JTNN

Join Together Northern Nevada

A Community Partnership Against Substance Abuse

February 1, 2002

Governor's Task Force on Tax Policy
c/o Lorne J. Malkiewich, Director
Legislative Council Bureau
401 S. Carson St.
Carson City, NV 89701

RE: Information on substance abuse issues in Nevada

Please accept the enclosed paper that documents facts, concerns, and recommendations regarding substance abuse and addiction issues in Nevada. This paper has utilized a wide range of information sources and is intended to be helpful in determining policy and funding for substance abuse treatment and prevention services in Nevada.

We look forward to working with the Governor's Task Force on Tax Policy in discussing and clarifying these issues.

Sincerely,

Kevin Quint, Executive Director
Join Together Northern Nevada

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The Need For Substance Abuse Treatment and Prevention in Nevada
Prepared by Kevin Quint, Executive Director, Join Together Northern Nevada
Submitted to the Nevada State Governor's Task Force on Tax Policy
February 1, 2002

Introduction

Nevada has a substance abuse problem. That statement has almost become a cliché but it's true.

According to information from the 2001 Nevada Youth Risk and Behavior Survey for high school students (YRBS), 80% of Nevada youth responding to the survey have used alcohol in their lifetime and 50% have used marijuana. In the same study, 33% of respondents said they had tried alcohol before age 13. According to information from the 1998 Safe and Drug Free Schools and Communities Survey, by the 8th grade, 57% of students in Nevada believe that marijuana is easy to obtain, over 40% of 10th and 12th graders say that cocaine is easy to obtain, and 35% of 10th and 12th graders say that methamphetamines is easy to obtain.

The reason these statistics are important is that approximately 40 percent of children who begin drinking before the age of 13 will become alcohol dependent in their lifetime. In general, the earlier the onset of any chemical use, the higher the chance for that youth to become addicted later in life. Chemical addiction starts early and lasts a lifetime.

The costs of chemical addiction are enormous. In Nevada estimates vary from $500 million to $1 billion per year. A Columbia University study called, "Shoveling Up: The Impact of Substance Abuse on State Budgets" was published in 1999. This study examined the impact of alcohol and drug abuse on state budgets. The methodology consisted of looking behind the traditional budget labels of education, criminal justice, transportation, health care, child welfare, welfare, and mental health to detect just how many taxpayer dollars each state spends on dealing with the financial burden that unprevented and untreated substance abuse and addiction impose on public programs.

Overall, the study found that, nationwide, for every dollar spent "shoveling up" the wreckage of substance abuse related problems, *four cents* are spent on substance abuse prevention and treatment. In Nevada, for every dollar spent "shoveling up," *one cent* is spent on substance abuse prevention and treatment.

Essentially, the "Shoveling Up" study demonstrates that the vast majority of money is spent cleaning up a problem that could be prevented or dealt with in an earlier stage. Nevada (and the rest of the nation) is waiting for alcohol related car wrecks, drug related crime, medical problems with horrendous price tags as well as human suffering, domestic violence, workplace accidents, and more to happen. Nevada is paying on the back end for the substance abuse problem. And that price tag is much more expensive than paying on the front end.

Nevada's Substance Abuse Prevention and Treatment Infrastructure

Nevada receives $11.3 million from the Federal Substance Abuse Prevention and Treatment (SAPT) block grant. By federal requirement, 20 percent of the block grant is allocated to prevention programming and 70 percent is allocated to treatment programming. These monies are administered through the State of Nevada Health Division's Bureau of Alcohol and Drug Abuse (BADA). The State of Nevada allocates an additional annual amount of $2.5 million for treatment programming and $42,000 for prevention programming.

According to the "Shoveling Up" study, Nevada ranks 36th in total substance abuse spending at $3.61 per person compared to a national average of $11.09 per person. Nevada's spending on substance abuse prevention and treatment ranks 39th in the nation at 0.116% of the total state budget compared to a national average of 0.485%.

BADA funds 54 primary prevention providers and 9 coalitions statewide. Currently, BADA is funding and working with community based coalitions to develop local strategies and a statewide plan to address substance abuse prevention in a coherent and intelligent manner. BADA's coalition strategy also includes using the coalitions to increase provider capacity through a planning process, which includes grant writing and other resource development activities. Also, the Safe and Drug Free Schools and Communities Grant provides the Nevada Department of Education with limited funding, which is apportioned in the school districts throughout the state. The depth of prevention programming varies from district to district. Overall, there is no statewide strategic plan for addressing prevention needs in Nevada.

In addition to prevention, BADA funds 29 treatment providers for a total of 50 sites statewide. In total, in 2002, it is estimated that BADA will fund 3,000 detoxification admissions, 3,000 residential treatment admissions, and 5,500 outpatient admissions.

There is general agreement in the substance abuse field that provider staff (i.e. prevention workers and alcohol and drug counselors) are underpaid, staff turnover is unacceptably high, and recruitment efforts to attract new people to work in the field bear little fruit. Workforce issues are definitely a challenge.

Nevada's Unmet Need

In 1998, the Center for Applied Research at the University of Nevada, Reno, published a study entitled, "Estimating Substance Abuse and Treatment Need in Nevada." As the name implies, the study sought to quantify the need for treatment, as well as the availability of treatment, in Nevada. The study found that approximately 13% of Nevada's population needs treatment at any given time.

According to that formula, in 2000, the number of Nevadans needing substance abuse treatment was 200,612. In that same year, 11,280 people, or 5.62% of those in need, accessed treatment in BADA funded programs. See Attachment A.

It should be noted that if 200,612 people needed treatment, not all of those would seek treatment. If it is assumed that 10% of those in need will actually seek treatment (a conservative estimate), then 20,061 (10% x 200,612) would have sought treatment in 2000. There were 11,280 admissions to BADA funded programs that year, which means that only 56% of the need was filled (11,280 admissions divided by 20,061 in need who would seek treatment).

That still leaves over 8,700 people (20,061 minus 11,280) in need of treatment and who would access treatment but did not in a BADA funded program. A few of those 8,700 probably sought help in the private sector. But those few would primarily include those with insurance and/or financial means to pay for treatment. Even if half of those went to the private sector, that still leaves over 4,300 people in need of service that were not able to access treatment.

This conservative scenario represents thousands of Nevadans who will remain untreated for their addiction problem. When addicted people are untreated, they generally continue to use alcohol and/or other drugs. Untreated addiction costs the state in terms of increased medical costs, criminal justice involvement, employment problems, and human suffering.

Looking back to the first year of the "Estimating Substance Abuse and Treatment Need in the State of Nevada," each year from 1996 and projected to 2000, shows that treatment availability has never reached even 6% of the actual need. See Attachment A.

The need for prevention services are more difficult to quantify than treatment. In a state like Nevada in which there are so many substance abuse problems, it is assumed that a great need exists for substance abuse prevention programming. Overall, prevention programming in Nevada tends to be a heroic effort by a number of individual providers with no overarching strategy or plan that crosses communities or state agencies.

Nevada's Projected Need

In 2001, BADA developed projections of the treatment need from 2001 through 2010. This study estimated Nevada's population growth and assumed that the penetration rate of BADA funded programs would remain constant. In their calculations, BADA assumed that 13% of the population would be in need of substance abuse treatment at any given time. This is consistent with the "Estimating Substance Abuse and Treatment Need" methodology.

The results of BADA's calculations show that the projected need will grow from 222,003 in need of treatment in 2001 to 271,038 in 2010. During that same time frame, projected admissions to BADA funded treatment programs will grow from 11,998 to 14,836 or a 25% increase in demand for treatment services. See Attachment B.

The treatment system in 2002 is not large enough to treat all of those requesting help. Unless there is an increase in funded treatment capacity, a 25% increase in demand will stretch an already underfunded system even further.

Again, it is difficult to project need for prevention services. However, the BADA funded coalitions are all involved in developing community assessments. In addition, the coalitions have formed a statewide partnership that is developing a state prevention plan. This plan will be completed during 2002.

In the context of prevention, it should be mentioned that the adult treatment population carries with it a large number of dependent children. These children have not been officially counted, per se, but all are assumed to be in need of some sort of substance abuse prevention and/or intervention services. This population of children includes youth at risk for substance abuse, suicide, mental health problems, and basic needs such as shelter and food.

Recommendations

In 2000-2001, BADA, in conjunction with its Advisory Committee, developed a strategic plan. This plan encompassed a number of areas, including prevention, intervention, treatment, and several special populations and issues. Out of this document came a number of recommendations, which are contained in Attachment C.

Based on BADA's Strategic Plan Recommendations, as well as other considerations outlined in this paper, it is recommended that the following general course of action be followed:

1. Increase funding for treatment services in order to meet the projected need.
2. Increase funding for existing treatment services in order to enhance these services, especially in the areas of workforce and facility development.
3. Increase funding for community based coalitions so that all counties and communities in Nevada can benefit from the community development, education, resource development, and mobilization for prevention services that coalitions bring.
4. Increase funding for prevention programming in accordance with community assessments. The amount Nevada spends on prevention each year ($42,000) isn't enough to fund one prevention worker.
5. Increase funding for outcome evaluation for both treatment and prevention. Knowing what works will help direct resources and money to the most effective modalities and programs.

Contact person regarding information in this paper:

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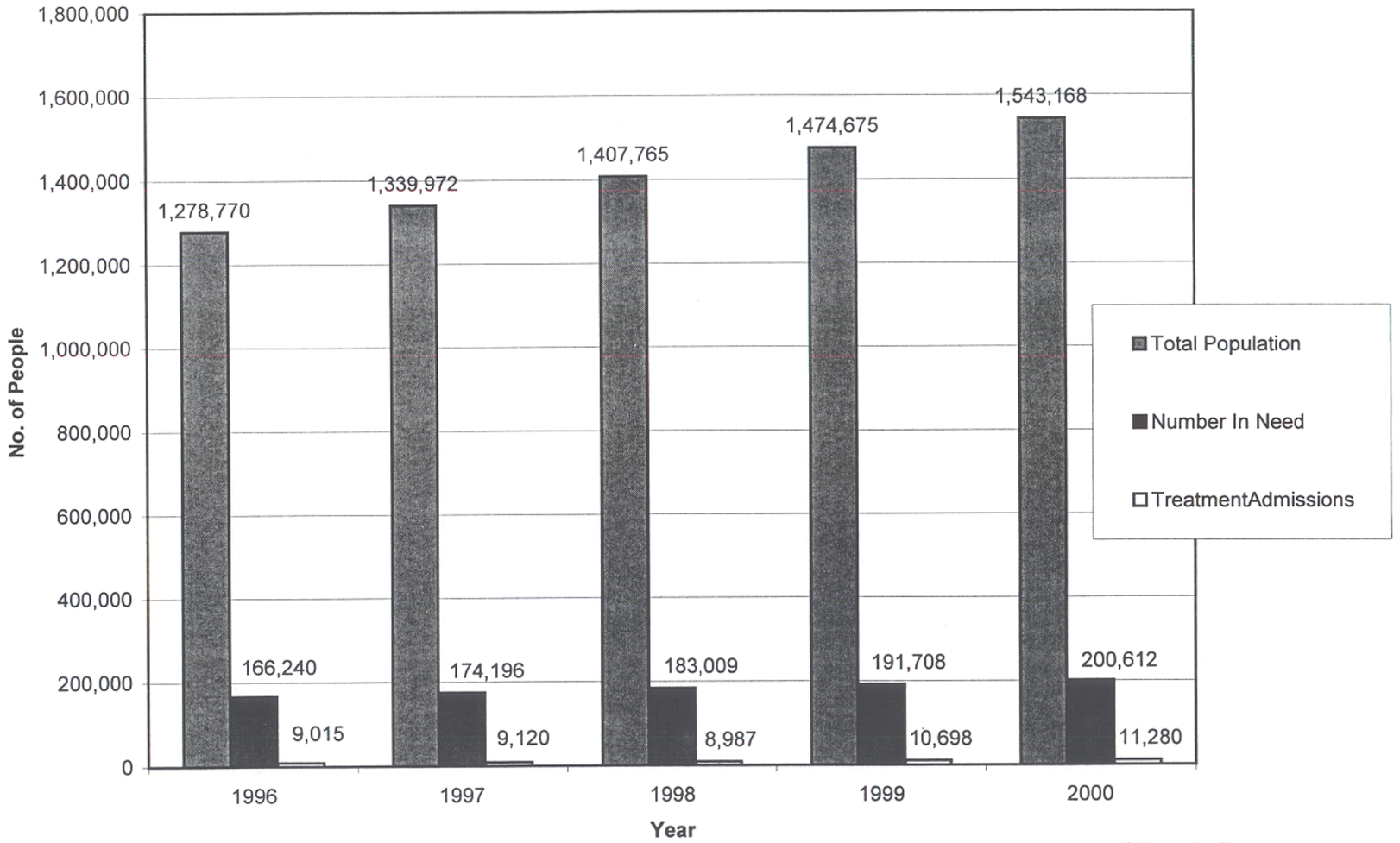
State of Nevada Health Division Bureau of Alcohol and Drug Abuse (data, only)
Denise Everett, Project Director, Frontier Recovery Network
Theresa Lemus, President, Nevada Association of State Alcohol and Drug Abuse Programs (NASADAP)
Karla McComb, Chair, Governor's Commission on Substance Abuse Education, Prevention, Enforcement, and Treatment
Belinda Thompson, Chair, Nevada Substance Abuse Prevention Council

Attachment A

Admissions and Percent of Need
Treated At Sites Funded by the Bureau of Alcohol and Drug Abuse

Treatment Admissions At Bureau of Alcohol and Drug Abuse Funded Sites
1996-2000
Compared To Number In Need and Total Population



Population over 14 Taken From Estimates From NV Dept. of Taxation and NV State Demographer University of Nevada, Reno

Number In Need Is 13% of Population as per report "Estimating Substance Abuse & Treatment Need In the State of Nevada" prepared by Center for Applied Research, University of Nevada, Reno

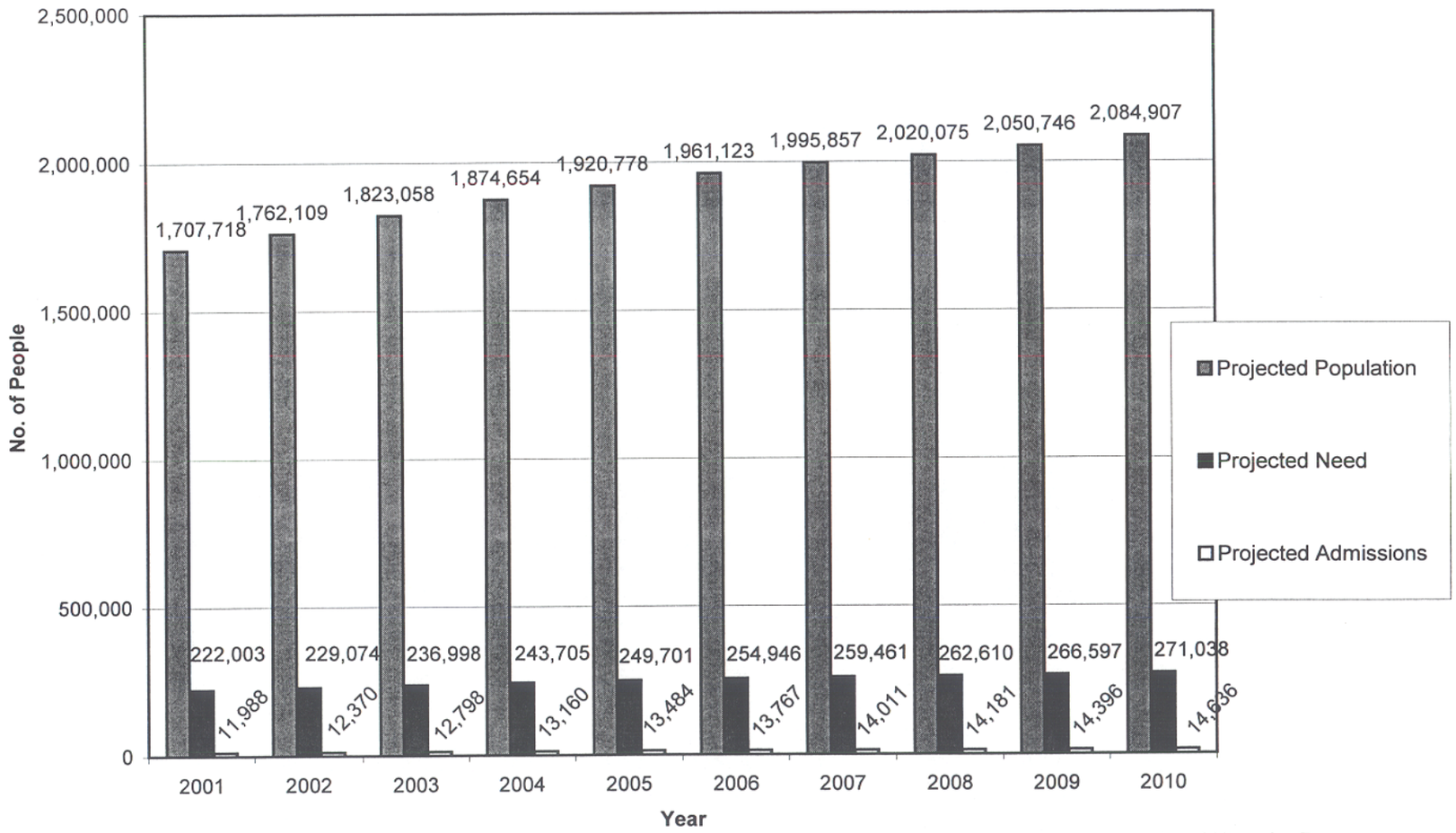
Number Treated Taken From Nevada State Health Division, Bureau of Alcohol and Drug Abuse, Client Data System

Attachment B

Projected Treatment Need
To Maintain Current Penetration Level At Treatment Sites Funded by the Bureau of Alcohol and Drug Abuse

Projected Treatment Need

To Maintain Current Penetration Level At Treatment Sites Funded By The Bureau of Alcohol and Drug Abuse



Population Over 14 Taken From Estimates From NV Dept. of Taxation and NV State Demographer University of Nevada, Reno

Projected Need is 13% of Population as per report "Estimating Substance Abuse & Treatment Need In The State of Nevada" prepared by Center For Applied Research, University of Nevada, Reno

Projected Admissions are 5.4% which is the average penetration for the 5 years 1996 through 2001. This is the number of admissions necessary to maintain current levels of treatment

Attachment C

Bureau of Alcohol and Drug Abuse
Strategic Plan Items
2001

Bureau of Alcohol and Drug Abuse
Strategic Plan Items
2001

Below is a summary of items taken from the BADA Strategic Plan Recommendations. These are items on which action plans are being implemented over the next several years. They could also be stated in terms of need. For example, number two could be stated, "The continuum of care needs to be expanded to include case management services and to ensure that for each modality comprehensive services are provided." Not all of the items can be translated into a need but many of them can.

1. Expand current services to encompass a comprehensive Workforce Development Program that provides further support for the clinical and programmatic development of BADA funded treatment and prevention agencies including support for the continuation of Best Practices.

2. Expand and enhance the full continuum of care including case management services and ensure that in each modality comprehensive services are provided.

3. Survey barriers to treatment, develop access standards and improve access to care.

4. Develop and coordinate a formal Public Information Strategy that is disseminated across the state to educate the public, other agencies, and policy makers about Nevada's substance abuse problems and prevention and treatment services to address those problems.

5. Utilize information in NIDA "Principles of Drug Addiction Treatment, A Research Guide" to further enhance and move agencies to "best practices".

6. Develop policies to expand resources for prevention services and ensure that funds are utilized in a manner that will maximize services.

7. Develop Prevention Program Operating Standards to establish a guide for the delivery of prevention services that will allow providers to move toward Center of Excellence status.

8. Continue to fund and support the gathering of risk and protective indicator data by community coalitions. Expand gathering to all counties.

9. Expand the number of community coalitions so that all counties can benefit from this approach to community development, education, and mobilization for prevention services.

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

11. Explore the substance abuse prevention needs of the senior population. Develop and implement a comprehensive strategy to address identified needs.

12. Develop and adopt program operating standards that move toward centers of excellence for providers serving pregnant and parenting women.

13. Support capacity expansion efforts of programs that provide services to pregnant and parenting women and work to foster relationships with other state and local agencies to ensure funding and regulatory practices reduce barriers to treatment.

14. Develop and facilitate partnerships between funded providers and other state/local agencies to improve cost-efficient delivery of comprehensive services that include integrated case management/service coordination for pregnant and parenting women and their families.

15. Increase prevention, intervention, outreach, and treatment services to women at risk, pregnant women and women with dependent children statewide.

16. Develop resources to specifically address infrastructure issues.

17. Expand resources for adolescent services and ensure that funds are utilized in a manner that will maximize services and improve the ability for programs to be effectively evaluated.

18. Develop operating standards to establish a guide for the delivery of adolescent services. Standards should address unique service delivery needs relative to providing prevention and treatment services to adolescents and their families.

19. Support the development of formal referral and coordination agreements to assist adolescent programs with access to needed health and support services.

20. Provide training to all BADA funded treatment programs and social service agencies that interface with BADA funded programs in the management of TB and HIV/Aids as related to substance abuse clients, programs and services.

21. Improve access to treatment services by addressing barriers faced by substance abuse clients with TB and HIV/AIDS.

22. Survey barriers to Injection Drug User services to improve access to care. Develop access standards.

23. Work with providers to establish common indicators and meaningful program and client outcome measures.

24. Improve current data reporting systems so that they are easy for providers to use, give management easy access to information on which to make programmatic and

financial decisions, and meet HIPPA requirements for data reporting and retention.

25. Work with providers to update the tools and criteria by which program monitors are conducted. Base monitors on established program operating standards and provide technical assistance where corrective action is required.