



Brian Sandoval
Governor

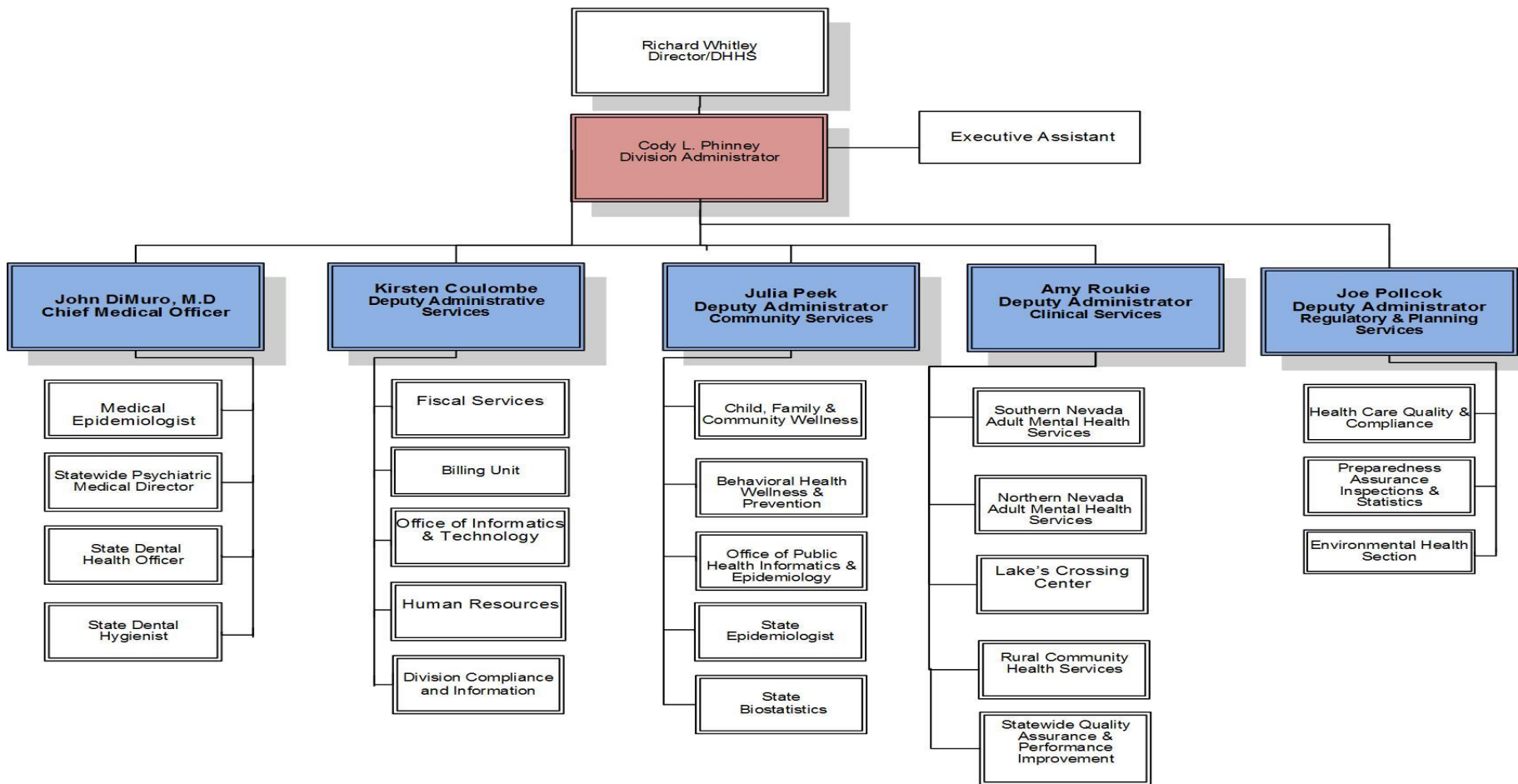


Richard Whitley
Director

State of Nevada
Department of Health and Human Services

Budget Presentation for 2018-2019 Biennium
Division of Public and Behavioral Health
Administrator Cody L. Phinney
January 24, 2017





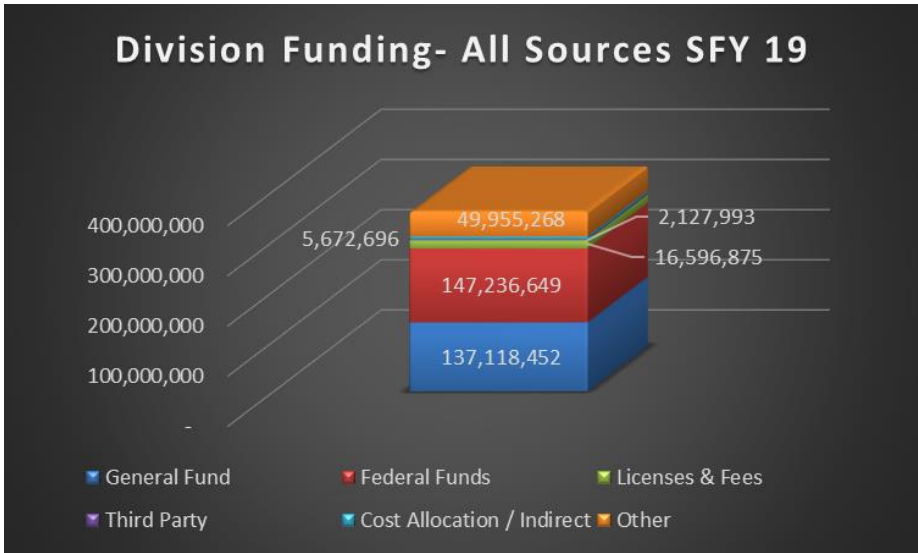
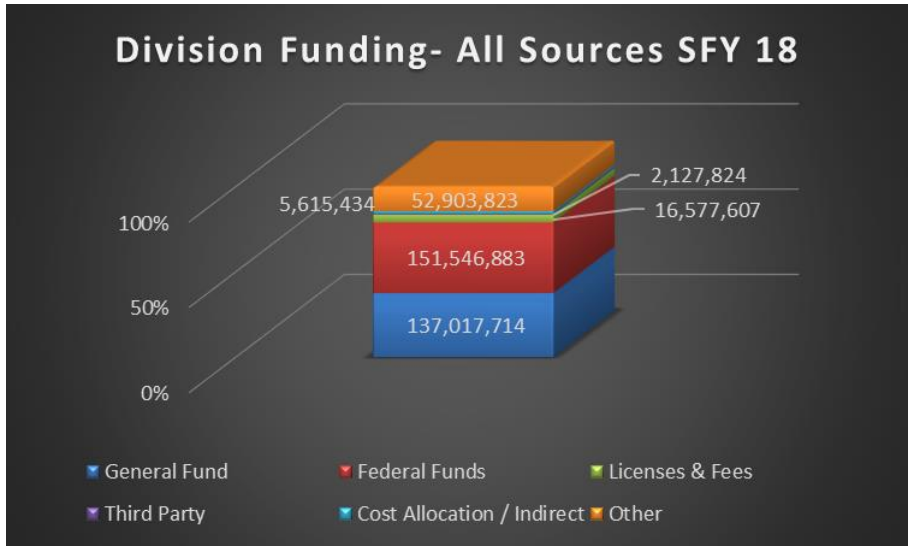
Goals

- **Administrative Services-** implement new technology to maximize use of electronic work flows rather than manual processes
- **Clinical Services-** focus on Behavioral Health Services for justice- involved population.
- **Community Services-** coordinate with healthcare providers, local health districts, schools, and other community stakeholders to offer accurate and timely immunization education and assistance.
- **Regulatory Services-** zero food-borne illness outbreaks in Division permitted food establishments, jails, schools and state institutions.

Accomplishments

- **Administrative**- continuing to increase number of grants
- **Clinical**- achieved seven day admission of forensic inpatient clients and consolidation of pharmacy services across DHHS Divisions to reduce costs and maximize services.
- **Community**- attainment of over a million dollars to support opioid prevention and data analytics.
- **Regulatory**- issuance of operational certificates for over 150 medical marijuana establishments and has approved over 20,000 medical marijuana patient card applications.

Division Funding Sources



Major Issues Facing the Division

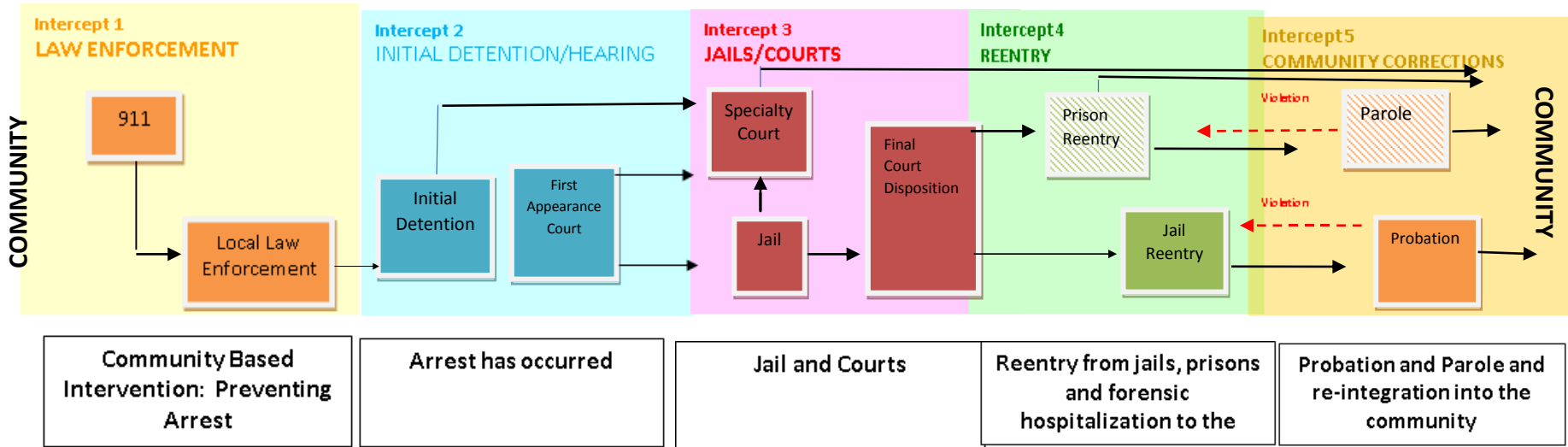
- **Opioid Use-** substance use, prevention and treatment, and the costs to the community continue to be a center of our efforts.
- **Supplemental Payments-** due to CMS rule changes, there will be a reduction in payments to the safety net by Managed Care Organizations
- **Behavioral Health System** -growth of service providers in the community, supply of trained clinical staff to provide access to care statewide and demand for forensic services.
- **Federal Public Health Funding-** changes or repeal of the Affordable Care Act could impact grants related to immunization, maternal and child health, chronic disease, as well as funding passed-through to local providers for services.

Delivery Model Changes

- Expansion of Medicaid allowed previously uninsured consumers of behavioral health services to have access to the community service system. This population was previously limited to the State safety net system.
- During this same period, focus on the de-criminalization of behavioral health issues has increased, resulting in increased demand for services to divert people from criminal justice to health services.
- Using the Sequential Intercept Model, DHHS has made strides and continues to restructure our services to serve this community need.
- Benefits of this shift include improved inclusion of this population in the community, reduction in burden to the criminal justice system and improved health outcomes.

INTERCEPTS BETWEEN CRIMINAL JUSTICE AND MENTAL HEALTH SYSTEMS

ADULT MODEL:

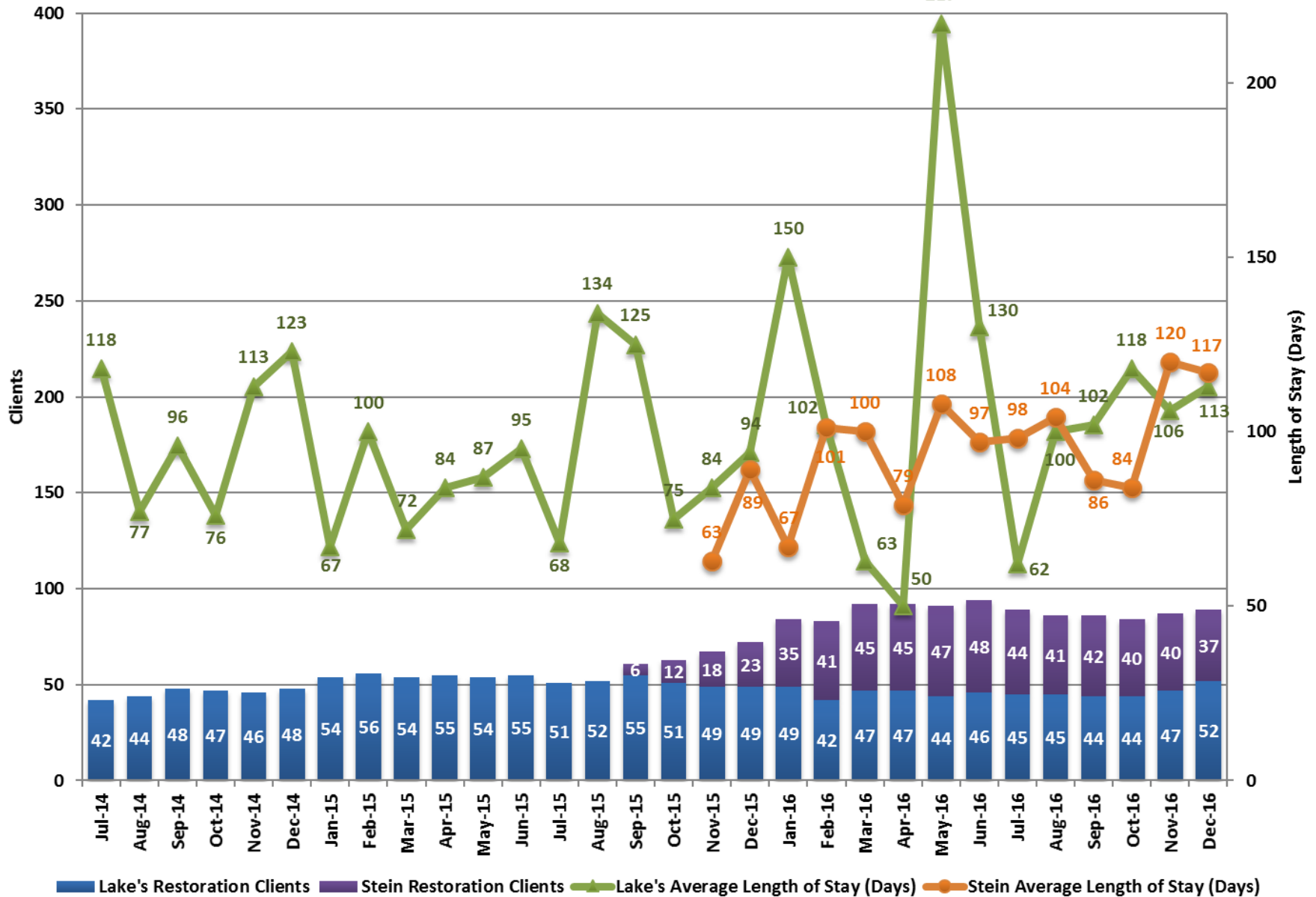


Enhancements

Caseload Requests

- **Forensic Inpatient Capacity**- increase from 47 beds to 78 beds at Stein (55 FTE)
 - **Forensic Intensive Outpatient**- increase of treatment slots from 5 to 8 in FY18 and 11 by FY19 (1 FTE)
 - **Mobile Crisis Services**- support for the Harbor Program for Youth-in-Transition (2 FTE)
 - **Justice-Involved Diversion**- a program for mentally-ill who have contact with the criminal justice system (Adds 7 FTE)
 - Assisted Outpatient Treatment (AOT)
 - Supportive Outpatient Treatment
 - Misdemeanor Diversion
 - Young-Adults-in-Transition program
- *See Appendix A for definitions of the above programs

Adult Forensic Restoration Clients



Enhancements

- **Community Court & Assessment Center-** Provides caseload increases for case management services which links clients to Community Mental Health programs, in collaboration with the courts and law enforcement, to reduce criminal activities. (10 FTE)

Non- Caseload

- **Nevada PIC-** Increase in funding for the Psychology Internship Consortium (PIC), a workforce development strategy in collaboration with the University.
- **Information Technology-** additional cameras to ensure safety and ability to observe all areas on the SNAMHS campus.

Operational Efficiencies

- **Outpatient Pharmacy Services** due to declining demand (5.51 FTE)
- **Medical staff contract** reduced to current utilization levels.
- **Consolidation of Henderson and East Las Vegas Clinic*** as a result of declining demand and expansion of community-based services (9.51 FTE)
- **Intercept Model-** implementation of the shift in service delivery, based on demand, reduces services for the civil population, who are eligible to receive services in other locations (58.51 FTE)

*See Appendix B for coverage map.

Operational Efficiencies Cont.

- **Outpatient Medication Clinic**- outpatient services based on the expanded community resources and a decline in demand (43.04 FTE).
- **Outpatient Counseling**- reduce services based on declining demand and expanded community resources (17.02 FTE)
- **Home Visit Program**- eliminates contract staff in this program with responsibilities to be absorbed by Psychiatric Case Worker staff.
- **Counseling Assessment & Referral (CAR)**- elimination due to community capacity expansion (7 FTE)
- **Rapid Stabilization Unit (RSU)**- due to community capacity expansion, the elimination of the RSU program is being requested (16.53 FTE)

Operational Efficiencies Cont.

- **Forensic Mental Health Team**-staff in the forensic mental health program, this is due to a streamlined approach to services (9.02 FTE)
- **Behavioral Health Administration**- reduction in support staff positions due to operational efficiencies realized (17 FTE)

Summary of Position Adjustments

Eliminations

- Clerical and Related Services- 35
- Domestic Services-1
- Fiscal Management and Staff Services- 5
- Mechanical and Construction Trades- 4
- Medical, Health and Related Services- 127.72
- Unclassified- 14.51

Additions

- Medical, Health and Related Services- 42
- Sworn Law Enforcement (*Forensic Specialists*) 33

*See Appendix F for full list of position changes and current vacancies

Technology Improvement Requests

- **Medication Management Optimization-** to improve and optimize the pharmacy information system by adding physician electronic order entry and medication administration records, which will be integrated.
- **Laboratory Information System-** to improve workflow efficiencies and to support the patient data management process.

*See additional information in Appendix G

Medical Marijuana Program

Patient Registry

- Active patient cardholders- 25,358
- Active caregiver cardholders- 1,759
- Physicians recommending medical marijuana- 484
- New applications received- 1,079
- Renewal applications received- 556
- Applications denied- 0

Establishments

- Certificates issued- 383
- Revocations- 19
- Operating Establishments- 183
- Establishments continuing to progress toward operations- 181

APPENDIX A



Population Definitions

Justice-involved Diversion- Over-arching term for those who have interacted with law enforcement and the courts however have prevailing mental health issues which require treatment and not incarceration.

Assisted Outpatient Treatment - Caseload: 75 Staffing Ratio 12/1
Through NRS 433A, AOT is a civil court petition that mandates outpatient treatment for individuals who have demonstrated failure or non-compliance in all other lower levels of treatment. AOT is built around the national assertive community treatment (ACT) model including ratio.

Supportive Outpatient Treatment - Caseload: 75 Staffing Ratio 15/1
Previously called, “Intensive Service Coordination”, SOT is a step across program for individuals that have either graduated or terminated from AOT and continue to need intensive, assertive treatment in the community outpatient setting. The ratio is slightly higher than AOT for those that have demonstrated success.

Misdemeanor Diversion- Caseload: 30 Staffing Ratio: 15/1

Directed through a District Court order, individuals who are deemed either incompetent without the probability of restoration, or have Serious Mental Illness (SMI) that needs mental health treatment may be diverted through this program upon agreement of the District Attorney and Public Defender, and through a Judge's order to seek mental health treatment in lieu of jail or fines. Demonstration of compliance is provided through SNAMHS staffing coordination.

Young Adult in Transition- Caseload: 45 Staffing Ratio: 15/1

Youth are transitioned from DCFS's from Caliente Youth Center, Nevada Youth Training Center or Summit View Correctional Center, when age 18 and are provided intensive wrap-around services. These youth maintain probation conditions and oversight of DCFS officers in addition to SNAMHS treatment team.

APPENDIX B



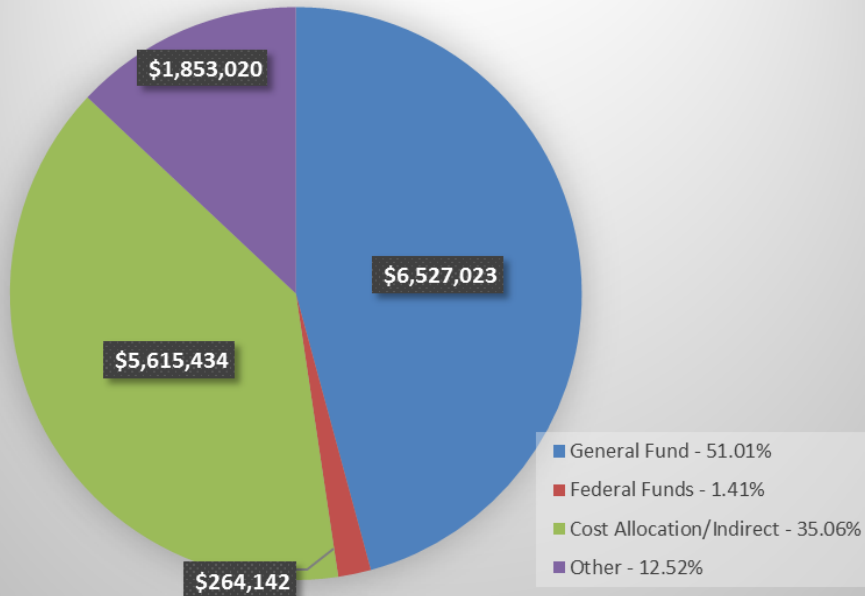
Map of Behavioral Health services Surrounding Impacted Clinic

APPENDIX C

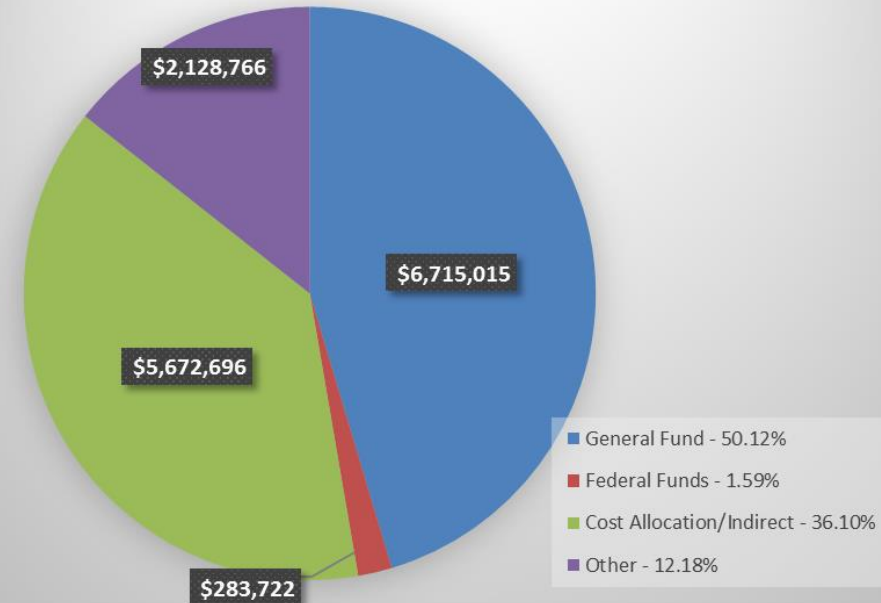
Summary of Funding for the Division

Administrative Services

FY18 Gov. Recommended Resources

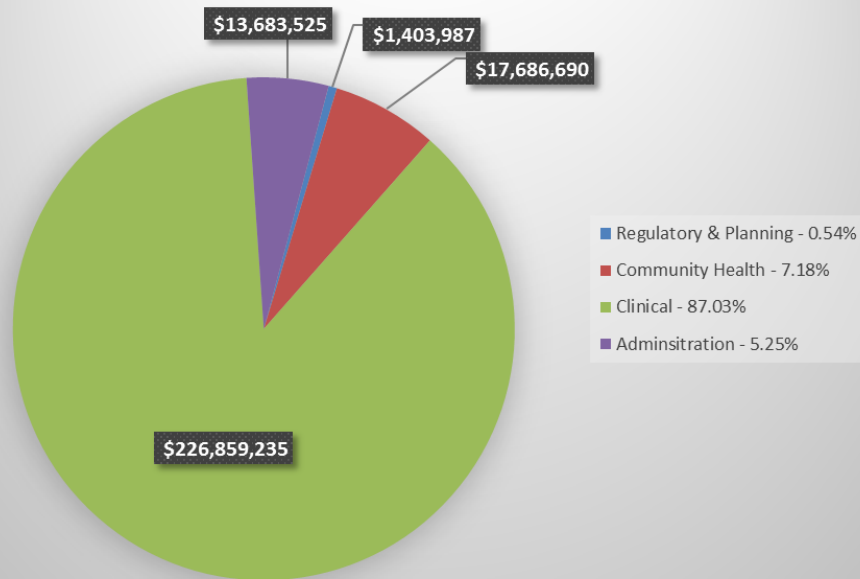


FY19 Gov. Recommended Resources

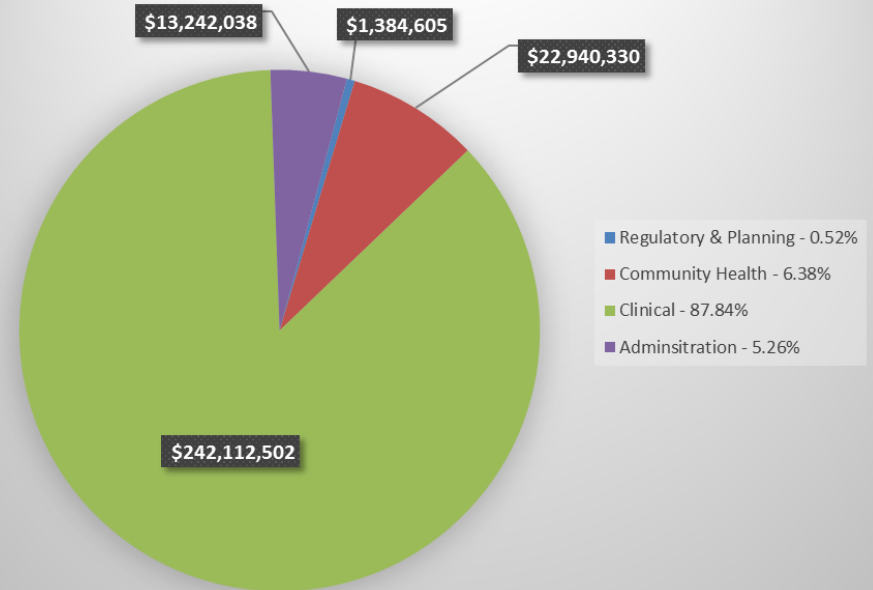


Overview of General Fund for Division

FY16/17 General Fund - Leg Approved

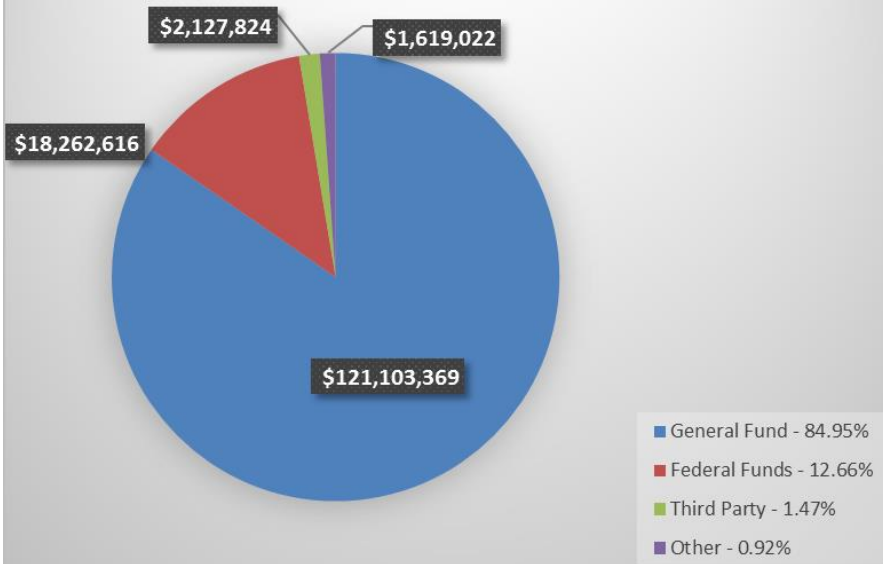


FY18/19 General Fund - Gov Recommended

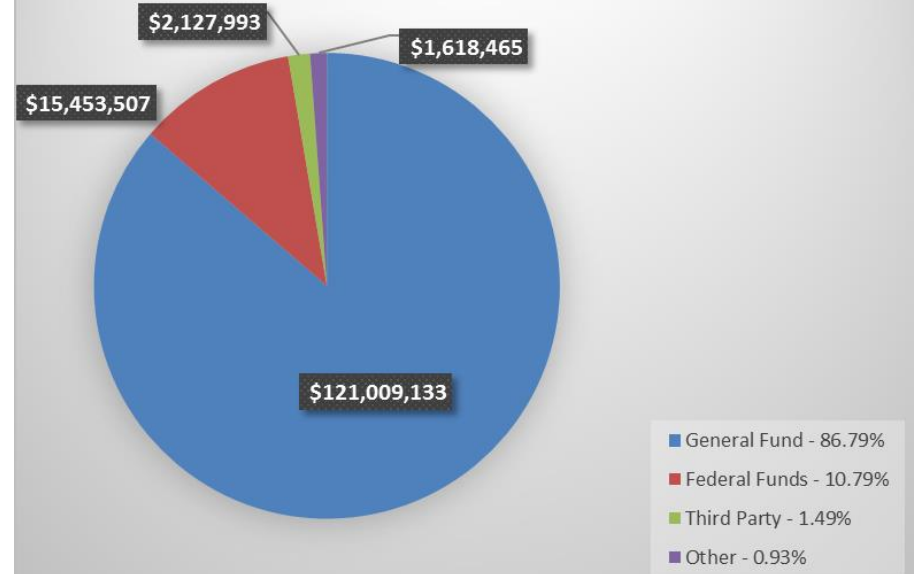


Clinical Services

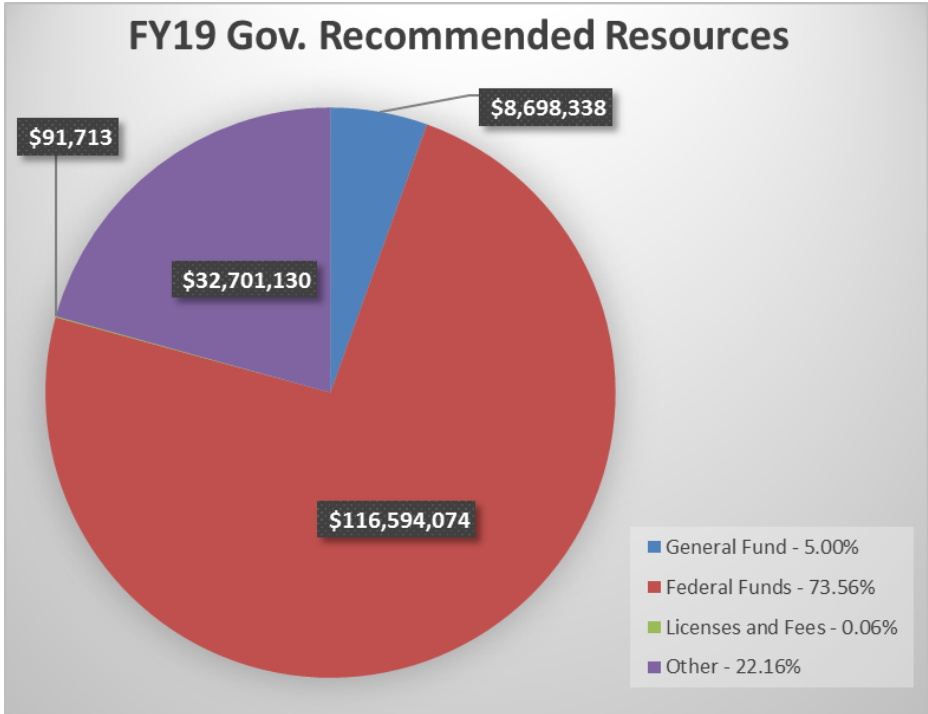
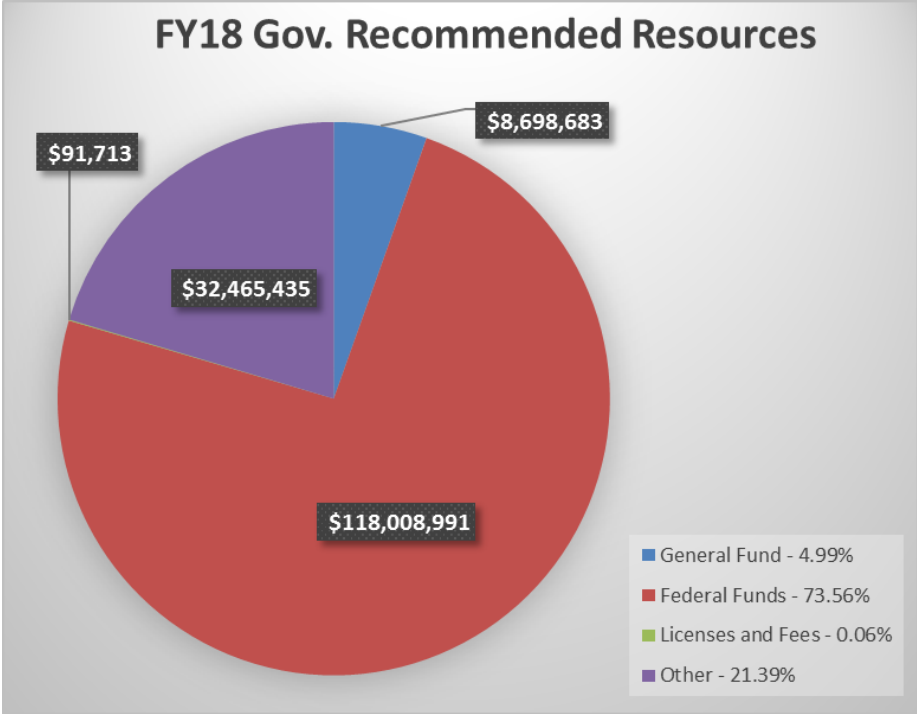
FY18 Gov. Recommended Resources



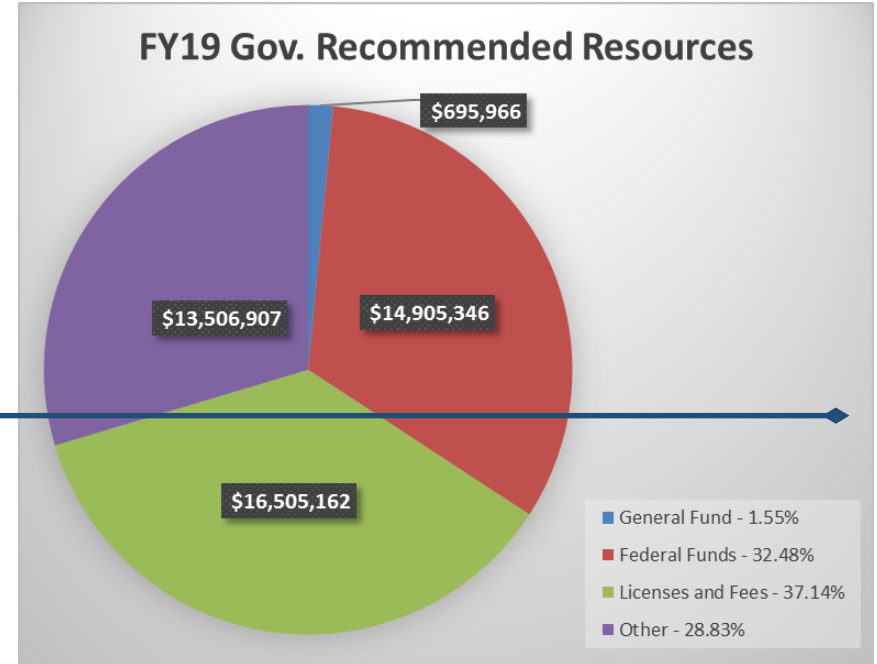
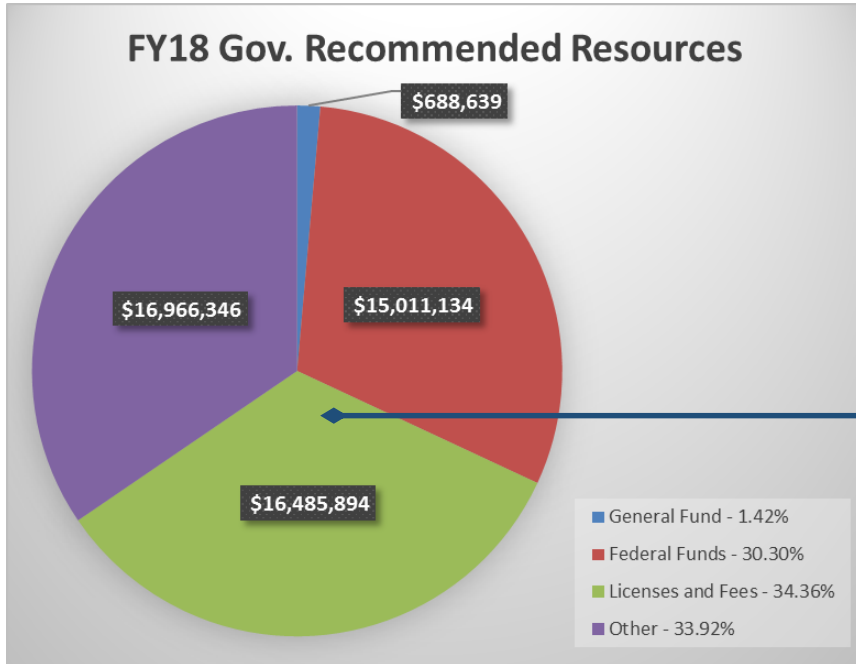
FY19 Gov. Recommended Resources



Community Services



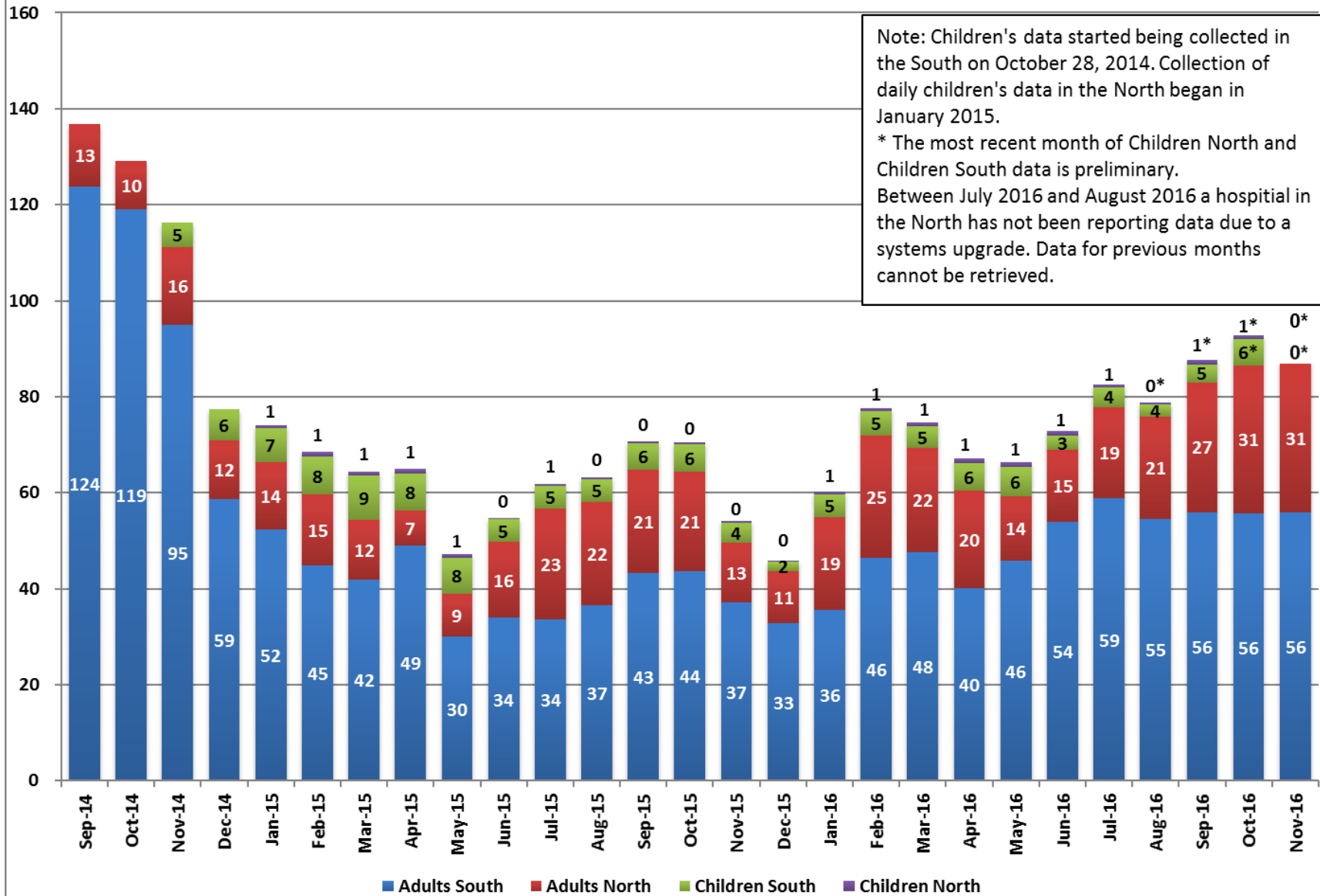
Regulatory and Planning Services



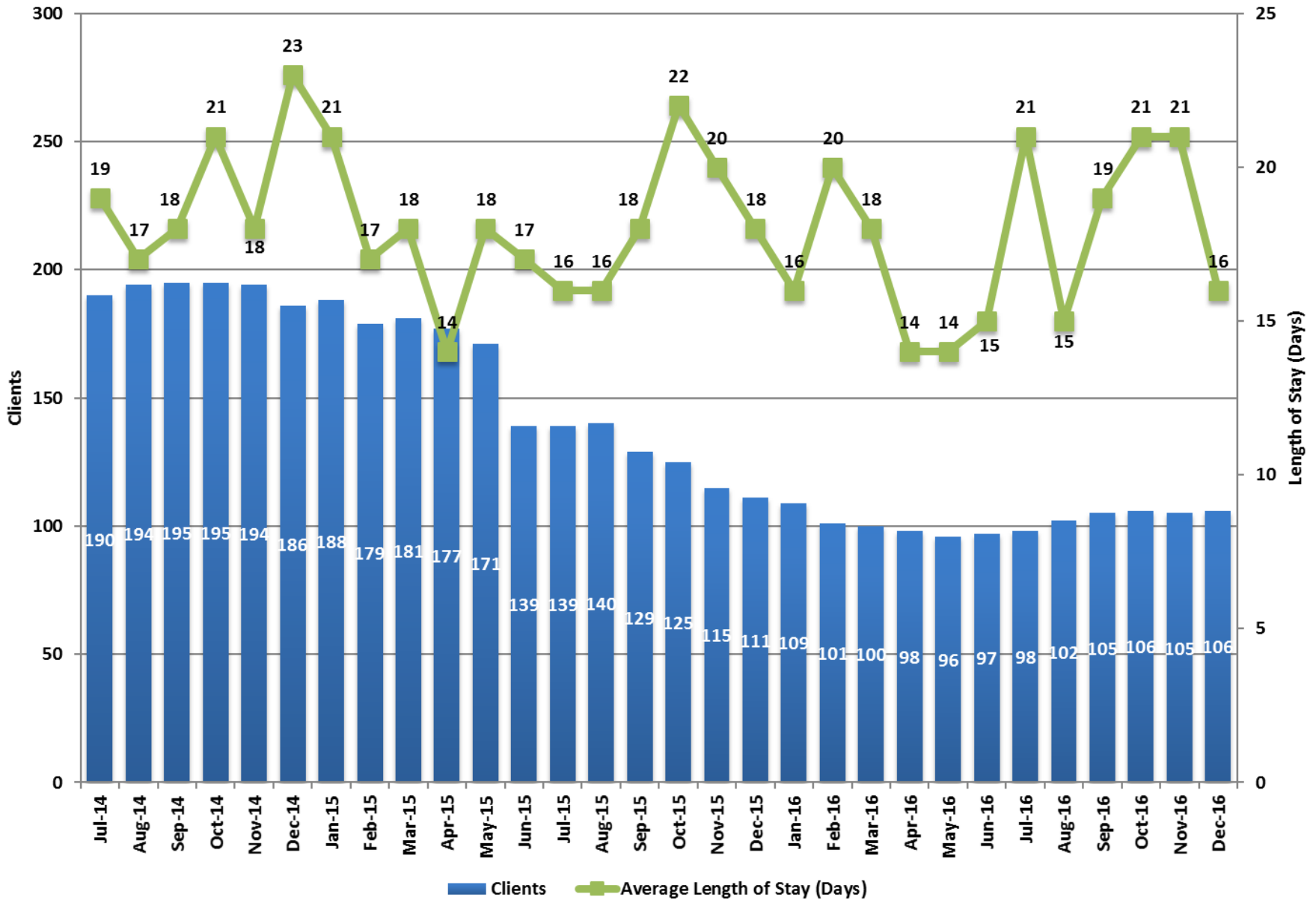
APPENDIX D

Caseloads

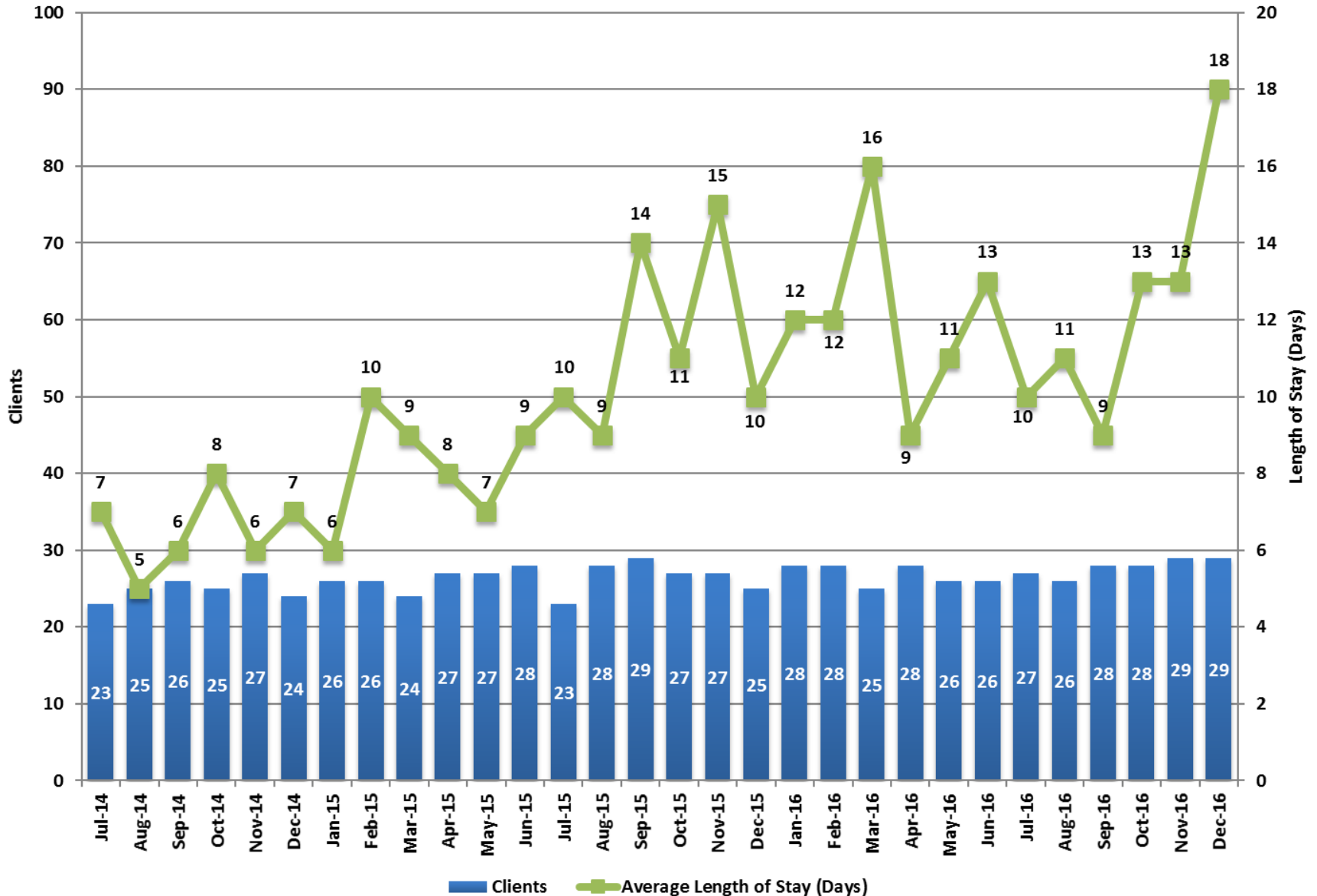
Individuals Waiting in Emergency Rooms for Behavioral Health Services - Monthly Average



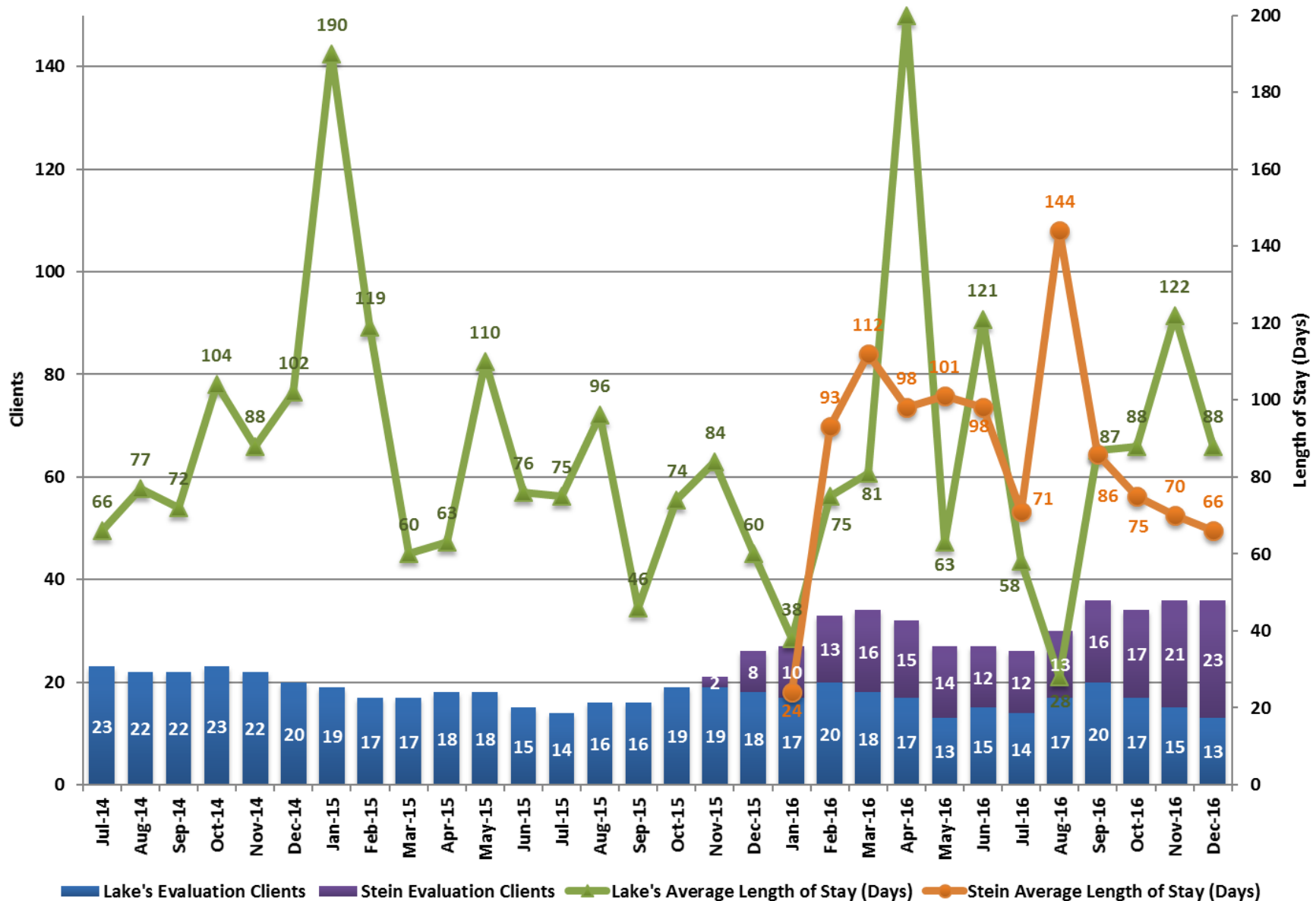
SNAMHS Rawson-Neal Hospital



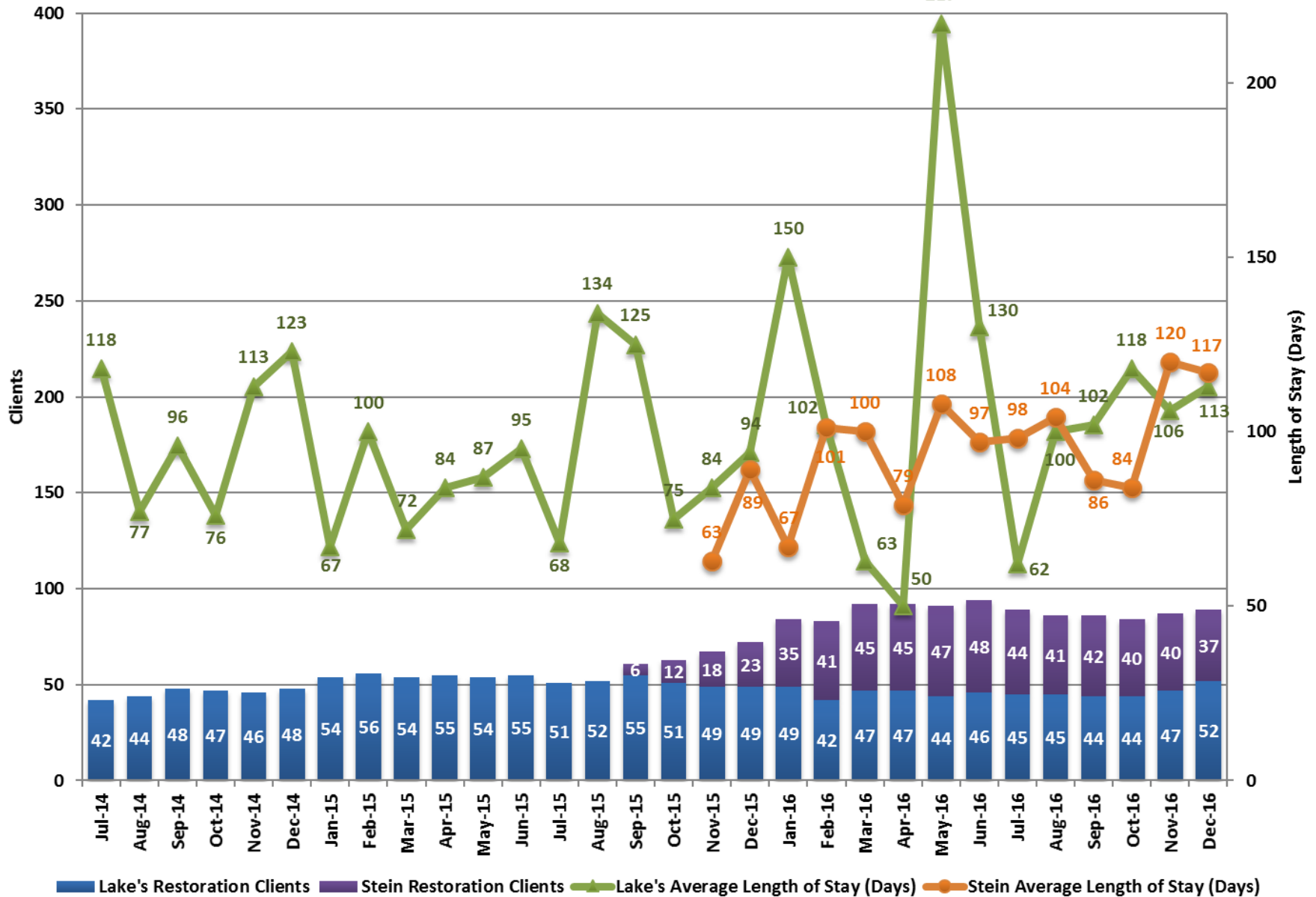
NNAMHS Dini-Townsend Hospital



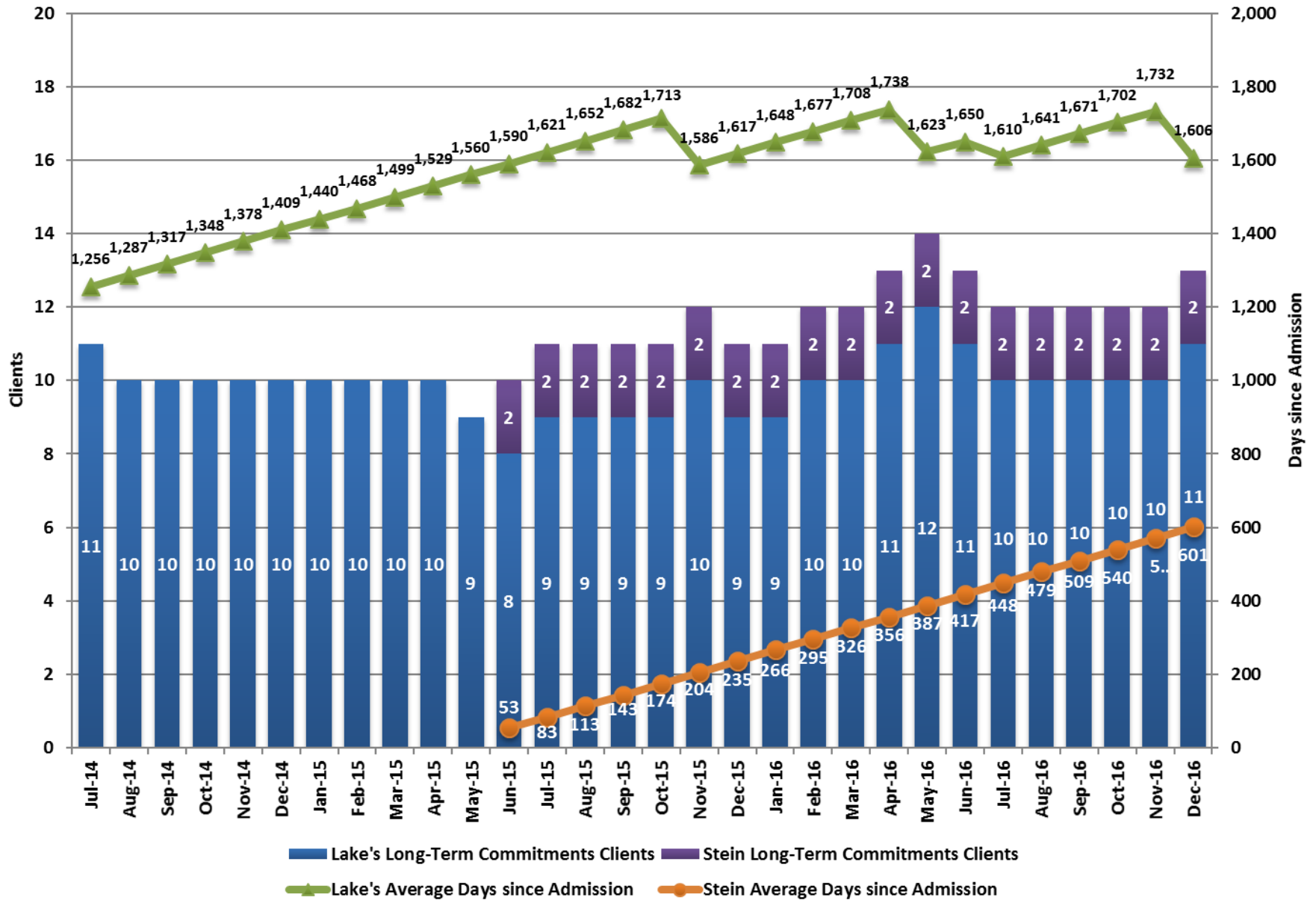
Adult Forensic Evaluation Clients



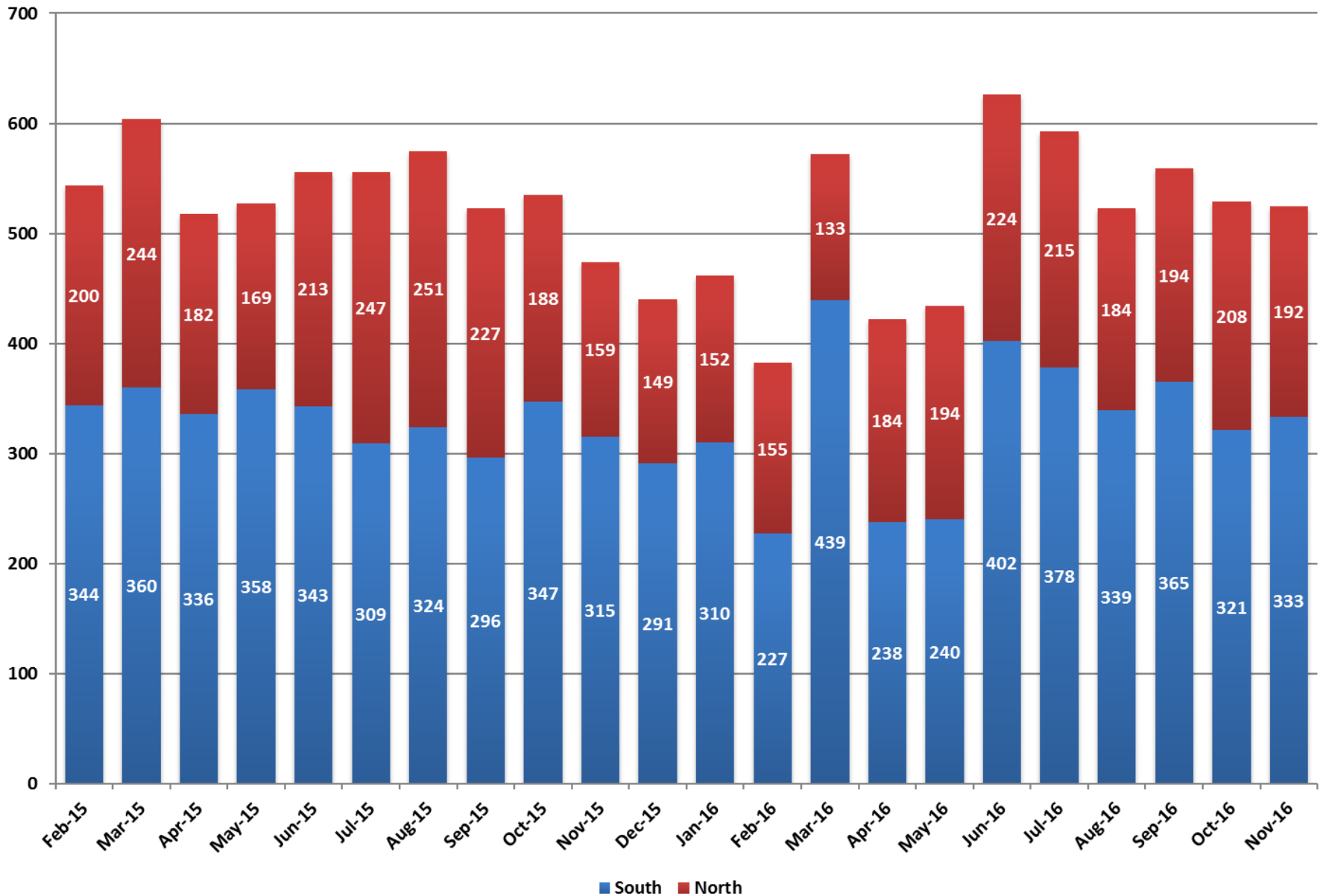
Adult Forensic Restoration Clients



Adult Forensic Long-Term Commitments

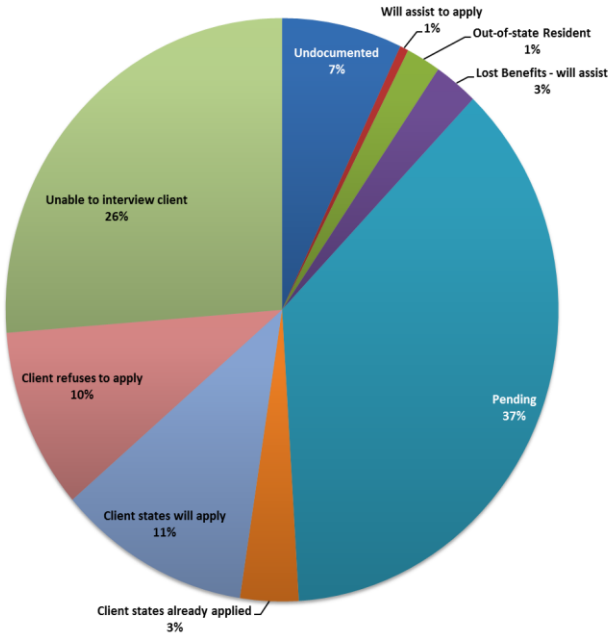


Adult Community Triage Centers - Clients Served

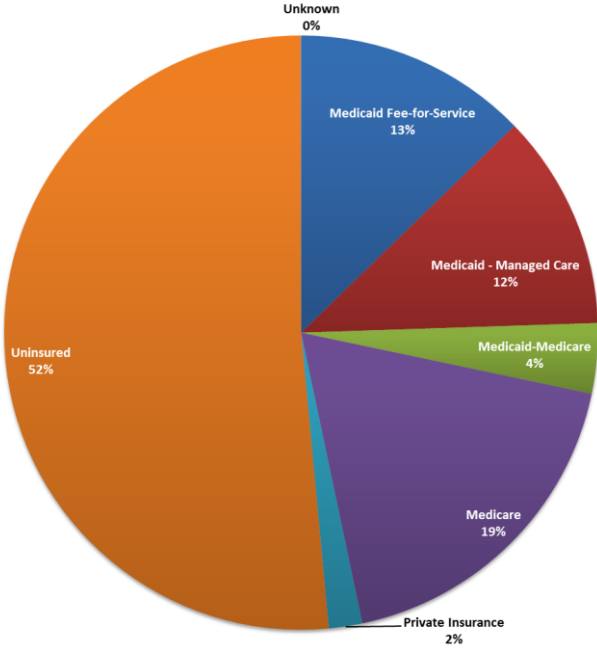


Insurance Status

Reason Uninsured for Adult Inpatient Clients - Statewide, FY17 to date

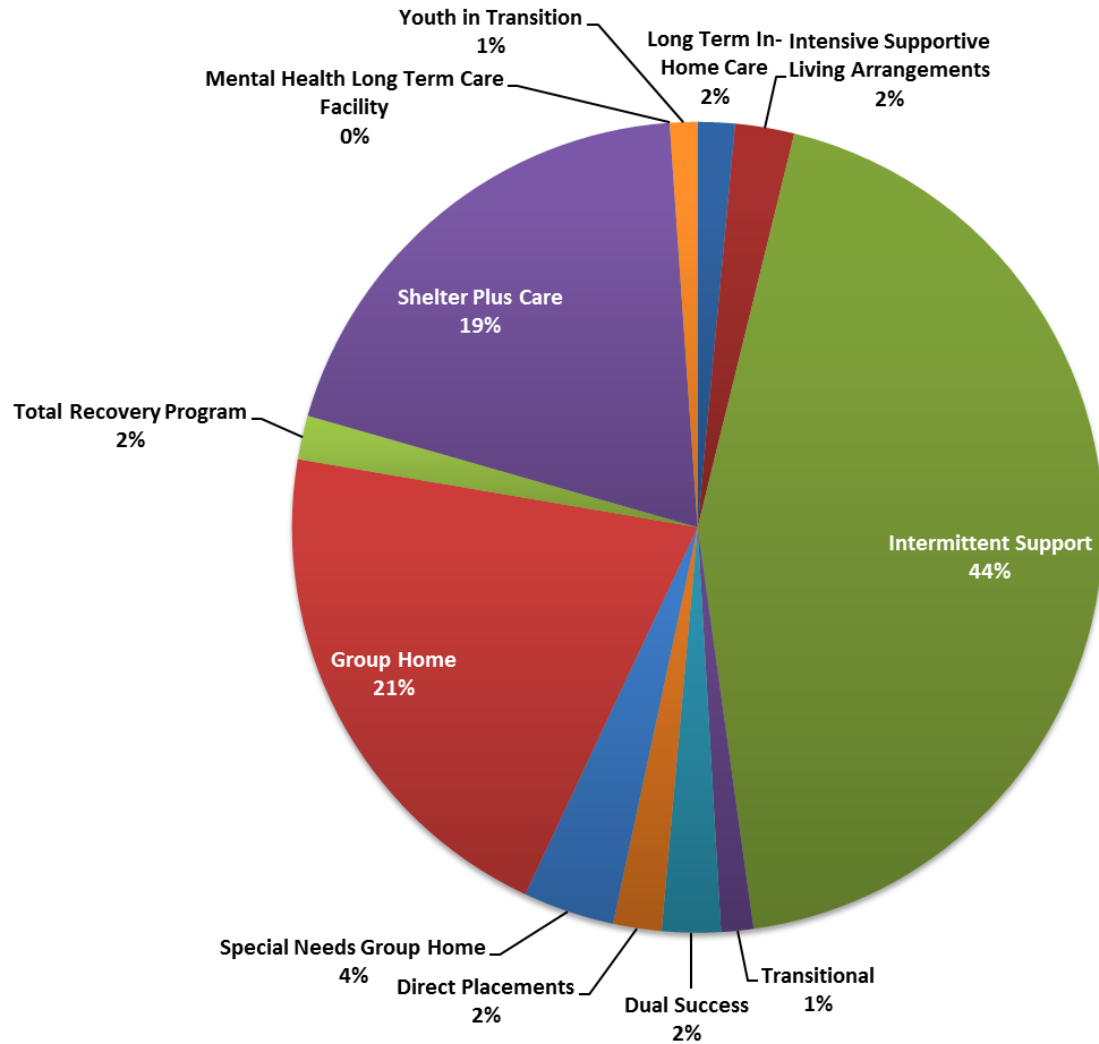


Insurance Status of Inpatient Clients - Statewide, FY17 to date



Housing Support- Statewide

Adult Housing Support by Type - FY 17 to date



APPENDIX E



Budget Accounts and Decision Units

Budget Accounts for DPBH

Administrative Services

3168 Behavioral Health Administration
3223 Office of Health Administration

Regulatory & Planning

3101 Radiation Control
3149 Child Care Services
3152 Low-Level Radioactive Waste
3190 Health Stats and Planning
3194 Consumer Health Protection
3216 Health Care Facilities Regulation
3217 Health Facilities-Admin Penalty
3218 Public Health Preparedness
3235 Emergency Medical Services
4543 Medical Marijuana Establishments
4547 Marijuana Health Registry

Clinical Services

3161 Southern Nevada Adult Mental Health Services
3162 Northern Nevada Adult Mental Health Services
3224 Community Health Services
3645 Lake's Crossing Center
3648 Rural Clinics

Community Services

3153 Cancer Control Registry
3170 Behavioral Health Prevention & Treatment
3213 Immunization Program
3214 WIC Food Supplement
3215 Communicable Diseases
3219 Biostatistics and Epidemiology
3220 Chronic Disease
3222 Maternal Child Health Services
3255 Alcohol Tax program

Administrative Services

BA	Dec Unit	Description	Biennial Funding	State FTE
3168	E225	Requests funding for the Nevada Psychology Internship Consortium (NV-PIC)	General Fund \$205,200 Total Funding \$285,000	
3168	E226	Requests the elimination of five positions that are no longer required due to efficiencies in the program resulting from streamlining processes.	General Fund \$(993,108) Total Funding \$(1,017,864)	(5.00)
3168	E550	Requests funding for the Division's share of an integrated medication management system.	General Fund \$1,653,039 Total Funding \$1,653,039	

Clinical Services

BA	Dec Unit	Description	Biennial Funding	State FTE
3161	M101	Requests medical inflation.	General Fund \$224,235 Total Funding \$224,235	
3161	M201	Requests funds for a projected increase in forensic inpatient caseload at the Stein Hospital.	General Fund \$9,174,023 Total Funding \$9,174,023	55.00
3161	M202	Requests funds for a projected increase in forensic outpatient caseload.	General Fund \$149,115 Total Funding \$149,115	1.00
3161	M204	Requests funds for a projected increase in the Justice Involved Diversion program caseload.	General Fund \$979,827 Total Funding \$979,827	7.00
3161	M206	Requests funds for a projected increase in the Mobile Crisis caseload.	General Fund \$438,927 Total Funding \$438,927	2.00
3161	E225	Reduces Pharmacy staff.	General Fund \$(366,148) Total Funding \$(366,148)	(2.00)
3161	E226	Reduces funding for the internal medicine contract to match expected usage.	General Fund \$(996,062) Total Funding \$(996,062)	
3161	E227	Reduces funding for the East Las Vegas Clinic.	General Fund \$(349,737) Total Funding \$(349,737)	(2.00)
3161	E228	Closes the Henderson Clinic	General Fund \$(1,990,129) Total Funding \$(1,990,129)	(9.51)
3161	E229	Implementation of the Intercept Model	General Fund \$(7,500,907) Total Funding \$(7,500,907)	(58.51)
3161	E550	Requests a laboratory information system (LIS) to support onsite medical laboratory testing.	General Fund \$293,774 Total Funding \$293,774	
3161	E231	Medication Clinic reductions	General Fund \$(5,519,635) Total Funding \$(5,519,635)	(31.00)

Clinical Services Continued

3161	E230	Eliminate Outpatient Counseling.	General Fund \$(1,223,815) Total Funding \$(1,223,815)	(8.00)
3161	E232	Eliminate Home Visitation Program.	General Fund \$(613,568) Total Funding \$(613,568)	
3161	E233	Reduction/Realignment of Administrative/Business Office staff	General Fund \$(1,317,457) Total Funding \$(1,317,457)	(12.00)
3161	E720	Requests funding for security cameras in the Rawson-Neal Hospital.	General Fund \$83,389 Total Funding \$83,389	
3161	E815	Requests the reclassification of the unclassified Pharmacist III to an unclassified Pharmacist II.	General Fund \$(26,782) Total Funding \$(26,782)	
3162	M101	Requests medical inflation.	General Fund \$30,925 Total Funding \$30,925	
3162	M102	Requests food inflation.	General Fund \$17,328 Total Funding \$17,328	
3162	M207	Requests funds for a projected increase in Intensive Supported Living Arrangement caseload.	General Fund \$663,683 Total Funding \$663,683	
3162	E225	Reduces Pharmacy staff.	General Fund \$(709,597) Total Funding \$(709,597)	(3.51)
3162	E226	Eliminates the Rapid Stabilization (RSU) Program.	General Fund \$(3,688,337) Total Funding \$(3,688,337)	(16.53)
3162	E227	Eliminates the Forensic Mental Health Program	General Fund \$(1,195,527) Total Funding \$(1,195,527)	(8.60)
3162	E228	Medication Clinic reductions	General Fund \$(2,597,028) Total Funding \$(2,597,028)	(12.04)
3162	E229	Eliminate Forensic Mental Health	General Fund \$(1,027,546) Total Funding \$(1,027,546)	(9.02)
3162	E231	Eliminates the Counseling Assessment and Referral (CARS) Program	General Fund \$(994,872) Total Funding \$(994,872)	(7.00)

Clinical Services Continued

3645	M101	Requests medical inflation.	General Fund \$43,726 Total Funding \$43,726	
3645	M102	Requests food inflation.	General Fund \$39,808 Total Funding \$39,808	
3645	E225	Eliminates part-time Psychiatric Caseworker II.	General Fund \$(93,773) Total Funding \$(93,773)	(0.51)
3645	E226	Requests a replacement client transport vehicle.	General Fund \$11,882 Total Funding \$11,882	
3648	E225	Requests six new Fleet Services vehicles for transportation throughout the rural areas of Nevada.	General Fund \$31,146 Total Funding \$31,146	

Community Services

BA	Dec Unit	Description	Biennial Funding	State FTE
3213	E490	The Nevada Immunization Interoperability Capacity Building Grant is set to sunset in the second year of the biennium.	General Fund \$0 Total Funding \$(222,138)	
3213	E491	The Attorney General Settlement funds (Glaxo Smith Klein) will not be available in the second year of the biennium.	General Fund \$0 Total Funding \$(208,146)	
3214	E490	The Healthy Hunger-Free Kids Act Demonstration Project ends on June 30, 2018. Funding for FY18 has been requested in the amount of \$311,769, but none in FY19.	General Fund \$0 Total Funding \$25,412	
3215	E902	Requests the transfer of the Bureau Chief from BA 3215, Communicable Diseases, to BA 3222, Maternal Child Health Services. This position oversees the Bureau of Child, Family and Community Wellness, whereas BA 3215 is in the Bureau of Behavioral Health Prevention and Treatment.	General Fund \$(275,453) Total Funding \$(275,453)	(1.00)
3220	E901 E501	Requests the transfer of the Health Program Manager III from BA 3222, Maternal Child Health Services, to BA 3220, Chronic Disease, to align funding sources with current duties.	General Fund \$0 Total Funding \$251,548	1.00
3222	E901	Requests the transfer of the Health Program Manager III from BA 3222, Maternal Child Health Services, to BA 3220, Chronic Disease, to align funding sources with current duties.	General Fund \$(251,548) Total Funding \$(251,548)	(1.00)
3222	E902	Requests the transfer of the Bureau Chief from BA 3215, Communicable Diseases, to BA 3222, Maternal Child Health Services. This position oversees the Bureau of Child, Family and Community Wellness, whereas BA 3215 is in the Bureau of Behavioral Health Prevention and Treatment.	General Fund \$275,453 Total Funding \$275,453	1.00

Regulatory and Planning Services

BA	Dec Unit	Description	Biennial Funding	State FTE
3101	E720	Requests four Backpack Isotope Identifiers each year of the biennium. This will allow the division to replace old technology equipment and possibly the emergency response truck.	General Fund \$0 Total Funding \$246,784	
3216	E490	The State Background Check Program grant will expire September 30, 2017. Federal funding for FY18 has been requested in the amount of \$105,788, but none in FY19; HCQC will be required to maintain the background check system from its own resources going forward.	General Fund \$0 Total Funding \$(10,060)	

APPENDIX F

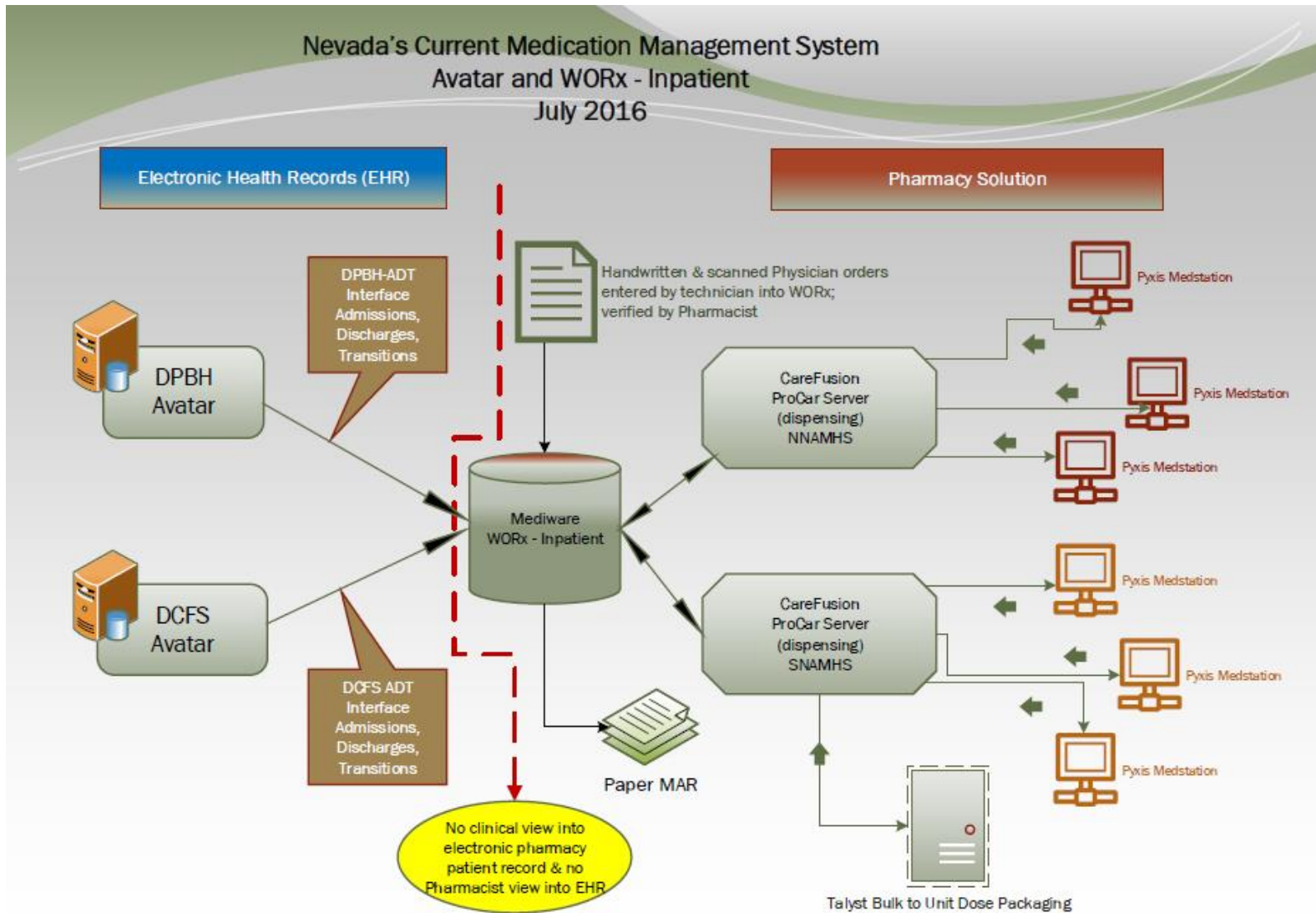
Summary of
Recommended
Position Adjustments
for 2017-19 Biennium

Class Description	Eliminated	New	Vacant
ACCOUNTANT	1.00		
ACCOUNTANT TECHNICIAN	1.00		1.00
ACCOUNTING ASSISTANTS	5.00		8.00
ACTIVITIES THERAPY TECH	1.00		2.00
ADMIN ASSISTANTS	28.00		21.00
CLINICAL PROGRAM MANAGERS	3.00		
CLINICAL PROGRAM PLANNER	1.00		2.00
CLINICAL SOCIAL WORKERS	9.00		10.00
COMMUNITY HEALTH NURSES	2.00		3.00
CUSTODIAL WORKERS	3.00		3.00
DPS LIEUTENANT		1.00	
DRIVER - VAN/AUTOMOBILE	1.00		1.00
FACILITY SUPERVISOR	1.00		
FORENSIC SPECIALISTS		32.00	
HEALTH INFO COORDINATORS	2.00		
IT PROFESSIONAL	1.00		1.00
LABORATORY TECHNICIAN	0.51		2.00
LICENSED PSYCHOLOGISTS	7.00		5.00
MANAGEMENT ANALYST	1.00		1.00
MENTAL HEALTH COUNSELORS	4.00	1.00	5.00
MENTAL HEALTH TECHNICIANS	31.51		11.00
MICROBIOLOGISTS	2.00		2.00
MID-LEVEL MEDICAL PRACTITIONER	0.51		4.00
PERSONNEL TECHNICIAN	1.00		2.00
PHARMACISTS	6.00		4.00
PHARMACY TECHNICIANS	7.51		7.00
PSYCHIATRIC CASEWORKERS	4.02	21.00	4.00
PSYCHIATRIC NURSES	45.64	20.00	64.00
PSYCHOLOGICAL ASSISTANT	0.51		
QUALITY ASSURANCE SPECIALISTS	3.00		1.00
SR PSYCHIATRISTS (RANGE C)	8.51		39.00
SUBSTANCE ABUSE COUNSELORS	2.51		1.00
SUPPLY ASSISTANT	1.00		1.00
SUPPLY TECHNICIAN	1.00		1.00
THERAPEUTIC RECREATION SPEC	1.00		
Total	187.23	75.00	206.00
Net Eliminations	112.23		

APPENDIX G

Illustration of Pharmacy TIR

The Current system – one way data... a risk!



Hand Written Orders

Other _____

PRECAUTIONS:

Routine q 15-min checks 1:1 SP I SP II

Seizures AWOL Building Restriction

Other _____

Diet: Regular

Therapy: Individual, Family: THERAPIST: MS Nicole

VS: Admission and twice a week

WT 122 1/2 lbs on admission and q week

HT 5' 6" on admission and q monthly

Physical Exam

Lice Check, Call M.D. if @

Other _____

MD SIGNATURE REQUIRED.

MEDICATIONS:

Tylenol 325 mg T q 6 hrs PRN Pain or Fever - Not To Exceed 4 in 24° OR

Ibuprofen 200 mg T q 6 hrs PRN Menstrual Cramps or Pain - Not To Exceed 4 in 24°

Maalox 30 ml po q 6 hrs PRN Upset Stomach - Not To Exceed 60cc in 24°

MOM 15 ml q bedtime PRN Constipation - Not To Exceed 30ml in 24°

20 mg 100mcg po bid Depression, Thezodone 150mcg po q 7pm - Keep on hand for 0-1 mg po at 7pm - NCHMA

MNE + 1 tab po bid - Supplement, Vitamin 50mcg po bid for anxiety, ensure 2000 po bid - Nutrition

Ability 5mg po bid - Psychosis, Ability 10mg po bid - Psychosis

3/8/16 Time 11 A.M. P.M.

Date _____ Time _____

M. Hasina M.D. _____ M.D.

Physician Print Name Physician Signature

[Signature] _____ M.D.

Parent / Legal Custodian Signature Date _____

3/9/16 _____

Witness Signature Date

Medication Admin Record

PAGE _____ OF _____ MONTH March YEAR 2016 ALLERGIES: AKA

Order Date	Int.	Rev Date	Stop Date	MEDICATION, DOSE, ROUTE, FREQUENCY	Date Time	3/8	9	10	11	12	13	14	15	16	17	18	19	20	21
2/20/16	AD	3/1/16		Pack Fluids 3000 0.1% white acetate	0800	/	/	/	/	/	/	/	/	/	/	/	/	/	/
				Hydration	1000	/	/	/	/	/	/	/	/	/	/	/	/	/	/
2/12/16	AD	3/1/16		Zyprexa Zeldis 10 mg po bid	0800	/	/	/	/	/	/	/	/	/	/	/	/	/	/
3/11/16	AD	4/9		psychosis	0800	/	/	/	/	/	/	/	/	/	/	/	/	/	/
2/20/16	AD	3/1/16		Lexapro 20mg po Q AM	0800	/	/	/	/	/	/	/	/	/	/	/	/	/	/
				Anxiety & Depression	0800	/	/	/	/	/	/	/	/	/	/	/	/	/	/
				PPS Protocol		/	/	/	/	/	/	/	/	/	/	/	/	/	/
				APMC B10 dosed per protocol		/	/	/	/	/	/	/	/	/	/	/	/	/	/

Place time given and initial in square below date given. Reason given and refusal reason goes on back. If refused, circle initials and note reason on back. **BLACK INK ONLY** 3/8/16 3/9/16 3/10/16 3/11/16 3/12/16 3/13/16 3/14/16 3/15/16 3/16/16 3/17/16 3/18/16 3/19/16 3/20/16 3/21/16

SIGNATURE	Int.	PRINT NAME	SIGNATURE	Inj.	PRINT NAME
[Signature]	TS	TERESA STEPHENSON	[Signature]	TS	TERESA STEPHENSON
[Signature]	TS	ANGELA D ROOSEVELT, RN	[Signature]	TS	ANGELA D ROOSEVELT, RN
[Signature]	TS	TRACY MURPHY	[Signature]	TS	TRACY MURPHY
[Signature]	TS	DEBRA DEPPER	[Signature]	TS	DEBRA DEPPER

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NAME: _____
FILE NO: _____

APPENDIX H

Medical Marijuana Caseload

MME Type	*Number of MMEs Originally Issued Provisional Certificates	Revoked / Expired / Surrendered Certificates	Final Certificates Issued	Remaining Provisional Certificates
Dispensary	66	0	56	10
Cultivation	182	10	74	98
Production	118	5	42	71
Laboratory	17	4	11	2
Totals	383	19	183	181