

**Mental Health and Developmental Services (MHDS)**  
**Substance Abuse Prevention and Treatment Agency (SAPTA)**  
**Substance Abuse Prevention and Treatment Block Grant (SAPT BG)**  
**Fact Sheet**  
January 2009

**Prevention:** The SAPT BG is the primary source of funding for substance abuse prevention in Nevada. This is a federal formula grant that is administered by the Substance Abuse and Mental Health Services Administration (SAMHSA). It provides approximately 68% of substance abuse prevention funding for Nevada. This federally legislated funding requires that a minimum 20% of the overall SAPT BG be set aside for prevention. While this grant is ongoing, it is dependent on the state applying yearly and reporting specific required performance data. The level of funding allocated to Nevada requires the state to maintain an average level of effort in funding prevention (and treatment) activities or the state's allocation will be reduced according to the level of state reduction in funding.

In the past, SAPTA established a system whereby the Agency purchased substance abuse prevention services directly. However, starting July 1, 2008, all substance abuse prevention services were contracted out through Agency funded substance abuse prevention coalitions. Within this system, applicants are responsible for compliance with coalition, state and federal requirements with regards to receipt of funding. Applicants are also responsible for attaining service delivery projections that are established in the subgrant scope of work. Elements of the Agency's strategies 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.
- 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 programs must be based on research or prior program findings that demonstrate the programs will prevent or reduce substance abuse effectively.

Coalitions redistributed funding so that all geographic areas of the state had equal access to funding and resources that had previously been a statewide competitive award process. Historically this process did not take into account geographical allocation of funds, which resulted in some areas getting significantly more funding than others. This new funding

allocation process is considered a notable practice by the Center for Substance Abuse Prevention (CSAP), SAPTA's federal funding source.

In addition, the state must maintain a less than 20% noncompliance rate for the sales of tobacco to minors, according to the Synar amendment. States with over a 20% noncompliance rate are penalized in the amount of SAPT BG funding available for the FFY. The noncompliance rate in Nevada for FFY 2008 was 9.9%. This is 10.1% less than the 20% maximum.

Table 1 shows the total number of participants served by prevention SAPT Block Grant funding broken down by the six CSAP strategies. For Community Based Process, the total number of participants represents the number of substance abuse coalitions funded by prevention SAPT Block Grant funding in SFY 08.

**Table 1: Prevention Participants by Strategy, SFY 2008**

Strategy	Total Number of Participants
Alternative Activities	617
Information Dissemination	529
Prevention Education	11,363
Problem Identification and Referral	6,958
Community Based Process	13
Environmental Strategies	1,041

Table 2 provides unduplicated participants in SAPT Block Grant funded prevention programs statewide, as reported by providers prior to the adoption of NHIPPS, and information on the number of items of literature distributed by the state clearinghouse system. As can be seen in the table, the number of children and families being served has increased over the past three years.

**Table 2: Prevention Clients Served and Literature Distributed  
SFY 2006 - 2008**

Deliverable	SFY 2006			SFY 2007			SFY 2008		
	Youth	Adults	Total	Youth	Adults	Total	Youth	Adults	Total
Individuals Served	8,012	4,865	12,877	9,351	4,903	14,414	14,881	5,627	20,508
Literature Distributed	214,000			107,175			96,819		

**Treatment:** The SAPT BG is the primary source of funding for substance abuse treatment in Nevada. In FY 2008 SAPTA continued to enhance the full continuum of services statewide for individuals in need of treatment. Updating SAPTA’s Program Operating and Access Standards (POAS) in the 2007 Strategic Plan resulted in further development of the coordinated effort toward enhanced treatment performance and accountability. SAPTA continued its adoption of a standardized assessment instrument; the utilization of the web-based client data system, the Nevada Health Information Provider Performance System (NHIPPS); and to regulate the Division’s Placement Criteria, in order to increase access to various needed services. Nevada has fully implement NHIPPS to standardize the collection and reporting of the National Outcome Measures (NOMs), and has the wherewithal to report discharge data as required by the Treatment Episode Data Set (TEDS).

Substance abuse treatment services are being provided for individuals meeting the criteria for abuse or dependency, appropriate placement, and a continuum of care. SAPTA utilizes criteria for programs treating substance related disorders based upon ASAM-PPC-2R and non-ASAM levels of care recognized by the Agency to develop a seamless continuum of care. In addition, the Nevada State Legislature approved general fund dollars for Treatment Wait List Reduction in the amount of \$3,447,085, and for a Co-occurring Disorders Pilot Project in the amount of \$2,317,098, both for the upcoming biennium. These initiatives has been implemented in rural and urban settings to test the pilot strategies aimed at integrating substance abuse treatment and mental health treatment for those individuals with serious mental illness.

NHIPPS reports for 12 months ending June 30, 2008; a total of 12,444 clients are being served. The following tables provide admissions profile information for the clients being served that **to date** have been entered into the Agency’s treatment data system.

**Table 1: Treatment Participants by County and Gender, SFY 2008**

Description of Client	Clark County	Washoe County	Balance of State	Total
Male	3,849	1,660	2,294	7,803
Female	1,999	1,285	1,357	4,641
Average Age	35	32	32	34
<b>Total</b>	<b>5,848</b>	<b>2,945</b>	<b>3,651</b>	<b>12,444</b>

**Table 2: Treatment Participants by Race/Ethnicity, SFY 2008**

Race/Ethnicity	Clark County	Washoe County	Balance of State	Total
Alaskan Native/American Indian	88	180	235	503
Asian/Pacific Islander	85	41	20	146
Black or African American	1,302	154	82	1,538
White	3,398	2,111	2,915	8,424
Unknown/Other/Multi-Race	975	459	399	1,833
<b>Total</b>	<b>5,848</b>	<b>2,945</b>	<b>3,651</b>	<b>12,444</b>

<b>Race/Ethnicity</b>	<b>Clark County</b>	<b>Washoe County</b>	<b>Balance of State</b>	<b>Total</b>
Latino Hispanic	1,112	462	516	2,090
Non-Hispanic	4,736	2,483	3,135	10,354
<b>Total</b>	<b>5,848</b>	<b>2,945</b>	<b>3,651</b>	<b>12,444</b>

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 (IOM) ten rules redesign health care; and to further strengthen providers' capacity to offer client-centered treatment.

The document has addressed each of the five categories describe 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 Measures