AGENCY DIRECTORS' REPORT

AGENCY: SNAMHS      SUBMITTED BY: Sharon Dollarhide      DATE: 3/3/2017

Reporting Period: 3/1/2017

STAFFING

Positions filled: In the past three months, we have hired 7 Forensic Specialists I's, 2 Forensic Specialist II's, and 5 Forensic Specialist IV's.

Vacancies: Currently we have the following vacancies: 16 Forensic Specialist III's, 1 Forensic Specialist IV, 2 Clinical Social Worker II's (on hold), .51 FTE Substance Abuse Counselor II (on hold), 1 Activity Therapy Technical II (on hold), 1 Mental Health Technician IV (on hold), and 1 Licensed Psychologist I (on hold).

Difficulties filling: We have a difficult time filling Forensic Specialist III positions. 9 FS packages are pending background searches. FS position was reposted with a closing date of 3/10/17.

CASELOADS/WAITING LISTS

Program: Inpatient: Program: Outpatient:
Caseload: 67 Caseload:
Waiting List: 10, beds offered to all 425's w/in 7 days Waiting List:

Program: Outpatient Compency Evaluations

Program: Click here to enter text.

Caseload: 2 Caseload: Click here to enter text.
Waiting List: N/A Waiting List: N/A

Program: Click here to enter text.

Caseload: Click here to enter text.
Waiting List: Waiting List:

PROGRAMS

New Programs: No new programs

Program Changes: During this reporting period, efforts to separate Stein from Rawson-Neal were initiated. A letter was sent to HCQC requesting that the forensic beds, 93 in total, be reduced from participation in CMS certification. HCQC will then complete the proper CMS forms to finish the request. Stein with 63 beds and CPOD with 30 add up to the 93 beds. RN will retain 181 beds that are certified for CMS reimbursement. This request was made to The Joint Commission as well.

Service Needs/Recommendations

Adequate staffing levels is an issue of concern for Stein. On 2/6/17, Stein took over staffing responsibilities from SNAMHS Staffing Department. We are in the process of designating position control numbers (PCN's) for Stein and establishing an on-call list. Staffing levels have been based on a 3 clients to 1 staff ratio, however this is inadequate to meet program operations and building design. An alternative staffing level has been proposed for Stein.
As reported above, recruitment and retention is a concern. We are experiencing difficulty in recruiting Forensic Specialists, Forensic Specialist supervisors, and clinicians (although current vacancies for Licensed Psychologist I and Clinical Social Worker II's are on hold pending budget cuts at Rawson-Neal and SNAMHS Outpatient Services). Until January 2017, we had no qualifying candidates for our 6 Forensic Specialist IV positions. After targeted efforts were initiated to assist individuals in meeting the MQ's for FS IV, we were able to hire 5 of 6 positions. We are in the process of training these individuals.
AGENCY DIRECTORS' REPORT

AGENCY: Rural Services SUBMITTED BY: Tina Gerber-Winn, MSW DATE: 3/3/2017

Reporting Period: 2/28/2017

STAFFING

Positions filled: Two Clinical Program Planner I's at Rural Clinics Administration.

Vacancies: Clinical Social Worker II (Yerington), Administrative Assistant II and Mental Health Counselor II (Carson City), 2 Mental Health Counselor II (Gardnerville), Clinical Program Manager I (Silver Springs), Psychiatric Caseworker II (Fallon), Psychiatric Nurse II (Ely), Psychiatric Nurse II (Elko)

Difficulties filling: Psychiatric Nurse II (2 positions)

CASELOADS/WAITING LISTS

<table>
<thead>
<tr>
<th>Program: Outpatient Counseling</th>
<th>Program: Residential Supports</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caseload: 273 youth; 1,043 adult</td>
<td>Caseload: 1 youth; 40 adult</td>
</tr>
<tr>
<td>Waiting List: 35 youth; 159 adult</td>
<td>Waiting List: 0 youth; 0 adult</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program: Service Coordination</th>
<th>Program: Psychosocial Rehabilitation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caseload: 22 youth; 275 adult</td>
<td>Caseload: 9 youth; 136 adult</td>
</tr>
<tr>
<td>Waiting List: 3 youth; 9 adult</td>
<td>Waiting List: 0 youth; 0 adult</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program: Medication Clinic</th>
<th>Program: Mental Health Court</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caseload: 256 youth; 1,555 adult</td>
<td>Caseload: 31 adult</td>
</tr>
<tr>
<td>Waiting List: 33 youth; 127 adult</td>
<td>Waiting List: 1 adult</td>
</tr>
</tbody>
</table>

PROGRAMS

Rural Mobile Crisis Response Team, a collaboration between Rural Clinics and the Division of Child and Family Services (DCFS) that provides crisis services to youth and their families, became fully operational in November 2016. We are currently in the process of developing formalized procedures with DCFS. Rural Clinics continues to work with counties in the development of Sequential Intercept model including, Mobile Outreach Safety Teams, Forensic Assessment Services and Triage Teams, and ongoing mental health training for law enforcement. Rural Clinics is in the process of developing a contract with Department of Corrections (Northern Nevada Correctional Center and Warm Springs Correctional Center) to provide continuity of care during an inmate’s reentry into the community, by providing needed behavioral health services and community resource connection, such as housing. Rural Clinics is continuing to provide mental health services to the Juvenile Justice system in Carson City, including diversion court assessments, behavioral health interventions and service coordination. Rural Clinics is collaborating with the Nevada Rural Hospital Partnership to provide behavioral health consultation services in rural emergency rooms. Beginning in March 2017, the clinic in Carson City will become the primary screening center for this project, providing consultation services Monday through Friday 8am-5pm. Rural Clinics is developing a proposal for the Crisis Call Center to provide telephonic crisis care for clinic patients during non-business hours. Staff completed continuity of care service agreements in Fallon and Fernley with community behavioral health providers, New Frontier Treatment Center and Amber Creek Counseling this quarter. Rural Clinics is finalizing an agreement to provide shared work space and requested psychological testing for the Department of Employment and Training and Rehabilitation (Vocational Rehabilitation). Work has begun on a pilot program within the Gardnerville Rural Clinic that will provide a virtual financial assessment tool to capture an individual’s eligibility for financial benefits and improve access to care as well as revenue generation opportunities.

Service Needs/Recommendations

There is a shortage of qualified behavioral health providers in rural Nevada. The agency is assessing the need to utilize contracted professional staff to improve service access in many clinics. Of greatest concern is Hawthorne as the mental health worker previously serving the community retired last month. Staff has identified a need to restructure utilization management procedures, which will likely include the development of utilization review committees and procedures to better support case load management and community integration.
Difficulties continue with recruiting and retaining behavioral health providers in the rural areas of the state. The Agency's assigned fiscal staff recently changed which has created some slowing of fiscal functions and modifications to procedures. While the agency is working towards expanded telehealth services, issues with internet connectivity and bandwidth have negatively impacted services at times. The agency expects an information technology solution to be implemented by the end of the fiscal year.
AGENCY DIRECTORS' REPORT
AGENCY: Sierra Regional Center
SUBMITTED BY: Julian Montoya
DATE: 3/3/2017

Reporting Period: 1/31/2017

STAFFING

Positions filled: Clinical Program Planner (01/06/17)
Vacancies: 5 ; 1 Psych Nurse II(1/27/17), 1 Dev Spec III (2/9/17), 1 Dev Spec IV(1/31/17), 2 Acct Tech II (1/27/17 & 2/17/17)
Difficulties filling: Concerns about Psych Nurse position due to higher paying positions being available around the Reno and Sparks area.

CASELOADS/WAITING LISTS

Program @ 1/31/17: Targeted Case Management (TCM)
Caseload: 1,387
Waiting List: All individuals accepted into services receive TCM

Program: Family Support
Caseload @1/31/2017: 160
Waiting List: 0

Program @ 12/31/16: Supported Living Arrangement (SLA)
Caseload @1/31/17: 704
Waiting List @ 1/31/17: 0
Number of 24-Hour SLA Homes: 307
Number of Intermittent/Share Living Homes: 363
Number of Fiscal Intermediaries: 34

Program: Respite
Caseload @1/31/2017: 160
Waiting List: 0

Program: Jobs & Day Training
Caseload @1/31/17: 423
Waiting List: 0
Number of Individuals receiving
Facility-based Non-Work (Day Habilitation): 183
Facility-based Work (Prevocational): 214
Integrated Employment (Supported): 16
Community-based Non-Work (Day Habilitation): 10

Program: Autism
Caseload: 0
Waitlist: Transferred to ATAP July 1, 2011
Career Planning:

Intake Information

Number of Applications Received @2/28/2017: 17
Number of Applicants found Eligible: 13
Number of Applicants found In-Eligible: 5

PROGRAMS

New Programs: AB 307 pilot home opened on August 15th with 2 youths that we serve. SRC is working with the provider, Medicaid, and other partners in this pilot program that runs until 2019.

Program Changes: None

Service Needs/Recommendations

With our AB 307 pilot home project which targets the need for increased behavioral supports for youth with co-occurring Intellectual Disability and Mental Health/Behavioral disorder our agency continues to advocate for a behavioral complex rate increase for providers to be able to serve this increasing population. SRC has also identified the need to increase our efforts to recruit more Host Home providers for the people we serve. Click here to enter text.

Agency Concerns/Issues

SRC has identified the need to work with JDT providers to increase capacity for supported employment in our community. The CMS final ruling will require DS to work with our JDT providers in re-vamping their programs to be more community based (as opposed to facility based). Our current JDT structure (facility based) does limit the number of people they can serve – our goal is to move toward a more community based service system. (2) DS providers express concern about the current provider rate and report that it is impacting their ability to recruit qualified employees. The 24 hour SLA providers report a high turnover rate which impacts consistency of supports offered to individual’s served. (3) DS is experiencing a major shift in rental increase for homes and apartments in the Washoe County area. As major companies such as Tesla and Switch come into the area with an increased need for a labor force, prices have increased making it difficult to find homes that are aligned with what DS can support. (4) With an increased need for services across the board all DS agencies are always concerned about caseloads and not having enough Service Coordinator positions available. (5) SRC has been able to reduce almost all of its waitlists for services but we are experiencing trouble with our Intermittent Providers. These are services that take place in homes where the people we serve live. They might need a few hours a day of support and providers are having difficulties hiring these part time employees with the rate we currently pay. A way to increase this rate is something our division is looking into.

Click here to enter text.
AGENCY DIRECTORS’ REPORT

AGENCY: Lake’s Crossing Center SUBMITTED BY: DATE: Tom Durante, LCSW

Reporting Period: 3/1/2017

STAFFING

Positions filled: In the last three months we have hired 7 new staff including two Forensic Specialists, two Administrative Assistants, one Psychiatric Nurse, one Maintenance Repair Specialist, and one Custodial Worker.

Vacancies: Currently we have the following vacancies: 10 Forensic Specialists III’s, 1 Forensic Specialist IV, 1 Activity Therapy Technician II, 2 Licensed Clinical Social Workers, 3 Psychiatric Nurse II’s, and 1 Psychiatric Nurse III.

Difficulties filling: We have a particularly difficult time filling Forensic Specialist and Clinical Social Work positions. Usually, we also have difficulty filling nursing positions, although we are holding positions until further information is obtained regarding budget cuts at sister agencies that could occur during this Legislative Session.

CASELOADS/WAITING LISTS

Program: Inpatient:               Program: Outpatient:
Caseload: 81                      Caseload: Conditional Release: 4; Treatment to Competency, 2
Waiting List: Offered bed; 9      Waiting List: None

Program: Outpatient Compency Evaluations
Caseload: Approximately 70 evaluations a month
Waiting List: N/A

Program: Click here to enter text.

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Program: Click here to enter text.

Program: Click here to enter text.

PROGRAMS

New Programs: No New Programs

Program Changes: No changes in programming in our inpatient or outpatient services.

Service Needs/Recommendations

Lake’s Crossing Center’s census remains high. Although we continue to meet the requirements of the consent decree, it is becoming increasingly difficult to accommodate the referrals to meet the time frame requirements as well as maintain a safe environment for our clients and staff. We may need to look at increasing capacity. The Agency has also recently experienced a higher demand on our operating budget for several reasons. We have an obligation to provide interpreters for several of our deaf clients. The interpreters have to be certified to provide their services and there are very few available. Therefore, they are flown in from out of state, so the expenses, in addition to the service, includes transportation and lodging. A second factor that impacts the budget is those clients that are admitted that have significant medical problems, requiring community consults and treatment.

Agency Concerns/Issues
Retention and recruitment of several staff positions remains a concern. As reflected above, we have had difficulty recruiting for forensic specialists, nurses, and social workers. Another concern is our growing number of long term clients. We are now up to 17 clients (Statewide), that are either committed for 10 years as Incompetent to Stand Trial or committed as Not Guilty by Reason of Insanity. Four of these individuals are currently on Conditional Release and require a high level of supervision for community safety. We have one psychiatric caseworker who serves on all of these individual's outpatient treatment teams. The remaining long term commitments have programming needs that are difficult to accommodate while also focusing on the majority of clients who are here for treatment to competency. Several of these commitments might be appropriate for Conditional Release if there was sufficient funds for the needed resources in the community.
AGENCY DIRECTOR’S REPORT

AGENCY: NNAMHS
SUBMITTED BY: Lisa Sherych
REPORTING PERIOD: November 2016 - January 2017
DATE: March 1, 2017

STAFFING

POSITIONS FILLED

- Mental Health Technician III (2)
- Psychological Assistant (1)
- Psychological Clinical Worker II (1)
- Psychiatric Nurse II (1)
- Substance Abuse Counselor II (1)

VACANCIES

- Custodial Supervisor II (1)
- Mental Health Technician IV (1)
- Vocational Habilitation Trainer (1)
- Maintenance Repair Specialist I (1)
- Supply Assistant (1)

VACANCIES NOT UNDER RECRUITMENT TO FILL

- Administrative Assistant I (2)
- Administrative Assistant IV (1)
- Laboratory Technician I (1)
- Mental Health Counselor II (2)
- Mid-Level Medical Practitioner (1)
- Pharmacy Technician II (3)
- Psychiatric Nurse II (13)
- Administrative Assistant II (2)
- Clinical Social Worker II (2)
- Licensed Psychologist I (1)
- Microbiologist IV (1)
- Pharmacist I (2)
- Psychiatric Caseworker II (2)

CASELOADS/WAITING LISTS

PROGRAM: MED CLINIC
- CASELOAD: 1,696
- WAITLIST: 34

PROGRAM: PACT
- CASELOAD: 87
- WAITLIST: 2

PROGRAM: SLA
- CASELOAD: 326
- WAITLIST: 5

PROGRAM: MENTAL HEALTH COURT
- CASELOAD: 109
- WAITLIST: N/A

PROGRAM: OP COUNSELING
- CASELOAD: 118
- WAITLIST: 3

PROGRAM: SERVICE COORDINATION
- CASELOAD: 154
- WAITLIST: 23

PROGRAMS

NEW PROGRAMS: The implementation of NNAMHS Assisted Outpatient Services (AOT) began in January 2017 with the first two individuals accepted into the program the week of January 16, 2017. All positions for the AOT program with the exception of the Team Lead is filled. Recruitment efforts continue.

PROGRAM CHANGES: There are no program changes to report at this time.

SERVICE NEEDS/RECOMMENDATIONS

There are no service needs or recommendations at this time.

AGENCY CONCERNS/ISSUES

AGENCY CONCERNS: Inpatient- As the emergency room wait times remain consistent around the community, we continue to work diligently with the community EDs. In an attempt to take a more proactive tactic, we have recently begun monitoring the individuals reported waiting throughout the community. Inpatient services has seen an increase in length of stay and acuity levels. NNAMHS is working on partnerships with Division Welfare Support Services, Division of Public Safety and Department of Corrections to better connect and serve individuals.

Outpatient- Outpatient Services have been assessing current caseloads and referring out to community providers that have capacity to support individuals with insurance.
AGENCY DIRECTORS' REPORT

AGENCY: Rural Regional Center

SUBMITTED BY: Robin Williams

DATE: 3/2/2017

Reporting Period: 1/31/2017

<table>
<thead>
<tr>
<th>STAFFING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positions filled @2/28/2017: 38 ongoing; newly filled: .5 AA</td>
</tr>
<tr>
<td>Vacancies: 1.0 Psychologist; 1.0 Nurse; newly vacant: .5 DS III</td>
</tr>
</tbody>
</table>

Difficulties filling: The ability for the regional centers to compete with the private sector and the counties when filling professional positions remains a barrier. The discrepancy in compensation is a particular concern with psychologist and nursing positions. Rural Regional Center faces another barrier as professional staff are more limited in rural counties than in urban areas.

<table>
<thead>
<tr>
<th>CASELOADS/WAITING LISTS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Program: Targeted Case Management (TCM)</strong></td>
</tr>
<tr>
<td>Caseload @1/31/2017: 729</td>
</tr>
<tr>
<td>Waiting List: All individuals accepted into services receive TCM</td>
</tr>
</tbody>
</table>

**Program: Supported Living Arrangement (SLA)**

| Caseload @1/31/2017: 365 |
| Waiting List: 0 |
| Number of 24-Hour SLA Homes: 125 |
| Number of Intermittent/Share Living Homes: 219 |
| Number of Fiscal Intermediaries: 21 |

**Program: Jobs & Day Training**

| Caseload @1/31/2017: 244 |
| Waiting List: 0 |
| Number of Individuals receiving |
| Facility-based Non-Work (Day Habilitation): 125 |
| Facility-based Work (Prevocational): 116 |
| Integrated Employment (Supported): 3 |
| Community-based Non-Work (Day Habilitation): 0 |
| Career Planning: 0 |

| Program: Family Support |
| Caseload @1/31/2017: 50 |
| Waiting List: see Respite |

**Program: Respite**

| Caseload @1/31/2017: 50 |
| Waiting List: 14 children |
| Note: Respite Services for children are approved by and paid for by the county of residence of the custodial parent. |

**Program: Autism**

| Caseload: 1 individual receiving autism services |
| Waitlist: Transferred to ATAP July 1, 2011 |
Intake Information:

Number of Applications Received @2/28/2017: 6
Number of Applicants found Eligible: 8
Number of Applicants found In-Eligible: 2

PROGRAMS

New Programs: Rural Regional Center is in the process of working with providers to expand Jobs and Day Training opportunities throughout Rural Nevada.

Program Changes: A new provider has currently begun to offer services in Douglas County and in the Yerington area. This is the first time services have been available for individuals in those areas.

Service Needs/Recommendations

Rural Regional Center continues to explore opportunities to encourage and recruit providers to provide services and supports throughout rural Nevada. Many portions of rural Nevada have limited or no private service providers.

Agency Concerns/Issues

Limited resources for professional staff, including nurses, psychiatrists, behavior analysts, neurologists and others, as well as limited public transportation, continue to limit supports for individuals living in rural communities. The goal of Rural Regional Center is to support individuals and their families to remain in their communities.
AGENCY DIRECTOR’S REPORT

PROGRAM DEFINITIONS

**Autism:** State-funded autism services provided to children diagnosed with an autism spectrum disorder up to age 11 living in their family home. Families receive a designated amount of money for autism treatment. Children who have been or are eligible for this program since July of 2011 are referred to the Autism Treatment Assistance Program (ATAP). Families must meet applicable federal poverty guidelines to qualify for this program. Payment and services, including the hiring of staff, are monitored by a contracted fiscal intermediary.

**Family Support:** Various services that enhance a family’s ability to maintain a family member with a disability at home. Services include respite, family preservation program, counseling, training, and in-home residential supports.

**Jobs & Day Training:** A program that provides prevocational and vocational skills training, supported employment, and/or day habilitation services.

*Facility-based Non-Work (Day Habilitation):* Regularly scheduled activities in a non-residential setting, separate from the individual’s private residence or other residential living arrangement, that assist with the acquisition, retention, or improvement of self-help, socialization and adaptive skills that enhance social development and develop skills in performing activities of daily living and community living. Services are performed at a specific site or building.

*Facility-based Work (Prevocational):* Services that provide learning and work experiences where an individual can develop general, non-job-task-specific strengths and skills that contribute to employability in paid employment in integrated community settings.

*Integrated Employment (Supported employment):* Provides supports to individuals who need intensive on-going support to obtain and maintain an individual job in competitive or customized employment, or self-employment, in an integrated work setting in the general workforce for whom the individual is compensated at or above minimum wage.

*Community-based Non-Work (Day Habilitation):* Regularly scheduled activities in a non-residential setting, separate from the individual’s private residence or other residential living arrangement that assists with the acquisition, retention, or improvement of self-help, socialization and adaptive skills that enhance social development and develop skills in performing activities of daily living and community living. Day habilitation services must be performed by a certified provider of Jobs and Day Training. Services are offered in typical community settings which members of the community.
**Career Planning:** Comprehensive employment planning support service that provides individuals with assistance in order to obtain, maintain or advance in competitive employment or self-employment. It is time-limited and focuses on engaging a participating in identifying a career direction and developing a plan for achieving competitive, integrated employment with pay at or above the state’s minimum wage.

**Respite:** Occasional planned residential care to provide a break for permanent caregivers. Families receive a designated amount of money for this service. Families must meet applicable federal poverty guidelines to qualify for this program.

**Supported Living Arrangement (SLA):** Services provided to people living in their own homes or with housemates by staff of contracted provider agencies or individuals to develop and maintain skills needed to live independently in the community.

**24-Hour SLA:** Residential supports for persons who need comprehensive, constant, individualized supports and supervision to live independently in their own homes and communities. Supports are provided 24-hours per day, including at night.

**Interruption SLA:** Residential support services provided to individuals in their own home not requiring intensive supports. Intermittent services typically do not exceed 175 hours per month and do not include overnight supervision.

**Shared Living Home:** An arrangement in which a person, a couple or a family in the community and an individual with a disability choose to live together and share life’s experiences.

**Fiscal Intermediary:** State-funded services provided to individuals living in their family home. Families receive a designated amount of money for this service. The money may be used to pay for recreational activities, training or teaching, and other community activities. Families must meet applicable federal poverty guidelines to qualify for this program. Payment and services, including the hiring of staff, are monitored by a contracted fiscal intermediary.

**Targeted Case Management (TCM):** Case management service consisting of assessment, planning, referral, linkage, and monitoring. Targeted case managers meet specific criteria and have specific knowledge in the area of intellectual disabilities.
**AGENCY DIRECTORS' REPORT**

**AGENCY:** SNAMHS  |  **SUBMITTED BY:** OP Administration  |  **DATE:** 3/1/17

**Reporting Period:** February 2017

### STAFFING

- Positions filled: 609.53 FTE
- Vacancies: 150.04 FTE (72.51 FTE are ON HOLD vacancies)
- Difficulties filling: 88.02 FTE (32.49 FTE are ON HOLD vacancies) (Clinical Social Workers – 8.49 FTE, Licensed Psychologist – 4.00 FTE, Psychiatric Nurses – 45.00, Senior Psychiatrists – 30.53)

### CASELOADS/WAITING LISTS

<table>
<thead>
<tr>
<th>Program</th>
<th>Program: SLA+Shelter+ISLA</th>
<th>Program: Group Care + Sp. Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caseload: 341</td>
<td>Caseload: 224</td>
<td></td>
</tr>
<tr>
<td>Waiting List: 6</td>
<td>Waiting List: 0</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program</th>
<th>Program: PACT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caseload: 70</td>
<td>Caseload: 3110</td>
</tr>
<tr>
<td>Waiting List: 0</td>
<td>Waiting List: 191</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Program</th>
<th>Program: Medication Clinic</th>
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</thead>
<tbody>
<tr>
<td>Caseload: 467</td>
<td>Caseload: 438</td>
</tr>
<tr>
<td>Waiting List: 6</td>
<td>Waiting List: 24</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Program</th>
<th>Program: MHC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caseload: 75</td>
<td>Caseload: licensed beds: 211</td>
</tr>
<tr>
<td>Waiting List: 0</td>
<td>Waiting List: See ER Data</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program</th>
<th>Program: IP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caseload: 66</td>
<td>Caseload: 55</td>
</tr>
<tr>
<td>Waiting List: 3</td>
<td>Waiting List: 4</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Program</th>
<th>Program: Co-Occurring Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caseload: 627</td>
<td>Caseload: 202</td>
</tr>
<tr>
<td>Waiting List: 6</td>
<td>Waiting List: 17</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Program</th>
<th>Program: Residential</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caseload: 35</td>
<td>Caseload: 1181</td>
</tr>
<tr>
<td>Waiting List: 1</td>
<td>Waiting List: 3</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Program</th>
<th>Program: Laughlin Mesquite Med Clin</th>
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<tbody>
<tr>
<td>Caseload: 1181</td>
<td>Caseload: 202</td>
</tr>
<tr>
<td>Waiting List: 17</td>
<td>Waiting List: See ER Data</td>
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<tr>
<th>Program</th>
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<td>Caseload: 202</td>
</tr>
<tr>
<td>Waiting List: 17</td>
<td>Waiting List: See ER Data</td>
</tr>
</tbody>
</table>
Division Criteria for the Certification of Programs per NAC 458

Utilization Management Criteria for Treatment Programs:
Division Criteria adopts ASAM 6 Dimensional Assessment to determine recommendations for initial level of care placement. Division Criteria adopts ASAM Continued Service Criteria, Transfer Criteria and Discharge Criteria for utilization review for ASAM levels of service, non-ASAM or modified-ASAM levels of service and endorsed levels of service, excluding Transitional Housing.

Criteria for Treatment Levels of Service:
Division Criteria adopts The American Society of Addiction Medicine (ASAM) Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions (Third Edition, 2013) for the specific program descriptions for the ASAM specific levels of service. The Providers will be required to have policy & procedures (P&P) / program descriptions for each level offered and these will be noted in the P&P section of the certification report.

- **Level 3.5 Clinically Managed Medium-Intensity Residential (Adolescent)**
  - In addition to the description in ASAM, Clinically managed medium intensity residential includes **no less than 25 hours per week of structured interventions.** A minimum of 7 hours of structured activities must be provided on each day. A minimum of 10 hours of clinical counseling services must be provided each week. Types of therapies are noted within ASAM Level 3.5 services.

- **Level 3.5 Clinically Managed High-Intensity Residential (Adult)**
  - In addition to the description in ASAM, Clinically managed high intensity residential includes **no less than 25 hours per week of structured interventions.** A minimum of 7 hours of structured activities must be provided on each day. A minimum of 10 hours of clinical counseling services must be provided each week. Types of therapies are noted within ASAM Level 3.5 services.

- **Withdrawal Management for Level 3.2 WM and Level 3.7 WM only**
  - Required Services in addition to ASAM:
    - During intake, a Blood Alcohol Content (BAC) and/or urine screen will be administered.
    - The person’s vital signs must be monitored at least once every 2 hours during the person’s waking hours by a staff member with a nursing license, physician license or a SAPTA certified Detoxification Technician.

- **Civil Protective Custody (controlled substance) (NRS 458.175)**
  - Intoxication management for persons taken into Civil Protective Custody (CPC) by a peace officer for being unlawfully under the influence of drugs in a public place, and unable to provide for the health or safety of self or others (NRS 458.175). Civil Protective Custody is not provided in a jail.
  - CPC facility must be a Provider that is SAPTA certified for Withdrawal Management: Level 3.2 WM Clinically Managed Residential Withdrawal Management or Level 3.7 WM Medically Monitored Inpatient Withdrawal Management.
  - Required Services
    - During intake, a Blood Alcohol Content (BAC) and/or urine screen will be administered.
• The person’s vital signs must be monitored at least once every 2 hours during the person’s waking hours by a staff member with a nursing license, physician license or be certified as a Detoxification Technician.
  o Upon release from the withdrawal management unit, the person must immediately be remanded to the custody of the apprehending peace officer.

• Civil Protective Custody (alcohol) (NRS 458.270)
  o Intoxication management for persons taken into Civil Protective Custody (CPC) by a peace officer for being under the influence of alcohol in a public place, and unable to provide for the health or safety of self or others. Civil Protective Custody is not provided in a jail.
  o CPC facility must be a Provider that is SAPTA certified for Withdrawal Management: Level 3.2 WM Clinically Managed Residential Withdrawal Management or Level 3.7 WM Medically Monitored Inpatient Withdrawal Management.
  o Required Services
    ▪ During intake, a Blood Alcohol Content (BAC) and/or urine screen will be administered.
    ▪ At the earliest practical time the person’s family or next of kin must be advised they are in CPC if they can be located.
    ▪ The person’s vital signs must be monitored at least once every 2 hours during the person’s waking hours by a staff member with a nursing license, physician license or be certified as a Detoxification Technician.
    ▪ Prior to discharge, a good faith effort must be made to advise the person of his/her treatment options.
  o If the person was taken into custody for a public offense, the person must be remanded to the custody of the apprehending peace officer upon release from the withdrawal management unit. (NRS 458.270 (4)).
  o The person may not be required against his or her will to remain in a licensed facility or detention facility longer than 48 hours. (NRS 458.270 (3)).

• Transitional Housing
  o Definition: Transitional Housing services consist of a supportive living environment for individuals who are receiving substance abuse treatment in an SAPTA Certified Intensive Outpatient, or Outpatient program and who are without appropriate living alternatives.
  o Admission Criteria:
    ▪ Individuals admitted to Transitional Housing services must be concurrently admitted to a Level 1 Outpatient or Level 2.1 Intensive Outpatient program per an assessment.
    ▪ The ASAM 6 dimensional assessment must be reviewed to ensure there is sufficient risk in Dimension 6: Recovery Environment.
  o Continued Service Criteria:
    ▪ The individual remains in Level 1 or Level 2.1 and ASAM Dimensional reviews reveal continued risk in the Recovery Environment.
    ▪ The individual does not require a higher level of care.
  o Transfer / Discharge Criteria:
    ▪ The individual needs a higher level of care per ASAM Dimensional review and is transferred.
- The individual has gained stable/supportive housing / recovery environment and no longer needs Transitional Housing.

**Service Endorsements:**
Providers with Service Endorsements are certified for specific treatment levels of service and receive an endorsement for Co-Occurring Disorder services.

- **Co-Occurring Disorder Services**
  - The Division adopts the Dual Diagnosis Capability in Addiction Treatment (DDCAT) Rating Scale:
    - The DDCAT rating scale is an evidence-based benchmark instrument for measuring a Provider’s capacity to deliver services for persons with co-occurring mental health and substance use disorders. The DDCAT scale is designed to guide both programs and system authorities in assessing and developing dual diagnosis capacity for integrated service delivery.

**Other Division Services:**
The Providers will be required to have policy & procedures and program descriptions for each level offered and these will be noted in the P&P section of the certification report.

- **Drug Court Service**
  - The Division Criteria for Drug Court Programs is in compliance with all applicable provisions of NAC 458.

- **Evaluation Center**
  - The Division Criteria for Evaluation Centers is in compliance with all applicable provisions of NAC 458. Programs will determine whether a person is appropriate for treatment per the ASAM Criteria.

- **Information and Referral Services**
  - The Division Criteria for Informational and Referral Services is in compliance with all applicable provisions of NAC 458.

- **Coalition Programs**
  - The Division Criteria for Coalition Programs is in compliance with all applicable provisions of NAC 458.

- **Administrative Programs**
  - The Division Criteria for Administrative Programs is in compliance with all applicable provisions of NAC 458.

- **Prevention Programs**
  - The Division Criteria for Prevention Programs is in compliance with all applicable provisions of NAC 458.