

## Appendix 9

### FURTHER INFORMATION

- Link CPS <https://www.nevadabha.org/certified-prevention-specialist/>
- Link PFS
- Link Block Grant PX <https://www.samhsa.gov/grants/block-grants/sabg>
- Link DFC Act of 1997
- Link Certified Prevention Specialist definition and link
- Link SPF <https://www.samhsa.gov/capt/applying-strategic-prevention-framework>
- Link NAC 458.203 <https://www.leg.state.nv.us/NAC/NAC-458.html#NAC458Sec203>
- Link current community coalitions contact addresses
- Dun & Bradstreet <http://www.dnb.com>
- SAM <https://www.sam.gov>
- State Controller [http://controller.nv.gov/VendorServices/Electronic\\_Vendor\\_Registration.html](http://controller.nv.gov/VendorServices/Electronic_Vendor_Registration.html)
- BHWP Prevention Certification
- Risk and Protective Factors <https://www.samhsa.gov/capt/practicing-effective-prevention/prevention-behavioral-health/risk-protective-factors>
- Cultural Competence <https://www.samhsa.gov/capt/applying-strategic-prevention/cultural-competence>
- National Standards for Culturally and Linguistically Appropriate Services (CLAS) <https://www.thinkculturalhealth.hhs.gov/assets/pdfs/EnhancedNationalCLASStandards.pdf>
- Institute of Medicine Classifications [http://mh.nv.gov/uploadedFiles/mhnavgov/content/Meetings/Bidders\\_Conference/Institute%20of%20Medicine%20Prevention%20Classifications-rev10.20.14.pdf](http://mh.nv.gov/uploadedFiles/mhnavgov/content/Meetings/Bidders_Conference/Institute%20of%20Medicine%20Prevention%20Classifications-rev10.20.14.pdf)
- The Public Health Service Act, Title 42 § 300x. Formula Grants to States. [http://uscode.house.gov/view.xhtml?req=\(title:42%20section:300x-21%20edition:prelim\)](http://uscode.house.gov/view.xhtml?req=(title:42%20section:300x-21%20edition:prelim))
- 45CFR 96.125 <https://www.gpo.gov/fdsys/granule/CFR-2011-title45-vol1/CFR-2011-title45-vol1-sec96-125>
- NRS 333.350 <https://www.leg.state.nv.us/NRS/NRS-333.html#NRS333Sec350>

#### Other Reading:

Practicing Effective Prevention <https://www.samhsa.gov/capt/practicing-effective-prevention>

Prevention Approaches <https://www.samhsa.gov/capt/practicing-effective-prevention/prevention-approaches>

Continuum of Care <https://www.samhsa.gov/prevention>

DFC <https://www.samhsa.gov/grants/grant-announcements/sp-14-002>

## Community Coalitions

Community coalitions are increasingly used as a vehicle to foster improvements in community health. A coalition is traditionally defined as “a group of individuals representing diverse organizations, factions or constituencies who agree to work together to achieve a common goal.” Community coalitions differ from other types of coalitions in that they include professional and grassroots members committed to work together to influence long-term health and welfare practices in their community. Additionally, given their ability to leverage existing resources in the community and convene diverse organizations, community coalitions connote a type of collaboration that is considered to be sustainable over time.

The federal government has increasingly used community coalitions as a programmatic approach to address emerging community health issues. Community coalitions are composed of diverse organizations that form an alliance in order to pursue a common goal. The activities of community coalitions include outreach, education, prevention, service delivery, capacity building, empowerment, community action, and systems change. The presumption is that successful community coalitions are able to identify new resources to continue their activities and sustain their impact in the community over time. Given the large investment in community coalitions, researchers are beginning to systematically explore the factors that affect the sustainability of community coalitions once their initial funding ends.

The Office of National Drug Control Policy (ONDCP) and the SAMHSA Center for Substance Abuse Prevention (CSAP) support Drug-Free Communities (DFC) Support Program grants, which were created by the Drug-Free Communities Act of 1997 (Public Law 105-20). The DFC Support Program has two goals:

- Establish and strengthen collaboration among communities, public and private non-profit agencies, as well as federal, state, local, and tribal governments to support the efforts of community coalitions working to prevent and reduce substance use among youth
- Reduce substance use among youth and, over time, reduce substance abuse among adults by addressing the factors in a community that increase the risk of substance abuse and promoting the factors that minimize the risk of substance abuse

Long-term analyses suggest a consistent record of positive accomplishment for substance use outcomes in communities with a DFC grantee from 2002 to 2012. The prevalence of past 30-day use of alcohol, tobacco, and marijuana declined significantly among both middle school and high school students. The prevalence of past 30-day alcohol use dropped the most in absolute percentage point terms, declining by 2.8 percentage points among middle school students and declining by 3.8 percentage points among high school students. The prevalence of past 30-day tobacco use declined by 1.9 percentage points among middle school students, and by 3.2 percentage points among high school students from DFC grantees’ first report to their most recent report. Though significant, the declines in the prevalence of past 30-day marijuana use were less pronounced, declining by 1.3 percentage points among middle school students and by 0.7 percentage points among high school students. Learn more from the [Drug-Free Communities Support Program: 2012 National Evaluation Report \(PDF | 648 KB\)](#).