Nassir Notes

Quick Facts – DHHS

November 2011

State of Nevada
Department of Health and Human Services
http://dhhs.nv.gov

Helping People –
it's who we are & what we do

Brian Sandoval
Governor

Michael J. Willden
Director

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Nevada Department of Health & Human Services, Director's Office

1.01 2-1-1 Partnership

Program: Established by Executive Order in February 2006, the Nevada 2-1-1 Partnership was created to implement a multi-tiered response and information plan in the state of Nevada.

2-1-1 is an easy to remember telephone number that, where available, connects people with important community services and volunteer opportunities. Available information on essential health and human services includes: basic human services, physical and mental health resources, employment support services, programs for children, youth and families, support for seniors and persons with disabilities, volunteer opportunities and donations and support for community crisis and disaster recovery.

Hours of Service: 2-1-1 is currently available 24 hours per day, seven days per week. Service is provided by Help of Southern Nevada and Crisis Call Center in Northern Nevada.

Partnership Members:

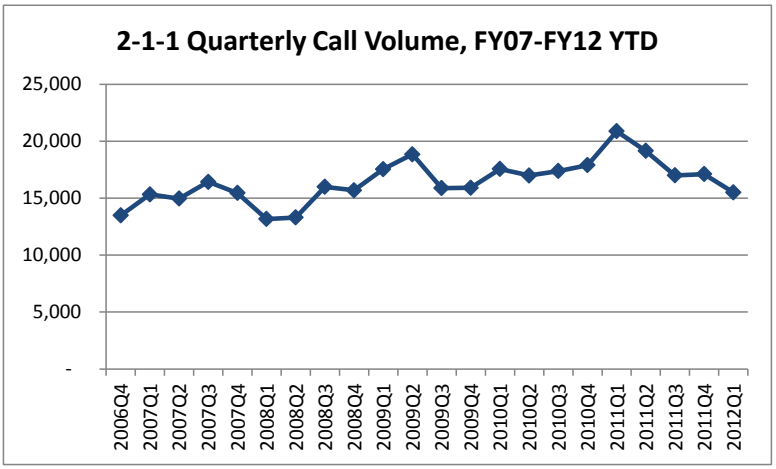
Crisis Call Center
Family TIES of Nevada
HELP of Southern Nevada
Nevada Dept. of Health & Human Services
Nevada Dept. of Information & Technology
Nevada Disability Advocacy & Law Center
Nevada Division for Aging & Disability Services
Nevada Public Health Foundation
State of Nevada Legislature
United Way of Northern Nevada & the Sierra
United Way of Southern Nevada
Volunteer Center of Southern Nevada
Washoe County Chronic Disease Coalition
Washoe County Senior Services

Workload History:

FY07 Total Calls	62,195
FY08 Total Calls	58,157
FY09 Total Calls	68,212
FY10 Total Calls	69,838
FY11 Total Calls	74,156

FY12:

Q1	15,518*
Q2	
Q3	
Q4	



*Nevada 2-1-1 played an essential role in the response to the Reno Air Races Disaster on September 16, 2011. Over 2,000 calls came in during the week following the disaster, resulting in 1,400 missing person's reports for approximately 650 missing individuals. These disaster response calls are not included in the Q1 total above.

Comments: Fluctuation in call volume due to outreach campaigns and media generated coverage. FY09 growth impacted by economic recession. FY 10 data have been revised to remove "phantom calls" (hang-ups, static, child playing, etc.) from the total number of calls.

Website: http://Nevada211.org

Nevada Department of Health & Human Services, Director's Office

1.02 Office of Consumer Health Assistance

Program: Established by the Nevada Legislature in 1999, GovCHA is a vital point of contact for healthcare consumers and providers in Nevada.

The GovCHA mission is to provide the opportunity for all Nevadans to access information regarding patient rights and responsibilities, and to advocate for and educate consumers and injured workers concerning their rights and responsibilities under various health care plans and policies. This education and advocacy is provided to those who have insurance through an employer, managed care, individual health policies, ERISA, Worker's Compensation, Medicare, Medicaid, or are enrolled in other public health programs and/or discount medical plans. Assistance is also provided to the uninsured and underinsured. GovCHA collaborates routinely with other state and federal agencies, and non-profit organizations to resolve consumer health care barriers and issues. GovCHA has expanded operations since its inception, and as of July, 2011 is now operating through the Director's Office of DHHS as The Governor's Consumer Health Advocate, an umbrella agency for multiple consumer health related programs, including:

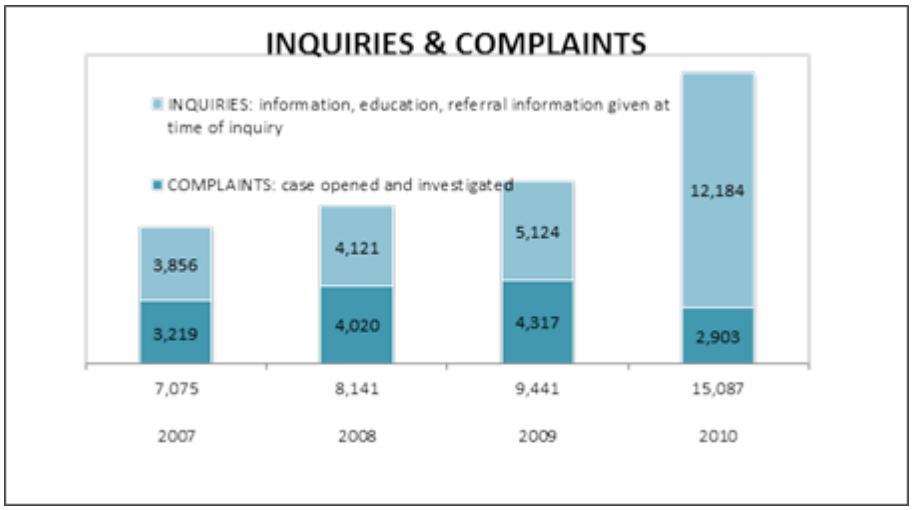
- Office for Consumer Health Assistance
- Bureau for Hospital Patients
- External Review
- Small Business Insurance Education Program
- RxHelp4NV
- Canadian Prescriptions
- Workers Compensation consumer assistance
- Office of Minority Health
- Nevada 2-1-1
- Affordable Care Act – Consumer Assistance Program
- Affordable Care Act – Silver State Exchange Consumer Assistance

Service Area: GovCHA operates statewide out of their main office in Las Vegas, with a satellite operation in Elko for Northern/rural Nevadans. The Office of Minority Health is based in the Carson City DHHS, Director's Office

Hours: GovCHA office hours are 8 – 5 Monday through Friday, inquiries are accepted after hours by voice mail and email, and are returned within one business day.

Workload History: GovCHA currently has five full-time Ombudsmen managing caseloads of 90 to 300 each, varying by specialty. With the addition of the Health Care Reform Exchange grant, an additional two full time Ombudsmen will be added to the Las Vegas operations, specializing in insurance and minority health issues.

Consumers Assisted:



Comments: Full details of GovCHA' S programs, notable accomplishments, and history is published annually in our Executive Report, which is available on our website.

Website: www.govcha.nv.gov

Nevada Department of Health & Human Services, Director's Office

1.03 Office of Minority Health

Program:

The Office of Minority Health (OMH) was established under NRS 232.467. The purpose of OMH is to improve the quality of health care services, increase access to health care services, and disseminate information to and educate the public on matters concerning health care issues of interest to members of minority groups.

OMH provides a central source of information concerning healthcare services and issues for racial and ethnic minorities. OMH researches, identifies, applies for, uses and monitors appropriate resources to support minority health services. Staff educates minority groups and the general public through conferences, trainings, and other forms of outreach. OMH engages in outreach activities and fosters partnerships with stakeholder groups including: community and faith-based organizations; schools and universities; medical centers, health care systems, and health departments; tribal, state, and federal government offices; policymakers and community residents; advisory committees and task forces; and corporations, foundations, and the media. OMH provides information regarding minority health care issues and helps ensure that both public and private entities have access to culturally competent and linguistically appropriate health information. OMH incorporates appropriate bilingual communication as needed.

Passage of AB 519 in the 2011 Legislative Session moved OMH to the Office of Consumer Health Assistance (GovCHA) within the DHHS Director's Office.

Funding:

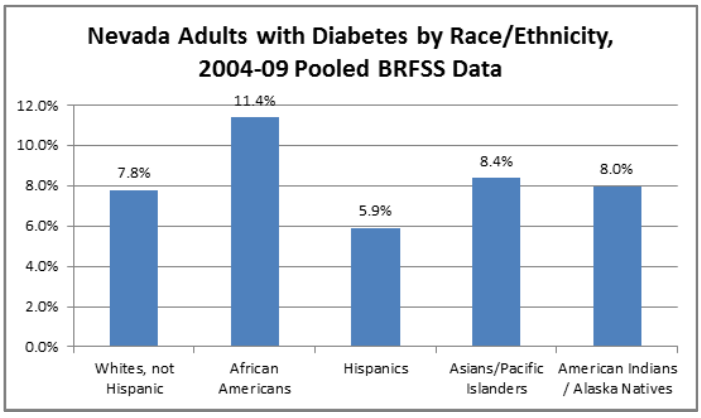
In September 2010, Nevada was awarded a new grant from the State Partnership Grant Program to Improve Minority Health. The grant award is for $390,000, $130,000 per year over a three year period from 9/1/2010 – 8/31/2013. OMH's proposed project associated with this grant focuses on diabetes and will fund activities centered on addressing diabetes related disparities and two leading risk factors, overweight and obesity.

The new grant fully funds the OMH Program Manager position, which was previously paid out of State General Funds before all funding was cut during the February 2010 Special Legislative Session. This funding cut resulted in the Program Manager position being vacant from 3/2010-11/2011, thereby greatly limiting the activities of OMH statewide.

Key Demographics:

		Whites, not Hispanic	Hispanics / Latinos	African Americans	Asian Americans	American Indians / Alaska Natives	Native Hawaiians / Pacific Islanders	Other
United States	Population	196,670,908	50,325,523	38,901,938	14,819,786	2,778,710	617,491	4,631,183
	% of Total	63.7%	16.3%	12.6%	4.8%	0.9%	0.2%	1.5%
Nevada	Population	1,460,998	715,646	218,745	194,440	32,407	16,203	62,113
	% of Total	54.1%	26.5%	8.1%	7.2%	1.2%	0.6%	2.3%

Source: U.S. Census Bureau, 2010 State & County QuickFacts



Website http://health.nv.gov/MH.htm

Nevada Department of Health & Human Services, Director's Office

1.04 Differential Response

Program: The Differential Response Program is a joint project between the Family Resource Centers and the three child welfa the statutory threshold for a home visit to determine child well-being, where there is not an imminent threat to the Response staff for assessment and case management. Typically these reports involve such things as educational neg Frequently the Differential Response worker is able to assist the family in accessing services that will assist the fami environment for their children.

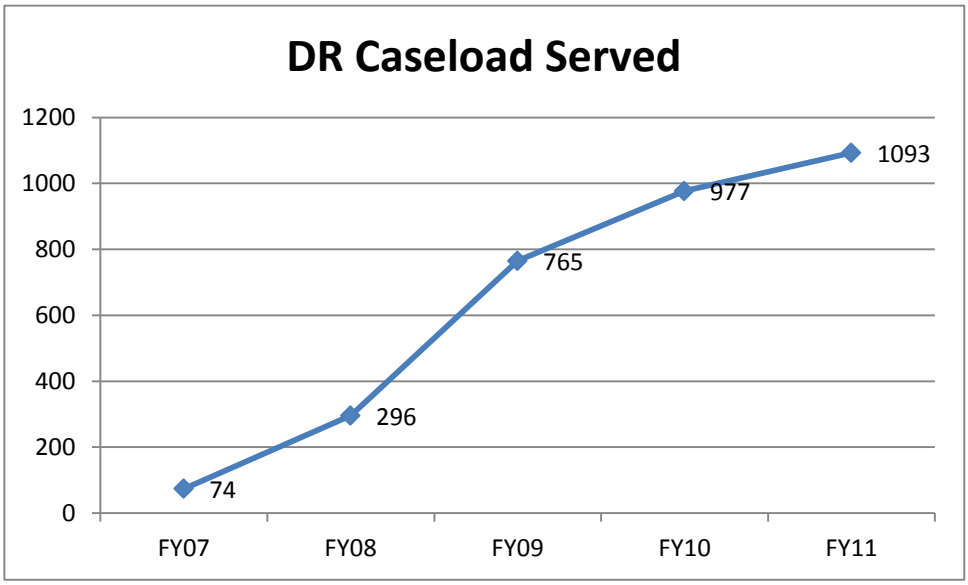
Service Areas: Service Areas: Services are provided in the following counties: Clark, Washoe, Elko, Carson City, Douglas, Storey, Ch

Workload History:

FY07 Referred:	90
FY07 Served:	74
FY07 Closed:	33
FY08 Referred:	362
FY08 Served:	296
FY08 Closed:	247
FY09 Referred:	912
FY09 Served:	765
FY09 Closed:	665
FY10 Referred:	1,053
FY10 Served:	977
FY10 Closed:	906
FY11 Referred:	1,137
FY11 Served:	1,093
FY11 Closed:	1,135

FY12 YTD

FY12 Referred:	231
FY12 Served:	226
FY12 Closed:	190



Comments:

The chart reflects ongoing caseload with additional programs coming on and ramping up their services. Reports screened for a DR response typically involved families with basic needs, followed by educational neglect, lack of supervision, medical neglect, and various family problems. Currently, DR referrals reflect approximately 9% of the child maltreatment reports in pilot areas. If expanded statewide, it is estimated that DR referrals could reach 17% of total child maltreatment reports. Nevada is one of 22 states implementing Differential Response.

Website: http://dhhs.nv.gov/Grants/Committees/DR/DR%20Pilot%20Project%202007-02.doc

Nevada Department of Health & Human Services, Director's Office

1.05 Grants Management Unit

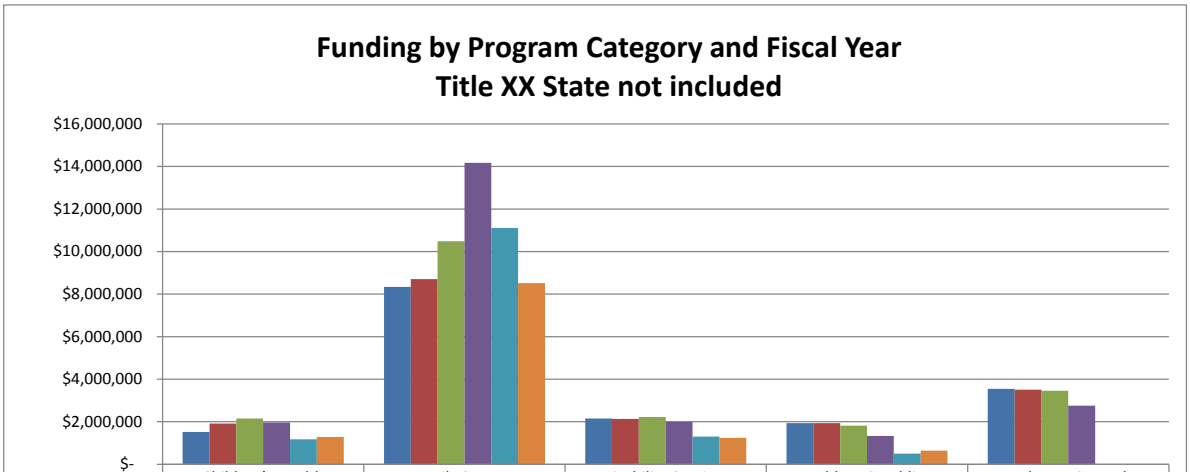
Program: The Grants Management Unit (GMU) is an administrative unit within the Department of Health and Human Services, Director's Office. It administers grants to local, regional, and statewide programs serving Nevadans. The Unit ensures accountability and provides technical assistance for the following programs.

- Children's Trust Fund (CTF) grants prevent child abuse and neglect.
- Community Service Block Grant (CSBG) promotes self-sufficiency, family stability, and community revitalization.
- Family Resource Centers (FRC) provide information and referral services, and various support services to families.
- Differential Response addresses child safety by supporting a partnership between Nevada's child welfare agencies and Family Resource Center Differential Response programs.
- Fund for a Healthy Nevada (FHN) grants (1) improve the health and well-being of Nevada residents including programs that improve health services for children and (2) improve the health and well-being of persons with disabilities.
- Title XX Social Service Block Grant (SSBG) assists persons in achieving or maintaining self-sufficiency and/or prevents or remedies neglect, abuse, or exploitation of children and adults.
- Revolving Account for Problem Gambling Treatment and Prevention provides funding for problem gambling treatment, prevention, research and related services.

Eligibility: Most GMU funding sources target at-risk populations. CTF focuses on primary and secondary prevention. CSBG targets people at 125% of the Federal Poverty Level. FRC must conduct outreach to at-risk populations. Some FHN funds are targeted to people with disabilities, others are targeted to families and children.

Funding Categories with Priority Activities in FY12:

Children's Health	Family Support	Disability Services	Problem Gambling
Access to Health Care	Parent Training	Life Skills Training	Treatment, Technical Assistance
Immunization	Child Self-Protection Training	Transitional Housing	Data Collection and Evaluation
Basic Nutrition	Crisis Intervention	Adaptive Resources	
Oral Health	Respite Care	Transportation	
		Positive Behavior Support	
		Respite Care	



	Children's Health	Family Support	Disability Services	Problem Gambling	Tobacco Control
FY2007	$1,515,305	$8,335,904	$2,148,708	$1,932,900	$3,543,644
FY2008	$1,916,207	$8,708,542	$2,136,760	$1,930,709	$3,510,913
FY2009	$2,151,389	$10,487,324	$2,224,874	$1,811,840	$3,456,555
FY2010	$1,967,782	$14,174,571	$1,991,261	$1,333,328	$2,759,861
FY2011	$1,171,136	$11,103,555	$1,300,000	$498,581	$-
FY2012	$1,282,762	$8,516,006	$1,238,596	$643,714	$-

Comments: Prior to FY11, GMU administered FHN programs intended to prevent, reduce, or treat the use of tobacco and the consequences of the use of tobacco. However, effective July 1, 2010, administration of these funds was transferred to the Health Division and no funds were allocated by the Legislature for this purpose in FY11, FY12 or FY13. Fluctuations in other categories reflect the temporary infusion of ARRA funds in FY10 and FY11, the elimination of the Family to Family program in FY12, and various other budget reductions over the past three fiscal years.

Website: http://dhhs.nv.gov/Grants/GrantsManagement.htm

Nevada Department of Health & Human Services, Director's Office

1.06 Head Start Collaboration and Early Childhood Systems Office

Program:

Through statewide partnerships, the Nevada Head Start Collaboration and Early Childhood Systems Office enhances relationships, builds systems, and promotes comprehensive quality services to meet the needs of young children and their families. The office is responsible for three federally funded programs each with its own funding source.

The Office does not regulate or oversee Head Start programs. The needs of grantees specific to collaboration with health and other service providers is assessed annually as required by the Head Start Act. A Partnership Committee convenes quarterly to discuss opportunities for increasing and improving services for low income children. Partnership Committee Members include representatives from the Nevada State Health Division, Division of Child and Family Services, Division of Welfare and Supportive Services, Child Care and Development, Nevada State Higher Education Institutions, Services for Homeless Children, State Department of Education, Public television, and Head Start grantees including those providing services to children and families in tribal and migrant/seasonal programs.

Head Start and Early Head Start programs promote school readiness for economically disadvantaged children by enhancing their social and cognitive development through the provision of educational, health, nutritional, social and other services. Head Start programs serve children ages 3-5 and their families. Early Head Start programs serve pregnant women and children birth to 3 and their families. The federal Office of Head Start (OHS) provides grants directly to public and private agencies to operate both Head Start and Early Head Start programs in Nevada. Programs engage parents in their children's learning and support them in making progress toward their educational, literacy and employment goals. Significant emphasis is placed on the involvement of parents in the administration of local Head Start programs.

Eligibility:

Head Start programs primarily serve children and families living in poverty. However, up to 10% of children and families enrolled do not have to meet any income requirement. 10% of each program's total enrollment must also be comprised of children with diagnosed disabilities or special needs. When the "Improving Head Start for School Readiness Act of 2007" was passed, programs were provided the flexibility to allow up to 35% of children living in families with incomes up to 130% of the federal poverty level, provided the program demonstrates that all eligible children living at or below the poverty level in the community had been given the opportunity for enrollment.

Other:

In July 2011, Governor Sandoval continued the Early Childhood Advisory Council by executive order. The Head Start Collaboration and Early Childhood Systems Office was appointed the coordinator of the Council's activities. Early Childhood Comprehensive Systems funding from the Health Resources and Services Administration and ARRA funding from the Administration of Children and Families support the work of the council. Funding will be used to conduct a fiscal mapping project, a statewide assessment of the availability of quality early care and education, study the feasibility of implementing a statewide early childhood data collection system and school readiness plan for providing high quality early childhood services to Nevada children in frontier, rural and urban communities, conduct a public awareness campaign and develop local Early Childhood Advisory Councils.

Comments:

In fiscal year 2011, Head Start programs in Nevada served 4,744 children and received more than $25 million in Head Start funding that allowed just 8% of Nevada's eligible children (those living in poverty or below) to receive the comprehensive early childhood development services provided by these programs. Over 300 of those children were homeless. With the discontinuation of funding from the American Recovery and Reinvestment Act, the number of children served is anticipated to decrease by end of fiscal year 2012.

Website:

http://dhhs.nv.gov/HeadStart.htm

Nevada Department of Health & Human Services, Director's Office

1.07 Office of Health Information Technology

Program: Nevada DHHS is responsible for leading the state's Health Information Technology (HIT) and electronic Health Information Exchange (HIE) efforts. By playing a significant role in the development and implementation of a statewide HIE system, DHHS can be sure the system will be cost-effective and sustainable, leverage investments already made by the health care community and the state, and meet established national standards. Meaningful use of HIE will be the foundation for improving the quality and efficiency of Nevada's health care system for all populations, as well as reducing medical errors.

The Health Information Technology for Economic and Clinical Health (HITECH) Act was enacted as part of the 2009 American Recovery and Reinvestment Act (ARRA) and authorized approximately $36 billion in outlays over 6 years for HIT. It expands the role of states in fostering a technical infrastructure to facilitate intra-state, interstate and nationwide health information exchange (HIE). Also included are Medicaid and Medicare financial incentives for eligible providers who implement and use federally-certified electronic health record systems (EHRs) by 2014. Better health care does not come from the adoption of technology itself. It is accomplished through the electronic exchange and use of health information for effective clinical decisions at the point of care.

The Office of Health Information Technology (OHIT) is responsible for administering the Nevada ARRA HITECH State HIE Cooperative Agreement, facilitating the core infrastructure and capacity that will enable the electronic exchange of health information and coordinating related HIT/E initiatives. Nevada DHHS is the ARRA HITECH State Designated Entity, the program authority and manager for the $6,133,426 Nevada received as part of the 4-year State HIE Cooperative Agreement, which goes from February. 8, 2010 through February 7, 2014.

Other: As required by the State HIE Cooperative Agreement, Nevada's State HIT Strategic and Operational Plan (State HIT Plan) was approved by federal HHS on May 19, 2011.

The Nevada Legislature passed Senate Bill 43 (SB 43), during its 2011 session. The bill's provisions support the State HIT Plan, and Governor Sandoval signed this HIE enabling legislation into law on June 13, 2011.

Comments: In September 2009, Governor Jim Gibbons issued an Executive Order establishing the Nevada HIT Blue Ribbon Task Force (HIT Task Force) to assist DHHS with the development of the State HIT Plan and to recommend legislative and policy actions. The Governor appointed a diverse group of 20 key stakeholders, which included representatives from Nevada Medicaid, health care systems and providers, public health, insurance, payers and employers, the Nevada System of Higher Education, pharmacy, medical records, legal, and consumers. From October 2009 through January 2011, the HIT Task Force met almost monthly, under Open Meeting Law, to provide feedback and recommendations which were incorporated into both the State HIT Plan and SB 43. By Executive Order, the HIT Task Force sunset on June 30, 2011, after successfully completing its mission.

Web site: http://dhhs.nv.gov/Hit.htm

1.08 Institutional Review Board

Program: The DHHS Institutional Review Board (IRB) reviews all research involving human subjects who are clients or staff of the department. Projects of department staff, University faculty and students, and other collaborators with the department are subject to this review. The IRB ensures compliance with basic ethical principles and guidelines regarding the acceptable conduct of research with human subjects, as required by the National Research Act. These principles include respect for the person, beneficence and justice. Respect for the person involves recognition of the personal dignity and autonomy of individuals and special protection of those persons with diminished capacity. Beneficence entails an obligation to protect persons from harm by maximizing anticipated benefits and minimizing possible risk of harm. Justice requires that the benefits and burdens of research be distributed fairly.

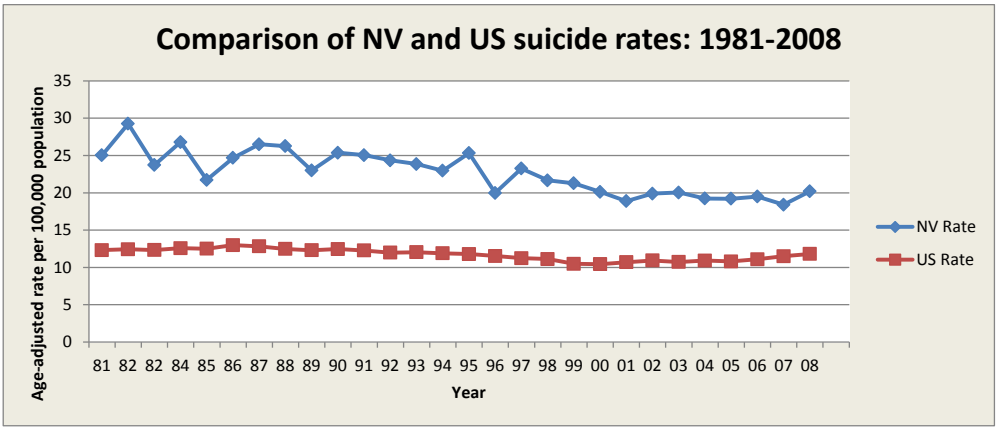
Membership: The IRB consists of at least five members with varying backgrounds to promote complete and adequate review of research activities within the Department. Members include: each agency in DHHS who conduct research with human subjects; at least one member who is not employed by DHHS and who is not an immediate family member of DHHS staff; at least one member whose primary concerns are in non-scientific areas; at least one person knowledgeable about working with vulnerable populations, such as children, prisoners, pregnant women, or persons with mental illness, developmental disabilities or physical disabilities.

Nevada Department of Health & Human Services, Director's Office

1.09 Office of Suicide Prevention

Program

The Office of Suicide Prevention is the clearinghouse for suicide and suicide prevention information for State of Nevada. The Suicide Prevention Coordinator, located in Reno, and the Suicide Prevention Trainer and Networking Facilitator, located in Las Vegas, are responsible for the development, implementation and evaluation of the Nevada Suicide Prevention Plan (NSSP). The NSSP is a comprehensive plan with 11 goals and 35 objectives that encompasses the lifespan. In 2009, the Nevada Office of Suicide Prevention received its second Garrett Lee Smith Youth Suicide Prevention grant which enabled a Youth Suicide Prevention Coordinator and Youth Suicide Prevention Specialist to join the Office. Both positions were filled in 2010. Collaboration for suicide prevention is occurring in all regions of the state with strong partnership from local coalitions and the Nevada Coaltion for Suicide Prevention. Clark County held a Youth Suicide Prevention Summit September, 2011. "Suicide Trends and Prevention in Nevada" http://cdclv.unlv.edu/healthnv_2012/suicide.pdf was released October, 2011 as a chapter in The Social Health of Nevada: Leading Indicators and Quality of Life in the Silver State, edited by Dmitri N. Shalin: UNLV: CDC Publications, 2012.



Comments/Facts about Suicide:

- Nevada has the 5th highest rate in the nation at 20.2/100,000 in 2008. Alaska had the highest rate and NJ lowest.
- Nevada's rate is nearly double the national average of 11.8/100,000.
- Suicide is the 6th leading cause of death for Nevadans.
- Suicide is the 3rd leading cause of death for our youth age 15-24.
- Males make up 80% of suicide deaths.
- Nevada seniors over 70 have the highest suicide rate in the nation, over double the national average rate for the same age group.
- More Nevadans die by suicide than by homicide, HIV/AIDS or automobile accidents.
- Native American Youth have a high rate of suicide.
- Firearms are used in 57% of suicide deaths.
- Average medical cost per suicide completion in Nevada: $3,577.*
- Average work-loss cost per case: $1,140,793.*

American Association for Suicide Prevention, U.S.A. Suicide Official Fact Sheet, 11/2011. www.suicidology.org
*Source: Suicide Prevention Resource Center, State of Nevada Fact Sheet Online, 2006. Methodology for costs at www.sprc.org, State Fact Sheets

Website: http://dhhs.nv.gov/SuicidePrevention.htm

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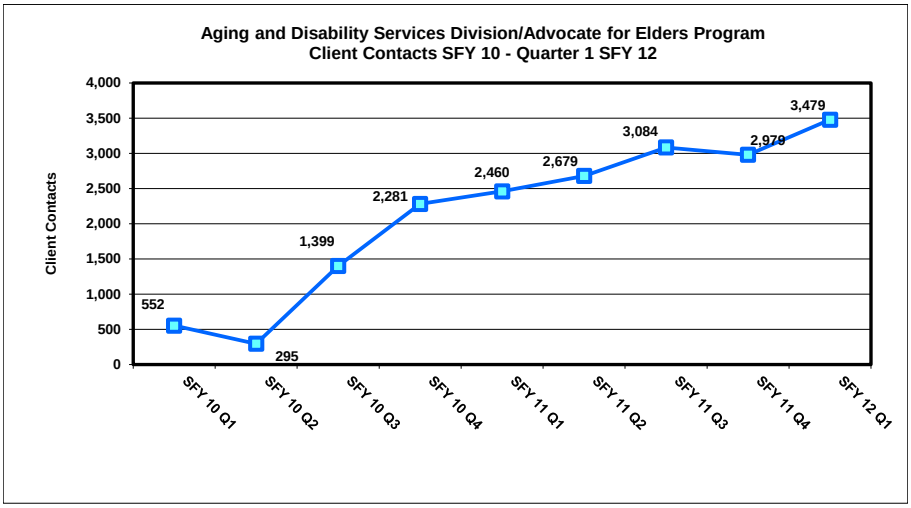
2.01 Advocate for Elders

PROGRAM The Aging and Disability Services Division (ADSD) Advocate for Elders program provides advocacy and assistance to frail, older adults and their family members to enable older adults to maintain their independence and make informed decisions.

ELIGIBILITY Seniors age 60 or older, primarily homebound residing in communities throughout Nevada.



WORKLOAD HISTORY

	Client Contacts
SFY 2010	4,527
SFY 2011	11,202

FYTD	**Client Contacts**	
Jul 11	1,167	Jan 12
Aug	1,192	Feb
Sep	1,120	Mar
Oct		Apr
Nov		May
Dec		Jun
FY12 Tot	**3,479**	
FY12 Avg	**1,160**	

OTHER "Client contacts" includes: phone calls, walk-ins, e-mail, postal mail, and contacts made on behalf of a client. Please note the program has 2.5 staff positions; one fulltime Advocate for Elders in Northern Nevada, one in Southern Nevada, and a half-time position in Elko to serve Elko area seniors.

FUNDING STREAM General Fund

WEB LINKS http://www.nvaging.net/advocate_for_elders.htm

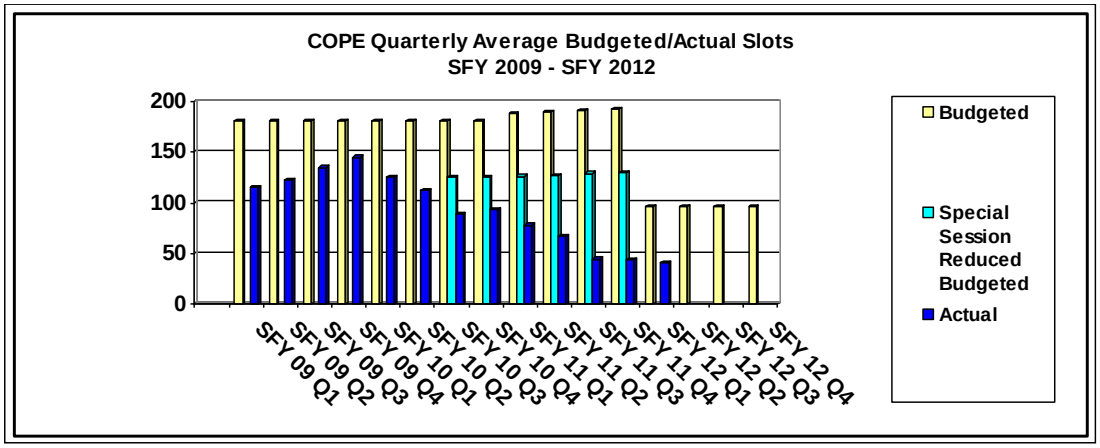
ANALYSIS OF TRENDS Historically, program contacts increase related to the Open Enrollment Period of the State Health Insurance Assistance Program (SHIP) which occurs during Quarter (Q)2 of each State Fiscal Year. The decrease in client contacts continuing into SFY09 is due to vacancy of a FT position in Southern Nevada, filled September 2008. Staff previously reported all client contacts, but in SFY09 began reporting only contacts specifically related to senior issues that required staff time to resolve. The Q1 and Q2 SFY 10 down trend is due to vacancies in both the Northern NV and Southern NV positions. The Q3/Q4 uptrend is due to all positions being filled and trained, better reporting as all contacts on the behalf of clients were not reported in the past and also likely due to Nevada's economic decline resulting in more requests for assistance. The continuing upward trend in SFY11 Q1 follows rationale in the previous two quarters. Q4 of SFY 2011 is 100 contacts less, but this variation is not concerning as overall the program has increased its outreach in the previous year.

Nevada Department of Health & Human Services, ADSD

2.02 Community Service Options Program for the Elderly (COPE)

PROGRAM The Aging and Disability Services Division (ADSD) Community Service Options Program for the Elderly (COPE) provides services to seniors to help them maintain independence in their own homes as an alternative to nursing home placement. COPE services can include the following non-medical services: Case Management, Homemaker, Adult Day Care, Adult Companion, Personal Emergency Response System, Chore and Respite.

ELIGIBILITY Must be 65 years old or older; financially eligible (for 2009 income up to $2,923; assets below $10,000 for an individual and $30,000 for a couple); at risk of nursing home placement without COPE services to keep them in their home and community. Priority given to those meeting criteria of NRS 426 – unable to bathe, toilet and feed self without assistance.



WORKLOAD HISTORY

FY 09: Avg Caseload	132
FY 09: Budgeted Avg Caseload	181
FY 09: Avg Wait List	11
FY 09: Total Expenditures	$1,320,324
FY 10: Avg Caseload	103
FY 10: Budgeted Avg Caseload	184
FY 10: Special Session Reduced Budgeted**	125
FY 10: Avg Wait List	4
FY 10: Total Expenditures	$760,522
FY 11: Avg Caseload	56
FY 11: Budget Avg Caseload	190
FY 11: Special Session Reduced	128
FY 11: Avg Wait List	4
FY 11: Total Expenditures	$413,487
FY 12: Avg Caseload	41
FY 12: Budgeted Avg	96
FY 12: Avg Wait List	2
FY 12: Total Expenditures	$15,263

FYTD	Caseload	Waitlist	FYTD	Caseload	Waitlist
Jul 11	41	2	Jan 12		
Aug	43	1	Feb		
Sep	40	2	Mar		
Oct			Apr		
Nov			May		
Dec			Jun		
FY12 Tot	**124**	**5**			
FY12 Avg	**41**	**2**			

OTHER **This caseload was affected by the Special Session Budget Reduction legislation effective 3-1-2010.

FUNDING STREAM GF

WEB LINKS http://www.nvaging.net/

*Actual expenditures are projected for SFY 2012, as the reconciliation of direct services & administrative costs are not completed until several months after the closure of a quarter. Actuals will be updated after the reconciliation of the quarter.

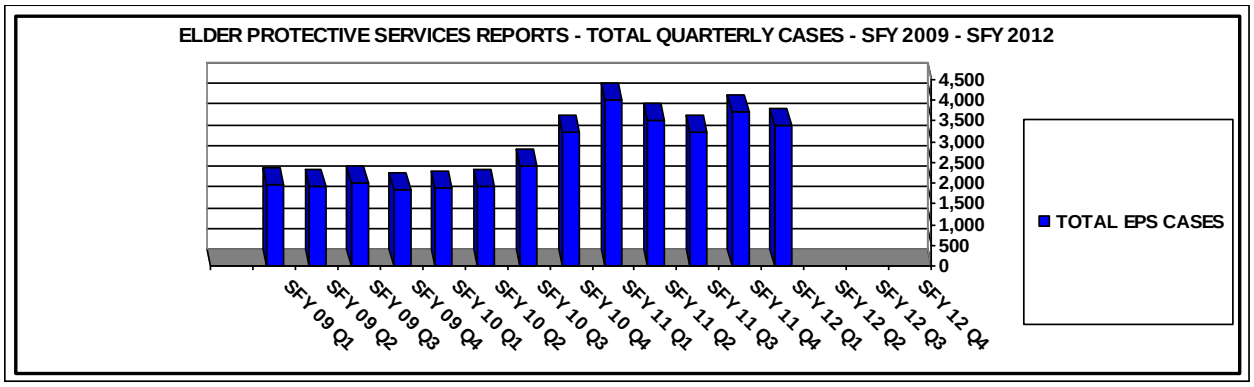
2.03 Elder Protective Services Program

PROGRAM

Nevada Revised Statutes mandates that Aging and Disability Services Division receive and investigate reports of abuse, neglect, exploitation and isolation of older persons, defined as 60 years or older. The Elder Protective Services (EPS) program utilizes licensed social workers to investigate elder abuse reports. Social workers provide interventions to remedy abusive, neglectful and exploitive situations. The investigation commences within three working days of the report. EPS may contact local law enforcement or emergency responders for situations needing immediate intervention. The Crisis Call Center handles after-hour calls for EPS. EPS refers cases where a crime may have been committed to law enforcement agencies for criminal investigation and possible prosecution. Self-neglect is the single largest problem reported. EPS social workers provide training to various organizations regarding elder abuse and mandated reporting laws.

ELIGIBILITY

Any older person, defined by NRS as 60 years or older, is eligible. EPS investigates elder abuse reports in all counties of Nevada in both community and long-term care settings.



WORKLOAD HISTORY

	TOTAL CASES	AVG CASES PER SOCIAL WORKER
SFY 08	8,348	62
SFY 09	7,735	56
SFY 10	9,418	55
SFY 11	14,462	57

FYTD	TOTAL CASES	AVG CASES PER SOCIAL WORKER	FYTD	TOTAL CASES	AVG CASES PER SOCIAL WORKER
Jul 11	1,130	49	Jan 12		
Aug	1,142	52	Feb		
Sep	1,139	51	Mar		
Oct			Apr		
Nov			May		
Dec			Jun		
FY 12 Tot	**3,411**	**152**			
FY 12 Avg	**1,137**	**51**			

FUNDING STREAM

TITLE XX - Title XX funds through the Nevada Department of Health & Human Services; General Fund

WEB LINK

http://www.nvaging.net/protective_svc.htm

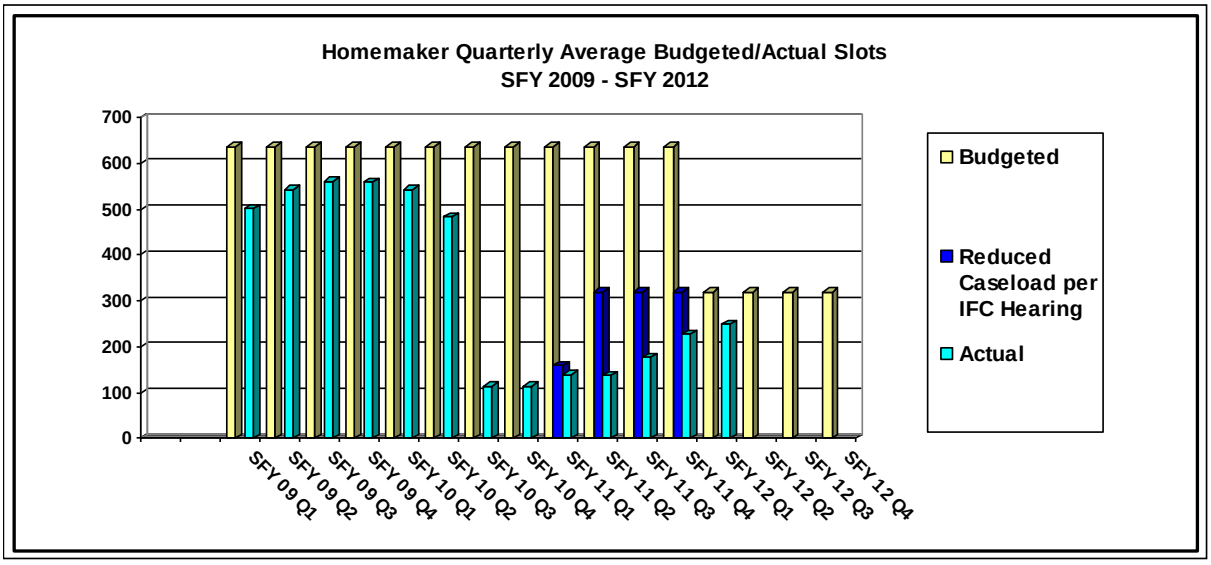
ANALYSIS OF TRENDS

TOTAL CASES - Total cases represent Total New Cases Received, Total Cases Investigated and Closed and Cases Carried Over from the Previous Months. The Average Cases per Social Worker represents the Total Cases divided by the Actual number of Social Workers. As of July 1, 2010, ADSD assumed full responsibility for all elder abuse investigations in Clark County making ADSD and law enforcement agencies the sole responders to reports of elder abuse statewide.

2.04 Homemaker Program

PROGRAM The Aging and Disability Services Division (ADSD) Homemaker Program provides in-home supportive services for seniors and persons with disabilities who require assistance with activities such as housekeeping, shopping, errands, meal preparation and laundry to prevent or delay placement in a long-term care facility.

ELIGIBILITY Seniors and person with disabilities throughout Nevada in need of supportive services; financially eligible (110% of Federal Poverty income below $953.33 monthly).



WORKLOAD HISTORY

FY 09: Avg Caseload	559
FY 09: Budgeted Avg Caseload	637
FY 09: Avg Referral\Wait List	124
FY 09: Total Expenditures	$1,672,886
FY 10: Avg Caseload	328
FY 10: Budgeted Avg Caseload	637
FY 10: Avg Referral\Wait List	34
FY 10: Total Expenditures	$910,353
FY 11: Avg Caseload	170
FY 11: Budgeted Avg Caseload	637
FY 11: Reduced Avg Caseload per IFC Hearing	280
FY 11: Average Referral\Wait	21
FY 11: Total Expenditures	$860,423
FY 12: Avg Caseload	249
FY 12: Budgeted Avg Caseload	320
FY 12: Avg Referral/Wait List	34
FY 12: Total Expenditures	$33,182

FYTD	Caseload	Waitlist
Jul 11	253	25
Aug	248	35
Sep	246	42
Oct		
Nov		
Dec		
FY 12 Tot	**747**	**102**
FY 12 Avg	**249**	**34**

FYTD	Caseload	Waitlist
Jan 12		
Feb		
Mar		
Apr		
May		
Jun		

FUNDING STREAM Title XX/GF

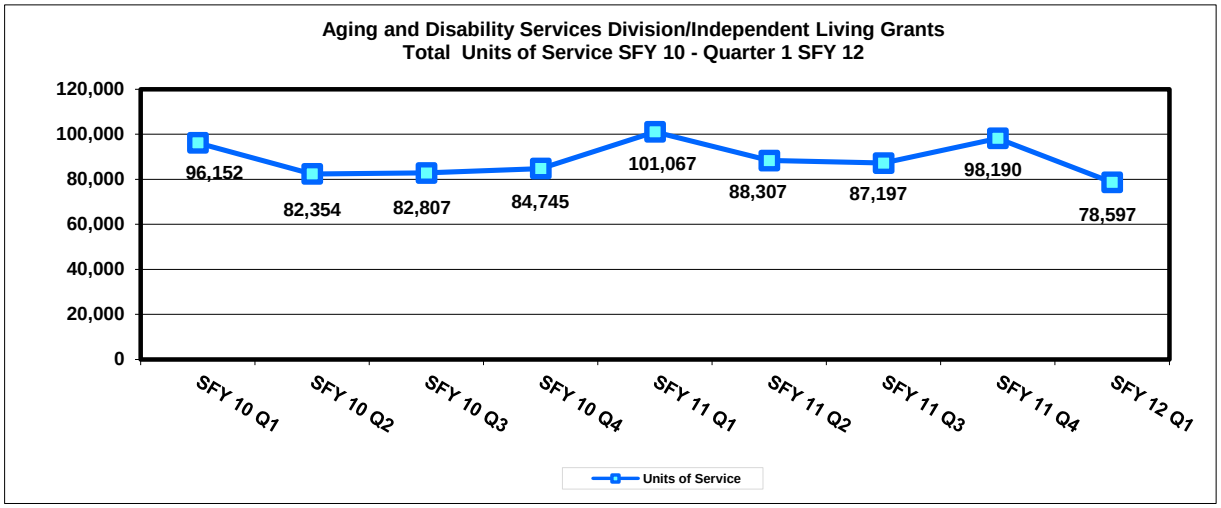
WEB LINKS http://www.nvaging.net/homemaker_program.htm

*Expenditure totals for SFY 2012 will appear low until reconciliation of direct services & administrative costs are completed. These amounts are not reconciled until several months after the closure of a quarter.

2.05 Independent Living Grants

PROGRAM Independent Living Grants (ILG): The Nevada State Legislature passed legislation in 1999, which enacted the Governor's plan for utilizing part of Nevada's proceeds from the Master Tobacco Settlement to support "independent living" among Nevada seniors. This program funds a number of vital services for seniors, such as respite care, transportation and supportive services. Supportive services includes: adult day care; case management; case management for Elder Protective Services; caregiver support services; information, assistance and advocacy; companion services; durable medical equipment and healthcare products; geriatric health and wellness; homemaker services; home services; legal services; medical nutrition therapy; volunteer care; emergency food pantry; Personal Emergency Response System (PERS); protective services; and representative payee.

ELIGIBILITY Seniors throughout Nevada, age 60 or older, in need of assistance to live independently.



WORKLOAD HISTORY

	Units of Service
SFY 2009	400,750
SFY 2010	346,058
SFY 2011	374,760

FYTD	Units of Service	FYTD	Units of Service
Jul 11	24,210	Jan 12	
Aug	27,600	Feb	
Sep	26,788	Mar	
Oct		Apr	
Nov		May	
Dec		Jun	
FY 12 Tot	**78,597**		
FY 12 Avg	**26,199**		

FUNDING STREAM Healthy Nevada Fund from the Tobacco Settlement Fund

WEB LINKS http://www.nvaging.net/grants/grants_main.htm

ANALYSIS OF TRENDS The decline from Quarter (Q)1 2010 to Q2 2010 is due to moving several programs to a different funding source, beginning October 1, 2009 when the new grant year began. It is also due to delays in grantee reporting. The current trend is stable, in that it continues the previous year's cycle. An additional decline in Q1 SFY 2012 is due to reduction in programs funded, as a result of reduced funding for Independent Living Grants.

2.06 Long Term Care Ombudsman Program (Elder Rights Advocates)

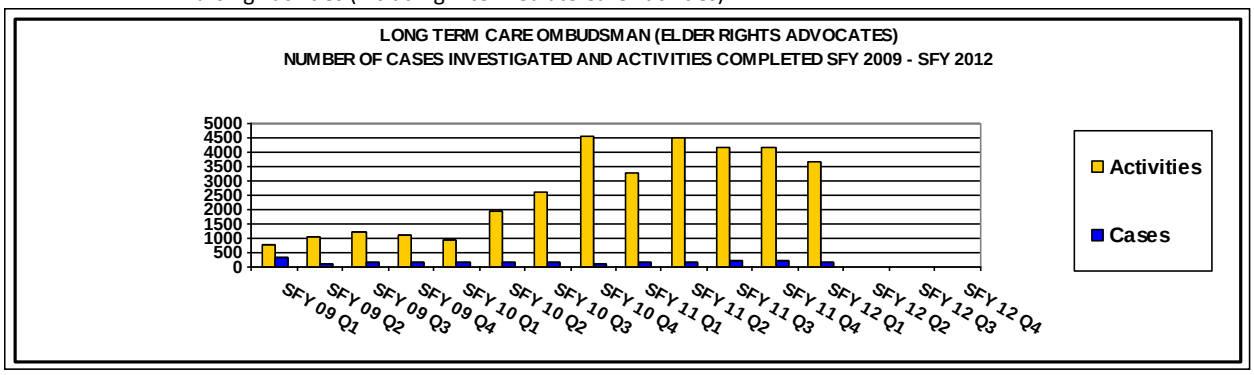
PROGRAM

The Long Term Care (LTC) Ombudsman program is authorized by the federal Older American's Act. The Act requires that a statewide Ombudsman program investigate and resolve complaints made by or on behalf of older individuals who are residents of long term care facilities. The Act also requires numerous activities related to the promotion of quality care in LTC facilities. Elder Rights Advocates, also known as Ombudsmen, provide residents with regular and timely access to Ombudsman services by conducting routine visits to assigned facilities. They advocate for residents and provide information regarding services to assist residents in protecting their health, safety, welfare and rights. The Ombudsman Program is comprised of two basic components – a "case" or an "activity". A Case includes the investigation and resolution of particular complaints made by or on behalf of residents. Activities include duties such as consultation and training for facility staff, working with resident and family councils, participating in facility surveys, etc.

ELIGIBILITY

Eligibility includes every older person, aged 60 years or older, living in a long term care facility including:

- Homes for Individual Residential Care
- Residential Facilities for Groups including Assisted Living Facilities
- Skilled Nursing Facilities
- Nursing Facilities (including Intermediate Care Facilities)



WORKLOAD HISTORY

	ACTIVITIES COMPLETED	CASES INVESTIGATED
SFY 08	625	1,151
SFY 09	4,242	764
SFY 10	10,016	682
SFY 11	15,987	785

FYTD	ACTIVITIES COMPLETED	CASES INVESTIGATED	FYTD	ACTIVITIES COMPLETED	CASES INVESTIGATED
Jul 11	811	66	Jan 12		
Aug	1,420	83	Feb		
Sep	1,438	56	Mar		
Oct			Apr		
Nov			May		
Dec			Jun		
FY 12 Tot	**3,669**	**205**			
FY 12 Avg	**1,223**	**68**			

FUNDING STREAM

TITLE III - Older Americans Act Funds through the Administration on Aging; TITLE VII - Older Americans Act Funds through the Administration on Aging; Medicaid Funds through the Division of Health Care Financing and Policy; General Fund

WEB LINK

http://www.nvaging.net/ltc.htm

ANALYSIS OF TRENDS

The change in the work history is expected. The Ombudsman program was restructured in 2008 in order to better comply with federal and state regulations related to Elder Abuse investigations. The manner in which the program obtained the majority of its cases from long term care facilities no longer exists as the facilities are no longer required to report non-complaint related resident events. At the same time, an unexpected decrease in funding occurred when Centers for Medicare and Medicaid Services (CMS) denied Medicaid billing for the Ombudsman program. This resulted in a significant decrease in the number of filled staff positions and the completion of routine monitoring visits. Please contact Kay Panelli at (775) 687-4210, ext. 254 or kapanelli@aging.nv.gov for more information.

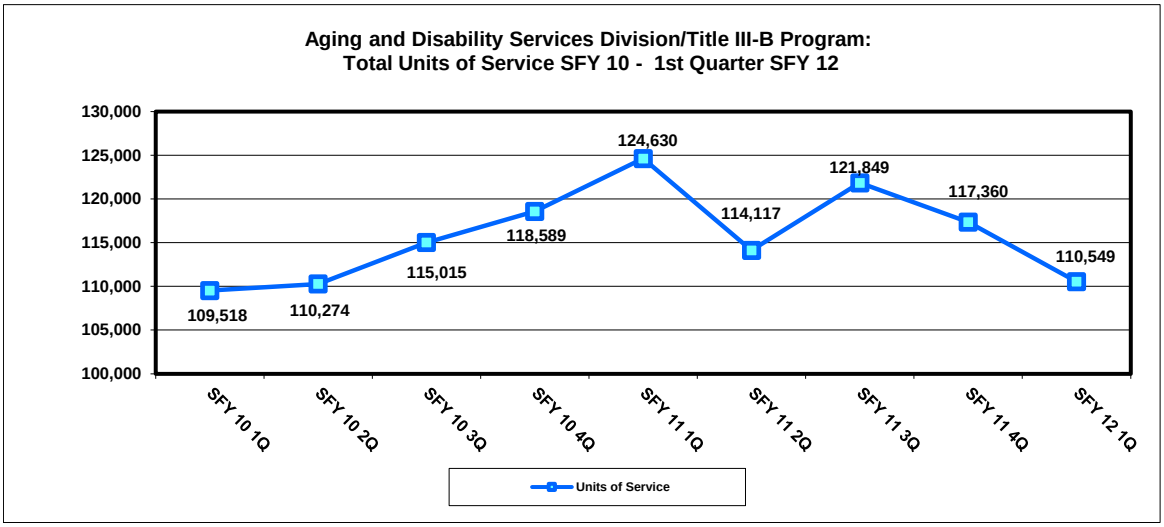
2.07 Older Americans Act Title III-B

PROGRAM

Services are intended to maximize the informal support provided to older Americans, to enable them to remain living independently in their homes and communities. Services funded under Title III-B include: senior companion; transportation; adult day care; homemaker; information, assistance and advocacy; representative payee; caregiver support, education and training; legal services; telephone reassurance; volunteer services; Personal Emergency Response System (PERS); case management; respite; and transitional housing.

ELIGIBILITY

Individuals throughout Nevada age 60 or older with particular attention to low-income older individuals, including low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas.



WORKLOAD HISTORY

	Units of Service
SFY 2009	403,025
SFY 2010	453,396
SFY 2011	477,956

FYTD	Units of Service	FYTD	Units of Service
Jul 11	39,668	Jan 12	
Aug	38,242	Feb	
Sep	32,639	Mar	
Oct		Apr	
Nov		May	
Dec		Jun	
FY 12 Tot	**110,549**		
FY 12 Avg	**36,850**		

FUNDING STREAM

Title III - Older Americans Act (OAA) Funds through the Administration on Aging (AoA)
General Fund

WEB LINKS

http://www.nvaging.net/grants/grants_main.htm

ANALYSIS OF TRENDS

The low units of service in SFY 2009 resulted from the continued improvement in accurate reporting by all grantees and a large program no longer funded, at its request. FY2010 increase is due to shifting grants previously funded by Independent Living Grants to funding from the federal OAA III-B social services funding stream and also the increasing need for services due to economic decline in Nevada. For SFY11 Q2, the slight dip in service recipients is due to new grant year, starting July 1, and a shift in the types of services funded. The trend reflects normal fluctuation at close of grant year when service funds diminish. For SFY12, an additional downward trend is noted and the cause is being explored. This may be due to a major grantee in Washoe County that hasn't been able to relay SAMS data; a correction is anticipated in Q2.

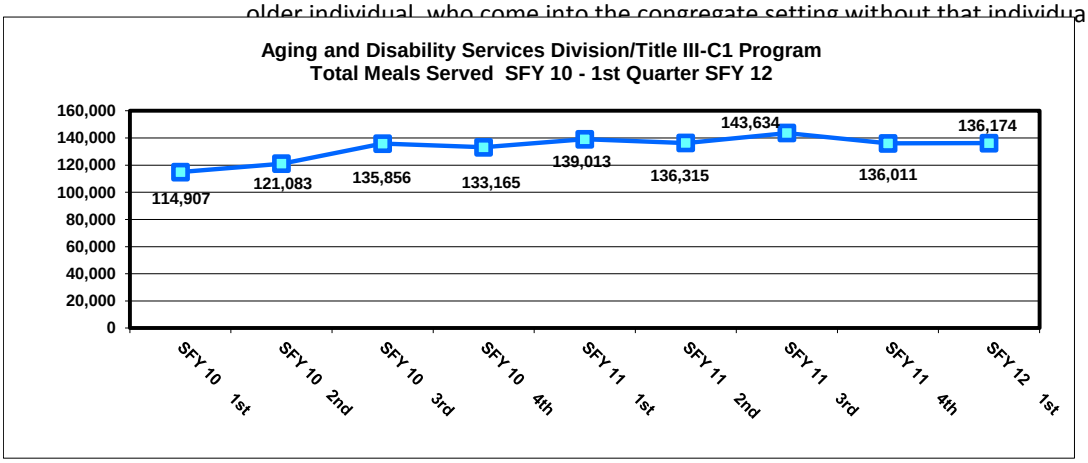
2.08 Older Americans Act Title III-C (1)

PROGRAM

Funds under Title III-C1 are allocated to provide meals to seniors in congregate settings, usually at senior centers.

ELIGIBILITY

Individuals age 60 or older and their spouses; individuals with disabilities who have not attained the age of 60, but reside in housing facilities occupied primarily by older individuals at which a congregate meal site has been established; individuals providing essential volunteer service during meal hours at a congregate setting; adults with disabilities who reside at home with an eligible older individual, who come into the congregate setting without that individual.



WORKLOAD HISTORY

	Units of Service
SFY 2009	474,315
SFY 2010	505,011
SFY 2011	554,973

FYTD	Units of Service	FYTD	Units of Service
Jul 11	39,566	Jan 2012	
Aug	50,300	Feb	
Sep	46,308	Mar	
Oct		Apr	
Nov		May	
Dec		Jun	
FY 12 Tot	**136,174**		
FY 12 Avg	**45,391**		

FUNDING STREAM

Title III - Older Americans Act Funds through the Administration on Aging
General Fund

WEB LINKS

http://www.nvaging.net/grants/serv_specs/nutrition.htm

ANALYSIS OF TRENDS

Meals Served graph - Numbers are reflected for State Fiscal Year and represent the number of meals served to participants of the program. Meal count trends are expected to increase due to Nevada's economic decline. Additionally, meal service can decline in Q4 and Q1, during summer months, due to "snow bird" seniors returning to northern climates during these warmer months. For SFY 2012, the Q1 trend is stable.

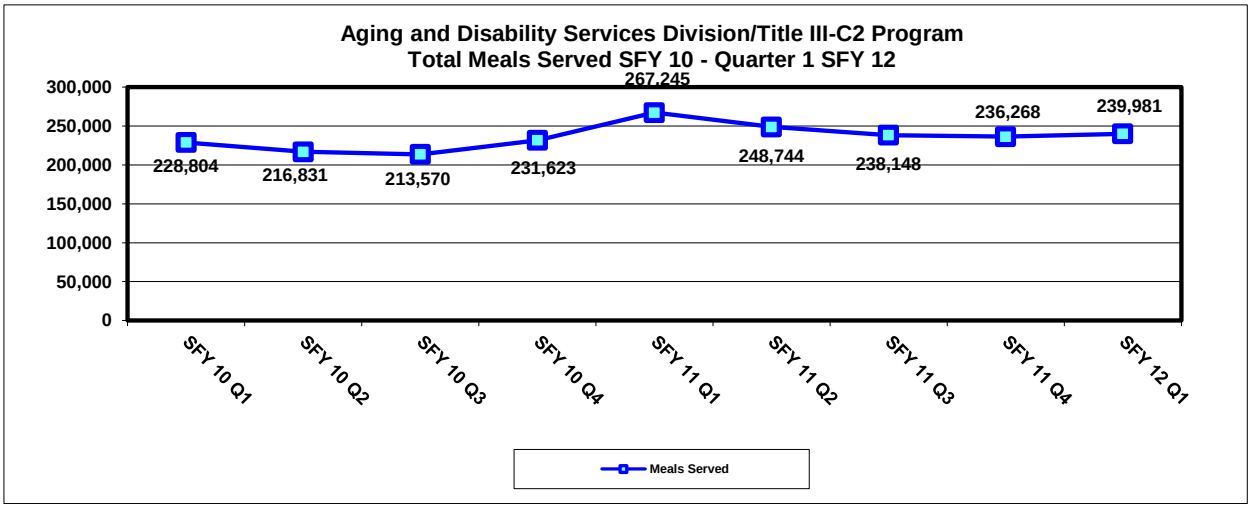
2.09 Older Americans Act Title III-C (2)

PROGRAM

Title III-C2 funds are allocated to furnish meals to homebound seniors, who are too ill or frail to attend a congregate meal site.

ELIGIBILITY

Individuals age 60 or older and their spouses and disabled individuals, who reside with individuals over age 60.



WORKLOAD HISTORY

	Units of Service
SFY 2009	818,314
SFY 2010	890,828
SFY 2011	990,405

FYTD	Units of Service	FYTD	Units of Service
Jul 11	77,533	Jan 12	
Aug	87,442	Feb	
Sep	75,006	Mar	
Oct		Apr	
Nov		May	
Dec		Jun	
FY 12 Tot	**239,981**		
FY 12 Avg	**79,994**		

FUNDING STREAM

Title III - Older Americans Act Funds through the Administration on Aging
General Fund

WEB LINKS

http://www.nvaging.net/grants/serv_specs/nutrition.htm

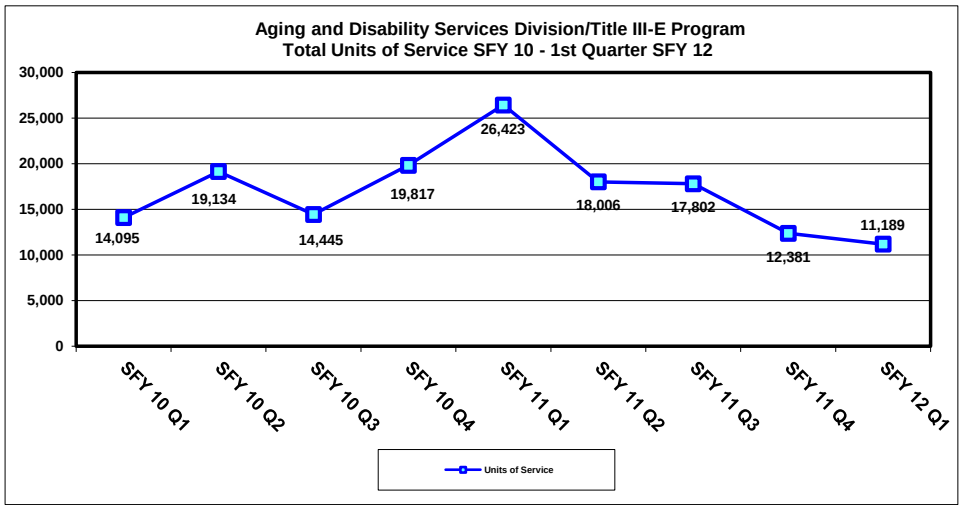
ANALYSIS OF TRENDS

Meals Served graph - Numbers are reflected for State Fiscal Year and represent the number of meals served to participants of the program. Overall, comparing each quarter with the previous year's quarter, the number of meals served has slightly increased. The slight increase is a result of the slowing economic conditions nationwide and in Nevada. The overall trend is stable.

2.10 Older Americans Act Title III-E

PROGRAM The Older American Act program addresses the needs of family caregivers by increasing the availability and efficiency of caregiver support services and of long-term care planning resources.

ELIGIBILITY Family caregivers of adults age 60 or older; grandparents and caregivers, age 55 or older, of children not more than 18 years of age, who are related by blood, marriage or adoption; parents, age 55 years or older, caring for an adult child with a disability.



WORKLOAD HISTORY

	Units of Service
SFY 2009	49,435
SFY 2010	67,491
SFY 2011	74,612

FYTD	Units of Service	FYTD	Units of Service
Jul 11	3,773	Jan 12	
Aug	4,680	Feb	
Sep	2,737	Mar	
Oct		Apr	
Nov		May	
Dec		Jun	
FY 12 Tot YTD	**11,189**		
FY 12 Avg YTD	**3,730**		

OTHER Information totals are reported to the federal government on an annual basis.

FUNDING STREAM Title III - Older Americans Act Funds through the Administration on Aging

Healthy Nevada Fund from the Tobacco Settlement Fund

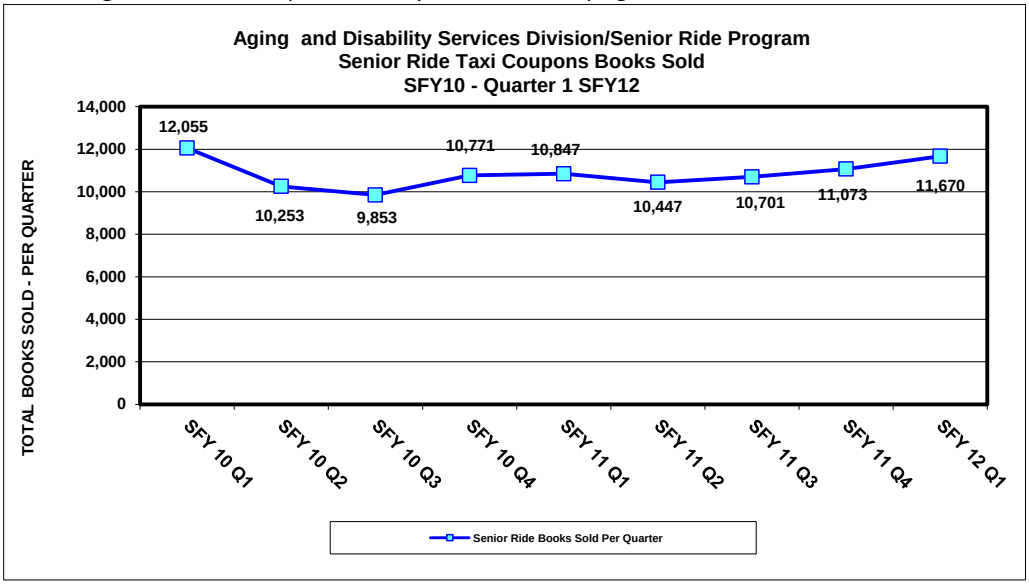
WEB LINKS http://www.nvaging.net/grants/serv_specs/SPE.htm

ANALYSIS OF TRENDS The increase trend is due to the greater accountability with program reporting through the assistance of the ADRC program manager position beginning September 2009. The increase in Quarter of SFY 2010 is due to the exceptionally high holiday voucher usage of a large program's clientele for Respite Care. The SFY 2010 Q4 increase is due to closeout voucher use for the fiscal year. The SFY11 Q1 increase is due to the ADRC program manager's continuing oversight and requirement for program accountability. The current downtrend is due to hold on data migration from a large program for December 2010. The downward trend in SFY 2011 is due to: TA provided to a large program that is more accurately reporting client contacts; another program ceasing service at mid-year; and that the economy is causing more time to be used for each client. SFY12 Q1 trend continues to show increased accuracy and a difference in types of programs funded, not primarily focused on ADRCs.

2.11 Senior Ride Program

PROGRAM Allows seniors age 60 and older and those of any age with permanent disability in Clark County to use taxicabs at a discounted rate. Funded by the Clark County Taxicab Authority by a surcharge on taxicab rides.

ELIGIBILITY Age 60 or older or permanently disabled of any age.



WORKLOAD HISTORY

	Total Books Sold
SFY 2009	44,413
SFY 2010	42,932
SFY 2011	43,068

FYTD	Total Books Sold	FYTD	Total Books Sold
Jul 11	4,032	Jan 2012	
Aug	4,469	Feb	
Sep	3,169	Mar	
Oct		Apr	
Nov		May	
Dec		Jun	
FY 12 Tot	**11,670**		
FY 12 Avg	**3,890**		

OTHER Currently, 7,517 individuals are enrolled in the program as active participants. The chart depicts the total number of books sold each quarter per state fiscal year. The number of books available for sale is limited by the amount of funding received from the Clark County Taxicab Authority. The Senior Ride program reduced the number of books available for sale from five to four due to Budget constraints September 1st, 2009. Higher sales in SFY10 Q4 and SFY11 Q1 are due to summer heat increasing the need for taxicab usage.

FUNDING STREAM Taxicab Authority

WEB LINKS http://www.nvaging.net/senior_ride.htm

ANALYSIS OF TRENDS This program typically has its highest coupon book sales during Q1 and Q4 of each SFY, which are also the warmest months in Clark County. The current trend for Q1 SFY12 has a slightly higher trend due to clients' rush on purchasing coupon books in anticipation of implementation of new enhancements to the Senior Ride program with eligibility criteria defining who may purchase the coupon books.

2.12 Senior Rx and Disability Rx

PROGRAM

Nevada Senior Rx and Disability Rx assist eligible applicants to obtain essential prescription medications. Members who are not eligible for Medicare pay $10 for generic drugs and $25 for brand drugs. Members who are eligible for Medicare receive help with the monthly premium for their Part D plan and may use the program as a secondary payer during the Medicare Part D coverage gap.

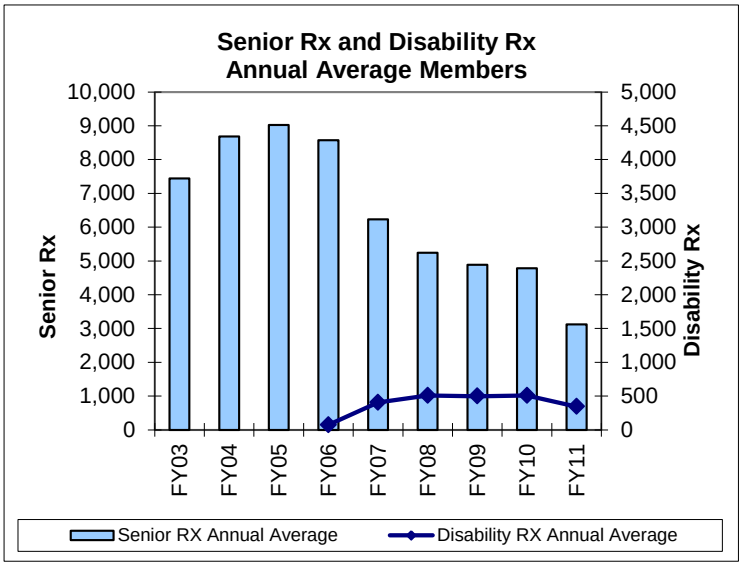
ELIGIBILITY

Residency -- Continuous Nevada resident for the 12 months prior to application. Annual Household Income Limit -- Effective 7/1/2011 = $26,054 for singles, $34,731 for couples. Age -- For Senior Rx, age 62 or older. For Disability Rx, age 18 through 61 with a verifiable disability.

WORKLOAD HISTORY	Senior Rx	Disability Rx
FY09: Avg Cases	4,887	498
FY09: Tot Expend	$2,726,454	$345,918
FY09: Tot # Apps	1,275	344
FY10: Avg Cases	4,786	508
FY10: Tot Expend	$3,301,321	$517,733
FY10: Tot # Apps	1,300	350
FY11: Avg Cases	3,125	344
FY11: Tot Expend	$2,828,375	$397,651
FY11: Tot # Apps	534	201

FYTD	Caseload	Caseload
JUL 11	2,522	263
Aug	2,455	259
Sep	2,771	211
Oct		
Nov		
DEC		
JAN 12		
Feb		
Mar		
Apr		
May		
Jun		
FY12 Tot	**7,748**	**733**
FY12 Avg	**2,583**	**244**

Source: Monthly Program Reports from FY06 through FY10-YTD



COMMENT

The wait list for the Senior Rx program was activated in August adding 328 seniors to the program effective September 1, 2011. New applications for the Senior Rx program will be placed on a waitlist as caseload costs are monitored to determine if additional members can be added. The Disability Rx program remains on a waitlist and currently has 95 members. Projections indicate the Disability Rx program will likely not add members this fiscal year, unless a large number of members terminate from the program.

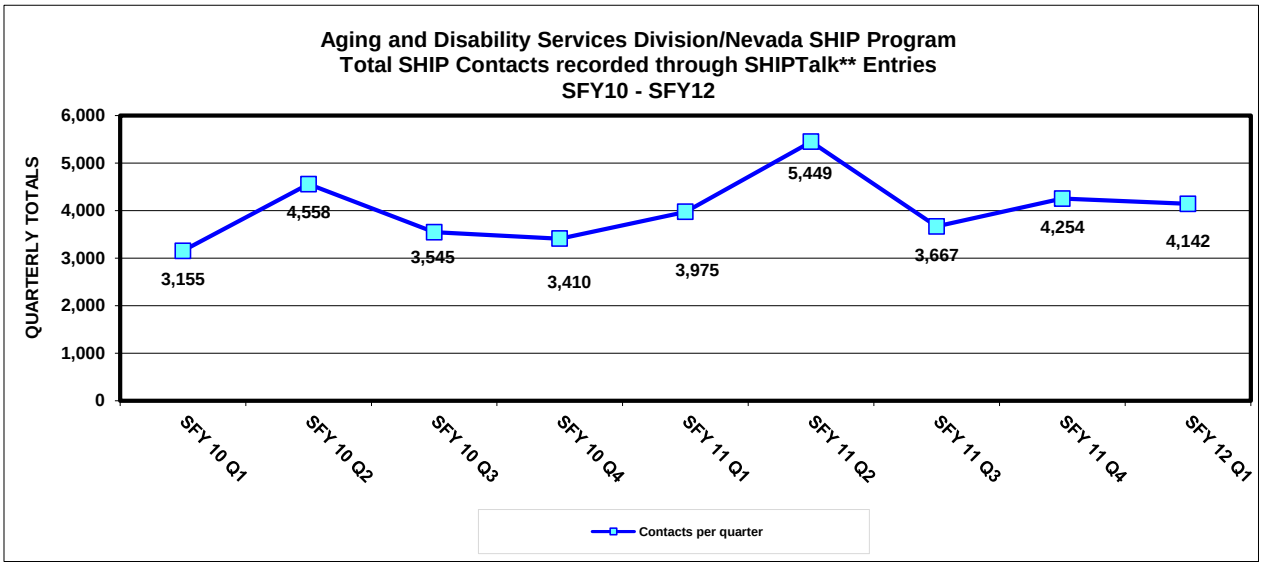
WEBSITE

http://dhhs.nv.gov/SeniorRx.htm

2.13 State Health Insurance Assistance Program (SHIP)

PROGRAM Provides information, counseling, and assistance services to Medicare beneficiaries, their families and others. These services are provided relevant to: Medicare Part D Prescription Drug Coverage; Medicare Part A; Medicare Part B; Medicare supplemental insurance; long-term care insurance; Medicare Advantage; Extra Help Part D drug program; beneficiary rights and grievance appeal procedures. Referrals to other community resources are made as needed.

ELIGIBILITY Seniors age 65 or older and/or disabled persons of any age.



** Contacts are recorded through the CMS SHIPTalk tracking system entries.

WORKLOAD HISTORY

SFY 09 Total SHIP Contacts	14,458	SFY 11 Total SHIP Contacts	17,345
SFY 09 Monthly Average	1,205	SFY 11 Monthly Average	4,095
SFY 10 Total SHIP Contacts	14,668	SFY 12 Total SHIP Contract	4,142
SFY 10 Monthly Average	3,667	SFY 12 Monthly Average	4,142

FYTD

Q1 12		**Q3 12**	
Total SHIP Contacts	4,142	Total SHIP Contacts	
Monthly Average	1,381	Monthly Average	
Q2 12		**Q4 12**	
Total SHIP Contacts		Total SHIP Contacts	
Monthly Average		Monthly Average	

OTHER SHIP utilizes trained volunteers for outreach and communication. Services are advertised through outreach events, websites, referrals and training. Medicare beneficiaries call a statewide, toll-free phone number and are referred to a trained volunteer to assist with questions to help solve problems. SHIP contacts/encounters are entered into the Centers for Medicare and Medicaid Services (CMS) database and reported periodically as required to CMS.

FUNDING STREAM The Centers for Medicare and Medicaid Services (CMS)

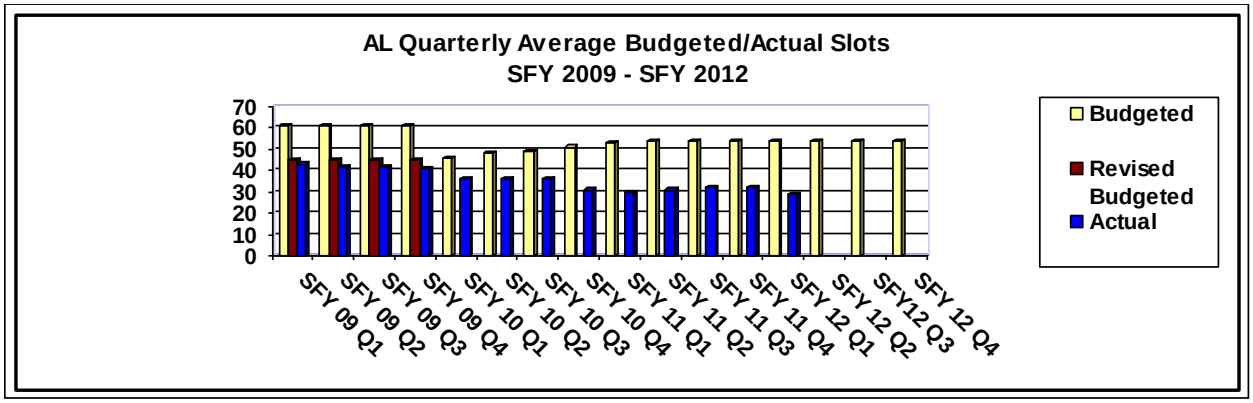
WEB LINKS http://www.nvaging.net/ship/ship_main.htm

ANALYSIS OF TRENDS Due to complexities associated with Medicare assistance, counseling sessions are more time consuming and involved in case management, and require providing beneficiaries with a number of referrals and assistance with Medicare needs. Volunteers are reluctant to do counseling because of the complexity of the job and the time commitment for training and counseling. At the start of the 2009-10 Grant Year (April 2009), SHIP had 75 volunteers statewide. As of June 30, 2010, there are 56 volunteers statewide, 30 of whom are CMS Certified Counselors.

2.14 Waiver – Assisted Living

PROGRAM The Aging and Disability Services Division (ADSD) Assisted Living (AL) waiver maximizes the independence of Nevada's frail elderly by providing assisted living supportive services to eligible individuals in a residential facility that offers 24-hour supervised care, individual living units, a kitchenette, sleeping area or bedroom, and contains private toilet facilities. Waiver services include: Case Management to assist with gaining access to needed waiver and other State Plan services as well as needed medical, social, educational, and other services, regardless of funding sources; and augmented personal care services which include assistance and supervision with the activities of daily living such as mobility, bathing, dressing, oral hygiene, toileting, transferring, ambulating, feeding, medication oversight (to extent permitted under State law).

ELIGIBILITY Must be 65 years old or older; financially eligible (300% of SSI income up to $2,022.00); at risk of nursing home placement within 30 days. Must also meet low income tax credit housing requirements.



WORKLOAD HISTORY

FY 09: Avg Caseload	41	FY 11: Avg Caseload	31
FY 09: Budgeted Avg Caseload	61	FY 11: Budgeted Avg Caseload	54
FY 09: Revised Budgeted Avg	45	FY 11: Avg Wait List	0
FY 09: Avg Wait List	2	FY 11: Total Expenditures	$114,212
FY 09: Total Expenditures	$175,191		
FY 10: Avg Caseload	35	FY 12: Avg Caseload	29
FY 10: Budgeted Avg Caseload	48	FY 12: Budgeted Avg Caseload	54
FY 10: Avg Wait List	0	FY 12: Avg Wait List	0
FY 10: Total Expenditures	$139,157	FY 12: Total Expenditures	$1,920

FYTD	Caseload	Waitlist	FYTD	Caseload	Waitlist
July 11	30	0	Jan 12		
Aug	29	0	Feb		
Sept	29	1	Mar		
Oct			Apr		
Nov			May		
Dec			Jun		
FY12 Tot	**88**	**1**			
FY12 Avg	**29**	**0**			

OTHER Revised Budgeted slots were required for SFY 09 due to the mandated budget reductions through DHCFP.

FUNDING STREAM Medicaid/GF (GF in DHCFP's budget)

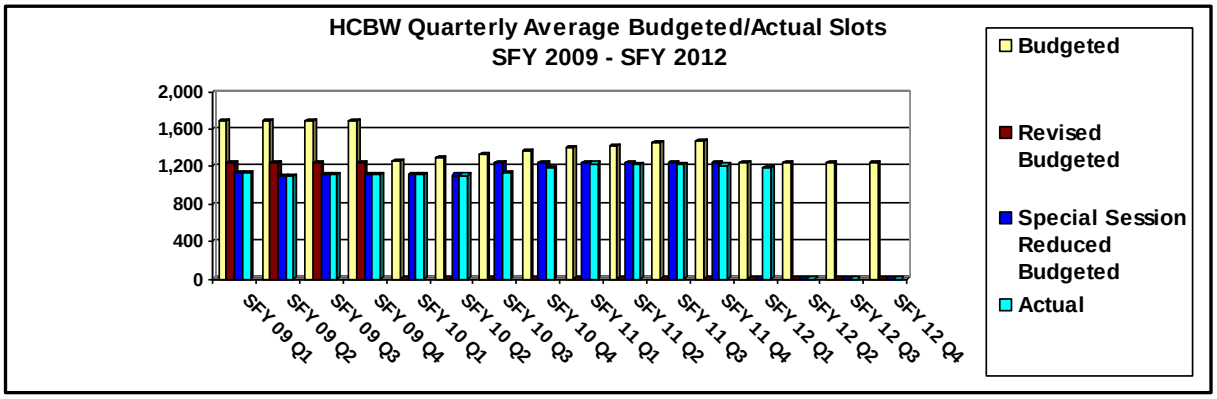
WEB LINKS http://www.nvaging.net/

*Actual expenditures are projected for SFY 2012, as the reconciliation of direct services and administrative costs are not completed until several months after the closure of a quarter. Actual expenditures will be updated after the reconciliation of the quarter and the Medicaid Administrative billing is completed.

2.15 Waiver – Home and Community Based (formerly CHIP)

PROGRAM The Aging and Disability Services Division (ADSD) Home and Community Based Waiver (HCBW) provides waiver services to seniors to help them maintain independence in their own homes as an alternative to nursing home placement. CHIP services can include the following: Case Management, Homemaker, Adult Day Care, Adult Companion, Personal Emergency Response System, Chore, Respite, and Nutrition Therapy and access to State Plan personal care services.

ELIGIBILITY Must be 65 years old or older; at risk of nursing home placement within 30 days without services; financially eligible (300% of SSI income up to $2,022.00); need assistance with one or more of the following: bathing, dressing, eating, toileting, ambulating, transferring.



WORKLOAD HISTORY

FY 09: Avg Caseload	1,120	FY 11: Avg Caseload	1,193
FY 09: Budgeted Avg Caseload	1,691	FY 11: Budgeted Avg Caseload	1,438
FY 09: Revised Budgeted Avg	1,241	FY 11: Revised Budgeted Avg	1,241
FY 09: Avg Wait List	152	FY 11: Avg Wait List	156
FY 09: Total Expenditures	$6,507,112	FY 11: Total Expenditures	$4,016,041
FY 10: Avg Caseload	1,134	FY 12: Avg Caseload	1,185
FY 10: Budgeted Avg Caseload	1,313	FY 12: Budgeted Avg Caseload	1,241
FY 10: Special Session Reduced Budgeted	1,241	FY 12: Avg Wait List	159
FY 10: Avg Wait List	108	FY 12: Total Expenditures	$70,992
FY 10: Total Expenditures	$4,083,178		

FYTD	Caseload	Waitlist	FYTD	Caseload	Waitlist
Jul 11	1,202	152	Jan 12		
Aug	1,184	160	Feb		
Sep	1,168	166	Mar		
Oct			Apr		
Nov			May		
Dec			June		
FY12 Tot	**3,554**	**478**			
FY12 Avg	**1,185**	**59**			

OTHER Revised Budgeted slots were required for SFY 09 due to the mandated budget reductions through DHCFP.

FUNDING STREAM: Medicaid/GF

WEB LINKS: http://www.nvaging.net/chip.htm

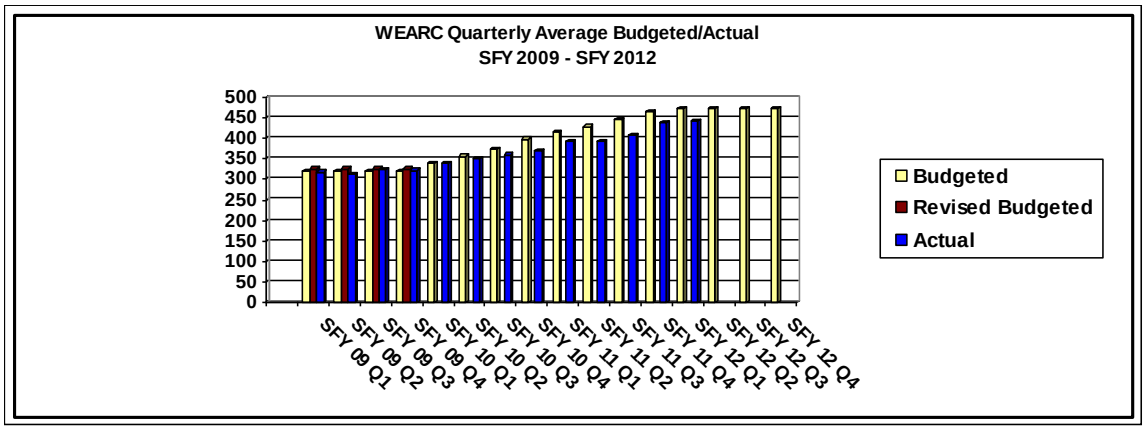
*Actual expenditures are projected for SFY 2012, as the reconciliation of direct services & administrative costs are not completed until several months after the closure of a quarter. Actuals will be updated after the reconciliation of the quarter and the Medicaid Administrative billing is completed.

NOTE: In July 2009, the CHIP waiver providers converted to direct bill; consequently, all costs for Purchase of Service are paid by DHCFP. $1,106,659 of the budgeted authority is for CHIP Purchases of Services and will not be expended by the Division; DHCFP has the General Fund match for these services in their budget.

2.16 Waiver for the Elderly in Adult Residential Care

PROGRAM The Aging and Disability Services Division (ADSD) Waiver for the Elderly in Adult Residential Care (WEARC) is offered to seniors to maximize independence by providing supervised care in a residential facility for groups as a less expensive alternative to nursing home placement. WEARC services include: Case Management to assist with gaining access to needed waiver and other State Plan services as well as needed medical, social, educational, and other services, regardless of funding sources; Attendant Care services are provided by the group home and can include bathing, dressing, transferring, walking, oral care, feeding, toileting, and transportation.

ELIGIBILITY Must be 65 years old or older; financially eligible (300% of SSI income up to $2,022); at risk of nursing home placement within 30 days without services and in need of a more integrated and supervised environment.



WORKLOAD HISTORY

FY 09: Avg Caseload	319	FY 11: Avg Caseload	407
FY 09: Budgeted Avg Caseload	319	FY 11: Budgeted Avg Caseload	437
FY 09: Revised Budgeted Avg	326	FY 11: Avg Wait List	73
FY 09: Avg Wait List	108	FY 11: Total Expenditures	$1,035,259
FY 09: Total Expenditures	$1,241,686		
FY 10: Avg Caseload	355	FY 12: Avg Caseload	441
FY 10: Budgeted Avg Caseload	365	FY 12: Budgeted Avg Caseload	472
FY 10: Avg Wait List	68	FY 12: Avg Wait List	91
FY 10: Total Expenditures	$1,270,891	FY 12: Total Expenditures	$24,128

FYTD	Caseload	Waitlist	FYTD	Caseload	Waitlist
Jul 11	435	94	Jan 12		
Aug	445	83	Feb		
Sep	444	96	Mar		
Oct			Apr		
Nov			May		
Dec			Jun		
FY 12 Tot	**1,324**	**273**			
FY 12 Avg	**441**	**91**			

OTHER Revised Budgeted slots were required for SFY 09 due to the mandated budget reductions through DHCFP.

FUNDING STREAM Medicaid/GF

WEB LINKS http://www.nvaging.net/wearc.htm

*Actual expenditures are projected for SFY 2012, as the reconciliation of direct services & administrative costs are not completed until several months after the closure of a quarter. Actual expenditures will be updated after the reconciliation of the quarter and the Medicaid Administrative billing is completed.

2.17 Disability Services – Independent Living

PROGRAM

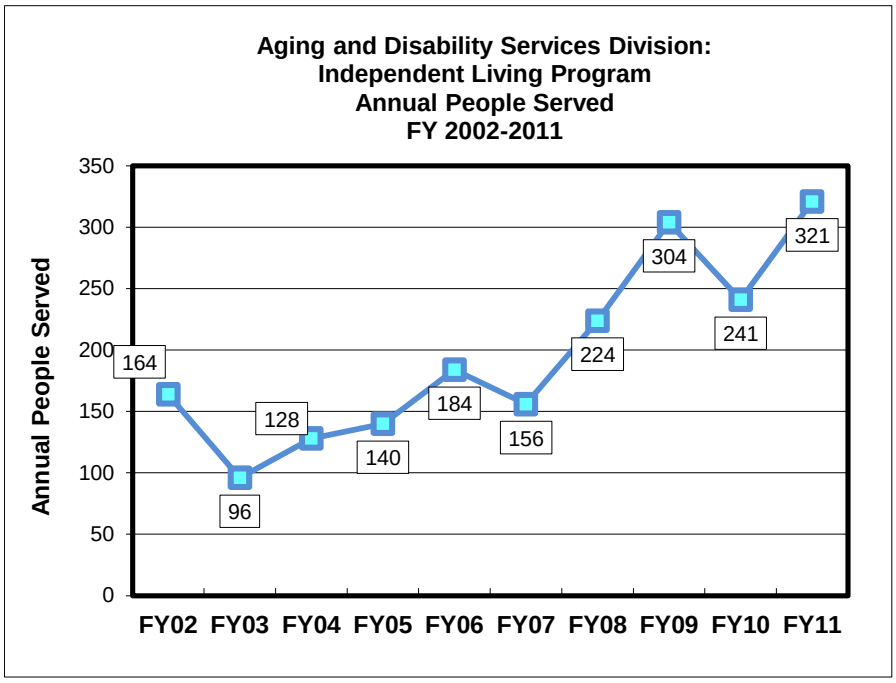
The Assistive Technology for Independent Living (AT/IL) Program helps individuals to remain living in the community by making their homes and vehicles more accessible. Some clients share in the cost, on a sliding scale. The program provides one-time services that are not provided on an ongoing basis.

ELIGIBILITY

Applicant must have a severe disability that results in significant limitation in their ability to perform functions of daily living, and there must be an expectation that services will help to improve or maintain their independence.

HISTORY

FY 09 Applications:	233
FY 09 Cases Closed:	304
FY 09 Expenditures:	$615,912
FY 10 Applications:	292
FY 10 Cases Closed:	241
FY 10 Expenditures:	$1,895,972
FY 11 Applications:	295
FY 11 Cases Closed:	321
FY 11 Expenditures:	$1,523,679



FYTD CASELOAD

JUL 11	48
Aug	71
Sep	95
Oct	
Nov	
Dec	
JAN 12	
Feb	
Mar	
Apr	
May	
JUN 12	
FY12 Tot	**214**
FY12 Avg	**71**

PER CAPITA/KEY DEMOGRAPHICS

The average household income of program applicants is $1,622 per month with an average household size of 1.8 people. The median age of those served is 61. The most commonly provided services are home and vehicle modifications that provide wheelchair access.

OTHER

Funding for this program is provided through a Federal and State partnership. It is a "resource of last resort," meaning that applicants must exhaust other public and private resources before receiving assistance. The program helps Nevadans to avoid institutional placement and to leverage care and other resources available from family and friends.

WEBSITE

http://dhhs.nv.gov/ODS_Programs_AssistiveTech-IndependentLiving.htm

2.18 Disability Services – Personal Assistance Services

PROGRAM

This program provides in-home assistance with daily tasks like bathing, toileting and eating. Service recipients share in the cost of their services, based upon a sliding scale formula. Services are typically provided on an ongoing basis, however some applicants have terminal conditions and are only assisted for short-term periods.

ELIGIBILITY

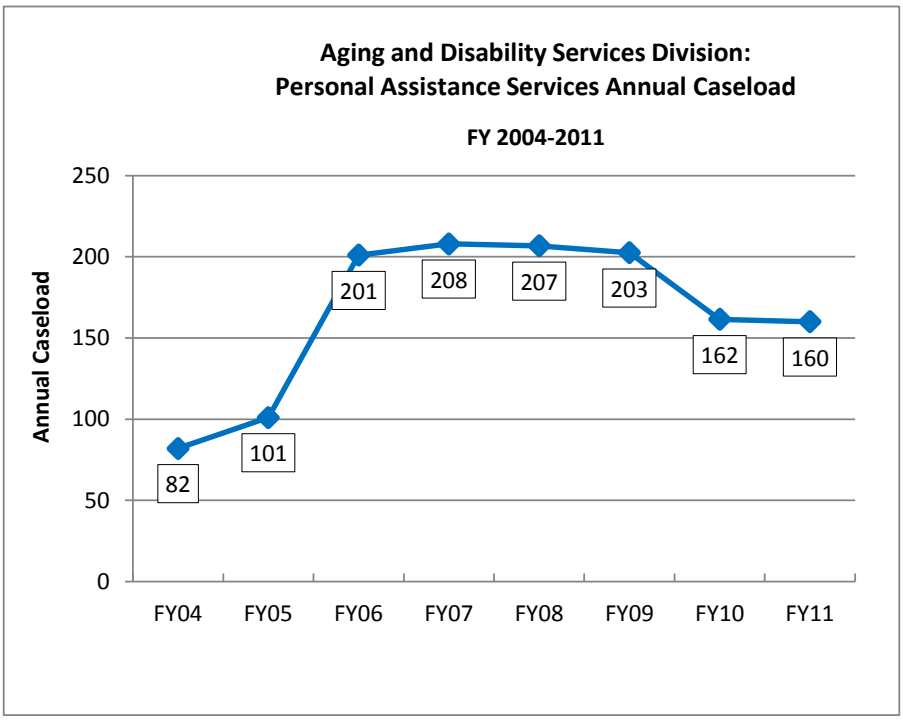
Applicants must be over age 18, have a severe physical disability, and must have all their care needs addressed when the resources of this program are combined with other resources available to the applicant (family, friends, assistive technology, private-pay care, etc.).

HISTORY

FY 10 Applications:	101
FY 10 Cases Closed:	64
FY 10 Expenditures:	$3,239,720
FY 11 Applications:	122
FY 11 Cases Closed:	80
FY 11 Expenditures:	$3,239,720

FYTD CASELOAD

JUL 11	147
Aug	142
Sep	142
Oct	
Nov	
Dec	
JAN 12	
Feb	
Mar	
Apr	
May	
JUN 12	
FY12 Tot	**431**
FY12 Avg	**144**



PER CAPITA/KEY DEMOGRAPHICS

This program is impacted by the US Supreme Court's Olmstead Decision. Thus, the waiting time must not exceed 90 days. The average monthly household income for program recipients is 230% of the federal poverty level and the median age is 67.

WEBSITE

http://dhhs.nv.gov/ODS_Programs_PersonalAssistanceService.htm

OTHER

Funding for this program is provided entirely through the State general fund. This program is a "resource of last resort," meaning that applicants must exhaust other sources of PAS, before receiving assistance. The program helps Nevadans to avoid institutional placement and to leverage care and other resources available from family and friends.

2.19 Disability Services – Traumatic Brain Injury Services

PROGRAM

The Traumatic Brain Injury Program provides one-time rehabilitation services that enable recipients to gain or maintain a level of independence, by re-learning how to walk, talk and conduct other routine activities. After a person is injured, there is a short window of opportunity in which they can be effectively rehabilitated.

ELIGIBILITY

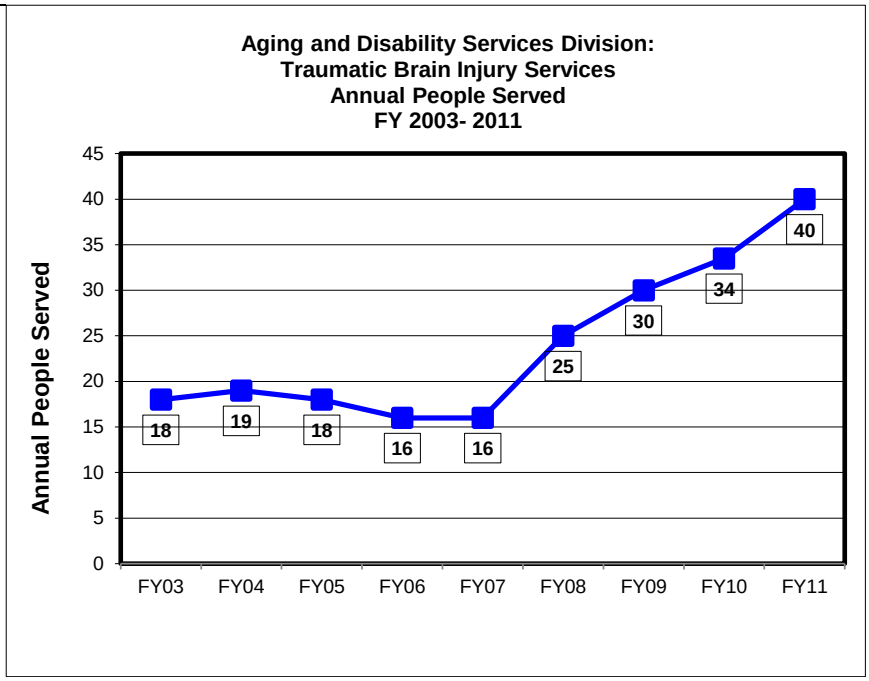
Applicants are generally between age 18 and 50, must have a recent brain injury, and must present as a good candidate for successful rehabilitation.

HISTORY

FY 09 Applications:	37
FY 09 Cases Closed:	30
FY 09 Expenditures:	$1,037,702
FY 10 Applications:	53
FY 10 Cases Closed:	34
FY 10 Expenditures:	$1,529,594
FY 11 Applications:	75
FY 11 Cases Closed:	40
FY 11 Expenditures:	$1,537,839

FYTD CASELOAD

JUL 11	2
Aug	6
Sep	14
Oct	
Nov	
Dec	
JAN 12	
Feb	
Mar	
Apr	
May	
JUN 12	
FY12 Tot	**22**
FY12 Avg	**7**



PER CAPITA/KEY DEMOGRAPHICS

This program has consistently met its 90-day waiting time target under the US Supreme Court's Olmstead Decision. Traumatic Brain Injury is six times more common than breast cancer, HIV/AIDS, spinal cord injuries and Multiple Sclerosis COMBINED.

OTHER

Funding for this program is provided entirely through the State general fund. This program is a "resource of last resort," meaning that applicants must exhaust other sources of funding before receiving assistance. The program helps Nevadans to avoid institutional placement and to leverage care and other resources available from family and friends. The number of applications shown is for those applicants who meet the program's criteria for having maximum rehabilitation potential.

WEBSITE

http://dhhs.nv.gov/ODS_Programs_TraumaticBrainInjuryRehab.htm

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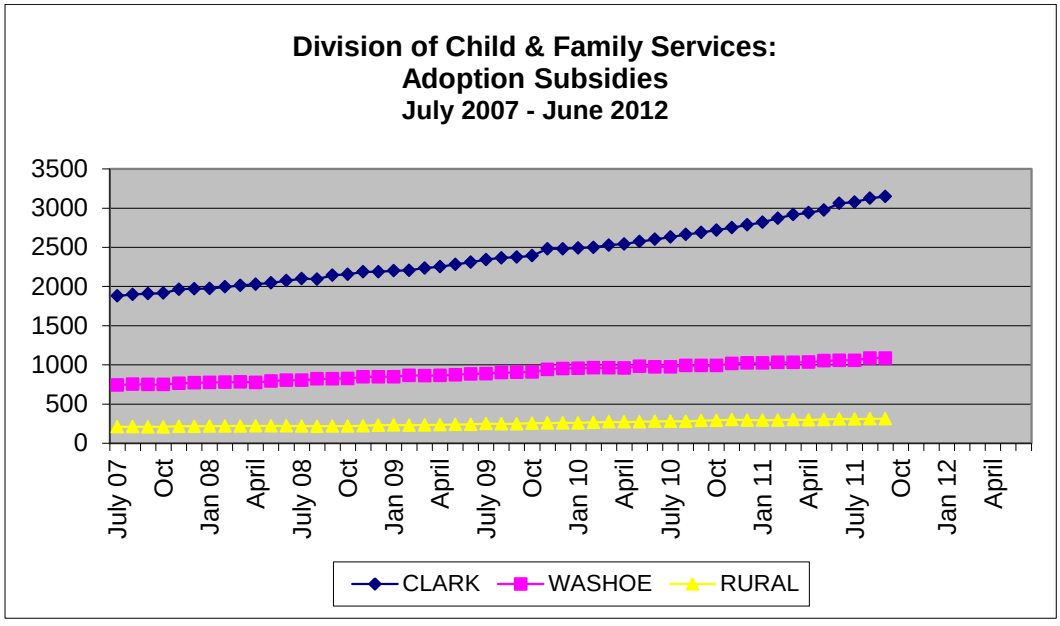
3.01 Adoption Subsidies

Program: It is the policy of the agencies providing child welfare services to provide financial, medical, and social services assistance to adoptive parents, thereby encouraging and supporting the adoption of special-needs children from foster care. A statewide collaborative policy outlines the special-needs eligibility criteria, application process, types of assistance available and the necessary elements of a subsidized adoption agreement.

Eligibility: To qualify for assistance, the child must be in the custody of an agency which provides child welfare services, or a Nevada licensed child-placing agency, and an effort must have been made to locate an appropriate adoptive home which could adopt the child without subsidy assistance. The child must also have specific factor(s) or condition(s) that make locating an adoptive placement resource difficult without recruitment, special services, or adoption assistance; such as being over the age of five, having siblings with whom they need to be placed, or having a physical, mental or behavioral condition that results in the need for treatment.

Other: All three public child welfare agencies, Clark County Department of Family Services (CCDFS); Washoe County Department of Social Services (WCDSS); and the Division of Child and Family Services (DCFS) Rural Region, administer the subsidy program with state oversight and in accordance with statewide policy.

FYTD	Clark	Washoe	Rurals	Total
JUL 11	3,077	1,057	308	4,442
Aug	3,126	1,087	311	4,524
Sep	3,149	1,087	313	4,549
Oct				
Nov				
Dec				
Jan 12				
Feb				
Mar				
Apr				
May				
Jun				
FY12 Total	9,352	3,231	932	13,515
FY12 Average	3,117	1,077	311	4,505

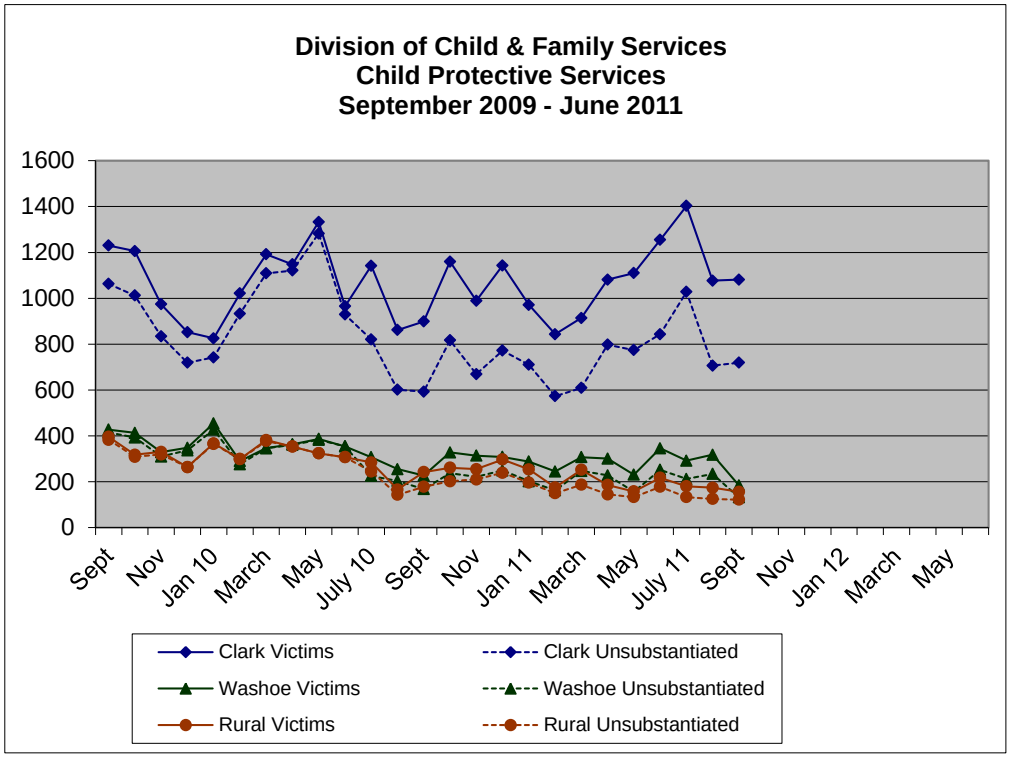


3.02 Child Protective Services (CPS)

Program: CPS agencies respond to reports of abuse or neglect of children under the age of eighteen. Abuse or neglect complaints are defined in statute, and include mental injury, physical injury, sexual abuse and exploitation, negligent treatment or maltreatment, and excessive corporal punishment. The CPS worker and family develop a plan to address any problems identified through assessment. Families may be referred to community-based services to prevent their entry into the child welfare system.

Administration: Division of Child and Family Services (DCFS) Family Program's Office has oversight responsibility to monitor compliance with federal/state requirements and provide technical assistance as needed. Federal funding is administered through DCFS to child welfare programs in Clark and Washoe Counties. Rural programs are administered directly by DCFS.

	Clark County		Washoe County		Rural Counties	
FYTD	Total Victims	Un-Substantiated	Total Victims	Un-Substantiated	Total Victims	Un-Substantiated
JUL 11	1,403	1,028	292	212	180	133
Aug	1,077	706	318	234	174	125
Sep	1,081	719	184	132	156	122
Oct						
Nov						
Dec						
Jan						
Feb						
Mar						
Apr						
May						
Jun						
FY12 Total	3,561	2,453	794	578	510	380
FY12 Avg	1,187	818	265	193	170	127



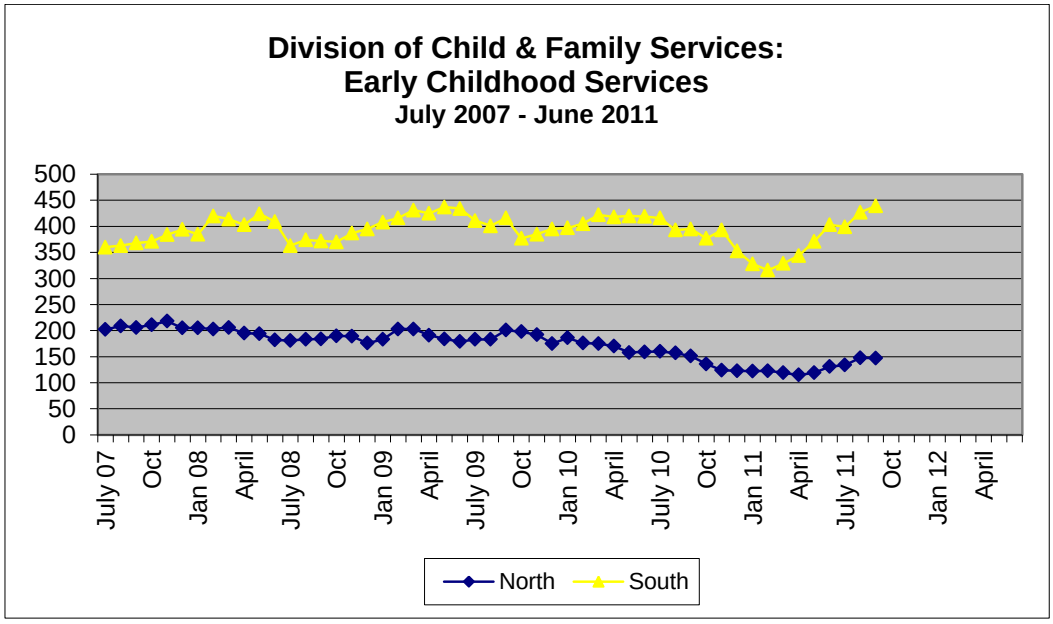
3.03 Early Childhood Services

Program: Mental health services are provided to children with severe emotional disturbances. Northern Nevada Child & Adolescent Services is located in Washoe County. Southern Nevada Child & Adolescent Services is located in Clark County.

Eligibility: Birth through age 6

Other: Serves children with Fee for Service Medicaid benefits and uninsured; Sliding fee scale for children who do not receive Fee for Service Medicaid.

FYTD	North	South
JUL 11	134	399
Aug	148	427
Sep	147	439
Oct		
Nov		
Dec		
Jan 12		
Feb		
Mar		
Apr		
May		
Jun		
FY12 Total	429	1,265
FY12 Average	143	422

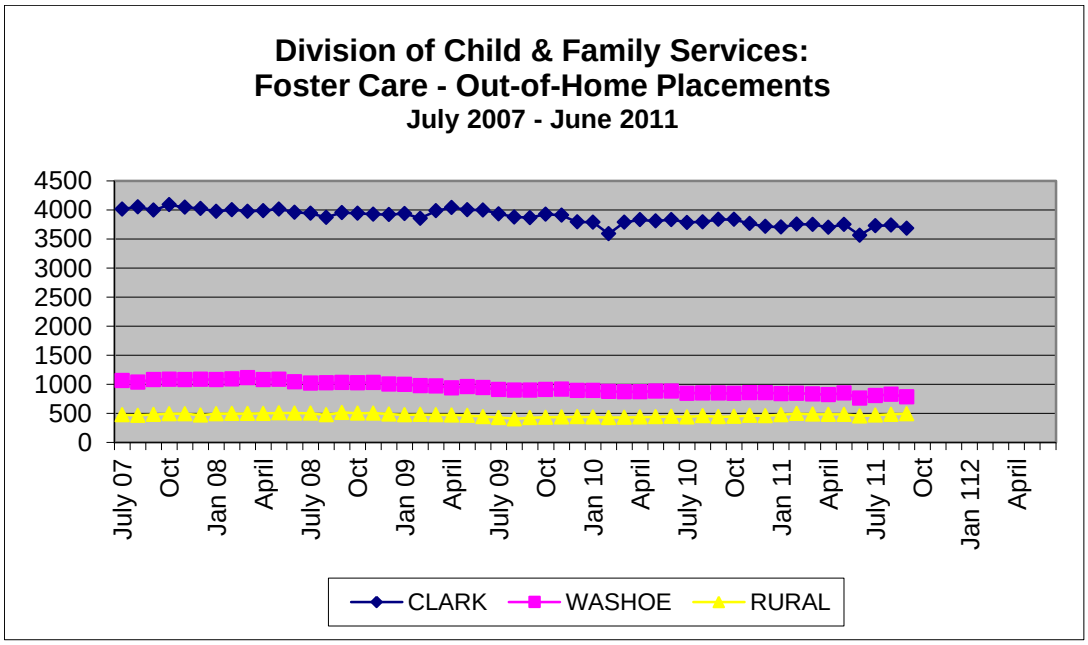


3.04 Foster Care

Program: Foster Care services are provided as temporary placement for children who are removed from the home to protect them from harm or risk. Needs assessments are conducted and a caseworker arranges care and services for the child, and also provides counseling to the child, biological parents, and the foster/substitute care provider. Permanency plans developed with the district court may include reunification, kinship placement, adoption or other planned permanent living arrangements.

Administration: The role and function of the Social Services Program Specialists assigned to Foster Care is to provide statewide oversight to the three child welfare jurisdictions in Nevada to ensure compliance with federal and state regulations, statutes and policy. The Foster Care Specialist is also responsible for providing technical assistance to the jurisdictions, fielding questions from the public regarding foster care, and engaging in quality assurance monitoring and quality improvement activities to ensure that children in foster care are safe and stable in their placements.

FYTD	Clark	Washoe	Rurals	Total
JUL 11	3,727	805	467	4,999
Aug	3,737	825	480	5,042
Sep	3,686	784	493	4,963
Oct				
Nov				
Dec				
Jan 12				
Feb				
Mar				
Apr				
May				
Jun				
FY12 Total	11,150	2,414	1,440	15,004
FY12 Average	3,717	805	480	5,001



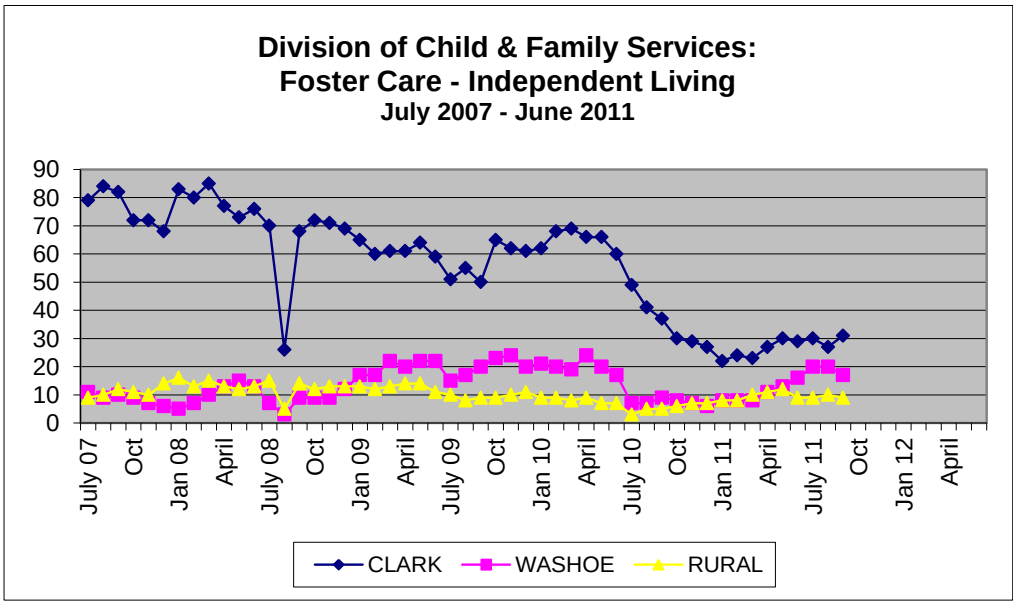
3.05 Independent Living

Program: The Nevada Independent Living Program is designed to assist and prepare foster and former foster youth in making the transition from foster care to adulthood by providing opportunities to obtain life skills for self-sufficiency and independence. The Independent Living Program does this by offering many learning and training opportunities along with financial assistance. The three major sources of funding to assist foster youth in care and those that have aged out of the foster care system come from the federal and state government.

Eligibility: Services are available to youth aged 15 and above who are currently in foster care and to former foster youth who have aged out of the foster care system at age 18. Youth who were adopted from foster care on or after their 16th birthday are also eligible for services. Those who aged out of care may continue receiving services to age 21, including those who came to Nevada from another state.

Other: Supplemental financial assistance is provided through the Fund to Assist Former Foster Youth (FAFFY). These funds provide assistance with household goods, job training, housing assistance, case management and medical insurance. Assistance is available up to age 21.

FYTD	Clark	Washoe	Rurals	Total
JUL 11	30	20	9	59
Aug	27	20	10	57
Sep	31	17	9	57
Oct				
Nov				
Dec				
Jan 12				
Feb				
Mar				
Apr				
May				
Jun				
FY12 Total	88	57	28	173
FY12 Average	29	19	9	58



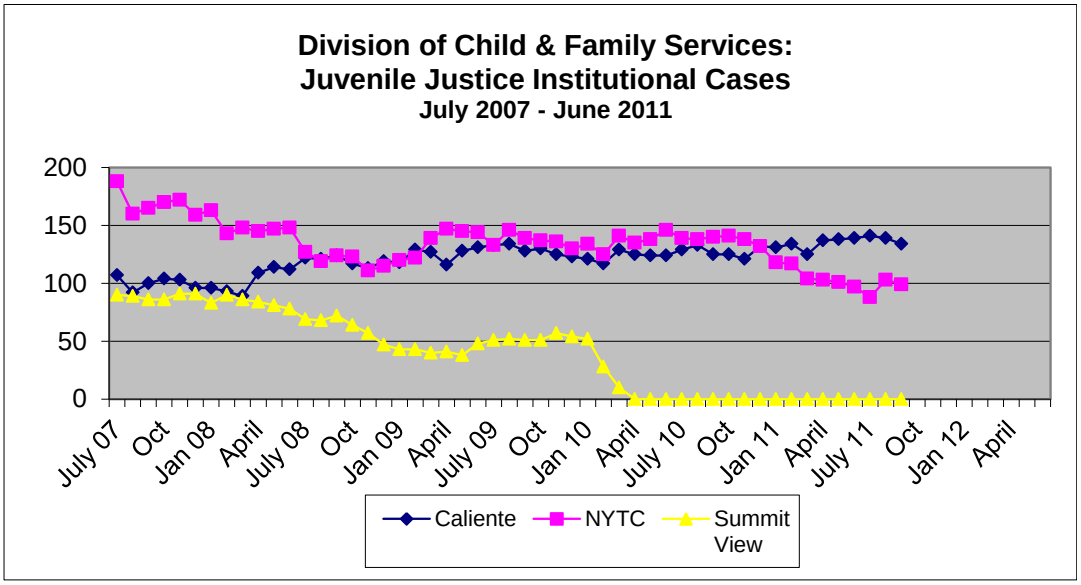
3.06 Juvenile Justice – Facilities

CALIENTE YOUTH CENTER, Opened: 1962. Renovated: 1977 Juvenile facility/training school. Security: minimum. Programs: academic education, vocational training, substance-abuse counseling, psychological counseling, behavior/anger management, violence prevention, prerelease/transitional training, cognitive-skills training, private family visitation.

NYTC: Nevada Youth Training Center, opened: 1913. Renovated: 1961 Juvenile facility/training school. Security: medium, minimum. Programs: academic education, vocational training, substance-abuse counseling, psychological counseling, behavior/anger management, cognitive-skills training, violence prevention, furlough, private family visitation.

SUMMIT VIEW, facility closed as private operation 1/31/02; reopened January 2004 as a state operated facility. Security: maximum. Programs: academic education, vocational training, substance-abuse counseling, psychological counseling, behavior/anger management, cognitive-skills training, violence prevention, private family visitation.
(Summit View closed in March 2010.)

FYTD	Caliente	NYTC	Summit View	Total
JUL 11	141	88	0	229
Aug	139	103	0	242
Sep	134	99	0	233
Oct				
Nov				
Dec				
Jan 12				
Feb				
Mar				
Apr				
May				
Jun				
FY12 Total	414	290	0	704
FY12 Average	138	97	0	235

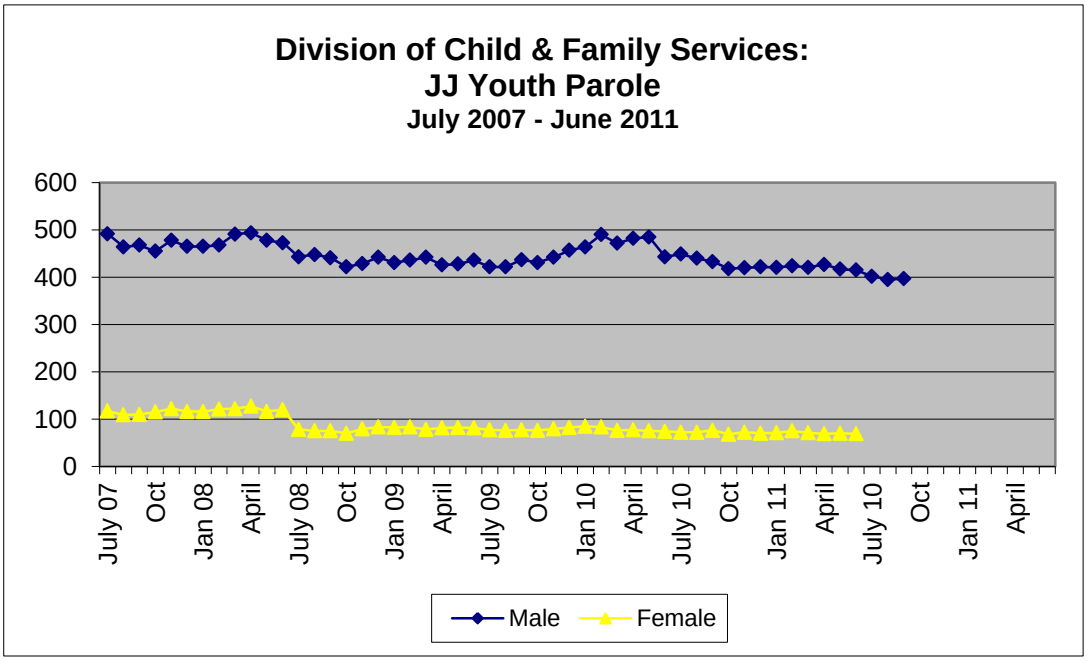


3.07 Juvenile Justice – Youth Parole

Program: The Nevada Youth Parole Bureau has offices in Las Vegas, Reno, Carson City, Fallon and Elko. The staff is committed to public safety, community supervision and services to youth returning home from juvenile correctional facilities. All youth parole counselors have been trained and certified as peace officer's and act in accordance in the performance of their duties. Working closely with families, schools and the community, parole counselors help each youth maintain lawful behavior and encourage positive achievement. Also supervise all youth released by other states for juvenile parole in the State of Nevada pursuant to interstate compact.

Eligibility: Males and females; Felony and misdemeanor adjudications. Age limit: 12-21.

FYTD	Male	Female
JUL 11	402	65
Aug	395	63
Sep	397	67
Oct		
Nov		
Dec		
Jan 12		
Feb		
Mar		
Apr		
May		
Jun		
FY12 Total	1,194	195
FY12 Average	398	65



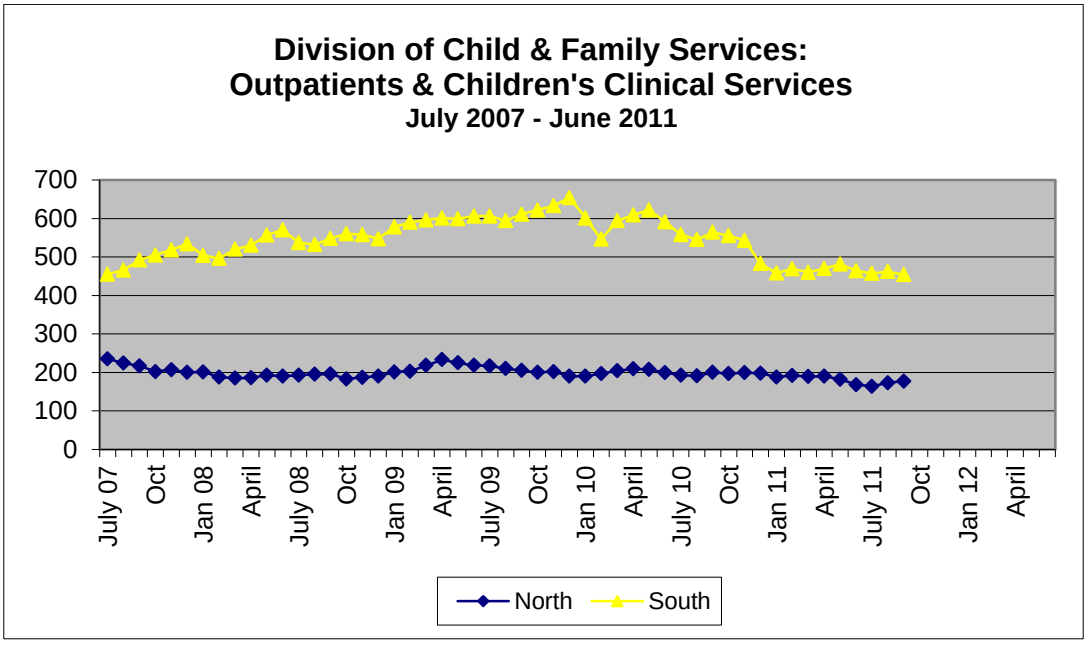
3.08 Children's Clinical Services

Program: Mental health services are provided to children with severe emotional disturbances. Northern Nevada Child & Adolescent Services is located in Washoe County. Southern Nevada Child & Adolescent Services is located in Clark County.

Eligibility: 6 to 18 years of age

Other: Serves children with Fee for Service Medicaid benefits and uninsured; Sliding fee scale for children who do not receive Fee for Service Medicaid.

FYTD	North	South
JUL 11	164	457
Aug	173	462
Sep	177	454
Oct		
Nov		
Dec		
Jan 12		
Feb		
Mar		
Apr		
May		
Jun		
FY12 Total	514	1,373
FY12 Average	171	458



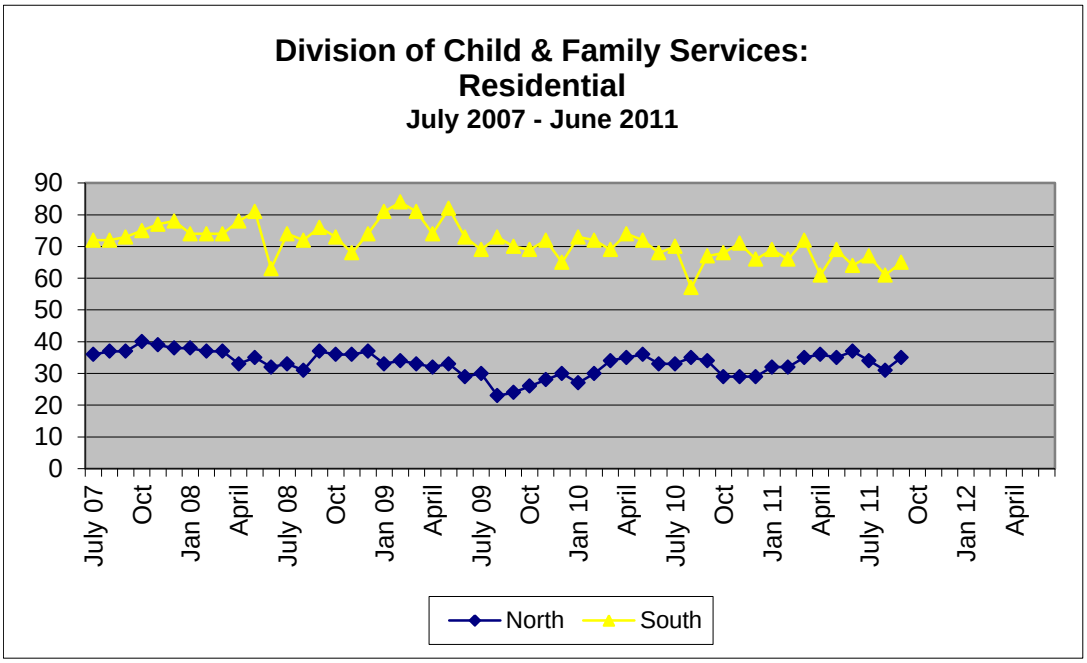
3.09 Residential Children's Services

Program: Mental health services are provided to children with severe emotional disturbances. Northern Nevada Child & Adolescent Services is located in Washoe County. Southern Nevada Child & Adolescent Services is located in Clark County.

Eligibility: North: Ages 6 to 18 are served through Family Learning Homes; ages 13 to 18 are served through Adolescent Treatment Homes.
South: Ages 6 to 18 are served through Oasis on Campus Treatment Homes and Desert Willow Treatment Center.

Other: Serves children with Fee for Service Medicaid benefits and uninsured; Sliding fee scale for children who do not receive Fee for Service Medicaid.

FYTD	North	South
JUL 11	34	67
Aug	31	61
Sep	35	65
Oct		
Nov		
Dec		
Jan 12		
Feb		
Mar		
Apr		
May		
Jun		
FY12 Total	100	193
FY12 Average	33	64



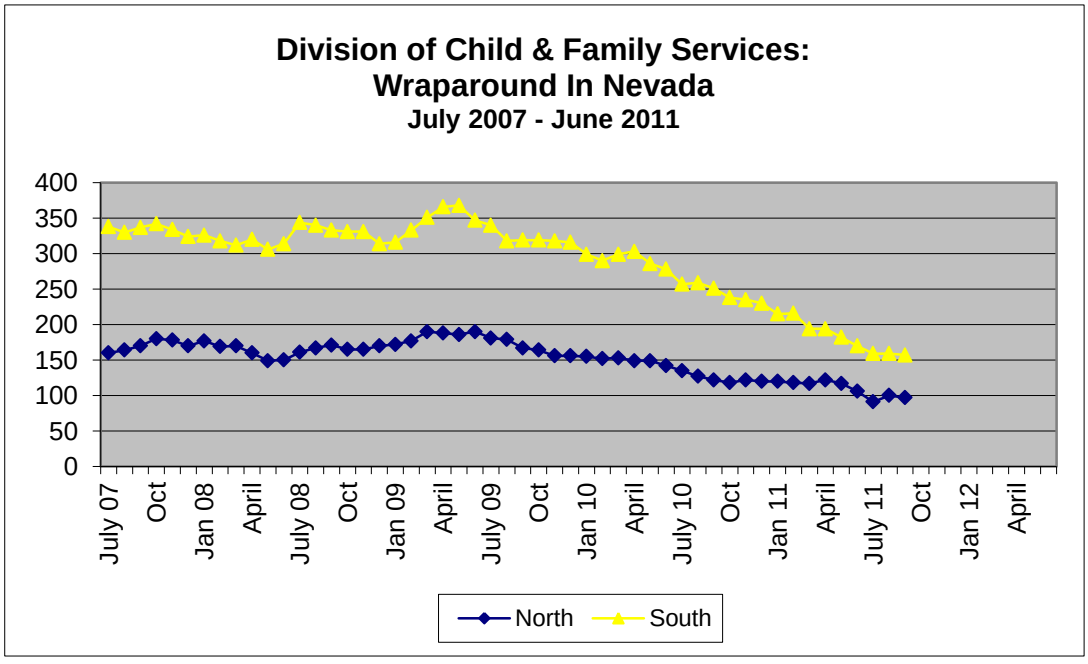
3.10 Wraparound in Nevada

Program: Mental health services are provided to children with severe emotional disturbances. Northern Nevada Child & Adolescent Services is located in Washoe County. Southern Nevada Child & Adolescent Services is located in Clark County.

Eligibility: 6 to 18 years of age

Other: Serves children with Fee for Service Medicaid benefits and uninsured; Sliding fee scale for children who do not receive Fee for Service Medicaid.

FYTD	North	South
JUL 11	91	159
Aug	100	159
Sep	97	157
Oct		
Nov		
Dec		
Jan 12		
Feb		
Mar		
Apr		
May		
Jun		
FY12 Total	288	475
FY12 Average	96	158



4.01 Medicaid Totals

Program: Medicaid is a joint Federal-State program that provides medical services to clients of the State public assistance program and, at the State's option, other needy individuals, as well as augments hospital and nursing facility services that are mandated under Medicaid. States may decide on the amount, duration, and scope of additional services, except that care in institutions primarily for the care and treatment of mental disease may not be included for persons over age 21 and under age 65.

Eligibility: Eligibility for Medicaid is not easily explained as there a number of different mandatory and several optional categories where eligibility can be approved. For more detailed information about the many different categories of Medicaid eligibility, please access the link below:
http://dwss.nv.gov/index.php?option=com_content&task=view&id=96&Itemid=247#call&Itemid=248

Workload History:

FY 10 Avg Cases:	230,869
FY 10 TotExpend:	$1,454,530,657
FY 11 Avg Cases:	270,403
FY 11 TotExpend:	$1,542,629,023
FY 12 Avg Cases:	283,408
FY 12 TotExpend:	$546,796,317

SFY 2012

Jul-11	281,956
Aug-11	284,304
Sep-11	283,964
Oct-11	
Nov-11	
Dec-11	
Jan-12	
Feb-12	
Mar-12	
Apr-12	
May-12	
Jun-12	
Member Months	**850,224**
Average Caseload	**283,408**

All statistics are estimates only and must be qualified as such if used either verbally or in written form.

Comments:

All of the significant changes in caseload, including the FY 2007 "dip", arose for macroeconomic reasons. There were no material explanatory changes in other areas (e.g., eligibility criteria or take-up rate) during the period. The principal causal factors are (1) population/demographic change, (2) secular trends in returns-to-skills, (3) the cyclic variation in the overall economy, (4) the cyclic variation in the labor market and (5) the complex lags associated with the aforementioned cycles and caseloads for means-tested social programs.

Website: http://dwss.nv.gov/index.php?option=com_content&task=view&id=27&Itemid=64
http://dwss.nv.gov/

4.02 Nevada Check Up

Program: Authorized under Title XXI of the Social Security Act, Nevada Check Up is the State of Nevada's Children's Health Insurance Program (SCHIP). The program provides low cost, comprehensive health care coverage to low income, uninsured children 0 through 18 years of age who are not covered by private insurance or Medicaid.

Eligibility: --The family's gross annual income is between 100% and 200% of the Federal Poverty Level guidelines; AND

--The child is a U.S. citizen, "qualified alien" or legal resident with 5 years residency and is under age 19 on the date coverage will begin; AND

--The child must **not** be eligible for Medicaid or have health insurance within the last six months, or has recently lost insurance for reasons beyond the parents' control.

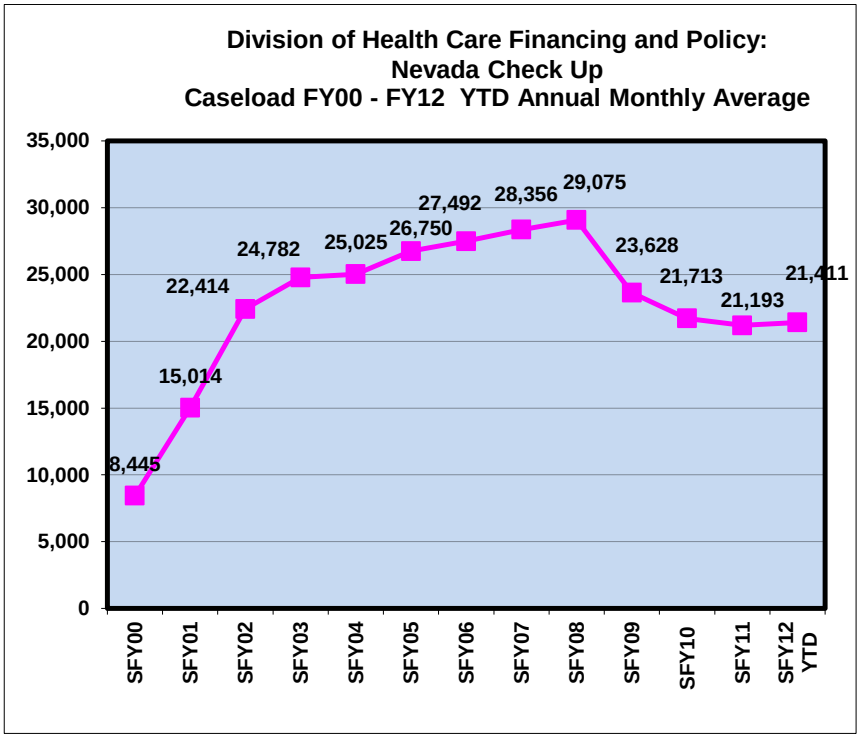
2011 Federal Poverty Guidelines					
Family Size	100%	200%	Family Size	100%	200%
1	$10,890	$21,780	6	$29,990	$59,980
2	$14,710	$29,420	7	$33,810	$67,620
3	$18,530	$37,060	8	$37,630	$75,260
4	$22,350	$44,700	9	$41,450	$82,900
5	$26,170	$52,340	10	$45,270	$90,540
			Each additional family member, add:	$3,820	$7,640

Workload History:

SFY 10 Avg Cases:	21,713
SFY 10 Tot Expend:	$30,687,012
SFY 11 Avg Cases:	21,193
SFY 11 Tot Expend*:	$31,365,498
SFY 12 YTD Avg Cases:	21,411
SFY 12 YTD Tot Expend*:	$38,265,997

SFY 12

Jul-11	21,375
Aug-11	21,360
Sep-11	21,547
Oct-11	21,363
Nov-11	
Dec-11	
Jan-12	
Feb-12	
Mar-12	
Apr-12	
May-12	
Jun-12	
FY12 Total	**85,645**
FY12 Average	**21,411**



Comments: *Expenditure totals are for benefit costs only and do not include Personnel or other Administrative expenses.

Website: http://nevadacheckup.nv.gov/enrollmentstats.asp

4.03 Health Insurance for Work Advancement (HIWA)

Program: The HIWA Program is a component of the MIG (Medicaid Infrastructure Grant) Program which provides necessary health care services and support for competitive employment of persons with disabilities. Federal grant funds are used for infrastructure to establish or improve the capability to provide or manage grant funds for providing Medicaid for employed individuals with disabilities ineligible for any other category of Medicaid. Those receiving this coverage pay a monthly premium of between 5% and 7.5% of their monthly net income.

Eligibility: Citizenship, residency, disability and current employment are requirements of the program. The resource limit is $15,000. A vehicle, special needs trusts, medical savings accounts and tax refunds are some of the resources which are excluded. There are several work-related expenses which are disregarded such as travel-related costs, employment-related personal care aid costs, service animal costs and other costs related to employment.

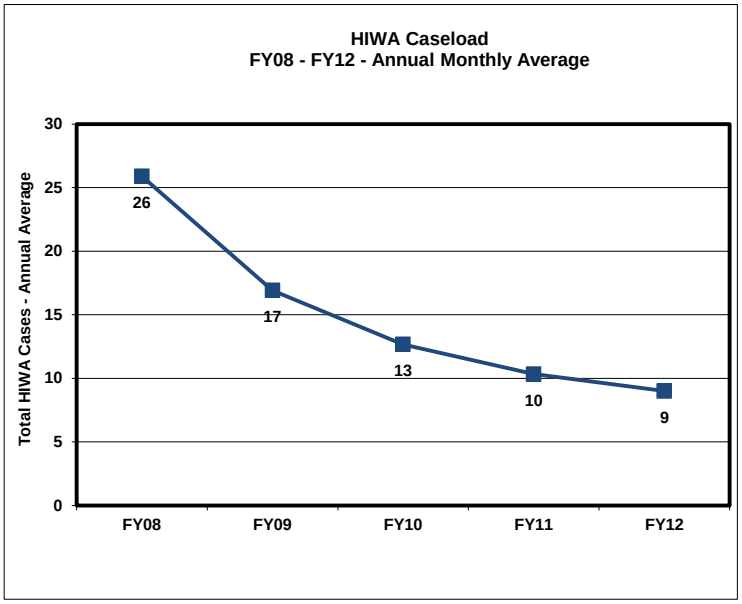
Other: HIWA was implemented in July 2004. Maximum gross unearned income limit, prior to disregards is $699. Maximum gross earned income limit, prior to disregards is 450% of the Federal Poverty Level (FPL). The total net earned and unearned income must be equal to or less than 250% of the Federal Poverty Level. The individual must be disabled as determined by the Social Security Administration, either through current or prior receipt of social security disability benefits. A recipient losing employment through no fault of their own, remains eligible for three additional months provided the monthly premiums continue to be paid. Retroactive enrollment is permitted with payment of monthly premiums.

Workload History: (With Retros)

FY 08 Avg Cases:	26
FY 09 Avg Cases:	17
FY 10 Avg Cases:	13
FY 11 Avg Cases:	11
FY 12 YTD Avg Cases	9

FYTD

Jul-11	9
Aug-11	9
Sep-11	9
Oct-11	
Nov-11	
Dec-11	
Jan-12	
Feb-12	
Mar-12	
Apr-12	
May-12	
Jun-12	



Web Link: http://www.dhcfp.state.nv.us/HIWA/index.htm

Contact: Dan Olsen, MPH, Social Services Program Specialist III, MIG Program, (775) 687-1905, email: dan.olsen@dhcfp.nv.gov

Source: The source for caseload information is actual enrollment reports generated by staff and matched with NOMADS as well as the HIWA Premium Payment System (PPS).

Comments: The 2009 American Community Survey of the U.S. Census reported Nevada had an estimated 1,625,303 persons aged 18 to 64. Of those, 8.6% were people with disabilities, 39.2% of those disabled adults were in the labor force and 15.9% were below the poverty level

4.04 Waiver – Persons with Physical Disabilities

Program: The State of Nevada Home and Community-Based Waiver for Persons with Physical Disabilities (WIN) is operated by the Nevada Division of Health Care Financing and Policy (DHCFP). The goals of this waiver are to provide the option of home and community-based services as an alternative to nursing facility placement and to allow maximum independence for persons with physical disabilities who would otherwise need nursing facility services.

Eligibility: Interest in waiver services initiates a screening process to determine if the individual appears to meet the following eligibility requirements:

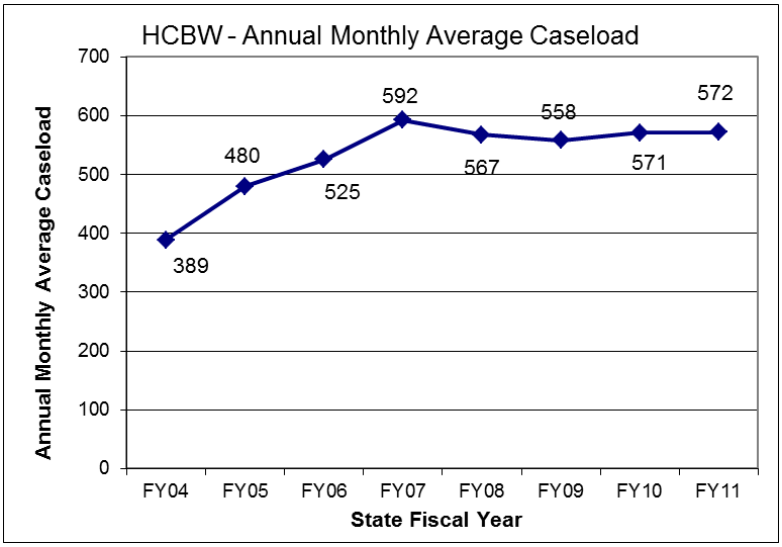
- without the waiver services, would require institutional care provided in a skilled nursing facility or intermediate care facility for the mentally retarded (ICF/MR);
- applies for and is determined eligible for full Medicaid benefits through the Division of Welfare and Supportive Services (DWSS);
- is certified as physically disabled by DHCFP's Central Office Disability Determination Team.

Workload History:

State Fiscal Year	Total Expenditures	Average Caseload
FY08	$4,560,511	567
FY09	$4,689,814	558
FY10	$3,673,814	571
FY11	$3,860,025	572

Caseload FYTD:

Month	Caseload
Jul-11	581
Aug-11	591
Sep-11	587
Oct-11	
Nov-11	
Dec-11	
Jan-12	
Feb-12	
Mar-12	
Apr-12	
May-12	
Jun-12	
FY12 Total	1,759
FY12 Average	586



Comments: This waiver was formerly called the Waiver for Independent Nevadans, and has kept the corresponding acronym WIN.

Caseload reporting was converted from Paradox in November 2007. Quality of caseload reporting improved as a result of this change.

Website: http://dhcfp.state.nv.us/wcaseloads.htm

Contact: Connie Anderson, Chief, Continuum of Care, DHCFP. Email: canderson@dhcfp.nv.gov

4.05 Waiver – Health Insurance Flexibility and Accountability, Employer-Sponsored Insurance (Nevada Check Up Plus)

Program:

The Nevada HIFA Waiver program was approved by CMS on November 2, 2006 for a start date of December 1, 2006. The waiver program provides two unique benefit programs. One program, the Employer Sponsored Insurance Subsidy program (ESI, called Nevada Check Up Plus), helps defray the increasing cost of private medical insurance for parents that work for small employers. **This waiver will be discontinued November 30, 2011 due to budgetary constraints.**

Eligibility:

An eligible individual must:

- Be a parent or legal guardian of a child residing in the household;
- Not be eligible for Medicaid;
- Have not been covered by health insurance for past 6 months;
- Work for an eligible employer;
- Have a gross annual household income of 200% or less of the Federal Poverty Level;
- Be a U.S. citizen or legal alien.

Eligible employers must:

- Provide an employer-sponsored group health plan;
- Employ 2-50 people;
- Pay 50% or more toward their employees' monthly insurance premiums.

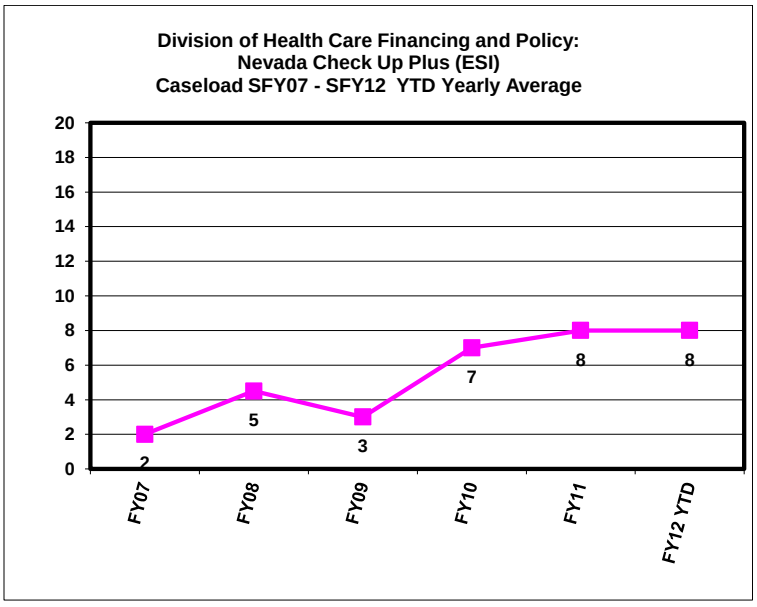
2011 Federal Poverty Guidelines			
Family Size	**200%**	**Family Size**	**200%**
1	$21,780	6	$59,980
2	$29,420	7	$67,620
3	$37,060	8	$75,260
4	$44,700	9	$82,900
5	$52,340	10	$90,540

Workload History:

SFY 10 Avg Cases:	7
SFY 10 Tot Expend:	$7,436
SFY 10 Tot # Apps:	198
SFY 11 Avg Cases:	8
SFY 11 Tot Expend:	$9,347*
SFY 11 Tot # Apps:	255
SFY 12 YTD Avg Cases:	8
SFY 12 YTD Tot Expend:	$3,200*
SFY 12 YTD Tot # Apps:	0

FY 12

JUL 10	8
Aug	8
Sep	8
Oct	8
Nov	
Dec	
Jan 12	
Feb	
Mar	
Apr	
May	
Jun	
FY12 YTD Average	8



Comments

Most applications received are denied due to the unique eligibility criteria for both the employee and employer. The following are the primary reasons for denial: 1) Employer does not offer insurance; 2) Employer does not employ less than 50 people; and 3)Employee already insured.

*Premium payment costs only.

Website

http://nevadacheckup.nv.gov/indexPLUS.htm

4.06 Waiver – Health Insurance Flexibility and Accountability, Pregnant Women

Program: The Nevada HIFA Waiver program was approved by CMS on November 2, 2006 for a start date of December 1, 2006. The waiver program provides two very unique benefit programs. One program, the pregnant women program, raises the allowable income level for eligibility to 185% of the federal poverty level. **This waiver will be ending November 30, 2011 due to budgetary constraints. Pregnant women currently on the program will continue to receive prenatal and post-partum services, but no new enrollments are being accepted.**

Eligibility: The pregnancy program eligibility is determined by the Division of Welfare and Supportive Services.

The enrollee must be a pregnant woman who:

a. is not eligible for Medicaid;
b. has income of 185% or less of federal poverty level (FPL);
c. is a citizen or legal qualified alien of the United States at the time of application;
d. does not currently have insurance; and
e. submits an application.

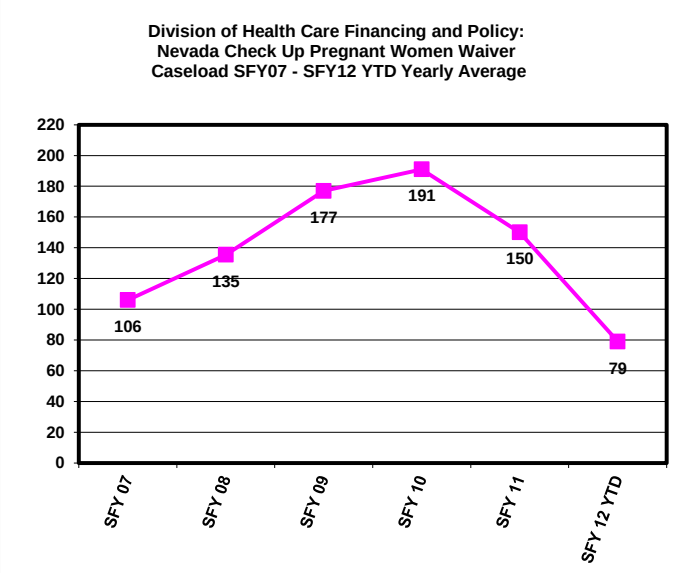
2011 Federal Poverty Guidelines, Annual Household Income			
Family Size	**185%**	**Family Size**	**185%**
1	$20,148	5	$48,420
2	$27,216	6	$55,476
3	$34,284	7	$62,544
4	$41,352	8	$69,612

Workload History:

SFY 10 Avg Cases:	191
SFY 10 Tot Expend:	$1,461,284
SFY 11 Avg Cases:	150
SFY 11 Tot Expend:	$1,326,114*
SFY 12 YTD Avg Cases:	80
SFY 12 YTD Tot Expend:	$308,397*

FY 12

JUL 11	100
Aug	82
Sep	56
Oct	
Nov	
Dec	
Jan 12	
Feb	
Mar	
Apr	
May	
Jun 12	
FY 12 YTD Average	79



Comments: **Expenditure totals are for benefit costs only and do not include Personnel or other Administrative expenses. All expenditures, including recent two months, are included in year to date total.

Contact: To request additional information on this program please e-mail http://nevadacheckup.nv.gov/ContactUs.asp or by phone at 775-684-3723.

4.07 Health Care Reform

Program:

The Health Care Reform Unit was created in July, 2010 to manage the policy changes, program development, and fiscal and contract oversight required to comply with the Patient Protection and Affordable Care Act (ACA) and the Health Care and Education Reconciliation Act of 2010. These two pieces of legislation created health care reform (HCR), with the goal of expanding health care coverage, controlling health care costs, and improving the health care delivery system.

Besides the Health Care Reform Unit staff, separate teams have been created to coordinate HCR planning and implementation efforts. Participants include staff from the Division of Welfare and Support Services (DWSS), the Division of Health Care Financing and Policy (DHCFP), the Health Division, the Division of Mental Health and Developmental Services (MHDS), the Aging and Disability Services Division (ADSD), the Division of Insurance (DOI), the Public Employees Benefit Program (PEPB), and the Governor's Office.

A central piece of the ACA focused on the Health Benefit Exchanges. States are required to establish Health Insurance Exchanges for individuals and small businesses. By January 2014, individuals and small employers will be able to shop for insurance from a range of health plans offered through the Exchanges. Planning and designing Nevada's Exchange includes establishing a streamlined eligibility engine for Medicaid, Nevada Check Up, and Exchange subsidies, creating a web portal, and developing the business operations of the Exchange.

Funding Stream:

Nevada was awarded a $1 million Exchange planning grant from the federal government. Nevada received an additional $4,045,076 Exchange Establishment grant in August, 2011, which has provided the initial funding needed to begin designing the Exchange

Other:

The 2011 Nevada Legislature approved, and the Governor signed, Senate Bill (SB) 440. This legislation established the initial governance structure for the Silver State Health Insurance Exchange, which will be an independent public agency. The legislation authorized the creation of a seven member Board to perform the duties and powers necessary to develop the operations of the Exchange. There are also three non-voting ex-officio State Executives who will provide guidance and assistance as needed. The Board will adopt bylaws, create procedures, adopt regulations, hire staff, contract for professional services and prepare reports to the Governor, Legislature and the public.

Comments:

The Congressional Budget Office (CBO) estimates the health reform law will provide coverage to an additional 32 million Americans when fully implemented in 2019 through a combination of the newly created Exchanges and the Medicaid expansion.

An initial analysis of the uninsured population in Nevada indicates that roughly one in five Nevadans currently do not have insurance. Many of these people could be enrolled in the Exchange.

Website:

http://dhhs.nv.gov/HC_Reform.htm

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5.01 TANF Cash Total

Program: Temporary Assistance for Needy Families (TANF) is a time-limited, federally-funded block grant to provide assistance to needy families so children may be cared for in their homes or in the homes of relatives. TANF provides parents/caretakers with job preparation, work opportunities and support services to enable them to leave the program and become self-sufficient.

Eligibility: Citizenship, residency, children's immunizations and proof of school-age children in school, living with a specified relative, social security number for each recipient, less than $2,000 countable resources per TANF case (exceptions: 1 automobile, home, household goods and personal items).

Other: Need Standard

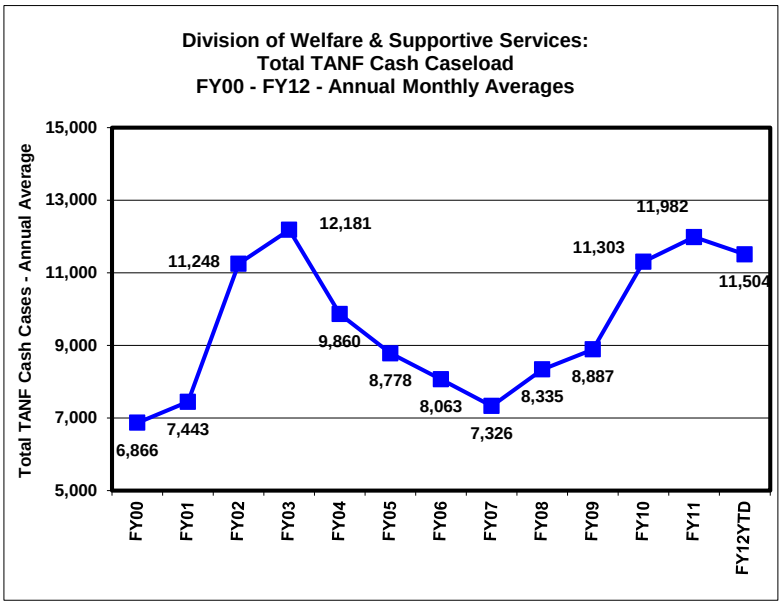
Household Size	Need Standard 100%	Payment Allowance 35%	NNCT* 275% FPL*	NNCT* Allowance
1	$681	$253	$2,496	$417
2	$919	$318	$3,371	$476
3	$1,158	$383	$4,246	$535
4	$1,397	$448	$5,122	$594
5	$1,636	$513	$5,997	$654
6	$1,874	$578	$6,873	$713
7	$2,113	$643	$7,748	$772
8	$2,352	$708	$8,624	$831

Note: Kinship Care Allowance: 0-12 year of age = $401 per child (unless only one child in this age group is in the home, the amount is $417); 13 yrs+ = $462 per child

*NNCT = Non-Needy Caretaker; FPL = Federal Poverty Level

Workload History:

FY 10 Avg Cases:	11,303
FY 10 Tot Expend:	$44,736,022
FY 11 Avg Cases:	11,982
FY 11 Tot Expend:	$47,167,802
FYTD	
Jul 11	11,410
Aug	11,480
Sep	11,623
Oct	
Nov	
Dec	
Jan 12	
Feb	
Mar	
Apr	
May	
Jun	
FY12 Tot	**34,513**
FY12 Avg	**11,504**



Comments:

FY02 and FY03 still showed significant caseload growth attributed to the terrorist attacks of September 11, 2001. With the turnaround of the economy, good jobs and low unemployment rates, caseloads dropped considerably FY04 through FY07. FY08 started showing the effects of the deep recession that started in December 2007, with layoffs and high unemployment rates.

Total of all Cash Cases. For statistical purposes only as each aid code is different and cannot be compared.

5.02 TANF Cash – Kinship Care

Program: This program is designed for households who do not have a work eligible individual. Adults receive no assistance because the caretaker is a non-needy relative caregiver. Caretakers in these households have no work participation requirements included in their Personal Responsibility Plan. In addition the caretaker relative must be at least 62 years old and have legal guardianship of the children in their care. Kinship Care caretakers receive a higher payment based on the number and ages of the children in their care.

Eligibility: Citizenship, residency, children's immunizations and proof of school-age children in school, living with a specified relative, social security number for each recipient, less than $2,000 countable resources per TANF case (exceptions: 1 automobile, home, household goods and personal items). The total household income for Kinship Care caretakers must be less than or equal to 275% of the federal poverty level for the number of people in the Kinship Care home.

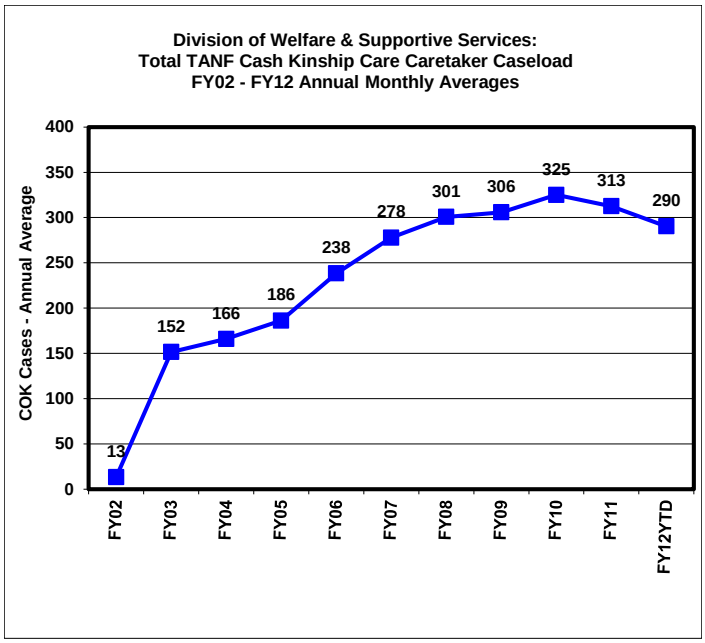
Other: Kinship Care Allowance: 0-12 year of age = $401 per child (unless only one child in this age group is in the home, the amount is $417); 13 yrs+ = $462 per child

Workload History:

FY 10 Avg Cases:	325
FY 10 TotExpend:	$3,474,452
FY 11 Avg Cases:	313
FY 11 TotExpend:	$3,353,125

FYTD

Jul 11	295
Aug	300
Sep	276
Oct	
Nov	
Dec	
Jan 12	
Feb	
Mar	
Apr	
May	
Jun	
FY12 Tot	**871**
FY12 Avg	**290**



Comments:

This program started in FY02 (October 2001 first month). In September 2011, the benefit amount was reduced 25%.

5.03 TANF Cash – Loan

Program: Eligible households will receive a monthly payment designed to meet the family's needs until an anticipated future source of income is received. A required adult household member must have a reasonable expectation of a future source of income in order to repay the loan. For example, an applicant pending receipt of SSI may receive Loan benefits which will be required to be paid back upon approval and receipt of SSI benefits. These households do not have work participation requirements and must sign an agreement to repay the loan upon receipt of the lump sum.

Eligibility: Citizenship, residency, children's immunizations and proof of school-age children in school, living with a specified relative, social security number for each recipient, less than $2,000 countable resources per TANF case (exceptions: 1 automobile, home, household goods and personal items).

Other: Need Standard

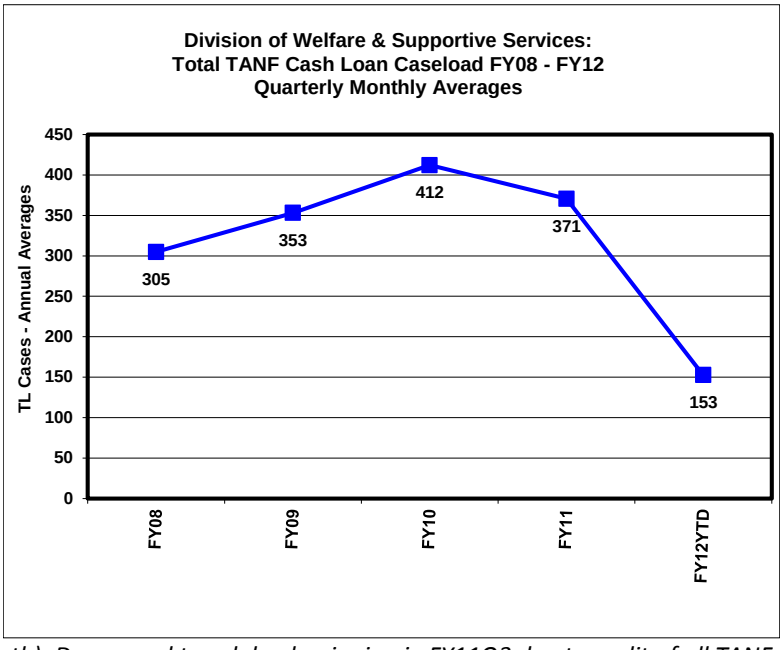
Household Size	Need Standard 100%	Payment allowance 33%
1	$681	$253
2	$919	$318
3	$1,158	$383
4	$1,397	$448
5	$1,636	$513
6	$1,874	$578
7	$2,113	$643
8	$2,352	$708

Workload History: ***FY08 FIRST YEAR (STARTS OCTOBER 2007)**

FY 10 Avg Cases: 412
FY 10 TotExpend: $1,566,849

FY 11 Avg Cases: 371
FY 11 TotExpend: $1,441,618

FYTD	
Jul 11	166
Aug	149
Sep	143
Oct	
Nov	
Dec	
Jan 12	
Feb	
Mar	
Apr	
May	
Jun	
FY12 Tot	**458**
FY12 Avg	**153**



Comments:

This program started in FY08 (October 2007 first month). Downward trend due beginning in FY11Q3 due to audit of all TANF Loan cases based on stricter program eligibility requirements.

5.04 TANF Cash – Self-Sufficiency Grant

Program: The Self-Sufficiency Grant (SSG) is a one-time lump-sum payment designed to meet an immediate need until regular income is received from employment, child support or other ongoing sources. While the case manager can determine which families are most appropriate for this payment, the family must choose whether it is appropriate for them. SSG is an option subject to approval by both staff and the participant. The amount of the SSG payment is negotiated based on the need and households must meet all other TANF eligibility requirements.

Eligibility: Citizenship, residency, children's immunizations and proof of school-age children in school, living with a specified relative, social security number for each recipient, less than $2,000 countable resources per TANF case (exceptions: 1 automobile, home, household goods and personal items).

Other: Need Standard

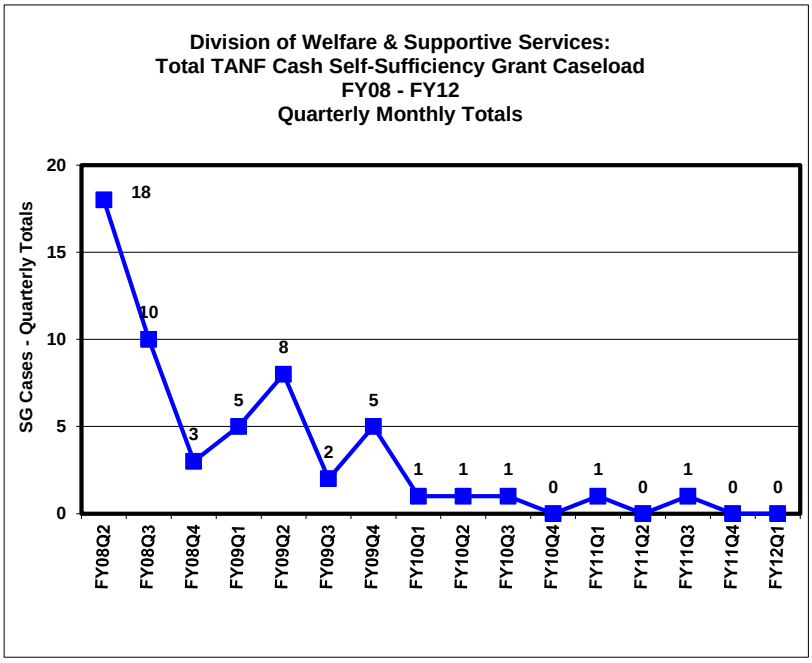
Household Size	Need Standard 100%	Payment allowance 33%
1	$681	$253
2	$919	$318
3	$1,158	$383
4	$1,397	$448
5	$1,636	$513
6	$1,874	$578
7	$2,113	$643
8	$2,352	$708

Workload History: ***FY08 FIRST YEAR (STARTS OCTOBER 2007)**

FY 10 Avg Cases:	3
FY 10 TotExpend:	$3,187
FY 11 Avg Cases:	2
FY 11 TotExpend:	$3,434

FYTD

Jul 11	0
Aug	0
Sep	0
Oct	
Nov	
Dec	
Jan 12	
Feb	
Mar	
Apr	
May	
Jun	
FY12 Tot	**0**
FY12 Avg	**0**



Comments:

This program started in FY08 (October 2007 first month). Due to the unique nature of this program, trendlines will not be applicable. The Self-Sufficiency Grant (SSG) is a one-time lump-sum payment designed to meet an immediate need until regular income is received from employment, child support or other ongoing sources. The amount of the SSG payment is negotiated based on the immediate need required. Households must meet all other TANF eligibility requirements. This caseload is projected to remain very small with only a few cases being able or willing to meet these requirements.

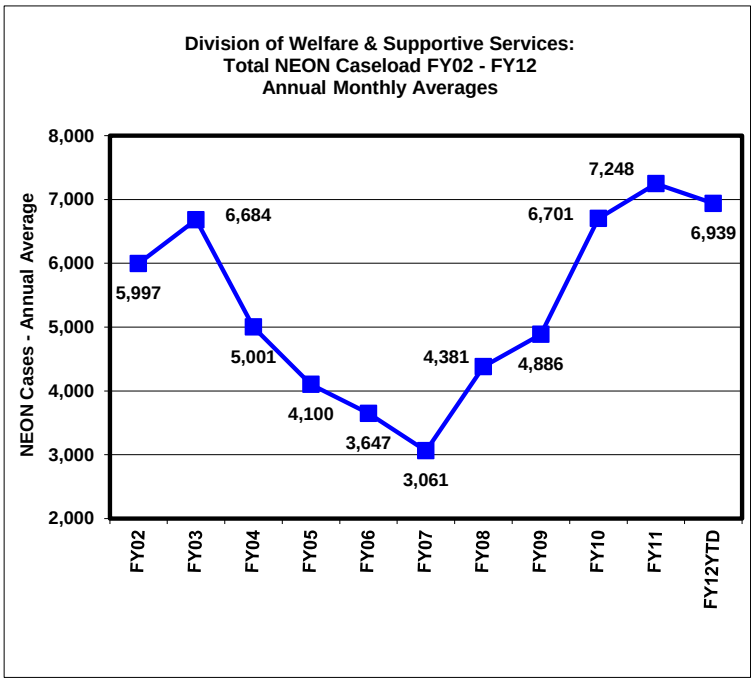
5.05 New Employees of Nevada (NEON)

Program: The Nevada Division of Welfare and Supportive Services' TANF Employment and Training Program is called "New Employees of Nevada (NEON)". The program provides a wide array of services designed to assist TANF households become self-sufficient primarily through training, employment and wage gain; thereby, reducing or eliminating their dependency on public assistance programs. NEON provides support services in the form of child care, transportation, clothing, tools and other special need items necessary for employment.

Eligibility: Individuals who meet the definition of a "work eligible individual" are NEON mandatory. This **includes** all adults or minor head-of-households (HOH) receiving assistance under TANF-NEON program. This **excludes** minor parents not HOH or married to the HOH, aliens not eligible for TANF, SSI recipients, parents caring for disabled family members in the home, and tribal TANF recipients.

Workload History:

FY 09 Avg Cases:	4,886
FY 10 Avg Cases:	6,701
FY 11 Avg Cases:	7,248
FYTD	
Jul 11	6,912
Aug	6,972
Sep	6,932
Oct	
Nov	
Dec	
Jan 12	
Feb	
Mar	
Apr	
May	
Jun	
FY12 Tot	**20,816**
FY12 Avg	**6,939**



Comments:

FY02 and FY03 showed significant caseload growth attributed to the terrorist attacks of September 11, 2001. FY04 through FY07 began a turnaround of the economy, which provided good jobs and low unemployment rates. Caseloads dropped considerably from FY04 through FY07. FY08 caseload figures reflect the high unemployment races of the deep recession which started in December 2007. This trend of rising caseloads continued through FY11.

5.06 Total TANF Medicaid

Program: Households who meet TANF requirements but choose not to receive cash or have reached their time limits are eligible for Medicaid. In addition, households receiving TANF cash or Medicaid who become ineligible due to earned income or excess child support may remain eligible for Medicaid for up to 12 months when certain conditions are met. Households with excess earned income may remain eligible up to 12 months. Those with excess child support remain eligible for up to four months.

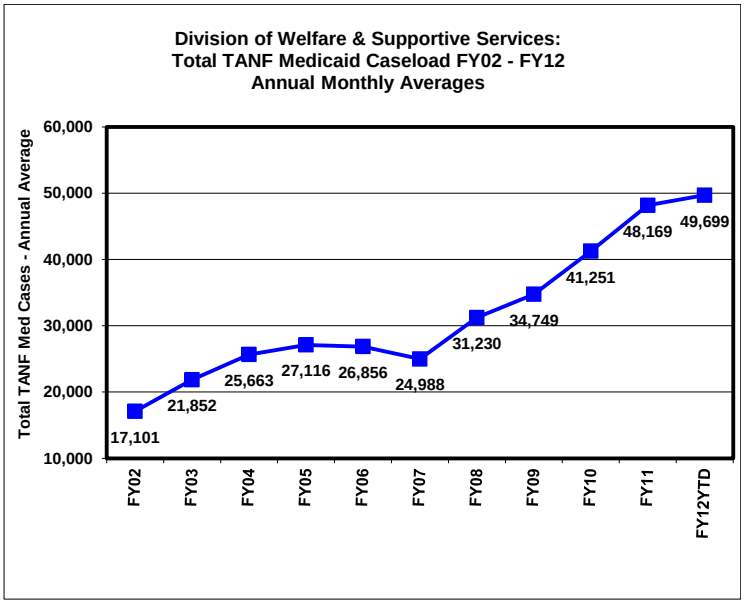
Eligibility: Citizenship, residency, children's immunizations and proof of school-age children in school, social security number for each recipient, less than $2,000 countable resources per TANF-Related Medicaid case (exceptions: 1 automobile, home, household goods and personal items). The income limits and income tests are the same as the TANF cash program.

Other: Need Statement

Household Size	Need Standard 100%	Payment allowance 33%
1	$681	$253
2	$919	$318
3	$1,158	$383
4	$1,397	$448
5	$1,636	$513
6	$1,874	$578
7	$2,113	$643
8	$2,352	$708

Workload History:

FY 09 Avg Cases:	34,749
FY 10 Avg Cases:	41,251
FY 11 Avg Cases:	48,169
FYTD	
Jul 11	49,641
Aug	49,811
Sep	49,645
Oct	
Nov	
Dec	
Jan 12	
Feb	
Mar	
Apr	
May	
Jun	
FY12 Tot	**149,097**
FY12 Avg	**49,699**



Comments:

Starting October 2007 all TANF Cash Program recipients were not categorically eligible for Medicaid. TANF Cash recipients have a dual TANF Medicaid aid code. This explains the increase in FY08.
FY02 through FY05 still showed significant caseload growth attributed to the terrorist attacks of September 11, 2001. With the turnaround of the economy, good jobs and low unemployment rates, caseloads started to drop in FY06 and FY07.
FY08 started showing the effects of the deep recession that started in December 2007, with layoffs and high unemployment.
Total of all TANF Med Cases. For statistical purposes only as each aid code is different and cannot be compared.

5.07 Child Health Assurance Program (CHAP)

Program: The Child Health Assurance (CHAP) program provides pregnancy-related Medicaid for pregnant women and full Medicaid for children under age six with income greater than 100% of the Federal Poverty Level (FPL) but less than or equal to 133% of the FPL. Pregnant women and children up through age 19 with income less than or equal to 100% of the FPL receive full Medicaid coverage.

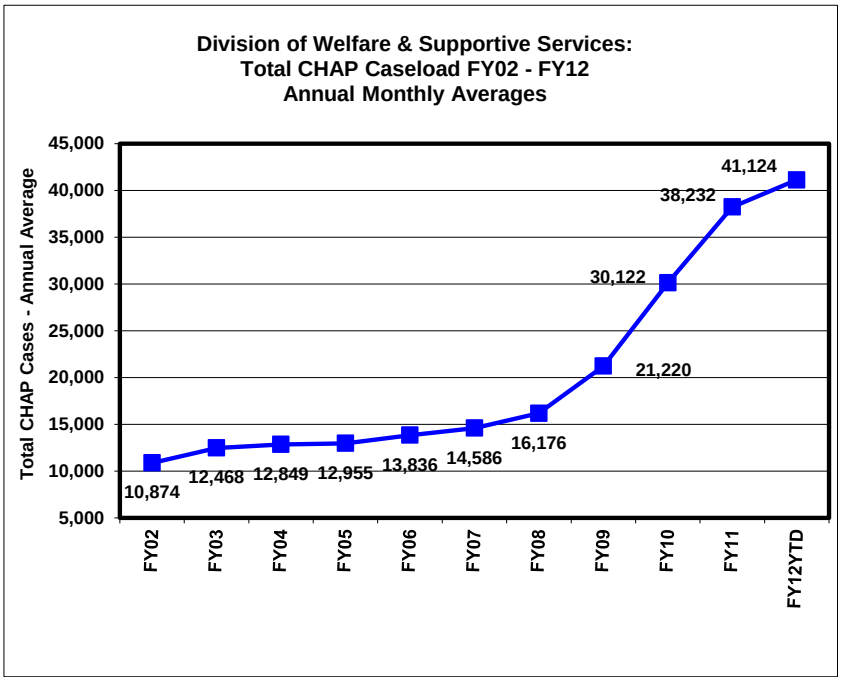
Eligibility: Citizenship, residence and income at or below the two poverty levels. There is no resource test in this program; there is no requirement to live with someone with a certain relationship. In addition, anyone with an interest in the child may make application for CHAP on their behalf.

Other: Need Standard

Household Size	Need Standard 100%	Need Standard 133%
1	$908	$1,207
2	$1,226	$1,630
3	$1,544	$2,054
4	$1,863	$2,477
5	$2,181	$2,901
6	$2,499	$3,324
7	$2,818	$3,747
8	$3,136	$4,171

Workload History:

FY 09 Avg Cases:	21,220
FY 10 Avg Cases:	30,122
FY 11 Avg Cases:	38,232
FYTD	
Jul 11	40,897
Aug	41,313
Sep	41,161
Oct	
Nov	
Dec	
Jan 12	
Feb	
Mar	
Apr	
May	
Jun	
FY12 Tot	**123,371**
FY12 Avg	**41,124**



Comments:

FY08 started showing the effects of the current deep recession (started in December 2007), layoffs and high unemployment rates.

5.08 County Match

Program: Through an agreement with the Division, Nevada counties pay the non-federal share of costs for institutionalized persons whose monthly income is between $1,051.01 and 300% of the SSI payment level.

Eligibility: No age requirement, a citizen of the United States or a non-citizen legally admitted for permanent residence to the U.S. and meets certain criteria, or is in another eligible non-citizen category and meets certain criteria.

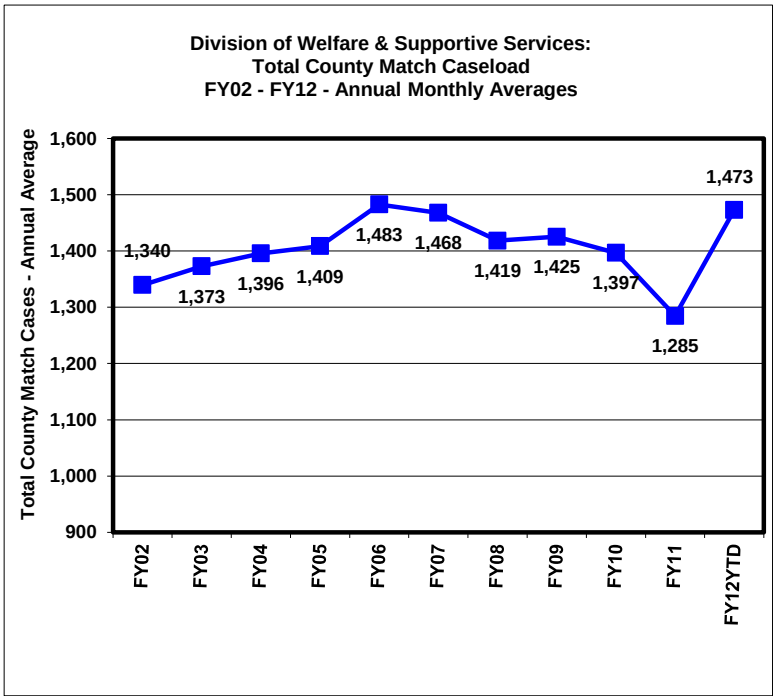
Other: Resource limits are determined by whether a person is considered an individual or a member of a couple. When resources exceed the following limits, the case is ineligible.
$2,000 for an individual or $3,000 for a couple. Resources are evaluated at market value less encumbrances. Certain types of resources are excluded, such as: Life insurance policies, when the total face value is less than $1,500. Vehicles necessary to produce income, transportation for medical treatment on a regular basis (specifically handicapped equipped vehicles), or the value of a vehicle up to $4,500. Burial plots/plans.

Workload History: (With Retros*)

FY 09 Avg Cases:	1,425
FY 10 Avg Cases:	1,359
FY 11 Avg Cases:	1,285

FYTD

Jul 11	1,455
Aug	1,485
Sep	1,480
Oct	
Nov	
Dec	
Jan 12	
Feb	
Mar	
Apr	
May	
Jun	
FY12 Tot	**4,420**
FY12 Avg	**1,473**



Comments:

The downward trend starting after FY06 may be due to an increased number of recipients obtaining Qualified Income Trusts (QIT). Money deposited in a QIT is exempt and a potential County Match recipient may never reach the CM income threshold. In FY12 a change in eligibility requirements increased the caseload.
**Retros (retroactive eligibility) are calculated based on previous year's total ending cases. A percentage factor is added to current caseloads to account for cases that were approved for previous months eligibility.*

5.09 Medical Assistance to the Aged, Blind, and Disabled

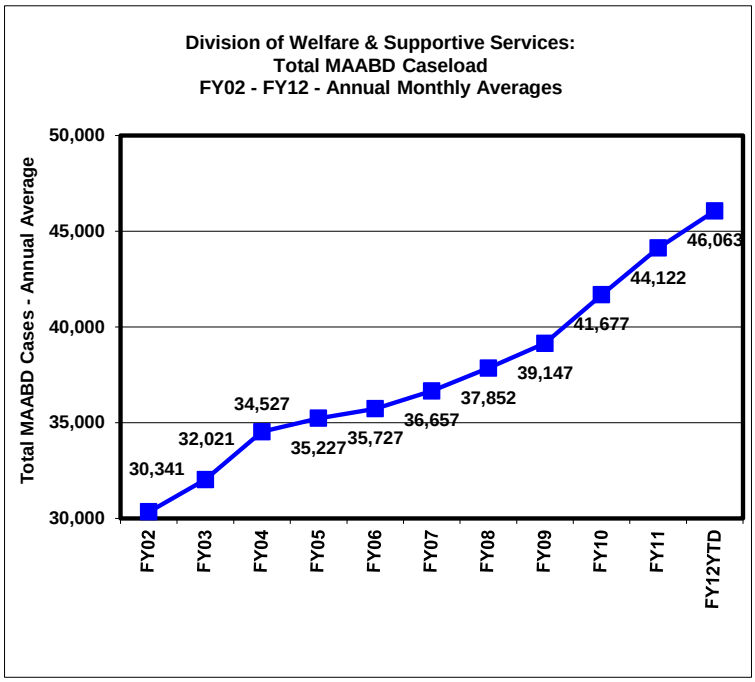
Program: These are medical service programs only. Many applicants are already on Medicare and Medicaid supplements their Medicare coverage. Additionally, others are eligible for Medicaid coverage as a result of being eligible for a means-tested public assistance program such as Supplemental Security Income (SSI). Categories are: SSI, State Institutional, Non-Institutional, Prior Med, Public Law, Katie Beckett.

Eligibility: No age requirement (except for Aged), a citizen of the United States or a non-citizen legally admitted for permanent residence to the U.S. and meets certain criteria, or is in another eligible non-citizen category and meets certain criteria.

Other: Resource limits are determined by whether a person is considered an individual or a member of a couple. When resources exceed the following limits, the case is ineligible. Medicare Savings Program cases : $4,000 for an individual or $6,000 for a couple. Other cases: $2,000 for an individual or $3,000 for a couple. Resources are evaluated at market value less encumbrances. Certain types of resources are excluded, such as: Life insurance policies, when the total face value is less than $1,500. Vehicles necessary to produce income, transportation for medical treatment on a regular basis (specifically handicapped equipped vehicles), or the value of a vehicle up to $4,500. Burial plots/plans.

Workload History: (With Retros*)

FY 09 Avg Cases:	39,147
FY 10 Avg Cases:	41,253
FY 11 Avg Cases:	44,122
FYTD	
Jul 11	45,681
Aug	46,217
Sep	46,290
Oct	
Nov	
Dec	
Jan 12	
Feb	
Mar	
Apr	
May	
Jun	
FY12 Tot	**138,188**
FY12 Avg	**46,063**



Comments:

**Retros (retroactive eligibility) are calculated based on previous years' total ending cases. A percentage factor is added to current caseloads to account for cases that were approved for previous months eligibility. SSI cases can take up to 3 years for approval/denial.*

Total of all MAABD Cases. For statistical purposes only as each aid code is different and cannot be compared.

5.10 Supplemental Nutrition Assistance Program (SNAP)

Program: The purpose of SNAP is to raise the nutritional level among low income households whose limited food purchasing power contributes to hunger and malnutrition among members of these households. Application requests may be made verbally, in writing, in person or through another individual. A responsible adult household member knowledgeable of the household's circumstances may apply and be interviewed. The date of application is the date the application is received in the Division of Welfare and Supportive Services office.

Eligibility: The household's gross income must be less than or equal to 130% of poverty; the household's net income must be less than or equal to 100% of poverty to be eligible. Households in which all members are elderly or disabled have no gross income test. The resource limit for all households except those with elderly or disabled members is $2,000; households with elderly or disabled members have a resource limit of $3,000 (exceptions: one vehicle, home, household goods and personal items).

Other: Need Standard

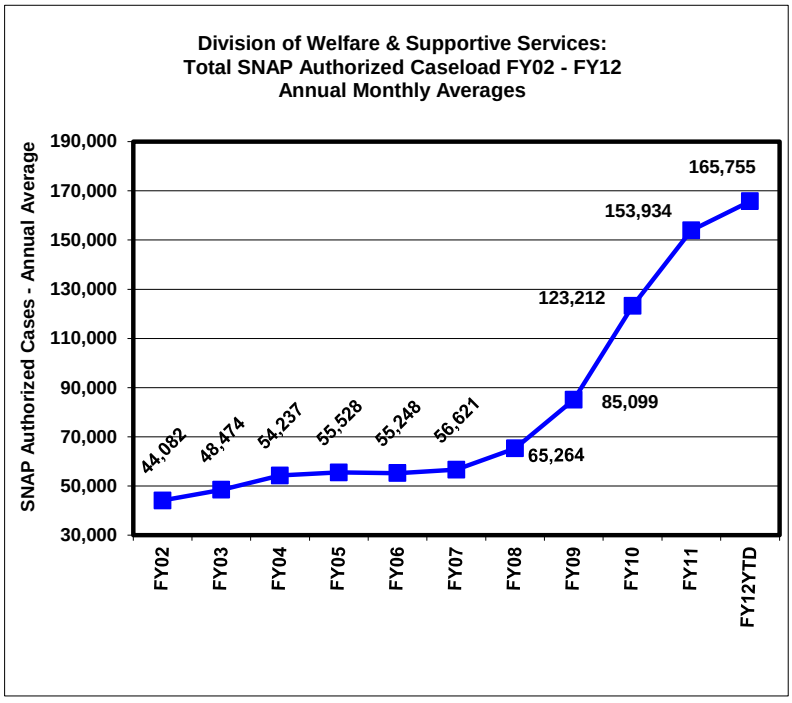
Household	200% of Poverty	130% of	100% of	Maximum
1	$1,815	$1,180	$908	$200
2	$2,452	$1,594	$1,226	$367
3	$3,088	$2,007	$1,544	$526
4	$3,725	$2,421	$1,863	$668
5	$4,362	$2,835	$2,181	$793
6	$4,998	$3,249	$2,499	$952
7	$5,635	$3,663	$2,818	$1,052
8	$6,272	$4,077	$3,136	$1,202

Workload

FY 10 Avg Cases:	123,212
FY 10 TotExpend:	$381,588,683
FY 10 Tot#Apps:	253,637
FY 11 Avg Cases:	153,934
FY 11 TotExpend:	$477,682,415
FY 11 Tot#Apps:	287,710

FYTD

Jul 11	164,359
Aug	167,150
Sep	
Oct	
Nov	
Dec	
Jan 12	
Feb	
Mar	
Apr	
May	
Jun	
FY12 Tot	**331,509**
FY12 Avg	**165,755**



Comments:

The Food Stamp Program was renamed "Supplemental Nutrition Assistance Program" (SNAP) in October 2008. The SNAP caseload has increased substantially since the start of the recession in December 2007 because of the high unemployment experienced in Nevada. A change in SNAP regulations effective 3/15/2009 made many households categorically eligible based on receiving a benefit which meets Purposes 3 and 4 for TANF and having a gross income limit of 200% of poverty. There is no further income or resource test.

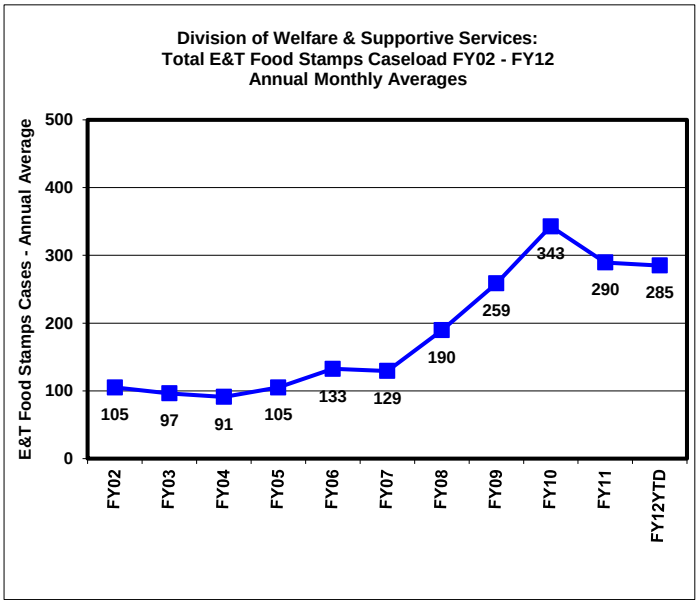
5.11 Supplemental Nutrition Employment and Training Program (SNAPET)

Program: SNAPET promotes the employment of Food Stamp participants through job search activities and group or individual programs which provide a self-directed placement philosophy, allowing the participant to be responsible for his/her own development by providing job skills and the confidence to obtain employment. SNAPET also provides support services in the form of transportation reimbursement, bus passes and assistance meeting the expenditures required for Job Search (such as interview clothing, health or sheriff's card if it is known that one will be required).

Eligibility: Registration and participation is mandatory and a condition of Food Stamp eligibility for all non-exempt Food Stamp participants. Persons who are exempt may volunteer.
Persons are exempt when they are under age sixteen (16), age sixty (60) or older, disabled, caring for young children under the age of six (6) or disabled family members or are already working.

Workload History:

FY 09 Avg Cases:	259
FY 10 Avg Cases:	343
FY 11 Avg Cases:	290
FYTD	
Jul 11	271
Aug	363
Sep	211
Oct	
Nov	
Dec	
Jan 12	
Feb	
Mar	
Apr	
May	
Jun	
FY12 Tot	**855**
FY12 Avg	**285**



Comments:

The SNAPET caseload parallels the SNAP caseload but on a smaller scale since we only work with clients who do not meet a work exemption. These clients are classified as work mandatory and are required to complete a two month job search program or until they have become employed.
FY06 and FY07 saw growth. FY08 starting showing the effects of the deep recession that started in December 2007.
In FY09 caseloads increased an average of 3.2% per month. This equals to about 38% increase for the year.
In FY10, a higher number of participants (that included exempt clients) were invited to orientation than in FY09. In FY11, only mandatory clients invited to orientation were counted.

5.12 Child Care and Development Program

Program: The Child Care Program assists low-income families, families receiving temporary public assistance, or families with children placed by CPS and foster parents by subsidizing child care costs so they can work or attend training/school. Households are able to qualify for child care subsidies based upon their total monthly gross income, household size, and other requirements. Assistance is provided through 3 programs: Traditional - certificate for licensed or informal child care; Contracted Slots - and After School Programs; and Wrap-Around for services before and after the Head Start Program.

Eligibility: To qualify for child care subsidy assistance, the child must be 12 years old or younger unless the child has a verified special need. Other factors include citizenship, immunizations, relationship, residency and social security numbers. Additionally, adult household members and minor parents must have a purpose of care such as working or a minor parent attending high school.

Other: Fee Scale

The Sliding Fee Scale provides the income limits for each household size. This is an example for a four person household. The (P) indicates the federal poverty level. The bold number in the center indicates 130% of the federal poverty level. The asterisk at the bottom signifies the number to the left is 75% of Nevada's median income. The column on the right designates the percentage of the State approved maximum child care rate which would be paid by the Child Care & Development Program.

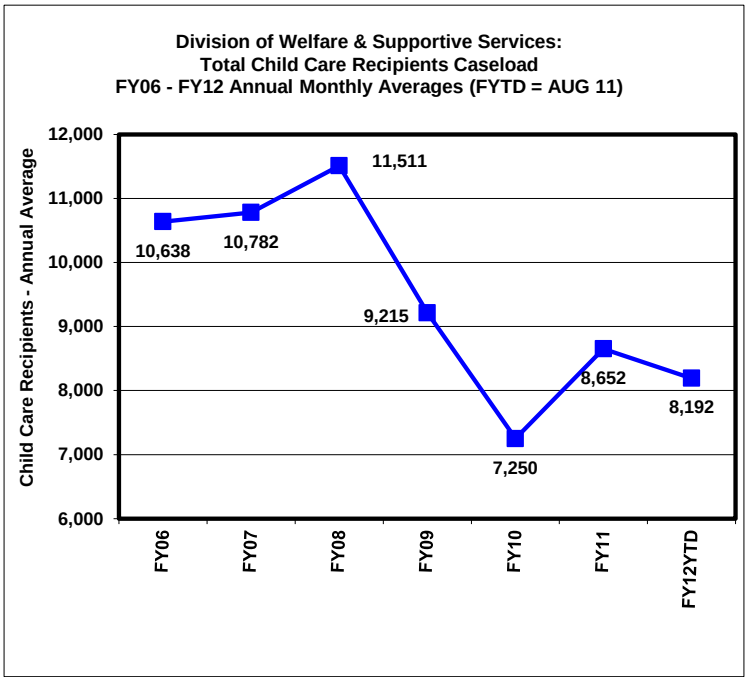
Four	Subsidy %
$ - $ 1,721 (P)	95-110% **
$ 1,722 - $ 1,990	90%
$ 1, 991 - $ 2,258	80%
$ 2,259 - $ 2,527	70%
$ 2,528 - $ 2,795	60%
$ 2,796 - $ 3,064	50%
$ 3,065 - $ 3,332	40%
$ 3,333 - $ 3,601	30%
$ 3,602 - $ 3,861 *	20%
$ 3,862	

Workload History:

FY 10 Avg Cases:	7,250
FY 10 Total Payments:	$28,937,814
FY 11 Avg Cases:	8,652
FY 11 Total Payments:	$34,524,027

FYTD

Jul 11	8,420
Aug	7,965
Sep	
Oct	
Nov	
Dec	
Jan 12	
Feb	
Mar	
Apr	
May	
Jun	
FY12 Tot	**16,385**
FY12 Avg	**8,193**



Comments:

The unserved population in the Discretionary category was established in FY09, which capped that population at 2,500. This caused a significant downturn compared to previous fiscal years.
Beginning FY12 Training Purpose of Care has been eliminated and Student Purpose of Care has been eliminated except for minor parents attending high school.

5.13 Child Support Enforcement Program

Program: The program is a federal, state, and local intergovernmental collaboration functioning in all 50 states, the District of Columbia, the Commonwealth of Puerto Rico, Guam, and the Virgin Islands. The Office of Child Support Enforcement in the Administration for Children and Families of the U.S. Department of Health and Human Services helps states develop, manage and operate child support programs effectively and according to federal law.

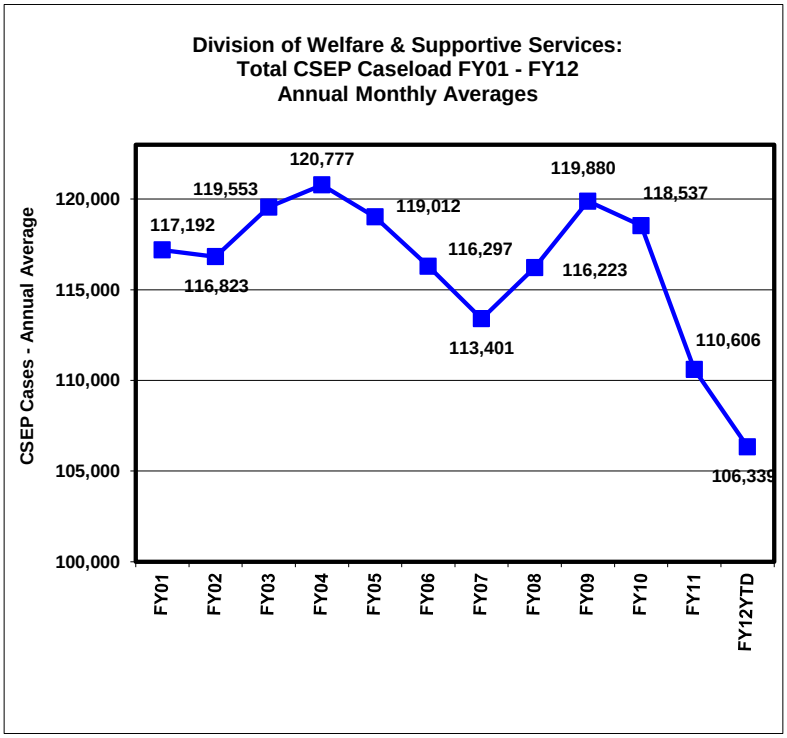
The Child Support Program is supervised by DWSS and jointly operated by county district attorneys' offices through cooperative agreements.

Eligibility: There are no eligibility requirements for child support services which include locating the non-custodial parent, establishing paternity and support obligations, and enforcing the child support order. Non-public assistance custodians fill out an application for services. Public assistance custodians must assign support rights to the state and cooperate with the agency regarding child support services.

Workload History:

FY 10 Avg Cases:	118,537
FY 10 Gross Collection:	$191,380,352
FY 11 Avg Cases:	110,606
FY 11 Gross Collection:	$198,573,814

FYTD	
Jul 11	107,379
Aug	106,576
Sep	105,063
Oct	
Nov	
Dec	
Jan 12	
Feb	
Mar	
Apr	
May	
Jun	
FY12 Tot	
FY12 Avg	



Comments:

As illustrated in the Bureau of Labor Statistics Data, the CSE caseload trend is tied closely to the economy. When the economy is good, fewer customers need child support services; when there is a downward turn in the economy, more customers need child support services. Additional factors contributing to the caseload trend going down include case closure projects, stopping inappropriate referrals (unborn cases), and NCPs moving out of the state to find another job. A factor that may contribute to the increase in caseload is an increase in public assistance referrals and non-assistance Applications due to the current economic environment and high unemployment rate.

5.14 Energy Assistance Program

Program: The Energy Assistance Program (EAP) assists eligible Nevadans maintain essential heating and cooling in their homes during the winter and summer seasons. The program provides for crisis assistance as well.

Eligibility: Citizenship, Nevada residency, household composition, social security numbers for each household member, energy usage and income are verified prior to the authorization and issuance of benefits. Eligible households' income must not exceed 110% of the poverty level.
Priority is given to the most vulnerable households, such as the elderly, disabled and young children.

Other: Need Standard

2011 HHS Poverty Guidelines

Persons in Family or Household	48 Contiguous States and D.C.
1	$10,890
2	$14,710
3	$18,530
4	$22,350
5	$26,170
6	$29,990
7	$33,810
8	$37,630

ESTIMATED STATE MEDIAN INCOME FFY 2012

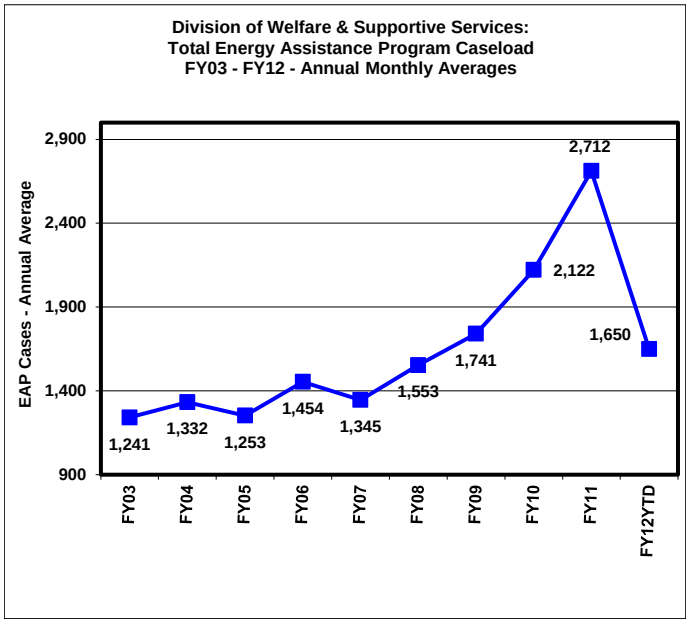
60% of estimated State median income for a 4-person household
$42,738

Workload History:

FY 10 Avg Cases:	2,122
FY 10 Tot Cases:	25,458
FY 10 Tot Expend:	$23,486,570
FY 10 Tot #Apps:	38,674
FY 11 Avg Cases:	2,712
FY 11 Tot Cases:	32,544
FY 11 Tot Expend:	$28,335,649
FY 11 Tot #Apps:	42,611

FYTD

Jul 11	960
Aug	2,218
Sep	1,772
Oct	
Nov	
Dec	
Jan 12	
Feb	
Mar	
Apr	
May	
Jun	
FY12 Tot	**4,950**
FY12 Avg	**1,650**



Comments:

Nevada's Energy Assistance Program in FY09 received a larger Low Income Heat Energy Assistance Block Grant than planned. This combined with an increased demand in program services due to the current economic climate has resulted in increased application activity and consequently additional cases being approved. In FY12 the eligibility requirements were changed to lower the monthly benefit amount and FPL from 150% to 110% which has decreased the EAP caseload.

Nevada Department of Health & Human Services, Health Division

6.01 Early Intervention Services (Part C, Individuals with Disabilities Education Act)

Program: With regional sites in Las Vegas, Reno, Carson City, Elko and Ely, the Nevada Early Intervention Services (NEIS) provides services for children under the age of three with developmental delays. In addition, State Health Division contracts with community providers to provide early intervention services. The Part C Individuals with Disabilities Education Act (IDEA) Office is responsible for ensuring that all families have equal access to an early intervention program with appropriate services and supports.

SFY10 Funding: State General Funds: $19,710,338 (80.4%)
Federal Funds: $3,760,209 (15.3%) - Includes IDEA/Maternal & Child Health/Child Care Development Funds.
Third Party Revenue: $705,767 (2.9%) - Includes Medicaid and Private Insurance
Other Funds: $337,531 (1.4%)
Total SFY10 Funding: $24,513,845

Eligibility: In Nevada, a child must be under the age of three and have a minimum of a 50% delay in one developmental area or a 25% delay in two of the following areas: cognitive development, social or emotional development, physical development, including vision and hearing, communication, or adaptive development. A child may also be eligible for services if they have a diagnosed physical or mental condition that has a high probability of resulting in a developmental delay.

Other:
Early intervention services include but are not limited to: service coordination, occupational, physical, and speech therapies, vision and bearing services, nutritional services, specialized instruction, parent support, training and counseling, interpreting services, and assistive technology. Services are voluntary and provided at no cost to parents. Services focus on supporting the family to find opportunities for learning in their child's daily routine, such as playtime, mealtime, etc. With parent permission, commercial insurance may be used to assist with service costs. Part C, Individuals with Disabilities Education Act (IDEA) Office ensures compliance with the federal requirements of the Individuals with Disabilities Education Improvement Act of 2004, including parent procedural safeguards for dispute resolution. Part C, IDEA staff monitor all early intervention programs in the state and provide training to ensure that early interventionists have the most current best practices information. Compliance monitoring and accountability includes self-assessment measures, as well as external reviews, technical assistance, data collection, and investigating formal parent complaints.

Workload History:

FY 09 Mo Avg Cases:	2,195	FY 11 Mo Avg Cases:	2,548
FY 09 TotExpend:	$20,428,405	FY 11 TotExpend:	$21,512,945
FY 09 Tot# Referrals:	4,399	FY 11 Tot# Referrals:	5,272
FY 10 Mo Avg Cases:	2,106	FY 12 Mo Avg Cases:	2,659
FY 10 TotExpend:	$21,220,367	FY 12 TotExpend:	$600,980
FY 10 Tot# Referrals:	4,734	FY 12 Tot# Referrals:	1,424

FYTD

Month	New Referrals	Total IFSPs	Waiting For Svcs	Receiving Svcs	Exiting with IFSPs
Jul 10	445	2,638	177	2,461	192
Aug	494	2,670	236	2,434	166
Sep	485	2,670	251	2,419	162
Oct					
Nov					
Dec					
Jan 11					
Feb					
Mar					
Apr					
May					
June					
FY11 YTD	**1,424**	**7,978**	**664**	**7,314**	**520**
FY11 Avg YTD	**475**	**2,659**	**221**	**2,438**	**173**

*This number will not be final until a quarterly clean up of the data is completed.

Comments:
Referrals are primarily received from the following sources; parents, physician, social service agencies, and hospitals. The child is then assessed by a multi-disciplinary team to determine eligibility, eligibility needs to be established and an Individualized Family Service Plan (IFSP) needs to be developed within 45 days of the referral. Services are required to start no later than 30 days after the development of the IFSP. Children leave early intervention by aging out at three years of age or move out of state, parent withdraws, attempts to contact the family are unsuccessful, child dies or the goals on the IFSP have been met.

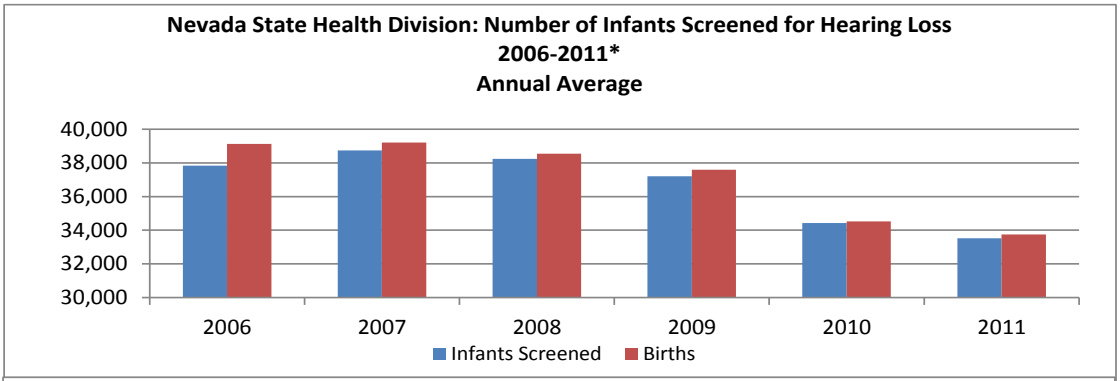
6.02 Early Hearing Detection and Intervention

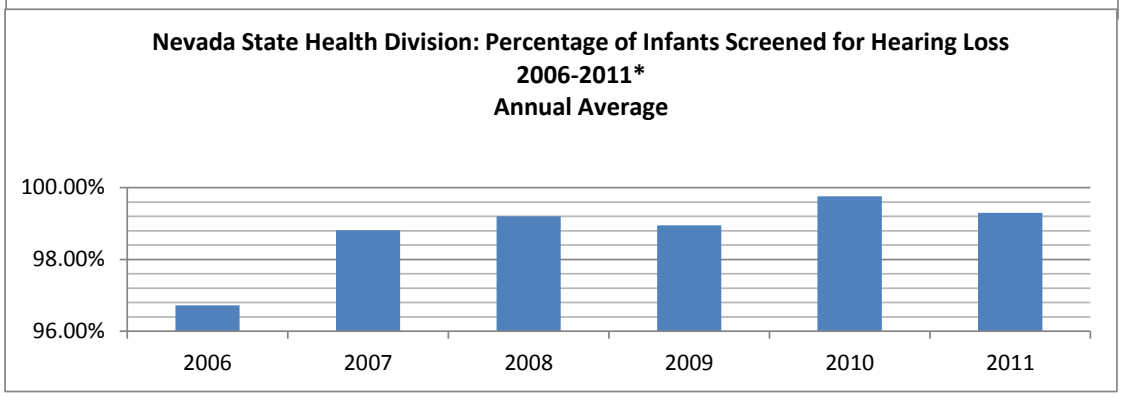
Program: The Nevada Early Hearing Detection and Intervention (EHDI) program works to ensure that all infants are screened for hearing loss at birth, and that all infants identified with hearing loss receive appropriate intervention. The program is funded by grants from the Centers for Disease Control and Prevention (CDC) and Health Resources and Services Administration (HRSA). The negative effects of hearing loss can be substantially mitigated through intervention that includes amplification and speech therapy. The program works with all 19 state birthing hospitals and Nevada Early Intervention Services to ensure infants are screened, identified, and entered into services within necessary time frames. The program also works with non-profit agencies focused on hearing loss throughout the state and works with hospitals, Audiologists, and parents to develop and update best practices

Eligibility: NRS 442.450 requires all hospitals in the state with 500 or more births per year to screen newborn infants' hearing. However, all birthing hospitals in the state, even those with less than 500 births per year, are providing hearing screenings. All infants that are referred from the hearing screening program are eligible for Nevada Early Intervention Services.

Other: Intervention increases the access to services and dramatically decreases the long-term costs associated with hearing loss.

BY CALENDAR YEAR	Infants Screened	Births	Percentage of Births
2006	37,838	39,122	96.72%
2007	38,744	39,209	98.81%
2008	38,232	38,541	99.20%
2009	37,205	37,600	98.95%
2010	34,433	34,517	99.76%
2011	33,520	33756	99.30%





Comments: *2011 data is annualized, based on January – June 2011 actuals. Data is preliminary and may be subject to change.

Website: http://health.nv.gov/NCCID_NewbornScreening.htm
http://www.cdc.gov/ncbddd/ehdi/

6.03 Public Health and Clinical Services

Program:

Public Health and Clinical Services (PHCS) is the combination of Community Health Nursing, Environmental Health Services, Early Intervention Services (EIS), and WIC. These programs promote optimal wellness in frontier and rural Nevada through the delivery of public health nursing, preventive health care, food safety inspections, early detection of threats to public health, response to natural and human caused disasters, and education and statewide for EIS and WIC. Essential public health services such as adult and child immunizations, well child examinations, chronic disease education, lead testing, Family Planning/Cancer Screening, identification/treatment of communicable diseases such as Tuberculosis (TB), Sexually Transmitted Diseases (STD) and Human Immunodeficiency Virus (HIV) are offered. Two Community Health Nurses (CHN) function as the school nurse in the rural districts without school nurses. Other nursing services are provided based on the needs of the county served.

Eligibility:

All individuals may access the CHN clinics. The targeted populations are: the working poor, under and uninsured, and indigent populations of the fourteen (14) frontier and rural clinics throughout Rural and Frontier Nevada. PHCS CHN services are based on the federal poverty guidelines using a Sliding Scale Fee structure. Services are not denied due to inability to pay.

Other:

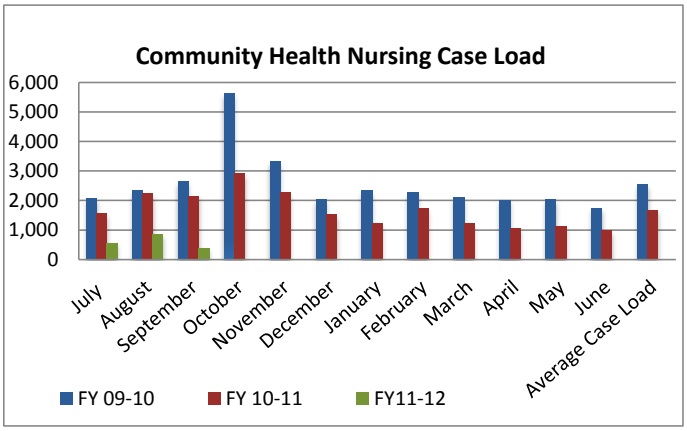
Environmental Health Services (EHS) involves those aspects of public health concerned with the factors, circumstances, and conditions in the environment or surroundings of humans that can exert an influence on health and well-being. The majority of workload is associated with food establishments.

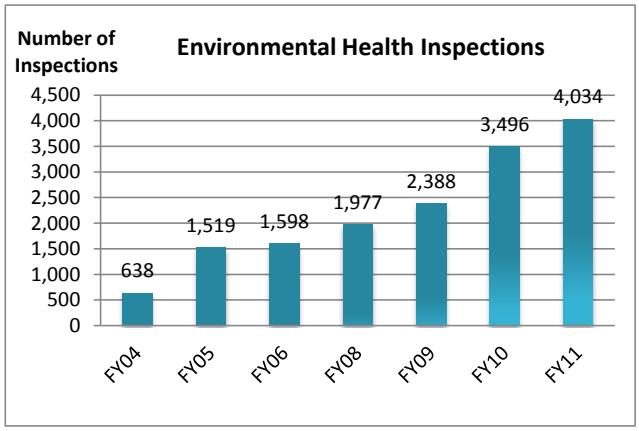
Community Health Nursing FY12

Jul 11	557	Jan 12	
Aug	859	Feb	
Sep	374	Mar	
Oct		Apr	
Nov		May	
Dec		Jun	
FY12 Total	**1,790**		
FY12 Avg	**596**		

Consumer Health Protection FY11

Jul 10	296	Jan 11	360
Aug	291	Feb	342
Sep	343	Mar	345
Oct	323	Apr	355
Nov	314	May	391
Dec	336	Jun	338
FY11 Total	**4,034**		
FY11 Avg	**336**		





Comments:

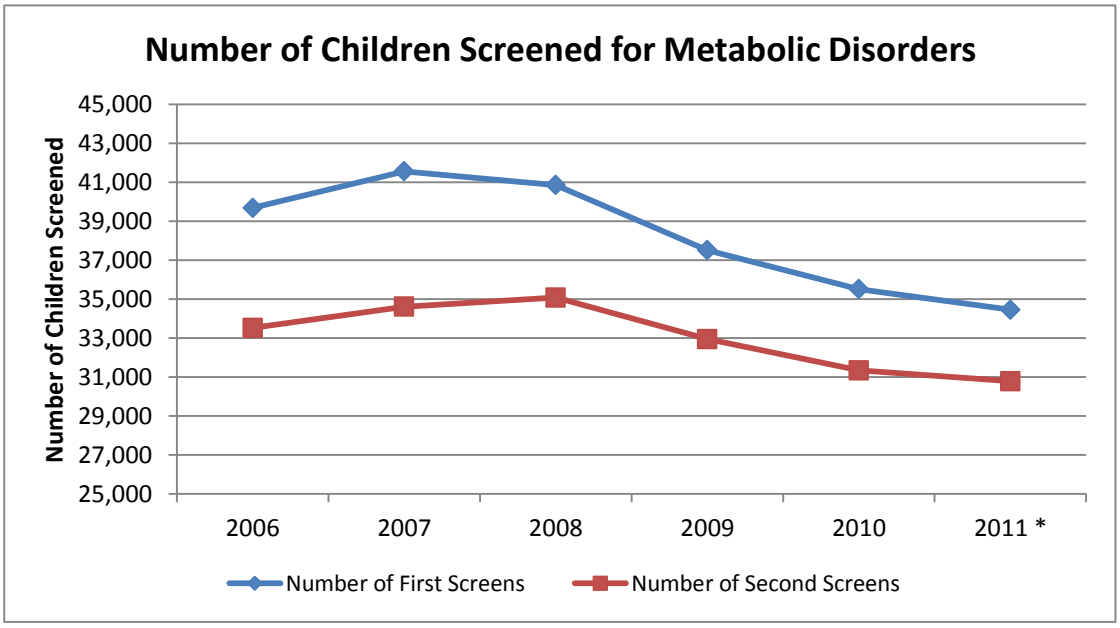
Community Health Nurse caseloads are generally decreasing due to a difficult to fill nursing position in Winnemucca and remodeling that has resulted in several clinics being temporarily closed. Health inspections are increasing as a result of a change in strategy. Staff are inspecting more low-risk sites, while maintaining oversight of high-risk sites, through more efficient site visit scheduling. Multiple sites are now reviewed in a single trip.

6.04 Newborn Screening (NBS) Program

Program: Nevada Revised Statutes (NRS 442.008) mandates that all infants born in Nevada receive newborn screening for congenital disorders. A first screen is required between the third and seventh day of life, and a second screen is required between the 15th and 56th day of life. The Newborn Screening Program contracts with the Oregon Public Health Laboratory (OPHL) to test for 29 core conditions and another 25 secondary conditions that can be found in the course of screening for core conditions, as recommended by the American College of Medical Genetics. OPHL is also contracted to follow-up on positive screens and provide medical consultants to provide guidance to Nevada's primary care physicians until a confirmation of a diagnosis is reached. Families of infants with identified disorders are provided care through Nevada Early Intervention Services or other community providers. The Newborn Screening Program is funded entirely by birth registration fees.

Eligibility: There are no eligibility requirements. Newborn screens are required of all infants born in Nevada. Birthing facility staff is required to collect an acceptable sample and submit the sample for metabolic testing, before the infant leaves the facility. NAC 442.020-050.

Infants screened by year				
Year	**Number of First Screens**	**Number of Second Screens**	**Total**	**Percent of births receiving first and second screens**
2006	39,685	33,516	69,473	84.5%
2007	41,560	34,609	73,201	83.3%
2008	40,858	35,080	75,938	85.9%
2009	37,509	32,947	70,450	87.8%
2010	35,510	31,341	66,851	87.5%
2011*	34,452	30,784	65,236	89.4%



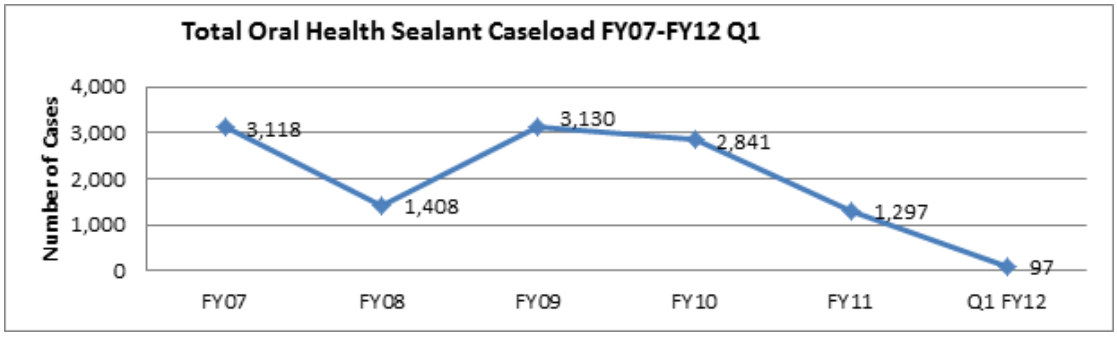
Comments: In 2010, 99.6% of all babies born in Nevada received at least one screen. There is currently a 11.3 percent gap between infants receiving a first screen and infants receiving both the first and the second screens, an improvement from last year's gap of 12 percent. For programs in the United States that provide a second newborn screen, the gap is consistently between 10 and 20 percent. Factors which influence the number of children receiving a second screen include whether or not parents and primary care physicians received appropriate education regarding the importance of newborn screening and whether there is parent follow-through to ensure that a second screen is completed when the infant is between the 15th and 56th day of life. *2011 birth data is annualized data based upon screenings that occurred between January 1, 2011 and June 30, 2011. It is preliminary and may be subject to change.

Websites: http://health.nv.gov/NCCID_NewbornScreening.htm

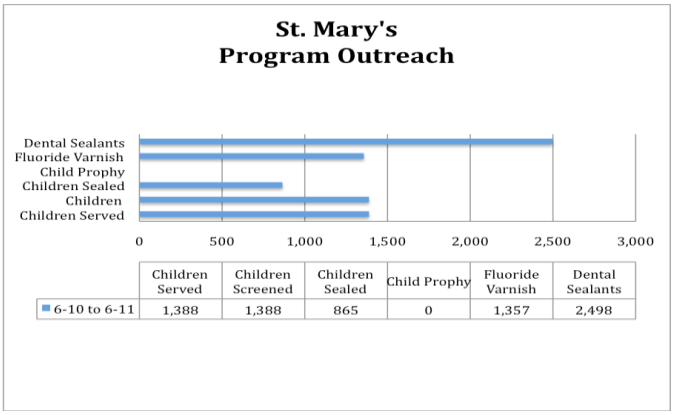
6.05 Oral Health Program

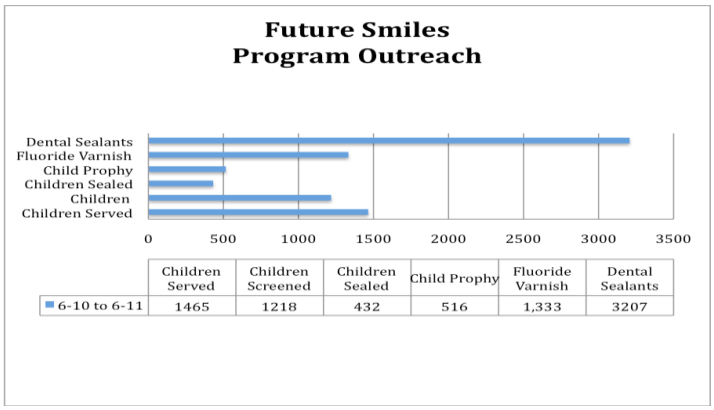
Program: Nevada State Health Division, Oral Health Program (OHP) provides technical support to organizations that implement school-based dental sealant programs. Second grade students are the primary target. The FY 2009 statewide Third Grade Basic Screening Survey (BSS) showed 37.5% of Nevada's third grade students have a sealant.

Eligibility: For dental sealants, schools with > 50% Free and Reduced lunch eligibility or located in a county that has been designated as underserved.



Comments: During the 2009 CDC site visit, CDC staff recommended that school-based sealant programs utilize the CDC developed software, SEALS, for data collection purposes. SEALS tracks molar sealant application as 2 sealants per molar (surfaces to include occlusal, lingual and /or buccal) which explains the increase in sealant application totals from previous years. Not all sealant programs in Nevada have chosen to utilize the CDC SEALs program. Since SEALS tracks surface level sealants, rather than individual teeth sealed, it is necessary to separate sealant data according to program collection method. FY11 will establish baseline for new reporting criteria. FY12 Q1 is low because sealant programs are school-based programs that follow the academic calendar and Q1 is in the summertime.





Website: http://health.nv.gov/CC_OralHealth.htm

6.06 Ryan White AIDS Drug Assistance Program

Program: The Ryan White Part B program is a federally funded grant that offers many services for HIV and AIDS residents of Nevada who meet the eligibility criteria. The AIDS Drug Assistance Program (ADAP) is the Ryan White CARE Program that combines federal and state funds to supply formulary medications to clients through contracted ADAP pharmacies. Medicare Part D and Health Insurance Continuation Program assistance is also available. Eligibility intake is offered in the north and south at the ACCESS to Healthcare offices.

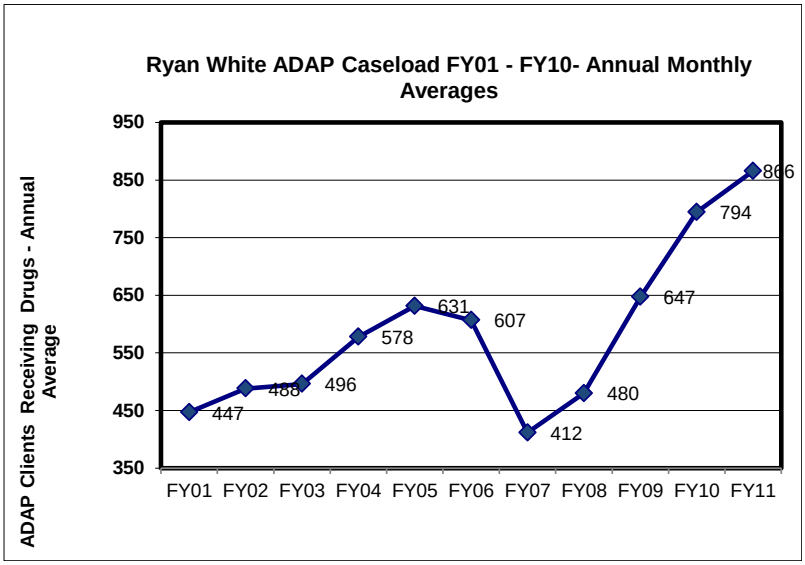
Eligibility: Client income must not exceed 400% of federal poverty level guidelines - approximately $43,560 for a single person. A client may own a single-family home and a car. Additional assets of the client may not exceed $4,000. Lab tests for T-cell and viral load must be done every six months. Ryan White eligibility recertification is mandated every six months. Necessary documents must be provided at each recertification.

Workload History:

State Fiscal Year	Avg Cases/month	Total Expenditures
FY06	607	$7,603,697
FY07	412	$5,121,494
FY08	480	$6,946,589
FY09	647	$7,565,496
FY10	794	$8,509,961
FY11	866	$8,100,917

Fiscal Year to Date:

July10	790
August	826
September	775
October	754
November	837
December	853
January	972
February	933
March	1017
April	916
May	867
June	849
FY11 Tot	**10,389**
FY11 Avg	**866**



Comments: The Medicare Part-D program went into effect on January 1, 2006. Clients were not required to complete their enrollment until May 15, 2006. The Ryan White ADAP program did not see the full effect of the decrease in client caseload until June 1, 2006. The chart above reflects the significant drop in the client case load between SFY06 & SFY07. The FY 08 Tot Expend includes State and Federal ADAP Drug costs, HICP expenditures as well as ADAP monitoring expenses. Starting at the beginning of 2007 the program was seeing the same trend in new clients as it did from 2003 - 2005. This case load has averaged about 12-16% year to year increase with the exception of the implementation of Medicare Part-D. The current average cost per client is $12,000/yr. for ADAP only clients ($1 mil/83 clients). Stats for 2009 and beyond reflect ADAP, COB & SPAP clients accessing medication per month. Prior to this time SPAP & COB enrollments were not part of this report.

Website: http://health.nv.gov/HIVCarePrevention.htm

6.07 Sexually Transmitted Disease Program

Program:

The Sexually Transmitted Disease Prevention and Control Program's major function is to reduce the incidence and prevalence of sexually transmitted diseases in Nevada. The program emphasizes the importance of both education and screening of people who engage in high-risk activities by a comprehensive program of: 1) case identification and locating, 2) testing and treatment, and 3) education. The program's functions are achieved by working through public and private medical providers, local health authorities, and state and local disease intervention specialists.

Trends:

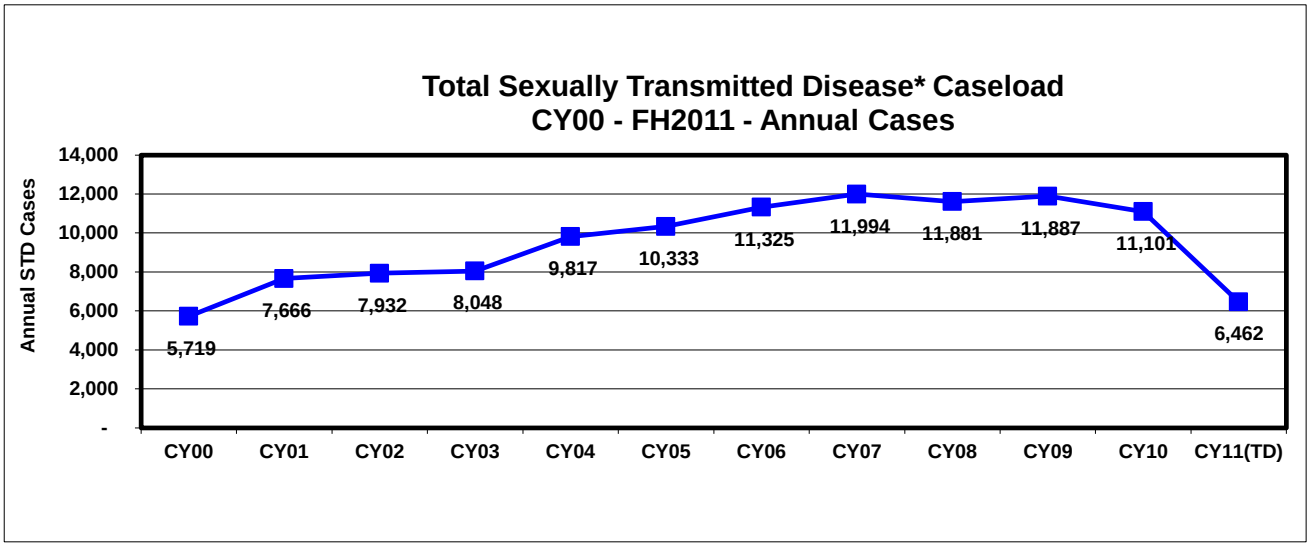
During the first half of 2011, data show a significant increase in all reportable STDs (Chlamydia, Gonorrhea, and Primary and Secondary (P&S) Syphilis) when compared to 2010. In the first 6-months of 2011, there were 5,405 Chlamydia cases reported, up 11 percent from the first half of 2010. Similarly, there were 984 Gonorrhea cases, a 12 percent increase from last year. The most notable increase was among P&S Syphilis with a 74 percent increase in cases (n=73) when compared to the same 6-month period in 2010.

Overall in Nevada, reported Chlamydia cases have increased from 7,335 in 2005 to 9,343 in 2010, a 27 percent increase during that five year period; however, the number of cases decreased from 2009 to 2010. The rate of Chlamydia in 2010 in Nevada was 342.91 cases per 100,000 population based on 2010 demographer's interim population estimates. Nevada fell below the national average Chlamydia rate in 2008 (most recent data available).

The number of reported cases of Gonorrhea in Nevada has been steadily decreasing over the past five years with 2,889 in 2005 to 1,672 in 2010. The national Gonorrhea rate in 2010 was 59.7 cases per 100,000 persons (based on 2010 demographer's interim population estimates), and Nevada was below the national average.

The Syphilis outbreak in Nevada began in 2004, and by 2005, 109 cases of P&S Syphilis cases had been reported. The number of cases reported peaked in 2006, when 137 cases were reported in Nevada and 132 of those cases were residing in Clark County. Since 2006, the number of cases has decreased; yet from 2008 to 2010, the number of cases increased, with 131 identified P&S cases in 2010. Nevada had a rate per 100,000 for P&S syphilis of 4.8 in 2010, which is above the national average of 4.5 (in 2008).

Nevada experienced a peak in congenital syphilis cases in 2006 when 14 cases were reported. Nevada ranked first nationally for the congenital syphilis case rate that year. In 2007, 8 cases were reported. This declined in 2010 with 4 cases reported. Despite vigorous public health control efforts, cases of congenital syphilis continue to occur in Nevada, presenting an ongoing challenge for the medical and public health community. One response to this challenge was the passage of Senate Bill 304 during the 75th (2009) Legislative Session. Senate Bill 304 changed the requirements for syphilis screening of pregnant women from a one-time screening during the third trimester to two screenings, one in the first trimester and one in the third trimester. This change is consistent with the recommendations of the Centers for Disease Control and Prevention (CDC).



**Includes chlamydia, gonorrhea, and primary and secondary syphilis*

CY2011 includes data from January – June 2011.

6.08 Women's Health Connection Program

Mission: Reduce breast cancer mortality and incidence of cervical cancer thereby enhancing the quality of life for Nevada women and their families through collaborative partnerships, health education, and access to high quality screening and diagnostic services.

Program: The Women's Health Connection (WHC) Program is a federally funded cooperative agreement through the Centers for Disease Control and Prevention (CDC). The cooperative agreement is authorized for 5-year periods, and the current agreement expires on June 29, 2012. Funding is awarded to pay for an office visit for the purpose of having a clinical breast exam, pelvic exam, and Pap test, if needed, for eligible clients. The program pays for the Pap test and will pay for mammograms for women 50 years of age and older. Clients who need a diagnostic work-up based on an abnormal screening exam also are covered by the program. Women diagnosed with breast or cervical cancer as a result of a program-eligible screening or diagnostic service and who are legal citizens of the U.S. are processed into Medicaid for treatment. The program fiscal year is June 30 to June 29 of each year.

Eligibility: Women must be residents of Nevada, be 40 to 64 years of age, not have health insurance, and must meet the income requirements noted below. Women between the ages of 18 and 39 are eligible for a diagnostic work-up of an abnormal Pap test if they are screened through the State Health Division's Public Health and Clinical Services (PHCS). Women 65 years of age or older who are not eligible for Medicare are eligible for this program.

Other:

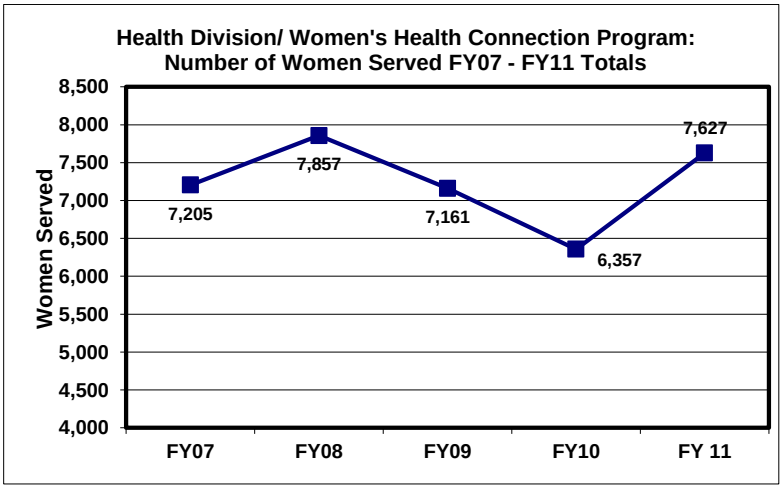
Household Size	Eligible Monthly Income*
1	$2,256
2	$3,035
3	$3,815
4	$4,594
5	$5,373
6	$6,152
7	$6,931
8	$7,710

Income is based on 250 percent of the Federal Poverty Level with rates adjusted on July 1 of each year.
*Effective June 30, 2010.
Note: For each additional person, add $3,740

Workload History:

State Fiscal	Avg Cases/month	Total Expenditures	Total New Enrollees
FY08	655	$2,527,397	3,265
FY09	597	$2,527,397	2,662
FY10	530	$2,527,397	2,773
FY11	636	$2,527,397	4,154

Fiscal Year	
Jul 10	819
Aug	768
Sep	915
Oct	923
Nov	597
Dec	465
Jan 11	592
Feb	581
Mar	542
Apr	457
May	481
Jun	487
FY11 Tot YTD	**7,627**
FY11 Avg	**636**



Comments: The increase between FY07 and FY08 was due to the economic downturn creating more eligible women who accessed services. In FY10, WHC reached program capacity in December 2009 and had to suspend new enrollments of asymptomatic women. Historically, the number of women seen decreases during the year as providers reach their cap. The program was contracted to Access to Healthcare Network in July 2011. Decreased screening numbers for the first quarter of FY12 are due to the transition of services to Access to Healthcare Network and the delay in implementation of the data entry system.

Website: http://health.nv.gov/CD_WHC_BreastCervical_Cancer.htm

6.09 Women, Infants, and Children (WIC) Supplemental Food Program

Program: The Special Supplemental Food Program for Women, Infants, and Children, commonly known as WIC, is a 100% federally funded program that provides nutritious foods to supplement the diets of limited income pregnant, postpartum and breastfeeding women, infants, and children under age 5 who have been determined to be at nutritional risk. At WIC participants get access to good healthy foods, advice on good nutrition, health screening, information on health care services like immunizations, prenatal care, and family planning, and information about other family support services available in their community.

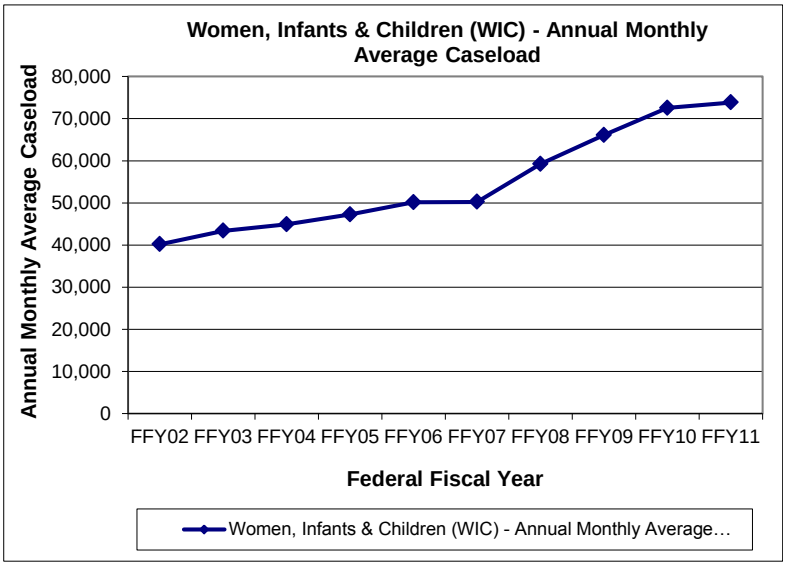
Eligibility: Applicant must be (1) an infant or child under five years of age, (2) a pregnant woman, (3) a postpartum woman (up to 6 months after giving birth), or (4) a breastfeeding woman (up to the breastfed infants first birthday). Must be a Nevada resident and physically live in Nevada at the time of application. Must be at or below 185% of the federal poverty level. Last, but not least, the applicant must be at nutritional risk as determined by a Competent Professional Authority (CPA) at the WIC clinic.

Workload History:

Federal Fiscal Year	Total Expenditures	Average Caseload
FFY07	$9,363,868	50,232
FFY08	$9,570,882	59,252
FFY09	$9,887,570	66,098
FFY10	$14,399,912	72,533
FFY11	$11,323,882	73,828

Caseload FFYTD:

Month	Caseload
Oct-10	74,144
Nov-10	73,059
Dec-10	73,021
Jan-11	73,403
Feb-11	72,735
Mar-11	74,047
Apr-11	73,842
May-11	74,417
Jun-11	74,286
Jul-11	74,109
Aug-11	75,041
Sep-11	
FFY11 Total	812,104
FFY11 Average	73,828



Comments: As one of the fastest growing states in the country, Nevada has experienced a WIC participation growth of 31% from FFY07 to FFY10. Further, food funding for the WIC program for the same period has increased 27%, from a total of $31,913,823 in FFY07 to $43,590,200 in FFY10.

The WIC program has completed its initiative through a contract with JP Morgan for the automation of the issuance of all WIC Benefits using Electronic Benefits Transfer (EBT). All participants can now use their new EBT card at any of WIC's 217 authorized grocery stores.

Website: http://health.nv.gov/WIC.htm

6.10 HIV Prevention Program

Program: The Human Immunodeficiency Virus (HIV) Prevention Program facilitates a process of community based HIV prevention planning. At present, the Health Division funds Washoe County Health District (WCHD) and Southern Nevada Health District (SNHD) who act as fiscal agents and provide funding to local community based organizations through the Request For Proposal process. The Health Division also provides funding for HIV testing, social marketing campaigns, information and condom distribution, partner counseling and referral services, program evaluation and data collection.

Eligibility: There are no eligibility requirements. It is our mandate to reduce HIV infections in Nevada, and this is accomplished by providing services to everyone. Some community based programs do require that participants meet criteria as outlined in the curriculum, i.e. target population or risk factors.

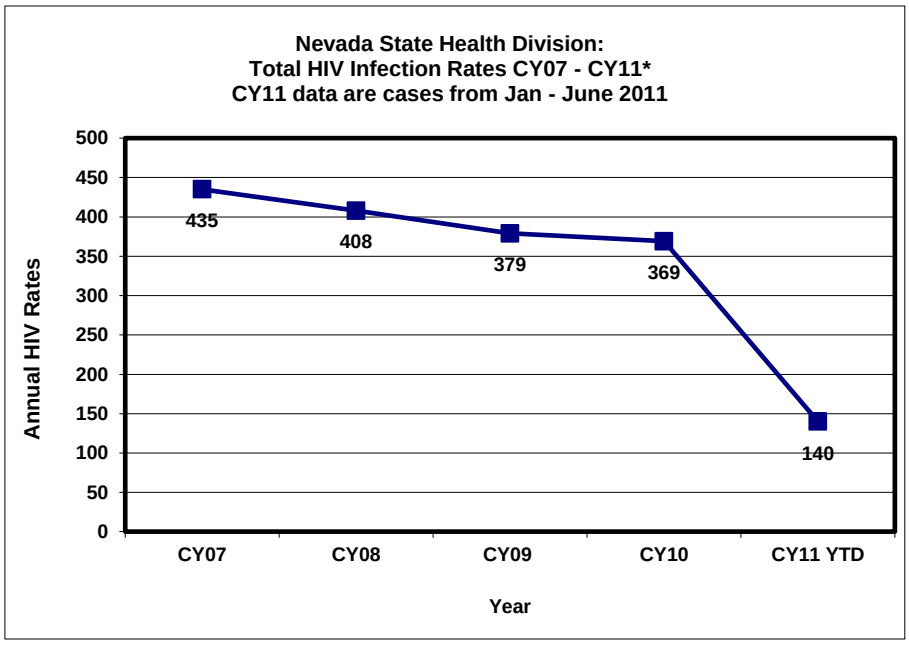
Other: Please note that the HIV Prevention Program is funded on a calendar year basis and therefore data and expenditures for this report are reported on the calendar year, not fiscal year.
The HIV Prevention Program does not track applications for services; therefore there is no data available.

Workload History:

CY 07: Total Cases:	435
CY 07: Total Funding:	$2,823,112
CY 08: Total Cases:	408
CY 08: Total Funding:	$2,713,662
CY 09: Total Cases	376
CY 09: Total Funding	$2,713,662
CY 10: Total Cases:	342
CY 10: Total Funding:	$2,713,662
CY 11: Cases to Date	140
CY 11: Total Funding	$2,713,662

CY- HIV Infection Rate

2000	331
2001	317
2002	340
2003	267
2004	267
2005	447
2006	412
2007	435
2008	408
2009	376
2010	369
2011	140



Comments:

Though it is near impossible to accurately identify the reason for a decrease in reported HIV/AIDS cases for FY 2008, it is likely the result of:
1. Reporting delays (an increase in reported cases will likely occur as time progresses),
2. Intra-state duplication of reported HIV/AIDS cases (in December 2008, Nevada moved to a new HIV/AIDS database - eHARS - which has allowed the state and local jurisdictions to immediately fix intra-state duplicate case reports), and
3. Inter-state duplication (the CDC provides each state with potential duplicate case reports between states and each must fix that duplication, this may result in decreased cases in Nevada).

6.11 Immunization

Program: The overall goal of the Immunization Program is to decrease vaccine-preventable disease morbidity through improved immunization rates among children, adolescents and adults in Nevada. The Program collaborates with public and private vaccine providers, schools, immunization coalitions and other stakeholders to improve immunization practices by enrolling providers into the Vaccines For Children (VFC) Program and educating providers how to record vaccination data in the Statewide Immunization Registry (Nevada WebIZ).

Program Participation and Eligibility:

Vaccines For Children Program: Any physician, healthcare organization or medical practice licensed by the State of Nevada to prescribe and administer vaccines may enroll as participants in the VFC Program. The Program provides federally funded vaccines at no cost to these participants, who, in turn, administer them to eligible children. Eligible children are NV Checkup enrolled, Medicaid eligible, American Indian/Alaska native, uninsured or underinsured, and are not charged for the vaccine.

Nevada WebIZ: Any physician, health care organization or medical practice that administers vaccines and any organization with a need to verify immunization coverage may enroll as users of Nevada WebIZ (immunization registry). Vaccination data collected in the registry can be used to identify those at risk in the event of a disease outbreak or other emergency and to locate communities with low vaccine coverage rates to target interventions. On July 1, 2009 Nevada Revised Statute 439.265 (and corresponding regulations) went into effect, requiring all persons vaccinating children in Nevada to enter certain data about the vaccination event into the Registry. On January 28, 2010 the NRS corresponding regulation was updated requiring all persons vaccinating adults in Nevada to also record specific information into the Registry.

Program Participation: (by county)

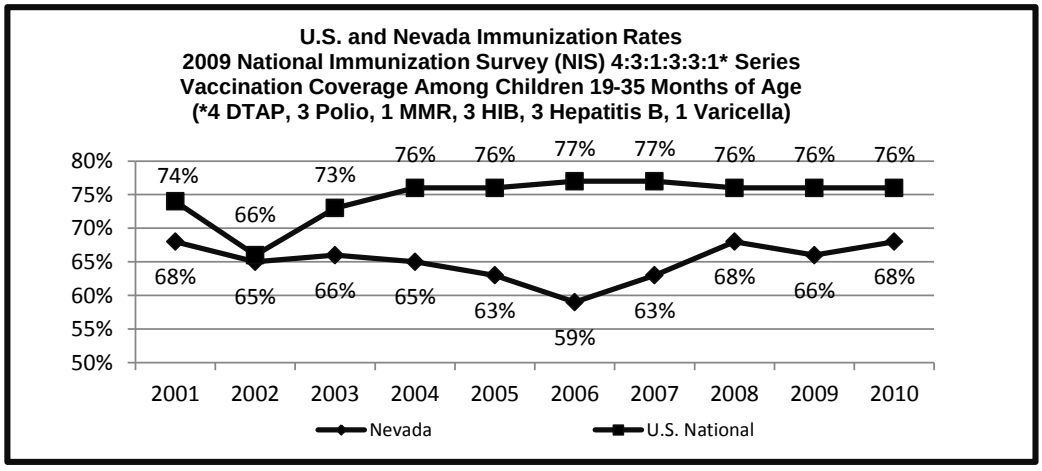
Vaccines For Children Participation Status		
Clark	154	266 "Active" Providers (currently receiving vaccine supply) 9 "Temp Leave" Provider (vaccine shipments temporarily suspended)
Washoe	46	
Carson/Rural	75	

Nevada WebIZ Participation Status (by physic al		
Clark	1,141	
Washoe	347	
Carson/Rural	260	(includes out of state)

Approx. 99% of Vaccines for Children participants are regularly entering data in Nevada WebIZ (staff to contact the 2 sites not yet using the Registry.

Immunization Rates:

(Jul09-Jun10*)



Comments:

**Hib vaccine production was reduced beginning in 2007, and began to increase in July 2009. The Hib shortage was related to a voluntary recall and suspension of vaccine production. To ensure that enough vaccine would be available for all U.S. children to complete the primary Hib vaccination series, CDC recommended that providers defer the booster dose of Hib vaccine. On October 17, 2008 it was announced that restoration of Hib vaccine to the market would be delayed until mid-2009. We believe that our rates reflect a lower level of coverage due in part to this delay in Hib vaccination. Read more about vaccine shortages at: http://www.cdc.gov/vaccines/vac-gen/shortages/default.htm#3

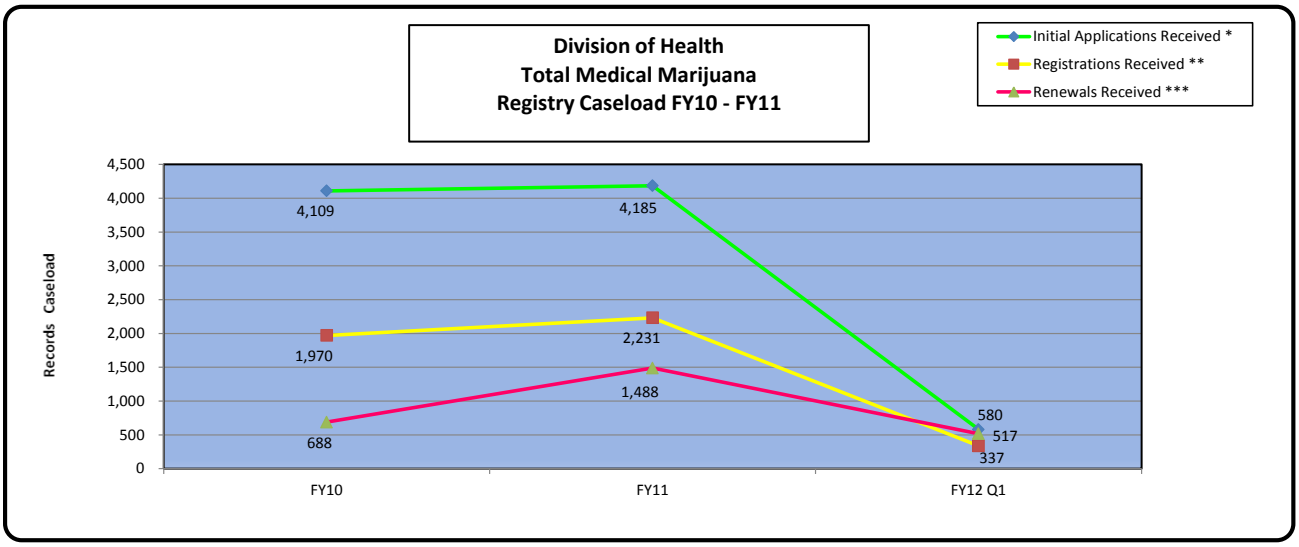
Website: http://health.nv.gov/Immunization.htm (All statistics are as of October 2011)

6.12 Medical Marijuana Registry

Program: The Nevada Marijuana Health Registry is a state registry program within the Nevada Department of Health and Human Services, Nevada State Health Division. The role of the program is to administer the provisions of the Medical Use of Marijuana law as approved by the Nevada Legislature and adopted in 2001.

Authority: Individuals can apply for the registry and, if found eligible, are approved for issue of an identification card to show approval, within limitations, for the cultivation and use of the Cannabis plant for personal use. Eligibility is determined through physician certification of a qualifying medical condition, acceptable criminal background check, and Nevada residency. (NRS 453A)

Year	Initial Applications Received*	Registrations Received**	Renewals Received***
FY10	4,109	1,970	688
FY11	4,185	2,231	1,488
FY12 Q1	580	337	517



Comments:

*Initial applications: Patient submits a request for an application with the required $50.00 fee.

**Registrations: Patient submits completed application including attending physician statement and $150.00 application fee.

***Renewals: Patients that are registered are required to renew their enrollment each year and pay a $150.00 renewal fee.

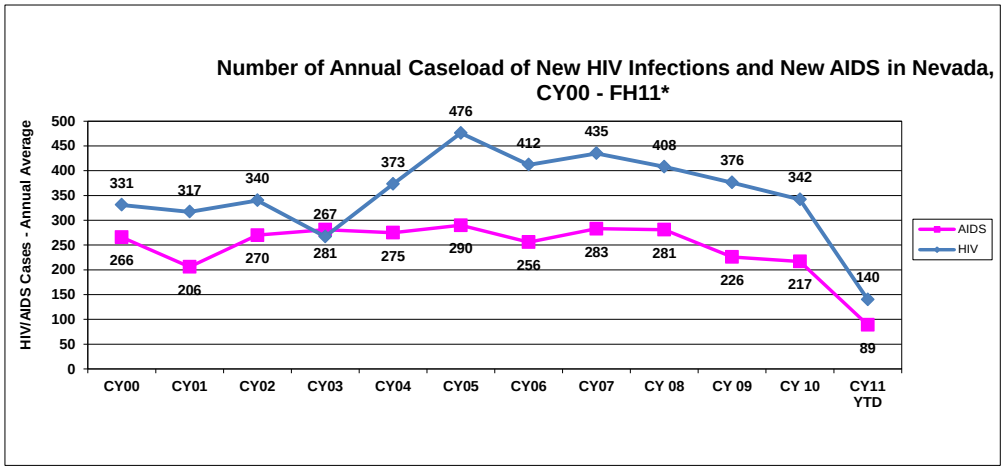
Note: The reported data starts in FY10 as no reliable data for FY09 was available.

6.13 HIV-AIDS Surveillance Program

Program:
The mission of the HIV-AIDS Surveillance Program is to work with the local health authorities and the medical community to prevent and control the transmission of the Human Immunodeficiency Virus (HIV) in Nevada. Primary activities include: the surveillance of HIV/AIDS cases reported, case investigations and the development of an annual integrated HIV/AIDS epidemiological profile; the dissemination of HIV/AIDS data to HIV community planning groups and other agencies and the public to help target HIV prevention activities; and training and technical assistance to local health authorities and community-based organizations that assist in HIV/AIDS surveillance activities. The Program's functions are achieved through collaborative relationships with public and community-based organizations, local health authorities, clinical laboratories, community members, and other key stakeholders.

Eligibility:
There are no eligibility requirements. The State HIV/AIDS Program tracks all new HIV/AIDS cases reported and persons living with HIV/AIDS including cases from other states and jurisdictions who move to Nevada. Incidence (new cases) and prevalence (old and new cases) are reported separately. Statutory authority – NRS 441A and NRS 439.

Other:
Primary workload indicators for federal funding include the number of new HIV and AIDS cases reported annually and the number of persons living with HIV/AIDS in Nevada (prevalence data). Demographic information of HIV/AIDS cases (county, sex, race/ethnicity, age, exposure category) is reported to track disease trends and to provide information to community planning groups to better allocate local resources and to target HIV/AIDS prevention activities.



Data based on a July 2011 extract of the NSHD eHARS
**FH2011 case counts only reflected those HIV/AIDS cases diagnosed and reported to the HIV Surveillance Program by July 12, 2011.*

Comments:
Though it is difficult to accurately identify the reasons for a decrease in reported HIV/AIDS cases for CY 2009-2010, it is likely a result of:
1. Reporting delays (an increase in reported cases will likely occur as time progresses),
2. Intra-state deduplication of reported HIV/AIDS cases (in December 2008, Nevada moved to a new HIV/AIDS database - eHARS - which has allowed the state and local jurisdictions to immediately fix intra-state duplicate case reports), and
3. Inter-state deduplication (the CDC provides each state with potential duplicate case reports between states and each must fix that duplication, this may result in decreased cases in Nevada).
4. Source: Nevada State Health Division HIV/AIDS Reporting System (eHARS), (October 2011)
New HIV Infections are counted in eHARS surveillance statistics and include HIV and AIDS cases diagnosed in Nevada, both living and deceased. The surveillance data excludes HIV/AIDS cases diagnosed in other states, but who currently live in Nevada.

Website: http://health.nv.gov/HIV_AIDS_SurveillancePgm.htm
http://health.nv.gov/HIV_AIDS_SurveillancePgm.htm

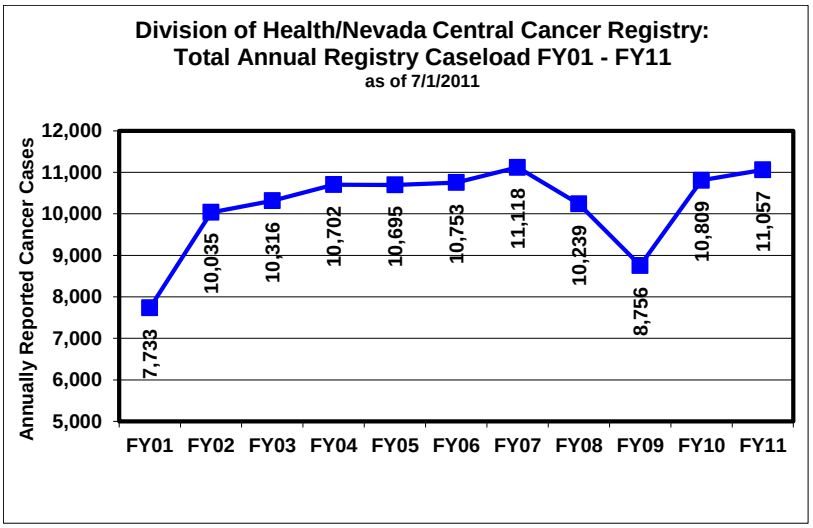
6.14 Nevada Central Cancer Registry

Program: The primary purpose of the Statewide Cancer Registry is to collect and maintain a record of reportable cases of cancer occurring in the state. The data is used to evaluate the appropriateness of measures for the prevention and control of cancer and to conduct comprehensive epidemiological surveys of cancer and cancer related deaths. Statutory Authority: NRS 457.

Eligibility: No eligibility required. This is a population-based Registry collecting data for all cancer cases diagnosed in Nevada.

Other: The figures in this report reflect actual cancer incidence data submitted annually to the Centers for Disease Control and Prevention/National Program of Cancer Registries. Cases collected and reported include all in-situ and invasive cancer, with the exception of in-situ cervix, noninvasive basal cell and squamous cell carcinomas of the skin.

FYTD*	
JUL 11	912
Aug	622
Sep	1,435
Oct	
Nov	
Dec	
JAN 12	
Feb	
Mar	
Apr	
May	
JUN 12	
FY12 Tot	**2,969**
FY12 Avg	**990**



**Does not include cases received from the Veterans Administration and the Department of Defense.*

Comments: The NCCR met and exceeded all of the CDC/National Program of Cancer Registries (NPCR) and North American Association of Central Cancer Registries (NAACCR) standards by achieving and maintaining a minimum of 95% complete case ascertainment annually through FY11 (with the exception of FY09). The Registry has received the Gold Standard certification from NAACCR for eight of the past nine consecutive reporting years. Based on the quality and complete data, the NCCR data is included in the United States Cancer Statistics (USCS).

Website: http://health.nv.gov

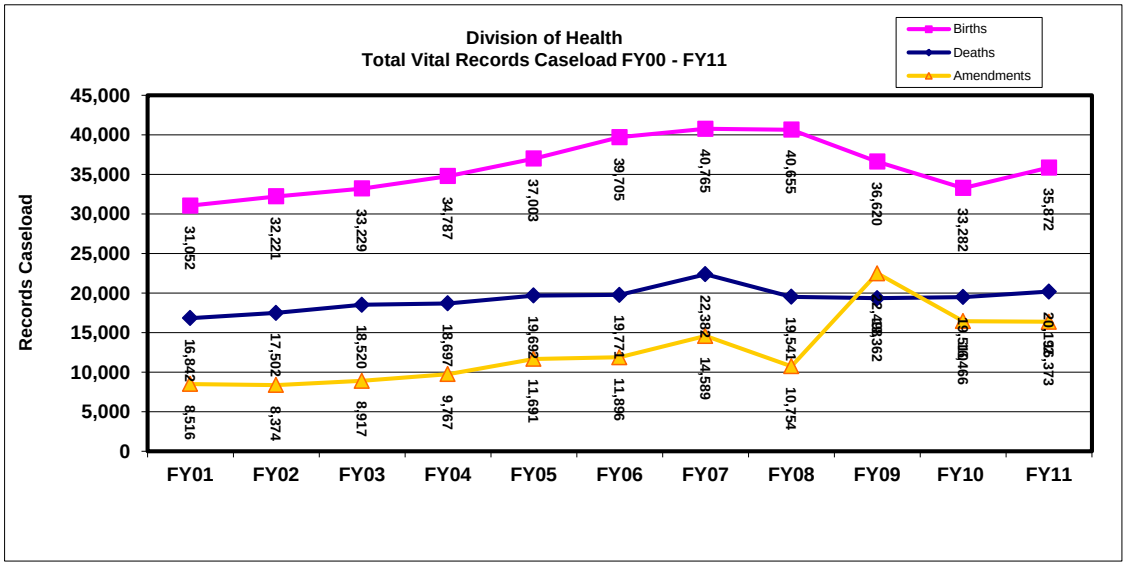
6.15 Vital Records and Statistics

Program:
The Office of Vital Records and Statistics administers the statewide system of Vital Records by documenting and certifying the facts of births, deaths and family formation for the legal purposes of the citizens of Nevada, participates in the national vital statistics systems and responds to the needs of health programs, health care providers, businesses, researchers, educational institutions and the Nevada public for data and statistical information. The Office of Vital Records also amends registered records with required documentation such as court orders, affidavits, declarations and reports of adoptions per NRS and NAC 440. Amendments include corrections, alterations, adoptions and paternities.

Authority:
Any person or organization that can provide personal or legal relationship or need for birth, death or statistical data is eligible for services. NRS 440

Birth / Death / Amendment Cases by Fiscal Year

	Births	Deaths	Amendments
FY00	30,417	15,795	9,059
FY01	31,052	16,842	8,516
FY02	32,221	17,502	8,374
FY03	33,229	18,520	8,917
FY04	34,787	18,697	9,767
FY05	37,003	19,692	11,691
FY06	39,705	19,771	11,896
FY07	40,765	22,382	14,589
FY08	40,655	19,541	10,754
FY09	36,620	19,362	22,498
FY10	33,282	19,510	16,466
FY11	35,872	20,192	16,373
FY12 YTD	9,070	5,022	3,679



Comments:
The birth registration backlog is currently decreasing as the electronic system becomes more stable and fully functional. Amendments have leveled off and staff is keeping up with the workload.

Website: www.health.nv.gov

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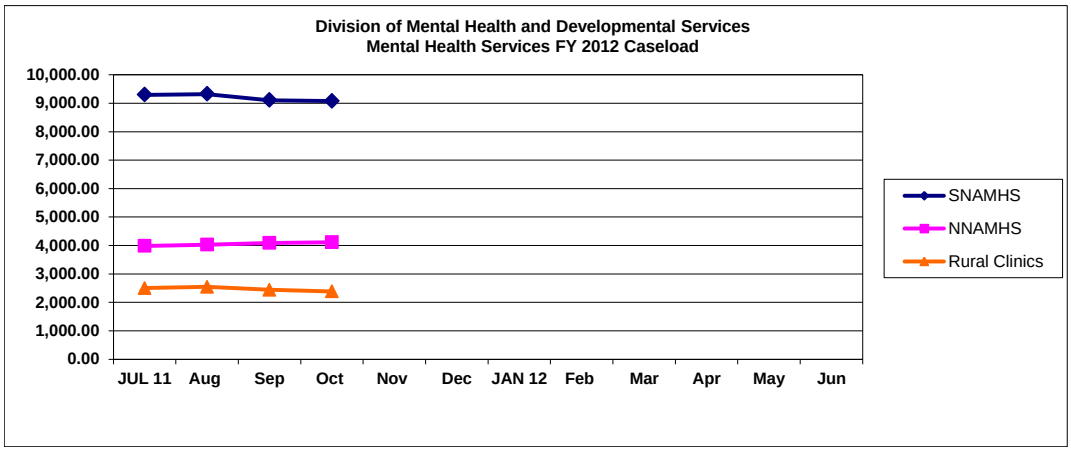
7.01 Mental Health Services

Program: Key programs at both Southern and Northern Nevada Adult Mental Health Services includes: Inpatient Services, Observation Unit, Outpatient Counseling, Service Coordination, Medication Clinic, Psychosocial Rehabilitation, Residential Programs, Psychiatric Emergency Services, Mental Health Court, Senior Outreach, Mobile Crisis, Programs for Assertive Community Treatment (PACT), Outpatient Co-Occurring Treatment and Consumer Programs. Rural Clinics Provides most of the same services, not including Inpatient or Observation services. Rural Clinics services are available in most counties throughout Nevada.

Eligibility Inpatient services are primarily offered to stabilize individuals who are acutely ill and are a danger to self and or others per NRS. Consumers with Severe Mental Illness (SMI) are given priority for Outpatient services by all three mental health agencies. All agencies serve primarily indigent clients. All clients are required to provide financial information to establish eligibility. Clients may be required to pay a portion of the cost of their services based upon income.

FYTD	SNAMHS*	NNAMHS*	RURAL CLINICS	Total
JUL 11	9,294	3,984	2,502	15,780
Aug	9,322	4,028	,2547	15,897
Sep	9,105	4,089	2,443	15,637
Oct	9,074	4,114	2,387	15,575
Nov				
Dec				
JAN 12				
Feb				
Mar				
Apr				
May				
Jun				
FY12 Tot	**36,795**	**16,215**	**9,879**	**62,889**
FY12 Avg	**9,199**	**4,054**	**2,470**	**5,241**

Data collection has changed effective July 1, 2007 and July 1, 2008 - EOM w/ 150 day filter.



Comments:
Despite the reduction in resources, the number of people receiving services has been maintained by reorganizing some processes to increase efficiency. This report indicates the unduplicated count of individuals served by the agency. Some individuals receive multiple services, however they are counted only once.

Website: http://mhds.nv.gov/index.php?option=com_content&task=view&id=23&Itemid=53

7.02 Developmental Services

Program:

Developmental Services provides a full array of community based services for people with developmental disabilities and related conditions and their families in Nevada. The goal of coordinated services is to assist persons in achieving maximum independence and self-direction. Service coordinators assist individuals and families in developing a person centered life plan focused on individual needs and preferences for the future. They also assist people in selecting and obtaining services and funding to achieve personal goals, community integration and independence.

Eligibility:

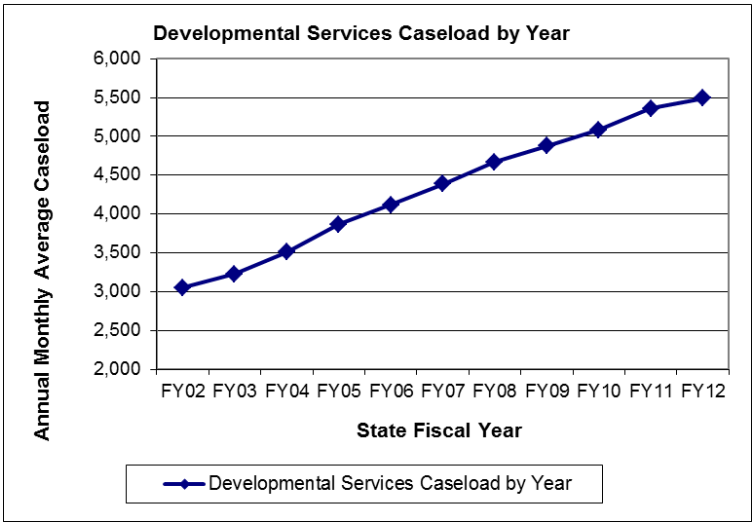
All individuals who meet Developmental Services eligibility requirements of mental retardation diagnosis or related conditions and three of six major life skill limitations who apply for services receive basic service coordination. Developmental Services agencies provide many services to Medicaid eligible clients. Provider based services are given under a Medicaid waiver depending on the level of care the individual needs. Direct services are provided under the Medicaid State Plan.

Workload History:

State Fiscal Year	Total Expenditures	Average Caseload
FY06	$100,880,819	4,119
FY07	$113,871,848	4,387
FY08	$122,508,192	4,672
FY09	$139,752,916	4,876
FY10	$126,585,304	5,085
FY11	$131,211,412	5,361
FY12	N/A	5,489

Caseload FYTD:

Month	Caseload
Jul-11	5,462
Aug-11	5,483
Sep-11	5,523
Oct-11	
Nov-11	
Dec-11	
Jan-12	
Feb-12	
Mar-12	
Apr-12	
May-12	
Jun-12	
FY12 Total	16,468
FY12 Average	5,489



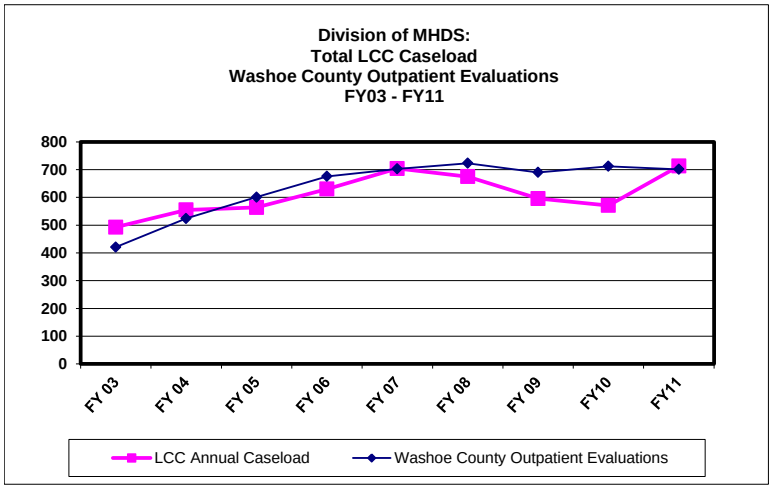
7.03 Lake's Crossing Center (LCC)

Program: Lake's Crossing Center (LCC) is the only forensic mental health facility serving clients in the state of Nevada. The program provides treatment for severe mental illness and other disabling conditions that interfere with a person's ability to proceed with their adjudication or return to the community after having been found not guilty by reason of insanity/incompetent without probability of attaining competence. The program provides a broad spectrum of treatment interventions.

Eligibility: Clients are admitted to the inpatient program primarily by court order after a pre-commitment examiner has found them incompetent to stand trial and recommended treatment to competency. Clients may be charged with any crime from a misdemeanor to class A felony, but generally only violent offenders or those who cannot be treated outpatient are ordered to the program. The program also treats clients who are acquitted NGRI or serious offenders whose charges have been dropped because they are incompetent. Occasionally a client without charges is administratively transferred to this program because they cannot be treated elsewhere.

Other Clients may only be discharged from the program by court order or, in the case of administratively transferred clients, the Administrator of the Division of Mental Health. LCC completes a significant amount of outpatient evaluations each year in addition to its inpatient treatment and evaluation commitments. There are also an increasing number of clients ordered for outpatient treatment to competency from Washoe County.

FYTD	
JUL 11	59
Aug	57
Sep	57
Oct	50
Nov	
DEC	
JAN 12	
Feb	
Mar	
Apr	
May	
JUN	
FY12 Tot	**223**
FY12 Avg	**56**



Annual Caseload	
FY03	493
FY04	555
FY05	564
FY06	630
FY07	704
FY08	675
FY09	596
FY10	571
FY11	713
FY12	223

Outpatient Evaluations	
FY03	421
FY04	524
FY05	601
FY06	676
FY07	703
FY08	723
FY09	690
FY10	712
FY11	701
FY12	202

*Annual caseload count is cumulative.

Comments:

The FY12 numbers above are year-to-date. At the current rate Lake's Crossing is on pace to serve a number similar to the past three years. The number of outpatient evaluations is also similar to previous years.

Website: http://mhds.nv.gov/index.php?option=com_content&task=view&id=76&Itemid=50

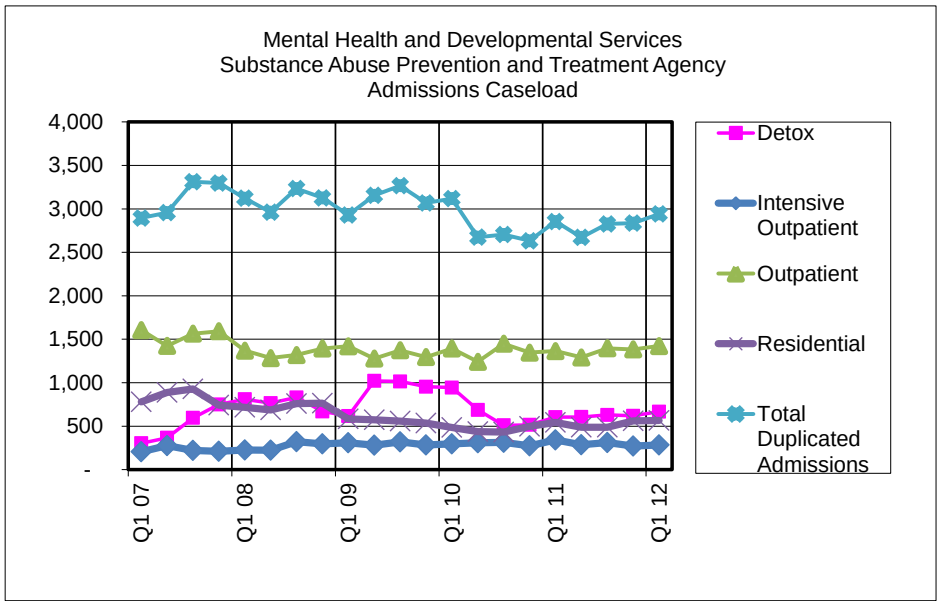
7.04 Substance Abuse Prevention and Treatment Agency (SAPTA)

Program:	The Substance Abuse Prevention and Treatment Agency (SAPTA) provides funding via a competitive process to non-profit and governmental organizations throughout Nevada. It does not provide direct substance abuse prevention or treatment services. The Agency plans and coordinates statewide substance abuse service delivery and provides technical assistance to programs and other state agencies to ensure that resources are used in a manner which best serves the citizens of Nevada.
Eligibility:	All funded programs must not discriminate based on ability to pay, race/ethnicity, gender or disability. Additionally, programs are required to provide services utilizing a sliding fee scale that must meet minimum standards.
Other:	SAPTA is the designated Single State Agency for the purpose of applying for and expending the federal Substance Abuse Prevention and Treatment Block Grant (SAPTBG) issued through the Substance Abuse and Mental Health Services Administration (SAMHSA).

Treatment History:

	FY07	FY08	FY09	FY10	FY11	FY12 YTD
Admissions*	12,618	12,444	13,378	11,131	11,190	2,341
Total Expenditures	$14,940,114	$15,860,000	$17,410,000	$16,222,000	$17,282,217	$3,958,928

The expenditures include payments to providers for the following services: Treatment (adult and adolescent), HIV, TB, Women's Set-Aside, Co-occurring, and Liquor Tax.



Comments: Detoxification admissions peaked in FY09 due primarily to a service provider who reported triage services and detoxification services interchangeably. Technical assistance was afforded to the provider after the problem was identified. As a result, detoxification admission and total admission numbers appear to have declined significantly, despite efforts to clean the data.

Website: http://mhds.nv.gov/index.php?option=com_content&task=view&id=108&Itemid=95

8.01 Public Defender

Program: Representation of indigent persons charged with a criminal offense in a participating county.

Eligibility: The court determines eligibility considering income, expenses, personal property, and outstanding debt. The potential client must be at risk of receiving a sentence of confinement. If the defendant does not have the liquid assets to retain private counsel for the specific type of case, the court will consider appointing the public defender. The defendant may be required to reimburse the county for the services of the public defender.

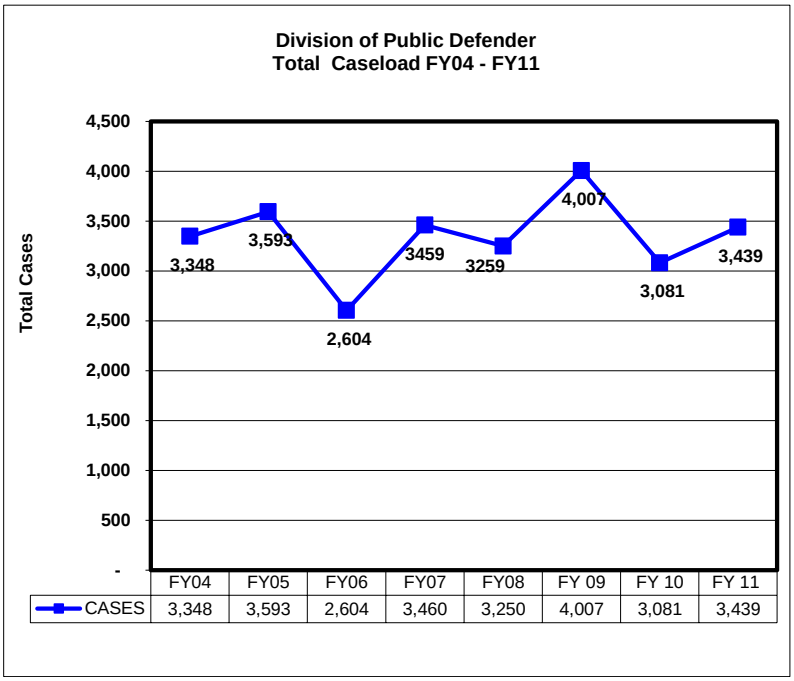
Workload History:

FY 07 Cases:	3,459
FY 08 Cases:	3,259
FY 09 Cases:	4,007
FY 10 Cases:	3,081
FY 11 Cases:	3,439

Fiscal Year 10	
Carson City	2,359
Eureka	53
Lincoln	125
Storey	94
White Pine	366
State/Appellate	84
Total FY 10	**3,081**

Fiscal Year 11	
Carson City	2,786
Eureka	62
Lincoln	144
Storey	86
White Pine	348
State/Appellate	13
Total FY 11	**3,439**

Total 1st Quarter FY12	**558**



Comments:
The trend in FY11 shows an increase in arrests and prosecutions in the 5 rural counties serviced by the State Public Defender. FY12 does not include Lincoln County, which withdrew from the State Public Defender system. Also, beginning in FY12 cases are counted as directed by the S. Ct. This will result in a lower number of cases.

Website: http://dhhs.nv.gov/PublicDefender.htm

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NOTE: The data in this document comes from many sources. For the sake of consistency, a uniform ordinal ranking system has been adopted, with 1 indicating the best ranking and 50 indicating the worst. Where relevant, the final column of each table contains an icon to indicate how the ranking has changed from the previous year: improvement (▲), worsening (▼), or no change (=).

Population/Demographics

- Nevada's July 1, 2010 estimated **population** is 2,704,642. *(2010 Census Bureau, ACS)*
  - By Gender: Males 50.5%, Females 49.5%. *(2010 Census Bureau, ACS)*
  - By County: Clark 72%, Washoe 16%, Carson City 2%, and Balance-of-State 10%. *(Nevada State Demographer, 2010 Estimates by County)*

- **Population growth** - Nevada is currently the 29th fastest growing state. It had been among the top four fastest growing states for each year from 1984-2007. *(2010 Census Bureau)*

- **Age distribution** - Nevada's population distribution varies slightly compared to the U.S. average. *(2010 U.S. Census)*

Population by Age	Under 5 years	5 to 17 years	18 to 24 years	25 to 34 years	35 to 44 years	45 to 54 years	55 to 64 years	65 to 74 years	75 years and over
Nevada	7.0%	18.0%	9.0%	14.0%	14.0%	14.0%	12.0%	7.0%	5.0%
United States	7.0%	18.0%	10.0%	13.0%	13.0%	15.0%	12.0%	7.0%	6.0%

- Growth in **school enrollments** has slowed statewide. *(Nevada Department of Education)*

Enrollment by School District	2006-07 School Year		2007-08 School Year		2008-09 School Year		2009-10 School Year		2010-11 School Year	
	# of students	% change	# of students	% change	# of students	% change	# of students	% change	# of students	% change
Carson City	8,423	-2%	8,255	-2%	8,010	-3%	7,834	-2%	7,791	-1%
Churchill	4,463	-2%	4,409	-1%	4,352	-1%	4,206	-3%	4,169	-1%
Clark	306,167	4%	312,546	2%	311,240	0%	313,558	1%	314,023	0%
Douglas	6,908	-3%	6,818	-1%	6,548	-4%	6,517	0%	6,342	-3%
Elko	9,907	1%	9,811	-1%	9,669	-1%	9,474	-2%	9,556	1%
Esmeralda	68	-21%	77	13%	68	-12%	69	1%	66	-4%
Eureka	235	5%	236	0%	242	3%	260	7%	239	-8%
Humboldt	3,399	-2%	3,394	0%	3,336	-2%	3,406	2%	3,379	-1%
Lander	1,258	-2%	1,273	1%	1,193	-6%	1,140	-4%	1,118	-2%
Lincoln	982	-1%	953	-3%	991	4%	1,005	1%	972	-3%
Lyon	9,175	5%	9,275	1%	8,937	-4%	8,768	-2%	8,500	-3%
Mineral	667	-5%	624	-6%	574	-8%	571	-1%	517	-9%
Nye	6,536	5%	6,532	0%	6,348	-3%	6,167	-3%	5,932	-4%
Pershing	797	-1%	722	-9%	714	-1%	719	1%	679	-6%
Storey	454	1%	428	-6%	435	2%	447	3%	426	-5%
Washoe	65,013	1%	65,677	1%	63,310	-4%	64,844	2%	64,755	0%
White Pine	1,420	-6%	1,443	2%	1,432	-1%	1,442	1%	1,425	-1%
State Sponsored	564	-6%	1,412	150%	9,799	594%	6,017	-39%	7,555	27%
Total	426,436	3%	433,885	2%	437,198	1%	436,444	0%	437,444	0%

- Nevada's **racial mix** differs from the U.S. average. *(2010 Census National Summary File)*

Population by Race	White, not Hispanic Origin	Hispanic or Latino	African American	Asian or Pacific Islander	Native American	Other/Mixed
Nevada	54%	27%	8%	8%	1%	3%
United States	64%	16%	13%	5%	1%	2%

- Nevada's **minority population** as a share of total population exceeds the U.S. average. *(U.S. Census, Annual Population Estimates, 2010 Census National Summary File)*

Minority Population		2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Nevada	%	35%	36%	37%	39%	40%	41%	42%	43%	44%	46%
United States	%	31%	32%	32%	33%	33%	34%	34%	34%	35%	36%

Economy

- In 2010, Nevada's **personal income per capita** was $36,997, ranking 20th among states. The per capita income for the U.S. as a whole was $40,584. *(U.S. Census Bureau, Statistical Abstract of the United States)*

- The Kaiser Family Foundation measures **state economic distress** by taking into account the number of foreclosures, the change in the unemployment rate, and the change in the number of people receiving food stamps. Nevada's current ranking is 16th. Nevada remains 1st in foreclosure rate and tied for 6th in percent change in monthly food stamp participation. Nevada had the greatest change in unemployment rate among all 50 states. Even though Nevada ranked highest in the unemployment rate, the change in the change improved Nevada's distress ranking *(Kaiser Family Foundation, State Health Facts)*

- In August 2011, Nevada's **foreclosure rate** was the highest of all states, with 1 of every 118 homes currently under foreclosure. California overtook Arizona for second highest with 1 of every 226 homes in foreclosure. Arizona has 1 of every 248 homes in foreclosure. The U.S. average was 1 of every 570 homes. *(RealtyTrac)*

- Nevada's current **unemployment rate** is the highest in the nation. *(U.S. Bureau of Labor Statistics)*

Unemployment Rate		Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	6 Month Average
Nevada	%	13.2%	12.5%	12.1%	12.4%	12.9%	13.4%	12.6%
	Rank	50	50	50	50	50	50	50
United States	%	8.8%	9.0%	9.1%	9.2%	9.1%	9.1%	9.0%

- Nevada's 2010 **average unemployment rate** was above the national rate. *(U.S. Bureau of Labor Statistics)*

Average Unemployment Rate		2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	
Nevada	%	5.3%	5.7%	5.2%	4.4%	4.5%	4.3%	4.7%	6.7%	11.7%	14.0%	
	Rank	42	30	16	12	18	23	35	45	48	50	▼
United States	%	4.7%	5.8%	6.0%	5.5%	5.1%	4.6%	4.6%	5.8%	9.3%	9.6%	

Poverty

- The 2011 Health and Human Services **poverty guideline** for one person at 100% of poverty is $10,890 per year, and $22,350 for a family of four. *(Federal Register, Vol. 76, No. 13, January 20, 2011)*
  - Inflation accelerated toward the end of 2010 with the CPI-U showing prices up 1.6% year-over-year from 2009. With price growth skewed toward the end of 2010, 2011 is emerging as an inflationary year.

- The share of Nevada's total **population living in poverty** (below 100%) has now matched the average for the U.S. *(U.S. Census, American Community Survey)*

Total Poverty (100%)		2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	
Nevada	%	10%	12%	11%	13%	11%	10%	11%	11%	12%	15%	
	Rank	11	26	27	29	16	10	14	15	20	27	▼
United States	%	12%	12%	13%	13%	13%	13%	13%	13%	15%	15%	

Nevada Department of Health & Human Services, Nevada Data and Key Comparisons

- The share of Nevada's **children living in poverty** (below 100%) is equal to the national average. *(U.S. Census, American Community Survey)*

Under Age 18 in Poverty (100%)		2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	
Nevada	%	15%	17%	15%	19%	15%	14%	15%	15%	15%	22%	
	Rank	25	31	23	30	18	14	17	15	19	32	▼
United States	%	17%	18%	18%	18%	19%	18%	18%	18%	19%	22%	

- The share of Nevada's **female-headed households** with children, no husband, living in poverty (below 100%) is below the national average. *(U.S. Census, American Community Survey)*

Female-Headed Households with Children Under 18, No Husband, in Poverty (100%)		2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	
Nevada	%	29%	31%	27%	45%	32%	35%	34%	35%	44%	35%	
	Rank	7	11	4	28	2	7	7	7	14	11	▲
United States	%	35%	36%	36%	44%	44%	44%	44%	43%	46%	40%	

- The share of **older Nevadans in poverty** (below 100%) is lower than the average for the U.S. *(U.S. Census, American Community Survey)*

Age 65+ in Poverty (100%)		2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	
Nevada	%	9%	10%	8%	6%	9%	7%	8%	8%	7%	8%	
	Rank	17	30	15	4	23	6	7	10	9	16	▼
United States	%	10%	10%	10%	9%	10%	10%	10%	10%	10%	9%	

- **Poverty and gender** - A higher percentage of older women are impoverished than older men. The ratios have changed substantially with the latest survey. *(U.S. Census, American Community Survey)*

Age 65+ in Poverty (100%)		2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Nevada	Females %	11%	11%	9%	8%	10%	8%	9%	8%	9%	7%
	Males %	6%	8%	7%	5%	7%	6%	6%	7%	6%	6%
United States	Females %	13%	12%	12%	11%	12%	12%	12%	12%	12%	9%
	Males %	7%	7%	7%	7%	7%	7%	7%	7%	7%	6%

- The definition of a **working poor family** is one with:
  - One or more children,
  - At least one member working or actively seeking work, and
  - Having a family income of 200 percent of poverty or less.

- The percentage of Nevada's families that are **working poor families** with children is slightly higher than the national average. *(Kids Count)*

Working Poor Families with Children		2000	2001	2002	2003	2004	2005	2006	2007	2008*	2009	
Nevada	%	22%	19%	20%	22%	20%	21%	18%	17%	20%	21%	
	Rank	38	22	31	36	26	33	24	17	23	32	▼
United States	%	19%	19%	18%	19%	19%	19%	18%	18%	20%	20%	

* There was a change in data collection methodology significant enough to constitue a break in the trend. Comparison to previous years' estimates may be misleading.

Children

- In 2010, Nevada had 665,008 **children under 18**, and 335,024 **families with related children less than 18 years**. *(U.S. Census, American Community Survey)*

- The share of Nevada's **population that is under age 18** has been consistent between 2000 and 2010. *(U.S. Census, American Community Survey)*

Population Under Age 18		2001	2002	2003	2004	2005	2006	2007	2008	2009	2010*	
Nevada	%	26%	26%	26%	26%	25%	25%	26%	26%	26%	25%	
	Rank	11	11	14	12	13	13	10	10	7	16	▼
United States	%	26%	26%	25%	25%	25%	25%	25%	25%	24%	24%	

- Nevada's share of children in families where **no parent has full-time, year-round employment** is higher than the national average. *(Kids Count)*

Children in families where no parent has full-time, year-round employment		2000	2001	2002	2003	2004	2005	2006	2007	2008*	2009	
Nevada	%	30%	29%	34%	30%	36%	31%	30%	32%	26%	34%	
	Rank	19	18	30	17	36	16	14	20	17	42	▼
United States	%	32%	31%	33%	33%	33%	34%	33%	33%	27%	31%	

* There was a change in data collection methodology significant enough to constitue a break in the trend. We therefore do not recommend that you make comparisons to previous years' estimates.

- Nevada's share of **children in families that are low-income** (income less than 200% of the federal poverty level) is higher than the U.S. average. *(Kids Count)*

Children in Poverty (200%)		2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	
Nevada	%	40%	42%	38%	45%	39%	38%	37%	39%	42%	46%	
	Rank	32	33	28	36	28	23	22	26	26	32	▼
United States	%	39%	39%	39%	40%	40%	40%	39%	40%	42%	42%	

- Nevada's percent of children who live in **single parent families** slightly exceeds the national average. *(Kids Count)*

Children in Single Parent Families		2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	
Nevada	%	33%	28%	31%	32%	31%	32%	34%	33%	33%	35%	
	Rank	36	20	33	33	29	31	36	31	29	34	▼
United States	%	31%	31%	31%	31%	31%	32%	32%	32%	32%	34%	

- In 2010, approximately 4% of Nevadans ages 5 to 17 had some **disability**, which is below the nationwide average of 5%. *(U.S. Census, American Community Survey)*
- The prevalence of different **types of disability** among Nevada's children is lower than the national average. *(U.S. Census, American Community Survey)*

Population Aged 5 to 17, by Type of Disability		Vision or Hearing	Ambulatory	Mental	Self-Care
Nevada	# per 1,000	13	4	30	6
	Rank	21	3	6	6
United States	# per 1,000	14	6	39	9

Nevada Department of Health & Human Services, Nevada Data and Key Comparisons

Child Welfare

- Fewer of Nevada's children suffer from **maltreatment** than average across the U.S. *(US DHHS, Administration for Children & Families)*

Total Child Maltreatment Victims		2006	2007	2008	2009	
Nevada	Total	5,345	5,417	4,877	4,708	
	Rank	18 of 49	17 of 49	16	15	▲
	# Per 1,000	8.3	8.1	7.2	6.9	
United States	# Per 1,000	11.3	10.3	10.1	10.0	

- The length of stay for children in **foster care** in Nevada is shorter than the national average. *(US DHHS, Administration for Children & Families)*

Foster Care Length of Stay in Months		2006	2007	2008	2009	
Nevada	Number	4,612	5,008	5,048	4,982	
	Rank	20	13	18	24	▼
	Months	12.9	12.5	13.3	14.8	
United States	Months	15.3	15.3	15.3	15.4	

- **Adoption** - In 2010 in Nevada, 644 children were adopted through public welfare agencies. 2,093 awaited adoption on September 30th. The ratio of adoptions to waiting children was worse for Nevada than the national average. *(US DHHS, Administration for Children & Families)*

Agency Adoptions		FFY 2003	FFY 2004	FFY 2005	FFY 2006	FFY 2007	FFY 2008	FFY 2009	FFY 2010	
Nevada	# Adoptions	298	287	380	446	466	470	525	644	
	# Waiting	1,309	1,573	1,701	1,786	1,936	2,200	2,098	2,093	
	Ratio	23%	18%	22%	25%	24%	21%	25%	31%	
	Rank	46	50	49	46	49	50	50	48	▲
United States	Ratio	38%	39%	40%	38%	40%	44%	51%	50%	

- Of all children discharged from foster care to a finalized adoption during the year, the **median length of stay** in care (in months) from the date of latest removal from the home to the date of discharge to adoption is 6 months longer for Nevada children than the national average. *(US DHHS, Administration for Children & Families)*

Average Number of Months Until Adoption		2006	2007	2008	2009	
Nevada	Months	34	34	37	36	
	Rank	39	39	46	46	=
United States	Months	31	31	31	30	

Seniors

- Nevada's share of **population aged 65+** is smaller than the national average. *(U.S. Census, American Community Survey)*

Population Age 65+		2002	2003	2004	2005	2006	2007	2008	2009	2010	
Nevada	%	11%	11%	11%	11%	11%	11%	11%	12%	12%	
	Rank	43	40	43	40	44	44	44	44	44	=
United States	%	12%	12%	12%	12%	12%	12%	12%	13%	13%	

- Percent of people 65 years and over **below poverty level** in the past 12 months in Nevada is slightly lower than the average for the 50 U.S. States *(U.S. Census, American Community Survey, Ranking Tables)*

Age 65+ in Poverty		2005	2006	2007	2008	2009	2010	
Nevada	%	9%	7%	7%	9%	8%	8%	
	Rank	23	6	6	21	9	16	▼
United States	%	10%	10%	9%	10%	9%	9%	

- In 2010, approximately 34% of Nevadans aged 65+ have some **disability**, compared to 37% nationwide. *(U.S. Census, American Community Survey)*
  - The prevalence of different types of disability among Nevada's seniors is below the national average. *(U.S. Census, American Community Survey)*

Population Age 65+, by Type of Disability		Vision or Hearing	Ambulatory	Mental	Self-Care	Go-Outside-Home
Nevada	# per 1,000	203	222	78	78	173
	Rank	13	23	10	22	11
United States	# per 1,000	220	238	95	88	204

- The **nursing facility residency rate** for elderly Nevadans is lower than the national average. *(Centers for Disease Control & Prevention, National Center for Health Statistics, 2008 Health--U.S.)*

Nursing Facility Residents		2001	2002	2003	2004	2005	2006	2007	2008	2009	
Nevada	Residents	4,036	4,182	4,308	4,294	4,399	4,664	4,724	4,724	4,699	
	Residents per 1,000 population aged 85+	213	204	195	179	171	168	158	146	145	
	Rank	5	5	6	5	5	6	6	6	6	=
United States	Residents per 1,000 population aged 85+	330	318	308	297	282	271	259	251	249	

Disability

- In 2010, a smaller percent of Nevada's non-institutionalized population in each age group was **disabled** than the U.S. average. *(U.S. Census, American Community Survey)*

Disabled Population by Age		5 to 17 years	18 to 34 years	35 to 64 years	65 years & over
Nevada	%	4%	5%	12%	34%
	Rank	3	8	17	15
United States	%	5%	5%	13%	37%

- The number of **disabled per 1,000 population** is lower in Nevada than the U.S. *(U.S. Census, American Community Survey)*

Disabled Population		2008	2009	2010	
Nevada	# per 1,000	100	101	106	
	Rank	5	8	11	▼
United States	# per 1,000	121	120	119	

- Nevada's **spending on developmental services** in 2009 fell below the national average. *(State of the States in Developmental Disabilities, 2011)*

Developmental Services Spending per $1,000 of Personal Income	Community Services	Institutional Settings	Total
Nevada	$1.48	$0.11	$1.59
United States	$3.67	$0.68	$4.34

- For 2009, **family support spending per participant** in Nevada was $2,651. The national average was $7,761. *(State of the States in Developmental Disabilities, 2011)*

- Nevada's **percent of disabled that are working** consistently remains higher than the national average. (*U.S. Census, American Community Survey*)

The Percent of Disabled that are Working		2002	2003	2004	2005	2006	2007	2008	2009	2010	
Nevada	%	46%	41%	34%	40%	40%	40%	43%	40%	38%	
	Rank	23	22	34	23	21	20	19	17	18	▼
United States		44%	37%	36%	38%	37%	36%	39%	35%	33%	

Health

- Nevada's **overall ranking** from the Annie E. Casey Foundation's 10 infant, children and teen indicators decreased to 40th in 2011. *(Kids Count)*

Kids Count Overall Rank		2002	2004	2005	2006	2007	2008	2009	2010	2011	
Nevada	Rank	31	34	32	36	33	36	39	36	40	▼

- The percentage of Nevada's babies that are **low birth weight** (less than 5.5 lbs.) is approximately the same as the U.S. average. *(Kids Count)*

Low Birth Weight Babies		2000	2001	2002	2003	2004	2005	2006	2007	2008	
Nevada	%	7%	8%	8%	8%	8%	8%	8%	8%	8%	
	Rank	20	22	19	26	22	27	25	25	22	▲
United States	%	8%	8%	8%	8%	8%	8%	8%	8%	8%	

- Nevada's **infant mortality rate** (deaths of children less than 1 year of age per 1,000 live births) is lower than the national average. *(United Health Foundation, America's Health Rankings)*

Infant Mortality		2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	
Nevada	# per 1,000	7	7	6	6	6	6	6	6	6	6	
	Rank	18	18	13	17	17	17	17	17	16	19	▼
United States	# per 1,000	7	7	7	7	7	7	7	7	7	7	

- Nevada's **child death rate** (deaths of children aged 1 to 14 years, from all causes, per 100,000 children in this age range) has fallen in 2007 but is still higher than the national average. *(Kids Count)*

Child Deaths		2000	2001	2002	2003	2004	2005	2006	2007	
Nevada	# per 100,000	23	22	19	19	21	24	21	22	
	Rank	27	21	10	11	20	34	26	39	▼
United States	# per 100,000	22	22	21	21	20	20	19	19	

- Nevada's **teen birth rate** (births per 1,000 females aged 15-19) is 33% higher than the U.S. average. *(United Health Foundation, America's Health Rankings)*

Teen Birth Rate		2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	
Nevada	# per 1,000	66	64	63	56	54	53	51	50	56	55	
	Rank	45	44	45	39	40	41	39	41	44	42	▲
United States	# per 1,000	51	50	48	45	43	42	41	41	42	42	

- A slightly higher percentage of adult Nevadans report that their **current health** is "poor" or "fair" than average in the U.S. *(United Health Foundation, America's Health Rankings)*

Poor Health Status		2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	
Nevada	%	16%	14%	17%	18%	18%	17%	19%	17%	19%	16%	
	Rank	38	22	39	40	40	35	42	36	42	34	▲
United States	%	14%	14%	15%	15%	15%	15%	15%	15%	14%	15%	

- When a person indicates that their **activities are limited due to physical health difficulties**, this is considered to be a "poor physical health day". In 2010, Nevadans reported suffering from the same number of poor physical health days in the previous 30 days as the national average. *(United Health Foundation, America's Health Rankings)*

Poor Physical Health Days		2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	
Nevada	# of Days	3.6	3.5	3.5	3.4	3.5	3.7	3.7	3.7	3.5	3.6	
	Rank	43	33	38	22	25	35	38	36	28	30	▼
United States	# of Days	3.3	3.5	3.5	3.6	3.6	3.6	3.6	3.6	3.6	3.6	

- The percent of adults that report consuming at least five **servings of fruits and vegetables** each day is slightly higher for Nevada than the national average. *(United Health Foundation, America's Health Rankings)*

Daily Vegetables & Fruit		2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	
Nevada	%	21%	21%	22%	20%	20%	23%	23%	22%	22%	24%	
	Rank	38	37	28	37	37	30	30	32	32	23	▲
United States	%	23%	24%	23%	23%	23%	23%	23%	24%	24%	23%	

- The percent of adults that report participating in **physical activities** during the previous month is the same for Nevada as the national average in 2010. *(United Health Foundation, America's Health Rankings)*

Physical Activity		2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	
Nevada	%	75%	77%	75%	75%	76%	73%	73%	76%	72%	76%	
	Rank	19	15	30	32	31	36	42	35	38	30	▲
United States	%	73%	75%	76%	77%	78%	76%	77%	77%	75%	76%	

- The percentage of Nevada **adults who are current smokers** is higher than the average for the U.S. as a whole. *(CDC, Behavioral Risk Factor Surveillance System)*

Adults Who Are Current Smokers		2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	
Nevada	%	27%	26%	25%	23%	23%	22%	22%	22%	22%	21%	
	Rank	45	38	28	28	39	36	35	42	41	42	▼
United States	%	23%	23%	22%	21%	21%	20%	20%	19%	18%	17%	

- The percentage of Nevadans over age 18 that **drank excessively** (5+ drinks in one setting for males, 4+ for females) in the previous 30 days is higher than the national average. *(United Health Foundation, America's Health Rankings)*

Binge Drinking		2007	2008	2009	2010	
Nevada	%	17%	16%	18%	18%	
	Rank	NA	32	41	42	▼
United States	%	15%	16%	16%	16%	

- Nevada's **obese** population (Body Mass Index of 30 or higher) is under the national average. *(CDC, Behavioral Risk Factor Surveillance System)*

Obesity		2001	2002	2003	2004	2005	2006	2007	2008	2009	2009	
Nevada	%	20%	22%	21%	21%	21%	25%	25%	26%	26%	23%	
	Rank	14	23	18	11	8	24	13	19	21	5	▲
United States	%	21%	22%	23%	23%	24%	25%	26%	27%	27%	27%	

- **Infectious disease cases** per 100,000 population are lower for Nevada than average for the U.S. *(United Health Foundation, America's Health Rankings)*

Infectious Disease Cases		2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	
Nevada	%	30	26	23	23	20	20	17	17	18	17	
	Rank	34	32	34	34	32	33	33	33	34	35	▼
United States	%	31	30	27	26	23	23	20	20	20	18	

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- The percent of adult Nevadans who report being told by a doctor that they have **diabetes** is currently equal to the national average. *(United Health Foundation, America's Health Rankings)*

Diabetes		2005	2006	2007	2008	2009	2010	
Nevada	%	6%	7%	8%	8%	9%	8%	
	Rank	15	21	26	25	30	16	▲
United States	%	7%	7%	8%	8%	8%	8%	

- The percent of adult Nevadans who report being told by a health professional that they have **high blood pressure** is below the national average. *(United Health Foundation, America's Health Rankings)*

High Blood Pressure		2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	
Nevada	%	29%	26%	26%	24%	24%	24%	24%	27%	27%	28%	
	Rank	47	26	26	16	16	15	15	24	24	17	▲
United States	%	24%	26%	26%	25%	25%	26%	26%	28%	28%	29%	

- The percent of adult Nevadans who report being told by a health professional that they have **high cholesterol** is above the national average. *(United Health Foundation, America's Health Rankings)*

High Cholesterol		2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	
Nevada	%	35%	37%	37%	37%	37%	39%	39%	37%	37%	39%	
	Rank	49	49	49	48	48	48	48	19	19	30	▼
United States	%	30%	30%	30%	33%	33%	36%	36%	38%	38%	38%	

- The percent of adult Nevadans who report being told by a health professional that they have had a **stroke** is equal to the national average. *(United Health Foundation, America's Health Rankings)*

Stroke		2006	2007	2008	2009	2010	
Nevada	%	3%	3%	2%	2%	2%	
	Rank	35	30	17	7	23	▼
United States	%	3%	3%	3%	3%	2%	

- The percent of adult Nevadans who report being told by a health professional that they have **cardiac heart disease** is equal to the national average. *(United Health Foundation, America's Health Rankings)*

Cardiac Heart Disease		2006	2007	2008	2009	2010	
Nevada	%	4%	5%	4%	4%	4%	
	Rank	17	38	28	22	25	▼
United States	%	4%	5%	4%	4%	4%	

- The percent of adult Nevadans who report being told by a health professional that they have had a **heart attack** (myocardial infarction) is above the national average. *(United Health Foundation, America's Health Rankings)*

Heart Attack		2006	2007	2008	2009	2010	
Nevada	%	5%	5%	4%	4%	5%	
	Rank	39	37	25	31	42	▼
United States	%	4%	4%	4%	4%	4%	

- The number of **cardiovascular death** per 100,000 population has been declining in Nevada but higher than the national average. *(United Health Foundation, America's Health Rankings)*

Cardiovascular Deaths		2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	
Nevada	# per 100,000	355	349	340	335	329	328	323	320	313	299	
	Rank	32	31	31	31	30	33	35	38	39	37	▲
United States	# per 100,000	348	344	340	333	327	319	309	298	288	278	

- The number of **cancer deaths** per 100,000 population is slightly higher in Nevada than the average for the U.S. *(United Health Foundation, America's Health Rankings)*

Cancer Deaths		2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	
Nevada	# per 100,000	208	207	210	209	208	205	201	199	196	194	
	Rank	34	29	37	36	34	33	34	32	27	25	▲
United States	# per 100,000	200	200	201	200	199	197	195	193	192	192	

Health Care

- **Adequacy of prenatal care** (the percent of pregnant women who receive care during the first trimester) is lower for Nevada than the national average. The United States average is not available for 2009 and 2010 *(United Health Foundation, America's Health Rankings)*

Prenatal Care		2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	
Nevada	%	68%	67%	68%	70%	72%	67%	67%	61%	72%	73%	
	Rank	48	48	46	39	36	45	45	43	50	49	▲
United States	%	76%	76%	76%	75%	75%	75%	75%	69%	NA	NA	

- Nevada is ranked 49th in terms of the percentage of children ages 19-35 months who have received the recommended number of doses of **vaccinations** (DTP, poliovirus vaccine, any measles-containing vaccine, HiB, and HepB). *(United Health Foundation, America's Health Rankings)*

Immunization Coverage		2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	
Nevada	%	69%	68%	76%	76%	68%	67%	65%	67%	85%	84%	
	Rank	43	46	25	71	50	50	50	50	50	49	▲
United States	%	73%	74%	75%	79%	81%	81%	81%	80%	91%	90%	

- Nevada has fewer adults aged 65+ who have had a **flu shot** within the past year than the national average. *(CDC, Behavioral Risk Factor Surveillance System)*

Adults Aged 65+ Who Have Had a Flu Shot Within the Past Year		2002	2003	2004	2005	2006	2007	2008	2009	2010	
Nevada	%	60%	60%	59%	53%	58%	62%	57%	64%	59%	
	Rank	47	50	49 of 49	50	50	50	50	49	50	▼
United States	%	69%	70%	68%	66%	70%	72%	71%	70%	68%	

- In Nevada, the percent of adults who have had their **blood cholesterol checked** within the last 5 years is approaching the U.S. average. *(United Health Foundation, America's Health Rankings)*

Cholesterol Check		2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	
Nevada	%	68%	72%	72%	68%	68%	67%	67%	71%	71%	76%	
	Rank	31	25	25	47	47	47	47	46	46	27	▲
United States	%	69%	72%	72%	73%	73%	73%	73%	75%	75%	77%	

- In Nevada, the percent of **women aged 40+ who have had a mammogram within the past two years** is lower than the national average. *(CDC, Behavioral Risk Factor Surveillance System)*

Women Aged 40+ Who Have Had a Mammogram within the Past 2 Years		2000	2002	2004	2006	2008	2010	
Nevada	%	74%	73%	69%	71%	68%	67%	
	Rank	38	39	38 of 49	43	47	48	▼
United States	%	76%	76%	75%	77%	76%	76%	

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- In Nevada, the percent of **women aged 18+ who have had a pap test within the past three years** is lower than the national average. *(CDC, Behavioral Risk Factor Surveillance System)*

Women Aged 18+ Who Have Had a Pap Test within the Past 3 Years		2000	2002	2004	2006	2008	2010	
Nevada	%	84%	83%	85%	82%	78%	78%	
	Rank	43	48	34 of 49	40	47	43	▲
United States	%	87%	87%	86%	84%	83%	81%	

- The percent of Nevada **adults aged 50+ that have ever had a colorectal cancer screening** (sigmoidoscopy or colonoscopy) is below the national average. *(CDC, Behavioral Risk Factor Surveillance System)*

Colorectal Cancer Screening		2002	2004	2006	2008	2010	
Nevada	%	45%	47%	55%	56%	62%	
	Rank	36	45 of 49	38	45	39	▲
United States	%	49%	54%	57%	62%	65%	

- The percentage of Nevadans that **visited the dentist** for any reason during the past year is lower than the national average. *(United Health Foundation, America's Health Rankings)*

Recent Dental Visit		2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	
Nevada	%	59%	59%	65%	65%	65%	65%	66%	66%	64%	64%	
	Rank	49	49	45	45	44	44	39	39	44	44	=
United States	%	70%	70%	71%	71%	71%	71%	70%	70%	71%	71%	

- Nevada has fewer **primary care physicians** per 100,000 population than the national average. *(United Health Foundation, America's Health Rankings)*

Primary Care Physicians		2005	2006	2007	2008	2009	2010	
Nevada	# per 100,000	84	85	86	85	87	86	
	Rank	46	46	46	46	46	46	=
United States	# per 100,000	119	119	120	120	121	121	

- Nevada has a lower number of **preventable hospitalizations** per 1,000 Medicare recipients than average for the U.S. *(United Health Foundation, America's Health Rankings)*

Preventable Hospitalizations		2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	
Nevada	# per 1,000	74	65	65	66	63	62	65	65	62	57	
	Rank	18	12	11	12	11	11	13	13	11	12	▼
United States	# per 1,000	83	81	81	81	80	77	78	78	71	71	

- The number of **deaths** in Nevada per 10,000 admissions in **low mortality Diagnosis Related Groups** (DRGs) is close to the average in the U.S. *(U.S. DHHS, Agency for Healthcare Research and Quality)*

Deaths in Low Mortality DRGs		2005	2006	2007
Nevada	# per 10,000	5.6	4.4	4.3
United States	# per 10,000	4.5	4.3	4.2

- In Nevada, the number of **infections due to medical care** per 1,000 medical and surgical discharges exceeds the national average. *(U.S. DHHS, Agency for Healthcare Research and Quality)*

Infections due to Medical Care		2004	2005	2006	2007
Nevada	# per 1,000	2.3	2.9	2.8	2.8
United States	# per 1,000	1.6	2.3	2.2	2.0

- Nevada ranks poorly in the percent of adult surgery patients who received the **appropriate timing of antibiotics** but is improving significantly in the percent covered. *(U.S. DHHS, Agency for Healthcare Research and Quality)*

Appropriate Timing of Antibiotics		2005	2006	2007	2008	2009	2010	
Nevada	%	55%	66%	76%	72%	76%	86%	
	Rank	50	50	50	50	50	49	▲
United States	%	75%	81%	86%	81%	87%	92%	

- The percent of hospital patients with **heart failure** in Nevada who received **recommended hospital care** is just above the national average. (U.S. DHHS, Agency for Healthcare Research and Quality)

Hospital Patients with Heart Failure Who Received Recommended Hospital Care		2005	2006	2007	2008	2009	2010	
Nevada	%	89%	90%	93%	90%	93%	96%	
	Rank	18	31	26	29	26	16	▲
United States	%	88%	91%	93%	91%	94%	95%	

- Nevada is below the national average, but improving, in the percent of hospital patients with **pneumonia** who received **recommended hospital care**. *(U.S. DHHS, Agency for Healthcare Research and Quality)*

Hospital Patients with Pneumonia Who Received Recommeded Hospital Care		2005	2006	2007	2008	2009	2010	
Nevada	%	65%	72%	79%	72%	79%	87%	
	Rank	50	50	49	50	48	45	▲
United States	%	74%	81%	84%	81%	86%	90%	

- The percent of hospice patients in Nevada who received **care consistent with stated end-of-life wishes** is below the national average. *(U.S. DHHS, Agency for Healthcare Research and Quality)*

Hospice Patients Who Received Care Consistent with Stated End-of-Life Wishes		2006	2007	2008	2009	
Nevada	%	91%	92%	93%	94%	
	Rank	44 of 45	45 of 46	38 of 46	25 of 46	▲
United States	%	95%	95%	94%	95%	

Health Insurance

- In 2010 in Nevada, 56% of private sector establishments **offered health insurance to employees** (rank=15th highest, down from 63% in 2008). The national average was 54%. *(Kaiser Family Foundation, State Health Facts)*

- In 2010 in Nevada, the average **health insurance premium** (employer and worker share combined) for an individual or family was lower than the national average. Nevada's workers also pay a lower share of the premium than is typical nationwide. *(Kaiser Family Foundation, State Health Facts)*

Annual Health Insurance Premiums		Individual Coverage		Family Coverage	
		Employee	Total	Employee	Total
Nevada	$	$767	$4,771	$3,379	$12,496
	Rank	3	18	16	6
	Share of Premium	16%		27%	
	Rank	6		24	
United States	$	$1,021	$4,940	$3,721	$13,871
	Share of Premium	21%		27%	

- A higher percentage of Nevadans are **uninsured** than average in the U.S. *(2010 American Community Survey 1-Year Estimates, U.S. Census Bureau)*

Uninsured Population		2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	
Nevada	%	15%	19%	18%	18%	17%	20%	17%	19%	20%	23%	
	Rank	38	48	44	46	39	44	40	44	47	49	▼
United States	%	14%	15%	15%	15%	15%	16%	15%	15%	17%	16%	

- Nevada ranks at the bottom of all states with the highest percentage of **uninsured children**. *(2010 American Community Survey 1-Year Estimates, U.S. Census Bureau)*

Uninsured Population Age 0-18		2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	
Nevada	%	13%	19%	17%	16%	14%	19%	14%	19%	17%	17%	
	Rank	43	49	47	48	46	47	47	50	49	50	▼
United States	%	11%	11%	11%	11%	11%	12%	11%	10%	10%	8%	

Mental Health

- The average number of **poor mental health days** per month for Nevadans exceeds the national average. *(United Health Foundation, America's Health Rankings)*

Poor Mental Health Days		2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	
Nevada	# of Days	3.4	3.9	3.9	3.9	3.9	3.5	3.5	3.8	3.6	4.0	
	Rank	37	47	47	43	46	36	36	43	35	45	▼
United States	# of Days	3.2	3.4	3.4	3.4	3.5	3.3	3.4	3.4	3.4	3.5	

- A higher percent of Nevadans report suffering from **Frequent Mental Distress** (14 or more mentally unhealthy days per month) than average in the U.S. *(CDC, National Center for Chronic Disease Prevention and Health Promotion)*

Frequent Mental Distress		2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	
Nevada	%	10%	10%	NA	12%	11%	11%	11%	11%	11%	13%	
	Rank	36	30	NA	43	38 of 49	35	38	40	37	45	▼
United States	%	9%	10%	9%	10%	10%	10%	10%	10%	10%	11%	

- It is estimated that Nevada has over 88,000 residents suffering from **serious mental illness**. *(National Alliance on Mental Illness, Grading the States 2009)*

Nevada Department of Health & Human Services, Nevada Data and Key Comparisons

- Nevada's adult **public mental healthcare system** earns poor grades in a nationwide survey. *(National Alliance on Mental Illness, Grading the States 2009)*

Adult Public Mental Healthcare System		Health Promotion & Measurement	Financing & Core Treatment / Recovery Services	Consumer & Family Empowerment	Community Integration & Social Inclusion	Overall Grade
Nevada	Grade	F	D	D	F	D
United States	Grade	D	C	D	D	D

- Nevada's **per capita mental health spending** is significantly below the national average. *(Kaiser Family Foundation, State Health Facts)*

Per Capita Mental Health Expenditures		FY02	FY03	FY04	FY05	FY06	FY07	FY08	FY09	
Nevada	$ Per Capita	$59	$63	$54	$63	$61	$79	$81	$64	
	Rank	35	34	40	39	42	33	36	42	▼
United States	$ Per Capita	$84	$92	$98	$103	$104	$113	$121	$123	

Suicide

- Nevada's **suicide rate** is higher than the national average. *(CDC, National Center for Injury Prevention and Control)*

Suicide Rate		2000	2001	2002	2003	2004	2005	2006	2007	
Nevada	# per 100,000	20	19	20	20	19	20	20	18	
	Rank	49	48	47	48	49	49	47	46	▲
United States	# per 100,000	10	11	11	11	11	11	11	11	

- The **suicide rate among Nevadans aged 65+** is more than twice the average for the U.S. *(CDC, National Center for Injury Prevention and Control)*

Suicide Rate Age 65+		2000	2001	2002	2003	2004	2005	2006	2007
Nevada	# per 100,000	30	32	34	39	34	36	33	31
United States	# per 100,000	15	15	16	15	14	15	14	14

- In 2007, suicide was the 6th leading cause of death in Nevada and the 11th nationwide. *(CDC, National Center for Injury Prevention and Control)*

Rank of Suicide as a Leading Cause of Death, by Age	10 to 14 years	15 to 24 years	25 to 34 years	35 to 44 years	45 to 54 years	55 to 64 years	65 to 74 years	75 to 84 years	85+ years	All Ages
Nevada	2	3	2	4	4	6	10	16	18	6
United States	4	3	2	4	5	8	14	18	>20	11

- In 2009, approximately 9% of Nevada's 9th through 12th graders **attempted suicide** in the last 12 months, compared to nearly 6% nationwide. *(CDC, National Center for Chronic Disease Prevention & Health Promotion, Youth Risk Behavior Surveillance System)*

Suicide Attempts Among High School Students		1999	2001	2003	2005	2007	2009
Nevada	%	9%	11%	9%	9%	9%	10%
United States	%	8%	9%	9%	8%	7%	6%

Public Assistance

- The number of Nevada households that receive **public assistance** income per 1,000 households has recently become higher than the national average. *(U.S. Census, American Community Survey)*

Households Receiving Public Assistance Income		2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	
Nevada	# per 1,000	14	20	20	24	19	17	18	19	27	30	
	Rank	4	17	14	25	13	10	10	23	32	35	▼
United States	# per 1,000	24	24	25	24	26	24	23	23	26	29	

- Note that a rank of 1 indicates that state has the fewest households receiving public assistance per 1,000 households.

- The **maximum income allowed for initial TANF eligibility** for a family of three in Nevada is higher than the national average. *(Urban Institute, Welfare Rules Databook)*

Maximum Income for Initial Eligibility for a Family of Three (1 adult, 2 kids)		2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Nevada	Maximum Income	$1,098	$1,120	$1,133	$1,168	$1,185	$1,230	$1,341	$1,375	$1,430	$1,430
United States	Maximum Income	$763	$768	$770	$771	$766	$777	$789	$785	$817	$822

- The **maximum TANF benefit** for a family of three (1 adult, 2 children) with no income in Nevada is lower than the average in the U.S. *(Urban Institute, Welfare Rules Databook)*

Maximum TANF Benefit for a Family of Three with No Income		2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Nevada	Maximum Income	$348	$348	$348	$348	$348	$348	$348	$383	$383	$383
United States	Maximum Income	$408	$413	$415	$413	$413	$417	$419	$475	$431	$436

- In 2010, the **asset limit** for TANF recipients in Nevada is $2,000. The minimum is $1,000, and the maximum is unlimited assets in Alabama, Maryland, Ohio and Virginia. *(Urban Institute, Welfare Rules Databook)*

- Nevada's TANF **work participation rate** is higher than the average for the U.S. Note that "work activities" may include employment, job search activities, community service, education, and job skills training. *(U.S. DHHS, Administration for Children and Families, Office of Family Assistance)*

TANF Work Participation		FFY01	FFY02	FFY03	FFY04	FFY05	FFY06	FFY07	FFY08	FFY09	
Nevada	%	35%	22%	22%	35%	42%	48%	34%	42%	39%	
	Rank	28	43	43	27	15	12	28	17	20	▼
United States	%	34%	33%	31%	32%	33%	33%	30%	29%	29%	

- The **average number of hours of participation in work activities** per week for all adult TANF recipients participating in work activities in Nevada is approximately equal to the national average. *(U.S. DHHS, Administration for Children and Families, Office of Family Assistance)*

Average Participation in Work Activities Per Week		FFY01	FFY02	FFY03	FFY04	FFY05	FFY06	FFY07	FFY08	FFY09	
Nevada	Hours	25	22	23	23	18	20	27	28	26	
	Rank	37	43	44	44	50	48	23	15	14	▲
United States	Hours	30	29	28	28	28	28	27	25	25	

- Nevada's **job entry by TANF recipients** falls below the national average. *(U.S. DHHS, Administration for Children and Families, Office of Family Assistance, High Performance Measures)*

Job Entry by TANF Recipients		FFY01	FFY02	FFY03	FFY04	FFY05	FFY06	FFY07	
Nevada	%	37%	37%	37%	39%	40%	28%	25%	
	Rank	25 of 49	19 of 48	15 of 49	13 of 49	11	46	44	▲
United States	%	37%	36%	34%	36%	35%	36%	36%	

- Nevada performs well in terms of **job retention by employed TANF recipients**, ranking higher than the national average. *(U.S. DHHS, Administration for Children and Families, Office of Family Assistance, High Performance Measures)*

Job Retention by Employed TANF Recipients		FFY01	FFY02	FFY03	FFY04	FFY05	FFY06	FFY07	
Nevada	%	61%	63%	63%	65%	67%	71%	72%	
	Rank	23 of 49	13 of 48	13 of 49	10 of 49	12	3	2	▲
United States	%	60%	59%	59%	60%	63%	64%	64%	

- The percent of Nevada's employed TANF recipients that have achieved **earnings gains** is slightly higher than the national average. *(U.S. DHHS, Administration for Children and Families, Office of Family Assistance, High Performance Measures)*

Earnings Gain by Employed TANF Recipients		FFY01	FFY02	FFY03	FFY04	FFY05	FFY06	FFY07	
Nevada	%	28%	35%	29%	38%	37%	44%	38%	
	Rank	37 of 49	26 of 48	39 of 49	32 of 49	37	20	33	▼
United States	%	36%	38%	38%	42%	44%	43%	37%	

Medicaid

- Nevada's **Medicaid spending per capita** is below the national average. *(National Association of State Budget Officers, 2009 State Expenditure Report; U.S. Census, Annual Population Estimates)*

Medicaid Expenditures		FFY01	FFY02	FFY03	FFY04	FFY05	FFY06	FFY07	FFY08	FFY09	FFY10	
Nevada	$ per capita	$352	$424	$519	$501	$476	$468	$487	$435	$504	$505	
	Rank	50	50	47	50	50	50	50	50	50	49	▲
United States	$ per capita	$708	$791	$845	$902	$967	$983	$1,016	$1,021	$1,092	$1,224	

- Historically, Nevada ranked low in providing **Medicaid coverage to pregnant women**; Nevada was one of 9 states that provided minimum coverage at 133% of poverty through January 2011 *(Kaiser Family Foundation, State Health Facts)*

- Nevada's **Medicaid nursing facility spending** was 66% percent of Medicaid long-term care expenditures in 2007. *(AARP Public Policy Institute, Across the States 2009)*

- Nevada's **Medicaid Home and Community Based Services (HCBS) spending** for older people and adults with physical disabilities was 34% of Medicaid long-term care expenditures in 2007. *(AARP Public Policy Institute, Across the States 2009)*

- In Nevada, the **costs** of many health care services for the elderly exceed the national average. *(Genworth, 2011 Cost of Care Survey)*

Costs of Care, Average Median Annual Expense		Homemaker Services	Adult Day Care	Assisted Living Facility (private 1 bdrm)	Nursing Home (semi-private room)	Nursing Home (private room)
Nevada	$	$46,904	$16,770	$33,000	$76,650	$82,125
	Rank	42	31	9	30	30
United States	$	$41,184	$15,600	$39,135	$70,445	$77,745

Child Care

- Of families with some income that receive subsidized child care, the percentage of these families with a **$0 co-payment** is higher in Nevada than the U.S. average. *(U.S. DHHS, Administration for Children and Families, Child Care Bureau)*

Families with $0 Copay		FFY02	FFY03	FFY04	FFY05	FFY06	FFY07	FFY08	FFY09
Nevada	%	47%	51%	38%	24%	15%	18%	23%	23%
United States	%	26%	25%	25%	24%	24%	23%	21%	20%

- The **average family co-payment** for subsidized child care as a percent of family income is the same in Nevada as the average nationwide. *(U.S. DHHS, Administration for Children and Families, Child Care Bureau)*

Average Family Co-Payment as a % of Income		FFY02	FFY03	FFY04	FFY05	FFY06	FFY07	FFY08	FFY09	
Nevada	%	5%	4%	4%	5%	6%	6%	6%	5%	
	Rank	33	21	21	30	38	34	32	25	▲
United States	%	4%	5%	5%	5%	5%	5%	5%	5%	

  - Note that a rank of 1 indicates that state has the lowest average family co-payment as a percent of income.

Food Stamps

- Between July 2010 and July 2011, the number of Nevadan's receiving **food stamps** increased by 14.5%, the 6th highest rate nationwide. The national average year-over-year increase was 8.4%. *(Kaiser Family Foundation, State Health Facts)*

- Nevada's **food stamp participation rate** (% of eligible population that receives benefits) is lower than the national average. *(U.S. Dept. of Agriculture, Food and Nutrition Service)*

Food Stamp Participation Rate		2001	2002	2003	2004	2005	2006	2007	2008	
Nevada	%	43%	46%	41%	42%	54%	53%	51%	51%	
	Rank	50	49	49	50	42	49	38	48	▼
United States	%	60%	60%	54%	56%	65%	67%	65%	66%	

- A lower percentage of Nevada's **families receive food stamps** than average for the U.S. *(U.S. Census, American Community Survey 2010)*

Households Receiving Food Stamps During Last 12 Months		2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Nevada	%	3%	5%	4%	4%	4%	4%	4%	4%	5%	10%
United States	%	6%	6%	7%	7%	8%	8%	8%	8%	8%	12%

- For FFY10, Nevada's **average monthly food stamp benefit** per person was **$124.23** and **per household** was **$267.87**. The national averages were **$133.79** and **$289.61** respectively. *(USDA, Food Stamp Program State Activity Report)*

Child Support Enforcement

- The U.S. DHHS Office of Child Support Enforcement measures states using five **performance indicators**. Nevada made improvements in 3 of the 5 performance indicators. *(Administration for Children and Families, Office of Child Support Enforcement)*

Paternity Established		FFY05	FFY06	FFY07	FFY08	FFY09	FFY10	
Nevada	%	66%	69%	80%	84%	86%	100%	
	Rank	49	49	49	49	46	14	▲
United States	%	92%	95%	95%	95%	96%	96%	

Support Orders Established		FFY05	FFY06	FFY07	FFY08	FFY09	FFY10	
Nevada	%	62%	67%	69%	68%	70%	76%	
	Rank	45	44	44	43	43	38	▲
United States	%	77%	78%	79%	79%	79%	80%	

Current Support Collected		FFY05	FFY06	FFY07	FFY08	FFY09	FFY10	
Nevada	%	46%	46%	48%	48%	48%	49%	
	Rank	49	50	50	50	50	50	=
United States	%	59%	60%	61%	62%	61%	62%	

Arrearages Collected		FFY05	FFY06	FFY07	FFY08	FFY09	FFY10	
Nevada	%	50%	52%	52%	53%	52%	57%	
	Rank	48	48	49	49	49	45	▲
United States	%	61%	61%	62%	63%	64%	62%	

Cost Effectiveness		FFY05	FFY06	FFY07	FFY08	FFY09	FFY10	
Nevada	%	$2.98	$3.34	$3.51	$3.49	$3.88	$2.92	
	Rank	48	47	45	47	41	48	▼
United States	%	$5.02	$5.08	$5.21	$4.79	$5.27	$4.88	

Funding

- Nevada's **state and local tax burden per capita** is lower than the national average. Nevada's state and local tax rate (state and local tax burden per capita divided by income per capita) is one of the lowest in the nation. *(Tax Foundation, State/Local Tax Burdens, All States)*

Total State and Local Per Capita Taxes Paid		2001	2002	2003	2004	2005	2006	2007	2008	2009	
Nevada	$ per capita	$2,519	$2,554	$2,724	$3,067	$3,331	$3,581	$3,606	$3,606	$3,311	
	Tax Rate	6.9%	7.3%	7.6%	7.7%	7.4%	7.5%	7.4%	7.5%	7.5%	
	Rank	3	5	5	7	4	6	4	4	2	▲
United States	$ per capita	$3,200	$3,156	$3,254	$3,466	$3,734	$4,018	$4,270	$4,384	$4,160	
	Tax Rate	9.4%	9.5%	9.6%	9.6%	9.6%	9.7%	9.8%	9.9%	9.8%	

  - Note that a rank of 1 indicates that state has the lowest tax burden.

Nevada Department of Health & Human Services, Nevada Data and Key Comparisons

- In 2007 Nevadans paid less **federal taxes per capita** than the average for the U.S. *(IRS, Census Bureau)*

Federal Taxes Paid		FFY07
Nevada	$ per capita	$7,648
	Rank	23
United States	$ per capita	$8,528

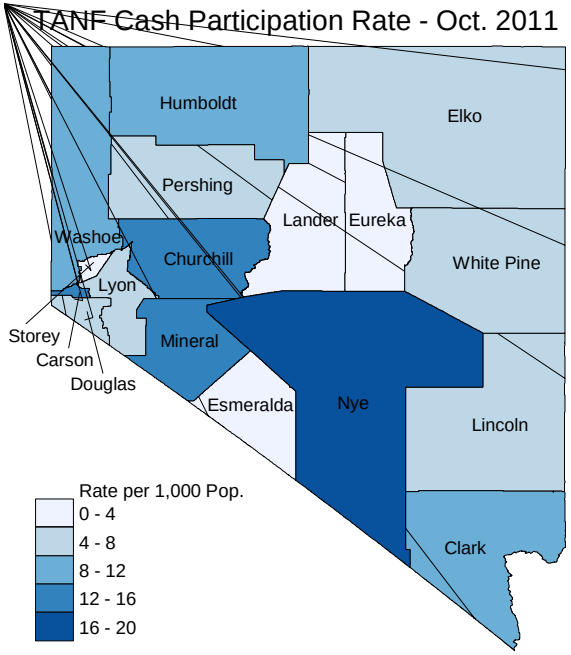
- Nevadans receive less **federal spending per capita** than all other states. *(U.S. Census, Consolidated Federal Funds Report)*

Federal Spending Received		FFY02	FFY03	FFY04	FFY05	FFY06	FFY07	FFY08	FFY09	FFY10	
Nevada	$ per capita	$4,992	$5,234	$5,529	$5,889	$5,852	$6,032	$6,638	$7,117	$7,321	
	Rank	50	50	50	50	50	50	49	50	50	=
United States	$ per capita	$6,890	$7,202	$7,548	$7,964	$8,058	$8,339	$9,042	$10,185	$10,460	

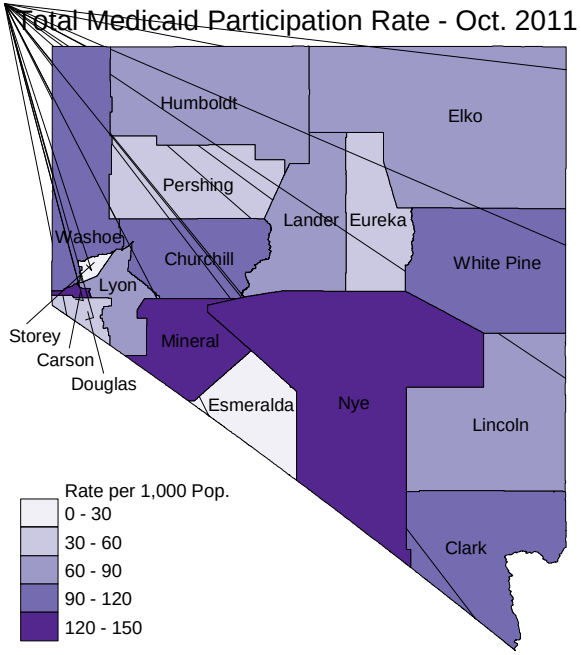
Maps – Program Participation Rates by County

Source: DHHS Caseload Data

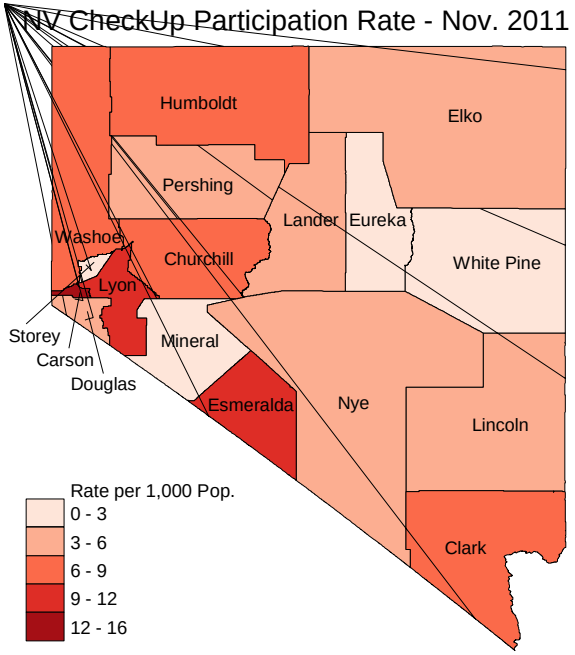
TANF Cash Participation Rate - Oct. 2011



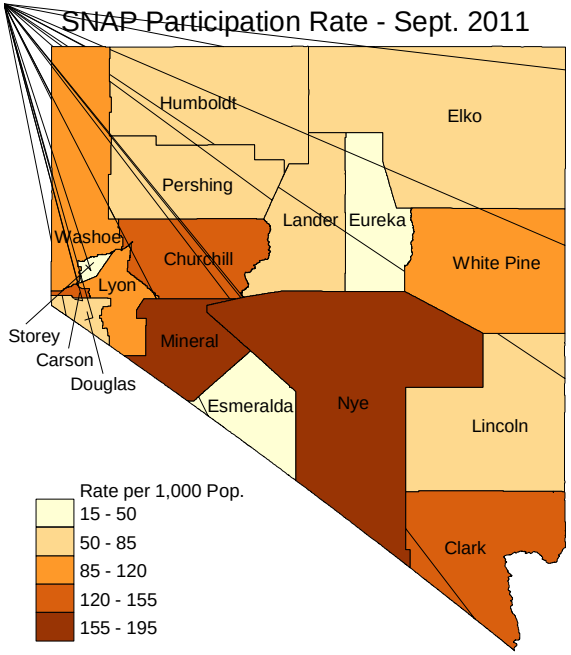
Total Medicaid Participation Rate - Oct. 2011



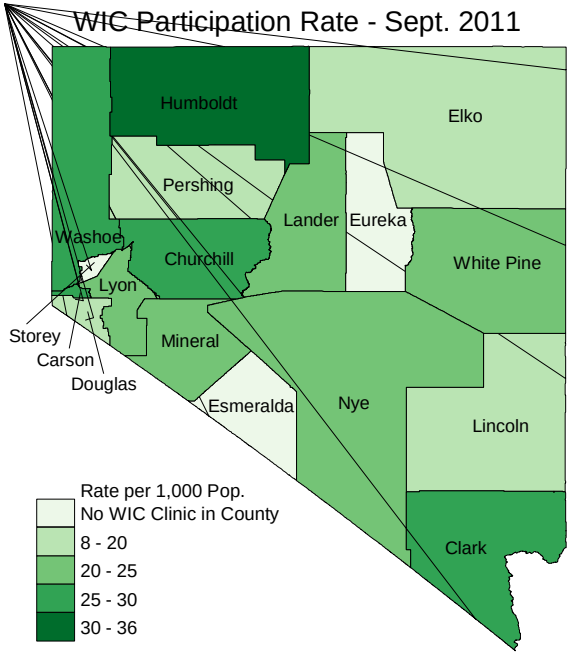
NV CheckUp Participation Rate - Nov. 2011



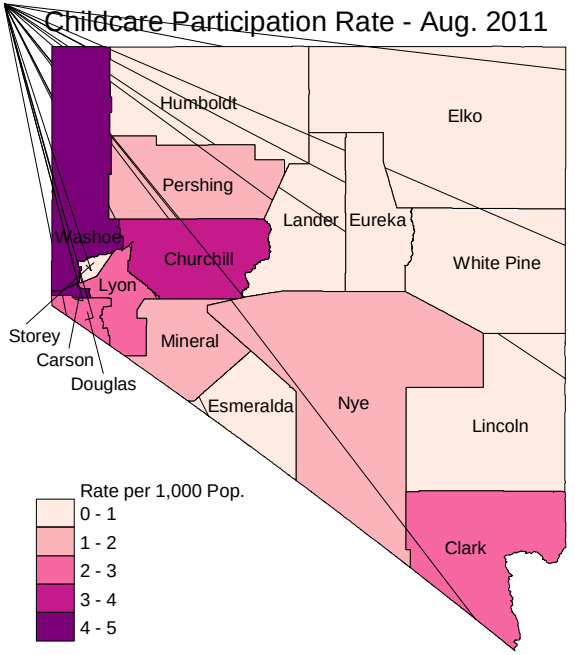
SNAP Participation Rate - Sept. 2011



WIC Participation Rate - Sept. 2011



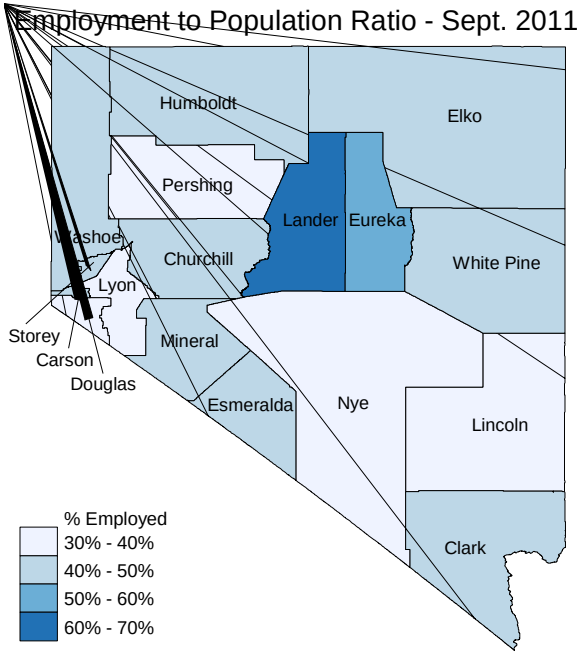
Childcare Participation Rate - Aug. 2011



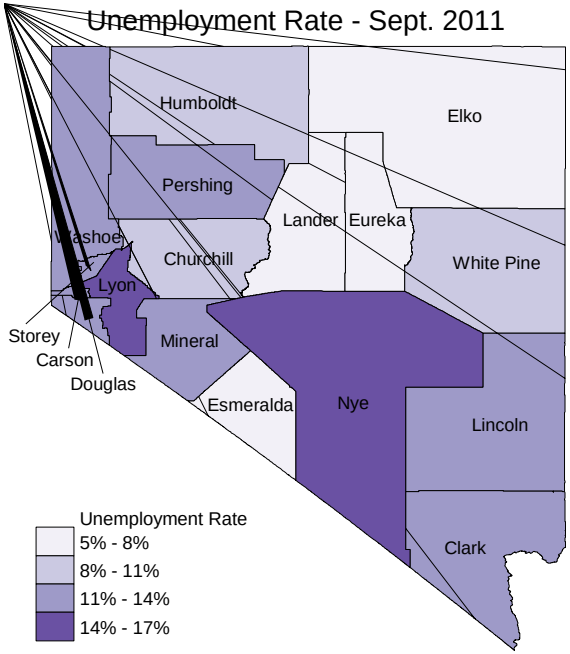
Maps – Socioeconomic & Demographic Indicators by County

Source: Employment & Unemployment Rate – DETR;
Population – State Demographer; Others – U.S. Census Bureau

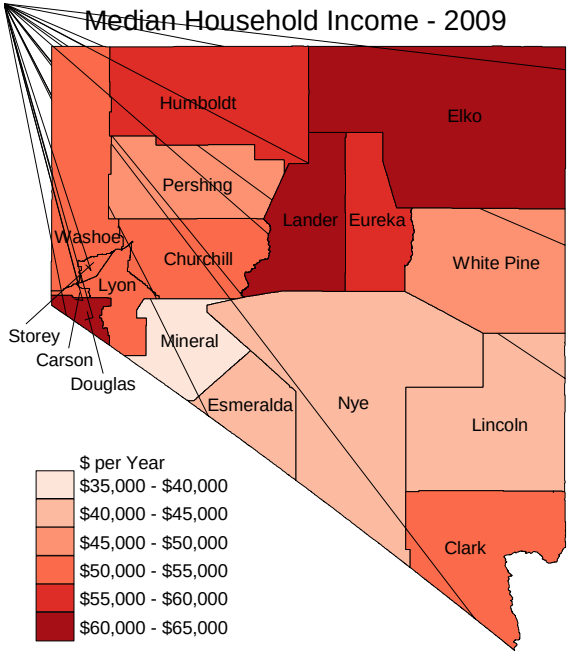
Employment to Population Ratio - Sept. 2011



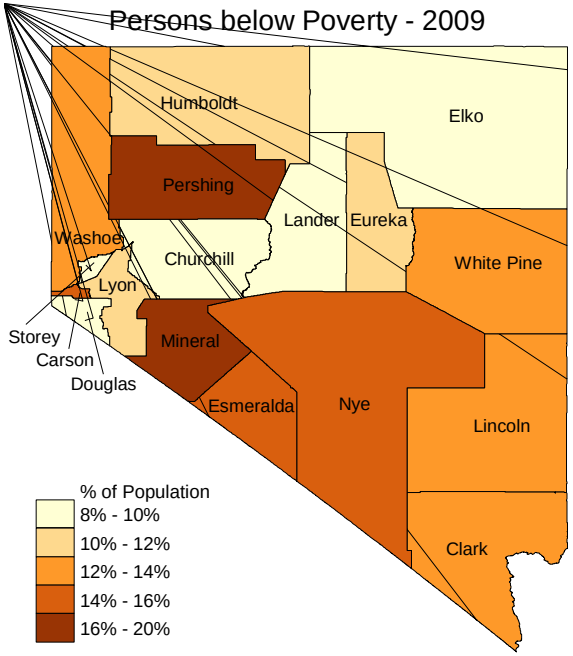
Unemployment Rate - Sept. 2011



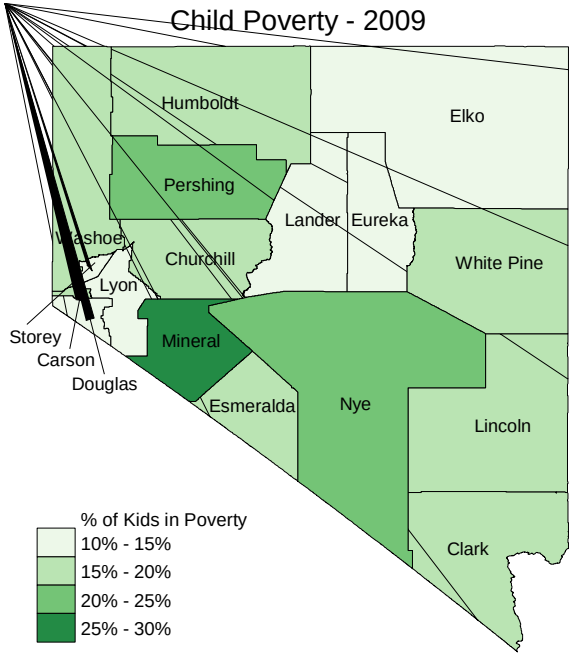
Median Household Income - 2009



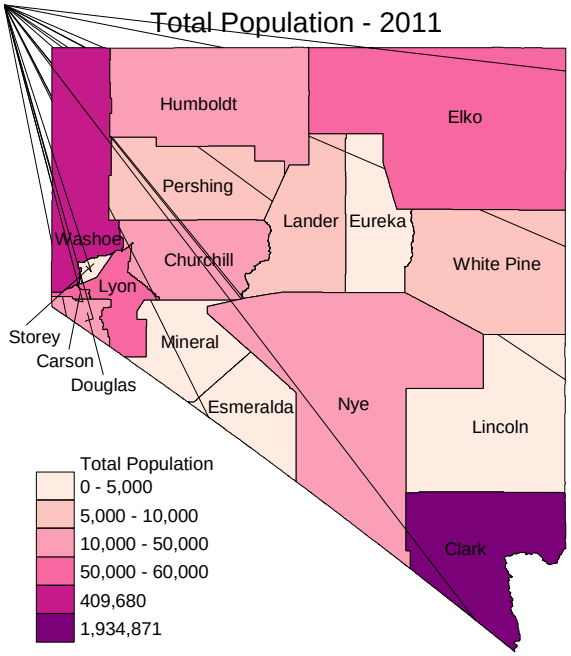
Persons below Poverty - 2009



Child Poverty - 2009



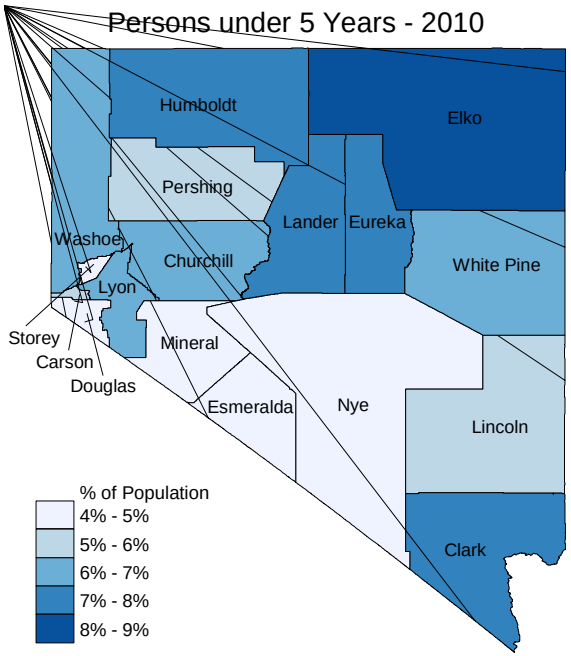
Total Population - 2011



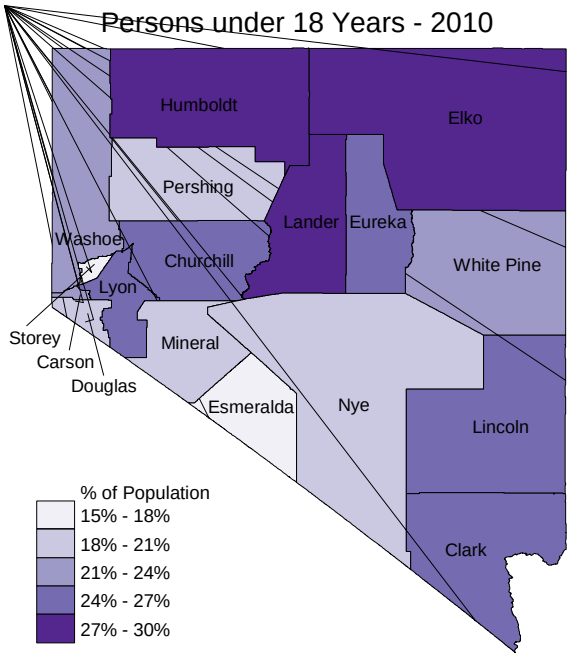
Maps – Demographic Indicators by County

Source: U.S. Census Bureau

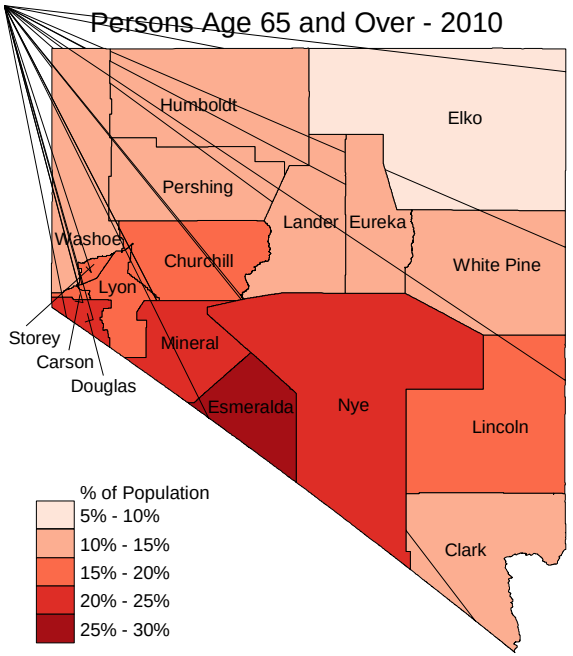
Persons under 5 Years - 2010



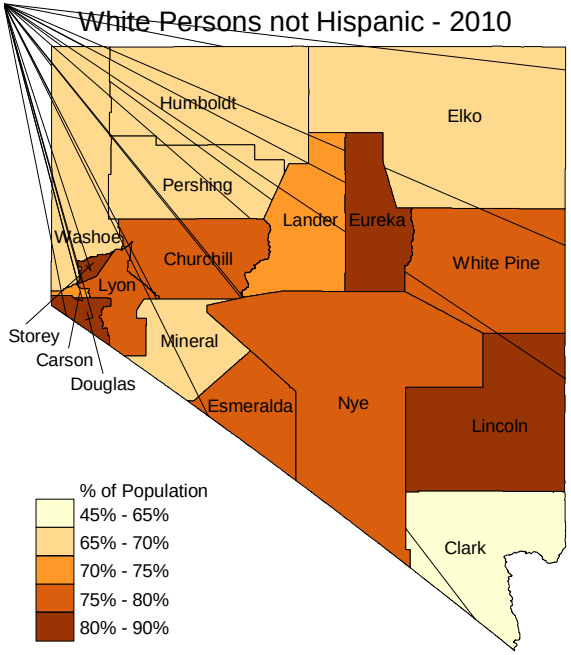
Persons under 18 Years - 2010



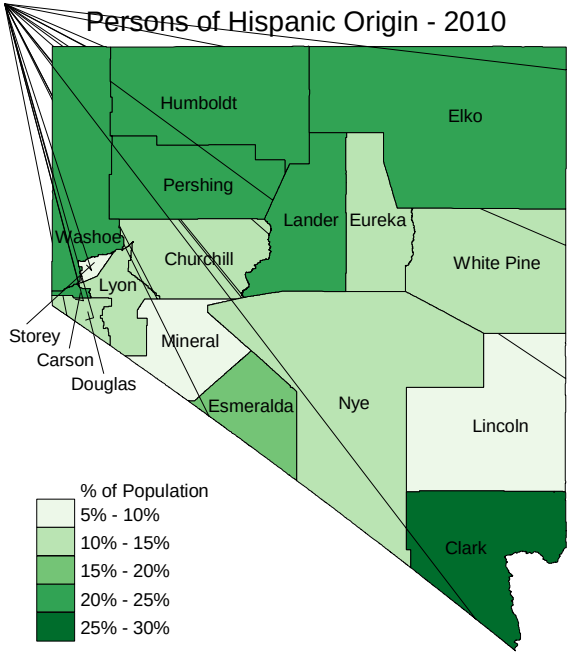
Persons Age 65 and Over - 2010



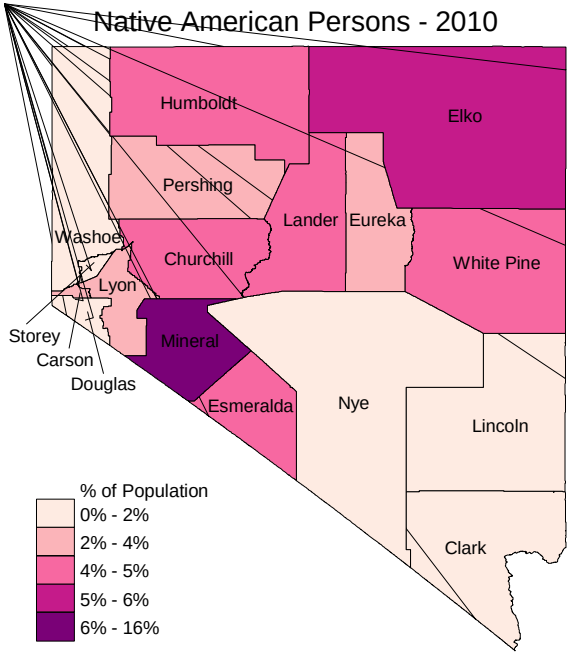
White Persons not Hispanic - 2010



Persons of Hispanic Origin - 2010



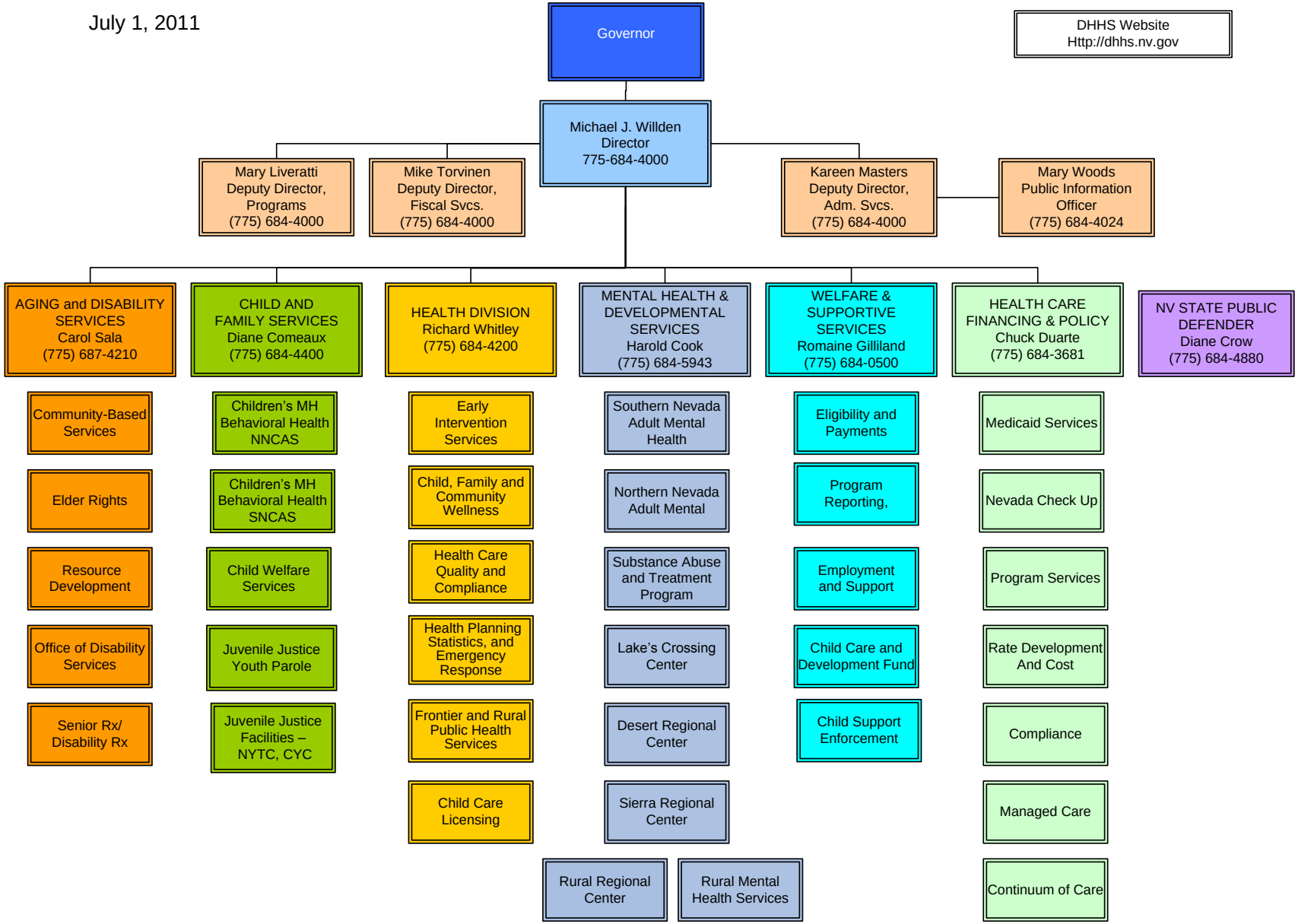
Native American Persons - 2010



Organizational Chart

DEPARTMENT OF HEALTH AND HUMAN SERVICES

July 1, 2011



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Nevada Department of Health & Human Services, NRS by Division

NRS Chapters for Statutory Authority by Division

Updated August 2011

Director's Office

223 Office for Consumer Health Assistance
232 State Departments; Department of Health and Human Services; Office of Minority Health
233B Nevada Administrative Procedures Act
322 Use of State Lands (approve lease to non-profit or education institution)
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395 Education of Persons with Disabilities (Interagency Panel)
396 Nevada State Higher Education (Medical Education)
428 Indigent Persons (Community Services Block Grant)
430A Family Resource Centers
432 Public Services for Children (Children's Trust Fund)
439 Administration of Public Health (Fund for a Healthy Nevada, Health Information Technology, Suicide Prevention)
458A Prevention and Treatment of Problem Gambling

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439 Administration of Public Health (FHN Independent Living Grants)
449 Medical and Other Related Facilities (Licensing)
656A Interpreters & Real Time Captioning Providers (Registry and Regulation)
657 General Provisions for Banks and Related Organizations (Exploitation of Older Persons)
673 Savings & Loan Associations (Designated Reporter)
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Nevada Department of Health & Human Services, Phone List

Phone Numbers of Key Personnel

Updated November 2011

Director's Office		***775-684-4000***
	Michael J. Willden, Director	
	Mary Liveratti, Deputy Director	**775-684-4015**
	Kareen Masters, Deputy Director	**775-684-4012**
	Mike Torvinen, Deputy Director	**775-684-4004**
	Mary Woods, Public Information Officer	775-684-4024, 775-220-4944 (cell)
Office of Consumer Health Assistance	Marilyn Wills, Governor's Consumer Health Advocate	702-486-3582
Grants Management	Laurie Olson, Chief	775-684-4020
Grants Management	Toby Hyman (Las Vegas)	702-486-3530
Head Start and Literacy	Margot Chappel, Director	775-688-7453
Health Information Technology	Lynn O'Mara, Coordinator	775-684-7593
Suicide Prevention	Misty Allen, Coordinator	775-443-7843

Aging and Disability Services Division		***775-687-4210***
	Carol Sala, Administrator	**775-687-0515**
	Tina Gerber-Winn, Deputy Administrator, Programs	**775-687-0501**
	Kim Huys, Deputy Administrator, Programs	702-486-3558
	Brenda Berry, ASO III	775-687-0510
	Sally Ramm, Specialist for the Rights of Elderly Persons	775-688-2964 x 253
Community Based Care Unit	Tammy Ritter, Chief	775-687-0556
Disability Services Unit	Todd Butterworth, Chief	775-687-0559
Elder Rights Unit	Kay Panelli, Chief	775-687-0535
Resource Development Unit	Cherrill Cristman, Chief	775-687-0520
Supportive Services Unit	Dena Schmidt, Chief	775-687-0526
Elder Protective Services Referral		775-688-2964 (North), 702-486-3545 (South), 1-888-729-0571
Senior Medicare Patrol (SMP)		702-486-3796
State Health Insurance Assistance Program (SHIP)		702-486-3478, 1-800-307-4444

Nevada Department of Health & Human Services, Phone List

Division of Child and Family Services		*775-684-4400*
	Diane Comeaux, Administrator	**775-684-4400**
Child Welfare	**Amber Howell, Deputy Administrator**	**775-684-4446**
Children's Mental Health	**Patricia Merrifield, Deputy Administrator**	**702-486-6120**
Finance and Administration	**Danette Kluever, Deputy Administrator**	**775-684-4414**
Juvenile Justice	**Fernando Serrano, Deputy Administrator**	**775-684-7943**
Caliente Youth Center	Jamie Killian, Superintendent	775-726-8200
Nevada Youth Training Center	Erika Olson, Superintendent	775-738-7182
Rural Child Welfare	Betsy Crumrine, Manager	775-687-4609
Youth Parole Bureau	Vacant	702-486-9713

Division of Health Care Financing and Policy		*775-684-3600*
	Charles Duarte, Administrator	**775-684-3677**
	Elizabeth Aiello, Deputy Administrator	**775-684-3679**
	Lynn Carrigan, ASO IV / Deputy - Fiscal	**775-684-3621**
Accounting and Budget	Leah Lamborn, Chief	775-684-3668
Audit Unit	Patty Thompson, Chief	775-684-3713
Business Lines	John Whaley, Chief	775-684-3691
Compliance	Marta Stagliano, Chief	775-684-3623
Continuum of Care	Connie Anderson, Chief	775-684-3711 TTY, Relay 1-800-326-6888
Health Care Reform	Gloria Macdonald, ASO III	775-687-8407
IT/MMIS	Mel Rosenberg, Chief	775-684-3736
Nevada Check Up	Nova Murray, Chief	775-684-3756
Program Services	Coleen Lawrence, Chief	775-684-3744
Rates and Cost Containment	Jan Prentice, Chief	775-684-3791

Division of Welfare and Supportive Services		*775-684-0500*
	Romaine Gilliland, Administrator	**775-684-0504**
	David Stewart, Deputy Administrator	**775-684-0767**
	Vacant, Deputy Administrator	**775-684-0504**
	Sue Smith, Deputy Administrator	**775-684-0647**
Budget and Statistics	Tami Dufresne, Chief	775-684-0655
Child Care	Jack Zenteno, Chief	775-684-0630
Child Support Enforcement	Louise Bush, Chief	775-684-0705
Eligibility & Payments (TANF and Medicaid eligibility)	Jeff Brenn, Chief	775-684-0618
Employment & Support Services	Lori Wilson, Chief	775-684-0626
Energy Assistance	Vacant, Program Manager (Lori Wilson, Acting Program Manager)	702-684-0626
Investigations & Recovery	Brenda Burch, Chief	775-684-0559

Nevada Department of Health & Human Services, Phone List

Health Division		*775-684-4200*
	Richard Whitley, Administrator	**775-684-4224**
	Marla McDade Williams, Deputy Administrator	**775-684-4204**
	Phil Weyrick, ASO IV	775-684-4044
	Martha Framsted, PIO	775-684-4014
Bureau of Child, Family and Community Wellness	Deborah Harris, Chief	775-684-5958
Bureau of Health Care Quality and Compliance	Wendy Simons, Chief	775-684-1062
Bureau of Health Statistics, Planning and Emergency Response	Luana Ritch, Chief	775-684-4155
Public Health and Clinical Services	Mary Wherry, Director	775-684-4018
State Epidemiologist	Ihsan Azzam	775-684-5946
State Health Officer	Tracey Green, M.D.	775-684-3215

Mental Health and Developmental Services		*775-684-5967*
	Richard Whitley, Acting Administrator	**775-684-4224, 775-720-1792 (cell)**
	Jane Gruner, Deputy Administrator	**775-684-4118, 775-342-9958 (cell)**
	Dave Prather, ASO IV	775-684-5977, 775-315-0697 (cell)
	Tracey Green, M.D., Statewide Medical Director	775-684-3215
Desert Regional Center	Tom Smith, Director	702-486-6199
Developmental Services	Kathryn Cavakis, Lead Director	775-688-1930 x 2148
Lakes Crossing	Betsy Neighbors, Director	775-688-1900 x 254
NNAMHS	Allan Mandell, Acting Director	775-688-2001
NNAMHS	Vacant, NNAMHS Medical Director	775-688-2015
Rural Regional Center and Rural Clinics	Barbara Legier, Director	775-687-5162 x 289
Sierra Regional Center	Kathryn Cavakis, Director	775-688-1930 x 2148
Substance Abuse Prevention & Treatment Agency	Deborah McBride, Director	775-684-4190
SNAMHS	Stuart Ghertner, Director	702-486-6239
SNAMHS	Vacant, Outpatient Medical Director	702-290-8788 (cell)

Public Defender		*775-687-4880*
	Diane Crow, State Public Defender	**775-687-4880 x 230**
	Karin Kreizenbeck, Chief Deputy	**775-687-4880 x 229**

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