

APPENDIX C11

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

Introduction: The purpose of this paper is to present basic information on substance abuse treatment for agencies and individuals in Nevada.

Mission: The mission of the Substance Abuse Prevention and Treatment Agency (SAPTA or Agency) is to reduce the impact of substance abuse in Nevada.

Purpose: SAPTA is the designated Single State Agency for the purpose of applying for and expending the federal Substance Abuse Prevention and Treatment (SAPT) Block Grant issued through the Substance Abuse and Mental Health Services Administration (SAMHSA). Although the Agency does not provide direct substance abuse prevention or treatment services, it plans 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:

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

Strategy: The primary agency strategies are the coordination and implementation of all state and federal funding through planning and analysis of alcohol and drug abuse needs. Through this process, the services required are identified, and applications are requested which address needed services. Applications are reviewed by agency staff and outside independent review panels. Funds are awarded on the basis of the programs' ability to provide the requested service. As stated in NRS 458.025, only agencies which have received SAPTA certification are eligible for funding. After awards are made, the agency monitors compliance with the programmatic and fiscal terms of the subgrants. Also, the agency provides programs with technical assistance to ensure that appropriate services are provided.

Treatment Team Strategies for Implementing SAPTA's Mission: The agency awards over \$13,000,000 of state and federal funding to community-based private and public agencies to provide substance abuse treatment throughout Nevada. Treatment is defined as the continuum of care an individual assessed as an alcoholic and/or drug abuser or addict receives through the implementation of the Patient Placement Criteria for Programs Treating Substance Related Disorders. SAPTA has identified approved levels of service and programs are required to develop a comprehensive service network to assist the client in the treatment process. State

planning for substance abuse treatment services is a requirement of Nevada Statutes as well as a requirement of the federal SAPT Block Grant.

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 (MHDS), Substance Abuse Prevention and Treatment Agency (SAPTA) presents the Treatment Operating and Access Standards (POAS) for the fiscal years of 2007 – 2012.

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 (IOM) 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

Certification Compliance Standards: The Patient Placement Criteria sets the foundation for specific service levels and standards of documentation reflecting services rendered to clients. The criteria favors the least intrusive level of service and centers around meeting client needs as outlined by the American Society of Addiction Medicine (ASAM). The Nevada Administrative Code (NAC) 458 defines the regulatory power to govern the clinical and organizational overview of treatment programs as granted by Nevada law. General considerations for certification and re-certification of funded and non-funded treatment programs involve an objective scoring on four quadrants: *General, Organizational Protocols & Operations, Personnel, Treatment Protocols & Operations as well as Clinical Protocols & Operations*. A treatment program can be certified for up to a two year period based on achieved adequate scores during site reviews. Site reviews focus on:

- Assessment
- Treatment Planning
- Progress Notes
- Treatment Plan Reviews
- Discharging/Continuing Care Considerations

Clinical documentation involves data collection for ruling in or out a substance-related disorder diagnosis by administering an evidenced-based assessment tool (Addiction Severity Index-Lite) and choosing an appropriate level of care for the client. The treatment plan is created upon admission to a treatment service level and centers around client needs and specific, measurable, evidenced-based interventions. Progress notes track the effectiveness of the interventions and

the over-all progress of the client leading to periodic treatment plan reviews and eventual discharge and considerations for continued care.

Evidenced-based treatment approaches had a significant foothold when the federal Center for Substance Abuse Treatment (CSAT) funded a network of 13 geographically dispersed Addiction Technology Transfer Centers (ATTCs) covering 39 States, the District of Columbia, Puerto Rico, and the Virgin Island, along with a National Office to coordinate cross-site activities. CSAT drew extensively from current health service research including information from NIDA and the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and applied research from SAMHSA in creating the centers. CSAT charged the ATTCs with the development and dissemination of curricula and state-of-the-art addictions information through comprehensive education and training programs, worked toward upgrading of standards of professional practice for addictions workers in multiple settings, prepare practitioners to function in managed care settings, and stimulated educational providers to address addiction in academic programs for relevant disciplines.

Funding and Block Grant Requirements: The Agency's core strategies remain constant from year to year and are designed to establish a statewide infrastructure whereby alcohol and drug abuse treatment services are purchased within a system that:

- Ensures applicant compliance with federal and state requirements for receipt of funds.
- Assigns responsibility to organizations to attain service delivery projections that are established as their scope of work.

In October 2008, SAPTA issued its triennial substance abuse treatment Request for Application (RFA) for the period of July 01, 2009 to June 30, 2012. SAPTA has received technical assistance from the federal government about performance-based contracting. In the 2009-2012 grant cycles, SAPTA is implementing a program performance incentive based on client engagement, a 90-day continuum of care, and the quality of client data provided through the Nevada Health Information Provider Performance system (NHIPPS). Increased performance will provide financial incentives for the programs and quality data for SAPTA's federal reporting.

Base award amounts will remain consistent for all three years in the project period, with the potential of receiving additional funds from the incentive pool based on the programs performance. The incentive funding will be awarded to programs who can demonstrate a 90-day completion of a treatment episode, either solely through one program or in collaboration with others. The NHIPPS client profile number will be used to track a client's length of stay in various levels of treatment, including detoxification. Drug court programs, mandated clients, and Opioid treatment-only programs will also be eligible for this incentive funding. Only clients admitted to treatment as of July 01, 2009, will be tracked for incentive awards and eligible for incentive funding after the first 90-day treatment period. For a program to be able to participate they must be at 80% of their negotiated scope of work in all funded levels of service for the time period reviewed. If the program refers a client to another or continued level of care at a different agency, the receiving program must also meet the 80% scope of work requirement to share in the performance incentive. Providers must also have both an effective business process and trained

staff who are proficient at using the referral and inter-agency transfer process in NHIPPS. Quality of NHIPPS data will be reviewed and must be in compliance for incentive eligibility. All programs providing client services would then be eligible for a percentage of the incentive award for the 90-day client treatment episode. The total amount available for the program performance funding would be capped at 5% for the individual subgrant award.

The State of Nevada now requires subgrantees to adopt evidenced-based treatment. Two key considerations for implementing evidence-based approaches involve identifying the effectiveness of the treatment approach and measuring the *fidelity* (to determine if the intervention was applied by the program or the staff the way it was intended).

The intent of evidence-based approaches is to bridge the gap between practice and research or connecting services to research. For example, Contingency Management (CM) and Motivational Interviewing (MI) are proven to positively impact treatment length of stay, which is an agreed upon predictor for positive treatment outcomes. CM requires the agency to change organizational processes rather than asking the counselor to make modifications in therapeutic interventions. With MI, the counselor only has to add to what is already being done during screenings and assessments. These simple approaches increase successful outcomes and are amenable to monitoring for fidelity.

Best Practices

Best practices can be seen in the treatment of a specialty population(s) such as pregnant women. By example the following items are recommended by SAMHSA and have been shown to be effective when included in the over all treatment of pregnant women: prenatal intake, prenatal follow-up, labor/delivery with prenatal care, postpartum follow-up, neonatal follow-up and nutritional considerations. It is further recommended that pregnant women engage in case management and follow-up involving individual and group counseling, urine and blood toxicology, social services, and legal issues. Federally funded programs support SAMHSA recommendations by mandating the following to improve treatment outcomes:

- Primary medical care for women who are receiving substance abuse services, including prenatal care while women are receiving treatment.
- Primary pediatric care for their children including immunizations.
- Gender specific substance abuse treatment and other therapeutic interventions for women that may address issues of relationships (sexual, physical and parenting), and child care while the women are receiving the services.
- Therapeutic interventions for children in custody of a woman in treatment which may, among other things, address their developmental needs, and their issues of sexual and physical abuse and neglect.
- Sufficient case management and transportation services to ensure that women and their children have access to services.

Specialty Populations

A Special Populations Plan is intended to provide guidance for Nevada’s substance abuse service delivery system. Included in the specialty populations are:

- Adolescents
- Pregnant and Parenting Women
- HIV and TB Services
- Injection Drug Users

Adolescents: YRBSS 2009 Comparison Between Nevada Students and U.S. Students

<u>Alcohol/Drug Use</u>	<u>Nevada Students (%)</u>	<u>U.S. Students (%)</u>	<u>NV Students are at:</u>
Lifetime Alcohol Use	73.2	72.5	Equal risk
Current Alcohol Use	38.6	41.8	Less risk
Episodic heavy drinking	22.0	24.2	Less risk
Lifetime marijuana use	39.5	36.8	Greater risk
Lifetime cocaine use	7.7	6.4	Greater risk
Lifetime methamphetamine	5.9	4.1	Greater risk
Lifetime inhalant use	12.8	11.7	Equal risk
Offered, sold or given drugs by someone at school	35.6	22.7	WAY Greater Risk

The Youth Risk Behavior Survey (YRBS) monitors priority health risk behaviors that contribute to the leading causes of death, disability and social problems among youth and adults in the U.S. The national YRBS is conducted every two years during the spring semester and provides data representative of 9th through 12th grade students in public and private schools throughout the U.S. The Nevada YRBS is also conducted every 2 years and provides data representative of 9th through 12th grade students in public schools throughout Nevada. The table shows that Nevada students are at equal or less risk on the alcohol consumption measures but are at greater risk on the illicit drug measures except for inhalant use. Nevada students are at much greater risk than students nationwide for having been offered or sold drugs on school property.

The onset of substance use is occurring at younger ages, resulting in more adolescents entering treatment for substance use disorders with greater developmental deficits and perhaps much greater neurological deficits than have been observed previously. As a population, adolescents have less ability to anticipate consequences to their usage. Treatment in this specialty population centers on the following:

- Gender, ethnicity, disability status, stage of readiness for change, sexual orientation and cultural background.
- Usage usually involves some delay in normal cognitive and social-emotional development and is often associated with substance use during adolescence.
- The role of the family in sustaining the adolescent’s continued usage.
- Availability of adolescent services in rural or frontier areas of Nevada.
- Possible coercion into treatment.

Pregnant and Parenting Women: During FY 2008, the Agency supported pregnant women and women with dependent children treatment by awarding over \$1,000,000 for treatment. The pregnant, substance abusing woman requires a continuum of care that includes a broad range of support services provided over an extended period of time. This continuum of care should reflect the complexity of her multiple roles as a person in recovery, parent, partner, and frequently, single head of a household. In reality, support services may need to be available for a period of a few months to several years.

The multiple services coordinated by case management strategies are generally provided by a variety of agencies. The consortium of service providers may change over time, depending on the family's individual circumstances and resources. Case management should be initiated prenatally and continue throughout the postpartum period for all substance using women.

The delivery of comprehensive services to substance using women and their families should continue through the postpartum period. The greatest success is achieved by and for these women when a continuum of care is available to address their needs as women, mothers, spouses, and heads of households. The following services are often needed:

- Health care services
- Alcohol and other drug treatment services
- Survival-related services to include vocational and job-skill development, housing assistance, transportation, home management training, and legal services
- Psychosocial services to include mental health services for all family members
- Parenting and family services to include planning for reunification with other children

HIV and TB Services: SAPTA, in conjunction with agency-funded substance abuse treatment programs throughout the State of Nevada, are required to make available services regarding tuberculosis (TB) and Human Immunodeficiency Virus (HIV) /Acquired Immunodeficiency Syndrome (AIDS). This is done through arrangements with Southern Nevada Health District, the Nevada State Health Division Bureau of Child, Family and Community Wellness (BCFCW), or the HIV Outpatient Program, Education and Services (HOPES). Nevada must address TB and HIV/AIDS to comply with provisions of the SAPT Block Grant. TB services include: counseling the individual with respect to tuberculosis; testing to determine whether the individual has been infected with mycobacterium tuberculosis to determine the appropriate form of treatment for the individual; and provide for or refer the individuals infected by mycobacterium tuberculosis for appropriate medical evaluation and treatment.

HIV early intervention services include making available: on-site appropriate pretest counseling for HIV and AIDS; testing individuals for HIV and AIDS, including tests to confirm the presence of the disease, tests to diagnose the extent of the deficiency in the immune system, and tests to provide information on appropriate therapeutic measures for preventing and treating conditions arising from the disease; and appropriate post test counseling.

Injection Drug Users: The Injection Drug Use (IDU) population, as a specialty population, focuses on planning of comprehensive, quality substance abuse treatment services for Nevada

citizens involved in illicit injection drug use. Challenges facing the delivery of services for this population include:

- Early identification and referrals
- Maintenance treatment with Buprenorphine
- Collaboration with other community resources treating the same patient
- Continued education and workforce development

The agency requires all funded treatment programs to have policies that address outreach; the protocols must be in compliance with NIDA's Community Based Outreach Model. This model is comprised of two interrelated concepts designed to identify potential clients and to engage in risk-reduction interventions.

Although IDU clients use various types of drugs, a recent focus on the increased prevalence of heroin use in the United States requires programs to be cognizant and prepared to provide drug therapy to a population that resists conventional treatment. More than 20 years ago, Buprenorphine was identified as a viable option for the maintenance treatment of individuals addicted to opioids. With increased acceptance as an opioid partial agonist, Buprenorphine must be used cautiously with certain other types of medications, particularly benzodiazepines, sedative drugs and opioid antagonists.

Strategies for on-going and continued care must include collaboration with other community resources. Recovery support efforts must include housing assistance, legal resource access, vocational and job-skill building.

Rural vs. Urban: Of important concern for Nevada is the rural delivery of services. The Agency supports various programs and methods of delivering services to minimize access barriers for treatment. SAPTA 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 and can only be offered in an outpatient service setting for SAPTA funded treatment/certified programs. The protocol for this method of delivery is included in the *Criteria for Providing Substance Abuse Services via Telecommunications*, developed by SAPTA.