

AGENCY DIRECTORS' REPORT

AGENCY: Lake's Crossing Center

SUBMITTED BY: Tom Durante, LCSW

DATE: 2/26/2018

Reporting Period: 3/16/2018

STAFFING

Positions filled: Two Forensic Specialists; 1 Maintenance Repair Specialist.

Vacancies: 11 Forensic Specialist III, 1 Forensic Specialist IV, 1 Administrative Assistant; 1 Psychologist (half time); 3 Psychiatric Nurse II.

Difficulties filling: We continue to have difficulty filling Forensic Specialist positions. However, we have started interviewing for Mental Health Technicians to underfill the positions for 11 months with the goal of having them slide into the Forensic I position once they have gained the experience. Nursing positions also are difficult to fill; we are currently using contract nurses to fill vacancies. Psychology positions are not typically difficult to fill, although since what we have open is a part time, it has limited interested candidates.

CASELOADS/WAITING LISTS

Program: Inpatient 73

Program: 3 (conditional release), 2 Tx to competency

Caseload:

Caseload:

Waiting List: 11 (offered bed, waiting for clearance and/or transport)

Waiting List: N/A

Program: Outpatient Compency Evaluations

Program: Click here to enter text.

Caseload: Average 100 evaluations monthly

Caseload: Click here to enter text.

Waiting List: N/A

Waiting List: Click here to enter text.

Program:

Program: Click here to enter text.

Caseload:

Caseload: Click here to enter text.

Waiting List:

Waiting List:

PROGRAMS

New Programs: No new programs at this time, however, we have a Post Doctorate staff member who has started running a mindfulness group in our Annex unit based on the Dialectical Behavior Therapy model.

Program Changes: No changes to program, although the Social Work Department has returned to completing most of the Misdemeanor Compency evaluations now that they are fully staffed. The Psychology Department had been covering these duties when there were significant staff shortages with social workers.

Service Needs/Recommendations

Currently, Lake's Crossing has only three individuals on Conditional Release. Two of these individuals receive housing and supportive services through Aging and Disability Division, as they have Intellectual Disabilities. The third has significant income and pays for his own housing and supportive services. However, the population of individuals that could be eligible for Conditional Release continues to grow. Most of these individuals have no income and would need significant support to live successfully in the community. Lake's Crossing has no budget for these services and our sister agencies of NNAMHS and SNAMHS have limited

housing budgets themselves. It is recommended that our Division begin to look at what our funding needs and options may be in the future in order to accommodate clients that may no longer require an inpatient forensic hospital setting and could be managed in a less restrictive outpatient setting.

Agency Concerns/Issues

There is a growing demand for outpatient Competency Evaluations at all levels of charges (misdemeanor, gross misdemeanor, and felony). On misdemeanor cases, we charge the courts a fee per evaluation. The average number of evaluations was manageable, running between 6 and 10 a month. However, for the past 6 months, the number of evaluations have jumped, often numbering between 15 to 30. These misdemeanor cases are covered by our inpatient social work department, which affects the time they have to spend on our inpatient units. Similarly, our psychology department completes an average of 100 outpatient evaluations a month on the more serious charges. These evaluations are done via a contract with Washoe County. It is difficult to complete all these outpatient requests without it affecting our ability to fully cover our inpatient unit. Also of concern is the growing number of clients that are committed to the Agency long term. They can be committed either as unrestorable under Nevada statute 178.461 or committed as Not Guilty by Reason of Insanity. Between the two Forensic hospitals, we now have 20 such individuals. This ties up these beds which could be used for competency restoration. Also, the two populations have different treatment needs. Ideally, a separate facility for the long term client could be beneficial.

AGENCY DIRECTOR'S REPORT

AGENCY: NNAMHS
 SUBMITTED BY: Christina Brooks

REPORTING PERIOD: October - December 2017
 DATE: January 7, 2018

STAFFING

POSITIONS FILLED

Mental Health Technican (MHT!) (1)	Custodial Worker 2 (1)
Vocational Havilitation Tr (1)	Clinical Program Manager 1 (1)
Mental Health Counselor 2 (1)	Clinical Social Worker 2 (CSW1) (1)
Administrative Assistant I (1)	Clinical Social Worker 3 (1)
Mental Health Technician 3(MHT1) (1)	Psychiatric Caseworker (2)
Pharmacy Technician 2 (1)	Mental Health Counselor 2(MHC1) (1)

VACANCIES

Administrative Assistant 1 (1)	Mental Health Technician 3 (1)
Clinical Program Manager 2 (1)	Licensed Psychologist 1 (3)
Mental Health Counselor 3 (1)	Mental Health Counselor 2 (1)
Microbiologist 4 (1)	Administrative Assistant 2 (1)
Psychiatric Nurse 2 (12)	Consumer Services Assistant 2 (.5)
Mental Health Counselor 3 (licensed)(1)	Supply Assistant (1)
Administrative Assistant 4 (1)	Clinical Social Worker 3 (1)
Psychiatric Caseworker 2 (4)	Clinical Social Worker 2 (2)
Laboratory Technician 1 (.5)	

CASELOADS/WAITING LISTS

PROGRAM: AOT

ELIGIBLE : 9
 REFERRALS: 14
 CASELOAD: 13

PROGRAM: MED CLINIC

CASELOAD: 1,515
 WAITLIST: 34

PROGRAM: MENTAL HEALTH COURT

CASELOAD: 88
 WAITLIST: 0

PROGRAM: OP COUNSELING

CASELOAD: 137
 WAITLIST: 17

PROGRAM: SERVICE COORDINATION

CASELOAD: 196
 WAITLIST: 2

PROGRAM: CBLA

CASELOAD: 119
 WAITLIST: 0

PROGRAMS

NEW PROGRAMS: There are no new programs to report on at this time.

PROGRAM CHANGES: No program changes at this time.

SERVICE NEEDS/ RECOMMENDATIONS

AGENCY DIRECTOR'S REPORT

AGENCY: NNAMHS

REPORTING PERIOD: October - December 2017

SUBMITTED BY: Christina Brooks

DATE: January 7, 2018

AGENCY CONCERNS/ISSUES

INPATIENT: The community ER wait list continues to be a concern. We continue to work collaboratively with our community partners, there is consistently an average of 25 individuals who sit and wait to be transferred to a mental health facility on any given day.

OUTPATIENT: Residential housing and supportive living services continues to be our biggest challenge. In addition to continuing difficulty finding housing due to the inflating rental market, the LCB housing audit was made public on January 17, 2018. A full investigation and audit of each home was completed. Corrective action plans were given and we continue with the follow up.

AGENCY DIRECTORS' REPORT

AGENCY: SNAMHS

SUBMITTED BY: OP Administration

DATE: 02/1/2018

Reporting Period: January 2018

STAFFING

Positions filled: 607.02 FTE (20 positions filled in January, including 16 new, 1 promotion, and 3 transfers: 6 Admin Assistants, 1 Clinical Program Manager, 1 Consumer Services Assistant, 2 Custodial Workers, 1 Forensic Specialist, 1 Personnel Analyst, 2 Psychiatric Caseworkers, 6 Psychiatric Nurses)

Vacancies: 135.53 FTE

Difficulties filling: 67.53 FTE (Clinical Social Workers – 2.00 FTE, Licensed Psychologist – 3.00 FTE, Psychiatric Nurses –37.00, Senior Psychiatrists –25.53)

CASELOADS/WAITING LISTS

Program: PACT

Caseload: 71

Waiting List: 0

Program: Urban OP Counseling

Caseload: 278

Waiting List: 0

Program: MHC

Caseload: 75

Waiting List: 0

Program: AOT

Caseload: 62

Waiting List: 16

Program: Residential

Caseload: 741

Waiting List: 3

Program: Rural Service Coordination (Adult & Youth)

Caseload: 40

Waiting List: 0

Program: Urban Medication Clinics

Caseload: 2681

Waiting List: 340

Program: Urban Service Coordination

Caseload: 367

Waiting List: 2

Program: IP Civil Beds

Caseload: Licensed beds; 211

Waiting List: See ER Data

Program: Co-Occurring Program

Caseload: 46

Waiting List: 4

Program: Rural Medication Clinics

Caseload: 234

Waiting List: 25

Program: Rural OP Counseling (Adult & Youth)

Caseload: 239

Waiting List: 0

PROGRAMS

The Community Garden is slated to break ground in March 2018. This is in-conjunction with Clark County Commissioners, Green Our Planet, and Southern Nevada Water Authority.

SNAMHS is participating with Las Vegas Community Courts for resource and referrals for individuals with misdemeanors or for individuals who walk-in seeking services.

Service Needs/Recommendations

Community Based Living Arrangements were audited by the Legislative Council Bureau. Due to the significant concerns, there is an active investigation looking at the root cause of the system, followed by system improvement and action.

Agency Concerns/Issues

AGENCY DIRECTORS' REPORT

AGENCY: STEIN

SUBMITTED BY: Stan Cornell, M.S.

DATE: 3/16/2017

Reporting Period: 3/16/2017

STAFFING

Positions filled: In the past four months, 8 Forensic Specialist I's have been hired 3 separated

Vacancies: 28 FS, 0 FS Supervisors and 1-Correctional Sargent; CSW 2, PCW 1; No Nursing vacancies

Difficulties filling: Filling Forensic Specialist positions remains a challenge, however Stein is making progress with the hiring of 8 new FS in the last 4 months as shown above and we are actively recruiting to underfill these vacancies with Mental Health Techs to increase our pool of qualified FS candidates.

CASELOADS/WAITING LISTS

Program: Inpatient

Caseload: 51

Waiting List: Variable- beds offered to all .425s within 7-days

text.

Program: Outpatient

Caseload: 6

Waiting List: [Click here to enter](#)

Program: Outpatient Compency Evaluations

Caseload: Averaging 3 per month

Waiting List: N/A

Program: [Click here to enter text.](#)

Caseload: [Click here to enter text.](#)

Waiting List: [Click here to enter text.](#)

Program:

Program: [Click here to enter text.](#)

Caseload:

Caseload: [Click here to enter text.](#)

Waiting List: NA

Waiting List:

PROGRAMS

New Programs: Foresic Specialist Sponsorship Program-Phase one of program implementation is the pairing of Foresic Specialists with at least one client for daiy activity support, treatment team participation and one on one time.

Program Changes: The Token Economy component of the Stein Treatment Mall has been revised to now include two phases of positive behavioral incentives. Through the awarding of redeemable points, phase one promotes participation in self-care, room care and medications in addition to participation in compentency restoration programing. Phase two shifts the weighting of how points are awarded from the basics of self-care and medications over to the compentency restoration groups and activities.

Service Needs/Recommendations

Seclusion and restraints-Stein continues to focus on the reduction of seclusion and restraints being used through a review and debriefing process applied to all incidents involving manual resraints, ongoing training and refresher training on verbal de-escalation techniques and the implementation of the sponsorship program.

Agency Concerns/Issues

To address the issue of Forensic staffing shortages, due in large part to difficulties inherent to the recruiting process, Stein and SNAMHS Human Resources have expanded our MHT/FS underfill recruitment initiatives. This will allow Stein to bring on MHTs who meet the physical fitness requirements and pass the background check to be hired as a trainee under the supervision of forensic staff. Each MHT will have one year to acquire the knowledge, skills and abilities necessary to promote to a Forensic I position. Other concerns: Re-Commitment orders for clients with recent discharges have recently ticked up without prior discussion or clear rationale given as to the reasons why. The two state forensic centers have agreed to begin tracking these as they occur and gather information such as were the re-commitments based on the same charges, were new evaluations done, were hearings held, were challenge hearings scheduled and were Stein or Lakes representative present? The data collected will allow both forensic centers to assess the re-commitment processes being followed across jurisdictions, and to inform future responses.

Consent Decree: All cases adjudicated as .425s are offered beds with the 7-day requirement

AGENCY DIRECTORS' REPORT

AGENCY: Sierra Regional Center

SUBMITTED BY: Julian Montoya

DATE: 3/16/2018

Reporting Period: 1/31/2018

STAFFING

Positions filled @ 1/31/2018: 68

Vacancies: 8

Difficulties filling: SRC is almost fully staffed. We haven't experienced any difficulties during our previous openings.

CASELOADS/WAITING LISTS

Program @ 1/31/18: Targeted Case Management (TCM)

Caseload: 1,406

Waiting List: All individuals accepted into services receive TCM

Program: Family Support

Caseload @ 12/31/2017: 173

Waiting List (1/31/18): 0

Program @ 6/30/17: Supported Living Arrangement (SLA)

Caseload @ 12/31/17: 722

Waiting List (1/31/18): 0

Number of 24-Hour SLA Homes: 309

Number of Intermittent/Share Living Homes: 384

Number of Fiscal Intermediaries: 29

Program: Respite

Caseload @ 12/31/2017: 131

Waiting List (1/31/18): 0

Note: Respite Services for children are approved by and paid for by the county of residence of the custodial parent.

Program: Jobs & Day Training

Caseload @ 12/31/17: 380

Waiting List (1/31/18): 0

Number of Individuals receiving

Facility-based Non-Work (Day Habilitation):	200
Facility-based Work (Prevocational):	159
Integrated Employment (Supported):	<u>11</u>
Community-based Non-Work (Day Habilitation):	10
Career Planning:	

Program: Autism

Caseload: 0

Waitlist: Transferred to ATAP July 1, 2011

Intake Information

Number of Applications Received @ 1/31/18:	<u>24</u>
Number of Applicants found Eligible:	6
Number of Applicants found In-Eligible:	2

PROGRAMS

New Programs: AB 307 pilot home opened on August 15th 2016, 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:

Service Needs/Recommendations

SRC has identified the need to increase our efforts to recruit more Host Home providers for the people we serve.

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 individuals 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.

-AGENCY DIRECTORS' REPORT

AGENCY: Rural Regional Center

SUBMITTED BY: Robin Williams

DATE: 3/16/2018

Reporting Period: 1/31/2018

STAFFING

Positions filled @ 1/28/2018: 45

Vacancies: 1 Developmental Specialist, 1 Quality Assurance Specialist II

Difficulties filling: Recruiting in the rural areas is always difficult due to competition with county and local positions which typically have higher pay

CASELOADS/WAITING LISTS

Program: Targeted Case Management (TCM)

Caseload @ 1/31/2018: 748

Waiting List: All individuals accepted into services receive TCM

Program: Family Support

Caseload @ 12/31/2017: 83

Waiting List (1/31/18): 0

Program: Supported Living Arrangement (SLA)

Caseload @ 12/31/2017: 396

Waiting List (1/31/18): 0

Number of 24-Hour SLA Homes: 122

Number of Intermittent/Share Living Homes: 252

Number of Fiscal Intermediaries: 22

Program: Respite

Caseload @ 12/31/2017: 47

Waiting List (1/31/18): 0

Note: Respite Services for children are approved by and paid for by the county of residence of the custodial parent.

Program: Jobs & Day Training

Caseload @ 12/31/2017: 256

Waiting List (1/31/18): 0

Number of Individuals receiving
Facility-based Non-Work (Day Habilitation): 82

Facility-based Work (Prevocational): 152

Integrated Employment (Supported): 20

Community-based Non-Work (Day Habilitation): 2

Career Planning:

Program: Autism

Caseload: 0

Waitlist: Transferred to ATAP July 1, 2011

Intake Information

Number of Applications Received @ 1/31/2018 : 23

Number of Applicants found Eligible: 9

Number of Applicants found In-Eligible: 6

PROGRAMS

New Programs: N/A

Program Changes: Rural Regional Center is working with Desert Regional Center to take over supervision of Lincoln and Nye Counties, as well as Mesquite. This will bring DS into closer alignment with the breakdown of services done by DCFS and DPBH.

Service Needs/Recommendations

None at this time.

Agency Concerns/Issues

None at this time.

AGENCY DIRECTORS' REPORT

AGENCY: Rural Services SUBMITTED BY: Tina Gerber-Winn, MSW DATE: 3/16/2018

Reporting Period: 2/28/2018

STAFFING

Positions filled: Clinical Program Manager II (2 positions at Central Office), AA IV (Carson Central Office), AAII (Central Office) Mental Health Counselor II (Elko), Psychiatric Caseworker II (Gardnerville), Psychiatric Caseworker II (Pahrump), AA II (Silver Springs)

Vacancies: Licensed Psychologist II, Two Clinical Program Manager I, Clinical Program Planner I, Psychiatric Caseworker II (Central Office), Mental Health Counselor II (Elko), Psychiatric Nurse II (Ely), Mental Health Counselor II, (Gardnerville), Mental Health Counselor II (Yerington), AA II (Carson City)

Difficulties filling: Psychiatric Nurse II

CASELOADS/WAITING LISTS

Program: Outpatient Counseling

Caseload: 265 youth; 953 adult

Waiting List: 48 youth; 117 adult

Program: Residential Supports

Caseload: 0 youth; 36 adult

Waiting List: 1 youth; 0 adult

Program: Service Coordination

Caseload: 29 youth; 214 adult

Waiting List: 1 youth; 6 adult

Program: Psychosocial Rehabilitation

Caseload: 21 youth; 86 adult

Waiting List: 1 youth; 4 adult

Program: Medication Clinic

Caseload: 270 youth; 1,654 adult

Waiting List: 27 youth; 112 adult

Program: Mental Health Court

Caseload: 20 adult

Waiting List: 0

PROGRAMS

Rural Clinics is continuing to develop partnerships with community providers by developing referral agreements and providing enhanced access to behavioral health services and behavioral health training. Recent partnerships include the Department of Education and Department of Education, Training and Rehabilitation. Continuing partnership with Nevada Medicaid to provide care coordination for Medicaid recipients in Rural Clinic offices, ongoing schedule for Medicaid case managers to be at each clinic monthly. In February Rural Clinics submitted the 2018 Annual Medicaid Quality Assurance Program; identifying goals of increased behavioral health training for staff and streamlining clinical supervision processes. Upcoming trainings include Brief Solution-Focused Therapy treatment, Trauma-Focused CBT and Bridges out of Poverty. Currently recruiting for a Lead Psychologist II position to lead clinical supervision and participate on the Utilization Management and Process Improvement Team. Rural Mobile Crisis continues to have high percentage of hospital diversion and provides community WRAP services to youth and families. Rural Clinics is actively working on developing policies and procedures regarding tele-health services with plans to increase access to tele-health services. Recently completed a work program to fund updating video conferencing equipment for each rural clinic. Ongoing quality management of service coordination program (which includes residential services established through the provision of monthly group supervision, training and updating procedures.

Service Needs/Recommendations

Rural Clinics identified the need for the provision of crisis management services across the lifespan, including crisis intervention, care coordination and follow-up.

Agency Concerns/Issues

Primary concern in the next several months is upcoming internal process change for contracts and provider agreements. This will directly affect medication clinic prescribers and may cause an interruption in the provision of psychiatric care for consumers.