DISCLAIMER

Electronic versions of the exhibits in these minutes may not be complete.

This information is supplied as an informational service only and should not be relied upon as an official record.

Original exhibits are on file at the Legislative Counsel Bureau Research Library in Carson City.

Contact the Library at (775) 684-6827 or library@lcb.state.nv.us.

Greeting and Introductions

Before I begin my presentation on the budget for Southern Nevada Adult Mental Health Services, I'd like to describe the services we provide at our agency.

Southern Nevada Adult Mental Health Services, located in Las Vegas, provides a full range of services to persistently and seriously mentally ill individuals. You'll hear me use the term, seriously mentally ill several times through out my presentation and before I go on I'd like to tell you what that means. To be seriously mentally ill one must be diagnosed with a severe mental disorder and have symptoms that may include hearing voices, seeing things that aren't really there, having paranoid thoughts like believing one is being persistently followed by others, or feeling like the world would be better off without them. Without adequate treatment, these mentally ill men and women often become desperate, give up hope, and kill themselves or harm others. With our modern medicines and clinical treatment these individuals can once again lead useful and productive lives. Having worked as a psychologist and mental health provider in Las Vegas for the past 28 years, I could relay hundreds of stories about individuals who have made great strides in managing their illness, and conversely, dozens of stories about those who didn't get adequate care and whose lives ended tragically.

You will also hear reference to the Olmstead decision. This 1999 Supreme Court decision requires that states move toward providing services to individuals with mental illness in the least restrictive environment possible. For us that means treatment in the community. All of our budget requests are designed to provide services in the least restrictive manner. Since 1990 the population of Clark County has increased by 85% and the necessity to provide programs to the thousands of severely mentally ill who move to Las Vegas has made us inventive. SNAMHS has been the leader in developing such programs like the Program for Assertive Community Treatment, our "hospital without walls" which provides 24 hour, 7 day a week access to a full team of mental health providers including a psychiatrist, psychologist, clinical social worker, nurses, and case workers or like our Intensive

Service Coordination program, which assists in keeping seriously mentally ill felons out of jail and out of the hospital. In this budget, we will ask for additional community resources to meet growing needs. But, we will also ask that our acute care psychiatric hospital needs be addressed as we are truly a city in crisis and are no longer able to meet standards of community health and safety.

The staff at SNAMHS provide mental health services at four sites through out Clark County, consistent with our effort to de-centralize our services and make them accessible to the consumers across the Las Vegas valley. The main campus is located on W. Charleston Blvd. where a full range of outpatient services are provided, like outpatient medication clinic, service coordination, intensive service coordination, psychosocial rehabilitation, outpatient counseling, and senior mental health outreach. Our Psychiatric Emergency Services and acute inpatient hospital are also located on the main campus. Our three site offices are located in North Las Vegas, East Las Vegas, and Henderson. Each site offers an array of outpatient services, including medication clinic, service coordination, outpatient counseling, senior mental health outreach, and the Program for Assertive Community Treatment (PACT).

Residential support is essential in maintaining our clients in the community. These services are provided through contract services as part of a public private partnership. This program includes 210 supported living arrangements, called SLAs, which are apartments leased by the clients, 8 intensive supported living arrangements, called ISLAs, which are apartments staffed 24 hours a day, 7 days a week by contracted mental health providers, 11 special needs group home beds, for severely mentally ill clients who are also medically fragile, and contracts with 72 regular group homes. We are especially proud of our ISLA program. This program is central to the intent of the Olmstead decision. It has allowed clients who have spent years in an institution, to live in a community setting, by providing 24-hour supervision in a supported living arrangement. One young man, who was placed in an ISLA last April, had resided in our hospital at SNAMHS for 12 years, as a result of his violent and unpredictable psychotic episodes. Since his placement in the ISLA program he has never been re-hospitalized.

Now, I would like to briefly describe the cuts our agency has made in direct services, and operating expenses made necessary by the current fiscal crisis. First, I will describe what effect the Governor's mandated 3% cuts had on our agency. Then I will attempt to describe the unique challenges we face as the fastest growing city and state in the nation.

The Governor's mandated 3% cuts resulted in a biannual reduction of $1,275,111.00 in Residential Support. Specifically, we decided to terminate our contract with Mojave Mental Health for a 10-bed Residential Treatment Program. We are asking that a portion of this be returned and I will explain in more detail in package E600 how we will serve more clients in a less restrictive community setting for less cost.

We lost $506,500.00 in FY '03 in much needed funding from our medication budget. This loss is critical, as we cannot treat our severely mentally ill clients without adequate medications. We also lost funds allotted for overtime.

All of these cuts are listed in your Legislative handouts.

Finally, the following budget presentation will make requests based on the enormous growth we've experienced in Las Vegas. In each specific budget package described you will hear references to CLEO projections. The acronym CLEO stands for Caseload Evaluation Organization. In the spring of 2000, the Director of the Department of Human Resources decided to establish a reliable, department wide way of accurately and reliably projecting caseload growth. All of the divisions within the department currently compile the same type of data, based on caseload history and demographic growth in order to reliably project their program needs.

Las Vegas is the fastest growing city in Nevada and is generally acknowledged as the fastest growing section of the country. Imagine the entire population of Carson City moving to Las Vegas every year for the last 15 years. This has stretched our resources to the breaking point. Mental Health services have not kept pace with this growth, which has

contributed to our unfortunate national ranking as number 2 in per capita suicides. According to the most recent figures the population of Clark County is 1, 550,000 and steadily growing. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), the national average of publicly funded inpatient psychiatric beds is 33 per 100,000 people. (page 14 of pages 9-25 of the handout) Las Vegas has 68 publicly funded psychiatric inpatient beds for a ratio of only 4.8 publicly funded inpatient beds per 100,000. Las Vegas has also lost 90 private psychiatric beds during the last biennium, leaving Las Vegas with a total of 70 private inpatient psychiatric hospital beds.

Every day 22 severely mentally ill individuals experiencing life-threatening crises and in need of immediate psychiatric intervention, show up at our emergency walk-in clinic, and everyday at least 2 of them leave without being seen due to wait times of several hours. Everyday for the last 6 months an average of 14 severely mentally ill people have been held involuntarily in the Las Vegas valley's 10 emergency rooms as a result of their violent and self destructive behaviors, for an average of 49 hours each, before transfer to our acute care psychiatric hospital is possible. Today, as I speak to you, _____severely mentally ill people are waiting for transfer to SNAMHS' acute psychiatric observation unit and there is no room. Last year, every 30 hours a desperate and hopeless mentally ill person in Las Vegas, took his or her own life.

Now with your permission I'll proceed with the budget presentation for SNAMHS, Budget Account 3161.

SOUTHERN NEVADA ADULT MENTAL HEALTH SERVICES (SNAMHS) BA# 3161

As illustrated in the handout provided to you, our agency's budget is divided into community and hospital services with 70 % of our budget

spent on our outpatient community services and 30% on hospital programs.

BASE p. 34

M100 INFLATION AND PER UNIT ADJUSTMENTS p.35

This maintenance package is an inflation package for insurance and technology expenses.

M101 INFLATION p.36

This maintenance package is an inflation package for pharmacy medication costs. This is based on projections by the Center for Medicare and Medicaid, CMS, (formerly HCFA) Office of the Actuary.

Provided in your handout on page 5 is the National Health Expenditure Amounts and Average Annual Percent Change by Type of Expenditures: Selected Calendar years 1980-2011. Projected prescription drug costs for FY '03 are 8%; FY '04 are 12.3%; FY '05 are 11.7%. They are highlighted on your copies.

M200 DEMOGRAPHICS/CASELOAD CHANGES p.36

This request will add essential psychiatrist and nursing positions necessary to provide services to the rapidly increasing consumer demand at the Medication Clinics at all four sites. Please see page 6 in the handout for CLEO projections and page 7 for waiting list information for this package. During the past fiscal year we have added 1000 patients to the medication clinic roles. All of our medication clinics are currently scheduled through May. Without funding for projected consumer growth, clients with serious mental illness will experience even longer delays in seeing psychiatrists and nurses and be at increased risk of de-compensation, including suicide attempts and high cost hospitalization. Right now the average wait time for an appointment in one of our 4 medication clinics is at least 3 months. This is substandard health care.

Our budgets are built on a standard ratio of medication clinic psychiatrists to patients of **1:345**. Our current caseload of 6,674 patients

divided by our current number of psychiatrists and 1 advance practice RN (8.25) results in a doctor patient ratio of **1:808.** Each psychiatrist in our medication clinics carries **463** severely mentally ill patients over accepted community standards. In the next two years CLEO projections predict an increase of 412 clients in FY03-04 and 411 clients in FY 04-05. This package will provide for the addition of 4.80 FTEs—1 psychiatrist; 2 RN IIs; 1 pharmacy technician; .8 AA II in FY 03-04 and an additional 4.80 FTEs or 1 psychiatrist; 2 RN IIs; and .8 AAII in FY 04-05, for a total of 8.60 FTEs.

M201 DEMOGRAPHICS/CASELOAD CHANGES p.37

Supported housing services are focused on the indigent seriously mentally ill. Priority is given to seriously mentally ill patients recently discharged from our psychiatric hospital. We are very proud of our ability to contract with quality private providers willing to offer community placements to some of our most chronically and seriously mentally ill and afford them a level of freedom unthinkable just 25 years ago. Residential programs served an average of 601 patients per month in FY 02 and year to date we've served 656 seriously mentally ill individuals. The current waiting list for Residential Programs is 55. (This wait list does not include those individuals who are already in more restrictive care, like a group home, who are awaiting transfer to a less restrictive placement like a SLA. This waiting list is kept internally and currently stands at 20.) Please see CLEO waiting list information for this package on page 8 of your handout.
This decision unit uses CLEO data, which projects an increase in caseload for residential services of 91 clients per year. Based on client growth, a 0.5 FTE Administrative Assistant I, Grade 23, is requested in FY 04 and a 0.5 FTE is requested in FY 05. Projected growth in residential programs, and the need to manage costs, requires a 1.0 FTE Accounting Assistant III, Grade 27, to augment billing and receivables. FTEs for FY03-FY04 = 1.5; FY04-FY05 = 2.

M204 DEMOGRAPHICS/CASELOAD CHANGES p.37
Psychiatric Emergency Services (PES) consists of two separate components: Psychiatric Ambulatory Services (PAS) and Psychiatric

Observation Unit (POU). PAS is open 24-hous a day. It is our emergency walk-in center for clients in psychiatric crisis. POU is an observation unit for clients needing short-term observation, stabilization and treatment in a secure environment for up to 72-hours. Both of these services meet the intent of the Olmstead decision by maintaining clients in the least restrictive environment. For example if a seriously mentally ill individual comes to PAS at 2:00 a.m. in severe distress and threatening suicide he or she may be admitted to POU for a short time and then released with appropriate aftercare, thereby avoiding admission to the hospital. It should be noted that fiscal year to date, POU has averaged 24.7 patients per day in 20 beds for an average length of stay of 22.5 hours each.

The needs of the seriously mentally ill individuals requiring emergency walk-in psychiatric services are no longer being adequately met by the current staffing. For the past 6 months the average number of individuals voluntarily requesting emergency services has been 631per month or 22 per day, with approximately 36% of these individuals, or 227 per month/or 8 per day admitted to POU as a result of the imminent danger of hurting themselves or others. Of concern is the number of seriously mentally ill individuals who leave without being seen because of our staffing shortages. This number has averaged approximately 2 per day over the past 7 months, and is increasing. For the first two weeks in January, 3 of these seriously mentally ill patients left each day without being seen as a result of lengthy wait times. Each client that leaves without evaluation and treatment poses an increased risk of self-harm as well as an increased risk to community safety. According to CLEO projections, the number of clients seen in the PAS clinic will increase from 9,103 at the beginning of FY04 to 11,534 over the course of the biennium. The consequences of failing to fund this package will be the increased use of the valley's emergency rooms and a higher suicide rate. FTEs for FY03-FY04 = 3: .5 psychologist; .5 RN II; and 2 AA IIs; FY04-FY05 = 4: .5 psychologist; and a .5RN II.

M205 DEMOGRAPHICS/CASELOAD CHANGES p.38

The projected growth of clients in residential support programs has a direct impact on service coordination. Every client in supported housing

must have a service coordinator. The service coordinator is vital in assisting the individual in obtaining services necessary to live independently. Services include needs assessment, referrals to other programs, monitoring of medications, and other support services as necessary. Service coordinators are our eyes and ears in the community. They spend much of their time in the field making home visits, triaging emergency situations and often acting as confidant and friend to the 35 individuals for whom each service coordinator is responsible. SNAMHS performance indictors suggest that the rate of hospitalization for patients before being assigned a service coordinator is 15%, but declines to 3.5% after involvement in this program. It should be noted that current consumer demand appears down but is an artifact of the freeze on residential support put into place 5 months ago as a result of our budget cuts. We have also experienced staff vacancies and turnovers. This combined with the hiring freeze created longer wait times for obtaining approval to hire these positions. Using CLEO, the projected growth of 91 clients in FY04 and another 91 clients in FY05 will require 5.0 additional service coordinators. FTEs for FY03-FY04 = 4: 2.5 PCW IIs and 1.5 AA IIs; FY04-FY05: 2.5 PCW IIs and 1 AA II = 7.5.

E350 SERVICE AT LEVEL CLOSEST TO PEOPLE p.39

This decision unit includes a 7% provider rate increase effective January 1, 2004 for FY04 and an additional 8% increase for FY05. These rate increases are for amounts budgeted for Supportive Living Arrangements (SLA). This package is as a result of a rates study in response to A.B. 513 and supports Olmstead by ensuring the maintenance of a provider network in the community for least restrictive treatment. The independent audit firm that conducted the study recommended a rate increase of 38% to SLA providers. As I mentioned earlier, all of our Residential Support programs are provided by private contractors. In order to maintain quality care for our seriously mentally ill individuals in residential support, we need to compensate our contracted providers.

E451 INCREASE IN POU FROM 10 To 16 Beds AND **E452** p.39 & 40 INCREASE IN POU FROM 16 TO 26 BEDS

E451 and E 452 were requested as separate packages in order to stay beneath the cap of 2 X FY 03 budget constraints. I will describe them together.

E451 & E452 ADDITIONAL STAFF FOR THE PSYCHIATRIC EMERGENCY SERVICES OBSERVATION UNIT (POU)

This unit allows for the expansion of the POU service to 26 beds in order to address the crisis in the Las Vegas valley's emergency rooms. For the past 6 months, an average of 14 clients per day, on involuntary holds, who have met the legal definition of being a danger to themselves or others, have waited in Clark County's 10 emergency rooms an average of 49 hours each while awaiting transfer to the POU at SNAMHS. On October 11, 2002 we reached a high of 44 of these patients awaiting transfer to SNAMHS.

A temporary expansion was attempted on May 20, 2002, of increasing the capacity of POU from 10 to 20 beds, while temporarily decreasing the capacity of the inpatient hospital from 68 beds to 60 until September 16 when the inpatient capacity was raised back to 68. This attempt to increase emergency observation beds, with existing resources has had deleterious effects on both POU staff and patients.

The staffing ratio for POU is 1 staff to 3 clients, while the staffing ratio of the inpatient hospital is 1 staff to 5 clients. The difference in staffing ratios is as a result of the difference in patient acuity which requires intensive supervision, and rapidity of patient turnover. Since July 2002, POU has averaged 24.7 patients per day in 20 beds for an average length of stay of 22.5 hours each. The seriously mentally ill individuals admitted to POU are in acute distress, usually highly agitated, dangerous and suicidal. In order to guarantee their safety, they are either put on one to one supervision or a 15 minute watch. Their violent acting out is either directed at themselves or towards the POU staff. On numerous occasions we've had the local police bring the seriously mentally ill in hand cuffs to the POU and release them upon admission to our unit.

In order to adequately serve 20 patients on POU, the total direct care staff should be 34.65, but we've been operating with only 27 since our attempt to increase POU capacity with existing resources. As mentioned earlier, this experiment has had detrimental effects on both staff and the seriously mentally ill patients we serve. We've seen an increase in staff injury and an increase in the use of seclusion and restraint as a result of the high acuity levels of patients admitted to POU and staffing shortages.

After 72 hours in POU the patients are more stable than they were upon admission and no longer in need of the extremely close supervision that was required initially, hence the lower staffing ratios in the inpatient hospital. In order to adequately serve 68 patients on the inpatient unit the direct care staff should total 72.6, but is currently 69.

This staffing package would permit a return to the staffing ratio of 1 staff to 3 seriously mentally ill patients on POU and increase bed capacity to our licensed maximum of 26. It would also allow us to return hospital staff borrowed to enhance POU staffing, to the inpatient unit, resume the staffing ration of 1 staff to 5 patients on the hospital and increase bed capacity to our licensed maximum of 77.
FTEs for FY03-FY04 & FY04-FY05 = 36.7: 1.5 psychiatrist; 1.5 CSW; 1.5 RN III; 8 RN II; 19.2 MHT III; 3 AA II; 2 CSA.

E453 ADDITIONAL STAFF FOR PACT TEAM SERVICES IS REQUESTED p.40

This package requests a Program for Assertive Community Treatment (PACT) team, to provide care to the 23 severely mentally ill clients currently awaiting PACT services and to the large homeless seriously mentally ill population in Las Vegas, estimated at approximately 2600 by the 1999 UNLV study. The PACT program is a "hospital without walls" which provides 24 hour, 7 day a week access to a full team of mental health providers including a psychiatrist, psychologist, clinical social worker, nurses, and case workers. This package would permit a

PACT team to be located in the city owned building known as the Crisis Intervention Center (CIC). Negotiations have already begun to have a cooperative city/county and state effort designed to provide this intensive service to the homeless seriously mentally ill who have a high rate of incarceration and inpatient psychiatric care.

The PACT team has served 149 seriously mentally ill individuals since its inception in March, 1998 and has touched the lives of many more including family and friends. One such true story is about a 26 year old man, diagnosed as paranoid schizophrenic who was placed into the PACT program 3 years ago. He'd spent most of his adult life in and out of jail or inpatient psychiatric hospitals and was totally isolated from his family because of his aberrant and uncontrollable behaviors. He refused to take his medications and the voices in his head had him believing complete strangers were "out to get him", so he trusted no one. Since his treatment by the PACT team he is gainfully employed as a landscaper, lives independently in his own apartment and has regular and ongoing positive contact with his family. He is now a productive member of society; pays his taxes and has a supportive family. There are many similar stories of lives changed through the PACT program. This package would allow us to attempt to change many more.

FTEs for FY03-FY04 & FY04-FY05 = 7.53: .51 psychiatrist; .51 psychologist; .51 CSW III; 3 PCW II; 2 RN II; 1 AA II.

E458 FUNDING IS REQUESTED FOR A MOBILE RESPONSE TEAM p.41

This package is designed to provide emergency psychiatric evaluation 24 hours a day, 7 days a week to seriously mentally ill individuals, on involuntary holds, as a result of their self-injurious or dangerous behaviors, in the valley's emergency rooms or to the Las Vegas Metropolitan police force. For the past 6 months an average of 14 seriously mentally ill individuals per day have waited an average of 49 hours each in the valley's emergency rooms. Sixty five percent of those are eventually admitted to our POU, but most disturbing are the 35% high-risk individuals identified as in imminent danger to themselves or

others, who leave the ER's with no evaluation, treatment, or follow-up care. This package would allow on call, triage and evaluation 24 hours a day/7 days a week to the local ER's and to the local police forces.
FTEs for FY03-FY04 & FY04-FY05 = 5.60: 1 CSW III & 4.6 CSW II.

E600 BUDGET REDUCTIONS p.41-42

As part of the 3% cuts in FY03, the "Bruce Adams Residential Treatment" program was eliminated. This was a 10-bed step down program for clients discharged from our inpatient unit. In place of restoring the 10-bed step down program, this package includes a less costly and more effective residential solution. In its place we have asked to have only 62% of the funding restored in FY 04 and 76% in FY 05 in order to provide residential support to 16 seriously mentally ill individuals over the biennium (10 SLAs and 6 ISLAs). SNAMHS performance indicators suggest that prior to placement in an SLA seriously mentally ill individuals are hospitalized 19% of the time, but after placement that rate drops to 4 %.
This package includes funding for the phase-in of 10 Supported Living Arrangements (SLA) and 6 Intensive Supported Living Arrangements (ISLA).

E710

This decision unit provides funding for replacement equipment. Items include office equipment, computer hardware and software, furniture, vacuum, wheelchair and other equipment needs for the in-patient hospital such as bed frames, curtains and a janitorial cart.

E711

This package provides for replacement equipment included in the 2002/2003 equipment budget but the equipment was reverted for the 3% cuts. Items include refrigerators, office equipment, chairs, furniture and vacuums.

E720

This decision unit provides funding for new equipment including office equipment, furniture, computer hardware and software, and various equipment needs for the hospital.

E731

This decision unit would enable the agency to purchase and install a 20X40 foot storage shed that would allow the agency to store equipment and records.

E805 MAJOR RECLASSIFICATIONS p.44

The Mental Health and Developmental Services Division is requesting the Pharmacist I, II and III classification series be moved to the classified medical pay schedule. This will allow the salaries of these positions to be reviewed and updated on a more frequent basis, which is necessary due to their high demand. The Department of Personnel is recommending a salary increase based on an in-state salary survey recently completed. The salary survey indicated that State Pharmacist positions are below labor market value by 44.5%. This package will enable SNAMHS to continue to de-centralize pharmacy operations and continue to operate the North Las Vegas and Henderson satellite pharmacies and open a satellite pharmacy in East Las Vegas. This will permit elimination of the contract for pharmacy services at significant cost savings to the State ($711,900.00) which was necessitated by the inability to compete with private pharmacist' salaries. The four pharmacist positions have averaged a vacancy rate of 14.5 months over the past biennium and 2 of those positions have been filled in just the last 3 months as a direct result of our informing the new staff of our request to improve the salary package. Southern Nevada Adult Mental Health Services has a total of 6.0 FTE (1.0 FTE Pharmacist III and 5.0 FTE Pharmacist I.)