



**Substance Abuse Prevention and Treatment Agency
Strategic Plan
2007**

**Mental Health and Developmental Services
Department of Health and Human Services**

Jim Gibbons, Governor
Michael J. Willden, Director
Department of Human Resources

Carlos Brandenburg, PhD, Administrator
Mental Health and Developmental Services

January 2007

**Substance Abuse Prevention and Treatment Agency
Mental Health and Developmental Services
Department of Health and Human Services**

**Strategic Plan
2007**

**Maria D. Canfield, M.S., Agency Director, SAPTA
Greg Weyland, MBA, CPM, Program Manager II, SAPTA
Stevie S. Burden, CPS, Program Specialist II, SAPTA
Layne Wilhelm, LASW, LADC, Program Specialist II, SAPTA**

Table of Contents

Table of contents	3
Acknowledgements	4
Executive Summary	5
Prevention Strategic Plan	6
Introduction	6
Goals and Recommendations	9
Assessment	13
Capacity	15
Planning	19
Implementation	22
Evaluation	23
Treatment Strategic Plan	26
Introduction	26
Goals and Recommendations	32
Assessment	32
Capacity	34
Planning	35
Implementation	37
Evaluation	38
Agency Operations Strategic Plan	42
Introduction	42
Goals and Recommendations	43
Assessment	43
Capacity	43
Planning	44
Implementation	44
Evaluation	45
Appendices	47
Appendix A Prevention POAS	47
Appendix B Treatment POAS	57

ACKNOWLEDGEMENTS

The Agency acknowledges the membership of the Advisory Board Prevention Strategic Plan Subcommittee, the Treatment Strategic Plan Subcommittee, and the Operations Strategic Plan Subcommittee for their guidance and contributions to the Strategic Plan. The Subcommittees were comprised of various Advisory Board members and providers.

Executive Summary

In early 2006, the Substance Abuse Prevention and Treatment Agency (SAPTA), formerly the Bureau of Alcohol and Drug Abuse, decided to undertake the development of a strategic plan in order to meet state and federal requirements and establish a plan of action to guide the Agency for the next several years. The strategic planning project began in the spring of 2006 under the leadership of the SAPTA Advisory Board when the Board formed three separate Strategic Planning Subcommittees. The Subcommittees were comprised of various Board members, providers, and volunteers. The Subcommittees were formed to help develop the strategic plan and were supported by SAPTA staff. The strategic plan that has resulted focuses on the Agency and serves as a guide for improvements that SAPTA needs to make in how it carries out its mission to reduce the impact of substance abuse in Nevada. The substance abuse strategic plan that has been developed addresses the following topics:

- Substance Abuse Prevention
- Substance Abuse Treatment
- Agency Operations

The plan is divided into three sections: Treatment, Prevention, and Agency Operations. Each section is organized according to the five steps of SAMHSA's Strategic Prevention Framework (SPF). The SPF is a systematic community and services-based approach for ensuring that substance abuse programs produce positive outcomes. The five steps of the SPF are Assessment, Capacity, Planning, Implementation, and Evaluation. The goals and objectives of each step are outlined within each of the sections, as well as the strategies and activities that will be implemented to achieve those goals and objectives.

Substance Abuse Prevention in Nevada Strategic Plan

Introduction

A. Purpose

The purpose of this strategic plan is to guide the state of Nevada, through the Substance Abuse Prevention and Treatment Agency (SAPTA), in implementing a systematic approach to achieving effective substance abuse prevention results. Prevention is defined as “a proactive process of helping individuals, families, and communities to develop the resources needed to develop and maintain healthy lifestyles.”¹ Prevention is broad-based in the sense that it is intended to alleviate a wide range of behaviors that put individuals and communities at risk. These behaviors include alcohol, tobacco, and other drug abuse, crime and delinquency, violence, vandalism, mental health problems, family conflict, parenting problems, stress and burnout, child abuse, learning problems, school failure, school drop-outs, teenage pregnancy, depression, and suicide.

B. Mission and Background

The mission of the Agency is to reduce the negative impact of substance abuse in Nevada.

SAPTA is the Single State Authority (SSA) designated to apply for and expend federal grants issued by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the United States Department of Education (USDOE), including: Substance Abuse Prevention and Treatment (SAPT) Block Grant, Safe and Drug Free Schools (SDFS) Grant, Synar, State Incentive Grant (SIG), and Strategic Prevention Framework State Incentive Grant (SPF SIG). Although the Agency does not provide direct substance abuse prevention or treatment services, it plans, funds, and coordinates statewide substance abuse service delivery. It also provides technical assistance to programs and other state agencies to ensure that resources are used in the most effective and efficient manner.

In accordance with Nevada Revised Statute (NRS) 458.025, the functions of SAPTA include:

- Statewide formulation and implementation of a state plan for prevention, intervention, treatment and recovery support.
- Statewide coordination and implementation of all state and federal funding for alcohol and drug abuse programs.
- Statewide development and publication of standards for certification and the authority to certify programs and services.
- Need for prevention services in Nevada.

Substance abuse among high school students and adults alike presents a problem in Nevada. Binge drinking has traditionally been higher than or very similar to the national average for both

¹ International Certification and Reciprocity Consortium; IC&RC.

youth and adults (YRBS and BRFSS). In 2005, 18% of Nevada adults reported a 4% higher incidence of binge drinking than the national average of 14%². In 2005, 25% of Nevada's youth were within 1% of the national rate for binge drinking³. Nevada had the second highest rate of binge drinking among the 50 states according to the Women's Health and Mortality Chartbook⁴, released by the Center for Disease Control (CDC) National Center for Health Statistics. In Nevada, binge drinking and heavy alcohol consumption resulted in 37% of all fatal traffic crashes reported in 2005⁵. This was within 2% of the national average of 39% for that same year, according to the United States Department of Transportation, National Center of Statistics and Analysis (NCSA).

C. Strategy

The Agency's primary prevention strategies consist of the coordination and implementation of all state and federal funding through planning and analysis of alcohol and drug abuse prevention needs. The Agency purchases substance abuse prevention services through a process whereby needed services are identified through data and applications are requested for these services. Funds are awarded on the basis of the programs' and organizations' capacity to provide the requested services. As stated in NRS 458.025, only agencies that received Agency certification are eligible for funding. After awards are made, the Agency monitors compliance with the programmatic and fiscal terms of the subgrants, ensures the subgrant scopes of work are met, and ensures state and federal requirements are adhered to. The Agency also provides programs with technical assistance and training to ensure appropriate services are provided.

The Agency purchases services from direct service providers and from community coalitions. The coalitions, which collectively serve all seventeen counties in Nevada, conduct prevention planning, implementation, and outreach activities within their communities. The direct service providers, also referred to as the primary prevention providers, implement programs to target populations throughout Nevada's communities. By developing an infrastructure of primary prevention with direct service providers, the Agency has been able to enhance the provision and strategic planning of effective prevention efforts at the local level. One of the sub-goals of the overall strategic planning process is to continue to align the community planning efforts of the coalitions and the primary prevention providers. This will further facilitate the unification of planning, funding, and delivery of services under a seamless system of statewide prevention services over the course of the next five years.

² Behavioral Risk Factor Surveillance System. BRFSS (2005). <http://www.cdc.gov/brfss/>.

³ Nevada Youth Risk Behavior Survey, YRBS (2005). Center for Disease Control and Prevention. Nevada Department of Education. http://www.doe.nv.gov/edteam/ndeoffices/schoolhealth/yrbs/nevada_2005_yrbs_report.html.

⁴ State Profiles. Women's Health and Mortality Chartbook. National Center for Health Statistics. Centers for Disease Control and Prevention (CDC). 2004. <http://www.cdc.gov/nchs/data/healthywomen/stateprofiles.pdf>.

⁵ Fatality Analysis Reporting System. FARS (2005). United States and Nevada Traffic Fatality Data. <http://www.fars.nhtsa.dot.gov>.

Elements of the Agency's strategy are described below:

- Provide Nevadans access to quality substance abuse prevention services.
- Provide information regarding how many participants are served as a result of Agency funding and the type of services provided.
- Develop an infrastructure to assist prevention providers in implementing effective quality and quantity of services.
- Verify that state and federal funds are being used to purchase services that achieve state and federal goals.
- Require the assessment of priority indicators and data for individual communities.
- Enhance or expand collaboration with Agency funded substance abuse prevention coalitions and direct service providers.
- Require the assessment of data in identifying target populations.
- Utilize the Institute of Medicine (IOM) Continuum of Care.
- Support evidence-based programs, policies, practices, and strategies. These activities must be based on research or prior program findings that demonstrate the programs will prevent or reduce substance abuse effectively.
- Increase outcome-based prevention and data-driven decisions.

D. Structure of SAPTA Prevention Strategic Plan

The strategic plan for prevention in Nevada is organized according to the five steps of SAMHSA's Strategic Prevention Framework (SPF). The SPF is a systematic community and services-based approach for ensuring that substance abuse prevention programs produce positive outcomes. Nevada expects to use the SPF framework to guide all prevention activity throughout the state. The five steps of the SPF are Assessment, Capacity, Planning, Implementation, and Evaluation. The goals and objectives of each step are outlined in the following pages, as well as the strategies and activities that will be implemented to achieve those goals and objectives.

Anticipated completion timeframes have been provided for the strategies and activities outlined under each objective. It should be noted that although anticipated completion dates have been provided, the efforts necessary to complete many of the activities will begin immediately. A large proportion of the activities will also be conducted on an ongoing basis.

This plan differs from the previous five-year plan in structure and development. The SPF provides a new structure for prevention, encouraging a systematic and data-driven approach at both the state and community levels. The new plan also differs from the previous plan in its development. The previous five-year plan of 2001 was developed by the Agency in collaboration with an outside consultant. The new plan was developed by a Subcommittee of the SAPTA Advisory Board with staff assistance. The Subcommittee consisted of a wide range of community service providers with representation from diverse regions of the state.

Goals and Recommendations

The current, as well as previous plans include goals and recommendations for moving prevention forward in Nevada. The Agency's previous plan, of 2001, contained recommendations that addressed issues ranging from policies for effective prevention to workforce development. The ten recommendations from the 2001 plan as well as an update on the progress the Agency has made to fulfill the recommendations are as follows:

A. Recommendations from SAPTA 2001 Substance Abuse Prevention Strategic Plan

1. Develop fiscal policies that support the strategic planning recommendations for substance abuse prevention services. Policies should seek to expand resources for prevention and ensure that funds are utilized in a manner that will maximize services and improve the ability for programs to be effectively evaluated.

Update: The Agency has developed fiscal policies that maximize services and improve the ability for programs to be effectively evaluated. A number of these policies are written into the grant awards that are issued to SAPTA subgrant recipients. The Agency maintains its policy of conducting annual program monitors, which includes a section on fiscal compliance. Every three years, grantees are required to have a complete fiscal monitor performed by the Agency's Fiscal Team.

2. Develop Program Operating Access Standards (POAS) to establish a guide for the delivery of prevention services that will encourage providers to move toward achieving Centers of Excellence standards and support prevention providers in the implementation of these standards.

Update: As a result of the 2001 Prevention Strategic Plan, the POAS were developed by the Agency to supply providers with standards and guidelines for achieving Centers of Excellence status. The POAS are included in the Agency's Administrative Manual. As a result of the advancements in the field of prevention, an up-to-date POAS has been developed for the 2007 SAPTA Prevention Strategic Plan (Appendix A).

3. Develop and implement policies to ensure that all prevention providers have the capacity to move towards attainment of Center of Excellence status. Policies must ensure that resources support existing needs, including infrastructure, prior to expansion into new services.

Update: The POAS were developed to supply providers with standards and guidelines for achieving Centers of Excellence status. The Agency has developed and maintains a strong commitment to providing up-to-date training and technical assistance on prevention competencies and skills. The Agency provides fiscal support of community-level infrastructure, such as prevention coalitions, through SAPT Block Grant and discretionary funding. The Agency has an institutionalized system of prevention program certification. This process allows oversight of programmatic functions of all Agency funded prevention providers to ensure that prevention programs have the capacity to

provide services that are safe, effective, and serve the needs of the population. This is an effective tool for helping providers, maximize their abilities to increase their effectiveness and conduct and respond to evaluation.

4. Develop and implement a comprehensive prevention workforce development strategy.

Update: The Center for Substance Abuse Prevention (CSAP) has established a Prevention Fellowship program to advance the field of prevention nationally. This program enhances the skill level of prevention professionals and develops future workers in the field. In partnership with CSAP, Nevada has collaborated with a rural community coalition to host the Nevada's Prevention Fellow, which will expand the workforce at the community level. The Agency has worked with the Center for Applied Substance Abuse Technologies (CASAT) to implement a survey on training and workforce needs of community providers. In partnership with both CASAT and CSAP's Western Center for the Application of Prevention Technologies (WestCAPT), the Agency has historically and will continue to offer a diverse range of prevention training that is based on the most up-to-date prevention information and research available.

5. Continue to fund and support the gathering of risk and protective indicator data by community coalitions. Expand data gathering to all counties. Identify a sub-set of common indicators that must be collected across all counties.

Update: Coalitions and prevention providers have collected and reported on risk and protective factors within their communities on an annual basis. The data collected was consistent across all counties. This data was used to guide coalitions and providers in the implementation of prevention activities. With the introduction of the SPF SIG, community coalitions are now being trained to implement the use of a broader range of data for community planning and funding decisions.

6. Continue the allocation of resources to expand the number of community coalitions so that all counties can benefit from this approach to community development, education and mobilization for prevention services. Explore and, if reasonable, pilot test moving the responsibility for distribution of local prevention funds through local entities such as coalitions.

Update: The creation of three new coalitions has expanded substance abuse prevention coverage to every county in Nevada. The coverage area was expanded to include Lincoln, White Pine, and Eureka counties. Nevada created a coalition that focuses on preventing substance abuse in the Latino population within Clark County. Nevada also expanded substance abuse prevention in the Native American population to all seventeen counties through the development of a Statewide Native American Coalition.

7. Develop and implement a substance abuse prevention education strategy. Target the public, other agencies, and policy makers with information about Nevada's substance abuse problems and the services that are available to address those problems.

Update: Environmental strategies and their focus increase awareness of substance abuse problems to broad audiences. Education materials have been widely distributed through the Regional Alcohol and Drug Awareness Resource (RADAR) Network, which distributes to Nevada clearinghouses, a satellite network, and the Prevention Resource Center at the University of Nevada, Reno. Substance abuse prevention education dissemination is also planned through the collaboration of committees such as the SIG Advisory Committee, the SAPTA Advisory Board, the State Epidemiology Workgroup (SEW), and the Statewide Coalition Partnership. These committees have a broad representation from state agencies and other partners that have been educated on up-to-date prevention strategies.

8. Develop Units of Service and Model Costs that accurately reflect provider costs to meet program operating standards. Incorporate infrastructure needs including data gathering and evaluation activities into the cost.

Update: The Agency reviews the number of clients served compared to funding awards given and the benefits received to the community members they serve. The Agency performs ongoing analysis of program costs and comparisons of similar program costs. The Agency has enacted the requirement of providing a funding map of the grant recipients' total funding. The Agency has learned since the 2001 Substance Abuse Prevention Strategic Plan was written that it is very important to set aside a portion of grant monies awarded to organizations and programs specifically for additional costs to perform data collection and evaluation. The Agency has worked closely with SAMHSA and CSAP in the development of the National Outcome Measures (NOMs), one of which includes cost effectiveness.

9. Support the integration of best business management practices in substance abuse prevention programming.

Update: The Agency has supported the training of prevention providers, boards of directors, and staff on best management practices. The Agency has also encouraged training on management issues including leadership, fiscal operations, and sustainability. The Agency has learned that prevention programs benefit from infrastructure funding.

10. Explore the substance abuse prevention needs of the senior population. Develop and implement a comprehensive strategy to address identified needs. Seek necessary resources to implement the strategy.

Update: Nevada providers and coalitions have had increased dialog on serving the senior population. The issues associated with seniors, such as alcohol and other substance abuse and misuse of prescribed medications, have been an item of discussion for the SEW, who has placed it on a list of issues that they would like to increase attention of in the coming years. Coalition activity has brought seniors to the table by addressing issues such as the relationship between poverty and addiction. It is widely known that the greatest risk for seniors with regard to substance abuse is the management and appropriate use of prescribed medication. As part of the SEW activities, the Agency has worked on an

ongoing basis with the State Board of Pharmacy, prevention coalitions, and the Division of Mental Health and Developmental Services to discuss prevention issues across the age continuum. The Agency has been committed to gathering the most up-to-date data on all age groups.

The SAPTA Advisory Board Prevention Strategic Planning Subcommittee developed goals and recommendations for the 2007 five-year strategic plan. The recommendations reflect elements emphasized by the SPF process, including data-driven decision-making, evidence-based practices, and increased breadth of participation in prevention processes. The goals and recommendations are as follows:

B. Recommendations for the SAPTA 2007 Substance Abuse Prevention Strategic Plan

1. Agency activities and decisions are guided by data that indicate the health status and well-being of Nevada's diverse communities.
2. Develop and maintain a repository of data published by the Agency, as part of the agency website that is accessible to stakeholders and agencies.
3. Nevada's diverse communities demonstrate expanding capacity to successfully address identified prevention needs.
4. Develop a strong prevention workforce by supporting access to professional skill development, other higher education credentials, and career-sustaining salaries and benefits for prevention professionals.
5. Increase the diversity and participation of target groups in prevention planning, selection of services, and programming decisions.
6. Create protocols for working with diverse communities, including tribal nations, to establish consistent outcome-based prevention services across the continuum in Nevada.
7. Encourage participation in the planning and implementation of services statewide by a comprehensive group of stakeholders, including but not limited to target populations, schools, youth, law enforcement, businesses, faith communities, and state, federal, and community agencies.
8. Develop a single comprehensive statewide prevention strategic plan that encompasses all of the Agency's and local prevention plans, to guide all substance abuse prevention efforts in Nevada's diverse communities.
9. Nevada's diverse communities will implement evidence-based prevention programs, policies, practices, and strategies to prevent and reduce substance abuse and its negative consequences for youth, adults, families, and communities.

10. Improve prevention activities in Nevada and its communities through the use of and response to research and evaluation activities.
11. Collaborate with coalitions to create a planning document based on data that will allow primary prevention providers to select programs based on needs that have been identified through the assessment process.

I. Assessment

Goal: Agency activities and decisions are guided by data that indicate the status of the health and well-being of Nevada's diverse communities.

Objective 1: Guided by the SPF, all efforts in Nevada will be based on published data that will be used to reduce negative consequences by prioritizing problem indicators and their related consumption patterns.

Objective 1 Strategies and Activities:

Anticipated Completion: FY 2007

- Continue to develop and support an epidemiological workgroup. The purpose of this workgroup is to bring systematic and analytical thinking to the causes and consequences of substance use, promote data-driven decision-making, encourage cross-systems planning, support implementation and monitoring efforts, provide core support to the SIG Advisory Committee with regard to data, and enhance the effective and efficient utilization of prevention resources.
- Through the guidance and active participation of the epidemiological workgroup, develop and maintain an epidemiological profile and/or needs assessment that identifies the state's priorities for substance abuse prevention.

Anticipated Completion: FY 2008

- Ensure the epidemiological workgroup has adequate expertise in epidemiology in order to guide data-driven processes and make appropriate decisions.
- Assess the burden of substance abuse and prevention needs by analyzing the following: 1) the problems associated with substance abuse in the state and 2) the state and community capacity, infrastructure, and readiness to meet the needs of Nevadans.
- Include the following in the epidemiological process:
 - Comprehensive county profiles representative of all available data related to substance use behaviors.
 - Epidemiological factors including incidence, prevalence, severity, magnitude, trend, comparison with national rates, etc.
 - Consumption and consequence data.
 - Risk and protective factor data.

Anticipated Completion: FY 2009

- Use robust epidemiological processes and methods in both the collection and analysis of data.

- Create and maintain a data repository that is accessible to stakeholders and agencies.

Objective 2: Local and statewide assessments of the problem, burden and severity, resources, collaboration, and other areas of community readiness will be used to allocate resources and plan prevention efforts.

Objective 2 Strategies and Activities:

Anticipated Completion: FY 2007

- On an ongoing basis, assess the needs of Nevada's populations and determine the areas of substance abuse that create the largest burden on the state and at the local level. This step will guide the state in planning prevention activities, including funding, determining areas of focus, and allocation of resources.
- Assist communities to select priority indicators based on data.

Anticipated Completion: FY 2008

- Develop a common understanding of substance abuse prevention across all agencies that deal with prevention. Critical to this goal is developing a uniform set of data indicators across agencies and communities.
- Support communities to assess the following:
 - Problem and consequence data, consumption data, intervening variables/causal factors, and risk and protective factors.
 - Readiness and potential barriers to success.
 - Resources required for data collection, analysis, and synthesis.
 - Organizational, fiscal, and leadership capacity.
 - Cultural responsiveness.
 - Service gaps.
- Increase participation in assessment activities by prevention service providers that fund programs including all appropriate stakeholders.
- Develop parallel logic models at both state and local levels based on a data-driven needs assessment that guides stakeholders in implementation.
- Logic models will be developed in a sequential manner, starting with consequence and consumption factors. Subsequent steps are to determine the substance use and abuse patterns that lead to the consequence and consumption factors, the intervening variables that enable the consequence and consumption factors to occur, and the other factors that contribute to the intervening variables. The factors that contribute to the intervening variables will determine the evidence-based prevention programs, practices, policies, and strategies communities will implement.

Anticipated Completion: FY 2009

- Train and provide technical assistance to communities on the collection, analysis, and synthesis of data.
- Assist communities to move toward outcome-based planning and prevention.
- Collect uniform data sets from communities and agencies that can be aggregated up to the state level.

Objective 3: State agencies will collaborate to develop rigorous and sustained assessment strategies across multiple funding streams at the state and local level.

Objective 3 Strategies and Activities:

Anticipated Completion: FY 2007

- Incorporate consultation with federal partners, interviews and discussions with key stakeholders, providers, state partners, and other interested individuals into planning and service implementation.
- Facilitate collaboration with advisory groups.

Anticipated Completion: FY 2008

- Collaborate across agencies and stakeholders to collect, share, analyze, and publish data for use by state and local agencies and communities.
- Collaborate with coalitions to create comprehensive county data reports that will allow primary prevention providers to select programs based on needs that have been identified through data.

Anticipated Completion: FY 2009

- Increase the breadth and depth of stakeholder involvement in prevention.

II. Capacity

Goal: Nevada's diverse communities demonstrate expanding capacity to successfully address identified prevention needs.

Objective 1: Increase the capacity, infrastructure, and sustainability of Nevada's prevention system at both local and state levels through collaboration and coordination with state, national, and community experts in prevention.

Objective 1 Strategies and Activities:

Anticipated Completion: FY 2007

- Consider capacity-building as an ongoing process. In order to institutionalize change in the state infrastructure, the capacity of independent agencies as well as the state and community system must be continuously evaluated and enhanced.
- Encourage participation of a broad-based and comprehensive group of stakeholders such as schools, youth, law enforcement, businesses, faith communities, and community and state agencies in the planning and implementation of prevention services statewide.
- Support connections among prevention coalitions, primary prevention providers, local governing bodies, and policy-making groups to support effective community-level interventions.
- Encourage public participation and input during advisory committee and other related meetings.
- Empower advisory committees to make recommendations and provide guidance.
- Increase awareness and support capacity of community programs and coalitions to meet the POAS. The POAS are performance standards for prevention providers and organizations.

- Develop leadership and direction for prevention at both the community and state levels.

Anticipated Completion: FY 2008

- Reduce duplication of services and enhance the continuum of care through collaboration. Examples of Agency collaborations include: Tobacco Prevention and Control Program, Perinatal Substance Abuse Prevention Program, HIV Prevention Program, and Department of Child and Family Services State Incentive Grant (SIG).
- Strengthen and support advisory committees with broad-based representation to provide guidance and leadership on prevention to the state.

Anticipated Completion: FY 2009

- Engage key stakeholders, coalitions, and service providers to plan and implement sustainable prevention efforts. Create partnerships to facilitate sustainability.
- Seek expansion of funding opportunities at local and state levels. Assist community organizations with this activity.
- Create policy-driven sustainability practices throughout all prevention infrastructure components.
- Sustainability efforts encompass the continuation of: 1) organizations through funding and capacity, and 2) the sustainability of positive outcomes.
- Increase capacity of boards of directors of community agencies and coalitions through training on subjects including but not limited to:
 - Prevention programs, policies, practices, and strategies.
 - Data-driven decision-making.
 - Sustaining agencies financially and operationally.
 - Board liabilities.
 - Building board involvement.
 - Boards as fundraising mechanisms.
 - Building board structure.
 - Evidence-based prevention activities.

Objective 2: Prioritize and provide training and technical assistance to the prevention systems according to identified needs. Ensure training and technical assistance address challenges and barriers faced at the local and state levels.

Objective 2 Strategies and Activities:

Anticipated Completion: FY 2008

- Increase recognition and utilization of community expertise in development and delivery of training. Support mentorship and enable community prevention organizations to cross-mentor each other.
- Encourage the creation of an integrated prevention training calendar and ensure it is marketed widely across the state and accessible to providers.
- Support provider opportunities to attain professional skill development and credentialing.

Anticipated Completion: FY 2009

- Educate prevention professionals and advocates, at both community and state levels, on effective prevention practices.
- Provide training to community and state prevention professionals on infrastructure development, data collection and reporting, planning, cultural responsiveness, and evaluation processes.

Objective 3: Improve the capacity to meet the prevention needs of Nevada's communities by increasing training that addresses cultural barriers for Native Americans, Latinos, rural and frontier areas, generational groups, and other diverse populations in Nevada. Incorporate input from target populations in the decision-making process.

Objective 3 Strategies and Activities:

Anticipated Completion: FY 2008

- Create protocols for working with tribal nations to establish and sustain consistent outcome-based prevention services.
- Address challenges and barriers created by cultural differences to improve and sustain effective services.
- Increase the diversity of participation in all prevention activities.

Anticipated Completion: FY 2009

- Create and advocate for policy-driven cultural responsiveness practices throughout all levels of the prevention infrastructure.
- Develop culturally responsive training initiatives to serve the diverse populations of Nevada.
- Work with communities to identify and plan how cultural responsiveness and competency will be addressed.
- Include target groups in the planning and selection of services and programs affecting them.

Objective 4: The Agency will coordinate with local, state, and federal resources to regularly disseminate current prevention theory, research, and practice documentation to prevention professionals and advocates.

Objective 4 Strategies and Activities:

Anticipated Completion: FY 2007

- Ensure the Agency has access to the most recent and state-of-the-art information on prevention research and theory.
- Ensure Agency staff attends nationally recognized prevention research conferences and meetings and disseminates and applies the knowledge gained.

Anticipated Completion: FY 2008

- Maintain and strengthen relationships with organizations nationwide that conduct prevention research and publish findings.

- Disseminate all available information on state-of-the-art prevention practices and research through information clearinghouses, local information dissemination centers, and other appropriate means.

Objective 5: Increase use of cross-disciplinary and collaborative working strategies to bring diverse community sectors and coalitions together to address community indicators, problems, and solutions.

Objective 5 Strategies and Activities:

Anticipated Completion: FY 2007

- Mobilize local and state resources to enable communities and target groups to address substance abuse prevention needs.

Anticipated Completion: FY 2008

- Increase skills to implement outcome-based prevention using multiple strategies across multiple sectors.

Objective 6: Maintain a collaborative prevention training and workforce development system that is responsive to the needs of prevention professionals and advocates across prevention disciplines and state agencies. Ensure the training offered reflects current needs for prevention professional skill development as well as current prevention research and practice.

Objective 6 Strategies and Activities:

Anticipated Completion: FY 2007

- Develop a training needs assessment survey in order to design an implementation plan that will assist communities train and retain qualified staff.
- Obtain ongoing input and guidance on workforce development issues from community prevention professionals.

Anticipated Completion: FY 2008

- Develop, strengthen and support workforce development programs that are easily accessible to prevention professionals.
- Address workforce issues faced by rural and frontier areas with recruiting and retaining qualified staff.

Objective 7: Support career-sustaining salaries and benefits for prevention professionals in order to attract and retain trained and skilled workers.

Objective 7 Strategies and Activities:

Anticipated Completion: FY 2008

- Support strategies to retain qualified professionals in the prevention field.

Anticipated Completion: FY 2009

- Encourage salary and benefit levels that are aligned with market and industry rates to attract and retain qualified prevention professionals.

Objective 8: Increase community and state capacity to collect and utilize data in order to make data-driven decisions.

Objective 8 Strategies and Activities:

Anticipated Completion: FY 2008

- Support efforts to increase access to data and develop a centralized data system.
- Decrease the limitations of the sub-state data collection system in Nevada by continuously reaching out to community and state organizations that have access to critical data. Build and maintain an expanding diverse group of partners.
- Collaborate with the local education agencies and the State Department of Education to create an agreement that would allow the Agency to receive sub-state data generated through the YRBS.

Anticipated Completion: FY 2009

- Develop a centralized data system to collect and report on all of the Agency's initiatives and programs across the continuum of services. Develop this system to:
 - Facilitate planning, decision-making, evaluation, measuring results and outcomes, and reporting.
 - Increase the quality and accuracy of demographic data collection and analysis.
 - Facilitate the reporting of data requirements for both state and federal reporting such as the NOMs.
 - Facilitate administrative functionality with electronic invoicing and other automated processes that will increase the efficiency of business practices.

III. Planning

Goal: Develop a single comprehensive statewide prevention strategic plan that encompasses all of the Agency's, as well as local, prevention plans to guide all substance abuse prevention efforts in Nevada's diverse communities.

Objective 1: Establish a process to increase collaborative planning for prevention services and activities by obtaining input for this plan from a wide cross section of professionals, advocates and stakeholders in coordination with other state agencies, community providers, and coalitions. This process will ensure the voice of the constituents (e.g., families and youth) is included in the decision-making process.

Objective 1 Strategies and Activities:

Anticipated Completion: FY 2007

- Ensure cultural competency and responsiveness is addressed during the planning process, and that effective training is available at both state and community levels.
- Support the coalition model to facilitate the success of meeting community and state outcomes. Community organizations and coalitions have been building capacity and implementing initiatives to reduce substance use, abuse, and dependency. Each county in Nevada is represented by one of the coalitions, enabling the distinct needs of each county to be met. The coalitions are instrumental in furthering the state's prevention efforts.

- Develop plans at both the state and community levels and ensure planning is an ongoing process.
- Ensure the unique characteristics of Nevada are considered during the planning process, including:
 - Nevada's rapidly growing, transitional, and highly mobile population.
 - Nevada is a geographically large state, with a diverse demographic and socio-economic makeup. The urban, rural, and frontier areas have distinct needs.

Anticipated Completion: FY 2008

- Provide opportunities for statewide participation in the prevention planning process. Include the voice of community and state agencies, organizations, and other interested parties, including constituents such as youth and families.

Anticipated Completion: FY 2009

- Integrate prevention planning activities across behavioral health areas including underage drinking enforcement activities, youth access to tobacco, driving under the influence (DUI) programs, suicide prevention, perinatal substance abuse prevention, HIV prevention, teen pregnancy prevention, child abuse prevention, mental health disorder prevention, and domestic violence prevention programs.

Objective 2: Data-driven decision-making will be reflected in the following: 1) state and local substance abuse prevention strategic plans, and 2) resource allocation activities. Data will also drive the prioritization of social indicators and their associated consequence, risk, and protective factors.

Objective 2 Strategies and Activities:

Anticipated Completion: FY 2007

- Continue to build a state strategic plan that is based on previous prevention plans and includes the addition of the epidemiological approach and data-driven decision-making.
- Ensure data-driven decision-making is integral to community planning processes.
- Provide training to local communities in conducting data-driven planning processes.
- Develop a comprehensive, logical, and data-driven plan to address the problems identified through assessment activities.
- Support data-driven planning processes for resource allocation and distribution of funding.
- Develop effective data collection methods, schedules, and processes that acknowledge local community cultural contexts.
- Utilize available data to determine costs and resources needed for effective implementation.
- Ensure data is effectively utilized to allocate resources according to actual versus perceived need.

Anticipated Completion: FY 2008

- Develop a state strategic plan that uses a statewide epidemiological profile and needs assessment data to:
 - Identify priorities.

- Identify key milestones and outcomes.
- Involve private and public service systems.
- Identify required training and capacity development.
- Identify appropriate funding mechanisms to allocate resources to target populations.
- Sustain infrastructure.
- Select evidence-based programs, policies, practices, and strategies.
- Identify innovative programs within Nevada and support development of best practices based on these programs.

Objective 3: Evidence-based prevention programs, policies, practices, and strategies addressing multiple high-risk behaviors and substances will: 1) reflect intervening variables identified through data-driven processes, and 2) be linked through a continuum of prevention activity.

Objective 3 Strategies and Activities:

Anticipated Completion: FY 2007

- Develop logic models as an integral part of the planning process in order to maintain a focus on outcome-based prevention.
- Conduct a planning process that encompasses strategic goals, objectives, performance targets, logic models, and where appropriate, action plans.

Anticipated Completion: FY 2008

- Embrace evidence-based innovation when appropriate to specific community contexts and in cases when proven strategies do not exist. Support the evaluation and replication of those innovations.
- Seek effective prevention programs, policies, practices, and strategies in all planning activities.

Anticipated Completion: FY 2009

- Integrate effective problem identification standards and strategies for prevention programs to participate in the broad community continuum of care.
 - The continuum of evidence-based prevention will encompass a range of disciplines and agencies. The models that support their utilization across multiple public health and other related prevention areas will share components in a planning process that leads to a common understanding.

Objective 4: Evaluation of prevention programs, policies, practices, and strategies will be integrated into the strategic planning process and across implementation activities.

Objective 4 Strategies and Activities:

Anticipated Completion: FY 2007

- Collaborate with evaluators experienced in both state and local evaluation to effectively incorporate outcome based prevention into state and community plans.
- Ensure effective techniques are employed in the evaluation of the planning process and outcomes of implementation.

- Ensure evaluation expertise is present during all steps of the planning process to guide both the Agency and community entities.

IV. Implementation

Goal: Nevada's diverse communities will implement evidence-based prevention programs, policies, practices, and strategies to prevent and reduce substance abuse and its negative consequences for youth, adults, families, and communities.

Objective 1: Substance abuse prevention programming and activities are implemented in accordance with state and federal funding requirements.

Objective 1 Strategies and Activities:

Anticipated Completion: FY 2007

- Maintain continuous contact with federal State Project Officer and other federal partners to ensure adherence to requirements.
- Implement and enhance effective technical assistance mechanisms to ensure community prevention is implemented in accordance with state and federal funding requirements.
- Ensure Agency staff is properly trained on state and federal funding requirements.

Objective 2: Maintain a continuum of substance abuse services, which includes universal, selected, and indicated prevention services, case identification, intervention, treatment, and recovery support services, as resources allow.

Objective 2 Strategies and Activities:

Anticipated Completion: FY 2007

- Increase emphasis on the selection and implementation of programs, policies, practices, and strategies that produce positive community-wide outcomes.

Anticipated Completion: FY 2008

- Identify and overcome potential barriers to the implementation process.

Objective 3: Implement culturally appropriate and responsive evidence-based prevention services for individuals, families and communities to focus on needs identified and prioritized by state and community needs assessment and planning processes.

Objective 3 Strategies and Activities:

Anticipated Completion: FY 2007

- Adapt programs, policies, practices, and strategies to meet the culturally-specific needs of local community populations in ways that maintain fidelity.

Anticipated Completion: FY 2008

- Match program type with the specific IOM population so that the needs of sub-populations are met appropriately.

Objective 4: Prevention programming will develop and help to sustain positive community norms, policy changes, reduction in alcohol and other drug availability, and increased enforcement at the tribal, state, county and city level through the implementation of evidence-based environmental strategies.

Objective 4 Strategies and Activities:

Anticipated Completion: FY 2007

- Encourage effective policies, protocols, and positions that support healthy substance-free lifestyles.
- Ensure fidelity is maintained in the implementation of evidence-based prevention programs, policies, practices, and strategies.

Anticipated Completion: FY 2008

- Implement evidence-based programs, policies, practices, and strategies where research is available.

Objective 5: In order to strengthen resiliency in youth, reduce high-risk behaviors, and break the inter-generational cycle of alcohol and other drug dependency, prevention service providers will incorporate multiple strategies across multiple sectors.

Objective 5 Strategies and Activities:

Anticipated Completion: FY 2007

- In order to minimize duplication and increase the effectiveness and quality of efforts, encourage state agencies (including SAPTA), grantees, and other stakeholders to collaborate with a diverse and comprehensive range of community stakeholders.

Anticipated Completion: FY 2008

- Develop and build upon collaborative relationships with Drug Free Communities grantees, local departments of education, law enforcement agencies, policy makers, government and non-government entities and others that have a stake in the prevention of substance abuse.

V. Evaluation

Goal: Improve prevention activities in Nevada and its communities through the use of and response to research and evaluation activities.

Objective 1: Evaluation is utilized to increase the understanding of and commitment to evidence-based prevention programs, policies, practices, and strategies.

Objective 1 Strategies and Activities:

Anticipated Completion: FY 2007

- Ensure communities and state staff receive adequate training on evidence-based activities and evaluation.
- Require that appropriate fidelity and quality devices are employed.

Anticipated Completion: FY 2009

- Develop mechanisms to address the lack of evidence-based programs for specific populations by supporting the development, adaptation, and documentation of new approaches to alcohol and other drug use and abuse prevention among these groups.

Objective 2: Prevention programs, policies, practices, and strategies increasingly utilize evaluation for demonstration of effectiveness and support of ongoing improvement.

Objective 2 Strategies and Activities:

Anticipated Completion: FY 2008

- Develop, maintain, and communicate clear process and outcome evaluation methods and systems. These methods include protocols for confidentiality, conducting process and outcome evaluation, administering evaluation instruments, collecting and entering data, and cleaning, analyzing, and interpreting data.
- Develop evaluation tools and protocols to track environmental approaches including systems to measure change at the community level and changes in intervening variables.

Objective 3: State-level public agencies and organizations involved in substance abuse prevention coordinate and standardize evaluation instruments and delivery methods in order to collect data efficiently and decrease as much as possible the burden upon respondents.

Objective 3 Strategies and Activities:

Anticipated Completion: FY 2007

- Establish active evaluation protocols at the local and state levels, including protocols for confidentiality.

Objective 4: Evaluation results are presented in ways that are accessible, culturally relevant, and comprehensible to all stakeholders. Process and quantitative evaluation activities are culturally responsive and well-documented.

Objective 4 Strategies and Activities:

Anticipated Completion: FY 2007

- Meet with local independent evaluators to discuss cultural and developmental concerns.

Anticipated Completion: FY 2008

- Produce cross-site and local outcome reports that are culturally responsive.
- Work with diverse cultural groups to ensure that findings are presented in culturally responsive ways.

Anticipated Completion: FY 2009

- Collaborate with key stakeholders to translate tools into appropriate languages including but not limited to Spanish. Ensure tools reflect appropriate reading levels.
- Provide translation of outcome tools.

Objective 5: State and local prevention activities inform and improve practice through the effective use of evaluation data.

Objective 5 Strategies and Activities:

Anticipated Completion: FY 2007

- Develop systems to collect all of the prevention NOMs.

Anticipated Completion: FY 2008

- To the extent possible, collect local and state outcome data that have high reliability and validity scores that accurately reflect outcomes of local and state evaluation efforts.
- Collect and report data that enables state and community stakeholders to garner lessons learned.
- Identify additional programs, policies, practices, and strategies that are effective and illustrate best practices.

Objective 6: State and local prevention entities demonstrate public accountability for the results of their prevention initiatives.

Objective 6 Strategies and Activities:

Anticipated Completion: FY 2007

- Ensure compliance with the Health Insurance Portability and Accountability Act (HIPAA) and other relevant state regulations.

Anticipated Completion: FY 2008

- Produce evidence of fidelity checks at each site for each program being delivered.

Substance Abuse Treatment in Nevada Strategic Plan

Introduction

A. Purpose

The purpose of the plan is to present an overview of how the Agency functions and to provide a description of substance abuse treatment in Nevada, a discussion of the progress made during the last five-year planning phase, and summarize with recommendations for future planning purposes. Although the Agency does not provide direct substance abuse prevention or treatment services, it plans and coordinates statewide substance abuse service delivery, and provides technical assistance to programs and other state agencies to ensure that resources are used in the most effective and efficient manner.

B. Mission and Background

The mission of the Agency is to reduce the impact of substance abuse in Nevada. In accordance with NRS 458.025, the functions of the Agency include:

- Statewide formulation and implementation of a state plan for prevention, intervention, treatment and recovery support services.
- Statewide coordination and implementation of all state and federal funding for alcohol and drug abuse programs.
- Statewide development and publication of standards for certification and the authority to certify services and programs.

C. Progress Report from the SAPTA 2001 Substance Abuse Treatment Strategic Plans

The strategic planning project that began in the spring of 2000, under the leadership of the SAPTA Advisory Board, created and published in 2001 seven substance abuse strategic plans that addressed the following topics:

- Treatment
- Prevention
- Evaluation
- Special Populations: Adolescents, HIV and TB Services, Injection Drug Users, and Pregnant and Parenting Women

Each plan provided recommendations to the Agency and served as guiding documents for the last five years for purposes of funding decisions, policy revisions and service activities. In review of these plans, it is important to point out that all the recommendations were overlapping, placing no particular emphasis on any one particular topic. Both the Agency and the Advisory Board agreed that the following were successful products germinated by these plans:

1. Working in concert with CASAT at the University of Nevada Reno, the Agency expanded its current services to encompass a comprehensive workforce development program, providing support for clinical and program development, including support for the continuation of evidenced-based and best practices.
2. Substance abuse systems were encouraged by funding requirements and the complete implementation of the Agency's Placement Criteria for Programs Treating Substance Related Disorders to expand and provide an enhanced continuum of care including care coordination services.
3. The development of the POAS (Appendix B) to improve treatment services by removing barriers for detoxification services, defining funding conditions, and use of evidence-based practices.
4. The Agency requires encouraging the application of NIDA's Principles of Drug Addiction Treatment, A Research Guide⁶, to further enhance and move programs towards best practices. The Agency developed and coordinated a formal public health information strategy across the state to make Nevadans aware of Intravenous Drug User (IDU) public health concerns. Formal partnerships with private and public health care agencies that educate the public, other agencies and policy makers of public health concerns accomplished this goal.
5. The Agency created fund source policies and practices to support treatment services specifically designed for adolescents, pregnant and parenting women and social model detoxification services. The Agency set standards for care during its competitive funding cycle and instructed programs to make every effort to involve the adolescent client's family. The yearly number of adolescent treatment admissions has been trending up to where it reached a record high of 1,692 in 2005, an increase of 109% of since 1999.
6. The Agency uses the Nevada Health Information Provider Performance System (NHIPPS) statewide to ensure that all Agency funded provider's use and report standard information regarding assessment, treatment planning, care coordination and referral activities.
7. The Agency works with its program partners and other state and federal agencies to ensure that funding and regulatory practices foster, rather than inhibit, programs in their efforts to provide treatment on demand for pregnant and parenting women and their families.
8. By sitting as a voting member of the Perinatal Substance Abuse Prevention (PSAP) Committee, the Agency actively works towards increasing prevention, interventions, outreach and treatment services for pregnant and parenting women.

⁶ National Institute of Medicine, National Institute on Drug Abuse "Principles of Drug Addiction Treatment, A Research-Based Guide, NH Publication No. 99-4180 (October 1999).

9. The POAS was developed by the SAPTA Operating and Access Standards Subcommittee and approved by the Advisory Board in FY 2002. The various recommendations covered four topics: substance abuse treatment access, program operating standards, centers of excellence, and care coordination.

The POAS, a guiding instrument to ensure compliance, is referenced in all relevant areas for service delivery when monitoring for funding compliance. The POAS provides Agency funded programs transparent expectations in matters of client access, treatment elements, care coordination, treatment outcomes and program efficiency. To ensure continuous quality improvement, the Agency specifically placed timetables for each category listed in the document. The following activities were completed and helped move Nevada substance abuse providers from one funding cycle to the next:

- CASAT provided training and workshops to fully implement ASAM PPC 2-R, now amended and adopted in the Agency's Placement Criteria.
- CASAT implemented training on NIDA's 13 Principles of Effective Treatment.⁷
- The SAPTA Advisory Board Clinical Subcommittee established standardized screening, assessment, and evaluation tools to integrate treatment for co-occurring disorders.
- Improved treatment systems through on-going certification and monitoring activities.
- Implemented strategies to encourage evidence-based treatment and moving research to practice.
- Formalized community relationships with social, law enforcement, and welfare agencies with shared continuity of purpose, design and consistent treatment plans.
- Utilized outreach intervention strategies to reduce stigma, change attitudes, and increase public awareness and acceptance of addiction as a brain disease.
- Encouraged compliance with all applicable HIPAA regulations as applicable.
- Implemented NHIPPS to replace the Client Data System (CDS).
- Encouraged providers by 2009 to have accreditation with a nationally recognized organization (e.g., JCAHO⁸, CARF⁹, COA¹⁰, etc).

During the last five years, the Agency has made significant changes in how it funds community programs, how and what client information providers are required to report, and the implementation of evidence-based practices. The intent of evidence-based approaches is to bridge the gap between practice and research or connecting services to science. For example, Contingency Management (CM)¹¹ and Motivational Interviewing (MI)¹² are proven to positively improve treatment length of stay, which is an agreed upon predictor for positive treatment outcomes. CM requires the program to change organizational processes rather than asking the

⁷ National Institute of Medicine, National Institute on Drug Abuse "Principles of Drug Addiction Treatment, A Research-Based Guide, NH Publication No. 99-4180 (October 1999).

⁸ The Joint Commission on Accreditation of Healthcare Organization (JCAHO).

⁹ The Commission Accreditation of Rehabilitation Facilities (CARF).

¹⁰ The Council on Accreditation (COA).

¹¹ Petry, Nancy M., Phd., Simcic, Francis, MSW, "Recent Advances in the Dissemination of Contingency Management Techniques: Clinical and Research Perspectives, Journal of Substance Abuse Treatment (May 2002).

¹² Miller, William R, et. Al, "A Randomized Trial of Methods to Help Clinicians Learn Motivational Interviewing", Journal of Consulting and Clinical Psychology, Vol.1. 72, No 6, 1050-1062, (2004).

counselor to make modifications in therapeutic interventions. These simple approaches increase successful outcomes and are amenable to monitoring for fidelity.

The Agency promotes performance-based treatment by defining treatment measurements contained within all its subgrant documents. For example, detoxification services has as a performance measure that forty percent (40%) of all clients admitted to detoxification services will continue into another treatment service level. During the first year of the 2003 – 2006 funding cycle, programs were only able to show engagement rates under 30%. In the last funding year, programs engagement rates ranged from 29% - 52%. SAPTA continues to encourage the development of a continuum of services across the state. Treatment services for priority populations include adolescents and care coordination activities for pregnant and parenting women.

D. Need for Treatment Services in Nevada

Addiction to alcohol and other drugs is a treatable, chronic, relapsing, primary disease of the brain. Prolonged use produces a change in brain chemistry and function that eventually leads to compulsive use. Once substance use becomes compulsive, most people need support and treatment to become drug-free. As substance abuse is both psychological and physical, sustained recovery is dependent on providing a continuum of treatment as well as an effective recovery support system once an individual achieves abstinence. Because of the physical changes in the brain, addiction is a primary disease as are other chronic diseases such as asthma, diabetes or high blood pressure.

The Agency defines treatment of substance abuse addiction as the continuum of care an individual receives through the implementation of the Criteria for Programs Treating Substance Related Disorders. Programs are required to develop a comprehensive service network to assist the client in the treatment process that might include the following levels of care: transitional housing, early intervention, civil protective custody, comprehensive evaluation, Level I and Level II (outpatient), Level III.1, Level III.3, Level III.5 (residential), Level III.2-D (social model detoxification), Level III.7-D (modified medical detoxification) and opioid maintenance therapy (OMT).

The State of Nevada, as a frontier state, is concerned with improved access to services within all 17 counties. There are eight Drug Court providers in the northern part of the state within the counties of Pershing, Churchill, Humboldt, Elko, Lyon, Carson, Douglas, and Washoe. In the southern part of the state there is one Agency certified Drug Court service located in Clark County. As Agency certified drug and alcohol programs, the providers must follow the same standards of service compliance delivery as outlined in Nevada Administrative Code (NAC) 458. As municipal courts further define the need for services in rural and urban areas, the number of Agency certified drug programs have increased.

Statistics for SFY 2006 indicate that there were 11,354 admissions to public-supported treatment programs throughout Nevada. Supported services and admissions included the following: 3,004 detoxification admissions, 1,001 short-term residential (less than 30 days), 1,335 long-term residential and 6,014 outpatient admissions. Table 1 indicates there were 207,071 individuals

with alcohol or drug abuse problems while the information gleaned from CDS indicates only 11,354 individuals received substance abuse treatment from Agency funded programs. The table below provides what the unmet substance abuse treatment need was for SFY 2006.

Table 1: Estimated Number of Individuals Served by All Nevada Treatment Facilities by Service Level (2004)

Service Type	SAPTA Funded Sites			All Nevada Sites (SAMHSA)	
	Column A	Column B	Column C	Column D	Column E
	No. SFY 2004 Active 3-31-04	No. of SFY 2004 Admissions	Ratio Active to Admissions (Col. B/Col. A)	No. Active 3-31-04	Estimated Clients Served (Col. C X Col. D)
All Ages					
Detoxification	28	2,790	99.6	64	6,374
Residential	441	2,743	6.2	813	5,040
Intensive Outpatient	236	1,010	4.3	672	2,890
Outpatient	1,886	5,399	2.9	6,786	19,679
Total	2,591	11,942		8,335	33,983
Adolescents (Ages 12 to 17)					
Residential	45	279	6.2	56	347
Outpatient	285	1,112	3.9	388	1,513
Total	330	1,391		444	1,860

The National Survey on Drug Use and Health (NSDUH) has determined that there were a total of 180,000 individuals in need of treatment in Nevada in 2004 (included in this value is the 18,000 adolescent need). Using the estimated met need of 33,983 individuals from Table 1 and the estimated need of 180,000 from Table 2, the unmet need is 150,946 ($180,000 - 33,983 = 146,017$). Likewise, the adolescent unmet need is the estimated need of 18,000 minus the estimated met need of 1,860 which equals 16,140 (Table 2). These estimates contain a degree of error. However, even if the calculation of met need is overly conservative and there are twice the estimated number of individuals being served both inside and outside the Agency's funded system, the unmet need would be 112,034 ($180,000 - 67,966$), and the adolescent unmet need would be 14,280 ($18,000 - 3,720$).

The table below provides what the determination of unmet and met substance abuse treatment need was for SFY 2006.

Table 2: Determination of Unmet Need Utilizing Calculated Estimates of Need and the Met Need (2006)

Age	Column A 2006 Population Estimate	Column B Estimated Need ¹³	Column C Estimated Met Need From (Table 1)	Estimated Unmet Need (Col. A – Col. B) ¹⁴	Estimated Unmet Need Using Twice Met Need
12 -17	209,728	18,000	1,860	16,140	14,280
18 and Above	1,884,899	162,000	32,123	129,877	97,754
Total	2,094,627	180,000	33,983	146,017	112,034

E. Organization of the Treatment Strategic Plan

Each section of the strategic plan is organized in a similar manner and employs the principles set forth in the five steps of SAMHSA’s Strategic Prevention Framework (SPF): assessment, capacity, planning, implementation, and evaluation. The goals and objectives of each step are outlined in the following pages. The goals mirror the Six Aims of Treatment Care as offered by the IOM¹⁵ and are:

- Agency activities will be guided by data that indicate the status of treatment and the well-being of clients, ultimately improving the quality of care.
- To increase access to treatment to all Nevada citizens in various communities throughout the state.
- The Agency will require its providers improve utilization of levels of care and employ best business practices improving service efficiency.
- The Agency will work towards improved access and improved service linkages that will improve care-coordination for all admitted clients.
- By improving interagency data collection activities, SAPTA will see improved performance on outcome measures by its providers.

¹³ Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. 2004 State Estimates of Substance Use, <http://oas.samhsa.gov/2k4State/vars.htm>. Table A.20. “Percentage Reporting Past Year Dependence or Abuse for Any Illicit Drug or Alcohol among Persons Aged 12 or Older, by Age Group and State: 2004”, April 2006.

¹⁴ Although this is an estimate of the unmet need, it is understood that not all individuals with substance abuse/dependence issues will seek or be referred to treatment.

¹⁵ The Institute of Medicine, “Crossing the Quality Chasm: The IOM Health Care Quality Initiative”, (2006).

I. Assessment

Goal: The Agency's treatment decisions and activities will be guided by data that indicate the status of treatment and the well-being of clients, ultimately improving quality of care.

Anticipated completion date by FY 2008

Objective 1: With the implementation of NHIPPS, the Agency's treatment decisions will be based on published data that will assist in the prioritization of needs in funding treatment programs throughout the state.

Objective 2: Utilize evidence-based treatment strategies and practices so that care of individuals does not vary illogically from clinician to clinician or from place to place.

Objective 4: A standard is met by implementing NHIPPS with documenting all client treatment activities including assessment, diagnosis, treatment planning, referrals and continued care.

Objective 5: Providers of services to high-risk populations should use valid, age appropriate and culturally appropriate techniques to screen all entrants into their system to detect mental health and substance abuse problems and illnesses.

Overview

The primary and core strategies for reducing the impact of substance use are the coordination and implementation of all state and federal funding through planning and analysis of alcohol and drug abuse need. The Agency issues Requests for Applications (RFA) every three years to private and public non-profit agencies to purchase services including the provision of alcohol and drug abuse treatment and clinical services in all geographic areas of Nevada. Qualified applicants respond to the RFA by submitting an initial Letter of Intent, followed by a comprehensive application describing the program or services to receive federal and state funds. A pre-application Bidder's Conference provides organizations with the opportunity to meet with the Agency to ask questions and seek clarification and additional information.

Agency staff and outside review panel members independently review the applications for thoroughness and rank-order the applications according to a standardized scoring methodology. Through this process, the applicants must address how they will provide needed services. Awards are dependent upon the applicants' wherewithal to provide the treatment services to the identified populations. As stated in NRS 458.025, only Agency certified programs are eligible for funding. After the funding cycle begins, the Agency systematically monitors compliance to state and federal funding requirements. Throughout the three-year funding cycle, the Agency provides programs with technical assistance to ensure that providers are offering appropriate services and to assist the providers in meeting all other requirements.

Twenty-six (26) non-profit private or governmental substance abuse treatment programs providing services in 61 sites in 26 towns and cities were supported in SFY 2006 with programs receiving approximately \$13 million in financial support. Additionally, the Agency certified another thirty-five (35) treatment programs that were not funded. Funded programs cannot

discriminate based on ability to pay, race/ethnicity, gender, sexual orientation or disability. Additionally, programs are required to provide services utilizing a sliding fee scale that must meet minimum federal standards.

The Agency supports various programs and methods of delivering services to minimize access barriers to treatment. Agency certified Drug Court Services provide rural communities with a means to handle local criminal justice clients with treatment for substance-related and co-occurring disorders. TeleCare technology is a method of providing evaluations and other related services in isolated areas. TeleCare is a certified method of providing a service through the Agency and can only be offered in an outpatient service setting. The protocol for this method of delivery is included in the Criteria for Providing Substance Abuse Services via Telecommunications, developed by the Agency in 2005.

In SFY 2006, the Agency's data showed the five most prevalent drugs for funded treatment admissions were: 1) alcohol (35.8%); 2) Amphetamine/Methamphetamine (32.5%); 3) Marijuana/Hashish (13.9%); 4) Cocaine/Crack Cocaine (7.8%); and 5) Heroin/Morphine (6.0%). Admissions data from Agency funded providers indicated that alcohol was the most frequent drug of abuse by adults; whereas, marijuana/hashish was the most frequent drug of abuse by adolescents. Strikingly, the most frequent drug of abuse for pregnant women was amphetamines.

The SFY 2006 – 2009 funding cycle and POAS treatment standards mirror the Agency's 2006-2009 treatment funding priorities: Increase Access to Treatment, Improve Quality of Care, Improve Service Efficiency, Improve Care Coordination, and Improve Outcome Measurements. The POAS specifies to all funded providers what to expect during the next five years and is included in the strategic plan. The POAS now embodies the "Six Aims of Treatment Care" as characterized by the IOM, Academy of Sciences Quality Chasm Series for "Improving the Quality of Health Care for Mental and Substance Use Conditions" (November 2005). Providers are to obtain national accreditation from a recognized accreditation body by FY 2009; implement and demonstrate fidelity of evidence-based practices and strategies; improve access to full range of services critical to the recovery process; and, improve interagency data collection activities – all of which are included in the revised POAS.

A standardized data management system, known as NHIPPS, is being implemented in Agency funded and certified programs in an effort to create and track a more uniform delivery system. NHIPPS is a web-based, real time, system that is both a clinical and management tool, standardizing assessment and providing comprehensive treatment plans tailored to each individual client. With the proper consents on file, providers can refer and share appropriate client records with other providers in the system.

The Addiction Severity Index-Lite (ASI-Lite)¹⁶ is required as the assessment instrument for adult substance abuse. As part of the statewide NHIPPS implementation strategy, the Agency is working with the SAPTA Advisory Board to identify assessment tools for adolescents and

¹⁶ Engstrom, C., & Larsson, H. "Implementation of Addiction Severity Index", Journal of Substance Abuse Treatment, (1998).

individuals with co-occurring disorders. These should be operational by the beginning of the second year of the triennial funding cycle.

II. Capacity

Capacity building involves mobilizing human, organizational and financial resources to meet strategic goals and objectives. Workforce development, training on evidence-based practices, strengthening resources and quality assurance activities are critical components to building capacity.

Goal: To increase access to treatment to all Nevada citizens in need in various communities throughout the state. *Anticipated completion date by FY 2008*

Objective 1: Client care should be made available 24 hours a day, not just face to face visits, client care remains equitable and offered regardless of ability to pay.

Objective 2: Utilize evidence-based treatment strategies and practices.

Objective 3: A standard is met by implementing NHIPPS when documenting all client treatment activities including assessment, diagnosis, treatment planning, referrals and continued care.

Objective 4: Provide incentives to programs to develop resources throughout the state so there is a significant reduction in the time between a client screening, assessment and admission to care.

Objective 5: Clinical personnel are qualified in their respective disciplines by education, training, supervised experience, and current competencies for licensed independent practice or the equivalent.

Overview

Accessible and available systems of care elements have inherent dimensions including a “no wrong door”¹⁷ approach to recovery support. Although some people recover naturally, or without any apparent reliance on treatment, mutual aid, or other formal supports, many others enter recovery through mutual aid groups, faith-based communities or social service systems. Recovery-oriented systems of care must provide choices to those that are unable to recover naturally, and must offer an array of treatment and recovery support options. This requires organizations that are included in the systems of care to be flexible, have unbundled packages of interventions and meet the changing needs of recovering persons.

The Agency continues to support the evolving qualities that are recognized across discipline as being relevant to the established substance abuse treatment continuum of care. In an effort to provide continuity and stability to the changing landscape of recovery systems, the Agency will

¹⁷ US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center of Substance Abuse Treatment, Improving Substance Abuse Treatment: The National Treatment Plan Initiative: Changing the Conversation”, (November, 2000).

apply the IOM's Six Aims of Treatment Care as both the philosophical foundation and pragmatic tool to revise the POAS for the funding years of 2007 – 2012.

As a regional expert in technology transfer, CASAT provides training, technical assistance, academic courses, curricula and products, as well as workforce development initiatives for substance abuse treatment and prevention professionals. CASAT serves as a “boundary spanner” (an entity that helps to close the gap between substance abuse providers and researchers) for numerous grants and contracts. Located at the University of Nevada, Reno (UNR), CASAT houses seven different federal and state grant programs: Mountain West Addiction Technology Transfer Center, CSAP's Western Center for the Application of Prevention Technologies, Women's Alliance for Strengthening Treatment and Retention, Nevada Prevention Resource Center, Frontier Recovery Network, Nevada State Agency of Alcohol and Drug Abuse Training Grant, and Wyoming State Accreditation and Certification Grant.

The Agency, in collaboration with CASAT, eliminated the annual Summer Institute that alternated between southern and northern Nevada. In FY 2006, the Agency, through an agreement with CASAT, agreed to conduct on-line courses, provide video-tapes and face-to-face seminar courses in lieu of the annual meeting. All the courses bring the latest science to the field and help to bridge the gap between research and application. CASAT courses offered in FY 2006 for substance abuse treatment included: ethics, confidentiality (42 CFR, Part II), principles of detoxification, motivational interviewing, infectious diseases & substance abuse, advanced clinical supervision, prescription drugs, methamphetamine, and moving from cultural awareness to competency.

Nevada substance abuse treatment programs selected for funding through the Agency are required to participate in a clinical supervision project developed and implemented by CASAT. The project will assist in determining a program's current treatment model, clinical supervision structure, utilization of best practices, and ability to adopt evidence-based treatment. Program directors, clinical and medical staff (OMT and detoxification programs) are required to participate in the project.

III. Planning

Planning involves the creation of a comprehensive plan with goals, objectives, and strategies aimed at meeting the substance abuse treatment needs of the state. A major characteristic of planning requires the Agency and its partners to select program models and evidence-based policies, practices and strategies as primary management resources to improve treatment outcomes. The goals are described within this section whereas the specific objectives or strategies are contained within the POAS.

Goal: The Agency will require its providers improve utilization of levels of care and employ best practices (business and program), improving service efficiency. *Anticipated completion date by FY 2008*

Objective 1: Providers should design systems of care that meet the most common types of needs, but have the capability to respond to individual client choices and preferences and needs by employing evidence-based practices and programs.

Objective 2: Cultural competencies must be addressed to meet a more diverse client population.

Objective 3: Ensure regular multidisciplinary team reviews of the treatment service plans developed between counselors and clients and provides supervisory guidance as determined by accreditation and certification guidelines.

Objective 4: Agency funded providers employ NHIPPS as a management tool that tracks waiting list, 90% capacity, and utilization data; therefore eliminating the need for weekly and monthly paper reporting of this data, which is federally required.

Overview

Currently, the Nevada substance abuse treatment workforce is older, unsure about their employment future and comprised predominately with white females. According to the 2001 Mountain West Addiction Technology Transfer Center workforce study, 76.5% of substance abuse counseling workforce is over the age of 41. Compared to a national study, Nevada's substance abuse treatment workforce is older than the national average (e.g., 76.9% versus 50.5% of workers over the age of 41). Less than 4% of Nevada's substance abuse treatment workforce is between the ages of 21 and 30.

Cultural competency can be defined as a set of congruent behaviors, attitudes and policies that come together in a system, agency, or among professionals that enable them to work effectively in cross-cultural situations. Cultural competence research and experience indicate that cultural issues influence drop out rates, recidivism, cost effectiveness, access, and quality of care. Substance abuse and mental health services that are based on assumptions of mono-cultural and universality tend to create a deficit in the delivery of culturally competent services throughout the addiction treatment system of care. The deficit is of particular concern relative to the rapidly changing composition of the state's population. Substance abuse treatment systems in Nevada must develop new approaches to address the cultural needs of its clients.

The Evidence-based Practice (EBP) Exchange was developed in an effort to enhance treatment service delivery and is sponsored by CASAT and the Mountain West Addiction Technology Transfer Center with funding from the Agency. The EBP is a group of treatment and prevention providers and other interested parties who want to help design training and technical assistance activities for the State of Nevada that will promote the adoption and use of evidence-based prevention and treatment practices. EBP Exchange members serve as stakeholders and consultants to CASAT in redesigning its training activities. In addition, the mission of the EBP Exchange is to develop procedures that will help providers' document adherence to evidence-based practices. The goals for the EBP Exchange are:

- Help prepare treatment providers to deliver evidence-based practices.

- Assist counselors and treatment providers to make changes in the way services are delivered.
- Develop a forum that gives treatment providers a voice in how activities are organized and delivered.
- Assess providers and determine baseline regarding adoption and use of EBPs.
- Provide Agency staff with tools to determine how EBPs are being used to provide services to clients.
- Prepare treatment providers to be able to address EBP requirements in the next RFA cycle.
- Develop a menu of technology transfer activities and opportunities for the State of Nevada (in lieu of Summer Institute).

IV. Implementation

Goal: The Agency will work towards improved access and improved service linkages that will improve care-coordination for all admitted clients. *Anticipated completion date by FY 2008*

Objective 1: Funded providers will have an efficient system that refers clients to services that are best suited for their substance abuse and mental health needs.

Objective 2: Improved linkages between treating agencies serving the substance abuse and mental health patient will be standard operating procedures.

Objective 3: There will be an efficient system referring clients to recovery support services that best suit their needs.

Overview

The Comprehensive Continuous Integrated System of Care Model (CCISC)¹⁸ is a model to bring the mental health and substance abuse treatment systems (and other potential systems) into an integrated planning process to develop a comprehensive, integrated system of care. The CCISC is based on the awareness that co-occurring disorders (CODs) are the expectation throughout the service system for some populations. With this assumption the four-quadrant model is a valid model for service planning; individuals with COD benefit from continuous, integrated treatment relationships and programs offer interventions matched to diagnosis, phase of recovery, state of change, level of functioning, level of care, and the presence of external supports and contingencies. The Quadrants of Care, developed by the National Association of State Alcohol and Drug Abuse Directors (NASADAD) and the National Association of State Mental Health Program Directors (NASMHPD)¹⁹, is a useful classification of service coordination by severity in the context of substance abuse and mental health settings. NASADAD-NASMHPD four-

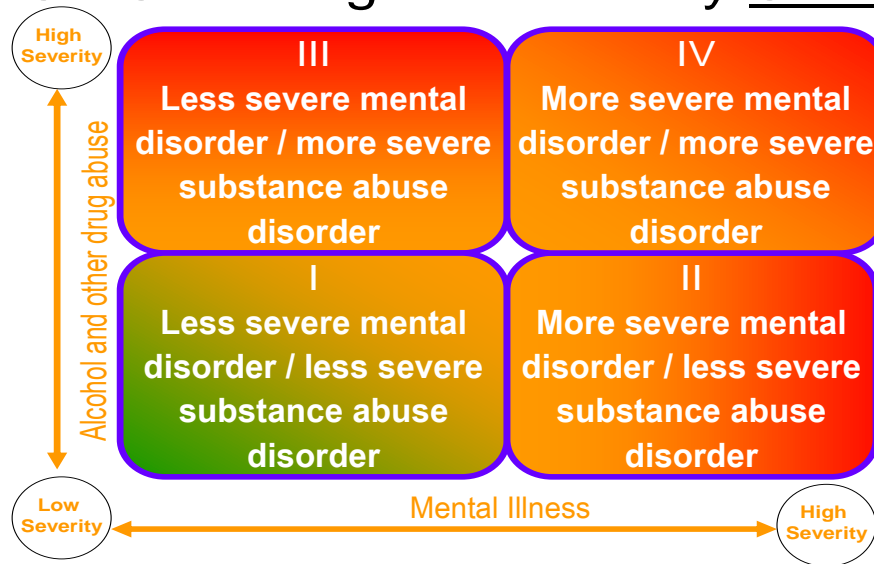
¹⁸U.S. Department of Health and Human Services, Public Health Services, substance Abuse and Mental Health Services Administration, Center for substance Abuse Treatment, Substance Abuse Treatment for Persons with Co-Occurring Disorders, A Treatment Improvement Protocol, TIP 42.

¹⁹ The Report of the Quadrant IV Taskforce, "Treating Co-Occurring Mental Health and Addictive disorder in New York State: A comprehensive View"(May, 2001).

quadrant framework provides a structure for fostering consultation, collaboration, and integration among drug abuse and mental health treatment systems and providers to deliver appropriate care to every client with COD. The four categories of COD are:

- Quadrant I: Less severe mental disorder/less severe substance disorder
- Quadrant II: More severe mental disorder/less severe substance disorder
- Quadrant III: Less severe mental disorder/more severe substance disorder
- Quadrant IV: More severe mental disorder/more severe substance disorder

Co-Occurring Disorders by Severity



V. Evaluation

Goal: The Agency supports improved outcome measures through funding incentives and interagency data collection activities. *Anticipated completion date by 2007*

Objective 1: Providers will reduce the emphasis on the grant-based system of financing and be funded on performance-based contracts.

Objective 2: All funded providers participate in client follow-up studies and utilize a web-based client treatment system to support various needs throughout recovery.

Objective 3: Decrease waiting list and enhanced capacity will occur through the implementation of performance incentives and state outcome monitoring.

Overview

The Agency has implemented a new web-based system, NHIPPS, to collect treatment data from Agency funded treatment programs. This data collection system has been adapted from the

Texas Behavioral Health Integrated Provider System (BHIPS). The system has been upgraded to collect all National Outcome Measures (NOMs). The system currently collects the following NOMs that will help determine program effectiveness:

Treatment National Outcome Measures Currently Collected in NHIPPS

Outcome	Measurement	NHIPPS Data Fields
Abstinence from Drug/Alcohol Abuse	Reduction in/no change in frequency of use in the 30 days prior to admission compared to the 30 days prior to discharge.	Frequency of use 30 days prior to admission and 30 days prior to discharge
Increased/Retained Employment or Return to/Stay in School	Increase in/no change in number of clients employed or in school at discharge compared to admission.	Employment status is collected at admission and discharge as well as school enrollment status.
Decreased Criminal Justice Involvement	Reduction in/no change in number of arrests in the 30 days prior to admission compared to the 30 days prior to discharge.	Number of arrests 30 days prior to admission and 30 days prior to discharge are collected.
Increased Stability in Housing	Increased in/no change in number of clients in stable housing situations at date of admission compared to date of discharge.	Client living arrangements are collected at admission and discharge.
Increase Retention in Treatment	Length of Stay from date of first service to date of last service.	Service dates are collected in NHIPPS thus length of stay is calculated.
Access to Service	Unduplicated count of persons served.	Unduplicated clients served is calculated in NHIPPS.
Increased Social Supports/Social Connectedness	Developmental	NHIPPS collects, at discharge, individuals enrolled in self-help or support skills programs.

The Agency has withheld SAPT Block Grant monies to develop incentive payments to increase the quality of client care. Criteria are being developed that will allocate additional funding, based on access to service, engagement, retention, and completion of treatment. The SAPTA Advisory Board members are developing performance guidelines for dispensing these additional funds. Implementing this initial performance-based funding is a three year process. In SFY 2007, the indicators and methods for awarding performance incentives will be determined; in the second year, scopes of work and client data will be monitored to determine the functionality of the program; and implementation will begin in the third year. The following are strategies being considered for implementation:

- Access to Service: Provider utilization (units of service and the number of individuals served) is specified in provider contracts as the scope of work and tracked in NHIPPS. A monthly utilization baseline will be established as an initial eligibility for additional performance-based funding. For example, it may be determined that Agency funded

treatment providers will need to demonstrate a monthly utilization of 80% of their contracted scope of work to be eligible.

- Engagement: Evidence shows that, once first contact is made, it is important to assess and engage clients in treatment before contact is lost. NHIPPS provides the ability to track the time between initial contact, assessment, and admission to a treatment program. Timeframes in this process reflect a conscientious effort to meet individual needs and engage the clients while they are motivated to seek help.
- Retention and Completion: With the new data system it is possible to track client engagement rates. Each service provided to a client is tracked through a progress note entered by the clinician. These progress notes make it possible to track the number of encounters each client has with clinical staff over a period of time. As engagement rate of the client has a direct effect on treatment effectiveness, therapeutic encounters during the initial 60 days of treatment will be tracked and minimum rate determined to receive additional performance funding. Additional encounter requirements for receiving this funding will be determined by the Length of Stay (LOS) and the client engagement during the last 30 days of treatment.

Recovery can be defined as "a journey of healing and transformation enabling a person with a substance abuse problem to live a meaningful life in a community of his or her choice while striving to achieve his or her potential." There are many ways to recover from alcohol and drug use disorders. In addition to professional treatment and medication-assisted therapies, peer recovery support services can help prevent relapse and promote long-term recovery. The Agency supports peer services and those provided by faith communities through funding, technical assistance, publication, and online support. Successful peer initiatives work closely with formal services systems and professionals in their community to maximize the opportunities for recovery. Consumers encourage and engage others in recovery and provide each other with a sense of belonging. Concepts include:

- Self-Direction: Consumers determine their own path of recovery with their autonomy, independence, and control of resources.
- Individualized and Person-Centered: There are multiple pathways to recovery based on an individual's unique strengths as well as his or her needs, preferences, experiences, and cultural background.
- Empowerment: Consumers have the authority to participate in all decisions that will affect their lives, and they are educated and supported in this process.
- Holistic: Recovery encompasses an individual's whole life, including mind, body, spirit, and community. Recovery embraces all aspects of life, including housing, social networks, employment, education, mental health and health care treatment, and family supports.
- Non-Linear: Recovery is not a step-by step process but one based on continual growth, occasional setbacks, and learning from experience.
- Strengths-Based: Recovery focuses on valuing and building on the multiple capacities, resiliencies, talents, coping abilities, and inherent worth of individuals. The process of

recovery moves forward through interaction with others in supportive, trust-based relationships.

- Respect: Eliminating discrimination and stigma are crucial in achieving recovery. Self-acceptance and regaining belief in oneself are particularly vital.
- Responsibility: Consumers have a personal responsibility for their own self-care and journeys of recovery. Consumers identify coping strategies and healing processes to promote their own wellness.
- Hope: Hope is the catalyst of the recovery process and provides the essential and motivating message of a positive future. Peers, families, friends, providers, and others can help foster hope.

The Agency is confident, based upon previous accomplishments, that the goals and objectives outlined within the plan are attainable within the five year timeframe. During the last five years, the Agency relied heavily on the POAS as a guiding document to move the Agency and its providers towards meeting those goals. The contents of the revised POAS will be integrated into the treatment monitors and be used as a regulatory instrument for Agency funded programs.

Agency Operations Strategic Plan

Introduction

The Agency works to reduce the impact of substance abuse in Nevada. This is accomplished through the identification of the alcohol and drug abuse needs of Nevadans and by supporting a continuum of services including prevention, early intervention and treatment. Alcohol and other drug abuse prevention and treatment services are available statewide, which promotes tourism and economic development by encouraging drug free environments and allowing access to quality health services. The Agency is also responsible for the development and implementation of a state plan for prevention and treatment; coordination of state and federal funding for community-based public and nonprofit organizations, development of standards and providing regulatory oversight for the certification and approval of prevention and treatment programs, and establishing mechanisms to provide alcohol and drug abuse education and training for professionals in the field. The Agency serves as the Single State Authority for the SAPT Block Grant. The Agency is an integral part of the Department of Health and Human Services in Nevada.

The Agency funds primary prevention providers (direct service) to implement substance abuse prevention programs to reduce and prevent substance use through prevention strategies as recommended by SAMHSA and CSAP. In addition, the Agency funds community-based coalitions to develop local comprehensive community prevention plans to address substance abuse prevention in a coherent and cohesive manner. The Agency's coalition strategy also includes using the coalitions to increase provider capacity through an improvement process, which includes grant writing and resource development activities.

The Agency also funds not-for-profit private and governmental treatment organizations to provide services consisting of comprehensive evaluation, intervention, detoxification, outpatient, intensive outpatient, residential, and transitional housing services for adults and adolescents. Additionally, opioid maintenance treatment services for adults are supported.

Data collection and evaluation take place statewide to verify that resources are being used appropriately and that progress on negotiated scopes of work is achieved. Data is also used to insure provision of services only in areas with demonstrated need and to help minimize duplication of services.

The Agency Operations Strategic Plan is reflective of planning efforts to address the expansion of services due to population growth and the corresponding need to provide effective substance abuse services for enhanced utilization of limited resources.

A. Purpose/Mission Statement

The purpose of this portion of the strategic plan is to develop a plan that helps facilitate the Agency in supporting the prevention and treatment programs in the field. The Agency funds prevention and treatment programs, processes fiscal requests, collects data, monitors and provides technical assistance to funded programs, applies for grants, supports training for

programs and manages state resources. The Agency ensures substance abuse treatment and prevention services are available to Nevadans, within the limitations of funding and the capacity of our funded providers.

B. Background

The Agency's previous strategic plan of 2001 did not cover operations. It did produce a document that related to the cost and business practices of the funded programs. The document was a guide for non-profit organizations and included sections on non-profit management models, human resources management, cost models, fiscal policies and management information systems. This document helped funded programs develop minimum controls and understand federal and state requirements. The management information best practices prepared the programs to make the next significant step of working with a web based information system.

I. Assessment

Goal: The Agency will have state of the art information systems and highly trained staff which allow the Agency to measure treatment and prevention outcomes.

Objective 1: Fully implement treatment, prevention, coalition and administrative functions of NHIPPS to collect all required data.

Objective 2: Determine and design reliable reporting for the Agency and funded programs.

Objective 3: Support training of prevention and treatment staff to implement evidenced-based and best practices.

Objective 4: Train Agency staff to support funded programs in best practices.

Objective 5: Support internal and external needs assessments to provide current and relevant data to determine need and demand for treatment and prevention services.

II. Capacity

Goal: The Agency will continue to seek additional funding from state and federal sources to support effective treatment and prevention programs statewide.

Objective 1: Continue to support coalition infrastructure to develop community centers of excellence.

Objective 2: Seek to expand state general fund appropriations, to enhance the opportunity to leverage those dollars through available match for community sustainability plans.

Objective 3: Develop performance-based contracting methods to expand and enhance successful programs.

Objective 4: Support workforce development through training programs, technical assistance and support of evidenced-based practices.

Objective 5: Develop relationships, linkages, memorandums of agreement and mutual support arrangements across governmental agencies and local programs to enhance services and eliminate duplication.

III. Planning

Goal: The Agency will develop systems to efficiently fund and support funded treatment and prevention programs statewide.

Objective 1: Establishing the necessity for outside accreditation and the review of recommendations provided to the program providers, the Agency, and the clients with information on the level of quality currently established and the level of quality the program should attain to achieve.

Objective 2: The Agency will continue to support CASAT and the Board of Examiners for Alcohol, Drug and Gambling Counselors in workforce development plans that implement strategies to increase the number of licensed and certified counselors.

Objective 3: The Agency will support the utilization of dually-credentialed clinicians in budget submittals in the RFA process for programs targeting clients with co-occurring disorders.

Objective 4: Develop a caseload strategy for budget planning to be presented with the Agency's biennial budget.

Objective 5: Increase the collaboration for information dissemination on best practices in the field through the Agency website.

Objective 6: Develop more efficient methods to convey funding opportunities, such as online RFA's.

Objective 7: Research alternate sources of funding through third party sources and Medicaid.

IV. Implementation

Goal: The Agency will provide a process to efficiently reimburse programs and disseminate reported data to funded treatment and prevention programs statewide.

Objective 1: The Agency will process reimbursement requests online to improve program cash flow.

Objective 2: Complete a performance-based contracting plan integrating the measurements into NHIPPS to report each programs progress.

Objective 3: The Agency will continue to support the maintenance and development of the state-wide web-based information system, NHIPPS, which will support the needs of the Prevention Strategic Plan, the Treatment Strategic Plan and the Agency Operations Strategic Plan for data collation and analysis. The system is designed to address data collection requirements which ensure the continuation of federal funding. This means that and State Outcome Measures (SOMs), for prevention and treatment, will be incorporated to meet all reporting requirements. In addition to reporting data, this system addresses an online fiscal processing system for funded providers.

Objective 4: There are two over-arching goals that are designed to support growth and sustainability. The first is related to increasing the efficiency of the funding process and the second is related to increasing and leveraging the funding opportunities available to the providers in the field. One important method is to make state general funds available to funded organizations which can use those funds as federal match.

Objective 5: Continue to support the EBP Exchange through CASAT. The EBP Exchange is a group of treatment and prevention providers and other interested parties who want to help design training and technical assistance activities for the State of Nevada that will promote the adoption and use of evidence-based prevention and treatment practices. The mission of the EBP Exchange will be to develop procedures that will help providers' document adherence to evidence-based practices.

V. Evaluation

Goal: The Agency will provide a process to evaluate systems, processes and outcomes for Agency operations and funded treatment and prevention programs statewide.

Objective 1: Form a user group of NHIPPS participants to review and improve processes.

Objective 2: Continue to improve performance through the development of criteria monitored through NHIPPS for funded treatment providers.

Objective 3: Review and evaluate the performance-based funding decision making process.

Objective 4: Review accuracy and reliability of electronic data through program and fiscal site monitors.

Objective 5: Continue to fund peer reviews to determine if current practices and guidelines are followed.

Objective 6: The Agency's evaluation team will incorporate reports into NHIPPS for program review on the results of the data analysis in regard to performance and outcome measures.

Objective 7: Continue to assess program development and performance to determine the effectiveness of training and training needs.

Objective 8: Review the current prevention and treatment performance criteria and ratings.

Objective 9: The Agency will put in a technical assistance request to SAMHSA in regard to determining the cost of service provision for a fee-for-service system and determine the need for geographic differentials in reimbursement of costs, based on actual cost analysis.

APPENDIX A

**Department of Health and Human Services
Division of Mental Health and Developmental Services (MHDS)
Substance Abuse Prevention and Treatment Agency (SAPTA)**

SUBSTANCE ABUSE PREVENTION PROGRAM OPERATING AND ACCESS STANDARDS (POAS)

Introduction

Reflected in both the SAPTA Strategic Plan and the Prevention Operating and Access Standards are a commitment by the agency to strengthening both the state and local level prevention systems. Nevada has made a long standing commitment to support community-based substance abuse prevention coalitions and local direct services providers. Through ongoing training, technical assistance, and documents such as the SAPTA Prevention Strategic Plan and the Access and Operating Standards, SAPTA seeks to collaborate with and support all of its partners to create state, regional, and local systems of effective prevention services and activities.

Nevada has a well-established system of local prevention providers and highly effective substance abuse coalitions that strive for excellence on an ongoing basis. The purpose of this document is to provide those coalitions and service providers that make up the foundation of substance abuse prevention in Nevada with guidance on how to continue to move toward achieving excellence in their work.

The Five-Year Prevention Strategic Plan

The Nevada Mental Health and Developmental Services, Substance Abuse Prevention and Treatment Agency (SAPTA) developed a strategic plan in order to meet state and federal requirements and establish a guide for the Agency for the next five years. The plan was developed under the combined leadership of the SAPTA Advisory Board and its Prevention Strategic Planning Subcommittee. The Prevention Plan outlines the goals and objectives for Nevada's substance abuse prevention services delivery system, as well as the strategies and activities for achieving the goals and objectives.

What are the Prevention Operating and Access Standards (POAS)

The POAS are a set of standards that provide guidance to the state's prevention providers and coalitions as they conduct the activities for achieving the goals and objectives of the SAPTA Prevention Strategic Plan. The POAS are also intended to assist prevention providers and coalitions as they work to foster an effective prevention system throughout Nevada.

The POAS address the five sections of the Strategic Plan, which include Assessment, Capacity, Planning, Implementation, and Evaluation. Where applicable, the POAS embody the guidelines and standards established by the National Institute on Drug Abuse (NIDA), the Substance Abuse and Mental Health Services Administration (SAMHSA), the Center for Substance Abuse Prevention (CSAP), and the Institute of Medicine (IOM). These standards will be applied as providers and coalitions develop, plan, and implement evidence-based prevention programs, practices, policies, and strategies.

The POAS are intended to respond to the goals and recommendations addressed in the SAPTA Prevention Strategic Plan. The goals and recommendations are:

1. SAPTA activities and decisions are guided by data that indicate the status of health and well-being of Nevada's diverse communities.
2. Develop and maintain a repository of data published by SAPTA, as part of the agency website that is accessible to stakeholders and agencies.
3. Nevada's diverse communities demonstrate expanding capacity to successfully address identified prevention needs.
4. Develop a strong prevention workforce by supporting access to professional skill development, other higher education credentials, and career-sustaining salaries and benefits for prevention professionals.
5. Increase the diversity and participation of target groups in prevention planning, selection of services, and programming decisions.
6. Create protocols for working with diverse communities, including tribal nations, to establish consistent outcome-based prevention services across the continuum in Nevada.
7. Encourage participation in the planning and implementation of services statewide by a comprehensive group of stakeholders, including but not limited to target populations, schools, youth, law enforcement, businesses, faith communities, and state, federal, and community agencies.
8. Develop a single comprehensive statewide prevention strategic plan that encompasses all SAPTA and local prevention plans, to guide all substance abuse prevention efforts in Nevada's diverse communities.
9. Nevada's diverse communities will implement evidence-based prevention programs, policies, practices, and strategies to prevent and reduce substance abuse and its negative consequences for youth, adults, families, and communities.
10. Improve prevention activities in Nevada and its communities through the use of and response to research and evaluation activities.
11. Collaborate with coalitions to create a planning document based on data that will allow primary prevention providers to select programs based on needs that have been identified through the assessment process.

SECTION ONE: ASSESSMENT

Goal: SAPTA activities and decisions are guided by data that indicate the status of health and well-being of Nevada's diverse communities.

Objective(s) relevant to prevention providers and coalitions:

Local and statewide assessments of the problem burden and severity, resources, collaboration, and other areas of community readiness will be used to allocate resources and plan prevention efforts.

POAS:

- Using epidemiologically sound methods, identify problem and consequence data, consumption data, intervening variables, and risk and protective factors.
- Use systematic and standardized processes in assessment activities (e.g., data collection and synthesis).
- Develop logic models in a sequential manner, starting with consequence and consumption factors.
- Participate in the development and collection of uniform data sets.

SECTION TWO: CAPACITY

Goal: Nevada's diverse communities demonstrate expanding capacity to successfully address identified prevention needs.

Objective(s) relevant to prevention providers and coalitions:

- Increase the capacity, infrastructure, and sustainability of Nevada's local prevention system.
- Improve the capacity to meet the prevention needs of Nevada's diverse communities.
- Maintain a collaborative prevention training and workforce development system that is responsive to the needs of prevention professionals and advocates across prevention disciplines and agencies.
- Encourage career-sustaining salaries and benefits for prevention professionals in order to attract and retain trained and skilled workers.

POAS

- Consider capacity-building as an ongoing process. In order to institutionalize change in the state infrastructure, the capacity of independent agencies as well as the state and community system must be continuously evaluated and enhanced.
- Essential to effective prevention are up-to-date data systems, technology, Internet access, and accounting functions.
- Ensure the most recent and state-of-the-art information on prevention research and theory is applied, where appropriate.
- Utilize CSAP's Substance Abuse Prevention Specialist Training Curriculum as an accepted and commonly utilized skill set for prevention service delivery.
- Policies should reflect the importance of attracting and retaining competent staff.

- Salaries and benefit levels should be competitive and in line with industry standards.
- Develop leadership and direction for prevention at the community level.
- Recruit culturally diverse staff members that are responsive to cultural needs of the communities served.
- Encourage and support increased capacity of boards of directors of community agencies and coalitions through training on subjects including but not limited to:
 - ◆ Prevention programs, policies, practices, and strategies
 - ◆ Sustaining agencies financially and operationally
 - ◆ Board liabilities
 - ◆ Building board involvement
 - ◆ Boards as fundraising mechanisms
 - ◆ Building board structure
 - ◆ Evidence-based prevention activities
- Create working relationships and implement strategies with tribal nations that establish and sustain consistent outcome-based prevention services.

SECTION THREE: PLANNING

Goal: Develop a single comprehensive statewide prevention strategic plan that encompasses all SAPTA and local prevention plans, to guide all substance abuse prevention efforts in Nevada’s diverse communities.

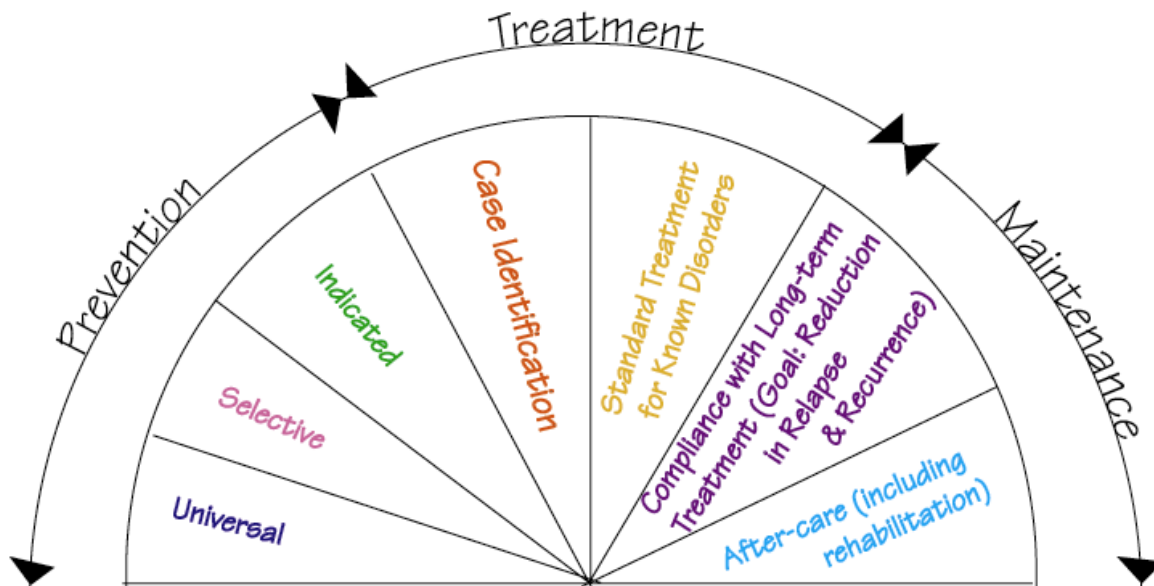
Objective(s) relevant to prevention providers and coalitions:

- Data-driven decision-making will be reflected in the following: 1) state and local substance abuse prevention strategic plans, and 2) resource allocation activities. Data will also drive the prioritization of social indicators and their associated consequence, risk, and protective factors.
- Evidence-based prevention programs, policies, practices, and strategies addressing multiple high-risk behaviors and substances will: 1) reflect intervening variables identified through data-driven processes, and 2) be linked through a continuum of prevention activity.

POAS

- Ensure sound data collection and analysis creates the foundation of the planning process.
- Incorporate the unique characteristics of Nevada into the planning process, including:
 - ◆ Nevada’s rapidly growing, transitional, and highly mobile population.
 - ◆ Nevada is a geographically large state, with a diverse demographic and socio-economic makeup. It’s urban, rural, and frontier areas tend to have distinct needs.
- Integrate prevention planning activities across behavioral health areas including underage drinking enforcement activities, youth access to tobacco, driving under the influence (DUI) programs, suicide prevention, Perinatal substance abuse prevention, HIV prevention, teen pregnancy prevention, child abuse prevention, mental health disorder prevention, and domestic violence prevention programs.
- Develop logic models as an integral part of the planning process in order to maintain a focus on outcome-based prevention.

- Embrace evidence-based innovation when appropriate to specific community contexts and in cases when proven strategies do not exist.
- Apply the IOM Continuum of Care Model during planning activities. The Institute of Medicine developed a continuum of care for the provision and classification of substance abuse prevention and treatment services. Prevention services are classified as either universal, selective, or indicated. Universal services reach an entire population, selective services address the needs of an identified high risk group, and indicated services are designed for individuals at risk for the development of a substance abuse disorder diagnosis. (See universal, selective, and indicated for in depth definitions). Below is an illustration of the continuum of care for both prevention and treatment.



Institute of Medicine’s Prevention Definitions:

Universal Prevention: Those programs, strategies, and practices that are designed to reach entire populations (e.g. all students in a school, mass media campaigns, all families, etc.).

Selective Prevention: Those programs, strategies, and practices that are designed to target populations or groups that are at risk (e.g. children of alcoholics, poor school achievers, etc.)

Indicated Prevention: Those programs, strategies, and practices that are designed to identify individuals who have exhibited high risk behaviors (e.g. initial use of alcohol, tobacco, or other drugs, delinquency, school failure/drop out, etc.)

SECTION FOUR: IMPLEMENTATION

Goal: Nevada's diverse communities will implement evidence-based prevention programs, policies, practices, and strategies to prevent and reduce substance abuse and its negative consequences for youth, adults, families, and communities.

Objective(s) relevant to prevention providers and coalitions:

- Maintain a continuum of substance abuse services, which includes universal, selected, and indicated prevention services.
- Implement culturally appropriate and responsive evidence-based prevention services for individuals, families and communities to focus on needs identified and prioritized by state and community needs assessment and planning processes.
- Community prevention systems will develop and sustain positive community norms, policy changes, reduction in alcohol, tobacco, and other drug availability, and increased enforcement at the Tribal, state, county and city level through the implementation of evidence-based environmental strategies.
- In order to strengthen resiliency in youth, reduce high-risk behaviors, and break the intergenerational cycle of alcohol and drug dependency, prevention service providers will incorporate multiple strategies across multiple sectors.

POAS

- Increase emphasis on the selection and implementation of programs, policies, practices, and strategies that support positive community-wide outcomes.
- For direct service programs, the NIDA Principles for Prevention Programs should be applied. These principles are the result of research studies on effective prevention programming. The principles are listed at the end of this document.
- Match program type with the specific IOM population so that the needs of sub-populations are met appropriately (the IOM Continuum of Care is outlined in Section Three: Planning).
- Adapt programs, policies, practices, and strategies to meet the culturally-specific needs of local community populations in ways that maintain fidelity.
- Develop and build upon collaborative relationships with Drug Free Communities grantees, local departments of education, law enforcement agencies, policy makers, other government and non-government entities and others that have a stake in the prevention of substance abuse.

SECTION FIVE: EVALUATION

Goal: Improve prevention activities in Nevada's communities through the use of and response to research and evaluation activities.

Objective(s) relevant to prevention providers and coalitions:

- Prevention programs, policies, practices, and strategies increasingly utilize evaluation for demonstration of effectiveness and support of ongoing improvement.

- State and local prevention entities demonstrate public accountability for the results of their prevention initiatives.
- Evaluation results are presented in ways that are accessible, culturally relevant, and comprehensible to all stakeholders. Process and quantitative evaluation activities are culturally responsive and well-documented.

POAS

- Develop, maintain, and communicate clear process and outcome evaluation methods and systems. These methods include protocols for confidentiality, conducting process and outcome evaluation, administering evaluation instruments, and collecting, entering, analyzing, and interpreting data.
- Work with diverse cultural groups to ensure that findings are presented in culturally responsive ways.
- Meet with local independent evaluators to discuss cultural and developmental concerns.
- Ensure compliance with the Health Insurance Portability and Accountability Act (HIPAA).
- Produce evidence of fidelity checks at each site for each program being delivered.

NATIONAL INSTITUTE ON DRUG ABUSE (NIDA)

Preventing Drug Abuse Among Children and Adolescents²⁰

Prevention Principles

These principles are intended to help parents, educators, and community leaders think about, plan for, and deliver research-based drug abuse prevention programs at the community level. The references following each principle are representative of current research.

Risk Factors and Protective Factors

PRINCIPLE 1 - Prevention programs should enhance protective factors and reverse or reduce risk factors.

- The risk of becoming a drug abuser involves the relationship among the number and type of risk factors (e.g., deviant attitudes and behaviors) and protective factors (e.g., parental support).
- The potential impact of specific risk and protective factors changes with age. For example, risk factors within the family have greater impact on a younger child, while association with drug-abusing peers may be a more significant risk factor for an adolescent.
- Early intervention with risk factors (e.g., aggressive behavior and poor self-control) often has a greater impact than later intervention by changing a child's life path (trajectory) away from problems and toward positive behaviors.

²⁰ NIDA website: <http://www.drugabuse.gov/Prevention/principles.html>

- While risk and protective factors can affect people of all groups, these factors can have a different effect depending on a person's age, gender, ethnicity, culture, and environment.

PRINCIPLE 2 - Prevention programs should address all forms of drug abuse, alone or in combination, including the underage use of legal drugs (e.g., tobacco or alcohol); the use of illegal drugs (e.g., marijuana or heroin); and the inappropriate use of legally obtained substances (e.g., inhalants), prescription medications, or over-the-counter drugs.

PRINCIPLE 3 - Prevention programs should address the type of drug abuse problem in the local community, target modifiable risk factors, and strengthen identified protective factors.

PRINCIPLE 4 - Prevention programs should be tailored to address risks specific to population or audience characteristics, such as age, gender, and ethnicity, to improve program effectiveness.

Family Programs

PRINCIPLE 5 - Family-based prevention programs should enhance family bonding and relationships and include parenting skills; practice in developing, discussing, and enforcing family policies on substance abuse; and training in drug education and information.

Family bonding is the bedrock of the relationship between parents and children. Bonding can be strengthened through skills training on parent supportiveness of children, parent-child communication, and parental involvement.

- Parental monitoring and supervision are critical for drug abuse prevention. These skills can be enhanced with training on rule-setting; techniques for monitoring activities; praise for appropriate behavior; and moderate, consistent discipline that enforces defined family rules.
- Drug education and information for parents or caregivers reinforces what children are learning about the harmful effects of drugs and opens opportunities for family discussions about the abuse of legal and illegal substances.
- Brief, family-focused interventions for the general population can positively change specific parenting behavior that can reduce later risks of drug abuse.

School Programs

PRINCIPLE 6 - Prevention programs can be designed to intervene as early as preschool to address risk factors for drug abuse, such as aggressive behavior, poor social skills, and academic difficulties.

PRINCIPLE 7 - Prevention programs for elementary school children should target improving academic and social-emotional learning to address risk factors for drug abuse, such as early aggression, academic failure, and school dropout. Education should focus on the following skills:

- self-control;
- emotional awareness;

- communication;
- social problem-solving; and
- academic support, especially in reading.

PRINCIPLE 8 - Prevention programs for middle or junior high and high school students should increase academic and social competence with the following skills:

- study habits and academic support;
- communication;
- peer relationships;
- self-efficacy and assertiveness;
- drug resistance skills;
- reinforcement of anti-drug attitudes; and
- strengthening of personal commitments against drug abuse.

Community Programs

PRINCIPLE 9 - Prevention programs aimed at general populations at key transition points, such as the transition to middle school, can produce beneficial effects even among high-risk families and children. Such interventions do not single out risk populations and, therefore, reduce labeling and promote bonding to school and community.

PRINCIPLE 10 - Community prevention programs that combine two or more effective programs, such as family-based and school-based programs, can be more effective than a single program alone.

PRINCIPLE 11 - Community prevention programs reaching populations in multiple settings—for example, schools, clubs, faith-based organizations, and the media—are most effective when they present consistent, community-wide messages in each setting.

Prevention Program Delivery

PRINCIPLE 12 - When communities adapt programs to match their needs, community norms, or differing cultural requirements, they should retain core elements of the original research-based intervention which include:

- Structure (how the program is organized and constructed);
- Content (the information, skills, and strategies of the program); and
- Delivery (how the program is adapted, implemented, and evaluated).

PRINCIPLE 13 - Prevention programs should be long-term with repeated interventions (i.e., booster programs) to reinforce the original prevention goals. Research shows that the benefits from middle school prevention programs diminish without follow-up programs in high school.

PRINCIPLE 14 - Prevention programs should include teacher training on good classroom management practices, such as rewarding appropriate student behavior. Such techniques help to foster students' positive behavior, achievement, academic motivation, and school bonding.

PRINCIPLE 15 - Prevention programs are most effective when they employ interactive techniques, such as peer discussion groups and parent role-playing, that allow for active involvement in learning about drug abuse and reinforcing skills.

PRINCIPLE 16 - Research-based prevention programs can be cost-effective. Similar to earlier research, recent research shows that for each dollar invested in prevention, a savings of up to \$10 in treatment for alcohol or other substance abuse can be seen.

APPENDIX B

Department of Health and Human Services Division of Mental Health and Developmental Services (MHDS) Substance Abuse Prevention and Treatment Agency (SAPTA)

SUBSTANCE ABUSE TREATMENT PROGRAM OPERATING AND ACCESS STANDARDS (POAS)

To meet federal and state requirements and establish a plan of action to guide the Agency in program implementation, the Division of Mental Health and Developmental Services, Substance Abuse Prevention and Treatment Agency (SAPTA) presents the Treatment Operating and Access Standards for the fiscal years of 2007 – 2012.

The initial Program Operating and Access Standards (POAS) were developed by the BADA Operating and Access Standards Subcommittee and approved by the Advisory Committee in March of 2001. It is intended to promote effective and efficient substance abuse treatment throughout Nevada and to ensure enhanced integration of delivery systems to treat substance abuse clients. This document contains a set of standards that will encourage Nevada substance abuse treatment providers to fully implement the federal State Outcome Measures (SOMs), to adopt the National Academy of Sciences' Institute of Medicine ten rules to redesign health care; and to further strengthen providers' capacity to offer client-centered treatment.

The document has addressed each of the five categories described in the original Program Operating and Access Standard documents and is developed to guide treatment standards for FY 2007 – FY 2012. The five main categories remaining constant are:

- Increase Access to Treatment
- Improve Service Efficiency
- Improve Quality of Care
- Improve Care Coordination
- Improve Outcome Measurement

VISION INTO ACTION (VIA)

Moving from one year to another may seem insurmountable without a specific plan to follow from the July 2007 funding cycle through 2012. All SAPTA-certified and funded programs are encouraged to develop such plans. As of July 2009, SAPTA programs must be in compliance with each item listed in the previously published POAS. The following activities are scheduled to move Nevada substance abuse providers from this funding cycle to the next:

- Center for the Application of Substance Abuse Technologies (CASAT), trainings and workshops to fully implement Evidence Based practices and strategies.
- SAPTA providers will be in full compliance in using the Nevada Health Information Provider Performance System (NHIPPS) that will standardize screening, assessment, and

evaluations to integrate treatment for all populations.

- Improving and strengthening treatment systems through on-going certification and monitoring activities.
- Formalizing community relationships with social, law enforcements, and welfare agencies with shared continuity of purpose and design and consistent treatment plans.
- Utilize outreach intervention strategies to reduce stigma, change attitudes, and increase public awareness and acceptance of addiction as a disease.
- Require providers by 2009 to have accreditation with a nationally recognized organization e.g., JCAHO, CARF, COA, etc.
- Recognizing the benefits of Recovery Informed Treatment Practices.

SECTION III: FY 2007 – 2012

A. ACCESS TO TREATMENT – SAPTA funded providers must be in full compliance with state and federal regulations and laws governing substance abuse treatment programs, e.g., NRS 458, 42 & 45 C.F.R., grant assurances, NAC 458, NAC 641, etc.

Availability:

- The substance abuse treatment delivery system should not waste resources or client's time. Treatment on Demand should be a part of providers' protocols.
- Client care should be made available 24 hours a day and not just in face-to-face- visits.
- Reduce time between client program screening, assessment and admission.
- Providers remove language barriers to treatment and work towards services for special populations, including, but not limited to, the hearing impaired and Spanish speaking clients
- Expand geographic access through telecommunications.
- Client care should be equitable to all Nevada citizens and offered regardless of ability to pay.

Assessment: *Upon Admission:*

- A standard is used and met when documenting all client treatment activities including assessment, diagnosis, treatment planning, referrals and continued care.
- Programs should be working with clinicians and institutions and actively share information to ensure appropriate coordination of care.
- Providers of services to high-risk populations should use valid, age appropriate and culturally appropriate techniques to screen all entrants into their systems to detect substance abuse problems and illnesses.

B. IMPROVE SERVICE EFFICIENCY - SAPTA funded providers must be in full compliance with state and federal regulations and laws governing substance abuse treatment programs, e.g., NRS 458, 42 & 45 C.F.R., grant assurances, NAC 458, NAC 641, etc.

Treatment:

- Be client centered, integrated systems should anticipate client needs.
- Providers are committed to treat all stages of substance abuse recovery, including relapse
- Utilizes evidence based treatment strategies and practices; care should not vary illogically from clinician to clinician or from place to place
- Provides therapeutic recreational interventions.
- Providers should design systems of care that meet the most common types of needs, but have the capability to respond to individual client choices and preferences.

Pharmacology:

- The provider has ready access to a physician with training in addictions.
- The provider has knowledge of medication therapy appropriate to the population served and uses evidenced-based medical and behavioral treatment interventions.
- Clients should have unfettered access to their own medical information and to clinical knowledge.

Treatment Planning:

- Ensures regular multidisciplinary team reviews of the treatment service plans developed between counselors and clients and provides supervisory guidance as determine by accreditation guidelines.
- Provides Family Based Treatment interventions to when working with adolescents and women with children.
- The client should be the source of control and be given the necessary information and opportunity to make decisions over health care choices that affect them.
- Care should be client-centered and responsive to client preferences.

C. QUALITY OF CARE – SAPTA funded providers must be in full compliance with state and federal regulations and laws governing substance abuse treatment programs, e.g., NRS 458, 42 & 45 C.F.R., grant assurances, NAC 458, NAC 641, etc.

Workforce Development:

- Acquire national accreditation from an accreditation organization, e.g., CARF, JCAHO, or COA.
- Clinical personnel are qualified in their respective disciplines by education, training, supervised experience, and current competencies for licensed independent practice or the equivalent.

- Clinical supervision is required and documentation is available for review.
- A standard is used and met when documenting all client treatment activities including screening, assessment, diagnosis, treatment planning and continued care.
- The providers have a continuous quality improvement plan and document its implementation.

D. CARE COORDINATION – BADA funded providers must be in full compliance with state and federal regulations and laws governing substance abuse treatment programs, e.g., NRS 458, 42 & 45 C.F.R., grant assurances, NAC 458, NAC 641, etc.

Clinical Case Management:

The organization addresses environmental and other factors that may affect the outcome of service.

- The client should be the source of control and be given the necessary information and opportunities to make decisions over health care choices that affect them.
- Provides assistance, either directly or by referral with work-related problems of employed persons who are in the process of recovery.
- Provides on site education services for children or adolescents served.
- Integrated self-help and peer groups into treatment setting.
- Have support groups available for a variety of different support needs.
- Has a mechanism to provide follow-up and encourages re-engagement for clients who disengage from support groups, as this is often a sign that relapse prevention is needed.
- The provider has fulltime case management staff or makes arrangements with an existing one to assist clients with supportive resources.
- Have an efficient system that refers clients to services best suited for their needs.
- Improve service linkages between agencies serving the substance abuse client with a mental health condition.

E. IMPROVE OUTCOME MEASUREMENTS - SAPTA-funded providers must be in full compliance with state and federal regulations and laws governing substance abuse treatment programs, e.g., NRS 458, 42 & 45 C.F.R., grant assurances, NAC 458, NAC 641, etc.

State Outcome Measures (SOMs):

- Participates in client follow-up studies and utilizes the NHIPPS web-based client treatment system.
- Each treatment episode is no less than 90 days in duration.
- Detoxification engage rates are 40% or greater.
- Decrease waiting list and enhance capacity through implementation of performance incentives and state outcome measures.
- Providers, state and local governments should reduce the emphasis on the grant-based systems of financing that currently dominate publicly funded treatment systems and should increase the use of funding mechanisms that link funds to measures of performance.

F. RECOVERY INFORMED TREATMENT - SAPTA-funded providers must be in full compliance with state and federal regulations and laws governing substance abuse treatment programs, e.g., NRS 458, 42 & 45 C.F.R., grant assurances, NAC 458, NAC 641, etc.

Community Support Services:

- Consumers determine their own path of recovery with their autonomy, independence, and control of resources.
- There are multiple pathways to recovery based on an individual's unique strengths as well as his or her needs, preferences, experiences, and cultural background.
- Consumers have the authority to participate in all decisions that will affect their lives, and they are educated and supported in this process.
- Recovery encompasses an individual's whole life, including mind, body, spirit, and community. Recovery embraces all aspects of life, including housing, social networks, employment, education, mental health and health care treatment, and family supports.
- Recovery is not a step-by-step process but one based on continual growth, occasional setbacks, and learning from experience.
- Recovery focuses on valuing and building on the multiple capacities, resiliencies, talents, coping abilities, and inherent worth of individuals.
- Eliminating discrimination and stigma are crucial in achieving recovery. Self-acceptance and regaining belief in oneself are particularly vital.
- Consumers have a personal responsibility for their own self-care and journeys of recovery.
- Hope is the catalyst of the recovery process and provides the essential and motivating message of a positive future.