



Two-Year
 Substance Abuse
 Prevention Plan

Substance Abuse
 Prevention and
 Treatment Block Grant

State of Nevada

2021-2023



Nevada Division of Public and Behavioral Health Substance
 Abuse Prevention and Treatment Agency Bureau of
 Behavioral Health, Wellness and Prevention

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Executive Summary¹

Nevada's Substance Abuse Prevention and Treatment Agency (SAPTA) is part of the Bureau of Behavioral Health Wellness and Prevention (the Bureau) within the Division of Public and Behavioral Health (DPBH). The Bureau (a.k.a. SAPTA in previous years) plans, funds, and coordinates statewide substance abuse service delivery. While the Bureau is not responsible for direct service delivery, it distributes state and federal grant funding, creates, and implements statewide plans for substance abuse services, and develops standards for certification of programs and services.

The Nevada Strategic Prevention Framework (SPF) Substance Abuse Prevention and Treatment Block Grant (SABG) program is managed and implemented by the DPBH. Funding for Nevada's SPF-SABG program is provided by the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Prevention (CSAP) Strategic Prevention Framework – Substance Abuse Prevention and Treatment Block Grant with a goal to implement evidence-based prevention programs, policies, and practices to prevent the onset and reduce the progression of substance abuse and its related problems while strengthening prevention capacity and infrastructure at the community and state level. The DPBH is Nevada's Single State Authority (SSA) for federal grants issued by SAMHSA.

The 2021-2023 Two-Year Strategic Plan: Substance Abuse Prevention and Treatment Block Grant for the State of Nevada is a tailored strategic plan utilizing a statewide approach, outlining a shared vision and mission, and alignment with the Partnership for Success grant funded program as well as presenting goals, objective, and strategies.

In January 2017, a Steering Committee was convened to develop a strategic plan to both guide the Bureau's efforts and to fully align with state and federal regulations. This Strategic Plan documents a path to administer funding and coordinate substance use disorder services between 2021 and 2023 (FY-2022 and FY-2023). The plan was informed by a situational analysis based on community input, epidemiological data, key informant interviews, and other sources. Both critical issues identified by stakeholders and strategic initiatives identified in the Substance Abuse Prevention and Treatment Block Grant (SABG) were used in the identification of plan goals and strategies.

¹ Some of this content will be found in the PFS Strategic Plan as there was purposeful alignment of the content in these plans for continuity of programming and strategic planning in Nevada. Strategic Progress, LLC & Innovative Research and Analysis LLC. (2021). *Five-Year Substance Abuse Prevention Plan, State of Nevada, 2018-2023*. A Report for the Nevada Division of Public and Behavioral Health, Substance Abuse Prevention and Treatment Agency, Bureau of Behavioral Health Wellness and Prevention

The mission, or core purpose for this plan, is to promote healthy behaviors and reduce the impact of substance use and co-occurring disorders for Nevada’s residents and communities. The vision is that Nevadans are healthy and resilient and able to fully participate in their communities. The performance indicators included in this plan are aligned with annual and biennium SABG reporting requirements with specific emphasis on Prevention-based strategies, goals, and objectives. Regular use, review, and updates to the public are critical to the success of this plan, which is designed to support adaptability of SABG funded programs. The Bureau is publishing this plan in alignment with the upcoming two-year funding award cycle inclusive of outcome data from the preceding award.



Introduction and Purpose

Nevada's Substance Abuse Prevention and Treatment Agency (a.k.a. the Bureau) is the state agency responsible for the administration of SAMHSA funding and related impacts of the treatment and prevention of substance abuse in Nevada. This is facilitated through the identification of the alcohol and drug use and abuse needs of Nevadans and by supporting a continuum of services including prevention, early intervention, treatment, and recovery support. The Bureau also provides funding and regulatory oversight for community-based public and non-profit organizations. Additionally, the Bureau develops and implements a state plan for prevention and treatment, coordination of state and federal funding, and development of standards for the certification of prevention and treatment programs. Compared to the public adult and children's mental health services - all of the Bureau's prevention and treatment services are delivered by private and non-profit providers within communities around the state with the Bureau providing no direct services. As found in the PFS Strategic Plan the Bureau has the following objectives:

- **Statewide formulation and implementation of a state plan for prevention, intervention, treatment, and recovery of substance abuse.**
- **Statewide coordination and implementation of state and federal funding for alcohol and drug abuse programs.**
- **Statewide development and publication of standards for certification and the authority to certify treatment levels of care and prevention programs.²**

From the development of the PFS Strategic Plan, the Center for the Application of Substance Abuse Technologies (CASAT) at the University of Nevada, Reno (UNR) in collaboration with the Bureau facilitated the certification of 19 substance abuse treatment providers at 55 different sites across the state, while also certifying another 60 agencies or organizations providing treatment services in Nevada. Holistically, these programs, both certified and/or funded, create a continuum of care and recovery support services that includes withdrawal management, crisis triage centers, comprehensive evaluations, residential treatment, outpatient counseling, transitional housing, specialty court services, Medication Assisted Treatment (MAT), targeted case management, and programs for special populations including adolescents, pregnant and parenting women, and the homeless.³

² Strategic Progress, LLC & Innovative Research and Analysis LLC. (2021). *Five-Year Substance Abuse Prevention Plan, State of Nevada, 2018-2023*. A Report for the Nevada Division of Public and Behavioral Health, Substance Abuse Prevention and Treatment Agency, Bureau of Behavioral Health Wellness and Prevention

³ Ibid

Additionally from a prevention perspective, the Bureau funds 10 community-based Prevention Coalitions (Table 1) that collectively serve all Nevada counties. At the local level, these coalitions collect local data and develop a needs assessment and strategic plan for the communities they serve, which produces a Comprehensive Community Prevention Plan (CCPP). Based on the outcomes and findings in their published CCPP, each coalition performs community organization work to support the variety of issues identified as priorities within their jurisdictional areas to include underage drinking, methamphetamine prevention, opioid awareness, mental health promotion, and more. With the fiscal administrative support of the Bureau and funding streams such as SABG and PFS, the coalitions deploy targeted programming to include issue-oriented coalition development, media efforts, and a number of environmental strategies to decrease the use and abuse of alcohol and substances.

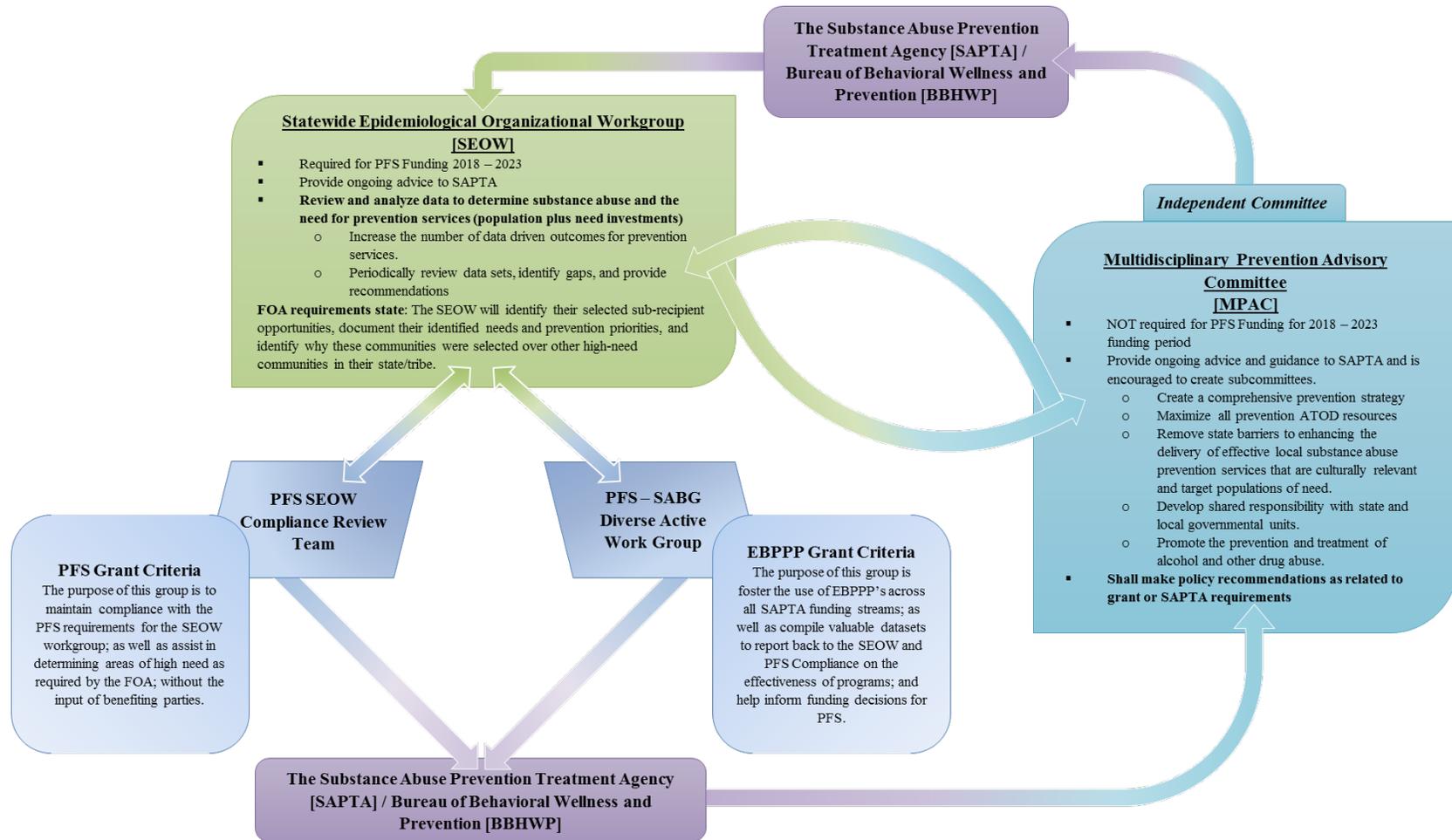
Figure 1. Nevada Prevention Coalitions

	Coalition	Service Area
1.	CARE Coalition	Clark County
2.	Churchill Community Coalition	Churchill County
3.	Frontier Communities Coalition	Humboldt, Lander, and Pershing Counties
4.	Healthy Communities Coalition	Lyon, Storey, and Mineral Counties
5.	Join Together Northern Nevada	Washoe County
6.	Nye Community Coalition	Nye, Esmeralda, and Lincoln Counties
7.	PACE Coalition	Elko, Eureka, and White Pine Counties
8.	PACT Coalition	Clark County
9.	Partnership Carson City	Carson City
10.	Partnership Douglas County	Douglas County

As noted, the Bureau oversees the Substance Abuse Prevention and Treatment Block Grant (SABG) funds, the Partnership for Success (PFS) funds, and State general funds to the coalitions, which are granted through Request for Applications (RFA) or Request for Proposals (RFP) processes. These funding award processes also include statewide goals and objectives such as target at-risk and high-need subpopulations, identified substances for prevention-focused activities, and other related guiding frameworks to include the proposal and implementation of evidence-based prevention efforts in Nevada communities, which is informed by coalition-developed CCPPs.

The Bureau seeks to align various funding streams into standardized processes to increase need-based services, improve state outcomes, and ultimately reduce alcohol and substance use and abuse in Nevada. While the Nevada Statewide Epidemiological Organizational Workgroup (SEOW) is a requirement of the PFS funding, it is not required for SABG funding. However, SABG funding is integrated indirectly under the purview of the SEOW as shown in Figure 2 to ensure funding is allocated based on demonstrated community need.

Figure 2. SAPTA BBHWP Process Map



As presented in Figure 2 on the previous page, the Bureau as the Nevada SAPTA is supported by a series of diverse and specialized working groups to include the SEOW and Multidisciplinary Prevention Advisory Committee (MPAC). Additionally, supporting the SEOW and in support of the Bureau, there is an SEOW Compliance Review Team and an Evidence-based Program, Policy, and Practice Active Workgroup (EBPPPAW), which are requirements of the PFS award, but have also been deployed to help facilitate the SABG.

Beginning with the SEOW, the Bureau seeks specialized feedback and direction from the diverse group of specifically selected representatives from a variety of backgrounds to support the analysis of data and trends to determine recommendations for prevention programming. This includes increasing the number of data driven outcomes for prevention services and periodic review of data sets to identify gaps and provide recommendations. The SEOW is a requirement of the PFS award from 2018-2023 and although not a requirement of SABG funding awards is deployed to support SABG funded projects to create a holistic systemic support for prevention coalitions and prevention programming. As shown in the Flow Chart, the SEOW is further supported by work of a compliance review team and the EBPPPAW, which are independent groups that can also interact directly with the Bureau as needed. Additionally, the SEOW is recommended and encouraged to collaborate with the MPAC, which is NOT a requirement of the PFS or SABG awards but is an existing multidisciplinary group that is responsible for making policy recommendations to the Bureau for current and future consideration and implementation. Specifically, the guidance provided by MPAC to the Bureau includes creating a comprehensive prevention strategy; maximize prevention resources; remove barriers to enhance programmatic efficacy, effectiveness, and efficiencies; develop shared responsibility across service providers specifically the County and State; and promote the prevention and treatment of alcohol and other substance use.

Revisiting the PFS SEOW Compliance Review Team and EBPPPAW, these subgroups that support the SEOW are requirements of the PFS grant, but not the SABG award. However, the applicability of the work conducted by both groups is of immense importance to the integrated and consistent programming implemented and administered in both the PFS and SABG awards. Both the SEOW Compliance Review Team and the EBPPPAW are able to interact and engage with the Bureau directly or through the SEOW as an indirect support or facilitator. The purpose of the SEOW Compliance Review Team is to ensure compliance with PFS requirements as well as assist in the identification of high-need areas as required by the FOA. The EBPPPAW has been utilized previously under a different naming convention and has recently been reinstated to foster the deployment of EBPPPs as part of the PFS funding award as a requirement and the SABG funding award as a standard practice to more substantively align and integrate the two funding streams.

Recommendations made from the SEOW or the two subgroups, PFS SEOW Compliance Team Review and PFS-SABG Diverse Active Work Group are presented to either the SEOW, the Bureau, or both the SEOW and the Bureau. Following such a recommendation, the Bureau presents the recommendations to the MPAC for review and consideration at which time the MPAC makes a policy recommendation or other modification instructions to the Bureau for implementation and administration.

While this process is extensive, these various working groups and supportive entities ensure maximized outcomes and sustained compliance with funding requirements. Such adherence and compliance are imperative for Nevada to not only maintain current funding levels, but also be able to potentially increase available funding opportunities.



Meeting Unmet Needs

From an economic and employment perspective, Nevada is reliant upon a 24/7 work environment, oriented around gaming, tourism, and other related adult entertainment that is infused with increased availability of alcohol, tobacco, and other drugs. Whereas the Partnership for Success grant focuses on youth, 9-20 years of age, the Substance Abuse Treatment and Prevention Block Grant (SABG) has no such age restriction for funding eligibility and thus is a more applicable prevention funding source for non-youth focus prevention programming. Considering that Nevada is not only home to 24/7 workforce, but also 690,737 children (under 18)⁴ many of whos' parents work in the tourism, gaming, hospitality, or other entertainment driven industries. The vast majority of children and adults will have been exposed to the 24/7 lifestyle that is typical to the Nevada experience, especially in Clark County, which is home to 1,745,918 (73.1%) adults (18 and older) and 520,797 (79.4%) children under 18, and Washoe County, home to 370,990 (15.5%) adults (18 and older) and 100,529 (14.6%) children under 18, respectively.⁵ These two counties together account for 2,738,234 Nevadans, 88.9% of the state population, which is indicative of the unique challenges Nevada contends with as it relates to target populations such as at-risk and high-need subpopulations where needs and available funding and services vary immensely from urban metropolitan areas in Las Vegas to rural and frontier areas such as Elko County, home to 52,297 people, and Esmeralda County, home to less than 1,000 Nevadans.⁶ Compared to the big city lifestyles of Las Vegas, rural and frontier communities are reliant on mining, agriculture, land management, and other related industries. Regardless, there are challenges relate to alcohol, tobacco, and other drugs found across Nevada that are unique to each of the hundreds of communities around the state as noted in the PFS Strategic Plan as well.

- Most grocery and convenience stores selling alcohol are open all night;
- Youth employment is available in and around gaming establishments serving large volumes of alcohol;
- A 24/7-week economy including alcohol/gambling means that youth parents/guardians with alcohol and/or gambling addiction often are lured to the casinos leaving children (0-18) unsupervised;
- Most bars and all casinos are open 24/7, thereby increasing youth accessibility;
- Many parents work evening and graveyard shifts, without supervision available for their children under 18; and

⁴ U.S. Census Bureau. (2019). *American Community Survey, 1-Year Supplemental Estimates*. {Data table K200104, Population by Age}, Accessed 10 August 2021
<https://data.census.gov/cedsci/table?q=Nevada%20population&g=0400000US32.050000&tid=ACSSE2019.K200104>

⁵ Ibid

⁶ U.S. Census Bureau. (2019). *American Community Survey, 5-Year Estimates Detailed Tables*. {Data table B01003, Total Population, Accessed 10 August 2021
<https://data.census.gov/cedsci/table?q=Nevada%20population&g=0400000US32.050000&tid=ACSDT5Y2019.B01003>

- Nevada’s homeless population makes money from panhandling and hanging around off-premises alcohol sale businesses and offering to buy alcohol for youth for a fee.⁷

Based on the National Research Council’s (NRC) expertise, they continue to promote the consideration of public input, and review of the available scientific literature, they identified a broad theme as crucial to combating underage drinking:

- Reduce the access of alcohol to underage drinkers;
- Reduce the *occasions and opportunities* for underage drinking;
- Establish common laws and norms that disapprove of underage drinking;
- Mobilize communities and neighborhood support;
- Increase awareness about the data on underage drinking to the extent of underage drinking; and
- Reduce the *demand* for alcohol among young people.

Given the overwhelming degree of youth access to alcohol opportunities, the high-risk population identified is students as they transition from elementary school into middle school, middle school into high school, and higher/vocational education. By focusing on the three transitional year(s), Nevada can implement age-appropriate strategies to deter youth alcohol and marijuana use, while also addressing the need to educate parents and caregivers of their new challenges and responsibilities as their children mature.⁸

While the Substance Abuse Prevention and Treatment Block Grant (SABG) is designed to align with the PFS funding award and focus on populations that exist outside the 9–20-year-old age range restriction of the PFS funding award, there are still opportunities to fund youth-focused programming with the Block Grant. Additionally, the PFS funding has three main focus areas for programming support, alcohol, marijuana, and methamphetamines, whereas the SABG does not have such restrictions and is designed to support a wider age range with needed programming. The SABG proposal from Nevada includes prevention activities to fund initiatives to support prevention programs, activities, and resources to reduce abuse of alcohol, tobacco, marijuana, prescription drugs, cocaine, heroin, inhalants, methamphetamine, and synthetic drugs (e.g., bath salts, spice, K2, etc.)

⁷ Some of the content included in the SABG and PFS Strategic Plans were similar or verbatim presentations. This was purposefully done to ensure alignment of programs, goals, objectives, and other design elements of the PFS and SABG programs. These content areas are cited in this SABG Strategic Plan with reference to the PFS Strategic Plan: Strategic Progress, LLC & Innovative Research and Analysis LLC. (2021). *Five-year Substance Abuse Prevention Plan, State of Nevada, 2018-2023*. A Report for the Nevada Division of Public and Behavioral Health, Substance Abuse Prevention and Treatment Agency, Bureau of Behavioral Health Wellness and Prevention.

⁸ Ibid

Again, looking at youth data as presented in the PFS Strategic Plan 2018-2023, data collected and reported includes variables and questions from both the Youth Risk Behavior Surveillance Survey (YRBSS) administered by the Center for Disease Control (CDC)⁹ and the Nevada Youth Risk Behavior Survey (YRBS) administered by the University of Nevada, Reno (UNR)¹⁰. Data from both surveys from 2017 and 2019 were deployed as part of this project based on available data; however, the biennial surveys were not fully aligned with the PFS and SABG goals and objectives, which resulted in inconsistent reporting and evaluation capacities. Currently, necessary changes to the Nevada YRBS are being discussed and assessed for future iterations of the Nevada YRBS to ensure necessary questions for analyzing, measuring, and evaluating PFS and SABG goals and objectives.

The Nevada YRBS is designed to mirror the YRBSS with a limited number of questions to monitor six categories of health-related behaviors that contribute to leading causes of death and disabilities among youth and adults. The CDC YRBSS is deployed based on population distribution across the state and is overwhelmingly Clark County, followed by Washoe County, and only a few rural counties. Based on school selection pursuant to the CDC methodology, the results are representative on a statewide basis, but not necessarily regionally specifically as it relates to rural counties. The rural counties in Nevada are quite unique compared with one another with varying population dynamics, services available, and proximity to larger population center or more centralized services to name a few examples.

In alignment with YRBSS survey methodology, Nevada high school and middle school students are surveyed during the odd years by UNR as part of the Nevada YRBS. There were 5,336 high school and 5,464 middle school students who participated in the 2017 YRBS in Nevada, while 4,980 high school and 5,341 middle school students participated in the 2019¹¹.

Comparisons between national and Nevada averages from the perspective of alcohol and substance abuse using the 2017 and 2019 YRBSS results indicates an inverse substance abuse issue in Nevada. Assessing substance abuse from a question logic of “Have you ever used...?” shows Nevada with higher “ever usage” of alcohol, marijuana, methamphetamines, prescription pain medicine (non-prescription usage), cocaine, heroin, ecstasy, and injection-based drugs. In fact, the only usage rates in Nevada that were below the national average from an “ever usage” perspective were reported “ever usage” of 1) synthetic marijuana in 2019 (2017 data showed higher than national average usage in Nevada) and 2) steroids without a doctor’s prescription in 2017 (measure did not have sufficient data or was not collected in 2019 for Nevada)¹². Additionally, Nevada youth were more likely to try both alcohol and marijuana before age 13 years than national comparison data: 17.2 % (2017) and 17.3 % (2019) of

⁹ <https://www.cdc.gov/healthyyouth/data/yrbs/index.htm>

¹⁰ <https://www.unr.edu/public-health/research-activities/nevada-youth-risk-behavior-survey>

¹¹ <https://www.unr.edu/public-health/research-activities/nevada-youth-risk-behavior-survey>

¹² [CDC YRBSS 2017 Nevada Youth Online Profile](#) & [CDC YRBSS 2019 Nevada Youth Online Profile](#)

Nevadans drank first alcohol before age 13 years compared to 15.5% (2017) and 15.0% (2019) nationally and 7.9% (2017) and 8.0% (2019) of Nevadans first tried marijuana before age 13 years compared to 6.8% (2017) and 5.6% (2019) nationally¹³.

Even with more overall usage and earlier in life usage compared nationally, current usage rates of both marijuana and alcohol including currently binge drinking and most drinks ever consumed in a row was 10 or more were lower than national averages. This observation was consistent across all four measures in both 2017 and 2019 with the exception of most drinks ever consumed in a row was 10 or more, which was not collected or did not have sufficient responses in Nevada in 2019.

These observations from the YRBSS results are supportive of a need for further in depth analysis of programming and youth risk behaviors related to alcohol and substance abuse to identify potential reasons or explanations for observed phenomena.¹⁴ From an adult perspective, a population that cannot be served with PFS funding, but can be supported with SABG funding awards, alcohol and substance use as minor children does have an observed outcome on adult experiences, health risks, and other socio-behavioral attributes. As reported in the Behavioral Risk Factor Surveillance System (BRFSS), a comparable survey system to the YRBSS except focused on adult populations 18 or older, shows alcohol and smoking usage among Nevada adults is lower than the national average, 15% (Nevada) to 17.4% (U.S.) binge drinkers and 15.7% (Nevada) to 17.1% (U.S.) smokers. as compared nationally.¹⁵ Similar to youth data, the prevalence of binge drinking and smoking are lower than national averages; however, this is an incomplete picture of the phenomena being assessed. Additionally, marijuana usage data was unavailable in 2019, so no comparative data presentation can be made. Nevada, as one of the first and only states to have legalized recreational marijuana, is expected to have higher rates of marijuana usage from a “have you ever used...” perspective, but not necessarily from the recurrent use, “last 30-days” or other specified time period as observed in the youth data. Fundamentally, there was lacking data in 2019 reported CDC BRFSS data to equitably and strategically compare youth and adult experiences and BRFSS outcome data. Additional capacity and opportunities to connect adult and youth data from a consistency and continuity perspective ought to be considered as a foundational need of further understanding the needs of Nevadans from the perspective of prevention programming.

¹³ Ibid

¹⁴ This section of discussion on youth alcohol and substance use is also found in the PFS Strategic Plan. Strategic Progress, LLC & Innovative Research and Analysis LLC. (2021). *Five-year Substance Abuse Prevention Plan, State of Nevada, 2018-2023*. A Report for the Nevada Division of Public and Behavioral Health, Substance Abuse Prevention and Treatment Agency, Bureau of Behavioral Health Wellness and Prevention.

¹⁵ Nevada Division of Health and Human Services. (2019). *2019 Nevada State Health Needs Assessment*. A Report for the Nevada Division of Health and Human Services. Accessed July 25, 2020
https://dhhs.nv.gov/uploadedFiles/dhhsnv.gov/content/Programs/Grants/NV_SHNA_FINAL.pdf

One of the newer data sources being deployed in Nevada as part of Prevention programming at the adult and youth levels, is the collection and reporting of Adverse Childhood Experiences (ACEs) and specialized prevention programming, Prevention of Adverse Childhood Experiences (PACEs). Currently, there is no adult-level data related to ACEs although the question series does exist in the BRFSS questionnaire. There is however ACEs data collected as part of the YRBSS survey and the YRBS survey conducted by University of Nevada, Reno that focuses on the adverse experiences during childhood for youth populations. From the youth data related to ACEs, there are higher risks of alcohol, marijuana, tobacco, and other drug use for youth with more reported ACEs. To say this another way, the more ACEs experienced by Nevada youth, the higher the rate of use alcohol, marijuana, tobacco, and other drugs. For example, 8.4% of Nevada high school students with “0” ACEs reported ever smoking cigarettes compared to 31.7% of students with “3 or more” reported ACEs.¹⁶ Similarly for Electronic Vapor Product use, 29.3% of high school students with “0” ACEs reported ever using electronic vapor products compared to 63.2% of students with “3 or more” reported ACEs.¹⁷ Alcohol use also had similar outcomes with 40.1% of high school students with “0” ACEs reporting ever having drunk alcohol compared to 77.9% of students reporting “3 or more” ACEs.¹⁸ As one final example from high school data, 21.5% of students with “0” ACEs reported ever using marijuana as compared to 56.3% of students with “3 or more” ACEs.¹⁹

From the UNR special report on ACEs, these relationships were statistically significant at $p < 0.0001$ with a similarly statistically significant relationship for all other substance uses as well including cocaine (2.3% compared to 9.9%), heroin (1.3% compared to 4.5%), methamphetamines (1.1% compared to 4.7%), ecstasy (2.0% compared to 8.6%), synthetic marijuana (3.6% compared to 13.5%), and prescription pain medicine without a doctor’s prescription (9.7% compared to 33.6%). The only exception to the trend was with the utilization of injected illegal drugs, which was statistically significant at $p = 0.0065$ with the highest usage among those high school students with “2” ACEs at 3.4%, “3 or more” ACEs at 3.2% and “0” ACEs at 1.3%.²⁰ Fundamentally, prevention work among youth and parent aged populations should consider the potential prevention of substance use. Additionally, youth with “3 or more” reported ACEs had higher rates of other social, behavioral, and health risks most of which are not necessarily confined to adolescence, but commonly extend into adulthood or become chronic health, behavioral health, or mental health issues or conditions.

¹⁶ Maxson, C. Lensch, T., Diedrick, M., Zhang, F., Peek, J., Clements-Nolle, K., Yang, W. State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. 2019 Nevada High School Youth Risk Behavior Survey (YRBS): Adverse Childhood Experiences (ACEs) Special Report. p. 14

¹⁷ Ibid, p. 16.

¹⁸ Ibid, p. 18.

¹⁹ Ibid, p. 21.

²⁰ Ibid, pp. 24-27.

Additional considerations can be found in the outline of substance abuse facts from around Nevada. As Nevada copes with legalization of marijuana and the increased access to marijuana in various mediums for consumption, there is increased need to identify and implement Evidence-based Programs, Practices, and Policies (EBPPPs or EBPs) to prevent expanded or more recurrent utilization. One of the challenges of legalization is and continues to be industry reported data, which indicates marijuana usage rates unchanged from preceding periods to legalization. While this statistic has some legitimacy, it typically leaves out the various consumption methods available including electronic vapor product use, edibles, and hemp oil extraction all of which have seen increases in incidence based on available national, state, and local data and news releases. Additionally, these aggregate reporting practices do not provide target population-based reporting such as outlined on the next page for high-risk subpopulations such as pregnant mothers, LGBTQ+, and adults aged 25-34.

Another area of specific concern in Nevada that can be addressed with more robust data collection and deployment of EBPPPs as solutions is COVID-19 related increase in accessibility to alcohol, which in turn leads to increased misuse. Nevada has struggled to maintain alcohol prevention programs following funding related decreases related to compliance monitoring of alcohol sales and distribution. Annual STOP Act reporting from Nevada has shown limited data compared to other states and considering the increase in access to alcohol during the COVID-19 pandemic, solutions that return effective alcohol misuse prevention programs from within the EBP literature would be an effective first step in addressing this identified issue. Deploying EBPs as a solution to this and other substance abuse related issues offers prevention efforts and initiatives robust scientifically founded programs, practices, and policies that can be tailored to meet specific and unique needs of target populations. Expanded and more adherent implementation and administration of these EBPPPs should yield reliable and verifiable measurable outcomes from prevention funding and activities.

Substance Use in Nevada²¹

- Nevada is comparable to the nation with marijuana use among youth ([YRBSS/Nevada YRBS](#)).
- Drug use among teens is higher in Nevada than the nation ([YRBSS/Nevada YRBS](#)).
- Marijuana use among adults aged 25-34 was significantly higher than overall reported use among adults in Nevada [22.3%, 14.6% respectively] ([BRFSS](#)).
- Binge drinking is significantly higher among those aged 18-54 and in the JTNN coalition region of Washoe County ([BRFSS](#)).
- Emergency department and inpatient admissions due to drugs or alcohol continue to increase both count and rate ([Emergency](#)).

²¹ Strategic Progress, LLC & Innovative Research and Analysis LLC. (2021). *Five-year Substance Abuse Prevention Plan, State of Nevada, 2018-2023*. A Report for the Nevada Division of Public and Behavioral Health, Substance Abuse Prevention and Treatment Agency, Bureau of Behavioral Health Wellness and Prevention.

- Emergency department encounters and inpatient admissions due to marijuana use increased significantly since 2011 ([Emergency](#)).
- The PACT/CARE coalition both in Clark County had significantly lower rate of drug and alcohol deaths than the remainder of the state ([Deaths](#)).
- Since marijuana has been legalized in 2017, reported marijuana use during pregnancy has more than doubled and has surpassed all other substances ([MCH](#)).
- Teenaged women between 15 and 17, who gave birth, had a significantly lower tobacco use rate in 2018 than all other age groups at 29.0 per 1,000 ([MCH](#)).
- The adult LGBTQ+ community have significantly higher percent of current marijuana use ([LGBT](#)).

Target Population/Focus Areas²²

Substance Abuse Prevention and Treatment Block Grant (SABG) - The SABG program's objective is to help plan, implement, and evaluate activities that prevent and treat substance abuse. The target populations and service areas include pregnant women and women with dependent children; intravenous drug users; Tuberculosis services; early intervention services for HIV/AIDS; and primary prevention services.²³ This funding source represents the 20% set-aside from SABG, which is required by statute (45 CFR 96.125) to be used exclusively for substance abuse primary prevention strategies. Nevada currently increased the set-aside amount from 20% to 25% for prevention efforts. By law, it may only be directed at individuals not identified to need substance use treatment and must be used to fund evidence-based strategies that have a positive impact on the prevention of substance use. Activities that cross over into the 'intervention' realm are not allowed in this funding. While many evidence-based preventions strategies for substance abuse also have a positive impact on other health and social outcomes, the primary purpose and focus of activities must be on substance misuse prevention. As aforementioned, targeted substances for substance use, misuse and abuse prevention include alcohol, tobacco, marijuana, prescription drugs, cocaine, heroin, inhalants, methamphetamine, and synthetic drugs (e.g., bath salts, spice, K2, etc.).

In Nevada, there are regional disparities based on the distribution of population, which results in differences in population dynamics and population-based needs. Approximately 74% of Nevada's population resides in Clark County and 15% in Washoe County, which are considered the only urban counties in Nevada. The remainder of Nevadans, approximately 11%, reside in one of the 15 other counties including Carson City. There are also sub-population disparities, some of which vary as a function of regional distribution.

²² This section is the same content as the PFS Strategic Plan except SABG is listed first and PFS listed second in this SABG Strategic Plan as well as some content additions to the SABG narrative.

Strategic Progress, LLC & Innovative Research and Analysis LLC. (2021). *Five-year Substance Abuse Prevention Plan, State of Nevada, 2018-2023*. A Report for the Nevada Division of Public and Behavioral Health, Substance Abuse Prevention and Treatment Agency, Bureau of Behavioral Health Wellness and Prevention.

²³ Substance Abuse Prevention and Treatment Block Grant. <https://www.samhsa.gov/grants/block-grants/sabg>

These disparate sub-populations, communities, groups, and individuals include Tribal, Rural, and Urban Majority-Minority youths and adults; LGBTQ+ youths and adults; youths with Active Duty Military parent(s); youths and adults living in Poverty; and college students. From a racial and ethnicity perspective, target populations include historically underserved racial and ethnic minorities and specifically American Indians and Alaskan Natives, African Americans, and Hispanics. From a youth perspective, there are also grade-based milestones at the 8th and 10th grade levels as well as health-related disparities presented in the 2019-20 PFS Disparity Impact Statement that are applicable to SABG.

Partnership for Success (PFS) Grant - The overarching goals of the PFS project are to reduce the use of alcohol, marijuana, and methamphetamine use in high-risk youth populations in our state by reducing both retail and social access through enhanced adult engagement, while strategically reducing the demand for those substances among the broader range of youth 9 – 20. The 2019-20 PFS Disparity Impact Statement²⁴ presents target population needs across the state with specific focus on regional and coalition-specific disparate communities as well as alcohol and substance use related issues and service or resource needs.



²⁴2019-20 PFS Disparity Impact Statement can be accessed at:
<http://dpbh.nv.gov/Programs/ClinicalSAPTA/dta/Grants/SAPTAGrants/>

Program Structure²⁵

Since 2007, the Bureau has been partnered with prevention providers, community coalitions, and county governments to enhance the Nevada's prevention infrastructure through the Strategic Prevention Framework - Partnership for Success (SPF-PFS) developed by the Substance Abuse and Mental Health Services Administration (SAMHSA).²⁶ Since 2007, the Evidence-Based Practice workgroup has been redefined to develop and implement a more compliant process. Changes were also made in accordance with Nevada's high-risk population in a very transient state. Nevada's SPF-PFS program is funded through grants received from SAMHSA with a goal to prevent substance use in targeted communities across the state that demonstrate high need. The 10 Community Coalitions in Nevada that currently receive funding to implement evidence-based prevention strategies as part of this initiative are listed in Figure 1 on page 5.

Figure 3. Strategic Prevention Framework



²⁵ This entire section will be the same verbatim content as the PFS Strategic Plan as they are designed to align and support the outcomes of both similar and different populations.

Strategic Progress, LLC & Innovative Research and Analysis LLC. (2021). *Five-year Substance Abuse Prevention Plan, State of Nevada, 2018-2023*. A Report for the Nevada Division of Public and Behavioral Health, Substance Abuse Prevention and Treatment Agency, Bureau of Behavioral Health Wellness and Prevention.

²⁶ Substance Abuse and Mental Health Services Administration (SAMHSA). (2019). A Guide to SAMHSA's Strategic Prevention Framework. Retrieved from <https://www.samhsa.gov/sites/default/files/20190620-samhsa-strategic-prevention-framework-guide.pdf>

The SPF model (Figure 3) is a five-step planning process – Assessment, Capacity, Planning, Implementation, and Evaluation - that gives communities the needed tools to help prevention providers utilize a data-driven planning process to guide prevention decisions in selecting appropriate evidence-based strategies with the participation of diverse community partners to address the complex social issue of substance abuse, with the ultimate goal of building a sustainable substance abuse prevention infrastructure that is responsive to the emerging needs of diverse populations.

The SPF, a national public health initiative, is built on principles of outcomes-based prevention, a community-based risk, and protective factors approach to prevention, and a series of guiding principles appropriate for use in Nevada at the state and community levels. The SPF stresses the use of findings from public health research along with evidence-based prevention programs to build capacity across various geographies and populations to promote resilience and decrease risk factors in individuals, families, and communities. The SPF model applies to our SABG initiatives as well.

The Strategic Prevention Framework (SPF)

The State of Nevada will continue to assure each participating Prevention Coalition is implementing and enhancing strategies using the five-step SPF planning process described below:

Step 1 - Assessment

The purpose of **Step 1 - Assessment** is “to understand local prevention needs based on a careful review of data gathered from a variety of sources” (p. 6).²⁷ The SPF process emphasizes the need for the community to engage in the systematic assessment processes. In order to conduct a comprehensive assessment of the magnitude of the problem and prevention needs, the following data should be gathered by prevention professionals:²⁸

- The nature of the substance misuse problem in the community and related harmful behaviors;
- Risk and protective factors that influence substance misuse problems, particularly those of high priority in the community; and
- Community capacity for prevention, including readiness and available resources.²⁹

²⁷ Substance Abuse and Mental Health Services Administration (SAMHSA). (2019). A Guide to SAMHSA’s Strategic Prevention Framework. Retrieved from <https://www.samhsa.gov/sites/default/files/20190620-samhsa-strategic-prevention-framework-guide.pdf>

²⁸ Ibid

²⁹ Ibid

In Nevada, the Comprehensive Community Prevention Plans (CCPPs), updated every three years, are an assessment of the need in communities served by the coalitions. The goal is to align CCPP's with the State's epidemiological profile. The coalitions have access to local PFS specific related data including school district, law enforcement, and juvenile justice data. The coalition structure is an efficient community-based organization for gathering information for use by policy makers and preventions planners. High-need communities will be identified with the collection of county level or service area level data that is presented to Nevada's Statewide Epidemiology Organizational Workgroup³⁰ (SEOW), and they will assist the State in interpreting and analyzing coalition data to assist in data-driven funding allocations around areas of high need. Coalitions and partner organizations can use the data to build the needed capacity to reduce the prevalence of underage drinking and marijuana use/misuse.

Similar to the PFS project, interviews specifically related to SABG funding will be conducted during the last Quarter of FY-2021 and lead to the development of a roadmap report for the SABG program in Nevada. These interviews will be conducted with Prevention Coalition directors and leadership teams to identify and assess needs, gaps, target populations, and recommendations for systems change in addition to addressing system operations such as communication, processes, procedures, and policies. The PFS conducted interviews provided valuable feedback from Prevention Coalitions that helped inform recommendations and program enhancement activities to improve and grow relationships between the Bureau and the Prevention Coalitions as well as increase efficiencies and effectiveness related to implementation of PFS funded programs.

Step 2 - Capacity

The purpose of **Step 2 - Capacity** is for planners to “*ensure the readiness of the community to buy in to the prevention effort and take stock of the resources needed to tackle the problem and produce a positive change*” (p. 11).³¹ Capacity includes both resources and readiness to address substance use issues and challenges within a community. The following three strategies are recommended for building capacity for prevention:³²

1. Engage diverse community stakeholders;
2. Develop and strengthen a prevention team; and
3. Raise community awareness about the issue.

³⁰ As noted previously, the SEOW is not a requirement of the Substance Abuse Prevention and Treatment Block Grant (SABG) but being deployed in Nevada to support the SABG and further integrate it with the PFS program.

³¹ Substance Abuse and Mental Health Services Administration (SAMHSA). (2019). A Guide to SAMHSA's Strategic Prevention Framework. Retrieved from <https://www.samhsa.gov/sites/default/files/20190620-samhsa-strategic-prevention-framework-guide.pdf>

³² Ibid

In Nevada, the Bureau will lend technical assistance and support in helping the coalitions and their partner agencies as they continue to build capacity in high-need communities. This will be accomplished by collecting and reviewing county or service area specific data that will address the priorities identified by the data. All goals and objectives will be data driven. Building capacity is an essential step to ensure that planning and implementation of grant activities can be conducted effectively.

Step 3 - Planning

The purpose of **Step 3 - Planning** is that “*strategic planning increases the effectiveness of prevention efforts by ensuring that prevention planners select and implement the most appropriate programs and strategies for their communities*” (p. 14).³³ Planning ensures that staff and stakeholders are working toward the same goals and provides the means for assessing, evaluating, and adjusting programmatic direction. In order to develop a solid prevention plan, planners need to:³⁴

- Prioritize the risk and protective factors associated with the substance misuse problems that have been identified (Step 1: Assessment);
- Select appropriate programs and practices to address each priority factor;
- Combine programs and practices to ensure a comprehensive approach; and
- Build and share a logic model with stakeholders.

In Nevada, planning will be data driven at the direction of the SEOW, informed by engagement with diverse stakeholders, interviews, committee meetings, and evaluation of current programs. Nevada is focused on using data identified through assessments (Step 1) to prioritize risk and protective factors and drive investments and decisions into the most appropriate programs and practices that are a good fit for the specific community to effectively address the problem and associated risk and protective factors. We will use a comprehensive approach to reach the target populations, and logic models that include problems and related behaviors, risk and protective factors, programs and practices, and outcomes will be created to communicate where efforts are being focused to effect change in behavior.

Step 4 - Implementation

The purpose of **Step 4 - Implementation** is that “*a community’s prevention plan is put into action by delivering evidence-based programs and practices as intended*” (p. 20).³⁵ At this stage, it is important to think about the prevention program’s goals, objectives, timeline,

³³ Ibid

³⁴ Ibid

³⁵ Substance Abuse and Mental Health Services Administration (SAMHSA). (2019). A Guide to SAMHSA’s Strategic Prevention Framework. Retrieved from <https://www.samhsa.gov/sites/default/files/20190620-samhsa-strategic-prevention-framework-guide.pdf>

and protocols, and whether a program will need to be adapted to fit local conditions to be a good match for the cultural norms, values, and beliefs of a community. To accomplish this, planners need to:³⁶

- Deliver programs and practices;
- Balance fidelity with planned adaptations;
- Retain core components; and
- Establish implementation supports and monitor.

In Nevada, implementation of the strategies determined within this strategic plan will provide Nevada's access to effective prevention services and produce measurable outcomes. Resources and persons responsible have been allocated to implement strategy action steps throughout the next several years. In addition to potential modifications to logic models and action plans, the Bureau will be available as a resource for training and technical assistance throughout the grant period for the coalitions.

Step 5 - Evaluation

The purpose of **Step 5 - Evaluation** is *“the systematic collection and analysis of information about prevention activities to reduce uncertainty, improve effectiveness, and facilitate decision-making”* (p. 23).³⁷ Evaluation is not only a powerful strategy for assessing if programs and interventions are having impacts they intend, but also a useful tool for suggesting how programs can continue to grow and improve. This integral step helps communities to:³⁸

- Systematically document and describe prevention activities;
- Meet the diverse information needs of prevention stakeholders, including funders;
- Continuously improve prevention programs and practices;
- Demonstrate the impact of a prevention program or practice on substance misuse and related behavioral health problems;
- Identify which elements of a comprehensive prevention plan are working well;
- Build credibility and support for effective prevention programming in the community; and
- Advance the field of prevention by increasing the knowledge base about what works and what does not.

In Nevada, the Bureau will continue to partner with and support the State Epidemiological Organizational Workgroup (SEOW) and the Office of Analytics to collect trend data on the

³⁶ Ibid

³⁷ Ibid

³⁸ Ibid

prevalence of underage drinking and marijuana. This will be accomplished primarily through the administration of the YRBSS. The SEOW and the Office of Analytics will continue to collaborate with statewide coalitions and their partner agencies in developing data collection and reporting strategies. It is anticipated coalitions, and their partner organizations may use their own local surveys to determine the efficacy of the programs and activities implemented by these entities. Evaluations will adhere to the principles of utility, feasibility, propriety, and accuracy as stated in SAMHSA’s strategic prevention framework guide.³⁹

SPF Guiding Principles

In addition to the five steps of the SPF process described above, there are two guiding principles – Cultural Competency and Sustainability – that should be integrated into each step of the framework’s implementation.

Cultural Competence is “*The ability of an individual or organization to understand and interact effectively with people who have different values, lifestyles, and traditions based on their distinctive heritage and social relationships*” (p. 4).⁴⁰ If a prevention program, intervention, or evaluation fails to be culturally relevant to the target community, then it is highly likely to fail in all other respects as well. SAMHSA has identified the following cultural competence principles for prevention planners:

- Include the target population in all aspects of prevention planning;
- Use a population-based definition of community (i.e., let the community define itself);
- Stress the importance of relevant, culturally appropriate prevention approaches;
- Employ culturally competent evaluators; and
- Promote cultural competence among program staff, reflecting the communities they serve.

In Nevada, cultural competence is an important component of the Bureau’s programs. When assessing community resources and needs; building community capacity for prevention efforts; and planning, selecting, implementing, and evaluating programs, every effort is made to consider the cultural priorities and values of target population(s). We believe that substance abuse outreach, prevention, intervention, treatment, and recovery services should be respectful of and responsive to cultural and linguistic needs, as established by the Culturally and Linguistically Appropriate Services (CLAS) standards developed by the U.S. Department

³⁹ Substance Abuse and Mental Health Services Administration (SAMHSA). (2019). A Guide to SAMHSA’s Strategic Prevention Framework. Retrieved from <https://www.samhsa.gov/sites/default/files/20190620-samhsa-strategic-prevention-framework-guide.pdf>

⁴⁰ Ibid

of Health and Human Services. CLAS is part of Nevada’s focus, and it is also a requirement in the SAMSHA PFS grant.

Principles of equal access and non-discriminatory practices are embraced in service delivery. Recruiting, supporting, and promoting a diverse governance, leadership, and workforce; offering language assistance; and continuous improvement are all closely related to eliminating health disparities. Data collection and analysis with assistance from the SEOW and the Prevention Partnerships Advisory Council will improve the design of the culturally responsive interventions, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.

Sustainability is “*The process of building an adaptive and effective system that achieves and maintains desired long-term results*” (p. 4).⁴¹ Sustainability is an integral part of the entire SPF process as it’s the ability of a prevention strategy to carry on into the foreseeable future. SAMHSA has identified the following for sustainability planning:

- Engage partners who represent and work with subpopulations experiencing behavioral health disparities;
- Sustain processes that have successfully engaged members of these populations; and
- Sustain programs that produce positive outcomes for these populations.

In Nevada, the strategies determined by the Bureau/coalitions were designed with sustainable objectives. The Bureau will continue to monitor and provide guidance to the coalitions throughout the SPF process on the strategies implemented. On the local level, coalitions are charged with selecting strategies that are sustainable once funding ends and are provided with a Sustainability Template to submit to the Bureau project directors for approval. Sustainability focused services and the action steps taken are reported through quarterly progress reports. Using this model, prevention efforts obtaining the best results (evaluation) can be identified, we can continue to develop and increase prevention knowledge and resources (capacity building) and share that knowledge across coalitions (collaboration).

⁴¹ Substance Abuse and Mental Health Services Administration (SAMHSA). (2019). A Guide to SAMHSA’s Strategic Prevention Framework. Retrieved from <https://www.samhsa.gov/sites/default/files/20190620-samhsa-strategic-prevention-framework-guide.pdf>

SABG Primary Prevention Strategies

Consistent with the presentation of Performance Indicators and Targets section, which is presented subsequently in this plan, the SABG Primary Prevention Strategies are integrated as part of Strategy 8, which seeks to set-aside 25% of awarded SABG funding for primary prevention strategies. There are six (6) of strategies along with three (3) defined Institute of Medicine Model (IOM) targets to be incorporated into each of the six (6) prevention strategies. Additionally, there was a primary prevention set-aside for Section 1926 Tobacco, which was funded using the unspecified target in lieu of the IOM targets, and an “Other” category, which did have IOM target funding allocation. For this section, the definitions of the prevention strategies and IOM targets were accessed from the SABG specific content available from SAMHSA, while the discussion of how each strategy was funded was accessed from the Uniform Application FY 2021 Substance Abuse Block Grant Report. External monitoring of the FY-2020 SABG and PFS funding award activities and programmatic outcomes is currently underway as of the publication date of this report. In future iterations of this two-year strategic plan, those external monitoring results and observations will be incorporated into this section for a more holistic view and assessment of the impacts of funding and programming provided pursuant to the SABG award.

In total for the award period October 1, 2017 through September 30, 2019 (the most recently completed funding award period), there was \$14,551,425 awarded to Nevada through the SABG of which \$3,449,941 (23.7%) was set aside for primary prevention along with a portion of the \$797,540 administration allocation that supports the implementation, administration, and evaluation of the funding award. In Nevada, the 23.7% set-aside is awarded through annual scope of work proposals to Prevention Coalitions around the state that provide targeted services, conduct prevention activities, and provide prevention resources within the communities of their defined service zone. These 10 Prevention Coalitions can serve as either direct service providers or subcontract portions of the award to specialized vendors to provide services, conduct activities, or distribute resources within the communities within their defined service zone.

Information Dissemination

Information Dissemination provides knowledge and increases awareness of the nature and extent of alcohol and other drug use, abuse, and addiction, as well as their effects on individuals, families, and communities. It also provides knowledge and increases awareness of available prevention and treatment programs and services. It is characterized by one-way

communication from the information source to the audience, with limited contact between the two.⁴²

During the 2017-2019 SABG funding award period, \$779,445 was allocated for Information Dissemination to the Prevention Coalitions, which accounted for 22.6% of the prevention strategies set-aside budget. Additionally, the Information Dissemination funding was allocated to include \$41,429 for Selective, \$6,303 for Indicated, and \$731,713 for Universal IOM targets.

Education

Education builds skills through structured learning processes. Critical life and social skills include decision making, peer resistance, coping with stress, problem solving, interpersonal communication, and systematic and judgmental capabilities. There is more interaction between facilitators and participants than there is for information dissemination.⁴³

For the 2017-2019 SABG funding award period, \$533,299, 15.5% of the prevention strategies set-aside budget, was allocated for Education programming to the Prevention Coalitions. Additionally, the Education funding was allocated to include \$43,650 for Selective, \$5,180 for Indicated, and \$484,469 for Universal IOM targets.

Alternatives

Alternatives provide opportunities for target populations to participate in activities that exclude alcohol and other drugs. The purpose is to discourage use of alcohol and other drugs by providing alternative, healthy activities.⁴⁴

During the 2017-2019 SABG funding award period, \$223,901 was allocated for Alternatives to the Prevention Coalitions, which accounted for 6.5% of the prevention strategies set-aside budget. Additionally, the Alternatives funding was allocated to include \$18,883 for Selective, \$4,517 for Indicated, and \$200,502 for Universal IOM targets.

Problem Identification and Referral

Problem Identification and Referral aims to identify individuals who have indulged in illegal or age-inappropriate use of tobacco or alcohol and individuals who have indulged in the first use of illicit drugs. The goal is to assess if their behavior can be reversed through education.

⁴² SAMHSA. (16 April 2020). *Substance Abuse Prevention and Treatment Block Grant*. <https://www.samhsa.gov/grants/block-grants/sabg>

⁴³ Ibid

⁴⁴ SAMHSA. (16 April 2020). *Substance Abuse Prevention and Treatment Block Grant*. <https://www.samhsa.gov/grants/block-grants/sabg>

This strategy does *not* include any activity designed to determine if a person is in need of treatment.⁴⁵

For the 2017-2019 SABG funding award period, \$90,410 was allocated to the Prevention Coalitions for Problem Identification and Referral activities, which accounted for 2.6% of the prevention strategies set-aside budget. Additionally, the Problem Identification and Referral funding was allocated to include \$17,616 for Selective, \$6,792 for Indicated, and \$66,002 for Universal IOM targets.

Community-based Process

Community-based Process provides ongoing networking activities and technical assistance to community groups or agencies. It encompasses neighborhood-based, grassroots empowerment models using action planning and collaborative systems planning.⁴⁶

During the 2017-2019 SABG funding award period, \$419,308, 12.2% of the prevention strategies set-aside budget, was allocated for Community-based Process programming to the Prevention Coalitions. Additionally, the Community-based Process funding was allocated to include \$15,888 for Selective, \$10,592 for Indicated, and \$392,828 for Universal IOM targets.

Environmental

Environmental establishes or changes written and unwritten community standards, codes, and attitudes. Its intent is to influence the general population's use of alcohol and other drugs.⁴⁷

For the 2017-2019 SABG funding award period, \$230,201 was allocated for Environmental strategies to the Prevention Coalitions, which accounted for 6.7% of the prevention strategies set-aside budget. Additionally, the Environmental funding was allocated to include \$11,991 for Selective, \$2,941 for Indicated, and \$215,296 for Universal IOM targets.

Other

In addition to these strategy-based funding awards, there was \$972,000 awarded to support the Section 1926 Tobacco requirement with unspecified funding award in lieu of line-item allocations for IOM targets. There was also an additional \$201,377 awarded as an “Other” category with IOM target award allocations of \$3,185 for Selective, \$1,205 for Indicated, and \$196,987 for Universal respectively.

⁴⁵ Ibid

⁴⁶ Ibid

⁴⁷ Ibid

IOM Targets

Additionally, pursuant to SABG guidance, projects should incorporate Universal, Selective, and Indicated design elements as defined in the subsections below. These target population or sub-population strategies are imperative to the success of SABG implementation initiatives designed to serve at-risk or high-need targeted populations, while still offering a broader community-wide benefit.

Universal

Universal is defined as including, the general public or a whole population group that has not been identified on the basis of individual risk⁴⁸

For the 2017-2019 SABG funding award period, there was a total of \$1,978,579, 57.4% of the primary prevention set-aside budget, allocated for Universal Direct and \$1,281,024, 37.1% of the primary prevention set-aside budget, allocated for Universal Indirect. In total, there was \$3,259,603 specifically allocated to support Universal programming, which accounted for 94.5% of the funding award allocations for the primary prevention set-aside.

Selective

Selective is defined as including, individuals or a subgroup of the population whose risk of developing a disorder is significantly higher than average⁴⁹

For the 2017-2019 SABG funding award period, there was a total of \$152,835, 4.4% of the primary prevention set-aside budget, allocated for Selective primary prevention strategies.

Indicated

Indicated is defined as including, individuals in high-risk environments who have minimal but detectable signs or symptoms foreshadowing disorder or have biological markers indicating predispositions for disorder but do not yet meet diagnostic levels⁵⁰

For the 2017-2019 SABG funding award period, there was a total of \$37,503, 1.1% of the primary prevention set-aside budget, allocated for Indicated primary prevention strategies.

⁴⁸ Ibid

⁴⁹ SAMHSA. (16 April 2020). *Substance Abuse Prevention and Treatment Block Grant*. <https://www.samhsa.gov/grants/block-grants/sabg>

⁵⁰ Ibid

A Focus on Evidence Based Practices

The PFS Strategic Plan incorporated this same section focusing on Evidence Based Practices, which is a priority of not only funding requirements, but also the Bureau and Nevada Prevention Coalitions, which continue to seek to select and deploy evidence-based strategies and programs grounded in prevention research to achieve measurable results with scientifically-substantiated programming that is inclusive of culturally relevant content and implementation processes that ensure fidelity of selected programming. Both the SABG and PFS programs are supported by system-wide and coalition-specific support and technical assistance that is promoted and provided by the Bureau that includes the development and publication of an Evidence-Based Programs, Practices, and Policies (EBPPP) Manual. Fundamentally, this manual serves as a resource center or library of resources for the PFS, and SABG funded and implemented EBPPPs as well as a core component of Quality Assurance and Quality Compliance monitoring and annual evaluation. Additionally, the Bureau has reinstated a working group, the Evidence-Based Programs, Practices and Policies Active Workgroup (EBPPPAW) that is responsible for the integration of culturally and target population specific EBPPPs across Nevada communities on a community-by-community basis. The EBPPPAW has already developed a proposal and review form to ensure fidelity of selected and proposed programming, which will further support the Quality Assurance and Quality Control, Compliance monitoring and annual evaluations.

While the PFS program has received increased attention with respect to quarterly and annual reporting, the SABG program continues to utilize the WITS reporting system. However, beginning in FY-2022 the Bureau will be increasing emphasis on integration of tool development and deployment across funding sources in an effort to collect more robust comparable data with respect to prevention programming and strategies.

As discussed in the PFS Strategic Plan, annual reporting surveys were implemented in 2019-20 with plans to revise the annual tool into a quarterly data collection instrument as well as individual-level data collection tools to support a more standardized, data-driven, reporting-supportive EBPPPs. These survey tool changes are currently under development as of the publishing of this SABG Strategic Plan and are anticipated to be implemented during the course of this Strategic Plan period with the goal of increasing evaluative capacities of the SABG and PFS funded coalitions, the Bureau, and the State of Nevada.

As indicated in the PFS Strategic Plan (2021), Nevada's goal is to increase the implementation of evidence-based practice activities, which include:

1. Review of all proposed or planned EBPPP projects including nationally recognized EBPPPs, non-Federal Clearinghouse recognized EBPPPs, waiver-need programs that have directly comparative program elements (e.g., a program focused on adults being applied to adolescents for same substance or a substance-based program being deployed for a target youth population), or non-EBPPP programs that are being presented for consideration of EBPPP status.
2. Defining levels of evidence to allow state leaders to distinguish proven programs from those that have not been evaluated or have not been shown to be consistently effective or consistently effective in the Nevada environment.
3. Approval of EBPPPs (Federally recognized and Clearinghouse supported), Waiver-based EBPPPs, and non-EBPPPs requiring provisional approval.
4. Maintaining an active list of evidence-based programs in alignment with the groupings presented in #3 above. This EBPPP list should include those programs funded by the state to help the Bureau manage available resources strategically.
5. Reviewing outcome evaluations of all approved, funded, and/or implemented programs to conduct comparative analysis between approval type (EBPPP approval, EBPPP waiver, or non-EBPPP being submitted for provisional approval consideration with comparative EBPPP program). The award-based reviews and evaluations should be focused on implementation fidelity in order to assist policymakers identify which investments are generating positive results and use this information to better prioritize and direct funding.⁵¹

From a system perspective, there will be expanded connectivity beginning in FY-2022 between PFS and SABG from a tool and instrument perspective that will create a more standardized collection, analysis, and reporting system with customized content and methodologies pursuant to reporting systems such as SPARS for PFS and WITS for SABG. Holistically, this integration and standardization process will create a more scalable and sustainable prevention system in Nevada capable of increasing funding awards, programming availability, Prevention Coalition impacts, and measurable outcomes and results.

⁵¹ Verbatim content from the PFS Strategic Plan to ensure maximum alignment between the two funding streams at the programmatic level.
Strategic Progress, LLC & Innovative Research and Analysis LLC. (2021). *Five-year Substance Abuse Prevention Plan, State of Nevada, 2018-2023*. A Report for the Nevada Division of Public and Behavioral Health, Substance Abuse Prevention and Treatment Agency, Bureau of Behavioral Health Wellness and Prevention.

Key Partners⁵²

Key partners include but are not limited to:

- **The Statewide Epidemiology Organizational Workgroup (SEOW)**
- **The Evidence-Based Practice, Policy and Program Active Workgroup (EBPPPAW)**
- **SAPTA Advisory Board (SAB)**
- **Independent: Multidisciplinary Prevention Advisory Committee (MPAC)**

In addition, the Nevada Partnership for Success (PFS) and Substance Abuse Block Grant (SABG) funds the following 10 community coalitions to implement PFS and SABG programs across Nevada's 17 counties:

- **CARE Coalition serving Clark County**
- **Churchill Community Coalition serving Churchill County**
- **Frontier Communities Coalition (FCC) serving Humboldt, Lander, and Pershing Counties**
- **Healthy Communities Coalition (HCC) serving Lyon, Storey, and Mineral Counties**
- **Join Together Northern Nevada (JTNN) in Reno, NV, serving Washoe County**
- **NYE Communities Coalition in Pahrump, NV, serving Lincoln, Nye, and Esmeralda Counties**
- **Partners Allied for Community Excellence (PACE) in Elko, NV, serving Elko, Eureka, and White Pine Counties**
- **PACT Coalition for Safe & Drug Free Communities serving Clark County**
- **Partnership Carson City (PCC) serving Douglas County**
- **Partnership Douglas County (PDC) serving Carson City**

⁵² Also found in the PFS Strategic Plan Strategic Progress, LLC & Innovative Research and Analysis LLC. (2021). *Five-year Substance Abuse Prevention Plan, State of Nevada, 2018-2023*. A Report for the Nevada Division of Public and Behavioral Health, Substance Abuse Prevention and Treatment Agency, Bureau of Behavioral Health Wellness and Prevention

Performance Indicators & Targets

Performance Indicators & Targets for this 2021-2023 Strategic Plan are based on the 2-year funding cycle proposal and awards from 2017-2019 and 2019-2021, which include some preliminary and grant cycle reported outcomes as well as progress towards goals. Additionally, this Strategic Plan includes newly identified performance indicators, goals, objectives, and targets for the 2021-2023 time period. These newly identified goals are based on research and data reported on disparities and high-need populations in Nevada as well as SABG specific funding capabilities. The Nevada BBHWP worked directly with the state's SEOW team and community advisory committees in assessing collected data directly in correlation to Nevada high-risk, high-populated areas.

During the previous Strategic Plan periods, the Prevention team conducted combined onsite fiscal and program monitoring on each Primary Prevention coalition. Technical Assistance was provided as a result of those findings. Prevention Coalitions adjusted and increased their format of communicating due to COVID-19. As a result, BBHWP worked directly with prevention coalitions to the reduced stressors within the community through increased community work, psychological first aid, and crisis counseling. Nevada BBHWP primary prevention team has developed a draft strategic prevention plan and an Evidence-Based Practice Program and Policy Manual. Administered as part of the SABG and in support of prevention activities statewide including the PFS funded Primary Prevention coalitions programs, the following priorities, goals, and objectives are applicable to SABG funding in Nevada with Priority Areas 1, 4, and 5 applicable to the current Strategic Plan with Priority Areas 2 and 8 directly aligned with the previous Strategic Plan and presented from an outcome perspective as it relates to funding award activities. The SABG priority areas based on the Request for Proposals submitted by the State of Nevada for funding awards, include not only Prevention funding, but also Mental Health Services and Treatment funding. However, for the purpose of this SABG Strategic Plan only the Prevention-focused priority areas were included.⁵³

⁵³ Some of the content in this paragraph is found in the PFS Strategic Plan. Strategic Progress, LLC & Innovative Research and Analysis LLC. (2021). *Five-year Substance Abuse Prevention Plan, State of Nevada, 2018-2023*. A Report for the Nevada Division of Public and Behavioral Health, Substance Abuse Prevention and Treatment Agency, Bureau of Behavioral Health Wellness and Prevention

• **Priority Area 1: Workforce Training and Support.**⁵⁴⁵⁵

- **Previous Strategic Plan Priority Area 1, Goal 1:** To increase and expand the workforce in Nevada for substance use, mental health, and prevention. To provide employers with tools to create a recovery friendly workforce.

- **Previous Strategy 1 (Previous Strategic Plan):** Use MHBG and SABG funds to partner with the Center for the Application of Substance Abuse Technologies to create and host in-person, online and self-passed learning opportunities.
- **Progress to Goal in Previous Strategic Plan:** Goal Achieved

- Continued work with the Center for Applied Substance Abuse Technologies who put on a variety of trainings both in person, web-based and offer recorded trainings. These trainings are offered statewide and cover a broad array of topics related to substance abuse.
- Nevada BBHWP has worked with the Foundation for Recovery who created a Recovery Friendly Workplace toolkit, do outreach and technical assistance to business who wish to be recovery friendly.
- BBHWP has partnered the Foundation for Recovery with the Division for Welfare and Supportive Services to incorporate a Recovery Friendly Workplace initiative with employers they partner with. This initiative will support individuals receiving services through the welfare office to gain employment with recovery friendly employers.

- **Current Strategic Plan Priority Area 1, Goal 1:** To provide training opportunities for individuals in the field for treatment and/or prevention.

- **Current Strategy 1:** Partner with the Center for the Application of Substance Abuse Technologies to create and host in-person, online and self-paced learning opportunities.
- **Progress to Goal in Current Strategic Plan:** Proposed

- **Performance Indicator 1:** Online Courses
- **Baseline:** 100 online, self-paced courses with 8,000 participants.
- **First-year Target Outcome (Objective):** Maintain 100 online, self- paced online courses, increase participants to 8,200 participants.
- **Second-year Target Outcome (Objective):** To Maintain online, self-paced online courses, increase participants to 8,500 participants.

- **Data Source:** Center for Applied Substance Abuse Technologies (CASAT) annual report.
- **Description of Data:** Data provides number of individuals enrolled in training, type of training and the number of certificated received.
- **Data Issues or Caveats that affect outcomes:** N/A.

⁵⁴ Nevada Uniform Application FY 2021 Substance Abuse Block Grant Report, Substance Abuse Prevention and Treatment Block Grant ADD SABG REPORT, p. 3.

⁵⁵ Formerly known as Workforce Development in the Previous Strategic Plan.

- **Performance Indicator 2:** Webinars
- **Baseline:** 25 webinars annually.
- **First-year Target Outcome (Objective):** Provide 28 webinars annually.
- **Second-year Target Outcome (Objective):** Maintain 28 webinars annually.

- **Data Source:** Center for Applied Substance Abuse Technologies (CASAT) annual report.
- **Description of Data:** The annual report provides the number of trainings, the number of individuals enrolled and description of training.
- **Data Issues or Caveats that affect outcomes:** N/A.

- **Performance Indicator 3:** In-person Training
- **Baseline:** Provide 100 in-person training each year across the state.
- **First-year Target Outcome (Objective):** Increase in-person training to 110 annually.
- **Second-year Target Outcome (Objective):** Increase in-person training to 120 annually.

- **Data Source:** Center for Applied Substance Abuse Technologies (CASAT) annual report.
- **Description of Data:** The annual report provides information on the number of trainings, location, date, content, and number of individuals registered.
- **Data Issues or Caveats that affect outcomes:** N/A.

• **Priority Area 2: Certifications**⁵⁶

- **Previous Strategic Plan Priority Area 2, Goal 1:** To continue with the established certification process, expand certification to identify specialty endorsements and increase quality oversight and monitoring.

- **Previous Strategic Plan Strategy 1:** Use MHBG and SABG funds to partner with the Center for the Application of Substance Abuse Technologies (CASAT) to continue and expand the certification process. CASAT currently certifies and monitors all co-occurring treatment facilities and prevention providers. SABG and MHBG funds will be used to maintain current certification and expand certification to include an endorsement for women's services, medication assisted treatment and create a new certification for supportive housing services.
- **Previous Strategic Plan Strategy 2:** Develop an online tool for treatment location, to display results from the patient satisfaction surveys and TEDS data. This online tool will help the community locate a provider and assess quality based on patient satisfaction and the CASAT clinical monitor.
- **Progress to Goal from Previous Strategic Plan:** Goal Achieved

- Developed the Behavioral Health Nevada (<https://behavioralhealthnv.org>) This website is a database of behavioral health providers specializing in substance use disorder and co-occurring mental health disorder treatment services. All agencies listed are Certified by the Division, SAPTA (Substance Abuse Prevention and Treatment Agency).
- Nevada BBHWP the process of developing a behavioral health dashboard to display the TEDS data. This dashboard should be completed within the next 6 months.

⁵⁶ Nevada Uniform Application FY 2021 Substance Abuse Block Grant Report, Substance Abuse Prevention and Treatment Block Grant ADD SABG REPORT, pp. 3-4.

• **Priority Area 4: Primary Prevention**

○ **Priority Area 4, Goal 1: Reduce substance use initiation and substance misuse.**

- **Current Strategic Plan Strategy 1:** Increase education and awareness of substance use and misuse.
- **Current Strategic Plan Strategy 2:** Increase primary prevention workforce.
- **Current Strategic Plan Strategy 3:** Increase and/or maintain prevention activities targeted for high risk populations.
- **Current Strategic Plan Strategy 4:** Enhance community level prevention activities that require cross-sector collaboration.
- **Progress to Goals in Current Strategic Plan:** Proposed

- **Performance Indicator 1:** To maintain or increase Primary Prevention Specialist Certification (PPCS) onsite within each prevention coalition.
- **Baseline:** Each prevention coalition has at least one PPCS.
- **First-year Target Outcome (Objective):** Increase PPCS by 50% (increase PPCS from 10 to 15).
- **Second-year Target Outcome (Objective):** Increase PPCS by 100% (increase PPCS from 15 to 20).

- **Data Source:** CASAT on-site certification reviews of prevention coalitions key personnel. ALiS.
- **Description of Data:** Prevention Coalition key personnel.
- **Data Issues or Caveats that affect outcomes:** N/A.

- **Performance Indicator 2:** Increase Veterans, active duty military personnel, and their family’s awareness of risk-factors related to alcohol use and misuse.
- **Baseline:** Increase awareness of Alcohol use among Veterans, active duty military personnel and their families.
- **First-year Target Outcome (Objective):** To increase the hosting of four (4) informational fairs for Veterans, active duty military and their families.
- **Second-year Target Outcome (Objective):** To increase the hosting of six (6) informational fairs for Veterans, active duty military and their families.

- **Data Source:** Pre and post-surveys of attendees.
- **Description of Data:** Pre and post surveys are administered before and after prevention programming events.
- **Data Issues or Caveats that affect outcomes:** Events cancelled.

- **Performance Indicator 3:** Nevada prevention coalitions will co-host Prescription Drug Take Back (Round Up) events with law enforcement, local retailer, the Reno Sparks Indian Colony, Elk’s Club, and other partners at several Washoe County locations.
- **Baseline:** Nevada will co-host annual Prescription Drug Take Back (Round Up) events.
- **First-year Target Outcome (Objective):** Nevada will co-host three (3) Prescription Drug Take Back (Round Up) events with law enforcement, local retailer, the Reno Sparks Indian Colony, Elk’s Club, and other partners at several Washoe County locations.
- **Second-year Target Outcome (Objective):** Nevada will co-host four (4) Prescription Drug Take Back (Round Up) events with law enforcement, local retailer, the Reno Sparks Indian Colony, Elk’s Club, and other partners at several Washoe County locations.

- **Data Source:** DEA Report & Coalition Reports
- **Description of Data:** The Drug Enforcement Administration (DEA) focuses on community outreach prevention support in reducing the use and misuse of substances such as Cocaine, Fentanyl, Heroin, Marijuana, Prescription Drugs (Opioids), and Methamphetamines. Coalition report activities monthly, quarterly, and annually.
- **Data Issues or Caveats that affect outcomes:** COVID-19 and Delta Variant, Tribal Council members cancel the event. and this measure is a programmatic measure and is reliant on the DEA report.

- **Performance Indicator 4:** Percentage of middle school students who reported that they think people risk harming themselves physically or in other ways if they use prescription drugs that are not prescribed to them.
- **Baseline:** 12.6% of middle school students awareness of harm indicted no risk to the use of prescription drugs that are not prescribed to them.
- **First-year Target Outcome (Objective):** Increase To increase middle school students’ awareness of harm to 14.0% of no risk to the use of prescription drugs that are not prescribed to them.
- **Second-year Target Outcome (Objective):** To increase middle school students’ awareness of harm to 16.0% of no risk to the use of prescription drugs that are not prescribed to them.

- **Data Source:** YRBS
- **Description of Data:** The annual The Nevada Youth Risk Behavior Survey (YRBS) administered by the University of Nevada, Reno (UNR). The Nevada YRBS is designed to mirror the YRBSS-CDC with a limited number of questions to monitor six categories of health-related behaviors that contribute to leading causes of death and disabilities among youth and adults.
- **Data Issues or Caveats that affect outcomes:** N/A.

• **Priority Area 5: Synar**

- **Priority Area 5, Goal 1:** To ensure compliance with Synar and to reduce the retail violation rate of tobacco sales to individuals under the age of 21.

- **Current Strategic Plan Strategy 1:** Create a Synar position to increase subject matter expertise, increase efforts to reduce the retail violation rate through merchant education, increase funding to prevention coalitions to address tobacco use among youth with the increase in prevention set aside from 20% to 25%.
- **Progress to Goal in Current Strategic Plan:** Proposed

- **Performance Indicator 1:** Develop a Synar Strategic Plan for Nevada Communities.
- **Baseline:** Develop a Synar Strategic Plan to reflect Synar activities including Nevada T21 regulation.
- **First-year Target Outcome (Objective):** To completed 70% in fiscal year 2022, reflecting updated Synar activities including T21.
- **Second-year Target Outcome (Objective):** To completed 100% in fiscal year 2022, reflecting updated Synar activities including T21.

- **Data Source:** Annual Synar Report
- **Description of Data:** Substance Abuse Block Grant - Synar Act; requires states to provide a complete Annual Synar Report reflecting data collected and community activities impacted.
- **Data Issues or Caveats that affect outcomes:** Removal of Administration support.
- **Data Issues or Caveats that affect outcomes:** T21 is a newly passed Law in Nevada, it will take multiple years to gain community support.

- **Performance Indicator 2:** Reduce and/or maintain the minimum 20% Retail Violation Rate (RFR) of retailer inspections.
- **Baseline:** To reduce the retailer violation rate from 30.4%.
- **First-year Target Outcome (Objective):** To reduce the retailer violation rate inspections by 5%.
- **Second-year Target Outcome (Objective):** To reduce the retailer violation rate inspections by 5%.

- **Data Source:** Annual Synar Report
- **Description of Data:** Annual Synar Report (ASR) provides data on the number of facilities inspected, number of facilities that passed, number of facilities that failed giving and overall violation rate.
- **Data Issues or Caveats that affect outcomes:** The SAMHSA approved Section B of the Annual Synar Report methodology, does not take into consideration Pandemic Delta-Variant.

- **Performance Indicator 3:** Increase the perception of great risk from substances use - Tobacco, Aged 18-25.
- **Baseline:** Increase the perception of great risk in substance use-Tobacco.
- **First-year Target Outcome (Objective):** Increase To increase by 10% the perception of great risk in substance use - Tobacco.
- **Second-year Target Outcome (Objective):** To increase by 10% the perception of great risk in substance use - Tobacco.

- **Data Source:** BRFSS
- **Description of Data:** The Behavioral Risk Factor Surveillance System (BRFSS) is primarily funded by the Centers for Disease Control and Prevention (CDC). Data provided by the BRFSS often informs public health policy and measures progress toward achieving state and national health objectives. The BRFSS is a powerful tool for targeting and building health promotion activities within communities. The BRFSS is only for respondents 18 years and up.
- **Data Issues or Caveats that affect outcomes:** N/A.

- **Priority Area 8: Increase the prevention set aside to 25%⁵⁷**

- **Priority Area 8, Goal 1: To increase funding for primary prevention activities.**

- **Previous Strategic Plan Strategy 1:** Implement prevention activities based on data driven decision through the SEOW and the MPAC.
- **Progress to Goal in Previous Strategic Plan:** Goal Achieved

- The BBHWP worked directly with the states SEOW team and community advisory committees in assessing collected data directly in correlation to Nevada high risk high populated areas. Prevention team conducted combined onsite fiscal/program monitors on each Primary Prevention coalition. Technical Assistance was provided as a result of those findings. Prevention Coalitions adjusted and increased their format of communicating due to COVID-19. The BBHWP worked directly with prevention coalitions to the reduced stressors within the community through increased community work psychological first aid, crisis counseling. Nevada BBHWP primary prevention team has developed a draft strategic prevention plan and an Evidence-Based Practice Manual.

⁵⁷ Nevada Uniform Application FY 2021 Substance Abuse Block Grant Report, Substance Abuse Prevention and Treatment Block Grant ADD SABG REPORT, pp. 8-9.

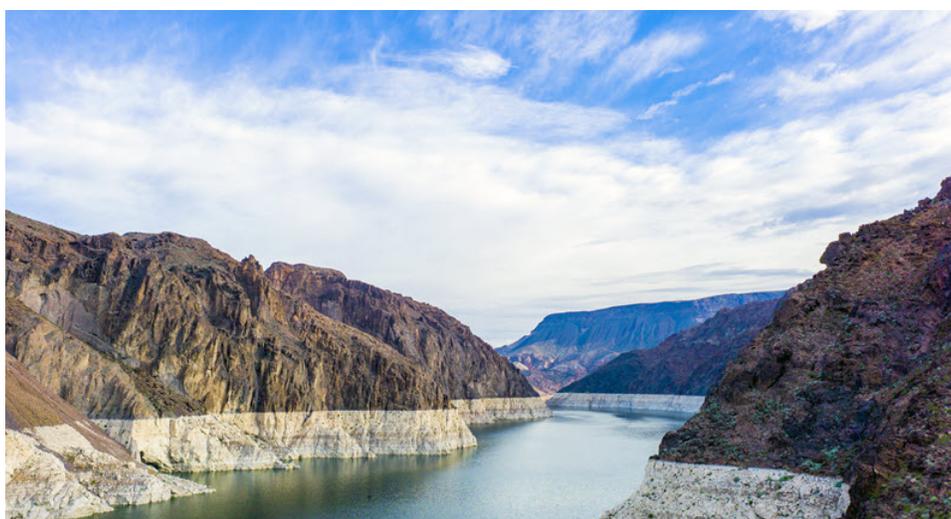
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⁵⁸ Also found in the PFS Strategic Plan Strategic Progress, LLC & Innovative Research and Analysis LLC. (2021). *Five-year Substance Abuse Prevention Plan, State of Nevada, 2018-2023*. A Report for the Nevada Division of Public and Behavioral Health, Substance Abuse Prevention and Treatment Agency, Bureau of Behavioral Health Wellness and Prevention

Nevada Division of Public and Behavioral
Health Substance Abuse Prevention and
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