Nov | 229,583 |
| Dec | 229,675 |
| Jan 18 | 229,150 |
| Feb | 230,347 |
| Mar | 229,340 |
| Apr | |
| May | |
| Jun | |
| **FY18 Avg.** | **228,958** |




**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 which 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).

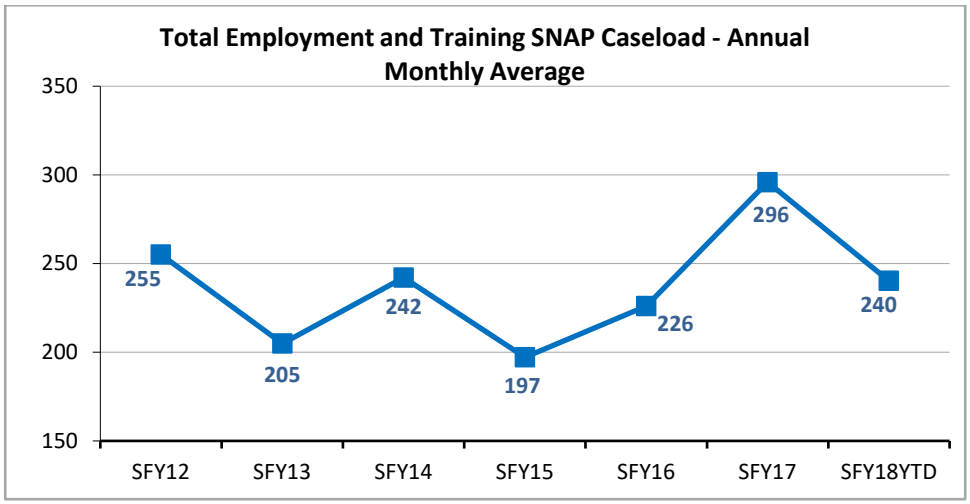
**Eligibility:** Registration and participation are mandatory and a condition of SNAP eligibility for all non-exempt SNAP participants. Persons who are exempt may volunteer. Persons are exempt when they are under age sixteen (16), age sixty (60) or older, disabled, caring for young children under the 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 |
| FY 18 YTD | 240 |

**FY18:**

| | |
|---|---|
| Jul 17 | 216 |
| Aug | 328 |
| Sep | 333 |
| Oct | 268 |
| Nov | 205 |
| Dec | 202 |
| Jan 18 | 270 |
| Feb | 192 |
| Mar | 149 |
| Apr | |
| May | |
| Jun | |
| **FY18 Avg.** | **240** |




**Comments:** The SNAPET caseload parallels the SNAP caseload but on a smaller scale. The Division provides services to a portion of SNAP recipients that do not meet a federal or state SNAPET program exemption. The number served is limited by available program funding. The SNAPET program requires participants to complete an orientation and job search activities. Mandatory participants are required to participate a minimum of two months of job search activities or become employed. The FFY 18 SNAPET State Plan supports two third-party partnerships. The first is with the Culinary Academy of Las Vegas which will provide culinary and hospitality training and the second is with Western Nevada College providing a manufacturing technician certification program which will qualify graduates for entry level positions in labor demand occupations in the Northern Nevada Region. The goal of these partnerships is to provide SNAP recipients with the opportunity to obtain the education and job skills needed to qualify for living wage jobs available in their geographical location.

**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 child care subsidies based upon their total monthly gross income, household size, and other requirements. Assistance is provided through 3 programs: Certificate - Provides a Certificate to an eligible household to use for payment of child care services to an eligible provider; Contracted Slots - serves an approved number of slots for low income families in Before and After School Programs; and Wrap-Around which also serves an approved number of slots for low income families for services before and after Early Head Start or Head Start Program.

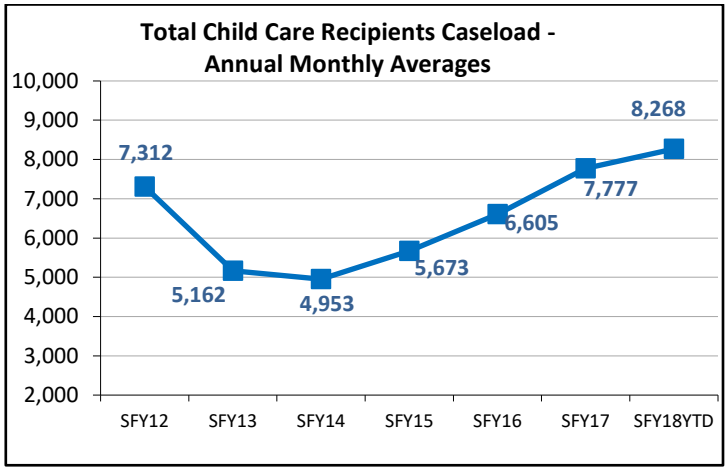
**Eligibility:** To qualify for child care subsidy assistance, the child must be under the age of 13 unless they have a special need in which case they are eligible until they turn 19. Other factors include citizenship, immunizations, relationship, and residency. Additionally, adult household members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

**Fee Scale:** The Sliding Fee Scale provides the income limits for each household size. This is an example for a four person household. The (P) indicates the federal poverty level. The red number in the center indicates 130% of the federal poverty level. The asterisk (*) at the bottom signifies the number to the left is 85% of Nevada's median income. The column on the right designates the percentage of the State approved maximum child care rate which would be paid by the Child Care & Development Program.

**Workload History:**

| Fiscal Year | Average Cases | Total Payments |
|---|---|---|
| FY 13 | 5,162 | $21,161,327 |
| FY 14 | 4,953 | $20,141,474 |
| FY 15 | 5,673 | $23,403,696 |
| FY 16 | 6,605 | $30,127,825 |
| FY 17 | 7,773 | $38,232,149 |
| FY 18 YTD | 8,268 | Not Yet Available |

| Sliding Fee Scale | |
|---|---|
| **Income Limits for Family of Four** | **Subsidy Percent** |
| $ 0 - $ 2,050 (P) | 95% |
| $ 2,051 - $ 2,409 | 90% |
| $ 2,410 - $ 2,768 | 80% |
| $ 2,769 - $ 3,127 | 70% |
| $ 3,128 - $ 3,486 | 60% |
| $ 3,487 - $ 3,844 | 50% |
| $ 3,845 - $ 4,203 | 40% |
| $ 4,204 - $ 4,562 | 30% |
| $ 4,563 - $ 4,913 | 20% |




**FY18 YTD:**

| | |
|---|---|
| Jul 17 | 7,521 |
| Aug | 8,085 |
| Sep | 7,771 |
| Oct | 8,463 |
| Nov | 8,630 |
| Dec | 8,761 |
| Jan 18 | 8,645 |
| Feb | |
| Mar | |
| Apr | |
| May | |
| Jun | |
| **FY18 Avg.** | **8,268** |

**Analysis of Trends:** Beginning SFY12 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 SFY 2014 the Program began removing families from the waitlist on a limited basis. Beginning March 2015 six months 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 reimplemented which allows families with higher incomes to continue receiving assistance with an increased copayment, up to 85% of the State Median Income.

Effective 05-23-16, 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.

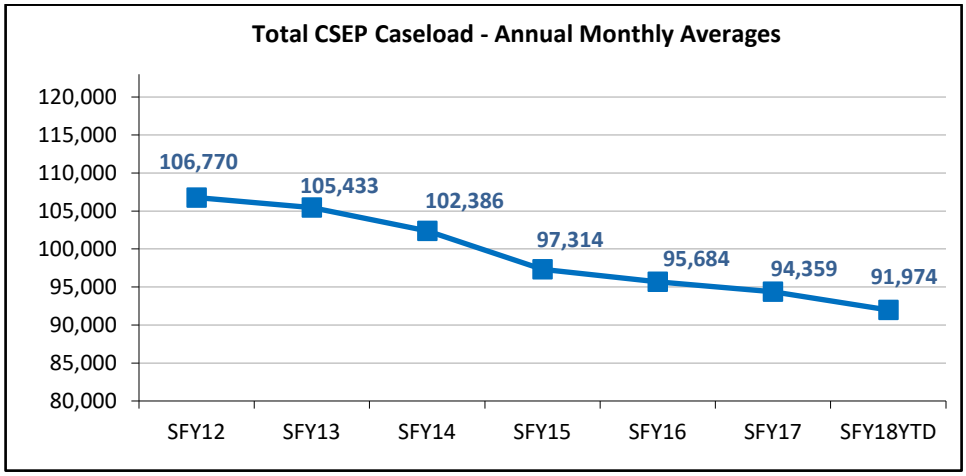
**Eligibility:** There are no eligibility requirements for child support services, which include locating the non-custodial parent, establishing paternity and support obligations and enforcing the child support order. Non-public assistance custodians complete an application for services. Public assistance 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 | 94,359 | $218,792,270 |
| FY 18 YTD | 91,974 | Not Yet Available |

**FY18:**

| | |
|---|---|
| Jul 17 | 92,518 |
| Aug | 92,498 |
| Sep | 91,833 |
| Oct | 92,190 |
| Nov | 91,644 |
| Dec | 91,365 |
| Jan 18 | 91,745 |
| Feb | 92,051 |
| Mar | 91,925 |
| Apr | |
| May | |
| Jun | |
| **FY18 Avg.** | **91,974** |




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

**Website:** https://dwss.nv.gov/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% of poverty level. Priority is given to the most vulnerable households, such as the elderly, disabled and young children.

**Need Standard:**

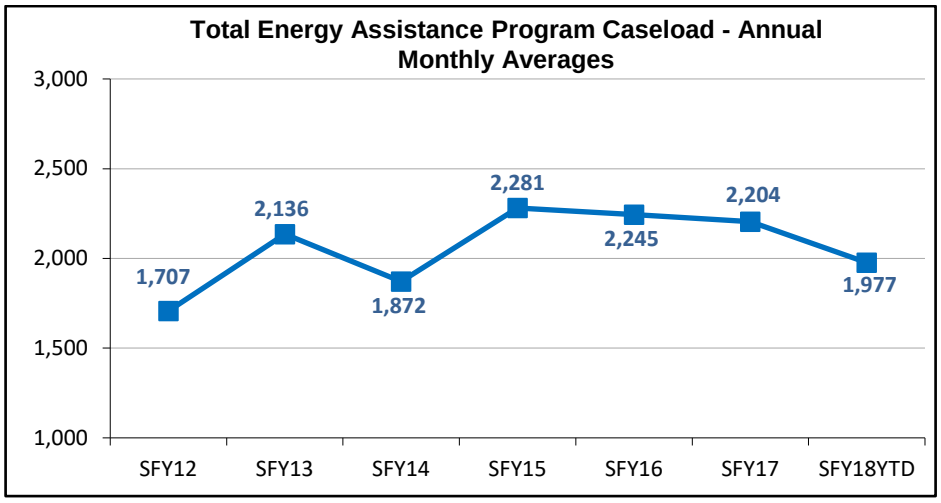
| 2017 HHS Poverty Guidelines (100%) | | Estimated State Median Income FFY 2016 |
|---|---|---|
| Persons in Family | 48 Contiguous States and D.C. | 60% of Estimated State Median Income for a Four Person Household |
| 1 | $12,060 | |
| 2 | $16,240 | |
| 3 | $20,420 | |
| 4 | $24,600 | $41,617 |
| 5 | $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 | 2,281 | 27,370 | $19,585,599 | 40,726 |
| FY 16 | 2,245 | 26,936 | $19,739,644 | 41,448 |
| FY 17 | 2,204 | 26,452 | $14,893,523 | 36,186 |
| FY 18 YTD | 1,977 | 17,796 | Not Yet Available | Not Yet Available |

**FY18:**

| | |
|---|---|
| Jul 17 | 875 |
| Aug | 2,149 |
| Sep | 2,198 |
| Oct | 2,155 |
| Nov | 1,885 |
| Dec | 2,107 |
| Jan 18 | 2,143 |
| Feb | 1,964 |
| Mar | 2,320 |
| Apr | |
| May | |
| Jun | |
| **FY18 Avg.** | **1,977** |




**FY17:**

**Comments:** SFY14 thru SFY 16 are continued with the same benefit amounts and poverty level that we ended with in SFY13. Based on the projected funding for SFY 17 the benefit cap table has been reduced and the poverty levels were left the same. For SFY 17 the program received fewer applications than projected. Based on the projected funding and projected applications for SFY 18 the benefit tables were slightly increased for SFY18.

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

Page left intentionally blank

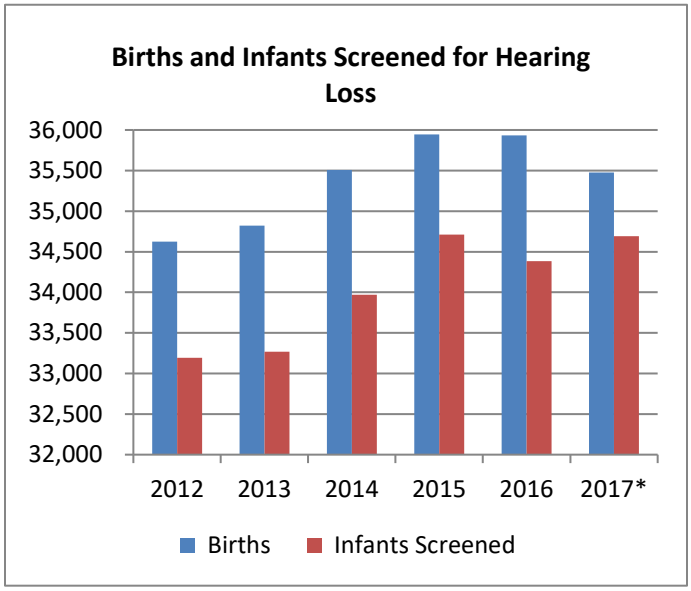
## 6.01 Early Hearing Detection and Intervention

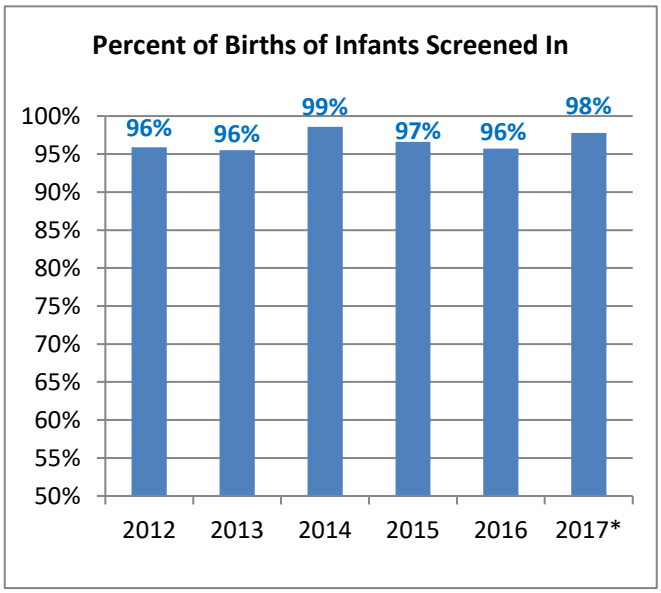
**Program:** The goals of the Nevada Early Hearing Detection and Intervention (EHDI) program are to ensure that: 1) all infants are screened for hearing loss before one month of age, 2) referred infants receive diagnostic evaluation by three months of age, and 3) infants identified with hearing loss 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 | 35,935 | 34,384 | 95.7% |
| 2017* | 35,474 | 34,690 | 97.8% |

* Calendar Year 2016 data is preliminary data.




**Comments:** * Calendar Year 2017 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. Calendar year 2018 data is too preliminary to report.

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

## 6.02 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.

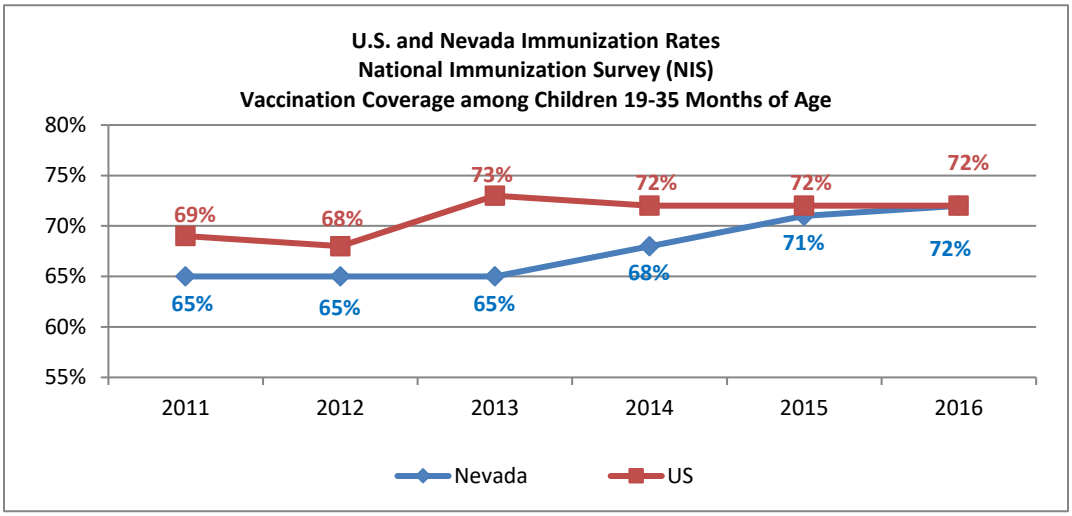
**Nevada WebIZ:** NV WebIZ is Nevada's statewide immunization information system (IIS). IISs are an integral part of immunization and public health activities. Nevada law requires reporting of all immunizations administered in the state, including certain patient details; patients retain the right to '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:**

| Number of Providers Actively Participating in the Vaccines for Children Program (data as of 5/30/2018) | |
|---|---|
| Clark | 147 |
| Washoe | 46 |
| Carson/Rural | 68 |
| *Note: 261 "Active" providers (currently receiving vaccine supply).* | |

| Nevada WebIZ Statistics | |
|---|---|
| Clinics Using IIS | 2,708 |
| HC Providers Using IIS* | 1,515 |
| Active Users of IIS** | 16,794 |
| *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 01/19/2018. **Within one clinic are multiple users of Nevada WebIZ.




**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.

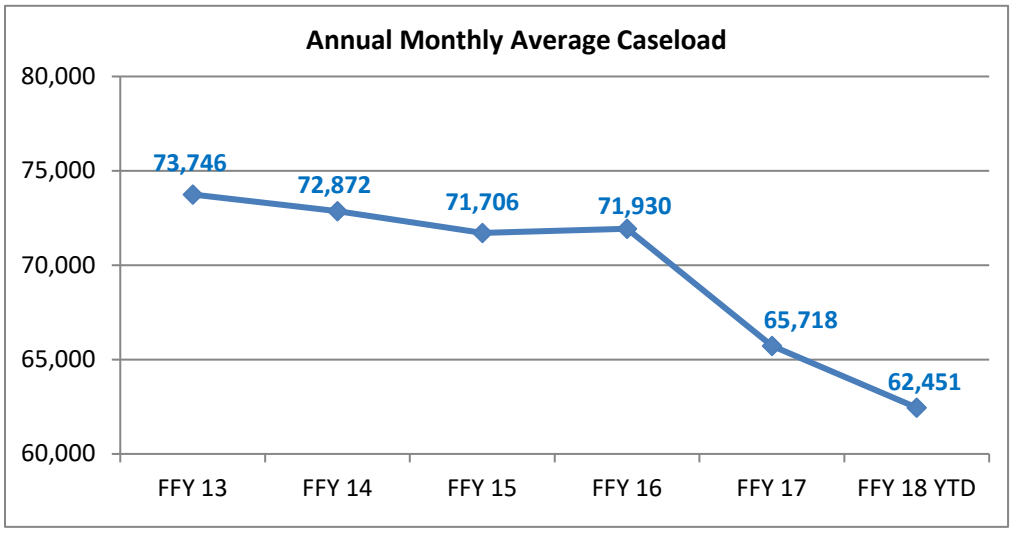
**Eligibility:** Applicant must be (1) an infant or child under five years of age, (2) a pregnant woman, (3) a postpartum woman (up to 6 months after giving birth), or (4) a breastfeeding woman (up to the breastfed infants first birthday). Must be a Nevada resident and physically live in Nevada at the 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 | $14,871,869 | 65,718 |
| FFY18 YTD | $10,180,180 | 62,451 |

**Caseload FFY18 YTD:**

| | |
|---|---|
| Jul 17 | 62,948 |
| Aug | 61,487 |
| Sep | 62,681 |
| Oct | 64,538 |
| Nov | 63,163 |
| Dec | 62,071 |
| Jan 18 | 61,883 |
| Feb | 60,839 |
| Mar | |
| Apr | |
| May | |
| Jun | |
| **FFY18 Total** | 499,610 |
| **FFY18 Average** | 62,451 |




**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.

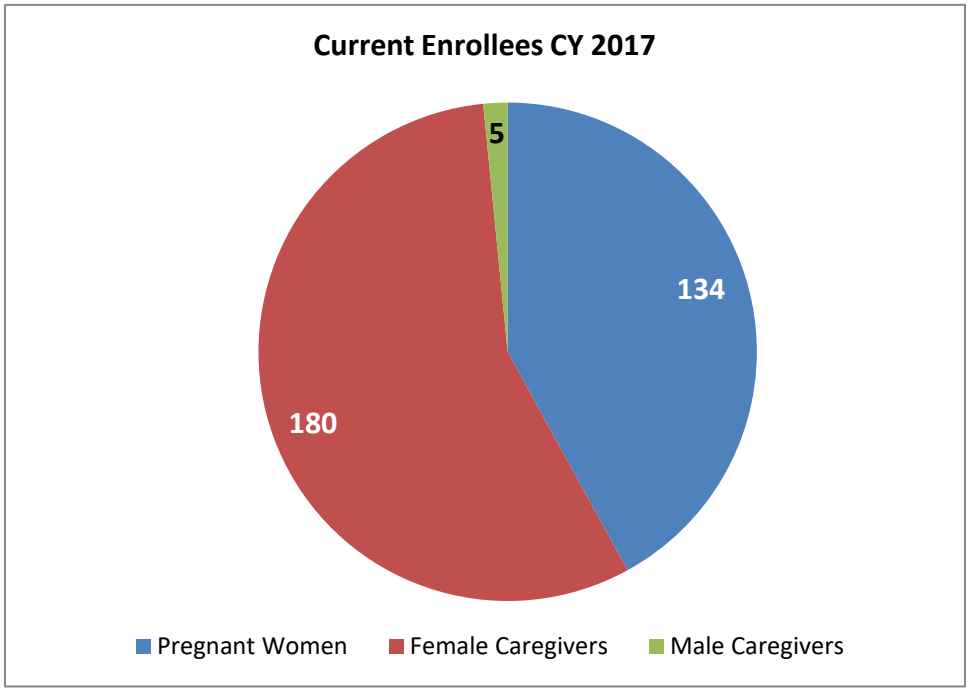
**Website:** www.nevadawic.org

## 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.

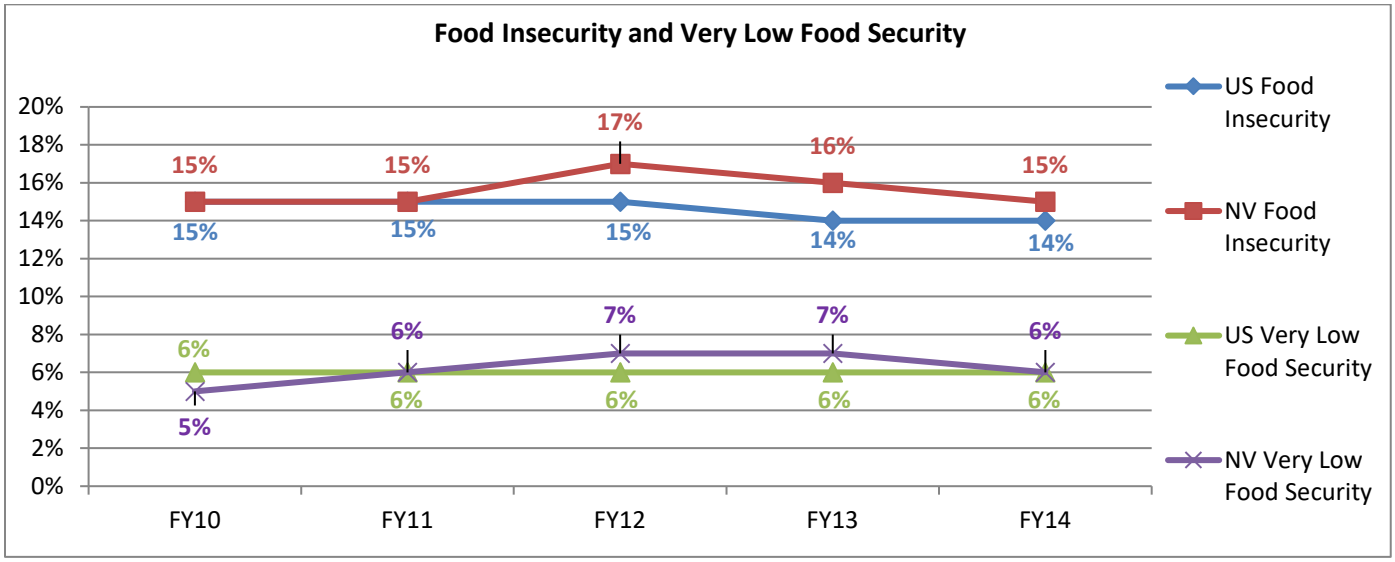
Website: http://dpbh.nv.gov/Programs/MIECHV/Nevada_Home_Visiting_(MIECHV)_-_Home/

## 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.

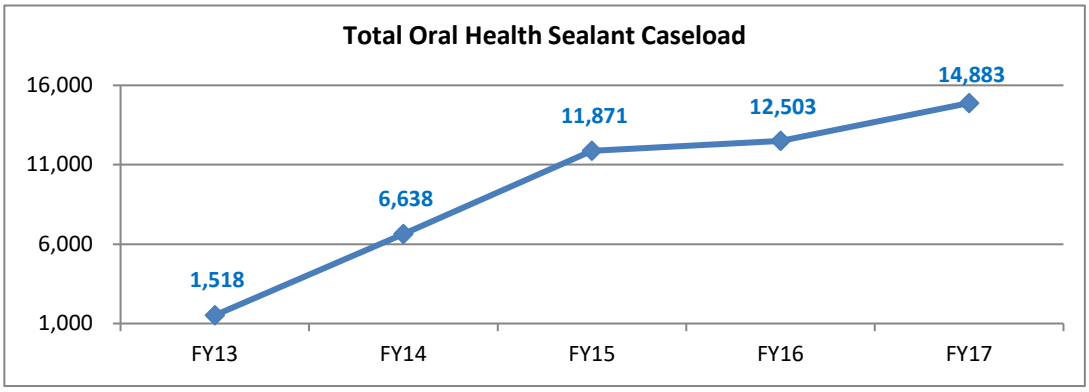
**Seal Nevada South** is a non-profit school-based sealant program, administered through UNLV School of Dental Medicine (SDM). The program serves uninsured children in second through fifth grade in underserved schools (>50 percent FRL) in Southern Nevada. They operate during the nine-month academic year.

**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

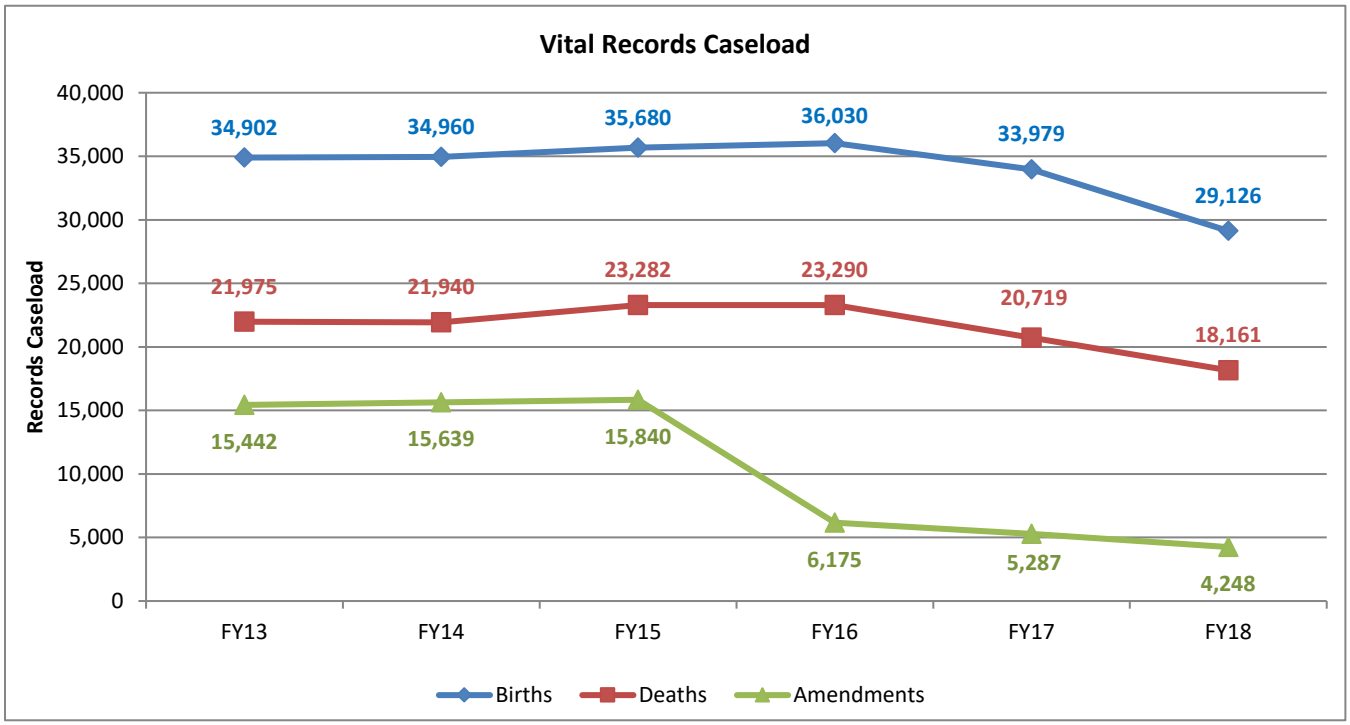
**Program:** The Office of Vital Records and Statistics administers the statewide system of Vital Records by documenting and certifying the facts of births, deaths and family formation for the legal purposes of the citizens of Nevada, participates in the national vital statistics systems, and responds 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 | 5,287 |
| FY 18 YTD | 29,126 | 18,161 | 4,248 |

* Lower number of amendments as of 07/08/2015 due to 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.

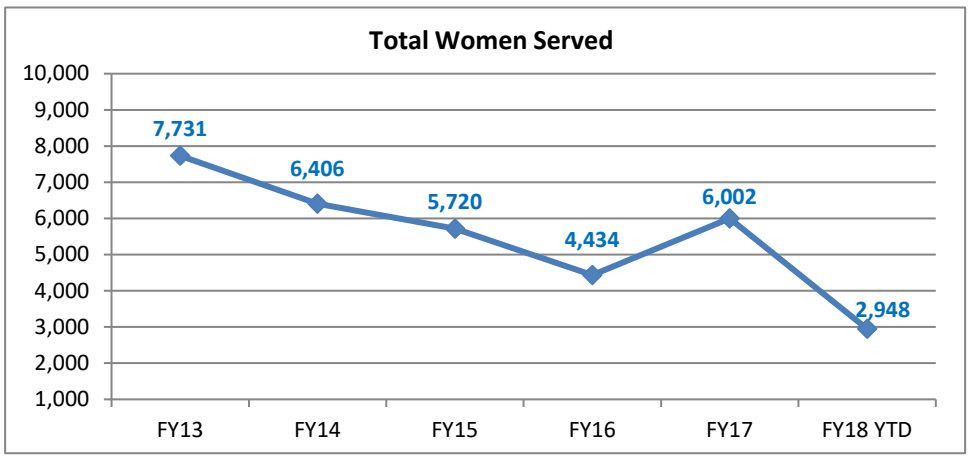
Note: For each additional person, add $4,060

**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 |
| FY18 YTD | 543 | $3,000,000 | 2,985 |

**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/

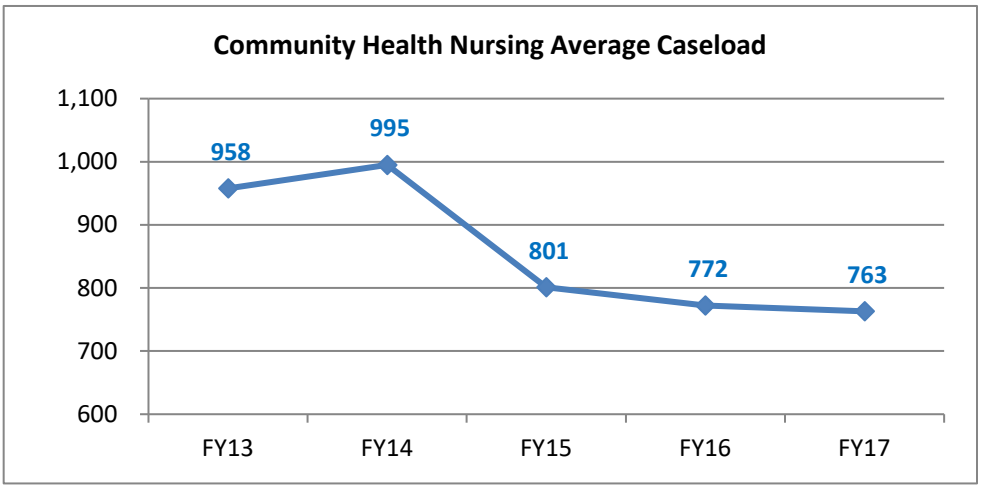
## 6.09 Community Health Nursing

**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/

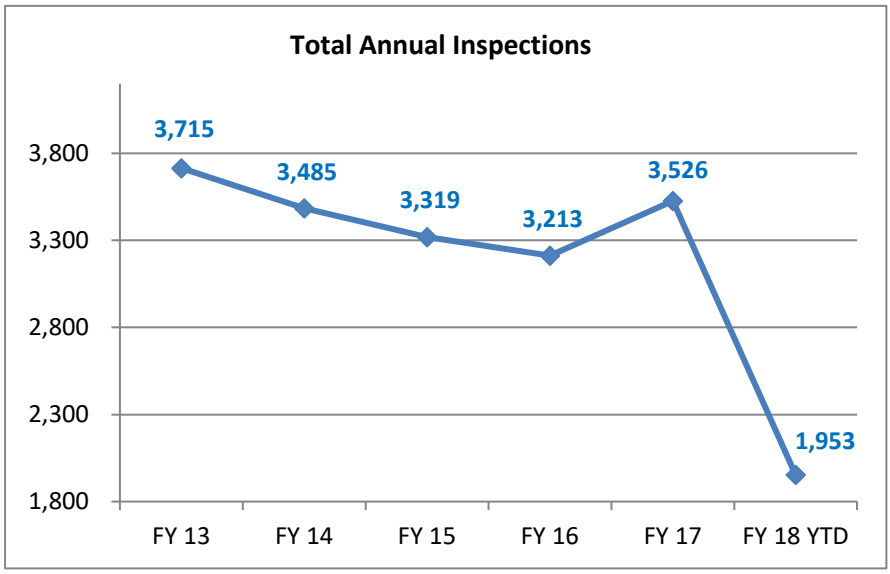
## 6.10 Environmental Health Services Program

**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**

| FY18 | Inspections |
|---|---|
| Jul 17 | 278 |
| Aug | 206 |
| Sep | 333 |
| Oct | 409 |
| Nov | 431 |
| Dec | 296 |
| Jan 18 | |
| Feb | |
| Mar | |
| Apr | |
| May | |
| Jun | |
| **FY 18 Tot** | **1,953** |
| **FY 18 Avg.** | **326** |




**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.

FY17 shows a positive increase in inspections due to efficiency and open positions being filled.

FY18 notes: August 2017 EHS conducted 159 non-mandated inspections at the Burning Man event (totals not included with mandates above)

**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.

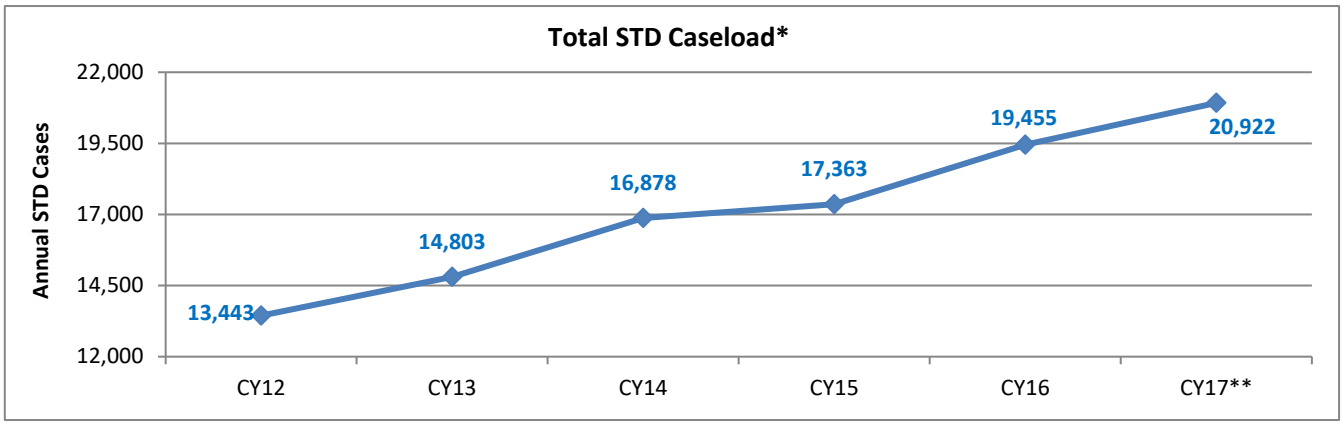
**Trends:** For CY 2017-Q1 through Q4, there were 15,117 reported chlamydia cases, 5,241 reported gonorrhea cases, and 564 reported primary and secondary (P&S) syphilis cases in Nevada, for a total of 20,922 STD cases. Comparing CY 2017 to the previous reporting year, Chlamydia cases increased by 3.1%, gonorrhea cases increased by 19.6%, and P&S syphilis cases increased by 35.6%. Overall, the total number of reported STDs (chlamydia, gonorrhea, and P&S syphilis) in Nevada increased by 7.5% from 2016 to 2017. Historically, the number of chlamydia and gonorrhea cases reported in Nevada increase minimally from year-to-year, and the number of reported P&S syphilis cases fluctuates from year-to-year.

The total number of reported **chlamydia** cases in Nevada increased from 11,666 in 2013 to 15,117 in 2017, a 29.6% increase during this five-year period. The rate of chlamydia in 2017 in Nevada was 514.97 cases per 100,000 population based on 2017 population projections from the Nevada State Demographer-vintage 2017 data. Nevada is above the national chlamydia rate of 497.3 cases per 100,000 population, as reported by the 2016 CDC STD Surveillance Report.

The total number of reported cases of **gonorrhea** in Nevada has increased from 2,700 in 2013 to 5,241 in 2017, a 94.1% increase during this five-year reporting period. The gonorrhea rate in Nevada in 2017 was 178.54 cases per 100,000 persons based on 2017 population projections from the Nevada State Demographer-vintage 2017 data. Nevada is above the national gonorrhea rate of 145.8 cases per 100,000 population, as reported by the 2016 CDC STD Surveillance Report.

The total number of reported cases of P&S **syphilis** in Nevada has increased from 204 in 2013 to 5,241 in 2017, a 176.5% increase during this five-year reporting period. The P&S syphilis rate in Nevada in 2017 was 19.21 cases per 100,000 persons based on 2017 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 137 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 = 01/01/2017-12/31/2017 data as of January 24, 2018. Counts maybe an underestimated due to reporting delays.

**Analysis of Trends:** From 2013 to 2017 there has been a 43.6% increase of reported cases during this five-year reporting period. Compared to a 47% increase of reported cases for the 2012 - 2016 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_Health_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.

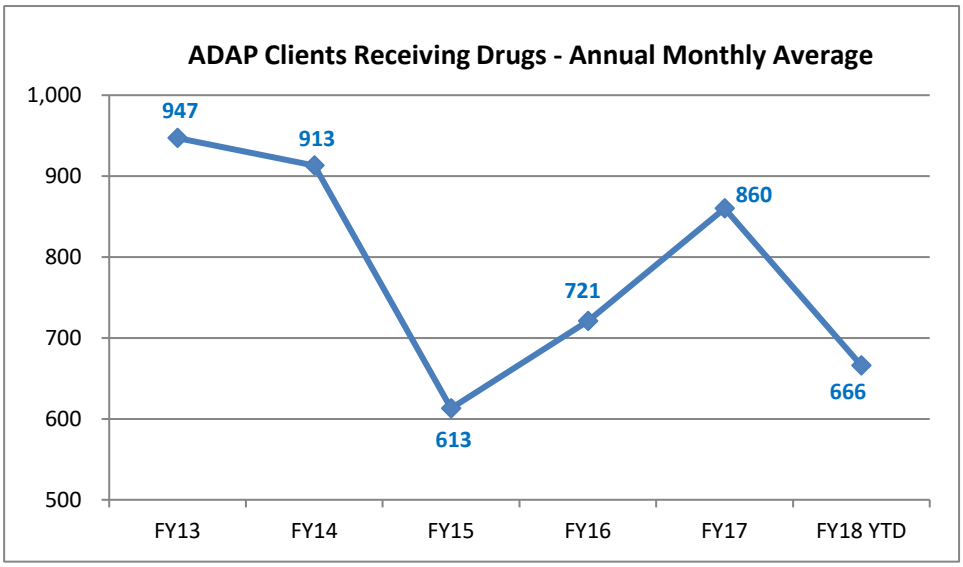
**Eligibility:** The client's household income must not exceed 400 percent of Federal Poverty Level guidelines - $47,080 for a single person. A Ryan White Part B client must live within the State of Nevada and must be recertified every six months.

**Workload History:**

| State Fiscal Year | Avg. Cases/Month | Total Expenditures |
|---|---|---|
| **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 |
| **FY18 YTD** | 666 | Not Yet Available |

**FY18:**

| | |
|---|---|
| Jul 17 | 685 |
| Aug | 594 |
| Sep | 653 |
| Oct | 690 |
| Nov | 691 |
| Dec | 685 |
| Jan 18 | |
| Feb | |
| Mar | |
| Apr | |
| May | |
| Jun | |
| **FY18 Avg.** | **666** |




**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

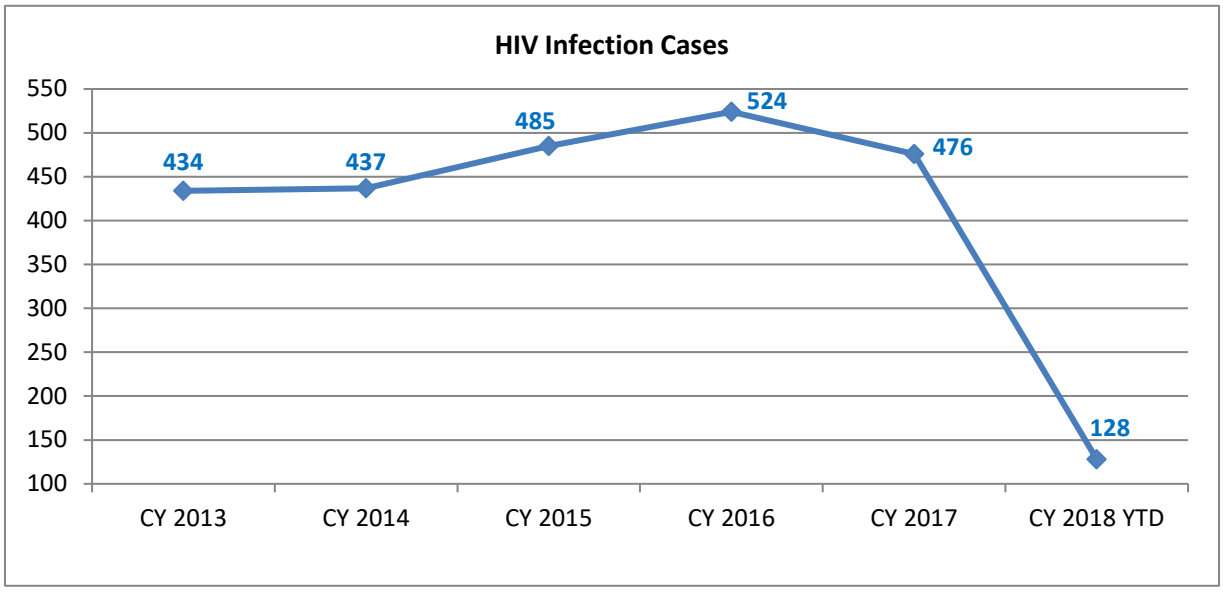
**Program:** The Human Immunodeficiency Virus (HIV) Prevention Program facilitates a process of jurisdictional HIV prevention planning. At present, the Division of Public and Behavioral Health funds Southern Nevada Health District (SNHD), Washoe County Health District (WCHD), and Carson City Health and 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 | 476 | $2,093,342 |
| 2018 YTD | 128 | $2,689,974 |




**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

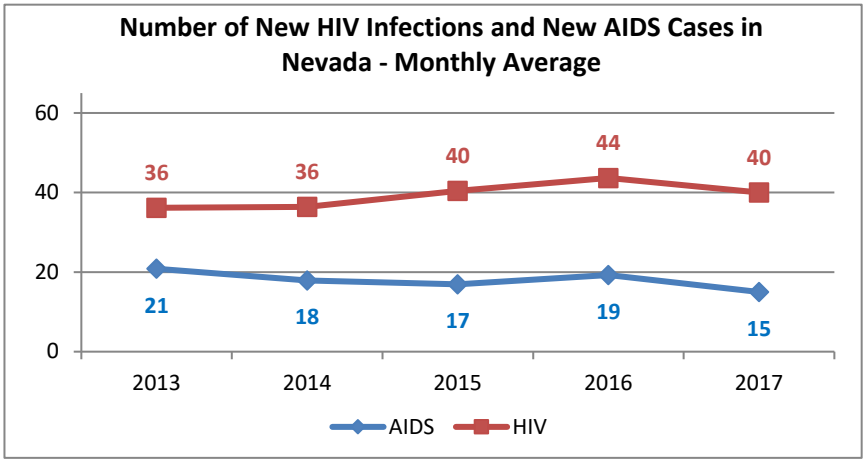
**Program:** The mission of the HIV-AIDS Surveillance Program is to work with the local health authorities and the medical community to prevent and control the transmission of the Human Immunodeficiency Virus (HIV) and the development of an annual integrated HIV/AIDS epidemiological profile; the dissemination 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 | 15 | 40 |




**Comment:** 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. Improved access to care. In 2013, Nevada's HIV Surveillance Program began receiving and processing electronic lab reports coincides with the 2016 increase of newly diagnosed HIV cases. This capacity allows for accurate real time identification of HIV cases. In conjunction with improved electronic lab reporting, the 2016 increase of identified HIV stage 3 (AIDS) cases could in part be attributed to the modification of an existing law which took effect at the end of 2015, requiring all HIV related tests to be reported.

**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.

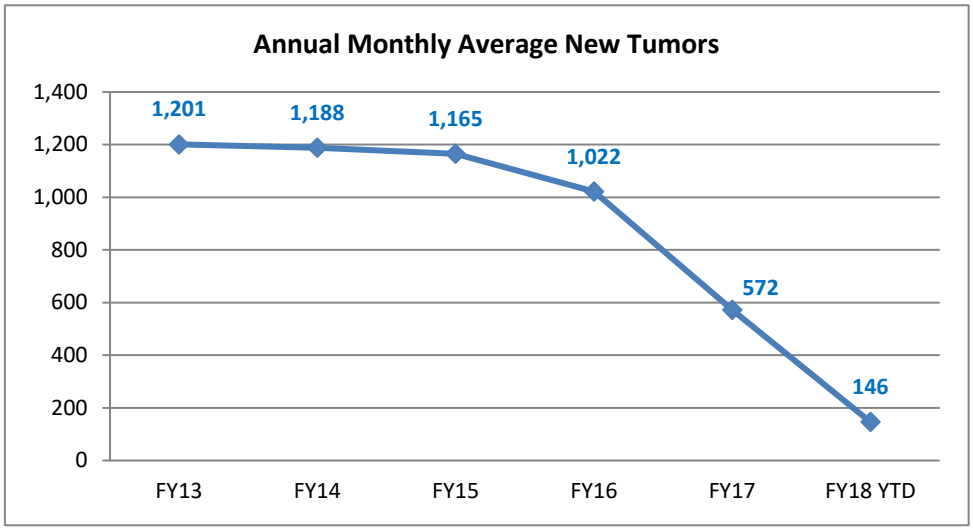
**Other:** The figures in this report reflect actual cancer (in-situ and invasive cancer) incidence data submitted annually to the Centers for Disease Control and Prevention/National Program of Cancer Registries. This submission follows a 23-month delay to capture all relevant cases.

**Workload History**

| SFY | Total Expenditures | Avg. New Tumors |
|---|---|---|
| FY13 | $459,160 | 1,201 |
| FY14 | $807, 123 | 1,188 |
| FY15 | $832, 938 | 1,165 |
| FY16 | $819,282 | 1,022 |
| FY17 | $649,650 | 572 |
| FY18 YTD | $446,287 | 146 |

**FY 18**

| Month | New Tumors |
|---|---|
| Jul-17 | 316 |
| Aug | 280 |
| Sep | 230 |
| Oct | 219 |
| Nov | 150 |
| Dec | 116 |
| Jan-18 | 2 |
| Feb | 0 |
| Mar | 0 |
| Apr | |
| May | |
| Jun | |
| **FY18 Total** | **1,311** |
| **FY18 Avg.** | **146** |

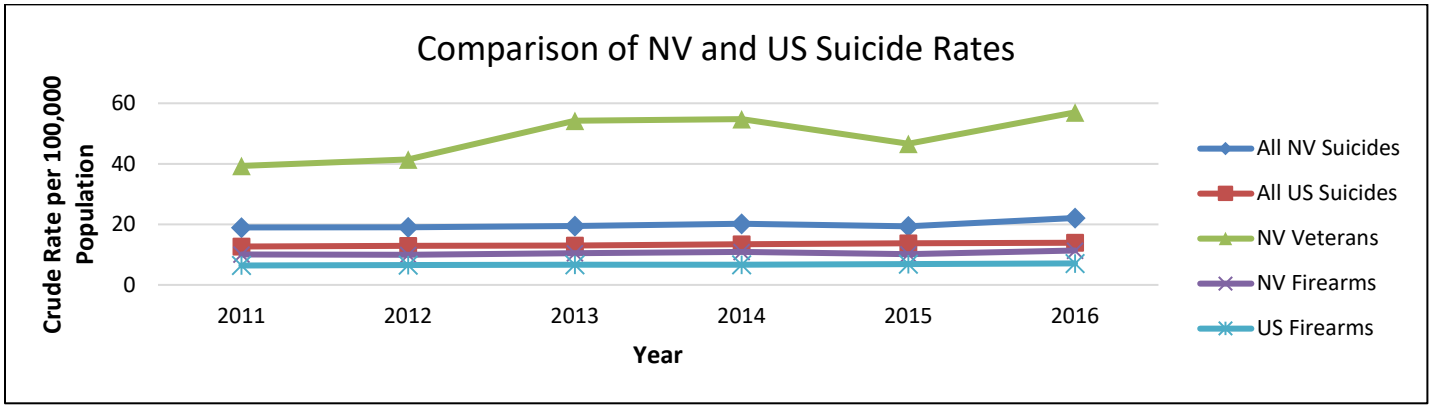



**Comment:** 1) NAC 457 regulation changes to update cancer reporting guidelines were approved by BOH and Legislative Commission.
2) NCCR received 575,000 in federal funds from the Centers of Disease Control (CDC) National Program of Cancer Registries for FY18.

**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 and education in Nevada. The Suicide Prevention Coordinator, Northern Suicide Prevention Training/Outreach Facilitator, Youth Mental Health First Aid (YMHFA) Coordinator, along with the Suicide Prevention and YMHFA Assistants are located, in Carson City. The Southern Suicide Prevention Training/Outreach Facilitator and YMHFA Assistant are located in Las Vegas. This team is responsible for the development, implementation, and evaluation of the 2017 Nevada Suicide Prevention Plan. A major initiative is following up on the Veterans' Suicide Mortality and US, Department of Veterans Affairs suicide reports through collaboration with Nevada National Guard, the Nevada Substance Abuse Prevention and Treatment Agency (SAPTA), the Governor's Office, and the Nevada Department of Veterans Services, to prevent suicides among service members, veterans, and families. Collaboration for awareness, prevention, and intervention is occurring in all regions of the state. With strong partnership in local coalitions, school districts, and the Nevada Coalition for Suicide Prevention. Some of our most successful initiatives are with partners in Signs of Suicide middle/high school suicide awareness curriculum and screening programs statewide, GateKeeper, Suicide Alertness for Everyone, and Applied Suicide Intervention Skills Trainings. NOSP is staff to Nevada's Committee to Review Suicide Fatalities which makes statewide recommendations. 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 education 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 has coordinated the statewide YMHFA training efforts.




**Comments/Facts about Suicide:**

- Based on 2016, Nevada went from 2nd in 2005 to 5th highest suicide rate in the nation up from 11th in 2015.*
- Nevada has a suicide rate of 22.1/100,000 compared to the national rate of 13.8 for 2016.*
- Suicide is the 7th (8th/2015) leading cause of death for Nevadans and 10th leading cause of death for the US.*
- Suicide is the 1st leading cause of death for NV youth and is the 2nd leading cause of death in the US ages 8-17.*
- Suicide is the 2nd leading cause of death for NV age 18-48 and is the 4th leading cause of death in the US, 18-48 *
- Males make up 77.23 percent of suicide fatalities in the U.S., 75 percent in Nevada down from 77 in 2015.*
- Historically NV has the highest suicide rate (37.63) for seniors 65+ in USA, over double the national rate (16.66).**
- Historically more Nevadans die by suicide than by all homicides (211)/motor vehicle accidents (359) combined.**
- Historically Native Americans have the highest suicide rate among ages 6 to 24, US rate 11.77 and Nevada 9.13.**
- Historically (10 yrs) 70.8% of Nevada's firearm deaths are suicides/guns are used in 53.9% of NV suicides.**
- 2014 Veterans were 18% of US suicides, in NV 08-15 21.2%, 21.8% in 2014, 18.63% in 2015, down from 24.4% in 2008. ****
- 1999-2014 the US has increased 24% in its rate, NV reduced its rate a half point and the only state to reduce.*****
- In 2016 our state potentially lost 11,446 years of human life from its residents ages under 65 taking their lives.*

*Source: 2016 Center for Disease Control (CDC), Web-based Injury Statistics Query/Reporting System
**Source: 2007-2016, 2016 Nevada Suicides, CDC, Web-based Injury Statistics Query and Reporting System, 2016 numbers
***Source: National Center for Health Statistics, National Vital Statistics System 2017
****Source: U.S. Departments of Veterans Affairs on Suicides 2001-2014, 3 August 2016 with Nevada State Data
*****Source: Increase in Suicide Rate in the United States, 1999-2014, CDC April 2014

**Website:** www.suicideprevention.nv.gov

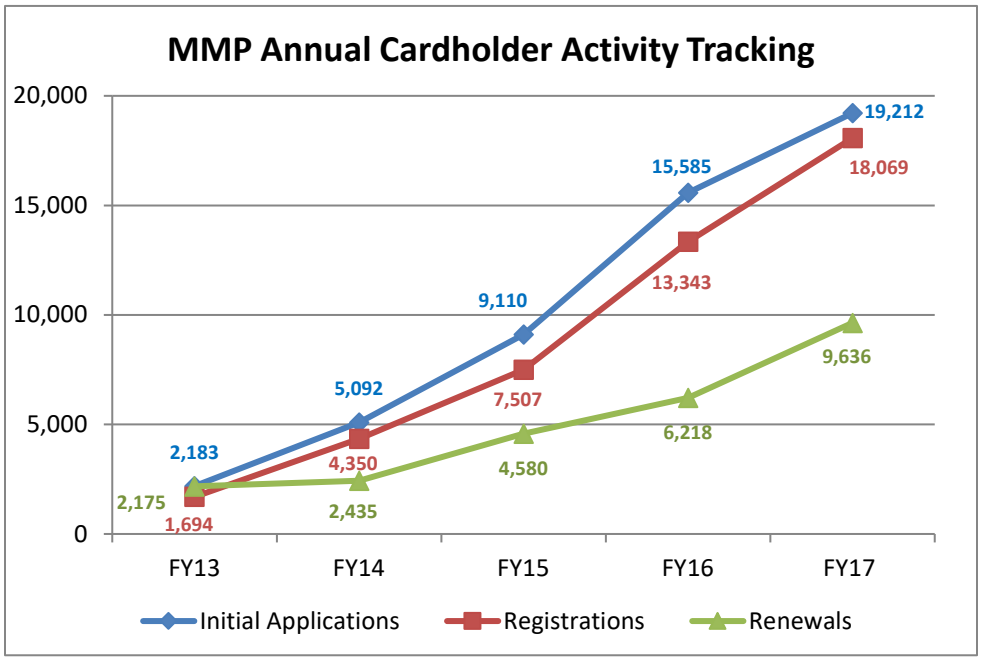
## 6.17 Medical Marijuana Cardholders

**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 | 15,585 | 13,343 | 6,218 |
| FY17 | 19,212 | 18,069 | 9,636 |

| FY17: | Cardholder Processing |
|---|---|
| Jul 16 | 2,864 |
| Aug | 3,184 |
| Sep | 5,217 |
| Oct | 3,423 |
| Nov | 3,285 |
| Dec | 2,782 |
| Jan 17 | 3,417 |
| Feb | 4,587 |
| Mar | 5,527 |
| Apr | 4,419 |
| May | 4,355 |
| Jun | 3,857 |
| **FY17 Total** | **46,917** |
| **FY17 Avg.** | **3,072** |




**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

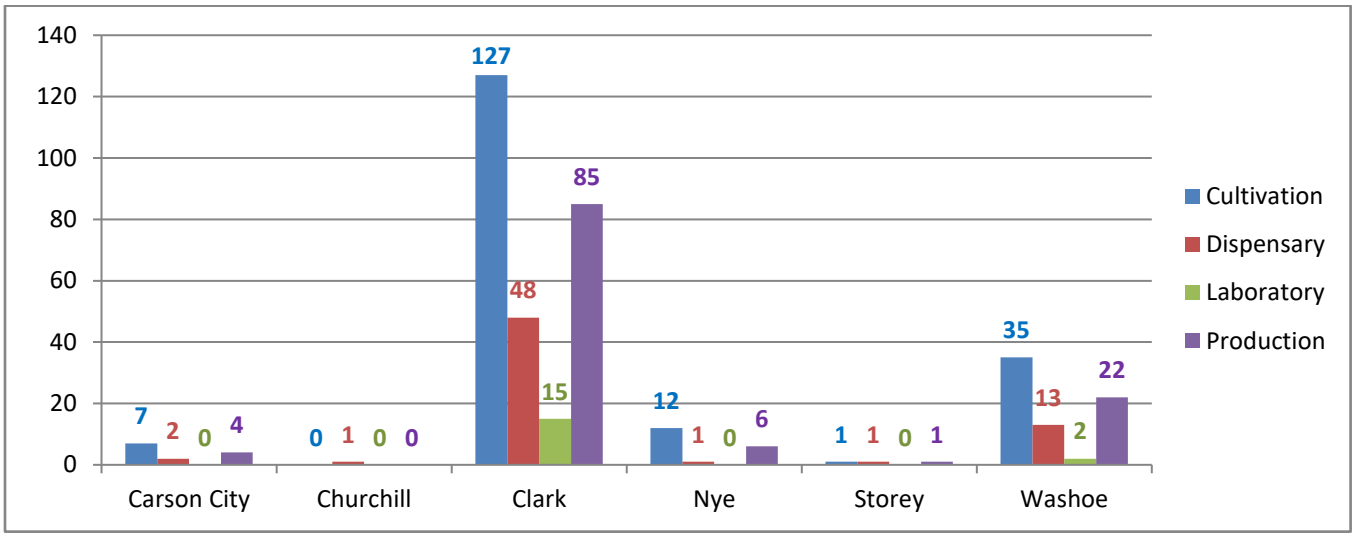
**Program:** The Nevada Medical Marijuana Program is a state registry and licensing program within the Nevada Department of Health and Human Services, Division of Public and Behavioral Health. The role of the program is to administer the provisions of the Medical Use of Marijuana law as defined in NRS 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).

**Treatment History:**

| SFY | Admissions | Total Expenditures |
|---|---|---|
| FY11 | 11,190 | $17,282,217 |
| FY12 | 11,503 | $16,948,678 |
| FY13 | 11,907 | $15,237,284 |
| FY14 | 9,716 | $12,806,806 |
| FY15 | 8,715 | $11,703,634 |
| FY16 Q1 | 1,754 | $905,583 |
| FY16 Q2 | 947 | $2,165,492 |
| FY16 Q3 | 1,764 | |

**Comments:** Total expenditures include payments to providers for the following services: Treatment (adult and adolescent), HIV, TB, Women's set-aside, Co-occurring, Marijuana Registry, and Liquor Tax. The year-to-date numbers reported for expenditures are from DAWN as of 07/1/15 representing approximately a one month lag in fiscal reporting.

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.

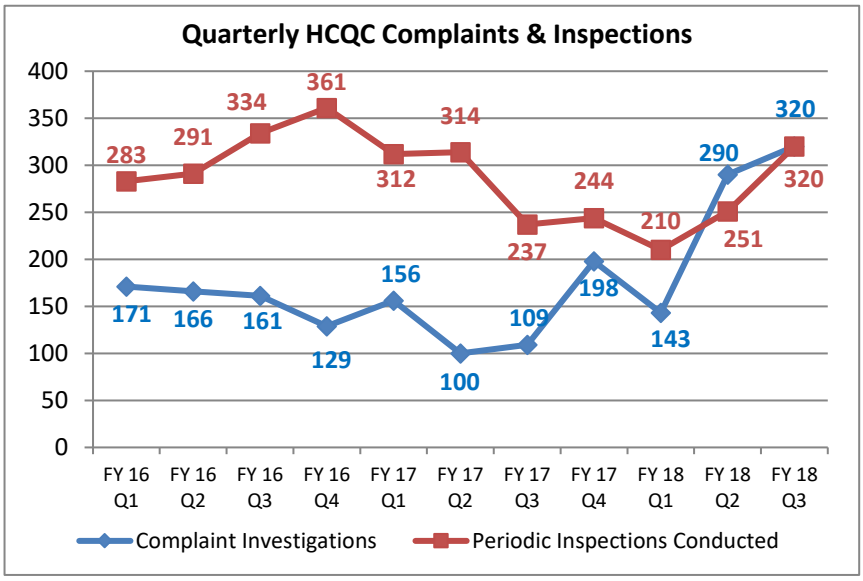
**Authority:** NRS Chapter 449, NRS Chapter 652, NRS Chapter 640D and NRS Chapter 640E addresses licensing, certification, permits, complaint investigations and periodic inspection criteria for Health Facilities (449), Medical Laboratories and Personnel (652), Music Therapists (640D) and Dietitians (640E).

**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 18 Q1 | 653 | 1,968 | 789 |

| FY 18 | Complaint Investigations | Periodic Inspections Conducted |
|---|---|---|
| Jul 17 | 44 | 69 |
| Aug | 71 | 79 |
| Sep | 114 | 62 |
| Oct | 100 | 91 |
| Nov | 84 | 81 |
| Dec | 106 | 79 |
| Jan 18 | 131 | 105 |
| Feb | 89 | 98 |
| Mar | 100 | 117 |
| Apr | | |
| May | | |
| Jun | | |
| **FY 18 Total** | **839** | **781** |
| **FY 18 Avg.** | **93** | **87** |




**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 periodic inspections is different depending on the facility type and are either found in NRS, NAC, agency policy or CMS's mission priority document. Complaints are triaged and assigned a priority based on the allegations; investigations are then scheduled based on priority and availability of resources.

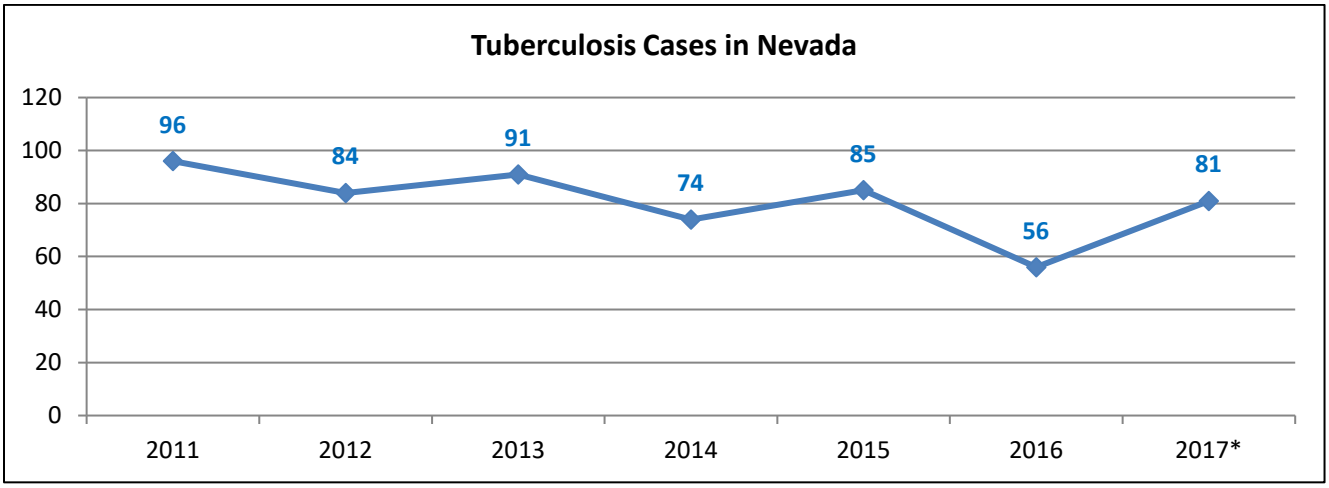
**Website:** http://dpbh.nv.gov/Reg/Health_Laboratory_and_Child_Care_Licensure/

## 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: reducing TB incidence by the aggressive management of newly diagnosed cases and extensive preventative measures to identify and treat those infected with TB. In 2017, Nevada had 80 reported verified cases of TB; the previous two-year counts were 55, in 2016, and 85, in 2015. Focusing on prevention, the State TB Program in Nevada is undertaking the challenge of controlling TB incidence in the increasing number of non-U.S.-born individuals who come to the United States, particularly, Nevada. These non-U.S.-born individuals are often infected with M. tuberculosis, a condition that may reactivate and progress into active TB disease. In 2017, 79% of cases were non-U.S.-born individuals, an increase from 71% in 2016. To assist with the prevention of reactivation into active TB in this high risk population, the State of Nevada TB Program performed several outreach activities in 2017, and it has several initiatives planned for 2018.




*CY17 data includes the time period of 01/01/2017 - 12/31/2017. Information taken from NBS and reflects data pulled up to 1/18/2018.

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

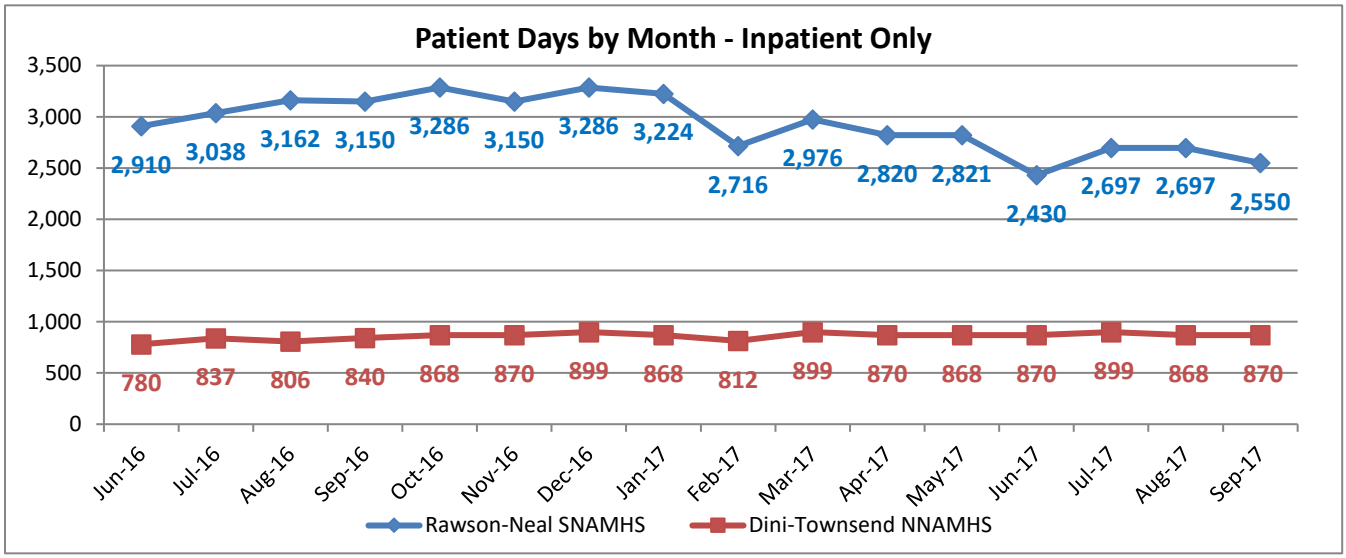
## 6.22 Civil Behavioral Health Services

**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.

**YTD:**

| Month | State Total | Rawson Neal | Dini Townsend |
|---|---|---|---|
| Oct 16 | 4,154 | 3,286 | 868 |
| Nov | 4,020 | 2,150 | 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.** | **3,796** | **2,934** | **863** |
| Jul 17 | 3,596 | 2,697 | 899 |
| Aug | 3,565 | 2,697 | 868 |
| Sep | 3,420 | 2,550 | 870 |




**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.

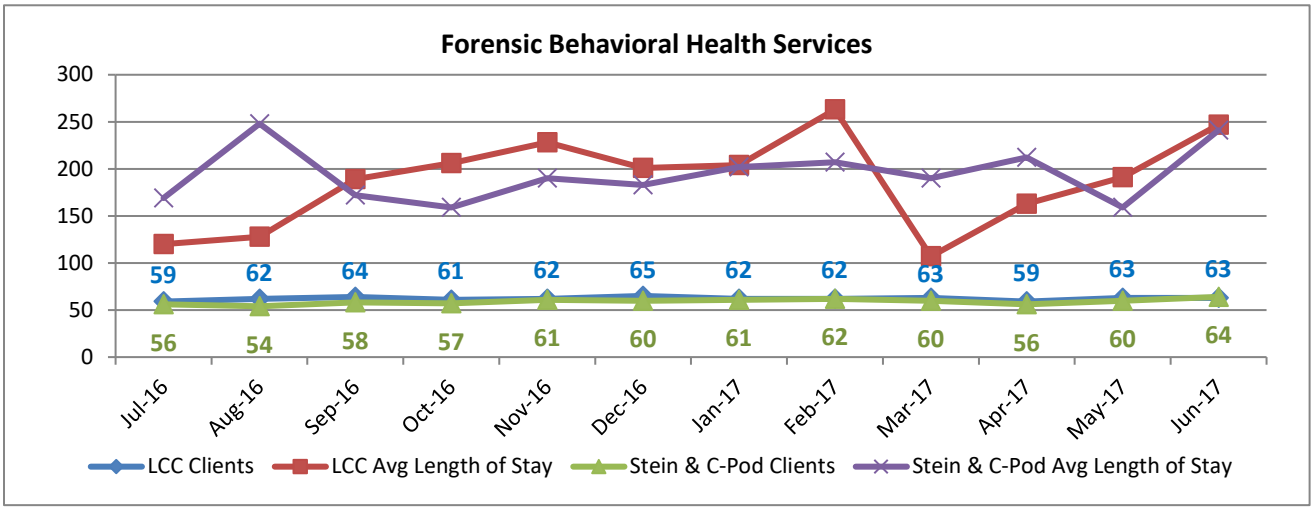
Mental Health Court is a collaboration between the Mental Health and Criminal Justice systems. This program provides opportunity for people with misdemeanor and minor felony criminal charges who would benefit from psychiatric treatment to be diverted from the standard criminal justice system if they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

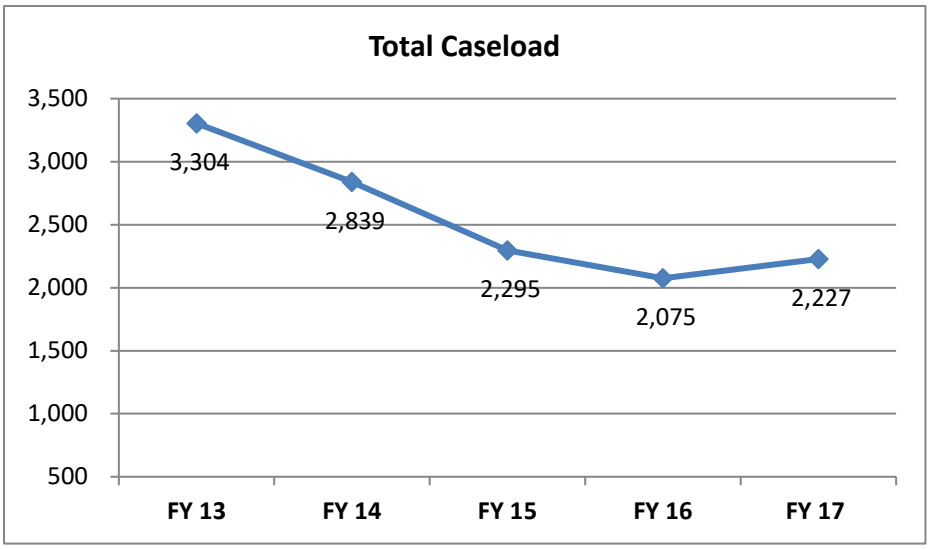
## 7.01 Public Defender

**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 2015 it 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% | 9% | 14% | 13% | 14% | 12% | 9% | 5% |
| **United States** | 6% | 17% | 10% | 14% | 13% | 14% | 13% | 8% | 6% |

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

| Enrollment by School District | 2013-14 School Year | | 2014-15 School Year | | 2015-16 School Year | | 2016-17 School Year | | 2017-18 School Year | |
|---|---|---|---|---|---|---|---|---|---|---|
| | # of students | % change | # of students | % change | # of students | % change | # of students | % change | # of students | % change |
| **Carson City** | 7,525 | -1% | 7,586 | 1% | 7,833 | 3% | 8,093 | 3% | 8,184 | 1% |
| **Churchill** | 3,675 | -2% | 3,488 | -5% | 3,273 | -7% | 3,196 | -2% | 3,424 | 7% |
| **Clark** | 314,643 | 1% | 318,040 | 1% | 325,990 | 2% | 326,952 | 0% | 334,900 | 2% |
| **Douglas** | 6,121 | 0% | 6,054 | -1% | 6,041 | 0% | 5,932 | -2% | 5,813 | -2% |
| **Elko** | 9,945 | 0% | 9,859 | -1% | 10,149 | 3% | 9,911 | -2% | 9,935 | 0% |
| **Esmeralda** | 78 | 16% | 74 | -5% | 78 | 5% | 75 | -4% | 73 | -3% |
| **Eureka** | 246 | -9% | 247 | 0% | 259 | 5% | 276 | 6% | 291 | 5% |
| **Humboldt** | 3,517 | 0% | 3,473 | -1% | 3,487 | 0% | 3,399 | -3% | 3,584 | 5% |
| **Lander** | 1,121 | 2% | 1,049 | -6% | 1,001 | -5% | 1,004 | 0% | 1,027 | 2% |
| **Lincoln** | 973 | 0% | 996 | 2% | 1,006 | 1% | 1,085 | 7% | 1,107 | 2% |
| **Lyon** | 8,104 | 0% | 8,082 | 0% | 8,129 | 1% | 8,348 | 3% | 8,986 | 7% |
| **Mineral** | 459 | -8% | 475 | 3% | 505 | 6% | 518 | 3% | 587 | 12% |
| **Nye** | 5,214 | -3% | 5,167 | -1% | 5,071 | -2% | 5,037 | -1% | 5,442 | 7% |
| **Pershing** | 710 | 0% | 692 | -3% | 649 | -7% | 627 | -4% | 700 | 10% |
| **Storey** | 398 | -4% | 401 | 1% | 411 | 2% | 425 | 3% | 443 | 4% |
| **Washoe** | 62,986 | 1% | 63,108 | 0% | 66,504 | 5% | 66,671 | 0% | 67,569 | 1% |
| **White Pine** | 1,334 | -6% | 1,250 | -6% | 1,237 | -1% | 1,390 | 11% | 1,955 | 29% |
| **Charter Schools** | 24,756 | 11% | 29,111 | 18% | 25,748 | -13% | 30,756 | 16% | 38,396 | 20% |
| **Total** | 451,805 | 1% | 459,152 | 2% | 467,371 | 2% | 473,695 | 1% | 492,416 | 4% |

- 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% | 28% | 8% | 8% | 1% | 4% |
| United States | 62% | 17% | 12% | 5% | 1% | 2% |

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

| Minority Population | | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Nevada | % | 41% | 42% | 43% | 44% | 46% | 47% | 47% | 48% | 49% | 49% | 49% |
| United States | % | 34% | 34% | 34% | 35% | 36% | 37% | 37% | 38% | 38% | 38% | 38% |

## Economy

- In 2017, Nevada's **personal income per capita** was $44,626 ranking 33rd among states (38th in 2013, 37th in 2014, 32nd in 2015, and 33rd in 2016). The per capita income for the U.S. as a whole was $50,392. The U.S. average is 13 percent higher than Nevada (13 percent in 2016 and 12 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 2nd in the largest drop in unemployment rate among all 50 states. Nevada had the 11th highest **unemployment rate level** in the country in 2017. 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 | | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Nevada | % | 6.7% | 11.3% | 13.5% | 13.0% | 11.2% | 9.6% | 7.9% | 6.8% | 5.7% | 5.0% | |
| | Rank | 45 | 49 | 50 | 50 | 50 | 50 | 50 | 50 | 43 | 44 | ▼ |
| United States | % | 5.8% | 9.3% | 9.6% | 8.9% | 8.1% | 7.4% | 6.2% | 5.3% | 4.9% | 4.4% | |

- 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 | | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Nevada | % | 6.7% | 11.3% | 13.5% | 13.0% | 11.2% | 9.6% | 7.9% | 6.8% | 5.7% | 5.0% | |
| | Rank | 45 | 49 | 50 | 50 | 50 | 50 | 50 | 50 | 43 | 44 | ▼ |
| United States | % | 5.8% | 9.3% | 9.6% | 8.9% | 8.1% | 7.4% | 6.2% | 5.3% | 4.9% | 4.4% | |

- 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 | | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Nevada | % | 69.0 | 67.5 | 65.9 | 65.5 | 64.6 | 63.8 | 63.3 | 62.9 | 62.3 | 62.3 | |
| | Rank | 15 | 18 | 24 | 23 | 24 | 25 | 27 | 27 | 34 | 35 | ▼ |
| United States | % | 66.0 | 65.4 | 64.7 | 64.1 | 63.7 | 63.3 | 62.9 | 62.7 | 62.8 | 62.8 | |

## Poverty

- The 2018 US Department of Health and Human Services **Poverty Income Guidelines** for one person at 100 percent of poverty is $12,140 per year, and $25,100 for a family of four. *(U.S Department of Health and Human Services; https://aspe.hhs.gov/poverty-guidelines)*

- 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%) | | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Nevada | % | 11% | 11% | 12% | 15% | 16% | 16% | 16% | 15% | 15% | 15% | |
| | Rank | 14 | 15 | 20 | 27 | 28 | 32 | 27 | 26 | 28 | 27 | ▲ |
| United States | % | 13% | 13% | 15% | 15% | 16% | 16% | 16% | 15% | 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%) | | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Nevada | % | 15% | 15% | 15% | 22% | 22% | 24% | 23% | 22% | 21% | 21% | |
| | Rank | 17 | 15 | 19 | 32 | 29 | 34 | 31 | 31 | 31 | 31 | = |
| United States | % | 18% | 18% | 19% | 22% | 22% | 23% | 22% | 22% | 20% | 21% | |

- 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 | | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | |
|---|---|---|---|---|---|---|---|---|---|---|
| Nevada | % | 24% | 26% | 26% | 27% | 28% | 29% | 28% | 28% | |
| | Rank | 6 | 8 | 8 | 10 | 10 | 10 | 10 | 11 | ▼ |
| United States | % | 31% | 32% | 32% | 33% | 33% | 33% | 33% | 32% | |

- 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 | 2016 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Nevada | % | 7% | 9% | 8% | 8% | 9% | 8% | 9% | 8% | 8% | 8% | |
| | Rank | 6 | 19 | 9 | 16 | 31 | 22 | 23 | 21 | 26 | 24 | ▲ |
| United States | % | 10% | 10% | 10% | 9% | 9% | 10% | 10% | 10% | 9% | 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%) | | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 |
|---|---|---|---|---|---|---|---|---|---|---|
| Nevada | Females % | 9% | 8% | 9% | 9% | 9% | 9% | 9% | 9% | 9% |
| | Males % | 7% | 6% | 7% | 7% | 7% | 7% | 7% | 7% | 7% |
| United States | Females % | 11% | 11% | 10% | 11% | 11% | 11% | 11% | 11% | 11% |
| | Males % | 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 2016, Nevada had 664,632 **children under 18**, and 290,523 **families with related children less than 18 years old**. *(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 | | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Nevada | % | 26% | 26% | 26% | 25% | 24% | 24% | 24% | 23% | 23% | 23% | |
| | Rank | 10 | 10 | 7 | 16 | 16 | 16 | 18 | 21 | 20 | 21 | ▼ |
| United States | % | 25% | 25% | 24% | 24% | 24% | 24% | 23% | 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 | 2016 | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Nevada | % | 26% | 34% | 36% | 34% | 34% | 34% | 32% | 32% | 30% | |
| | Rank | 21 | 38 | 39 | 35 | 38 | 41 | 40 | 43 | 33 | ▲ |
| United States | % | 27% | 31% | 33% | 32% | 31% | 31% | 30% | 29% | 28% | |

- Nevada's share of **low-income working families with children** (income less than 200 percent of the federal poverty level) is higher than the national average. *(Kids Count)*

| Low-income working families with children | | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Nevada | % | 20% | 21% | 21% | 26% | 26% | 24% | 26% | 25% | 24% | |
| | Rank | 25 | 28 | 26 | 43 | 43 | 37 | 41 | 41 | 38 | ▲ |
| United States | % | 20% | 20% | 21% | 22% | 22% | 22% | 23% | 22% | 22% | |

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

| Children in Single Parent Families | | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Nevada | % | 33% | 33% | 35% | 36% | 36% | 39% | 37% | 39% | 39% | 38% | |
| | Rank | 31 | 29 | 34 | 35 | 31 | 42 | 35 | 40 | 42 | 38 | ▲ |
| United States | % | 32% | 32% | 34% | 34% | 35% | 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 higher than the national average in Vision or Hearing, Ambulatory and Self-Care and lower in cognitive. *(U.S. Census, American Community Survey, 2016)*

| Population Younger than 18, by Type of Disability | | Vision or Hearing | Ambulatory | Cognitive | Self-Care |
|---|---|---|---|---|---|
| Nevada | # per 1,000 | 26 | 7 | 27 | 8 |
| | Rank | 1 | 2 | 37 | 6 |
| United States | # per 1,000 | 13 | 5 | 30 | 7 |

## 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 Victims | | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Nevada | Total | 4,877 | 4,708 | 4,947 | 5,331 | 5,437 | 5,438 | 4,589 | 4,953 | 4,891 | |
| | Rank | 16 | 15 | 18 | 19 of 49 | 20 | 20 | 17 | 18 | 18 | = |
| | # per 1000 | 7.2 | 6.9 | 7.4 | 8.1 | 8.2 | 8.2 | 6.9 | 7.5 | 7.4 | ▼ |
| United States | # per 1000 | 10.1 | 10.0 | 10.0 | 8.8 | 8.9 | 8.9 | 9.2 | 9.3 | 9.1 | |

- **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 | | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Nevada | # per 100,000 | 3.2 | 2.6 | 4.3 | 2.2 | 2.9 | 2.7 | 1.7 | 2.1 | 1.9 | 1.9 | |
| | Rank | 39 | 35 | 47 | 33 | 41 | 37 | 24 | 21 | 23 | 20 | ▲ |
| States Reporting | | 49 | 49 | 47 | 50 | 49 | 47 | 48 | 48 | 47 | 49 | |
| United States | # per 100,000 | 2.3 | 2.3 | 2.3 | 2.1 | 2.1 | 2.2 | 2.0 | 2.1 | 2.3 | 2.4 | |

- **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 | 2015 | 2016 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Nevada | Hours | 33 | 26 | 15 | 13 | 13 | 15 | 12 | 16 | 17 | 19 | |
| | Rank | 7 | 7 | 4 | 4 | 2 | 2 | 2 | 2 | 5 | 4 | ▲ |
| States Reporting | | 30 | 35 | 38 | 36 | 33 | 34 | 37 | 37 | 39 | 37 | |
| United States | Hours | 80 | 79 | 69 | 78 | 71 | 70 | 67 | 76 | 79 | 72 | |

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

| Average Number of Days to Initiation of Services | | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Nevada | Days | 63 | 60 | 57 | 46 | 46 | 45 | 45 | 45 | 46 | 39 | |
| | Rank | 34 | 32 | 33 | 28 | 20 | 26 | 31 | 24 | 26 | 19 | ▲ |
| States Reporting | | 40 | 42 | 43 | 44 | 38 | 44 | 44 | 39 | 43 | 44 | |
| United States | Days | 40 | 41 | 40 | 41 | 48 | 47 | 41 | 49 | 47 | 47 | |

- 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+ | | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Nevada | % | 11% | 11% | 11% | 12% | 12% | 12% | 13% | 13% | 14% | 14% | |
| | Rank | 44 | 44 | 44 | 44 | 44 | 44 | 42 | 40 | 38 | 38 | = |
| United States | % | 12% | 12% | 13% | 13% | 13% | 13% | 13% | 14% | 14% | 15% | |

- 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 | 2016 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Nevada | % | 7% | 9% | 8% | 8% | 9% | 8% | 9% | 8% | 8% | 8% | |
| | Rank | 6 | 19 | 9 | 16 | 31 | 22 | 23 | 21 | 26 | 24 | ▲ |
| United States | % | 10% | 10% | 10% | 9% | 9% | 10% | 10% | 10% | 9% | 9% | |

- In 2016, 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 lower than the national average for the primary disabilities. *(U.S. Census, American Community Survey)*

| Population Age 65+, by Type of Disability | | Vision or Hearing | Ambulatory | Cognitive | Self-Care | Independent Living Difficulty |
|---|---|---|---|---|---|---|
| Nevada | # per 1,000 | 226 | 222 | 85 | 74 | 129 |
| | Rank | 18 | 23 | 24 | 31 | 36 |
| United States | # per 1,000 | 212 | 225 | 89 | 81 | 146 |

- 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 2016, 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% | 14% | 36% |
| | Rank | 24 | 23 | 31 | 29 |
| United States | % | 5% | 6% | 13% | 36% |

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

| Disabled Population | | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Nevada | # per 1,000 | 100 | 101 | 106 | 113 | 108 | 115 | 121 | 126 | 130 | |
| | Rank | 5 | 8 | 11 | 16 | 12 | 18 | 23 | 26 | 27 | ▼ |
| United States | # per 1,000 | 121 | 120 | 119 | 121 | 120 | 121 | 123 | 124 | 125 | |

- Nevada's **spending on developmental services** in 2015 fell below the national average. *(State of the States in Developmental Disabilities, 2015)*

| Developmental Services Spending per $1,000 of Personal Income | Community/Family Services | Institutional Services | Total |
|---|---|---|---|
| Nevada | $1.45 | $0.12 | $1.57 |
| United States | $3.81 | $0.49 | $4.30 |

- 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 2017. *(Kids Count)*

| Kids Count Overall Rank | | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Nevada | Rank | 36 | 39 | 36 | 40 | 48 | 48 | 48 | 47 | 47 | 47 | = |

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

| Low Birth Weight Babies | | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Nevada | % | 8% | 8% | 8% | 8% | 8% | 8% | 8% | 8% | 8% | 9% | |
| | Rank | 22 | 23 | 23 | 29 | 24 | 23 | 23 | 23 | 32 | 32 | = |
| 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 less than the national average. *(United Health Foundation, America's Health Rankings)*

| Infant Mortality | | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Nevada | # per 1,000 | 6 | 6 | 6 | 6 | 6 | 6 | 5 | 5 | 6 | 5 | |
| | Rank | 17 | 16 | 19 | 12 | 15 | 18 | 18 | 13 | 16 | 18 | ▼ |
| United States | # per 1,000 | 7 | 7 | 7 | 7 | 6 | 6 | 6 | 6 | 6 | 6 | |

- Nevada's **child death rate** (deaths of children aged 1 to 14 years, from all causes, per 100,000 children in this age range) runs higher than the national average. *(Kids Count)*

| Child Deaths | | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Nevada | Rate per 100,000 | 22 | 18 | 17 | 18 | 18 | 16 | 17 | 15 | 21 | 20 | |
| | Rank | 34 | 20 | 20 | 26 | 24 | 18 | 20 | 17 | 37 | 34 | = |
| United States | Rate per 100,000 | 19 | 18 | 18 | 17 | 17 | 16 | 16 | 16 | 16 | 17 | |

- 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 | | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Nevada | # of Days | 3.7 | 3.5 | 3.6 | 3.8 | 3.9 | 4.2 | 3.6 | 3.7 | 4.0 | 4.4 | |
| | Rank | 36 | 28 | 30 | 36 | 25 | 34 | 15 | 22 | 30 | 39 | ▼ |
| United States | # of Days | 3.6 | 3.6 | 3.6 | 3.6 | 3.9 | 3.9 | 3.9 | 3.8 | 3.8 | 3.8 | |

- 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 | | 2013 | 2014 | 2015 | 2016 | 2017 | |
|---|---|---|---|---|---|---|---|
| Nevada | # of Vegetables | 0.8 | 2.0 | 2.0 | 2.1 | 2.1 | |
| | Rank | 38 | 7 | 7 | 3 | 3 | = |
| United States | # of Vegetables | 0.8 | 1.9 | 1.9 | 1.9 | 1.9 | |

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

| Daily Fruits | | 2013 | 2014 | 2015 | 2016 | 2017 | |
|---|---|---|---|---|---|---|---|
| Nevada | # of Fruits | 1.0 | 1.4 | 1.4 | 1.4 | 1.4 | |
| | Rank | 19 | 14 | 14 | 13 | 13 | = |
| United States | # of Fruits | 1.0 | 1.4 | 1.4 | 1.3 | 1.3 | |

- The percent of adults that report participating in **physical activities** during the previous month is slightly lower for Nevada than the national average in 2017. *(United Health Foundation, America's Health Rankings)*

| Physical Activity | | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Nevada | % | 76% | 72% | 76% | 77% | 76% | 79% | 76% | 78% | 75% | 75% | |
| | Rank | 35 | 38 | 30 | 20 | 17 | 18 | 14 | 23 | 18 | 18 | = |
| United States | % | 77% | 75% | 76% | 76% | 74% | 77% | 75% | 77% | 74% | 77% | |

- Percentage of Nevada adults who are **current smokers** (reported smoking at least 100 cigarettes in their lifetime and currently smoke every or some days) is approximately equal to the national average. *(Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System)*

| Adults Who Are Current Smokers | | 2008 | 2009 | 2010 | 2011 | 2012 | 2013* | 2014 | 2015 | 2016 | 2017 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Nevada | % | 22% | 22% | 21% | 23% | 23% | 18% | 19% | 17% | 18% | 17% | |
| | Rank | 42 | 41 | 42 | 35 | 34 | 27 | 27 | 18 | 25 | 20 | = |
| United States | % | 20% | 18% | 18% | 17% | 21% | 20% | 19% | 18% | 18% | 17% | |

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

| Binge Drinking | | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Nevada | % | 16% | 18% | 18% | 17% | 19% | 15% | 15% | 16% | 14% | 16% | |
| | Rank | 32 | 41 | 42 | 38 | 28 | 13 | 17 | 26 | 11 | 15 | ▼ |
| United States | % | 16% | 16% | 16% | 16% | 18% | 17% | 17% | 16% | 16% | 17% | |

- During the years of 2015-2016, approximately ten percent of Nevadans participated in illicit drug use which is approximately equal to the national average. *(SAMHSA, Substance Abuse and Mental Health Services Administration)*

| Illicit Drug Use in the Past Month | | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015-2016 | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Nevada | % | 9% | 9% | 10% | 10% | 10% | 11% | 11% | 10% | 10% | |
| | Rank | 35 | 41 | 41 | 36 | 38 | 42 | 36 | 31 | | |
| United States | % | 8% | 8% | 8% | 9% | 9% | 9% | 9% | 10% | 10% | |

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

| Obesity | | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Nevada | % | 26% | 26% | 23% | 23% | 26% | 26% | 26% | 28% | 27% | 26% | |
| | Rank | 19 | 21 | 5 | 4 | 17 | 11 | 11 | 16 | 15 | 8 | ▲ |
| United States | % | 27% | 27% | 27% | 28% | 28% | 29% | 29% | 30% | 30% | 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 approximately equal to the national average. *(United Health Foundation, America's Health Rankings)*

| Diabetes | | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Nevada | % | 8% | 9% | 8% | 9% | 10% | 9% | 10% | 10% | 10% | 11% | |
| | Rank | 25 | 30 | 16 | 22 | 37 | 15 | 22 | 20 | 27 | 31 | ▼ |
| United States | % | 8% | 8% | 8% | 9% | 9% | 10% | 10% | 10% | 10% | 11% | |

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

| High Blood Pressure | | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Nevada | % | 27% | 27% | 28% | 28% | 31% | 31% | 31% | 31% | 28% | 28% | |
| | Rank | 24 | 24 | 17 | 17 | 24 | 24 | 17 | 17 | 5 | 5 | = |
| United States | % | 28% | 28% | 29% | 29% | 31% | 31% | 31% | 31% | 31% | 31% | |

- 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 | | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Nevada | % | 37% | 37% | 39% | 39% | 37% | 37% | 38% | 39% | 37% | 37% | |
| | Rank | 19 | 19 | 30 | 30 | 18 | 18 | 27 | 27 | 28 | 28 | = |
| United States | % | 38% | 38% | 38% | 38% | 38% | 38% | 38% | 38% | 36% | 36% | |

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

| Stroke | | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Nevada | % | 2% | 2% | 2% | 3% | 3% | 3% | 3% | 3% | 2% | 3% | |
| | Rank | 17 | 7 | 23 | 36 | 33 | 30 | 29 | 29 | 10 | 31 | ▼ |
| United States | % | 3% | 3% | 2% | 3% | 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 approximately equal as the national average. *(United Health Foundation, America's Health Rankings)*

| Cardiac Heart Disease | | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Nevada | % | 4% | 4% | 4% | 4% | 4% | 4% | 3% | 5% | 4% | 4% | |
| | Rank | 28 | 22 | 25 | 19 | 24 | 24 | 10 | 33 | 22 | 28 | ▼ |
| United States | % | 4% | 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 slightly higher than the national average. *(United Health Foundation, America's Health Rankings)*

| Heart Attack | | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Nevada | % | 4% | 4% | 5% | 5% | 5% | 5% | 4% | 5% | 4% | 5% | |
| | Rank | 25 | 31 | 42 | 38 | 38 | 28 | 26 | 32 | 25 | 32 | ▼ |
| 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 | | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Nevada | # per 100,000 | 320 | 313 | 299 | 284 | 273 | 272 | 272 | 275 | 278 | 285 | |
| | Rank | 38 | 39 | 37 | 36 | 33 | 35 | 36 | 38 | 39 | 40 | ▼ |
| United States | # per 100,000 | 288 | 278 | 270 | 265 | 259 | 252 | 251 | 251 | 252 | 255 | |

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

| Cancer Deaths | | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Nevada | # per 100,000 | 199 | 196 | 194 | 193 | 192 | 191 | 188 | 188 | 189 | 190 | |
| | Rank | 32 | 27 | 25 | 27 | 24 | 25 | 22 | 22 | 22 | 23 | ▼ |
| United States | # per 100,000 | 193 | 192 | 192 | 191 | 191 | 191 | 190 | 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 higher 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 | | 2008 | 2009 | 2010 | 2011 | 2012* | 2013 | 2014 | 2015 | 2016 | 2017 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Nevada | % | 82% | 85% | 84% | 85% | 65% | 65% | 61% | 68% | 71% | 72% | |
| | Rank | 50 | 49 | 49 | 49 | 39 | 38 | 49 | 37 | 30 | 24 | ▲ |
| United States | % | 91% | 91% | 90% | 90% | 69% | 68% | 70% | 72% | 72% | 71% | |

* 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 flu season (October-May). *(Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System)*

| Adults Aged 65+ Who Have Had a Flu Shot Within the Past Year | | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2015-2016 | 2016-2017 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Nevada | % | 57% | 64% | 59% | 54% | 50% | 52% | 53% | 55% | 60% | 59% | |
| | Rank | 50 | 49 | 50 | 49 | 50 | 50 | 50 | 50 | 50 | 50 | = |
| United States | % | 71% | 70% | 68% | 61% | 60% | 63% | 60% | 61% | 63% | 65% | |

- 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 | | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Nevada | % | 71% | 71% | 76% | 76% | 72% | 72% | 74% | 74% | 74% | 75% | |
| | Rank | 46 | 46 | 27 | 27 | 39 | 39 | 35 | 35 | 37 | 37 | = |
| United States | % | 75% | 75% | 77% | 77% | 76% | 76% | 76% | 76% | 78% | 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 | | 2008 | 2010 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | |
|---|---|---|---|---|---|---|---|---|---|---|
| Nevada | % | 56% | 62% | 61% | 58% | 58% | 59% | 59% | 62% | |
| | Rank | 45 | 39 | 49 | NA | 48 | 48 | 48 | 44 | ▲ |
| United States | % | 62% | 65% | 67% | 65% | 65% | 67% | 67% | 68% | |

- 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 | | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Nevada | % | 66% | 64% | 64% | 67% | 67% | 61% | 61% | 60% | 60% | 60% | |
| | Rank | 39 | 44 | 44 | 36 | 36 | 40 | 40 | 40 | 40 | 42 | ▼ |
| United States | % | 70% | 71% | 71% | 70% | 70% | 67% | 67% | 65% | 65% | 66% | |

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

| Primary Care Physicians | | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Nevada | # per 100,000 | 85 | 87 | 86 | 86 | 84 | 85 | 85 | 86 | 104 | 108 | |
| | Rank | 46 | 46 | 46 | 46 | 47 | 47 | 47 | 47 | 46 | 46 | = |
| United States | # per 100,000 | 120 | 121 | 121 | 121 | 120 | 121 | 124 | 127 | 145 | 150 | |

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 | | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Nevada | # per 1,000 | 65 | 62 | 57 | 59 | 58 | 57 | 52 | 46 | 42 | 42 | |
| | Rank | 13 | 11 | 12 | 15 | 16 | 16 | 16 | 14 | 13 | 14 | ▼ |
| United States | # per 1,000 | 78 | 71 | 71 | 68 | 67 | 65 | 63 | 58 | 50 | 49 | |

- 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 2016 in Nevada, 55 percent of private sector establishments **offered health insurance to employees** (rank=4th highest, down from 63 percent in 2008). The national average was 45 percent. *(Kaiser Family Foundation, State Health Facts)*

- In 2016 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 | | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Nevada | % | 17% | 19% | 20% | 23% | 22% | 22% | 22% | 20% | 18% | 16% | |
| | Rank | 40 | 44 | 47 | 49 | 49 | 49 | 49 | 49 | 49 | 47 | ▲ |
| United States | % | 15% | 15% | 17% | 16% | 15% | 15% | 15% | 12% | 9% | 12% | |

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

| Uninsured Population Age 0-17 | | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Nevada | % | 14% | 19% | 17% | 17% | 16% | 18% | 19% | 18% | 17% | 16% | |
| | Rank | 47 | 50 | 49 | 50 | 50 | 48 | 48 | 48 | 46 | 46 | = |
| United States | % | 11% | 10% | 10% | 8% | 7% | 12% | 12% | 12% | 12% | 12% | |

## 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 | | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Nevada | % | 3.8% | 3.6% | 4.0% | 3.8% | 3.9% | 4.1% | 3.7% | 3.4% | 3.8% | 4.4% | |
| | Rank | 43 | 35 | 45 | 38 | 28 | 35 | 24 | 16 | 30 | 44 | ▼ |
| United States | % | 3.4% | 3.4% | 3.5% | 3.5% | 3.8% | 3.9% | 3.7% | 3.7% | 3.7% | 3.8% | |

- 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 | | 2007 | 2008 | 2009 | 2010 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Nevada | % | 11% | 11% | 13% | 12% | 12% | 13% | 11% | 10% | 12% | 14% | |
| | Rank | 40 | 37 | 45 | 35 | NA | NA | NA | NA | 29 | 45 | ▼ |
| United States | % | 10% | 10% | 11% | 11% | 12% | 12% | 11% | 11% | 11% | 12% | |

- 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 | | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Nevada | # per 100,000 | 18 | 20 | 19 | 20 | 18 | 18 | 17 | 20 | 18 | 21 | |
| | Rank | 6 | 6 | 6 | 5 | 8 | 9 | 7 | 8 | 11 | 5 | ▲ |
| United States | # per 100,000 | 11 | 12 | 12 | 12 | 13 | 13 | 13 | 13 | 13 | 13 | |

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

| Suicide Rate Age 65+ | | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Nevada | # per 100,000 | 31 | 28 | 35 | 30 | 27 | 24 | 31 | 35 | 27 | 38 | |
| | Rank | 2 | 2 | 2 | 2 | 4 | 5 | 2 | 1 | 4 | 1 | ▲ |
| United States | # per 100,000 | 14 | 15 | 15 | 15 | 15 | 15 | 16 | 17 | 17 | 17 | |

- In 2016, suicide was the 7th leading cause of death in Nevada and the 10th nationwide. Suicide was not in the Top 20 causes of death for those 85 and Older released by the CDC. *(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 | 1 | 3 | 2 | 3 | 4 | 8 | 9 | 12 | 17 | 7 |
| United States | 2 | 2 | 2 | 4 | 4 | 8 | 13 | 17 | 21+ | 10 |

- In 2017, approximately seven percent of Nevada's 9th through 12th graders **attempted suicide** in the last 12 months, compared to nearly seven 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 | | 2003 | 2005 | 2007 | 2009 | 2011 | 2013 | 2015 | 2017 |
|---|---|---|---|---|---|---|---|---|---|
| Nevada | % | 9% | 9% | 9% | 10% | NA | 11% | 11% | 7% |
| United States | % | 9% | 8% | 7% | 6% | 8% | 8% | 9% | 7% |

## Public Assistance

- In 2016 the number of Nevada households that receive **public assistance** income per 1,000 households was higher than the national average. *(U.S. Census, American Community Survey)*

| Households Receiving Public Assistance Income | | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | |
|---|---|---|---|---|---|---|---|---|---|---|
| Nevada | # per 1,000 | 20 | 23 | 26 | 29 | 31 | 31 | 32 | 32 | |
| | Rank | 16 | 25 | 31 | 34 | 35 | 35 | 36 | 37 | ▼ |
| United States | # per 1,000 | 24 | 25 | 26 | 27 | 28 | 28 | 28 | 27 | |

  - 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) | | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Nevada | Maximum Income | $1,230 | $1,341 | $1,375 | $1,430 | $1,430 | $1,448 | $1,448 | $1,526 | $1,546 | $1,660 | $1,575 |
| United States | Maximum Income | $777 | $789 | $785 | $817 | $822 | $800 | $823 | $829 | $817 | $832 | $874 |

- 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 | | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Nevada | Maximum Income | $348 | $348 | $383 | $383 | $383 | $383 | $383 | $383 | $383 | $383 | $383 |
| United States | Maximum Income | $417 | $419 | $475 | $431 | $436 | $436 | $430 | $424 | $428 | $442 | $445 |

- In 2016, 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 lower 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 | | FFY07 | FFY08 | FFY09 | FFY10 | FFY11 | FFY12 | FFY13 | FFY14 | FFY15 | FFY16 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Nevada | % | 34% | 42% | 39% | 38% | 38% | 35% | 36% | 31% | 38% | 35% | |
| | Rank | 28 | 17 | 20 | 21 | 26 | 23 | 20 | 35 | 30 | 35 | ▼ |
| United States | % | 30% | 29% | 29% | 29% | 30% | 34% | 34% | 37% | 48% | 52% | |

- The **average number of hours of participation in work activities** per week for all adult TANF recipients participating in work activities in Nevada is lower 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 | | FFY07 | FFY08 | FFY09 | FFY10 | FFY11 | FFY12 | FFY13 | FFY14 | FFY15 | FFY16 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Nevada | Hours | 27 | 28 | 26 | 25 | 26 | 25 | 26 | 26 | 27 | 26 | |
| | Rank | 23 | 15 | 14 | 21 | 16 | 22 | 18 | 17 | 16 | 22 | ▼ |
| United States | Hours | 27 | 25 | 25 | 25 | 24 | 25 | 25 | 26 | 29 | 30 | |

- 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 2016 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 | | FFY07 | FFY08 | FFY09 | FFY10 | FFY11 | FFY12 | FFY13 | FFY14 | FFY15 | FFY16 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Nevada | $ per capita | $487 | $435 | $504 | $561 | $573 | $703 | $715 | $714 | $1,000 | $1,097 | |
| | Rank | 50 | 50 | 50 | 50 | 50 | 49 | 49 | 39 | 36 | 44 | ▼ |
| United States | $ per capita | $1,016 | $1,021 | $1,092 | $1,170 | $1,280 | $1,246 | $1,331 | $1,331 | $1,593 | $1,675 | |

- Historically, Nevada ranked low in providing **Medicaid coverage to pregnant women**; Nevada had the 13th lowest eligibility rate at 165 percent of poverty as of January 2018. *(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 36 percent of Medicaid long-term care expenditures in 2014. Nevada ranked 21st and the US national average is 36 percent. *(AARP Public Policy Institute, Across the States 2014)*

- In Nevada, the **costs** of many health care services for the elderly are above the national average. *(Genworth, Cost of Care Survey 2017)*

| 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 | $ | $50,336 | $19,500 | $40,800 | $87,600 | $99,463 |
| | Rank | 25 | 21 | 38 | 26 | 25 |
| United States | $ | $47,934 | $18,200 | $45,000 | $85,775 | $97,455 |

## 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 | | FFY06 | FFY07 | FFY08 | FFY09 | FFY10 | FFY11 | FFY12 | FFY13 | FFY14 | FFY15 | FFY16 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Nevada | % | 15% | 18% | 23% | 23% | 25% | 18% | 23% | 29% | 33% | 32% | 25% |
| United States | % | 24% | 23% | 21% | 20% | 23% | 21% | 21% | 21% | 20% | 19% | 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)*

| Average Family Co-Payment as a % of Income | | FFY07 | FFY08 | FFY09 | FFY10 | FFY11 | FFY12 | FFY13 | FFY14 | FFY15 | FFY16 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Nevada | % | 6% | 6% | 5% | 3% | 4% | 3% | 3% | 3% | 3% | 3% | |
| | Rank | 34 | 32 | 25 | 18 | 17 | 11 | 8 | 13 | 12 | 10 | ▲ |
| United States | % | 5% | 5% | 5% | 5% | 5% | 5% | 5% | 5% | 5% | 6% | |

  - 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 lower than the national average. *(U.S. Dept. of Agriculture, Economic Research Service)*

| Food Insecurity | | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014-2016 avg. | |
|---|---|---|---|---|---|---|---|---|---|---|
| Nevada | % | 10% | 12% | 13% | 15% | 15% | 17% | 16% | 12% | |
| | Rank | 24 | 34 | 25 | 31 | 35 | 43 | 40 | 21 | ▲ |
| United States | % | 11% | 12% | 14% | 15% | 15% | 15% | 15% | 13% | |

- 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 | | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014-2016 avg. | |
|---|---|---|---|---|---|---|---|---|---|---|
| Nevada | % | 4% | 5% | 5% | 5% | 6% | 7% | 7% | 5% | |
| | Rank | 27 | 33 | 25 | 28 | 34 | 43 | 43 | 21 | ▲ |
| United States | % | 4% | 5% | 5% | 6% | 6% | 6% | 6% | 5% | |

- 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 | | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Nevada | % | 53% | 51% | 50% | 56% | 62% | 69% | 66% | 64% | 65% | 81% | |
| | Rank | 49 | 38 | 49 | 46 | 48 | 42 | 48 | 50 | 48 | 33 | ▲ |
| United States | % | 67% | 65% | 66% | 72% | 75% | 79% | 83% | 85% | 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 2016, the percentage of Nevada's **families who received food stamps** was higher than the average for the U.S. *(U.S. Census, American Community Survey)*

| Households Receiving Food Stamps During Last 12 Months | | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Nevada | % | 4% | 4% | 4% | 5% | 10% | 11% | 13% | 12% | 12% | 13% | 13% |
| United States | % | 8% | 8% | 8% | 8% | 12% | 13% | 14% | 13% | 13% | 13% | 12% |

- 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 | | FFY07 | FFY08 | FFY09 | FFY10 | FFY11 | FFY12 | FFY13 | FFY14 | FFY15 | FFY16 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Nevada | % | 80% | 84% | 86% | 100% | 109% | 117% | 118% | 117% | 119% | 126% | |
| | Rank | 49 | 49 | 46 | 14 | 3 of 24* | 2 of 24* | 3 of 26* | 3 of 26* | 3 of 26* | 2 of 25* | ▲ |
| United States | % | 95% | 95% | 96% | 96% | 99% | 100% | 100% | 100% | 100% | 102% | |

*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 | | FFY07 | FFY08 | FFY09 | FFY10 | FFY11 | FFY12 | FFY13 | FFY14 | FFY15 | FFY16 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Nevada | % | 69% | 68% | 70% | 76% | 81% | 82% | 83% | 85% | 87% | 86% | |
| | Rank | 44 | 43 | 43 | 38 | 32 | 34 | 34 | 29 | 26 | 31 | ▼ |
| United States | % | 79% | 79% | 79% | 80% | 81% | 82% | 83% | 85% | 86% | 86% | |

| Current Support Collected | | FFY07 | FFY08 | FFY09 | FFY10 | FFY11 | FFY12 | FFY13 | FFY14 | FFY15 | FFY16 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Nevada | % | 48% | 48% | 48% | 49% | 51% | 56% | 58% | 60% | 62% | 64% | |
| | Rank | 50 | 50 | 50 | 50 | 49 | 42 | 38 | 35 | 32 | 28 | ▲ |
| United States | % | 61% | 62% | 61% | 62% | 62% | 63% | 64% | 64% | 65% | 65% | |

| Arrearages Collected | | FFY07 | FFY08 | FFY09 | FFY10 | FFY11 | FFY12 | FFY13 | FFY14 | FFY15 | FFY16 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Nevada | % | 52% | 53% | 52% | 57% | 60% | 57% | 59% | 61% | 62% | 65% | |
| | Rank | 49 | 49 | 49 | 45 | 33 | 44 | 39 | 35 | 30 | 25 | ▲ |
| United States | % | 62% | 63% | 64% | 62% | 62% | 62% | 62% | 63% | 64% | 64% | |

| Cost Effectiveness | | FFY07 | FFY08 | FFY09 | FFY10 | FFY11 | FFY12 | FFY13 | FFY14 | FFY15 | FFY16 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Nevada | Ratio | 3.5 | 3.5 | 3.9 | 2.9 | 4.0 | 4.1 | 3.9 | 4.0 | 4.1 | 3.8 | |
| | Rank | 45 | 47 | 41 | 48 | 42 | 41 | 42 | 41 | 42 | 42 | = |
| United States | Ratio | 5.2 | 4.8 | 5.3 | 4.9 | 5.1 | 5.1 | 5.3 | 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 | | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Nevada | Per Capita | $2,458 | $2,365 | $2,123 | $2,158 | $2,325 | $2,456 | $2,518 | $2,516 | $2,606 | $2,730 | |
| | Rank | 26 | 21 | 17 | 24 | 25 | 27 | 23 | 21 | 20 | 26 | ▼ |
| United States | Per Capita | $2,530 | $2,532 | $2,326 | $2,728 | $2,435 | $2,531 | $2,682 | $2,715 | $2,851 | $2,878 | |

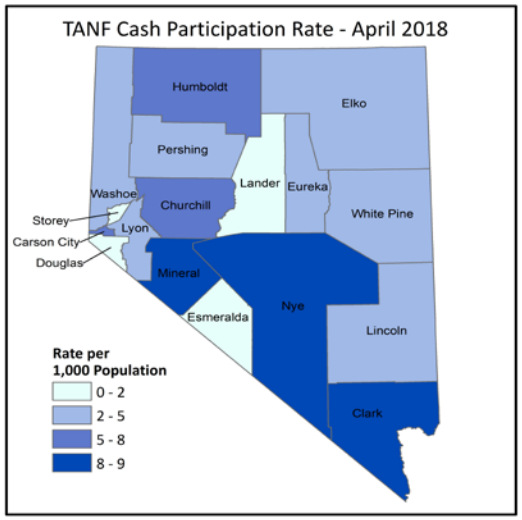
  - Note that a rank of one indicates that state has the lowest tax burden.

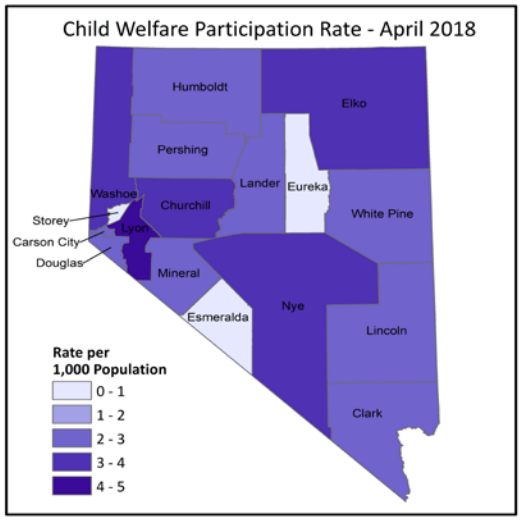
- Nevada receives lower **federal government expenditures per capita** than all other states. *(Consolidated Federal Funds Report and U.S. Census, American Community Survey)*

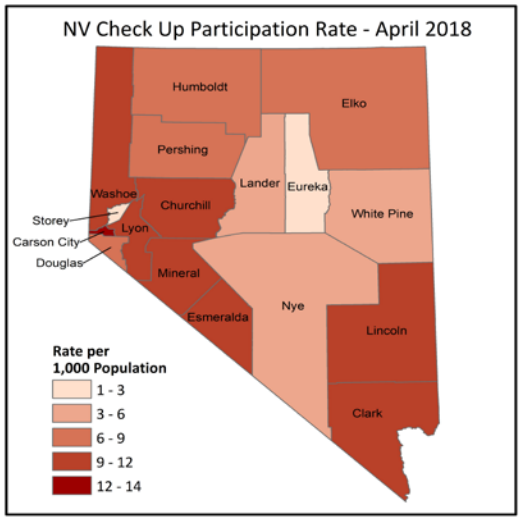
| Federal Spending Received | | FFY02 | FFY03 | FFY04 | FFY05 | FFY06 | FFY07 | FFY08 | FFY09 | FFY10 | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Nevada | $ per capita | $4,992 | $5,234 | $5,529 | $5,889 | $5,852 | $6,032 | $6,638 | $7,117 | $7,321 | |
| | Rank | 50 | 50 | 50 | 50 | 50 | 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 | |

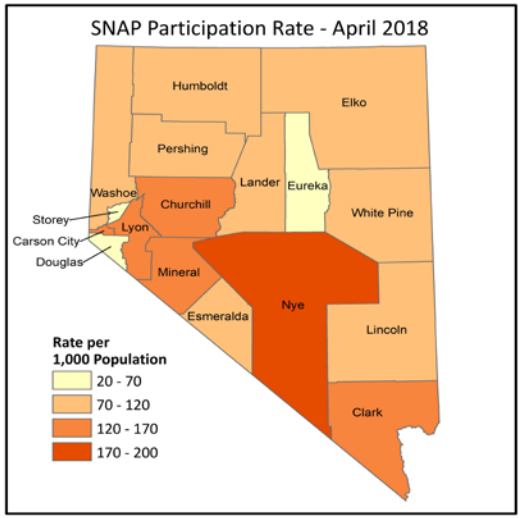
Note: The Consolidated Federal Funds Report (CFFR) is no longer published. The U.S. Census Bureau replied that any current information is not comparable.

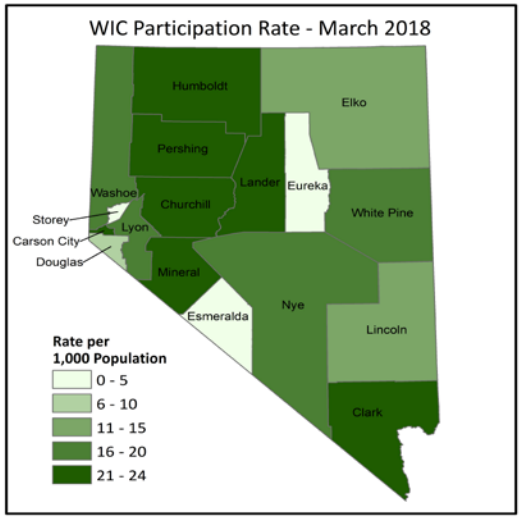
## Maps – Program Participation Rates by County

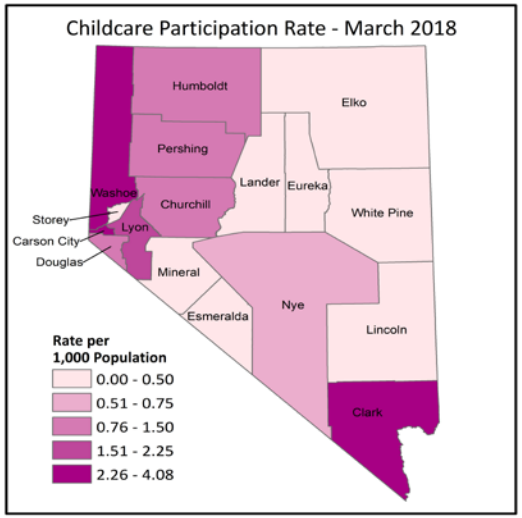


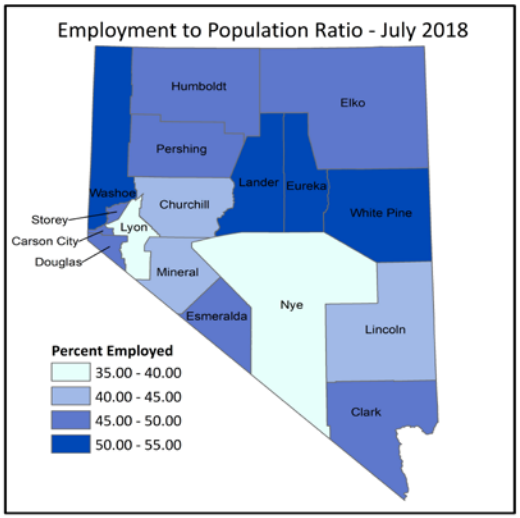



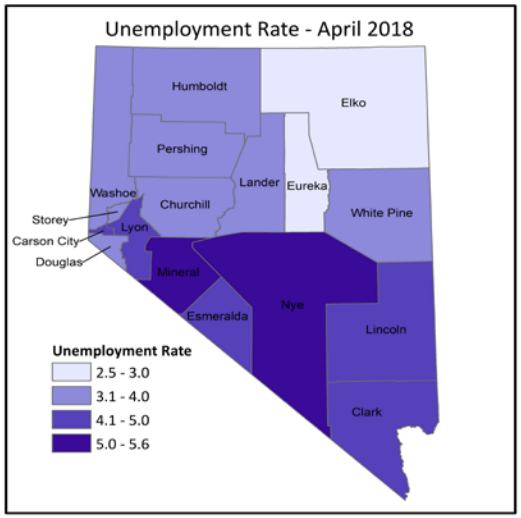



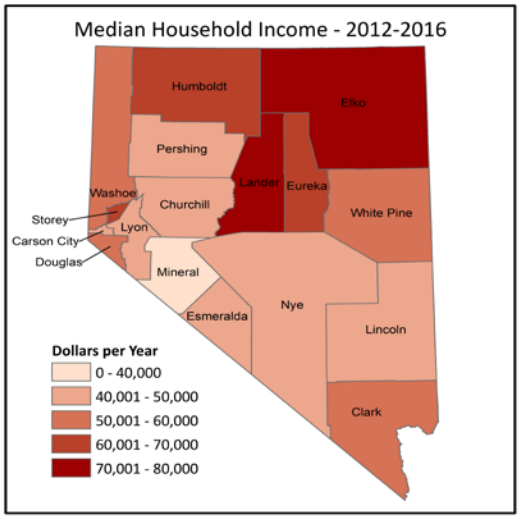



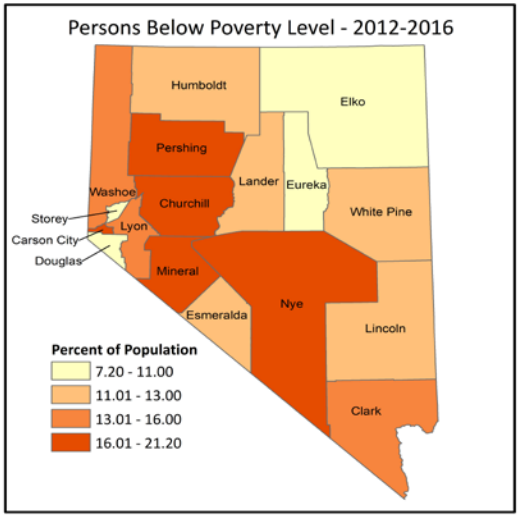

**Source: DHHS Caseload Data**

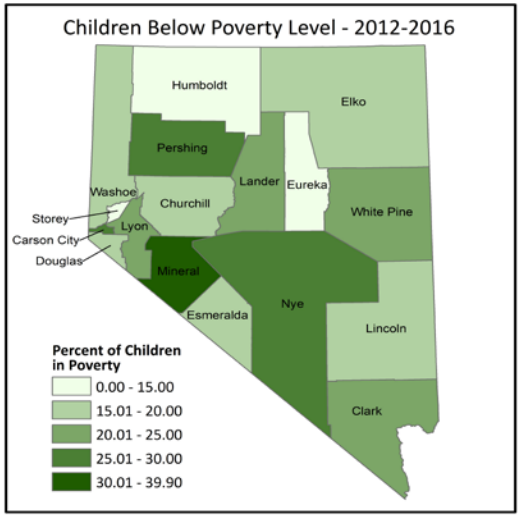
## Maps – Socioeconomic Indicators by County

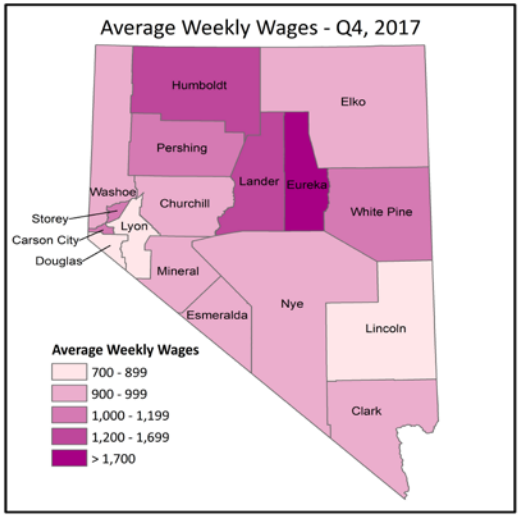


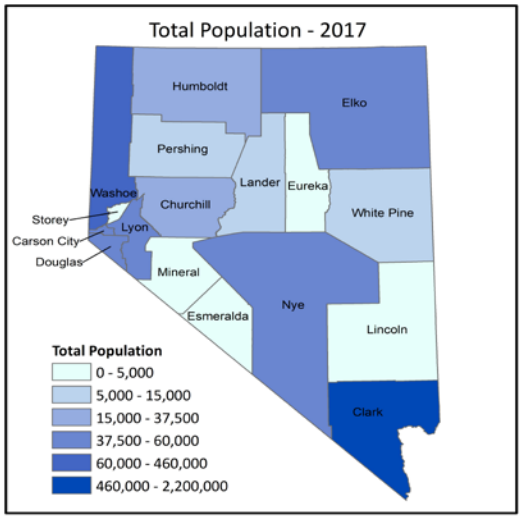



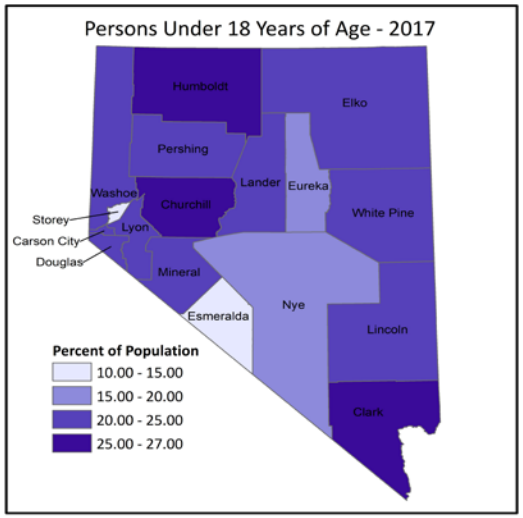



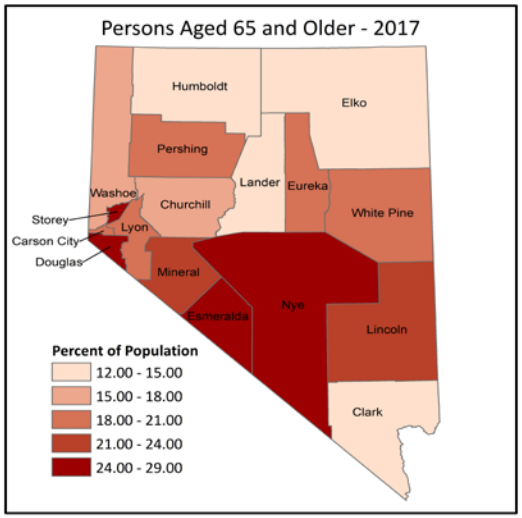



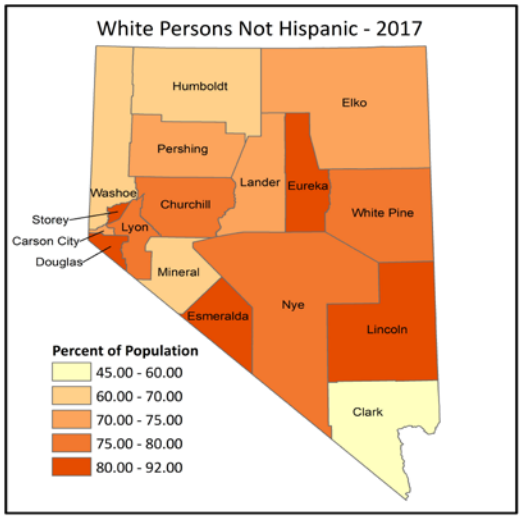

**Source: Employment and Unemployment Rate – DETR; Others – U.S. Census Bureau**

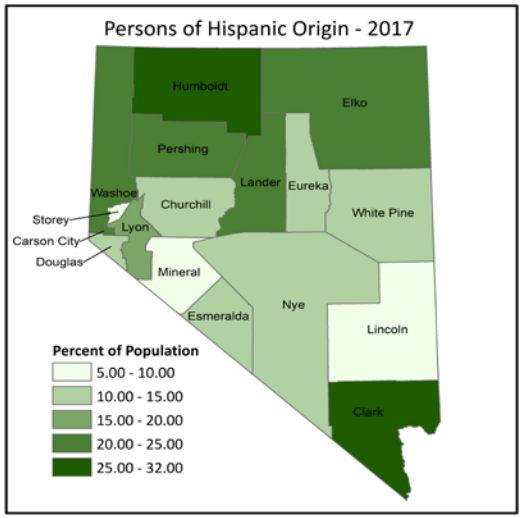
## Maps – Demographic Indicators by County

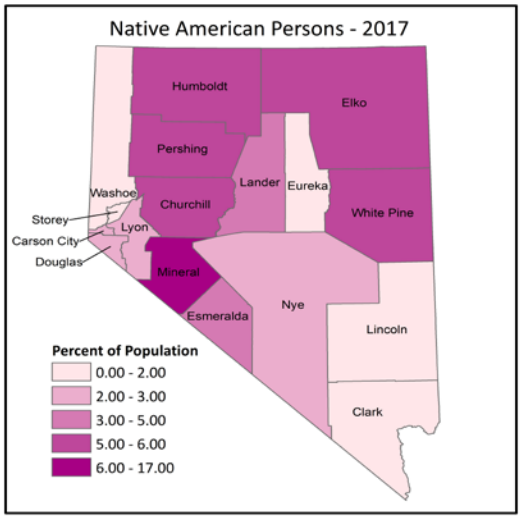


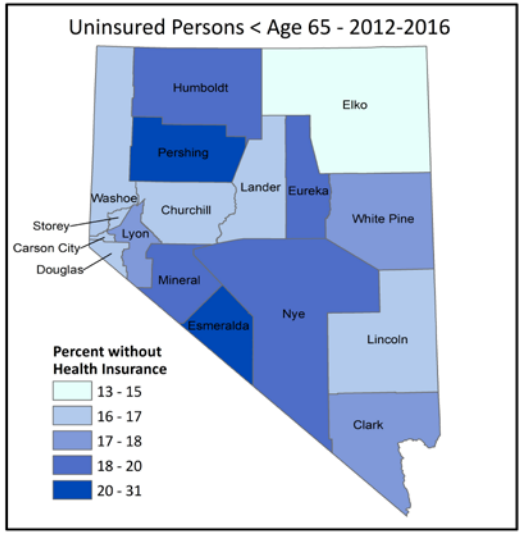



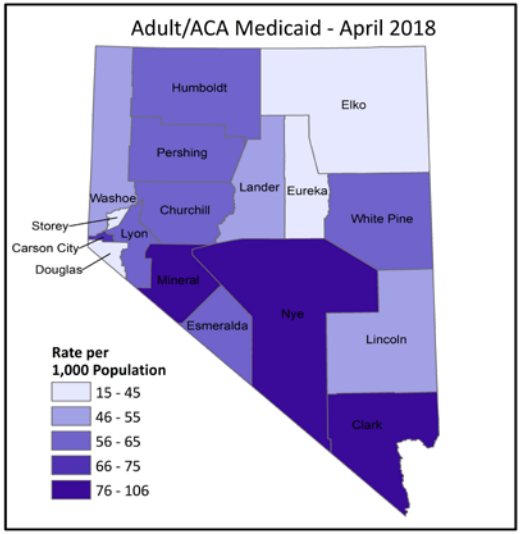



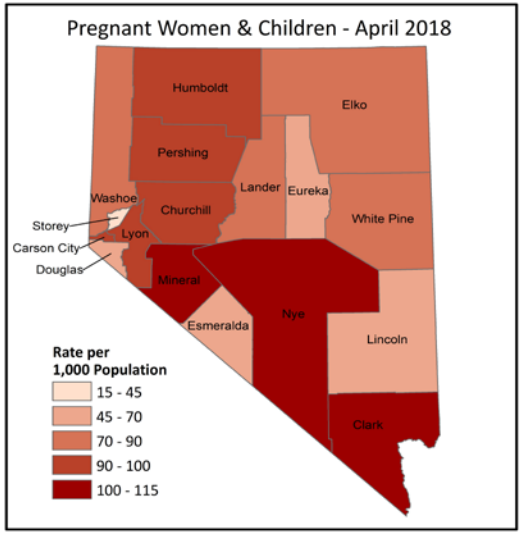



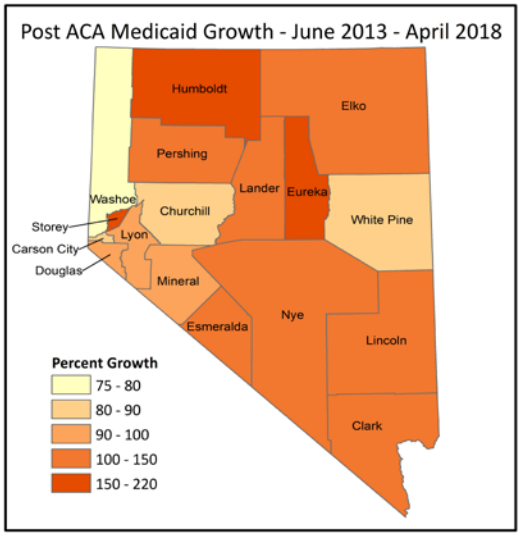

**Source: Total population – State Demographer; Others – U.S. Census Bureau**

## Maps – ACA Outcomes by County



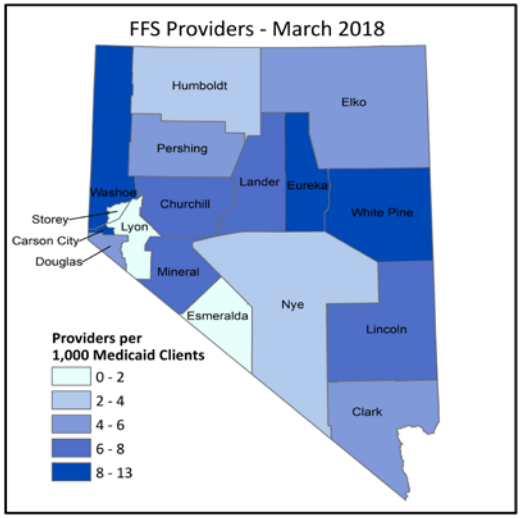



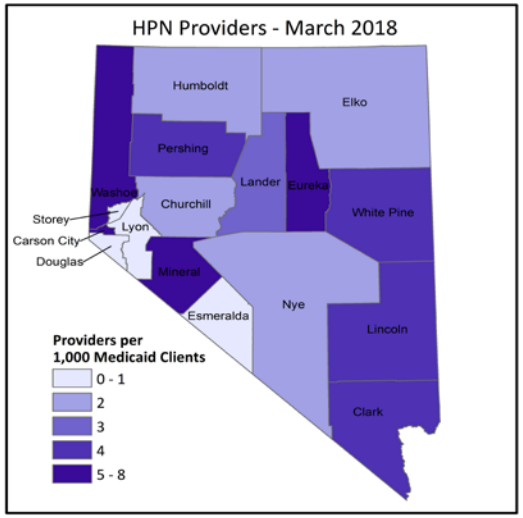



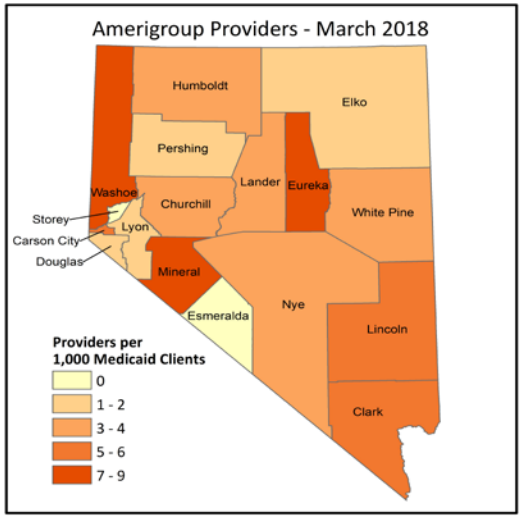




**Source: Uninsured – CPS; Medicaid Totals DWSS ILD File; Other - DHCFP**

## Maps – ACA Outcomes by County - Continued




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

Page Left Intentionally Blank

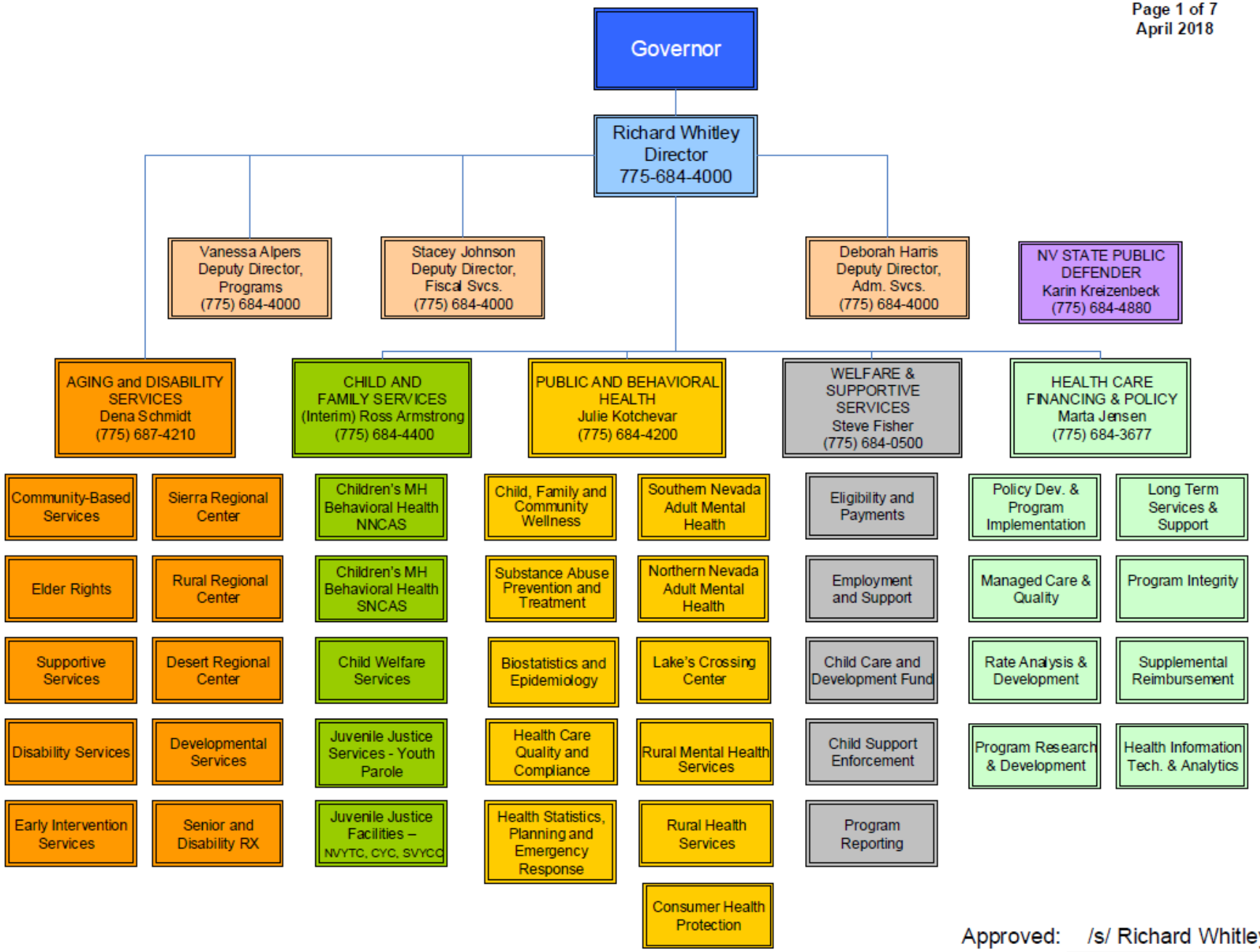
# Organizational Chart

# Nevada Department of Health and Human Services, Organizational Chart

DHHS Divisions

Department of Health & Human Services
Director's Office
Divisions
Page 1 of 7
April 2018

## DEPARTMENT OF HEALTH AND HUMAN SERVICES




Approved: /s/ Richard Whitley 04/02/18

Page left intentionally blank

## NRS Chapters for Statutory Authority by Division

Updated November 2016

### *Director's Office*

223 Governor
232 State Departments
233A Indian Affairs
233B Nevada Administrative Procedures Act
322 Use of State Lands
353 State Financial Administration
395 Education of Persons with Disabilities
396 Nevada System of Higher Education
428 Indigent Persons
430A Family Resource Centers
432 Public Services for Children
439 Administration of Public Health
458A Prevention and Treatment of Problem Gambling

### *Aging and Disability Services Division*

90 Securities (Uniform Act)
159 Guardianship
162A Powers of Attorney for Financial Matters and Durable Power of Attorney for Health Care Decisions
179A Records of Criminal History and Information Relating to Public Safety
200 Crimes Against the Person
228 Attorney General
319 Assistance to Finance Housing
353 State Financial Administration
388 System of Public Instruction
391 Personnel
426 Persons with Disabilities
427A Services to Aging Persons and Persons with Disabilities
433 General Provisions
435 Persons with Intellectual Disabilities and Related Conditions
439 Administration of Public Health
449 Medical Facilities and Other Related Entities
454 Poisons; Dangerous Drugs and Hypodermics
598 Deceptive Trade Practices
599B Solicitation by Telephone
615 Vocational Rehabilitation
632 Nursing
641 Psychologists, Behavior Analysts, Assistant Behavior Analysts and Autism Behavior Interventionists
656A Interpreters and Realtime Captioning Providers
657 General Provisions

673 Savings and Loan Associations
677 Thrift Companies
678 Credit Unions
706 Motor Carriers

## *Division of Child and Family Services*

62A General Provisions
62B General Administration; Jurisdiction
62C Procedure Before Adjudication
62D Procedure in Juvenile Proceedings
62E Disposition of Cases by Juvenile Court
62F Juvenile Sex Offenders
62G Administration of Probation
62H Records Related to Children
62I Interstate Compact for Juveniles
63 State Facilities for Detention of Children
127 Adoption of Children and Adults
128 Termination of Parental Rights
217 Aid to Certain Victims of Crime
424 Foster Homes for Children
432 Public Services for Children
432B Protection of Children from Abuse and Neglect
433B Additional Provisions Relating to Children

## *Division of Health Care Financing and Policy*

108 Statutory Liens
145 Summary Administration of Estates
146 Support of Family; Small Estates
147 Presentation and Payment of Claims
228 Attorney General
232 State Departments
422 Health Care Financing and Policy
428 Indigent Persons
439A Planning for the Provision of Health Care
439B Restraining Costs of Health Care
449 Medical Facilities and Other Related Entities
689A Individual Health Insurance
695C Health Maintenance Organizations
695G Managed Care

## *Division of Welfare and Supportive Services*

31A Enforcement of Obligations for Support of Children

33 Injunctions
125B Obligation of Support
126 Parentage
281 General Provisions
319 Assistance to Finance Housing
422A Welfare and Supportive Services
425 Support of Dependent Children
449 Medical Facilities and Other Related Entities
702 Energy Assistance

## *Division of Public and Behavioral Health*

4 Justice Courts
5 Municipal Courts
41 Actions and Proceedings in Particular Cases Concerning Persons
62A General Provisions
62E Disposition of Cases by Juvenile Court
175 Trial
176 Judgment and Execution
178 General Provisions
200 Crimes Against the Person
209 Department of Corrections
232 State Departments
244 Counties: Government
277 Cooperative Agreements: State, Counties, Cities, Districts and Other Public Agencies
278 Planning and Zoning
289 Peace Officers
318 General Improvement Districts
353 State Financial Administration
372A Tax on Controlled Substances
387 Financial Support of School System
388 System of Public Instruction
392 Pupils
394 Private Educational Institutions and Establishments
395 Education of Persons with Disabilities
396 Nevada System of Higher Education
408 Highways, Roads and Transportation Facilities
414 Emergency Management
422A Welfare and Supportive Services
432A Services and Facilities for Care of Children
433 General Provisions
433A Admission to Mental Health Facilities or Programs of Community-Based or Outpatient Services; Hospitalization
433B Additional Provisions Relating to Children
433C Community Mental Health Programs
439 Administration of Public Health

439A Planning for the Provision of Health Care
439B Restraining Costs of Health Care
440 Vital Statistics
441A Infectious Diseases; Toxic Agents
442 Maternal and Child Health; Abortion
444 Sanitation
445A Water Controls
446 Food Establishments
447 Public Accommodations
449 Medical Facilities and Other Related Facilities
450B Emergency Medical Services
451 Dead Bodies
452 Cemeteries
453 Controlled Substances
453A Medical Use of Marijuana
454 Poisons; Dangerous Drugs and Hypodermics
457 Cancer
458 Abuse of Alcohol and Drugs
459 Hazardous Materials
484C Driving Under the Influence of Alcohol or a Prohibited Substance
484E Crashes and Reports of Crashes
543 Control of Floods
583 Meat, Fish, Produce, Poultry and Eggs
585 Food, Drugs and Cosmetics: Adulteration; Labels; Brands
608 Compensation, Wages and Hours
616A Industrial Insurance: Administration
617 Occupational Diseases
618 Occupational Safety and Health
622 General Provisions Governing Regulatory Bodies
622A Administrative Procedure Before Certain Regulatory Bodies
625A Environmental Health Specialists
629 Healing Arts Generally
630 Physicians, Physician Assistants, Medical Assistants, Perfusionists and Practitioners of Respiratory Care
631 Dentistry and Dental Hygiene
632 Nursing
633 Osteopathic Medicine
639 Pharmacists and Pharmacy
640D Music Therapists
640E Dieticians
643 Barbers and Barbering
644 Cosmetology
652 Medical Laboratories
689A Individual Health Insurance
689C Health Insurance for Small Employers
704 Regulation of Public Utilities Generally

## *Office of the State Public Defender*

| | |
|---|---|
| 7 | Attorneys and Counselors at Law |
| 34 | Writs; Certiorari; Mandamus; Prohibition; Habeas Corpus |
| 62A | General Provisions |
| 62B | General Administration; Jurisdiction |
| 62C | Procedure Before Adjudication |
| 62D | Procedure in Juvenile Proceedings |
| 62E | Disposition of Cases by Juvenile Court |
| 62F | Juvenile Sex Offenders |
| 62G | Administration of Probation |
| 62H | Records Related to Children |
| 62I | Interstate Compact for Juveniles |
| 63 | State Facilities for Detention of Children |
| 171 | Proceedings to Commitment |
| 180 | State Public Defender |
| 260 | County Public Defenders |
| 284 | State Personnel System |
| 432B | Protection of Children from Abuse and Neglect |

Page Left Intentionally Blank

# 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

Page Left Intentionally Blank

# Index


2-1-1 Partnership ..... 1
ACA Outcomes
  Map - Indicators by County ..... 112, 113
Acronyms ..... 123
ADAP ..... *See* Ryan White AIDS Drug Assistance Program
Adoption ..... 93
  Average Months until Adoption ..... 94
Adoption Subsidies Program ..... 27
Adult Medicaid ..... 50
  Map – Adult Medicaid by County ..... 112
Advocate for Elders Program ..... 5
Aging and Disability Services Division
  Advocate for Elders Program ..... 5
  Autism Treatment Assistance Program ..... 24
  Community Options Program for the Elderly ..... 6
  Developmental Services ..... 25
  Disability Services – Assistive Technology for Independent Living ..... 21
  Disability Services - Communication Services ..... 23
  Disability Services - Traumatic Brain Injury Services ..... 22
  Early Intervention Services ..... 26
  Elder Protective Services ..... 7
  Home and Community Based Waiver ..... 18
  Homemaker Program ..... 8
  Independent Living Grants ..... 9
  Long Term Care Ombudsman Program ..... 10
  National Family Caregiver Program ..... 14
  NRS Chapters for Statutory Authority ..... 117
  Personal Assistance Services ..... 20
  Senior Nutrition - Home Delivered Meals ..... 13
  Senior Nutrition - Meals in Congregate Settings ..... 12
  Senior Ride Program ..... 15
  Senior Rx and Disability Rx ..... 16
  Senior Support Services ..... 11
  State Health Insurance Assistance Program ..... 17
  Taxi Assistance Program ..... 15
AIDS
  HIV Prevention Program ..... 75
  HIV Surveillance Program ..... 75
  Ryan White AIDS Drug Assistance Program ..... 74
Appropriate Timing of Antibiotics ..... 101
Asset Limit for TANF ..... 104
Assistive Technology for Independent Living ..... 21
ATAP ..... *See* Autism Treatment Assistance Program
Autism Treatment Assistance Program ..... 24
Average Weekly Wages
  Map by County ..... 110
Binge Drinking ..... 97
Births
  Low Birth Weight ..... 96
  Teen Birth Rate ..... 96
  Vital Records and Statistics ..... 69
Breast and Cervical Cancer ..... *See* Women's Health Connection
Cancer
  Colorectal Cancer Screenings ..... 100
  Nevada Central Cancer Registry ..... 76
Cancer Deaths ..... 99
Cardiovascular Death ..... 99
Check Up ..... 54
Child Care ..... 106
  Average Family Co-payment ..... 106
  Families with $0 Co-payment ..... 106
  Map - Participation Rate by Region ..... 109
Child Care and Development Program ..... 59
Child Death Rate ..... 96
Child Only Cash Programs ..... 47
Child Protective Services ..... 28
Child Support Enforcement ..... 107
  Arrearages Collected ..... 107
  Cost Effectiveness ..... 107
  Current Support Collected ..... 107
  Paternity Established ..... 107
  Performance Indicators ..... 107
  Support Orders Established ..... 107
Child Support Enforcement Program ..... 60
Child Welfare ..... 93
  Adoption ..... 93
  Days to Initiation of Services ..... 93
  Foster Care ..... 93
  Maltreatment ..... 93
  Maltreatment Response Time ..... 93
  Map - Participation Rate by County ..... 109
Children ..... 92, 93
  Child Death Rate ..... 96
  Children in Families where No Parent Has Full-Time Year-Round Employment ..... 92
  Households with Children ..... 92
  In Single Parent Families ..... 92
  In Working Poor Families ..... 91
  Infant Mortality Rate ..... 96
  Low Birth Weight ..... 96

Maltreatment....93
Maltreatment Fatalities....93
Map - Child Poverty by County....110
Map - Persons under 18 Years by County....111
Population under Age 18....92
Prenatal Care....99
Share in Poverty....91
Teen Birth Rate....96
Teen Suicide....103
Uninsured....102
Children's Clinical Services....35
CHIP....*See* Nevada Check Up
Cholesterol....98
Screenings....100
Civil Behavioral Health Services....84
Colorectal Cancer Screenings....100
Communication Services....23
Community Options Program for the Elderly....6
COPE....*See* Community Options Program for the Elderly
Counties
Map – Adult Medicaid....112
Map - Child Care Participation Rate....109
Map - Child Poverty....110
Map – Child Welfare Participation Rate....109
Map - Employment to Population Ratio....110
Map – HPN Primary Care Providers....113
Map - Median Household Income....110
Map – Medicaid Growth....112
Map - Native American Persons....111
Map - Nevada Check Up Participation Rate....109
Map – New ACA Adult Medicaid....112
Map - Persons Age 65 and Over....111
Map - Persons below Poverty....110
Map - Persons of Hispanic Origin....111
Map - Persons under 18 Years....111
Map - Population....111
Map – Pregnant Women and Children....112
Map - SNAP Participation Rate....109
Map - TANF Cash Participation Rate....109
Map - Unemployment Rate....110
Map - Uninsured....112
Map - wages....110
Map - White Persons....111
Map - WIC Participation Rate....109
Population....89
School Enrollment....89
County Match....55
CPS....*See* Child Protective Services
Deaths
Cancer Deaths....99
Cardiovascular Death....99
Care Consistent with End of Life Wishes....101
Child Death Rate....96
Infant Mortality Rate....96
Suicide....103
Vital Records and Statistics....69
Demographics....89
Map - Indicators by County....111
Dental Care....100
Developmental Services....25
Expenditures....95
Family Support Spending....95
Diabetes....98
Diet....97
Differential Response....29
Director's Office
2-1-1 Partnership....1
NRS Chapters for Statutory Authority....117
Office of Community Partnerships and Grants....4
Office of Consumer Health Assistance....2
Office of Minority Health....3
Disability....95
Employed Disabled....96
Rate per 1,000 Population....95
Seniors....95
Share of Children With Disability....92
Types of Disability - Children....92
Disability Rx....16
Disability Services
Assistive Technology for Independent Living....21
Communication Services....23
Traumatic Brain Injury Services....22
Division of Child and Family Services
Adoption Subsidies....27
Child Protective Services....28
Children's Clinical Services....35
Differential Response....29
Early Childhood Services....30
Foster Care - Independent Living....32
Foster Care – Out-of-Home Placements....31
Intensive Care Coordination Services....37
Juvenile Justice - Facilities....33
Juvenile Justice - Youth Parole....34
NRS Chapters for Statutory Authority....118
Residential Children's Services....36
Residential Treatment Services....36
Division of Health Care Financing and Policy
County Indigent Program....42
Health Information Technology....44
Health Insurance for Work Advancement....43
Medicaid Waivers....40
NRS Chapters for Statutory Authority....118

Total Child Welfare ....41
Total Medicaid ....39
Division of Public and Behavioral Health
Civil Behavioral Health Services ....84
Early Hearing Detection and Intervention ....63
Environmental Health Services Program ....72
Forensic Behavioral Health Services ....85
Health Care Quality and Compliance ....82
HIV - AIDS Prevention Program ....75
HIV Surveillance Program ....75
Immunization ....64
Medical Marijuana Registry ....79, 80
Nevada Central Cancer Registry ....76
Nevada Home Visiting Program ....66
NRS Chapters for Statutory Authority ....119
Office of Food Security ....67
Office of Suicide Prevention ....78
Oral Health Program ....68
Public Health and Clinical Services ....71
Ryan White AIDS Drug Assistance Program ....74
Sexually Transmitted Disease Program ....73
**Substance Abuse Prevention and Treatment Agency** ....81
Tuberculosis Prevention, Control and Elimination ....83
Vital Records and Statistics ....69
Women, Infants, and Children Supplemental Food Program ....65
Women's Health Connection ....70
Division of Welfare and Supportive Services
Adult Medicaid ....50
Cash Assistance ....48
Child Care and Development Program ....59
Child Only Cash Programs ....47
Child Support Enforcement Program ....60
County Match ....55
Energy Assistance Program ....61
Medical Assistance to the Aged, Blind, and Disabled ....56
Nevada Check Up ....54
New ACA Adult Medicaid ....51
New ACA Expanded Children's Group ....53
New Employees of Nevada ....49
NRS Chapters for Statutory Authority ....118
Pregnant Women and Children Medicaid ....52
Supplemental Nutrition Assistance Program ....57
Supplemental Nutrition Employment and Training Program ....58
TANF Cash Total ....45, 46
Drug Use ....97
EAP .... *See* Energy Assistance Program
Early Childhood Services ....30
Early Hearing Detection and Intervention ....63
Early Intervention Services
Part C - Individuals with Disabilities Education Act ....26
Earnings Gains by TANF Recipients ....105
Economy ....90
Foreclosure Rate ....90
Labor Force Participation Rate ....90
Map - Employment to Population Ratio by County 110
Map - Unemployment Rate by County ....110
Personal Income per Capita ....90
State Economic Distress ....90
Unemployment Rate ....90
Elder Protective Services Program ....7
Elder Rights Advocates *See* Long Term Care Ombudsman Program
Employer Sponsored Health Insurance ....101
Employment
Employed Disabled ....96
Job Entry by TANF Recipients ....104
Map - Employment to Population Ratio by County 110
Energy Assistance Program ....61
Environmental Health Services Program ....72
Expenditures
Developmental Services ....95
Family Support Spending ....95
Federal Expenditures per Capita ....108
Mental Health ....103
Family Caregiver Program ....14
Family Support Spending ....95
Federal Expenditures per Capita ....108
Federal Poverty Guideline ....91
Female-Headed Households ....91
Flu Shot ....99
Food Insecurity ....106
Food Stamp Participation Rate ....106
Very High Food Insecurity ....106
Food Stamps ....*See* Supplemental Nutrition Assistance Program
Foreclosure Rate ....90
Forensic Behavioral Health Services ....85
Foster Care
Independent Living ....32
Length of Stay ....93
Out-of-Home Placements ....31
Frequent Mental Distress ....102
Fruits and Vegetables ....97
Funding ....107
Federal Expenditures per Capita ....108
State and Local Tax Burden per Capita ....107
State Tax Collections per Capita ....108
GovCHA ....*See* Office of Consumer Health Assistance

HCBW .....*See* Home and Community Based Waiver
HCQC .....*See* Health Care Quality and Compliance
Health .....96
Binge Drinking .....97
Cancer Deaths .....99
Cardiovascular Death .....99
Child Death Rate .....96
Diabetes .....98
Drug Use .....97
Fruits and Vegetables .....97
Heart Attack .....99
Heart Disease .....98
High Blood Pressure .....98
High Cholesterol .....98
Infant Mortality Rate .....96
Infectious Disease Cases .....98
Low Birth Weight Babies .....96
Obesity .....98
Overall Ranking - Casey Foundation .....96
Physical Activities .....97
Poor Physical Health .....97
Self-Reported Health .....96
Smoking .....97
Stroke .....98
Teen Birth Rate .....96
Health Care .....99
Appropriate Timing of Antibiotics .....101
Care Consistent with End of Life Wishes .....101
Cholesterol Screenings .....100
Colorectal Cancer Screenings .....100
Costs of Health Care Services for the Elderly .....105
Flu Shot .....99
Immunization .....99
Mammogram .....100
Pap Smear .....100
Prenatal Care .....99
Preventable Hospitalizations .....101
Primary Care Physicians .....100
Public Mental Health Care System .....102
Recommended Hospital Care for Heart Failure .....101
Recommended Hospital Care for Pneumonia .....101
Health Care Quality and Compliance .....82
Health Information Technology .....44
Health Insurance .....101
Employer Sponsored Insurance .....101
Premiums .....102
Uninsured .....102
Uninsured Children .....102
Health Insurance for Work Advancement .....43
Health Status .....96
Heart Attack .....99
Heart Disease .....98
Cardiovascular Death .....99
Heart Attack .....99
Recommended Hospital Care .....101
Heart Failure .....101
High Blood Pressure .....98
HIV
HIV Surveillance Program .....75
Ryan White AIDS Drug Assistance Program .....74
HIV - AIDS
Prevention Program .....75
HIV Surveillance Program .....75
HIWA ..... *See* Health Insurance for Work Advancement
Home and Community Based Waiver .....18
Home and Community Based Waiver .....18
Home and Communtiy Based Services Spending .....105
Homemaker Program .....8
Hospice
Care Consistent with End of Life Wishes .....101
Households with Children .....92
Immunization .....64, 99
Income .....90
Households Receiving Public Assistance .....104
Map - Median Household Income by County .....110
TANF Eligibility .....104
Independent Living - DCFS .....32
Independent Living – Disability Services .....21
Independent Living Grants Program .....9
Infant Mortality Rate .....96
Infectious Disease Cases .....98
Intensive Care Coordination Services .....37
Job Entry by TANF Recipients .....104
Job Retention by TANF Recipients .....105
Juvenile Justice
Facilities .....33
Youth Parole .....34
Labor Force Participation Rate .....90
Long Term Care Ombudsman Program .....10
Low Birth Weight .....96
Low-Income Working Families with Children
Children in Low-Income Families .....92
MAABD ..*See* Medical Assistance to the Aged, Blind, and Disabled
Mammogram .....100
Map
Adult Medicaid .....112
Amerigroup - Primary Care Providers by County .....113
Average Weekly Wages by County .....110
Child Care Participation Rate by County .....109
Child Poverty by County .....110
Child Welfare Participation Rate by County .....109

Employment to Population Ratio by County .....110
HPN - Primary Care Providers by County .....113
Median Household Income by County.....110
Medicaid Growth by County .....112
Native American Persons by County.....111
Nevada Check Up Participation Rate by County .....109
New ACA Adult Medicaid by County.....112
Persons Age 65 and Over by County.....111
Persons below Poverty by County .....110
Persons of Hispanic Origin by County .....111
Persons under 18 Years by County .....111
Population by County.....111
Pregnant Women and Children by County .....112
SNAP Participation Rate by County.....109
TANF Cash Participation Rate by County .....109
Unemployment Rate by County.....110
Uninsured by County .....112
White Persons by County.....111
WIC Participation Rate by County.....109
Medicaid .....51, 105
Adult Medicaid.....50
Child Welfare .....41
Costs of Services for the Elderly.....105
County Indigent Program.....42
County Match.....55
Home and Community Based Services Spending ...105
Medicaid Waivers .....40
Medical Assistance to the Aged, Blind, and Disabled .....56
New ACA Adult Medicaid.....51
New ACA Expanded Children's Group .....53
Nursing Facility Spending.....105
Pregnant Women.....105
Pregnant Women and Children Medicaid.....52
Spending per Capita.....105
Total Medicaid .....39
Medicaid Growth
Map – Medicaid Growth by County.....112
Medical Assistance to the Aged, Blind, and Disabled ...56
Medical Marijuana Registry .....79, 80
Medical Marijuana Registry Cardholders.....79
Medical Marijuana Registry Establishments.....80
Mental Health .....102
Expenditures .....103
Frequent Mental Distress .....102
Mentally Unhealthy Days.....102
Public Mental Health Care System.....102
Serious Mental Illness .....102
Minorities
Map - Native American Persons by County .....111
Map - Persons of Hispanic Origin by County.....111
Office of Minority Health.....3
Share of Population .....90
Share of Total Population .....90
National Family Caregiver Program.....14
NEON ..... *See* New Employees of Nevada
Nevada Central Cancer Registry .....76
Nevada Check Up.....54
Map - Participation Rate by County.....109
Nevada Home Visiting Program.....66
New ACA Adult Medicaid
Map – New ACA Adult Medicaid by County .....112
New Employees of Nevada.....49
NRS Chapters for Statutory Authority .....117
Aging and Disability Services Division.....117
Director's Office.....117
Division of Child and Family Services.....118
Division of Health Care Financing and Policy.....118
Division of Public and Behavioral Health.....119
Division of Welfare and Supportive Services.....118
Public Defender .....121
Nursing Facility Residency Rate.....95
Nursing Facility Spending - Medicaid.....105
Obesity.....98
OCPG. *See* Office of Community Partnerships and Grants
Office of Community Partnerships and Grants.....4
Office of Consumer Health Assistance .....2
Office of Food Security .....67
Office of Minority Health.....3
Oral Health
Dental Care .....100
Oral Health Program.....68
Organizational Chart.....116
Out-of-Home Placements.....*See* Foster Care
Pap Smear.....100
PAS.....*See* Personal Assistance Services
Personal Assistance Services .....20
Persons with Physical Disabilities Waiver.....19
Physical Activities.....97
Pneumonia.....101
Population.....89
By Age .....89
By County.....89
By Gender .....89
Growth.....89
Map by County .....111
Minorities.....90
Seniors .....94
Share in Poverty.....91
Under Age 18 .....92
Poverty.....91
By Gender .....91

Children in Poverty....91
Federal Poverty Guideline....91
Female-Headed Households....91
Map - Child Poverty by County....110
Map - Persons below Poverty by County....110
Seniors....94
Share of Population in Poverty....91
Share of Seniors in Poverty....91
Working Poor....91
Working Poor Families with Children....91
Prenatal Care....99
Preventable Hospitalizations....101
Primary Care Physicians....100
Program Participation Rates....109
Public Assistance....104
Households Receiving Public Assistance....104
Public Defender....87
NRS Chapters for Statutory Authority....121
Public Health and Clinical Services....71
Public Mental Health Care System....102
Residential Children's Services....36
Residential Treatment Services....36
Ryan White AIDS Drug Assistance Program....74
**SAPTA ....See Substance Abuse Prevention and Treatment Agency**
School Enrollment....89
Senior Nutrition - Home Delivered Meals....13
Senior Nutrition-Meals in Congregate Settings....12
Senior Ride Program....15
Senior Rx....16
Senior Support Services Program....11
Seniors....94
Below Poverty Level....94
Costs of Health Care Services for the Elderly....105
Disability....95
Flu Shot....99
Map - Persons Age 65 and Over by County....111
Nursing Facility Residency Rate....95
Population Share....94
Share in Poverty by Gender....91
Share of Seniors in Poverty....91
Suicide....103
Serious Mental Illness....102
Sexually Transmitted Disease Program....73
SHIP ....*See* State Health Insurance Assistance Program
Single Parent Families....92
Smoking
Share of Adults that Smoke....97
SNAP.... *See* Supplemental Nutrition Assistance Program
SNAPET.....*See* Supplemental Nutrition Employment and Training Program
State and Local Tax Burden per Capita....107
State Economic Distress....90
State Government Tax Collections per Capita....108
State Health Insurance Assistance Program....17
Stroke....98
**Substance Abuse Prevention and Treatment Agency....81**
Suicide....103
Office of Suicide Prevention....78
Seniors....103
Suicide Rate....103
Teen Suicide....103
Supplemental Nutrition Assistance Program....57
Average Monthly Benefit....107
Caseload Increase....106
Employment and Training Program....58
Food Stamp Participation Rate....106
Map - Participation Rate by County....109
Share of Families Receiving....106
Supplemental Nutrition Employment and Training Program....58
TANF *See* Temporary Assistance for Needy Families, *See* Temporary Assistance for Needy Families
Taxes
State and Local Tax Burden per Capita....107
State Tax Collections per Capita....108
Taxi Assistance Program....15
TBI....*See* Traumatic Brain Injury Services
Teen Birth Rate....96
Temporary Assistance for Needy Families
Asset Limit....104
Child Only....47
Earnings Gains....105
Job Entry....104
Job Retention....105
Map - Participation Rate by County....109
Maximum Income for TANF Eligibility....104
Maximum TANF Benefit....104
TANF....48
TANF Cash Total....45, 46
Work Participation Hours....104
Work Participation Rate....104
Traumatic Brain Injury Services....22
Tuberculosis Prevention, Control and Elimination....83
Unemployment
Average Annual Rate....90
Children in Families where No Parent Has Full-Time Year-Round Employment....92
Map – Unemployment Rate by County....110
Unemployment Rate....90
Uninsured....102

Map by County ..... 112
Vaccinations ..... 64
Flu Shot ..... 99
Vital Records and Statistics ..... 69
Wages
Average Weekly Wages by County ..... 110
Welfare.... *See* Temporary Assistance for Needy Families, *See* Temporary Assistance for Needy Families
WHC ..... *See* Women's Health Connection
WIC..... *See* Women, Infants, and Children Supplemental Food Program
Women
Female-Headed Households in Poverty ..... 91
Share in Poverty ..... 91
Women, Infants, and Children Supplemental Food Program ..... 65
Map - Participation Rate by County ..... 109
Women's Health Connection Program ..... 70
Women's Health
Mammogram ..... 100
Medicaid Coverage for Pregnant Women ..... 105
Pap Smear ..... 100
Prenatal Care ..... 99
Work Participation - TANF
Hours per Week ..... 104
Work Participation Rate - TANF ..... 104
Working Poor
Definition of Working Poor Family ..... 91
Families with Children ..... 91