Substance Abuse Prevention and Treatment Agency

Bureau of Behavioral Health, Wellness and Prevention

Strategic Plan 2017-2020

Nevada Division of Public and Behavioral Health

Acknowledgements

The Bureau would like to recognize the following individuals who contributed to the strategic plan, listed alphabetically.

Name	Position	Organization
Michelle Berry	Project Manager	Center for the Application of Substance Abuse Technology
Steve Burt	Chair, Executive Director	SAPTA Advisory Board, Ridge House
Lyell Collins	HIV Prevention Program Manager	Nevada HIV/AIDS Prevention Program
Kyle Devine	Bureau Chief	Nevada Bureau of Public and Behavioral Health, Behavioral Health, Wellness and Prevention
Mark Disselkoen	Project Manager	Center for the Application of Substance Abuse Technology
Ali Jai Faison	Vice Chair	Behavioral Health Planning and Advisory Council (BHPAC)
Kendra Furlong	Health Program Specialist II	Nevada Bureau of Public and Behavioral Health, Behavioral Health, Wellness and Prevention
James Kuzhippala	Health Program Specialist	Office of Public Health Informatics and Epidemiology
Linda Lang	Director	Nevada Statewide Coalition Partnership
Barry Lovgren	Public	Private Citizen
Kathy Mayhew	Clinical Program Planner	Division of Child and Family Services
Julia Peek	Deputy Administrator	Division of Public and Behavioral Health
Karen Taycher	Executive Director	Nevada PEP
Stephanie Woodard	Senior Advisor on Behavioral Health State of Nevada	Department of Health and Human Services

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Executive Summary

Nevada's Substance Abuse Prevention and Treatment Agency (SAPTA) is part of the Bureau of Behavioral Health Wellness and Prevention (BBHWP) within the Division of Public and Behavioral Health (DPBH). SAPTA plans, funds, and coordinates statewide substance abuse service delivery.[1] SAPTA's key roles include distributing funding (tax dollars, general fund, and grants), creating and implementing statewide plans for substance abuse services, and developing standards for certification of programs and services.

In January 2017, a Steering Committee was convened to develop a strategic plan to both guide SAPTA's efforts and to fully align with state and federal regulations. This Strategic Plan documents a path to administer funding and coordinate substance use disorder services between 2017 and 2020. The plan was informed by a situational analysis based on community input, epidemiological data, key informant interviews, and other sources. Both critical issues identified by stakeholders and strategic initiatives identified in the Substance Abuse Block Grant (SABG) were used in the identification of plan goals and strategies.

The mission, or core purpose for this plan, is to promote healthy behaviors and reduce the impact of substance use and co-occurring disorders for Nevada's residents and communities. The vision is that Nevadans are healthy and resilient and able to fully participate in their communities.

The Steering Committee drafted six values to guide both the planning process and its implementation, and, developed five goals and 12 objectives to guide its work between June 2017 and June 2020. Strategies were also identified to help launch implementation. Note that while goals and objectives are intended to stay fixed during the plan term, strategies may need to be adjusted to reflect the most current situations at the federal, state, and local levels.

Regular use, review, and updates to the public are critical to the success of this plan.

[1] Many of the statutes and regulations refer to substance abuse; however, goals and strategies reflect the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) language. The DSM no longer uses the terms substance abuse and substance dependence.

Goal 1 **Strengthen and enhance the Bureau's infrastructure to manage, lead, and sustain effective behavioral health promotion, programs, and strategies.**	
Objectives	Objective 1.1: By August 30, 2018, attain compliance with federal and state regulations.
	Objective 1.2: By June 30, 2018, structure the Bureau for effective planning and administration.
	Objective 1.3: By December 31, 2018, establish practices to increase accountability and transparency in alignment with the values described in this plan.
	Objective 1.4: By March 31, 2018, develop protocols that provide for consistent affordable billing by the funded treatment programs for the uninsured and the underinsured.
Goal 2 **Build the capacity of local communities to provide the services to address their specific needs based on data-driven priorities.**	
Objectives	Objective 2.1: By December 2018, reduce service gaps.
	Objective 2.2: By December 2019, increase the capacity of local communities.
Goal 3 **Sustain and strengthen evidence-based practices and promote a competent workforce.**	
Objectives	Objective 3.1: By December 2018, increase the use of evidence-based practices.
	Objective 3.2: By December 2020, increase the competency of the workforce.
Goal 4 **Improve behavioral health care and wellness through relevant, timely, and accessible education, training, and information.**	
Objectives	Objective 4.1: By December 2018, improve the accessibility and dissemination of prevention, outreach, intervention, treatment, and recovery information.
	Objective 4.2: By December 2019, improve intercommunication between the Bureau, the public, and its partners.
Goal 5 **Improve state and local cross-organizational collaboration to provide a system of effective and inclusive prevention, outreach, intervention, treatment, and recovery services.**	
Objectives	Objective 5.1: By December 2018, improve access to timely and appropriate treatment and care.
	Objective 5.2: By December 2018, increase collaboration among funded providers.

The plan will be reviewed at least annually by the Behavioral Health Planning and Advisory Council (BHPAC) or its successor and the Bureau to evaluate progress towards completion of goals, as well as the feasibility of strategies.

Introduction and Purpose

Nevada's Substance Abuse Prevention and Treatment Agency (SAPTA) is part of Nevada's Bureau of Behavioral Health Wellness and Prevention (BBHWP) within the Division of Public and Behavioral Health (DPBH). SAPTA plans, funds, and coordinates statewide substance abuse service delivery.[2] While SAPTA is not responsible for direct service delivery, it distributes state and federal grant funding, creates and implements statewide plans for substance abuse services, and develops standards for certification of programs and services.

Because the last SAPTA Strategic Plan was completed in 2007, the Bureau recognized the need for a new plan to guide its efforts and to fully align with state and federal regulations.

State Regulations

According to Nevada Revised Statutes (NRS 458.025), the Division of Public and Behavioral Health (DPBH):

(*a) Shall formulate and operate a comprehensive state plan for alcohol and drug abuse programs which must include:*

> *(1) A survey of the need for prevention and treatment of alcohol and drug abuse, including a survey of the treatment providers needed to provide services and a plan for the development and distribution of services and programs throughout this State.*
>
> *(2) A plan for programs to educate the public in the problems of the abuse of alcohol and other drugs.*
>
> *(3) A survey of the need for persons who have professional training in fields of health and other persons involved in the prevention of alcohol and drug abuse and in the treatment and recovery of alcohol and drug abusers, and a plan to provide the necessary treatment*.[3]

NRS 458. 025 goes on to require that, "In developing and revising the state plan, the Division shall consider, without limitation, the amount of money available from the Federal Government for alcohol and drug abuse programs and the conditions attached to the acceptance of that money, and the limitations of legislative appropriations for alcohol and drug abuse programs."

[2] Many of the statutes and regulations refer to substance abuse; however, goals and strategies reflect the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) language. The DSM no longer uses the terms substance abuse and substance dependence.

[3] Retrieved on October 17, 2016 from: https://www.leg.state.nv.us/nrs/NRS-458.html

Any specifics within the state plan will also be compliant with the Nevada Administrative Code, specifically those provisions in Chapter 458 regarding the Abuse of Alcohol and Drugs.

Federal Block Grants

The Nevada Division of Public and Behavioral Health (DPBH) is the Single State Authority (SSA) for federal grants issued by the Substance Abuse and Mental Health Services Administration (SAMHSA). As part of the DPBH, SAPTA administers programs and activities that provide community-based prevention and treatment through the Substance Abuse Prevention and Treatment Block Grant - referred to as SABG by SAMHSA and SAPT by DPBH (Nevada Division of Public and Behavioral Health (DPBH), n.d.). Note that "prevention and treatment" is used throughout this document to summarize a broad continuum of approaches including outreach, prevention, (early) intervention, treatment, and recovery.

The SABG program, mandated by Congress, provides funds and technical assistance to all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, six Pacific jurisdictions, and one tribal entity. Grantees use the block grant programs for prevention, treatment, recovery support, and other services to supplement Medicaid, Medicare, and private insurance services. Specifically, block grant recipients use the awards for the following purposes:

- Fund priority treatment and support services for individuals without insurance or for whom coverage is terminated for short periods of time.
- Fund those priority treatment and support services that demonstrate success in improving outcomes and/or supporting recovery that are not covered by Medicaid, Medicare, or private insurance.
- Fund primary prevention by providing universal, selective, and indicated prevention activities and services for persons not identified as needing treatment.
- Collect performance and outcome data to determine the ongoing effectiveness of behavioral health promotion, treatment, and recovery support services. (Substance Abuse and Mental Health Administration, 2016).

SABG has identified target populations and service areas to include:

SABG Targeted Populations and Services				
Pregnant women and women with dependent children	Persons who inject drugs	People with tuberculosis	Early intervention services for people with HIV/AIDS	Primary prevention services (at 20% or more)

Primary prevention strategies are used for those who are not in need of treatment. The requirement for the SABG allotment towards prevention strategies is “no less than 20%” (Substance Abuse and Mental Health Services Administration, 2015).

Plan Creation

A Steering Committee consisting of diverse stakeholders from the community, professional organizations, and advisory boards and councils was convened to guide the development of this plan. A situational analysis was conducted to develop critical issues and goals. Additional input from public town hall meetings helped to prioritize needs and provide feedback on draft goals.

This Strategic Plan creates a comprehensive path forward from 2017-2020 for SAPTA to best administer funding and coordinate substance use disorder services. It facilitates compliance with state and federal requirements while bolstering its own organizational cohesion, strengthening collaboration with other state entities, and directing services to those populations most at risk.

Organization of this Document

This strategic plan contains the following sections:

Methods and Approach

This section outlines the methods and approach to the strategic planning process.

Situational Analysis Summary

This section summarizes the Situational Analysis, describing the regulatory framework for the plan. It also identifies needs, strengths, and potential areas for focus both within SAPTA as an organization and within Nevada’s communities.

Plan Framework

This section describes the mission, vision, and values that articulate SAPTA’s philosophy.

Critical Issues and Goals

This section outlines the priorities established in light of the situational analysis.

Strategic Plan Goals and Strategies

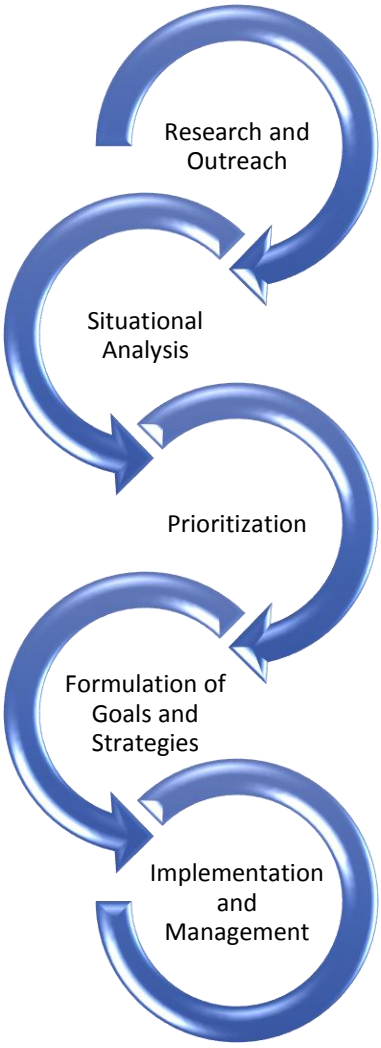
This section details the goals and strategies as well as an implementation timeline. It also identifies potential parties responsible for accomplishing these goals.

Management and Evaluation of the Plan

This section explains how SAPTA plans to measure and monitor accomplishments.

Methods and Approach

To arrive at the Strategic Plan, Focused Strategic Thinking (FST) was employed. FST is a process for thinking about and planning for the future of an organization that is simple, structured, participative, efficient, and effective. The process involves developing and implementing a strategy and requires three activities – strategic thinking, strategic planning, and strategic management. In practice, the model calls for understanding the situation and then planning the strategy, its implementation, and control. The strategy links leadership's understanding of the organization today with where it wants, can, and should be at some point in the future (Ginter, Duncan, & Swayne, 2013).



Additionally, SAMHSA's Strategic Prevention Framework (SPF), designed to answer the following questions, was also incorporated in the approach (Substance Abuse and Mental Health Services Administration, 2016).

1. What is the problem and how can I learn more? (Situational Analysis)
2. What do I have to work with? (Situational Analysis)
3. What should I do and how should I do it? (Strategic Plan)
4. How can I put my plan into action? (Strategic Plan)
5. Is my plan succeeding? (Strategic Plan)

The Steering Committee agreed to use consensus based decision-making in developing the strategic plan, but reserved the option of taking decisions to a vote if the group became deadlocked on an issue. Consensus based decision-making is an inclusive, participatory, and collaborative approach to making decisions that seeks the entire group's agreement before moving forward with a proposal (Seeds for Change, 2010).

In the first phase, the Steering Committee established a mission, vision, and values for SAPTA's Strategic Plan. Additionally, a consulting firm under contract with SAPTA conducted research

and outreach to explore and confirm the most pressing needs facing SAPTA using the regulatory framework provided by the Code of Federal Regulations (CFR), the SABG, Nevada Administrative Code (NAC), and Nevada Revised Statutes (NRS). The results of this research produced the situational analysis. The Steering Committee used the situational analysis and its expertise to develop a S.W.O.T. and identify critical issues. It is important to note that not all data for a complete needs assessment was available, and these limitations were detailed in the Situational Analysis.

Next, with additional input from the general public via Town Hall Meetings, the Steering Committee determined priorities based on the situational analysis. These priorities were used to formulate goals and strategies to guide SAPTA over the next three years. Again, public input on drafted goals and strategies was solicited. Finally, the Steering Committee decided how the plan would be implemented and managed in the coming years.

Situational Analysis (Summary)

Overview

Both quantitative and qualitative data were used to develop the situational analysis. Data from multiple sources, including data systems, reports, and publications, were compiled to answer key questions about service availability, utilization, needs, and gaps. It is important to note that the Situational Analysis was created without a comprehensive needs assessment as defined by CFR 96.133. However, to help identify and clarify the most important assets and issues related to substance use disorder outreach, intervention, prevention, treatment, and recovery, the consulting firm that facilitated the planning process interviewed stakeholders across the state, completed a S.W.O.T. analysis with Steering Committee Members, and conducted Town Hall Meetings in Las Vegas, Carson City, and Elko. This section provides a high-level overview of the situational analysis. The complete version can be accessed in the Appendix of this plan.

Summary

Nevada's population is growing and much of the data available indicates that more resources and better outcomes are needed to address prevention and treatment of substance misuse. The current system of care appears overly reliant on emergency rooms and criminal justice settings to identify and engage individuals with substance use and mental health needs. Wait lists for services are long. Additionally, uncertainty about the Affordable Care Act (ACA) could impact already threatened provider groups struggling with workforce issues. Solutions are needed to provide access, expand the workforce, and support prevention, outreach, intervention, and effective treatment and recovery. Disproportionate representation of people with mental illness and substance issues in the criminal justice system points to lost opportunities to reach people early and intervene before additional adverse events impact their lives.

In 2017, Nevada's top needs align well with SAMHSA's strategic initiatives. Several highlights are provided below.

Strategic Initiative #1: Prevention of Substance Abuse and Mental Illness

- **Focus on high risk populations.** Key informants identified subpopulations that may have limited access and exposure to resources available for prevention and treatment. These include people speaking a language other than English, youth, and people that are lesbian, gay, bisexual, transgender and questioning (LGBTQ). Data shows that transition-age youth are particularly at risk for substance misuse in Nevada. The rate of older adults with

dependence on opioids has also increased in recent years, pointing to the importance of surveillance to identify emerging populations and develop targeted prevention efforts.

Strategic Initiative #2: Health Care and Health Systems Integration

- **Integrate behavioral health with health promotion and health care delivery.** Continued attention and work to collaborate across behavioral health systems is important to achieve the long-term goal of successful integration. Data from the situational analysis suggests that stronger support for people with co-occurring disorders should remain a priority in Nevada. Cross-sector training and education are also promising approaches to better align and integrate best practices throughout Nevada.

Strategic Initiative #3: Trauma and Justice

- **Reduce the involvement of individuals with trauma and behavioral health issues in the criminal and juvenile justice systems.** Data from the situational analysis indicates considerable gains are possible through attention to trauma. The state is engaged in several innovative programs around the justice system, which may shed light on additional needs and opportunities. Work through local corrections (jails) and hospitals is an important short-term strategy to address the current situation. It is important to strengthen behavioral health systems so that people are interfacing with appropriate treatment and care. Finally, 'upstream' prevention efforts, for example focusing on reducing adverse childhood experiences and the impact of community trauma, can play an important role in addressing the root causes of some mental health and substance use disorders.

Strategic Initiative #4: Person-centered Planning and Recovery Supports

- **Partner with people in recovery from mental and substance use disorders and their family members to guide the behavioral health systems and promote individual, program, and system-level approaches that foster health and resilience.** Assistance with navigation and advocacy were identified as important workforce needs. Families and peers, with training and support, are an under-utilized asset. Housing and transportation are two important needs that were identified as barriers to treatment, treatment outcomes, or both. Several specific services—such as residential treatment—were identified as inadequate to meet community demand. Wraparound or continuum-of-care approaches were identified as solutions to improve outcomes for those with complex needs.

Strategic Initiative #5: Health Information Technology

- **Ensure that the behavioral health systems, including community providers, patients, peers, and prevention specialists can fully participate with the healthcare delivery system in the adoption of health information technology (Health IT).** Nevada has made many

advancements in this regard, including expansion of electronic health records and improvements to data systems. Development of specific data, enhanced communication between state and community groups, and enhanced capacity to analyze and use data to improve outcomes, were key themes identified through this analysis.

Strategic Initiative #6: Workforce Development

- **Support active strategies to strengthen and expand the behavioral health workforce.** Nevada continues to face shortages of providers. Continued efforts to address reciprocity, compensation, and training/licensure issues are needed. Other opportunities include leveraging the planning and activities that are taking place at the state to address issues of reimbursement and payment for providers.

Additionally, a summary of what is working, needs and issues, emerging issues, and opportunities identified through the situational analysis is provided in the following tables.

What's Working Well	*Examples and Support for Finding*
Improvements to Nevada's Behavioral Health System	Nevada has successfully applied for many grants that are helping to improve behavioral health systems. For example, Certified Community Behavioral Health Clinics (CCBHC) and the State Targeted Response (STR) to the Opioid Crisis grant will expand resources available within the state. Other programs like Community Health Workers provide an example of a grant-funded resource that helped connect hard to reach populations with resources. Interviewees for this report recognized progress toward a recovery-oriented system of care, including integration, inclusion, and person-centered care.
Use of Evidence-Based Practices (EBP)	Many systems and organizations use EBP. There is interest in continuing or strengthening existing models and practices and promoting training so more people can benefit across systems and settings.
Local Coordination for Prevention	Coalitions are locally driven and relevant within their communities. They provide information about emerging issues across providers, systems, and geographies. Coalitions that have successfully engaged local youth and school districts have high quality prevention efforts in their communities. Behavioral health data has been prepared and presented at the coalition-level to direct prevention and treatment sources and identify areas of unmet need.
Substance Misuse Decreasing for Many	Data from surveys (e.g. National Survey on Drug Use and Health or "NSDUH" and Youth Risk Behavior Survey or "YRBS") show that for many substances and among many populations, Nevada's rates of misuse are decreasing. Significant decreases in use were observed among high school youth between 2013 and 2015 for 'ever smoking cigarettes,' 'currently used tobacco,' 'drank first alcohol

What's Working Well	*Examples and Support for Finding*
Substances and Populations	before 13,' 'ever used cocaine,' 'ever used inhalants,' 'ever used methamphetamine,' 'ever used [methylenedioxy-methamphetamine, known as] MDMA, 'and 'ever used synthetic marijuana.'
Insurance Coverage	➡ Since Medicaid expansion in Nevada in 2013, the rate of people covered by Medicaid has increased dramatically, providing a source of insurance. Further, the Mental Health Parity Addiction Equity Act has helped to ensure people get the treatment they need. ➡ SAPTA is in the process of revising policies to provide treatment by functioning as a safety-net for claims that are denied by Medicaid.
State-level Improvements	➡ Administrative longevity and restructuring has started to improve the operations at the state level, including improvements to the certification system.

Issues and Challenges	*Examples and Support for Finding*
System Challenges	➡ Emergency rooms have shown dramatic increases for behavioral health needs in recent years. Key informants also identified that jails are in contact with more people for behavioral health issues. The reasons are not fully clear. Some believe that access to insurance has driven these increases. Others are concerned that the shift to community-based providers has resulted in new access gaps. ➡ Services are not well-known within the community. Online resource directories are not always up to date. Even when people know of services, they often need help navigating and advocating for services. This includes people seeking care for the first time, exiting institutions, and transitioning from treatment. Transitions from higher to lower levels of treatment were identified by key informants as contributing to higher rates of relapse and higher costs due to recurring need for more intensive services. Besides affecting community members, this information gap also affects providers' ability to refer. ➡ Rates of diagnosis and treatment for co-occurring disorders are lower in Nevada compared to the rest of nation. Integrated care is a best practice, and differences between Nevada and the nation for diagnosis and treatment point to the potential for improvement in this area. ➡ There are long wait times for people seeking services within their communities. A lack of services to meet demand, especially residential programs, was noted as a key challenge across the state.

Issues and Challenges	*Examples and Support for Finding*
	➢ Providers struggle to collaborate to provide the best care to community members, and seek to better understand resources that are available and reliable within their community to improve collaboration. ➢ Compliance with federal block grant requirements and federal and state regulations is lacking. Examples given include the lack of outreach to intravenous drug users (IVDU), the lack of a capacity management system, the lack of a needs assessment that meets federal requirements, and insufficient referrals to pregnant women, among others. ➢ There is a struggle to align across state systems, divisions, and bureaus. Additionally, a lack of institutional knowledge and lack of subject matter expertise create barriers for providers and prevention professionals to effectively interact with the state.
Substance Misuse Is Elevated for Many Substances and Populations	➢ Rates of substance misuse including dependency are higher among many populations within Nevada compared to the nation. ➢ Survey data shows that many people needing treatment do not get the care they need. ➢ Admissions for substance abuse treatment in Nevada in 2014 were for a variety of substances including alcohol, methamphetamines, heroin, marijuana/hashish, and other opiates/synthetic opiates. ➢ Hundreds of Nevadans die each year from drug and alcohol related illness and injury.
Workforce Shortages	➢ A lack of providers across the state contributes to people needing services and not receiving them. This is a challenge for both consumers and providers. ➢ Compensation for licensed professionals was identified as inadequate to attract and retain the workforce at the level needed. Additionally, professionals, especially in rural areas, experience a high level of 'burnout.' ➢ While many grants have been successfully obtained, these programs, (e.g. Community Case Managers funded through Cooperative Agreement to Benefit Homeless Individuals or "CABHI") will end when grant funding ends. Resources to sustainably build and fund the workforce is lacking. ➢ Funding for case managers and other positions in corrections and state systems has been limited, but these professionals are important to making systems more effective and navigable. ➢ More outreach and services are needed in languages other than English and that are culturally competent.

Issues and Challenges	*Examples and Support for Finding*
	➢ Many people with behavioral health problems are found in local jails. Education and resources on substance abuse treatment and recovery is important for those professionals working in jails. ➢ Training is needed for people that regularly encounter substance misuse, including nurses, first responders, and other professionals. They may not recognize the signs and symptoms, know how to treat an overdose, or to whom they should refer.
Service Gaps	➢ People needing support for substance use may also have other major unmet needs including housing and transportation. These issues impact their ability to access and have successful outcomes from treatment and for recovery. ➢ Insurance requirements can create problems with continuity of care and individualization of care. ➢ It is difficult to provide the appropriate level of care to individuals seeking help at any point from early intervention to appropriate treatment to recovery services. There are basic barriers to entry into the system, like having an address and transportation issues that prevent people from getting to the care they need. Additionally, services are sometimes simply unavailable. For example, youth whose parents are in treatment require supports and would benefit from early intervention and prevention services.
Data Issues	➢ Data systems are imperfect, and there are still gaps in terms of data available for prevention, planning, and treatment. This includes coordination for individuals (e.g. case management systems), surveillance data (e.g. waiting lists for treatment and recovery), comparable data across communities, and support for monitoring and evaluation. ➢ Data on treatment and recovery is also in need of development (or made more accessible) to answer questions about the use of evidence-based practices, person-centered care, etc. ➢ Some data requests are often duplicative or not coordinated. For providers, this results in time lost that could be spent with clients. For prevention, this limits responsiveness to emerging situations. ➢ For both prevention and treatment, enhanced two-way communication with the state to discuss the data available would support evaluation, reporting, and funding.

Threats and Emerging Issues	***Examples and Support for Finding***
Policy Changes	➡ The ACA has contributed many improvements to Nevada's system for care. Loss of the ACA without a replacement could have major consequences for programs that have been planned and developed leveraging provisions of the ACA. ➡ Legalization of marijuana, both medical and recreational, may have an impact on behavioral health and substance misuse in the state.
Emerging Substance Issues	➡ Substance misuse has increased among specific populations including youth, pregnant women, and older adults. ➡ Vaping and e-cigarettes have emerged among youth populations as a new issue. Rates of marijuana use also increased between 2013 and 2015. More than one in 10 middle school youth reported currently drinking alcohol, and 3.8% reported currently using marijuana. ➡ Several concerning patterns of misuse that mirror national trends include increased opioid addiction and children born with Neonatal Abstinence Syndrome (NAS). The severe consequences of opioid misuse have made it a priority for Nevada.
Funding	➡ Many key informants are concerned that funding is not adequate to address and sustain system needs in Nevada. ➡ Information about funding opportunities and assistance to seek these opportunities are unavailable in a timely manner.

Opportunities	***Examples and Support for Finding***
Engage in Effective Planning	➡ Many states are innovating, including Nevada. Nevada can learn from other states' efforts to improve policies, systems, and practices toward improved behavioral health outcomes. Nevada also needs to share best practices and highlight innovative programs implemented in the state. ➡ The strategic prevention framework, public health model, and collective impact framework can be leveraged to strengthen Nevada's planning efforts. ➡ Continued integration of substance outreach, prevention, intervention, treatment, and recovery with mental health provides an opportunity to better serve Nevadans.
Build Sustainability	➡ Outreach indicated a willingness by providers to work with limited resources and collaborate to better serve communities. The state can help to increase this capacity by creating greater transparency related to funding that would allow for

Opportunities	*Examples and Support for Finding*
	a clearer picture of the funding available and the identification of effective collaborations. ➡ Sustainability planning for programs and services provides an opportunity to stabilize systems. ➡ The work of other planning processes, for example Olmstead Planning and *Nevada's No Wrong Door,* can be leveraged to support better outcomes for people seeking services. Additionally, there are existing collaborative processes and systems (e.g., among the coalitions, Nevada 2-1-1, etc.) that could be leveraged and built upon.
Enhance Communication, Relationships, and Collaboration	➡ SAPTA could serve as the high-level coordinator of services and oversight, working to integrate and consolidate community services and improve access to the system. Data is an important tool for communication, and the state can work to improve existing data collection systems, enhance capacity to report on both services provided and service outcomes, and strengthen two-way communication with local and regional partners. ➡ Improvements to functionality and better coordination of advisory boards holds the potential to improve communication and transparency. ➡ There are many opportunities for the state to work more closely and collaboratively within communities. ➡ Providers' collaboration could be incentivized. Additionally, it could be facilitated with better information (e.g., a comprehensive directory of providers) and formal opportunities to work together toward shared goals.
Regional and Local Control	➡ Town Hall participants and key informants indicated that a "one size fits all" approach may not take into account the distinct needs of different communities. There may be an opportunity to create greater regional and local control. Doing so would allow communities to better address the needs of specific populations and geographies, assist with training the workforce, and develop effective programs.
Develop the Workforce	➡ Cross-systems expertise can increase training and educational opportunities. Educational institutions can be engaged to create better programs, the use of "force multipliers" (e.g., first responders, law enforcement, etc.) can be increased, and masters-level providers can supervise workers with less education to better meet demand.

Opportunities	***Examples and Support for Finding***
Expand Knowledge and Practice of Effective Services	➢ Key informants identified many practices that hold promise for improved outcomes, including: ▪ Targeted outreach and messaging for prevention ▪ Assistance with navigation and coordination for services ▪ Interventions that utilize family members and peer support ▪ Medication-assisted treatment (MAT), including walk-in clinics ▪ Trauma–informed approaches to care ▪ Cognitive behavioral therapy and related practices ▪ Best practices for working with people recovering from opioid addiction ▪ Supportive transitions through a continuum of treatment services ➢ Providers are very interested in learning more and using the best tools. SAPTA can help to support widespread use of effective practices and a shared vocabulary, helping to ensure training and support by reducing financial and geographic barriers.

Plan Framework

This section describes the components that serve as the basis for SAPTA's Strategic Plan. The vision statement gives a compelling view of the type of future that the plan seeks to create for the clients and communities being served. The mission statement clearly and succinctly describes the fundamental purpose for the plan's existence, while the concepts and values are used for all decision-making related to the plan.

Together, the mission, vision, concepts, and values guide SAPTA's philosophy for implementing its strategic plan.

Mission	The mission of this plan is to promote healthy behaviors and reduce the impact of substance use and co-occurring disorders for Nevada's people and communities.
Vision	Nevadans are healthy and resilient and able to fully participate in their communities.
SAMHSA's Core Concepts	Behavioral health is essential to health. Prevention works. Treatment is effective. People recover from mental and substance use disorders.

Values

Data driven decision-making. We strive to develop and use data as a primary foundation for all planning and decision-making.

Comprehensive, coordinated, and integrated services. We believe that outcomes are strengthened through community-based mental health and substance use disorder outreach, prevention, intervention, treatment, and recovery services, creating a recovery-oriented system of care that addresses people's comprehensive needs and uses evidence-based and trauma-informed care consistently.

Affordable and timely care that meets state quality assurance standards. We believe that people have a right to access care that meets state quality assurance standards and receive respectful substance abuse services in a timely manner, regardless of ability to pay.

Culturally and linguistically appropriate services. We believe that substance abuse outreach, prevention, intervention, treatment, and recovery services should be respectful of and responsive to cultural and linguistic needs, as established by the culturally and linguistically appropriate service (CLAS) standards developed by the U.S. Department of Health and Human Services. We embrace principles of equal access and non-discriminatory practices in service delivery. We strive to incorporate cultural and linguistic competence into policy making, infrastructure, and practice.

Well-trained and incentivized workforce sufficient to meet community needs. We believe that an educated, trained, and appropriately compensated workforce can provide the best care for the people of Nevada. Additionally, we recognize that there must be enough providers to meet community needs.

Accountable to the people who are served, local communities, and the public. We include opportunities for public engagement in planning and decision-making and promote access to information through transparency in all processes.

Critical Issues and Goals

This section outlines the critical issues and the corresponding goals established by the Steering Committee and the public.

Based on the evidence presented in the situational analysis, the Steering Committee, webinar participants, and Town Hall participants established five critical issues and developed goals to address each one.

Critical Issue #1: *State Capacity*

A critical issue is the state's capacity to assess need, manage available resources, report on utilization and outcomes, and comply with federal regulations and federal grant requirements. This issue contributes to lack of integration as specified in statute and has the potential to impact much-needed funding. The capacity gap includes the need for state-level subject matter expertise, knowledge capture, and the transfer of institutional knowledge.

Goal #1:

Strengthen and enhance the Bureau's infrastructure to manage, lead, and sustain effective behavioral health promotion, programs, and strategies.

Critical Issue #2: *Service Gaps*

A critical issue is the gap in services needed for prevention, outreach, intervention, treatment, and recovery in Nevada, including (but not limited to):

a. Lack of wraparound services

b. Lack of person-centered planning and recovery supports

c. Services for adolescents

d. Services to address needs in justice systems

Goal #2:

Build the capacity of local communities to provide the services to address their specific needs based on data-driven priorities.

Critical Issue #3: *Strong, Sustainable Resources for Evidence-Based and Integrated Approaches*

A critical issue is the need to sustain and strengthen evidence-based practices and promote a competent workforce to implement evidence-based practices. Promote cross-system, integrated approaches, and cross-agency initiatives.

Goal #3:

Sustain and strengthen evidence-based practices and promote a competent workforce.

Critical Issue #4: *Public Education and Information*

A critical issue is insufficient public education and information that addresses stigma and promotes the availability of resources to allow for better navigation of the system.

Goal #4:

Improve behavioral health care and wellness through relevant, timely, and accessible education, training, and information.

Critical Issue #5: *Fragmented Systems*

A critical issue is the lack of consistent eligibility assessment and referral within the state and community-based service delivery system that creates silos and obstacles for an effective system of referral and care for people needing treatment and recovery.

Goal #5:

Improve state and local cross-organizational collaboration to provide a system of effective and inclusive prevention, outreach, intervention, treatment, and recovery services.

Goals, Objectives, and Strategies

This section presents each goal and its subsequent objectives and strategies for completion that were articulated as a result of the priorities set by the Steering Committee and the public. Note that strategies may need to be modified during the life of the plan to best address current situations.

Goal #1: Strengthen and enhance the Bureau's infrastructure to manage, lead, and sustain effective behavioral health promotion, programs, and strategies.			
Objective	**Strategy**	**Timeline or Frequency**	**Responsible Parties and Potential Partners**
Objective 1.1: By August 30, 2018, attain compliance with federal and state regulations.	1.1.1 Ensure Nevada is fully compliant with all federal mandates designated in the Code of Federal Regulations as well as substance abuse federal block grants (SABG). • Comply with federal law for content of SAPT Block Grant application by August 2017 • Comply with federal law for eligibility for SAPT Block Grant funding by August 2018	Ongoing	Bureau staff with technical assistance.
	1.1.2 Complete a statewide needs assessment that meets all state and federal standards.	Every other year	Bureau staff to lead; suggest building on Situational Analysis document with additional data (See the Situational Analysis for documentation of needs as well a list of other information needed).
	1.1.3 Develop and implement a quality assurance system to ensure compliance with federal and state regulations.	Ongoing	Bureau staff, with guidance from SAMHSA technical assistance providers.

Goal #1: Strengthen and enhance the Bureau's infrastructure to manage, lead, and sustain effective behavioral health promotion, programs, and strategies.			
Objective	**Strategy**	**Timeline or Frequency**	**Responsible Parties and Potential Partners**
Objective 1.2: By June 30, 2018, structure the Bureau for effective planning and administration.	1.2.1 Define the focus and purpose of the Bureau.	One time; review when there are changes to regulations	Bureau staff; consider both existing mandates as well as the emerging changes at the federal level.
	1.2.2 Clearly identify the Bureau's capabilities and essential functions via an internal assessment.	Every other year and on an "as needed" basis	Bureau staff; consider use of a TA provider to map functions, capabilities, and, recommendations.
	1.2.3 Develop and implement a plan for the recruitment and retention of qualified staff.	As determined by plan	Bureau staff, working with state HR to develop and document the plan.
	1.2.4 Review policies and statutes to strengthen prevention, outreach, intervention, treatment, and recovery systems, including a review rules of practice.	Every other year or as needed	A workgroup facilitated by Bureau staff, engaging knowledgeable experts in these areas.
	1.2.5 Develop a system to capture and transfer institutional knowledge.	Ongoing	Bureau staff. Review, update, and compile policies and practices with necessary updates. Allocate hours for keeping this information up to date, organized, and accessible.
	1.2.6 Identify any outstanding funding needs and identify plans to address them (e.g. through fiscal leveraging, new grant applications, etc.)	After completion of 1.1-1.5	Bureau staff.

Goal #1: Strengthen and enhance the Bureau's infrastructure to manage, lead, and sustain effective behavioral health promotion, programs, and strategies.			
Objective	**Strategy**	**Timeline or Frequency**	**Responsible Parties and Potential Partners**
Objective 1.3: By December 31, 2018, establish practices to increase accountability and transparency in alignment with the values described in this plan.	1.3.1 Implement an integrated and streamlined approach for the collection, analysis, interpretation, and use of data. • Identify redundancies and issues within existing systems and make plans to address. • Review existing questions to ensure that high quality and useful information is being collected.	Ongoing	Bureau staff with guidance and coordination from Office of Public Health Informatics and Epidemiology (OPHIE). Any additions of 'new data' from providers should be considered with the context that multiple data-systems are already required and are cumbersome. Improving efficiency should be part of this work.
	1.3.2 Increase opportunities for public involvement and public oversight.	Ongoing; track activities each month	Use workgroups or subcommittees to address specific aspects and have these groups shape future plans.
	1.3.3 Increase transparency and improve communication by sharing accurate epidemiological information with the public and the Bureau's partners.	Ongoing; track activities each month	Continue to work with OPHIE to analyze and share data.
	1.3.4 Assure collaboration with other state agencies.	Ongoing; track activities each month	Bureau staff with technical assistance.
Objective 1.4: By March 31, 2018, develop protocols that provide for consistent affordable billing by the	1.4.1 Review billing and collection protocols for funded treatment programs.	One time and as needed	Bureau staff with technical assistance.
	1.4.2 Clarify billing and collection protocols for funded treatment programs.	Every five years or as needed	Bureau staff with technical assistance.

Goal #1: Strengthen and enhance the Bureau's infrastructure to manage, lead, and sustain effective behavioral health promotion, programs, and strategies.			
Objective	**Strategy**	**Timeline or Frequency**	**Responsible Parties and Potential Partners**
funded treatment programs for the uninsured and the underinsured.	1.4.3 Publicize billing and collection protocols for funded treatment programs.	Ongoing; track activities each month	Bureau staff with technical assistance. Work with coalitions and funded treatment providers to publicize.
	1.4.4. Develop systems to enforce the requirement that funded partners meet grant assurances.	One time and as needed	Bureau staff working with other state agencies as well as with funded partners.

Goal #2: Build the capacity of local communities to provide the services to address their specific needs based on data-driven priorities.			
Objective	**Strategy**	**Timeline or Frequency**	**Responsible Parties and Potential Partners**
Objective 2.1: By December 2018, reduce service gaps.	2.1.1 Leverage the coalition assessment process to identify and document local and regional service needs and gaps and potential resources to best address those gaps.	Every other year	In alignment with timing for coalition assessments.
	2.1.2 Evaluate existing strategic frameworks for planning, including the Strategic Prevention Framework and the Integrated Block Grant Planning Framework, to identify applicable aspects of these frameworks and leverage coalition knowledge and processes for specific communities.	Every five years	Bureau staff with input from coalition leadership.

Goal #2: Build the capacity of local communities to provide the services to address their specific needs based on data-driven priorities.			
Objective	**Strategy**	**Timeline or Frequency**	**Responsible Parties and Potential Partners**
Objective 2.2: By December 2019, increase the capacity of local communities.	2.2.1 Determine which aspects of local infrastructure can be enhanced in order to address service gaps.	Every other year	Bureau staff to support local leadership.
	2.2.2 Distribute data to community stakeholders to inform local and regional planning.	Quarterly	Bureau staff in partnership with OPHIE and the Statewide Epidemiological Workgroup (SEW).
	2.2.3 Facilitate public and private partnerships to increase the impact of services.	Ongoing	Bureau staff working to support public and private partnerships.
	2.2.4 Establish a continuum of resources that includes Medicaid, block grant funding, and other resources to best serve the needs of each community.	One time; update only as needed	Bureau staff working together with other state partners.
	2.2.5 Use data to inform and drive policy and practice changes. For example: • Assess number of providers to treat the number of patients/clients. • Assess the number of patients with diagnosis that needs treatment. • Recommend funding and policy changes to address data issues. • Review national and regional research that can help address behavioral health needs and issues. • Identify and recommend policies to improve the state's system of care. • See Situational Analysis for additional data gaps.	Ongoing	Bureau staff working with OPHIE, SEW, and in communication with local leaders.
	2.2.6 Encourage and support Medicaid to provide sufficient technical assistance to providers.	Ongoing	Bureau staff working together with other state partners.

Goal #2: Build the capacity of local communities to provide the services to address their specific needs based on data-driven priorities.			
Objective	**Strategy**	**Timeline or Frequency**	**Responsible Parties and Potential Partners**
	2.2.7 Create a training and technical assistance system that is community-driven. Identify the training and technical assistance needs of providers to address the specific needs of their service populations. (Related to 2.3.3)	Ongoing	Bureau staff working together with other state partners and local leaders to design, implement and maintain a strategic and responsive system for TA.

Goal #3: Sustain and strengthen evidence-based practices and promote a competent workforce.			
Objective	**Strategy**	**Timeline or Frequency**	**Responsible Parties and Potential Partners**
Objective 3.1: By December 2018, increase the use of evidence-based practices.	3.1.1 Utilize the agency certification process to embed evidence-based practices in service provision.	One-time to set up; review annually	Bureau staff.
	3.1.2 Strengthen the linkage between the agency certification process and funding allocation.	One-time to set up; review annually	Bureau staff.
	3.1.3 Utilize public-private partnerships to increase resources at the federal, state, and local levels to encourage use of evidence-based practices.	Ongoing	Bureau staff working with other state partners, as well as local leaders, to strengthen EBP.
Objective 3.2: By December 2020, increase the competency of the workforce.	3.2.1 Promote training and technical assistance opportunities, in partnership with other state and community entities.	Ongoing	Bureau staff working with other state and community entities.

Goal #3: Sustain and strengthen evidence-based practices and promote a competent workforce.			
Objective	**Strategy**	**Timeline or Frequency**	**Responsible Parties and Potential Partners**
	3.2.2 Utilize public-private partnerships to increase workforce development resources at the federal, state, and local levels. Include Nevada's system of higher education as a partner in this work. (See 2.3.5)	Ongoing	Bureau staff working with other partners, including other state and local partners. Note that placements are also needed and other partners may need to be engaged to accomplish this task.
	3.2.3 Identify common concerns and recommendations for improving credentialing, certification, and other factors related to workforce. Provide information and recommendations for consideration to credentialing and advisory boards.	Work to begin as soon as possible with preparation for 2019 legislative session	Bureau staff to support workgroup meetings and communications centered on consensus of concerns and recommendations for improvement.
	3.2.4 Engage with educational partners including higher education (Nevada System of Higher Education) and secondary education partners to create a pipeline of qualified workforce that addresses community needs.	Ongoing	Bureau staff working to engage education partners in workgroups. Note that other partners may also be needed to support placements of qualified personnel into the workforce.

Goal #4: Improve behavioral health care and wellness through relevant, timely, and accessible education, training, and information.			
Objective	**Strategy**	**Timeline or Frequency**	**Responsible Parties and Potential Partners**
Objective 4.1: By December 2018, improve the accessibility and dissemination of prevention, outreach, intervention, treatment, and recovery information.	4.1.1 Provide adequate public information and education about the admission priorities and availability of treatment for all federal and state priority populations at Bureau-funded treatment programs.	Ongoing	Bureau staff working with funded partners.
	4.1.2 Require Bureau-funded providers to provide up-to-date information to 2-1-1 about access and availability of services.	Ongoing	Bureau staff working with funded partners and Nevada 2-1-1.
	4.1.3 Create linkages between state systems to ensure seamless access to information (e.g. provide 2-1-1 with HavBed to improve referral services).	Ongoing (and after completion of 4.1.2)	Bureau staff working with 2-1-1.
	4.1.4 Increase publicity and visibility for the Bureau itself, including promoting its role in funding local education efforts.	Ongoing	Bureau staff working with funded partners and other state agencies.
	4.1.5 Share up-to-date state-funded prevention, outreach, intervention, treatment, and recovery resources with other public and private entities that offer information and referral services that meet Culturally and Linguistically Appropriate Service (CLAS) Standards.	Quarterly	Bureau staff working with funded partners and other state agencies.
	4.1.6 Develop a communications plan and engage partners in sharing up-to-date messaging and information.	One time, with updates as needed	Bureau staff with technical assistance.
	4.1.7 Assure educational and informational materials meet Culturally and Linguistically Appropriate Service (CLAS) Standards.	Every five years or as needed	Bureau staff with technical assistance.

Goal #4: Improve behavioral health care and wellness through relevant, timely, and accessible education, training, and information.			
Objective	**Strategy**	**Timeline or Frequency**	**Responsible Parties and Potential Partners**
Objective 4.2: By December 2019, improve intercommunication between the Bureau, the public, and its partners.	4.2.1 Improve public feedback mechanisms to allow the public to communicate with Bureau about service quality and service needs.	Ongoing	Bureau staff.
	4.2.2 Provide support for coalitions and other funded providers to maintain up-to-date information resources on their websites.	Ongoing	Bureau staff working with funded partners.
	4.2.3 Support local and regional communities to conduct outreach to and engage individuals and their families in recovery in accordance with the values of the plan.	Ongoing	Bureau staff working with funded partners and other state agencies.
	4.2.4 Support targeted trainings to build the public's knowledge-base in relationship to effective prevention, outreach, intervention, treatment, and recovery.	Ongoing	Bureau staff working with funded partners and other community leaders.

Goal #5: Improve state and local cross-organizational collaboration to provide a system of effective and inclusive prevention, outreach, intervention, treatment, and recovery services.			
Objective	**Strategy**	**Timeline or Frequency**	**Responsible Parties and Potential Partners**
Objective 5.1: By December 2018, improve access to timely and appropriate treatment and care.	5.1.1 Implement and track a quality assurance system, including capacity management and waitlist.	One-time to establish system; ongoing	Bureau staff with technical assistance.

Goal #5: Improve state and local cross-organizational collaboration to provide a system of effective and inclusive prevention, outreach, intervention, treatment, and recovery services.			
Objective	**Strategy**	**Timeline or Frequency**	**Responsible Parties and Potential Partners**
	5.1.2 Report annually on quality assurance system, including capacity management and waitlist, specifically addressing priority populations.	Annually and as needed	Bureau staff.
	5.1.3 Incorporate consumer and community voices into planning, implementation, and evaluation of services.	Ongoing	Bureau staff with technical assistance.
	5.1.4 Support and facilitate screening and referral for substance use and co-occurring disorders within the Bureau's network and develop partnerships outside of the network for referrals.	Ongoing	Bureau staff working with funded partners as well as non-funded providers.
Objective 5.2: By December 2018, increase collaboration among funded providers.	5.2.1 Require funded programs to demonstrate participation and engagement in local collaborative partnerships.	Ongoing	Bureau staff working with funded partners.
	5.2.2 Encourage certified programs to participate and engage in local collaborative partnerships.	Ongoing	Bureau staff working with non-funded partners through the certification process.

Management and Evaluation of the Plan

This Strategic Plan was developed to drive change within the Bureau while simultaneously offering flexible strategies to create adaptability and ensure goal fulfillment. The plan may also be used to inform SAPTA's annual budget.

The plan will be reviewed annually by the Behavioral Health Planning and Advisory Council (BHPAC) or its successor and the Bureau to evaluate progress towards completion of goals, as well as the feasibility of strategies. Additionally, this annual review will be used to scan the internal and external environment for potential changes. In the case that there are considerable changes, the plan will be updated to reflect changes and adapt accordingly.

Additionally, it is important to review data as part of updating the plan. Trends in the situational analysis can be updated annually, and new data elements are likely to be available through system improvements. Monitoring community needs and resources is critical for ensuring the plan remains relevant and for meeting federal requirements for a comprehensive needs assessment.

Updates on progress and changes to the plan resulting from these annual reviews will be communicated to the public via the Bureau of Behavioral Health, Wellness and Prevention page on the DPBH website.

If you have any feedback on this plan or would like to offer suggestions or improvements, please email: Julia Peek, Deputy Administrator at jpeek@health.nv.gov or Kyle Devine, Bureau Chief at kdevine@health.nv.gov.

Glossary of Terms

Behavioral Health: Refers to a state of mental/emotional being and/or choices and actions that affect wellness. Behavioral health problems include substance abuse or misuse, alcohol and drug addiction, serious psychological distress, suicide, and mental and substance use disorders. This includes a range of problems from unhealthy stress to diagnosable and treatable diseases like Serious Mental Illnesses (SMIs) and substance use disorders (SUDs), which are often chronic in nature but that people can and do recover from. The term is also used to describe the service systems encompassing the promotion of emotional health; the prevention of mental and substance use disorders; substance use and related problems; treatments and services for mental and substance use disorders; and recovery support (SAMHSA).

CCBHC: Certified Community Behavioral Health Clinics. CCBHCs were created through Section 223 of the Protecting Access to Medicare Act (PAMA). CCBHCs may receive an enhanced Medicaid reimbursement rate based on their anticipated costs of care. CCBHCs are responsible for directly providing or contracting with partner organizations to provide different types of services, with an emphasis on the provision of 24-hour crisis care, utilization of evidence-based practices, care coordination, and integration with physical health care.

CFR: Code of Federal Regulations.

Charitable Choice: Provisions of the SAMHSA Charitable Choice regulations are designed to strengthen the capacity of faith-based and other neighborhood organizations to deliver services effectively to those in need and provide people with a choice of SAMHSA-supported substance use prevention and treatment programs. Provisions also ensure that funding administered by SAMHSA is accomplished without impairing the religious character of such organizations and without diminishing the religious freedom of SAMHSA beneficiaries.

Co-Occurring Disorder: People who have substance use disorders as well as mental health disorders are diagnosed as having co-occurring disorders, or dual disorders. This is also sometimes called a dual diagnosis. Substance use disorder. A substance use disorder includes. Alcohol or drug abuse (Behavioral Health Evolution, n.d.).

DPBH: Division of Public and Behavioral Health

Evidence-Based Practice: A working definition for evidence-based practices has been included from SAMHSA and meets the following criteria:

- The intervention is included in a federal registry of evidence-based interventions, such as the National Registry of Evidence-based Programs and Practices (NREPP) OR
- The intervention produced positive effects on the primary targeted outcome, and these findings are reported in a peer-reviewed journal OR
- The intervention has documented evidence of effectiveness, based on guidelines developed by the Center for Substance Abuse Prevention and/or the state, tribe, or jurisdiction in which the intervention took place. Documented evidence should be implemented under four recommended guidelines, all of which must be followed. These guidelines require interventions to be:
    - ✓ Based on a theory of change that is documented in a clear logic or conceptual mode AND
    - ✓ Similar in content and structure to interventions that appear in federal registries of evidence-based interventions and/or peer-reviewed journals AND
    - ✓ Supported by documentation showing it has been effectively implemented in the past, multiple times, and in a manner attentive to scientific standards of evidence. The intervention results should show a consistent pattern of credible and positive effects AND
    - ✓ Reviewed and deemed appropriate by a panel of informed prevention experts that includes qualified prevention researchers experienced in evaluating prevention interventions similar to those under review; local prevention professionals; and key community leaders, as appropriate (for example, law enforcement officials, educators, or elders within indigenous cultures).

FST: Focused Strategic Thinking. Method of strategic planning employed to create this plan.

NRS: Nevada Revised Statutes

NAC: Nevada Administrative Code

OPHIE: Office of Public Health Informatics and Epidemiology

Person-and Family-centered Planning: According to SAMHSA, "Person- and family-centered treatment planning is a collaborative process where care recipients participate in the development of treatment goals and services provided, to the greatest extent possible."

Recovery: SAMHSA has established a working definition of recovery that defines recovery as a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential. Recovery is built on access to evidence-

based clinical treatment and recovery support services for all populations. SAMHSA has delineated four major dimensions that support a life in recovery:

> Health—overcoming or managing one's disease(s) or symptoms—for example, abstaining from use of alcohol, illicit drugs, and non-prescribed medications if one has an addiction problem—and, for everyone in recovery, making informed, healthy choices that support physical and emotional well-being
>
> Home—having a stable and safe place to live
>
> Purpose—conducting meaningful daily activities, such as a job, school volunteerism, family caretaking, or creative endeavors, and the independence, income, and resources to participate in society
>
> Community—having relationships and social networks that provide support, friendship, love, and hope

Recovery-Oriented System of Care (ROSC): a coordinated network of community-based services and supports that is person-centered and builds on the strengths and resilience of individuals, families, and communities to achieve abstinence and improved health, wellness, and quality of life for those with or at risk of alcohol and drug problems.

SABG: Substance Abuse Block Grant. Federal grant administered by SAPTA.

SAMHSA: Substance Abuse and Mental Health Services Administration.

SAPT Grant: Substance Abuse Prevention and Treatment Grant. See SABG.

SAPTA: Nevada's Substance Abuse and Treatment Agency.

Serious Mental Illness (SMI): Serious mental illness among people ages 18 and older is defined at the federal level as having, at any time during the past year, a diagnosable mental, behavior, or emotional disorder that causes serious functional impairment that substantially interferes with or limits one or more major life activities. Serious mental illnesses include major depression, schizophrenia, and bipolar disorder, and other mental disorders that cause serious impairment. In 2014, there were an estimated 9.8 million adults (4.1%) ages 18 and up with a serious mental illness in the past year. People with serious mental illness are more likely to be unemployed, arrested, and/or face inadequate housing compared to those without mental illness (Substance Abuse and Mental Health Services Administration., 2015).

Serious Emotional Disturbance (SED): Serious emotional disturbance. The term serious emotional disturbance (SED) is used to refer to children and youth who have had a diagnosable mental, behavioral, or emotional disorder in the past year, which resulted in functional

impairment that substantially interferes with or limits the child's role or functioning in family, school, or community activities. A Centers for Disease Control and Prevention (CDC) review of population-level information found that estimates of the number of children with a mental disorder range from 13 to 20%, but current national surveys do not have an indicator of SED (Substance Abuse and Mental Health Services Administration., 2015).

Substance Use Disorder (SUD): The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), no longer uses the terms substance abuse and substance dependence, rather it refers to substance use disorders, which are defined as mild, moderate, or severe to indicate the level of severity, which is determined by the number of diagnostic criteria met by an individual. Substance use disorders occur when the recurrent use of alcohol and/or drugs causes clinically and functionally significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home. According to the DSM-5, a diagnosis of substance use disorder is based on evidence of impaired control, social impairment, risky use, and pharmacological criteria. (Substance Abuse and Mental Health Services Administration., 2015).

SPF: "SAMHSA's Strategic Prevention Framework (SPF) is a planning process for preventing substance use and misuse. The five steps and two guiding principles of the SPF offer prevention professionals a comprehensive process for addressing the substance misuse and related behavioral health problems facing their communities. The effectiveness of the SPF begins with a clear understanding of community needs and involves community members in all stages of the planning process" (Substance Abuse and Mental Health Services Administration, 2016).

SSA: Single state agencies (SSAs) and state mental health agencies (SMHAs) are the state government organizations responsible for planning, organizing, delivering, and monitoring critical mental health and substance use disorder services in each state. SSAs and SMHAs provide safety-net services to individuals with mental and substance use disorders (M/SUDs) who lack insurance and/or have high levels of service needs. (Substance Abuse and Mental Health Services Administration., 2015).

Trauma-Informed Approach: According to SAMHSA, "A program, organization, or system that is trauma-informed: realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; responds by fully integrating knowledge about trauma into policies, procedures, and practices; and seeks to actively resist re-traumatization" (Substance Abuse and Mental Health Services Administration, 2015).

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