



**DEPARTMENT OF  
HEALTH AND HUMAN SERVICES**  
Division of Public and Behavioral Health  
*Helping people. It's who we are and what we do.*



**Bureau of Behavioral Health Wellness and Prevention,  
Strategic Prevention Framework: Partnership for Success  
2019-2020 Disparity Impact Statement**

**December 2020**



**STRATEGIC  
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## Introduction, Purpose, and Need

The 2019-20 Partnership for Success (PFS) Disparity Impact Statement (DIS) was developed to support and guide the Nevada Bureau of Behavioral Health Wellness and Prevention (BBHWP) a.k.a. Substance Abuse Prevention and Treatment Agency (SAPTA), which will be referred to as BBHWP throughout this report. The DIS will both guide future project planning and support annual PFS reporting requirements. Similar to the 2019-20 PFS Evaluation Plan, this DIS was developed as a retrospective resource to meet the Federal reporting requirements of the PFS program pursuant to the SPARS database. As noted in the 2019-20 PFS Evaluation Plan, there was a change in BBHWP consulting support in July 2020, which impacted both the planning documentation as well as changed the style and approach from the preceding consultant.

Considering the target population of the PFS funding award, youth age 9-20, there is a fundamental need to further identify target sub-populations not only at a statewide lens of analysis, but also regionally and community-based. While there are national trends in at-risk, underserved, and other demographic categorizations that could be considered disparate from a service array or resource provision perspective, these disparate communities, groups, and sub-populations are better identified at the state, regional (within state) or county lens of analysis. Data presented throughout this report will seek to identify differences and similarities (wherever possible) across the 10 PFS funded coalitions, which support communities across Nevada's two urban counties (Clark and Washoe) and 15 rural or frontier counties including Carson City.

As stewards of the communities they serve, the regionally focused coalitions are cognizant and knowledgeable about the needs; however, comprehensive system-level review, assessment, and evaluation of services proposed, implemented, and administered to target populations in

imperative to the sustainability and scalability of PFS program funding in Nevada. The goal of this report is to first and foremost, meet the Federal reporting requirements of the PFS grant and subsequently design a template style report to revise and update annually based on available data and outcomes of preceding year(s) evaluation. Finally, this DIS will inform the annual evaluation report that will be uploaded into SPARS as required by the PFS grant and disseminated to Nevada stakeholders.

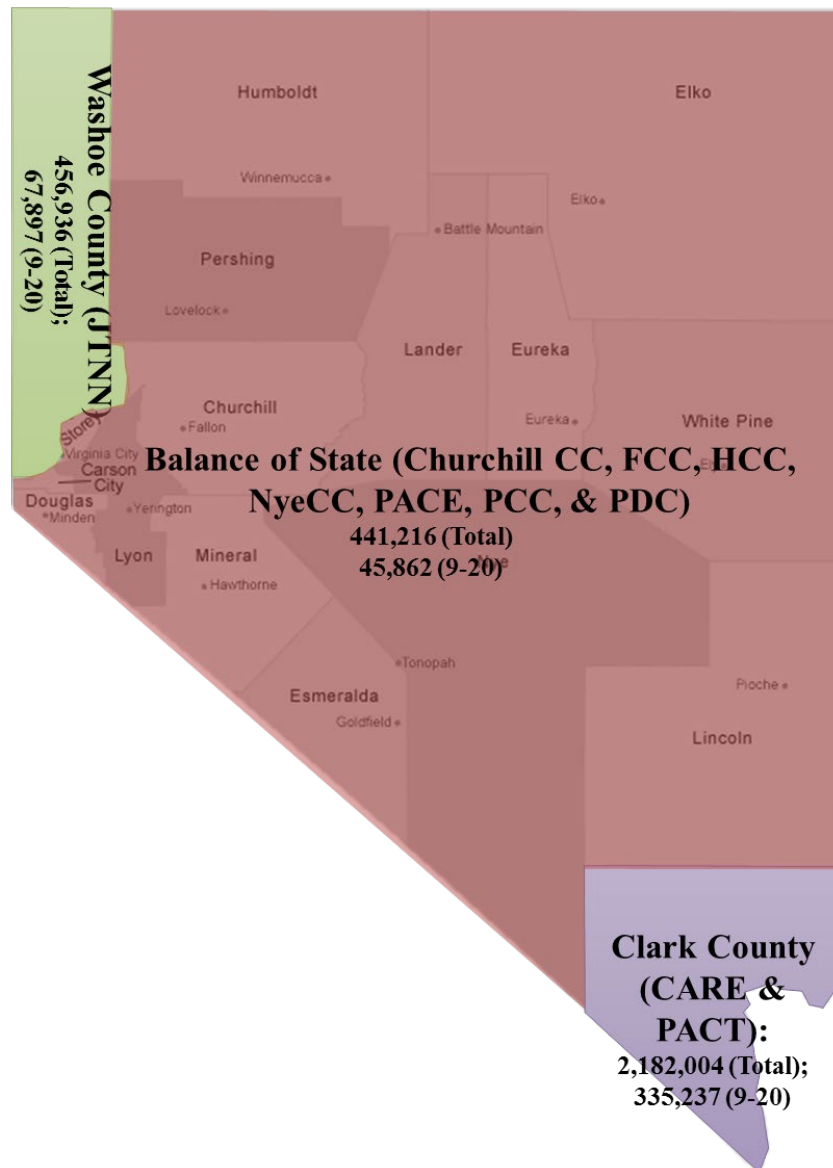
## Nevada Population Dynamics

Nevada is a unique state when compared with other states nationally, Clark County located in Southern Nevada is home not only to the Las Vegas Strip, but also the three largest metropolians in the State, City of Las Vegas, City of Henderson, and City of North Las Vegas in addition to the nation's 5<sup>th</sup> largest school district in Clark County School District. The only other urban metropolitan area is the City of Reno in Washoe County. Together these two counties account for approximately 89% of the Nevada population with roughly 74% in Clark County and 15% in Washoe County (U.S. Census 5-year Population Estimates, 2019). The other 11% of Nevada's populous live in what is commonly referred to as the Balance of State is similar systems change projects, which represents the remaining 15 rural and frontier counties including Carson City, the State's Capital City (Figure 1) (U.S. Census 5-year Population Estimates, 2019).

Beyond the simple distribution of Nevadans across the Silver State, there are numerous regional and county-based nuances to population dynamics, which are imperative to the successful implementation of targeted programming and resources. From a PFS-specific perspective , the number of eligible youths, ages 9-20, are even more disproportionately represented in Clark County with 74.7% of 9-20 year old Nevadans within county boundaries, an increase of 1.3% compared to the total population (Figure 2). PACE was the only one other coalition region with a higher percentage of youths, ages 9-20, 2.4%,as compared to the total population, 2.1%, which represents Elko, Eureka, and White Pine Counties (U.S. Census 5-year Population Estimates, 2019). The maps of Nevada presented on the next two pages, Figures 1 & 2, begin to illustrate the population dynamic differences in Nevada specifically related to population density.

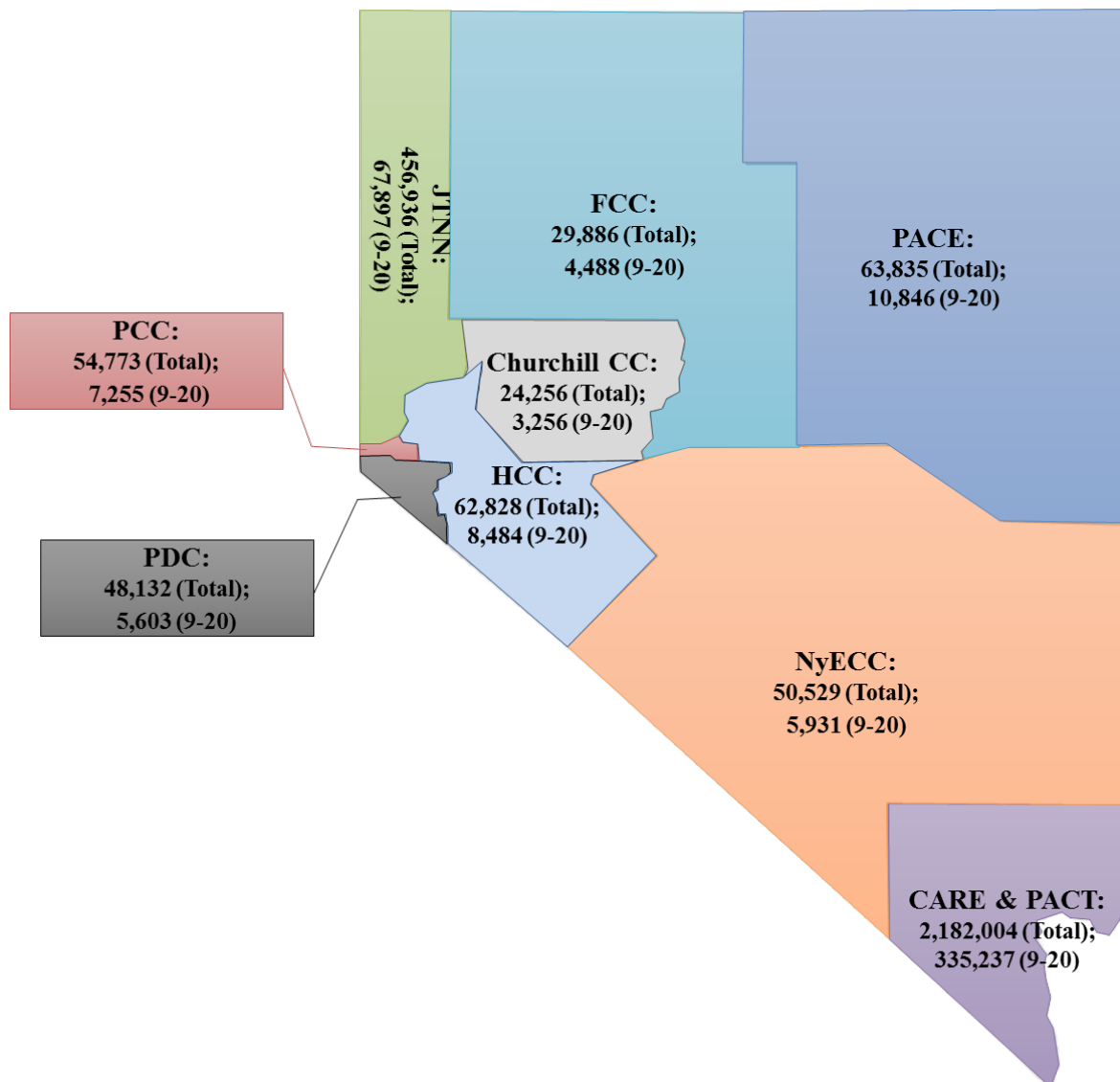


Figure 1. Regional Perspectives of Nevada Population Dynamics: Clark, Washoe, and Balance of State (2019 5-year Estimates)<sup>1</sup>



<sup>1</sup> Map Modified from Geology.com, Nevada County Map with County Seat Cities, <http://geology.com/county-map/nevada.shtml>

Figure 2. Coalition-based Perspective of Nevada Population Dynamics (2019 5-year Estimates)<sup>2</sup>



Further assessing population trends in Nevada, the racial and ethnicity diversity across the state is continuing to evolve to include higher percentages of non-white racial and ethnicities statewide. While racial and ethnic diversity from statewide perspective can be informative descriptors of population dynamics, the regional and, or county diversity indicators provide a more

<sup>2</sup> Ibid

robust lens of analysis for grant funding assessment and evaluation as is required for the PFS annual reporting requirements. Fundamentally, the State of Nevada is a minority-majority state with 50.8% of Nevadans considered non-white based on the **U.S. Census 5-year Population Estimates (2019)** as shown in Figure 3.

*Figure 3. Summary of Nevada Population Dynamics (Comparative Assessment with 2018-19 DIS)*

	2017*	2019	2019 (5-year)
<b>Total Population</b>	2,985,184	3,080,156	2,972,382
<b>Sex</b>			
<b>Female</b>	1,487,473	1,535,377	1,481,088
<b>Male</b>	1,497,711	1,544,779	1,491,294
<b>Race/Ethnicity</b>			
<b>White</b>	1,542,655	1,473,587	1,463,237
<b>Black</b>	259,276	285,369	259,802
<b>Native American</b>	34,569	27,771	27,070
<b>Asian/Pacific Islander</b>	282,054	276,861^	255,750^
<b>Other Race(s)</b>	*^	115,969^	113,482^
<b>Hispanic</b>	866,630	900,599	853,041
<b>Age</b>			
<b>0-14</b>	592,071	576,173^	567,452^
<b>15-19</b>	197,803^	184,666	178,691
<b>20-24</b>	198,406	182,851	181,544
<b>Under 21</b>	*^	798,917	783,524
<b>20</b>	49,602*	38,078	37,381
<b>* 2017 data was included from the 2018-19 DIS</b>			
<b>^ indicates data was combined from multiple initial groups to calculate total(s)</b>			
<b>*^ indicates data was not included or available from the 2017 DIS</b>			

From a more regional and, or county perspective, there are geolocational differences and similarities in racial and ethnicity trends among various counties and regional areas, which is presented in Figure 4. These regional and county-based phenomena will be discussed in further detail in a subsequent section of this report where they relate to identifying and defining disparate

populations or communities for the PFS grant in Nevada.

Figure 4.Expanded Summary of Nevada Population Dynamics (2019 5-year Estimates)

2019 (5-year)	Statewide	Clark County	Washoe County	Carson City	Churchill County	Douglas County	FCC	HCC	NyECC	PACE
<b>Total Population</b>	2,972,382	2,182,004	456,936	54,773	24,259	48,132	29,086	62,828	50,529	63,835
<b>Sex</b>										
<b>Female</b>	1,481,088	1,092,776	226,845	26,640	11,975	23,963	13,072	31,054	24,771	29,992
<b>Male</b>	1,491,294	1,089,228	230,091	28,113	12,284	24,169	16,014	31,774	25,758	33,843
<b>Race/Ethnicity</b>										
<b>White</b>	1,463,237	933,344	288,214	36,688	17,762	38,877	18,926	46,786	39,139	43,501
<b>Black</b>	259,802	245,063	9,821	1,074	593	357	347	698	1,048	801
<b>Native American</b>	27,070	10,090	6,198	1,099	923	818	1,206	2,230	744	3,762
<b>Asian/Pacific Islander</b>	255,750	223,264	26,588	1,458	692	877	197	892	1,007	775
<b>Other Race(s)</b>	113,482	90,862	14,462	1,228	913	1,095	487	2,268	1,568	599
<b>Hispanic</b>	853,041	679,381	111,653	13,226	3,376	6,108	7,923	9,954	7,023	14,397
<b>Age</b>										
<b>Under 5</b>	183,534	138,038	27,239	2,971	1,677	1,675	1,892	3,371	2,242	4,384
<b>5-9</b>	188,742	141,071	27,354	3,210	1,553	2,547	1,806	4,024	2,398	4,779
<b>10-14</b>	195,176	146,740	28,579	3,096	1,462	2,269	2,406	3,452	2,376	4,796
<b>15-19</b>	178,691	132,650	27,215	3,026	1,248	2,534	1,478	3,733	2,442	4,365
<b>20</b>	37,381	27,633	6,632	491	235	291	243	494	633	729
<b>9-20</b>	448,996	335,237	67,897	7,255	3,256	5,603	4,488	8,484	5,931	10,846
<i>U.S. Census Bureau, 2019: ACS 5-Year Estimates Data Profiles – Nevada (American Community Survey, Table DP05)</i>										



From a comparison to the previous year DIS, the preceding edition was completed by the prior consultant during November 2018 with collaboration and supplied data from the State of Nevada Demographer as well as the University of Nevada, Reno with Nevada Youth Risk Behavior Survey (YRBS) data. As this 2019-20 DIS was completed retrospectively as a result of the contracting change and other prioritized needs. In the future, the structure of this 2019-20 DIS will be deployed earlier in the award process with a goal of conducting the research and publication of the DIS to the coalitions as part of the proposal process. However, for the 2020-21 funding year, the DIS will be developed in January or February 2021 along with the 2020-21 PFS Evaluation Plan to support the activities and deliverables associated with coalition funding awards for third and fourth quarters of the Federal Fiscal Year (FFY). The 2021-22 DIS will similarly be developed and released along with the 2021-22 PFS Evaluation Plan, which should align with the proposal and Scope of Work (SOW) development time period.

Other notable data presented in the preceding report will be discussed as applicable in the following section, Disparate Communities in Nevada. Considering the unique and distributed diversity presented in this section, there is a need to support and design urban and rural focused programming in addition to some frontier and tribal programming as well. While, the vast majority, nearly 90%, of Nevadans live in Clark and Washoe Counties (U.S. Census 5-year Population Estimate, 2019; U.S. Census 1-year Population Estimate, 2019), which are considered to be urban counties, the remaining Nevada populous is spread over the vast majority of the land mass as was depicted in Figures 1 and 2. Going forward, there is a substantiated need for enhanced data collection, integration, analysis, and reporting for the PFS grant funded programs in Nevada. These enhanced data procedures and approaches, which will be guided by BBHWP, should seek

alignment with the Federal reporting requirements first and foremost followed by state initiatives and regional or county-based specific needs.

## **Disparate Communities in Nevada**

Continuing the discussion of Nevada demographics from the perspective of disparate communities or sub-populations, there are several identifiable groups from available secondary data sources, Nevada YRBS and CDC Youth Risk Behavior Surveillance System (YRBSS) in addition to the U.S. Census. These identifiable groups are also socially observable from a disparate community perspective and perception, which can be empirically founded with supporting data and documentation. One of the fundamental gaps in the available data-derived decision-making in Nevada, specifically for PFS programs, is the reliance on these socially observable phenomena without supportive empirical data. Coalitions recurrently report to BBHWP and the Strategic Progress, LLC team that they “know their communities, what is needed, and what work;” however, the tools deployed, data collected, and reported outcomes have been limited in capacity and reach to these ends.

As part of the enhanced data initiative, tools and analytical capacities will be provided by the Strategic Progress, LLC team to effectively measure and empirically substantiate these socially observed phenomena. Based on collaboration with BBHWP and available secondary data, the following disparate communities were identified as part of this 2019-20 DIS as well as for inclusion in the 2019-20 Annual Evaluation Report: Tribal youths, Rural youths, Urban majority-minority youths, LGBTQ+ youths, youths with Active Duty Military parent(s), and youths living in poverty (as expressed by Free and Reduced Lunch utilization rates). Additionally, this section of the DIS assesses two grade-based milestones, 8<sup>th</sup> and 10<sup>th</sup> grades, for ongoing tracking and trend analysis reporting. Finally, health related outcomes and experiences were also included in the assessment of disparity-based services and needs in Nevada to include in-patient hospitalizations and emergency room visits as a result of alcohol or substance consumption. Throughout this

section, there will be either a statewide or coalition(s) specific focus based on relevant data with some disparate community presentations that include both a statewide and coalition-based discussion.

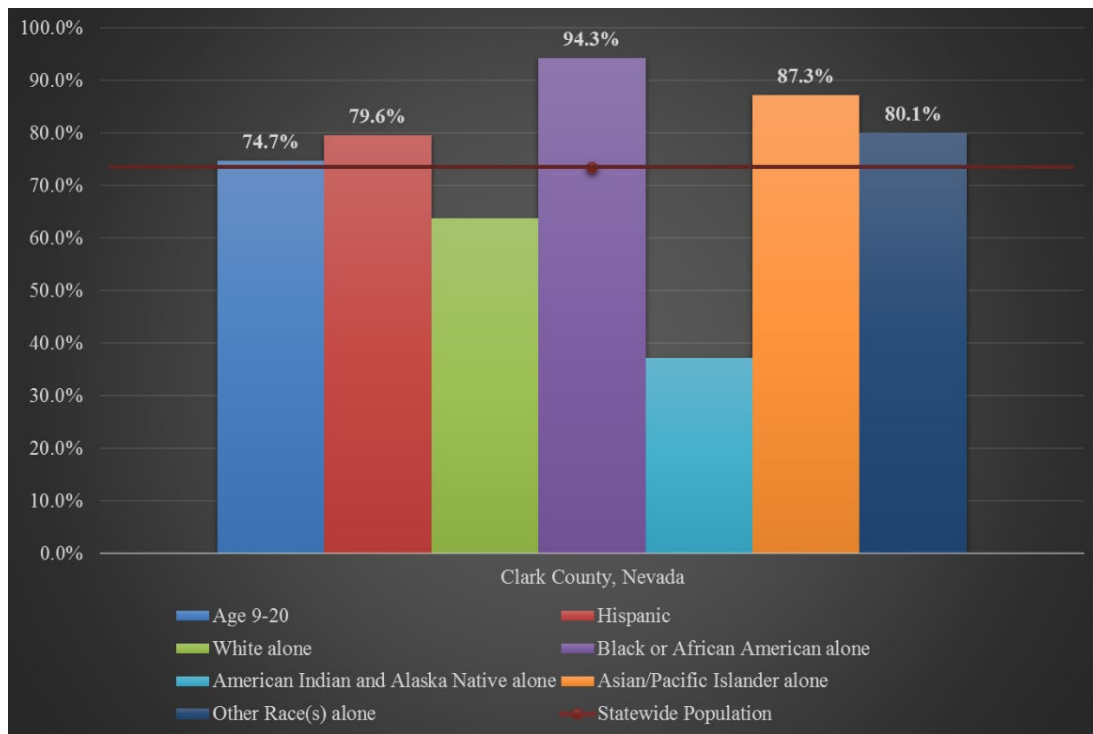
### **Tribal, Rural, and Urban Majority-Minority Youths**

There are three population groupings with varying density across the State of Nevada, which will be assessed and presented on the regional basis previously introduced, Clark County, Washoe County and Balance of State with specific notation to the applicable PFS coalitions that provide services and resources in each of the regional areas.

Figure 5 (next page) presents age and racial diversity data from the U.S. Census 5-year Population Estimates (2019) for Clark County, which is supported by two PFS funded coalitions, CARE and PACT. As is visible in Figure 5 (next page), Clark County has a higher percentage of youths aged 9-20, 74.7%, than general population, 73.4%. Clark County is also home to the three largest cities in Nevada as aforementioned and has approximately 80% of the State's Hispanics and Other Race(s) populations as well as over 87% of the State's Asian and Pacific Islanders and over 94% of the Black or African Americans. From a population racial and ethnicity perspective, Clark County is an Urban Majority-Minority Youth population center with almost 10% less white Nevadans than general population, in fact, Clark County is perhaps the most diverse county on a non-white minority representation basis with 57.2% of Clark County grouped into the majority-minority sub-population. density from a general population perspective.

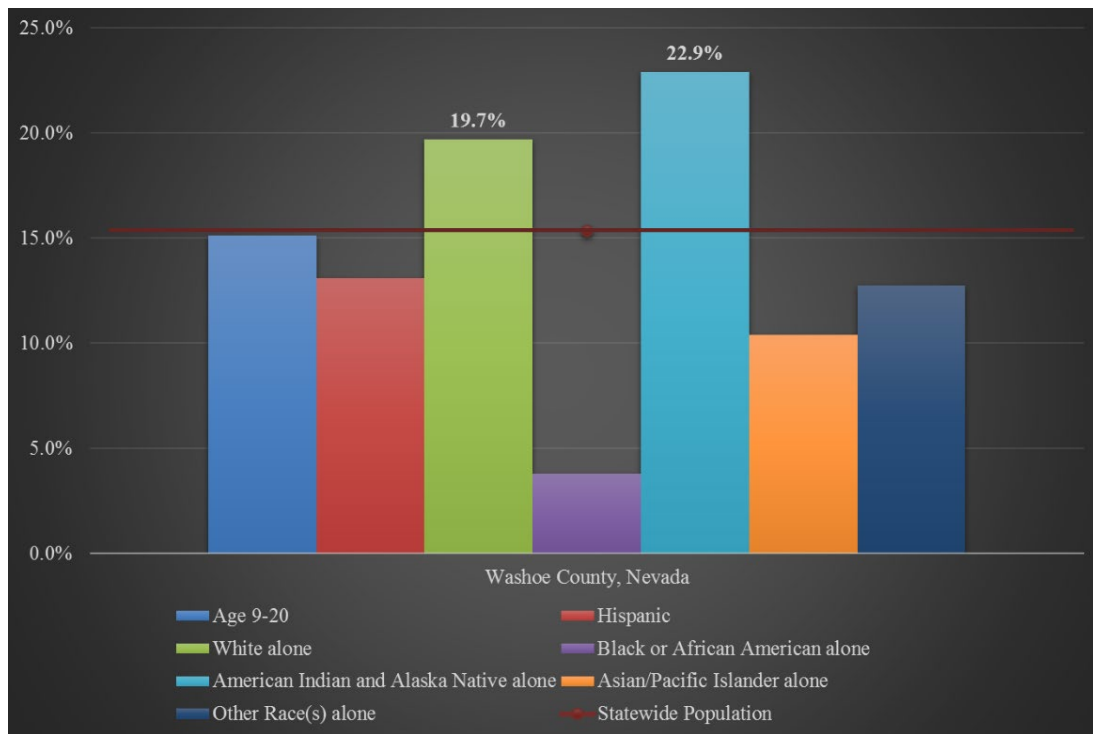


Figure 5. Age and Racial Diversity for PFS Grant Award: CARE & PACT (Clark County) Summary



Similarly, Washoe County U.S. Census 5-year Population Estimate (2019) data, is presented as a standalone county for the age and racial diversity discussion, which indicates the Washoe County youths, who are supported with PFS programming by JTNN, account for almost the same percentage of the general Nevada population at 15.4% of general population and 15.1% of the Nevada youth sub-population. From a racial diversity perspective, Washoe County has a higher than percentage of whites, nearly 20%, and generally underrepresentation of racial diverse communities outside of the Native American and Alaska Native population of which 22.9% of Nevada's Native American and Alaskan Natives call Washoe County home as shown in Figure 6 (next page).

Figure 6. Age and Racial Diversity for PFS Grant Award: JTNN (Washoe County) Summary



Switching to the Balance of State discussion, which is presented in Figure 8 (page 19), there are seven regionally focused coalitions that provide PFS programming, services, and support to individuals and communities. A summary of these seven coalitions and their service areas along with relevant percentage of the State’s population is presented in Figure 7.

Figure 7. Coalition Representation by County(ies) and Population Percentages, Nevada Youths and Nevadans

Coalition(s)	County(ies)	Percent of Nevada Youths	Percent of Nevadans
CARE & PACT	Clark County	74.7%	73.4%
JTNN	Washoe County	15.1%	15.4%
Churchill CC	Churchill County	0.7%	0.8%
FCC	Humboldt, Lander, and Pershing Counties	1.0%	1.0%
HCC	Lyon, Mineral, and Storey Counties	1.9%	1.9%
PCC	Carson City	1.6%	1.8%
PDC	Douglas County	1.2%	1.6%
NyECC	Esmeralda, Lincoln, and Nye Counties	1.3%	1.7%
PACE	Elko, Eureka, and White Pine Counties	2.4%	2.1%

As previously presented, Nevada has two urban counties (Clark and Washoe) and 15 other counties including Carson City that are defined as rural or frontier and have varying limitations regarding service array, resources, and other more available programming in larger population centers. These rural and frontier area serving coalitions at times have to travel several hundred miles round trip in a day to provide in-person services, which are typically more effective as access and availability to reliable internet and other virtual technologies are still developing in rural Nevada. Many of the residents in some counties rely on school districts and other government or nonprofit provided services for accessing more technologically driven programming.

The population dynamics for the seven rural and frontier serving coalition service areas more closely resemble Washoe County than Clark County with generally higher percentages of whites and less racial diversity in terms of Hispanics, Blacks or African Americans, Asian or Pacific Islanders, and Other Race(s) sub-populations. All of the seven rural and frontier coalition served county groups have higher percentages of Native Americans and Alaskan Natives, which aligns with the need for Tribal-specific programming and service array, which Washoe County would also potentially benefit from based on presented data. The three coalitions with more potentially disparate communities or PFS-aligned needs in terms of age and racial diversity are:

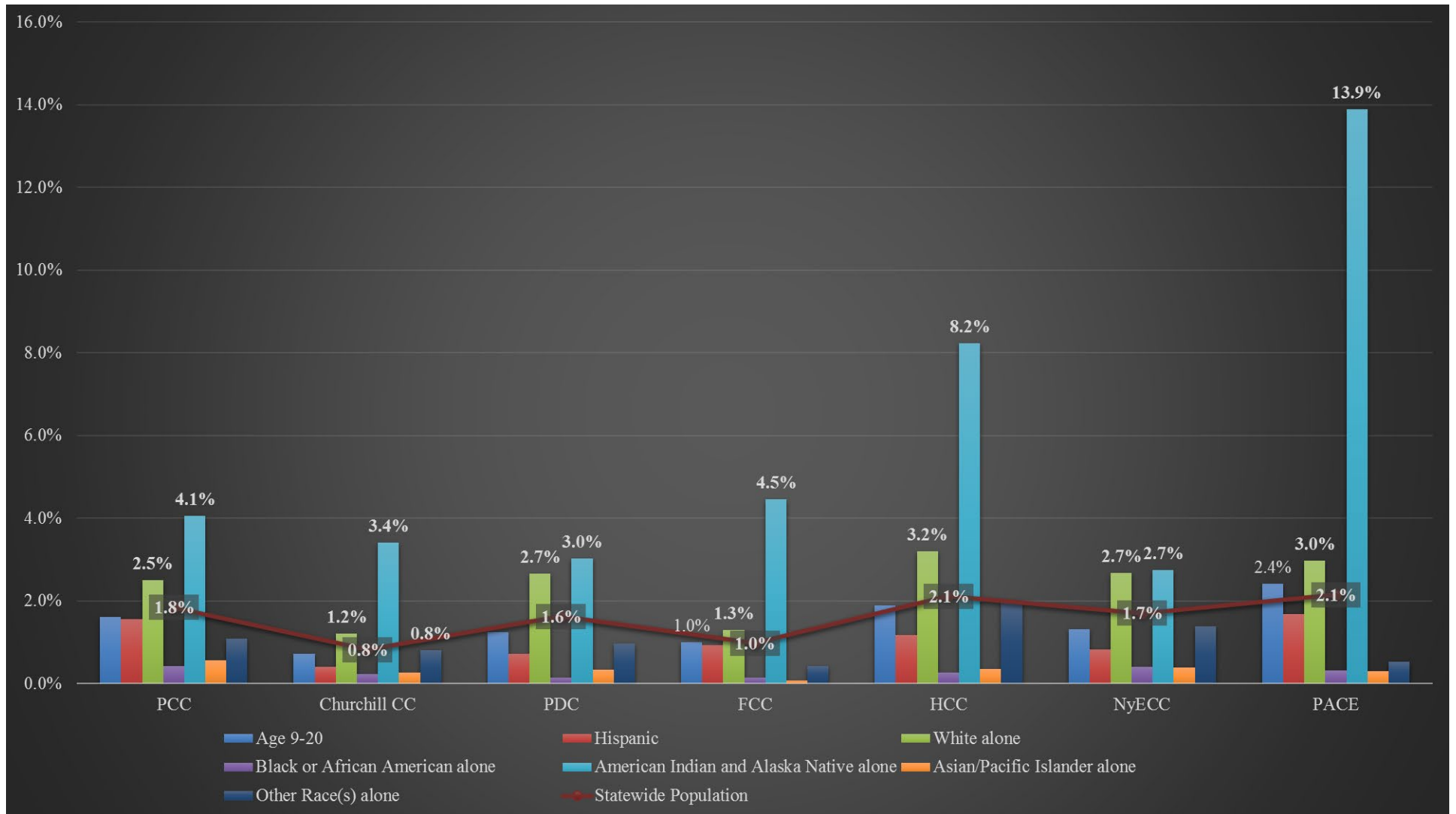
- Churchill CC, approximately 3-times more Native Americans and Alaska Natives than anticipated based on percent of general population and at least equal percentage of Other Race(s) (U.S. Census 5-year Population Estimates, 2019);
- FCC, nearly 3.5-times more Native Americans and Alaska Natives than anticipated based on general population percentages and at least equal percentage of youths aged 9-20 as compared to the general population-based expectations (U.S. Census 5-year Population Estimates, 2019); and

- PACE, approximately 6.6-times more Native Americans and Alaska Natives as compared to general population-based expectations and a higher percentage of youths aged 9-20, 2.4%, as compared to the general population of Nevadans, 2.1% (U.S. Census 5-year Population Estimates, 2019).

Figure 8 (on the next page) illustrates the disparate communities of the seven rural and frontier serving counties, which include specific programming for rural and frontier individuals and communities as well as culturally competent and sensitive programming for Tribal communities. While there are other relevant differences between these rural and frontier counties, which include various substance-based issues and other population dynamics, there are potential opportunities for collaboration between rural and frontier serving coalitions and some justification for further engagement between JTNN and the rural and frontier serving coalitions based on presented data in Figure 8 (next page).



Figure 8. Age and Racial Diversity for PFS Grant Award: PCC, Churchill CC, PDC, FCC, HCC, NyECC, and PACE (Balance of State) Summary



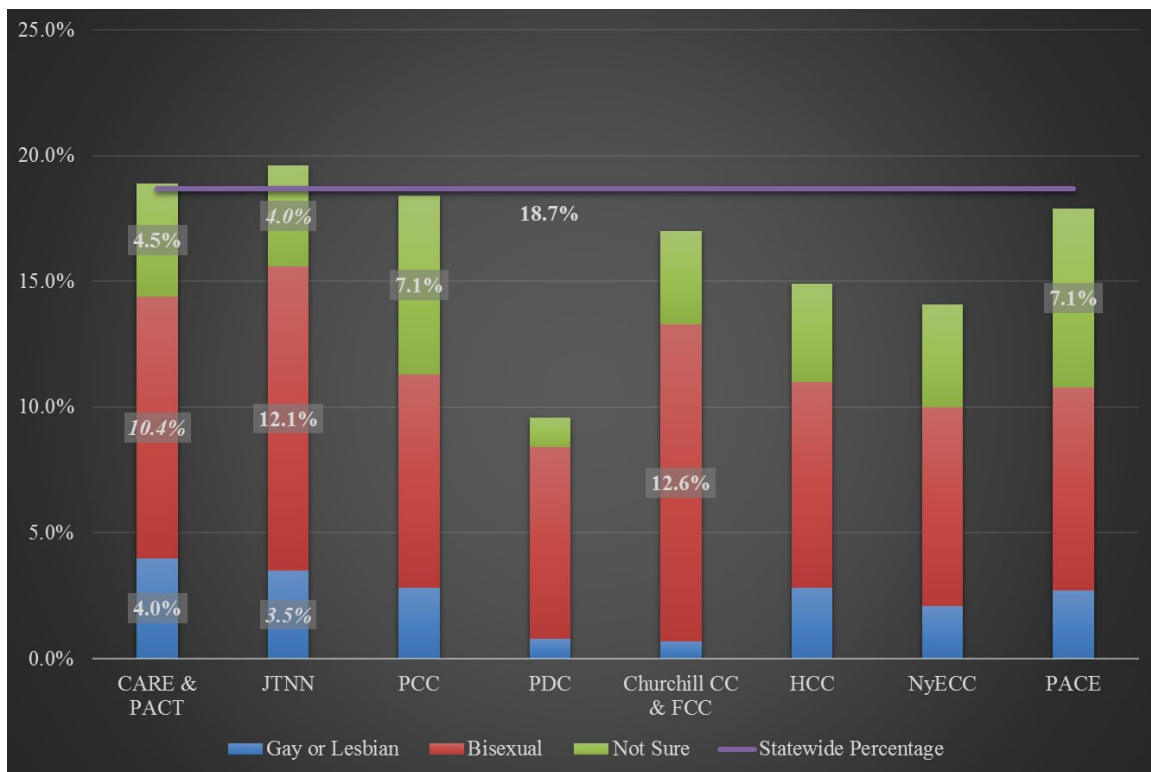
## LGBTQ+ Youths

Considering the LGBTQ+ youth sub-populations across Nevada has some additional nuances related to small number sampling limitations. The self-reported occurrence of Transgender among Nevada youths is extremely low (Diedrick, et. al, High School, 2019), which creates both reporting and generalization issues to one protect the personal privacy of individuals and two based on statistical procedures and methodological best practices. The YRBS instrument question related to Transgender is also a separate question and therefore cannot simply be incorporated into the data presented in Figure 9 so as to reduce the potential for compounding or confounding errors. As such, the discussion concerning LGBTQ+ youths does not include any presentation of data concerning Transgender. Additionally, there are varying expressions of LGBTQ+ lifestyles and assignments that are reported at the High School level on the Nevada YRBS administered by UNR. Depicted based on PFS funded coalitions in Figure 9, the occurrence of Gay or Lesbian, Bisexual, those youths who are unsure of their gender or sexuality assignment. From a holistic perspective, it appears as if only Clark County and Washoe County have higher percentages of LGBTQ+ youths as compared to the statewide percentage of LGBTQ+ youths in Nevada.

However, this only presents a portion of the data story and further assessment is required to accurately explain the coalition based diversity when it comes to independent communities within the LGBTQ+ youth sub-population. For example, there are 4.5% of Nevada youths statewide who report being unsure of their LGBTQ+ identification. There are only three coalition service areas that have equal or great percentages of such regional identification including CARE & PACT (Clark County), 4.5%; PCC (Carson City), 7.1%; and PACE (Elko, Eureka, and White Pine counties), 7.1% (Diedrick, et. al, High School, 2019). Conducting the same assessment of

youths identifying as Bisexual, there are only two Coalition service areas with equal or greater percentage of regional self-reported identification including JTNN (Washoe County), 12.1%, and Churchill CC & FCC (Churchill, Humboldt, Lander, and Pershing counties), 12.6% (Diedrick, et. al, High School, 2019). The Nevada YRBS combines the school-level response data from the administer Nevada YRBS survey for Churchill CC and FCC into a single, four-county group. Finally, from the perspective of those youths who identify as either Gay or Lesbian, there is only one coalition service area with equal or greater percentage as compared to the statewide percentage of Gay or Lesbian identification, which is CARE & PACT (Clark County), 4.0%, as compared to the statewide percentage of 3.7% (Diedrick, et. al, High School, 2019). The presented data in Figure 9 does not mean or suggest there are not LGBTQ+ youths or needs in the other counties or coalition service areas, this simply indicates there is more prevalence in the stated areas.

*Figure 9.LGBTQ+ Diversity among High School Students: Coalition Summaries*



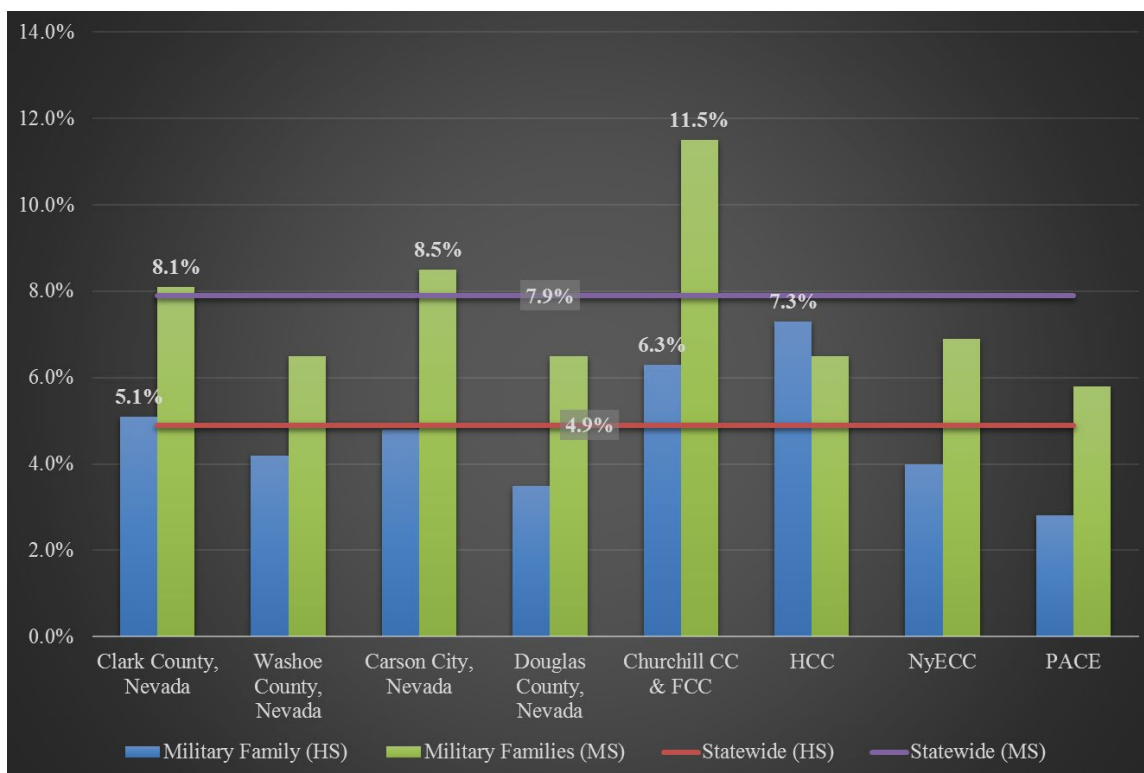
## Youths with Active Duty Military Parent(s)

Another population that is unique to Nevada is the Active Duty Military and veteran families, while veteran family data is not presented in this section, there is data available to support the more densely populated veteran communities in Nevada both as a result of access to Active Duty stations and available benefits, but also the appeal of Nevada rural communities and other military and veteran friendly policies and programs in Nevada. There are three main areas of Active Duty Stations in Nevada, two in Clark County Nellis (<https://www.nellis.af.mil/>) and Creech (<https://www.creech.af.mil/>) Air Force Bases, the Hawthorne Army Depot (<https://www.jmc.army.mil/Installations.aspx?id=Hawthorne>) near Walker Lake in Hawthorne (Mineral County) and the Naval Air Station located in Fallon (Churchill County) ([https://www.cnmc.navy.mil/regions/cnrsw/installations/nas\\_fallon.html](https://www.cnmc.navy.mil/regions/cnrsw/installations/nas_fallon.html)).

While veterans and their families are more dispersed around the State, the Active Duty Military families are generally found living in higher density near their duty station, with the exception of reservist families, which have less daily reliance or responsibilities on base or duty station. As would be expected based on the location of the four military bases or duty stations in Nevada, there are specific coalitions with more Active Duty Military students than anticipated based on dispersion of general population percentages. Figure 10 (next page) provides a coalition-based perspective, CARE and PACT coalitions serving Clark County have higher than statewide percentage of Active Duty Military students along with Churchill CC and FCC, which serves Humboldt, Lander and Pershing counties (although most of these Active Duty Military families may be more densely populated in Churchill County, these two coalitions have combined data presentation in the Nevada YRBS); PDC for Middle School students only, which serves Douglas

County; and HCC for High School students only, which serves Lyon, Mineral, and Storey counties (Nevada YRBS HS & MS, 2019).

*Figure 10. High School and Middle School Students with Active Duty Military Parent(s) Diversity: Coalition Summaries*

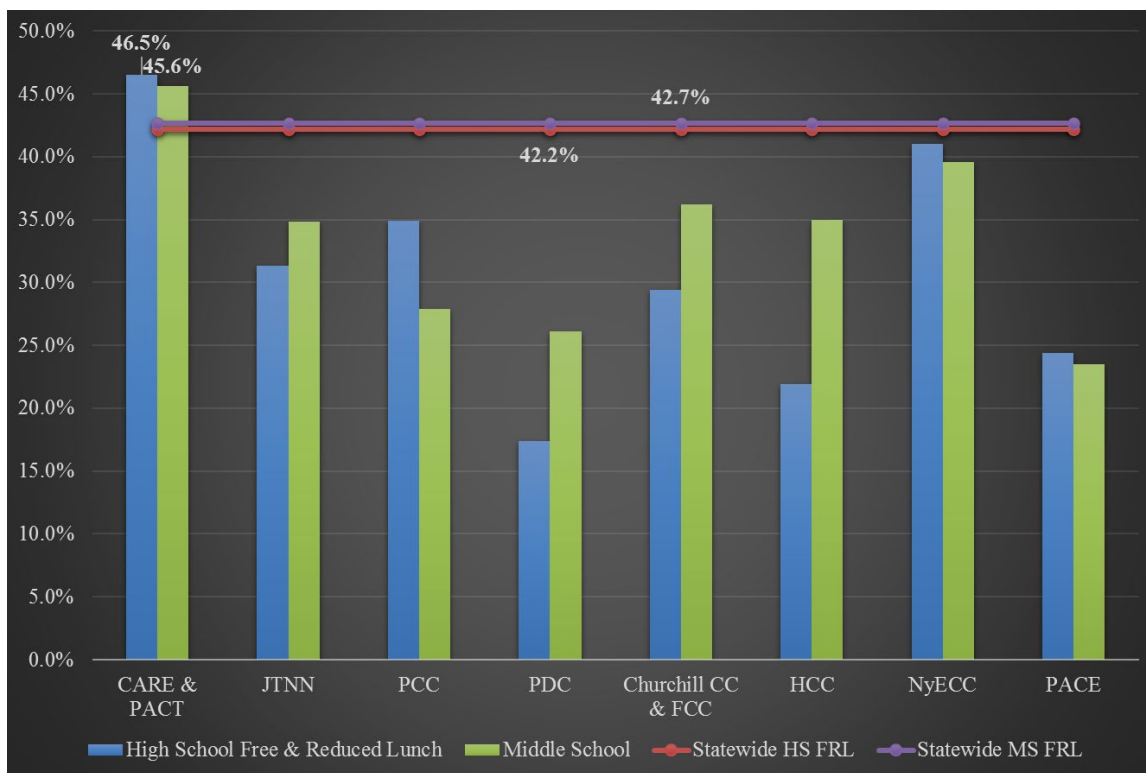


## Youths living in Poverty

Another example of a potential disparity in terms of health and behavioral health is youths living in poverty, which can be measured by utilization or reliance on Free & Reduced Lunch (FRL) programs at local school districts. The FRL variable may not be the most prudent or equitable for Nevada going forward, but as indicated elsewhere in this DIS report, there is a need to further develop disparity assessments and programming based on available and relevant data. From a review of the Nevada YRBS data for both Middle School and High School students, the statewide utilization rate among Middle School students is 42.7% and High School students is 42.2% as shown in Figure 11 (next page) with only Clark County (served by CARE & PACT)

exceeding those percentages with 45.6% of Middle School and 46.5% of High School students either needing, utilizing, or relying upon FRL at their school (Diedrick, et. al, Middle School, 2019; Diedrick, et. al, High School, 2019).

*Figure 11. Poverty Indicator Summary: High School and Middle School Free & Reduced Lunch Needs by Coalition*



## Grade-based Milestones, 8<sup>th</sup> and 10<sup>th</sup> grades

Based on feedback and direction from BBHWP leadership, the Strategic Progress, LLC team assessed the viability and utility of Grade-based Milestones in the form of outreach at both 8<sup>th</sup> & 10<sup>th</sup> grades. There is a natural rationale for selecting 8<sup>th</sup> Grade considering the transition to High School and potential to track trends in secondary data sources such as the Nevada YRBS and the CDC YRBSS as well as U.S. Census population dynamics. Considering the 4-year High School experience and the transientness of the Nevada populous, there is a logical rationale for conducting outreach among 10<sup>th</sup> Grade sub-populations to identify programming needs and measure impact

of prevention programming conducted in Middle School and younger grade-levels. Figure 12 (on the next page) presents Middle School and High School alcohol and substance use statistics with specific notation to 8<sup>th</sup> and 10<sup>th</sup> grade usage.

Based on the data presented in Figure 12 (next page) there is a clear trend line between Middle School and High School alcohol and substance use that intersects with 8<sup>th</sup> and 10<sup>th</sup> grade milestones at which point PFS funded outreach would measure impact of programming received in younger grades and help to both inform ongoing needs for that sub-population and identify programming adaptations for other age-level programming. The relationship between the data points in Figure 12 should be reassessed and further analyzed in future iterations of this annual DIS report, such that trends can be tracked and measured annually. Additionally, it is recommended based on both programming and data-based observations to add a 6<sup>th</sup> Grade Milestone and outreach event to better assess needs, plan interventions, implement changes, administer programs, and evaluate outcomes. This recommendation ought to be considering for inclusion in the 2020-21 edition of the DIS report.

Figure 12. Middle School and High School Reported Alcohol and Substance Use with 8<sup>th</sup> and 10<sup>th</sup> Grade Milestones Reported Separately

	Middle School		8 <sup>th</sup> Grade		High School		10 <sup>th</sup> Grade	
<i>Indicator</i>	<i>Percent (%)</i>	<i>CI (95%)</i>	<i>Percent (%)</i>	<i>CI (95%)</i>	<i>Percent (%)</i>	<i>CI (95%)</i>	<i>Percent (%)</i>	<i>CI (95%)</i>
Ever drank alcohol	29.2%	(26.6-31.8)	<b>40.7%</b>	(37.3-44.0)	56.9%	(54.5-59.3)	52.7%	(49.2-56.2)
Drank alcohol before age 11 (MS) / age 13 (HS)	13.2%	(11.8-14.6)	<b>13.4%</b>	(11.3-15.4)	17.1%	(15.3-19.0)	17.0%	(14.1-19.9)
Someone else provided alcohol <sup>^</sup>	-	-	-	-	-	-	-	-
Currently drank alcohol	11.7%	(10.3-13.2)	<b>17.6%</b>	(15.6-19.7)	23.9%	(22.2-25.7)	19.9%	(17.0-22.9)
Recent binge drinking <sup>^</sup>	-	-	-	-	11.5%	(10.3-12.8)	10.4%	(8.2-12.5)
Ever used marijuana	13.4%	(11.5-15.4)	<b>22.3%</b>	(19.1-25.4)	35.4%	(32.6-38.1)	28.8%	(24.4-33.2)
Used marijuana before age 11 (MS) / age 13 (HS)	3.3%	(2.5-4.1)	<b>4.3%</b>	(2.7-6.0)	7.0%	(5.7-8.3)	4.9%	(3.3-6.6)
Currently use marijuana	7.9%	(6.6-9.1)	<b>12.6%</b>	(10.6-14.5)	18.8%	(16.7-20.9)	15.3%	(11.4-19.1)
Ever used methamphetamines	1.1%	(0.7-1.5)	<b>1.4%</b>	(0.8-2.1)	2.9%	(2.1-3.7)	2.5%	(1.4-3.7)
<sup>^</sup> Data was not collected in comparative or translatable method by Nevada YRBS								



## **Health Disparities: Inpatient Hospitalization & Emergency Room Visits (Alcohol & Substance Use)**

Health-based disparities were identified in the 2018-19 DIS in the form of Inpatient Admission and Emergency Room visits related to alcohol and drug related events. The Emergency Room visits is also one of the identified PFS goals for Nevada, although the Strategic Plan is currently being updated and that goal is being considered for removal based on its applicability as an overarching goal. Even if removed from the goals and objectives for the Nevada PFS grant funding awards, Emergency Room visits as a result of an alcohol or drug related event should continue to be tracked, measured, and reported as part of the disparate community experiences and needs.

It is worth noting here, the previous consultant supporting BBHWP worked directly with a variety to agencies to gather data such as the Inpatient Admissions and Emergency Room Visits in addition to other noted data provided from UNR as part of the Nevada YRBS, the State Demographer, and others. In addition to these data-related collaborations, Hospital and Law Enforcement reports of alcohol and substance use among Nevada youths are imperative to assessing needs, planning programs, implementing, and administering programs, and evaluating impact. In an effort to maintain cohesiveness across project time periods, the data presented in the previous year edition of the DIS report were modified and incorporated. Although the data reported is from 2017, there is more current data available for inclusion in the 2020-21 DIS report. Data requests for updated reports and raw data will be made in January 2021 to facilitate the updating of this data for the 2020-21 DIS report.

Figures 13 and 14 present data from Inpatient Admissions from alcohol and drug related events based on both gender and race (Figure 13) and age groups specific to the PFS grant (Figure

14). The total population of inpatient admissions of PFS eligible youths as reported in the 2018-19 PFS Disparity Impact Statement was 762 for alcohol related events and 3,832 for substance or drug use. Figure 13, while not PFS specific does provide some translatable data observations such as males experiencing greater than double the alcohol-based inpatient admissions and over 3,300 (11%) more inpatient admissions related to drug use. Considering males are more at risk for inpatient admission needs, prevention programming should be designed and implemented to reduce these occurrences. Similarly, the occurrence of inpatient admission among whites is higher than anticipated at 69% for alcohol related and 63% for drug use considering their statewide percentage of whites is approximately 49.2% (The Leading Edge Group, Nov 2018). Data integrity for including additional data sources such as hospitalization or law enforcement reports will be imperative to the utility of the provided data at making inferences and comparing outcomes.

*Figure 13. 2017 Summary of Inpatient Admissions: Alcohol and Drug-Related Events by Gender and Race*

2017		Alcohol			Drug Use		
Sex	N	%	CI	N	%	CI	
Female	6,106	31%	410.5 (400.2-420.8)	13,631	44%	916.4 (1,117.9-1,152.0)	
Male	13,283	69%	886.9 (871.8-902.0)	16,998	55%	1,134.9 (1,117.9-1,152.0)	
Race	N	%	CI	N	%	CI	
White	13,430	69%	870.6 (855.9-885.3)	19,257	63%	1,248.3 (1,230.7-1,265.9)	
Black	1,914	10%	738.2 (705.1-771.3)	5,205	17%	2,007.5 (1,953.0-2,062.1)	
Native American	318	2%	919.9 (818.8-1,021.0)	333	1%	963.3 (859.8-1,066.8)	
Asian/Pacific Islander	259	1%	91.8 (80.6-103.0)	476	2%	168.8 (153.6-183.9)	
Hispanic	1,688	9%	194.8 (185.5-204.1)	2,398	8%	276.64 (265.6-287.8)	
Other	1,781	9%	-	2,963	10%	-	

From a PFS eligible population perspective, there were 762 youths admitted to inpatient facilities following an alcohol related event, 3.9% of alcohol related inpatient admissions, and

3,832 youths admitted to inpatient facilities following a drug use related event, 12.5% of drug use related inpatient admissions. The data presented with regards to age does not allow for separating the 20-24 age group, which has the highest reported inpatient admissions among the youth age groups (The Leading Edge Group, Nov 2018). This presents some issues for PFS reporting since the PFS eligibility standards include ages 9-20. Future application of this type of data source needs to include raw data so the age groups can be constructed in adherence to PFS eligibility and reporting requirements. However, even with the noted data issues, there is a need to further assess these admissions trends to determine the role of prevention programming and PFS funding in reducing such occurrences.

*Figure 14. 2017 Summary of Inpatient Admissions: Alcohol and Drug-Related Events by Age Group*

2017		Alcohol		Drug Use		
Age	N	%	CI	N	%	CI
0-14	50	0.3%	8.4 (6.1-10.8)	285	1.0%	48.1 (42.5-53.7)
15-17	139	0.7%	116.3 (96.9-135.6)	627	2.0%	524.5 (483.4-565.6)
18-19	103	0.5%	131.6 (106.2-157.0)	525	1.7%	670.8 (613.4-728.2)
20-24	470	2.4%	236.9 (215.5-258.3)	2,398	7.8%	1,169.3 (1,121.7-1,216.9)
Youth Subtotal	762	3.9%	-	3,832	12.5%	-

Youth Emergency Room visits related to alcohol and drug related events accounted for higher percentages of all such visits as compared to inpatient facility admissions with 2,829 youths visiting the emergency room for alcohol related events, 9.8% of such emergency room visits, and 7,041 youths with a drug related event resulting in an emergency room visit, 18.7% of such visits (The Leading Edge Group, Nov 2018). The distribution of alcohol and drug use related emergency room visits based on gender were within 1% of the inpatient admissions related to alcohol and 1.5% of inpatient admissions as a result of drug use with males more likely to have both inpatient

admissions and emergency room visits. Similarly, observed data trends related to race were also quite consistent between inpatient admissions and emergency room visits with slightly more differentiation among emergency room visits by race. Further assessment of the raw data for this type of reported data as well as data definitions related to race to ensure continuity in racial coding between data sets.

*Figure 15. 2017 Summary of Emergency Room Visits: Alcohol and Drug-Related Events by Gender and Race*

2017		Alcohol			Drug Use		
Sex	N	%	CI	N	%	CI	
Female	9,316	32%	626.3 (613.6-639.0)	16,191	43%	1,088.5 (1,071.7-1,105.3)	
Male	19,676	68%	1,313.7 (1,295.4-1,332.1)	21,401	57%	1,428.9 (1,409.8-1,448.1)	
Race	N	%	CI	N	%	CI	
White	18,698	64%	1,212.1 (1,194.7-1,229.4)	22,859	61%	1,481.8 (1,462.6-1,501.0)	
Black	3,382	12%	1,304.4 (1,304.4-1,348.4)	7,150	19%	2,757.7 (2,693.8-2,821.6)	
Native American	708	2%	2,048.1 (1,897.2-2,198.9)	369	1%	1,067.4 (958.5-1,067.4)	
Asian/Pacific Islander	368	1%	130.5 (117.1-143.8)	628	2%	222.7 (205.2-240.1)	
Hispanic	3,450	12%	298.1 (384.8-411.4)	4,262	11%	491.8 (477.0-506.6)	
Other	2,386	8%	-	2,329	6%	-	

Emergency room visits related to alcohol and drug use events were more prevalent among youths than inpatient admissions, which cannot be explained with available data. There are interesting data-based observations in comparing the data in Figures 13-16; however, the reliability of any hypotheses based on those observations are limited. The age groups as presented include 21-24 year-olds in the PFS eligible population because they cannot be responsibly removed from the sample. As previously noted, gathering raw data that has comparable data definitions and translatable fields will increase tracking, evaluation, and reporting capacities in addition to supporting the development of assessments, planning activities, and effective implementation.

Figure 16. 2017 Summary of Emergency Room Visits Alcohol and Drug-Related Events by Age Group

2017		Alcohol		Drug Use		
Age	N	%	CI	N	%	CI
0-14	107	0.4%	18.1 (14.6-21.5)	577	1.5%	97.5 (89.5-105.4)
15-17	350	1.2%	292.8 (262.1-323.5)	903	2.4%	755.4 (706.1-804.7)
18-19	337	1.2%	430.6 (384.6-476.6)	1,131	3.0%	1,445.2 (1,360.9-1,529.4)
20-24	2,035	7.0%	1,025.7 (981.1-1,070.2)	4,429	7.8%	2,232.3 (2,166.5-2,298.0)
Youth Subtotal	2,829	9.8%	-	7,041	18.7%	-

As previously noted, the emergency room visits are currently used as part of the PFS goals and objectives, but will not be included after the publication of the Strategic Plan in Spring 2021. Although not included as a goal or objectives for PFS funded programs, emergency room visits as a result of an alcohol or drug use event(s) will continue to be important as a health disparity in addition to other potential health indicators that could have applicability to informing programming needs and measuring outcomes of PFS funded initiatives. Fundamentally, there is a need to ensure the data being included in any assessment or evaluation of PFS funded programs are consistently defined and categorized. Otherwise, there is limited capacity to compare and analyze data holistically. Further efforts to gather individual level data will grow capacity related to reporting and evaluation.

## **Partnership for Success & Disparate Communities**

As presented in the previous sections, there are specific disparate communities in Nevada based on PFS eligibility standards and funding goals and objectives. Additionally, there are specific reporting requirements related to disparate communities in SPARS that includes overall assessment of coalition or subcontracted entity cultural competency and capacity to assess and address disparate communities needs in addition to specific assessment, implementation, administration, and evaluation activities. From the data provided by Quarterly Reports for the 2019-20 PFS grant award year, there was limited statewide and coalition-specific inclusion of disparate communities in reporting of activities and deliverables. Some of these discrepancies may have resulted from an incomplete reporting template, which included only the high-level categorizations for reporting requirements, but did not provide specific questions and requirements for reporting as part of those main categories.

Going forward, the reporting templates for Quarterly Reports will be updated to align with SPARS fields and data types more stringently. This standardized adherence to Federal reporting requirements as the primary reporting consideration will improve the capacity of Nevada PFS funded coalitions to report impacts of their programs on disparate communities and individuals as well as increase potential funding award availability for Nevada. As this 2019-20 DIS is a retrospective assessment to meet Federal reporting requirements, there is limited applicability to current year reporting. However, in the interest of sustainable and scalable systems change, the following three focus areas for PFS disparate communities activities and deliverables are introduced as future recommendations for the Nevada PFS program: Serving Disparate Communities, A Summary of Programs; Serving Disparate Communities, A Plan for Equitable

Inclusivity; and Serving Disparate Communities, Center for Substance Abuse Prevention (CSAP) Standards and Guiding Principles.

In the future, these three focus areas will be developed into formalized plans for publication and dissemination at the beginning of the funding cycle as part of the expectations for the projects. Based on the presented vision for PFS service to disparate communities, the goal of future evaluations and annual reports is to be able to measure the effectiveness of programs implemented and administered to serve disparate communities and sub-populations across Nevada with tailored resources, services, and programming based on identified needs.

### **1-Serving Disparate Communities: A Summary Programs**

Based on the timing of the consulting change as aforementioned in this report and summarized in the 2019-20 PFS Evaluation Plan, there was not sufficient time to assess each of the coalitions program array from the perspective of serving disparate communities. Additionally, the DIS submitted in 2018-19 while providing several data elements supporting the existence and initial identification of potential disparate communities, did not adequately develop a work plan style DIS.

Following year-end reporting for the 2019-20 funding year, the 2020-21 DIS will seek to review the various coalition administered programs to determine the relative services being provided to disparate sub-populations, communities, and individuals as outlined in this report. While there may not be extensive changes to the presentation or inclusion of data in the 2020-21 DIS, there will be annual evaluation outcomes available for inclusion to guide future programmatic needs, successful initiatives, data collection, tracking, and reporting capabilities, and other relevant capacities, activities, and deliverables.

Fundamentally, there is a need for further assessment of disparate sub-populations, communities, and individuals at each of the coalition service areas and statewide. As part of the current systems change initiative, Nevada has an opportunity to assess the viability of funding incentivized disparity-based services, resources, and programming. This sort of financial innovation is substantiated in the literature around blending, braiding, and pooling funds; fiscal innovation, and other data-derived feedback-informed systems change.

## **2- Serving Disparate Communities: A Plan for Equitable Inclusivity**

Throughout this DIS report, disparities have been discussed and presented from a review of available data, capacity and reach of coalitions, and some overview of programming and service array. While these summaries and presentations offer a holistic picture of the current landscape of disparities related to PFS grant funded programs across the State, there is a need for more standardized planning to assess, plan, implement, administer, and evaluate needs and services provided specifically to disparate sub-populations, communities, and individuals.

The overarching goal of this standardization approach should be equitable inclusivity, which is defined as serving community-based needs to provide additional resources and services to disparate sub-populations, communities, and individuals to create a more inclusive array of programming and services. From a funding innovation perspective, this is defined as aligning specific grant funding to serve disparate sub-populations, communities, and individuals such that each coalition has tailored funding and proposed services to meet disparity-based needs in their service area(s). Although many social programs state goals around the idea or notion of equality, the goal of these initiatives should be focused on equity, such that specific disparate needs are met and fulfilled with available funding. One of the measurable outcomes from this type of planning



intervention is Return on Investment (ROI), which should help to incentivize assessing, planning, implementing, administering, and evaluating disparity-focused programming and services.

Going forward, the introduction above will be further developed into a plan that will address data collection and methodological approaches in addition to the summarized assessment, planning, implementation, administration, and evaluation needs. Fundamentally, this approach will help to begin answering some of the impact questions at the individual level, group level, community level, and system level as we seek more opportunities to measure the impact of PFS prevention services and programming in Nevada.

### **3- Serving Disparate Communities: CSAP Standards & Guiding Principles**

The CSAP Standards and Guiding Principles for serving disparate communities is founded in the definition of health disparities from Healthy People 2020, which explains, “A health disparity is a health difference that is closely linked with social, economic, or environmental disadvantage” (<https://www.healthypeople.gov/2020/>). On the Health People 2020 homepage, there is a drop down listing of disparity types that include:

Age Group, Country of Birth, Disability Status, Educational Attainment, Family Income (percent poverty guidelines), Family Income (percent poverty threshold), Family Type, Fetal and, or Live Birth Weight, Geographic Location, Health Insurance Status, HIV Transmission Category, Marital Status, Obesity Status, Obesity Status of Adults, Obesity Status of Children, Race and Ethnicity, School Grade, Sex, Sexual Orientation, and Veteran Status (<https://www.healthypeople.gov/2020/>).

Pursuant to the Healthy People 2020 definition and listed disparity types, SAMHSA further “defines behavioral health as mental/emotional well-being and, or actions that affect wellness” (CSAP, 2020, p. 42). The assessment, implementation, administration, and evaluation of programs serving disparate populations, sub-populations, communities, or individuals are furthered described as “service systems that encompass prevention and promotion of emotional health; prevention of mental and substance use disorders, substance abuse, and related problems; treatments and services for mental and substance use disorders; and recovery support” (CSAP, 2020, p. 42).

This DIS report is one of the requirements of the annual SPARS reporting system as a work plan document to guide project proposals, implementation planning, project administration, data collection, evaluation, reporting, and compliance. As is common in many social policy or social program discussion and presentation, disparate communities are often defined by racial or ethnic differences in communities and varying outcomes and behaviors among those diverse racial or ethnic sub-populations. However, the breadth and span of potential disparities extends far beyond racial and ethnicity-based community and population differences as can be understood from the Healthy People 2020 provided list of disparity types. While this DIS extends the identification of disparate communities beyond simple racial and ethnicity based differences, there is a need for more formalized, standardized, and system-wide assessment of potential disparities in Nevada based on the Healthy People 2020 list. Going forward, planned changes to reporting templates, reporting procedures, data and report sharing, and other systems change initiatives being implemented or recommended by the Strategic Progress, LLC team in collaboration with BBHWP will help support further identification and service provision to disparate sub-populations, communities, and individuals across Nevada.

## Next Steps

In summary, there are several geolocal and population-based attributes that make Nevada a unique state with specific challenges related to various diversity and distribution of disparate communities and sub-populations. Looking ahead, it is important to remember this 5-year PFS grant cycle was disrupted by a change in consulting support, which has redirected processes and approaches to develop a systems change vision in collaboration with BBHWP. As a result of this shift, there are certain elements of required reporting and subsequent year planning that were delayed.

Fundamentally, there is a need to address disparate communities more systematically in Nevada with State-guided, Federal reporting-based recommendations for coalitions to implement, administer, and report outcomes. There have already been adjustments to templates and the Strategic Plan (pending approval and publication), which will revise some of the goals and objectives of this 5-year PFS grant funding period. These recommendations were based on both quantitative data collected and reviewed as well as qualitative data from the coalitions, BBHWP support staff, and other PFS stakeholders. One of the main focus areas for the Strategic Progress, LLC team in supporting BBHWP and the PFS grant in Nevada is to create standardization in processes and approaches that offer customization opportunities as needed for the various coalitions and the communities they serve, including those disparate communities. Additionally, the Strategic Progress, LLC team is striving to design a sustainable and scalable systems change initiative in which data derived decision-making, feedback-informed recommendations, and measurable impact is reported.

As part of this process, there are several initiatives and collaborations in progress, including: revision of the PFS Strategic Plan, development of an Evidence-Based Practices,

Programs, and Policies (EBPPP) Manual, and restructuring of the current EBP Subcommittee into an EBPPP Active Workgroup to support the Statewide Epidemiological Organization Workgroup (SEOW) and BBHWP. Additionally, there have been efforts to redesign tracking forms and procedures along with more stringent and enforced deadlines and timeframes of activities and deliverables, which will help support project proposal processes, project planning initiatives, project implementation and administration, and project evaluation, monitoring, and compliance assessments. From a reporting perspective, there is a need to report annual changes in a trend-style presentation such that various indicators are discussed as trending either positive or negative in terms of impact on high risk, high need changes and barriers. Finally, monitoring processes are being adapted to integrate fiscal and program monitoring for a more comprehensive and holistic assessment and review of coalition activities and deliverables as part of the PFS grant award(s). This retrospective DIS along with the 2019-20 PFS Evaluation Plan and the 2019-20 Annual Evaluation Report are initial steps towards systems change that will improve the Nevada PFS program by increasing capacity, improving impacts, and reporting results specifically for disparate communities and community members in Nevada.

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The Strategic Progress Project Team is led by Project Manager and Lead Strategist Ms. Cyndy Ortiz Gustafson, MA, the CEO of Strategic Progress, LLC, a Nevada-based, woman-owned small-business with more than 18 years of business operations in Nevada. Strategic Progress, LLC holds three Master Service Agreements with the State of Nevada, for Grant Writing, Evaluation and one with the Department of Health and Human Services for a variety of services. Strategic Progress, LLC is a business and policy strategy firm that specializes in designing, implementing, and evaluating large scale, data driven, policy initiatives and projects for state, county and local governments, universities and colleges, and foundations as well as other coalitions and community organizations.

- Ms. Ortiz Gustafson, MA, a native Nevadan who has worked in public service, public policy, and community development since 1998 founded Strategic Progress, LLC, in January of 2002, and has been leading the company since then, managing large-scale policy and systems-change projects across the state with a team of highly-qualified strategists, researchers, evaluators, facilitators and analysts. As CEO of the company, Ms. Ortiz Gustafson specializes in research, program development, data analysis, public finance consulting as well as public policy, public affairs, program evaluation and regional planning consulting to a variety of nonprofit and governmental agencies and programs. Ms. Ortiz Gustafson's work is focused on coordinating and advancing regional public policy.

Anchor partner Innovative Research and Analysis LLC is serving as the Project Lead, Principal Investigator and Strategic Communications Lead for the Strategic Progress Team. Innovative Research and Analysis LLC is a Nevada-based small-business enterprise founded in 2015 and is an anchor partner of Strategic Progress, LLC. Founded on the principle, "Vision



Driven, Data Derived” Innovative Research and Analysis LLC works to promote visionary thinking with high quality data support. Services provided focus on model efficiency, framework development, program evaluation, and technical deliverables such as automation and sustainable systems design based on client needs. Additionally, we provide technical and professional writing support that includes customized graphics, data analysis, research, outcome evaluation and authoring reports. Our goal is to provide clients the opportunity to collect robust and reliable data for reporting, strategizing, and planning that is aligned with their vision.

- Dr. Justin S. Gardner, PhD, is the Founder and CEO of Innovative Research and Analysis LLC and has his PhD in Public Affairs (2016) from the School of Public Policy and Leadership at the University of Nevada, Las Vegas. After nearly a decade of public sector service at the Federal and State level, he founded Innovative Research and Analysis in 2015. Dr. Gardner is a methodologist by trade with extensive experience in program management and process development. His approach to systems projects focuses on model efficiency, framework development, program evaluation, and technical deliverables such as automation and sustainable systems design. He has conducted studies and provided services for clients that include program and project management; database development and primary data collection; primary data collection instrument development, survey administration, and facilitation; research and data analytics; professional report writing, academic publications, and grant writing; policy and program evaluation; process development; and program design.
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