

An Overview of MHDS
Presented to
Nevada
Mental Health Plan
Implementation Commission
SB 301

September 2003

DIVISION ADMINISTRATOR,
CARLOS BRANDENBURG, PH.D.

DEPUTY ADMINISTRATOR
DEBBIE HOSSELKUS, LSW

COMPILED BY
KEVIN CROWE, ED.D.
CHIEF, PLANNING AND EVALUATION UNIT

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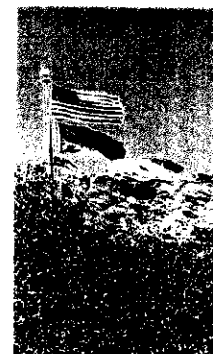
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Nevada Mental Health Plan Implementation Commission 2003

The Division of MHDS provides a variety of in-patient and outpatient services to best meet the changing needs of Nevadans

Reports concerning strategic planning, medication, needs assessment and other topics can be accessed. For further information regarding the Division of MHDS and any of it's agencies, please visit our website at:

<http://mhds.state.nv.us/>



New Beginnings Characterized The Past Two Years

The US Congress declared the 1990's the "Decade of the Brain".

"The 1999 White House Conference on Mental Health called for a national antistigma campaign. The Surgeon General issued a call to action for suicide prevention in 1999 as well."

"We know more today about how to treat mental illness effectively and appropriately than we know with certainty about how to prevent mental illness and promote mental health."

President Bush established the "New Freedom Commission on Mental Health".

The commission was established as part of the President's agenda to ensure that American's with mental illness not fall through cracks, that lives not be lost, and that recovery be a realistic goal of treatment.

Senator Randolph J. Townsend was selected by the President to serve as a Commissioner on his New Freedom Commission on Mental Health.

It is with great pleasure that I present to the Nevada Mental Health Plan Implementation Commission (SB301) this report which is designed to give you an overview of the Division's programs, and understanding of our accomplishments and major new plans for the next two years.

Our programs can be characterized by continuing key services to Nevadan's who have mental illness or are developmentally disabled, the development of new and innovative programs and by overall increasing consumer demand.

Nowhere is this more apparent than with new programs such the mental health Consumer Assistance Program, and new intensive residential supports for use with clients who are being discharged from Nevada's legal system.

Construction was completed at Lakes Crossing Center for the Mentally Disordered Offender in Sparks NV, which increased our forensic bed capacity from 36 to 48. We also opened a new state of the art psychiatric hospital in Northern Nevada in September 2001, named the Dini-Townsend Hospital.

We made other systemic changes too; for example, the 2001 Nevada Legislature authorized renaming the old Nevada Mental Health Institute to the Northern Nevada Adult Mental Health Services (NNAMHS). This name change reflects our commitment to move Nevada's system of care forward from an obsolete institutional treatment model where people were separated from family and community in distant castle like buildings away from social events and friends to a community-based system of care.

Support from Governor Guinn and the Legislature enabled MHDS to provide new community-based mental health programs to assist those consumers who rely on our outpatient services. All MHDS programs are intended to reduce the need for hospitalization and foster consumer recovery in the community. Our programs are designed to insure we meet the intent of the *Olmstead* decision. The federal act resulting from this decision was geared to require a State to move people from an institutional setting to a community setting with all reasonable speed to accommodate the change in placement. Among these outpatient programs and special highlights are:

- ◆ Programs for Assertive Community Treatment

(P.A.C.T.) continue to provide highly specialized services for the most seriously mentally ill residing in the community setting. The PACT model has demonstrated effectiveness for the most severely mentally ill (SMI) who comprise 20 to 40 percent of the SMI population. These consumers include those who have major psychiatric symptoms that may only partially improve but who can be maintained in the community with medication and the intensive treatments offered through the P.A.C.T. program. New for this year, we added substance abuse counselors to these programs so that the unique needs of these individuals can be more effectively met. Our P.A.C.T. programs clearly have met the goal of reducing hospital recidivism.

- ◆ Supported housing services at SNAMHS currently serve 584 indigent seriously mentally ill clients. Priority is given to patients recently discharged from our inpatient psychiatric hospital. Placement levels include, among others, intensive supported living arrangements (ISLA) and special needs beds. Intensive supportive living arrangements (ISLAs) provide 24-hour awake supervision of clients who otherwise would require inpatient hospital care. These services are provided in independent apartment community settings with additional individualized support services based on client needs and choice. In addition, 'Special needs' beds provide independent apartment community settings for medically compromised mentally ill clients who require additional nursing supervision. These placements provide service to clients who otherwise would have remained in the inpatient psychiatric hospital only because self care of their medical condition is compromised by mental illness.
- ◆ Nevada's first-ever Consumer Assistance Program began in June 2002, providing the employment of six mental health consumers as state employees to facilitate consumer recovery and integrate consumers into the service delivery system.
- ◆ NNAMHS consumer classroom offered for the first time brand new computers for consumers in a classroom setting, to let them gain skills so they can return to work.
- ◆ Provided substantial funding increases from FY01 for the prescription of the newer and safer anti-depressants and anti-psychotic (AAP's) medications. In FY02, the MH medication budget was \$11,157,803 which was 15.70 % of the total budget. For comparison, FY01 was budgeted at \$7,955,095 or 13.19% of the budget.

**MHDS
Strategic Plan
Goal #1:**

Provide and promote high quality and cost effective services in a safe environment

**Data Excerpts from the
NASMHPD Research
Institute Report Draft:**

"Funding Sources and Expenditures of State Mental Health Agencies in Fiscal Year 2001":

MHDS spent 1% of their total expenditures on Administration compared to the National average of 4.1%.

MHDS expenditures for Inpatient Services were 29% of the total expenditures Compared to the national average of 39%.

Vision

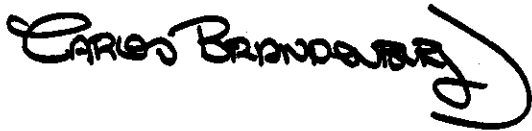
For all Nevadans with mental illness or developmental disabilities to realize their optimal potential as individuals and as positive productive citizens of their community and state.

- ◆ A Mental Health Court was established in Washoe County, whereby certain mentally ill offenders who volunteer for the special court receive a mental health treatment program instead of jail time for minor offenses. They must check in with the court regularly. The Washoe County court has succeeded in part because judges volunteer their lunch time once a week to hear cases. Recent data shows it has reduced repeat offenders. Five of the 32, or about 15 percent of the mentally ill offenders who have participated the Washoe special court have had their probation revoked. Assemblywoman Sheila Leslie, D-Reno, sponsored the state bill that created the pilot program in Washoe County.
- ◆ We expanded our mental health program for senior citizens in Southern Nevada into Northern Nevada (Reno). This program is a collaborative effort between the Division of Mental Health and Developmental Services, the Division of Aging Services and the Bureau of Alcohol and Drug Abuse. The goal of both the Northern and Southern Senior Outreach Programs is to improve the mental health service delivery system for elder Nevadans. The target population is older adults who have undiagnosed and untreated illnesses such as depression and alcoholism. These senior outreach programs seeks to impact on the staggering rates of suicide in Nevadans aged 65 and older.
- ◆ The Division continues to update its Division wide Mental Health disaster response plan. This plan continues to be called into use, and over the past two years was utilized to provide crisis mental health services to Nevadans in emergencies as the result of wildfires and other small scale disasters; particularly the Walker (CA) River Wildfire during the Summer of 2002, during which the tragic crash of the rescuing Forest Service air tanker into the community distressed the population of the small town on the Nevada-California border. Our staff even worked alongside professionals from Placer County (CA) mental health to respond to the interstate needs of the Walker community.
- ◆ Over the past two years, we have all become affected by terrorism in our country. Even here in Nevada our programs were directly affected by the September 11, 2001 tragedy at the New York World Trade Center; as we were called upon to send NV mental health professionals to assist there, and placed others on standby. We were ready to help.
- ◆ Over the past two years we have put in place a new website, which was recognized as a national model in 2002 for its user friendliness. Visit us at <http://mhds.state.nv.us>.

In closing, I am proud of our progress. But while these past years have seen many accomplishments, clearly the future is unfolding as a time for wise planning to meet tomorrows challenges.

Now, more than ever, the participation of our stakeholders is required to move our programs ahead cost effectively. More than ever, we need and appreciate your support.

Sincerely,



Carlos Brandenburg, Administrator

FROM THE ADMINISTRATOR



**DIVISION
ADMINISTRATOR,
CARLOS
BRANDENBURG, PH.D.**

Dr. Brandenburg received his Ph.D. from the University of Nevada, Reno.

As the Administrator of the Division of Mental Health and Developmental Services, he supervises over 1100 employees and a budget of over 225 million dollars.

In 1995, when Dr. Brandenburg became the Administrator for the Division, Nevada was ranked 49th in actual dollars and per capita expenditures. As of 1999, Nevada is now ranked 35th.

MHDS MISSION



Our mission statement is an invaluable tool for directing, planning and achieving the Goals of the Division of MHDS.

In coordination with the mission statement, budgets are developed to assist with meeting the goals of the Division as well as ensure that we meet the needs of Nevada consumers.

Mission Statement for the Division of Mental Health and Developmental Services

Working in partnership with consumers, families, advocacy groups, agencies and diverse communities, the Division of Mental Health and Developmental Services provides responsive services and informed leadership to ensure quality outcomes.

This mission includes treatment in the least restrictive environment, prevention, education, habilitation and rehabilitation for Nevadans challenged with mental illness or developmental disabilities. These services shall maximize each individuals' degree of independence, functioning and satisfaction.

Division of Mental Health and Developmental Services Overview

The Division of Mental Health and Developmental Services (MHDS) provides services to over 25,000 Nevadans, (22,341 Mental Health clients and 3153 Developmental Services clients (total = 25,494 in Fiscal Year 2002) across 96,000 square miles of Nevada in both urban and rural areas. This is an increase of 9% from FY 2001. In addition to these direct consumers, the Division works with many stakeholders, including family members, advocates, service providers, legislators, the general public, and law enforcement. As a result of these diverse interests, the issues facing the Division in addition to being complex, are also viewed from many different perspectives. The underlying thread of unity in this diverse system, however, is the commitment of all stakeholders to a public mental health/developmental services system that meets the needs of Nevada's citizens.

The Division of MHDS is responsible for the operation of state funded outpatient community mental health programs, psychiatric inpatient programs, mental health forensic services and all developmental services programs and facilities. By statute, the Division is responsible for planning, administration, policy setting, monitoring and budget development of all state funded mental health and developmental services programs. The Division Administration is also directly involved in decisions regarding agency structure, staffing, program and budget development. The mission of the Division is to develop and operate programs which assist individuals who have mental illness or developmental disabilities to live as independently as possible. The Division is obliged to offer care regardless of ability to pay, assure services are offered in the "least restrictive environment," base services upon individual needs, and honor consumers rights. The Division is committed to providing quality cost effective services that ensure consumer and citizen safety, are readily accessible to all persons in need, are responsive to local needs, are consumer-driven and promote self-sufficiency.

The MHDS Division is located within the Department of Human Resources. The Division Administrator, appointed by the Governor, relies on the oversight and direction of stakeholders as represented in several advisory groups. A Commission on Mental Health and Developmental Services is appointed by the Governor and "establishes policies to ensure adequate development and administration of services for the mentally ill, developmentally disabled and related conditions ..." The Commission has several powers related to the oversight of programs within the Division. Local Advisory Boards exist within each region by authority of the Commission and are involved with local agency issues. Administration and services are organized into three regions: North, South and Rural.

DIVISION OVERVIEW

"Mental disorders collectively account for more than 15% of the overall burden of disease from all causes and slightly more than the burden associated with all forms of cancer"

Disease burden by selected illness categories in established market economies, 1990

	% of total DALYS*
All cardiovascular conditions	18.6
All mental illness **	15.4
All malignant disease	15.0
All respiratory conditions	4.8
All alcohol use	4.7
All infectious/ parasitic disease	2.8
All drug use	1.5

*Disability-adjusted life year. (DALY) is a measure that expresses years of life lost to premature death and years lived with a disability of specified severity and duration.

(Murray&Lopez,1996)

**Disease burden associated with mental illness includes suicide

MHDS

MHDS Strategic Plan Goal #2:

Promote and support the least restrictive services possible in people's own communities while reducing reliance on institutional placement.

Strengthen community-based services to support people with multiple and complex needs.

Mental Health:

A full range of adult mental health services are provided by the Division which are categorized into the following programs by agency:

NNAMHS: Inpatient Services, Outpatient Counseling, Service Coordination, Medication Clinic, Psychosocial Rehabilitation, Residential Programs, Psychiatric Emergency Services and Program for Assertive Community Treatment (PACT).

Rural Clinics: Outpatient Counseling, Service Coordination, Medication Clinic, Psychosocial Rehabilitation, and Residential Programs. Rural Clinics also provides services to children and youth.

SNAMHS: Inpatient Services, Outpatient Counseling, Service Coordination, Medication Clinic, Psychosocial Rehabilitation, Residential Programs, Psychiatric Emergency Services, Intensive Service Coordination, Senior Outreach and Program for Assertive Community Treatment (PACT).

Lake's Crossing Center (LCC): Nevada's only forensic facility, providing mental health treatment for the mentally disordered offender in a maximum security setting

Since 1992, youth services have been incorporated into a separate Division of Child and Family Services within the Department of Human Resources. DCFS administers family support services, child care licensing, juvenile justice and an array of treatment services for youth in the urban areas of Clark and Washoe counties. However, in the remaining 15 rural counties, these youth services are offered via the Mental Health Division's system of rural clinics.

Since 1998, the foremost mental health service priority within the Division has been to provide services to consumers with serious mental illness (SMI). The Division in FY 97 revised the Nevada Administrative Code (NAC) to expand the state definition of seriously mentally ill. The definition for serious mental illness in the Nevada Administrative Code (NAC) reads:

" Adults with a serious mental illness are persons 18 years of age and over, who currently, or at any time during the past year, have had a diagnosable mental, behavioral, or emotional disorder that meets DSM criteria (excluding the substance abuse or addictive disorders, irreversible dementias as well as mental retardation) which has resulted in functional impairment which subsequently interferes with or limits one or more major life activities.

'Functional Impairment' addresses the ability to function successfully in several areas such as psychological, social, occupational or educational. It is seen on a hypothetical continuum of mental health - illness and is viewed from the individual's perspective within his environmental context. Functional impairment is defined as difficulties that substantially interfere with or limit an adult from achieving or maintaining housing, employment, education, relationships or safety."

**SERVICE
LOCATIONS**

MENTAL HEALTH & DEVELOPMENTAL SERVICES (MHDS)

505 East King Street, Room 602
Carson City, Nevada 89701-3790

Telephone (775) 684-5943

Faxes (775) 687-5966 & 687-5964

E-Mail: mhds@govmail.state.nv.us

Carlos Brandenburg, Ph.D., Administrator

Debbie Hosselkus, LSW, Deputy Administrator

David Rosin M.D., State Medical Director

SIERRA REGIONAL CENTER (SRC)

Family Support Programs

605 South 21st Street

Sparks, Nevada 89431-5599

Telephone (775) 688-1930

Fax (775) 688-1947

Dave Luke, Ph.D., Associate Administrator
For Developmental Services

DESERT REGIONAL CENTER (DRC)

1391 South Jones Boulevard

Las Vegas, Nevada 89146-1200

Telephone (702) 486-6200

Fax (702) 486-6334

Stan Dodd, LCSW, Clinic Director

RURAL REGIONAL CENTER (RRC)

625 Fairview Street, Suite 120

Carson City, Nevada 89701-5430

Telephone (775) 687-5162

Fax (775) 687-1001

Marcia Bennett, Ph.D., Clinic Director

**LAKES CROSSING CENTER FOR THE
MENTALLY DISORDERED OFFENDER**

500 Galletti Way

Sparks, Nevada 89431-5573

Telephone (775) 688-1900

Fax (775) 688-1909

Elizabeth Neighbors, Ph.D., Director

**NORTHERN NEVADA ADULT
MENTAL HEALTH SERVICES
(NNAMHS)**

480 Galletti Way

Sparks, Nevada 89431-5573

Telephone (775) 688-2001

Fax (775) 688-2092

Harold Cook, Ph.D., Clinic Director

**SOUTHERN NEVADA ADULT
MENTAL HEALTH SERVICES (SNAMHS)**

6161 West Charleston Boulevard

Las Vegas, Nevada 89146-1126

Telephone (702) 486-6000

Fax (702) 486-6248

Jonna Triggs, Ed.D., Clinic Director

SNAMHS - Henderson Office

98 East Lake Mead Drive

Henderson, Nevada 89015

Telephone (702) 486-6700

Fax (702) 486-6708

SNAMHS - North Las Vegas Office

2121 North Las Vegas Boulevard

North Las Vegas, Nevada 89030

Telephone (702) 486-5750

Fax (702) 486-5769

SNAMHS - Southeast Office

1820 East Sahara Avenue,

Suite 109

Las Vegas, Nevada 89104-3736

Telephone (702) 486-8289

Fax (702) 486-8295

RURAL CLINICS: Administrative Office
503 North Division St.
Carson City, NV 89703-4104
Telephone (775) 687-1000; Fax (775) 687-3544
Larry Buel, Ph.D., Clinic Director

**SERVICE
LOCATIONS**

RURAL CLINICS:

Battle Mountain Mental Health Center
101 Carson Road, Suite #1/P.O. Box 50
Battle Mountain, NV 89820-0050
(775) 635-5753; (775) 635-8028 Fax
David Dummar, MFT

Carson Mental Health Center
1330 South Curry Street
Carson City, NV 89703-5202
(775) 687-4195; (775) 687-5103 Fax
Sueann Bawden MFT, Clinic Director

Dayton Mental Health Center
120 Pike Street/P.O. Box 1597
Dayton, NV 89403-1597
(775) 246-5240; (775) 246-5364 Fax
Marilyn Newell MA, Clinic Director

Douglas Mental Health Center
1538 HWY 395 N, Gardnerville, NV 89401-5239
(P.O.Box 1509, Minden, NV 89423-1509)
(775) 782-3671; (775) 782-6639 Fax
Tom Embree Ph.D., MFT, Clinic Director

Elko Mental Health Center
1515 7th Street
Elko, NV 89801-2558
(775) 738-8021; (775) 738-8842 Fax
Jeanne Carey, MSW, Clinic Director

Ely Mental Health Center
1665 Avenue F/P.O. Box 151107
Ely, NV 89315
(775) 289-1671; (775) 289-1699 Fax
Patty Hill, LCSW, Clinic Director

Fallon Mental Health Center
151 North Main Street
Fallon, NV 89406-2909
(775) 423-7141; (775) 423-4020 Fax
Dolly Coke, LCSW, Clinic Director

Fernley Mental Health Center
115 West Main Street/P.O. Box 2314
Fernley, NV 89408-2314
(775) 575-0670; (775) 575-0672 Fax
Marilyn Newell MA., Clinic Director

Hawthorne Mental Health Center
1000 "C" Street/P. O. Box 12
Hawthorne, NV 89415-0012
(775) 945-3387; (775) 945-2307 Fax
Dolly Coke, LCSW, Ph.D., Clinic Director

Lovelock Mental Health Center
775 Cornell Ave. Suite #C/P.O. Box 1046
Lovelock, NV 89419-1046
(775) 273-1036; (775) 273-1109 Fax
Sharon Maginnis, MFT, MH Counselor III

Mesquite Mental Health Center
61 N Willow Suite 4 /P.O. Box 3567
Mesquite, NV 89024
(702) 346-4696; (702) 346-4699 Fax
Kathleen Pantaze, LCSW, LADC, Clinic
Director

Pahrump Mental Health Center
1840 South Pahrump Valley Blvd. Suite A
Pahrump, NV 89048
(775) 751-7406; (775) 751-7409 Fax
Kathleen Settle, MSSA., Clinic Director

Silver Springs Mental Health Center
3595 Highway 50 East/P.O. Box 1136
Springs, NV 89429-1136
(775) 577-0319; (775) 577-9571 Fax
Marilyn Newell MA., Clinic Director

Tonopah Mental Health Center
825 S Main P.O. Box 494
Tonopah, NV 89049-0494
(775) 482-6742 & 482-9819 Emergency
(775) 482-3718 Fax;
Kathleen Settle, MSSA, Clinic Director

Winnemucca Mental Health Center
3140 Traders Way/P.O. Box 230
Winnemucca, NV 89446-0230
(775) 623-6580; (775) 623-6584 Fax
David Dummar, LMFT, Clinic Director

Yerington Mental Health Center
310 Surprise Avenue
Yerington, NV 89447-2542
(775) 463-3191; (775) 463-4641 Fax
Marilyn Newell MA, Clinic Director

STAKEHOLDERS



Stakeholder Values

Community Integration:

Consumers contribute to the community through positive behavior.

Consumer Involvement:

Consumers are educated about their disorders and actively involved in their treatment.

Consumer Satisfaction:

Consumers feel good about the kinds of services received.

Family Support:

Consumers' families are informed and involved.

Safety:

Consumers and the community are safe from the consumers behavior.

MHDS-MENTAL HEALTH SERVICES:

Involving Stakeholders in Planning and Evaluation

MHDS directly involves its stakeholders in the planning and quality improvement of its mental health programs. Consumers, family members, legislators, and mental health professionals, as well as representatives from the courts and correctional fields, have been formally involved in the definition of values that underlie the mission of the Division and guide the strategic planning of the mental health programs. The general community is also invited to participate in strategic planning meetings, and has been instrumental in defining the mission statements of the agencies. These stakeholders are regularly updated on the progress made toward the goals and objectives of the Division.

MHDS is excited to report that great strides have been made over the past two years in our efforts to involve consumers in the delivery of our programs. Since our last report in 2000, we have worked to ensure that consumers are active in each region. We have promoted consumer representation at most local advisory board meetings and the meetings of the Commission on Mental Health and Developmental Services, which is the statutorily authorized governing body in Nevada.

A primary way we have strengthened the involvement of consumers is by our increasing collaboration with the Nevada Mental Health Planning Advisory Council (MHPAC). The Council is a 17-member group established in 1989 with the goal of serving as an advocate for chronically mentally ill individuals, severely emotionally disturbed children and youth, and other individuals with mental illnesses or emotional problems. By federal mandate, greater than 50% of the members of the Council must be non-State representatives that include consumers of mental health services, family members, and other mental health advocates. The MHPAC works with the Division in a variety of ways, all of which are designed to involve consumers in the development and delivery of mental health services here in Nevada. Major activities of MHPAC include the following:

- The Council advises the Division of Mental Health and Developmental Services and the Division of Child and Family Services on the development of the State Mental Health Plan.
- The Council serves as an advocate for adults with serious mental illness (SMI), children with serious emotional disturbance (SED), and others with mental illnesses and emotional problems.

- The Council reviews and assists with the administration of the Center for Mental Health Services (CMHS) Block Grant, which helps fund Nevada's community-based system of care.
- The Council develops education and training opportunities for consumers of mental health services and family members of consumers.
- The Council promotes awareness of mental health issues within the State, and works to positively influence the State Legislature regarding laws and budget decisions that affect consumers of mental health services.

During the last two years, the MHPAC has worked to implement an innovative new program to increase consumer involvement by directly awarding funds from the MHPAC administrative budget for consumer services. These awards total between \$30,000 and \$50,000 per year and are focused the following:

1. Community-based services that benefit consumers directly
2. Consumer education and training
3. Professional education and training on mental health issues

By directly funding consumer services, in 2001 the Council began to support grass-roots efforts within the state to provide services to consumers and to educate the professionals who work with consumers. The Council has partnered with both MHDS and other nonprofit organizations to provide the services and information needed to improve the quality of mental health care provided to children and adults in Nevada.

Three projects were funded by the MHPAC in 2002 for the upcoming fiscal year. One is the Nevada Recovery Guide, which is a Website that provides recovery-related resources via that Internet that includes information for mental health and recovery professionals, community service organizations, and consumers who are seeking help with a mental health or substance abuse issue. Another is the Northern Nevada Adult Mental Health Services (NNAMHS) Canteen Employment Learning Lab. This project is designed to provide consumers training in work skills, interpersonal communication, team building, basics of food service, work habits, time management, organizational skills, and customer service. The third project is the Mental Health Association (MHA) of Southern Nevada Leadership Academy Training. This training is designed for consumers to increase their well-being, their self esteem, their capabilities for self-determination, their share in the direction of the mental health system, and their understanding and incentive to contribute their skills and concern to the betterment of the larger community.

Since our last report in 2000, we are excited and proud to report that now, more than ever before, the MHPAC is dynamic, energized, and actively engaged in our programs.

CONSUMERS

Consumer feedback is greatly valued.

Opportunities for consumer feedback include:

- Inpatient consumer survey conducted with each consumer prior to discharge from the hospital.
- Outpatient consumer survey conducted with consumers in community based programs.
- Consumer comment forms and boxes allow consumers to comment anonymously about the services that they receive at any time they wish.



CONSUMERS

MHDS Strategic Plan Goal #3:

Ensure that services address the interests, rights, and needs of each individual consumer served.

Stakeholder Values

Improved Social Functioning:
Consumers make progress in work, school and relationships.

Personhood:
Consumers have worth and dignity.

Skilled Coping:
Consumers gain skills needed to handle the problems of life.

Symptom Reduction:
Consumers symptoms are reduced, stabilized or prevented.

Over the past two years we have also made great strides to facilitate the collaboration of policy making and advisory bodies here in Nevada. To illustrate, in February, 2002, the Council met with the Nevada Commission on Mental Health and Developmental Services, which marked the first time these two primary planning and governance bodies have ever met or worked together. These initial meetings were quite successful and both bodies began collaborative legislative planning to better the provision of mental health services in Nevada. We hope to continue this endeavor in 2003.

Another great new way MHDS began to involve mental health consumers is via an exciting new program that began in 2002 called the Consumer Assistance Program (CAP).

Since the mid 1990's, the Nevada Division of Mental Health and Developmental Services (MHDS) has been interested in hiring consumers as part of transitional mental health services. Nevada's new Consumer Assistance Program began this year (2002), and is designed to assist other consumers as they become involved in the treatment process, as well as help Division personnel work more effectively with mentally ill adults.

We are pleased that we can report here that Nevada's first-ever Statewide CAP Coordinator began service as an MHDS employee in June 2002, and quickly hired the staff of six consumers as part of the new Consumer Assistance Program. During 2002, MHDS was able to set annual federal funding for this program at approximately \$270,000 per federal fiscal year. With these funds, MHDS positioned seven full-time employees (FTE) across the state as part of the CAP:

- ✓ Three FTE Consumer Services Assistants at Southern Nevada Adult Mental Health Services (SNAMHS); one is the Statewide CAP Coordinator.
- ✓ Two FTE Consumer Services Assistants at Northern Nevada Adult Mental Health services (NNAMHS).
- ✓ Two FTE Consumer Services Assistants at Rural Clinics, one each in Minden and Carson City clinics.

The Consumer Assistance Program employs seven FTE and is designed so that our own consumers can work with other consumers in our system to develop work and career transitional skills. Our Consumer Assistants also mentor recently discharged consumers, and collect consumer surveys, as well as assist the Division in quality assurance efforts, and designing statewide consumer advocacy and policy development efforts. Our Consumer Assistants also work to make sure our website is as user friendly as we can make it. They develop statewide consumer flyers and social events. They also participate in various human rights boards, and review all consumer care complaints. Finally, we are pleased that our new Consumer Assistance positions were designed to afford these individuals promotional career opportunities into other permanent State positions.

We are optimistic that our existing Consumer Assistance Program is in the early stage of development, and we can report in our next biennial report that we will have added additional Consumer Assistants and further expanded this program.

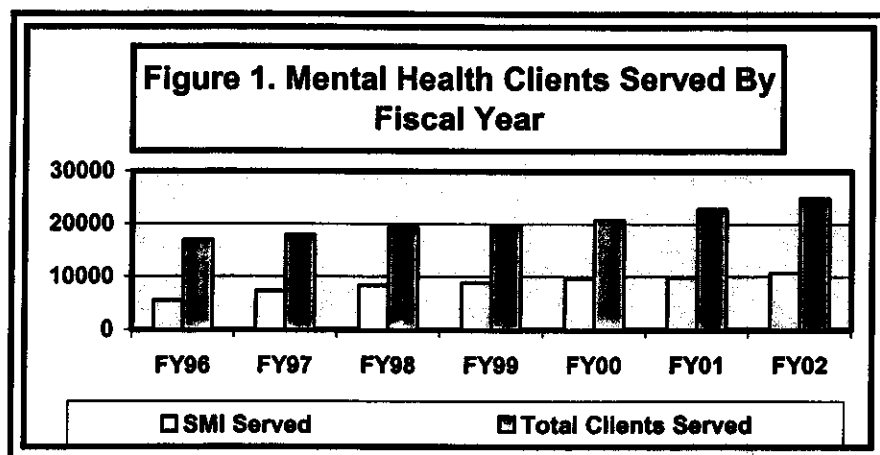
Who are the Recipients of Mental Health Services?

The Division of Mental Health and Developmental Services directly provides or coordinates the provision of contracted adult public mental health services in Nevada. MHDS Rural Clinics also provide services to children and families. A University affiliated provider, Mojave Adult, Child and Family Services in Las Vegas provides much of the regions outpatient services through referral from SNAMHS. Inpatient and outpatient programs are provided primarily on a fee for service basis since people with serious mental illness have been "carved out" of the State's managed care structure.

The Center for Mental Health Services¹ estimates that 7.2% of the population in Nevada will suffer from a severe mental illness during their life. More recently, a study² ranked Nevada as the number one state in the Western United States for prevalence of mental illness, estimating that as much as 23.7% of the population in Nevada will have some form of diagnosable mental disorder during their life. It also estimated that approximately 1.8% of Nevadans are currently functionally impaired because of a serious mental illness. In FY 2002, the Division's mental health programs served 22,341 people. This is an increase of 9% over last year. Figure 1 shows the growth in individuals served over the last seven fiscal years.

Table 1 shows the breakdown by agency for FY01 and FY02. You can see that Rural Clinics caseload is down. This is because the agency is unable to recruit positions for the rural area.

Figure 2 shows percent of consumers by agency.



¹ Estimation of the 12-Month Prevalence of Serious Mental Illness, CMHS Draft, Kessler, et al. 1997.

² Needs Assessment in the West: a Report on a Workshop and Subsequent Analysis (WSDSG, 1998)

CONSUMERS

MHDS Strategic Plan Goal #4:

Utilize technology to improve accessibility to, and availability of services and the efficient use of resources.

MHDS Strategic Plan Goal #5:

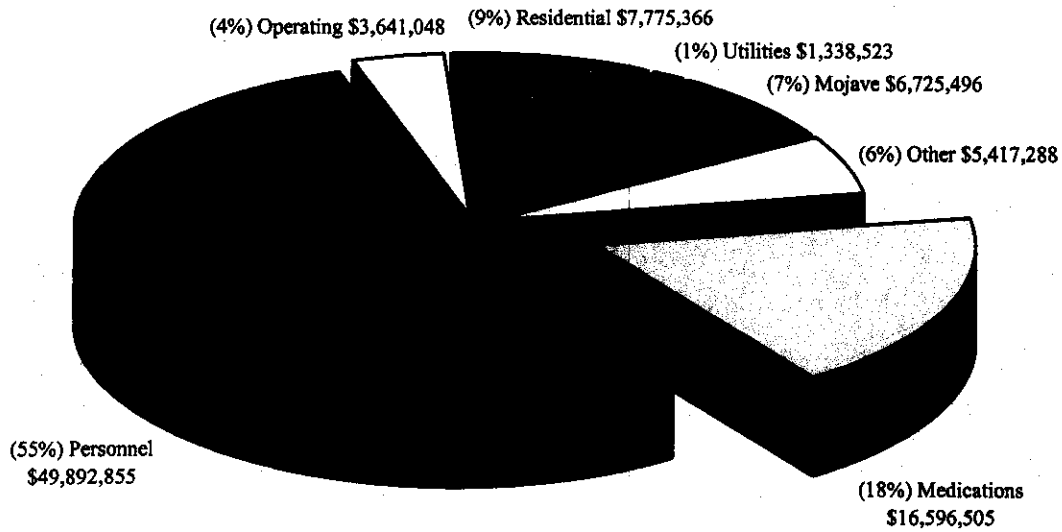
Update and maintain a plan to respond to emergencies in Nevada in a timely and effective manner.

MH Challenges 2003-2005

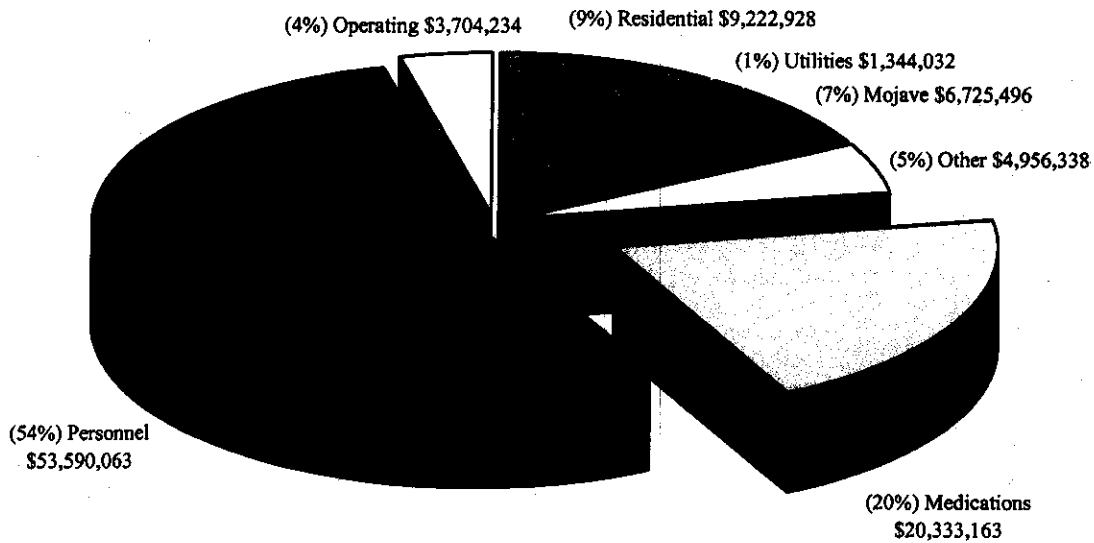
Plans for meeting the challenge

- | | |
|---|--|
| <input checked="" type="checkbox"/> Maintain /expand funding support during state general fund budget reductions | <ul style="list-style-type: none">• Reinstatement of FY03 budget reductions first priority, then budget for additional staff and resources to meet demands for programs showing the greatest need.• Apply for additional federal funding to support the expansion of Nevada's data infrastructure and programs. |
| <input checked="" type="checkbox"/> Involve consumers and other stakeholders in the planning and quality assurance process. | <ul style="list-style-type: none">• Fully operate new Consumer Assistance Program (CAP).• Refine collection/reporting of consumer perceptions and satisfaction. |
| <input checked="" type="checkbox"/> Inpatient demand beyond staffing capacities | <ul style="list-style-type: none">• Put into operation, increased bed capacity in Southern Nevada.• Expand PES in Southern Nevada.• Address emergency room crisis in southern Nevada hospitals. |
| <input checked="" type="checkbox"/> National accreditation of all MHDS agencies | <ul style="list-style-type: none">• Obtain adequate staff infrastructure to undertake accreditation. Train all levels of staff in planning and development to meet external standards.• Expand quality assurance program and continue to monitor program's consumer oriented outcome measures. |
| <input checked="" type="checkbox"/> Technology | <ul style="list-style-type: none">• Replace obsolete MIS system in all MHDS agencies.• Internet connectivity for all clinical and fiscal all staff.• MHDS Website updates and improvements• Telemedicine. |
| <input checked="" type="checkbox"/> Maintain adequate funds for use of new generation antipsychotic medications | <ul style="list-style-type: none">• Invest in newer, state of the art medications that provide consumers relief from mental health symptoms and reduce the demand for hospitalization. |
| <input checked="" type="checkbox"/> Improved mental health services to correction consumers | <ul style="list-style-type: none">• Expand mental health courts• Assist NV correctional system in reorganization. |
| <input checked="" type="checkbox"/> Disaster Response Bioterrorism Preparedness | <ul style="list-style-type: none">• Develop adequate infrastructure and staff development to provide crisis counseling, critical incident debriefing, and related activities.• Develop interstate linkages. |

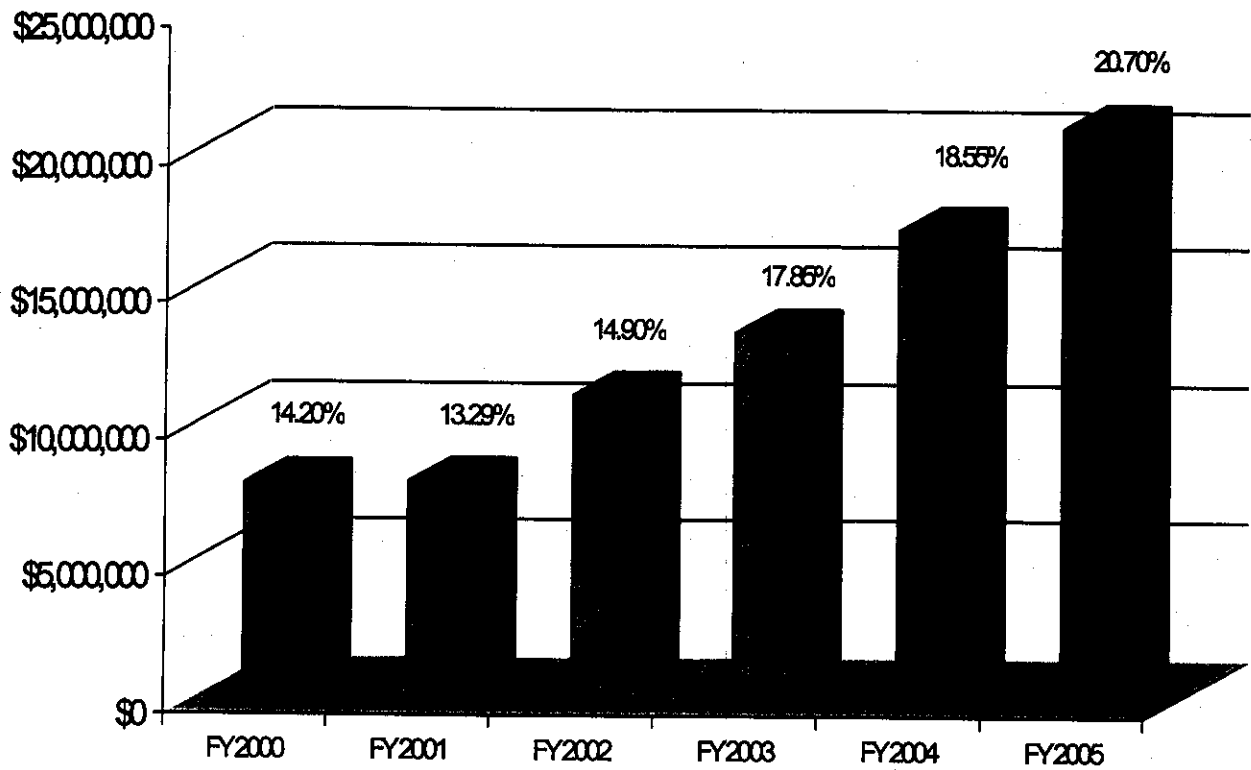
Mental Health Program Expenditures Fiscal Year 2004



Mental Health Program Expenditures Fiscal Year 2005



Mental Health Medications Percentage of Total Expenditures



**BUDGET HIGHLIGHTS
FY04-05**

**FY04-05 BUDGET HIGHLIGHTS
MENTAL HEALTH AND DEVELOPMENTAL SERVICES**

MENTAL HEALTH AND DEVELOPMENTAL SERVICES (MHDS) ADMINISTRATION

Mental Health Information System Budget

new Information System (Avatar) (M501)

Funding for this decision unit will enable MHDS to begin implementation of the new information system (Avatar). Implementation (functional migration) will commence in FY2004-05. MHDS plans to implement the new system in two phases. In Phase One, the financial/pharmacy reporting modules will be implemented statewide for mental health agencies during FY04. In Phase Two, the electronic medical records module (clinical workstation) for mental health agencies will be started in FY2004-05 and finished in FY2005-06. This budget account only includes necessary overtime for Mental Health's IT staff. The actual budget for the development of the new information system is included in budget account 1325, under the Department of Administration, decision unit M501.

	Gen Fund	Federal	Other	Total
SFY 04	1,550,966	303,813		1,854,779
SFY 05	599,099	117,356		716,455

Mental Health and Developmental Services Administration Budget

HIPAA – Health Insurance Portability (M501)

This decision unit provides for a privacy officer who oversees all ongoing activities related to the development, implementation, maintenance of, and adherence to the organization's policies and procedures covering the privacy of, and access to, patient health information in compliance with federal and state laws and the health organization's information privacy practices.

New FTE's 1.00

	Gen Fund	Federal	Other	Total
SFY 04	50,453	8,989		59,442
SFY 05	61,486	11,008		72,494

SOUTHERN NEVADA ADULT MENTAL HEALTH SERVICES (SNAMHS)

Medication Clinic Services - (M200)

For FY 04/05, SNAMHS requested and received: 2 Psychiatrists; 4 Psychiatric Registered Nurses; 1 Pharmacy Technician; and, 1.6 Administrative Assistants to accommodate the projected caseload growth of 823 clients over the biennium. In addition, an increase of \$2,335,867 for the newer and safer medications was also requested and approved by the Governor and Legislature. These increases will provide much-needed treatment to the fastest growing area in the nation, the Las Vegas Valley.

New FTEs 8.60
Caseload Growth 823 clients 14% growth

Cost of Expansion	Gen Fund	Federal	Other	Total
SFY 04	834,916	49,673	4,275	888,864
SFY 05	2,338,354	100,566	8,550	2,447,470

Residential Support - (M201)

For FY04/05, SNAMHS requested and received: 1 Accounting Assistant; and 1 Administrative Assistant. These positions were requested to accommodate the projected caseload growth of 182 clients over the biennium. These positions and increased spending were approved by the Governor and Legislature.

New FTEs 2
Caseload Growth 182 clients 25% growth

Cost of Expansion	Gen Fund	Federal	Other	Total
SFY 04	474,585	195,421		670,006
SFY 05	1,061,700	489,385		1,551,085

Psychiatric Emergency Services - (M204)

For FY04/05, SNAMHS requested: 1 Licensed Clinical Psychologist; 1 Psychiatric Registered Nurse; and, 4 Administrative Assistants. SNAMHS received: 1 Licensed Clinical Psychologist; 1 Psychiatric Registered Nurse; and, 2 Administrative Assistants. Two Administrative Assistants were not approved.

New FTEs 4
Caseload Growth 57 clients 8% growth

Cost of Expansion	Gen Fund	Federal	Other	Total
SFY 04	124,114	787	339	125,240
SFY 05	230,234	1,569	666	232,469

Service Coordination - (M205)

For FY04/05, SNAMHS requested: 5 Psychiatric Case Workers; and 4.5 Administrative Assistants. They received 5 Psychiatric Case Workers; and 2.5 Administrative Assistants. Two Administrative Assistants were not approved. These positions were requested to accommodate the projected caseload growth of 182 clients over the biennium.

New FTEs 7.5
Caseload Growth 182 clients 25% growth

Cost of Expansion	Gen Fund	Federal	Other	Total
SFY 04	105,572	55,755		161,327
SFY 05	204,193	151,026		355,219

PACT Team - (E453)

For FY04/05, SNAMHS requested an additional PACT Team. Positions requested and received are: .51 Psychiatrist; .51 Licensed Psychologist; .51 Clinical Social Worker; 3 Psychiatric Case Workers; 2 Psychiatric Registered Nurses; and, 1 Administrative Assistant. This team will work with the homeless mentally ill individuals in Las Vegas who meet criteria for admission into the PACT program. These positions were approved by the Governor and Legislature.

New FTEs 7.53
 Caseload Growth 72 clients 100% growth

Cost of Expansion	Gen Fund	Federal	Other	Total
SFY 04	324,629	53,672		378,301
SFY 05	444,913	83,028		527,941

Mobile Crisis Team - (E458)

For FY04/05, SNAMHS requested a Mobile Crisis Team. Positions requested and received are: 5.6 Clinical Social Workers. This team will be available 24 hours a day, seven days a week to evaluate mentally ill individuals in the Las Vegas Valley's emergency rooms. These positions were approved by the Governor and Legislature.

New FTEs 5.6
 Caseload Growth New program

Cost of Expansion	Gen Fund	Federal	Other	Total
SFY 04	216,949	18,640	7,144	242,733
SFY 05	344,136	18,640	7,938	370,714

Replacement Equipment - (E710 & E711)

For FY04/05, SNAMHS requested funding to replace office equipment, computer hardware and software, furniture and other equipment needs.

Cost of Expansion	Gen Fund	Federal	Other	Total
SFY 04	71,241			71,241
SFY 05	6,001			6,001

New Equipment - (E720)

For FY04/05, SNAMHS requested funding for new equipment, including furniture, computer hardware, and other equipment needs.

Cost of Expansion	Gen Fund	Federal	Other	Total
SFY 04	13,309			13,309
SFY 05	40,517			40,517

New FTE's 1.75
 Caseload Growth 182 clients xxx percent growth

Cost of Expansion	Gen Fund	Federal	Other	Total
SFY 04	44,652		19,568	64,220
SFY 05	74,764		36,211	110,975

Community Residential Services - (M201) (E601)

NNAMHS requested funding for an additional 5 SLA's to accommodate caseload growth and 15 SLA's by converting funding for the 8-bed Residential Treatment Program to SLA funding as part of the restoration of the 3% cuts. The Governor's budget included funding for these 20 SLA's. These additional SLA's will allow NNAMHS to significantly reduce the severity of the homeless, indigent mentally ill problem in Washoe County by providing housing and support for these individuals.

M201

New FTE's 0
 Caseload Growth 5 clients xxx percent growth

Cost of Expansion	Gen Fund	Federal	Other	Total
SFY 04	38,764	2,650		41,414
SFY 05	55,920	3,824		59,744

Service Provider Rate Increase - (E350)

Cost of Expansion	Gen Fund	Federal	Other	Total
SFY 04	23,120		4,499	27,619
SFY 05	104,743		21,164	125,907

Mental Health Court Support Services - (E351)

NNAMHS requested funding for 30 SLA's and contract intensive service coordination for up to 45 clients to support the Mental Health Court. The Governor's Budget included funding for both items. Mental Health Court is a valuable addition to the array of services in Northern Nevada and will prove to be an increasingly effective method to prevent seriously mentally ill clients with criminal histories from re-offending and from being re-hospitalized.

New FTE's 0
 Caseload Growth Residential 30 clients xxx percent growth

Caseload Growth Contract 45 clients

Cost of Expansion	Gen Fund	Federal	Other	Total
SFY 04	253,743		19,494	273,237
SFY 05	336,660		30,132	366,792

Replacement Equipment (E710 & E711)

NNAMHS requested funding to replace computers, carpeting, furniture, and other necessary equipment to run a large, 24-hour operation which currently has old and outmoded equipment. The Governor included all of these requests in his budget.

Cost of Expansion	Gen Fund	Federal	Other	Total
SFY 04	250,907			250,907
SFY 05	33,440			33,440

▪ **RURAL CLINICS (RC)**

RURAL CLINICS COMMUNITY MENTAL HEALTH CENTERS

Funding is provided to support a variety of community-based mental health services at 16 clinics throughout rural Nevada. In total, the support is increased by 32% over the biennium relative to the FY02/03 biennium. This increase will allow Rural Clinics to provide services to meet projected caseload growth and reduce the wait list time.

Funding increases are related to outpatient services, medication clinic, psychosocial rehabilitation, residential supports, and service coordination, as well as, the anticipated increased costs for modern medications. Total funding for Rural Clinics Community Mental Health Centers is:

Total RC Services	General Fund	Federal	Other	Total
FY04	\$ 6,656,963	\$ 2,815,456	\$ 953,796	\$ 10,426,215
FY05	\$ 7,218,270	\$ 2,985,946	\$1,008,238	\$ 11,212,454

Outpatient Counseling – This program provides therapeutic interventions needed to decrease the impact of mental illness on client’s lives and relationships, and to assist in responding to mental health crises within the community. The Governor recommended increased funding in the rural communities to ensure sufficient services are available to meet the projected caseload growth needs and to satisfy existing unmet need.

New FTE's 8.77

Caseload Growth 382 Clients 13.2 percent growth

Expansion Cost	General Fund	Federal	Other	Total
FY04	\$ 340,379	\$ 0	\$ 85,095	\$ 425,474
FY05	\$ 454,864	\$ 0	\$ 204,359	\$ 659,223

Medication Clinics – This program provides evaluation, prescription and medication monitoring services. Licensed contract Psychiatrists and Psychiatric Nurse provide these services. Rural Clinics has a program to assist clients in accessing medication scholarships or samples. The indigent medication program purchases medications for clients who are unable to afford them and who are not eligible for Medicaid. The Governor has continued support of this program including the use of newer and safer anti-psychotic and anti-depressant medications, caseload increases and clearing the wait list.

New FTE's 5.27

Caseload Growth
Wait List

275 Clients 21.7 percent growth
58 Clients

Expansion Cost	General Fund	Federal	Other	Total
FY04	\$ 587,594	\$ 0	\$ 72,624	\$ 660,218
FY05	\$ 782,562	\$ 0	\$ 68,049	\$ 850,611

Psychosocial Rehabilitation – These services are targeted toward those persons with serious mental illnesses who need an active treatment environment to foster their independence in the community. The goal is to maximize an individual's level of functioning in the community at the least restrictive level of care and prevent inpatient treatment. Emphasis is placed on developing skills and a supportive environment. The Governor recommended funding to continue the existing program and to fund projected caseload growth.

New FTE's 2.75
Caseload Growth

58 Clients 34.7 percent growth

Expansion Cost	General Fund	Federal	Other	Total
FY04	\$ 93,898	\$ 0	\$ 23,474	\$ 117,372
FY05	\$ 143,540	\$ 0	\$ 47,847	\$ 191,387

Residential Supports – This program provides services to homeless or nearly homeless persons with mental illnesses. It is designed to provide a secure domicile for our clients and to cultivate their efforts toward independent living within their community. Rural Clinics currently arranges for 40 to 45 persons to live in their own or shared apartments with supportive monitoring and training/teaching of independent living skills through the service coordination and psychosocial rehabilitation programs where a full range of services are available. The Governor supported continuation of this program, to fund projected caseload increases and to clear the existing wait list.

New FTE's 1.50
Caseload Growth
Wait List

32 Clients 82.1 percent growth
11 Clients

Expansion Cost	General Fund	Federal	Other	Total
FY04	\$ 114,438	\$ 90,230	\$ 15,405	\$ 220,073
FY05	\$ 214,353	\$ 149,282	\$ 19,139	\$ 382,774

Service Coordination – This program provides supportive services to help persons obtain and utilize resources and services and to support them in their individual treatment plan. The Governor supported continuation of this program at its existing level. The costs shown below relate to decision unit changes that should be spread across all programs (e.g. inflation, fringe benefits, budget reductions).

New FTE's 0.00
Caseload Growth

0 Clients

Expansion Cost	General Fund	Federal	Other	Total
FY04	\$ 45,775	\$ 0	\$ <1,761>	\$ 44,014
FY05	\$ 44,658	\$ 0	\$ <2,126>	\$ 42,532

▪ **LAKE'S CROSSING CENTER (LCC)**

Lake's Crossing Center for the Mentally Disordered Offender

Total - Lake's Crossing Center	General Fund	Other	Total
SFY 04	\$5,522,274	\$101,566	\$5,623,840
SFY 05	\$5,574,740	\$101,267	\$5,676,007

Expansion of Staff Training and Programming:

	General Fund	Other	Total
SFY 04	\$18,900		\$18,900
SFY 05	\$ 2,100		\$ 2,100

Lake's Crossing Center asked for minimal changes in funding. One request that was a change from the past, included an additional \$18,900 for training for the clinical staff. This request was made because this facility does a very specialized service for the state. That service requires staff be trained over and above their initial licensure requirements. The monies will assure that the staff are supported in these requirements and that they complete these requirements so that the facility is in a better position to seek licensure.

In addition to training support for staff, this training money will allow for the establishment of several new programs that are specifically designed to work with mentally disordered offenders. This increase in programming will be especially important in the wake of new laws passed that may send some clients to the facility who are found not guilty by reason of insanity and who will require a different type of programming than pre-trial detainees.

Changes in positions:

	General Fund	Other	Total
SFY 04	\$28,000		\$28,000
SFY 05	\$28,000		\$28,000

A psychiatric resident rotation was established at Lake's Crossing by designating some of the professional services monies for this purpose. The resident will assist the in-house psychiatrist in caring for the clients' medication needs and in completing competency assessments. This new position/program is also hoped to provide potential candidates for recruitment when the present doctor retires.

Total - Lake's Crossing Center	General Fund	Other	Total
SFY 04	\$22,031		\$22,031
SFY 05	\$21,972		\$21,972

A .25 position was requested to be added to a .75 position being transferred into the 3645 (Lake's Crossing Center) budget account from budget account 3168 (Mental Health and Developmental Services Administration). This additional resource would allow for meeting increased demands by the Sex Offenders panels, community tier notification appeals and the sex offender risk assessments requested through the Washoe County Interposal agreement. These requests are all generated out of statutorily required assessments.

Replacement Equipment:

	General Fund	Other	Total
SFY 04	\$5,020		\$5,020
SFY 05	\$0		\$0

Some requests for new safety equipment were proposed and those were granted. The legislature mandated that the spending be moved from the second year of the biennium to the first. We have observed that the population at this facility has changed over the years and additional security equipment is required.

Other than these items there are no new requests in the Lake's Crossing Center Budget.