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**04-05 BIENNIAL PRESENTATION
BY
CARLOS BRANDENBURG, PH.D.**

Good afternoon, for the record, my name is Carlos Brandenburg. I am the Administrator for the Division of Mental Health and Developmental Services. To my right is Dr. Dave Luke, Associate Administrator of Developmental Services, and to my left is Dr. David Rosin. I will be presenting mental health and Dr. Luke will be presenting developmental services.

However, before I present to you Governor Guinn's proposed Biennial Budget that will show you what our needs are and where we are going. It is important for you to see where we have been and what we have accomplished.

I believe staff have given you two handouts. I would like to start my presentation with our 2002 Biennial Report. This is our premiere report and is published every other January, with our most recent data. If you will please turn to Page 18, Table 1 shows you the unduplicated clients served and percent growth. Consumer ratio 56% female, 44% male. 67% SNAMHS and 47% RC Consumers are between 21 – 44 years of age. 79% of MHDS consumers are white. The largest racial minorities served in our urban mental health centers are African-American (9%) and Hispanics (7%).

In contrast, Native Americans are the primary racial minority in our rural clinic sites. 92% of our consumers earn below \$16,000 poverty level.

On page 19, you will see the top diagnosis for outpatient and inpatient.

On pages 30 and 31, you will find a listing of our performance indicators with definitions. The Division has spent a great deal of effort in developing our indicators, which has given us the ability to monitor and assure quality of services.

We publish a Quarterly Performance Indicator Report so that our stakeholders, consumers and staff can understand how each agency has performed with respect to each indicator. Each of the agencies will be prepared to address their performance measures when they present their respective budgets.

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Lastly, on Pages 32, 33 and 34 are our accomplishments. It is important to know and be proud that we have some of the hardest working staff who have accomplished a great deal with the resources provided us. For instance, NNAMHS received a full three-year accreditation by the Joint Commission on Accreditation of Health Care Organization, increased our bed capacity at LCC from 36 to 48 beds, began our first-ever consumer Assistant Program by employing seven of our consumers, expanded our Senior Mental Health Outreach to Reno.

Now, let me present to you the mental health portions of the Governor's Biennial Budget, which is the other handout that we distributed.

- Page 1 gives you our organizational chart, Commission on Mental Health and Developmental Services, Mental Health Planning and Advisory Council.
- Page 2, you find the pie chart Mr. Willden discussed during his presentation.
- Page 3 shows you the distribution of costs between MH, DS and Administration.
- Page 4 gives you the total for each MH Agency.
- On Page 5 you will see the budgeted revenues by revenue source. You will note the Governor's is recommending a 32% increase in mental health funding. At the bottom of the page, you will see the increase or decrease from this Biennium to the 04-05 Biennium and as you will note, the majority of the new positions are for SNAMHS.
- On Page 6 is the MH year-end caseloads.

Our budget was developed in order to support AB513, which is the DHR Strategic Plan. On Pages 7 and 8, you will see decision units interface with the four strategic plans outlined by AB513. Mr. Willden incorporated the Olmstead Decision into AB513. As many of you know, the Olmstead decision is a 1999 Supreme Court Decision, which held that denial of community placement to individuals with disabilities causing them to remain in institutional setting is precisely the type of segregation that congress sought to eliminate in passing the Americans with Disabilities Act in 1990. The Department's Strategic Plan and the Division's budget meets the expectation of the Olmstead Decision by providing resources to our providers and towards community-based, least restrictive services.

Please turn to Page 9. Let me begin with the high level Budget Highlights of SNAMHS. The driving force for this budget is the tremendous caseload growth and unmet need. M101 - This decision unit provides for medication inflation. The medication inflation is the level of inflation being experienced

by Medicaid. Medication Cost is funding category 40 in all mental health agency budgets. As of FY98, the Division has been prescribing the new Generation Medications the atypical antipsychotic and the SSRI because they increase quality of life, reduce minor and life threatening side effects; reduce recidivism in days and episodes to the hospital and reduction in hospital days.

The Division has taken a proactive stance in the reduction/control of medication costs through:

- Active Member of the Minnesota drug Consortium, a major purchasing group.
- Conduct Pharmacoeconomics studies; in fact, our report detailing the effects and benefits of the new generation psychiatric medications is being finalized and will be ready for distribution when the agencies present their budgets in February.
- We have been aggressively pursuing drug samples and scholarships to reduce the cost of medications. In FY02, Rural Clinics received over \$652,037 in sample/scholarship medications, which is about 82% of their total pharmacy cost. State dollars were used to fund only 18% of medications used by Rural Clinics. NNAMHS and SNAMHS average nearly \$20,000 per month in samples.
- We have implemented a bimodal algorithm project (step by step procedure for solving problems or accomplishing the same end).
- Created a statewide pharmacy oversight leadership committee whose task is to create/monitor the Divisionwide formulary.

DHR standardized the methodology for caseload projections. Created caseload evaluation organization (CLEO) developed a simple/multiple linear projection for caseloads. We used 36 data points for the period between July 99 and June 02. We projected out 36 additional data points for the period of July 02 to June 05.

M200 Caseload growth for our medication clinics at our four sites (West Charleston, Henderson, North Las Vegas and East Las Vegas). 2 MDs, 4 RNs, 1.6 Administrative Assistants and 1 Pharmacy Technician. (Table on page 13)

M201 Caseload Growth for our Residential Support Services (Olmstead Decision). 91 clients per year phased in. 1 Accounting Assistant, .5 Administrative Assistant. (Table on page 14)

M204 Caseload Growth for PES. It is for the PAU staff for the emergency walk-in center. 1 Psychologist, 1 RN, 2 Administrative Assistants.

M205 Caseload Growth Residential Support. 5 additional Service Coordination (1-35).

E350 is the direct result of AB513, which directed us to develop a strategic plan for provider rates. The results of this was a recommendation of a 38% rate increase for our supportive living arrangement and community treatment center providers. The decision allows for a phased-in increase (7% effective 1-1-04 and an additional 8% increase in FY05).

E451 request will provide staffing to increase the number of beds available in the psychiatric observation unit from 10 to 16. 10-bed unit staffed at 21 FTE, calculated factor of 0.6.
0.5 MD; 0.5 CSW III; 0.5 RN III; 4.0 RN II; 7.0 MHT III; 1.0 Administrative Assistant II; 2.0 Consumers
= 15.5 FTEs.

E452 request will provide staffing to increase the number of beds available in the POU from 16 to 26. Additional 21 staff of 1.0 MD; 1.0 CSW III; 1.0 RN III; 4.0 RN II; 12.0 MHT III, 2.0 Administrative Assistants = 21 FTE.

These increases in beds have been necessitated by the enormous growth in Clark County and the resultant overcrowding of the 11 local emergency rooms.

We have been tracking all referrals since February 02 and we have on an average of 15 Individuals/day waiting to be transferred to SNAMHS waiting on an average of 51 hours.

E453 recommends adding a second PACT program, which has demonstrated its effectiveness in keeping our most severely and persistent mentally ill out of the hospital. Our outcome data shows that consumers who are on PACT have increased days in the community by decreasing hospital use.

E600 recommends restoring part of the funds that were used for the residential program but were cut as part of the 3% budget cuts. These funds will be used for supportive living arrangements, which we feel are better outcomes and are more cost effective (32 SLAs include 2 ISLAs).

E805 recommends reclassifying the pharmacist positions to the medical pay schedule in order to create a salary structure that will allow for competitive hiring of pharmacists. There is currently a 44.5% gap between state pharmacists and the comparable private labor market. The cost to contract pharmacy services is 20% higher than the State's cost. SNAMHS has a total of 6 Pharmacists.

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Starting on Page 16 is Budget Highlights for NNAMHS.

M101 is the _____

M200 is the growth for medication clinic. (Graph – page 18)

M201 is residential support. *Graph – page 19)

M203 is caseload growth for outpatient.

E351 is the funding to assist with the Judge Breen Mental Health Court. The agency has been providing the resources despite lack of funding.

From last indication, the Mental Health Court had _____ defendants. 75% are diagnosed with either schizophrenic or bipolar.

A case study has just been completed of 6 defendants (3 women and 3 men). Women showed 46 previous arrests for trespassing, failure to comply, prostitution, battery/domestic violence. Men showed 22 previous arrests for damage to school property, littering/obstructing-resisting an officer and burglary.

The average previous arrests for the six individuals was 12. The average arrests since enrollment in Mental Health Court was one. The average jail nights in 12 months prior to Mental Health Court was 50. Since enrollment in Mental Health Court, 24.5. The number of hospitalizations in 12 months prior to Mental Health Court was 10. Since enrollment in Mental Health Court, two.

E600 is similar to SNAMHS restoration of the funds that were used for the residential support program that was cut as part of the 3% budget cuts. The funds will be used for 15 supportive living arrangements (2 intensive, 5 Regular Plus SLAs and 8 Regular Plus).

E805 is the pharmacy issue discussed previously. NNAMHS has a total of five pharmacists.

On pages 20 and 21, we have BA 3164, which is Mental Health Information System. The one major issue here is the conversion of our existing management information system.

The actual budget information for the new information system is included in BA 1325 decision Unit 501. We conducted an extensive gap analysis, which we funded through a federal grant. Funding of this decision unit will enable us to begin implementation of new a information system. Our current (AIMS) database software will be discontinued by June 03. We plan to implement the new system across several Biennium. The Biennium, it will be broken down into two phase. Phase one - Financial/pharmacy reporting modules will be implemented statewide for all mental health agencies. Phase two will be the electronic medical records module (clinical workstation) for NNAMHS and Carson Mental Health. This decision unit only includes the necessary overtime for our information technical staff.

On page 22, we have BA 3168, which is the administration budget.

There is one budget item that I want to bring to your attention.

M501 decision unit is for the hiring of a Divisionwide privacy officer to oversee our HIPAA compliance.

Another is E903, transfer out to Lake's Crossing Center of 0.75 psychologist position.

On Page 24, you will find BA 3645 Lake's Crossing Center for the mentally disordered offender. No growth is anticipated in the inpatient 48 beds. The containment is mainly due to changes that were made last Legislative Session. Allowing staff to conduct the evaluations reduced the time inmates were waiting to have the evaluations completed.

In decision unit E-279, the agency is requesting a 0.25 psychologist to go with the 0.75 psychologist position that is being transferred out of BA 3168, which has been used to be in compliance with NRS 213.1214, the sex offender panel. These panels have increased in numbers. The position will also assist in conducting outpatient competency evaluations, which have increased from four to 22 and competency evaluations for Washoe County District Court, which has increased from 70 to 276.

On page 27, you will find the last mental health agency, Rural Clinics. The agency operates 16 offices throughout rural Nevada. Clinical and support staff in Rural Clinic areas perform multiple functions due to the small numbers of staff and the variety of needs of clients.