Agency: NNAMHS Representative: Julie Lindesmith Date: 10/23/20

Reporting Period: July 2023 - Sept 2023

Agency Caseloads/Waiting Lists

1. Program: AOT	Case Load: 30	Wait List:	16
2. Program: CBLA	Case Load: 24	Wait List:	0
3. Program: Forensic MH Team Ad	Case Load: 10	Wait List:	4
4. Program: Group Housing	Case Load: 4	Wait List:	0
5. Program: ICBLA	Case Load: 29	Wait List:	0
6. Program: Independent Placement	Case Load: 5	Wait List:	0
7. Program: Intensive Service Coor	Case Load: 4	Wait List:	1
8. Program: Med Clinic	Case Load: 639	Wait List:	9
9. Program: Mental Health Court	Case Load: 54	Wait List:	0
10. Program: OP Counseling	Case Load: 77	Wait List:	3
11. Program: Service Coordination	Case Load: 104	Wait List:	0
12. Program: Supported Independence	Case Load: 9	Wait List	0

Staffing

Percentage of Positions Vacant: 37.12%

Staffing Difficulties (Give a brief description):

We continue to have difficulties hiring nurses, mental health techs, social workers, and clinical psychologist. We some hiring delays with the switch from SuccessFactors to NV Apps. We have been getting more applicants for positions. It is not clear if that is due to the change in the application process or the raises. We continue to make recruitment a priority.

Program Highlight/Difficulties and Summary

Program Difficulties:

The construction project in Dini-Townsend has ended. It reduced the hospital capacity by 50% for July, August, and September. We are working on building the census back up to full capacity. Our AOT program wait list has grown as we are actively recruiting more staff for the program.

Program Changes and/or Successes:

Mental Health Competency Court started in September. NNAMHS has been accepting both inpatient and outpatient clients through this court to divert individuals from Lake's Crossing and reduce the forensic waiting list. Our annual Flu Vaccination Point of Dispensing (POD) was able to vaccinate twice as many people as last year.

Summary Statement to the Commission:

Caseloads are monitored closely every month for trends, and internal staffing remedies.

Agency: So. NV Adult Mental Health Representative: Ellen Richardson-Adams Date: 10/24/23

Reporting Period: 09/30/2023

Agency Caseloads/Waiting Lists

1. Program: IP Civil Beds	Case Load:	88	Wait List:	See ER Data
2. Program: IP Forensic Beds	Case Load:	78	Wait List:	N/A
3. Program: Urban Med Clinics	Case Load:	1830	Wait List:	130
4. Program: Urban OP Counseling	Case Load:	65	Wait List:	142
5. Program: Urban Svc Coord	Case Load:	194	Wait List:	0
6. Program: Mental Health Court	Case Load:	49	Wait List:	0
7. Program: AOT	Case Load:	79	Wait List:	0
8. Program: PACT	Case Load:	71	Wait List:	0
9. Program: Residential/Supp Svcs	Case Load:	388	Wait List:	0
10. Program: Rural Svc Coord	Case Load:	41	Wait List:	1
11. Program: Rural Med Clinics	Case Load:	224	Wait List:	5
12. Program: Rural OP Counseling	Case Load:	47	Wait List	46

Staffing

Percentage of Positions Vacant: 20.45

Staffing Difficulties (Give a brief description):

Percentage of positions vacant increased from 16.36% last report to 20.45% due to 21 new Forensic Specialist positions and 16 new Psychiatric Nurse positions dedicated to Stein. To enhance recruiting efforts, SNAMHS will be hosting 6 agency specific job fairs in October, in addition to 2 jobs fairs at CSN & UNLV.

Program Highlight/Difficulties and Summary

Program Difficulties:

Continued efforts are being reviewed and used to recruit and hire highly qualified mental health professionals, especially those in fully licensed positions such as LCSWs, MFTs, CPCs, and nurses. We are in the process of re-certifying some of the outpatient eligible locations as loan repayment approved sites through the National Service Health Corps as incentive.

Program Changes and/or Successes:

Occupational therapy services have begun again with outpatient clinics to address daily living skills such as learning how to ride the bus, personal money management, grocery shopping, personal hygiene, cooking, and leisure activities. Services include individual and group settings. The response from clients have been positive and they are attending their appointments.

Summary Statement to the Commission:

SNAMHS continues to provide and promote with our patients/clients high quality services and supports through effective programming and highly qualified personnel.

Agency: Lake's Crossing Center

Representative: Drew Cross

Date: 11/3/23

Reporting Period:

Agency Caseloads/Waiting Lists

1. Program: Inpatient Services Case Load: 67 avg Wait List: 62 Lake's designated

2. Program: Case Load: Wait List:

3. Program: Case Load: Wait List:

4. Program: Case Load: Wait List:

5. Program: Case Load: Wait List:

6. Program: Case Load: Wait List:

7. Program: Case Load: Wait List:

8. Program: Case Load: Wait List:

9. Program: Case Load: Wait List:

10. Program: Case Load: Wait List:

11. Program: Case Load: Wait List:

12. Program: Case Load: Wait List

Staffing

Percentage of Positions Vacant: 21%

Staffing Difficulties (Give a brief description):

Recruitment continues to show limited success across the various departments at Lake's Crossing. This is reflected in our recent reduction in vacant positions. Contract staff continue to fill highly needed positions as state recruitments remains open. Our highest need remains forensic specialists and clinical staff. Forensic recruitment continues to be impacted by the background check and the POST certification physical fitness exam. We have recently had success recruiting contract forensic psychologists, which has been a challenging position to fill. The offered compensation continues to impact multiple departments recruitments as well as current housing costs.

Program Highlight/Difficulties and Summary

Program Difficulties:

Lake's Crossing Center's Main Building and Annex remain at or near capacity as we provide statewide forensic services. We are working on multiple fronts to address our list of pending admissions.

Program Changes and/or Successes:

Lake's Crossing Center continues to benefit from higher education collaborations by taking on more practicum students, interns, and residents strengthening the endeavor of being a teaching facility. This is mutually beneficial to the facility and the students and can be an excellent introduction into state employment.

Our jail liaison has proven to be a valuable addition and we have successfully diverted several clients from the list of pending Washoe admissions into appropriate wrap around services. We continue to work closely and foster relationships with the various counties and courts to address the needs of the forensic mental health population across the state. The newly established Washoe competency court continues to collaborate with Lake's Crossing and other involved entities to address the forensic population.

Summary Statement to the Commission:

The primary focus of forensic mental health services in Nevada is addressing the list of statewide pending admissions. We will continue to collaborate with our respective counties to address this group and provide them with forensic services.

Agency: Rural Clinics Representative: Ellen Richardson-Adams Date: 11/1/23

Reporting Period: 9/30/2023

Agency Caseloads/Waiting Lists

1. Program: Rural OP Counseling Wait List: 185 Case Load: Wait List: 115 2. Program: Med Clinic **Case Load:** 1675 3. Program: Service Coordination Case Load: 248 Wait List: 71 Case Load: 28 Wait List: 5 4. Program: RMH 5. Program: Residential Case Load: 5 Wait List: () Wait List: 0 6. Program: Mental Health Court Case Load: 24 7. Program: Case Load: Wait List: Case Load: Wait List: 8. Program: 9. Program: Case Load: Wait List: 10. Program: Case Load: Wait List: Case Load: 11. Program: Wait List: 12. Program: Case Load: Wait List

Staffing

Percentage of Positions Vacant: 27%

Staffing Difficulties (Give a brief description):

Licensed clinical positions remain the most challenging positions to recruit and hire for.

Program Highlight/Difficulties and Summary

Program Difficulties:

We have a few seasoned staff who are celebrating their retirements, so their positions are now vacant along with the loss of their institutional knowledge and experience.

Program Changes and/or Successes:

We are upgrading across clinical services our electronic medical record system. Staff have been trained and we anticipate a successful roll out with minimal issues. This system will support better documentation and client/patient medical records.

Summary Statement to the Commission:

Rural clinics continues to recruit and retain highly qualified personnel to support community based mental health services across the rural regions.

Agency: ADSD DRC Representative: Gujuan Caver/Marina Date: 11/1/23

Reporting Period: Ending 10.31.23

Valerio

Agency Caseloads/Waiting Lists

1. Program: DRC ICF Case Load: 41 Wait List: 6 referrals

2. Program: TCMCase Load: 5709Wait List: N/A3. Program: RespiteCase Load: 1629Wait List: 3394. Program: JDTCase Load: 1109Wait List: 341

5. Program: SLA Case Load: 1960 Wait List: 286

6. Program: Intake (July-Sept 23) Case Load: 229 received Wait List: 158 eligible

7. Program: Case Load: Wait List: Case Load: Wait List: 8. Program: 9. Program: Case Load: Wait List: Case Load: Wait List: 10. Program: 11. Program: Case Load: Wait List: 12. Program: Case Load: Wait List

Staffing

Percentage of Positions Vacant: 11%

Staffing Difficulties (Give a brief description):

The ICF continues to have difficulty with filling the Developmental Support Technician positions at the time of this report the 21 of 98 positions are vacant. DRC Community Services Psychology Department is recruiting for a part time Mental Health Counselor II. Community Services also continues efforts to fill 2 Developmental Specialist IV positions, as well as 1 part-time Developmental Specialist III position and 2 Administrative Assistant positions. The program will be participating in the upcoming job fair in hopes to fill the remaining DS III and AA positions.

Program Highlight/Difficulties and Summary

Program Difficulties:

The ICF continues to struggle with transportation to get persons served to locations in the community. Public transportation providers often will not support the persons at the ICF. Which makes them dependent on state vehicles which is limited. Sadly program difficulties for Desert Regional Center Community Services remains the same as last report the challenges of supporting individuals with dual diagnosis who have complex high level behavioral needs. Although, this population need amongst our 5000+ is relatively low, there is a need to improve support to these individuals using certified providers. DRC Community Services continues to collaborate with DCFS/DFS to create a multi-agency team that focuses on children support needs that have open cases with family services and DS or who may be eligible for DS services if they meet our eligibility standards. DRC currently has 23SLA providers that are certified providers for children, with these providers supporting children in out-of-home placements. One of the providers supports children in Shared Living (i.e., host home) homes and the other within our Intensive Supportive Living Arrangement model.

Program Changes and/or Successes:

In October the ICF has started expanding the use of Therapy an electronic record system, now incident reports are being entered into therapy, along with medical tracking logs. As with all changes there are minor adjustments but continuing to move away from paper records. This will allow for timely review, access and ability to run reports. In the next phase will be the persons program plans and tracking. Participation in group activities offered at the ICF continue to increase Music Group is the most popular.

DRC Community Services Mental Health Counselors conducted a Friendship Goals workgroup. This group of amazing individuals learned the skills needed to help them build friendships and socialize with different types of people. Phone numbers were exchanged, and hopefully lasting friendships were built. We celebrated them with a pizza party complete with root beer floats and other

Summary Statement to the Commission:

DRC will continue to work with community providers to serve individuals receiving DS services to ensure supports are person centered and what the person would like to receive. Staff will continue to advocate for the persons not receiving services due to provider capacity or unwillingness to serve. DRC will continue to recruit and on-board new providers as they become available to serve the persons and offer choices.

Agency:	Representative:	Date:				
Reporting Period:						
Agency Caseloads/Waiting Lists						
1. Program:	Case Load:	Wait List:				
2. Program:	Case Load:	Wait List:				
3. Program:	Case Load:	Wait List:				
4. Program:	Case Load:	Wait List:				
5. Program:	Case Load:	Wait List:				
6. Program:	Case Load:	Wait List:				
7. Program:	Case Load:	Wait List:				
8. Program:	Case Load:	Wait List:				
9. Program:	Case Load:	Wait List:				
10. Program:	Case Load:	Wait List:				
11. Program:	Case Load:	Wait List:				
12. Program:	Case Load:	Wait List				
	Staffing					
Percentage of Positions Vacant:						
Staffing Difficulties (Give a brief description):						
Program Highlight/Difficulties and Summary						
Program Difficulties:						
Program Changes and/or Successes:						
Summary Statement to the Commission:						

Agency: Sierra Regional Center Representative: Julian Montoya Date: 11/3/23

Reporting Period: 08/31/2023

Agency Caseloads/Waiting Lists

1. Program: TCM	Case Load: 1,613	Wait List:	0
2. Program: SLA	Case Load: 773	Wait List:	91
3. Program: JDT	Case Load: 194	Wait List:	51
4. Program: Family Support	Case Load: 148	Wait List:	0
5. Program: Respite	Case Load: 151	Wait List:	0
6. Program: FPP 7. Program:	Case Load: 62 Case Load:	Wait List: Wait List:	0
8. Program:	Case Load:	Wait List:	
9. Program:	Case Load:	Wait List:	
10. Program:	Case Load:	Wait List:	
11. Program:	Case Load:	Wait List:	
12. Program:	Case Load:	Wait List	

Staffing

Percentage of Positions Vacant: 9%

Staffing Difficulties (Give a brief description):

SRC Total Positions- 83, Positions Filled-75

Program Highlight/Difficulties and Summary

Program Difficulties:

SRC has identified the need to work with JDT providers to increase capacity for supported employment in our community. The CMS final ruling (starting in March, 2023) 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. We are also experiencing a shortage of JDT providers who can serve some of our more challenging behavior individuals and we have since started a waitlist. (2) DS providers express concern about the current provider rate (there was a rate increase during this last legislative session, however they still feel that it is not enough to remain competitive) 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.

Program Changes and/or Successes:

SRC continues to operate a pilot program with our sister agency – Lake's Crossing. We have opened an ISLA home that will have specialized training for staff to work with 2 individuals that are co-served by SRC and Lake's Crossing as part of the conditional release program. The team still meets frequently to monitor the progress of the home with the goal of integration into the community when conditional release has been fulfilled.

SRC has also started to open ISLA homes for the kids we serve. We currently have two homes opened and our division is in the process of a major overhaul in how we can accommodate our children's services for kids with highly behavioral needs that can no longer reside in specialized foster care nor their natural home. Most of these children in the past were being sent out of state but ADSD is trying to change services to keep our children in state with a collaboration of many entities to include state and county partners.

Summary Statement to the Commission:

Developmental Services within ADSD has offered and provided much need additional funds for our providers during these last two years. Unfortunately, DS is not seeing an increase in providers accepting more individuals for service. DS is concerned about this development and is working with providers to determine what is still happening in regards to be able to hire more staff as the money provided was to increase wages for direct support staff.