

DHHS Fact Book

June 2015

Formerly known as “Nassir Notes”, the DHHS Fact Book is dedicated to the distinguished career of Diane Nassir.

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

Helping People ~

It's who we are and what we do

Brian Sandoval
Governor



Richard Whitley
Director

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Nevada Department of Health and 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:

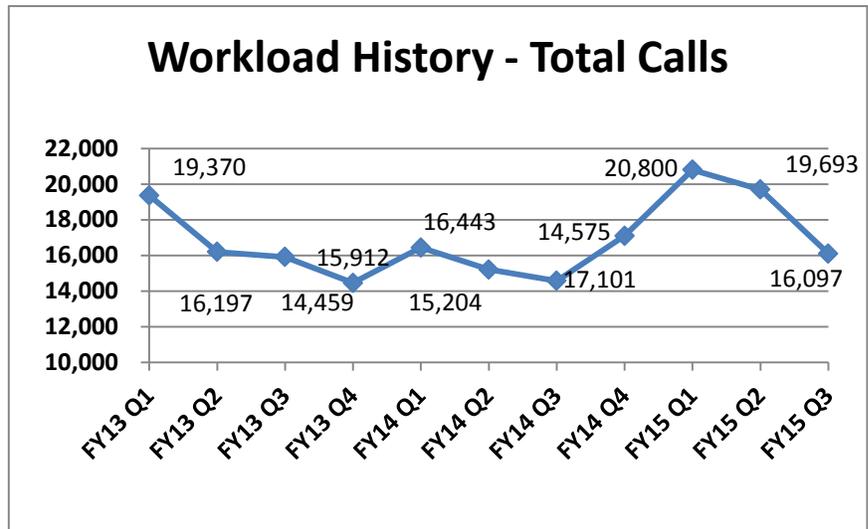
- | | |
|---|--|
| Crisis Call Center | Nevada Public Health Foundation |
| Family TIES of Nevada | State of Nevada Legislature |
| HELP of Southern Nevada | United Way of Northern Nevada and the Sierra |
| Governor's Consumer Health Advocate | United Way of Southern Nevada |
| Nevada Dept. of Administration | Volunteer Center of Southern Nevada |
| Nevada Dept. of Health and Human Services | Washoe County Chronic Disease Coalition |
| Nevada Dept. of Information and Technology | Washoe County Health District |
| Nevada Disability Advocacy and Law Center | Washoe County Senior Services |
| Nevada Division for Aging and Disability Services | |

Quarters Data

| | <u>Total Calls</u> |
|---------|--------------------|
| FY14 Q2 | 15,204 |
| FY14 Q3 | 14,575 |
| FY14 Q4 | 17,101 |
| FY15 Q1 | 20,800 |
| FY15 Q2 | 19,693 |
| FY15 Q3 | 16,097 |

FY15 Q3 Workload:

| | <u>Total Calls</u> |
|--------|--------------------|
| Jan 15 | 5,862 |
| Feb 15 | 4,951 |
| Mar 15 | 6,094 |



Comments: Fluctuations in call volume are often influenced by the impact of outreach campaigns, special programs, media-generated coverage, statewide or national economic fluctuations, and the implementation of new laws such as the Affordable Care Act. FY13's call volume was impacted by a decrease in funding which resulted in reduced staffing levels and lessened operator availability. Q1FY14 call volume was impacted by the implementation of 2010's Affordable Care Act as Nevada 2-1-1 briefly served as the call center Nevada Health Link – Silver State Health Insurance Exchange. The Q1FY15 18 percent call volume increase from Q4FY14 can be attributed to ongoing expanded outreach efforts.

Website: <http://Nevada211.org>

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

1.02 Office of Consumer Health Assistance (OCHA)

Program:

Established by the Nevada Legislature in 1999, the Office for Consumer Health Assistance (CHA) is a vital point of contact for healthcare consumers and providers in Nevada. CHA's 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, or Medicaid. Assistance is also provided to the uninsured and underinsured. CHA collaborates routinely with state and federal agencies, and non-profit organizations. CHA has expanded operations since its inception, and as of July 2011, has been operating through the Director's Office of DHHS. CHA serves as an umbrella agency for multiple consumer health related programs, including:

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

Service Area:

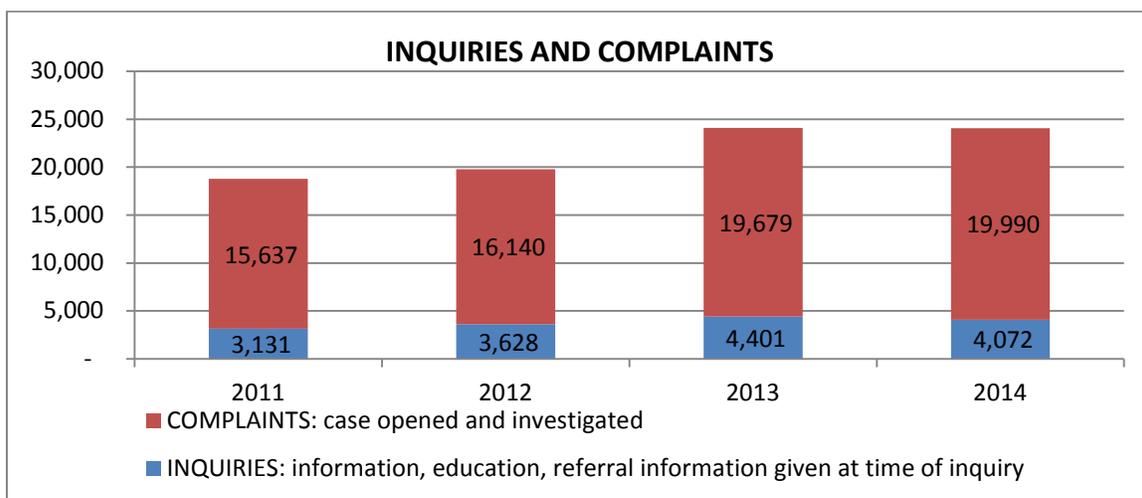
CHA serves consumers statewide out of our main office in Las Vegas, and one satellite operation in Elko, Nevada to provide additional support to Northern/Rural Nevadans. The Office of Minority Health is also based in the Las Vegas Office for Consumer Health Assistance.

Hours:

CHA office hours are 8am – 5pm Monday through Friday, inquiries are accepted after hours by voicemail and email, and are returned as soon as possible.

Workload History:

CHA currently has seven full-time Ombudsmen managing caseloads of 125 to 240. Throughout 2014, CHA received a significant volume of calls related to the Affordable Care Act (ACA) and the Silver State Health Insurance Exchange (SSHIX). Most SSHIX related cases involved assistance with applying for coverage, effective date of coverage, and premium payment issues. CHA also continues to respond to an increased number of cases related to Medicaid. In addition to managing cases ranging in context from access to care, billing disputes, hospital bills, provider/insurance grievances and appeals, CHA has increased its level of knowledge to resolve ACA-related cases by having staff members become Certified Application Counselors who are registered with the Nevada Division of Insurance, and can assist consumers with selecting a Qualified Health Plan or apply for Medicaid.



Comments:

Full details of CHA's programs, notable accomplishments, and history is published annually in our 2013 Executive Report, which is available on our website.

Website: <http://dhhs.nv.gov/CHA.htm>

Nevada Department of Health and 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 mission of OMH is to improve the quality of health care services for members of minority groups, to increase access to health care services, to seek ways to provide education, address, treat and prevent diseases and conditions that are prevalent among minority populations, 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. AB519 placed the Office of Minority Health under the Office of Consumer Health Assistance within the Department of Health and Human Services, Director's Office. AB519 was approved by the Governor in June 2011.

OMH provides a central source of information concerning healthcare services and issues for racial and ethnic minorities. OMH recently received a 2-year Grant for FY13-15, to focus on providing Education and Outreach about the Affordable Care Act to minority communities within Nevada, and encourage them to enroll in Nevada Health Link or Nevada Medicaid. Staff plans to travel statewide during the next two years to provide this information through conferences, trainings, and other forms of targeted 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. In addition to the OMH Program Management staff, and Advisory Committee, CHA has a designated Minority Health Ombudsman that advocates for the consumer regarding, billing dispute and access to care issues.

Funding: In September 2013, Nevada was awarded a federal grant from the State Partnership Grant Program to Improve Minority Health. The grant award is for \$300,000, allocated over a two year period from September 1, 2013 to August 31, 2015, at \$150,000 per year. OMH's project associated with this grant focuses on Affordable Care Act outreach and education and the promotion and dissemination of Cultural and Linguistically Appropriate Services (CLAS) Standards among healthcare providers. The grant fully funds the OMH Program Manager and a .50FTE Administrative Assistant position.

Key Demographics:

| Region | Metric | Whites* | African Americans* | Asian Americans* | American Indian/Alaskan Native* | Native Hawaiians/Pacific Islander* | Persons Reporting Two or More Races | Hispanic/Latino** |
|--|------------|-------------|--------------------|------------------|---------------------------------|------------------------------------|-------------------------------------|-------------------|
| United States | Population | 243,353,287 | 40,818,541 | 15,579,596 | 3,739,103 | 623,184 | 7,166,614 | 52,035,850 |
| | % of Total | 78.1 | 13.1 | 5.0 | 1.2 | 0.2 | 2.3 | 16.7 |
| Nevada | Population | 2,116,021 | 234,206 | 209,696 | 43,573 | 19,063 | 100,763 | 738,020 |
| | % of Total | 77.7 | 8.6 | 7.7 | 1.6 | 0.7 | 3.7 | 27.1 |
| Source: US Census Bureau, 2011 State and County QuickFacts: quickfacts.census.gov/afd/states/32000.html | | | | | | | | |
| *Percentages and total population estimates include persons indicating only one race. | | | | | | | | |
| **Hispanic/Latino may be of any race, so also included in applicable race categories. | | | | | | | | |

Website <http://dhhs.nv.gov/cha.htm>

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

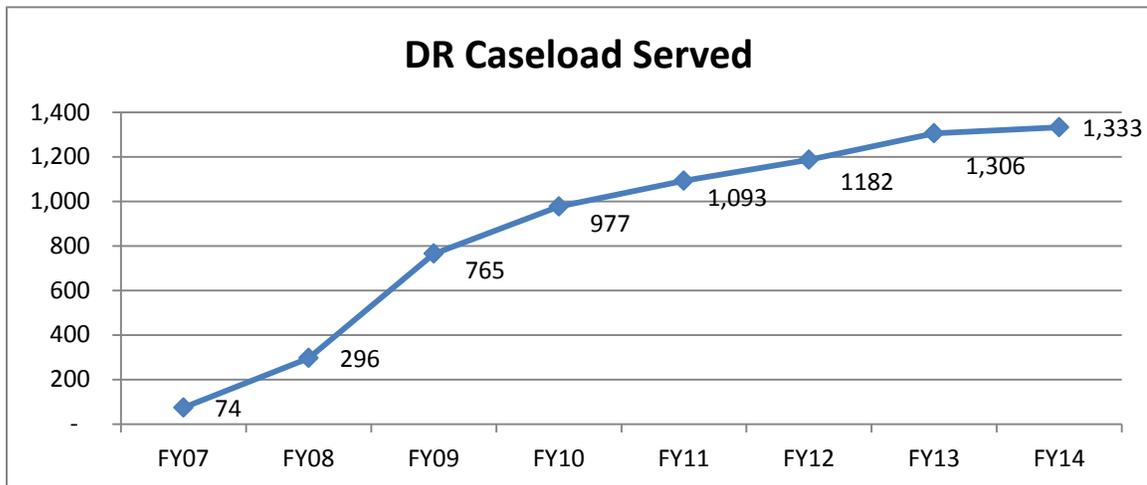
1.04 Differential Response

Program: The Differential Response Program is a joint project between the Family Resource Centers and the three child welfare agencies. Reports of child maltreatment that meet the statutory threshold for a home visit to determine child well-being, where there is not an imminent threat to the child's safety, may be referred to the Differential Response staff for assessment and case management. Typically these reports involve such issues as educational neglect, environmental neglect, medical neglect, and improper supervision. Frequently the Differential Response worker is able to assist the family in accessing services that will assist the family in providing positive interactions and a safe environment for their children.

Service Areas: Service Areas: Services are provided in the following counties: Clark, Washoe, Elko, Carson City, Douglas, Storey, Churchill, Lyon, Mineral, Pershing and Southern Nye.

Workload History:

| Fiscal Year | Referred | Returned | Served | Closed | |
|-------------|--|----------|--------|--------|-----|
| FY07 | 90 | 16 | 74 | 33 | |
| FY08 | 362 | 66 | 296 | 247 | |
| FY09 | 912 | 147 | 765 | 665 | |
| FY10 | 1,053 | 76 | 977 | 906 | |
| FY11 | 1,137 | 44 | 1,093 | 1,135 | |
| FY12 | 1,234 | 47 | 1,187 | 1,182 | |
| FY13 | 1,319 | 13 | 1,306 | 1,319 | |
| FY14 | 1,366 | 33 | 1,333 | 1,340 | |
| FY15 YTD | 210 families carried over from FY14; FY15 YTD: 1,066, 210 + 1,066 = 1,276 | | 35 | 1,241 | 965 |



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 percent of the child maltreatment reports in the communities served. If expanded statewide, it is estimated that DR referrals could reach 17 percent of total child maltreatment reports. Nevada is one of 22 states implementing Differential Response.

Website: http://dhhs.nv.gov/Programs/Grants/Programs/DR/DR_Programs/

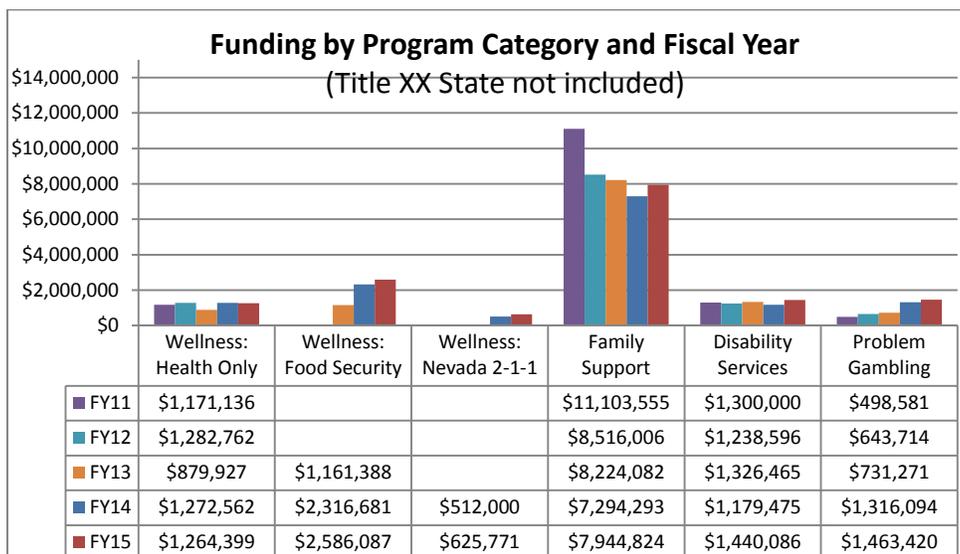
Nevada Department of Health and Human Services, Director's Office

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, which 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 (DR)** addresses child safety through partnerships between child welfare agencies and designated FRCs.
- **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.
- **Social Service Block Grant (SSBG-TXX)** 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.
- **The Contingency Account for Victims of Human Trafficking** was created by the 2013 Legislature and, when sufficient funds become available, awards will be made to support appropriate programs and services.

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



Comments: **Food Security:** In FY13, a statewide community needs assessment indicated a need to shift resources to a new service category -- Food Security. Projects are intended to provide direct services to reduce hunger, help food insecure individuals and families become more self-sufficient, build capacity within the food safety network, and maximize federal benefits. Funding is drawn primarily from FHN Wellness (known as FHN Children's Health or as FHN All Nevadans prior to FY13) with a small assist from SSBG-TXX.

Information and Referral (I&R): The same needs assessment indicated a need for stable support and development of information and referral (I&R). In FY14, the GMU began supporting Nevada 2-1-1 from a single source rather than piecing together a patchwork of funding. The total amount is comparable to prior years, but in those years the funding was embedded in reports that crossed multiple funding streams.

Tobacco Use Prevention/Cessation: Prior to FY11, the DHHS-DO GMU administered FHN programs intended to prevent, reduce, or treat the use of tobacco and the consequences of the use of tobacco. Effective July 1, 2010, administration of these funds was transferred to the Division of Public and Behavioral Health (PBH). Allocations are no longer reported on the GMU page.

Website: <http://dhhs.nv.gov/Programs/Grants/GMU/>

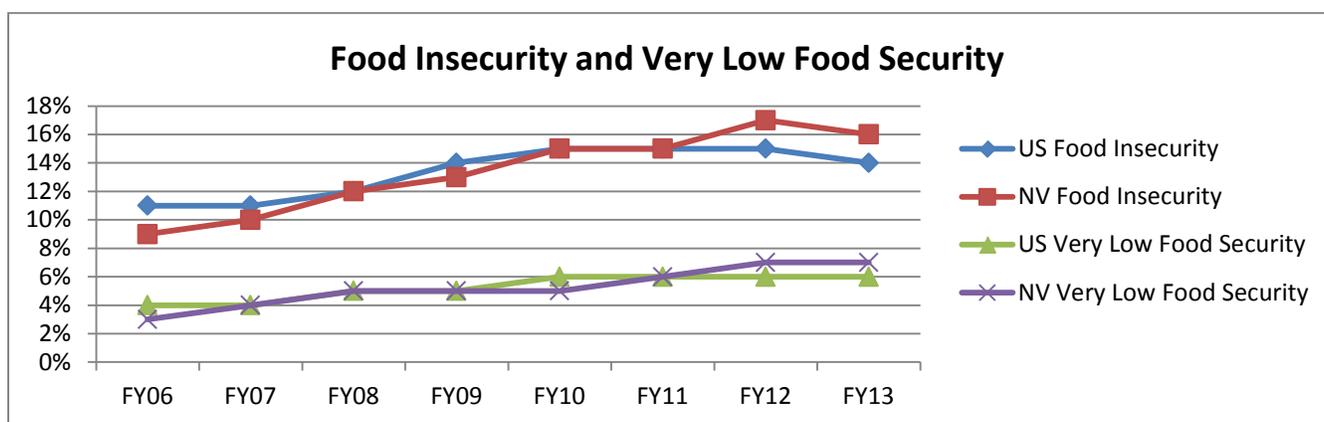
Nevada Department of Health and Human Services, Director's Office

1.06 Office of Food Security

Mission: It is incumbent on our society to ensure that each individual has access to healthy nutrition because it contributes to our quality of life, a strong citizenry, resilient communities and a robust economy.

Program: Leaders from government agencies, non-profit organizations and the private sector have joined forces to establish a strategic plan to increase food security in Nevada using the following core principles:

- Incorporate economic development opportunities into food security solutions.
- Use a comprehensive, coordinated approach to ending hunger and promoting health and nutrition, rather than just providing emergency short-term assistance.
- Focus on strategic partnerships among all levels of government, communities, non-profit organizations, including foundations, private industries, universities, and research institutions.
- Use available resources in a more effective and efficient way.
- Implement research-based strategies to achieve measurable results.



Food Insecurity trends seen in the above graph are a direct result of the Great Recession.

| Agency | Key Accomplishments: |
|------------------------------|---|
| DHHS Director's Office | <ul style="list-style-type: none"> • Established an Office of Food Security in the Director's Office of the Department of Health and Human Services. |
| Governor's Office | <ul style="list-style-type: none"> • Created a Statewide Food Policy Advisory Council that links to and leverages regional and local community-based efforts. |
| Governor's Council | <ul style="list-style-type: none"> • Researched and developed a menu of model policies/regulation options to promote food security in Nevada. |
| NV Department of Agriculture | <ul style="list-style-type: none"> • Assisted school districts and charter schools with implementing the state's wellness policy and support the Office of Child Nutrition Programs' enforcement of the policy. |
| DHHS Director's Office | <ul style="list-style-type: none"> • Increased the number of services providers and places within a community and neighborhood to increase access points to healthy food by food insecure people who may be ineligible for federal nutrition programs. |
| NV Department of Agriculture | <ul style="list-style-type: none"> • Conducted a comprehensive benefit analysis study of the current state and nonprofit commodity/food delivery system that includes cost efficiency, frequency of delivery, and recommendations. |
| NV Department of Agriculture | <ul style="list-style-type: none"> • Developed a comprehensive client/community food supply assessment to determine what organizations, agencies and groups are providing services as well as the frequency and schedule of deliveries to determine efficiencies and opportunities for streamlining food distribution processes. |

Website: http://dhhs.nv.gov/Programs/Grants/Programs/Food_Security/Food_Security/

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

1.07 Health Information Technology (HIT)

Program: 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 outlays for Health IT. It expanded the role of states in fostering a technical infrastructure to facilitate intra-state, interstate and nationwide health information exchange (HIE). 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 time and point of care.

Health Information Technology (HIT) was responsible for administering the 4-yr. \$6,133,426 Nevada ARRA HITECH State HIE Cooperative Agreement awarded to DHHS, of which approximately \$4.2 million was actually expended. The funding was used to facilitate creating the core infrastructure and capacity enabling the electronic exchange of health information and coordinating related HIE initiatives, including state economic and workforce development. The State HIE Cooperative Agreement performance period was February 8, 2010 through February 7, 2014.

Other: As required by the grant, Nevada's State HIT Strategic and Operational Plan (State Health IT Plan) was approved by federal HHS in May 2011, and the most recent required updated version was approved October 2013. The plan's implementation was enabled and supported by NRS 439.581 through 439.595 (Senate Bill 43 passed in 2011).

Comments: In September 2009, Governor Jim Gibbons issued an Executive Order establishing the Nevada Health IT 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. From October 2009 through January 2011, the HIT Task Force met almost monthly, under Open Meeting Law, and its final recommendations were incorporated into both the State Health IT Plan and SB 43. By Executive Order, the HIT Task Force sunset on June 30, 2011, after successfully completing its mission. Per NRS 439.588, the Nevada Health Information Exchange (NV-HIE) was established September 2012 as a Nevada domestic non-profit corporation. Due to an unclear path for financial sustainability and the existence of a competing HIE in the marketplace, the NV-HIE Board voted on January 24, 2014 to cease operations on February 7, 2014. On January 31, 2014, the NV-HIE Board voted to dissolve the corporation, which was done by the Nevada Secretary of State on February 28, 2014. At the end of the grant, Nevada was recognized by federal HHS for having the 2nd highest number of medical laboratory participants out of all 56 State and territory HIE grantees, and was commended for having 97% of its pharmacies enabled for and actively using e-Prescribing. Also, Nevada took a leadership role in interstate HIE, as a core member of the successful Western States Consortium federal grant project, and was a founding member of the National Association for Trusted Exchange (NATE), a non-profit organization made up of state HIE officials seeking to advance interstate HIE through state policy coordination.

Web site: <http://dhhs.nv.gov/Programs/HIT/>

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Nevada Department of Health and Human Services, ADSD

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 (age 60 and older) and their family members to enable older adults to maintain their independence and make informed decisions.

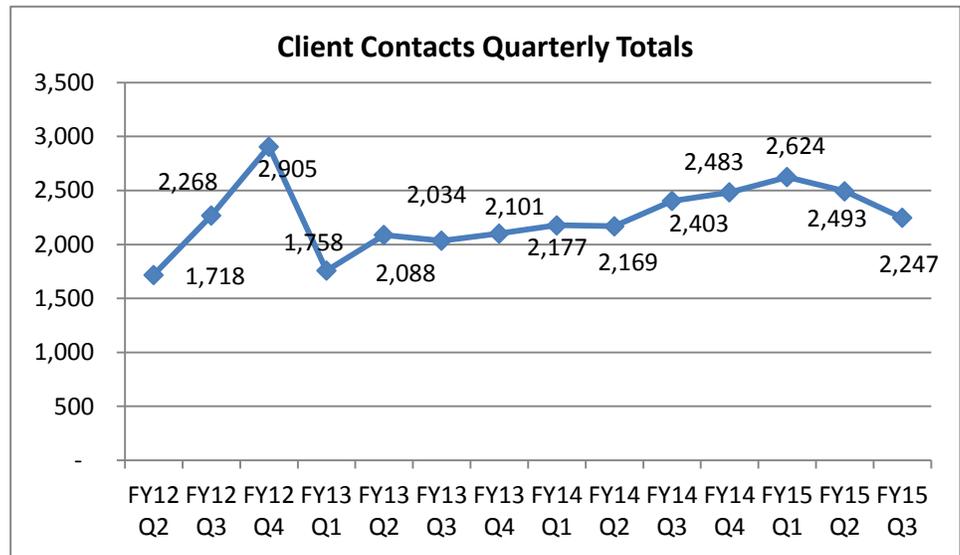
Eligibility: Seniors age 60 or older, primarily homebound residing in communities throughout Nevada.

Workload History:

| Fiscal Year | Client Contacts | Average Monthly Contacts |
|-------------|-----------------|--------------------------|
| FY12 | 10,370 | 864 |
| FY13 | 7,981 | 665 |
| FY14 | 9,232 | 769 |
| FY15 YTD* | 9,816 | 818 |

*FY15 data is annualized

| FYTD: | Contacts |
|-------------------|-----------------|
| Jul 14 | 938 |
| Aug | 756 |
| Sep | 930 |
| Oct | 878 |
| Nov | 780 |
| Dec | 833 |
| Jan 15 | 756 |
| Feb | 668 |
| Mar | 823 |
| Apr | |
| May | |
| Jun | |
| FY15 Total | 7,364 |
| FY15 Avg | 818 |



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

Comment: 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. Q1 SFY12 and SFY 13 are stable. SFY 12 dips reflected are a result of a turnover in staff. SFY 14 Q1, Q2 and Q3 remain stable, but with a slightly upward trend in Q3 and Q4. SFY 15 Q1 - Q3 are stable.

Web Link: <http://adsd.nv.gov/Programs/Seniors/AdvocateElders/AdvocateforElders/>

Nevada Department of Health and Human Services, ADSD

2.02 Community Options Program for the Elderly (COPE)

Program: The Aging and Disability Services Division (ADSD) Community 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, Attendant Care, Personal Emergency Response System, Chore and Respite.

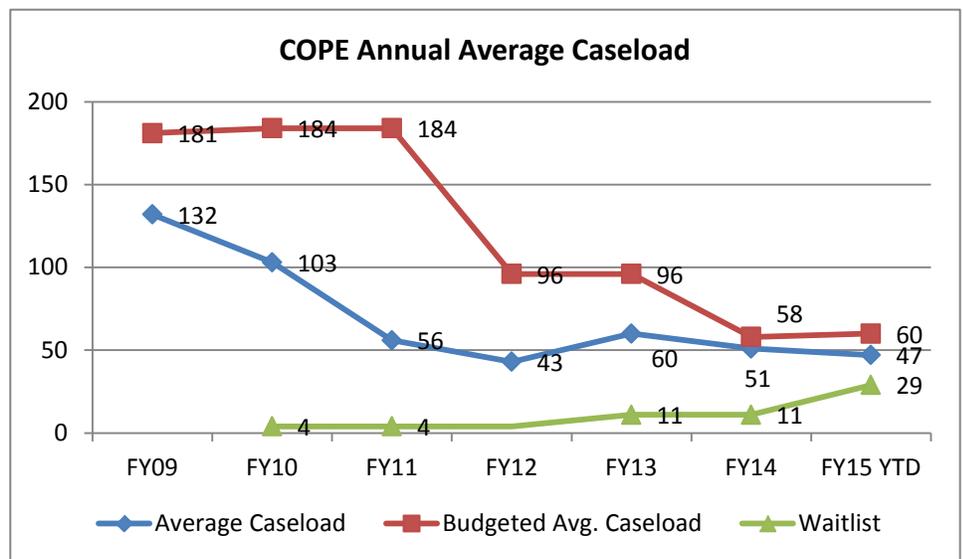
Eligibility: Must be 65 years old or older; financially eligible (for 2015 income up to \$3,099; assets below \$10,000 for an individual and \$30,000 for a couple); at risk of nursing home placement without COPE services to keep them in their home and community. Priority given to those meeting criteria of NRS 426 – unable to bathe, toilet and feed self without assistance.

Workload History:

| Fiscal Year | Average Caseload | Budgeted Avg Caseload | Average Waitlist | Total Expenditures |
|-------------|------------------|-----------------------|------------------|--------------------|
| FY10 | 103 | 184 | 4 | \$760,522 |
| FY11 | 56 | 184 | 4 | \$413,487 |
| FY12 | 43 | 96 | 4 | \$372,824 |
| FY13 | 60 | 96 | 11 | \$548,775 |
| FY14 | 51 | 58 | 12 | \$539,336 |
| FY15 YTD | 47 | 60 | 26 | Not Yet Available |

FYTD:

| Month | Caseload | Waitlist |
|-------------------|------------|------------|
| Jul 14 | 48 | 35 |
| Aug | 47 | 34 |
| Sep | 47 | 31 |
| Oct | 46 | 26 |
| Nov | 47 | 25 |
| Dec | 48 | 25 |
| Jan 15 | 48 | 19 |
| Feb | 48 | 18 |
| Mar | 47 | 19 |
| Apr | | |
| May | | |
| Jun | | |
| FY15 Total | 426 | 232 |
| FY15 Avg | 47 | 26 |



Funding Stream: General Fund

Web Link: http://adsd.nv.gov/Programs/Seniors/COPE/COPE_Prog/

Comment: Caseload trends remain stable. The waitlist has seen a continued reduction due to improvements in the screening process.

Nevada Department of Health and Human Services, ADSD

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.

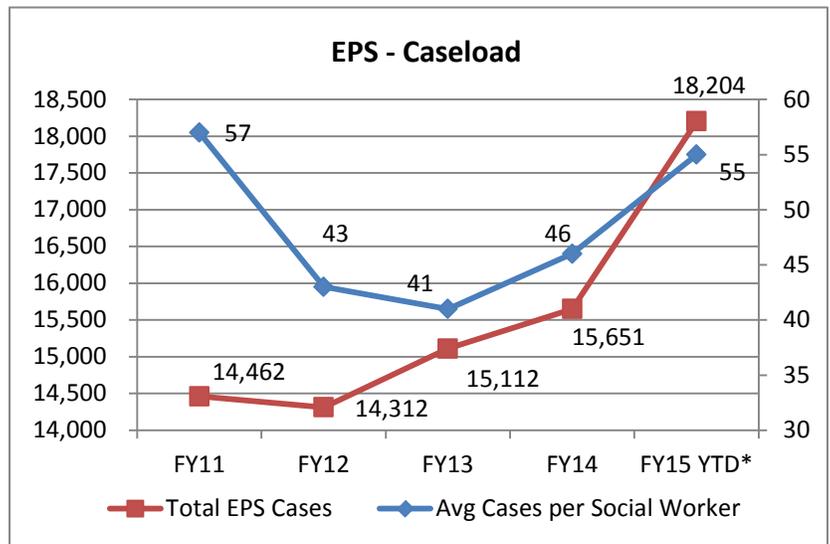
Eligibility: Any older person, defined by NRS as 60 years or older, is eligible. EPS investigates elder abuse reports in all counties of Nevada in both community and long-term care settings.

Workload History:

| Fiscal Year | Total Cases | Average Cases per Social Worker | Total Expenditures |
|-------------|-------------|---------------------------------|--------------------|
| FY12 | 14,312 | 43 | \$3,437,968 |
| FY13 | 15,112 | 41 | \$3,812,582 |
| FY14 | 15,651 | 46 | \$3,063,232 |
| FY15 YTD* | 18,204* | 55 | \$3,777,424* |

FYTD:

| Month | Total Cases | Avg Cases per Social Worker |
|-------------------|---------------|-----------------------------|
| Jul 14 | 1,559 | 58 |
| Aug | 1,570 | 54 |
| Sep | 1,583 | 53 |
| Oct | 1,441 | 50 |
| Nov | 1,418 | 49 |
| Dec | 1,541 | 55 |
| Jan 15 | 1,540 | 57 |
| Feb | 1,424 | 55 |
| Mar | 1,579 | 61 |
| Apr | | |
| May | | |
| Jun | | |
| FY15 Total | 13,655 | |
| FY15 Avg | 1,517 | 55 |



*FY15 data is annualized.

Funding Stream: TITLE XX - Title XX funds through the Nevada Department of Health and Human Services; General Fund

Comment: 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.

Web Link: http://adsd.nv.gov/Programs/Seniors/EPS/EPS_Prog/

Nevada Department of Health and Human Services, ADSD

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 percent of Federal Poverty income below \$1,070.00 monthly).

Workload History:

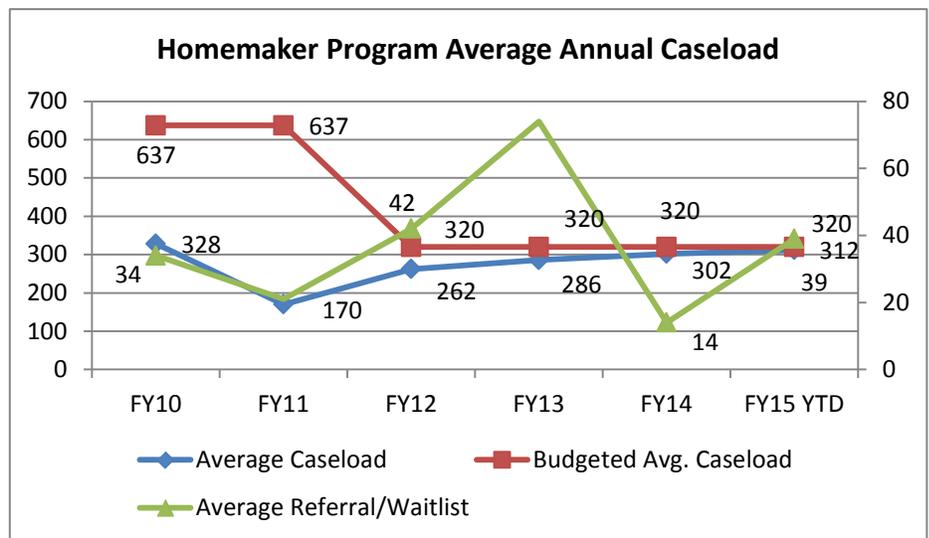
| Fiscal Year | Average Caseload | Budgeted Avg Caseload | Average Waitlist | Total Expenditures |
|-------------|------------------|-----------------------|------------------|--------------------|
| FY10 | 328 | 637 | 34 | \$910,353 |
| FY11 | 170 | 637 | 21 | \$860,423 |
| FY12 | 262 | 320 | 42 | \$530,446 |
| FY13 | 286 | 320 | 74 | \$567,943 |
| FY14 | 302 | 320 | 14 | \$714,506 |
| FY15 YTD | 312 | 320 | 39 | Not Yet Available |

FYTD:

| Month | Caseload | Waitlist |
|--------|----------|----------|
| Jul 14 | 316 | 33 |
| Aug | 315 | 38 |
| Sep | 308 | 43 |
| Oct | 313 | 44 |
| Nov | 315 | 40 |
| Dec | 310 | 44 |
| Jan 15 | 310 | 39 |
| Feb | 312 | 39 |
| Mar | 312 | 33 |
| Apr | | |
| May | | |
| Jun | | |

FY15 Total **2,811** **353**

FY15 Avg **312** **39**



Funding Stream: Title XX/General Fund

Web Link: <http://adsd.nv.gov/Programs/Seniors/HomemakerProg/HomemakerProg>

Nevada Department of Health and Human Services, ADSD

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; caregiver support services; information, assistance and advocacy; companion services; geriatric health and wellness; homemaker services; home services; legal services; medical nutrition therapy; volunteer care; emergency food pantry; Personal Emergency Response System (PERS); and representative payee.

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

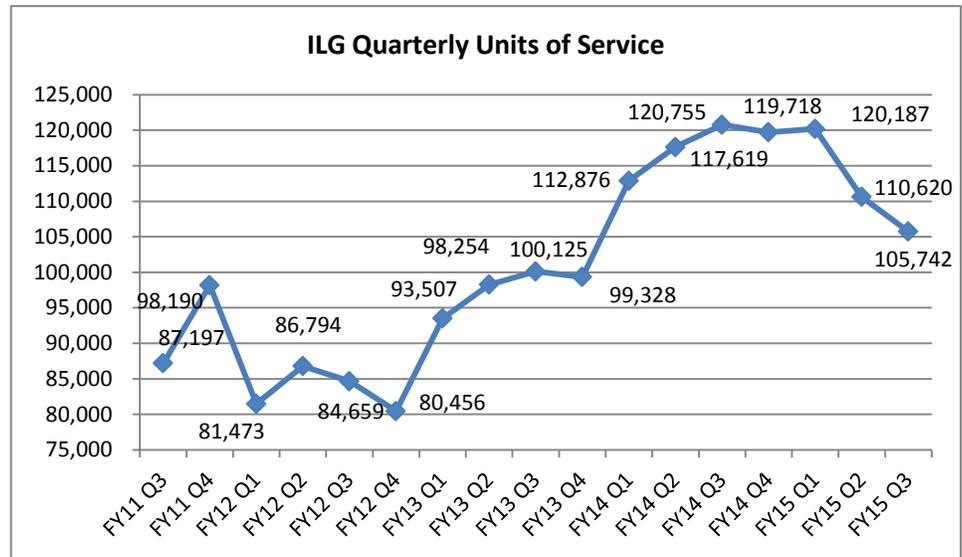
Workload History:

| Fiscal Year | Units of Service | Monthly Average Units |
|-------------|------------------|-----------------------|
| FY11 | 374,760 | 31,230 |
| FY12 | 333,382 | 27,782 |
| FY13 | 391,214 | 32,601 |
| FY14 | 470,967 | 39,247 |
| FY15 YTD* | 448,731 | 37,394 |

*FY 15 YTD data annualized

FYTD:

| Month | Units of Service |
|-------------------|------------------|
| Jul 14 | 39,609 |
| Aug | 39,216 |
| Sep | 41,361 |
| Oct | 40,492 |
| Nov | 32,190 |
| Dec | 37,938 |
| Jan 15 | 35,815 |
| Feb | 34,237 |
| Mar | 35,689 |
| Apr | |
| May | |
| Jun | |
| FY15 Total | 336,548 |
| FY15 Avg | 37,394 |



Funding Stream: Healthy Nevada Fund from the Tobacco Settlement Fund

Web Link: <http://adsd.nv.gov/Programs/Grant/Resources/>

Analysis of Trends The SFY 2012 trend is generally stable with expected program fluctuations. One year can differ from another for clients served due to the types of programs funded and the movement of programs between OAA Title III-B and Independent Living Grant funding. For SFY 13 Q1 the trend shows a slight increase due to a change in funded services between funding sources. The same remains true for SFY 2014. Q3 and Q4 remain stable. Q1 and Q2 of SFY 2015 are stable. Q3 decrease is directly due to one large provider not being able to provide ADSD with their data in a timely manner.

Nevada Department of Health and Human Services, ADSD

2.06 Long Term Care Ombudsman Program (Elder Rights Specialists)

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 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 Specialists, also known as Ombudsmen, provide residents with regular and timely access to Ombudsman advocacy 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, and participating in facility surveys.

Eligibility: Eligibility includes every individual living in a long term care facility including:

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

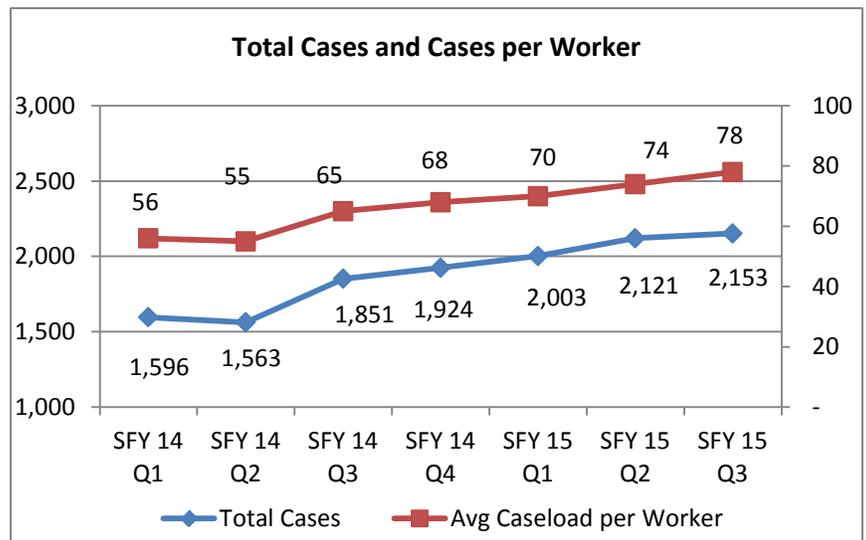
Workload History:

| Fiscal Year | Total Cases | Avg Cases per Worker | Total Expenditures |
|-------------|-------------|----------------------|--------------------|
| FY14 | 6,934 | 61 | \$1,442,861 |
| FY15 YTD* | 8,367 | 74 | \$1,345,054 |

*FY15 YTD data is annualized.

FYTD:

| Month | Total Cases | Avg Cases per Worker |
|-------------------|--------------|----------------------|
| Jul 14 | 580 | 61 |
| Aug | 646 | 68 |
| Sep | 778 | 82 |
| Oct | 731 | 77 |
| Nov | 627 | 66 |
| Dec | 760 | 80 |
| Jan 15 | 651 | 77 |
| Feb | 651 | 69 |
| Mar | 851 | 90 |
| Apr | | |
| May | | |
| Jun | | |
| FY15 Total | 6,275 | 669 |
| FY15 Avg | 697 | 74 |



Funding Stream: Funding stream includes: Older Americans Act Funds through the Administration on Aging; Medicaid Funds through the Division of Health Care Financing and Policy; and General Fund.

Comment: TOTAL CASES - Total cases represent Total New Cases, Total Closed Cases, Cases Ongoing from the previous months and total activities weighted at 5 activities (5 activities = 1 case). The Average Cases per Elder Rights Specialists represents the Total Cases divided by the actual number of Elder Rights Specialists. This caseload definition is new to the Ombudsman Program and is pending legislative approval in 2015. Please contact Heather Korbolic at (775) 687-0818 or hkkorbolic@adsd.nv.gov for more information.

Web Link: <http://adsd.nv.gov/Programs/Seniors/LTCOmbudsman/LTCOmbudsProg/>

Nevada Department of Health and Human Services, ADSD

2.07 Senior Support Services

Program: Supportive Services and Senior Center Programs (funded by the Older American's Act Title III-B) 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 Supportive Services and Senior Center Programs 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.

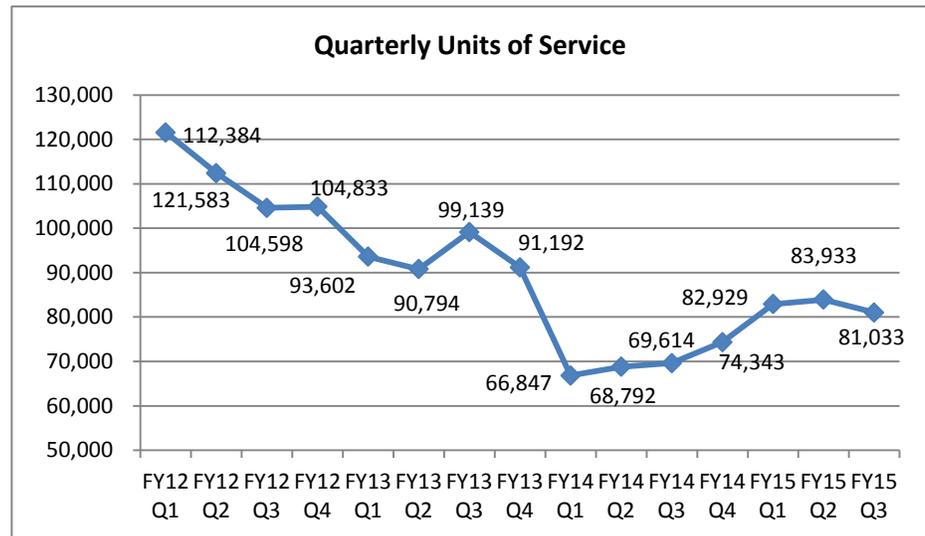
Workload History:

| Fiscal Year | Units of Service | Average Units of Service |
|-------------|------------------|--------------------------|
| FY10 | 453,396 | 37,783 |
| FY11 | 477,956 | 39,830 |
| FY12 | 443,398 | 36,950 |
| FY13 | 374,727 | 31,227 |
| FY14 | 279,595 | 23,300 |
| FY15 YTD* | 330,525* | 27,544 |

*FY15 YTD data is annualized.

FYTD:

| Month | Units of Service |
|-------------------|------------------|
| Jul 14 | 27,798 |
| Aug | 27,300 |
| Sep | 27,831 |
| Oct | 29,640 |
| Nov | 27,020 |
| Dec | 25,273 |
| Jan 15 | 26,161 |
| Feb | 26,317 |
| Mar | 28,555 |
| Apr | |
| May | |
| Jun | |
| FY15 Total | 247,894 |
| FY15 Avg | 27,544 |



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

Web Link: <http://adsd.nv.gov/Programs/Grant/ServSpecs/Documents/>

Analysis of Trends: For SFY 2012 the downward trend is caused by programs reporting fewer services delivered. For SFY 13 the downward trend is due to a change in funded services between funding sources. SFY 14 decrease is due to a change in funded services between funding sources. The SFY 14 Q2, Q3 and Q4 trend is stable. SFY Q1 - Q3 continue to be stable.

Nevada Department of Health and Human Services, ADSD

2.08 Senior Nutrition – Meals in Congregate Settings

Program: Senior Nutrition - Meals in Congregate Settings (funded by the Older Americans Act Title III - C1) are allocated to provide meals to seniors in congregate settings, usually at senior centers. The purposes of this part are to reduce hunger and food insecurity; to promote socialization of older individuals; and to promote the health and well-being of older individuals by assisting such individuals to gain access to nutrition and other disease prevention and health promotion services to delay the onset of adverse health conditions resulting from poor nutritional health or sedentary behavior.

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.

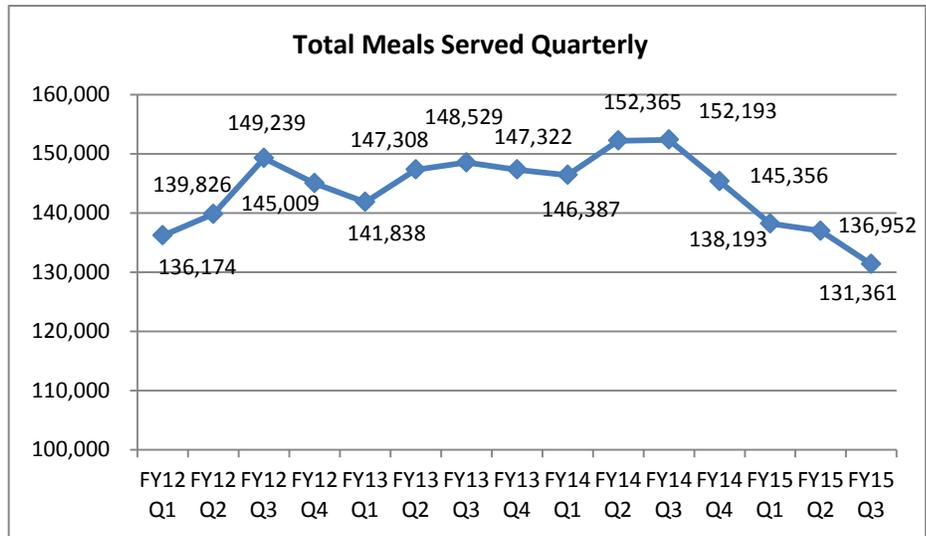
Workload History:

| Fiscal Year | Units of Service | Average Units of Service |
|-------------|------------------|--------------------------|
| FY12 | 570,248 | 47,521 |
| FY13 | 584,997 | 48,750 |
| FY14 | 596,301 | 49,692 |
| FY15 YTD* | 542,008 | 45,167 |

*FY15 YTD data is annualized.

FYTD:

| Month | Units of Service |
|-------------------|------------------|
| Jul 14 | 46,879 |
| Aug | 45,216 |
| Sep | 46,098 |
| Oct | 48,857 |
| Nov | 40,410 |
| Dec | 47,685 |
| Jan 15 | 45,799 |
| Feb | 44,085 |
| Mar | 41,477 |
| Apr | |
| May | |
| Jun | |
| FY15 Total | 406,506 |
| FY15 Avg | 45,167 |



Funding Stream: Title III - Older Americans Act Funds through the Administration on Aging; General Fund

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

Comment: Meals Served graph - 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 return of "snow bird" seniors returning to northern climates during these warmer months. For SFY 2013 the trend is stable. SFY 2014 Q1 and Q2 are stable. Q3 remains stable; however Q4 shows a decrease. While Q4 and Q1 numbers often decrease due to "snowbirds" heading north for the warmer months, this Q4 dip is greater due to a "senior center boycott" at the City of Henderson over an increase in suggested donation price. Seniors have been boycotting the senior center activities due to the City's decisions addressing a budget shortfall. FY 2015 Q1 to Q2 decrease is directly due to one large provider not being able to provide ADSD with their data in a timely manner.

Nevada Department of Health and Human Services, ADSD

2.09 Senior Nutrition – Home Delivered Meals

Program: Senior Nutrition – Home Delivered Meals (Older Americans Act 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.

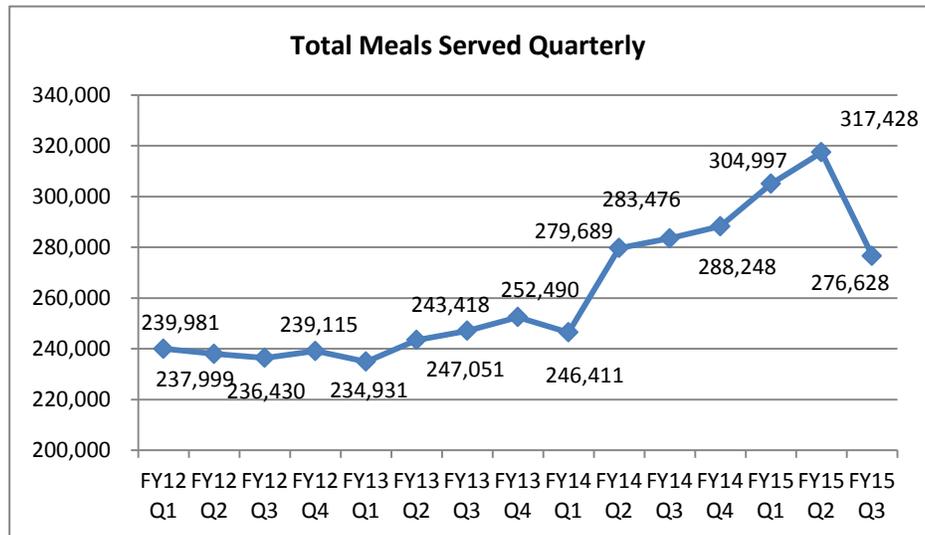
Workload History:

| Fiscal Year | Units of Service | Monthly Average Units of Service |
|-------------|------------------|----------------------------------|
| FY10 | 890,828 | 74,236 |
| FY11 | 990,405 | 82,534 |
| FY12 | 953,525 | 79,460 |
| FY13 | 977,890 | 81,491 |
| FY14 | 1,097,824 | 91,485 |
| FY15 YTD* | 1,198,737 | 99,895 |

*FY15 YTD data is annualized.

FYTD:

| Month | Units of Service |
|-------------------|------------------|
| Jul 14 | 106,631 |
| Aug | 99,149 |
| Sep | 99,217 |
| Oct | 109,126 |
| Nov | 97,304 |
| Dec | 110,998 |
| Jan 15 | 94,504 |
| Feb | 91,134 |
| Mar | 90,990 |
| Apr | |
| May | |
| Jun | |
| FY15 Total | 899,053 |
| FY15 Avg | 99,895 |



Funding Stream: Title III - Older Americans Act Funds through the Administration on Aging; General Fund

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

Comment: 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. SFY 2013 shows a slight increase. SFY 2014 is showing an increase compared to the same time periods in the previous fiscal year. The Q2 service increase is primarily due to a large Home Delivered Meal program being awarded nonfederal funding to help reduce waitlist for services. Q3 and Q4 are stable. FY 2015 Q1 and Q2 are stable and the decrease in Q3 is directly due to one large provider not being able to provide ADSD with their data in a timely manner.

Nevada Department of Health and Human Services, ADSD

2.10 National Family Caregiver Program

Program: The National Family Caregiver Support Program (funded by the Older Americans Act Title III E) 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.

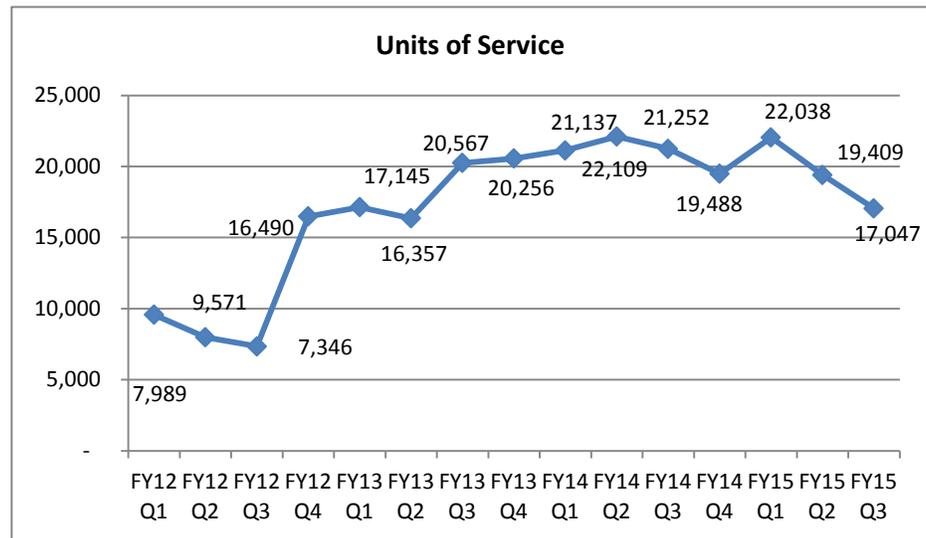
Workload History:

| Fiscal Year | Units of Service | Average Monthly Units of Service |
|-------------|------------------|----------------------------------|
| FY10 | 67,491 | 5,624 |
| FY11 | 74,612 | 6,217 |
| FY12 | 41,395 | 3,450 |
| FY13 | 74,612 | 6,218 |
| FY14 | 83,986 | 6,999 |
| FY15 YTD* | 77,992 | 6,499 |

*FY15 YTD data is annualized.

FYTD:

| Month | Units of Service |
|-------------------|------------------|
| Jul 14 | 7,912 |
| Aug | 6,698 |
| Sep | 7,428 |
| Oct | 7,081 |
| Nov | 5,291 |
| Dec | 7,037 |
| Jan 15 | 7,060 |
| Feb | 5,863 |
| Mar | 4,124 |
| Apr | |
| May | |
| Jun | |
| FY15 Total | 58,494 |
| FY15 Avg | 6,499 |



Funding Stream: Title III - Older Americans Act Funds through the Administration on Aging; Healthy Nevada Fund from the Tobacco Settlement Fund

Web Link: <http://adsd.nv.gov/uploadedFiles/adsdnvgov/content/Programs/Grant/ServSpecs/NationalFamilyCaregiverSupportProgram.pdf>

Comment: SFY 2012 Q1 trend shows increased accuracy and a difference in types of program funded, now primarily focused on ADRCs. SFY 2013 reflects an increase due to changes in reporting requirements. SFY 2014 Q1 and Q2 show an upward trend due to the funding of new ADRC serving the rural areas. Q3 and Q4 remain stable. FY 2015 Q1 shows an increase due to changes in how the Aging & Disability Resource Centers report their data. Q2 decrease is the result of one large program beginning to wind down their ADRC services in anticipation of not renewing their grant. The Q3 decrease is directly due to one large provider not being able to provide us with complete data in a timely manner.

Nevada Department of Health and Human Services, ADSD

2.11 Taxi Assistance 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 Nevada Taxicab Authority by a surcharge on taxicab rides.

Eligibility: Age 60 or older or permanently disabled of any age with Nevada ID and having incomes within the program criteria.

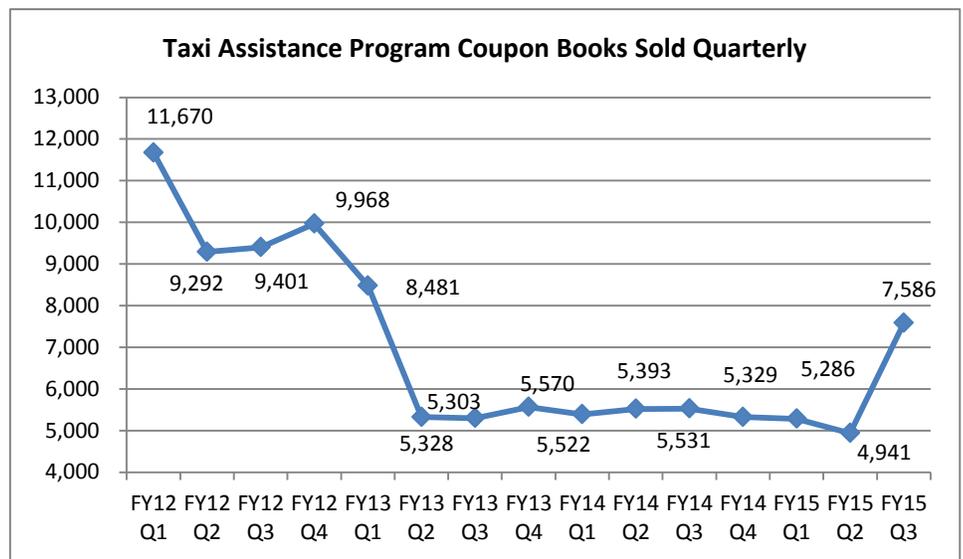
Workload History:

| Fiscal Year | Units of Service |
|-------------|------------------|
| FY12 | 40,331 |
| FY13 | 24,682 |
| FY14 | 21,775 |
| FY15 YTD* | 23,750 |

*FY15 YTD data is annualized

FYTD:

| Month | Total Books Sold |
|-------------------|------------------|
| Jul 14 | 2,028 |
| Aug | 1,675 |
| Sep | 1,583 |
| Oct | 1,753 |
| Nov | 1,576 |
| Dec | 1,612 |
| Jan 15 | 2,615 |
| Feb | 2,471 |
| Mar | 2,500 |
| Apr | |
| May | |
| Jun | |
| FY15 Total | 17,813 |
| FY15 Avg | 1,979 |



Other: Currently, 1,519 individuals are enrolled in the program as Active. Clients in Active status meet all the program eligibility requirements and have provided the required proof of income. 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 Nevada Taxicab Authority. The Legislatively approved Tier changes with income eligibility requirements were implemented October 1, 2012. Data is tracked in the Social Assistance Management System (SAMS). SAMS is an information technology tracking system, allowing for improved consumer and performance tracking and information, and the reporting tool for both Federal and State required reports.

Funding Stream: Nevada Taxicab Authority

Web Link: http://adss.nv.gov/Programs/Seniors/TAP/TAP_Prog/

Comment: 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. In Q2 of SFY 2013, the trend dipped to its lowest, due to implementation of income verification processes. The trend since has remained stable, as the program continues its implementation of the new eligibility requirements. Approximately 22% of the client base was deemed ineligible for the new income based program. This explains the decrease in coupon books sold since SFY13 Q1 and Q2. The trend is up for SFY15 Q3 due to an increase in the number of books each client may purchase, as well as variable cost based upon income as of January 1, 2015.

Nevada Department of Health and Human Services, ADSD

2.12 Senior Rx and Disability Rx

Program: Nevada Senior/Disability Rx helps eligible applicants obtain essential prescription medications. Some members may also receive help with the monthly premium (if applicable) for their Part-D plan. Eligible members 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 7/1/2014 = \$27,701 for singles, \$36,927 for couples. Age -- For Senior Rx, age 62 or older. For Disability Rx, age 18 through 61 with a verifiable disability.

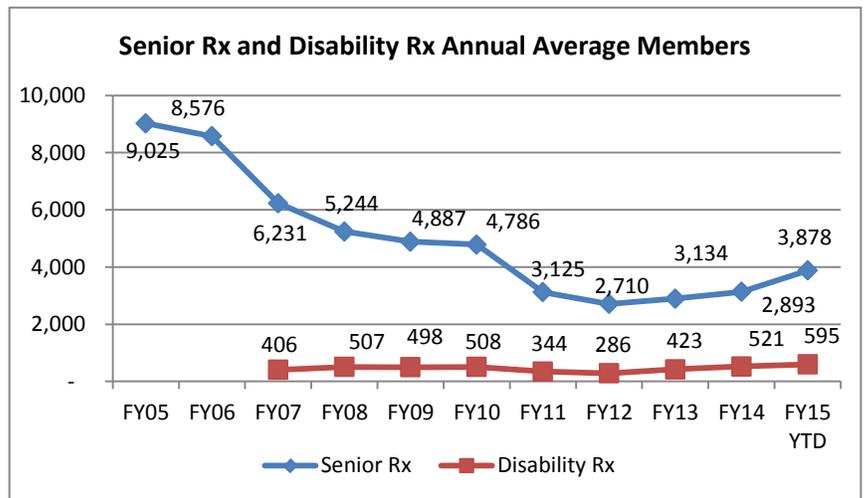
Workload History:

| Fiscal Year | Senior Rx | | Disability Rx | |
|-------------|---------------|--------------------|---------------|--------------------|
| | Average Cases | Total Expenditures | Average Cases | Total Expenditures |
| FY10 | 4,786 | \$3,635,391 | 508 | \$504,406 |
| FY11 | 3,125 | \$2,928,171 | 344 | \$411,875 |
| FY12 | 2,710 | \$2,099,622 | 286 | \$273,202 |
| FY13 | 2,893 | \$1,910,886 | 423 | \$340,779 |
| FY14 | 3,134 | \$2,330,710 | 521 | \$319,735 |
| FY15 YTD | 3,878 | \$1,090,145 | 595 | \$210,351 |

FYTD:

| Month | Senior Rx | Disability Rx |
|--------|-----------|---------------|
| Jul 14 | 3,585 | 571 |
| Aug | 3,706 | 577 |
| Sep | 3,766 | 594 |
| Oct | 3,834 | 561 |
| Nov | 3,886 | 581 |
| Dec | 3,945 | 601 |
| Jan 15 | 4,075 | 622 |
| Feb | 4,015 | 621 |
| Mar | 4,094 | 631 |
| Apr | | |
| May | | |
| Jun | | |

| | | |
|-------------------|---------------|--------------|
| FY15 Total | 34,906 | 5,359 |
| FY15 Avg | 3,878 | 595 |



Comment: Beginning in FY-15 funding for this program was reduced, so program and fiscal staff monitors caseload growth and its impact on direct services expenditures to ensure program costs stay within authority going into FY16 and FY17, including discussions of any actions necessary to stay within budget.

Web Link: <http://adsd.nv.gov/Programs/Physical/DisabilityRx/DisabilityRx/>

Nevada Department of Health and Human Services, ADSD

2.13 Senior Rx and Disability Rx – Dental Program

Program: Nevada Senior/Disability Rx Dental Pilot Program helps eligible applicants obtain essential dental care. Members receive up to \$1,000 in dental-care services through a no-premium, no-deductible plan with a 100-80-50 benefit structure (preventative care is covered at 100%; fillings, denture repair, and other routine work is covered at 80%; and major work--such as crowns or new dentures--is covered at 50%). Beginning 7/1/2013, members could apply for an additional \$0 - \$500 annually to assist with out-of-pocket costs.

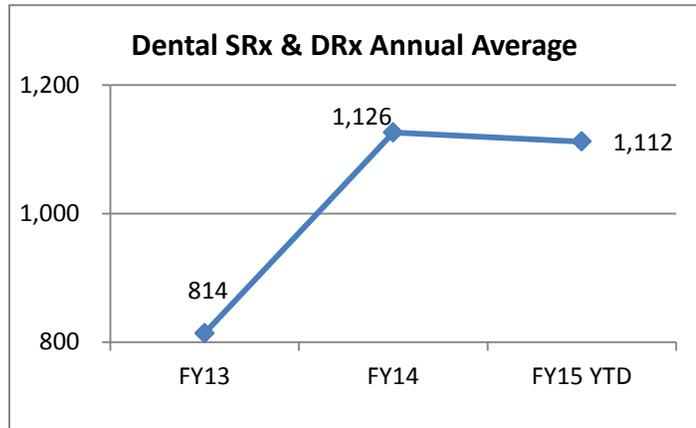
Eligibility: Senior/Disability Rx Prescription Program -- Must be current member of Rx Program to enroll. Other Dental Coverage -- Must not have other dental coverage of any kind.

Workload History:

| Fiscal Year | Senior/Disability Rx | |
|-------------|----------------------|--------------------|
| | Average Cases | Total Expenditures |
| FY13 | 814 | \$154,711 |
| FY14 | 1,126 | \$371,907 |
| FY15 YTD | 1,112 | \$256,828 |

*FY15 data is annualized.

| FYTD | Senior Rx |
|--------------------|---------------|
| JUL 14 | 1,119 |
| Aug | 1,181 |
| Sep | 1,097 |
| Oct | 1,082 |
| Nov | 1,134 |
| Dec | 1,108 |
| JAN 15 | 1,107 |
| Feb | 1,098 |
| Mar | 1,080 |
| Apr | |
| May | |
| Jun | |
| FY 15 Total | 10,006 |
| FY 15 Avg | 1,112 |



Comment: The Pilot Dental Program began on March 1, 2013 with 800 slots and was expanded to 1,100 slots with the beginning of SFY14. Plan years run from January 1 through December 31 in order to coincide with the prescription benefit plan year. This pilot benefit is scheduled to end with the current fiscal year on June 30, 2015.

Nevada Department of Health and Human Services, ADSD

2.14 State Health Insurance Assistance Program (SHIP)

Program: Provides unbiased information, counseling, and assistance services to Medicare beneficiaries, their families and others. These no cost services are provided relevant to: Medicare Part D Prescription Drug Coverage; Medicare Part A-Hospital; Medicare Part B-Medicare; Medicare supplemental insurance; long-term care insurance; Medicare Part C-Advantage Plans; Extra Help Part D drug program; beneficiary rights and grievance appeal procedures. Referrals to other community resources are made as needed.

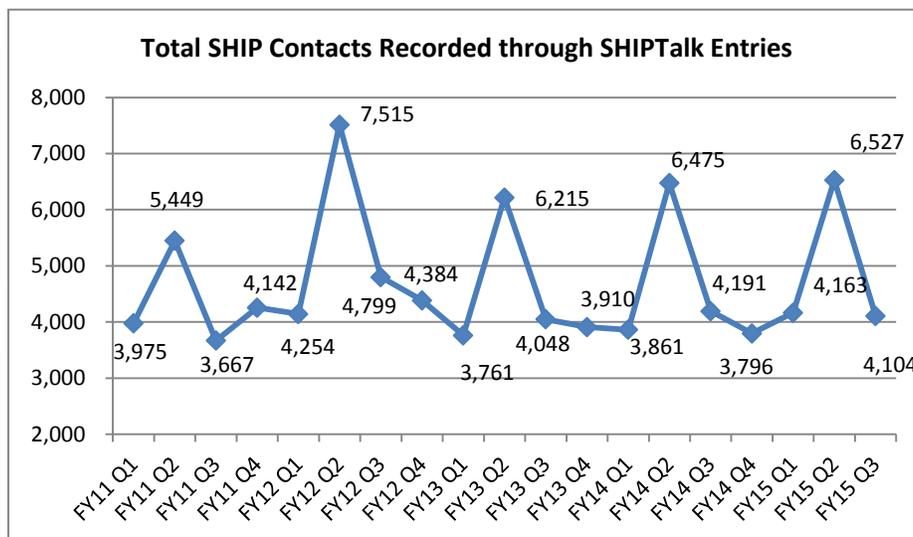
Eligibility: Medicare Beneficiaries; Seniors age 65 or older and/or persons with a verified disability of any age and their caregivers.

Workload History:

| | Total SHIP Contacts | Quarterly Average |
|-------|---------------------|-------------------|
| FY 10 | 14,668 | 3,667 |
| FY 11 | 17,345 | 4,336 |
| FY 12 | 20,840 | 5,210 |
| FY 13 | 17,934 | 4,484 |
| FY 14 | 18,323 | 4,581 |

FYTD:

| | Total SHIP Contacts | Monthly Average |
|---------|---------------------|-----------------|
| FY14 Q2 | 6,475 | 2,158 |
| FY14 Q3 | 4,191 | 1,397 |
| FY14 Q4 | 3,796 | 1,265 |
| FY15 Q1 | 4,163 | 1,388 |
| FY15 Q2 | 6,527 | 2,176 |
| FY15 Q3 | 4,104 | 1,368 |



Other: SHIP utilizes trained volunteers, contract staff and partners for outreach and Medicare beneficiary navigation enrollment assistance. 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 explanation and access of health benefits. SHIP contacts/encounters are entered into the Centers for Medicare and Medicaid Services (CMS) database and reported periodically as required to CMS and ACL.

Funding Stream: The Administration for Community Living (ACL) & ILG State Funds.

Web Links: http://adsd.nv.gov/Programs/Seniors/SHIP/SHIP_Prog

www.NevadaSHIP.com

Analysis of Trends: Due to complexities associated with Medicare assistance, counseling sessions are more time consuming and sometimes involve case management related duties, and require providing beneficiaries with a number of referrals and assistance with social needs. Volunteers are reluctant to do counseling because of the complexity of the job and the time commitment for training and counseling. As of March 31, 2015, there are 76 volunteers statewide, 62 of whom are SHIP Certified Benefits Counselors and some currently in certification training.

Nevada Department of Health and Human Services, ADSD

2.15 Home and Community Based Waiver (HCBW)

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

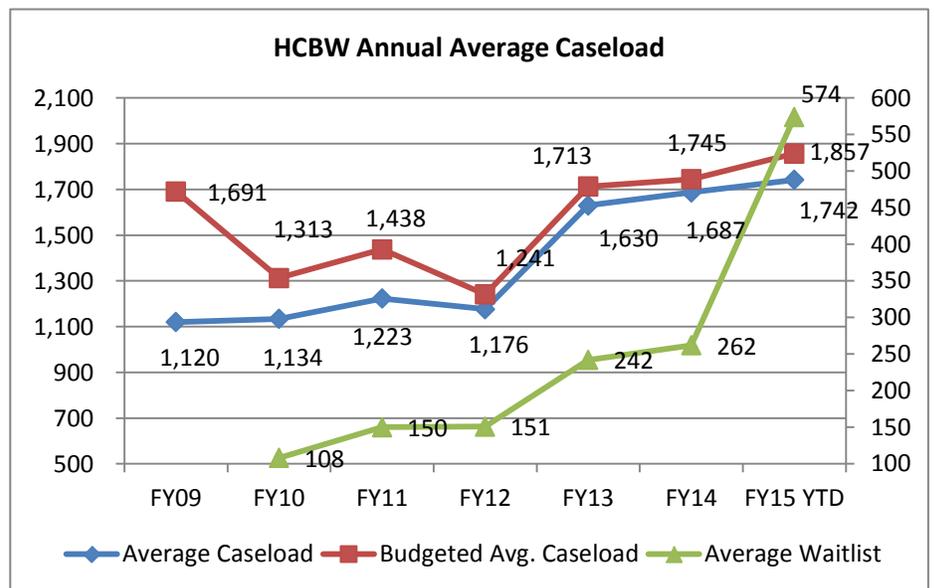
Eligibility: Must be 65 years old or older; at risk of nursing home placement within 30 days without services; financially eligible (300% of SSI income up to \$2,163.00); need assistance with one or more of the following: bathing, dressing, eating, toileting, ambulating, transferring.

Workload History:

| Fiscal Year | Average Caseload | Budgeted Avg Caseload | Average Waitlist | Total Expenditures |
|-------------|------------------|-----------------------|------------------|--------------------|
| FY10 | 1,134 | 1,313 | 108 | \$4,083,178 |
| FY11 | 1,223 | 1,438 | 150 | \$4,016,041 |
| FY12 | 1,176 | 1,241 | 151 | \$4,563,023 |
| FY13 | 1,630 | 1,713 | 242 | \$6,222,738 |
| FY14 | 1,687 | 1,745 | 262 | \$5,856,376 |
| FY15 YTD | 1,742 | 1,857 | 574 | Not Yet Available |

FYTD:

| Month | Caseload | Waitlist |
|-------------------|---------------|--------------|
| Jul 14 | 1,765 | 465 |
| Aug | 1,792 | 513 |
| Sep | 1,776 | 553 |
| Oct | 1,767 | 577 |
| Nov | 1,751 | 582 |
| Dec | 1,710 | 628 |
| Jan 15 | 1,682 | 622 |
| Feb | 1,709 | 621 |
| Mar | 1,729 | 609 |
| Apr | | |
| May | | |
| Jun | | |
| FY15 Total | 15,681 | 5,170 |
| FY15 Avg | 1,742 | 574 |



Funding Stream: Medicaid/General Fund

Analysis of Trends: The HCBW caseload saw a significant drop in January with a slow but steady increase in recent months. There has been a significantly high closure rate for this program. We typically see about 40-50 closures a month but this year we are averaging 67 closures per month. The waitlist has been relatively steady over the last few months.

Note: Reporting structure starting July 1, 2014, combined the HCBW for the Frail Elderly Waiver with the Assisted Living Waiver.

Web Link: http://adsd.nv.gov/Programs/Seniors/HCBW/HCBW_Prog/

Nevada Department of Health and Human Services, ADSD

2.16 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.

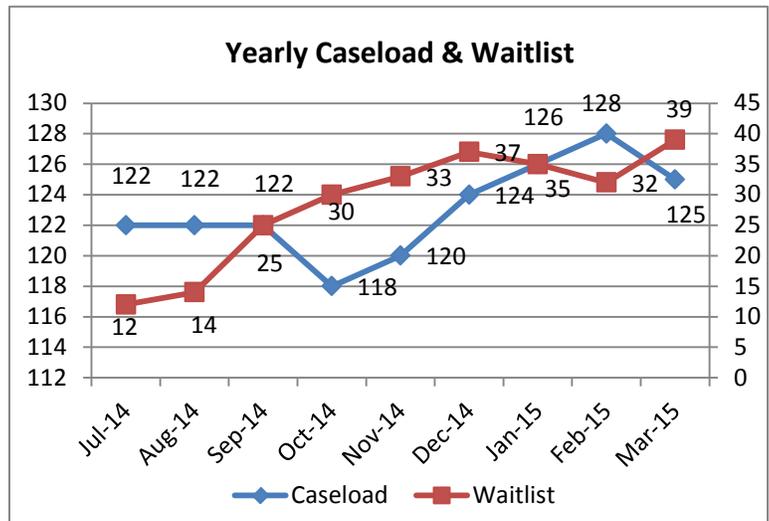
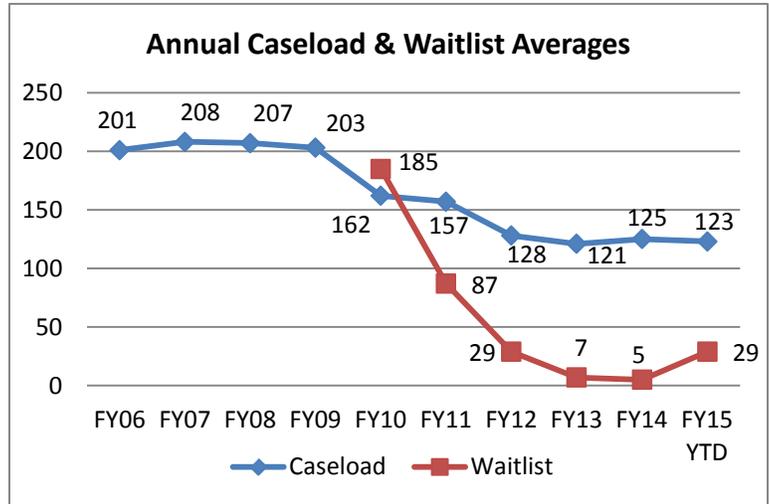
Eligibility: Applicants must be over age 18, have a severe physical disability, and must have all their care needs addressed when the resources of this program are combined with other resources available to the applicant (family, friends, assistive technology, private-pay care, etc.).

Workload History:

| Fiscal Year | Average Caseload | Average Waitlist | Expenditures |
|-------------|------------------|------------------|---------------|
| FY 10 | 162 | 185 | \$3,239,720 |
| FY 11 | 157 | 87 | \$3,196,309 |
| FY 12 | 128 | 29 | \$2,813,504 |
| FY 13 | 121 | 7 | \$2,570,445 |
| FY 14 | 125 | 5 | \$2,598,948 |
| FY 15 YTD | 123 | 29 | Not Available |

FYTD:

| Month | Caseload | Waitlist |
|-------------------|--------------|------------|
| Jul 14 | 122 | 12 |
| Aug | 122 | 14 |
| Sep | 122 | 25 |
| Oct | 118 | 30 |
| Nov | 120 | 33 |
| Dec | 124 | 37 |
| Jan 15 | 126 | 35 |
| Feb | 128 | 32 |
| Mar | 125 | 39 |
| Apr | | |
| May | | |
| Jun | | |
| FY15 Total | 1,107 | 257 |
| FY15 Avg | 123 | 29 |



Analysis of

Trends:

The caseload remains relatively stable for the PAS program. We are screening PAS referrals within 28 days of referral date in an effort to maintain consistency with all Community Based Care programs. This has caused an increase the PAS waitlist.

Web Links:

http://adsd.nv.gov/Programs/Seniors/PersAsstSvc/PAS_Prog/

Nevada Department of Health and Human Services, ADSD

2.17 Disability Services – Assistive Technology for 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: Applicants 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.

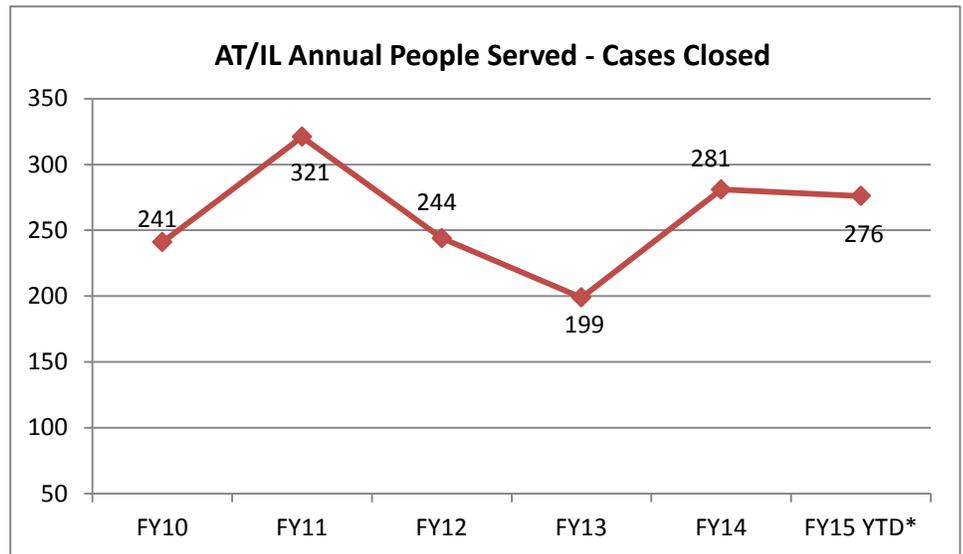
Workload History:

| Fiscal Year | Applications | Cases Closed | Expenditures |
|-------------|--------------|--------------|--------------|
| FY 10 | 292 | 241 | \$1,895,972 |
| FY 11 | 295 | 321 | \$1,528,652 |
| FY 12 | 322 | 244 | \$1,586,976 |
| FY 13 | 297 | 199 | \$1,045,448 |
| FY 14 | 229 | 281 | \$1,606,319 |
| FY 15 YTD* | 177 | 276 | \$1,299,688 |

*FY 15 YTD data is annualized.

FYTD:

| Month | Caseload |
|-------------------|------------|
| Jul 14 | 30 |
| Aug | 41 |
| Sep | 24 |
| Oct | 27 |
| Nov | 16 |
| Dec | 28 |
| Jan 15 | 16 |
| Feb | 16 |
| Mar | 9 |
| Apr | |
| May | |
| Jun | |
| FY15 Total | 207 |
| FY15 Avg | 23 |



*FY15 YTD data is annualized.

Other:

The average household income of program applicants is \$1,781 per month with an average household size of 1.7 people. The average age of those served is 60. The most commonly provided services are home that provide access into the home and to bathroom; and vehicle modifications to transport their mobility devices.

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.

Web Links: <http://adsd.nv.gov/Programs/Physical/ATforIL/ATforIL/>

Nevada Department of Health and Human Services, ADSD

2.18 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.

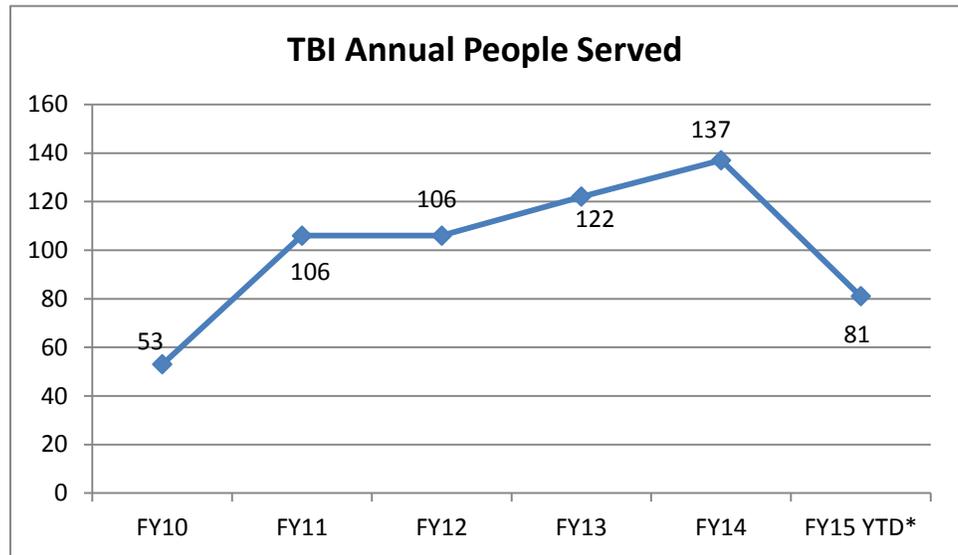
Workload History:

| Fiscal Year | Caseload | Cases Closed | Expenditures |
|-------------|----------|--------------|--------------|
| FY 11 | 106 | 40 | \$1,538,063 |
| FY 12 | 106 | 42 | \$1,510,623 |
| FY 13 | 122 | 59 | \$1,498,475 |
| FY 14 | 130 | 93 | \$1,359,969 |
| FY 15 YTD* | 81 | 28 | \$457,333 |

*FY15 data is annualized.

FYTD:

| Month | Caseload |
|-------------------|-----------|
| Jul 14 | 10 |
| Aug | 14 |
| Sep | 8 |
| Oct | 4 |
| Nov | 4 |
| Dec | 4 |
| Jan 15 | 6 |
| Feb | 4 |
| Mar | 7 |
| Apr | |
| May | |
| Jun | |
| FY15 Total | 61 |
| FY15 Avg | 7 |



*FY15 YTD data is annualized

Other: "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.

Funding: 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 persons served shown is for those applicants who meet the program's criteria for having maximum rehabilitation potential.

Web Links: <http://adsd.nv.gov/Programs/Physical/TBIProg/TBI/>

Nevada Department of Health and Human Services, ADSD

2.19 Disability Services – Communication Services

Program: The Communication Services Program provides telecommunications equipment to enable recipients to have access to the Relay System.

Eligibility: Recipients must have a documented communication disability.

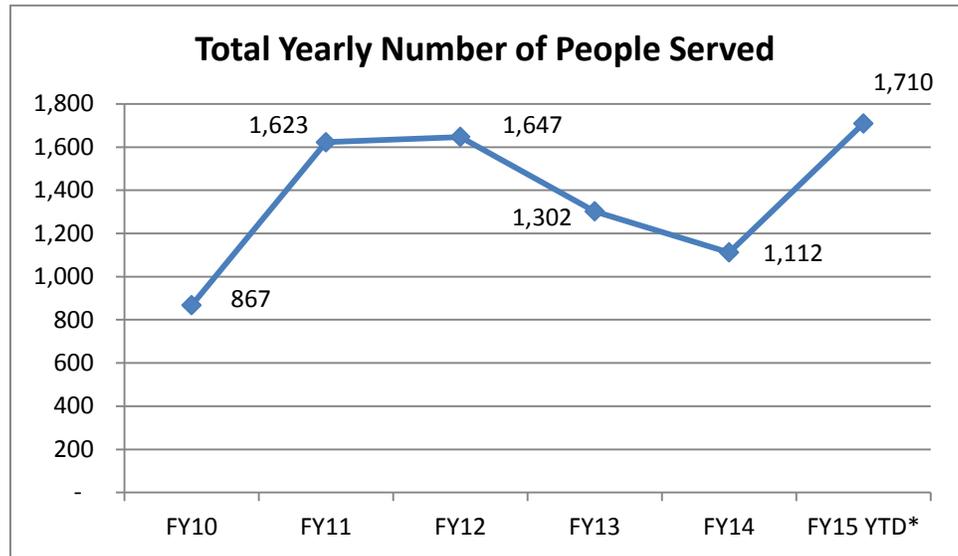
Workload History:

| Fiscal Year | Number Served | Expenditures |
|-------------|---------------|-------------------|
| FY 10 | 867 | \$1,467,118 |
| FY 11 | 1,623 | \$1,533,604 |
| FY 12 | 1,647 | \$1,612,209 |
| FY 13 | 1,302 | \$1,173,668 |
| FY 14 | 1,112 | \$1,422,824 |
| FY 15 YTD* | 1,710 | Not Yet Available |

*FY15 data is annualized.

FYTD:

| Month | Caseload |
|-------------------|--------------|
| Jul 14 | 54 |
| Aug | 53 |
| Sep | 70 |
| Oct | 145 |
| Nov | 148 |
| Dec | 206 |
| Jan 15 | 115 |
| Feb | 359 |
| Mar | 133 |
| Apr | |
| May | |
| Jun | |
| FY15 Total | 1,283 |
| FY15 Avg | 143 |



*FY15 YTD data is annualized

Per Capita/Key Demographics: This program does targeted outreach to rural areas and the following demographic groups: persons with communication disabilities, who are minorities, have lower income, are children or are seniors.

Other: Funding for this program is provided entirely through the telecommunications surcharge assessed on each phone in Nevada and collected by the Public Utilities Commission (PUC). The Federal Communications Commission (FCC) mandates state relay programs for telephone access.

Analysis of Trends: We now have three organizations providing the service, Deaf and Hard of Hearing Advocacy Resource Center (DHHARC), Northern Nevada Center for Independent Living (NNCIL) and Southern Nevada Center for Independent Living (SNCIL). Last year it was just one. The two new grantees (NNCIL and SNCIL) didn't get up and going until September, so July and Aug reflect only the work of the one organization (DHHARC), instead of the three.

Web Links: <http://adsd.nv.gov/Programs/Physical/ComAccessSvc/CAS/>

Nevada Department of Health and Human Services, ADSD

2.20 Autism Treatment Assistance Program (ATAP)

Program: The Autism Treatment Assistance Program helps families of children ages 0-18, with Autism Spectrum Disorders, to establish and fund home-based therapy programs. Funds are used to pay clinical professionals who design the therapy programs and train lay-providers to deliver the therapy, as well as to pay the lay-providers for the delivery of services.

Eligibility: Recipients must be under age 18 and have a documented diagnosis of an Autism Spectrum Disorder. Applicants are prioritized based upon a number of factors relating to their need and opportunities for successful therapy.

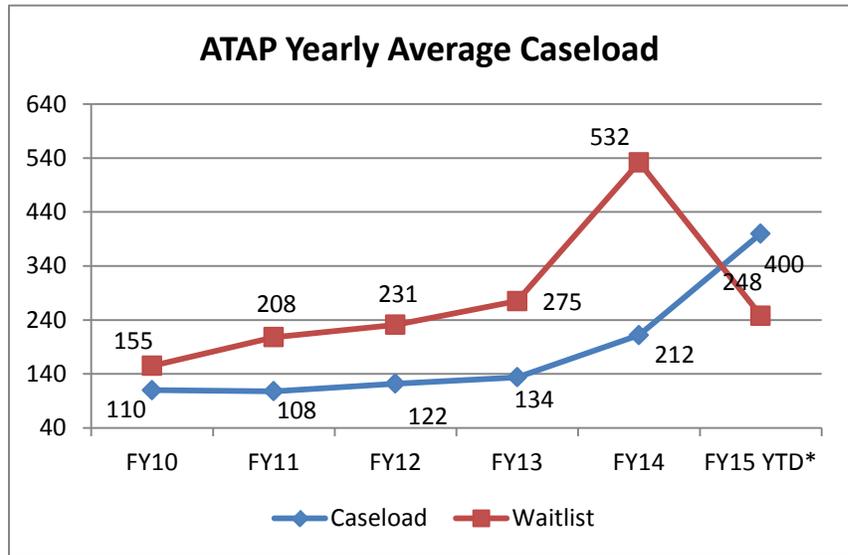
Workload History:

| Fiscal Year | Average Caseload | Average Waitlist | Expenditures |
|-------------|------------------|------------------|--------------|
| FY 10 | 110 | 155 | \$1,288,262 |
| FY 11 | 108 | 208 | \$1,885,987 |
| FY 12 | 122 | 231 | \$1,959,167 |
| FY 13 | 134 | 275 | \$2,390,915 |
| FY 14 | 212 | 532 | \$3,493,764 |
| FY 15 YTD | 400 | 248 | \$3,203,097* |

*FY 15 YTD Expenditures are annualized.

FYTD:

| Month | Caseload | Waitlist |
|----------------------|------------|------------|
| Jul 14 | 312 | 510 |
| Aug | 327 | 509 |
| Sep | 349 | 516 |
| Oct | 384 | 529 |
| Nov | 405 | 530 |
| Dec | 412 | 512 |
| Jan 15 | 457 | 543 |
| 208 | 467 | 522 |
| Mar | 485 | 443 |
| Apr | | |
| May | | |
| Jun | | |
| FY15 Averages | 400 | 513 |



Other: This program helps families with children aged 0-18 who are diagnosed with autism.

Funding: Funding for this program was provided entirely through the state general fund during FY 07-12, but transferred to the Fund for a Healthy Nevada in FY 13.

Analysis of Trends: There are no identifiable data trends for new ATAP applicants. Applications and New Referrals arrive with no discernable predictability other than thru normal population growth. ATAP received an increase in funding during the 2013 Legislative Session for FY14-15, causing an increase in caseload.

Web Links: <http://adsd.nv.gov/Programs/Autism/ATAP/ATAP>

Nevada Department of Health and Human Services, ADSD

2.21 Developmental Services

Program: Developmental Services provides a full array of community based services for people with Intellectual 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.

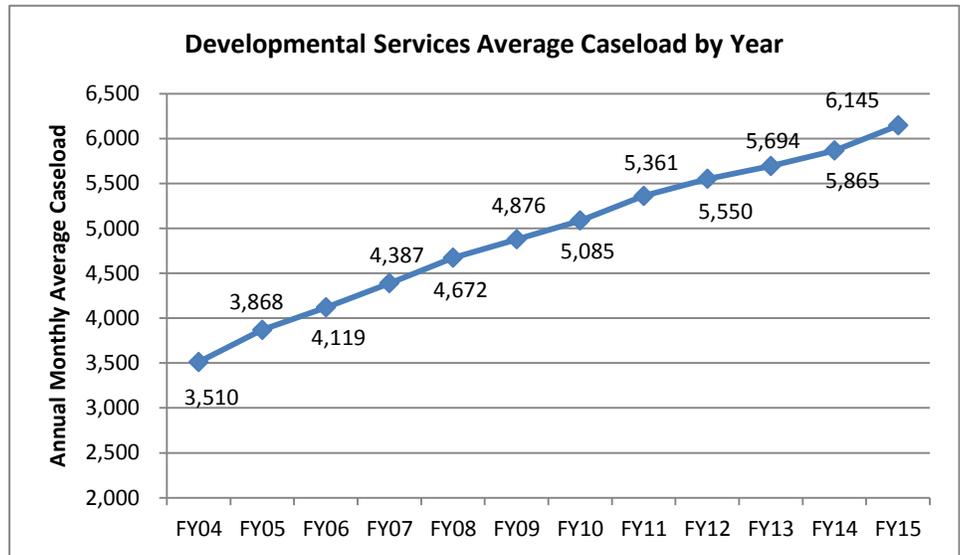
Eligibility: All individuals who meet Developmental Services eligibility requirements of Intellectual Disability diagnosis or Related Conditions and three of six major life skill limitations who apply for services receive basic service coordination. Developmental Services agencies provide many services 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:

| Fiscal Year | Total Expenditures | Average Caseload |
|-------------|--------------------|------------------|
| FY09 | \$139,752,916 | 4,876 |
| FY10 | \$126,585,304 | 5,085 |
| FY11 | \$129,468,112 | 5,361 |
| FY12 | \$128,766,028 | 5,550 |
| FY13 | \$136,720,966 | 5,694 |
| FY14 | \$149,929,411 | 5,865 |
| FY15 YTD | Not Yet Available | 6,145 |

Caseload FYTD:

| Month | Caseload |
|-------------------|---------------|
| Jul 2014 | 6,056 |
| Aug | 6,079 |
| Sep | 6,098 |
| Oct | 6,125 |
| Nov | 6,137 |
| Dec | 6,157 |
| Jan 2015 | 6,188 |
| Feb | 6,216 |
| Mar | 6,245 |
| Apr | |
| May | |
| Jun | |
| FY15 Total | 55,301 |
| FY15 Avg | 6,145 |



Website: <http://adsd-intranet.dhhs-ad.state.nv.us/SitePages/Home.aspx>

Nevada Department of Health and Human Services, ADSD

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

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

Eligibility: In Nevada, a child must be under the age of three and have a minimum of a 50 percent delay in one developmental area or a 25 percent 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, communication, vision, hearing, nutrition, special 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, private 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. IDEA Part C staff monitor all early intervention programs in the State and provide training to ensure that early interventionists have the most current evidence-based, best practice 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:

| Fiscal Year | Monthly Average Cases | Total Expenditures | Total Referrals |
|-------------|-----------------------|--------------------|-----------------|
| FY 10 | 2,106 | \$21,220,368 | 4,748 |
| FY 11 | 2,548 | \$25,511,124 | 5,284 |
| FY 12 | 2,735 | \$22,649,687 | 5,216 |
| FY 13 | 2,830 | \$23,642,678 | 5,427 |
| FY 14 | 2,892 | \$25,637,476 | 5,737 |
| FY 15 YTD | 3,053 | \$22,290,843 | 4,592 |

FYTD:

| Month | New Referrals | Total IFSPs* | Waiting for Services | Services Waiting | Exiting with IFSPs* |
|-------------------|---------------|---------------|----------------------|------------------|---------------------|
| Jul 14 | 544 | 2,954 | 11 | 20 | 215 |
| Aug | 512 | 2,938 | 9 | 10 | 182 |
| Sep | 561 | 2,964 | 30 | 37 | 171 |
| Oct | 547 | 3,079 | 23 | 26 | 208 |
| Nov | 402 | 3,061 | 40 | 46 | 153 |
| Dec | 465 | 3,106 | 36 | 39 | 202 |
| Jan. 15 | 545 | 3,117 | 61 | 70 | 188 |
| Feb | 448 | 3,101 | 34 | 37 | 180 |
| Mar | 568 | 3,161 | 31 | 33 | 187 |
| Apr | | | | | |
| May | | | | | |
| Jun | | | | | |
| FY15 Total | 4,592 | 27,481 | 275 | 318 | 1,686 |
| FY15 Avg | 510 | 3,053 | 31 | 35 | 187 |

*IFSP – Individualized Family Service Plan

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.

Website: http://adsd.nv.gov/Programs/InfantsToddlers/Infants_Toddlers/

Nevada Department of Health and Human Services, DCFS

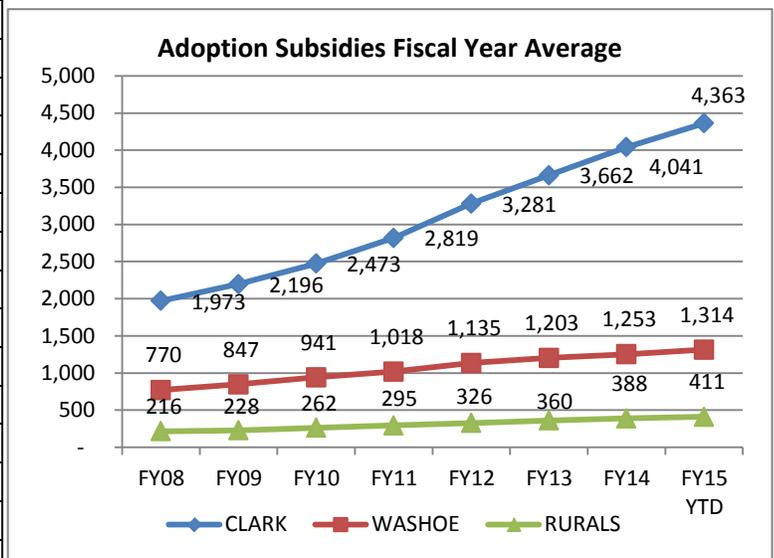
3.01 Adoption Subsidies

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 (WCSS); 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 14 | 4,180 | 1,275 | 396 | 5,851 |
| Aug | 4,228 | 1,297 | 412 | 5,937 |
| Sep | 4,240 | 1,302 | 408 | 5,850 |
| Oct | 4,298 | 1,304 | 414 | 6,016 |
| Nov | 4,357 | 1,323 | 411 | 6,091 |
| Dec | 4,438 | 1,329 | 417 | 6,184 |
| Jan 15 | 4,422 | 1,328 | 410 | 6,160 |
| Feb | 4,651 | 1,337 | 416 | 6,404 |
| Mar | 4,457 | 1,328 | 417 | 6,202 |
| Apr | | | | |
| May | | | | |
| Jun | | | | |
| FY15 Total | 39,271 | 11,823 | 3,701 | 54,795 |
| FY15 Avg | 4,363 | 1,314 | 411 | 6,088 |



Analysis of Trends: The number of adoption subsidies has generally increased throughout Nevada in line with population growth. This trend can be attributed to the rate of finalized adoptions, and concurrently, by the number of subsidies that terminated as adopted youth reached the age of 18 years old.

Website: http://www.dchs.state.nv.us/DCFS_Adoption.htm

Nevada Department of Health and Human Services, DCFS

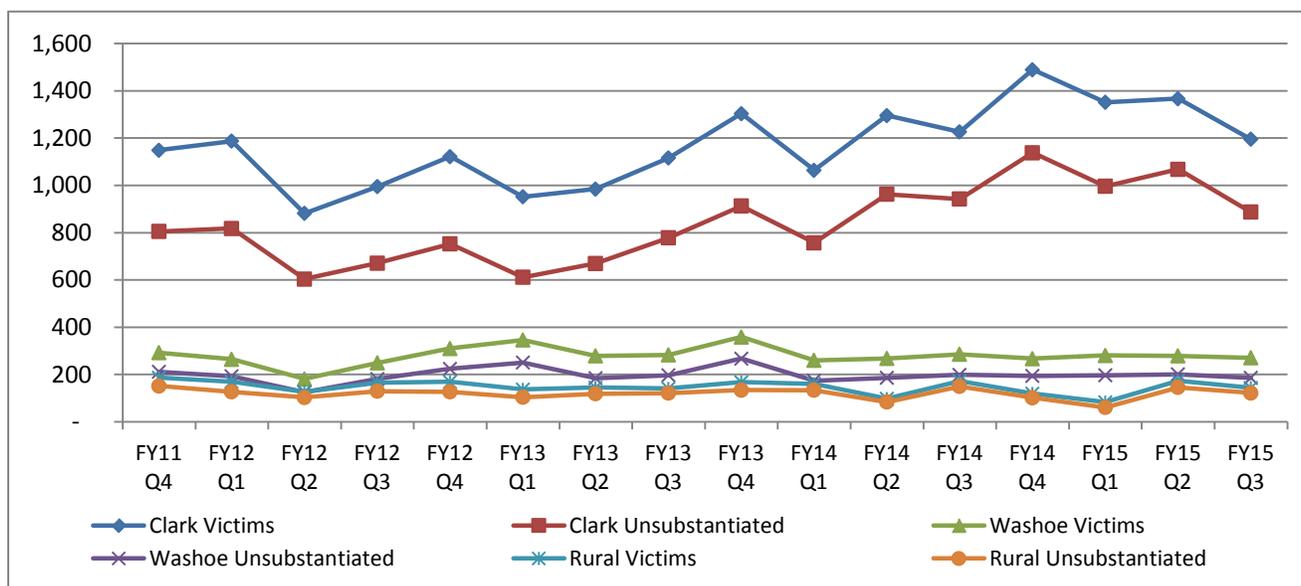
3.02 Child Protective Services (CPS)

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.

FYTD:

| | Clark County | | Washoe County | | Rural Counties | |
|-------------------|---------------|------------------|---------------|------------------|----------------|------------------|
| | Total Victims | Un-Substantiated | Total Victims | Un-Substantiated | Total Victims | Un-Substantiated |
| JUL 14 | 1,597 | 1,183 | 241 | 167 | 56 | 43 |
| Aug | 1,218 | 884 | 195 | 129 | 57 | 41 |
| Sep | 1,238 | 921 | 406 | 296 | 137 | 99 |
| Oct | 1,442 | 1,063 | 288 | 195 | 201 | 175 |
| Nov | 1,233 | 983 | 275 | 198 | 154 | 117 |
| Dec | 1,426 | 1,158 | 275 | 209 | 167 | 145 |
| Jan 15 | 1,516 | 1,204 | 296 | 212 | 188 | 177 |
| Feb | 1,196 | 919 | 370 | 276 | 133 | 105 |
| Mar | 1,492 | 1,155 | 355 | 244 | 181 | 145 |
| Apr | | | | | | |
| May | | | | | | |
| Jun | | | | | | |
| FY15 Total | 12,358 | 9,470 | 2,701 | 1,926 | 1,274 | 1,047 |
| FY15 Avg | 1,373 | 1,052 | 300 | 214 | 142 | 116 |



Analysis of Trends:

The number of child abuse and/or neglect victims and unsubstantiated reports has risen in Clark County within the last two years, FY13 Q3 through FY15 Q3. Media attention on this subject has heightened public awareness, resulting in a substantial increase of calls to the DCFS hotline. As a result, the number of investigations has also increased as well as the number of alleged victims.

Website: http://www.dchh.state.nv.us/DCFS_ChildProtectiveSvcs.htm

Nevada Department of Health and Human Services, DCFS

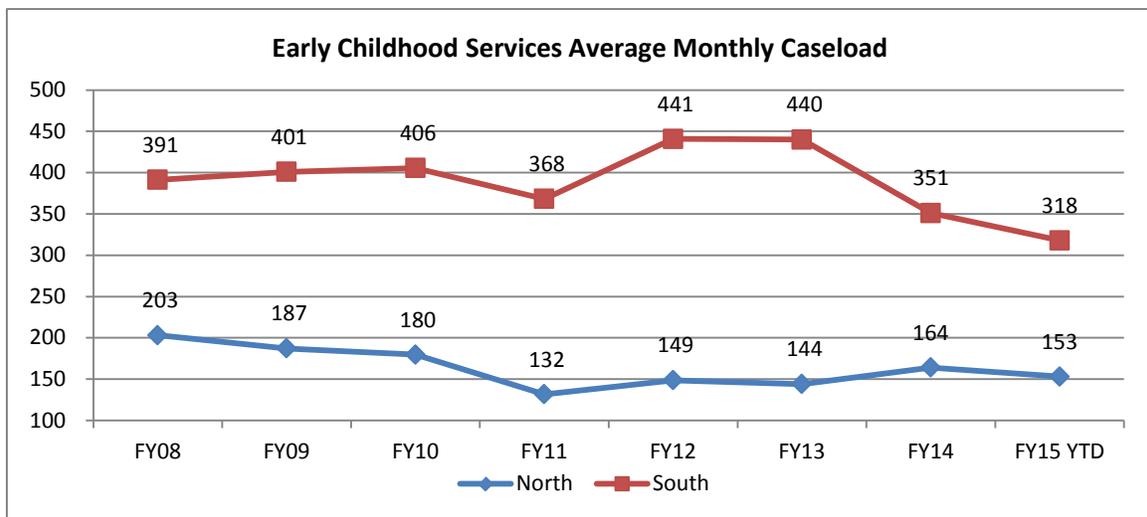
3.03 Early Childhood Services

Program: Early Childhood Mental Health Services are available for eligible children from birth to 6 years of age who have significant emotional, mental health, or behavior problems or those who are at high risk for these problems and associated developmental delays. The goal is to strengthen the parent-child relationship, support the family's capacity to care for the child, and to enhance the child's social and emotional well-being. Northern Nevada Child & Adolescent Services is located in Washoe County, and Southern Nevada Child & Adolescent Services is located in Clark County.

Eligibility: Birth through age six.

Other: Serves children who are covered under fee-for-service Medicaid, HMO Medicaid, or Nevada Check Up, and children who are uninsured or underinsured.

| FYTD: | North | South |
|-------------------|--------------|--------------|
| Jul 14 | 153 | 375 |
| Aug | 147 | 333 |
| Sep | 159 | 340 |
| Oct | 161 | 337 |
| Nov | 158 | 337 |
| Dec | 154 | 306 |
| Jan 15 | 145 | 315 |
| Feb | 146 | 286 |
| Mar | 150 | 232 |
| Apr | | |
| May | | |
| Jun | | |
| FY15 Total | 1,373 | 2,861 |
| FY15 Avg | 153 | 318 |



Analysis of Trends: Early Childhood Services in the South are decreasing due to staff shortages and a decrease in youth with Fee for Service Medicaid.

Website: http://www.dchs.state.nv.us/DCFS_CommunityBasedOPSvcs.htm

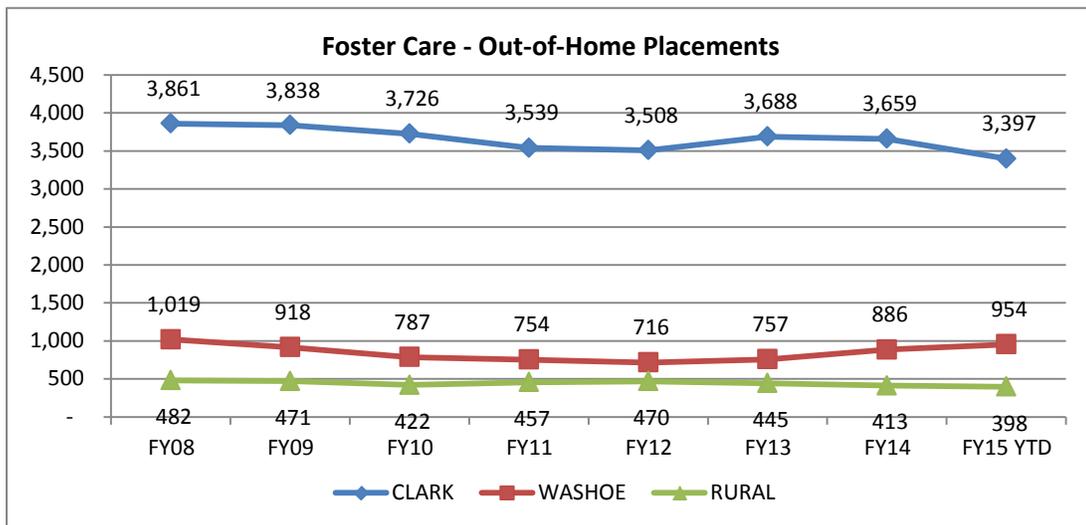
Nevada Department of Health and Human Services, DCFS

3.04 Foster Care – Out-of-Home Placements

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 14 | 3,534 | 966 | 410 | 4,910 |
| Aug | 3,524 | 967 | 407 | 4,898 |
| Sep | 3,268 | 902 | 378 | 4,548 |
| Oct | 3,490 | 948 | 396 | 4,834 |
| Nov | 3,451 | 978 | 395 | 4,824 |
| Dec | 3,338 | 942 | 389 | 4,669 |
| Jan 15 | 3,305 | 957 | 382 | 4,644 |
| Feb | 3,310 | 976 | 398 | 4,684 |
| Mar | 3,350 | 953 | 425 | 4,728 |
| Apr | | | | |
| May | | | | |
| Jun | | | | |
| FY15 Total | 30,570 | 8,589 | 3,580 | 42,739 |
| FY15 Avg | 3,397 | 954 | 398 | 4,749 |



Analysis of Trends: In November 2013, the Nevada Safety Model was first implemented in Clark County. This model has enhanced the staff’s ability to identify appropriate services to reduce safety issues and may have contributed to fewer reports of maltreatment and reduced out-of-home placements.

Website: http://www.dchs.state.nv.us/DCFS_PlaceRes.htm

Nevada Department of Health and Human Services, DCFS

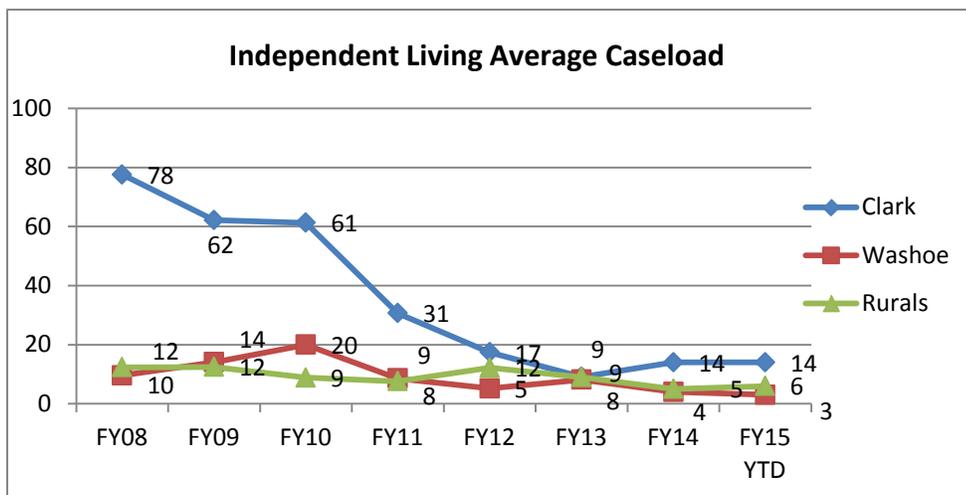
3.05 Foster Care – Independent Living

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 14 | 19 | 1 | 2 | 22 |
| Aug | 17 | 1 | 4 | 22 |
| Sep | 14 | 2 | 6 | 22 |
| Oct | 16 | 3 | 6 | 25 |
| Nov | 13 | 4 | 6 | 23 |
| Dec | 12 | 3 | 6 | 21 |
| Jan 15 | 13 | 3 | 6 | 21 |
| Feb | 11 | 3 | 7 | 21 |
| Mar | 11 | 3 | 7 | 21 |
| Apr | | | | |
| May | | | | |
| Jun | | | | |
| FY15 Total | 126 | 23 | 50 | 199 |
| FY15 Avg | 14 | 3 | 6 | 22 |



Analysis of Trends: Beginning SFY 2011, the Court Jurisdiction youth counts were no longer being added to the total for Washoe County and Clark County. Therefore, the numbers declined.

Website: http://www.dcss.state.nv.us/DCFS_IndependentLiving.htm

Nevada Department of Health and Human Services, DCFS

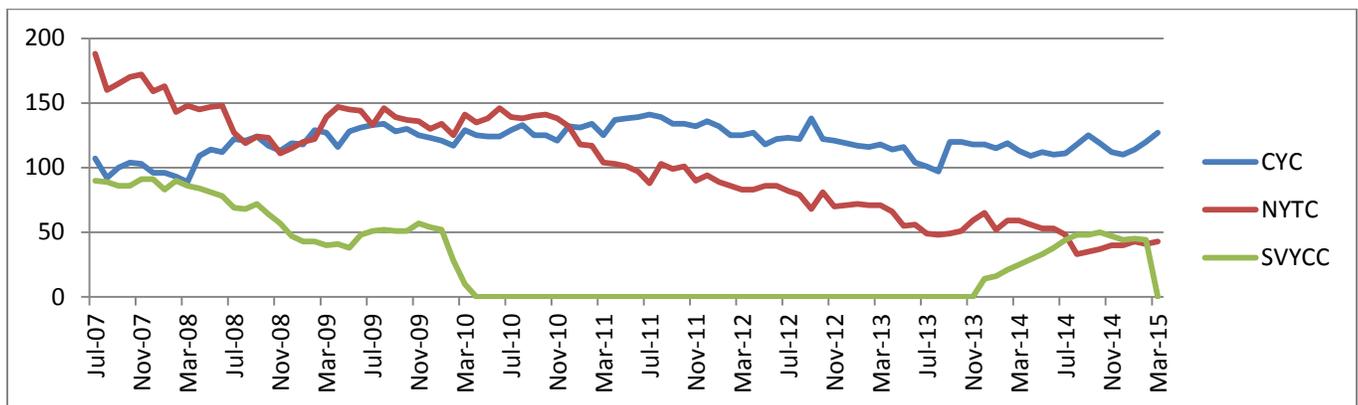
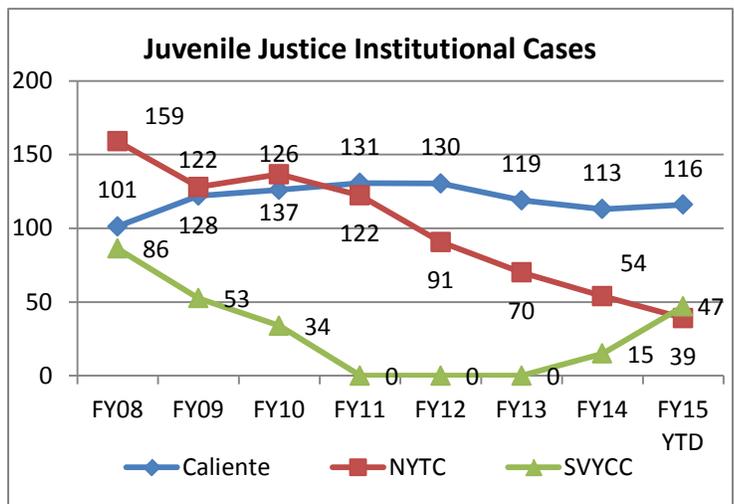
3.06 Juvenile Justice – Facilities

Caliente Youth Center (CYC): 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.

Nevada Youth Training Center (NYTC): 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, private family visitation.

Summit View Youth Correctional Center (SVYCC): What was previously “Summit View” reopened December 2013 with new name: “Red Rock Academy” and was run by the Rite of Passage non-profit. The Department closed the facility on March 10, 2015 and hopes to reopen the facility for the start of the 2015-2016 school year. Security: maximum. Programs: aggravated/violent behavior; substance abuse counseling; sex offender counseling; restorative solutions; family groups and visitations; skill development; academic education; vocational training.

| FYTD: | CYC | NYTC | SVYCC | Total |
|-------------------|--------------|------------|------------|--------------|
| Jul 14 | 111 | 48 | 44 | 203 |
| Aug | 118 | 33 | 48 | 199 |
| Sep | 125 | 35 | 48 | 208 |
| Oct | 119 | 37 | 50 | 206 |
| Nov | 112 | 40 | 47 | 199 |
| Dec | 110 | 40 | 44 | 194 |
| Jan 15 | 114 | 43 | 45 | 202 |
| Feb | 120 | 41 | 44 | 205 |
| Mar | 127 | 43 | 0 | 170 |
| Apr | | | | |
| May | | | | |
| Jun | | | | |
| FY15 Total | 1,056 | 360 | 370 | 1,786 |
| FY15 Avg | 117 | 40 | 41 | 198 |



Analysis of Trends: Initiatives such as the Juvenile Detention Alternatives Initiative (JDAI) and the targeted focus of the Nevada Supreme Court Commission on Statewide Juvenile Justice Reform have driven efforts in Juvenile Justice to reduce State commitments. Reduced counts at NYTC coincide with the opening of the Red Rock Academy in December 2013.

Website: http://www.dchh.state.nv.us/DCFS_JuvenileJusticeSvc.htm

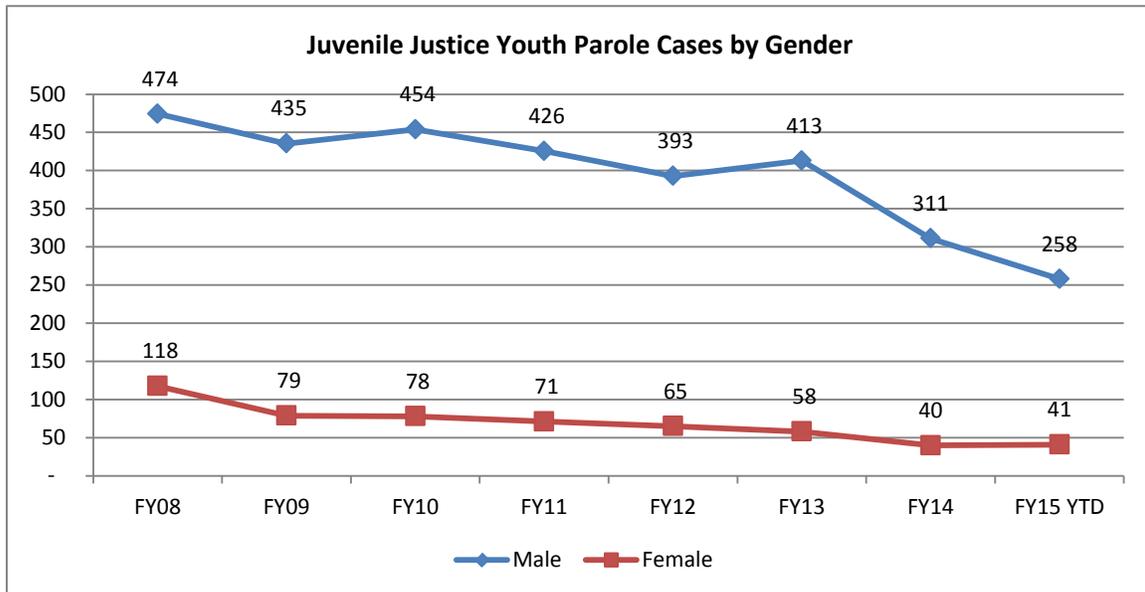
Nevada Department of Health and Human Services, DCFS

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 officers 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. The Bureau also supervises 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. Ages 12-21.

| FYTD: | Male | Female |
|-------------------|--------------|---------------|
| Jul 14 | 255 | 38 |
| Aug | 244 | 35 |
| Sep | 242 | 35 |
| Oct | 252 | 41 |
| Nov | 258 | 44 |
| Dec | 252 | 44 |
| Jan 15 | 262 | 46 |
| Feb | 268 | 45 |
| Mar | 293 | 42 |
| Apr | | |
| May | | |
| Jun | | |
| FY15 Total | 2,326 | 370 |
| FY15 Avg | 258 | 41 |



Analysis of Trends: Initiatives such as the Juvenile Detention Alternatives Initiative (JDAI) and the targeted focus of the Nevada Supreme Court Commission on Statewide Juvenile Justice Reform have driven efforts in Juvenile Justice to reduce State commitments. Reduced counts at NYTC coincide with the opening of the Red Rock Academy in December 2013.

Website: http://www.dchs.state.nv.us/DCFS_JJS_YouthParole.htm

Nevada Department of Health and Human Services, DCFS

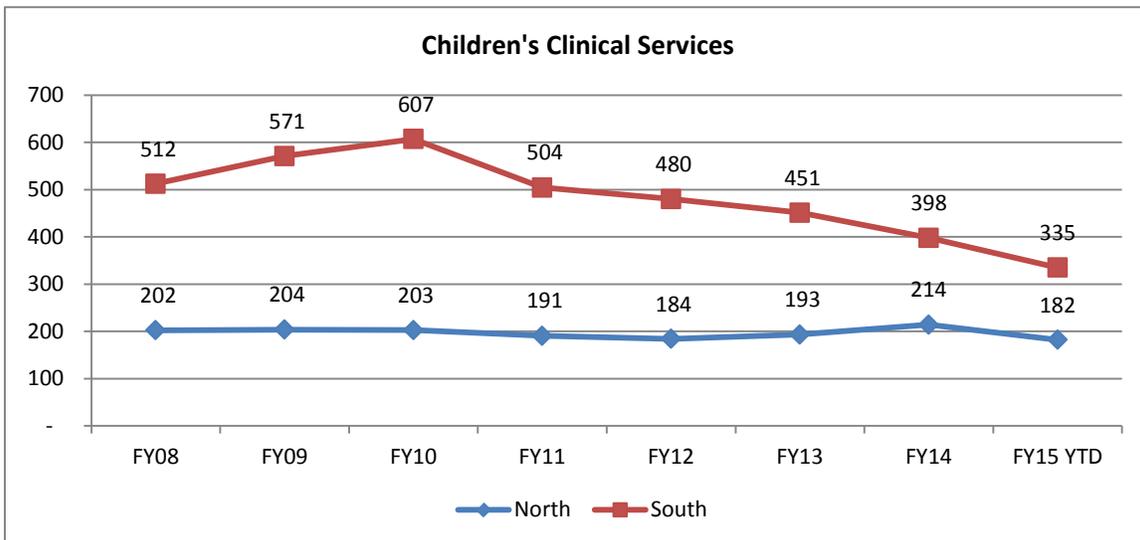
3.08 Children's Clinical Services

Program: Outpatient therapy services are available for eligible children and adolescents who have significant emotional, mental health, or behavior problems. These services work with children and their families to reduce challenging behaviors, increase emotional and behavioral skills, improve functioning at home, in school and in the community, and strengthen the parent-child relationship while supporting the family's capacity to care for their child's needs. Northern Nevada Child & Adolescent Services is located in Washoe County, and Southern Nevada Child & Adolescent Services is located in Clark County.

Eligibility: Ages 6 to 18.

Other: Serves children who are covered under fee-for-service Medicaid, HMO Medicaid, or Nevada Check Up, and children who are uninsured or underinsured.

| FYTD: | North | South |
|-------------------|--------------|--------------|
| Jul 14 | 168 | 359 |
| Aug | 160 | 358 |
| Sep | 170 | 340 |
| Oct | 172 | 324 |
| Nov | 176 | 343 |
| Dec | 187 | 312 |
| Jan 15 | 187 | 315 |
| Feb | 200 | 320 |
| Mar | 217 | 343 |
| Apr | | |
| May | | |
| Jun | | |
| FY15 Total | 1,637 | 3,014 |
| FY15 Avg | 182 | 335 |



Analysis of Trends Due to a shortage of staff (including nurses, clinical social workers, and psychiatrists, for example), several units had to be closed since 2010, resulting in a decrease in children's clinical services.

Website: http://www.dchs.state.nv.us/DCFS_CommunityBasedOPSvcx.htm

Nevada Department of Health and Human Services, DCFS

3.09 Residential Treatment Services

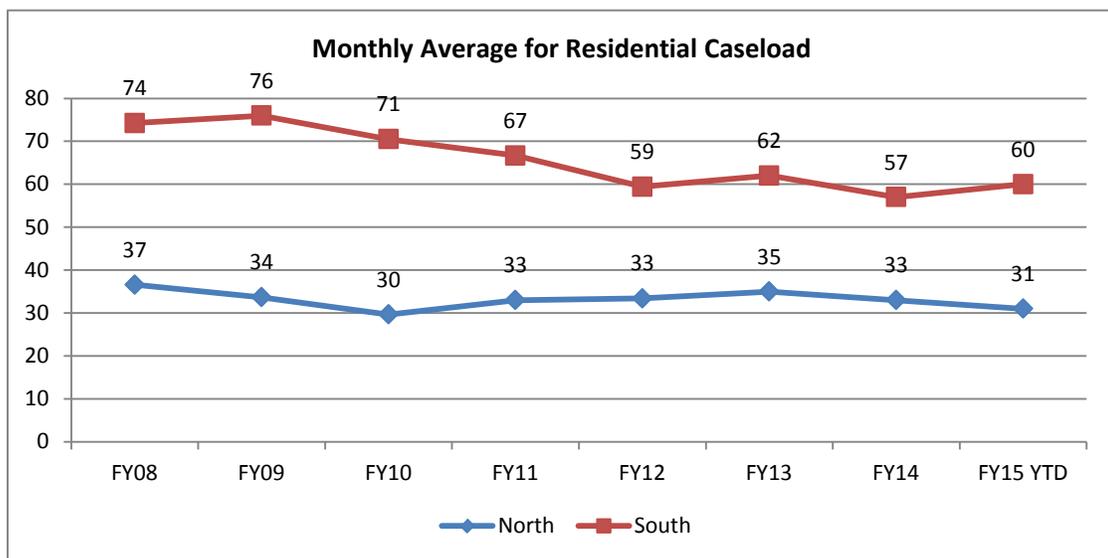
Program: Treatment Home services work in the context of family and community life with children and adolescents whose emotional, mental health, and behavioral needs cannot be met in their own families and who require a higher level of mental health intervention in an out of home setting. Inpatient acute hospital care provides services for eligible children and adolescents ages 6 to 18 years who are at immediate risk of harm to themselves or others due to an emotional crisis and Residential Treatment center care for eligible children and adolescents from age 12 to 18 years with treatment needs that require extended 24 hour secure care. Northern Nevada Child & Adolescent Services is located in Washoe County, and 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 who are covered under fee-for-service Medicaid, HMO Medicaid, or Nevada CheckUp, and children who are uninsured or underinsured.

| FYTD: | North | South |
|-------------------|--------------|--------------|
| Jul 14 | 32 | 59 |
| Aug | 37 | 61 |
| Sep | 35 | 59 |
| Oct | 34 | 61 |
| Nov | 28 | 61 |
| Dec | 25 | 55 |
| Jan 15 | 29 | 56 |
| Feb | 31 | 63 |
| Mar | 29 | 61 |
| Apr | | |
| May | | |
| Jun | | |
| FY15 Total | 280 | 536 |
| FY15 Avg | 31 | 60 |



Website: http://www.dchs.state.nv.us/DCFS_ResDayTreatment.htm

Nevada Department of Health and Human Services, DCFS

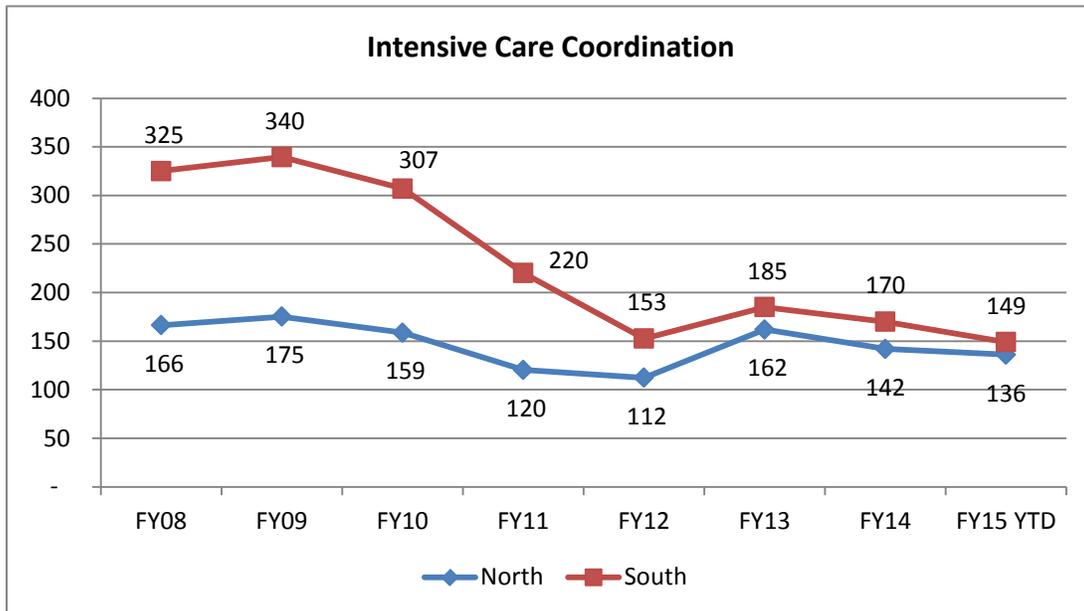
3.10 Intensive Care Coordination Services

Program: Intensive Care Coordination Services is provided using a wraparound model for children birth to eighteen years with severe emotional disturbance and multiple, complex needs across multiple child serving systems. Services include assessment, case planning, crisis response, and monitoring.

Eligibility: Ages 6 to 18.

Other: Serves children with fee-for-service Medicaid benefits.

| FYTD: | North | South |
|-------------------|--------------|--------------|
| Jul 14 | 147 | 147 |
| Aug | 141 | 152 |
| Sep | 146 | 151 |
| Oct | 135 | 144 |
| Nov | 126 | 134 |
| Dec | 120 | 136 |
| Jan 15 | 124 | 148 |
| Feb | 138 | 160 |
| Mar | 151 | 168 |
| Apr | | |
| May | | |
| Jun | | |
| FY15 Total | 1,228 | 1,340 |
| FY15 Avg | 136 | 149 |



Website: http://www.dchs.state.nv.us/DCFS_CommunityBasedOPSvcs.htm

Nevada Department of Health and Human Services, DHCFP

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 are 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 website below.

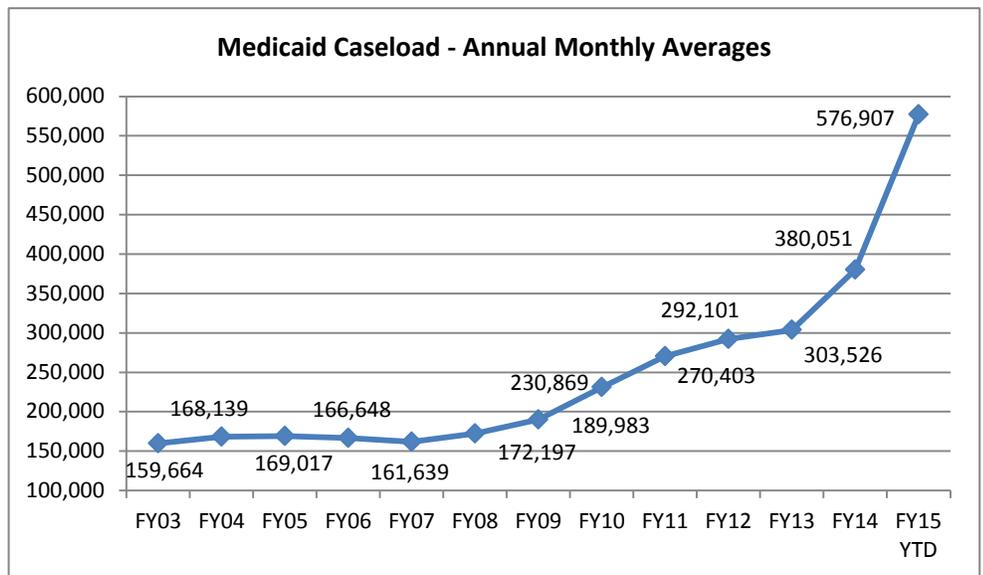
Workload History:

| Fiscal Year | Average Cases | Total Expenditures |
|-------------|---------------|--------------------|
| FY 11 | 270,403 | \$1,543,067,177 |
| FY 12 | 292,101 | \$1,638,664,986 |
| FY 13 | 303,526 | \$1,740,345,035 |
| FY 14 | 380,051 | \$2,027,481,858 |
| FY 15 YTD* | 576,050 | \$2,416,263,148 |

*FY 15 YTD expenses as of 4/15/2015

| FYTD: | Caseload |
|--------|----------|
| Jul 14 | 573,120 |
| Aug | 588,475 |
| Sep | 599,177 |
| Oct | 607,763 |
| Nov | 563,664 |
| Dec | 562,502 |
| Jan 15 | 558,317 |
| Feb | 561,788 |
| Mar | 569,649 |
| Apr | |
| May | |
| Jun | |

Member Months 5,184,453
Average Caseload 576,050



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

Comment: Recent trends in caseload growth are due to the expansion of Medicaid enrollment brought on by the implementation of The Patient Protection and Affordable Care Act (PPACA). All of the significant changes in caseload prior to the implementation of the PPACA, 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. Select the below link and at the bottom right hand corner of the Home page, under "Caseload Data".

Website: <https://dwss.nv.gov/>

Nevada Department of Health and Human Services, DHCFP

4.02 Health Insurance for Work Advancement (HIWA)

Program: HIWA provides necessary health care services and support for competitive employment of persons with disabilities aged 16 through 64. The program is designed so individuals with disabilities who are employed can retain or establish Medicaid eligibility if they meet certain eligibility criteria. Those receiving this coverage pay a monthly premium of between 5 percent and 7.5 percent of their monthly net income.

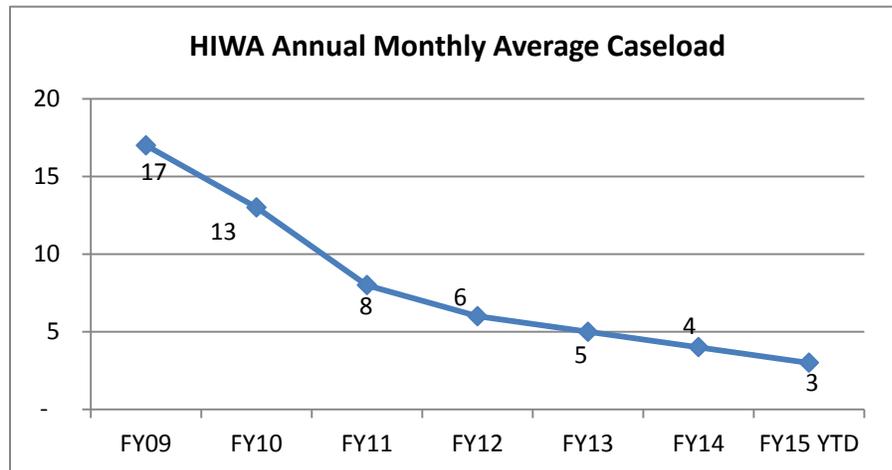
Eligibility: Citizenship, residency, disability and current employment are requirements of the program. The resource limit is \$15,000. A vehicle, special needs trusts, medical savings accounts and tax refunds are some of the resources which are excluded. There are several work-related expenses which 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 disregard is \$699. Maximum gross earned income limit, prior to disregards is 450 percent of the Federal Poverty Level (FPL). The total net earned and unearned income must be equal to or less than 250 percent of the FPL. 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:

| Fiscal Year | Average Cases | Total Expenditures |
|-------------|---------------|--------------------|
| FY 12 | 6 | \$7,552 |
| FY 13 | 5 | \$6,276 |
| FY 14 | 4 | \$5,800 |
| FY 15 YTD | 3 | \$18,976 |

| FYTD: | Caseload |
|---------------------------|-----------|
| Jul 14 | 3 |
| Aug | 3 |
| Sep | 3 |
| Oct | 3 |
| Nov | 3 |
| Dec | 3 |
| Jan 15 | 3 |
| Feb | 3 |
| Mar | 3 |
| Apr | |
| May | |
| Jun | |
| FY15 Member Months | 27 |
| FY15 Avg | 3 |



Comment: The 2013 American Community Survey of the US Census reported Nevada had an estimate of 1,719,885 persons aged 18-64. Of the 1,191,657 employed, 75,828 people were with a disability and 1,115,829 people were without a disability. Of the 145,175 unemployed, 17,932 people were with a disability and 127,243 people were without a disability.

Contact: Linda Bowman, Social Services Manager III, Reno District Office, (775) 687-1913, email: lbowman@dncfp.nv.gov

Website: <http://www.dncfp.state.nv.us/HIWA/index.htm>

Nevada Department of Health and Human Services, DHCFP

4.03 Waiver for the Physically Disabled

Program: The State of Nevada Waiver for the Physically Disabled 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.

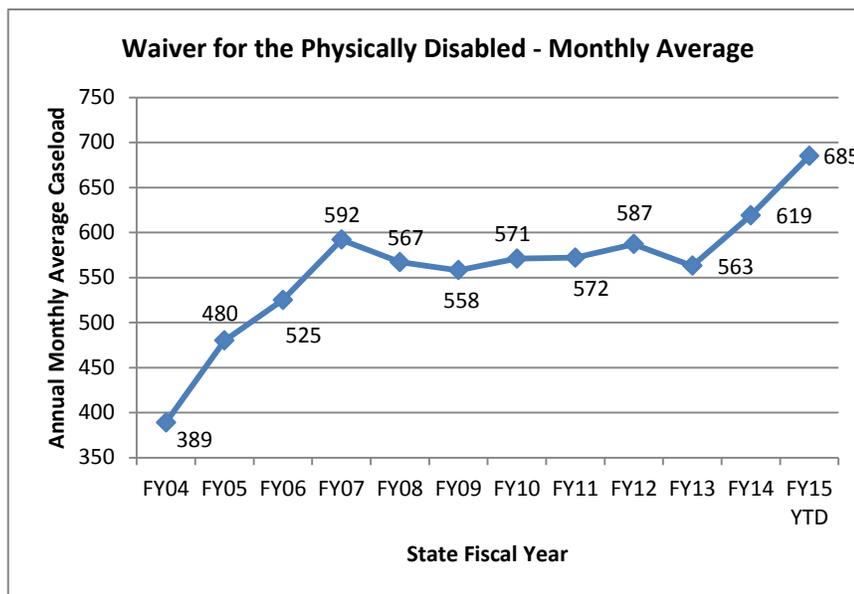
Eligibility: Interest in waiver services initiates a screening process to determine if the individual appears to meet the following eligibility requirements:
 *without the waiver services, would require institutional care provided in a skilled nursing facility or intermediate care facility for the intellectually disabled (ICF/ID);
 *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 |
|-------------------|--------------------|------------------|
| FY09 | \$4,689,814 | 558 |
| FY10 | \$3,673,969 | 571 |
| FY11 | \$3,860,025 | 572 |
| FY12 | \$3,434,462 | 587 |
| FY 13 | \$3,487,297 | 563 |
| FY 14 | \$3,744,300 | 619 |
| FY 15 YTD | Not Yet Available | 693 |

Caseload FYTD:

| Month | Caseload |
|-------------------|--------------|
| Jul 14 | 665 |
| Aug | 663 |
| Sep | 686 |
| Oct | 697 |
| Nov | 695 |
| Dec | 702 |
| Jan 15 | 712 |
| Feb | 694 |
| Mar | 720 |
| Apr | |
| May | |
| Jun | |
| FY15 Total | 6,234 |
| FY15 Avg | 693 |



Comments: Caseload has generally remained stable except for recent increases in SFY14 due to 175 new slots approved by the legislature to be allocated over SFY 14 and SFY 15. All of these slots will be allocated by June 2015.

Contact: Leslie Bittleston SSPS III, Jennifer Frischmann Chief, Long Term Support Services, DHCFP.

Website: <https://dhcfp.nv.gov/Waivers/Wcaseloads.htm>

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Nevada Department of Health and Human Services, DWSS

5.01 TANF Cash - Single Parent

Program: This program is a cash assistance program with its focus on employment and self-sufficiency. In order to receive continued monthly benefits, households must meet the conditions of their Personal Responsibility Plan, which includes work participation requirements. Failure to do so results in a full family sanction with no cash benefits for three months. Upon reapplication and approval the household will be required to meet the conditions of their Personal Responsibility Plan.

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 \$6,000 countable resources per TANF case (exceptions: 1 automobile, home, household goods and personal items).

Need Standard:

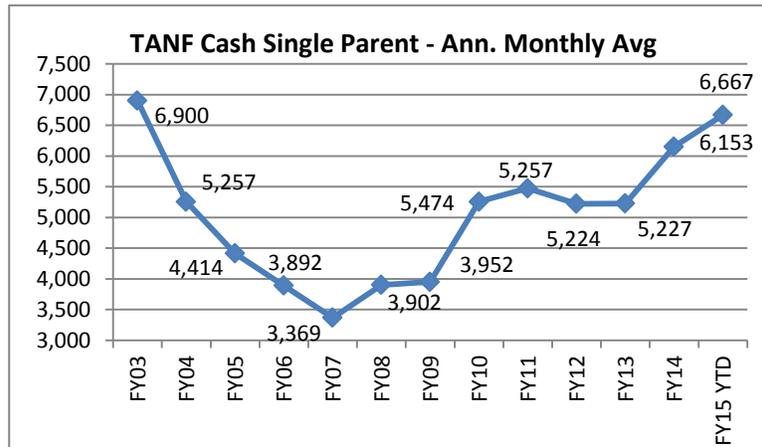
| Household Size | Maximum Income Test (130% of FPL) | Need Standard 100% | Payment Allowance 75% of FPL |
|----------------|-----------------------------------|--------------------|------------------------------|
| 1 | \$1,459 | \$729 | \$253 |
| 2 | \$1,966 | \$983 | \$318 |
| 3 | \$2,474 | \$1,237 | \$383 |
| 4 | \$2,981 | \$1,491 | \$448 |
| 5 | \$3,489 | \$1,744 | \$513 |
| 6 | \$3,996 | \$1,998 | \$578 |
| 7 | \$4,504 | \$2,252 | \$643 |
| 8 | \$5,011 | \$2,506 | \$708 |

Workload History:

| Fiscal Year | Average Monthly Cases | Total Expenditures |
|-------------|-----------------------|--------------------|
| FY 11 | 5,474 | \$19,000,621 |
| FY 12 | 5,224 | \$18,044,184 |
| FY 13 | 5,227 | \$18,149,842 |
| FY 14 | 6,153 | \$21,676,920 |
| FY 15 YTD | 6,667 | Not Yet Available |

FYTD:

| | |
|-------------------|---------------|
| Jul 14 | 6,861 |
| Aug | 6,665 |
| Sep | 6,754 |
| Oct | 7,080 |
| Nov | 6,450 |
| Dec | 6,189 |
| Jan 15 | |
| Feb | |
| Mar | |
| Apr | |
| May | |
| Jun | |
| FY15 Total | 39,999 |
| FY15 Avg | 6,667 |



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 starting in FY04 through FY07. FY08 started showing the effects of the current deep recession (started in December 2007), causing layoffs and high unemployment rates not seen in recorded history.

Nevada Department of Health and Human Services, DWSS

5.02 TANF Cash - Two Parent

Program: This program is a cash assistance program with its focus on employment and self-sufficiency. In order to receive continued monthly benefits, households must meet the conditions of their Personal Responsibility Plan, which includes work participation requirements. Failure to do so results in a full family sanction with no cash benefits for three months. Upon reapplication and approval the household will be required to meet the conditions of their Personal Responsibility Plan.

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 \$6,000 countable resources per TANF case (exceptions: 1 automobile, home, household goods and personal items).

Need Standard:

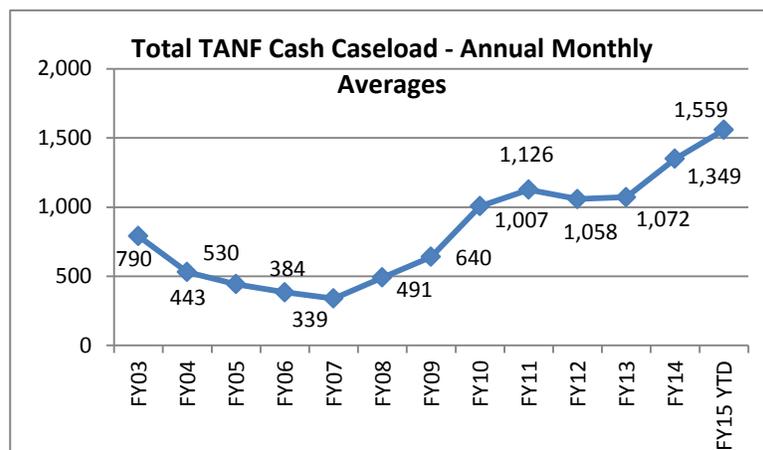
| Household Size | Maximum Income Test (130% of FPL) | Need Standard 100% | Payment Allowance 75% of FPL |
|----------------|-----------------------------------|--------------------|------------------------------|
| 1 | \$1,459 | \$729 | \$253 |
| 2 | \$1,966 | \$983 | \$318 |
| 3 | \$2,474 | \$1,237 | \$383 |
| 4 | \$2,981 | \$1,491 | \$448 |
| 5 | \$3,489 | \$1,744 | \$513 |
| 6 | \$3,996 | \$1,998 | \$578 |
| 7 | \$4,504 | \$2,252 | \$643 |
| 8 | \$5,011 | \$2,506 | \$708 |

Workload History:

| Fiscal Year | Average Cases | Total Expenditures |
|-------------|---------------|--------------------|
| FY 11 | 1,126 | \$4,318,977 |
| FY 12 | 1,058 | \$4,101,907 |
| FY 13 | 1,072 | \$4,122,515 |
| FY 14 | 1,349 | \$5,456,619 |
| FY 15 YTD | 1,559 | Not Yet Available |

FYTD:

| | |
|-------------------|--------------|
| Jul 14 | 1,580 |
| Aug | 1,584 |
| Sep | 1,595 |
| Oct | 1,668 |
| Nov | 1,521 |
| Dec | 1,406 |
| Jan 15 | |
| Feb | |
| Mar | |
| Apr | |
| May | |
| Jun | |
| FY15 Total | 9,354 |
| FY15 Avg | 1,559 |



Comments: 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 starting in FY04 through FY07. FY08 started showing the effects of the current deep recession (started in December 2007), layoffs and high unemployment rates not seen in over 25 years.

Nevada Department of Health and Human Services, DWSS

5.03 Child Only Cash Programs

Program: These programs are designed for households who do not have a work eligible individual. No adults receive assistance due to ineligibility or because the caretaker is a non-needy relative caregiver. Categories of child only households include: Non-Citizen Parent, SSI Recipient Household, Non-Needy Relative Caregiver (NNRC), and Kinship Care. The caretakers in these cases have no work participation requirements included in their Personal Responsibility Plan. Non-Needy and Kinship Care caretakers receive a higher payment based on the number of children and for Kinship Care the 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 \$6,000 countable resources per TANF case (exceptions: 1 automobile, home, household goods and personal items). Total household income must be less than or equal to 275 percent of poverty for Non-Needy and Kinship Care caretakers.

Need Standard:

| Household Size | Need Standard 100% | Payment Allowance 35% | NNRC* 275% FPL** | NNRC Allowance |
|----------------|--------------------|-----------------------|------------------|----------------|
| 1 | \$729 | \$253 | \$2,674 | \$417 |
| 2 | \$983 | \$318 | \$3,605 | \$476 |
| 3 | \$1,237 | \$383 | \$4,535 | \$535 |
| 4 | \$1,491 | \$448 | \$5,466 | \$594 |
| 5 | \$1,744 | \$513 | \$6,396 | \$654 |
| 6 | \$1,998 | \$578 | \$7,326 | \$713 |
| 7 | \$2,252 | \$643 | \$8,257 | \$772 |
| 8 | \$2,506 | \$708 | \$9,187 | \$831 |

*NNRC-Non-Needy Relative Caregiver. **FPL-Federal Poverty Level. Note: Kinship Care Allowance: Age 0-12=\$534 per child; Age 13+=\$616 per child.

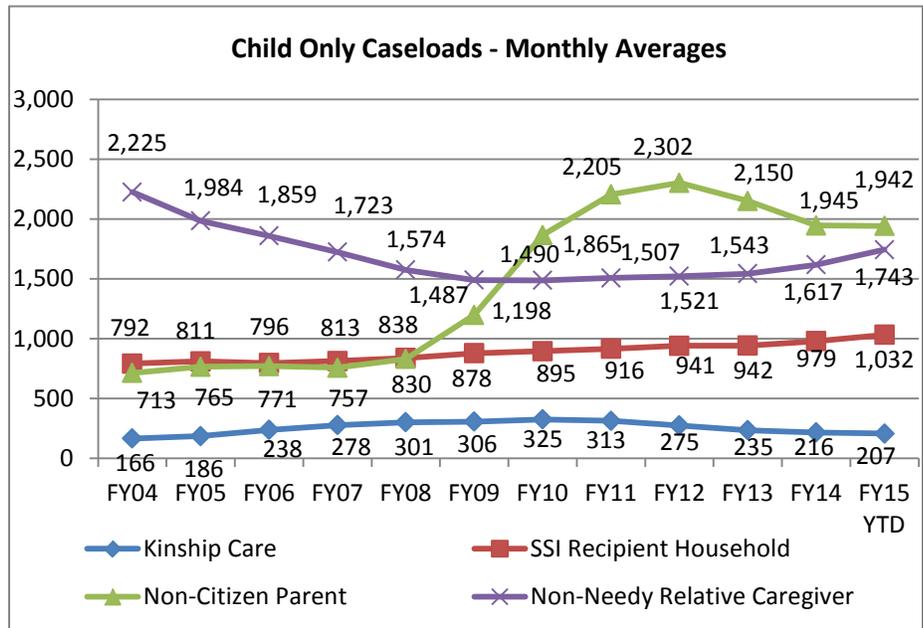
Workload History:

| Year | Cases | Expenditures |
|----------|-------|-------------------|
| FY11 | 4,940 | \$22,131,961 |
| FY12 | 5,038 | \$21,816,693 |
| FY13 | 4,870 | \$20,926,645 |
| FY14 | 4,758 | \$17,619,902 |
| FY15 YTD | 4,925 | Not Yet Available |

FYTD:

| | |
|--------|-------|
| Jul 14 | 4,908 |
| Aug | 4,909 |
| Sep | 4,886 |
| Oct | 5,004 |
| Nov | 4,907 |
| Dec | 4,933 |
| Jan 15 | |
| Feb | |
| Mar | |
| Apr | |
| May | |
| Jun | |

FY15 Total 29,547
FY15 Avg 4,925



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

Nevada Department of Health and Human Services, DWSS

5.04 Temporary Assistance for Needy Families (TANF) - All Cash Programs

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/caregivers 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 \$6,000 countable resources per TANF case (exceptions: one automobile, home, household goods and personal items).

Need Standard:

| Household Size | Need Standard 100% | Maximum Payment Allowance | NNRC* 275% FPL** | NNRC Allowance |
|----------------|--------------------|---------------------------|------------------|----------------|
| 1 | \$729 | \$253 | \$2,674 | \$417 |
| 2 | \$983 | \$318 | \$3,605 | \$476 |
| 3 | \$1,237 | \$383 | \$4,535 | \$535 |
| 4 | \$1,491 | \$448 | \$5,466 | \$594 |
| 5 | \$1,744 | \$513 | \$6,396 | \$654 |
| 6 | \$1,998 | \$578 | \$7,326 | \$713 |
| 7 | \$2,252 | \$643 | \$8,257 | \$772 |
| 8 | \$2,506 | \$708 | \$9,187 | \$831 |

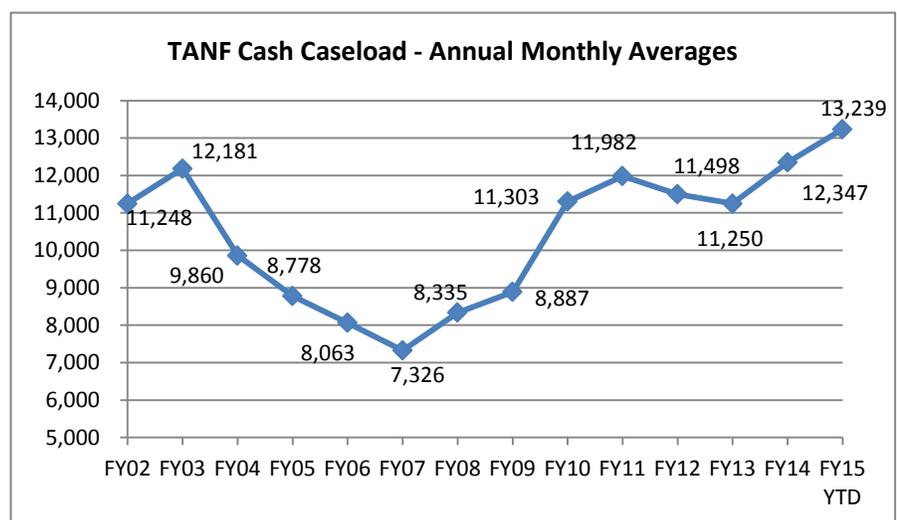
*NNRC-Non-Needy Relative Caregiver. **FPL-Federal Poverty Level. Note: Kinship Care Allowance: Age 0-12=\$400 per child; Age 13+=\$462 per child.

Workload History:

| Fiscal Year | Average Cases | Total Expenditures |
|-------------|---------------|--------------------|
| FY 11 | 11,982 | \$47,167,802 |
| FY 12 | 11,498 | \$44,664,101 |
| FY 13 | 11,250 | \$43,525,013 |
| FY 14 | 12,347 | \$48,159,450 |
| FY 15 YTD | 13,239 | Not Yet Available |

FYTD:

| | |
|-------------------|---------------|
| Jul 14 | 13,440 |
| Aug | 13,247 |
| Sep | 13,332 |
| Oct | 13,843 |
| Nov | 12,963 |
| Dec | 12,606 |
| Jan 15 | |
| Feb | |
| Mar | |
| Apr | |
| May | |
| Jun | |
| FY15 Total | 79,431 |
| FY15 Avg | 13,239 |



Comments: 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 starting in FY04 through FY07. FY08 started showing the effects of the current deep recession (started in December 2007), layoffs and high unemployment rates not seen in recorded history. Total of all Cash Cases. For statistical purposes only as each aid code is different and cannot be compared.

Nevada Department of Health and Human Services, DWSS

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.

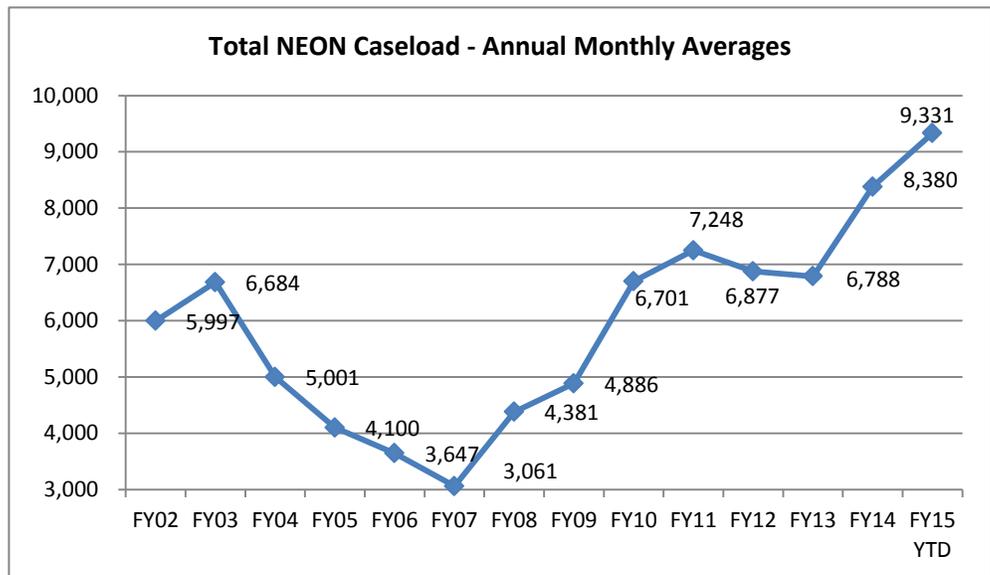
Eligibility: Individuals who meet the definition of a "work eligible individual" are NEON mandatory. This includes all adults or minor head-of-households (HOH) receiving assistance under TANF-NEON program. This excludes minor parents not HOH or married to the HOH, aliens not eligible for TANF, SSI recipients,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

Workload History:

| Fiscal Year | Average Cases |
|-------------|---------------|
| FY 12 | 6,877 |
| FY 13 | 6,788 |
| FY 14 | 8,380 |
| FY 15 YTD | 9,331 |

FYTD:

| Month | Caseload |
|-------------------|---------------|
| Jul 14 | 9,321 |
| Aug | 9,477 |
| Sep | 9,661 |
| Oct | 9,766 |
| Nov | 9,136 |
| Dec | 8,622 |
| Jan 15 | |
| Feb | |
| Mar | |
| Apr | |
| May | |
| Jun | |
| FY15 Total | 55,983 |
| FY15 Avg | 9,331 |



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 results of the current deep recession which started in December 2007. Layoffs and high unemployment rates at this level have not been seen in recorded history. This trend of rising caseloads continued through FY11. Nevada's labor markets gained some momentum in FY13, although the underlying improvement is best described as 'moderate.' With the slow but steady economic gains of FY13 continuing to carry forward into the first quarter of FY14, the recent rise in the NEON caseload is not following its historical correlation to the state's economy. This rise in the caseload is theorized to be a result of the recent implementation of the Affordable Care Act Medicaid expansion and new streamlined eligibility process. New Medicaid applicants are becoming aware of their eligibility for TANF and efficient application business processes are removing barriers and improving program access. If correct, it is anticipated that caseload growth will stabilize by the end of the fiscal year and caseload trends will return to their historical correlation with the economy.

Nevada Department of Health and Human Services, DWSS

5.06 Adult Medicaid (Original Medicaid Group)

Program Notes: The Adult Medicaid group covers parents and caretaker relatives who meet income guidelines based on the previous adult group known as TANF related medical. This group also includes adults who have aged out of the foster care program, the breast and cervical cancer program and parents and caretakers who lost eligibility for Medicaid due to an increase in earnings. There are still some recipients aged 0-18 in this category; however, they will be moved to the appropriate category at natural opportunity or as redeterminations are complete. Naming this program “Adult Medicaid” best captures the general population. This is a mandatory coverage group and receives the standard Medicaid FMAP.

Eligibility Medicaid eligibility is determined using modified adjusted gross income (MAGI) which is based on IRS rules and includes budgeting taxable income. (Except Aged out of Foster Care and the Breast and Cervical programs) Assistance units are determined based on the household tax filing status. Adult Medicaid covers individuals with income below the AM Limit, which is the previous TANF related medical limit.

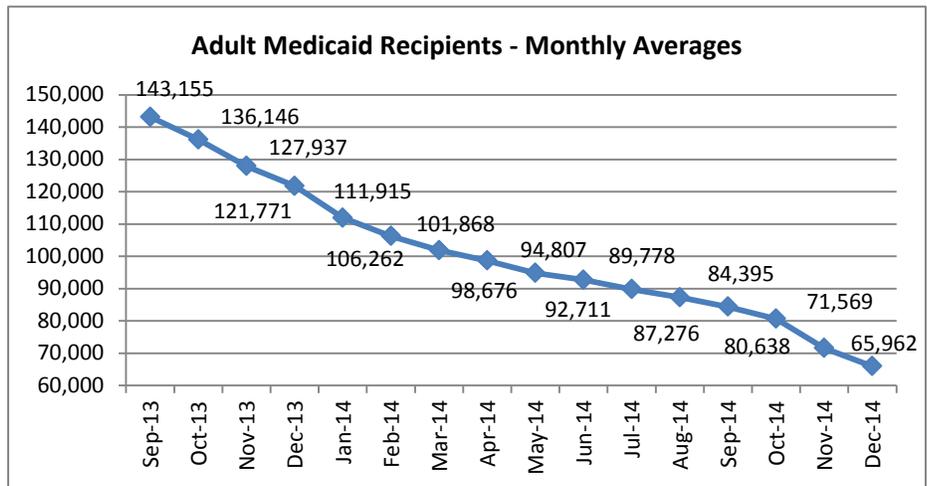
| Household Size | AM Limit |
|----------------|-------------------|
| | Parent/Caretakers |
| 1 | \$319 |
| 2 | \$407 |
| 3 | \$495 |
| 4 | \$582 |
| 5 | \$670 |
| 6 | \$758 |
| 7 | \$849 |
| 8 | \$934 |

Workload History:

| Fiscal Year | Average Cases |
|-------------|---------------|
| FY 14 | 118,221 |
| FY 15 YTD | 79,936 |

FYTD:

| | |
|-------------------|----------------|
| Jul 14 | 89,778 |
| Aug | 87,276 |
| Sep | 84,395 |
| Oct | 80,638 |
| Nov | 71,569 |
| Dec | 65,962 |
| Jan 15 | |
| Feb | |
| Mar | |
| Apr | |
| May | |
| Jun | |
| FY15 Total | 479,618 |
| FY15 Avg | 79,936 |



Comments:

The ACA now categorizes recipients where previously they were categorized by household. The decreasing trend line reflects this as children previously in households are being transferred out of “Adult Medicaid” and into the appropriate Medicaid category. Adult Medicaid currently includes children who will transition to the correct group at natural opportunity or the next redetermination of eligibility. This will be about 15 percent of the total recipients over time. It is anticipated this caseload will level out at about 60,000.

Nevada Department of Health and Human Services, DWSS

5.07 New ACA (Affordable Care Act) Adult Medicaid

Program Notes: This category covers the expanded eligibility for adults under ACA and includes parents, caretaker relatives and childless adults. This is an optional coverage group and is entitled to the enhanced FMAP.

Eligibility Medicaid eligibility is determined using modified adjusted gross income (MAGI) rules based on IRS rules and includes budgeting taxable income. Assistance units are determined based on the household tax filing status. The new Adult Medicaid group covers individuals with income below 138 percent (which includes a 5 percent disregard) of the federal poverty level (FPL).

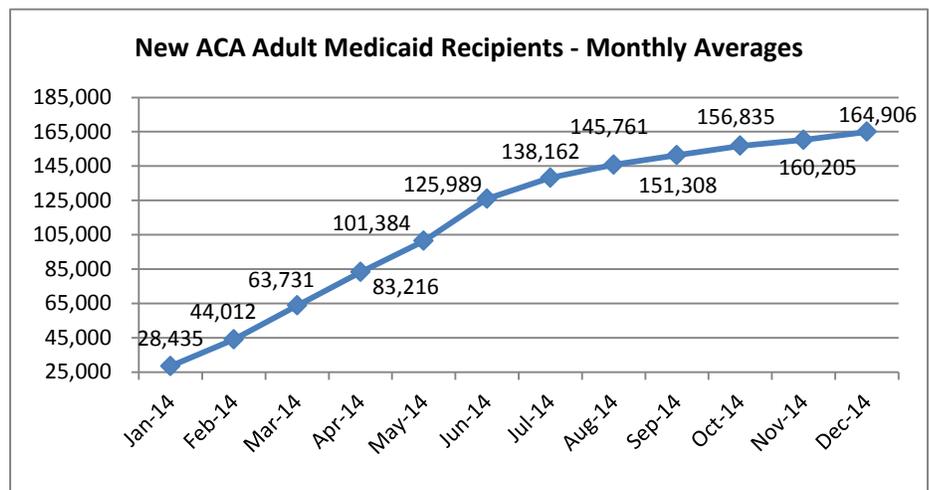
| Household Size | 138% FPL ACA Adult Medicaid |
|----------------|--------------------------------|
| 1 | \$1,342 |
| 2 | \$1,809 |
| 3 | \$2,279 |
| 4 | \$2,743 |
| 5 | \$3,210 |
| 6 | \$3,677 |
| 7 | \$4,143 |
| 8 | \$4,610 |

Workload History:

| Fiscal Year | Average Cases |
|-------------|---------------|
| FY 14 | 74,461 |
| FY 15 YTD | 145,077 |

FYTD:

| | |
|-------------------|----------------|
| Jul 14 | 138,162 |
| Aug | 145,761 |
| Sep | 151,308 |
| Oct | 156,835 |
| Nov | 160,205 |
| Dec | 164,906 |
| Jan 15 | |
| Feb | |
| Mar | |
| Apr | |
| May | |
| Jun | |
| FY15 Total | 917,177 |
| FY15 Avg | 152,863 |



Comments: The increasing trend is due to adding adults that are newly eligible under ACA. We anticipate this leveling off at about 160,000 and fluctuating with the business cycle and population growth. In the short term the enrollment period will influence growth of this caseload.

Nevada Department of Health and Human Services, DWSS

5.08 Pregnant Women and Children Medicaid

Program Notes: The Pregnant Women and Children Program covers pregnant women and children under 19. This is a mandatory coverage group and receives the standard Medicaid FMAP.

Eligibility: Medicaid eligibility is determined using modified adjusted gross income (MAGI) which is based on IRS rules and includes budgeting taxable income. Assistance units are determined based on the household tax filing status. The program covers pregnant women and children under 6, with income below 165 percent (which includes a 5 percent disregard) of the federal poverty level (FPL) and children 6-18 with income below 122 percent of the FPL.

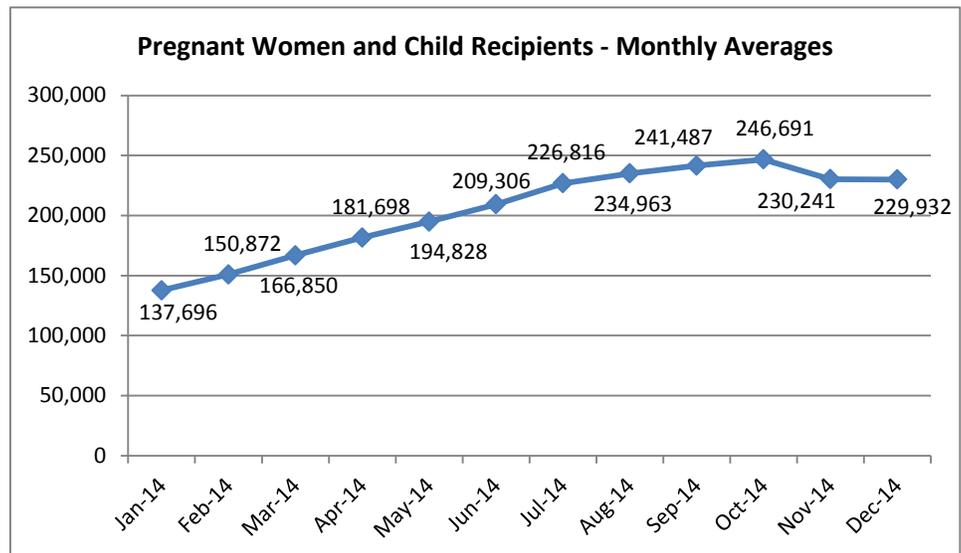
| Household Size | 122% FPL | 165% FPL |
|----------------|---------------|-------------------------------|
| | Children 6-18 | Pregnant Women & Children 0-5 |
| 1 | \$1,186 | \$1,605 |
| 2 | \$1,599 | \$2,163 |
| 3 | \$2,012 | \$2,721 |
| 4 | \$2,425 | \$3,279 |
| 5 | \$2,838 | \$3,838 |
| 6 | \$3,250 | \$4,396 |
| 7 | \$3,663 | \$4,954 |
| 8 | \$4,076 | \$5,512 |

Workload History:

| Fiscal Year | Average Cases |
|-------------|---------------|
| FY 11 | 77,786 |
| FY 12 | 85,264 |
| FY 13 | 87,309 |
| FY 14 | 136,833 |
| FY 15 YTD | 235,022 |

FYTD:

| | |
|-------------------|------------------|
| Jul 14 | 226,816 |
| Aug | 234,963 |
| Sep | 241,487 |
| Oct | 246,691 |
| Nov | 230,241 |
| Dec | 229,932 |
| Jan 15 | |
| Feb | |
| Mar | |
| Apr | |
| May | |
| Jun | |
| FY15 Total | 1,410,130 |
| FY15 Avg | 235,022 |



Comments:

Children grouped in households under the previous Medicaid criteria are now included in this group and is driving the growth trend. Also, the woodwork affect may be increasing the recipient caseload. It is anticipated this caseload will grow to about 260,000 by mid-2017. Thereafter it will fluctuate with the business cycle and population growth.

Nevada Department of Health and Human Services, DWSS

5.09 New ACA Pregnant Women and Children Medicaid

Program Notes: The new ACA Child Group covers children 6-18 with income above the Pregnant Women and Children Group up to 138 percent of the federal poverty level FPL (which includes a 5 percent disregard). This is a mandatory coverage group. These children were previously covered under CHIP and continue to receive the CHIP FMAP.

Eligibility: Medicaid eligibility is determined using modified adjusted gross income (MAGI) which is based on IRS rules and includes budgeting taxable income. Assistance units are determined based on the household tax filing status. The ACA mandated the increased income limit for children ages 6-18 to 138 percent (which includes a 5 percent disregard) of the FPL. The New ACA Child Group covers children between 122 percent and 138 percent FPL (which includes a 5 percent disregard).

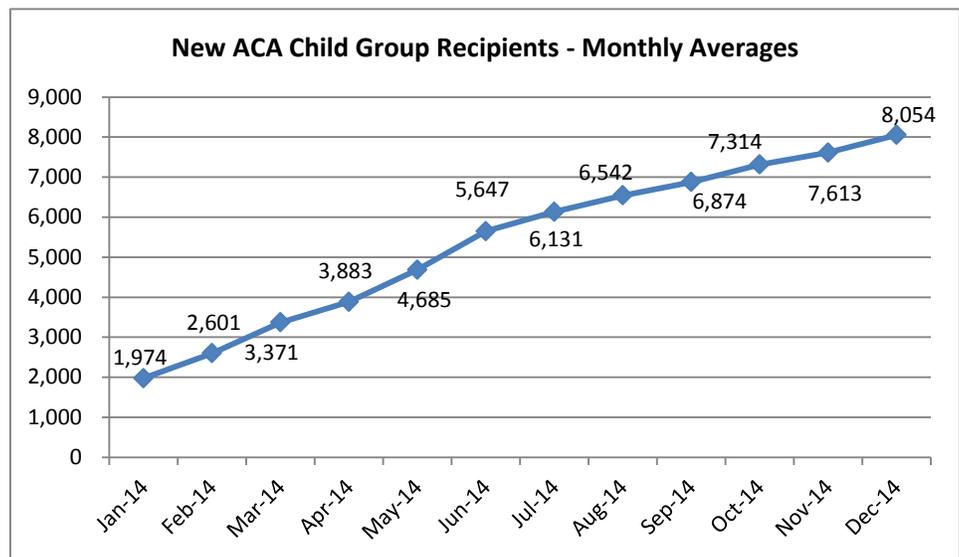
| Household Size | 122% FPL | 138% FPL |
|----------------|----------|----------|
| 1 | \$1,186 | \$1,342 |
| 2 | \$1,599 | \$1,809 |
| 3 | \$2,012 | \$2,279 |
| 4 | \$2,425 | \$2,743 |
| 5 | \$2,838 | \$3,210 |
| 6 | \$3,250 | \$3,677 |
| 7 | \$3,663 | \$4,143 |
| 8 | \$4,076 | \$4,610 |

Workload History:

| Fiscal Year | Average Cases |
|-------------|---------------|
| FY 14 | 2,737 |
| FY 15 YTD | 6,516 |

FYTD:

| | |
|-------------------|---------------|
| Jul 14 | 6,131 |
| Aug | 6,542 |
| Sep | 6,874 |
| Oct | 7,314 |
| Nov | 7,613 |
| Dec | 8,054 |
| Jan 15 | |
| Feb | |
| Mar | |
| Apr | |
| May | |
| Jun | |
| FY15 Total | 19,547 |
| FY15 Avg | 6,516 |



Comments: The New ACA Child Group category will increase as children are moved from Nevada Check Up at natural opportunity or at redetermination which is expected to be completed by April 2015. This group's caseload is expected to fluctuate with the business cycle and population growth.

Nevada Department of Health and Human Services, DWSS

5.10 Nevada Check Up

Program: Effective July 1, 2013 (FY14) the Nevada Check Up (NCU) program was transferred from DHC FP to DWSS as a result of ACA system requirements. As of October 1, 2013, NCU eligibility is determined by DWSS. Authorized under Title XXI of the Social Security Act, (NCU) is the State of Nevada's Children's Health Insurance Program (CHIP). 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. The NCU program requires a monthly premium based on household size and income.

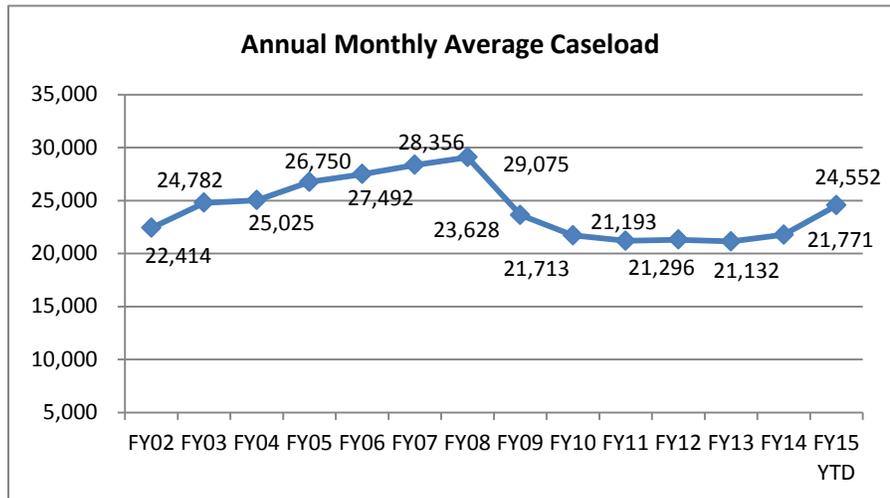
Eligibility: The family's gross annual income must be below 205 percent FPL (which includes a 5 percent disregard). Pay monthly premiums (if applicable), the child is a U.S. citizen, "qualified alien" or legal resident with 5 years residency and is under age 19 on the date coverage began.

| Income Guidelines | |
|-------------------|---------|
| Household Size | 205% |
| 1 | \$1,994 |
| 2 | \$2,687 |
| 3 | \$3,381 |
| 4 | \$4,074 |
| 5 | \$4,768 |
| 6 | \$5,462 |
| 7 | \$6,155 |
| 8 | \$6,849 |

Workload History:

| Fiscal Year | Average Cases | Total Expenditures |
|-------------|---------------|--------------------|
| FY 12 | 21,296 | \$33,456,579 |
| FY 13 | 21,132 | \$33,800,728 |
| FY 14 | 21,771 | \$38,321,913 |
| FY 15 YTD | 24,552 | Not Yet Available |

| FYTD: | Caseload |
|-------------------|-----------------|
| Jul 14 | 24,062 |
| Aug | 26,057 |
| Sep | 24,276 |
| Oct | 24,717 |
| Nov | 24,597 |
| Dec | 23,604 |
| Jan 15 | |
| Feb | |
| Mar | |
| Apr | |
| May | |
| Jun | |
| FY15 Total | 147,313 |
| FY15 Avg | 24,552 |



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

Nevada Department of Health and Human Services, DWSS

5.11 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 \$1,024.01 and 300 percent 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.

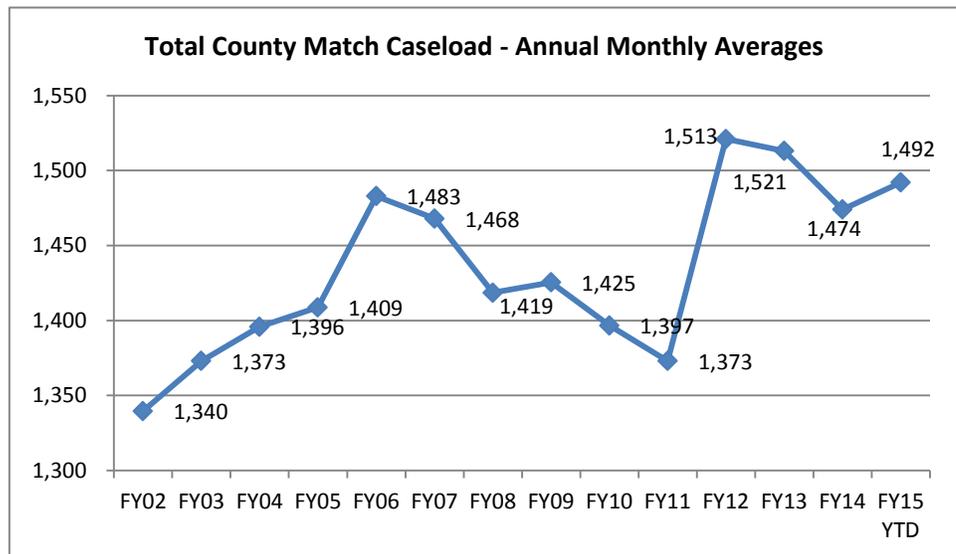
Other: Resource limits are determined by whether a person is considered an individual or a member of a couple. When resources exceed the following limits, the case is ineligible. \$2,000 for an individual or \$3,000 for a couple. Resources are evaluated at market value less encumbrances. Certain types of resources are excluded, such as: Term life insurance policies, and 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 (certain exclusions).

Workload History (with Retros*):

| Fiscal Year | Average Cases |
|-------------|---------------|
| FY 11 | 1,373 |
| FY 12 | 1,521 |
| FY 13 | 1,513 |
| FY 14 | 1,474 |
| FY 15 YTD | 1,492 |

FYTD:

| | |
|-------------------|--------------|
| Jul 14 | 1,518 |
| Aug | 1,518 |
| Sep | 1,548 |
| Oct | 1,562 |
| Nov | 1,406 |
| Dec | 1,402 |
| Jan 15 | |
| Feb | |
| Mar | |
| Apr | |
| May | |
| Jun | |
| FY15 Total | 8,954 |
| FY15 Avg | 1,492 |



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. *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 month's eligibility. In FY12 a change in eligibility requirements increased the caseload.

Nevada Department of Health and Human Services, DWSS

5.12 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.

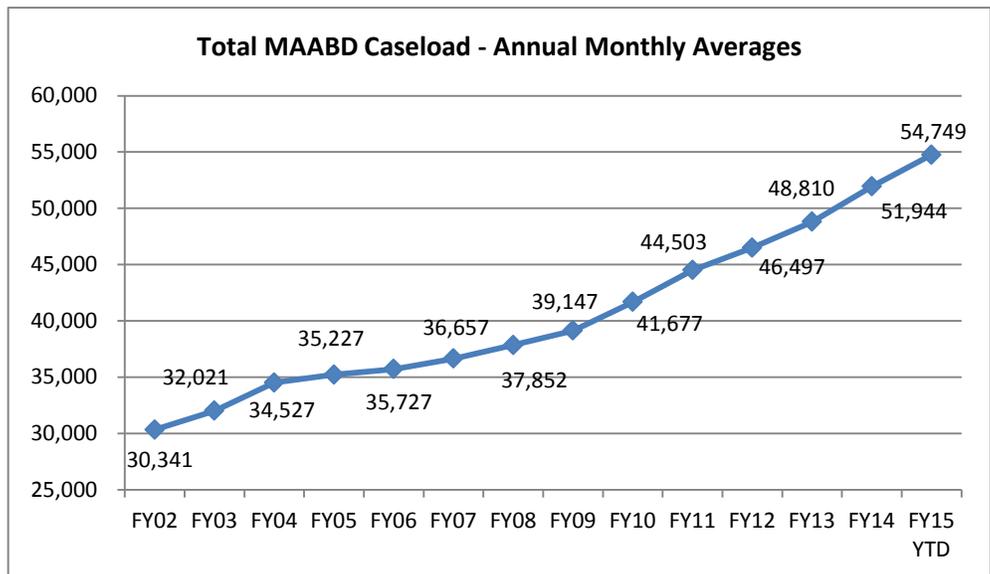
Other: Resource limits are determined by whether a person is considered an individual or a member of a couple. When resources exceed the following limits, the case is ineligible. Medicare Savings Program cases: \$7,160 - for an individual or \$10,750 for a couple. Other cases: \$2,000 for an individual 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*):

| Fiscal Year | Average Cases |
|-------------|---------------|
| FY 10 | 41,677 |
| FY 11 | 44,503 |
| FY 12 | 46,497 |
| FY 13 | 48,810 |
| FY 14 | 51,944 |
| FY 15 YTD | 54,749 |

FYTD:

| | |
|-------------------|----------------|
| Jul 14 | 54,312 |
| Aug | 54,774 |
| Sep | 55,194 |
| Oct | 55,738 |
| Nov | 54,305 |
| Dec | 54,171 |
| Jan 15 | |
| Feb | |
| Mar | |
| Apr | |
| May | |
| Jun | |
| FY15 Total | 328,494 |
| FY15 Avg | 54,749 |



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 month's 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.

Nevada Department of Health and Human Services, DWSS

5.13 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 households 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 200 percent of poverty; the household's net income must be less than or equal to 100 percent of poverty to be eligible. Households in which all members are elderly or disabled have no gross income test. The resource limit for all house-holds except those with elderly or disabled members is \$2,000; households with elderly or disabled members have a resource limit of \$3,250 (exceptions: one vehicle, home, household goods and personal items).

Need Standard:

| Household Size | 200% of Poverty | 100% of Poverty | Maximum Allotment |
|----------------|-----------------|-----------------|-------------------|
| 1 | \$1,862 | \$931 | \$200 |
| 2 | \$2,522 | \$1,261 | \$367 |
| 3 | \$3,182 | \$1,591 | \$526 |
| 4 | \$3,842 | \$1,921 | \$668 |
| 5 | \$4,502 | \$2,251 | \$793 |
| 6 | \$5,162 | \$2,581 | \$952 |
| 7 | \$5,822 | \$2,911 | \$1,052 |
| 8 | \$6,482 | \$3,241 | \$1,202 |

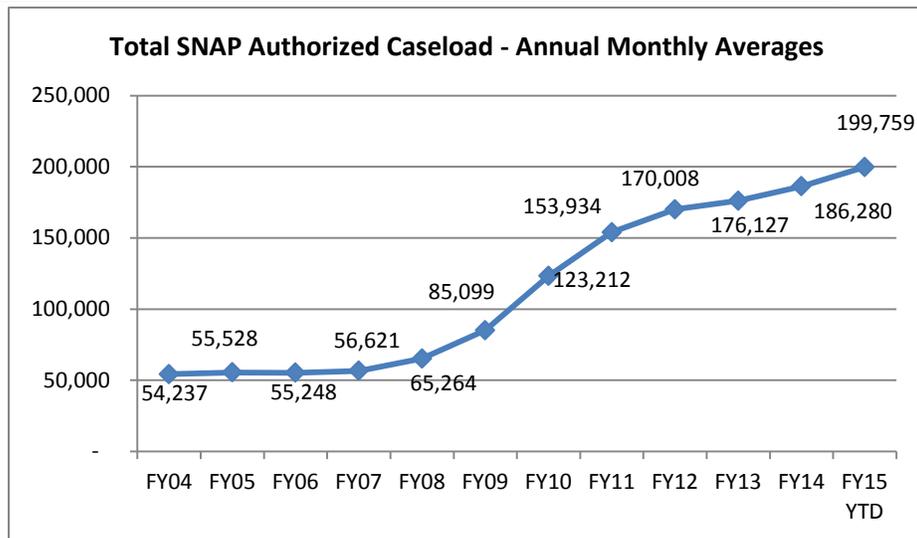
Workload History:

| Fiscal Year | Average Cases | Total Expenditures | Total Applications |
|-------------|---------------|--------------------|--------------------|
| FY 12 | 170,008 | \$518,493,663 | 312,302 |
| FY 13 | 176,127 | \$524,977,396 | 354,799 |
| FY 14 | 186,280 | \$527,560,395 | 346,314 |
| FY 15 YTD | 199,759 | Not Yet Available | Not Yet Available |

FYTD:

| | |
|--------|---------|
| Jul 14 | 196,004 |
| Aug | 198,236 |
| Sep | 199,985 |
| Oct | 202,098 |
| Nov | 202,470 |
| Dec | |
| Jan 15 | |
| Feb | |
| Mar | |
| Apr | |
| May | |
| Jun | |

FY15 Total **998,793**
FY15 Avg **199,759**



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 percent of poverty. There is no further income or resource test.

Website: https://www.dwss.nv.gov/index.php?option=com_contentandtask=viewandid=84andItemid=234
<https://www.dwss.nv.gov/>

Nevada Department of Health and Human Services, DWSS

5.14 Supplemental Nutrition Employment and Training Program (SNAPET)

Program: SNAPET promotes the employment of SNAP 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).

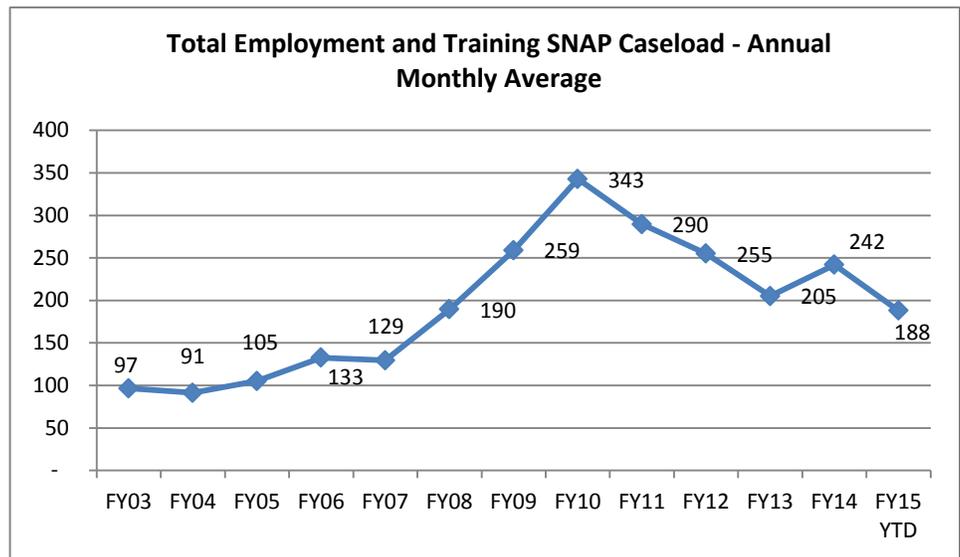
Eligibility: Registration and participation is mandatory and a condition of SNAP eligibility for all non-exempt SNAP participants. Persons who are exempt may volunteer. Persons are exempt when they are under age sixteen (16), age sixty (60) or older, disabled, caring for young children under the age of six (6) or disabled family members, already working, NEON mandatory, participant in drug/alcohol treatment, receiving UIB, age 16/17 attending school or training at least half time or eligible student age 18-49 enrolled at least half time in school or training program.

Workload History:

| Fiscal Year | Average Cases |
|-------------|---------------|
| FY 10 | 343 |
| FY 11 | 290 |
| FY 12 | 255 |
| FY 13 | 205 |
| FY 14 | 242 |
| FY 15 YTD | 188 |

FYTD:

| | |
|-------------------|--------------|
| Jul 14 | 168 |
| Aug | 156 |
| Sep | 152 |
| Oct | 231 |
| Nov | 229 |
| Dec | 194 |
| Jan 15 | |
| Feb | |
| Mar | |
| Apr | |
| May | |
| Jun | |
| FY15 Total | 1,130 |
| FY15 Avg | 188 |



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 an orientation and a two month job search program or until they have become employed. FY06 and FY07 saw growth. FY08 started showing the effects of the current deep recession (started in December 2007), layoffs and high unemployment rates not seen in recent history. In FY09 caseloads increased an average of 3.2 percent per month. This equals to about 38 percent 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. In FY12 and FY13 a decrease in invited participants was seen due to the inconsistent distribution of Federal Funds.

Nevada Department of Health and Human Services, DWSS

5.15 Child Care and Development Program

Program: The Child Care Program assists low-income families, families receiving temporary public assistance, families with children placed by CPS, and Foster families by subsidizing child care costs so they can work. 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 - Before 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.

Fee Scale: The Sliding Fee Scale directly below provides the income limits for each household size. This is an example for a four person household. 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.

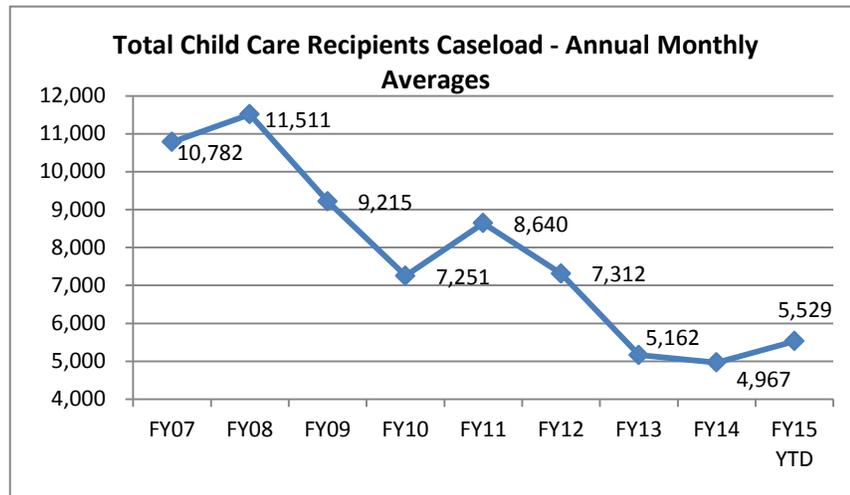
| Income Limits for Family of Four | | Note | Subsidy Percent |
|----------------------------------|---------|--------------------------------------|-----------------|
| \$0 | \$1,963 | \$1,963 = Federal Poverty Level | 95%-110% |
| \$1,964 | \$2,261 | | 90% |
| \$2,262 | \$2,560 | \$2,551 = 130% Federal Poverty Level | 80% |
| \$2,561 | \$2,858 | | 70% |
| \$2,859 | \$3,157 | | 60% |
| \$3,158 | \$3,455 | | 50% |
| \$3,456 | \$3,753 | | 40% |
| \$3,754 | \$4,052 | | 30% |
| \$4,032 | \$4,342 | \$4,343 = 75% of NV median income | 20% |

Workload History:

| Fiscal Year | Average Cases | Total Payments |
|-------------|---------------|-------------------|
| FY 11 | 8,640 | \$34,536,354 |
| FY 12 | 7,312 | \$30,247,720 |
| FY 13 | 5,162 | \$21,161,327 |
| FY 14 | 4,967 | \$20,141,474 |
| FY 15 YTD | 5,529 | Not Yet Available |

FYTD:

| | |
|-----------------|---------------|
| Jul 14 | 5,287 |
| Aug | 5,533 |
| Sep | 5,487 |
| Oct | 5,805 |
| Nov | 5,533 |
| Dec | |
| Jan 15 | |
| Feb | |
| Mar | |
| Apr | |
| May | |
| Jun | |
| FY15 Tot | 27,645 |
| FY15 Avg | 5,529 |



Comments: The unserved population in the Discretionary category was established in FY09 which capped that population at 2,500. Unserved population included "wait list" and an estimated caseload reduction due to program changes. 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.

Nevada Department of Health and Human Services, DWSS

5.16 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 CSEP is administered by DWSS and jointly operated by State Program Area Offices (PAO) and participating county District Attorney offices through cooperative agreements.

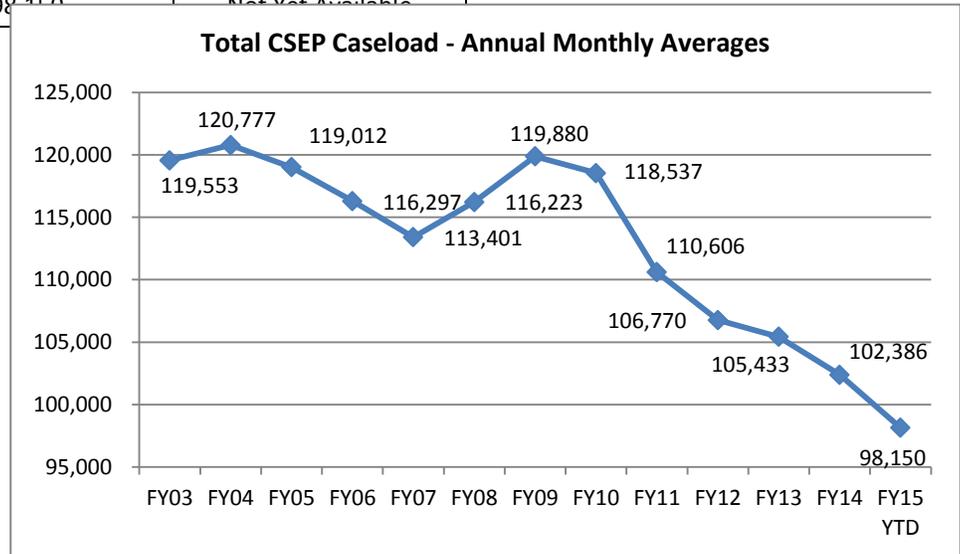
Eligibility: There are no eligibility requirements for child support services, which include locating the non-custodial parent, establishing paternity and support obligations and enforcing the child support order. Non-public assistance custodians complete an application for services. Public assistance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

Workload History:

| Fiscal Year | Average Cases | Gross Collections |
|-------------|---------------|-------------------|
| FY 11 | 110,606 | \$198,573,814 |
| FY 12 | 106,770 | \$205,934,166 |
| FY 13 | 105,433 | \$207,634,173 |
| FY 14 | 102,386 | \$209,402,698 |
| FY 15 YTD | 98,150 | Not Yet Available |

FYTD:

| | |
|-------------------|----------------|
| Jul 14 | 100,198 |
| Aug | 99,358 |
| Sep | 97,974 |
| Oct | 97,570 |
| Nov | 96,892 |
| Dec | 96,907 |
| Jan 15 | |
| Feb | |
| Mar | |
| Apr | |
| May | |
| Jun | |
| FY15 Total | 588,899 |
| FY15 Avg | 98,150 |



*FY 15 YTD Annualized Data

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 and stopping inappropriate referrals (unborn cases). A factor that may contribute to an increase in caseload is an increase in public assistance referrals and non-assistance applications during an economic downturn and high unemployment rate.

Website: https://www.dwss.nv.gov/index.php?option=com_contentandtask=viewandid=56andItemid=129

Nevada Department of Health and Human Services, DWSS

5.17 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 150 percent of poverty level. Priority is given to the most vulnerable households, such as the elderly, disabled and young children.

Need Standard:

| 2015 HHS Poverty Guidelines (100%) | | Estimated State Median Income FFY 2015 |
|------------------------------------|-------------------------------|--|
| Persons in Family | 48 Contiguous States and D.C. | 60% of Estimated State Median Income for a Four Person Household |
| 1 | \$11,670 | |
| 2 | \$15,730 | |
| 3 | \$19,790 | |
| 4 | \$23,850 | \$39,499 |
| 5 | \$27,910 | |
| 6 | \$31,970 | |
| 7 | \$36,030 | |
| 8 | \$40,090 | |

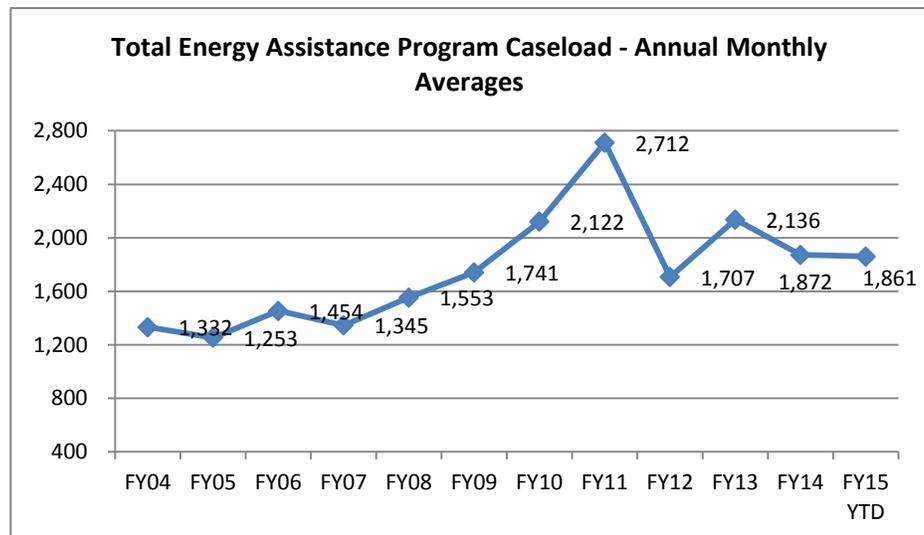
Workload History:

| Fiscal year | Average Cases | Total Cases | Total Expenditures | Total Applications |
|-------------|---------------|-------------|--------------------|--------------------|
| FY 12 | 1,707 | 20,484 | \$11,361,013 | 38,643 |
| FY 13 | 2,136 | 25,631 | \$18,684,877 | 36,764 |
| FY 14 | 1,872 | 22,463 | \$16,086,863 | 41,190 |
| FY 15 YTD | 1,861 | 22,326* | Not Yet Available | Not Yet Available |

*FY 15 YTD "Total Cases" data is annualized

FYTD:

| | |
|-------------------|---------------|
| Jul 14 | 532 |
| Aug | 1,903 |
| Sep | 2,017 |
| Oct | 2,149 |
| Nov | 2,010 |
| Dec | 2,552 |
| Jan 15 | |
| Feb | |
| Mar | |
| Apr | |
| May | |
| Jun | |
| FY15 Total | 11,163 |
| FY15 Avg | 1,861 |



Comments:

Nevada's Energy Assistance Program in FY 09 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 percent to 110 percent which has decreased the EAP caseload. FY13 increased benefits to 125 percent FPL (July) and 150 percent FPL (December) which was retroactive to July 2012. In April 2013 the benefit cap was increased for households that fall >75 percent of the poverty level guideline to bring their average energy burden in line with households that fall in the 75-125 percent and the 125-150 percent poverty levels. FY14 & FY15 are continuing with the same benefit amounts and poverty level that we ended with in FY13.

Website:

https://www.dwss.nv.gov/index.php?option=com_contentandtask=viewandid=116andItemid=285

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Nevada Department of Health and Human Services, DPBH

6.01 Newborn Screening (NBS) Program

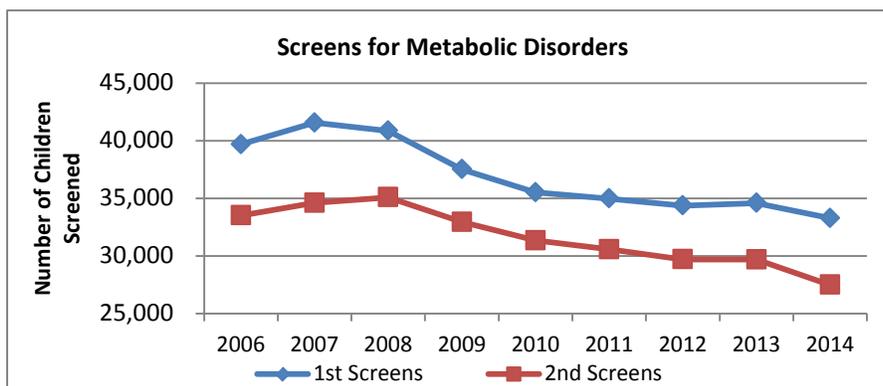
Program: Nevada Revised Statute (NRS) 442.008 mandates that all infants born in Nevada receive newborn Dried Blood Spot (DBS) screening for a panel of congenital disorders. A first screen is collected ideally between 24 and 48 hours of age, and the second screen is ideally collected between the 10th and 15th day of life. The Newborn Screening Program previously contracted with the Oregon State Public Health Laboratory (OSPHL) to test for at least 29 core conditions and 25 secondary conditions that can be found during screening for the core conditions recommended by the Secretary of Health and Human Services Advisory Committee on Heritable Disorders and Genetic Diseases in Newborns and Children. The OSPHL was contracted to screen specimens, follow-up on positive screens and provide medical consultants who provide guidance to Nevada’s primary care physicians until a confirmation of a diagnosis is reached. Families of infants with identified disorders can access follow-up services through Nevada Early Intervention Services or other community providers. The Newborn Screening Program is funded entirely with birth registration fees.

Eligibility: There are no eligibility requirements for dried blood screening. Newborn screens are required for all infants born in Nevada. Birthing facility staff are required to collect an acceptable sample before the infant is discharged from the facility and to submit the sample for metabolic screening as required in NAC 442.020-050. Infants with conditions identified in the newborn screening process are eligible for Early Intervention and Home Visiting services.

Infants Screened by Year:

| Year | Number of First Screens | Number of Second Screens | Total Number of Screenings | Percent of First Screen Babies that also Received Second Screens |
|-------|-------------------------|--------------------------|----------------------------|--|
| 2010 | 35,510 | 31,341 | 66,851 | 88.3% |
| 2011 | 34,974 | 30,570 | 65,544 | 87.4% |
| 2012 | 34,366 | 29,698 | 64,064 | 86.4% |
| 2013 | 34,594 | 29,683 | 64,277 | 85.8% |
| 2014* | 33,276 | 27,492 | 60,768 | 82.6% |

* 2014 data is an annualized projection based on actual screening data reported for January through June, 2014.



Please note change in program below:

Comments: As of July 1, 2014, the Nevada State Public Health Laboratory, in conjunction with the School of Community Health Sciences, is responsible for testing and following Nevada’s newborn babies' blood samples shortly after birth and again at two weeks of age, to screen for approximately 46 disorders each year.

The Nevada Division of Public and Behavioral Health no longer maintain a Newborn Screening Program due to the transition to the Nevada State Lab. There is not currently a reporting mechanism, though the Division does anticipate reports from the University on a biannual basis.

Data CORN Report for Previous Annual Data.

Source: Monthly Information for Current Year: OSPHL Billing Documents or Daily Envelope CORN Data Provided in Second Week of Month if Billing Not Received.

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

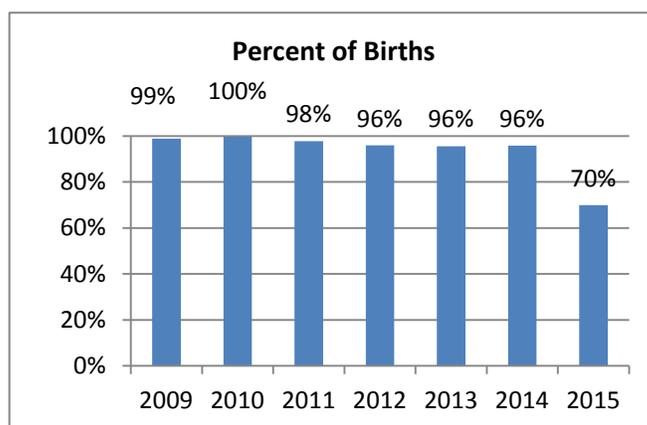
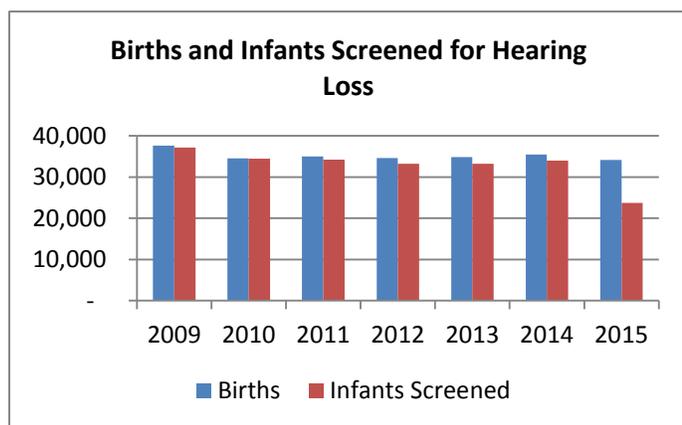
Nevada Department of Health and Human Services, DPBH

6.02 Early Hearing Detection and Intervention

Program: The goals of the Nevada Early Hearing Detection and Intervention (EHDI) program are to ensure that: 1) all infants are screened for hearing loss before one month of age, 2) referred infants receive diagnostic evaluation by three months of age, and 3) infants identified with hearing loss receive appropriate early intervention by six months of age. The negative effects of hearing loss can be substantially mitigated through early intervention that may include amplification, speech therapy, cochlear implants, and/or signing. EHDI works with birthing hospitals statewide, pediatric audiologists and with Nevada Early Intervention Services to ensure infants are screened, identified, and enrolled into services within recommended time frames. The program partners with non-profits, hospitals, and audiologists to develop and update best practices and provides parents with education, support, and trained mentors. The program is entirely funded by grants from the Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA).

Eligibility: There are no eligibility requirements for newborn hearing screening. NRS 442.450 requires all hospitals in the state with 500 or more births per year to screen newborn infants' hearing prior to discharge. However, all birthing hospitals in the state, even those with less than 500 births per year, provide hearing screenings as a "Best Practice". All infants identified in the newborn hearing screening process with confirmed hearing loss are eligible for Early Intervention services.

| Calendar Year | Births | Infants Screened | Percentage of Births |
|---------------|--------|------------------|----------------------|
| 2008 | 38,541 | 38,232 | 99.2% |
| 2009 | 37,600 | 37,205 | 98.9% |
| 2010 | 34,517 | 34,433 | 99.8% |
| 2011 | 35,017 | 34,263 | 97.8% |
| 2012 | 34,623 | 33,195 | 95.9% |
| 2013 | 34,820 | 33,268 | 95.5% |
| 2014* | 35,509 | 34,015 | 95.8% |
| 2015* | 34,168 | 23,764 | 69.6% |



Comments: * Calendar Year 2014 January through December data for hearing screenings and number of births are complete based on current program information but birth numbers are still considered to be preliminary by the Office of Vital Records. Calendar Year 2015 is annualized using actual data regarding numbers of births submitted to the Office of Vital Records and hospital screening data reported to the NVEHDI Program for January through March. Annualized data is still extremely preliminary, and the percentage of total births receiving screens will change as more actual data is received.

Websites: http://health.nv.gov/NBS_EHDI.htm
http://www.infanthearing.org/states/state_profile.php?state=nevada
<http://www.cdc.gov/ncbddd/ehdi/>

Nevada Department of Health and Human Services, DPBH

6.03 Immunization

Program: The goal of the Nevada State Immunization Program is to decrease vaccine-preventable disease morbidity and mortality through improved immunization rates among all Nevadans. The Program collaborates with vaccine providers, schools, pharmacies, coalitions and other stakeholders to improve immunization rates by enrolling providers into the Vaccines For Children (VFC) Program and the Cocooning Program, ensuring compliance to all federal/state regulations surrounding immunization services, and by educating providers how to record vaccination data and monitor coverage rates in the Statewide Immunization Information System (Nevada WebIZ).

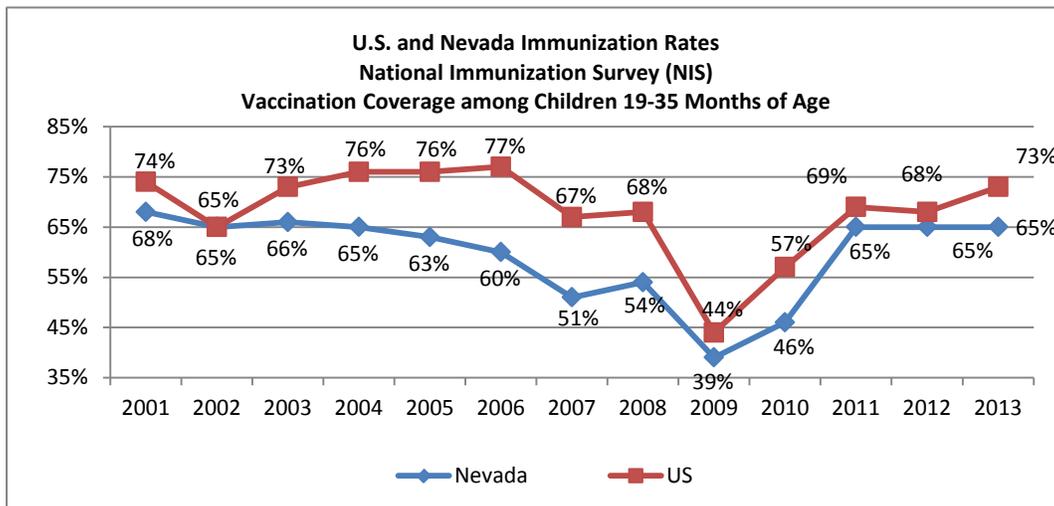
Vaccines for Children Program: Any physician, healthcare organization or medical practice licensed by the State to prescribe and administer vaccines may enroll as participants in the VFC Program, as long as they serve the eligible population(s). The Program provides federally funded vaccines at no cost to these participants, who in turn administer them to eligible children. VFC-eligible children are Medicaid enrolled/eligible, American Indian/Alaska native, or uninsured, and are not charged for the cost of the vaccine. Underinsured children may only receive VFC vaccine from a Federally Qualified Health Center, Rural Health Center, local health district, community health nursing office, or a deputized private provider.

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 data collected in the system can be used to identify populations at risk in the event of a disease outbreak and to locate communities with low 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 IIS. On January 28, 2010 the NAC was updated requiring all persons vaccinating adults in Nevada to also record specific information into the IIS. The IIS operates as an "opt-out" system.

Program Participation:

| Vaccines for Children Participation Status | | Nevada WebIZ Statistics | |
|--|-----|---|--------|
| Clark | 157 | Clinics Using IIS | 2,573 |
| Washoe | 48 | HC Providers Using IIS* | 1,370 |
| Carson/Rural | 80 | Active Users of IIS** | 13,134 |
| <i>Note: 273 "Active" providers (currently receiving vaccine supply) and 11 "Temp Leave" providers (vaccine shipments temporarily suspended)</i> | | <i>100 percent of Vaccines for Children participants are enrolled to enter their immunization data in Nevada WebIZ.</i> | |

*One HC Provider may have multiple clinics represented in Nevada WebIZ; *WebIZ data is current as of 03/31/2015. **within one clinic are multiple users of Nevada WebIZ.



Comments:

- In 2009, Nevada became a Vaccine for Children (VFC) only state. This means that only federal funds are now used to vaccinate VFC eligible children.
- Starting in 2007 and ending in 2009, the United States experienced a Hib shortage, hence the reason behind a significant decrease in immunization rates.

Website: <http://health.nv.gov/Immunization.htm>

Nevada Department of Health and Human Services, DPBH

6.04 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 percent 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 percent 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.

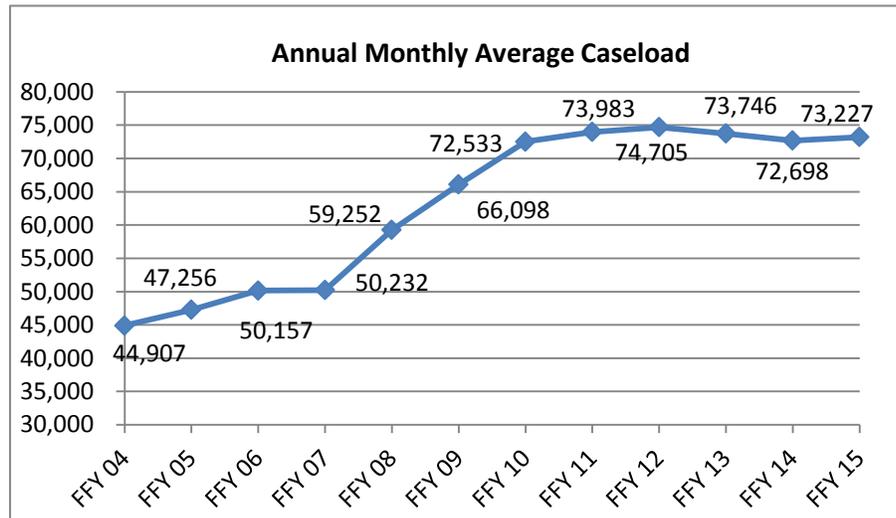
Workload History:

| Federal Fiscal Year | Total Expenditures | Average Caseload |
|---------------------|--------------------|------------------|
| FFY10 | \$14,399,912 | 72,533 |
| FFY11 | \$14,280,926 | 73,983 |
| FFY12 | \$13,778,416 | 74,705 |
| FFY13 | \$14,124,298 | 73,746 |
| FFY14 | \$13,147,340 | 72,872 |
| FFY15* | \$16,216,815 | 73,227 |

*FFY15 Total Expenditures Data is annualized

Caseload FFYTD:

| | |
|----------------------|----------------|
| Oct 14 | 74,942 |
| Nov | 73,458 |
| Dec | 72,337 |
| Jan 15 | 72,169 |
| Feb | |
| Mar | |
| Apr | |
| May | |
| Jun | |
| Jul | |
| Aug | |
| Sep | |
| FFY15 Total | 292,906 |
| FFY15 Average | 73,227 |



Comments: As one of the fastest growing states in the country, Nevada has experienced a WIC participation growth of 11 percent from FFY09 to FFY13. Further, food dollars expended for the WIC program for the same period has increased 16 percent, from a total of \$41,935,901 in FFY09 to \$48,868,317 in FFY13.

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 223 authorized grocery stores.

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

Nevada Department of Health and Human Services, DPBH

6.05 Oral Health Program

Program:

Nevada Division of Public and Behavioral Health (NDPBH), Oral Health Initiative provides limited technical support to organizations that implement school-based dental sealant programs. The FY 2009 statewide Oral Health Third Grade Basic Screening Survey (BSS) showed 37.5 percent of Nevada's third grade students have at least one dental sealant.

The Community Health Alliance (formerly the Saint Mary's Take-Care-a-Van) Sealant program is a non-profit school-based sealant program that utilizes a mobile van to provide oral health education, sealants and fluoride varnish to 2nd grade children in underserved schools in Nevada (>50 percent Free and Reduced Lunch [FRL]). They operate during the 9-month academic year.

Seal Nevada South is a non-profit school-based sealant program, administered through UNLV School of Dental Medicine (SDM). The program serves uninsured children in second through fifth grade in underserved schools (>50 percent FRL) in Southern Nevada. They operate during the 9-month academic year.

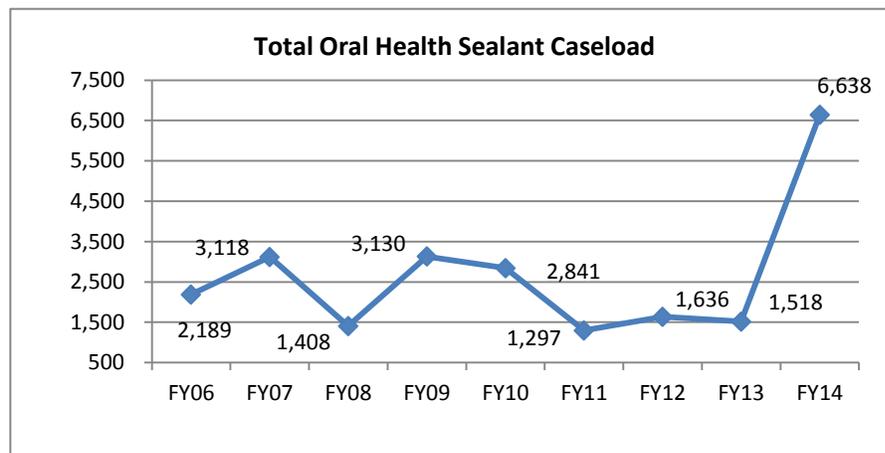
Future Smiles is a non-profit school-based sealant program that provides two types of delivery models: Set locations in School-Based Health Centers for Education and Prevention of Oral Disease (EPODs) and mobile school-based locations utilizing portable equipment. Public Health Endorsed Dental Hygienists provide screenings, oral health education, dental cleanings, sealants, fluoride varnish and case management through a referral system to a local dentist or UNLV SDM. They operate 12-months of the year.

Eligibility:

Eligibility is determined by the individual programs. (Please note: These Community-Based Organizations do not receive funding through the Division of Public and Behavioral Health for their sealant programs.)

Caseload History:

| FY 2014 | Number of Schools | Children Served | Sealants Placed |
|---------------------------|-------------------|-----------------|-----------------|
| Community Health Alliance | 21 | 1,005 | 1,618 |
| Seal Nevada South | 7 | 312 | 742 |
| Future Smiles | 11 | 1,204 | 4,278 |
| Total | 39 | 2,521 | 6,638 |



Comments:

Sealant Efficiency Assessment for Locals and States (SEALS, 2009) is a software program developed by the Centers for Disease Control and Prevention (CDC) to provide a uniform tracking resource for school-based sealant programs. All programs are currently utilizing the software program. All programs are reporting individual teeth sealed per CDC recommendations.

Website:

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

Nevada Department of Health and Human Services, DPBH

6.06 Vital Records and Statistics

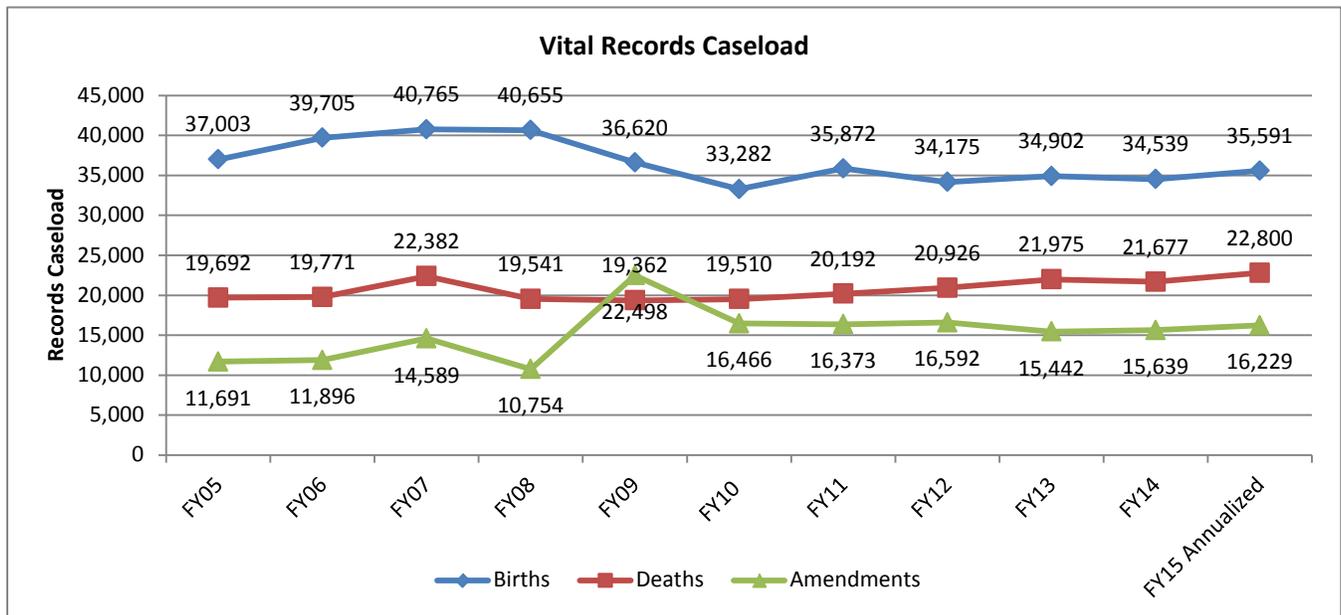
Program: The Office of Vital Records and Statistics administers the statewide system of Vital Records by documenting and certifying the facts of births, deaths and family formation for the legal purposes of the citizens of Nevada, participates in the national vital statistics systems, and responds to 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

Caseload:

| Fiscal Year | Births | Deaths | Amendments |
|-------------|--------|--------|------------|
| FY 11 | 35,872 | 20,192 | 16,373 |
| FY 12 | 34,175 | 20,926 | 16,592 |
| FY 13 | 34,902 | 21,975 | 15,442 |
| FY 14 | 34,960 | 21,940 | 15,639 |
| FY 15 YTD* | 35,591 | 22,800 | 16,229 |

FY 15 YTD data is annualized.



Comments: Current processing times for the Office of Vital Records:

- Birth registration – Avg 11.94 days
- Death Registration – Avg 11.27 days

Note: Amendment counts include hospital paternities.

Website: <http://www.health.nv.gov/VS.htm>

Nevada Department of Health and Human Services, DPBH

6.07 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, 2017. 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 will pay for a screening mammogram for women 50 years of age and older. Clients who need diagnostic work-up based on an abnormal screening exam 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 65 years of age or older who are not eligible for Medicare are eligible for this program.

| Household Size | Eligible Monthly Income* |
|----------------|--------------------------|
| 1 | \$2,431 |
| 2 | \$3,277 |
| 3 | \$4,123 |
| 4 | \$4,969 |
| 5 | \$5,815 |
| 6 | \$6,660 |
| 7 | \$7,506 |
| 8 | \$8,352 |

Income is based on 250 percent of the Federal Poverty Level with rates adjusted on July 1 of each year.

*Effective June 30th, 2014

Note: For each additional person, add \$4,060

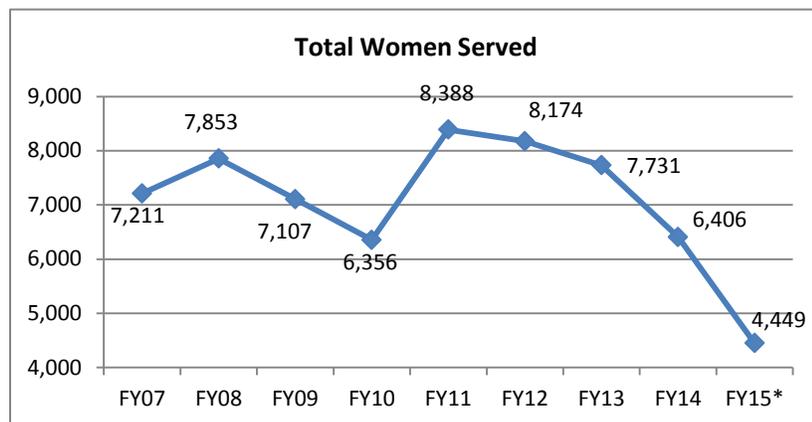
Workload History:

| Fiscal Year | Avg Screening Cases/Month | Total Expenditures | Total New Enrollees |
|-------------|---------------------------|--------------------|---------------------|
| FY11 | 731 | \$2,527,397 | 3,612 |
| FY12 | 677 | \$2,369,552 | 4,337 |
| FY13 | 651 | \$2,357,718 | 3,933 |
| FY14* | 539 | \$2,216,255 | 2,377 |
| FY15* | 450 | \$2,215,020 | 899 |

*Data reported as of 1/10/2015

FY15TD: Women Served

| | |
|-----------------------|--------------|
| Jul 14 | 494 |
| Aug | 423 |
| Sep | 403 |
| Oct | 472 |
| Nov | 485 |
| Dec | 387 |
| Jan 15 | 454 |
| Feb | 642 |
| Mar | 689 |
| Apr | |
| May | |
| June | |
| FY15 YTD Total | 4,449 |
| FY15 YTD Avg | 494 |



*FY15 data is annualized

Comments: The Program is providing WHC clients with enrollment resources to obtain a sustainable insurance product. As of February 1, 2015 the WHC program expanded cervical cancer screenings to women ages 21-39. Thanks to the ACA, WHC clients are transitioning to sustainable insurance products and are not utilizing the program as in prior years.

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

Nevada Department of Health and Human Services, DPBH

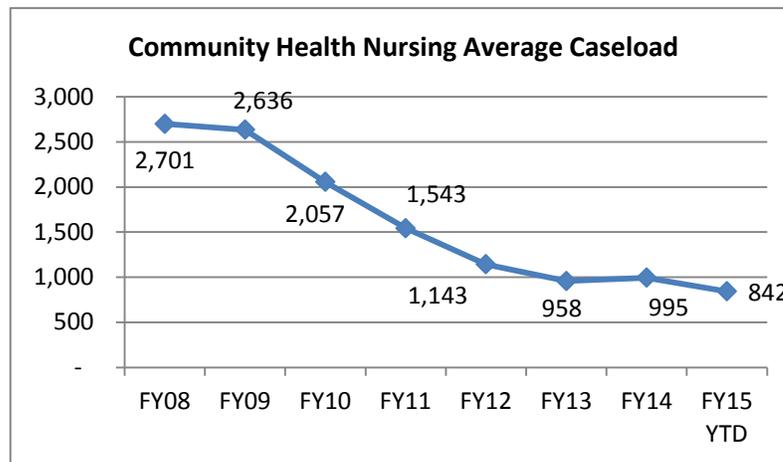
6.08 Community Health Nursing

Program: The Community Health Nursing program promotes optimal wellness in frontier and rural Nevada through the delivery of public health nursing, preventive health care, early detection of threats to public health, response to natural and human caused disasters, and education statewide. 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 counties in 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.

Community Health Nursing

| FYTD | Caseload |
|-------------------|--------------|
| Jul 14 | 969 |
| Aug | 1,057 |
| Sep | 827 |
| Oct | 1,087 |
| Nov | 790 |
| Dec | 615 |
| Jan 15 | 757 |
| Feb | 746 |
| Mar | 732 |
| Apr | |
| May | |
| Jun | |
| FY15 Total | 7,580 |
| FY15 Avg | 842 |



Comments: Community Health Nurse caseloads are generally decreasing due to clinics dispensing method controls for nine month time frames instead of monthly. CHN numbers represent clients served.

Website: <http://www.health.nv.gov/CommunityHealthNursing.htm>

Nevada Department of Health and Human Services, DPBH

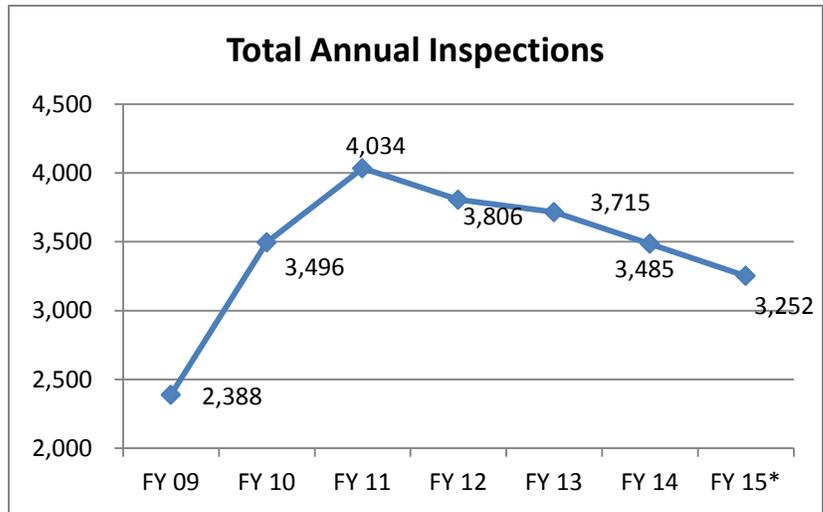
6.09 Environmental Health Services Program

Program: The Environmental Health Services program promotes optimal wellness in frontier and rural Nevada through the delivery of food safety inspections which provides early detection of threats to public health.

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. Effective January 1, 2014, Douglas County partnered with Carson City to provide environmental health services. Regulatory responsibilities for approximately 550 permitted facilities were transferred to Carson City resulting in fewer inspections for EHS.

Environmental Health Food Inspections

| FYTD | Inspections |
|------------------|--------------|
| Jul 14 | 239 |
| Aug | 253 |
| Sep | 268 |
| Oct | 277 |
| Nov | 251 |
| Dec | 264 |
| Jan 15 | 271 |
| Feb | 268 |
| Mar | 348 |
| Apr | |
| May | |
| Jun | |
| FY 15 Tot | 2,439 |
| FY 15 Avg | 271 |



*FY 15 data is annualized

Comments: Health inspections decreased in FY14 due to the transfer of approximately 550 Douglas County permits being transferred to Carson City Health and Human Services. Two EHS positions were eliminated as a result of the decrease in workload. Anticipated inspections for FY15 should be approximately 3,200 for the year.

Website: http://www.health.nv.gov/BFHS_EHS.htm

Nevada Department of Health and Human Services, DPBH

6.10 Sexually Transmitted Disease Program

Program: The Sexually Transmitted Disease (STD) 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.

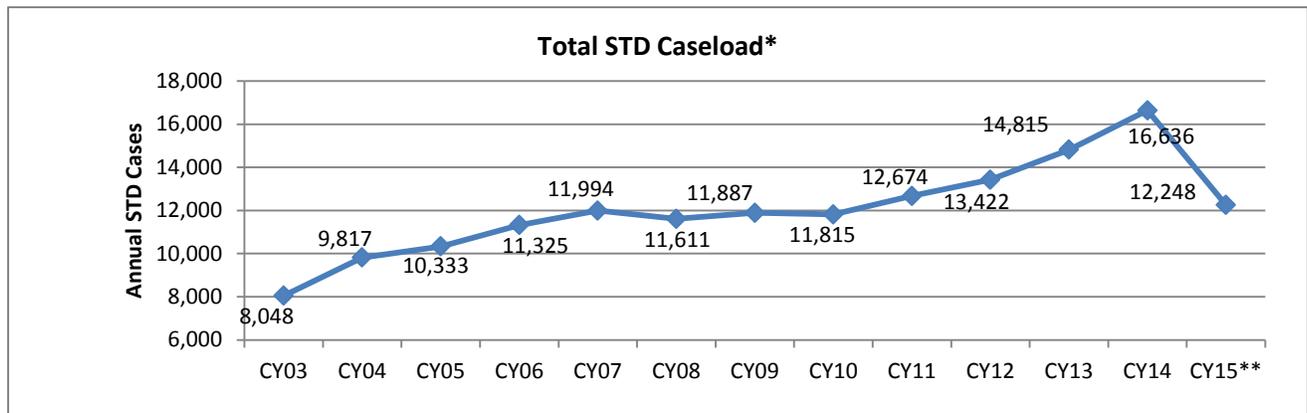
Trends: For CY 2014-Q1 through Q4, there were 12,617 reported chlamydia cases, 3,328 reported gonorrhea cases, and 299 reported primary and secondary (P&S) syphilis cases in Nevada, for a total of 16,244 STD cases. Comparing CY 2014 to the previous reporting year, Chlamydia cases increased by 6.4 percent, gonorrhea cases increased by 21.4 percent, and P&S syphilis cases increased by 40.4 percent. Overall, the total number of reported STDs (chlamydia, gonorrhea, and P&S syphilis) in Nevada increased by 18.2 percent from 2013 to 2014. Historically, the number of chlamydia and gonorrhea cases reported in Nevada increase minimally from year-to-year, and the number of reported P&S syphilis cases fluctuates from year-to-year.

The total number of reported chlamydia cases in Nevada increased from 10,528 in 2011 to 12,617 in 2014, a 28 percent increase during this five year period. The rate of chlamydia in 2014 in Nevada was 450.4 cases per 100,000 population based on 2014 population projections from the Nevada State Demographer-vintage 2013 data. Nevada fell below the national chlamydia rate of 446.6 cases per 100,000 population, as reported by the 2013 CDC STD Surveillance Report.

The total number of reported cases of gonorrhea in Nevada has increased from 2,010 in 2011 to 3,328 in 2014, a 85 percent increase during this five year reporting period. The gonorrhea rate in Nevada in 2013 was 118.8 cases per 100,000 persons based on 2014 population projections from the Nevada State Demographer-vintage 2013 data. Nevada fell below the national gonorrhea rate of 106.1 cases per 100,000 population, as reported by the 2013 CDC STD Surveillance Report.

The total number of reported cases of P&S syphilis in Nevada has increased from 133 in 2010 to 299 in 2014, a 125 percent increase during this five year reporting period. The P&S syphilis rate in Nevada in 2014 was 10.7 cases per 100,000 persons based on 2014 population projections from the Nevada State Demographer-vintage 2013 data. Nevada was higher than the national P&S syphilis rate of 5.0 cases per 100,000 population, as reported by the 2013 CDC STD Surveillance Report.

Previously, Nevada experienced a syphilis outbreak, with 40 P&S syphilis cases reported in 2004 and 109 P&S syphilis cases reported in 2005. The number of cases reported peaked in 2006, with 137 total P&S cases reported in the state (132 cases reported in Clark County). In 2006, Nevada had the highest rate of congenital syphilis in the United States at 42.6 cases per 100,000 live births and 15 total reported cases.



*Includes Chlamydia, Gonorrhea, and Primary and Secondary Syphilis.

**CY15= January 2015-March 2015 data as of April 6, 2015 – Annualized to 12 Months...decrease may reflect seasonality.

Analysis of Trends: From 2010 to 2014 there has been a 37 percent increase of reported cases during this five year reporting period. Compared to a 25 percent increase of reported cases for the 2010 - 2013 five year reporting period. Increased access to care, testing, and preventive screenings through the Affordable Care Act may account for the increase in reported cases. Increased utilization of electronic lab reporting has reduced reporting delay.

Nevada Department of Health and Human Services, DPBH

6.11 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.

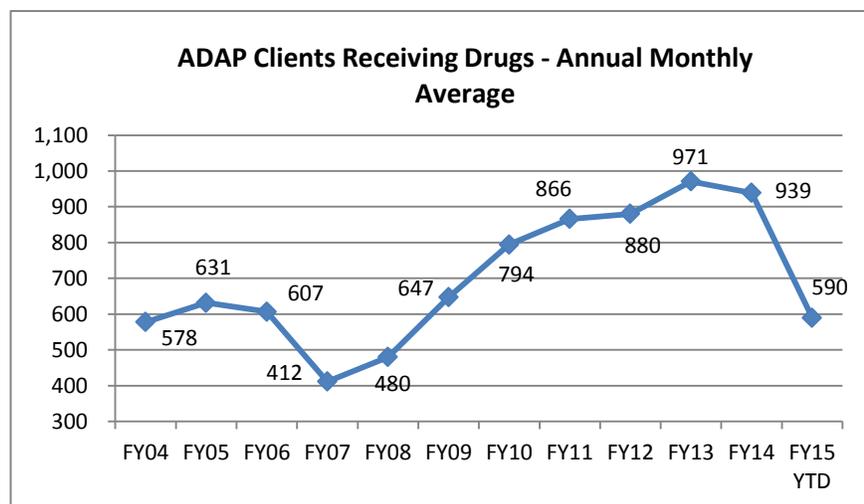
Eligibility: Client income must not exceed 400 percent of federal poverty level guidelines - approximately \$45,960 for a single person. A client may own a single-family home and a car. Additional assets of the client may not exceed \$20,000. Lab tests for T-cell and viral load must be done every six 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 |
|-------------------|-----------------|--------------------|
| FY11 | 866 | \$8,509,961 |
| FY12 | 880 | \$8,100,917 |
| FY13 | 971 | \$8,417,531 |
| FY14 | 939 | \$9,681,573 |
| FY15 YTD | 590 | \$3,645,932 |

FYTD:

| | |
|-----------------|--------------|
| Jul 14 | 593 |
| Aug | 546 |
| Sep | 532 |
| Oct | 544 |
| Nov | 538 |
| Dec | 584 |
| Jan 15 | 689 |
| Feb | 696 |
| Mar | |
| Apr | |
| May | |
| Jun | |
| FY15 Tot | 4,722 |
| FY15 Avg | 590 |



Comments: The program has been successful in transitioning Ryan White clients into the Marketplace and Medicaid during the 2015 Health Care Open Enrollment. The Ryan White Part B program will continue to be the payer of last resort and will continue to provide those services not covered, or partially covered, by public or private health insurance plans.

Website: <http://www.health.nv.gov/HIVCarePrevention.htm>

Nevada Department of Health and Human Services, DPBH

6.12 HIV Prevention Program

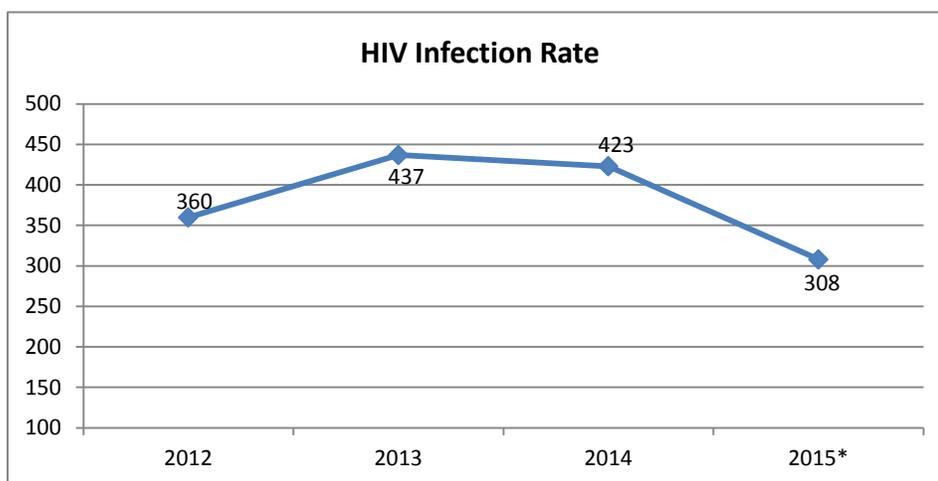
Program: The Human Immunodeficiency Virus (HIV) Prevention Program facilitates a process of jurisdictional HIV prevention planning. At present, the Division of Public and Behavioral Health funds Southern Nevada Health District (SNHD), Washoe County Health District (WCHD), and Carson City Health and Human Services (CCHHS) to provide CDC HIV prevention core services, such as HIV testing to high-risk populations, Partner Services, and to ensure condoms are available to populations most at-risk for HIV. Additionally, the HIV Prevention Program provides HIV testing supplies and condoms to the Community Health Nursing Program to support HIV testing in the rural areas of the state. The Division of Public and Behavioral Health's HIV Prevention also provides funding for social marketing campaigns, HIV prevention information dissemination, 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 increase in new HIV infections can be directly attributed to new targeted HIV testing strategies, targeting those most at-risk for acquiring HIV.

Workload History:

| Calendar Year | Total Cases | Total Funding |
|---------------|-------------|---------------|
| 2012 | 360 | \$2,426,284 |
| 2013 | 437 | \$2,294,816 |
| 2014 | 423 | \$2,140,521 |
| 2015 | 308 | \$2,149,542 |



*2015 Data is annualized from Q1 data and the decrease is being analyzed by staff. More months of data are required and will be provided at next publication.

Comments: The HIV Prevention Program is funded by a grant from the Centers for Disease Control and Prevention on a calendar year basis; therefore, data contained in this document is reported annually and year to date. The 2015 data represents the 1st quarter of 2015 (Jan-March).

*It is important to note that data is provided from health departments, private medical providers, community health nurses, and public & private hospitals. Therefore, data may be lagging due to time of identification and data being uploaded in to the Enhanced HIV/AIDS Reporting System (eHARS).

The increase in data between 2012 and 2013 can be attributed to the drop in overall testing in 2012, due to the closure of Southern Nevada Health District's main testing facility. In 2013 the state implemented High Impact Prevention (HIP) strategies statewide, targeting those most at-risk for HIV and getting them and identified high-risk individuals contained in their social networks tested; therefore, identifying more HIV positive individuals.

Nevada Department of Health and Human Services, DPBH

6.13 HIV-AIDS Surveillance Program

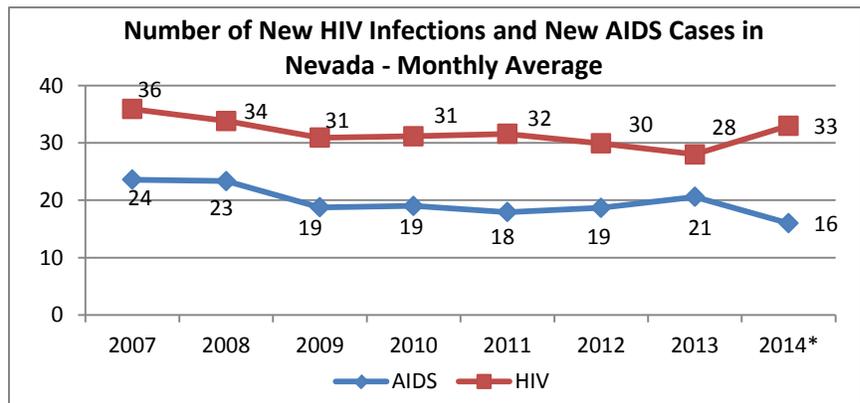
Program: The mission of the HIV-AIDS Surveillance Program is to work with the local health authorities and the medical community to prevent and control the transmission of the Human Immunodeficiency Virus (HIV) and the development of an annual integrated HIV/AIDS epidemiological profile; the dissemination 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.

Workload History:

| Calendar Year | Average HIV Monthly Caseload | Average AIDS Monthly Caseload |
|---------------|------------------------------|-------------------------------|
| 2011 | 32 | 18 |
| 2012 | 30 | 19 |
| 2013 | 28 | 21 |
| 2014 | 33 | 16 |



Comment: Though it is difficult to accurately identify the reasons for a decrease in reported HIV/AIDS 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).

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

Nevada Department of Health and Human Services, DPBH

6.14 Nevada Central Cancer Registry

Program: The primary purpose of the Statewide Cancer Registry is to collect and maintain all reportable cancer cases that occur in Nevada. This 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.

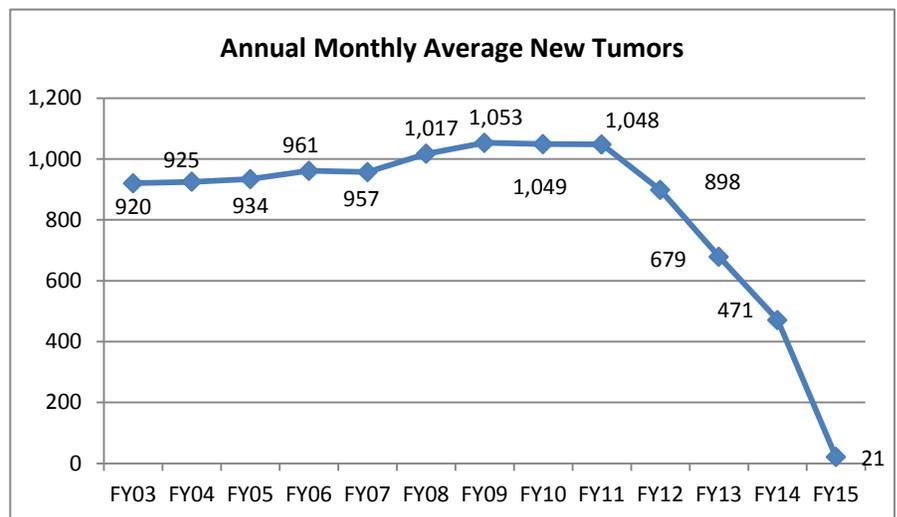
Other: The figures in this report reflect actual cancer (in-situ and invasive cancer) incidence data submitted annually to the Centers for Disease Control and Prevention/National Program of Cancer Registries. This submission follows a 23 month delay to capture all relevant cases.

Workload History

| SFY | Total Expenditures | Avg New Tumors |
|----------|--------------------|----------------|
| FY12 | \$582,704 | 1,044 |
| FY13 | \$459,160 | 841 |
| FY14 | \$807,123 | 471 |
| FY15 YTD | \$436,405 | 68 |

FY 15 YTD

| Month | New Tumors |
|-------------------|------------|
| Jul-14 | 262 |
| Aug-14 | 143 |
| Sep-14 | 106 |
| Oct-14 | 75 |
| Nov-14 | 51 |
| Dec-13 | 41 |
| Jan-15 | 4 |
| Feb-15 | 0 |
| Mar-15 | 0 |
| Apr-15 | |
| May-15 | |
| Jun-15 | |
| FY15 Total | 682 |
| FY15 Avg | 68 |



Comments: Update 3rd Quarter 2015:

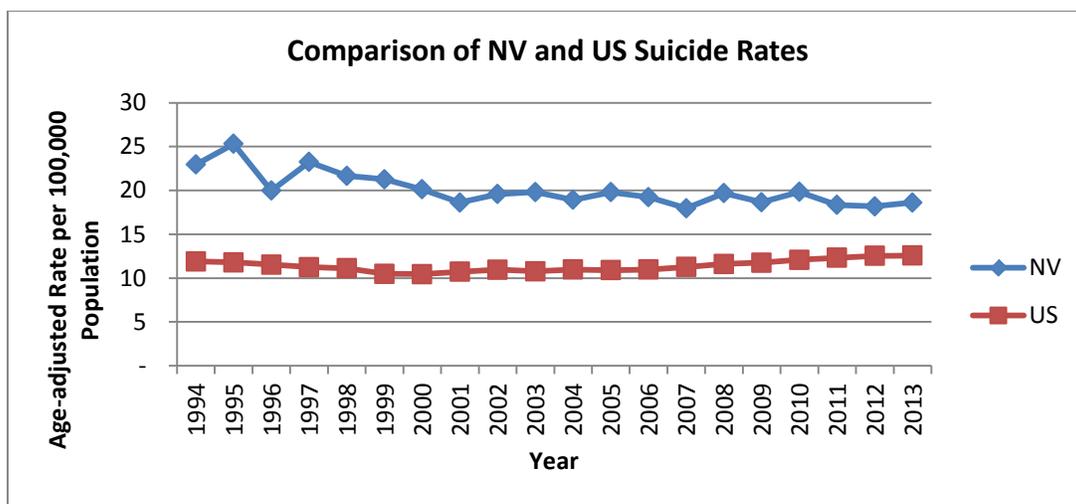
- 1) New Program Manager started in February 2015.
- 2) The Web-Plus module of the Registry Plus software allows hospital reporters to directly upload data files instead of file upload through the ftp site. The program is currently working on training materials and anticipates reporters to go live by June 1, 2015.
- 3) FY 13 cancer data is subject to Call-For-Data 2015 submission to the CDC in November 2015. The graph above demonstrates that 2013 monthly new caseload counts are as expected based on previous years monthly averages.

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

Nevada Department of Health and Human Services, DPBH

6.15 Office of Suicide Prevention

Program The Nevada Office of Suicide Prevention (NOSP) is the clearinghouse suicide prevention information in Nevada. The Suicide Prevention Coordinator, Northern Suicide Prevention Training/Outreach Facilitator, along with the Suicide Prevention Assistant is located, in Reno. The Southern Suicide Prevention Training/Outreach Facilitator and Youth Suicide Prevention Program Assistant are located in Las Vegas. This team is responsible for the development, implementation, and evaluation of the Nevada Suicide Prevention Plan (NSPP to be updated FY 2015). A major initiative is following up on the Veterans' Suicide Mortality Report and collaboration with the Veterans Services Green Zone Initiative to prevent suicide among service members, veterans, and families. Collaboration for awareness/prevention/intervention is occurring in all regions of the state along with strong partnership from local coalitions, school districts, and the Nevada Coalition for Suicide Prevention. Some of our most successful initiatives with our partners have been with Signs of Suicide middle and high school suicide awareness curriculum and screening programs state wide, text messaging crisis intervention, safe TALK and Applied Suicide Intervention Skills Trainings. NOSP is staff to Nevada's first Committee to Review Suicide Fatalities. NOSP is also making great strides toward increasing awareness about addressing access to lethal means through the Suicide-Proof Your Home, Securing Firearms Education and The 11 Commandments of Gun Safety. Collaboration with Nevada School Districts on SB 164 requirements through safe TALK training is occurring in partnership with the Nevada Department of Education. In addition Youth Mental Health First Aid training is coming to our communities through NOSP and Project Aware. NOSP will coordinate statewide YMHA training with all Project Aware grantees and community partners.



Comments/Facts about Suicide:

- Based on 2013 data, Nevada has lowered from 2nd in 2005 to 7th highest suicide rate in the nation.*
- Nevada has a suicide rate of 18.74/100,000 compared to the national rate of 12.03 for 2007-2013.*
- Suicide is the 6th leading cause of death for Nevadans and 10th leading cause of death for the US.***
- Suicide is the 2nd leading cause of death for our youth and young adults ages 10-34.***
- Males make up 79 percent of suicide fatalities in the U.S., 77 percent in Nevada.**
- Historically Nevada has the highest suicide rate (29.51) for seniors over 65 in the nation, almost double the national average rate (15.12) for the same age group.**
- Historically more Nevadans die by suicide than by all homicides/motor vehicle accidents combined.**
- Proven over time Native Americans have the highest suicide rate among our youth/young adults.**
- Historically 72% of Nevada's firearm deaths are suicides and firearms are used in 55% of NV suicides.**
- Our veterans and military account for 20% of our nations suicides and 24.4% of Nevada's suicides.****

*Source: 2013 Center for Disease Control (CDC), Web-based Injury Statistics Query/Reporting System

**Source: 2007-2013 CDC, Web-based Injury Statistics Query and Reporting System

***Source: National Center for Health Statistics, National Vital Statistics System 2013

****Source: Suicide Mortality in Nevada's Military Veterans, 2008-2010 and 2012

Website: www.suicideprevention.nv.gov

Nevada Department of Health and Human Services, DPBH

6.16 Medical Marijuana Cardholders

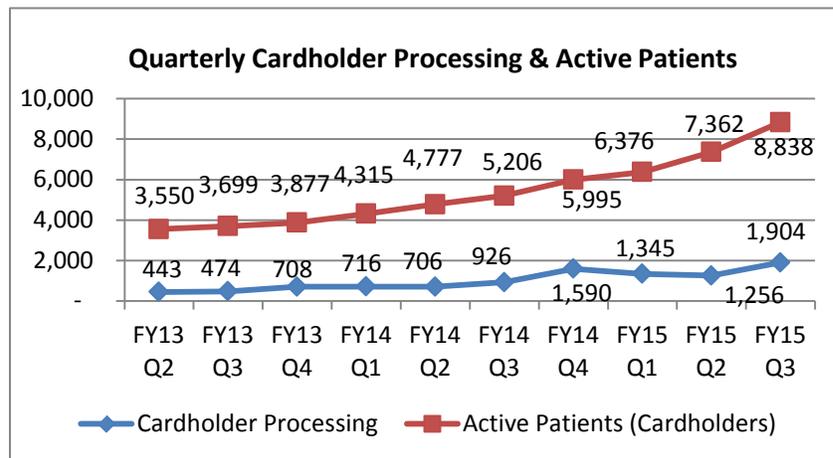
Program: The Nevada Marijuana Registry is a state registry program within the Nevada Department of Health and Human Services, Division Of Public and Behavioral Health. The role of the program is to administer the provisions of the Medical Use of Marijuana law as approved by the Nevada Legislature and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

| Cardholder Processing Tasks Performed by Staff | | | |
|--|--|--------------------------|----------------------|
| Year | Initial Application Requests Received* | Registrations Received** | Renewals Received*** |
| FY10 | 4,109 | 1,970 | 688 |
| FY11 | 4,285 | 2,231 | 1,488 |
| FY12 | 1,842 | 1,145 | 2,083 |
| FY13 | 2,183 | 1,694 | 2,175 |
| FY14 | 5,092 | 4,350 | 2,435 |
| FY15 YTD | 8,152 | 6,211 | 3,767 |

*FY15 YTD data is annualized

| FYTD: | Cardholder Processing | Active Patients |
|------------|-----------------------|-----------------|
| Jul 14 | 1,382 | 6,133 |
| Aug | 1,384 | 6,496 |
| Sep | 1,268 | 6,500 |
| Oct | 1,449 | 6,541 |
| Nov | 1,122 | 7,491 |
| Dec | 1,198 | 8,055 |
| Jan 15 | 1,425 | 8,604 |
| Feb | 1,857 | 8,888 |
| Mar | 2,430 | 9,023 |
| Apr | 2,338 | 8,925 |
| May | | |
| Jun | | |
| FY15 Total | 15,853 | 76,656 |
| FY15 Avg | 1,585 | 7,666 |



Cardholder Processing includes: Requests for Initial Applications, Registrations, and Renewals. The MMP currently has 4 FTE for these tasks.

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

Definitions:

***Requests for Initial Applications:** Patient submits a request for an application with the required \$25.00 fee.

****Registrations:** Patient submits completed application including attending physician statement and \$75.00 application fee.

*****Renewals:** Patients that are registered are required to renew their enrollment each year and pay a \$75.00 renewal fee.

Website: <http://health.nv.gov/medicalmarijuana.htm>

Nevada Department of Health and Human Services, DPBH

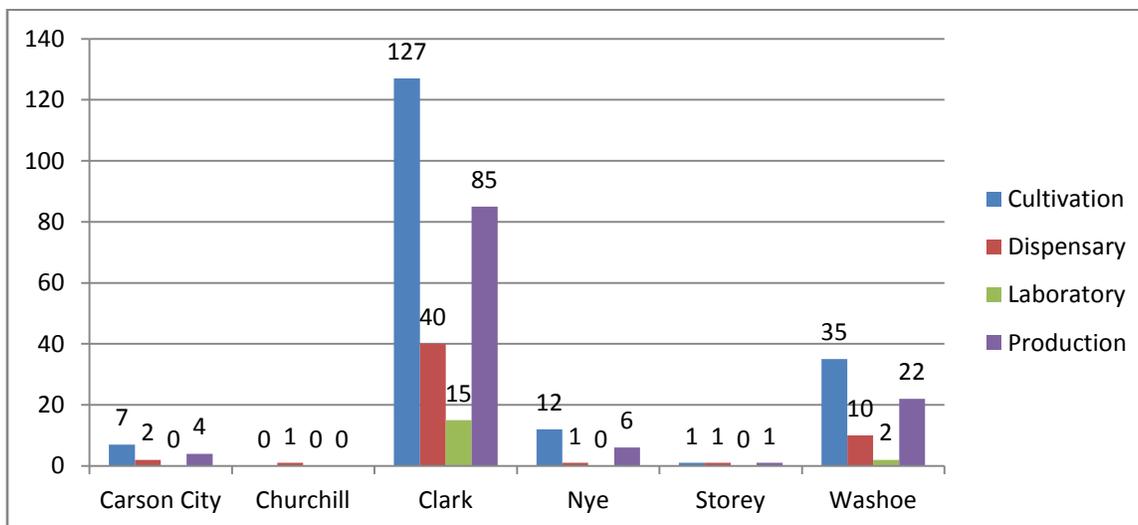
6.17 Medical Marijuana Establishments

Program: The Nevada Medical Marijuana Program is a state registry and licensing program within the Nevada Department of Health and Human Services, Division of Public and Behavioral Health. The role of the program is to administer the provisions of the Medical Use of Marijuana law as defined in NRS and NAC 453A. The program is to carry out the regulations for all aspect related to medical marijuana establishments which are defined as independent testing laboratories, cultivation facilities, a facility for the production of edible marijuana products or marijuana-infused products, and medical marijuana dispensaries.

Authority: Statutory Authority: Nevada Constitution, Article 4, Section 38. Use of plant genus Cannabis for medical purposes and NRS 453A, Medical Use of Marijuana.

| Type | Provisional Certificates Issued | Establishment Applications Received |
|--------------|---------------------------------|-------------------------------------|
| Cultivation | 182 | 183 |
| Dispensary | 55 | 199 |
| Laboratory | 17 | 18 |
| Production | 118 | 119 |
| Total | 372 | 519 |

| Provisional Certificates Issued by County and Type | | | | | | |
|--|----------------------|-----------|------------|-----------|----------|-----------|
| Type | Establishment County | | | | | |
| | Carson City | Churchill | Clark | Nye | Storey | Washoe |
| Cultivation | 7 | 0 | 127 | 12 | 1 | 35 |
| Dispensary | 2 | 1 | 40 | 1 | 1 | 10 |
| Laboratory | 0 | 0 | 15 | 0 | 0 | 2 |
| Production | 4 | 0 | 85 | 6 | 1 | 22 |
| Total | 13 | 1 | 267 | 19 | 3 | 69 |



Comments: Each establishment application required a \$5,000 non-refundable fee.

Website: <http://health.nv.gov/medicalmarijuana.htm>

Nevada Department of Health and Human Services, DPBH

6.18 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).

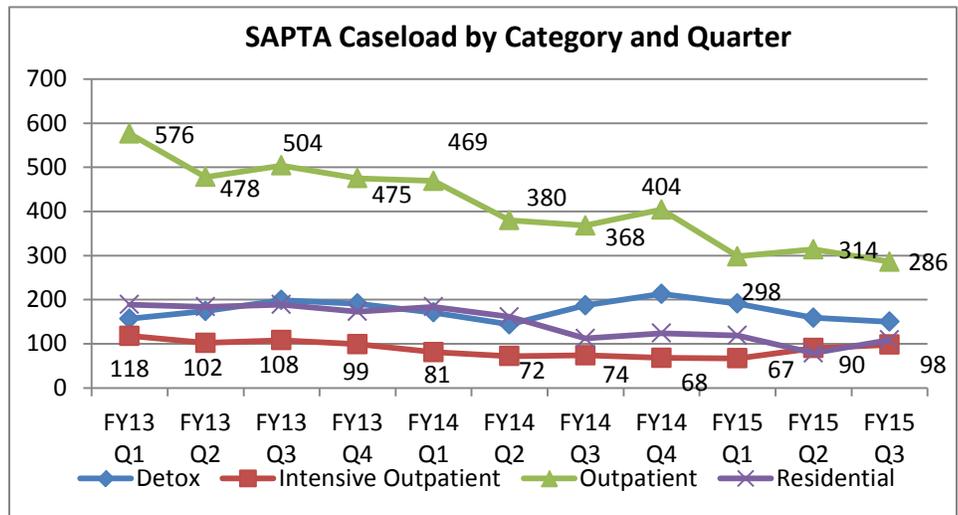
Treatment History:

| | FY09 | FY10 | FY11 | FY12 | FY13 | FY14 | FY15 Q3* |
|--------------------|--------------|--------------|--------------|--------------|--------------|--------------|-------------|
| Admissions | 12,420 | 11,131 | 11,190 | 11,503 | 11,907 | 9,716 | 4,059 |
| Total Expenditures | \$17,410,000 | \$16,222,000 | \$17,282,217 | \$16,948,678 | \$15,237,284 | \$12,806,806 | \$7,342,026 |

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.

Total Duplicated Admissions

| FYTD | Admissions |
|--------------------|--------------|
| Jul 14 | 748 |
| Aug | 688 |
| Sep | 673 |
| Oct | 499 |
| Nov | 429 |
| Dec | 694 |
| Jan 15 | 675 |
| Feb | 642 |
| Mar | 643 |
| Apr | |
| May | |
| Jun | |
| FY 15 Total | 5,991 |
| FY 15 Avg | 666 |



Comments: Detoxification admissions peaked in SFY 2009 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 declined. Outpatient admissions peaked in Q1 SFY13 due to Nevada Treatment Center closing and discharging clients into Adelson Clinic. Also, new business practices involving Co - occurring disorders and encounter based reimbursement inflated admissions in Q1 SFY13. A large drop in admissions occurred in Q2 SFY14 due to budget cuts and programmatic changes. In recent months the numbers of clients admitted to SAPTA programs is declining as providers slowly transition to Medicaid as a payer source. Additionally, at least one large service provider is still backlogged in data input.

Website: http://mhds.nv.gov/index.php?option=com_contentandview=articleandid=61andItemid=73

Nevada Department of Health and Human Services, DPBH

6.19 Health Care Quality and Compliance

Program: The mission of the Bureau of Health Care Quality and Compliance (HCQC) is to protect the safety and welfare of the public through regulation, licensing, enforcement and education. The Bureau accomplishes its mission by evaluating the quality of health care provided to residents/patients of medical facilities, medical laboratories and facilities for the dependent, issuing licenses to certain allied health professionals, such as medical laboratory personnel, dietitians and music therapists and conducting kitchen and pool inspections in health facilities. This is accomplished through on-site inspections of facilities and complaint investigations. The Bureau disseminates regulatory information and provides education, for the public, other governmental entities and providers as well as partnering with industry groups.

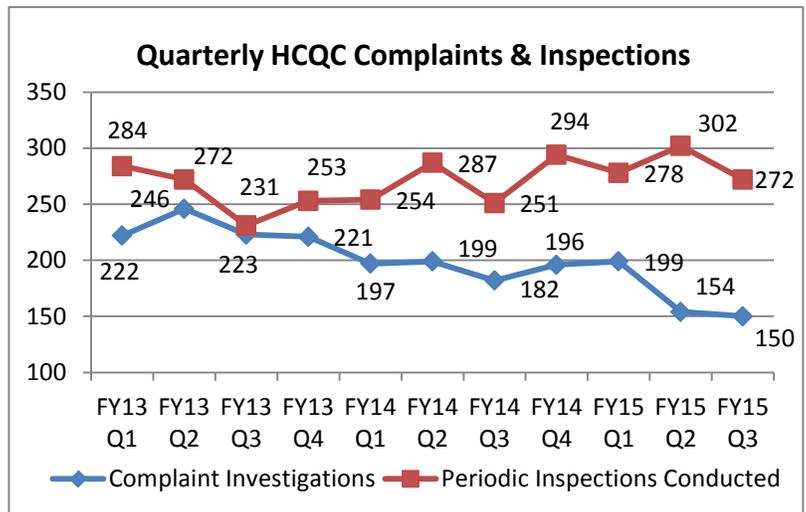
Authority: NRS Chapter 449, NRS Chapter 652, NRS Chapter 640D and NRS Chapter 640E addresses licensing, certification, permits, complaint investigations and periodic inspection criteria for Health Facilities (449), Medical Laboratories and Personnel (652), Music Therapists (640D) and Dietitians (640E).

Other: The Bureau of Health Care Quality and Compliance has two offices, one in Carson City and one in Las Vegas and services the entire state including rural areas. The main workload for the Bureau is processing of applications, complaint investigations and periodic inspections.

Treatment History:

| Fiscal Year | Health Facility Applications Received | Allied Health Personnel Applications Received | Complaints & Entity Self-Reported Incidents Received |
|-------------|---------------------------------------|---|--|
| FY 13 | 2,499 | 7,240 | 3,353 |
| FY 14 | 2,594 | 6,340 | 3,080 |
| FY 15 YTD | 2,186 | 5,487 | 2,269 |

| FYTD | Complaint Investigations | Periodic Inspections Conducted |
|--------------------|--------------------------|--------------------------------|
| Jul 14 | 74 | 99 |
| Aug | 58 | 72 |
| Sep | 67 | 107 |
| Oct | 58 | 117 |
| Nov | 46 | 88 |
| Dec | 50 | 97 |
| Jan 15 | 49 | 100 |
| Feb | 48 | 65 |
| Mar | 53 | 107 |
| Apr | | |
| May | | |
| Jun | | |
| Jul | | |
| FY 15 Total | 503 | 852 |
| FY 15 Avg | 56 | 95 |



Analysis of

Trends:

Although the number and types of periodic inspections may fluctuate from month to month, the frequency of inspections has remained relatively constant. While it appears that complaint investigations are trending down, this does not necessarily mean that complaints on the whole are decreasing; rather, due to numerous inspector/investigator vacancies, the agency has a backlog of lower priority complaints that have not yet been investigated. Complaint investigations undergo a triage process which includes setting the priority of the investigation based on the allegations. As a result, some lower priority complaints will be investigated during the next scheduled periodic inspection.

Nevada Department of Health and Human Services, DPBH

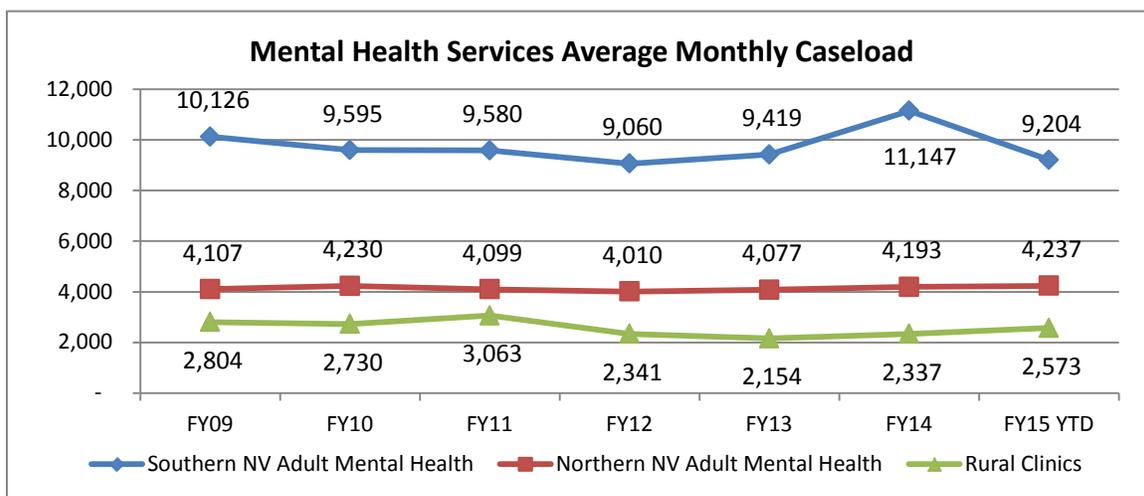
6.20 Mental Health Services

Program: Key Mental Health Services programs includes: Inpatient psychiatric hospital services (in urban areas served by SNAMHS & NNAMHS only); Outpatient Counseling; Service Coordination; Medication Clinic; Psychosocial Rehabilitation; Residential Programs; Psychiatric Emergency Services (urban areas); Mental Health Court counseling and treatment services; Senior Outreach; Mobile Crisis (urban areas); Programs for Assertive Community Treatment (urban areas); Outpatient Co-Occurring disorders treatment; and Consumer-Directed Peer-Support Programs.

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 insurance and income.

FYTD:

| Month | State Total | Southern NV Adult Mental Health | Northern NV Adult Mental Health | Rural Clinics |
|-----------------|---------------|---------------------------------|---------------------------------|---------------|
| Jul 14 | 17,717 | 10,796 | 4,387 | 2,546 |
| Aug | 17,653 | 10,669 | 4,395 | 2,591 |
| Sep | 17,250 | 10,152 | 4,487 | 2,614 |
| Oct | 16,933 | 9,827 | 4,461 | 2,637 |
| Nov | 15,699 | 8,954 | 4,192 | 2,528 |
| Dec | 15,654 | 8,827 | 4,229 | 2,587 |
| Jan 15 | 14,949 | 8,411 | 3,958 | 2,563 |
| Feb | 14,382 | 7,792 | 4,030 | 2,541 |
| Mar | 13,975 | 7,409 | 3,995 | 2,546 |
| Apr | | | | |
| May | | | | |
| Jun | | | | |
| FY15 Avg | 16,024 | 9,204 | 4,237 | 2,573 |



Comments: Mental Health Services is undergoing changes and improvements in service delivery and data collection. Changes will result in frequent adjustments to this report until full implementation is completed.

Website: [Currently Under Construction](#)

Nevada Department of Health and Human Services, DPBH

6.21 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.

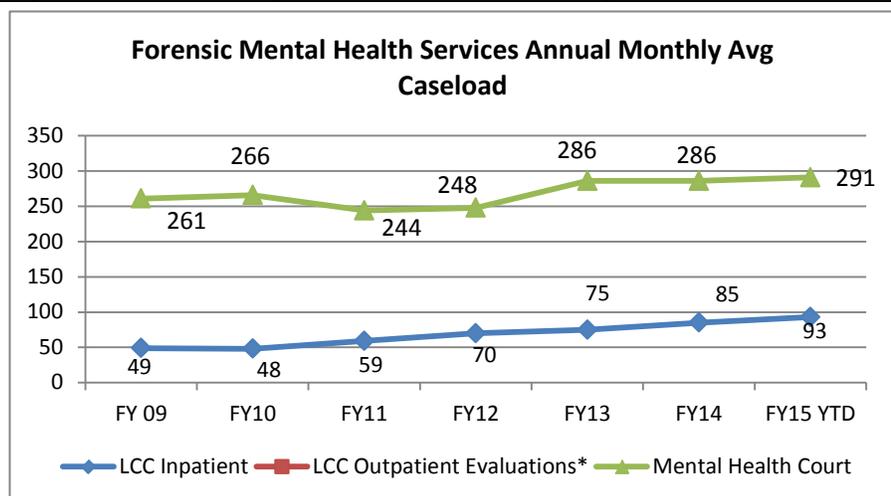
Mental Health Court is a collaboration between the Mental Health and Criminal Justice systems. This program provides opportunity for people with misdemeanor and minor felony criminal charges who would benefit from psychiatric treatment to be diverted from the standard criminal justice system if they participate in treatment. It is a service coordination model.

Eligibility: Clients are admitted to the inpatient program, Lakes Crossing Center, primarily by court order after a pre-commitment examiner has found them incompetent to stand trial and recommended treatment to competency. Occasionally a client without charges is administratively transferred to this program because they cannot be treated elsewhere.

Clients are admitted to Mental Health Court services by criminal justice courts.

Workload History:

| Month | Statewide Forensic Caseload | LCC In-Patient | LCC Out-Patient Evaluations* | Mental Health Court |
|----------|-----------------------------|----------------|------------------------------|---------------------|
| Jul 14 | 403 | 92 | | 311 |
| Aug | 413 | 100 | | 313 |
| Sep | 406 | 93 | | 313 |
| Oct | 410 | 98 | | 312 |
| Nov | 394 | 101 | | 293 |
| Dec | 392 | 97 | | 295 |
| Jan 15 | 392 | 101 | | 291 |
| Feb | 374 | 100 | | 274 |
| Mar | 371 | 101 | | 270 |
| Apr | | | | |
| May | | | | |
| Jun | | | | |
| FY15 Avg | 395 | 98 | | 297 |



*LCC Outpatient Evaluations data is under review.

Comments: The format for this report is new starting with this quarter as a test to incorporate all forensic clients from Lakes Crossing Center's inpatient assessment and treatment programs, and outpatient evaluations with outpatient Mental Health Court services provided through SNAMHS, NNAMHS, and Rural MHS.

Website: [Website Under Construction](#)

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Nevada Department of Health and Human Services, Public Defender

7.01 Public Defender

Program: Representation of indigent adults and juveniles charged with a criminal offense or delinquent acts in a participating county and Attorney General prosecuted criminal matters in those counties. The office also represents parents whose children have been removed from the home by DCFS.

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:

| Fiscal Year | Cases |
|-------------|-------|
| FY07 | 3,459 |
| FY08 | 3,259 |
| FY09 | 4,007 |
| FY10 | 3,081 |
| FY11 | 3,439 |
| FY12 | 3,187 |
| FY13 | 3,304 |
| FY14 | 2,839 |
| FY15 YTD* | 2,340 |

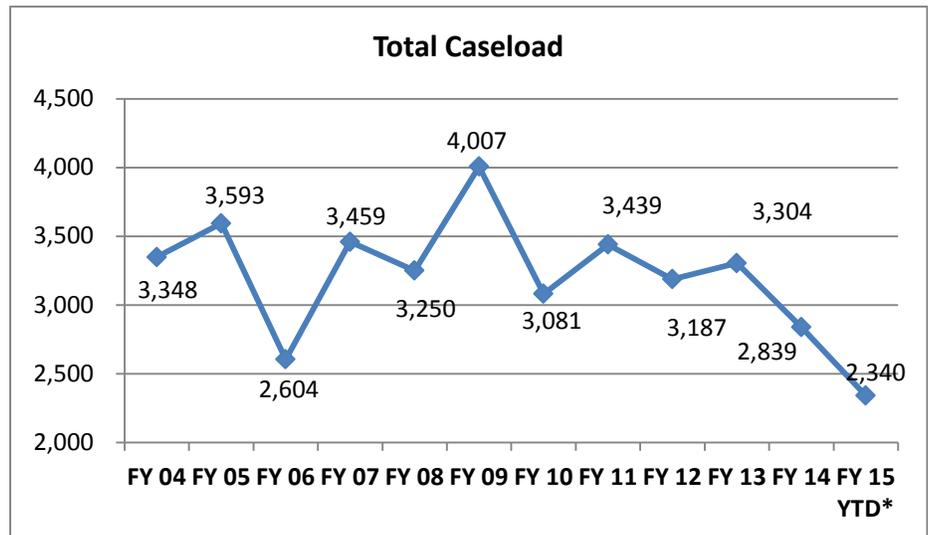
*FY15 YTD data is annualized

Caseload Fiscal FY15*:

| | |
|-------------|-------|
| Carson City | 1,833 |
| Eureka | 31 |
| Storey | 91 |
| White Pine | 380 |

Total FY 14 2,340

*FY15 data is annualized.



Comments: The case numbers are declining because the method which we used to count the number of cases to which we were appointed changed. We used to count all of the different crimes charged against one client as separate cases. Now, we only count the most serious charge against one client as one case, with the exception of domestic violence and driving under the influence which is always counted as separate cases.

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

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

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, 2014 estimated **population** is 2,839,099. (*U.S. Census Population Estimates*)
 - By Gender: Males 50.3 percent, Females 49.7 percent. (*U.S. Census, American Community Survey*)
 - By County: Clark 73 percent, Washoe 15 percent, Carson City 2 percent, and Balance-of-State 10 percent. (*Nevada State Demographer, Estimates by County*)
- Population growth** - From 2013 to 2014, Nevada's population grew 1.7%, which was the 2nd fastest behind North Dakota. From 2012 to 2013 it was the 5th fastest growing state. It had been among the top four fastest growing states for each year from 1984-2007. (*U.S. Census*)
- Age distribution** - Nevada's population distribution varies slightly compared to the U.S. average. (*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 | 6% | 17% | 9% | 14% | 14% | 14% | 12% | 8% | 5% |
| United States | 6% | 17% | 10% | 13% | 13% | 14% | 12% | 8% | 6% |

- Growth in **school enrollment** varies across Nevada's counties. Charter school enrollment had high growth again for the last school year. (*Nevada Department of Education*)

| Enrollment by School District | 2010-11 School Year | | 2011-12 School Year | | 2012-13 School Year | | 2013-14 School Year | | 2014-15 School Year | |
|-------------------------------|---------------------|-----------|---------------------|-----------|---------------------|-----------|---------------------|-----------|---------------------|-----------|
| | # of students | % change |
| Carson City | 7,791 | -1% | 7,888 | 1% | 7,628 | -3% | 7,525 | -1% | 7,586 | 1% |
| Churchill | 4,169 | -1% | 4,048 | -3% | 3,740 | -8% | 3,675 | -2% | 3,488 | -5% |
| Clark | 314,023 | 0% | 306,300 | -2% | 311,238 | 2% | 314,643 | 1% | 318,040 | 1% |
| Douglas | 6,342 | -3% | 6,292 | -1% | 6,124 | -3% | 6,121 | 0% | 6,054 | -1% |
| Elko | 9,556 | 1% | 9,744 | 2% | 9,926 | 2% | 9,945 | 0% | 9,859 | -1% |
| Esmeralda | 66 | -4% | 67 | 2% | 67 | 0% | 78 | 16% | 74 | -5% |
| Eureka | 239 | -8% | 255 | 7% | 271 | 6% | 246 | -9% | 247 | 0% |
| Humboldt | 3,379 | -1% | 3,434 | 2% | 3,501 | 2% | 3,517 | 0% | 3,473 | -1% |
| Lander | 1,118 | -2% | 1,111 | -1% | 1,094 | -2% | 1,121 | 2% | 1,049 | -6% |
| Lincoln | 972 | -3% | 994 | 2% | 977 | -2% | 973 | 0% | 996 | 2% |
| Lyon | 8,500 | -3% | 8,458 | 0% | 8,076 | -5% | 8,104 | 0% | 8,082 | 0% |
| Mineral | 517 | -9% | 550 | 6% | 499 | -9% | 459 | -8% | 475 | 3% |
| Nye | 5,932 | -4% | 5,678 | -4% | 5,384 | -5% | 5,214 | -3% | 5,167 | -1% |
| Pershing | 679 | -6% | 690 | 2% | 708 | 3% | 710 | 0% | 692 | -3% |
| Storey | 426 | -5% | 422 | -1% | 415 | -2% | 398 | -4% | 401 | 1% |
| Washoe | 64,755 | 0% | 66,721 | 3% | 62,424 | -6% | 62,986 | 1% | 63,108 | 0% |
| White Pine | 1,425 | -1% | 1,474 | 3% | 1,420 | -4% | 1,334 | -6% | 1,250 | -6% |
| Charter Schools | 7,555 | 26% | 16,176 | 114% | 22,245 | 38% | 24,756 | 11% | 29,111 | 18% |
| Total | 437,444 | 0% | 440,302 | 1% | 445,737 | 1% | 451,805 | 1% | 459,152 | 2% |

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

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

| Population by Race | White, not Hispanic Origin | Hispanic or Latino | African American | Asian or Pacific Islander | Native American | Other/Mixed |
|--------------------|----------------------------|--------------------|------------------|---------------------------|-----------------|-------------|
| Nevada | 52% | 28% | 8% | 8% | 1% | 3% |
| United States | 63% | 17% | 12% | 5% | 1% | 2% |

- Nevada's **minority population** as a share of total population exceeds the U.S. average. (*U.S. Census, American Community Survey*)

| Minority Population | | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 |
|---------------------|---|------|------|------|------|------|------|------|------|------|------|------|
| Nevada | % | 37% | 39% | 40% | 41% | 42% | 43% | 44% | 46% | 47% | 47% | 48% |
| United States | % | 32% | 33% | 33% | 34% | 34% | 34% | 35% | 36% | 37% | 37% | 38% |

Economy

- In 2014, Nevada's **personal income per capita** was \$40,077 ranking 37th among states (also 37th in 2013). The per capita income for the U.S. as a whole was \$46,129. The U.S. average is 15 percent higher than Nevada (14 percent in 2013). From 2003 thru 2007 Nevada's **personal income per capita** exceeded the U.S. average due to our outsized housing boom. (*U.S. Bureau of Economic Analysis*)
- 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 in January 2015 is 23th. Nevada is now the 4th highest in foreclosure rate after leading the nation for many years. Nevada ranked 5th in the largest drop in unemployment rate among all 50 states. Even though Nevada ranked high in the **unemployment rate change**, Nevada still had the highest **unemployment rate level** in the country in 2014. Nevada ranked 1st in change in food stamp participation. (*Kaiser Family Foundation, State Health Facts*)
- In October 2014, Nevada's **foreclosure rate** was 1 of every 586 homes is currently under foreclosure. This is 46th in the nation. Florida was the worst state with 1 of every 446 homes in foreclosure. The U.S. average was 1 of every 1,082 homes. Nevada has consistently ranked near the bottom since the housing crisis began. (*RealtyTrac*)
- Nevada's **unemployment rate** is currently the fifth highest in the nation. (*U.S. Bureau of Labor Statistics*)

| Unemployment Rate | | Oct-14 | Nov-14 | Dec-14 | Jan-15 | Feb-15 | Mar-15 | 6 Month Average |
|-------------------|------|--------|--------|--------|--------|--------|--------|-----------------|
| Nevada | % | 7.2% | 7.1% | 7.0% | 7.1% | 7.1% | 7.1% | 7.1% |
| | Rank | 48 | 47 | 47 | 49 | 50 | 50 | 50 |
| United States | % | 5.7% | 5.8% | 5.6% | 5.7% | 5.5% | 5.5% | 5.6% |

- Nevada's **average annual unemployment rate** has continued to decrease, but has remained significantly above the national rate. (*U.S. Bureau of Labor Statistics*)

| Unemployment Rate | | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 |
|-------------------|------|------|------|------|------|-------|-------|-------|-------|------|------|
| Nevada | % | 4.5% | 4.3% | 4.7% | 6.7% | 11.7% | 14.0% | 13.5% | 11.2% | 9.5% | 7.8% |
| | Rank | 18 | 23 | 35 | 45 | 48 | 50 | 50 | 50 | 50 | 50 |
| United States | % | 5.1% | 4.6% | 4.6% | 5.8% | 9.3% | 9.6% | 8.9% | 8.1% | 7.4% | 6.2% |

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

- Nevada's **Labor Force Participation Rate (LFPR)** has fallen since the recession began. The national LFPR has also fallen. (*U.S. Bureau of Labor Statistics*)

| Labor Force Participation Rate | | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | |
|--------------------------------|------|------|------|------|------|------|------|------|------|------|------|---|
| Nevada | % | 67.3 | 68.2 | 68.6 | 69.0 | 67.5 | 65.9 | 65.5 | 64.6 | 63.8 | 63.1 | |
| | Rank | 22 | 18 | 16 | 15 | 18 | 23 | 22 | 23 | 25 | 27 | ▼ |
| United States | % | 66.0 | 66.2 | 66.0 | 66.0 | 65.4 | 64.7 | 64.1 | 63.7 | 63.3 | 62.9 | |

Poverty

- The 2015 US Department of Health and Human Services **poverty guideline** for one person at 100 percent of poverty is \$11,770 per year, and \$24,250 for a family of four. (*Federal Register, 80 FR 3236, January 22, 2015*)

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

| Total Poverty (100%) | | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | |
|----------------------|------|------|------|------|------|------|------|------|------|------|------|---|
| Nevada | % | 13% | 11% | 10% | 11% | 11% | 12% | 15% | 16% | 16% | 16% | |
| | Rank | 29 | 16 | 10 | 14 | 15 | 20 | 27 | 28 | 32 | 27 | ▲ |
| United States | % | 13% | 13% | 13% | 13% | 13% | 15% | 15% | 16% | 16% | 16% | |

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

| Under Age 18 in Poverty (100%) | | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | |
|--------------------------------|------|------|------|------|------|------|------|------|------|------|------|---|
| Nevada | % | 19% | 15% | 14% | 15% | 15% | 15% | 22% | 22% | 24% | 23% | |
| | Rank | 30 | 18 | 14 | 17 | 15 | 19 | 32 | 29 | 34 | 31 | ▲ |
| United States | % | 18% | 19% | 18% | 18% | 18% | 19% | 22% | 22% | 23% | 22% | |

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

| Female-Headed Households with Children Under 18, No Husband, in Poverty (100%) | | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | |
|--|------|------|------|------|------|------|------|------|------|------|------|---|
| Nevada | % | 45% | 32% | 35% | 34% | 35% | 44% | 35% | 32% | 36% | 36% | |
| | Rank | 28 | 2 | 7 | 7 | 7 | 14 | 11 | 7 | 14 | 12 | ▲ |
| United States | % | 44% | 44% | 44% | 44% | 43% | 46% | 40% | 41% | 42% | 41% | |

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

| Age 65+ in Poverty (100%) | | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | |
|---------------------------|------|------|------|------|------|------|------|------|------|------|------|---|
| Nevada | % | 6% | 9% | 7% | 8% | 8% | 7% | 8% | 9% | 8% | 9% | |
| | Rank | 4 | 23 | 6 | 7 | 10 | 9 | 16 | 31 | 22 | 24 | ▼ |
| United States | % | 9% | 10% | 10% | 10% | 10% | 10% | 9% | 9% | 10% | 10% | |

- Poverty and gender** - A higher percentage of older women are impoverished than older men. (*U.S. Census, American Community Survey*)

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

| Age 65+ in Poverty (100%) | | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 |
|---------------------------|-----------|------|------|------|------|------|------|------|------|------|------|
| Nevada | Females % | 8% | 10% | 8% | 9% | 8% | 9% | 7% | 11% | 9% | 10% |
| | Males % | 5% | 7% | 6% | 6% | 7% | 6% | 6% | 7% | 7% | 7% |
| United States | Females % | 11% | 12% | 12% | 12% | 12% | 12% | 9% | 11% | 11% | 11% |
| | Males % | 7% | 7% | 7% | 7% | 7% | 7% | 6% | 7% | 7% | 7% |

- 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 rose significantly in 2011, but has been steady since. (*Kids Count*)

| Working Poor Families with Children | | 2004 | 2005 | 2006 | 2007 | 2008* | 2009 | 2010 | 2011 | 2012 | 2013 |
|-------------------------------------|------|------|------|------|------|-------|------|------|------|------|------|
| Nevada | % | 20% | 21% | 18% | 17% | 20% | 21% | 21% | 26% | 26% | 24% |
| | Rank | 26 | 33 | 24 | 17 | 23 | 32 | 26 | 45 | 45 | 32 |
| United States | % | 19% | 19% | 18% | 18% | 20% | 20% | 21% | 22% | 22% | 22% |

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

Children

- In 2013, Nevada had 661,647 **children under 18**, and 286,895 **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 stayed steady in recent years. (*U.S. Census, American Community Survey*)

| Population Under Age 18 | | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 |
|-------------------------|------|------|------|------|------|------|------|------|------|------|------|
| Nevada | % | 26% | 25% | 25% | 26% | 26% | 26% | 25% | 24% | 24% | 24% |
| | Rank | 12 | 13 | 13 | 10 | 10 | 7 | 16 | 16 | 16 | 18 |
| United States | % | 25% | 25% | 25% | 25% | 25% | 24% | 24% | 24% | 24% | 23% |

- 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 | | 2004 | 2005 | 2006 | 2007 | 2008* | 2009 | 2010 | 2011 | 2012 | 2013 |
|---|------|------|------|------|------|-------|------|------|------|------|------|
| Nevada | % | 36% | 31% | 30% | 32% | 26% | 34% | 36% | 34% | 34% | 34% |
| | Rank | 36 | 16 | 14 | 20 | 17 | 42 | 41 | 34 | 37 | 38 |
| United States | % | 33% | 34% | 33% | 33% | 27% | 31% | 33% | 32% | 31% | 31% |

* There was a change in data collection methodology significant enough to constitute 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 percent of the federal poverty level) has increased significantly since the Great Recession began. (*Kids Count*)

| Children in Poverty (200%) | | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 |
|----------------------------|------|------|------|------|------|------|------|------|------|------|------|
| Nevada | % | 45% | 39% | 38% | 37% | 39% | 42% | 46% | 50% | 51% | 49% |
| | Rank | 36 | 28 | 23 | 22 | 26 | 26 | 32 | 41 | 41 | 35 |
| United States | % | 40% | 40% | 40% | 39% | 40% | 42% | 42% | 45% | 45% | 45% |

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

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

| Children in Single Parent Families | | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | |
|------------------------------------|------|------|------|------|------|------|------|------|------|------|------|---|
| Nevada | % | 31% | 32% | 34% | 33% | 33% | 35% | 36% | 36% | 39% | 37% | |
| | Rank | 29 | 31 | 36 | 31 | 29 | 34 | 35 | 31 | 42 | 35 | ▲ |
| United States | | % | 31% | 32% | 32% | 32% | 34% | 34% | 35% | 35% | 35% | |

- In 2013, 5.4 percent of Nevadans ages 5 to 17 had some **disability**, which is the same as the nationwide average of 5.4 percent. (*U.S. Census, American Community Survey*)
- The prevalence of different **types of disability** among Nevada's children is lower than the national average in Mental and Self-Care and higher in Vision or Hearing. (*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 | 21 | 6 | 35 | 6 | |
| | Rank | 44 | 18 | 10 | 1 | |
| United States | | # per 1,000 | 15 | 6 | 41 | 9 |

Child Welfare

- Fewer of Nevada's children suffer from **maltreatment** than the average across the U.S. (*U.S. Dept. of Health and Human Services, Administration for Children and Families, American Community Survey*)

| Total Child Maltreatment | | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | | |
|--------------------------|-------------|-------------|----------|-------|-------|-------|----------|----------|-------|-----|--|
| Nevada | Total | 5,345 | 5,417 | 4,877 | 4,708 | 4,947 | 5,355 | 5,724 | 5,659 | | |
| | Rank | 18 of 49 | 17 of 49 | 16 | 15 | 18 | 21 of 49 | 22 of 49 | 31 | ▼ | |
| | # Per 1,000 | 8.3 | 8.1 | 7.2 | 6.9 | 7.4 | 8.1 | 8.6 | 8.6 | | |
| United States | | # Per 1,000 | 11.3 | 10.3 | 10.1 | 10.0 | 10.0 | 9.1 | 9.2 | 9.2 | |

- Child maltreatment fatalities** in Nevada have started to decrease. (*U.S. Dept. of Health and Human Services, Administration for Children and Families*)

| Child Maltreatment Fatalities | | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | |
|-------------------------------|---------------|---------------|------|------|------|------|------|------|------|------|------|-----|
| Nevada | # per 100,000 | 0.3 | 2.8 | 2.2 | 3.2 | 2.6 | 4.3 | 2.2 | 2.9 | 2.7 | 1.7 | |
| | Rank | 4 | 42 | 34 | 39 | 35 | 47 | 33 | 41 | 37 | 24 | ▲ |
| States Reporting | | 48 | 50 | 48 | 49 | 49 | 47 | 50 | 49 | 47 | 48 | |
| United States | | # per 100,000 | 2.0 | 2.0 | 2.0 | 2.3 | 2.3 | 2.3 | 2.1 | 2.1 | 2.2 | 2.0 |

- Response Time in Hours** (the time between the receipt of a call alleging maltreatment and face-to-face contact with victim, or with another person who can provide information on the allegation). Nevada has consistently been much lower than the national average. (*U.S. Dept. of Health and Human Services, Administration for Children and Families*)

| Response Time in Hours | | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | |
|------------------------|-------|-------|------|------|------|------|------|------|------|----|
| Nevada | Hours | 42 | 33 | 26 | 15 | 13 | 13 | 15 | 12 | |
| | Rank | 9 | 7 | 7 | 4 | 4 | 2 | 2 | 2 | = |
| States Reporting | | 34 | 30 | 35 | 38 | 36 | 33 | 34 | 37 | |
| United States | | Hours | 84 | 80 | 79 | 69 | 78 | 71 | 69 | 65 |

- Of the children who received post-investigation services, the **average number of days to initiation of services** has improved for Nevada and is close to the national average. (*U.S. Dept. of Health and Human Services, Administration for Children and Families*)

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| Average Number of Days to Initiation of Services | | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | |
|--|------|------|------|------|------|------|------|------|------|------|---|
| Nevada | Days | 58 | 61 | 63 | 60 | 57 | 46 | 46 | 45 | 45 | |
| | Rank | 25 | 32 | 34 | 32 | 33 | 28 | 20 | 26 | 31 | ▼ |
| States Reporting | | 38 | 41 | 40 | 42 | 43 | 44 | 38 | 44 | 44 | |
| United States | Days | 46 | 43 | 40 | 41 | 40 | 41 | 48 | 47 | 41 | |

- The **median** length of stay for children in **foster care** in Nevada has improved over the last two years. (*U.S. Dept. of Health and Human Services, Administration for Children and Families*)

| Foster Care Length of Stay in Months | | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | |
|--------------------------------------|--------|-------|-------|-------|-------|-------|-------|-------|-------|---|
| Nevada | Number | 4,612 | 5,008 | 5,021 | 4,794 | 4,820 | 4,654 | 4,765 | 4,649 | |
| | Months | 12.9 | 13.3 | 14.8 | 15.8 | 14.8 | 13.9 | 12.1 | 11.9 | |
| | Rank | 20 | 19 | 24 | 34 | 30 | 31 | 20 | 18 | ▲ |
| United States | Months | 15.5 | 15.5 | 15.8 | 15.4 | 14.0 | 13.5 | 14.0 | 13.5 | |

- Adoption** - In 2013 in Nevada, 721 children were adopted through public welfare agencies. 1,956 awaited adoption on September 30th. The ratio of adoptions to children waiting for adoptions declined slightly in 2013 compared to 2012 for Nevada. (*U.S. Dept. of Health and Human Services, Administration for Children and Families*)

| Agency Adoptions | | FFY04 | FFY05 | FFY06 | FFY07 | FFY08 | FFY09 | FFY10 | FFY11 | FFY12 | FFY13 | |
|------------------|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|---|
| Nevada | # Adoptions | 287 | 380 | 446 | 466 | 475 | 525 | 644 | 821 | 766 | 721 | |
| | # Waiting | 1,573 | 1,701 | 1,786 | 1,936 | 2,200 | 2,098 | 2,094 | 1,970 | 1,880 | 1,956 | |
| | Ratio | 18% | 22% | 25% | 24% | 22% | 25% | 31% | 42% | 41% | 37% | |
| | Rank | 50 | 49 | 46 | 49 | 50 | 50 | 48 | 38 | 40 | 44 | ▼ |
| United States | Ratio | 39% | 39% | 37% | 39% | 44% | 50% | 49% | 48% | 51% | 50% | |

- For Nevada children the **median length of stay** in care (in months) of all children discharged from foster care to a finalized adoption during the year has improved significantly. The length of stay is from the date of latest removal from the home to the date of discharge to adoption. (*U.S. Dept. of Health and Human Services, Administration for Children and Families*)

| Median Number of Months Until Adoption | | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | |
|--|--------|------|------|------|------|------|------|------|------|---|
| Nevada | Months | 34 | 34 | 37 | 36 | 36 | 35 | 31 | 29 | |
| | Rank | 39 | 39 | 46 | 46 | 44 | 46 | 37 | 31 | ▲ |
| United States | Months | 31 | 31 | 31 | 30 | 31 | 30 | 29 | 29 | |

Seniors

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

| Population Age 65+ | | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | |
|--------------------|------|------|------|------|------|------|------|------|------|------|------|---|
| Nevada | % | 11% | 11% | 11% | 11% | 11% | 12% | 12% | 12% | 13% | 14% | |
| | Rank | 43 | 40 | 44 | 44 | 44 | 44 | 44 | 44 | 40 | 38 | ▲ |
| United States | % | 12% | 12% | 12% | 12% | 12% | 13% | 13% | 13% | 14% | 14% | |

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

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| Age 65+ in Poverty | | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | |
|--------------------|------|------|------|------|------|------|------|------|------|------|---|
| Nevada | % | 9% | 7% | 7% | 9% | 8% | 8% | 9% | 9% | 9% | |
| | Rank | 23 | 6 | 6 | 21 | 9 | 16 | 18 | 22 | 24 | ▼ |
| United States | % | 10% | 10% | 9% | 10% | 9% | 9% | 9% | 10% | 10% | |

- In 2013, approximately 36 percent of Nevadans aged 65+ have some **disability**, the same as nationwide. (*U.S. Census, American Community Survey*)
 - The prevalence of different **types of disability** among Nevada's seniors is close to the national average for most of the primary disabilities. (*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 | 224 | 227 | 86 | 70 | 132 |
| | Rank | 22 | 28 | 23 | 11 | 14 |
| United States | # per 1,000 | 220 | 233 | 92 | 85 | 154 |

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

| Nursing Facility Residents | | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | |
|----------------------------|---|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|---|
| Nevada | Residents | 4,294 | 4,399 | 4,664 | 4,724 | 4,724 | 4,699 | 4,735 | 4,717 | 4,625 | 4,749 | |
| | Residents per 1,000 population aged 85+ | 179 | 171 | 168 | 158 | 146 | 145 | 160 | 133 | 137 | 122 | |
| | Rank | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 5 | 5 | 5 | = |
| United States | Residents per 1,000 population aged 85+ | 297 | 282 | 271 | 259 | 251 | 249 | 251 | 244 | 237 | 228 | |

Disability

- In 2013, Nevada's non-institutionalized population was **disabled** at a very similar rate to 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 | % | 5% | 6% | 14% | 36% |
| | Rank | 24 | 22 | 32 | 28 |
| United States | % | 5% | 6% | 13% | 36% |

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

| Disabled Population | | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | |
|---------------------|-------------|------|------|------|------|------|------|---|
| Nevada | # per 1,000 | 100 | 101 | 106 | 113 | 130 | 130 | |
| | Rank | 5 | 8 | 11 | 16 | 27 | 26 | ▲ |
| United States | # per 1,000 | 121 | 120 | 119 | 121 | 126 | 126 | |

- Nevada's **spending on developmental services** in 2013 fell below the national average. (*State of the States in Developmental Disabilities, 2013*)

| Developmental Services Spending per \$1,000 of Personal Income | Community/Family Services | Institutional Services | Total |
|--|---------------------------|------------------------|--------|
| Nevada | \$1.40 | \$0.12 | \$1.52 |
| United States | \$3.81 | \$0.59 | \$4.40 |

- For 2013, **family support spending per participant** in Nevada was \$2,432. The national average was \$8,835. (*State of the States in Developmental Disabilities, 2013*)

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

| Employed Disabled | | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | |
|-------------------|------|------|------|------|------|------|------|------|------|------|------|---|
| Nevada | % | 34% | 40% | 40% | 40% | 43% | 40% | 38% | 36% | 36% | 39% | |
| | Rank | 34 | 23 | 21 | 20 | 19 | 17 | 18 | 18 | 21 | 16 | ▲ |
| United States | | 36% | 38% | 37% | 36% | 39% | 35% | 33% | 33% | 33% | 34% | |

Health

- Nevada's **overall ranking** from the Annie E. Casey Foundation's 10 infant, children and teen indicators stayed at 48th in 2014. (*Kids Count*)

| Kids Count Overall Rank | | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | |
|-------------------------|------|------|------|------|------|------|------|------|------|------|------|---|
| Nevada | Rank | 32 | 36 | 33 | 36 | 39 | 36 | 40 | 48 | 48 | 48 | = |

- 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 | | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | |
|-------------------------|------|------|------|------|------|------|------|------|------|------|------|---|
| Nevada | % | 8% | 8% | 8% | 8% | 8% | 8% | 8% | 8% | 8% | 8% | |
| | Rank | 26 | 22 | 27 | 25 | 25 | 22 | 23 | 23 | 29 | 24 | ▲ |
| United States | % | 8% | 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 slightly below the national average. (*United Health Foundation, America's Health Rankings*)

| Infant Mortality | | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | |
|------------------|-------------|------|------|------|------|------|------|------|------|------|------|---|
| Nevada | # per 1,000 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 5 | |
| | Rank | 17 | 17 | 17 | 17 | 16 | 19 | 12 | 15 | 18 | 18 | = |
| United States | # per 1,000 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 6 | 6 | |

- Nevada's **child and teen death rate** (deaths of children aged 1 to 19 years, from all causes, per 100,000 children in this age range) generally runs a little higher than the national average. (*Kids Count*)

| Child & Teen Deaths | | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | |
|---------------------|---------------|------|------|------|------|------|------|------|---|
| Nevada | # per 100,000 | 37 | 38 | 34 | 29 | 29 | 27 | 31 | |
| | Rank | 32 | 35 | 31 | 25 | 29 | 23 | 36 | ▼ |
| United States | # per 100,000 | 32 | 31 | 31 | 29 | 27 | 26 | 26 | |

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

| Teen Birth Rate | | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | |
|-----------------|-------------|------|------|------|------|------|------|------|------|------|------|---|
| Nevada | # per 1,000 | 54 | 53 | 51 | 50 | 56 | 55 | 54 | 39 | 36 | 33 | |
| | Rank | 40 | 41 | 39 | 41 | 44 | 42 | 41 | 35 | 36 | 34 | ▲ |
| United States | # per 1,000 | 43 | 42 | 41 | 41 | 42 | 42 | 42 | 34 | 31 | 29 | |

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

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| Poor Health Status | | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | |
|--------------------|------|------|------|------|------|------|------|------|------|------|------|---|
| Nevada | % | 18% | 18% | 17% | 19% | 17% | 19% | 16% | 17% | 20% | 19% | |
| | Rank | 40 | 40 | 35 | 42 | 36 | 42 | 34 | 35 | 41 | 37 | ▲ |
| United States | % | 15% | 15% | 15% | 15% | 15% | 14% | 15% | 15% | 17% | 17% | |

- 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 2014, Nevadans reported suffering fewer poor physical health days in the previous 30 days than previously and less than the national rate. (*United Health Foundation, America’s Health Rankings*)

| Poor Physical Health Days | | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | |
|---------------------------|-----------|------|------|------|------|------|------|------|------|------|------|---|
| Nevada | # of Days | 3.5 | 3.7 | 3.7 | 3.7 | 3.5 | 3.6 | 3.8 | 3.9 | 4.2 | 3.6 | |
| | Rank | 25 | 35 | 38 | 36 | 28 | 30 | 36 | 25 | 34 | 15 | ▲ |
| United States | # of Days | 3.6 | 3.6 | 3.6 | 3.6 | 3.6 | 3.6 | 3.7 | 3.9 | 4.0 | 3.9 | |

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

| Daily Vegetables & Fruit | | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | |
|--------------------------|------|------|------|------|------|------|------|------|------|------|------|---|
| Nevada | % | 21% | 22% | 20% | 20% | 23% | 23% | 22% | 22% | 24% | 24% | |
| | Rank | 37 | 28 | 37 | 37 | 30 | 30 | 32 | 32 | 23 | 23 | = |
| United States | % | 24% | 23% | 23% | 23% | 23% | 23% | 24% | 24% | 23% | 23% | |

- The United Health Foundation has, as of 2012, separated Fruits and Vegetables. Nevada consumes approximately the same intake of **fruits and vegetables** as the national average. (*United Health Foundation, America’s Health Rankings*)

| Daily Vegetables | | 2012 | 2013 | 2014 | |
|------------------|-----------------|------|------|------|---|
| Nevada | # of Vegetables | 0.8 | 0.8 | 2.0 | |
| | Rank | 38 | 38 | 7 | ▲ |
| United States | # of Vegetables | 0.8 | 0.8 | 1.9 | |

| Daily Fruits | | 2012 | 2013 | 2014 | |
|---------------|-------------|------|------|------|---|
| Nevada | # of Fruits | 1.0 | 1.0 | 1.4 | |
| | Rank | 19 | 19 | 14 | ▲ |
| United States | # of Fruits | 1.0 | 1.0 | 1.4 | |

- The percent of adults that report participating in **physical activities** during the previous month is slightly higher for Nevada than the national average in 2014. (*United Health Foundation, America’s Health Rankings*)

| Physical Activity | | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | |
|-------------------|------|------|------|------|------|------|------|------|------|------|------|---|
| Nevada | % | 76% | 73% | 73% | 76% | 72% | 76% | 77% | 76% | 79% | 76% | |
| | Rank | 31 | 36 | 42 | 35 | 38 | 30 | 20 | 17 | 18 | 14 | ▲ |
| United States | % | 78% | 76% | 77% | 77% | 75% | 76% | 76% | 74% | 77% | 75% | |

- The percentage of Nevada **adults who are current smokers** is the same as the average for the U.S. as a whole. (*Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System*)

| Adults Who Are Current Smokers | | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013* | 2014 | |
|--------------------------------|------|------|------|------|------|------|------|------|------|-------|------|---|
| Nevada | % | 23% | 22% | 22% | 22% | 22% | 21% | 23% | 23% | 18% | 19% | |
| | Rank | 39 | 36 | 35 | 42 | 41 | 42 | 35 | 34 | 27 | 27 | = |
| United States | % | 21% | 20% | 20% | 19% | 18% | 17% | 21% | 21% | 20% | 19% | |

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

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- 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 slightly lower than the national average. (*United Health Foundation, America's Health Rankings*)

| Binge Drinking | | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | |
|----------------|------|------|------|------|------|------|------|------|------|---|
| Nevada | % | 17% | 16% | 18% | 18% | 17% | 19% | 15% | 15% | |
| | Rank | NA | 32 | 41 | 42 | 38 | 28 | 13 | 17 | ▼ |
| United States | % | 15% | 16% | 16% | 16% | 16% | 18% | 17% | 17% | |

- In 2013, approximately eleven percent of Nevadans participated in **illicit drug use** compared to nine percent nationwide. (*SAMHSA, Substance Abuse and Mental Health Services Administration*)

| Illicit Drug Use in the Past Month | | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | |
|------------------------------------|------|------|------|------|------|------|------|------|------|------|------|---|
| Nevada | % | 9% | 8% | 8% | 9% | 9% | 10% | 10% | 10% | 11% | 11% | |
| | Rank | 37 | 32 | 32 | 35 | 41 | 41 | 36 | 38 | 42 | 36 | ▲ |
| United States | % | 8% | 8% | 8% | 8% | 8% | 8% | 9% | 9% | 9% | 9% | |

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

| Obesity | | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | |
|---------------|------|------|------|------|------|------|------|------|------|------|------|---|
| Nevada | % | 21% | 21% | 25% | 25% | 26% | 26% | 23% | 23% | 26% | 26% | |
| | Rank | 11 | 8 | 24 | 13 | 19 | 21 | 5 | 4 | 17 | 11 | ▼ |
| United States | % | 23% | 24% | 25% | 26% | 27% | 27% | 27% | 28% | 28% | 29% | |

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

| Infectious Disease Cases | | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | |
|--------------------------|---------------|------|------|------|------|------|------|------|------|------|------|---|
| Nevada | # per 100,000 | 6 | 6 | 5 | 5 | 6 | 8 | 8 | 6 | 5 | 6 | |
| | Rank | 16 | 18 | 14 | 7 | 11 | 15 | 21 | 14 | 4 | 8 | ▼ |
| United States | # per 100,000 | 9 | 9 | 9 | 11 | 13 | 12 | 9 | 9 | 10 | 12 | |

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

| Diabetes | | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | |
|---------------|------|------|------|------|------|------|------|------|------|------|------|---|
| Nevada | % | 6% | 7% | 8% | 8% | 9% | 8% | 9% | 10% | 9% | 10% | |
| | Rank | 15 | 21 | 26 | 25 | 30 | 16 | 22 | 37 | 15 | 22 | ▼ |
| United States | % | 7% | 7% | 8% | 8% | 8% | 8% | 9% | 9% | 10% | 10% | |

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

| High Blood Pressure | | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | |
|---------------------|------|------|------|------|------|------|------|------|------|------|------|---|
| Nevada | % | 24% | 24% | 24% | 24% | 27% | 27% | 28% | 28% | 31% | 31% | |
| | Rank | 16 | 16 | 15 | 15 | 24 | 24 | 17 | 17 | 24 | 24 | = |
| United States | % | 25% | 25% | 26% | 26% | 28% | 28% | 29% | 29% | 31% | 31% | |

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

| High Cholesterol | | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | |
|------------------|------|------|------|------|------|------|------|------|------|------|------|---|
| Nevada | % | 37% | 39% | 39% | 37% | 37% | 39% | 39% | 37% | 37% | 38% | |
| | Rank | 48 | 48 | 48 | 19 | 19 | 30 | 30 | 18 | 18 | 27 | ▼ |
| United States | % | 33% | 36% | 36% | 38% | 38% | 38% | 38% | 38% | 38% | 38% | |

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

| Stroke | | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | |
|---------------|------|------|------|------|------|------|------|------|------|------|---|
| Nevada | % | 3% | 3% | 2% | 2% | 2% | 3% | 3% | 3% | 3% | |
| | Rank | 35 | 30 | 17 | 7 | 23 | 36 | 33 | 30 | 29 | ▲ |
| United States | % | 3% | 3% | 3% | 3% | 2% | 3% | 3% | 3% | 3% | |

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

| Cardiac Heart Disease | | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | |
|-----------------------|------|------|------|------|------|------|------|------|------|------|---|
| Nevada | % | 4% | 5% | 4% | 4% | 4% | 4% | 4% | 4% | 3% | |
| | Rank | 17 | 38 | 28 | 22 | 25 | 19 | 24 | 24 | 10 | ▲ |
| United States | % | 4% | 5% | 4% | 4% | 4% | 4% | 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 the same as the national average. *(United Health Foundation, America's Health Rankings)*

| Heart Attack | | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | |
|---------------|------|------|------|------|------|------|------|------|------|------|---|
| Nevada | % | 5% | 5% | 4% | 4% | 5% | 5% | 5% | 5% | 4% | |
| | Rank | 39 | 37 | 25 | 31 | 42 | 38 | 38 | 28 | 26 | ▲ |
| United States | % | 4% | 4% | 4% | 4% | 4% | 4% | 4% | 4% | 4% | |

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

| Cardiovascular Deaths | | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | |
|-----------------------|---------------|------|------|------|------|------|------|------|------|------|------|---|
| Nevada | # per 100,000 | 329 | 328 | 323 | 320 | 313 | 299 | 284 | 273 | 272 | 272 | |
| | Rank | 30 | 33 | 35 | 38 | 39 | 37 | 36 | 33 | 35 | 36 | ▼ |
| United States | # per 100,000 | 327 | 319 | 309 | 298 | 288 | 278 | 270 | 265 | 259 | 251 | |

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

| Cancer Deaths | | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | |
|---------------|---------------|------|------|------|------|------|------|------|------|------|------|---|
| Nevada | # per 100,000 | 208 | 205 | 201 | 199 | 196 | 194 | 193 | 192 | 191 | 188 | |
| | Rank | 34 | 33 | 34 | 32 | 27 | 25 | 27 | 24 | 25 | 22 | ▲ |
| United States | # per 100,000 | 199 | 197 | 195 | 193 | 192 | 192 | 191 | 191 | 191 | 190 | |

Health Care

- Early prenatal care** (the percent of pregnant women who receive care during the first trimester) has improved for Nevada. In 2010 a change in definitions led to a break in the series. The series was discontinued in 2012. The United States average is not available for 2010 or 2011. *(United Health Foundation, America's Health Rankings)*

| Early Prenatal Care | | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | |
|---------------------|------|------|------|------|------|------|------|------|------|------|------|---|
| Nevada | % | 67% | 68% | 70% | 72% | 67% | 67% | 61% | 57% | 73% | 75% | |
| | Rank | 48 | 46 | 41 | 36 | 44 | 44 | 43 | 46 | 32 | 28 | ▲ |
| United States | % | 76% | 76% | 75% | 75% | 75% | 75% | 69% | 69% | NA | NA | |

- Immunization** Nevada vaccinates children ages 19-35 months at a rate lower than the national average. In 2012, varicella and PCV were added to DTP, poliovirus vaccine, any measles-containing vaccine, and HepB when determining whether children were completely vaccinated. This created a break in the series, making comparisons before and after 2012 inconsistent. *(United Health Foundation, America's Health Rankings)*

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| Immunization Coverage | | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012* | 2013 | 2014 | |
|-----------------------|------|------|------|------|------|------|------|------|-------|------|------|---|
| Nevada | % | 83% | 82% | 81% | 82% | 85% | 84% | 85% | 65% | 65% | 61% | |
| | Rank | 50 | 50 | 50 | 50 | 49 | 49 | 49 | 39 | 38 | 49 | ▼ |
| United States | % | 90% | 90% | 91% | 91% | 91% | 90% | 90% | 69% | 68% | 70% | |

* Break in series caused by additional vaccine requirements

- Nevada has the lowest number of adults aged 65+ who have had a **flu shot** within the past year. (*Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System*)

| Adults Aged 65+ Who Have Had a Flu Shot Within the Past Year | | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | |
|--|------|----------|------|------|------|------|------|------|------|------|------|---|
| Nevada | % | 59% | 53% | 58% | 62% | 57% | 64% | 59% | 54% | 50% | 52% | |
| | Rank | 49 of 49 | 50 | 50 | 50 | 50 | 49 | 50 | 49 | 50 | 50 | = |
| United States | % | 68% | 66% | 70% | 72% | 71% | 70% | 68% | 61% | 60% | 63% | |

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

| Cholesterol Check | | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | |
|-------------------|------|------|------|------|------|------|------|------|------|------|------|---|
| Nevada | % | 68% | 67% | 67% | 71% | 71% | 76% | 76% | 72% | 72% | 74% | |
| | Rank | 47 | 47 | 47 | 46 | 46 | 27 | 27 | 39 | 39 | 35 | ▲ |
| United States | % | 73% | 73% | 73% | 75% | 75% | 77% | 77% | 76% | 76% | 76% | |

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

| Women Aged 40+ Who Have Had a Mammogram within the Past 2 Years | | 2000 | 2002 | 2004 | 2006 | 2008 | 2010 | 2012 | |
|---|------|------|------|----------|------|------|------|------|---|
| Nevada | % | 74% | 73% | 69% | 71% | 68% | 67% | 67% | |
| | Rank | 38 | 39 | 38 of 49 | 43 | 47 | 48 | 42 | ▲ |
| United States | % | 76% | 76% | 75% | 77% | 76% | 76% | 74% | |

- In Nevada, the percent of **women aged 18+ who have had a Pap Smear test within the past three years** is lower than the national average. (*Centers for Disease Control and Prevention, 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 | 2012 | |
|--|------|------|------|----------|------|------|------|------|---|
| Nevada | % | 84% | 83% | 85% | 82% | 78% | 78% | 73% | |
| | Rank | 43 | 48 | 34 of 49 | 40 | 47 | 43 | 48 | ▼ |
| United States | % | 87% | 87% | 86% | 84% | 83% | 81% | 78% | |

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

| Colorectal Cancer Screening | | 2002 | 2004 | 2006 | 2008 | 2010 | 2012 | |
|-----------------------------|------|------|----------|------|------|------|------|---|
| Nevada | % | 45% | 47% | 55% | 56% | 62% | 61% | |
| | Rank | 36 | 45 of 49 | 38 | 45 | 39 | 49 | ▼ |
| United States | % | 49% | 54% | 57% | 62% | 65% | 67% | |

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- 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 | | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | |
|---------------------|------|------|------|------|------|------|------|------|------|------|------|---|
| Nevada | % | 65% | 65% | 66% | 66% | 64% | 64% | 67% | 67% | 61% | 61% | |
| | Rank | 44 | 44 | 39 | 39 | 44 | 44 | 36 | 36 | 40 | 40 | = |
| United States | % | 71% | 71% | 70% | 70% | 71% | 71% | 70% | 70% | 67% | 67% | |

- 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 | 2011 | 2012 | 2013 | 2014 | |
|-------------------------|---------------|------|------|------|------|------|------|------|------|------|------|---|
| Nevada | # per 100,000 | 84 | 85 | 86 | 85 | 87 | 86 | 86 | 84 | 85 | 85 | |
| | Rank | 46 | 46 | 46 | 46 | 46 | 46 | 46 | 47 | 47 | 47 | = |
| United States | # per 100,000 | 119 | 119 | 120 | 120 | 121 | 121 | 121 | 120 | 121 | 124 | |

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

| Preventable Hospitalizations | | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | |
|------------------------------|-------------|------|------|------|------|------|------|------|------|------|------|---|
| Nevada | # per 1,000 | 63 | 62 | 65 | 65 | 62 | 57 | 59 | 58 | 57 | 52 | |
| | Rank | 11 | 11 | 13 | 13 | 11 | 12 | 15 | 16 | 16 | 16 | = |
| United States | # per 1,000 | 80 | 77 | 78 | 78 | 71 | 71 | 68 | 67 | 65 | 63 | |

- 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. Dept. of Health and Human Services, Agency for Healthcare Research and Quality*)

| Deaths in Low Mortality DRGs | | 2005 | 2006 | 2007 | 2008 |
|------------------------------|--------------|------|------|------|------|
| Nevada | # per 10,000 | 5.6 | 4.4 | 4.3 | 5.1 |
| United States | # per 10,000 | 4.5 | 4.3 | 4.2 | 5.0 |

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

| Hospital Patients with Heart Failure Who Received Recommended Hospital Care | | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | |
|---|------|------|------|------|------|------|------|------|---|
| Nevada | % | 89% | 90% | 93% | 90% | 93% | 96% | 96% | |
| | Rank | 18 | 31 | 26 | 29 | 26 | 16 | 5 | ▲ |
| United States | % | 88% | 91% | 93% | 91% | 94% | 95% | 94% | |

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- Nevada has improved dramatically in the percent of hospital patients with **pneumonia** who received **recommended hospital care**. (*U.S. Dept. of Health and Human Services, Agency for Healthcare Research and Quality*)

| Hospital Patients with Pneumonia Who Received Recommended Hospital Care | | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | |
|---|------|------|------|------|------|------|------|------|---|
| Nevada | % | 65% | 72% | 79% | 72% | 79% | 87% | 93% | |
| | Rank | 50 | 50 | 49 | 50 | 48 | 45 | 17 | ▲ |
| United States | % | 74% | 81% | 84% | 81% | 86% | 90% | 93% | |

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

| Hospice Patients Who Received Care Consistent with Stated End-of-Life Wishes | | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | |
|--|------|----------|----------|----------|----------|----------|----------|------|---|
| Nevada | % | 91% | 92% | 93% | 94% | 92% | 95% | 93% | |
| | Rank | 44 of 45 | 45 of 46 | 38 of 46 | 25 of 46 | 43 of 45 | 17 of 48 | 49 | ▼ |
| United States | % | 95% | 95% | 94% | 95% | 95% | 95% | 95% | |

Health Insurance

- In 2013 in Nevada, 53 percent of private sector establishments **offered health insurance to employees** (rank=14th highest, down from 63 percent in 2008). The national average was 50 percent. (*Kaiser Family Foundation, State Health Facts*)
- In 2013 in Nevada, the average **health insurance premium** (employer and worker share combined) for an individual was lower than the national average. Nevada's workers also pay a lower share of the premium than is typical nationwide. For family coverage, Nevadans pay a lower worker premium and total premiums are lower. (*Kaiser Family Foundation, State Health Facts*)

| Annual Health Insurance Premiums | | Individual Coverage | | Family Coverage | |
|----------------------------------|------------------|---------------------|---------|-----------------|----------|
| | | Employee | Total | Employee | Total |
| Nevada | \$ | \$1,302 | \$5,168 | \$4,556 | \$14,682 |
| | Rank | 41 | 7 | 36 | 8 |
| | Share of Premium | 25% | | 31% | |
| | Rank | 46 | | 41 | |
| United States | \$ | \$1,170 | \$5,571 | \$4,421 | \$16,029 |
| | Share of Premium | 21% | | 28% | |

- A higher percentage of Nevadans are **uninsured** than average in the U.S. in 2013 (*U.S. Census, American Community Survey*)

| Uninsured Population | | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | |
|----------------------|------|------|------|------|------|------|------|------|------|------|------|---|
| Nevada | % | 18% | 17% | 20% | 17% | 19% | 20% | 23% | 22% | 22% | 21% | |
| | Rank | 46 | 39 | 44 | 40 | 44 | 47 | 49 | 49 | 49 | 49 | = |
| United States | % | 15% | 15% | 16% | 15% | 15% | 17% | 16% | 15% | 15% | 15% | |

- Nevada ranks near the bottom of all states with the highest percentage of **uninsured children** in 2013. (*U.S. Census, American Community Survey*)

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| Uninsured Population Age 0-17 | | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | |
|-------------------------------|------|------|------|------|------|------|------|------|------|------|------|---|
| Nevada | % | 16% | 14% | 19% | 14% | 19% | 17% | 17% | 16% | 18% | 15% | |
| | Rank | 48 | 46 | 47 | 47 | 50 | 49 | 50 | 50 | 48 | 50 | ▼ |
| United States | % | 11% | 11% | 12% | 11% | 10% | 10% | 8% | 7% | 12% | 7% | |

Mental Health

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

| Poor Mental Health Days | | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | |
|-------------------------|-----------|------|------|------|------|------|------|------|------|------|------|---|
| Nevada | # of Days | 3.9 | 3.5 | 3.5 | 3.8 | 3.6 | 4.0 | 3.8 | 3.9 | 4.1 | 3.7 | |
| | Rank | 46 | 36 | 36 | 43 | 35 | 45 | 38 | 28 | 35 | 24 | ▲ |
| United States | # of Days | 3.5 | 3.3 | 3.4 | 3.4 | 3.4 | 3.5 | 3.5 | 3.8 | 3.9 | 3.7 | |

- 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. (*Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion*)

| Frequent Mental Distress | | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | |
|--------------------------|------|------|------|------|----------|------|------|------|------|------|------|---|
| Nevada | % | 10% | NA | 12% | 11% | 11% | 11% | 11% | 11% | 13% | 12% | |
| | Rank | 30 | NA | 43 | 38 of 49 | 35 | 38 | 40 | 37 | 45 | 35 | ▲ |
| United States | % | 10% | 9% | 10% | 10% | 10% | 10% | 10% | 10% | 11% | 11% | |

- It is estimated that Nevada has 88,540 residents suffering from **serious mental illness**. (*National Alliance on Mental Illness, Grading the States 2009*)
- 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 | | FY04 | FY05 | FY06 | FY07 | FY08 | FY09 | FY10 | FY11 | FY12 | FY13 | |
|---------------------------------------|---------------|------|-------|-------|-------|-------|-------|-------|-------|-------|-------|---|
| Nevada | \$ Per Capita | \$54 | \$63 | \$61 | \$79 | \$81 | \$64 | \$68 | \$65 | \$59 | \$89 | |
| | Rank | 40 | 39 | 42 | 33 | 36 | 42 | 41 | 43 | 43 | 33 | ▲ |
| United States | \$ Per Capita | \$98 | \$103 | \$104 | \$113 | \$121 | \$123 | \$121 | \$124 | \$125 | \$120 | |

Suicide

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

| Suicide Rate | | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | |
|---------------|---------------|------|------|------|------|------|------|------|------|------|------|---|
| Nevada | # per 100,000 | 19 | 20 | 20 | 18 | 19 | 19 | 20 | 18 | 18 | 19 | |
| | Rank | 49 | 49 | 47 | 46 | 46 | 46 | 47 | 44 | 43 | 45 | ▼ |
| United States | # per 100,000 | 11 | 11 | 11 | 11 | 12 | 12 | 12 | 13 | 13 | 13 | |

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

| Suicide Rate Age 65+ | | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | |
|----------------------|---------------|------|------|------|------|------|------|------|------|------|------|---|
| Nevada | # per 100,000 | 34 | 36 | 33 | 31 | 28 | 35 | 30 | 27 | 24 | 31 | |
| | Rank | 50 | 50 | 50 | 50 | 50 | 50 | 50 | 48 | 47 | 50 | ▼ |
| United States | # per 100,000 | 14 | 15 | 14 | 14 | 15 | 15 | 15 | 15 | 15 | 16 | |

- In 2013, suicide was the 6th leading cause of death in Nevada and the 10th nationwide. (*Centers for Disease Control and Prevention, 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 | 2 | 2 | 4 | 4 | 7 | 11 | 15 | 17 | 6 |
| United States | 3 | 2 | 2 | 4 | 5 | 8 | 13 | 17 | >20 | 10 |

- In 2013, approximately eleven percent of Nevada's 9th through 12th graders **attempted suicide** in the last 12 months, compared to nearly six percent nationwide. In 2011 the national rate went up, while state level data is not available. (*Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Youth Risk Behavior Surveillance System*)

| Suicide Attempts Among High School Students | | 1999 | 2001 | 2003 | 2005 | 2007 | 2009 | 2011 | 2013 |
|---|---|------|------|------|------|------|------|------|------|
| Nevada | % | 9% | 11% | 9% | 9% | 9% | 10% | NA | 11% |
| United States | % | 8% | 9% | 9% | 8% | 7% | 6% | 8% | 8% |

Public Assistance

- In 2013 the number of Nevada households that receive **public assistance** income per 1,000 households was lower than the national average. This outcome occurred as public assistance participation rates have surged nationwide. (*U.S. Census, American Community Survey*)

| Households Receiving Public Assistance Income | | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | |
|---|-------------|------|------|------|------|------|------|------|---|
| Nevada | # per 1,000 | 47 | 60 | 79 | 109 | 117 | 134 | 127 | |
| | Rank | 1 | 4 | 7 | 15 | 16 | 19 | 15 | ▲ |
| United States | # per 1,000 | 84 | 93 | 111 | 127 | 137 | 143 | 142 | |

- 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 considerably higher than the national average. (*Urban Institute, Welfare Rules Databook*)

| Maximum Income for Initial Eligibility for a Family of Three (1 adult, 2 kids) | | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 |
|--|----------------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| Nevada | Maximum Income | \$1,133 | \$1,168 | \$1,185 | \$1,230 | \$1,341 | \$1,375 | \$1,430 | \$1,430 | \$1,448 | \$1,448 | \$1,526 |
| United States | Maximum Income | \$770 | \$771 | \$766 | \$777 | \$789 | \$785 | \$817 | \$822 | \$800 | \$823 | \$829 |

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

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| Maximum TANF Benefit for a Family of Three with No Income | | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 |
|---|----------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Nevada | Maximum Income | \$348 | \$348 | \$348 | \$348 | \$348 | \$383 | \$383 | \$383 | \$383 | \$383 | \$383 |
| United States | Maximum Income | \$415 | \$413 | \$413 | \$417 | \$419 | \$475 | \$431 | \$436 | \$436 | \$430 | \$424 |

- In 2013, the **asset limit** for TANF recipients in Nevada is \$2,000. Among other states the minimum is \$1,000, and the maximum is unlimited assets in Alabama, Colorado, Louisiana, 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. Dept. of Health and Human Services, Administration for Children and Families, Office of Family Assistance*)

| TANF Work Participation Rate | | FFY02 | FFY03 | FFY04 | FFY05 | FFY06 | FFY07 | FFY08 | FFY09 | FFY10 | FFY11 | |
|------------------------------|------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|---|
| Nevada | % | 22% | 22% | 35% | 42% | 48% | 34% | 42% | 39% | 38% | 38% | |
| | Rank | 43 | 43 | 27 | 15 | 12 | 28 | 17 | 20 | 21 | 26 | ▼ |
| United States | % | 33% | 31% | 32% | 33% | 33% | 30% | 29% | 29% | 29% | 30% | |

- The **average number of hours of participation in work activities** per week for all adult TANF recipients participating in work activities in Nevada is slightly higher than the national average. (*U.S. Dept. of Health and Human Services, Administration for Children and Families, Office of Family Assistance*)

| Average Participation in Work Activities Per Week | | FFY02 | FFY03 | FFY04 | FFY05 | FFY06 | FFY07 | FFY08 | FFY09 | FFY10 | FFY11 | |
|---|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|---|
| Nevada | Hours | 22 | 23 | 23 | 18 | 20 | 27 | 27.5 | 26 | 25 | 26 | |
| | Rank | 43 | 44 | 44 | 50 | 48 | 23 | 15 | 14 | 21 | 16 | ▲ |
| United States | Hours | 29 | 28 | 28 | 28 | 28 | 27.4 | 25 | 25 | 25 | 24 | |

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

| Job Entry by TANF Recipients | | FFY02 | FFY03 | FFY04 | FFY05 | FFY06 | FFY07 | FFY08 | FFY09 | FFY10 | FFY11 | |
|------------------------------|------|----------|----------|----------|-------|-------|-------|-------|-------|-------|-------|---|
| Nevada | % | 37% | 37% | 39% | 40% | 28% | 25% | 23% | 17% | 17% | 15% | |
| | Rank | 19 of 48 | 15 of 49 | 13 of 49 | 11 | 46 | 44 | 42 | 37 | 43 | 48 | ▼ |
| United States | % | 36% | 34% | 36% | 35% | 36% | 36% | 35% | 26% | 25% | 28% | |

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

| Job Retention by Employed TANF Recipients | | FFY02 | FFY03 | FFY04 | FFY05 | FFY06 | FFY07 | FFY08 | FFY09 | FFY10 | FFY11 | |
|---|------|----------|----------|----------|-------|-------|-------|-------|-------|-------|-------|---|
| Nevada | % | 63% | 63% | 65% | 67% | 71% | 72% | 72% | 68% | 71% | 72% | |
| | Rank | 13 of 48 | 13 of 49 | 10 of 49 | 12 | 3 | 2 | 3 | 4 | 4 | 4 | = |
| United States | % | 59% | 59% | 60% | 63% | 64% | 64% | 63% | 61% | 60% | 65% | |

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

| Earnings Gain by Employed TANF Recipients | | FFY02 | FFY03 | FFY04 | FFY05 | FFY06 | FFY07 | FFY08 | FFY09 | FFY10 | FFY11 | |
|---|------|----------|----------|----------|-------|-------|-------|-------|-------|-------|-------|---|
| Nevada | % | 35% | 29% | 38% | 37% | 44% | 38% | 22% | 19% | 26% | 24% | |
| | Rank | 26 of 48 | 39 of 49 | 32 of 49 | 37 | 20 | 33 | 47 | 46 | 43 | 45 | ▼ |
| United States | % | 38% | 38% | 42% | 44% | 43% | 37% | 33% | 30% | 30% | 31% | |

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Medicaid

- For FFY 2013 Nevada's **Medicaid spending per capita** is among the lowest in the nation. (*National Association of State Budget Officers, State Expenditure Report; U.S. Census, Annual Population Estimates*)

| Medicaid Expenditures | | FFY04 | FFY05 | FFY06 | FFY07 | FFY08 | FFY09 | FFY10 | FFY11 | FFY12 | FFY13 | |
|-----------------------|---------------|-------|-------|-------|---------|---------|---------|---------|---------|---------|---------|---|
| Nevada | \$ per capita | \$501 | \$476 | \$468 | \$487 | \$435 | \$504 | \$561 | \$573 | \$703 | \$715 | |
| | Rank | 50 | 50 | 50 | 50 | 50 | 50 | 50 | 50 | 49 | 49 | = |
| United States | \$ per capita | \$902 | \$967 | \$983 | \$1,016 | \$1,021 | \$1,092 | \$1,170 | \$1,280 | \$1,246 | \$1,331 | |

- Historically, Nevada ranked low in providing **Medicaid coverage to pregnant women**; Nevada had the 13th lowest eligibility rate at 164 percent of poverty effective January 2015. (*Kaiser Family Foundation, State Health Facts*)
- Nevada's **Medicaid nursing facility spending** was \$60 per person in 2009, ranking 50th among all states. The U.S. average is \$168. (*AARP Public Policy Institute, Across the States 2012*)
- Nevada's **Medicaid Home and Community Based Services (HCBS) spending** for older people and adults with physical disabilities was 34 percent of Medicaid long-term care expenditures in 2009. Nevada ranked 19th and the US national average is 36 percent. (*AARP Public Policy Institute, Across the States 2012*)
- In Nevada, the **costs** of many health care services for the elderly are generally near the national average. (*Genworth, Cost of Care Survey 2015*)

| 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 | \$ | \$48,048 | \$18,070 | \$38,850 | \$86,140 | \$98,550 |
| | Rank | 29 | 27 | 12 | 28 | 30 |
| United States | \$ | \$44,616 | \$17,904 | \$43,200 | \$80,300 | \$91,250 |

Child Care

- Of families 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. Dept. of Health and Human Services, Administration for Children and Families, Child Care Bureau*)

| Families with \$0 Copay | | FFY03 | FFY04 | FFY05 | FFY06 | FFY07 | FFY08 | FFY09 | FFY10 | FFY11 | FFY12 | FFY13 |
|-------------------------|---|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Nevada | % | 51% | 38% | 24% | 15% | 18% | 23% | 23% | 25% | 18% | 23% | 29% |
| United States | % | 25% | 25% | 24% | 24% | 23% | 21% | 20% | 23% | 21% | 21% | 21% |

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

| Average Family Co-Payment as a % of Income | | FFY04 | FFY05 | FFY06 | FFY07 | FFY08 | FFY09 | FFY10 | FFY11 | FFY12 | FFY13 | |
|--|------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|---|
| Nevada | % | 4% | 5% | 6% | 6% | 6% | 5% | 3% | 4% | 3% | 3% | |
| | Rank | 21 | 30 | 38 | 34 | 32 | 25 | 18 | 17 | 11 | 8 | ▲ |
| United States | % | 5% | 5% | 5% | 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.

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

Food Insecurity

- Nevada's **food insecurity** (lack of access by all people at all times to enough food for an active, healthy life) is higher than the national average. (*U.S. Dept. of Agriculture, Economic Research Service*)

| Food Insecurity | | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | |
|-----------------|------|------|------|------|------|------|------|------|------|------|------|---|
| Nevada | % | 9% | 8% | 9% | 10% | 12% | 13% | 15% | 15% | 17% | 16% | |
| | Rank | 8 | 9 | 10 | 24 | 34 | 25 | 31 | 35 | 43 | 40 | ▲ |
| United States | % | 11% | 11% | 11% | 11% | 12% | 14% | 15% | 15% | 15% | 15% | |

- The percentage of Nevadans experiencing **very high food insecurity** (at times during the year, the food intake of household members was reduced and their normal eating patterns were disrupted) recently eclipsed the national average. (*U.S. Dept. of Agriculture, Economic Research Service*)

| Very Low Food Security | | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | |
|------------------------|------|------|------|------|------|------|------|------|------|------|------|---|
| Nevada | % | 3% | 3% | 3% | 4% | 5% | 5% | 5% | 6% | 7% | 7% | |
| | Rank | 14 | 12 | 13 | 27 | 33 | 25 | 28 | 34 | 43 | 43 | = |
| United States | % | 4% | 4% | 4% | 4% | 5% | 5% | 6% | 6% | 6% | 6% | |

- Nevada's **food stamp participation rate** (percent of eligible population that receives benefits) has recently increased substantially but remains lower than the national average. (*U.S. Dept. of Agriculture, Food and Nutrition Service*)

| Food Stamp Participation Rate | | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | |
|-------------------------------|------|------|------|------|------|------|------|------|------|------|------|---|
| Nevada | % | 41% | 42% | 54% | 53% | 51% | 50% | 56% | 62% | 69% | 66% | |
| | Rank | 49 | 50 | 42 | 49 | 38 | 49 | 46 | 48 | 42 | 48 | ▼ |
| United States | % | 54% | 56% | 65% | 67% | 65% | 66% | 72% | 75% | 79% | 83% | |

- Between February 2014 and February 2015, the number of Nevadans receiving **food stamps** increased by 10.1 percent, giving Nevada the fastest growing caseload nationwide. The national average year-over-year increase was -1.1 percent. (*U.S. Dept. of Agriculture, Food and Nutrition Service Program Data*)
- During 2013, a lower percentage of Nevada's **families received food stamps** than average for the U.S. (*U.S. Census, American Community Survey*)

| Households Receiving Food Stamps During Last 12 Months | | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 |
|--|---|------|------|------|------|------|------|------|------|------|------|------|
| Nevada | % | 4% | 4% | 4% | 4% | 4% | 4% | 5% | 10% | 11% | 13% | 12% |
| United States | % | 7% | 7% | 8% | 8% | 8% | 8% | 8% | 12% | 13% | 14% | 13% |

- For FFY14, Nevada's **average monthly food stamp benefit** per person was \$116.59 and per household was \$236.97. The national averages were \$125.35 and \$256.98 respectively. (*U.S. Dept. of Agriculture, Food Stamp Program State Activity Report*)

Child Support Enforcement

- The U.S. Dept. of Health and Human Services Office of Child Support Enforcement measures states using five **performance indicators**. Nevada made very slight improvements in most of the five performance indicators for FFY 2014. (*U.S. Dept. of Health and Human Services, Administration for Children and Families, Office of Child Support Enforcement*)

| Paternity Established | | FFY05 | FFY06 | FFY07 | FFY08 | FFY09 | FFY10 | FFY11 | FFY12 | FFY13 | FFY14 | |
|-----------------------|------|-------|-------|-------|-------|-------|-------|----------|----------|---------|---------|---|
| Nevada | % | 66% | 69% | 80% | 84% | 86% | 100% | 109% | 117% | 118% | 117% | |
| | Rank | 49 | 49 | 49 | 49 | 46 | 14 | 3 of 24* | 2 of 24* | 3 of 26 | 3 of 26 | = |
| United States | % | 92% | 95% | 95% | 95% | 96% | 96% | 99% | 100% | 100% | 100% | |

*States choose one of two ways to measure **Paternity Established**.

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

Note: Ratios over 100 percent for **Paternity Established** are achieved because the denominator is from prior years while the numerator is from the current year

| Support Orders Established | | FFY05 | FFY06 | FFY07 | FFY08 | FFY09 | FFY10 | FFY11 | FFY12 | FFY13 | FFY14 | |
|----------------------------|------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|---|
| Nevada | % | 62% | 67% | 69% | 68% | 70% | 76% | 81% | 82% | 83% | 85% | |
| | Rank | 45 | 44 | 44 | 43 | 43 | 38 | 32 | 34 | 34 | 29 | ▲ |
| United States | % | 77% | 78% | 79% | 79% | 79% | 80% | 81% | 82% | 83% | 85% | |

| Current Support Collected | | FFY05 | FFY06 | FFY07 | FFY08 | FFY09 | FFY10 | FFY11 | FFY12 | FFY13 | FFY14 | |
|---------------------------|------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|---|
| Nevada | % | 46% | 46% | 48% | 48% | 48% | 49% | 51% | 56% | 58% | 60% | |
| | Rank | 49 | 50 | 50 | 50 | 50 | 50 | 49 | 42 | 38 | 35 | ▲ |
| United States | % | 59% | 60% | 61% | 62% | 61% | 62% | 62% | 63% | 64% | 64% | |

| Arrearages Collected | | FFY05 | FFY06 | FFY07 | FFY08 | FFY09 | FFY10 | FFY11 | FFY12 | FFY13 | FFY14 | |
|----------------------|------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|---|
| Nevada | % | 50% | 52% | 52% | 53% | 52% | 57% | 60% | 57% | 59% | 61% | |
| | Rank | 48 | 48 | 49 | 49 | 49 | 45 | 33 | 44 | 39 | 35 | ▲ |
| United States | % | 61% | 61% | 62% | 63% | 64% | 62% | 62% | 62% | 62% | 63% | |

| Cost Effectiveness | | FFY05 | FFY06 | FFY07 | FFY08 | FFY09 | FFY10 | FFY11 | FFY12 | FFY13 | FFY14 | |
|--------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|---|
| Nevada | Ratio | 3.0 | 3.3 | 3.5 | 3.5 | 3.9 | 2.9 | 4.0 | 4.1 | 3.9 | 4.0 | |
| | Rank | 48 | 47 | 45 | 47 | 41 | 48 | 42 | 41 | 42 | 41 | ▲ |
| United States | Ratio | 5.0 | 5.1 | 5.2 | 4.8 | 5.3 | 4.9 | 5.1 | 5.1 | 5.3 | 5.3 | |

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 | | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | |
|---|---------------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---|
| Nevada | \$ per capita | \$3,250 | \$3,406 | \$3,694 | \$3,801 | \$3,900 | \$3,827 | \$3,665 | \$3,449 | \$3,386 | \$3,221 | |
| | Tax Rate | 7.7% | 8.0% | 8.1% | 7.6% | 7.7% | 7.6% | 7.7% | 8.2% | 8.6% | 8.1% | |
| | Rank | 5 | 7 | 7 | 4 | 5 | 4 | 5 | 6 | 9 | 8 | ▲ |
| United States | \$ per capita | \$3,948 | \$3,981 | \$4,131 | \$4,296 | \$4,479 | \$4,637 | \$4,589 | \$4,368 | \$4,245 | \$4,217 | |
| | Tax Rate | 9.6% | 9.8% | 9.8% | 9.8% | 9.9% | 10.0% | 10.0% | 10.1% | 10.2% | 9.8% | |

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

- Nevada's **state government tax collections** per capita generally run about equal to the average of all other states. (Nevada along with Texas, Washington and Wyoming don't have individual or corporate net income taxes. Alaska, Florida and South Dakota have only corporate net income taxes, but not individual income taxes. All other states have both taxes.) (*U.S. Census, American Community Survey*)

| State Government Tax Collections Per Capita | | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | |
|---|------------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---|
| Nevada | Per Capita | \$1,953 | \$2,348 | \$2,466 | \$2,458 | \$2,365 | \$2,123 | \$2,158 | \$2,325 | \$2,456 | \$2,518 | |
| | Rank | 26 | 32 | 30 | 26 | 21 | 17 | 24 | 25 | 27 | 23 | ▼ |
| United States | Per Capita | \$2,000 | \$2,199 | \$2,391 | \$2,530 | \$2,532 | \$2,326 | \$2,728 | \$2,435 | \$2,531 | \$2,682 | |

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

- Nevada receives lower **federal government expenditures per capita** than all other states. (*Consolidated Federal Funds Report and U.S. Census, American Community Survey*)

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

| Federal Government Expenditures Per Capita | | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | |
|--|------------|---------|---------|---------|---------|---------|---------|---------|----------|----------|---|
| Nevada | Per Capita | \$4,940 | \$5,192 | \$5,469 | \$5,288 | \$5,852 | \$6,032 | \$6,638 | \$7,148 | \$6,986 | |
| | Rank | 50 | 50 | 50 | 50 | 50 | 50 | 49 | 50 | 50 | = |
| United States | Per Capita | \$6,650 | \$7,089 | \$7,381 | \$7,295 | \$8,200 | \$8,538 | \$9,184 | \$10,548 | \$10,489 | |

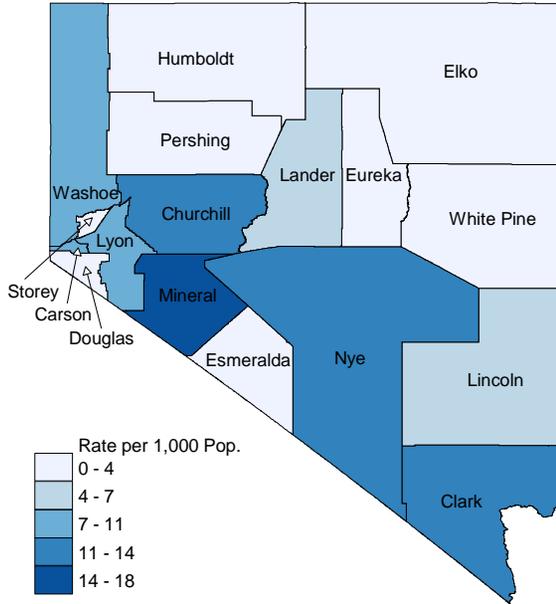
Note: The Consolidated Federal Funds Report (CFFR) is no longer published. The U.S. Census Bureau replied that any current information is not comparable.

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

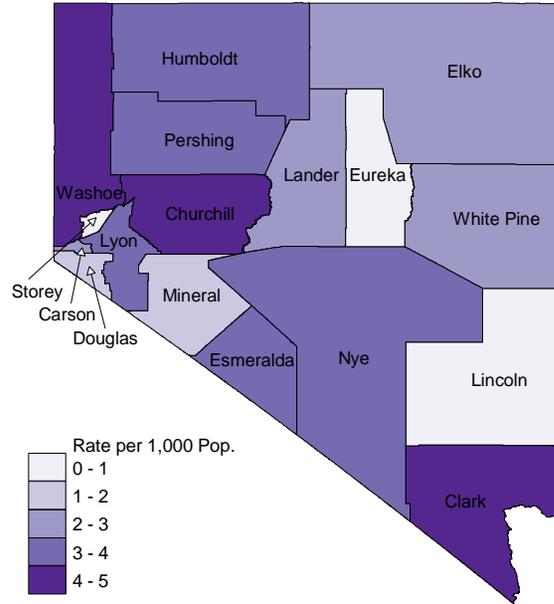
Maps - Program Participation Rates by County

Source: DHHS Caseload Data

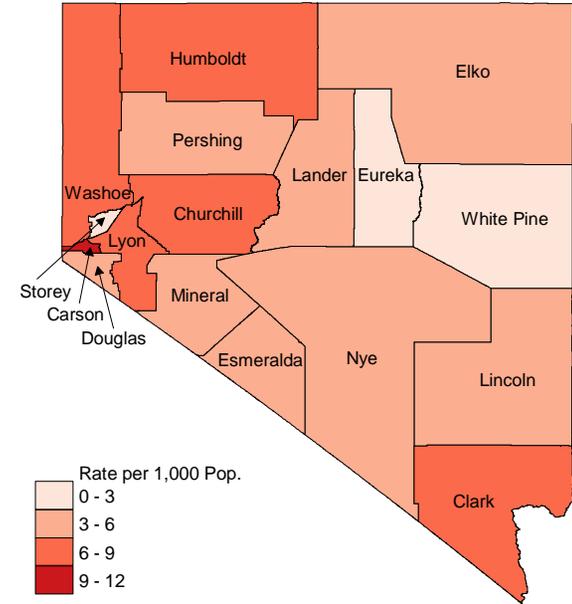
TANF Cash Participation Rate - Jan 2015



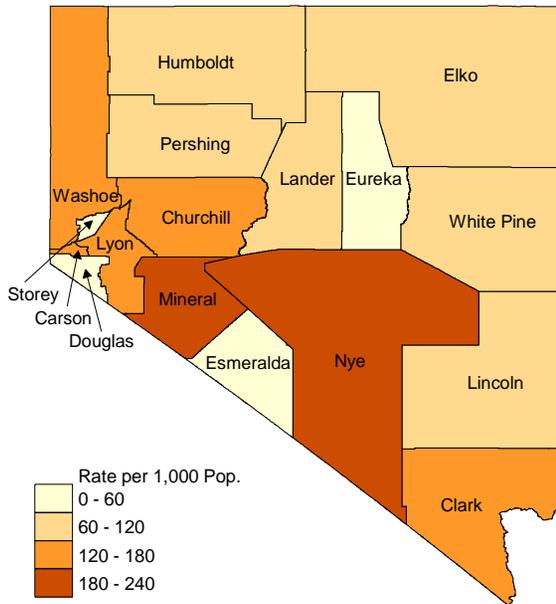
Child Welfare Participation Rate - Jan 2015



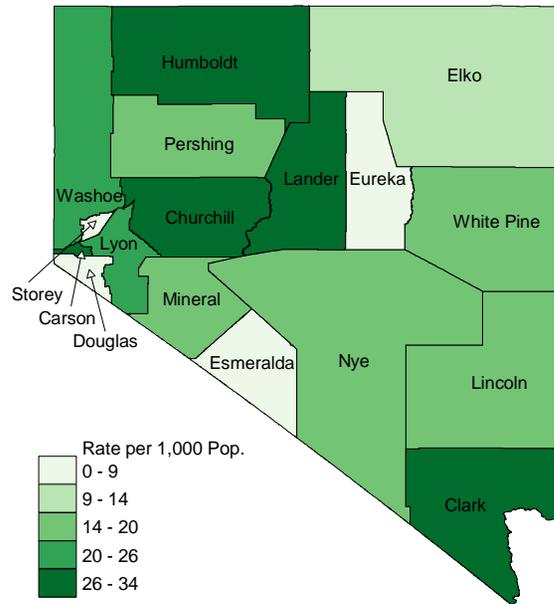
NV Check Up Participation Rate - Jan 2015



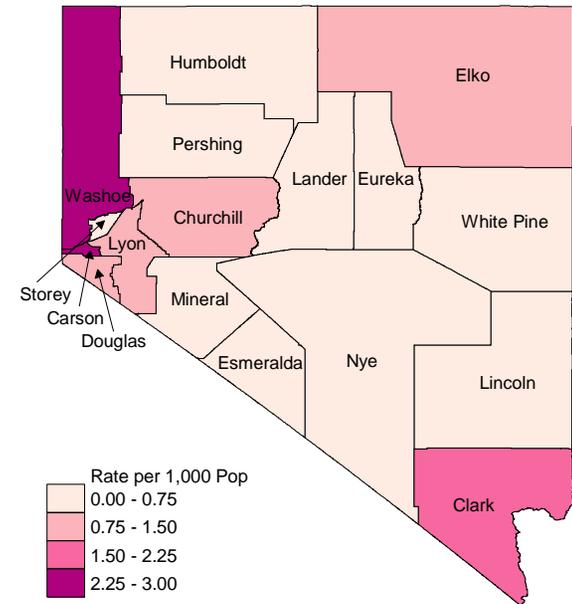
SNAP Participation Rate - Jan 2015



WIC Participation Rate - Mar 2015



Childcare Participation Rate - Mar 2015

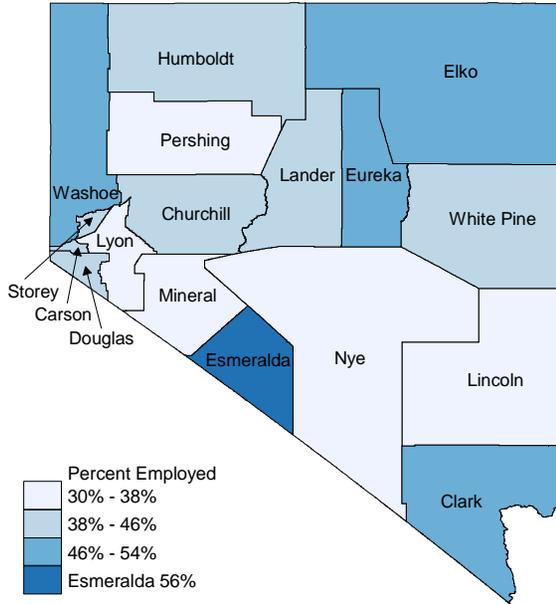


Nevada Department of Health and Human Services, Nevada Data & Key Comparisons

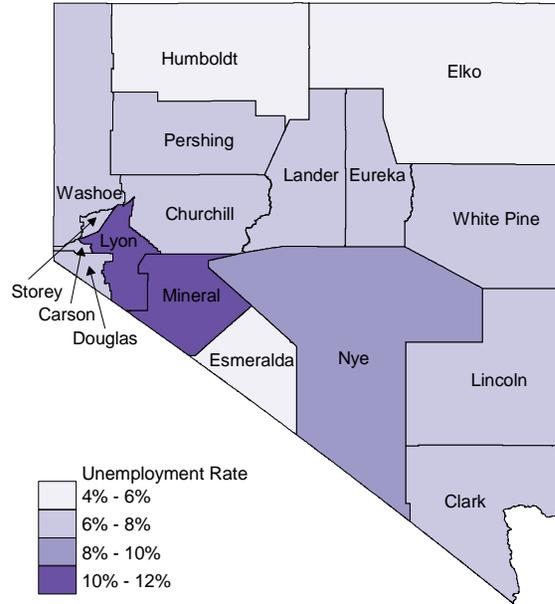
Maps - Socioeconomic Indicators by County

Source: Employment and Unemployment Rate - DETR; Others - U.S. Census Bureau

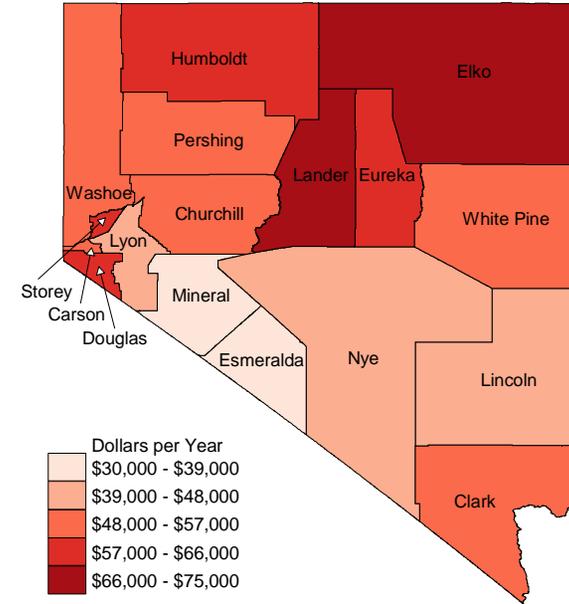
Employment to Population Ratio - Apr 2015



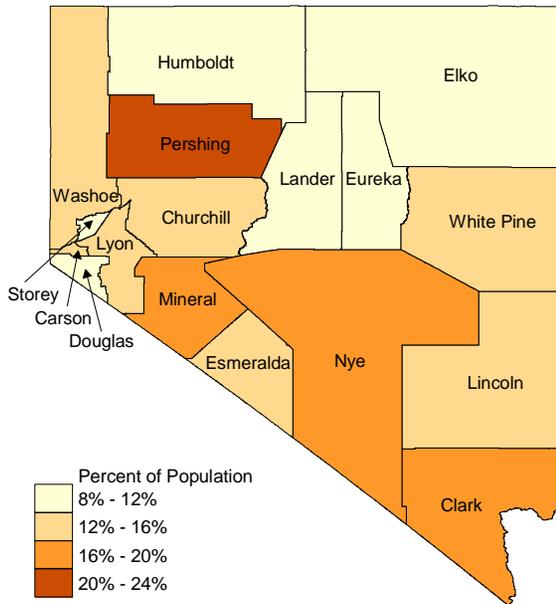
Unemployment Rate - Apr 2015



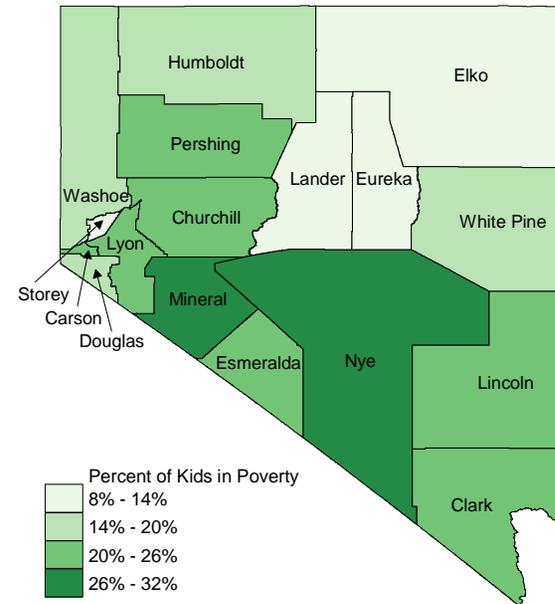
Median Household Income - 2009-2013



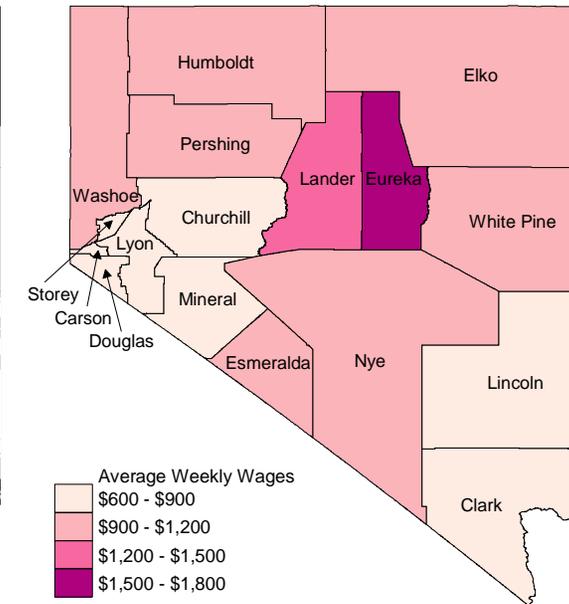
Persons below Poverty - 2013



Child Poverty - 2013



Average Wages - Apr 2015

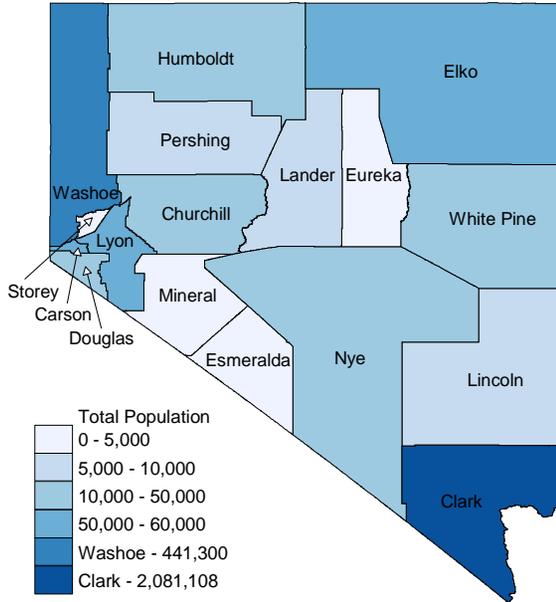


Nevada Department of Health and Human Services, Nevada Data & Key Comparisons

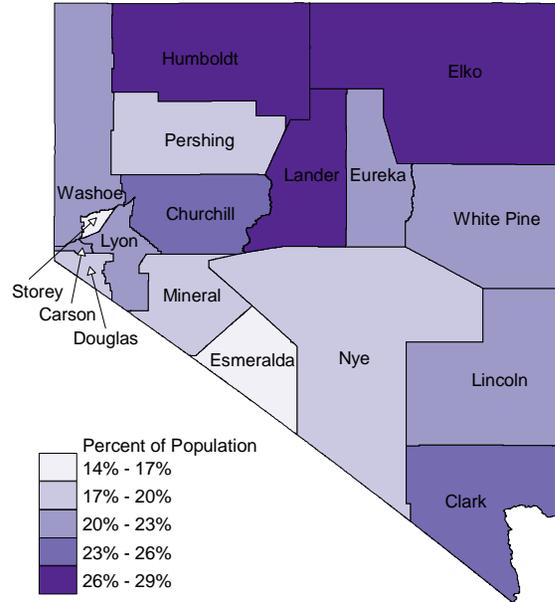
Maps - Demographic Indicators by County

Source: Total population - State Demographer; Others - U.S. Census Bureau

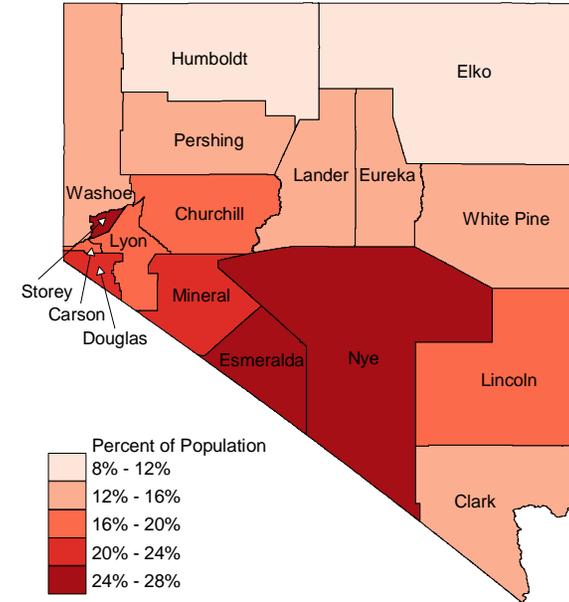
Total Population - Mar 2015



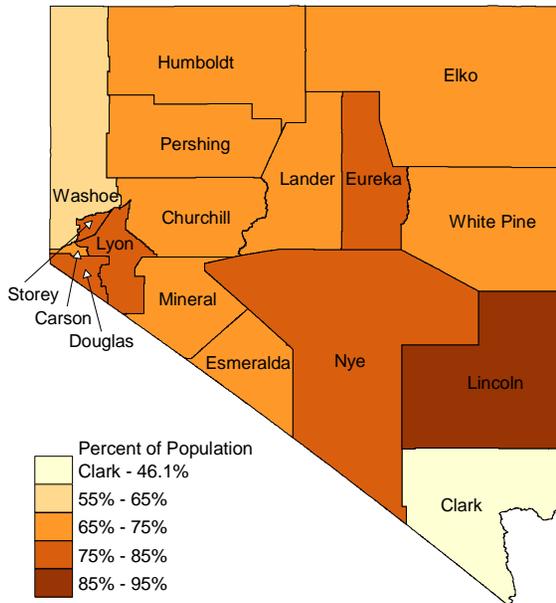
Persons under 18 Years - 2013



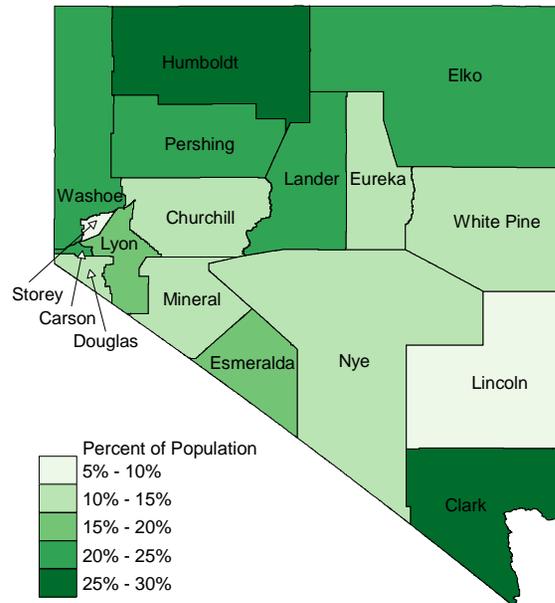
Persons Age 65 and Over - 2013



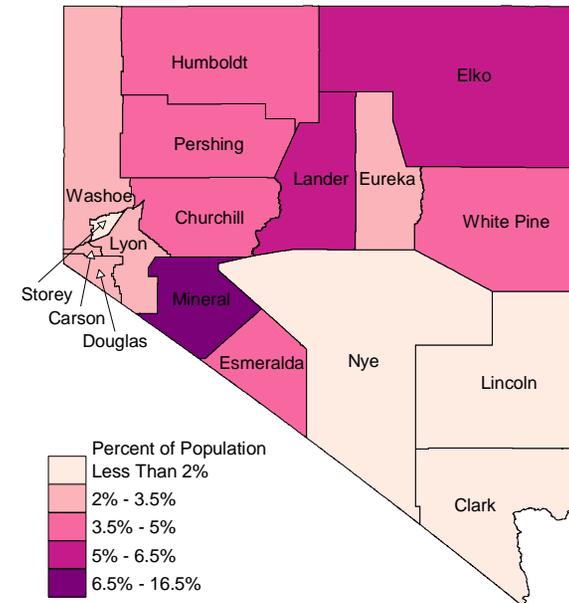
White Persons not Hispanic - 2013



Persons of Hispanic Origin - 2013



Native American Persons - 2013

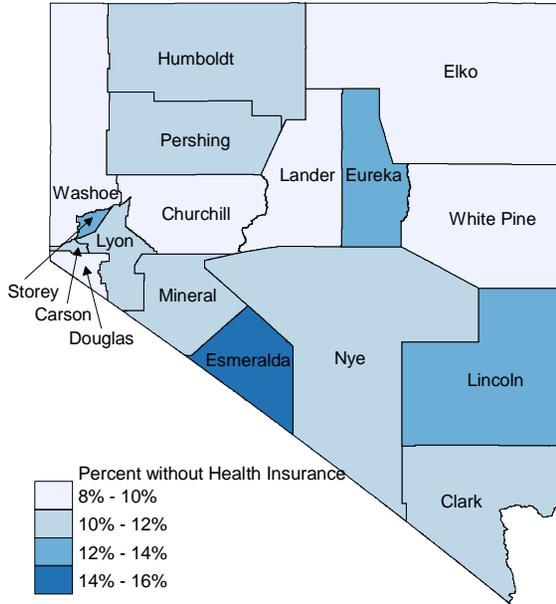


Nevada Department of Health and Human Services, Nevada Data & Key Comparisons

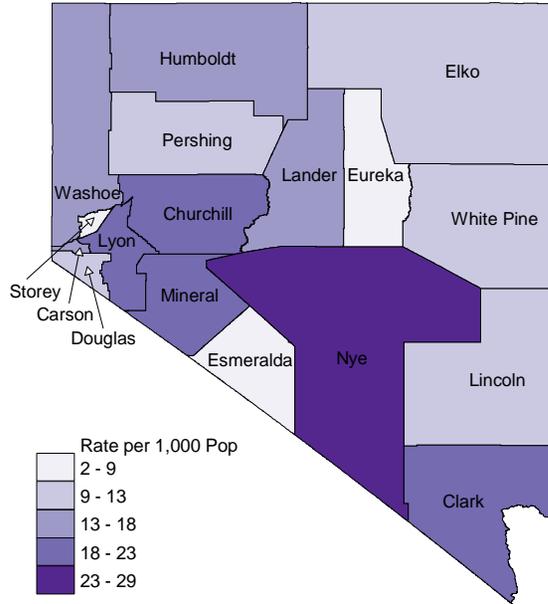
Maps - ACA Outcomes by County

Source: Uninsured - CPS; Medicaid Totals DWSS ILD File; Other - DHCFP

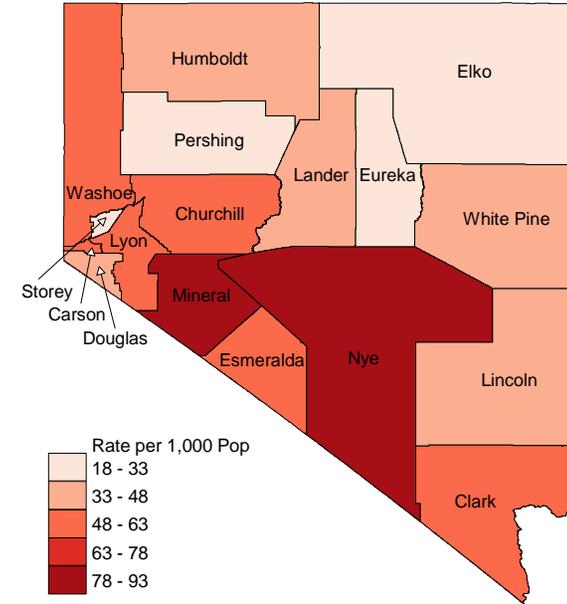
Uninsured < age 65 - 2012



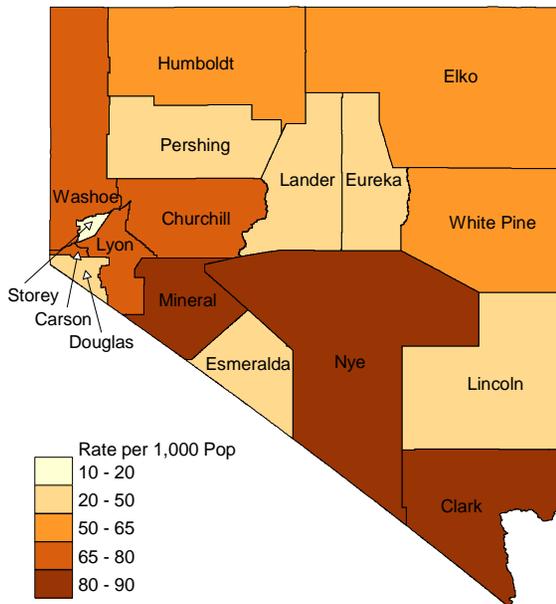
Adult Medicaid - Mar 2015



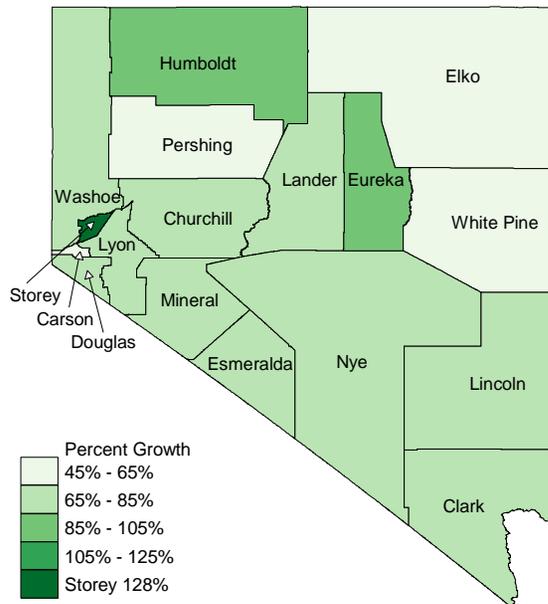
New ACA Adult Medicaid - Mar 2015



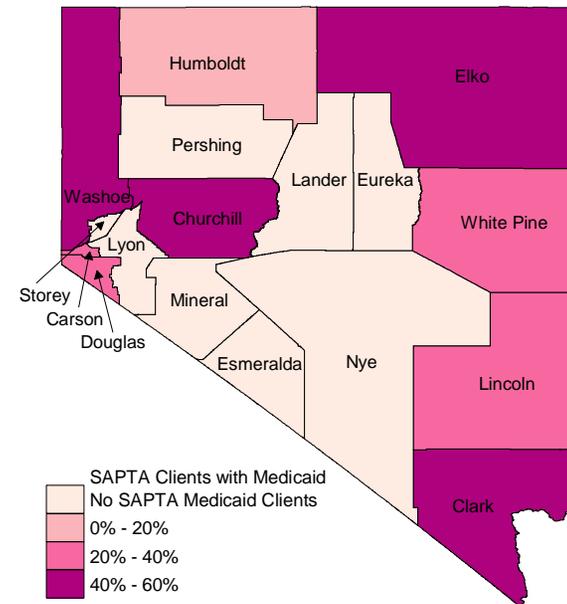
Women & Children Group - Mar 2015



Post ACA Medicaid Growth - Jun 13 To Mar 15



SAPTA - Mar 15

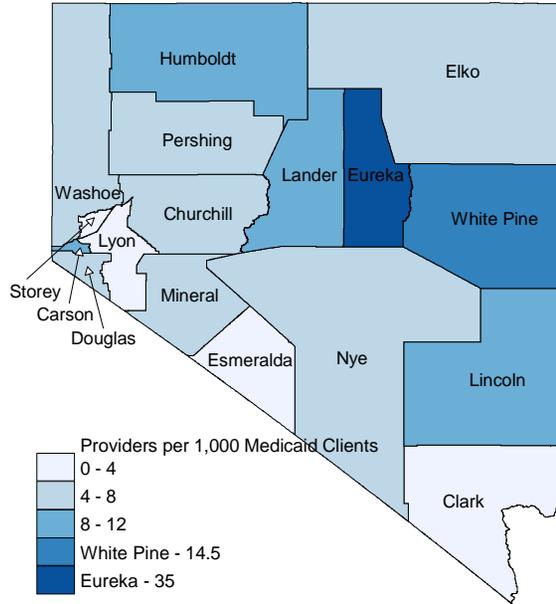


Nevada Department of Health and Human Services, Nevada Data & Key Comparisons

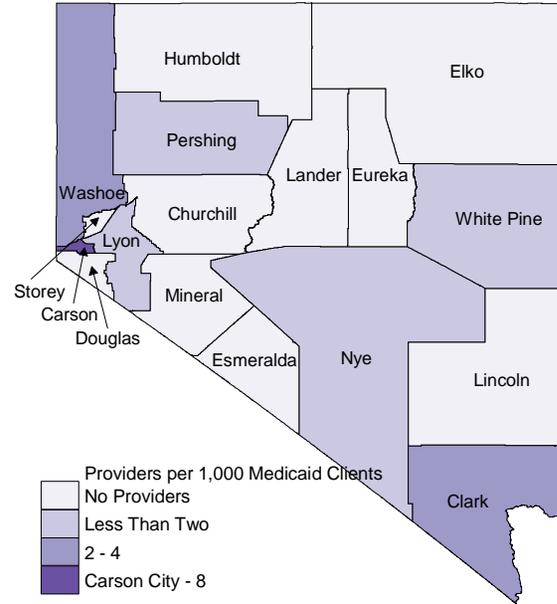
Maps - ACA Outcomes by County - Continued

Source: Uninsured - CPS; Medicaid Totals DWSS ILD File; Other - DHCFP

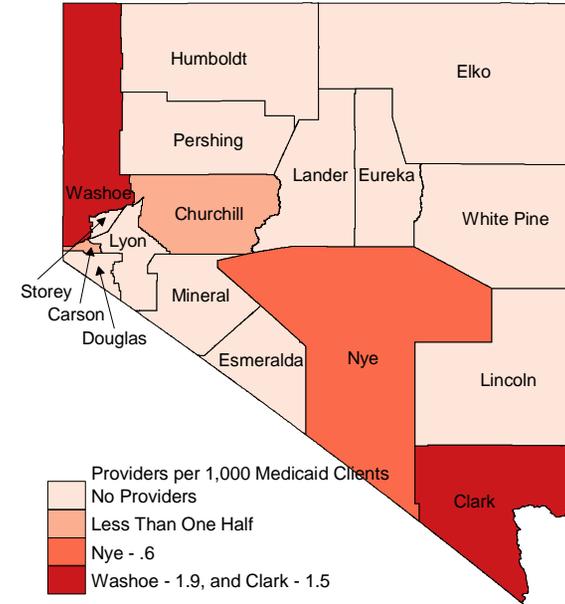
FFS Providers - Jun 2015



HPN Providers - Jun 2015

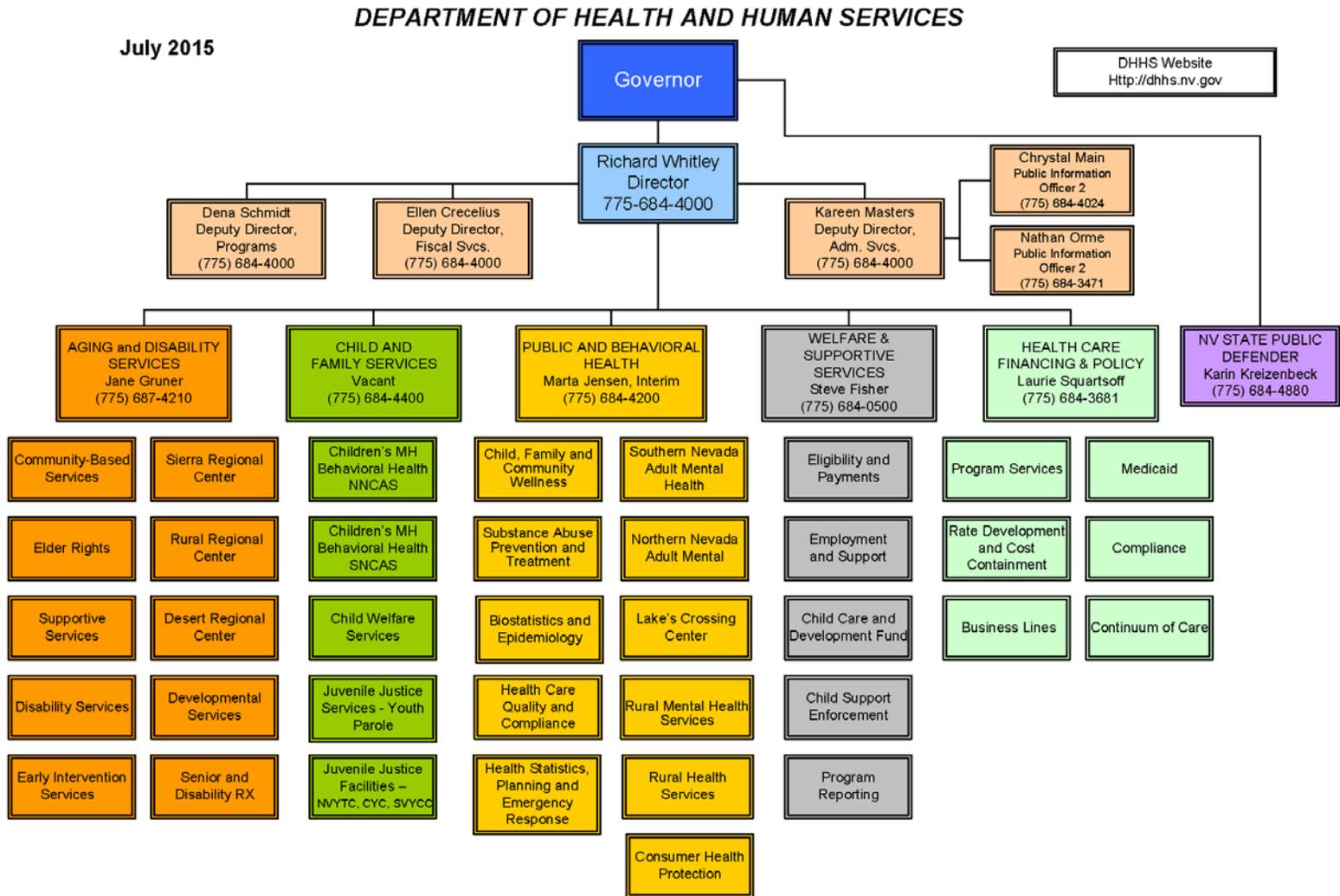


Amerigroup Providers - Jun 2015



Nevada Department of Health and Human Services, Organizational Chart

Organizational Chart



Nevada Department of Health and Human Services, Organizational Chart

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Nevada Department of Health and Human Services, NRS by Division

NRS Chapters for Statutory Authority by Division

Updated November 2013

Director's Office

- 223 Office for Consumer Health Assistance
- 232 State Departments; Department of Health and Human Services (Office of Minority Health, Nevada 2-1-1, Grants Management Advisory Committee)
- 233B Nevada Administrative Procedures Act
- 322 Use of State Lands (approve lease to non-profit or education institution)
- 353 State Financial Administration (Acceptance of Gifts)
- 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 Account)
- 439 Administration of Public Health (Fund for a Healthy Nevada, Health Information Technology, Task Force on Alzheimer's Disease)
- 458A Prevention and Treatment of Problem Gambling

Aging and Disability Services Division

- 159 Procedures in Guardianship (Letters to Court Affirming/Denying need for Guardianship)
- 162A Execution of Power of Attorney (Financial Exploitation)
- 179A Repository for Information Concerning Crimes Against Older Persons (Statistical Data)
- 200 Crimes Against the Person (Abuse, Neglect, Exploitation or Isolation of Older Persons and Vulnerable Persons)
- 228 Attorney General's Unit for Investigation and Prosecution of Crimes Against Older Persons (Provide Information)
- 319 Assistance to Finance Housing (Housing Registry)
- 353 State Financial Administration (Temporary Advance from State General Fund)
- 388 System of Public Instruction (Pupils with Autism Spectrum Disorder and Pupils with Disabilities)
- 391 Commission on Professional Standards in Education (License to Teach American Sign Language)
- 426 Persons with Disabilities, Including Commission on Services for Persons with Disabilities
- 427A Services to Aging Persons and Persons with Disabilities
- 433 Mental Health and Developmental Disabilities, including Commission on Mental Health and Developmental Services
- 435 Services to Persons with Intellectual Disabilities and Related Conditions
- 439 Administration of Public Health, Fund for a Healthy Nevada (Independent Living Grants, 439.620; Senior Rx, 430.635; Disability Rx, 439.705)
- 449 Medical and Other Related Facilities (Licensing)
- 615 Vocational Rehabilitation (People Who Are Blind or Nearly Blind)
- 632 Advisory Committee on Nursing Assistants and Medication Aides
- 656A Interpreters and Real Time Captioning Providers (Registry and Regulation)
- 657 General Provisions for Banks and Related Organizations (Exploitation of Older Persons)
- 673 Savings and Loan Associations (Designated Reporter)

Nevada Department of Health and Human Services, NRS by Division

- 677 Thrift Companies (Designated Reporter)
- 678 Credit Unions (Designated Reporter)
- 706 Motor Carriers (Taxicab Authority)

Division of Child and Family Services

- 62 Juvenile Justice
- 63 State Facilities for Detention of Children
- 127 Adoption of Children and Adults
- 128 Termination of Parental Rights
- 217 Assistance to Victims of Domestic Violence
- 424 Foster Homes for Children
- 432 Public Service for Children
- 432B Protection of Children from Abuse and Neglect
- 433B Mental Health (Additional Provisions Relating to Children)

Division of Health Care Financing and Policy

- 108 Statutory Liens (Liens to Recover Benefits Paid for Medicaid)
- 145 Summary Administration of Estates (DHHS Claims)
- 146 Support of Family - Distribution of Small Estates (DHHS Claims)
- 147 Presentation and Payment of Claims
- 228 Attorney General (Medicaid Fraud)
- 232 State Departments; Appointment of Deputies
- 422 Health Care Financing and Policy**
- 439A Planning for the Provision of Health Care
- 439B Restraining Costs of Health Care
- 449 Medical and Other Related Facilities (Ensuring Quality of Care)
- 695C Health Maintenance Organizations (CHIP Contract)
- 695G Managed Care (DHCFP Exemption)

Division of Welfare and Supportive Services

- 31A Enforcement of Obligations for Support of Children
- 33 Injunctions (Child Support)
- 125B Obligation of Support
- 126 Parentage (Action to Determine Paternity)
- 281 (Public Employees) General Provisions (Education Leave Stipends)
- 319 Assistance to Finance Housing (Account for Low-Income Housing)
- 422A Welfare and Supportive Services**
- 425 Support of Dependent Children
- 449 Medical and Other Related Facilities (Establishment of Paternity)
- 702 Energy Assistance

Nevada Department of Health and Human Services, NRS by Division

Division of Public and Behavioral Health

- 4.373 Suspension of Sentence; Conditions of Suspension; Reduction of Sentence; Arrest for Violation of Condition of Suspension
- 5.055 Suspension of Sentence; Conditions of Suspension; Reduction of Sentence; Arrest for Violation of Condition of Suspension
- 41.503 Hospital Care or Assistance Necessitated by Traumatic Injury; Presumption Regarding Follow-Up Care
- 62A.110 "Evaluation Center" Defined
- 62A.340 "Treatment Facility" Defined
- 62E.620 Evaluation of Child Who Committed Certain Acts Involving Alcohol or Controlled Substance; Program of Treatment; Treatment Facility not Liable for Acts of Child; Confidentiality of Information; Driving Under Influence Included in Driver's Record of Child
- 175.539 Acquittal by Reason of Insanity: Defendant to be Examined; Hearing to be Held to Determine Whether Defendant is Mentally Ill; Procedure for Committing Defendant to Custody of Division of Public and Behavioral Health
- 176.01247 Subcommittee on Medical Use of Marijuana: Creation; Chair; Members; Duties; Salaries and Per Diem [Effective April 1, 2014]
- 176.156 Disclosure of Report of Presentence or General Investigation; Persons Entitled to Use Report; Confidentiality of Report
- 178.3983 "Division" Defined
- 200.485 Battery which Constitutes Domestic Violence: Penalties; Referring Child for Counseling; Restriction Against Dismissal, Probation and Suspension; Definitions
- 209.3515 Director may Request or Provide Medical or Mental Health Records of Certain Offenders
- 209.385 Testing Offenders for Exposure to Human Immunodeficiency Virus; Disclosure of Name of Offender whose Tests are Positive; Segregation of Offender; Duties of Director
- 209.4232 "Division" Defined
- 223.150 Delineation of Areas Subject to Flooding; Information to be Furnished to Planning Agencies; Cooperation of Division of Public and Behavioral Health of Department of Health and Human Services
- 232.300 Creation; Divisions; Responsibility for Administering Law
- 232.320 Appointment of Administrators of Divisions; Powers and Duties of Director
- 232.350 Deputies and Chief Assistants of Administrators of Divisions
- 232.361 Creation; Composition; Chair; Terms of Members; Vacancies
- 232.363 Meetings; Quorum; Salary; Expenses; Restriction on Ownership of or Employment by Certain Enterprises
- 244.406 Financial Support of Office
- 277.0655 Cooperative Agreements for Educational Services at Hospital or other Facility that Provides Residential Treatment to Children
- 278.808 Advisory Planning Commission: Appointment; Composition; Terms; Vacancies: Quorum (Tahoe Regional Planning Compact)
- 289.240 Certain Employees of Division of Public and Behavioral Health of Department of Health and Human Services
- 318.170 Water, Drainage, Sewerage and Disposal of Garbage and other Refuse; Approval of System; Additional Powers
- 353.349 Temporary Advance from State General Fund for Authorized Expenses of Division of Public and Behavioral Health of Department of Health and Human Services
- 372A.075 Tax on Sale of Marijuana and Marijuana Products: Imposition; Rates; Distribution of Revenue Collected; Duty of Department to Regularly Review Rates [Effective April 1, 2014]

Nevada Department of Health and Human Services, NRS by Division

- 387.1225 Reimbursement to Hospital or Other Facility that Provides Residential Treatment to Children and Operates Licensed Private School; Request for and Amount of Reimbursement
- 388.421 Maintenance and Storage in Secure Location by Public School; Policy Regarding Proper Handling and Transportation; Annual Report to Division of Public and Behavioral Health Concerning Doses Administered
- 392.420 Physical Examinations of Pupils; Representative Sample of Height and Weight of Pupils in Certain School Districts; Qualifications of Persons to Conduct Examinations; Notice to Parent of Examination and Opportunity for Exemption; Report of Results to Chief Medical Officer [Effective through June 30, 2015
- 392.435 Immunization of Pupils: Certificate Prerequisite to Enrollment; Conditional Enrollment; Effect of Military Transfer of Parent of Child; Consequences for Failure to Immunize; Report to Division of Public and Behavioral Health; Inclusion of Certificate in Pupil's Record
- 394.192 Immunization of Pupils: Certificate Prerequisite to Enrollment; Conditional Enrollment; Effect of Failure to Immunize; Report to Division of Public and Behavioral Health; Inclusion of Certificate in Pupil's Record
- 395.070 Interagency Panel: Responsibility; Membership; Duties
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Acronyms

ABA – Applied Behavioral Analysis
ACA – Affordable Care Act
ACF – Administration of Children and Families
ACL – Administration for Community Living
ADSD – Aging and Disability Services Division
AFDC – Aid to Families with Dependent Children
AGP – Amerigroup
AMCHP – Association of Maternal and Child Health Programs
AOT – Assisted Outpatient Treatment
ASPR – Assistant Secretary for Preparedness and Response
ASTHO - Association of State and Territorial Health Officials
ARRA – American Recovery and Reinvestment Act
ATAP – Autism Treatment Assistance Program
BEARS – (Baby) Birth Evaluation and Assessment of Risk Survey
BHCQC – Bureau of Health Care Quality and Compliance
BHWC – Behavioral Health and Wellness Council
BIPP – Balancing Incentive Payment Program
CASAT – Center for the Application of Substance Abuse Technologies
CCDP – Child Care and Development Program
CCHD - Critical Congenital Heart Disease
CDPHP – Chronic Disease Prevention and Health Promotion
CDS – Core Data Set
CFR – Code of Federal Regulations
CHIP – Children’s Health Insurance Program
CMO – Care Management Organization
CMS – Centers for Medicare and Medicaid Services
COA – Commission on Aging
COOP – Continuity of Operations Plan
CSA – Core Standardized Assessment
CSPD – Commission on Services to Persons with Disabilities
DAFS – District Attorney Family Support
DBT – Digital Breast Tomosynthesis
DCFS – Division of Child and Family Services
DHCFP – Division of Health Care Financing and Policy
DPBH – Division of Public and Behavioral Health
DSH – Disproportionate Share Hospitals
DSRIP – Delivery System Reform Incentive Payment
DWSS – Division of Welfare and Supportive Services
ECHO – Extension for Community Health Outcomes
EITS – Enterprise IT Services
EMS – Emergency Medical Systems
EMSC – Emergency Medical Services for Children
EMR – Electronic Medical Record
EPSDT – Early and Periodic Screening, Diagnostic and Treatment Services
EQRO – External Quality Review Organization

Nevada Department of Health and Human Services, Nassir Notes Acronyms

FDA – Federal Drug Administration
FFS – Fee For Service
FMAP – Federal Medical Assistance Percentage
HAZTRAK – Hazardous Materials Notification System
HCGP – Health Care Guidance Program
HCBW-AL – Home and Community Based Waiver for Assisted Living
HCBW-FE – Home and Community Based Waiver for the Frail Elderly
HCQC – Health Care Quality and Compliance
EHR – Electronic Health Record
HPN – Health Plan of Nevada
HPV – Human Papillomavirus
HRSA – Health Resources and Services Administration
HSAG – Health Services Advisory Group
IAF – Indigent Accident Fund
LBGTQ – Lesbian, Gay, Bisexual, Trans-Gender, or Questioning
LCC – Lake’s Crossing Center
LHA – Local Health Authority
LLRW – Low Level Radioactive Waste
LOC – Level of Care
LOI – Letter of Intent
LTSS – Long Term Services and Supports
MCHB – Maternal and Child Health Bureau
MCO – Managed Care Organizations
MERS – Middle East Respiratory Syndrome
MICPD – Medicaid Incentives for the Prevention of Chronic Disease
MITA – Medicaid Information Technology Architecture
MMIS – Medicaid Management Information System
NASADAD – National Association of Alcohol and Drug Abuse Directors
NET – Non-Emergency Transportation
NF – Nursing Facility
NHA – Nevada Hospital Association
NICHQ – National Institute for Children’s Health Quality
NIS – National Immunization Survey
NITT-AWARE-SEA- Now Is The Time-Aware-State Educational Agency
NNAMHS – Northern Nevada Adult Mental Health Services
NNSA – National Nuclear Security Administration
NOGA – Notice of Grant Award
NSHE – Nevada System of Higher Education
NWD – No Wrong Door OJJDP – Office of Juvenile Justice and Delinquency Prevention
OCHA – Office of Consumer Health Assistance
OCSE – Office of Child Support Enforcement
ONDCP – Office of National Drug Control Policy
OPHIE – Office of Public Health Informatics and Epidemiology
OSP – Office of Suicide Prevention
PAIS – Preparedness, Assurance, Inspections and Statistics
PCP – Primary Care Physician
PCS – Personal Care Services
PD – Public Defender
PE – Presumptive Eligibility
PHP – Public Health Preparedness
PIC – Program Integrity Contractor

Nevada Department of Health and Human Services, Nassir Notes Acronyms

PIP – Performance Improvement Projects
PIRE – Pacific Institute for Research and Evaluation
PPACA – Patient Protection and Affordable Care Act
PPHF – Prevention and Public Health Foundation
PRAMS – Pregnancy Risk Assessment Monitoring Survey
PREA – Prison Rape Elimination Act
RCHS – Rural Counseling and Community Health Services
RCP – Radiation Control Program
RFI – Request for Information
RFP – Request for Proposal
RSS – Receive, Stage, Store Warehouse
SALT – Seniors and Law Enforcement Together
SAPTA – Substance Abuse Prevention and Treatment Agency
SCaDU – State Collections and Distribution Unit
SCT – Specialty Care Transportation
SIM – State Innovation Model
SMI – Serious Mental Illness
SMP – Senior Medicare Patrol
SNAMHS – Southern Nevada Adult Mental Health Services
SNAP – Supplemental Nutrition Assistance Program
SNHPC – Southern Nevada Health Preparedness Coalition
SNHD – Southern Nevada Health District
SPA – State Plan Amendment
SS/HS – Safe Schools/Healthy Students
STD – Sexually Transmitted Disease
SSBM – Supported State Based Marketplace
TANF – Temporary Assistance to Needy Families
TAP – Taxi Assistance Program
TFAG – Tribal Family Assistance Grant
TIR – Technology Investment Request
TPL – Third Party Liability
UNSOM – University of Nevada School of Medicine
WebIZ – Statewide Immunization Information System
WGA – Western Growers Association
WICHE – Western Interstate Commission for Higher Education
WPR – Work Participation Rate
YEP – Youth Empowerment Program

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