

AGENCY DIRECTORS' REPORT

AGENCY: Lake's Crossing Center

SUBMITTED BY: Tom Durante, LCSW

DATE: 9/14/2018

Reporting Period: 8/30/2018

STAFFING

Positions filled: Total : 6; One Forensic Special I, One Mental Health Technician I, One Custodial Worker, One Registered Nurse, One Administrative Assistant III, and One Psychiatric Caseworker.

Vacancies: Two Administrative Assistants; One Psychologist, One part-time Psychologist, Four Registered Nurses, Four Forensic Specialists.

Difficulties filling: Currently we are having much difficulty filling our psychology positions. This is particularly difficult due to the ever increasing numbers of evaluation requests. Nursing positions also remain difficult to fill. Forensic staffing has improved with the underfilling of these positions with Mental Health Technicians with auto-progressing to a Forensic Specialist once they have gained the experience.

CASELOADS/WAITING LISTS

Program: Inpatient 77

Program: 1 (conditional release), 2 Tx to competency

Caseload:

Caseload:

Waiting List: 10 (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.

Program Changes: Lake's Crossing Center's Department of Social Work completes competency assessments on an outpatient basis on individuals that are charged with misdemeanor crimes. The number of referrals for these evaluations had been averaging between 6 and 10 over the years, however, approximately one year ago the number of referrals began to exceed 15 a month or more. As social workers are pulled from their inpatient duties in order to complete these evaluations, we had found that we were unable to complete that many without affecting our ability to cover inpatient duties. Therefore, after discussions with Reno Municipal Court who provide the largest number of referrals, Lake's has determined that we will complete up to 12 misdemeanor evaluations a month after which the court will refer to the private sector and they are entering into a contract with a private provider. Lake's Crossing will provide any training and certification of evaluators and monitor this approach to assure that the community's needs are being met.

Service Needs/Recommendations

The acuity in both our main building and our annex unit has been increasing. A review of our current list of clients reveals that 70% of our clients have charges of Murder, Assault/Battery, Attempt Murder, or a Sex-Related crime. We have been tailoring very individualized treatment plans to assist in managing a difficult milieu. While we have been successful in keeping staff and client injuries to a minimum, we have seen high overtime costs and, at times, it is difficult to staff at even the minimum staffing requirements. Additional staff positions especially nursing and forensic specialists, could be helpful in managing the higher acuity. Additional service needs include the ongoing need for additional resources for our long term clients. As stated previously, we have a growing population of clients that are committed for 10 or more years. Some of these clients could be discharged on a Conditional Release status if resources for housing and staff support were available.

Agency Concerns/Issues

Lake's Crossing Center has recently updated our Emergency Operations Plan. One missing element, however, is the lack of an Evacuation Plan should we be forced to evacuate the building. We have met with Division and are in the process of researching possible evacuation and transportation sites. Another ongoing concern is the lack of funding for medical issues that require our inpatient clients to receive medical care from a community provider. Our Agency does not have specific funding to cover these needs. State Statute specifically states that medical bills remain the responsibility of the referring count. However, Counties have been stating that they no longer are responsible now that everyone should be eligible for care under the Affordable Care Act. Clients of LCC are not eligible for Medicaid and, therefore, there is no payer source. We send letters to providers referring them to the County but we are concerned that if providers do not get reimbursed they may eventually refuse to care for our clients.

AGENCY DIRECTOR'S REPORT

AGENCY: NNAMHS
SUBMITTED BY: Christina Brooks

REPORTING PERIOD: April – June 2018
DATE: July 17, 2018

STAFFING

POSITIONS FILLED

Admin Assistant 2	(2)	Clinical Program Manager 1	(1)
Clinical Social Worker 2	(1)	Consumer Services Assistant 2	(1.5)
Admin Services Officer 3	(1)	Mental Health Technician 3(MHT1)	(2)
Program Officer 1	(1)		

VACANCIES

Administrative Assistant 2	(3)	Mental Health Technician 3	(1)
Licensed Psychologist 1	(1)	Microbiologist 4	(1)
Psychiatric Nurse 2 (EDU)	(1)	Psychiatric Nurse 2	(4.6)
Supply Assistant	(1)	Custodial Worker 1	(1)
Clinical Social Worker 2	(2)	Psychiatric Caseworker 2	(1)
Laboratory Technician 1	(.5)	Mental Health Technician	(1)
Substance Abuse Counselor 2	(1)	Accounting Technician 1	(1)
Therapeutic Recreation Spec 1	(1)		

CASELOADS/WAITING LISTS

PROGRAM: AOT

ELIGIBLE : 14
REFERRALS: 3
CASELOAD: 40

PROGRAM: MED CLINIC

CASELOAD: 1,546
WAITLIST: 23

PROGRAM: MENTAL HEALTH COURT

CASELOAD: 84
WAITLIST: 4

PROGRAM: OP COUNSELING

CASELOAD: 96
WAITLIST: 10

PROGRAM: SERVICE COORDINATION

CASELOAD: 194
WAITLIST: 3

PROGRAM: CBLA

CASELOAD: 91
WAITLIST: 5

PROGRAMS

NEW PROGRAMS: No new programs were created in the months of April-June, however, NNAMHS did take over the ENLIVEN program on May 1, 2018. It has been renamed Raise Up Nevada. NNAMHS will work with DCFS to transition youth into the program when they become 17.5 years in age. Currently, there are 10 people in the NNAMHS adult program.

PROGRAM CHANGES: N/A

SERVICE NEEDS/ RECOMMENDATIONS

There is a shortage of qualified behavioral health providers, specifically in the areas of nursing, social work and psychology.

AGENCY DIRECTOR'S REPORT

AGENCY: NNAMHS

REPORTING PERIOD: April – June 2018

SUBMITTED BY: Christina Brooks

DATE: July 17, 2018

AGENCY CONCERNS/ISSUES

INPATIENT: The community ER wait list continues to be a concern. We continue to work collaboratively with our community partners, however, there is consistently an average of 20 individuals who sit and wait to be transferred to a mental health facility on any given day.

We are also seeing longer lengths of stay in the hospital due to lack of appropriate placements for safety.

OUTPATIENT: Residential Housing and supportive living services continue to be a challenge. Finding affordable housing for the people we serve has become more difficult as the area's population grows, rents increase and landlords sell their homes.

AGENCY DIRECTORS' REPORT

AGENCY: SNAMHS

SUBMITTED BY: OP Administration

DATE: 09/04/2018

Reporting Period: AUGUST 2018

STAFFING

Positions filled: 622.02 FTE (13 positions filled – 11 new, 2 transfers) 5 Forensic Specialists, 4 Mental Health Technicians, 4 Psychiatric Nurses

Vacancies: 120.53 FTE

Difficulties filling: 73.53 FTE (Clinical Social Workers – 3.00 FTE, Licensed Psychologist – 3.00 FTE, Psychiatric Nurses – 44.00, Senior Psychiatrists – 23.53)

CASELOADS/WAITING LISTS

Program: PACT

Caseload: 72

Waiting List: 0

Program: Urban OP Counseling

Caseload: 253

Waiting List: 11

Program: MHC

Caseload: 74

Waiting List: 0

Program: AOT

Caseload: 69

Waiting List: 0

Program: Residential

Caseload: 554

Waiting List: 0

Program: Rural Service Coordination (Adult & Youth)

Caseload: 36

Waiting List: 0

Program: Urban Medication Clinics

Caseload: 2,548

Waiting List: 316

Program: Urban Service Coordination

Caseload: 501

Waiting List: 0

Program: IP Civil Beds

Caseload: Licensed beds: 211

Waiting List: See ER Data

Program: Co-Occurring Program

Caseload: 53

Waiting List: 0

Program: Rural Medication Clinics

Caseload: 233

Waiting List: 13

Program: Rural OP Counseling (Adult & Youth)

Caseload: 180

Waiting List: 8

PROGRAMS

Service Needs/Recommendations

Agency Concerns/Issues

AGENCY DIRECTORS' REPORT

AGENCY: STEIN

SUBMITTED BY: Stan Cornell, M.S.

DATE: 9/14/2018

Reporting Period: 7/13/2018

STAFFING

Positions filled: Since the last report, four Forensic Specialist I's have been hired; 5 separated

Vacancies: 20 FS, 1- FS Supervisor; 1-Correctional Sergeant projected to start 9/24/18; Social Work-1 CSW; Nursing-3 PN-II

Difficulties filling: Filling Forensic Specialist positions continue to be a challenge.

CASELOADS/WAITING LISTS

Program: Inpatient

Caseload: 63

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 2 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: Forensic Specialist Sponsorship Program-Phase II, Treatment Mall group activity participation, also to include psychiatric nurses. The other area of emphasis for moving the sponsorship program forward is increasing forensic participation on treatment teams. The major barrier has been shortages in forensic ranks, however we are working to implement a work around so that the information is making it to the treatment team meetings.

Program Changes: As reported previously, the Token Economy component of the Stein Treatment Mall has been revised to include two phases of positive behavioral incentives. Staff and client training has been completed on the use of the new point sheets including changes that they'll notice as clients progress from phase one into phase two of the system. Go live date was June 6th for full implementation of the changes.

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 any form of restraints, ongoing training and refresher training on verbal de-escalation techniques and the efforts to expand the sponsorship program. Total seclusion and restraint incidents had been continuing to trend down for the first quarter and most of the second quarter of the year, averaging 15 per month. However increases in

census and client acuity caused these numbers to spike upward in June to 40 total restraints and seclusions (28/12). This number is also skewed by one client who accounted for 18 of these incidents. The formation of an oversight committee to review all incidents involving seclusion and/or restraint is proceeding with training on a new staff debriefing form to be included in the forensic skills fair next month. The form which will attach to incident reports as they are forwarded to the oversight committee, will be use to inform the committee as they review each incident.

Agency Concerns/Issues

In an ongoing effort to address the issue of Forensic staffing shortages, Stein/ SNAMHS Human Resources Department is continuing to recruit for MHT/FS underfill positions together with direct FS-I recruitments to address the total number of forensic specialist vacancies. Additionally, one of the Stein Forensic Supervisors along with the Lieutenant are engaged in direct recruiting through outreach to the prisons in form of providing training for CPR and on working with mentally ill inmates. Other concerns: Increases in new commitments have pushed Stein's client census to all-time highs. This is challenging our staffing resources and creating an unavoidable increase in overtime. Consent Decree: All cases adjudicated under NRS 178.425 continue to be offered beds within the 7-day mandate.

AGENCY DIRECTORS' REPORT

AGENCY: Sierra Regional Center

SUBMITTED BY: Julian Montoya

DATE: 8/30/2018

Reporting Period: 7/31/2018

STAFFING

Positions filled @ 9/6/2018: 73

Vacancies: 5

Difficulties filling:

CASELOADS/WAITING LISTS

Program @ 07/31/18: Targeted Case Management (TCM)

Caseload: 1,456

Waiting List: All individuals accepted into services receive TCM

Program: Family Support

Caseload @ 06/30/2018: 185

Waiting List (07/31/2018): 0

Program @ 06/30/2018: Supported Living Arrangement (SLA)

Caseload @ 06/30/2018: 785

Waiting List (07/31/2018): 0

Number of 24-Hour SLA Homes: 301

Number of Intermittent/Share Living Homes: 430

Number of Fiscal Intermediaries: 54

Program: Respite

Caseload @ 06/30/2018: 136

Waiting List (7/31/2018): 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 @ 06/30/2018: 401

Waiting List (07/31/2018): 0

Number of Individuals receiving

Facility-based Non-Work (Day Habilitation): 91

Facility-based Work (Prevocational): 170

Integrated Employment (Supported): 13

Community-based Non-Work (Day Habilitation): 127

Career Planning:

Program: Autism

Caseload: 0

Waitlist: Transferred to ATAP July 1, 2011

Intake Information

Number of Applications Received @ 7/31/2018: 16
Number of Applicants found Eligible: 18
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 current lack of SLA Intermittent Providers as a major problem area for the people we serve. Providers state that with the provider rates remaining on the low end it is not cost effective for them to take on these smaller service hour contracts. SRC continues to work on this service delivery component as it vital to our folks who want to remain in their homes with limited service.

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: 8/30/2018

Reporting Period: 7/31/2018

STAFFING

Positions filled @ 07/31/2018: 40

Vacancies: 2 Administrative Assistants, 1 Mental Health Counselor; 3 Developmental Specialists/Service Coordinators

Difficulties filling: Competition with the private sector, particularly in Rural Communities, continues to present challenges for hiring staff.

CASELOADS/WAITING LISTS

Program: Targeted Case Management (TCM)

Caseload @ 07/31/2018: 765

Waiting List: All individuals accepted into services receive TCM

Program: Family Support

Caseload @ 06/30/2018: 97

Waiting List (07/31/2018): 0

Program: Supported Living Arrangement (SLA)

Caseload @ 06/30/2018: 400

Waiting List (07/31/2018): 0

Number of 24-Hour SLA Homes: 126

Number of Intermittent/Share Living Homes: 252

Number of Fiscal Intermediaries: 22

Program: Respite

Caseload @ 06/30/2018: 60

Waiting List (07/31/2018): 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 @ 06/30/2018: 269

Waiting List (07/31/2018): 0

Number of Individuals receiving
Facility-based Non-Work (Day Habilitation): 54
Facility-based Work (Prevocational): 158
Integrated Employment (Supported): 21
Community-based Non-Work (Day Habilitation): 36
Career Planning:

Program: Autism

Caseload: 0

Waitlist: Transferred to ATAP July 1, 2011

Intake Information

Number of Applications Received @ 07/31/2018 : 9

Number of Applicants found Eligible: 5

Number of Applicants found In-Eligible: 2

PROGRAMS

New Programs: Rural Regional Center has established a new 24-hour Supported Living arrangement in Mesquite. This is the second home in Mesquite.

Program Changes: Both the Mesquite and Pahrump offices have opened, with one Developmental Specialist in each office. Staff are working with Providers to establish new services and supports in these areas.

Service Needs/Recommendations

None at this time.

Agency Concerns/Issues

Rural Regional Center is continuing to work in the Mesquite and Pahrump locations to establish community partnerships and to establish additional services for individuals.

AGENCY DIRECTORS' REPORT

AGENCY: Rural Services SUBMITTED BY: Tina Gerber-Winn, MSW DATE: 9/6/2018

Reporting Period: 8/31/2018

STAFFING

Positions filled: Clinical Program Planner, Psychiatric Caseworker II, AA II, IV (Central Office), Mental Health Counselor II (Elko), Mental Health Counselor II (Yerington), AA II (Carson City), Mental Health Tech (Pahrump)

Vacancies: 3 Licensed Psychologist I (Carson, Gardnerville); 1 Clinical Program Manager I (Carson); 2 Mental Health Counselor 3 (Carson, Ely); 2 Mental Health Counselor 2 (Carson, Pahrump); Licensed Clinical Social Worker 3 (Silver Springs); 1 Psychiatric RN 2 (Pahrump); 2 Psychiatric Caseworker 2 (Fallon, Elko); 1 Administrative Assistant 3 (Ely)

Difficulties filling: Licensed Psychologist

CASELOADS/WAITING LISTS

Program: Outpatient Counseling

Caseload: 221 youth; 914 adult

Waiting List: 27 youth; 95 adult

Program: Residential Supports

Caseload: 0 youth; 39 adult

Waiting List: 0 youth; 0 adult

Program: Service Coordination

Caseload: 29 youth; 226 adult

Waiting List: 3 youth; 12 adult

Program: Psychosocial Rehabilitation

Caseload: 23 youth; 84 adult

Waiting List: 1 youth; 7 adult

Program: Medication Clinic

Caseload: 278 youth; 1724 adult

Waiting List: 19 youth; 91 adult

Program: Mental Health Court

Caseload: 29 adult

Waiting List: 0

PROGRAMS

During the last quarter, Rural Clinics staff has worked to fill vacancies that have occurred due to retirements, promotions, private practice opportunities, and transfers within the agency to pursue loan repayment. Now that the agency has a lead psychologist appointed, the agency can add another discipline to an existing Serious Incident Reporting review team. This team provides administrative guidance to agency staff designed to improve services provided and procedural compliance. The lead psychologist is overseeing a Psychological Intern participating in the Nevada Psychological Internship Consortium within Rural Clinics. A group is participating in Skills-based Videoconferencing (SbVC), an Online Learning Series sponsored by the Pacific Southwest Addiction Technology Transfer Center. This opportunity was facilitated by the Center for the Application of Substance Abuse Technologies (CASAT) Project Director at the University of Nevada, Reno, and the Rural Clinics' Training Officer. The course is structured to provide online consultation, skill-based learning and practice, group and self-study activities, and discussion on topics essential to providing services using videoconferencing mediums. Agency staff worked with fiscal personnel to develop an operating budget for the next biennium (July 2019 – June 2021). Final approval of the budget will occur in late spring 2019. The development of Crisis Assessment and Response protocols continue. Rural Children's Mobile Crisis Response Team continues to assess and refer children to both inpatient and outpatient services with most children being linked to community-based services. Work continues to create a similar response for adults seeking services at Rural Clinics. Four staff (psychologist, psychiatric case worker, psychiatric nurse, mental health counselor 3) updated training on the Level of Care Utilization System (LOCUS) tool used to determine service eligibility. These staff will train others within Rural Clinics as part of a quality goal.

Service Needs/Recommendations

Rural Clinics identified the need for the provision of crisis management services across the lifespan.

Agency Concerns/Issues

Ongoing instruction and training on Medicaid prior authorization requirements are in process to assure continuity of care. This includes case conceptualization and presentation advisement.