

Bureau of Alcohol and Drug Abuse 2004 Annual Report

**State Health Division
Department of Human Resources**

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**State Health Division
Department of Human Resources**

**Bureau of Alcohol and Drug Abuse
2004 Annual Report**

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Bureau Overview

The Bureau of Alcohol and Drug Abuse (BADA) is one of seven bureaus located within the Nevada State Health Division, a division of the Department of Human Resources. It is the designated Single State Agency for the purpose of applying for and expending the federal Substance Abuse Prevention and Treatment Block Grant issued through the Substance Abuse and Mental Health Services Administration (SAMHSA). The Bureau has an office at 505 East King Street, Room 500, in Carson City and an office located at 4220 South Maryland Parkway, Building D, Suite 806, in Las Vegas. The Bureau does not provide direct substance abuse prevention or treatment services. It provides funding via a competitive process to non-profit and governmental organizations throughout Nevada. The Bureau 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 a manner which best serves the citizens of Nevada.

In accordance with Nevada Revised Statutes (NRS) 458.025, the functions of BADA include:

1. Statewide formulation and implementation of a state plan for prevention, intervention, treatment, and recovery of substance abuse
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 treatment levels of care and prevention programs

The Bureau provides regulatory oversight and funding for community-based organizations. BADA funds prevention programs to reduce and prevent substance abuse statewide. Subgrantees are funded to provide one or more of the six prevention strategies that are promoted by the Center for Substance Abuse Prevention (CSAP). The six strategies include: information dissemination, prevention education, alternative activities, problem identification and referral, community based processes, and environmental strategies. Prevention is a process that prepares and supports individuals and communities in the creation and reinforcement of healthy behaviors and lifestyles.

The Bureau currently funds non-profit treatment organizations statewide to provide the following services: comprehensive assessment, early intervention, outpatient, intensive outpatient, residential, transitional housing, detoxification, and opioid maintenance treatment for adults. Through the adoption of Programs Operating and Access Standards (POAS), BADA funded treatment providers are required to develop evidence-based treatment programs based on scientific research. Quality substance-abuse treatment programs are designed to coordinate services that support both client counseling and

**Bureau
Overview
Continued**

provide a continuum of care. The National Institute on Drug Abuse (NIDA) has developed a research-based guide to treatment (*Principles of Drug Addiction Treatment*) that is utilized in the treatment field. Additionally, programs treating substance related disorders use the Diagnostic and Statistical Manual of Mental Disorders IV (DSM-IV), in conjunction with NIDA principles, to determine an appropriate level of care.

The Bureau works closely with funded providers through the BADA Advisory Committee. This Advisory Committee is made up of funded prevention and treatment providers and meets bi-monthly. It serves in an advisory capacity to the State Health Division Administrator and the BADA Chief. In 2000-01, the Bureau worked closely with the Advisory Committee to develop a comprehensive strategic plan. This plan actually consists of seven strategic plans covering the following topics:

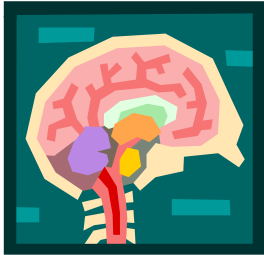
- Substance Abuse Treatment
- Substance Abuse Prevention
- Evaluation
- Special Populations:
 - Adolescents
 - Tuberculosis (TB) and Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Syndrome (AIDS) Services
 - Injecting Drug Users
 - Pregnant and Parenting Women

In order to best serve the citizens of Nevada, Bureau staff has been organized into five teams. These teams are:

- The Data, Planning, and Evaluation team, which performs planning and evaluation functions and collects and reports data as required by SAMHSA.
- The Fiscal team which performs all financial functions.
- The Prevention team which provides oversight and technical assistance to Nevada's prevention program providers.
- The Treatment team, which provides oversight and technical assistance to Nevada's treatment providers.
- The Support Staff team, which performs functions for the other teams and the Bureau in general.

Addiction as a Brain Disease

Addiction as a Brain Disease



Addiction to alcohol and/or drugs is a treatable, chronic, relapsing, primary disease of the brain. It begins with use and progresses to abuse and dependence. As tolerance is increased with continued use, greater quantities are needed for an individual to achieve a normal state. In the end, prolonged alcohol and/or drug abuse 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 addiction is both psychological and physical, sustained recovery is dependent on providing a continuum of treatment care as well as an effective recovery support system once an individual achieves abstinence. Because of physical changes in the brain that are caused by prolonged use of alcohol and/or drugs, substance addiction to alcohol and/or drugs is diagnosed as a primary disease as are other chronic diseases such as asthma, diabetes or high blood pressure.

Addiction to alcohol and/or drugs is treatable, and as a chronic disease, relapses are not uncommon. Not all substance dependencies are caused by illicit drug use, but sometimes arise as a result of treatment for health problems and chronic pain. Understanding that addiction is a brain disorder helps explain the difficulty individuals have in achieving and maintaining abstinence without treatment and recovery support. This also explains the recidivism associated with substance abuse treatment, and why the cumulative impact of multiple treatment episodes is often needed to obtain prolonged positive outcomes.

Alcohol and/or drug addiction is often accompanied by mental, occupational, health, and/or social problems making addictive disorders difficult to treat. Additionally, the severity of addiction itself varies widely among people. Because of addiction's complexity and pervasive consequences, treatment often utilizes a multifaceted approach with many components. While some components focus directly on the individual's drug use, others focus on restoring productive family and society involvement.

In summary, treatment is never simple because alcohol and/or drug addiction has so many dimensions and disrupts so many aspects of an individual's life. In spite of scientific evidence that establishes the effectiveness of substance abuse treatment, many people have unreasonable expectations and assume that addiction problems should be cured quickly or treatment is a failure. In reality, because addiction to alcohol and/or drugs is a chronic disorder, the ultimate goal of long-term abstinence often requires sustained and repeated treatment episodes.

**Prevalence
of Use**

The Bureau’s Client Data System (CDS) shows that in Nevada the five most prevalent drugs for which BADA funded treatment admissions were reported in SFY 2004 are: 1) Alcohol (40.0%); 2) Amphetamine/Methamphetamine (29.2%); 3) Marijuana/Hashish (12.7%); 4) Cocaine/Crack Cocaine (9.4%); and 5) Heroin/Morphine (5.6%).

Admission data from BADA funded providers indicate that alcohol is the most frequent drug of abuse by adults, marijuana/hashish is the most frequent drug of abuse by adolescents, and pregnant women are most frequently treated for amphetamine abuse. The following table details admission data from the Bureau’s CDS by substance of abuse.

Table 1: Admissions to BADA Funded Providers by Drug of Choice

Substance	All Adults		All Adolescents		Pregnant		Total Admissions	
	No.	%	No.	%	No.	%	No.	%
Alcohol	4,443	43%	335	22%	32	9	4,778	40
Methamphetamine/Other Amph.	3,102	30%	391	26%	215	62	3,493	29
Marijuana/Hashish	789	8%	726	48%	47	14	1,515	13
Cocaine/Crack	1,086	11%	35	2%	35	10	1,121	9
Heroin/Morphine	662	6%	5	0%	13	4	667	6
Other	334	2%	34	2%	6	2	368	3
Total	10,416	100%	1,526	100%	348	100%	11,942	100%

Alcohol – as a legal drug, when used in moderation alcohol gains a general level of societal acceptance. Forty percent of SFY 2004 admissions to BADA funded treatment facilities were for alcohol. The U.S. Department of Health and Human Services’ reported in the *State Estimates of Substance Use From the 2002 National Survey on Drug Use and Health* (NSDUH) that 8.32% of people 12 years of age and older in Nevada had reported past year alcohol dependence or abuse compared to a National average of 7.70%. After applying that percentage to the 2004 population estimates from the State Demographer, it is estimated that roughly 164,000 Nevadans had alcohol dependence or abuse problems last year. In addition to problems associated with addiction, alcohol use is related to the following health and social problems:

Drinking and Driving – Although most states set the legal limit for blood alcohol level (BAC) at 0.08%, certain skills can be impaired by a BAC as low as 0.02%. One hour after drinking two 12-ounce beers on an empty stomach a 160-pound man will have a BAC of about 0.04%.

Interactions with Medications – There are more than 150 medications that should not be mixed with alcohol. For example, drinking alcohol with antihistamines for colds or allergies will increase drowsiness, and drinking while taking acetaminophen (Tylenol®) can risk serious liver damage.

**Prevalence
of Use
Continued**

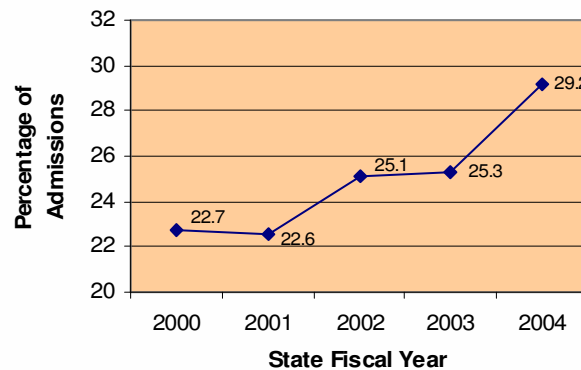
Social and Legal Problems – The more heavily one drinks, the greater the potential for problems at work or with friends. These problems may include arguments, strained relationships with coworkers, absenteeism from work, loss of employment or committing or being a victim of violence.

Alcohol Related Birth Defects – Drinking during a pregnancy can cause lifelong learning and behavioral problems for the child. A very serious condition, clinically named fetal alcohol spectrum disorder (FASD), causes children to be born with severe physical, mental and behavioral problems.

Methamphetamine – a derivative of amphetamine, is a powerful stimulant that affects the central nervous system. Amphetamines were originally intended for use in nasal decongestants and bronchial inhalers and have limited medical applications, which include the treatment of narcolepsy, weight control and attention deficit disorder. Methamphetamine increases energy and alertness, decreases appetite, and can be smoked, snorted, orally ingested, or injected. Mexican drug trafficking organizations have

become the dominant manufacturing and distribution group in cities of the Midwest and West. Some methamphetamine is produced in Nevada and is typically of a higher purity level than the drug produced in Mexico. Three of the more common names used for these drugs are “Meth,” “Crank,” or “Crystal Meth,” but, there are also several other street names used in various geographic locals. In 2004, over 29% of admissions to BADA funded treatment facilities were for methamphetamine. In 2002, 54.7% of drug related federal sentences in Nevada involved methamphetamine.¹ It is a growing problem nationwide with the highest prevalence in the West Coast areas, Southwest, and Hawaii. Figure 1 details the rise in methamphetamine admissions to BADA funded treatment providers. In the past five years, the percent of methamphetamine admissions has increased 28.6%.

**Figure 1: Methamphetamine Admissions -
BADA Funded Providers
ON THE RISE**



¹ “State of Nevada Profile of Drug Indicators – Federal Sentencing Statistics, Drug Offences, Nevada FY 2002,” October 2004, Office of National Drug Control Policy, Drug Policy Information Clearinghouse, Office of Policy Analysis available on-line at: <http://www.whitehousedrugpolicy.gov/statlocal/nv/nv.pdf>.

**Prevalence
of Use
Continued**

Marijuana/Hashish – is the most commonly used illicit drug and is the number one cause of adolescent treatment admissions in Nevada. Marijuana is a mixture of the dried leaves, stems, seeds and flowers of the hemp plant (*Cannabis sativa*). Delta-9-tetrahydrocannabinol (THC) is the active ingredient in marijuana. Hashish consists of the THC-rich resinous material of the cannabis plant and averages 2% to 8% THC, but can contain as much as 20%. Statistics show that 12.7% of the total admissions to BADA funded treatment programs are for marijuana/hashish abuse and dependence, with the rate for adolescents being much higher at nearly 50%. The U.S. Department of Health and Human Services reported that 8.63% of Nevadans, 12 years of age and older, indicated a past month use of marijuana compared to a national average of 6.20% (*State Estimates of Substance Use From the 2002; NSDUH*). 2003 Youth Risk Behavior Survey (YRBS)² data indicates that Nevada youth are statistically more likely to have tried marijuana for the first time before age 13, and also to have used marijuana one or more times during their life, than are the nations youth based on the national averages for those same survey questions. Marijuana use by adolescents is a cause for concern because research has shown that the younger people start using drugs, the more likely they are to develop abuse and dependence problems later in life. Moreover, marijuana is considered to be a *gateway drug* to other illicit drugs. Results from the 2003 YRBS indicate that 46.6% of Nevada's high school students tried marijuana one or more times during their life and that 12.5% tried marijuana before the age of 13; the national average for these values was 40.2% and 9.9% respectively. Over the past two decades, marijuana THC levels have been increasing. Marijuana is produced in all 50 states, with Mexico, Canada, Colombia, and Jamaica all being primary foreign sources.

Cocaine/Crack Cocaine – is extracted from the leaves of the coca plant and is the most potent stimulant of natural origin. Pure cocaine (cocaine hydrochloride) was first used in the United States as a local anesthetic for surgeries in the 1880's and used as the main stimulant in tonics and elixirs in the early 1900's. The medical use of this drug continues today when it is administered by a doctor as a local anesthetic for some eye, ear, and throat surgeries. Powder cocaine is most often snorted or dissolved in water and injected. Crack, or "rock" as it is often called, is usually smoked. According to the Office of National Drug Control Policy, approximately 75% of the coca cultivated for processing into cocaine is grown in Columbia. In SFY 2004, 9.4% of admissions to BADA funded treatment providers involved cocaine use as the primary substance of abuse. The U.S. Department of Health and Human Services reported that 3.11% of people 12 and older in Nevada had reported past year use of cocaine compared to a national average of 2.51% (*State Estimates of Substance Use From the 2002; NSDUH*). Cocaine is considered the primary drug threat in the United States by the National Drug Intelligence Center's *National Drug Threat*

² "Nevada Youth Risk Behavior Survey," 2003, Centers for Disease Control and Prevention (CDC)

**Prevalence
of Use
Continued**

Assessment 2003 because of its high demand and availability, its expanding distribution, the high rate of overdose associated with it, and its association with violence.

Heroin/Morphine – heroin was first synthesized in 1874 from morphine, a naturally occurring substance extracted from the seed pod of some varieties of poppy plants. It was originally marketed as a pain remedy and became widely used in medicine prior to becoming a controlled substance. Heroin can be injected, smoked, or snorted. It is highly addictive and considered to be the most abused and rapidly acting opiate. While in the brain, heroin converts to morphine and binds rapidly to opioid receptors. South American heroin is the most prevalent type found in the United States, although Southeast and Southwest Asia and Mexico are notable source areas too. In SFY 2004, 5.6% of admissions to BADA funded treatment providers were linked to use of heroin or morphine as the primary substance of abuse.

**BADA
Revenue
Sources**

BADA is funded from a number of federal and state sources. The Bureau manages current funding and develops new sources to finance prevention and treatment services throughout Nevada. Over 90% of the Bureau's budget is passed through to the programs providing the substance abuse services.

The Bureau's budget has increased over 46% since 1999. In state fiscal year 2004, BADA's budget totalled more than \$21 million, including approximately \$16.7 million in federal support and roughly \$4.7 million in state funds. Beginning in state fiscal year 2005, BADA will begin receiving a five year, \$2.3 million per year grant to reduce youth substance abuse-related problems. This grant will be used to conduct statewide substance abuse prevention planning and to build prevention capacity and infrastructure at both state and community levels. Its focus will be on underage drinking.

On the next page, Chart 1 and Chart 2 itemize the percentage of BADA funding made up from various funding sources in SFY 2004 and SFY 1999 respectively. Table 1, shown on page 9, details the funding amounts from various sources and depicts what amounts went to providing treatment and prevention services.

BADA
 Revenue
 Sources
 Continued

Chart 1: BADA Revenue Sources, SFY 2004

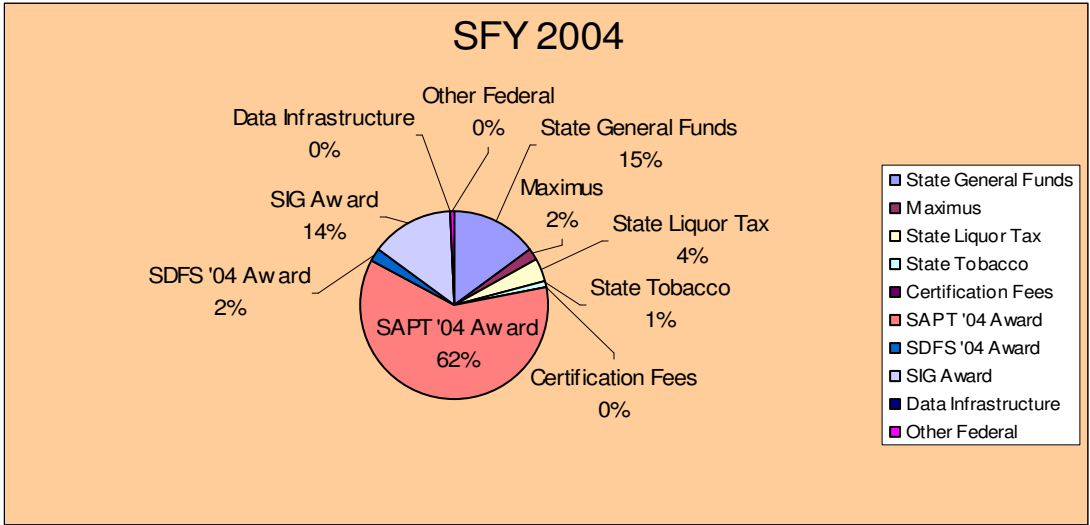
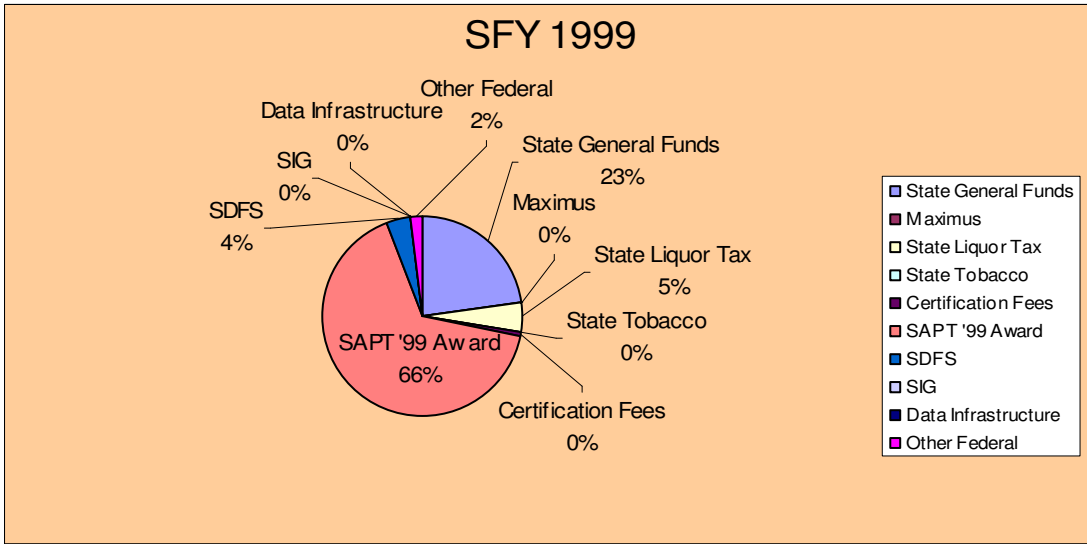


Chart 2: BADA Revenue Sources, SFY 1999



BADA Revenue Sources Continued

Table 2: BADA Revenue Sources

Revenue Source	Category	SFY 1999	SFY 2004	Revenue Source Explanation
SAPT Block Grant	Treatment	\$7,553,414	\$10,418,134	Substance Abuse Prevention and Treatment block grant received from the federal government; 20% used for prevention services.
	Prevention	\$1,888,354	\$2,604,533	
	Total	\$9,441,768	\$13,022,667	
General Fund	Treatment	\$3,190,446	\$3,107,189	These general funds are the State's "Maintenance of Effort" (MOE) funds required to receive SAPT Block Grant Funding.
	Prevention	\$42,000	\$42,000	
	Total	\$3,232,446	\$3,149,189	
Adolescent Treatment Initiative (Maximus)	Treatment	\$0	\$453,598	Adolescent treatment initiative.
	Total	\$0	\$453,598	
State Liquor Tax	Treatment	\$671,407	\$840,974	Must be used for detoxification services and civil protective custody with an emphasis on serving rural areas.
	Total	\$671,407	\$840,974	
Fund for a Healthy Nevada (Tobacco Settlement)	Prevention	\$0	\$245,052	Monies from the Tobacco Settlement to implement environmental tobacco prevention strategies through local coalitions.
	Total	\$0	\$245,052	
State Incentive Grant (SIG)	Prevention	\$0	\$3,000,000	Facilitate the development of local coalitions to reduce the use of alcohol, tobacco, and other drugs among Nevada's 12 – 25 year olds.
	Total	\$0	\$3,000,000	
Safe and Drug Free Schools	Prevention	\$518,318	\$502,410	SFY 1999 & 2004 are current year awards. All these funds are used for prevention services.
	Total	\$518,318	\$502,410	
Certification Fees	Treatment	\$34,180	\$10,900	Fees received for the certification of alcohol and drug prevention and treatment programs.
	Prevention	\$34,180	\$10,900	
	Total	\$68,360	\$21,800	
Data Infrastructure	Treatment	\$0	\$100,000	Federal grant to fund data collection system for treatment programs.
	Total	\$0	\$100,000	
Other Federal	Treatment	\$294,667	\$94,399	Federal data collection contract to fund data position and federal bioterrorism grant (passed through to mental health).
	Total	\$294,667	\$94,399	
Totals	Treatment	\$11,744,114	\$15,025,194	1999 to 2004 Increase = 28%
	Prevention	\$2,482,852	\$6,404,895	1999 to 2004 Increase = 158%
	Total	\$14,226,966	\$21,430,089	1999 to 2004 Increase = 51%

Treatment Overview

The Bureau ensures delivery of substance abuse treatment services throughout the state via a "Performance Grant" process. Performance grants require providers to meet negotiated scopes of work in order to receive reimbursement for expenses authorized under the subgrant. Quality as well as quantity criteria must be met. Only providers that are certified by the Bureau may receive funding.

All Bureau funded providers must be in full compliance with state and federal regulations and laws governing substance abuse treatment programs. In addition, the Bureau, working with the BADA Advisory Committee, has created "Substance Abuse Treatment Program Operating and Access Standards." The Program Operating and Access Standards are a progressive set of standards that will encourage Nevada substance abuse treatment providers to fully implement the American Society of Addiction Medicine Patient Placement Criteria second revision (ASAM PPC-2R),³ adopt the National Institute of Drug Abuse's (NIDA) 13 Principles of Effective Treatment,⁴ and establish substance abuse treatment centers of excellence throughout Nevada. Although this document requires

³ "ASAM Patient Placement Criteria for the Treatment of Substance-Related Disorders, Second Edition Revised," 2001, American Society of Addiction Medicine, Inc. (ASAM)

⁴ "Principles of Drug Addiction Treatment: A Research-Based Guide," October 1999, The National Institute on Drug Abuse (NIDA)

Treatment Overview Continued

compliance with various standards progressively over time, below are some of the standards that must be met by all Bureau funded providers as of November 2002.

- **Availability** - No one is denied services based on ability to pay. The organization uses ASAM PPC-2R to facilitate an appropriate match between the needs of people served and the level of care provided. Formal efforts are made to provide immediate access to treatment or, when not available, interim services are provided.
- **Assessment** - Providers are able to assess drug and alcohol history, presence of co-occurring substance abuse and mental health disorders, psychosocial history, cultural and language needs, socioeconomic factors, eligibility for public health assistance, economic assistance, employment readiness, education assistance, housing and/or living needs, and detoxification status.
- **Treatment** - Providers recognize client's treatment needs are shaped by such elements as age, race, culture, sexual orientation, gender, pregnancy, housing and employment, as well as physical and sexual abuse and, directly or indirectly, factors these needs into the treatment matching activity. Providers give admission priority to pregnant women and injection drug users, and provide counseling and education regarding HIV/TB, risks of sharing needles, and risks of sexual behavior while under the influence of mood altering drugs.
- **Clinical Case Management** - Clinical and care coordination services are provided to all clients to integrate counseling and other needed social services into the client's treatment plan/service delivery. The provider offers or makes referrals for follow-up services including relapse prevention, childcare for priority populations, prenatal care, and continued care, which incorporates an understanding of self-help groups.

Treatment Accomp- lishments

- ✱ Twenty-seven non-profit private or governmental substance abuse treatment programs providing services in 51 sites in 30 towns and cities were funded in state fiscal year 2004 with programs receiving approximately \$15 million in financial support. Additionally, BADA certified another 42 treatment programs that were not funded.
- ✱ All funded programs must not discriminate based on ability to pay, race/ethnicity, gender or disability. Additionally, programs are required to provide services utilizing a sliding fee scale that must meet minimum standards.
- ✱ Providing a continuum of treatment services, BADA continued to support various treatment levels of care for adolescents and adults including: Early Intervention, Comprehensive Evaluations (for co-occurring substance abuse and mental health disorders), Detoxification (social model and modified medical), Residential, Intensive

**Treatment
Accomp-
lishments
Continued**

Outpatient, and Outpatient (individual and group counseling). Transitional Housing and Methadone maintenance services for adults only, both of which must be delivered in conjunction with Outpatient treatment, were also provided.

- ☀ Statistics for SFY 2004 indicate that there were 11,942 admissions to publicly supported treatment programs throughout Nevada. Supported services and admissions included the following: 2,790 detoxification admissions, 2,743 residential treatment admissions, and 6,409 outpatient admissions.⁵
- ☀ Further progress in the adoption of evidence-based programming included participation in the state's Practice Improvement Collaborative and training provided at Nevada's Annual Summer Institute for Addiction and Prevention Studies in August of 2004. In addition, BADA sponsored approximately 80 complimentary courses providing training to approximately 2,368 participants in SFY 2004.
- ☀ BADA continues to promote performance-based treatment and measurable outcomes by defining treatment measurements contained within all its subgrant documents. For example, detoxification services have as a performance measure that 40% of all clients admitted will continue on in treatment.
- ☀ In SFY 2004, 98.5% of clients admitted to treatment who completed their programs reported great, good, or fair improvement.
- ☀ BADA, working through the Clark County Health District, the Health Division's Bureau of Community Health, and the Northern Nevada HIV Outpatient Program Education and Services (HOPES) Clinic, implemented statewide standards regarding access to TB and HIV testing as well as counseling for clients in treatment.
- ☀ All funded programs were monitored by assigned program analysts to ensure program and fiscal accountability at least once during the year. This is in addition to program certification, which can be for up to two years. BADA offered training to its providers to ensure compliance with Health Insurance Portability and Accountability Act (HIPAA) standards concerning privacy and security.
- ☀ BADA continues to encourage the development of a continuum of services across the state. Treatment services for priority populations, including adolescents, remain a priority, as are services and care coordination activities for pregnant and parenting women. The yearly number of adolescent treatment admissions has increased during the past six years from 683 in 1998 to 1,526 in 2004. This represents an 123% increase.

⁵ CDS does not collect data for all funded levels of care

Need for
Treatment

Treatment Needs

Identifying high risk and substance using individuals before they progress to abuse and dependence is essential to reducing future chronic alcohol and drug abuse cases and can greatly reduce the fiscal impact of alcohol and drug abuse treatment. Many of these individuals can benefit from Brief Intervention programs that have the potential to prevent the escalation of substance abuse to substance dependence. Early identification, intervention, and referral for substance abuse can reduce tremendous psychological and financial burdens on the individual, family, and community. In addition, the fiscal impact on the criminal justice system, health care system, and drug abuse treatment programs is positively impacted by early identification of substance abuse problems.

The most recent National Survey on Drug Use and Health (2002) estimates: nearly 10% of Nevada’s adolescents from 12 to 17 years of age have substance abuse or dependence problems; approximately 19% of Nevada’s young adults from 18 to 25 years of age have substance abuse or dependence problems; and about 9% of Nevada’s adult population 26 years of age and older have substance abuse or dependence problems. Using population estimates for 2004, the aforementioned percentages have been translated to numerical estimates of Nevadans with alcohol or drug abuse or dependence issues in Table 3.

Table 3: Estimates of the Number of Individuals with Alcohol or Drug Abuse or Dependence Problems Statewide and Regional, 2004

Age	Clark County		Washoe County		Balance of State		Nevada	
	Population Estimate	AOD Abuse Cases	Population Estimate	AOD Abuse Cases	Population Estimate	AOD Abuse Cases	Population Estimate	AOD Abuse Cases
12 to 17	138,798	13,880	33,191	3,319	26,495	2,650	198,484	19,848
18 to 25	195,265	37,100	46,052	8,750	31,842	6,050	273,159	51,900
26 to 100	1,060,813	95,473	238,914	21,502	197,533	17,778	1,497,260	134,753
Total	1,394,876	146,453	318,157	33,571	255,870	26,478	1,968,903	206,501

The number of clients who are in need of but not receiving treatment for substance abuse in Nevada can be estimated by subtracting the need being met through current treatment providers from the AOD abuse cases shown in Table 3 above. Although the formula described is simple, determining the actual need for substance abuse treatment is complex and must take into account that the majority of individuals with a drug or alcohol problem most often do not seek treatment.

Not all treatment needs are met through BADA funding. Identifying the number of non-BADA clients is not easily calculated. Using SAMHSA’s most recent National Survey of Substance Abuse Services (N-SSATS, 2003) survey which is conducted once per year and collects data about facilities and client activities on one day of the year, March 31, the ratio

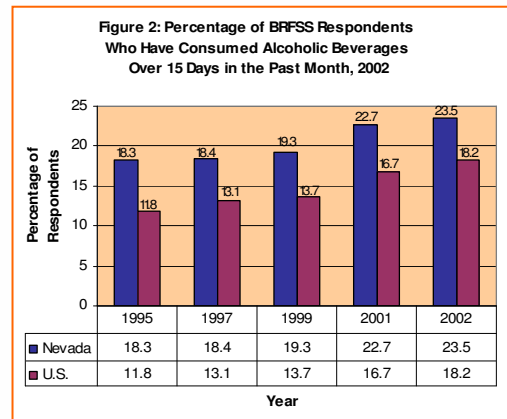
Need for Treatment Continued

of BADA funded to non-BADA funded services would be approximately 1 out of 3 respectively. Thus, after applying that ratio to BADA funded clients, at current capacity, met need is estimated at about 36,000 (12,000 + 2(12,000)) clients. After removing the 36,000 clients with met treatment needs from roughly 206,500 potential AOD abusers, an estimated 170,500 clients could benefit from receiving treatment that are not currently being served.

Per SAMHSA's 2003 NSDUH statistics for the United States, it is estimated that only 5% of these 170,500 people would seek treatment. Applying 5% to that figure works out to approximately 8,500 AOD abusers over and above those already being served who would seek treatment if more capacity was available.

There are several surveys and sources of information relating to unmet treatment needs in Nevada. Data from these sources is presented below:

- Behavioral Risk Factor Surveillance System (BRFSS):
 - 7.4% of Nevada respondents to the 2003 Survey reported being at risk for heavy alcohol consumption compared to the national value of 5.7%.
 - More than 23% of Nevada respondents to the 2002 Survey indicated they used alcoholic beverages more than fifteen days during the past month (Figure 2).
- The 2002 National Survey on Drug Use and Health (NSDUH):
 - 10.8% of Nevada residents, age 12 or older, were estimated to have used illicit drugs in the past month.
 - 4.8% of Nevada residents, age 12 or older, were estimated to have used some illicit drug other than marijuana in the past month.
- In 2003, the Nevada Department of Public Safety reported:
 - 8,513 drug related arrests and 14,393 alcohol related arrests.
 - 368 traffic fatalities in Nevada for which 190 (51.6%) were alcohol and drug related.



Adolescent
 Need for
 Treatment

Adolescent Need

While the overall rate of substance abuse is declining and the public intolerance of abuse is rising nationally, there are some disturbing trends among youth. Adolescents are starting to use alcohol, tobacco, and illicit drugs at increasingly younger ages, and young adults, who are just beginning to assume more mature responsibilities in society, are more likely than other groups to drink heavily, smoke cigarettes, and use illicit drugs. Persons reporting they first used alcohol before age 15 are more than five times as likely to report past year alcohol dependence or abuse as adults than persons who first used alcohol at age 21 or older.⁶ Nevada youth have been affected by the availability of tobacco, alcohol, and drugs in the community, and in several instances, exceed the national averages for various behaviors. The table below provides some Youth Risk Behavior Survey (YRBS) data for which Nevada and national data are statistically significantly different.

Table 4: Youth Risk Behavior Survey Questions - Alcohol and Other Drug Use Risk Factors Significantly Different than those Nationwide, 2003

YRBS Survey Question	Nevada	National Average
Percentage of students who had their first drink of alcohol other than a few sips before age 13	32.0%	27.8%
Percentage of students who had at least one drink of alcohol on school property on one or more of the past 30 days	7.4%	5.2%
Percentage of students who used marijuana one or more times during their life	46.6%	40.2%
Percentage of students who tried marijuana for the first time before age 13	12.5%	9.9%
Percentage of students who used any form of cocaine, including powder, crack, or freebase one or more times during their life	10.9%	8.7%
Percentage of students who used methamphetamines one or more times during their life	12.5%	7.6%
Percentage of students who were offered, sold, or given an illegal drug on school property by someone during the past 12 months	34.5%	28.7%

Clients in
 Treatment

The Bureau’s CDS collects extensive information on clients admitted for treatment. Demographics, referral sources, utilization of treatment programs, reporting of capacity at or over 90%, waiting lists, discharge information, and the number of individuals waiting for treatment are also collected. Treatment admission data for SFY 2004 is as follows:

- There were 11,942 admissions to BADA funded treatment programs in SFY 2004.
- 2,790 of the 11,942 admissions were for detoxification services.

⁶ Conclusion of a special analysis of the 2003 NSDUH announced by SAMHSA

Clients in Treatment Continued

- 1,526 adolescents were admitted for treatment in SFY 2004.
- Adult admissions by primary substance of abuse were: 43% for alcohol, 30% for methamphetamine, 8% for marijuana/hashish, 10% for crack, and others 9%.
- Adolescent admissions by primary substance of abuse were: 48% for marijuana/hashish, 26% for methamphetamine, 22% for alcohol, 2% for crack abuse, and others 2%.
- 44% of the adult population served was in outpatient care, 16% in short-term residential treatment, 8% in long-term residential treatment, and <1% in intensive outpatient treatment.⁷
- 51% of the adolescent population served was in outpatient care, 22% in intensive outpatient treatment, 16% in long-term residential treatment, and 2% in short-term residential treatment.
- 64% of the total population served were males and 36% were females, of which 8.2% were pregnant at admission.
- Most frequent referrals were from the criminal justice system 46%; and by self, family or friends 29%; and, the balance (25%) was from health or community services.
- 1,946 clients were placed on waiting lists in state fiscal year 2004. Of these, 99 were either pregnant injection drug users (IDU), pregnant women, or IDU men and women (as priority populations these clients receive support services in the interim).

Substance Abuse and Crime

Substance Abuse and Crime

Drugs are most directly related to crimes because it is a crime to use, possess, manufacture, or distribute drugs that have the potential for abuse. Substance abuse or dependence is also related to crime through the effect it has on the user's behavior and by generating violence and other illegal activity in connection with drug trafficking. Drug-using lifestyles with their emphasis on short-term goals supported by illegal activities often lead to violence and crime. Past year illicit drug users are about 16 times more likely than nonusers to be arrested and booked for larceny or theft; and 14 times more likely to be arrested and booked for driving under the influence, drunkenness, or liquor law violations; and nine times more likely to be arrested and booked on assault charges.⁸ During the calendar year 2003, 8,513 adults were arrested for drug related crimes in Nevada and 14,393 were

⁷ CDS does not collect data for all funded levels of care

⁸ "Drug-Related Crime," March 2000, Office of National Drug Control Policy, Drug Policy Information Clearinghouse Fact Sheet

Substance Abuse and Crime Continued

arrested for alcohol related crimes.⁹ The Arrestee Drug Abuse Monitoring program (ADAM) measures the extent of drug use in the high-risk population of people who have been arrested and booked or detained. Las Vegas and 38 other cities are presently serving as ADAM sites at which arrestees voluntarily submit to urinalysis and interviews. The data for men covers all 39 sites. For women only 25 sites, not including Las Vegas, are covered. Table 5 shown below details arrestee drug testing results for the NIDA-5 drugs.¹⁰

Table 5: The Percent of Arrestees Testing Positive for the NIDA-5 Drugs, 2003

	Any NIDA-5 Drug	Cocaine	Marijuana	Opiates	Metham-phetamine	PCP	Multiple NIDA-5 Drugs	Past Month Binge Drinking*
Las Vegas								
Male	65.3%	21.9%	34.4%	6.4%	23.4%	N/A	22.4%	48.3%
Female	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Median (all 36 cities)								
Male	67.0%	30.1%	44.1%	5.8%	4.0%	N/A	23.4%	47.9%
Female	68.0%	35.3%	31.6%	6.6%	8.8%	N/A	23.8%	34.9%

* Past month binge drinking is defined as five or more drinks on at least one occasion in a month.

Trends

Adult Admission Trends Analysis

The Bureau’s treatment philosophy recognizes that substance abuse addiction is a chronic, relapsing health condition. The Bureau’s major treatment improvement initiatives include the following:

- Adoption of many recommendations contained in the national treatment plan, “Changing the Conversation,” created by the Substance Abuse and Mental Health Services Administration (SAMHSA) and BADA’s Treatment Strategic Plans.
- Utilization of evidence-based substance abuse treatment and prevention practices and models.
- Improved implementation of the American Society of Addiction Medicine Patient Placement Criteria, second revision (ASAM PPC-2R).
- Funding of new levels of service and new programs not necessarily reflected in the Bureau’s Client Data System.

A brief explanation of each item is presented on the next page.

⁹ “2003 Crime and Justice in Nevada,” Nevada Department of Public Safety
¹⁰ The five drugs listed are referred to as the NIDA-5, established by the National Institute on Drug Abuse as a standard panel of commonly used illegal drugs

**Trends
Continued**

Successful application of the national treatment plan and BADA's Treatment

Strategic Plan: The Bureau has been working for several years to improve the quality of substance abuse treatment services supported with public funds. In 2001, BADA created a series of strategic plans including several that address substance abuse treatment. BADA's plans are consistent with the national treatment plan developed by SAMHSA. All of these documents have formed the foundation for the changes that the Bureau has implemented in the past few years and will continue to promote for the next few years, until the plans are updated. Central themes in these documents include the need to establish a seamless service system offering effective treatment based on individual needs, rather than a prescriptive treatment model applied equally to everyone. Also assumed is that in all systems of care, individuals enter and become engaged in the most appropriate type and level of substance abuse treatment and that they receive continuous services at the level(s) needed to enter into recovery. This moves beyond what has traditionally been thought of as "graduation" and aftercare.

Utilization of evidence-based substance abuse treatment practices and models: There is a somewhat inverse relationship between successful treatment completion and admission rates, in part, because successful treatment completion often means longer lengths of treatment engagement and there are several studies indicating the minimum effective length of treatment engagement is 90 days. Additionally, as programs develop service systems that better engage clients, there is a decrease in the number of admissions. An example of this is the Bureau's concern over the high percentage of clients who enter and exit the system having only received detoxification services. Many of these clients have several repeat admissions, never really engaging in the treatment process. Such service delivery ultimately does virtually nothing to improve the quality of the client's life and progress toward achieving recovery. Because the state has limited treatment capacity, if a program is successful at engaging the client in a longer treatment stay, the number of beds available statewide decline proportionately.

Successful Implementation of ASAM PPC-2R: ASAM is used to guide initial patient placement decisions and to help clients move through the treatment system. Proper client placement results in better client engagement and retention; thus, requiring less intense treatment as clients move through a continuum of care.

Funding of new levels of service and new programs not necessarily reflected in the Bureau's Client Data System: In order to foster the improved use of resources, a number of system changes have been required in addition to those cited above. Included here are such things as support for early intervention, care coordination and comprehensive evaluation services. Care coordination, in addition to supporting staff to help with case management, may include childcare, transportation, and translation services. Comprehensive evaluation was added as a funded level of service in order to help improve

Trends Continued

providers' ability to provide services to the sector of the population in need of substance abuse treatment services that also have a diagnosable, co-occurring mental illness.

Neither of these services are reflected in the Bureau's existing Client Data System; consequently, they are not reflected in the number of admissions causing incomplete data reporting. This is one of several reasons why the Bureau is replacing the existing data system. Additional services not reflected in the system include early intervention services and civil protective custody services. Furthermore, services provided by Sierra Recovery Center in South Lake Tahoe are not recorded into Nevada's data system because the program is located a few miles across the state line. SAMHSA requires that programs enter data into the state system where the program's headquarters are located.

Coordina- tion of Services

Coordination of Services

Today, an important issue in the development of accessible and affordable treatment is the need for better integration among service delivery systems. The tendency is for agencies to work independently; however, better communication through the formation of clearly defined, integrated relationships is needed among different service providers (e.g., substance abuse, mental health, etc.) and is now being initiated.

The Bureau encourages and supports providers in all efforts to make access easier for individuals diagnosed with more than one brain disorder or disease. In SFY 2003, BADA supported Mental Health and Development Services (MHDS) in their efforts to collocate services in six rural areas throughout the state providing comprehensive evaluation and outpatient services to those clients diagnosed with co-occurring disorders.

In SFY 2004, BADA partnered with the Division of Child and Family Services (DCFS) to improve the continuum of care for adolescents. Three general points of this partnership are to:

- Address early intervention needs beginning at the first point of contact with youth in the juvenile justice system
- Increase training of personnel within DCFS operated facilities regarding alcohol/drug assessment tools and data gathering/reporting
- Improve transitional service delivery to paroled youth with alcohol/drug treatment needs so as to assist them in becoming more self-sufficient and eventually discharging them from parole

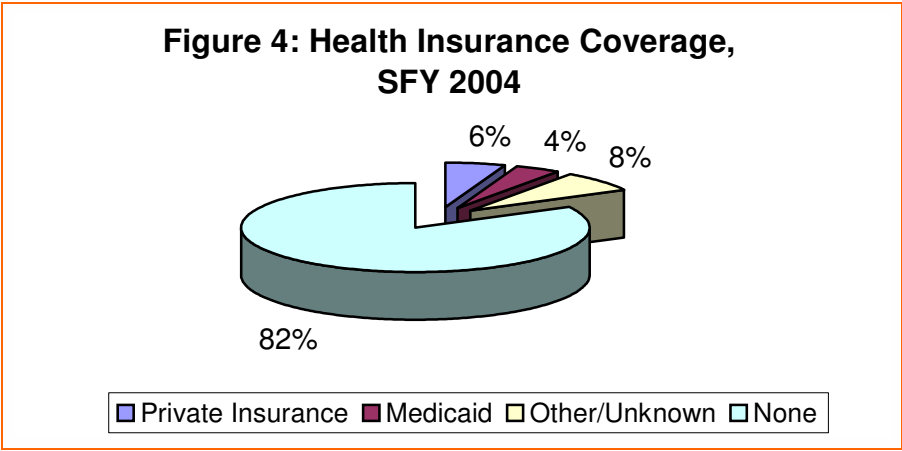
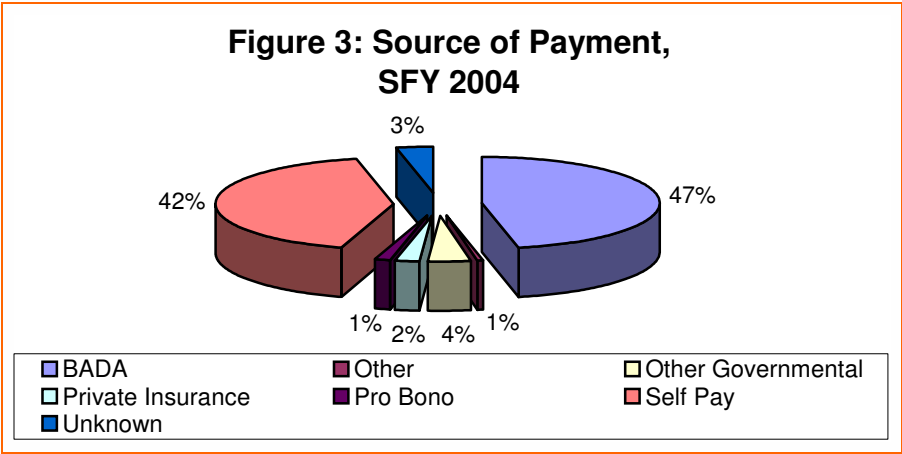
Health Insurance Coverage

Health Insurance Coverage

The majority of clients seen in BADA funded substance abuse treatment programs have no private or public health insurance coverage. Historically, this rate has varied from as little

Health Insurance Coverage Continued

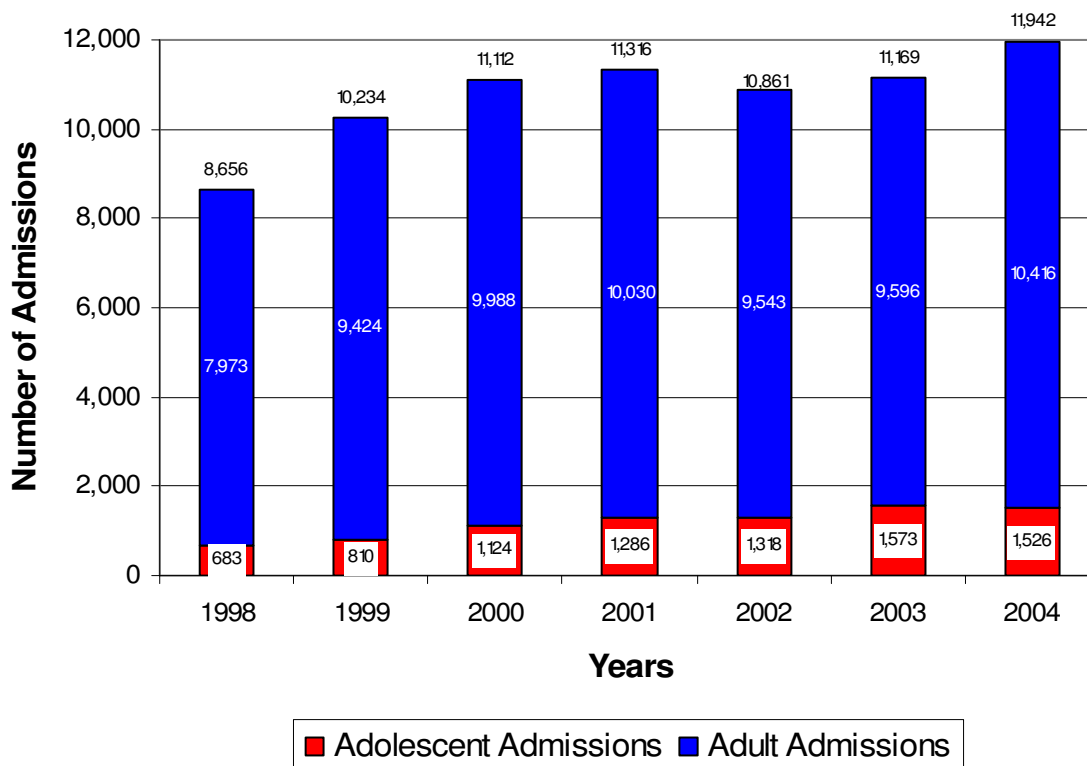
as 80% in 1997 to a high of 85% in 1999. Below, Figure 3 shows expected payment source, and Figure 4 contains the distribution of health insurance coverage, for those admitted in SFY 2004.



Treatment Charts and Tables

On the next nine pages are Table 6 and Charts 3-12 showing demographic makeup of individuals receiving BADA funded treatment services. On the seven pages following those charts are Table 7, listing all BADA Certified Treatment Programs in the state, Table 8, listing all BADA Certified Treatment Programs Not Generally Accessible to the Public in the state, and Table 9 showing Other Important Contact Information.

**Chart 3: Bureau of Alcohol and Drug Abuse
Admissions, SFY 1998 - 2004**

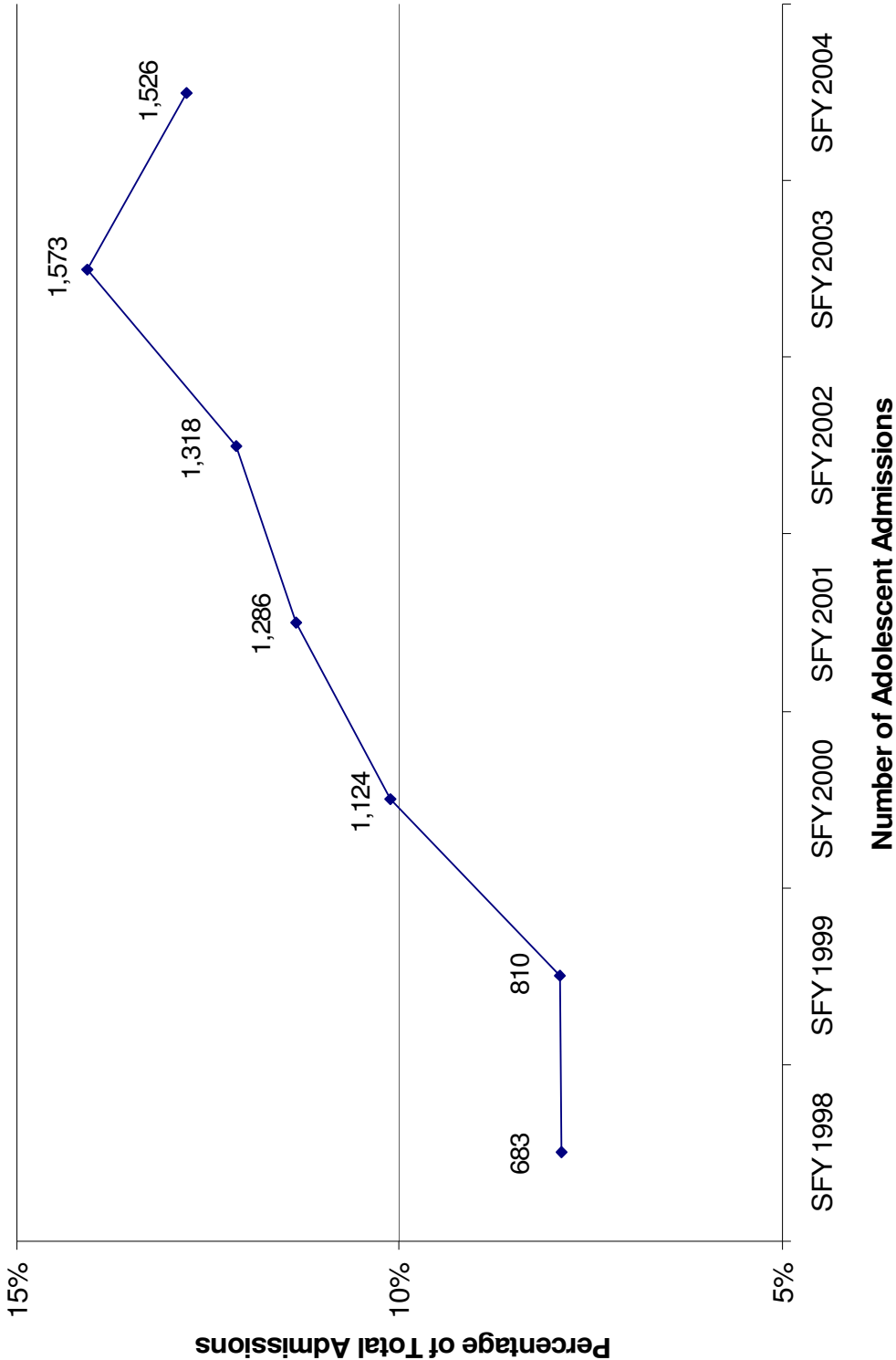


**Table 6: Bureau of Alcohol and Drug Abuse
Admissions, SFY 1998 - 2004¹¹**

State Fiscal Year	Adolescent Admissions	Adult Admissions	Total Admissions
1998	683	7,973	8,656
1999	810	9,424	10,234
2000	1,124	9,988	11,112
2001	1,286	10,030	11,316
2002	1,318	9,543	10,861
2003	1,573	9,596	11,169
2004	1,526	10,416	11,942

¹¹ Fewer adolescent admissions in 2004 resulted from a greater emphasis on more comprehensive treatment episodes and longer lengths of stay for adolescents needing treatment.

Chart 4: Adolescent Treatment Admissions SFY 1998 to 2004*



* Six year trend for adolescent admissions shows there has been a 123% increase as compared to the adult population which was up 31%.

Chart 5: Total Client Admissions for Treatment, SFY 2000 - 2004

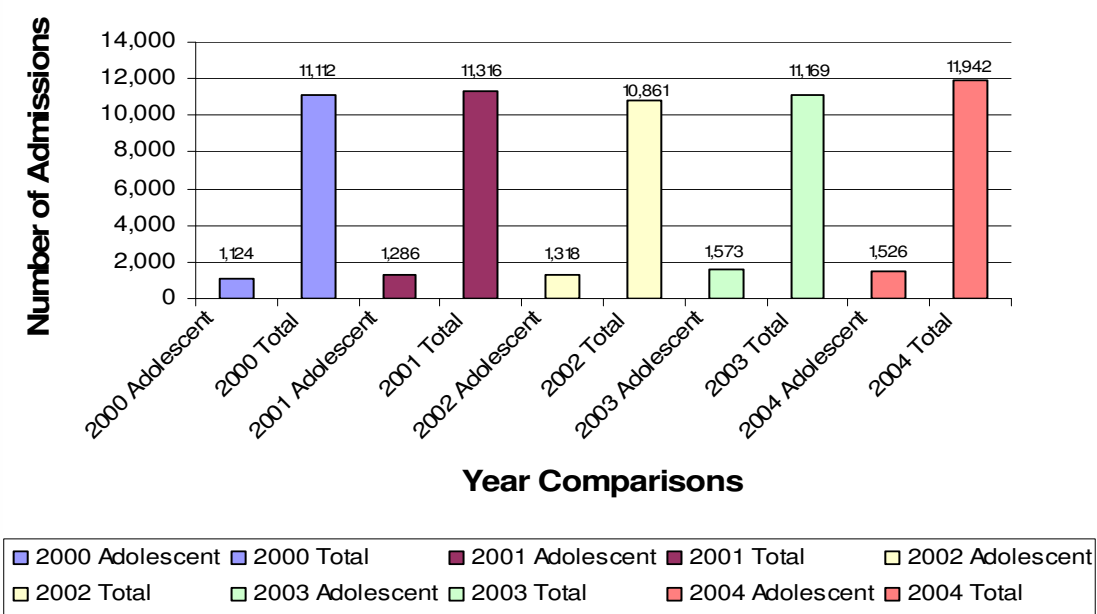


Chart 6: Male and Female Admissions for Treatment, SFY 2000 - 2004

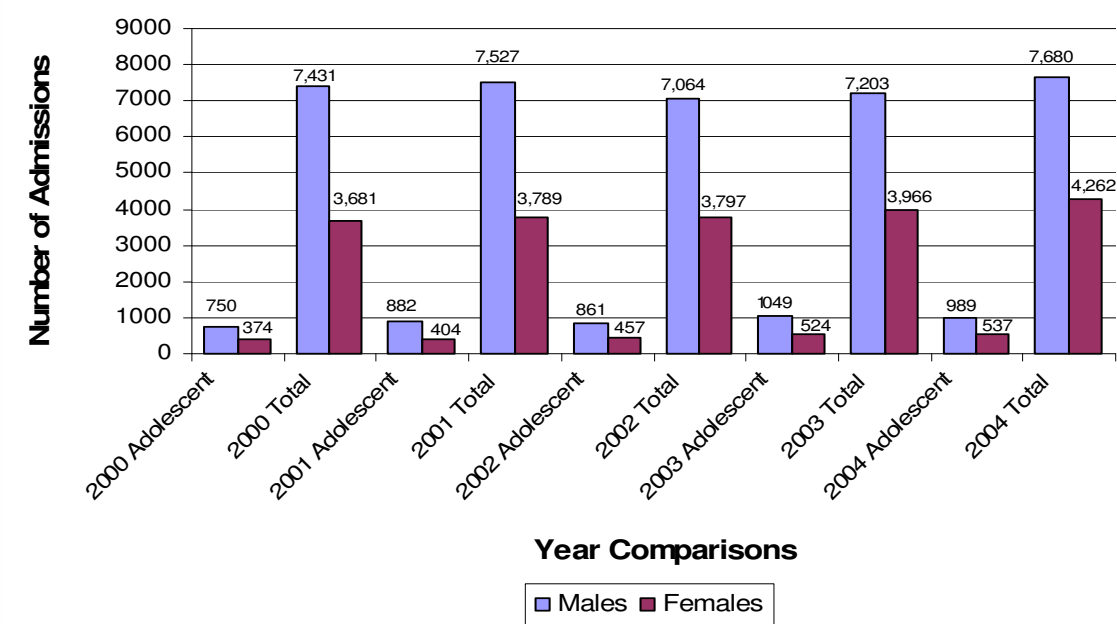


Chart 7: Admissions to Treatment by Race/Ethnicity,
 SFY 2002 - 2004

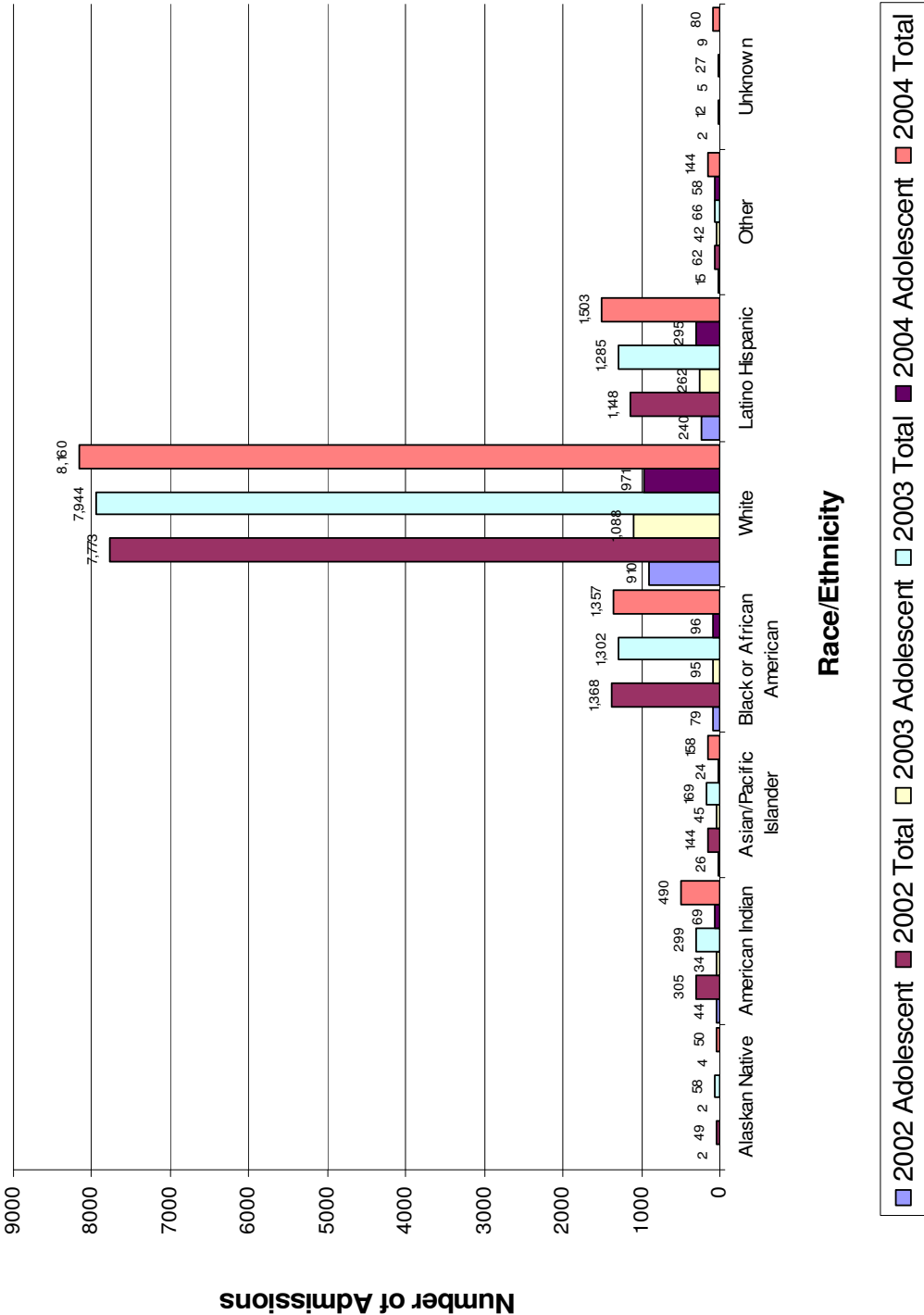


Chart 8: Admission to Treatment by Source of Referral,
 SFY 2002 - 2004

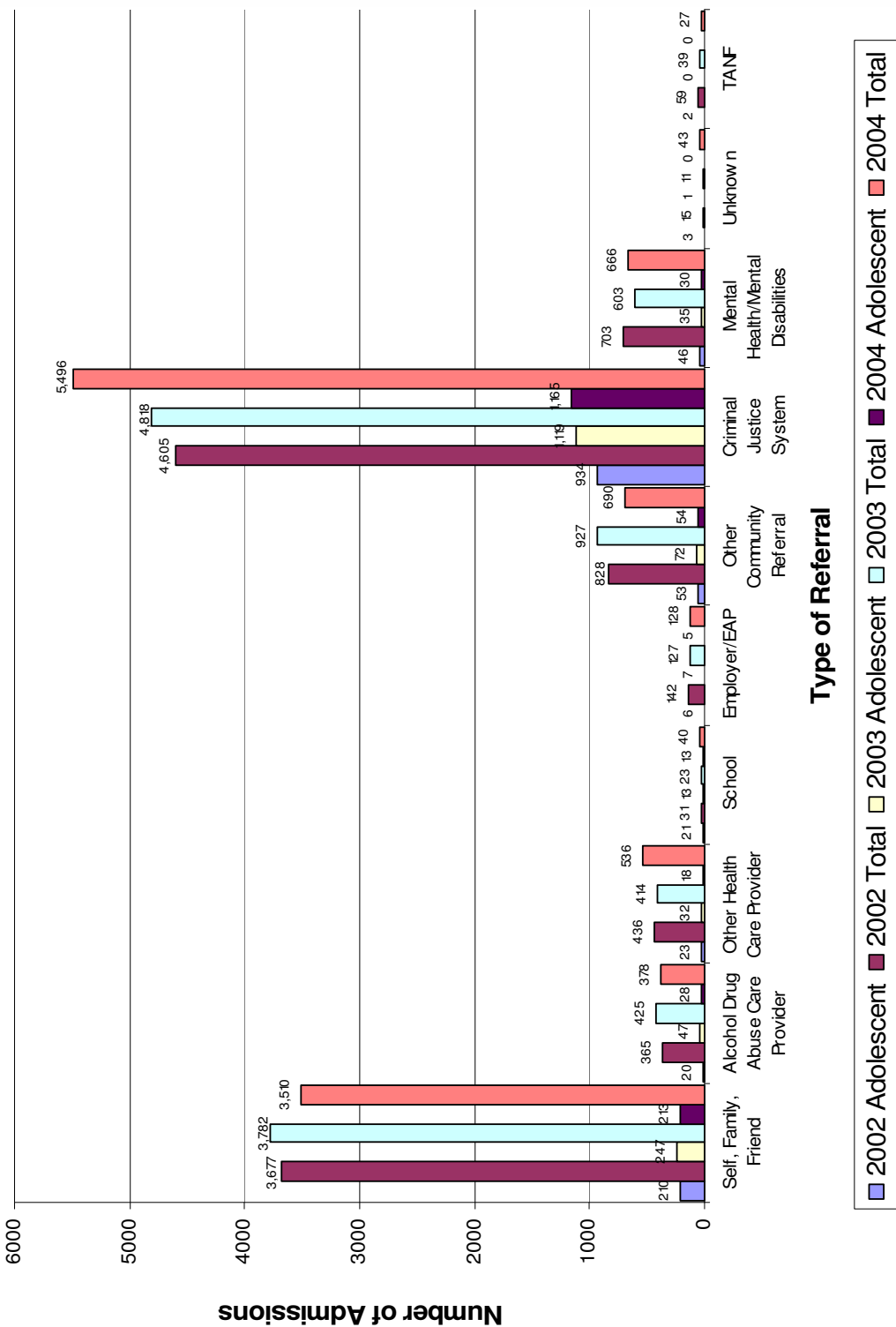


Chart 9: Admission to Treatment by Area of Residence,
SFY 2000 - 2004

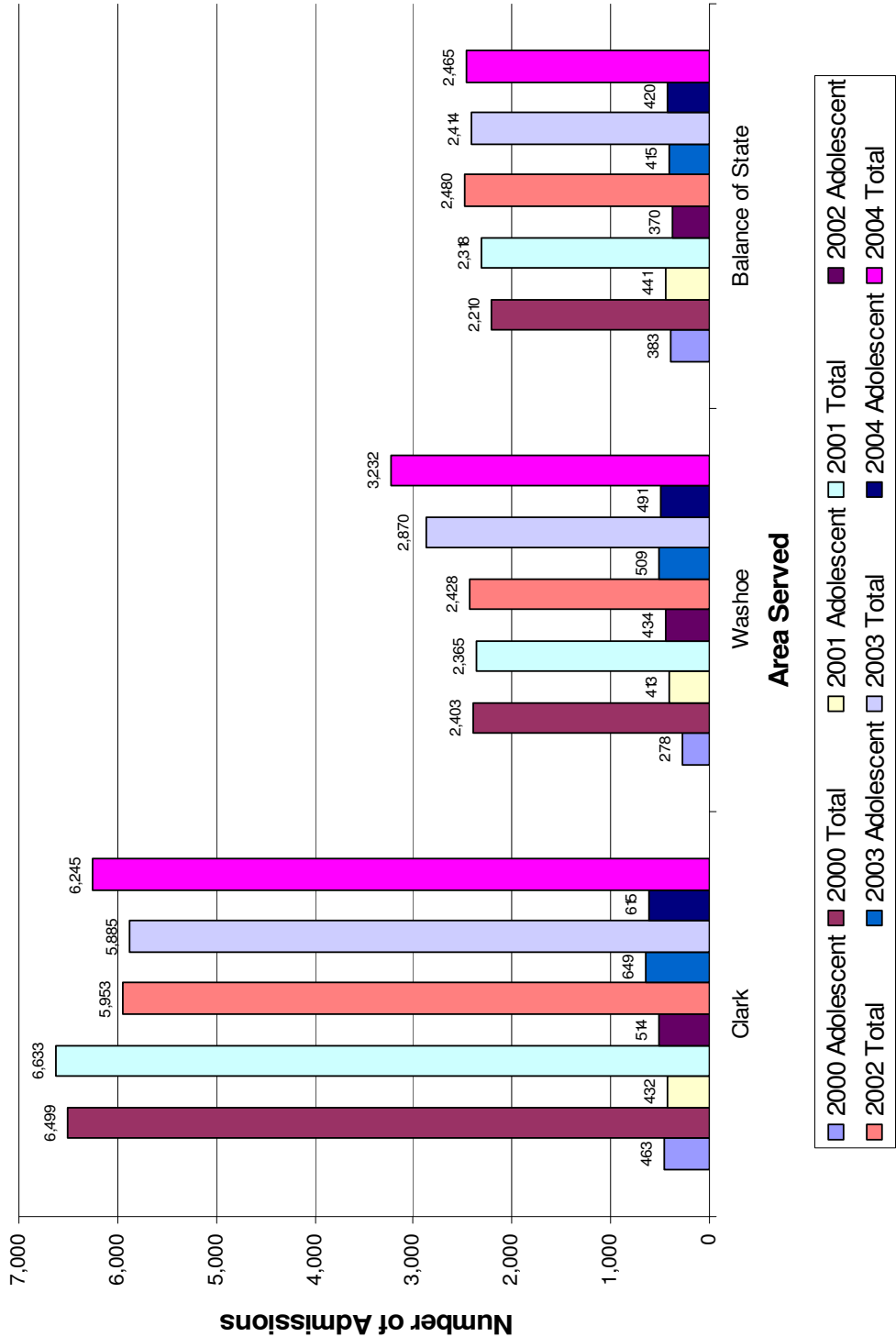


Chart 10: Admissions to Treatment by Drug of Choice,
SFY 2002 - 2004

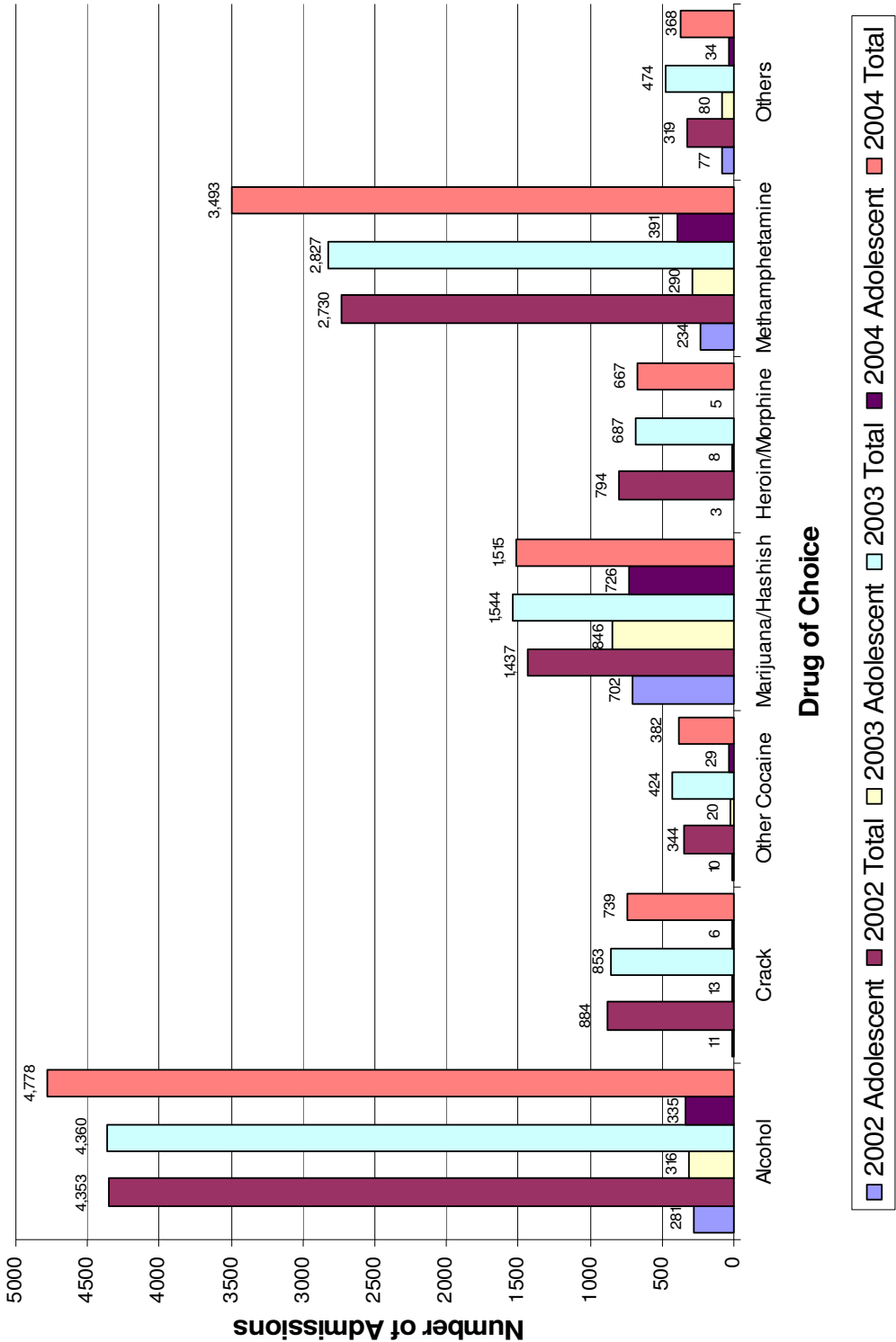


Chart 11: Pregnant Women and IDU Admissions for Treatment,
 SFY 2002 - 2004

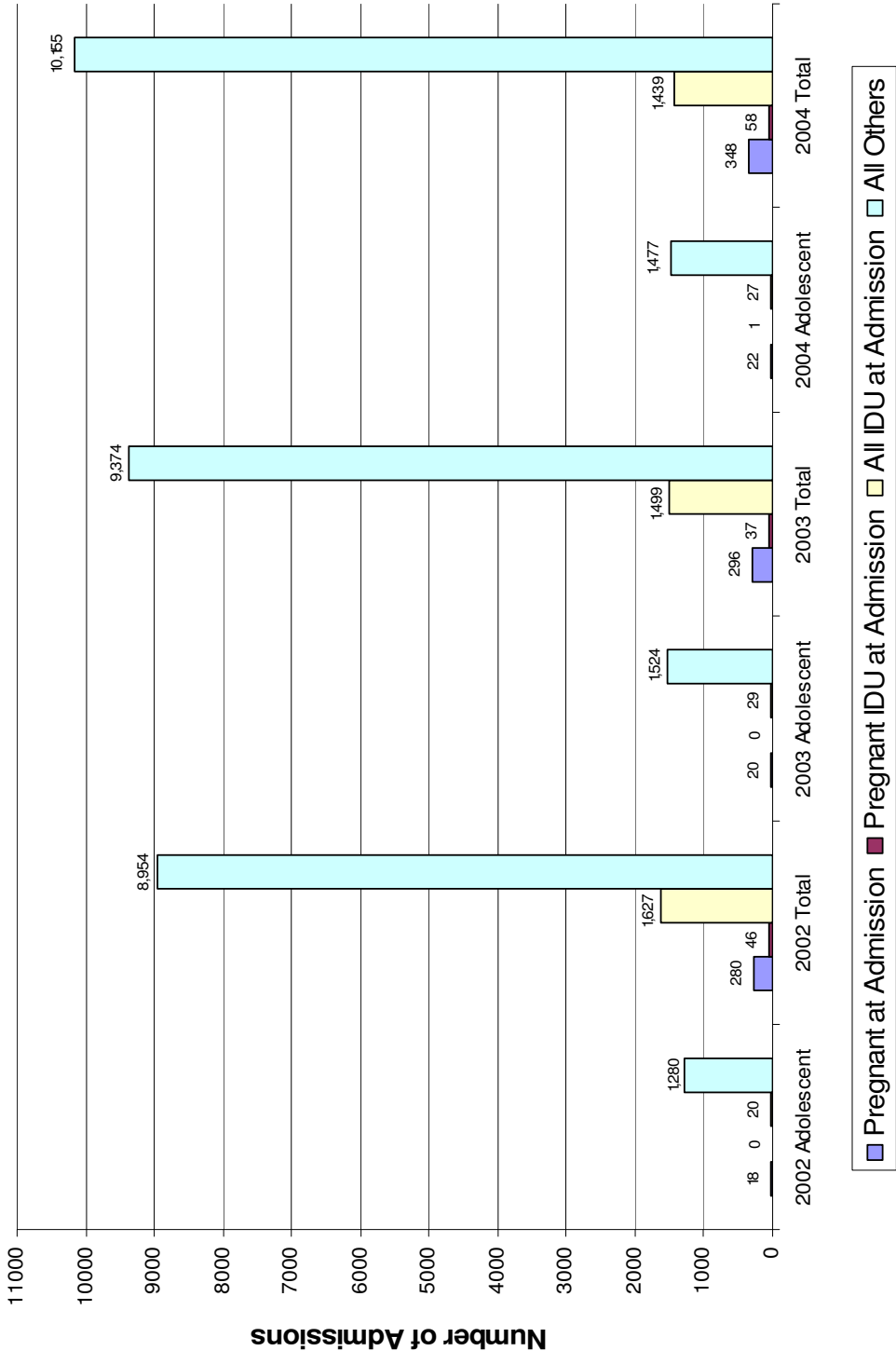


Chart 12: Admissions to Treatment by Level of Care,
 SFY 2002 - 2004

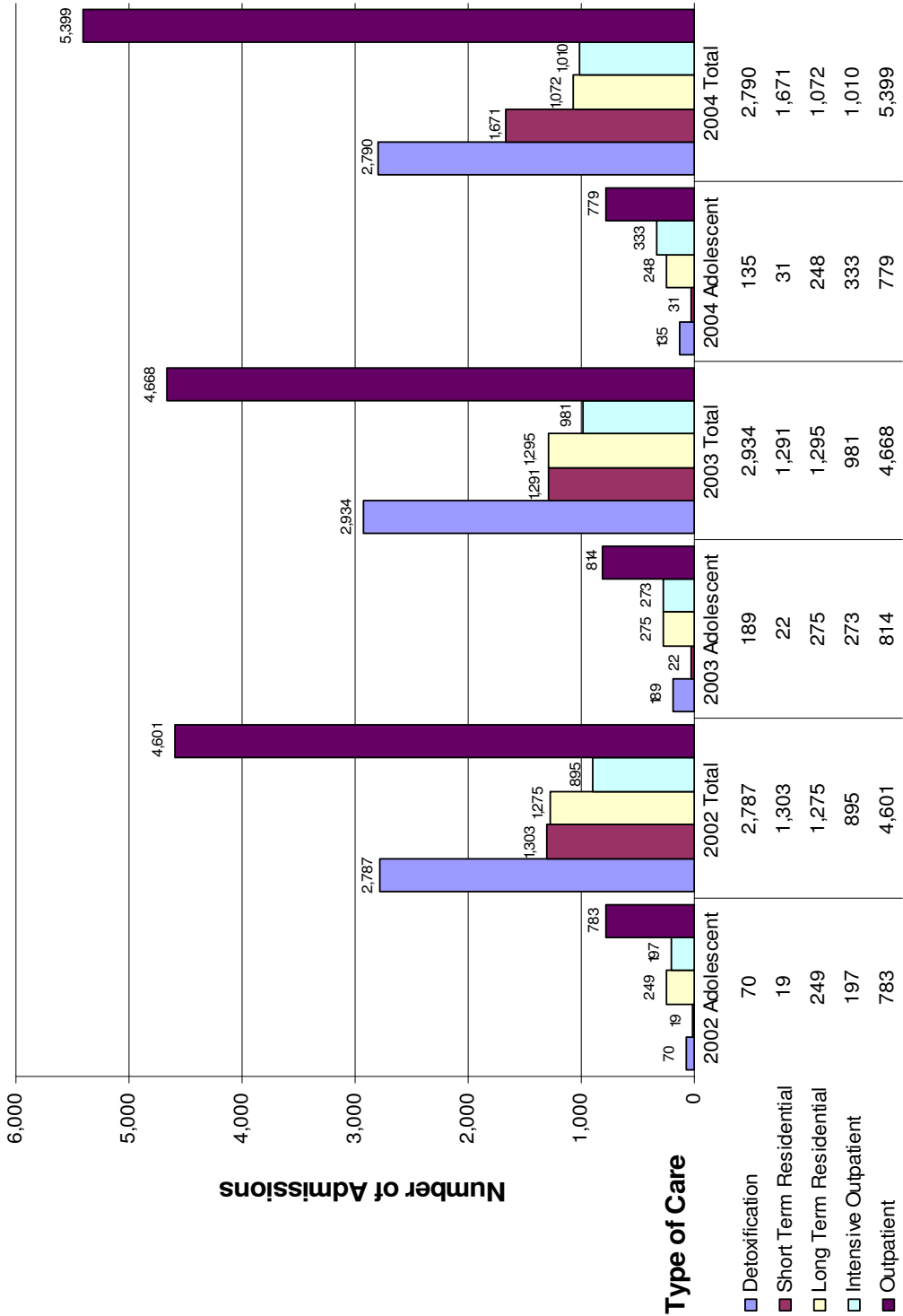


TABLE 7**Bureau of Alcohol and Drug Abuse****Certified Treatment Programs**

BADA Phone #'s - North (775) 684-4190 South (702) 486-8250

BADA Web site address: <http://health2k.state.nv.us/BADA/>**December 1, 2004**

		Funded	Comprehensive Eval.	CPC*	Detoxification	Drug Court Services	Outpatient	Early-Intervention	OMT/Detox Ambul.	Residential	Transitional Housing	Evaluation Center
Battle Mountain												
Vitality Center - Battle Mountain Contact Main Office in Elko Battle Mountain NV 89820	Phone: (775) 738-8004 Fax: (775) 738-2625	F					A Y					
Carson City												
American Comprehensive Counseling Services 625 Fairview St., Ste. 125 Carson City NV 89701	Phone: (775) 883-4325 Fax: (775) 883-4355											X
Carson Mediation and Counseling Center 755 N. Roop St., Ste. 108 Carson City NV 89701	Phone: (775) 887-0303 Fax: (775) 887-0304											X
Community Counseling Center-CC 205 S. Pratt St. Carson City NV 89701-5240	Phone: (775) 882-3945 Fax: (775) 882-6126 <i>Speaks Spanish</i>	F		A	A	A Y	A Y			A	A	X
Jackie Rasor Evaluation Center 116 East 7th St., Ste. 3 Carson City NV 89701	Phone: (775) 883-2237 Fax: (775) 883-7872											X
Cinper Evaluation Center 2874 N. Carson St. #215 Carson City NV 89706	Phone: (775) 885-7717 Fax: N/A											X
John Glenn Evaluation Center 1000 E. William St., #111 Carson City NV 89703	Phone: (775) 882-4340 Fax: (775) 882-4747 <i>Speaks Spanish</i>											X
Dayton												
Lyon Council on AOD 50 River St. Dayton NV 89403	Phone: (775) 463-6597 Fax: (775) 246-6314	F				A	A Y					
Elko												
Vitality Center 3740 E. Idaho St. Elko NV 89801-4611	Phone: (775) 738-8004 Fax: (775) 738-2625 <i>Speaks Shoshone</i>	F		A	A		A Y			A Y	A	X
Ely												
Mental Health and Developmental Services 1665 Ave. F Ely NV 89301	Phone: (775) 289-1671 Fax: (775) 289-1699	F	A Y				A Y					
Eureka												
Vitality Center - Eureka Contact Main Office in Elko Eureka NV 89316	Phone: (775) 738-8004 Fax: (775) 738-2625	F					A Y					
Fallon												
New Frontier 165 N. Carson St. Fallon NV 89406	Phone: (775) 423-1412 Fax: (775) 423-4054 <i>Speaks Spanish</i>	F	A		A	A	A Y			A		

*CPC=Civil Protective Custody

A=Adults

P=Specialized Services for Pregnant Women and Women with Dependent Children

Y=Youth

X=Evaluation Centers

F=Funded

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		Funded	Comprehensive Eval.	CPC*	Detoxification	Drug Court Services	Outpatient	Early-Intervention	OMT/Detox Ambul.	Residential	Transitional Housing	Evaluation Center
Fernley												
Lyon Council on AOD 200 E. Main St. Fernley NV 89408	Phone: (775) 463-6597 Fax: (775) 575-6191 <i>Speaks Spanish</i>	F				A	A Y					
Hawthorne												
Mental Health and Developmental Services 1000 'C' St. Hawthorne NV 89415	Phone: (775) 945-3387 Fax: (775) 945-2307	F	A Y				A Y					
Henderson												
ABC Therapy 7 Water St., Ste. A Henderson NV 89015	Phone: (702) 568-9971 Fax: (702) 568-5974						A A					
Clark County Department of Family Services – Family Preservation 522 E. Lake Mead Dr. Henderson NV 89015	Phone: (702) 455-8006 Fax: (702) 455-8902						A					
Henderson Municipal Court Program 243 Water St., Lower Level Henderson NV 89015	Phone: (702) 267-1350 Fax: (702) 267-1351											X
New Life Medical Center 704 W. Sunset Rd., Ste. B-9 Henderson NV 89015	Phone: (702) 558-8600 Fax: (702) 558-8700						A		A			
Westcare @ Safehouse 921 American Pacific, Ste. 300 Henderson NV 89015	Phone: (702) 383-4044 Fax: (702) 658-0480	F					A Y					
Las Vegas												
ABC Therapy 740 N. Eastern Ave., Ste. 110 Las Vegas NV 89101	Phone: (702) 598-2020 Fax: (702) 598-2018 <i>Speaks Spanish</i>						A A					
Accessible Space – NCEP 6375 W. Charleston Blvd., #L-200 Las Vegas NV 89146	Phone: (702) 259-1903 Fax: (702) 259-1907						A A					
Adelson Clinic 3661 S. Maryland Pkwy., Ste. 64 Las Vegas NV 89109-3003	Phone: (702) 735-7900 Fax: (702) 735-0081 <i>Speaks Spanish</i>	F					A		A			
Bridge Counseling Associates 1701 W. Charleston Blvd., Ste. 400 Las Vegas NV 89102-2320	Phone: (702) 474-6450 Fax: (702) 474-6463 <i>Speaks Spanish</i>	F	A Y				A Y					
Center for Behavioral Health 3050 E. Desert Inn Rd., Ste. 116 Las Vegas NV 89121	Phone: (702) 796-0660 Fax: (702) 796-1835 <i>Speaks Spanish</i>						A		A			
Center for Behavioral Health, Inc. 721 E. Charleston, #6 Las Vegas NV 89104	Phone: (702) 382-6262 Fax: (702) 382-5017						A		A			

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Las Vegas													
Center for Independent Living 1417 Las Vegas Blvd N. Las Vegas NV 89101-1115	Phone: (702) 385-3776 Fax: (702) 385-1764		F					A Y	A Y			A Y	
Choices Group, Inc. 800 S. Valley View Blvd. Las Vegas NV 89107	Phone: (702) 252-8342 Fax: (702) 252-8349						A	A Y					
Clark County Court Education Program 310 S. 3rd St., Rm. 212 Las Vegas NV 89155	Phone: (702) 455-4718 Fax: (702) 455-5933 <i>Speaks Spanish</i>												X
Community Counseling Center-LV 1120 Almond Tree Ln., Ste. 207 Las Vegas NV 89104-3229	Phone: (702) 369-8700 Fax: (702) 369-8489 <i>Speaks Spanish</i>		F	A				A				A P	
Economic Opportunity Board 522 W. Washington Las Vegas NV 89106-3327	Phone: (702) 648-0663 Fax: (702) 647-4911		F	A				A			A P	A	
Family & Child Treatment of Southern Nevada 1050 South Rainbow Blvd. Las Vegas NV 89145	Phone: (702) 258-5855 Fax: (702) 258-9767 <i>Speaks Spanish</i>		F	Y				Y	Y				
Human Resource Development Institute 3365 E. Flamingo, Ste. 10. Las Vegas NV 89121	Phone: (702) 933-1156 Fax: (702) 933-1163 <i>Speaks Spanish</i>							A					
Las Vegas Indian Center, Inc. 2300 W. Bonanza Rd. Las Vegas NV 89106	Phone: (702) 647-5842 Fax: (702) 647-2647		F					A Y					
Las Vegas Municipal Court Evaluation Center 2917 W. Washington Las Vegas NV 89107	Phone: (702) 229-2252 Fax: (702) 646-3395 <i>Speaks Spanish</i>												X
Las Vegas Recovery Center 3371 N. Buffalo Drive Las Vegas NV 89129	Phone: (702) 515-1373 Fax: (702) 515-1379					A					A		
Legal Rehab Services 2061 E. Sahara Ave. Las Vegas NV 89104	Phone: (702) 732-0214 Fax: (702) 699-9923 <i>Speaks Spanish</i>								A				
Mesa Family Counseling 1000 S. Third St., Ste. F Las Vegas NV 89101	Phone: (702) 383-6001 Fax: (702) 380-0890							A					
Nevada Treatment Center 1721 E. Charleston Blvd. Las Vegas NV 89104-1902	Phone: (702) 382-4226 Fax: (702) 382-4306 <i>Speaks Spanish</i>		F	A				A		A			
New Choices, Inc. 2121 Western Ave., Ste. A-1 Las Vegas NV 89102	Phone: (702) 383-9777 Fax: (702) 388-8718								A				

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Las Vegas												
New Life Medical Center 1800 Industrial Rd., Ste. 208 Las Vegas NV 89102	Phone: (702) 474-4104 Fax: (702) 474-4108						A		A			
Options Evaluation Center 4528 W. Craig Rd., Ste. 150 Las Vegas NV 89032	Phone: (702) 646-4736 Fax: (702) 646-1301											X
Rainbow Recovery Ranch (Montevista Hosp.) 5900 W. Rochelle Las Vegas NV 89103	Phone: (702) 364-1111 Fax: (702) 876-3709									A		
Transitions of Nevada, LLC 2840 'A' E Flamingo Las Vegas NV 89121	Phone: (702) 732-0153 Fax: (702) 732-0917						A					
WestCare Nevada 5659 Duncan Drive Las Vegas NV 89130	Phone: (702) 383-4044 Fax: (702) 658-0480 <i>Speaks Spanish</i>	F		A Y	A Y		A Y	Y		A P	A Y	
Laughlin												
Westcare-Laughlin 3650 South Pointe Circle, Ste. 205 Laughlin NV 89028	Phone: (702) 299-0142 Fax: (702) 299-0143	F					A Y					
Lovelock												
New Frontier Contact New Frontier in Fallon Lovelock NV 89419	Phone: (775) 423-1412 Fax: (775) 423-4054 <i>Speaks Spanish</i>	F					A Y					
Mesquite												
Mental Health and Developmental Services 61 N. Willow, Ste. 4 Mesquite NV 89027	Phone: (702) 346-4696 Fax: (702) 346-4699	F	A Y				A Y					
Minden												
Community Counseling Center 1624 Library Ln., Ste. C Minden NV 89423	Phone: (775) 882-3945 Fax: N/A	F					Y					
Rite of Passage 2560 Business Pkwy. Minden NV 89423	Phone: (775) 463-5111 Fax: (775) 463-2379 <i>Speaks Spanish</i>							Y				
North Las Vegas												
Nevada Medical Systems 2516 E. Lake Mead Blvd. North Las Vegas NV 89036	Phone: (702) 399-1600 Fax: (702) 399-5017						A		A			
North Las Vegas Awareness School, Inc. 2934 Van Der Meer St. North Las Vegas NV 89030	Phone: (702) 642-9866 Fax: (702) 215-6312 <i>Speaks Spanish</i>						A					

*CPC=Civil Protective Custody

A=Adults

P=Specialized Services for Pregnant Women and Women with Dependent Children

Y=Youth

X=Evaluation Centers

F=Funded

TABLE 7**Bureau of Alcohol and Drug Abuse****Certified Treatment Programs**

BADA Phone #'s - North (775) 684-4190 South (702) 486-8250

BADA Web site address: <http://health2k.state.nv.us/BADA/>**December 1, 2004**

		Funded	Comprehensive Eval.	CPC*	Detoxification	Drug Court Services	Outpatient	Early-Intervention	OMT/Detox Ambul.	Residential	Transitional Housing	Evaluation Center
North Las Vegas												
Salvation Army 211 Judson Ave. North Las Vegas NV 89030-5642	Phone: (702) 399-2769 Fax: (702) 399-0271	F								A		
Owyhee												
Shoshone Paiute Tribes of Duck Valley Reservation P O Box 130 Owyhee NV 89832	Phone: (775) 757-2415 x239 Fax: (775) 757-3929						A					
Pahrump												
Mental Health and Developmental Services 1840 S. Pahrump Valley Blvd., Ste. A Pahrump NV 89048	Phone: (775) 751-7406 Fax: (775) 751-7409	F	A Y				A Y					
Reno/Sparks												
American Therapeutic Association 2105 Cappuro Way, Ste. 100 Sparks NV 89431-8586	Phone: (775) 355-7734 Fax: (775) 355-7759 <i>Speaks Spanish</i>	F					A		A			
Brennan Evaluations 275 Hill St., Ste. 200 Reno NV 89501	Phone: (775) 329-5006 Fax: (775) 329-5061 <i>Speaks Spanish</i>											X
Bristlecone Family Resources - Northstar 480 Galletti Way, Bldgs. 3&4 Sparks NV 89431	Phone: (775) 786-6563 Fax: (775) 786-6728	F	A		A	A	A		A	A	A	
Bristlecone Family Resources - Sagewind 1725 S. McCarran Blvd. Sparks NV 89431	Phone: (775) 954-1400 Fax: (775) 954-1406 <i>Speaks Spanish</i>	F	Y			Y	Y	Y		Y	Y	
Center for Behavioral Health 160 Hubbard Way, Ste. A Reno NV 89502	Phone: (775) 829-4472 Fax: (775) 829-4467						A		A			
Evaluation Center (The) 150 N. Center St., #318 Reno NV 89502	Phone: (775) 240-5251 Fax: (775) 337-2522											X
Evergreen Evaluation and Education Center 741 Greenbrae Drive Sparks NV 89431	Phone: (775) 358-1101 Fax: (775) 358-9397 <i>Speaks Spanish</i>											X
Family Counseling Services of No. NV 575 E. Plumb Ln., #100 Reno NV 89502-3543	Phone: (775) 329-0623 x103 Fax: (775) 337-2971	F					A Y					
Huntridge Counseling, Inc. P O Box 12541 Reno NV 89510	Phone: (775) 233-8426 Fax: (775) 575-5193											X
Joann Dwight Evaluation Center, Inc. 1000 Bible Way, #46 Reno NV 89503	Phone: (775) 787-7378 Fax: N/A											X

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		Funded	Comprehensive Eval.	CPC*	Detoxification	Drug Court Services	Outpatient	Early-Intervention	OMT/Detox Ambul.	Residential	Transitional Housing	Evaluation Center
Reno/Sparks												
Lynne Daus Evaluation Center 421 Hill St., #3 Reno NV 89501	Phone: (775) 348-7550 Fax: (775) 626-6674											X
Reno Sparks Tribal Health Center 34 Reservation Rd. Reno NV 89502-1588	Phone: (775) 329-5162 Fax: (775) 785-9160 <i>Speaks Spanish</i>	F	A Y				A Y	A Y				X
Reno Treatment Center 750 Kuenzli St. Reno NV 89502	Phone: (775) 333-5233 Fax: (775) 333-5284						A		A			
Ridge House (The) 900 W. First St., Ste. 200 Reno NV 89503	Phone: (775) 322-8941 Fax: (775) 322-1544	F	A				A			A P	A	
Star Evaluation 150 N. Center St., #204 Reno NV 89502	Phone: (775) 544-3550 Fax: (775) 327-4141											X
Step 2, Inc. 3695 Kings Row Reno NV 89503	Phone: (775) 787-9411 x202 Fax: (775) 787-9445	F					A P				A P	
S. Lake Tahoe												
Sierra Recovery Center 972-B Tallac Ave. S. Lake Tahoe CA 96150-7995	Phone: (530) 541-5190 Fax: (530) 541-6031 <i>Speaks Spanish</i>	F			A	A	A			A	A P	
Silver Springs												
Lyon Council on AOD 2475 Fort Churchill/McAtee Bldg Silver Springs NV 89429	Phone: (775) 463-6597 Fax: N/A <i>Speaks Spanish</i>	F				A	A Y					
Tonopah												
Mental Health and Developmental Services 825 S. Main St. Tonopah NV 89049	Phone: (775) 482-6742 Fax: (775) 482-3718 <i>Speaks Spanish</i>	F	A Y				Y A					
Virginia City												
Lyon Council on AOD (Community Chest) 991 South C St. Virginia City NV 89440	Phone: (775) 847-9311 Fax: (775) 847-9335 <i>Speaks Spanish</i>	F					A Y					
Wendover												
Vitality Center (Great Basin) 915 Wells, Ste. 3 Wendover NV 89832	Phone: (775) 664-3421 Fax: N/A	F					A Y					
Winnemucca												
Vitality Center (Silver Sage) 530 Melarkey St., Ste. 202 Winnemucca NV 89445	Phone: (775) 623-3626 Fax: (775) 623-1913	F					A Y					

*CPC=Civil Protective Custody

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TABLE 7**Bureau of Alcohol and Drug Abuse****Certified Treatment Programs**

BADA Phone #'s - North (775) 684-4190 South (702) 486-8250

BADA Web site address: <http://health2k.state.nv.us/BADA/>**December 1, 2004**

		Funded	Comprehensive Eval.	CPC*	Detoxification	Drug Court Services	Outpatient	Early-Intervention	OMT/Detox Ambul.	Residential	Transitional Housing	Evaluation Center
Yerington												
Lyon Council on AOD 215 W. Bridge St., #8 Yerington NV 89447-0981	Phone: (775) 463-6597 Fax: (775) 463-6598 <i>Speaks Spanish</i>	F				A	A Y					X
Rite of Passage 100 Rosachi Ln. Yerington NV 89447	Phone: (775) 463-5111 Fax: (775) 463-2379 <i>Speaks Spanish</i>							Y				

*CPC=Civil Protective Custody

A=Adults

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X=Evaluation Centers

F=Funded

Bureau of Alcohol and Drug Abuse

Certified Treatment Providers (Not Generally Accessible to Public)

December 1, 2004

Program Name	Address	Phone	Fax	Funded	Population Served
China Spring Youth Camp	P O Box 218 Minden NV 89423-0218	(775) 265-5350	(775) 265-7159	Yes	Juvenile Justice
CiviGenics, Inc. (DUI) Indian Springs Prison	P O Box 208 Indian Springs NV 89070	(702) 486-3561	(702) 879-3292		Adult Corrections
Vitality Center – WINGS NNCC	P O Box 7007 Carson City NV 89702	(775) 887-9300	(775) 887-9397		Adult Corrections
Washoe County Sheriff's Office	911 Parr Blvd. Reno NV 89512-1014	(775) 328-6386	(775) 328-6305	Yes	Adult Corrections
Western NV Regional Youth Center	P O Box 330 Silver Springs NV 89429	(775) 577-4200	(775) 577-3338	Yes	Juvenile Justice
Women's Development Center	953 E. Sahara Ave. Ste. 201 Las Vegas NV 89104	(702) 796-7770	(702) 796-3007		Adult Corrections

Bureau of Alcohol and Drug Abuse
Other Important Contact Information

December 4, 2004

Agency	800 Number	Northern Nevada	Southern Nevada
INFORMATION ONLY			
National Clearinghouse for Alcohol and Drug Info.	1(800) 729-6686	N/A	N/A
Nevada Substance Abuse Resource Center	N/A	(775) 784-6336	(702) 385-0684
Poison Information	N/A	(775) 982-4129	(702) 732-4989
REFERRAL and INFORMATION			
AIDS (CDC National AIDS/HIV Hotline)	1 (800) 342-2437	N/A	N/A
AIDS-Teen Line	1 (800) 234-8336	N/A	N/A
Bureau of Alcohol and Drug Abuse	N/A	(775) 684-4190	(702) 486-8250
Crisis Mental Health Unit	N/A	(775) 877-4673	(702) 486-8020
Juvenile Court Services (Abuse and Neglect)	N/A	(775) 328-2777	(702) 399-0081
National Council on Compulsive Gambling	1 (800) 522-4700	N/A	N/A
National Domestic Violence Hotline	1 (800) 799-7233	N/A	N/A
National Mental Health Association	1 (800) 969-6642	N/A	N/A
National Youth Crisis Hotline	1 (800) 448-4663	N/A	N/A
Rape Crisis Center	1 (800) 752-4528	N/A	N/A
Substance Abuse Help Line (Crisis Call Center)	1 (800) 450-9530	N/A	N/A
Suicide Prevention Center	1 (800) 992-5757	N/A	N/A
Youth Runaway Emergency Shelter	1 (800) 448-4663	N/A	N/A
SELF HELP			
Alanon and Alateen Groups	N/A	(775) 348-7103	(702) 615-9494
Alcoholics Anonymous	N/A	(775) 355-1151	(702) 598-1888
Gamblers Anonymous	N/A	(775) 356-8070	(702) 364-2625
Narcotics Anonymous	N/A	(775) 322-4811	(702) 369-3362

Prevention Overview

Prevention is defined as “a proactive process of helping individuals, families, and communities to develop the resources needed to develop and maintain healthy lifestyles.”¹² Prevention is broad based in the sense that it is intended to alleviate a wide range of at-risk behaviors including, but not limited to, alcohol, tobacco, and other drug abuse, crime and delinquency, violence, vandalism, mental health problems, family conflict, parenting problems, stress and burnout, child abuse, learning programs, school failure, school drop outs, teenage pregnancy, depression, and suicide.

BADA has established a system whereby the Bureau purchases substance abuse prevention services. With this system, applicants are responsible for compliance with state and federal requirements for receipt of funding and are responsible for attaining service-delivery projections that are established in the subgrant scope of work.

Elements of the Bureau’s strategy are described below:

- Provide Nevadans access to quality substance abuse prevention services.
- Provide information regarding how many participants are being served as a result of Bureau funding and the type of services provided.
- Develop an infrastructure to assist prevention providers in providing 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 risk and protective factors for individual communities.
- Enhance or expand collaboration with BADA funded substance abuse prevention coalitions.
- Require the assessment of individual communities in identifying target populations.
- Utilize the Center for Substance Abuse Prevention (CSAP) six strategies of substance abuse prevention, which include Information Dissemination, Prevention Education, Alternative Activities, Problem Identification, Community Based Process and Environmental Strategies.
- Support evidence-based programs. These programs must be based on research or prior program findings that demonstrate the programs will prevent or reduce substance use by youth.

¹² International Certification and Reciprocity Consortium; IC&RC

Prevention Accomplishments

- ☀ Thirty-nine primary substance abuse prevention programs and ten (10) community coalitions were funded in SFY 2004 for a three-year project period. The programs received approximately \$6.4 million. For every dollar invested in substance abuse prevention, seven dollars in savings are realized.¹³
- ☀ Funding from the Fund for a Healthy Nevada was obtained to support eight rural/frontier coalitions in implementing environmental tobacco reduction strategies utilizing youth oriented groups.
- ☀ In SFY 2004, approximately 9,100 unduplicated individuals participated in BADA funded prevention programs and approximately 458,600 pieces of literature were distributed by BADA funded clearinghouses statewide.
- ☀ Work was continued 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.
- ☀ In accordance with the 2001 Bureau Strategic Plan, BADA and its prevention partners developed standardized Prevention Program Operating and Access Standards.
- ☀ Further progress in the adoption of evidence-based programming is substantiated by the number of trainings (over 80) held. The trainings included Nevada's Annual Summer Institute for Addiction and Prevention Studies and instruction in the 7-Step Prevention Planning Model.
- ☀ Under contract to BADA, the University of Nevada Research and Educational Planning Center Evaluation Team completed the fourth year of the Nevada Prevention Data Management System (PDMS) and implemented a web-based evaluation system to measure the effectiveness of BADA funded prevention services statewide.
- ☀ For FFY 2004, the final weighted non-compliance rate presented in the Synar report is 15.3%, which is less than the target value of 20.00%.
- ☀ Nevada reported on two of the SAPT Block Grant's voluntary prevention outcome measures and was one of only a few states with the capability to report on at least two of the measures nationally in 2004.

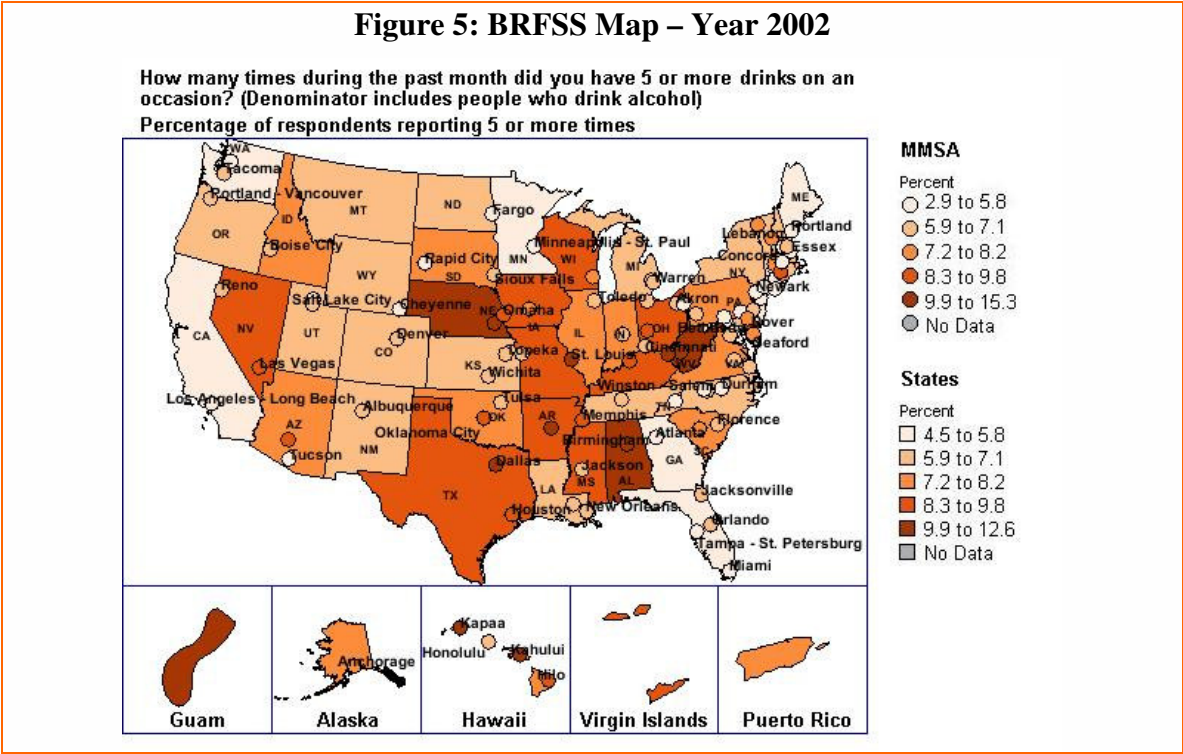
Need for Prevention Programs

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

¹³ "Principles of Effective Substance Abuse Prevention," published by the National Institute of Drug Addiction (NIDA), 1998.

Need for
 Prevention
 Programs
 Continued

youth and adults (YRBS and BRFSS). In 2002, Nevada adults (19.9%) reported nearly a 24% higher incidence of binge drinking than the national average (16.1%). Nevada was 49th out of 52 states for binge drinking in the *Women’s Health and Mortality Chartbook*, August 2004, released by the CDC’s National Center for Health Statistics.¹⁴ In Nevada binge drinking and heavy alcohol consumption resulted in 48% of all fatal traffic crashes reported in 2003 compared to the national average of 40% for that same year per the United States Department of Transportation, National Center of Statistics and Analysis (NCSA). Shown below is a BRFSS map which depicts where Nevada ranks for more frequent binge drinking (5 or more times in past month):



Prevention
 Data
 Mgmt.
 System
 (PDMS)

The Prevention Data Management System (PDMS) is a web-based evaluation system used to collect, analyze and report both process and outcome data provided by prevention program participants. BADA has contracted with University of Nevada, Reno (UNR) to develop and manage the system. Program findings offer service providers data concerning the effectiveness of their programs and statistics suggesting areas of needed improvement. Additionally, the data is useful for making better-informed decisions on how money can best be spent so as to maximize benefits at current funding levels.

¹⁴ State rank includes 50 states, the District of Columbia, and Puerto Rico

**Prevention
Data
Mgmt.
System
(PDMS)
Continued**

Below, Table 10 provides unduplicated participants in BADA funded prevention programs statewide as collected by the PDMS 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 is increasing.

Table 10: Clients Served and Literature Distributed, 2001 to 2003¹⁵

Deliverable	SFY 2002*		SFY 2003		SFY 2004	
	Children	Adults	Children	Adults	Children	Adults
Individuals Served	3,612	1,651	6,270	2,560	6,870	2,224
Literature Distributed**	118,440		189,508		458,616	

Notes:

* Fiscal year 2002 was an abbreviated grant year covering a 10-month period.

** Represents north and south centers.

**Coalition
Building**

Community coalitions strive to include a broad representation of individuals and organizations from their communities. Ten (10) community-based coalitions have been awarded subgrants to develop and implement an evidence-based operating system called the “7-Step Prevention Planning Model” in fourteen (14) counties in Nevada. 7-Step guides coalitions through a process of community mobilization and data gathering for the purpose of developing community needs assessments and comprehensive community substance abuse prevention plans. The 7-Steps are shown below:

[Step 1:](#) Is your community ready for prevention? (Assess community readiness and mobilize the community)

[Step 2:](#) What are your community’s greatest needs for prevention? (Conduct a needs assessment)

[Step 3:](#) Which risk and protective factors are your priorities? (Translate needs indicator data into risk and protective factors)

[Step 4:](#) What resources already exist in your community that address the risk and protective factors that you have prioritized? (Conduct a resource assessment)

[Step 5:](#) Where will you focus your prevention efforts? (Select universal, selective, or indicated domains)

¹⁵ Table 10 fiscal years are based on BADA prevention fiscal years September 1, 1999 through August 30, 2000; September 1, 2000 through August 30, 2001; September 1, 2001 through June 30, 2002 (abbreviated grant cycle to align BADA prevention fiscal year with state fiscal year); and fiscal year July 1, 2002 through June 30, 2003.

Coalition Building Continued

Step 6: Which prevention strategies have been shown through research to be effective? (Select scientifically-defensible best practices to implement)

Step 7: How will you evaluate your prevention program? (Conduct evaluation planning, implementation, analysis, and use results for future program planning)

Table 11 shown below depicts risk factors and adolescent problem behaviors that have been identified by BADA funded coalitions.

Table 11: Coalition Prioritized Risk Factors and Associated Problem Behaviors

[illegible]

**Coalition
Building
Continued**

Currently Nevada is supporting 10 coalitions with block grant, state general, and State Incentive Grant (SIG) funding. Ten of the coalitions are and have been active for more than three years. These geographic-based coalitions cover all but three Nevada counties as follows: BEST (Clark), Churchill (Churchill), Community Council on Youth (Carson City), Goshen (Clark), Healthy Communities (Lyon, Storey & Mineral), Join Together Northern Nevada (Washoe), Nye (Nye), Partners Allied for Community Excellence (Elko), Partnership of Community Resources (Douglas), and Frontier (Humboldt, Pershing & Lander). Four coalitions are under development as follows: Statewide Native American Coalition, Northern Nevada Latino Coalition, Southern Nevada Latino Coalition, and Seventh Judicial District that will serve the three un-served Nevada counties of Eureka, Lincoln, and White Pine, all in eastern Nevada.

**Safe and
Drug Free
Schools**

As the Single State Agency for substance abuse prevention and treatment activities in Nevada, BADA has been designated by the Governor to receive and administer his portion of the Safe and Drug Free Schools funding. BADA manages these funds in keeping with its substance abuse prevention program principles and federal requirements.

In an effort to provide comprehensive technical assistance to organizations receiving Safe and Drug Free School funds, support and technical assistance are provided in the areas of fiscal policies, program operating standards, evidence-based programming, workforce development, risk and protective factor analysis, target population and environmental issues, community development, evaluation, and other areas as required. In addition, BADA staff along with the University of Nevada forms the nucleus of the state evaluation team, whose purpose is to evaluate the effectiveness and impact of prevention strategies and program outcomes of funded prevention programs. It is also important to note that a new requirement resulting from the No Child Left Behind federal legislation now requires preparation of a joint state application for federal education funds, thereby, increasing coordination between the Nevada Department of Education and BADA so as to ensure that programmatic and fiscal initiatives complement each other.

**State
Incentive
Grant
(SIG)**

The state of Nevada, Office of the Governor, has also been awarded a State Incentive Grant (SIG) that is providing \$3,000,000 per year for three years to facilitate the development of 14 local coalitions covering all 17 counties in the state and serving three special populations (Latino in Northern Nevada, Latino in Southern Nevada and Statewide Native American). This funding supports coalition infrastructure development, development of a comprehensive prevention system, and funding for primary prevention services statewide. The funded coalitions serve as regional prevention centers to develop and implement local comprehensive community prevention plans, and to identify and fund evidence-based programs that fill service gaps without duplicating existing services.

**State
Incentive
Grant
(SIG)
Continued**

The purpose of Nevada's SIG is to reduce the use of alcohol, tobacco, and other drugs (ATOD) among Nevada's 12 to 25 year old youth through the development of a system for delivering prevention services through: (1) coordinating prevention services statewide and (2) implementing prevention programs based on sound scientific research. Improving the ATOD prevention system has both long-term and short-term objectives. Statewide measures will indicate reductions in illicit drug use, marijuana use, and binge drinking among 12 to 25 year olds, and show a delay in the age of first use of marijuana and alcohol.

The long-term changes (4 to 10 years) will be included in a Statewide Comprehensive Prevention Plan prepared by the SIG Advisory Committee. Chances for long-term changes are greatly enhanced because Nevada has and will continue to redirect other ATOD prevention funds to support the goals of its State Incentive Grant.

The short-term changes (1 to 3 years) will be accomplished through three mechanisms on the local level: (1) enhancing local substance abuse prevention capacity, (2) leveraging existing prevention dollars from various sources, and (3) replacing ineffective ATOD prevention programming with evidence-based prevention programs. This vision is for local ATOD prevention coalitions to make funding decisions and monitor their effectiveness at a community level. The SIG allows Nevada to implement this vision in three years by supporting crucial capacity building.

A team from BADA, with assistance from the project evaluators Pacific Institute for Research and Evaluation (PIRE), manages the Nevada SIG. Governor Kenny Guinn appointed the 20 members of the Nevada State SIG Advisory Committee and is directly involved in this effort through staff of the Governor's Office and numerous government administrators he appointed. This committee includes representation from the Governor's Office, state legislature, the Attorney General's Office, the State Division of Child and Family Services, the Governor's Youth Advisory Committee, the State Health Division, the State Department of Education, community agencies, tribal government, faith organizations, the Nevada Association of Counties, and the State Board of Health.

**State
Prevention
Frame-
work State
Incentive
Grant
(SPF SIG)**

SAMHSA has awarded the Bureau of Alcohol and Drug Abuse 2.3 million per year, for five years, to bolster prevention capacity and infrastructure in Nevada. This State Prevention Framework State Incentive Grant (SPF SIG) will insure a solid foundation for delivering effective, culturally competent, evidence-based substance abuse prevention services in both rural and urban settings. The SPF SIG project will create a system of prevention services that link together various funding streams and prevention programs. This program targets risk and protective factors that impact substance abuse. Additionally, it will target reducing childhood and underage drinking. Through this grant, the goal of the Governor's Office is to unite state and local agencies in a collaborative process that recognizes and empowers organizations to jointly evaluate changing behaviors and

**SPF SIG
Continued**

creating a strategic, comprehensive approach to meeting identified needs. The goals of the Nevada Strategic Prevention Framework grant are to:

- Prevent the onset and reduce the progression of substance abuse across the lifespan
- Reduce substance abuse-related problems in communities
- Build prevention capacity and infrastructure at the state and community levels

**Fund for
A Healthy
Nevada
Tobacco
Prevention
Project**

BADA received funds through *The Fund for a Healthy Nevada* to implement evidence-based approaches to tobacco prevention that local rural coalitions have adapted to meet the needs of their specific communities. The goal of this project was to impact policies, community norms, and media advertising of tobacco in order to prevent youth access and exposure to tobacco. This program encompassed northern and rural/frontier Nevada communities. The coalitions worked with local youth groups planning, organizing, monitoring, and evaluating prevention approaches implemented in the community. Through these funds, eight rural coalitions collectively received \$400,000 of tobacco settlement money (for SFY 2003 & 2004; \$200,000/year) and used the funds to develop environmental prevention strategies addressing tobacco usage. Eleven treatment providers were also collectively awarded \$4,397,486 (directly from the fund) for cessation programs to be expended over a four-year period (for SFY 2001 through SFY 2004). BADA did not reapply for coalition funding, nor were the eleven providers funded for SFY 2005 and 2006 through the Fund for A Healthy Nevada.

**Synar
Program**

The Synar amendment was named after Mike Synar, a U.S. Congressman, who represented Oklahoma from 1979 to 1994. This amendment was passed by Congress in 1992, and requires each state to enforce an effective law prohibiting the sale of tobacco products to minors less than eighteen years of age. The Synar regulation is administered by SAMHSA. States not enforcing youth tobacco laws could lose up to 40% of their SAPT Block Grant. The Synar rule entitled *Substance Abuse Prevention and Treatment Block Grants: Sale and Distribution of Tobacco Products to Individuals Under 18 Years of Age*, was released in 1996 and requires states to:

- Have in effect a law prohibiting any manufacturer, retailer, or distributor of tobacco products from selling or distributing such products to any individual under the age of 18.
- Enforce such laws in a manner that can reasonably be expected to reduce the extent to which tobacco products are available to individuals under the age of 18.
- Conduct annual random, unannounced inspections of retail outlets to ensure compliance with the law. These inspections are to be conducted in such a way as to provide a valid sample of outlets accessible to youth.

Synar Program Continued

- Develop a strategy and timeframe for achieving an inspection failure rate of less than 20% \pm 3% of outlets accessible to youth.
- Submit an annual report that details the state's activities to enforce its laws, the overall success achieved by the state during the previous fiscal year in reducing tobacco availability to youth, inspection methodology, methods used to identify outlets, and plans for enforcing the law in the coming fiscal year.

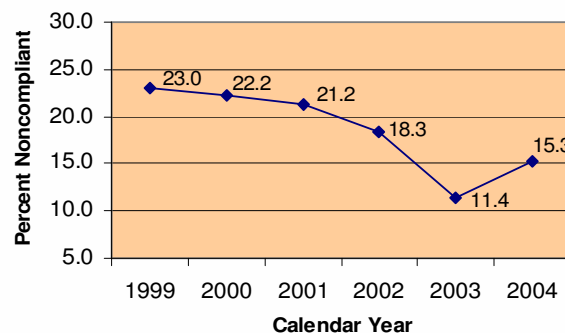
An area of the 2003 YRBS where Nevada has shown remarkable improvement over past years, and where several risk factors were rated to be significantly better than the national averages, were related to Tobacco Use. Much of this progress has likely resulted from several things, including tobacco related education and the state's enforcement of the Synar amendment using an aggressive tobacco vendor compliance check system.

The Office of the Attorney General, Nevada Department of Justice conducts compliance checks on all retail outlets accessible to minors a minimum of twice per year. An analysis is conducted on a random sample of these facilities yearly for the Annual Synar Report.

The table to the right details the Synar Study noncompliance rate (sales to minors). There has been a steady decline of sales to minors from 1999 through 2003. The Synar sample (451 inspections) for 2004 showed a slight increase in the noncompliance rate, although the overall rate for all inspections (3,769 inspections) was less at 12.0%. For 2004, three circumstances were identified which contributed to the difference between the two buy rates: 1) Synar inspection data is

generated from the first round of inspections, but the overall buy rate includes subsequent rounds which often have lower buy rates; 2) reduced program visibility early in the year caused by the temporary absence of an inspector in the Las Vegas area; and 3) one very mature looking seventeen year old youth inspector, who made an unusually high number of successful purchases, was replaced midway through the year after she turned eighteen.

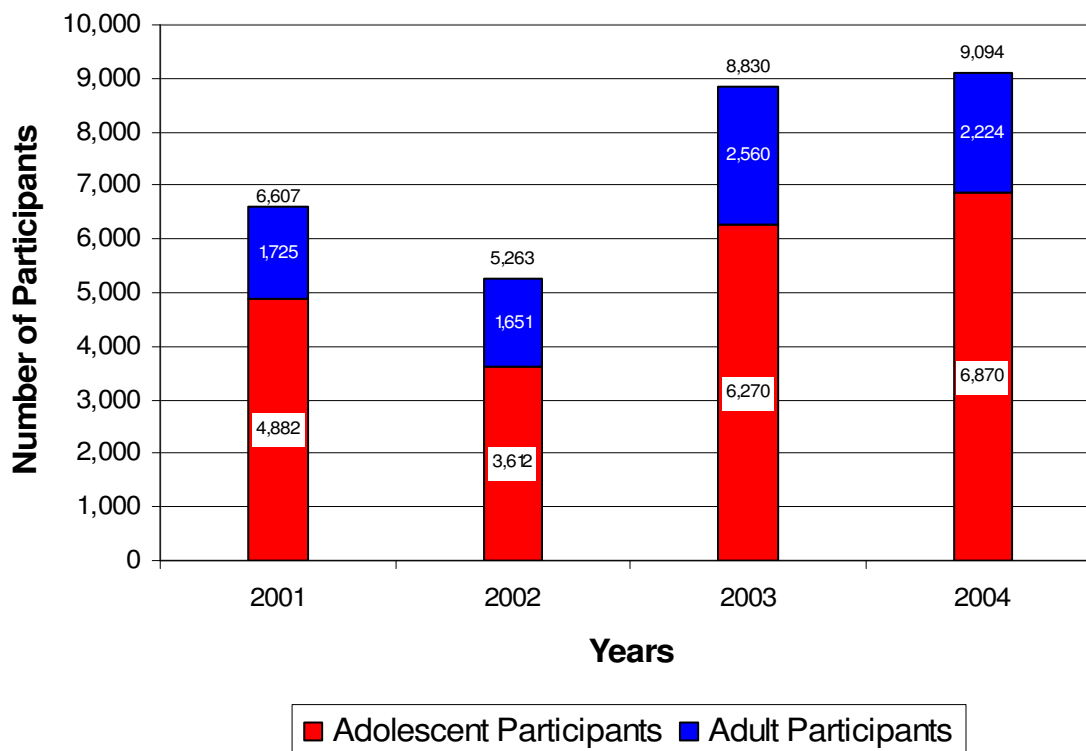
**Figure 6: Synar Noncompliance Rate -
Calendar Years 1999 - 2004**



Prevention Charts and Tables

On the next five pages are Table 12 and Charts 13-18 showing demographic makeup of individuals receiving BADA funded prevention services. On the five pages following those charts are Table 13, listing all BADA Certified Prevention Programs in the state, and Table 14, listing all BADA Certified Prevention Coalitions in the state.

**Chart 13: Bureau of Alcohol and Drug Abuse
 Prevention Participants, SFY 2001 - 2004**



**Table 12: Bureau of Alcohol and Drug Abuse Prevention
 Participants, SFY 2001 - 2004**

State Fiscal Year	Adolescent Participants	Adult Participants	Total Participants
2001	4,882	1,725	6,607
2002	3,612	1,651	5,263
2003	6,270	2,560	8,830
2004	6,870	2,224	9,094

**Prevention
 Charts
 and
 Tables
 Continued**

**Chart 14: Prevention Participants by Area Served,
 SFY 2001 - 2004**

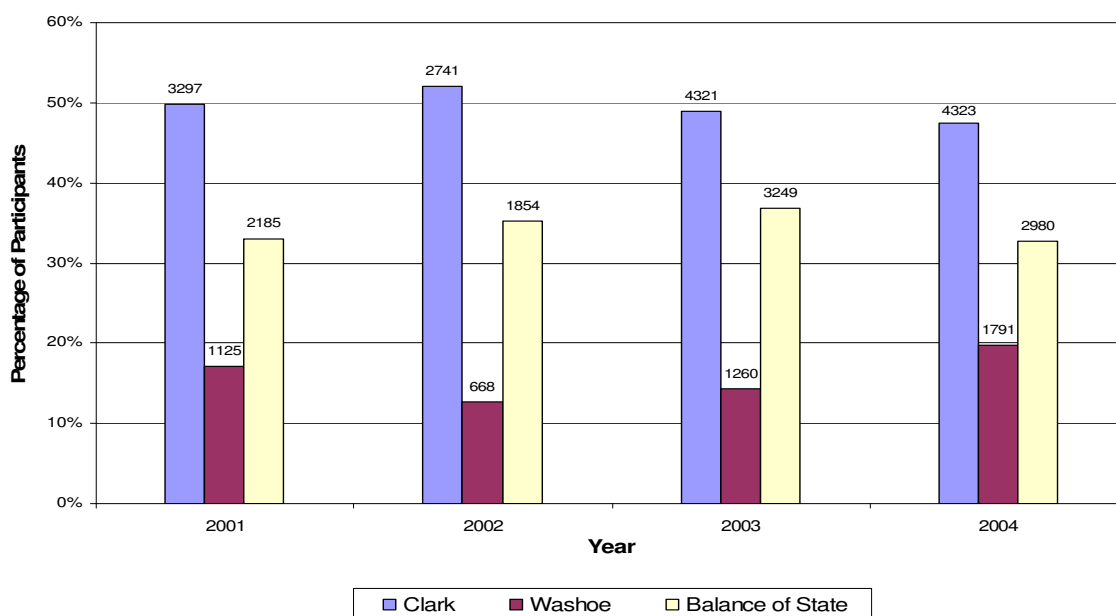
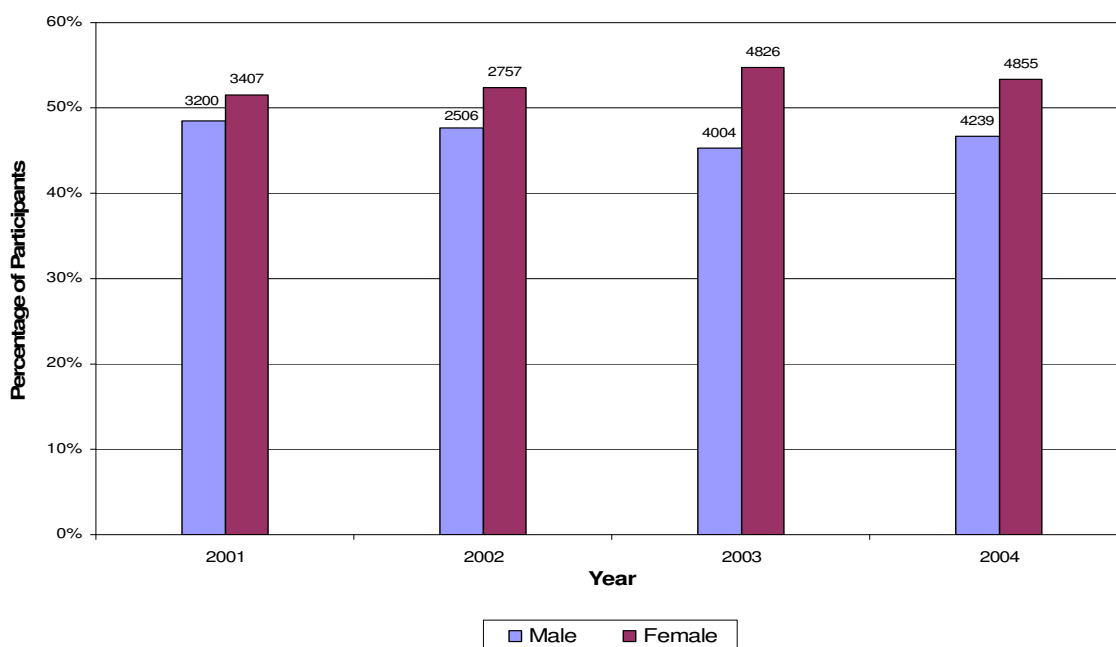


Chart 15: Prevention Participants by Gender, SFY 2001 - 2004



Prevention
 Charts
 and
 Tables
 Continued

Chart 16: Prevention Participants by Race/Ethnicity,
 SFY 2001 - 2004

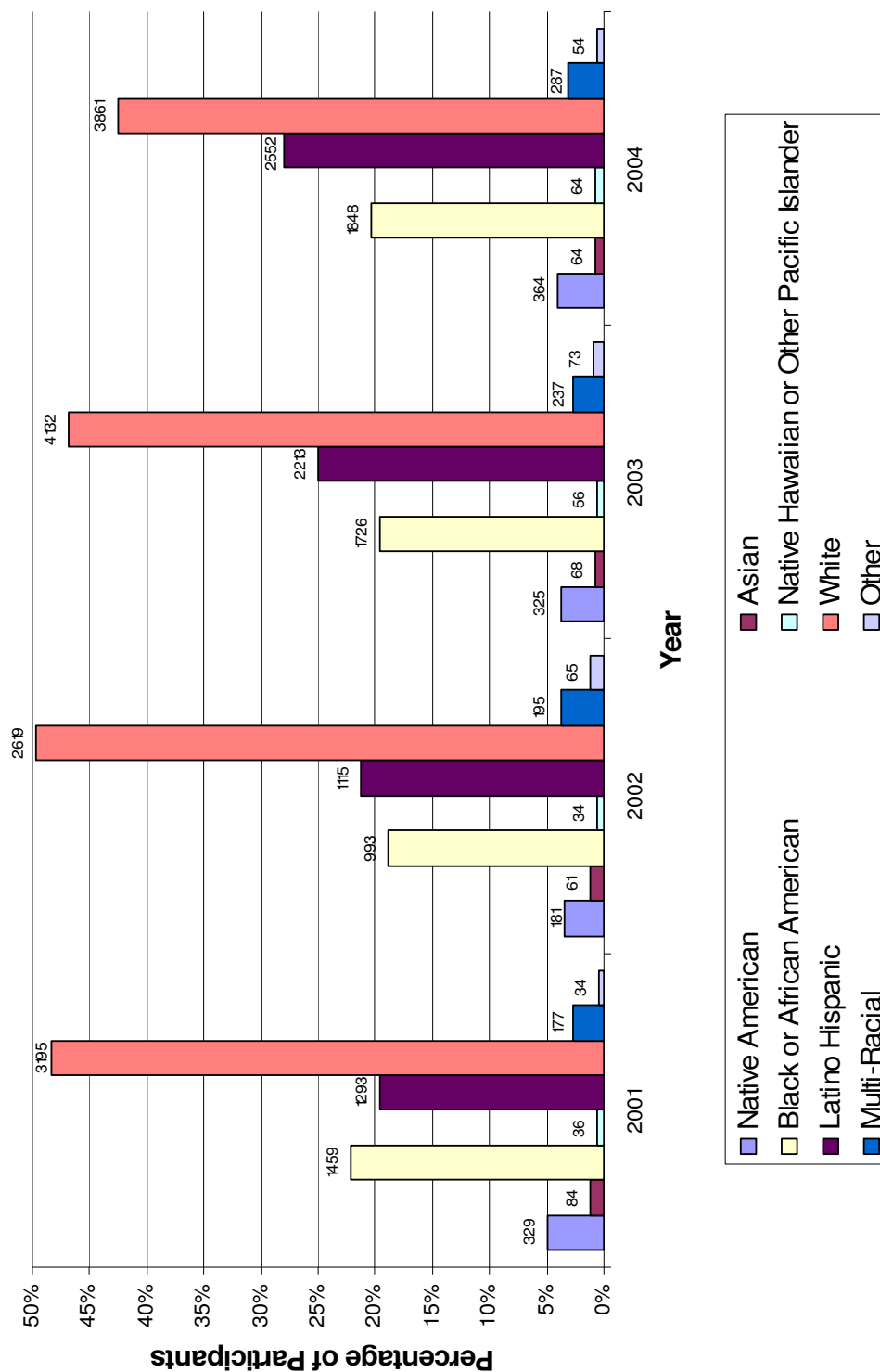
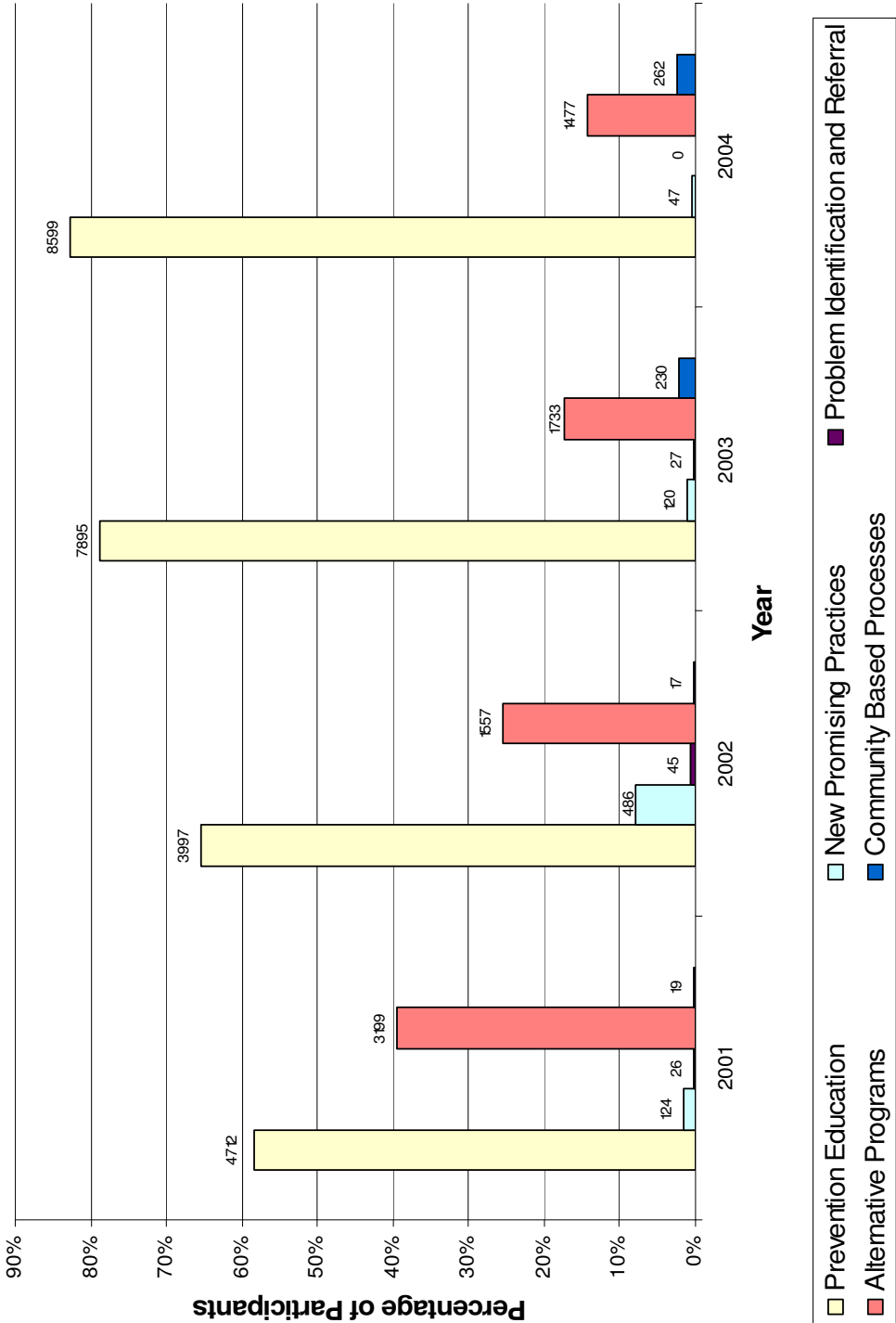


Chart 17: Prevention Participants by Strategy, SFY 2001 - 2004*



* Total participants by strategy may differ from other totals because some participants may enroll in more than one program.

Chart 18: Prevention Participants by Grade, SFY 2001 - 2004

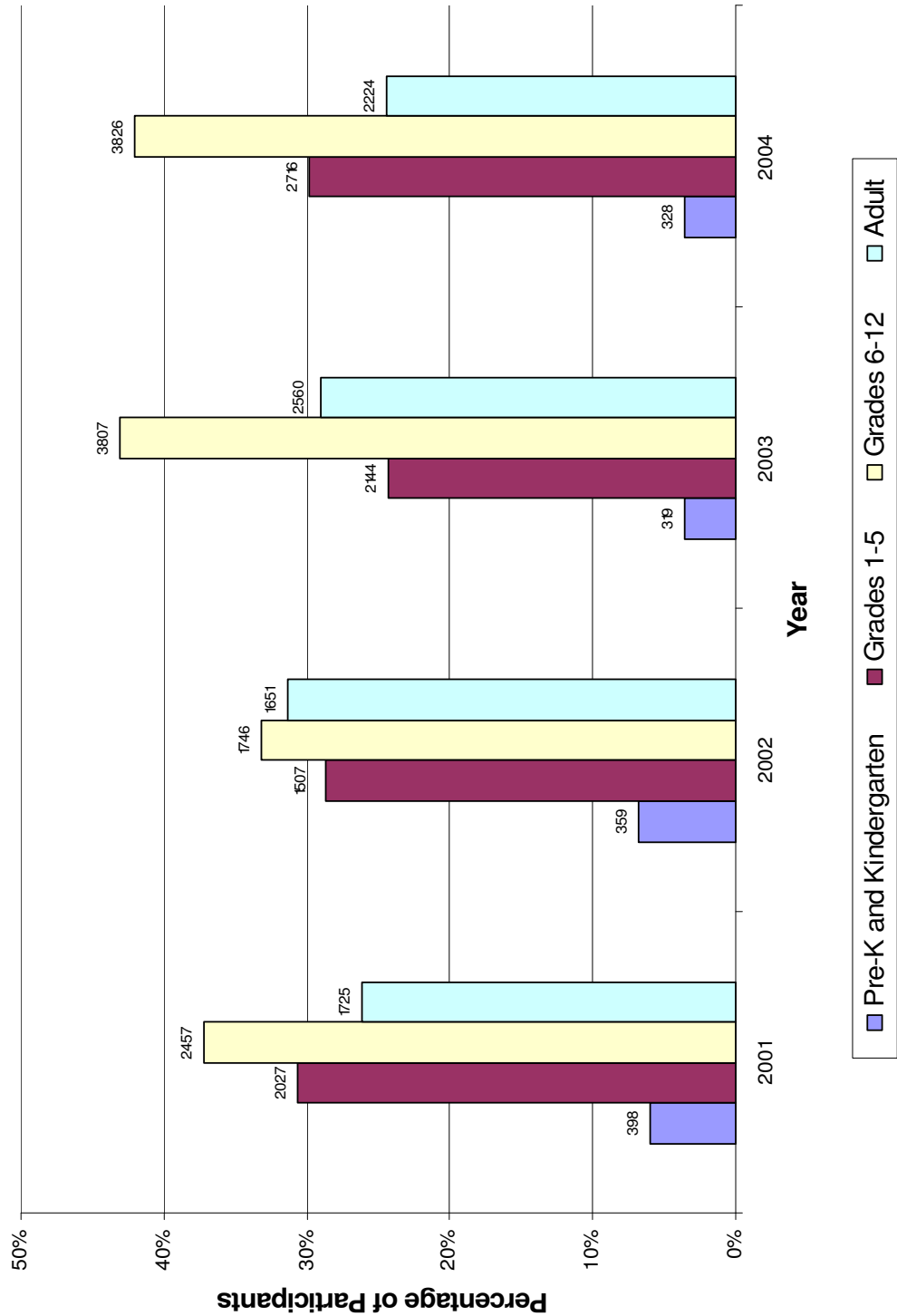


Chart 19: Prevention Participants by Referral Source,
 SFY 2001 - 2004

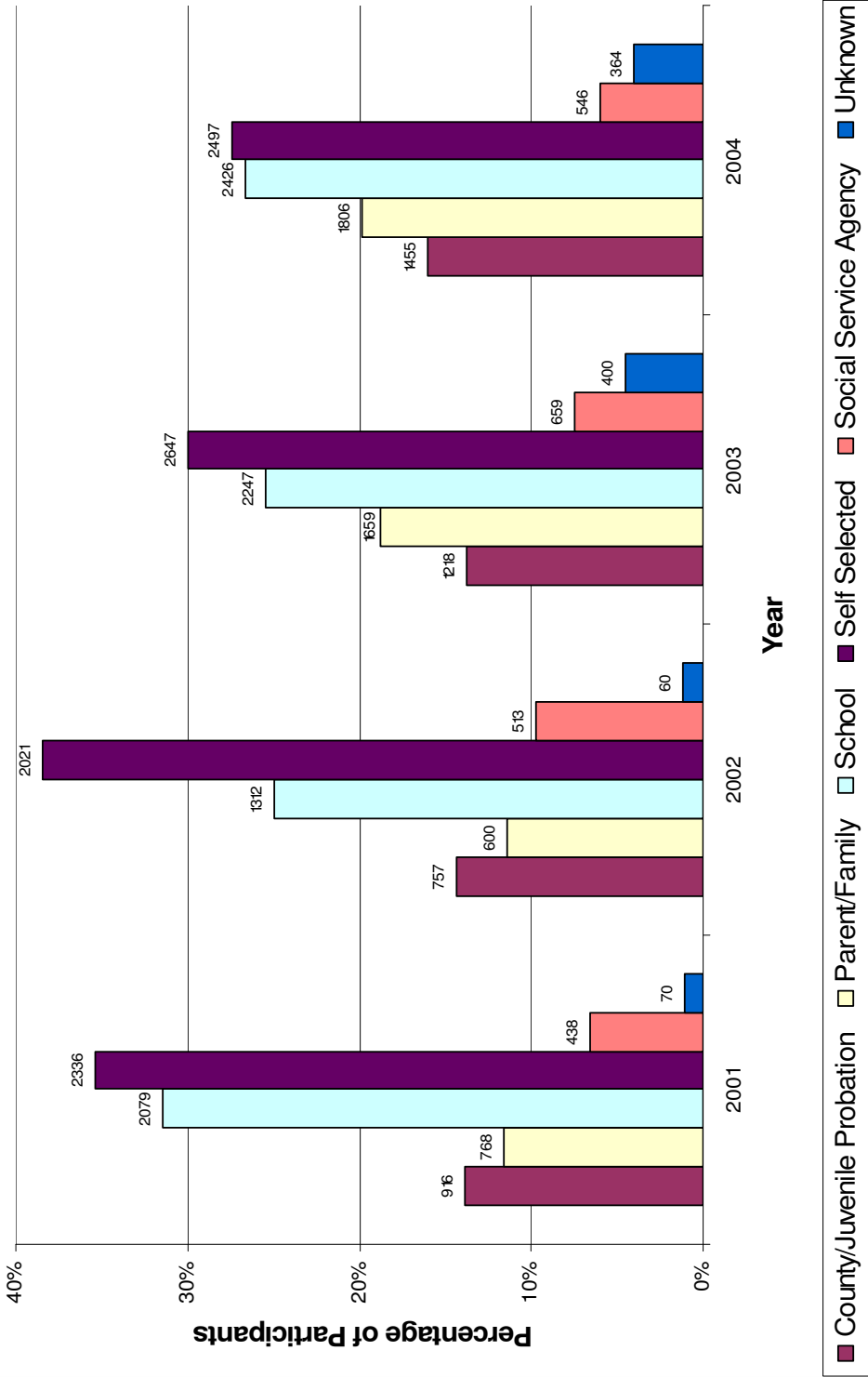


TABLE 13**Bureau of Alcohol and Drug Abuse****Certified Prevention Programs**

BADA Phone #'s - North (775) 684-4190 South (702) 486-8250

BADA Web site address: <http://health2k.state.nv.us/BADA/>**December 1, 2004****Alternative
Activities****Environmental****Information
Dissemination****Prevention
Education****Problem
ID/Referral****Primary Prevention****Battle Mountain**

Sixth Judicial District JPO & Youth Services
Project MAGIC - After School/Sat. Tutoring
190 W. Third St.
Battle Mountain NV 89820

Phone: (775) 635-2117
Fax: (775) 635-2146

Carson City

Boys & Girls Clubs of Western Nevada
Smart Moves
673 S. Stewart St.
Carson City NV 89701

Phone: (775) 882-8820
Fax: (775) 882-0250

Dayton

Central Lyon County Youth Connections
BE STRONG Project
P O Box 1865
Dayton NV 89403

Phone: (775) 246-0320
Fax: (775) 246-0238

Elko

City of Elko Parks & Recreation
Fun Factory Latch Key Programs
1751 College Ave.
Elko NV 89801

Phone: (775) 777-7260
Fax: (775) 777-7264

University of Nevada Cooperative Extension
MAGIC & Parent Component
701 Walnut St.
Elko NV 89801

Phone: (775) 738-1990
Fax: (775) 753-7843

Ely

White Pine County School District
Project Alert - After School Tutoring
1135 Ave. C
Ely NV 89301

Phone: (775) 289-4851
x107
Fax: (775) 289-3999

Eureka

Eureka County Juvenile Probation Dept.
Drug Free Program - Tutorial
701 S. Main St.
Eureka NV 89316

Phone: (775) 237-5450
Fax: (775) 237-6005

Fallon

Churchill County School District
Parent Enrichment Project
690 S. Maine St.
Fallon NV 89406

Phone: (775) 428-2600
Fax: (775) 423-8041

Hawthorne

Young Citizen's Activity Center
Life Skills - Prevention Program
P O Box 1775
Hawthorne NV 89415

Phone: (775) 945-3393
Fax: (775) 945-8130

y=Youth (Preschool-Elementary) A=Adult
a=Adolescent (Middle School-High School) P=Public

All Certified Prevention Programs are funded by the Bureau of Alcohol and Drug Abuse.

TABLE 13**Bureau of Alcohol and Drug Abuse****Certified Prevention Programs**

BADA Phone #'s - North (775) 684-4190 South (702) 486-8250

BADA Web site address: <http://health2k.state.nv.us/BADA/>**December 1, 2004****Alternative
Activities****Environmental****Information
Dissemination****Prevention
Education****Problem
ID/Referral**

Las Vegas					
Boulder Dam Area Council Scoutreach 7220 South Paradise Rd. Las Vegas NV 89119	Phone: (702) 736-4366 Fax: (702) 949-6022	y			y
City of Las Vegas Housing Authority Strengthening Families Program 340 North 11th St. Las Vegas NV 89101	Phone: (702) 922-7021 Fax: (702) 922-7050				y a A
Clark County Family and Youth Services Parenting Project 3900 Cambridge St., Ste. 203 Las Vegas NV 89119	Phone: (702) 455-5295 Fax: (702) 455-8699				A a
Committed 100 Men Helping Boys Rites of Passage - Mentoring P O Box 271071 Las Vegas NV 89127	Phone: (702) 386-6001 Fax: (702) 399-0971	y a			y a
Community Counseling Center-LV New Vision Theatre 1120 Almond Tree Ln., Ste. 207 Las Vegas NV 89104	Phone: (702) 369-8700 Fax: (702) 369-8489	a		a	a
Community Initiatives Group Positive Choices for Academic Success Programs 1117 Tumbleweed Ave. Las Vegas NV 89106	Phone: (702) 648-1438 Fax: (702) 647-3447	y a			y a
Lutheran Social Services of Nevada Project 4 Youth P O Box 1360 Las Vegas NV 89125-1360	Phone: (702) 639-1730 Fax: (702) 639-1736	a			a
Temporary Assistance for Domestic Crisis, Inc. Family Conflict Prevention Program 2915 W. Charleston, Ste. 3A Las Vegas NV 89102	Phone: (702) 877-0133 Fax: (702) 877-0127				y a A
University of Nevada, Las Vegas National Sports Program 4505 Maryland Pkwy. Las Vegas NV 89154	Phone: (702) 895-4407 Fax: (702) 895-4068	y a			y a
Variety Day Home Early Childhood Substance Abuse Prevention 990 D St. Las Vegas NV 89106	Phone: (702) 647-4907 Fax: (702) 647-4304				y A
YMCA of Southern Nevada After School Tutorial Prevention Program 4141 Meadows Ln. Las Vegas NV 89107	Phone: (702) 877-7232 Fax: (702) 877-0856				y a

y=Youth (Preschool-Elementary)**A=Adult****a=Adolescent (Middle School-High School)****P=Public****All Certified Prevention Programs are funded by the Bureau of Alcohol and Drug Abuse.**

TABLE 13**Bureau of Alcohol and Drug Abuse****Certified Prevention Programs**

BADA Phone #'s - North (775) 684-4190 South (702) 486-8250

BADA Web site address: <http://health2k.state.nv.us/BADA/>**December 1, 2004****Alternative
Activities****Environmental****Information
Dissemination****Prevention
Education****Problem
ID/Referral****Minden**

China Spring Youth Camp
Comprehensive Treatment Program
P O Box 218
Minden NV 89423

Phone: (775) 265-5350
Fax: (775) 265-7159

Douglas County Juvenile Probation
Youth Intervention Project
P O Box 218
Minden NV 89423

Phone: (775) 782-9811
Fax: (775) 782-9808

North Las Vegas

Classroom on Wheels
Preschool - Parenting
2039 E. Lake Mead Blvd.
North Las Vegas NV 89030

Phone: (702) 870-7201
Fax: (702) 870-7209

Reno

Aids Community Cultural Educ. Program &
Training - Creating Lasting Family Connections
2540 Sutro St., Ste. 1
Reno NV 89512-1600

Phone: (775) 348-2050
Fax: (775) 827-1915

Center for the Application of Substance Abuse
Tech. - Alcohol and Drug Abuse Prevention
Program
Mail Stop 284, UNR
Reno NV 89557

Phone: (775) 784-6336
Fax: (775) 784-2268

Center for the Application of Substance Abuse
Tech – Building Peaceful Families
Mail Stop 279, UNR
Reno NV 89557

Phone: (775) 784-6265
Fax: (775) 784-1840

Crisis Call Center
Substance Abuse Help Line
P O Box 8016
Reno NV 89507

Phone: (775) 784-8085
Fax: (775) 784-8083

Nevada Hispanic Services
Family Effectiveness Training
3905 Neil Rd., Ste. 2
Reno NV 89502

Phone: (775) 826-1818
Fax: (775) 826-1819

Step 2, Inc.
Strengthening Families Program
P O Box 40674
Reno NV 89504

Phone: (775) 787-9411
Fax: (775) 787-9445

Washoe County Department of Juvenile Services
Back On Track Truancy Abatement Program
P O Box 11130
Reno NV 89520

Phone: (775) 328-2765
Fax: (775) 328-3904

y=Youth (Preschool-Elementary) A=Adult
a=Adolescent (Middle School-High School) P=Public

All Certified Prevention Programs are funded by the Bureau of Alcohol and Drug Abuse.

TABLE 13**Bureau of Alcohol and Drug Abuse****Certified Prevention Programs**

BADA Phone #'s - North (775) 684-4190 South (702) 486-8250

BADA Web site address: <http://health2k.state.nv.us/BADA/>**December 1, 2004****Alternative
Activities****Environmental****Information
Dissemination****Prevention
Education****Problem
ID/Referral****Reno**

Washoe County School District Phone: (775) 348-0385
 POWER Program Fax: (775) 333-5012
 P O Box 30425
 Reno NV 89520

Washoe County School District - FRC Phone: (775) 348-0333
 Strengthening Families Program Fax: (775) 333-5012
 P O Box 30425
 Reno NV 89520

Schurz

Walker River Paiute Tribe Phone: (775) 773-2522
 Aumuhve Subidagwatu Na-Tunidon Fax: (775) 773-2462
 P O Box 220
 Schurz NV 89427

Sparks

Northern Nevada Center for Independent Living Phone: (775)-353-3599
 Mentoring and Healthy Options Project (MHOP) Fax: (775) 353-3588
 999 Pyramid Way
 Sparks NV 89431

Virginia City

Community Chest, Inc. Phone: (775) 847-9311
 Comstock Kids Tutorial - Afterschool Clubs Fax: (775) 847-9335
 P O Box 980
 Virginia City NV 89440

Yerington

Boys & Girls Club of Mason Valley Phone: (775) 463-2334
 Smart Moves-Power Hour-Passport to Manhood Fax: (775) 463-7826
 124 N. Main St.
 Yerington NV 89447

Clearing House**Las Vegas**

BEST Clearinghouse - South Phone: (702) 385-0684
 Best Clearinghouse Fax: (702) 614-0400
 3075 E. Flamingo Rd., Ste. 100-A
 Las Vegas NV 89121

Reno

Center for the Application of Substance Abuse Phone: (775) 784-6336
 Tech - Nevada Substance Abuse Resource Center Fax: (775) 784-2268
 Mail Stop 284, UNR
 Reno NV 89557

y=Youth (Preschool-Elementary) A=Adult
 a=Adolescent (Middle School-High School) P=Public

All Certified Prevention Programs are funded by the Bureau of Alcohol and Drug Abuse.

BUREAU OF ALCOHOL AND DRUG ABUSE**Prevention Coalitions**

December 1, 2004

BEST Coalition Corporation 3075 E. Flamingo Rd., Ste. 100-A Las Vegas NV 89121	Phone: (702) 385-0684	Fax: (702) 614-0400
Churchill Community Coalition 97 Whitaker Ln. Fallon NV 89406	Phone: (775) 423-7433	Fax: (775) 423-7504
Community Council on Youth (CCOY) P O Box 613 Carson City NV 89702	Phone: (775) 841-4730	Fax: (775) 841-4733
Frontier Community Coalition P O Box 1039 Winnemucca NV 89446	Phone: (775) 623-6382	Fax: (775) 623-6386
Goshen Community Development Coalition 1117 Tumbleweed Ave. Las Vegas NV 89106	Phone: (702) 648-1438	Fax: (702) 647-3447
Healthy Communities Coalition of Lyon & Storey Serving Mineral County P O Box 517 Dayton NV 89403	Phone: (775) 246-7550	Fax: (775) 246-7553
Join Together Northern Nevada (JTNN) Washoe County Coalition 1325 Airmotive Way, Ste. 205 Reno NV 89502	Phone: (775) 324-7557	Fax: (775) 324-6991
Nye Communities Coalition 2100 Mt. Charleston Blvd. Pahrump NV 89048	Phone: (775) 751-6825	Fax: (775) 751-6827
Partners Allied for Community Excellence Coalition (PACE) 249 Third St. Elko NV 89801	Phone: (775) 738-7878	Fax: (775) 738-7837
Partnership of Community Resources Coalition (PCR) P O Box 651 Minden NV 89423	Phone: (775) 782-8611	Fax: (775) 782-4216

Note: Coalitions serve as the local clearinghouse for substance abuse prevention information, funding, and coordination of community projects.