

SECTIONS A-D: PROJECT NARRATIVE ATTACHMENTS

A1: STATEMENT OF NEED: SUB-RECIPIENT COMMUNITIES

In a twenty four seven (24/7) state, the State of Nevada has a continuous problem with substance use and misuse of alcohol, tobacco, and other drug use. The solution towards strategic prevention framework is to build and work with ten (10) community-based prevention coalitions (Table 1) that serve all Nevada counties. The coalitions are responsible to collect local data and develop a needs assessment and strategic plan for the communities they serve. The final document produced is called the Comprehensive Community Prevention Plan (CCPP). The coalitions also perform community organization work in relation to various issues such as underage drinking, methamphetamine prevention, opioid awareness, mental health promotion, and more. This work is accomplished through issue-oriented coalition development, media efforts, and several environmental strategies; The Youth Risk Behavioral Services (YRBS) and Behavioral Risk Factor Survey Services (BRFSS) data reflects a Nevada need in high risk targeted populations.

Table 1. Community-based Prevention Coalitions

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

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, and those funds are granted through the coalitions to implement evidence-based prevention efforts in the community based on the coalition’s projected CCPP plans in alignment with the State Epidemiological profile trends and data outcomes.

This process towards meeting the needs of Nevada’s high risk population, along with the guidance from the Nevada’s Statewide Epidemiological Organizational Workgroup (SEOW), ensures that funds are allocated according to the demonstrated need in the specific community as shown in Figure 1, in support by the terms and conditions for PFS funding.

A2: STATEMENT OF NEED: ENHANCED INFRASTRUCTURE

Since 2007, the Bureau has been partnered with prevention leaders, community coalitions, sister agencies and county governments to enhance the Nevada's prevention infrastructure through the Strategic Prevention Framework - Partnership for Success (SPF-PFS) development by the Substance Abuse and Mental Health Services Administration (SAMHSA). Since 2007, the Evidence-Based Practice workgroup had 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 ages 9 to 20, across the state that demonstrate high need. From 2019 to 2021, a new format of quality assurance was developed and established to review random selected Evidence-Based Practice programs from each of the ten prevention coalitions. In 2020-2021, Nevada developed and implemented a new Partnership for Success Annual Evidence-Based Practice, Policy and Program reporting tool for each provider to complete. This tool was used to collect and report into the SPARS-EBP section. The next opportunity that Nevada saw as a need was collecting prevention community outcomes data through a survey report. The information collected here was used to complete the SPARS Community Outcomes section. The 10 community prevention coalitions in Nevada that currently receive funding to implement evidence-based practice prevention strategies is part of the overall infrastructure initiative.

The SPF model 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.

SECTION B1: PROPOSED APPROACH: GOALS AND MEASURABLE OBJECTIVES

As there has been a few updates to the baseline secondary data sources since the last annual report, the goals and objectives are being realigned to be further assessed to determine effectiveness or outcomes.

Additionally, the State Evaluator and Program assessor, Strategic Plan developed and implements in February 2021, updated and changed goals and objectives to align with research and data-derived population and need dynamics. As such, in lieu of repurposing the discussion of the goals and objectives from the previous annual report, the Strategic Progress, LLC team and the state has republished the figures depicting progress towards goals and objectives from the previous annual report. Although next year's annual report will include new goals and objectives, these preceding goals and objectives will be revisited with updated baseline data in a separate section of that annual report. Furthermore, the final 5-year evaluation report will also present both sets of goals and objectives separately with the most up-to-date data to indicate where goals and objectives were successfully accomplished and provide some insight to goals and objectives for the next 5-year funding cycle.

The presentation of current status from the FY-2020 annual report is presented in the goals and objectives listed below. The status year in 2019 is being used because of COVID-19 pandemic impacts on data collection of secondary data such as the CDC-YRBSS and the Nevada YRBS administered by University Nevada, Reno(UNR). These datasets should be updated by early 2022 and that data will be

utilized as outlined above to indicate progress to goals and objectives in subsequent reports. One of the gaps identified during this pandemic is related to prevention coalition and statewide programming data to align with these secondary datasets, which could have been collected along with administered programming during the pandemic closures. This gap and potential solutions have been briefly discussed throughout this report and will be further summarized and outlined in the recommendations section of this report.

- **Goal 1:** Reduce the availability of alcohol to 9 – 20-year-old youths.
 - **Goal 1: Objective 1:** By September 29, 2023, coalitions will do media campaigns using evidence-based practice techniques and reach approximately 30% of the population statewide.
 - **Media Campaign reporting:** Conduct evaluation and compliance of Media Campaigns based on Evidence-Based Practice (EBP) documentation and requirements. If not implemented as EBPs, provide recommendations to align Nevada campaigns with EBP requirements.
 - **Population based reporting:** Develop standardized Media Campaign reporting to accurately report coalition-based reach with quality assurance tracking to ensure reach is measurable and comparable to population at coalition jurisdictional level as well as statewide.
 - **Goal 1: Objective 2:** By September 29, 2023, Nevada will reduce the number of high school youth each year that report drinking alcohol prior to age 13 from 18.2% to the end goal of meeting the national average of 15.5% as measured by the Nevada- Youth Risk Behavioral Surveillance Survey.
 - **YRBSS 2019 Question 40:** How old were you when you had your first drink of alcohol other than a few sips?
 - **Realignment in the Nevada YRBS to CDC YRBSS**
 - **Goal 1: Objective 3:** By September 29, 2023, providing mandatory Responsible Beverage Server Training (RBST) in support of the Nevada Revised Statute (NRS) 369.630 through the adoption of local training and established ordinances. (Enhanced infrastructure partners: local governing bodies, law enforcement, Retail and Convenience Store Assoc. representatives, Gaming Industry representatives)
 - **Responsible Beverage Server Training reporting:** Conduct an evaluation of RBST programs implemented based on EBP documentation and requirements. If not implemented as EBP, provide recommendations to align Nevada RBST programs with EBP requirements.
 - **Goal 1 Objective. 4: By September 29, 2023,** implement NRS 202 infrastructure and primary prevention activities that support the prohibition of the sale of alcohol to a person under the age of 18.
 - **Policy Impact Measurement:** As the prohibition of the sale of alcohol to a person under the age of 18 is already a law, this goal should have some policy impact measurement aligned with the NRS 202 infrastructure and implementation therein. This could also be achieved through an official policy brief regarding the

implementation of NRS 202 and proposed methodology for measuring the impact of implementation.

- **Goal 2:** Measure the impact of under-age drinking related community-level ordinances as well as Nevada civil social host liability law (Nevada Revised Statute (NRS) 41.1305) and responsible beverage server training (RBST) (NRS 369) at reducing the occasions and opportunities for underage drinking through education and awareness programs for local and regional governments.
 - **Goal 2: Objective 1:** Reduce the biennial rate of high school students who usually obtained alcohol by someone giving it to them by 5% bi-annual, based on the 2017 YRBSS average of 42.6%; reaching 37.6% by 2019, 32.6% by 2021 and ending with 31.6% by 2023.¹
 - **YRBSS 2019 Question 44:** During the past 30 days, how did you usually get the alcohol you drank?
 - **Realignment in the Nevada YRBS to the CDC YRBSS**
 - **Goal 2 Objective 2:** Increase the number of parents who are trained in legal issues surrounding allowing underage youth to drink alcohol and smoke marijuana in their homes during the grant period, 2018-2023.
 - **Programmatic Evaluation:** Social Host Liability Law as well as several proposed EBPs funded by PFS awards focus on Goal 2 Objective 2 and they should be measured collectively and independently as programs, while also seeking an opportunity to measure the impact of the Social Host Liability Law. To accomplish this, a policy brief summarizing the number of parents trained by coalition defined region and statewide with corresponding socio-economic and geolocational data would create a baseline for model development. The policy brief should also identify a potential policy impact measurement methodology for long-term utilization.
 - **Goal 2: Objective 3:** Increase the number of responsible beverage servers who comply with responsible beverage server training law reporting during each quarter submitted by statewide coalitions.
 - **Responsible Beverage Server Training reporting:** Conduct an evaluation of RBST programs implemented based on EBP documentation and requirements. If not implemented as EBP, provide recommendations to align Nevada RBST programs with EBP requirements. Based on Goal 2 Objective 3, this evaluation should be conducted at the coalition jurisdictional area level of analysis.
- **Goal 3:** Reduce alcohol use among 9- to 20-year-old youth with prevention education focused on zero tolerance for alcohol and marijuana as means to achieve personal goals and aspirations.
 - **Goal 3: Objective 1:** Reduce the number of high school students who report last 30-day use of alcohol from 25.8% in 2017 to 22.8% in 2019 and 19.8% in 2021 and 15.8% in 2023 for a goal reduction of 9%.

¹ Nevada Revised Statutes Chapter 369 – Intoxicating Liquor Licenses and Taxes, age limit from 18 to 21 will be updated to be aligned with Federal Regulation within the required three year transition period.

- **YRBSS 2019 Question 41:** During the past 30-days, on how many days did you have at least one drink of alcohol?
 - **Alignment in the Nevada YRBS to CDC YRBSS**
 - **Goal 3: Objective 2:** Increase the percentage of high school youths who report perception of risk or harm about underage drinking by conducting a point in time survey bi-annually.
 - **Data collected was supported through the Nevada YRBS tables outlined below:**
 - **2019 Nevada YRBS Table 66:** Percentage of high school students who reported that they think people risk harming themselves physically or in other ways when they have five or more drinks of an alcoholic beverage once or twice a week.
 - **2019 Nevada YRBS Table 70:** Percentage of high school student who reported that their parents feel it would be wrong for them to have one or two drinks of an alcoholic beverage nearly every day.
 - **2019 Nevada YRBS Table 74:** Percentage of high school students who reported that their friends feel it would be wrong for them to have one or two drinks of an alcoholic beverage nearly every day.
 - **Realignment in the Nevada YRBS to CDC YRBSS**
 - **Goal 3: Objective 3:** Reduce the number of inpatient admissions related to alcohol use and abuse among Nevada youth.
 - **Goal 3: Objective 4:** Reduce the number of Emergency Room visits related to alcohol use and abuse among Nevada youth.
- **Goal 4:** Reduce marijuana use among 9- to 20-year-old youth.
 - **Goal 4: Objective 1a:** Decrease the number of high school students who have ever used marijuana by 1% each year.
 - **YRBSS 2019 Question 45:** During your life, how many times have you used marijuana?
 - **Alignment in the Nevada YRBS to CDC YRBSS.**
 - **Goal 4: Objective 1b:** Decrease the number of high school students who have used marijuana at least one time in the last 30 days by 4% each year.
 - **YRBSS 2019 Question 47:** During the past 30-days, how many times did you use marijuana?
 - **Alignment in the Nevada YRBS to CDC YRBSS.**
 - **Goal 4: Objective 2a:** Decrease the number of middle school students who have ever used marijuana by 0.5% each year.
 - **YRBSS 2019 Question 28 (Middle School Version):** Have you ever used marijuana?
 - **Alignment in the Nevada YRBS to CDC YRBSS.**

- **Goal 4: Objective 2b:** Decrease the number of middle school students who have used marijuana at least one time in the last 30 days by 1% each year.
 - **2019 Nevada YRBS Table 36 (Middle School Report):** Percentage of middle school students who used marijuana during the 30-days before the survey.
 - **Alignment in the Nevada YRBS to CDC YRBSS.**
- **Goal 5:** Reduce access and utilization of illegal drugs, specifically methamphetamines, among 9- to 20-year-old youth.
 - **Goal 5: Objective 1:** Reduce the number of high school students reported on the YRBSS, methamphetamines from 3.3 to 2.3% bi-annually.
 - **YRBSS 2019 Question 53:** During your life, how many times have you used methamphetamines (also called speed, crystal meth, crank, ice, or meth)?
 - **Alignment in the Nevada YRBS to CDC YRBSS.**
 - **Goal 5: Objective 2:** Increase the number of outreaches for youth population to reduce drug use, specifically methamphetamines, within identified geographical regions.
 - **UNR YRBS 2019 Table 58:** Percentage of high school students who have ever used methamphetamines.
 - **Alignment in the Nevada YRBS to CDC YRBSS.**
 - **Goal 5: Objective 3:** Reduce the number of high school students who were offered, sold, or given illegal drugs on school property by 1% each year.
 - **YRBSS 2019 Question 57:** During the past 12-months, has anyone offered, sold, or given you an illegal drug on school property?
 - **Alignment in the Nevada YRBS to CDC YRBSS.**
 - **Goal 5: Objective 4:** Reduce the number of inpatient admissions related to substance use and abuse among Nevada youth.
 - **Goal 5: Objective 5:** Reduce the number of Emergency Room visits related to substance use and abuse among Nevada youth.

SECTION B2: DESCRIBE THE IMPLEMENTATION OF REQUIRED ACTIVITIES

In addition to the listed strategies for implementation of PFS funded activities in the goals and objectives outline above, there are three other proposed strategies and approaches that will support the implementation and successful administration of PFS funded activities to achieve identified goals and objectives, including:

- 1) A revised and restructured Evidence-Based Practices, Programs, and Policies (EBPPP) Active Workgroup, State Epidemiological Organization Workgroup (SEOW) along with the independent Multidisciplinary Prevention Advisory Committee (MPAC) and associated EBPPP Manual that outlines implementation, evaluation, and compliance support for coalitions, state committees, and BBHWP. The BBHWP aka-SAPTA and our community prevention coalitions have prioritized identifying evidence-based strategies or programs that are grounded in prevention research and,

if implemented with fidelity and are culturally relevant, can achieve measurable outcomes and move the needle on curbing and addressing substance use and abuse. PFS system-wide and coalition-specific support and technical assistance will be promoted and provided through the development and publishing of an EBPPP Manual. This manual will be utilized as a resource center or library of statewide resources for the Nevada's PFS Grant funded community providers and implemented EBPPPs, as well as a fundamental component of Quality Assurance and Quality Compliance monitoring and annual evaluation. Annual reporting surveys have also been implemented in 2019-20 with plans to continue 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 tools are designed and implemented during this Strategic Plan period with the goal of increasing evaluative capacities of the PFS funded coalitions, BBHWP, and the State of Nevada.

Nevada's continued goals are to increase the strategic prevention framework through implementation of evidence-based activities which include:

- a. 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.
 - b. 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.
 - c. Approval of EBPPPs (Federally recognized and Clearinghouse supported), Waiver-based EBPPPs, and non-EBPPPs requiring provisional approval.
 - d. Maintaining a list of evidence-based programs in alignment with the groupings presented in (c) above. This EBPPP list should include those programs funded by the state to help BBHWP manage available resources strategically.
- 2) 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 to assist policymakers identify which investments are generating positive results and use this information to better prioritize and direct funding. A revised and more comprehensive Disparity Impact Statement as outlined previously in this Continuation Application, which support the PFS Strategic Framework Guiding Principle of Cultural Competence. The 2019-20 Disparity Impact Statement

identified five disparity groupings and two grade-based milestones for progress assessments. From a progress assessment and planning perspective, the grade-based milestones were selected as 8th and 10th grades, which provides an overview of younger programming impacts at 8th grade and status check on high school level programming at 10th grade. These also align with available data from the CDC-YRBSS, and the Nevada administered version of the YRBS that survey middle school and high school students. While the 8th grade milestone provides a summary of program impacts from middle school and younger targeted programming, it also serves as a baseline for high school programming assessments. The 10th grade milestone offers the opportunity to assess the increased risks and availability of alcohol and substances as well as compared to the 8th grade baseline data to determine if there are changing trends and needs for PFS funding to address. The five disparity groupings, which were discussed in the 2019-20 Disparity Impact Statement and will continue as the disparity foundation efforts as varying on a regional or geolocational basis that could be aligned with coalition service areas, include:

- a. Tribal, Rural, and Urban Majority-Minority Youths;
 - b. LGBTQ+ Youths;
 - c. Youths with Active-Duty Military Parent(s)
 - d. Youths living in Poverty; and
 - e. Health-based Disparities related to alcohol and substance abuse:
 - i. Inpatient Hospitalizations and
 - ii. Emergency Room Visits
- 3) For data-specific needs, BBHWP and supporting contractors are working collaboratively with the University of Nevada, Reno to modify the Nevada administered version of the CDC-YRBSS, which surveys a random sample from all Nevada middle and high schools. This more collaborative partnership will support data collection at the state and coalition regional levels that aligns with recommended individual level data collection and tracking procedures that will yield more robust analysis capacities. One of the fundamental adaptations recommended by the current evaluation contractor is the collection of individual level data at the program level within each funded coalition to align with nationally and statewide reported baselines. Developing a comprehensive and standardized data collection procedure in this fashion creates comparative analytical modeling using advanced statistical methodologies to identify correlations in the data and test for statistical significance related to program impacts. The methodological approach for conducting future analyses is outlined and modeled in the updated 202-2021 Evaluation Plan.

SECTION B3: PROVIDE A CHART OR GRAPH DEPICTING A REALISTIC TIME LINE FOR THE ENTIRE 5 YEARS OF THE PROJECT PERIOD

As part of this Continuation Application, the initially provided timeline has been updated to include some key accomplishments to date in the subsequent section. Following the updated timeline, a report

on progress towards previously stated goals is presented along with recommendations, expectations, and milestones related to progress towards overall PFS goals and objectives going forward. Descriptions and discussions of barriers to accomplishments and actions taken to overcome difficulties will continue to be presented throughout supporting narrative. While there are other programmatic or evaluation-focused timelines, the overall timeline below has not modified structurally, and any developed timelines related to evaluation, monitoring, and compliance can be aligned to presented activities in the table below.

Activity	Milestones	Responsible Staff	Deadline
Renew Evaluator Contractor	Contact organizations that are part of the Master Services Agreement, and/or issue a Request for Proposal (RFP) to solicit proposals. <i>This has been accomplished.</i>	BBHWP aka: SAPTA Program and Projects Manager and Office Manager	04/01/2021
EBPPPAW working collaboratively with the MPAC/SEOW.	Workgroup sets up regular meeting schedule; creates logic model of goals, strategies, and timelines. <i>The EBPPP Active Workgroup (EBPPPAW) has been restructured in 2021 to improve strategic support role.</i>	Project Supervisor and EBPPPAW Liaison	10/31/2018 Through 09/29/2023
Enhance Capacity Building / Implementation Plan.	Funding Guidelines for Communities of High Need established. In progress-rescheduled due to COVID-19 restrictions; meeting was rescheduled.	Prevention Staff working with State Epidemiological Organizational work group (SEOW).	12/31/2021 Revised: 4/15/2022
Develop an Evaluation Plan and submit to SEOW and MPAC for feedback	Develop a State and Community-level process and outcome evaluation. <i>The Evaluation Plan has been completed, the presentation to SEOW and MPAC has been rescheduled due to COVID-19 restrictions.</i>	Project Supervisor; Data Supervisor, and Management Analyst, Contracted Evaluator	05/01/2021 Revised: 1/28/2022
Implement Proposed Plan	Award 85 percent of funding to communities of high need. <i>Accomplished in 2020 and 2021.</i>	Project Director, Project Supervisor, Fiscal Staff; and Prevention Team	09/30/2018 Through 09/29/2023
Complete Evaluation of Project	Evaluation Report submitted to BBHWP aka-SAPTA BBHWP (SAPTA)/SAMHSA/ CSAP – <i>Annual evaluation reporting is being conducted to track goals</i>	Project Director, Contracted External Quality Review/Prevention Evaluator	09/29/2023

	<i>and objectives pursuant to overall goals and objectives.</i>		
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B3.1 REPORT ON PROGRESS RELATIVE TO PREVIOUSLY APPROVED OBJECTIVES, INCLUDING PROGRESS ON EVALUATION ACTIVITIES:

The 2021-2022 Annual PFS Evaluation Report featured a goal-by-goal and objective-by-objective evaluation of progress towards stated goals and objectives for the PFS funding award period ending 29 September 2023. As part of the evaluation of progress towards stated goals and objectives, feedback about outcomes identified were provided, key accomplishments were identified, and recommendations for modifications or adaptations to specific goals and/or objectives were incorporated as appropriate from all ten prevention coalitions. The outcomes presented in the following summary of initial goals and objectives submitted in the initial 2019 led to the development of newly presented goals and objectives for the remainder of the funding period and in alignment with the most recently completed Strategic Plan (2021-2023).

GOAL 1: Reduce the availability of alcohol to 9 – 20-year-old youths.

Objective 1: By September 29, 2023, coalitions will conduct media campaigns using evidence based practice techniques and reach approximately 30% of the population statewide.

- Media Campaign reporting: Conduct evaluation and compliance of Media Campaigns based on Evidence-Based Practice (EBP) documentation and requirements. If not implemented as EBPs, provide recommendations to align Nevada campaigns with EBP requirements
- Population-based reporting: Develop standardized Media Campaign reporting to accurately report coalition-based reach with quality assurance tracking to ensure reach is measurable and comparable to population at coalition jurisdictional level as well as statewide.

Objective 2: By September 29, 2023, Nevada will reduce the number of high school youth each year that report drinking alcohol prior to age 13 from 18.2% to the end goal of meeting the national average of 15.5% as measured by the Nevada- Youth Risk Behavioral Surveillance Survey.

- YRBSS 2019 Question 40: How old were you when you had your first drink of alcohol other than a few sips?
- Realignment in the Nevada YRBS to CDC YRBSS

Objective 3: By September 29, 2023, providing mandatory Responsible Beverage Server Training (RBST) in support of Nevada Revised Statute (NRS) 369.630 through the adoption of local training and established ordinances. (Enhanced infrastructure partners: local governing bodies, law enforcement, Retail and Convenience Store Association and Gaming Industry representatives.)

- Responsible Beverage Server Training (RBST) reporting: Conduct an evaluation of RBST programs implemented based on EBP documentation and requirements. If not implemented as EBP, provide recommendations to align Nevada RBST programs with EBP requirements.

Objective 4: By September 29, 2023, implement NRS 202 infrastructure and primary prevention activities that support the prohibition of the sale of alcohol to a person under the age of 21.

- Policy Impact Measurement: As the prohibition of the sale of alcohol to a person under the age of 21 is already a law, this goal should have some policy impact measurement aligned with the NRS 202 infrastructure and implementation therein. This could also be achieved through an official policy brief regarding the implementation of NRS 202 and proposed methodology for measuring the impact of implementation.

GOAL 2: Measure the impact of under-age drinking related community-level ordinances as well as Nevada civil social host liability law (Nevada Revised Statute (NRS) 41.1305) and Responsible Beverage Server Training (RBST) (NRS 369) at reducing the occasions and opportunities for underage drinking through education and awareness programs for local and regional governments.

Objective 1: Reduce the biennial rate of high school students who usually obtained alcohol by someone giving it to them by 5% bi-annual, based on the 2017 YRBSS average of 42.6%; reaching 37.6% by 2019, 32.6% by 2021 and ending with 31.6% by 2023.4

- YRBSS 2019 Question 44: During the past 30 days, how did you usually get the alcohol you drank?
- Realignment in the Nevada YRBS to CDC YRBSS

Objective 2: Increase the number of parents who are trained in legal issues surrounding allowing underage youth to drink alcohol and smoke marijuana in their homes during the grant period, 2018-2023.

- Programmatic Evaluation: Social Host Liability Law as well as several proposed EBPs funded by PFS awards focus on Goal 2 Objective 2 and should be measured collectively and independently as programs, while also seeking an opportunity to measure the impact of the Social Host Liability Law. To accomplish this, a policy brief summarizing the number of parents trained by coalition defined region and statewide with corresponding socio-economic and geolocational data would create a baseline for model development. The policy brief should also identify a potential policy impact measurement methodology for long-term utilization.

Objective 3: Increase the number of responsible beverage servers who comply with responsible beverage server training law reporting during each quarter submitted by statewide coalitions.

- Responsible Beverage Server Training (RBST) reporting: Conduct an evaluation of RBST programs implemented based on EBP documentation and requirements. If not implemented as EBP, provide recommendations to align Nevada RBST programs with EBP requirements. Based on Goal 2 Objective 3, this evaluation should be conducted at the coalition jurisdictional area level of analysis.

GOAL 3: Reduce alcohol use among 9- to 20-year-old youth with prevention education focused on zero tolerance for alcohol and marijuana as means to achieve personal goals and aspirations.

Objective 1: Reduce the number of high school students who report last 30-day use of alcohol from 25.8% in 2017 to 22.8% in 2019 and 19.8% in 2021 and 15.8% in 2023 for a goal reduction of 9%.

- YRBSS 2019 Question 41: During the past 30-days, on how many days did you have at least one drink of alcohol?
- Realignment in the Nevada YRBS to CDC YRBSS

Objective 2: Increase the percentage of high school youths who report perception of risk or harm about underage drinking by conducting a point in time survey bi-annually.

- 2019 Nevada YRBS Table 66: Percentage of high school students who reported that they think people risk harming themselves physically or in other ways when they have five or more drinks of an alcoholic beverage once or twice a week.
- 2019 Nevada YRBS Table 70: Percentage of high school student who reported that their parents feel it would be wrong for them to have one or two drinks of an alcoholic beverage nearly every day.
- 2019 Nevada YRBS Table 74: Percentage of high school students who reported that their friends feel it would be wrong for them to have one or two drinks of an alcoholic beverage nearly every day.
- Realignment in the Nevada YRBS to CDC YRBSS

Objective 3: Reduce the number of inpatient admissions related to alcohol use and abuse among Nevada youth.

Objective 4: Reduce the number of Emergency Room visits related to alcohol use and abuse among Nevada youth.

GOAL 4: Reduce marijuana use among 9- to 20-year-old youth with prevention education focused on zero tolerance for alcohol and marijuana as means to achieve personal goals and aspirations.

Objective 1a: Decrease the number of high school students who have ever used marijuana by 1% each year.

- YRBSS 2019 Question 45: During your life, how many times have you used marijuana?
- Realignment in the Nevada YRBS to CDC YRBSS

Objective 1b: Decrease the number of high school students who have used marijuana at least one time in the last 30 days by 4% each year.

- YRBSS 2019 Question 47: During the past 30-days, how many times did you use marijuana?
- Realignment in the Nevada YRBS to CDC YRBSS

Objective 2a: Decrease the number of middle school students who have ever used marijuana by 0.5% each year.

- YRBSS 2019 Question 28 (Middle School Version): Have you ever used marijuana?
- Realignment in the Nevada YRBS to CDC YRBSS

Objective 2b: Decrease the number of middle school students who have used marijuana at least one time in the last 30 days by 1% each year.

- 2019 Nevada YRBS Table 36 (Middle School Report): Percentage of middle school students who used marijuana during the 30-days before the survey.
- Realignment in the Nevada YRBS to CDC YRBSS

GOAL 5: Reduce access and utilization of illegal drugs, specifically methamphetamines, among 9- to 20-year-old youth.

Objective 1: Reduce the number of high school students reported on the YRBSS, methamphetamines from 3.3 to 2.3% bi-annually.

- YRBSS 2019 Question 53: During your life, how many times have you used methamphetamines (also called speed, crystal meth, crank, ice, or meth)?
- Realignment in the Nevada YRBS to CDC-YRBSS

Objective 2: Increase the number of outreaches for youth population to reduce drug use, specifically, methamphetamines, within identified geographical regions.

- UNR YRBS 2019 Table 58: Percentage of high school students who have ever used methamphetamines.
- Realignment in the Nevada YRBS to CDC-YRBSS

Objective 3: Reduce the number of high school students who were offered, sold, or given

illegal drugs on school property by 1% each year.

- YRBSS 2019 Question 57: During the past 12-months, has anyone offered, sold, or given you an illegal drug on school property?
- Realignment in the Nevada YRBS to CDC-YRBSS

Objective 4: Reduce the number of inpatient admissions related to substance use and abuse among Nevada youth.

Objective 5: Reduce the number of Emergency Room visits related to substance use and abuse among Nevada youth.

B3.2 RECOMMENDATIONS FROM THE 2020-21 ANNUAL PFS EVALUATION REPORT THAT SPEAK TO BOTH ISSUES EXPERIENCED AND SOLUTIONS FOR EXPERIENCED ISSUES AS WELL AS MILESTONES ANTICIPATED WITH THIS CONTINUATION FUNDING REQUEST.

Recommendations:

As in the previous iteration of the annual evaluation report, there are carry-over recommendations from previous years that were not yet accomplished as well as current year recommendations. The carry-over recommendations are presented after the current year recommendations of which there are four that are labeled FY-2021 Recommendation 1-4.

- FY-2021 Recommendation 1, Align with Strategic Plan: As discussed in a previous section, there is a newly published PFS Strategic Plan with updated goals and objectives. The PFS programming in FY-2022 should seek to align with those goals and objectives such that evaluation work and deliverables can begin to measure progress towards stated goals and objectives on an annual basis throughout the remainder of this five-year award schedule.
- FY-2021 Recommendation 2, Individual Data Level Collection: A series of individual level data collection instruments need to be developed that align with the Strategic Plan goals and objectives as well as the YRBSS and YRBS baseline data. This will improve reporting capabilities and improve the robustness of evaluation activities.
- FY-2021 Recommendation 3, Provide Training and Technical Assistance (TA) to Prevention Coalitions: Training and TA should include at least 4 training or TA sessions related to data collection, reporting, EBPPPs, implementation strategies, or other identified needs based on coalition feedback.
- FY-2021 Recommendation 4, Conduct Formalized Outcome Evaluation: To date there has not been capacity to conduct robust evaluation of outcomes because of limited individual level data beyond secondary baseline sources. FY-2022 evaluation work should seek to deploy the proposed evaluative framework training, which is a formalized evaluative model that will enable reporting of outcomes to occur at the individual, community, Prevention Coalition, and statewide levels of analysis. This approach will help to create and foster a scalable and sustainable data driven system for prevention in Nevada.

In addition to the proposed Recommendations presented precedingly in this section, it is recommended that the Nevada BBHWP continue to address the recommendations presented in previous years that have not yet but accomplished or achieved. Although those recommendations are outlined in detail previously in this report, the pending, in-progress, or not yet completed recommendations from previous years are again presented below to help guide the activities, deliverables, and work products during FY-2022.

RECAP RECOMMENDATIONS:

- FY-2020 Recommendation 3: Continue collaboration with UNR to revise the CDC-YRBSS to include critical variables to funded and proposal-based projects. This work should seek to better align and connect the YRBS with the CDC-YRBSS and identify linkages to individual and community level data collection.
- FY-2020 Recommendation 4: Increased reliance on analytical modeling and analysis.
- FY-2020 Recommendation 6: Continue to work to achieve and complete the applicable Initial Recommendations, including ongoing monitoring and compliance reviews of the following Initial

Recommendations (FY2018-FY2021):

○ **Initial Recommendation (IR) 12. Rethink Outcome Metrics & Data Resources:** Align the timing and content of reports from data providers including the epidemiology profiles, YRBS, and other surveys, with the needs of SAPTA and the coalitions with their planning processes. The YRBS for example, needs to show at least statewide breakdowns by gender and age so that there are clear implications for program action and targeting special needs groups. Add the capability for each coalition to add their own questions to the survey based on local needs (The Leading Edge, 2019, p. 14).

○ **Initial Recommendation 6. Participant Protections:** Shore up confidentiality and data collection and disposal procedures. Local evaluation surveys do not appear to be uniformly tested for validity and reliability. The commonly cited pre/post tests may be a place to start to develop a common tool for presentations for example (The Leading Edge, 2019, p. 13).

○ **Initial Recommendation 11. Rethink Outcome Metrics & Data Resources:** Realign the outcome metrics of PFS to include community and environmental strategies that PFS program are designed to impact. Develop plans and outcomes that are not tied solely to the YRBS. Include successes in strategies and partnerships in coalition reports (The Leading Edge, 2019, p. 14).

FY-2020 Recommendation 7: Initial recommendations that had not been implemented at the time of the writing this report but were modified for on-going utility to the PFS program are included below as new recommendations to be implemented before the 2020-21 Annual PFS Evaluation Report. The initial recommendations include Initial Recommendation 6 (IR-6) and Initial Recommendation 11 (IR-11).

○ **IR-6 Recommendation 1:** Design a confidentiality and data collection and disposal Standard Operating Procedure to include a BBHWP approved confidentiality agreement, document retention and destruction timeline, and document destruction verification agreement.

o **IR-6 Recommendation 2:** As part of monitoring and in collaboration with the EBPPP Active Workgroup, review proposed EBPPPs to determine if available tools and instruments are being used to implement proposed EBPPPs. Using the EBPPP Manual, coalitions should be monitoring for compliance with EBPPP-specific standards to include utilization of available tools, surveys, and other instruments.

o **IR-6 Recommendation 3:** Any local survey or data collection instrument needs to be reviewed and approved by BBHWP and the Strategic Progress, LLC team (in support of BBHWP review and approval recommendation). Fundamentally, any tool, instrument, or survey administered at a coalition-level needs to be reviewed by BBHWP to ensure alignment with state and Federal requirements; determine wider applicability of the tool, instrument, or survey; maintain continuity of data collection, integration, analysis, and reporting; and adhere to compliance standards.

o **IR-11 Recommendation 1:** Create coalition-based versions of all statewide PFS goals and objectives.

o **IR-11 Recommendation 2:** Design data collection tools to support the collection, integration, analysis, and reporting of coalition-based data in alignment with statewide analyses (which will support more methodologically robust analysis capacities).

o **IR-11 Recommendation 3:** Design individual participant data collection tools, instruments, and surveys to align with YRBS data as well as statewide and coalition area specific goals and objectives.

o **IR-11 Recommendation 4:** Develop annual or semi-annual coalition-specific whitepaper or two-page progress reports to highlight current initiatives, summarize activities, report progress or outcomes, identify limitations or issues, and capacity build with coalitions.

SECTION C.1 ORGANIZATION EXPERIENCE

The Nevada SPF-PFS project is housed at the Division of Public and Behavioral Health within the Bureau of Behavioral Health Wellness and Prevention (BBHWP) also known as the Substance Abuse, Prevention and Treatment Agency (SAPTA); Nevada's Single State Agency (SSA) for addressing substance abuse. The BBHWP has been designated as substance abuse prevention and treatment agency by the Nevada Legislature, as outlined in Nevada Revised Statutes (NRS) Chapter 458. BBHWP has received SPF-PFS funds beginning September 30, 2013. The focus of the award has been Alcohol, Marijuana, Methamphetamines, and other prescription drug abuse/misuse. The Bureau is responsible for administering the Substance Abuse Block Grant, two other federally funded grants, two State-funded awards, State-funded projects, and for coordinating and overseeing statewide prevention and treatment programming.

The BBHWP works to reduce the impact of substance abuse in Nevada ages 9- to 20-year-old through identification of alcohol and drug abuse concerns of Nevadans and by supporting a continuum of services including prevention, early intervention, treatment, and recovery support. The BBHWP provides regulatory oversight and funding for community-based public and not-for-profit organizations. The BBHWP requires Prevention Certification Specialist, Health Program Specialist, a Grants and Project Analyst along with a Health Program Manager. And the BBHWP is responsible for enhancing the development, implementation and sustaining a state plan and needs assessment for prevention and

treatment; coordination of state and federal funding; and development of standards for the certification of prevention and treatment programs.

In Nevada, primary prevention services are not provided directly by the State agency; rather BBHWP supports local services through the existing prevention coalition structure and prevention agencies/organizations. These organizations have expertise in the planning, management, and prevention programs. Nevada continues to work with the deliverance of evidence-based practice prevention services of all communities.

SECTION C.2: PROVIDED- A COMPLETE LIST OF STATE POSITIONS

Name and Title	Position	Project FTE	In-Kind FTE
Shannon Bennett, Bureau Chief	Project Director for the Nevada SPF-PFS Project		.20
Tracy Palmer, MSW, Lic. Health Program Manager II	Program Manager for the Nevada SPF-PFS Project		.30
Madison Lopey, Health Program Specialist II	Staff/ State Epidemiologist to collect, analyze, and disseminate data through SEOW.		.40
Antonia Capparelli-Twait Health Program Specialist I	Staff Prevention Analyst to Provide oversight of funded coalitions/ programs	1.0	
Management Analyst II	Provide fiscal support and review to the Nevada SPF-PFS Project		.10
Grants & Projects Analyst II	Fiscal Analyst to provide assistance to staff for the Nevada SPF-PFS Project		.10
Ben Trevino, Administrative Assistance III	Staff Administrative Assistance to serve as assistant to the prevention staff	1.0	
Accounting Assistant	Assistant to the financial staff		.10
Contractors: Community-Based organizations; University of Higher Education; Evaluation contractor	Please see budget Narrative for more details.		

The BBHWP works successfully with each prevention coalition to understand and address the cultural competence challenges in their communities. One Health Program Specialist is assigned to oversee the ten PFS prevention coalitions. The BBHWP prevention analysts and a contracted evaluated is assigned to provide personal one on one attention. The prevention analysts also perform routine onsite visits and attend monthly coalition meetings to become familiar with local issues.

Each year the BBHWP-funds a coalition for its unique infrastructure for prevention and was formed with the goal of assuring community-wide input, representation, and commitment from the people and cultures served by each of the coalitions. Services are selected, developed, and led by people from the

high-risk target population, and messages and materials translated to fit the language of the target population. This coalition funding structure allows each county/community to conduct their own strategic planning process to implement and fund prevention activities that fit the populations and cultures in their communities. Each coalition director works directly with program staff to assure the reduction of underage drinking, marijuana and methamphetamines are addressed in ages 9 through 20 and that high-risk population groups such as Tribal Communities, Military youth, and families along with the LGBTQ+ youth are part of Nevada's focus in prevention.

The SPF-PFS Project will follow this format allowing the selected communities to guide their own community prevention activities that will meet the grant goals. Each coalition has a successful history of discussing prevention issues with their community: from identifying problematic community conditions and gaps; to selection of strategies to improve these conditions; to reviewing evaluation results to understand the outcomes of their efforts.

SECTION D: DATA COLLECTION AND PERFORMANCE ASSESSMENT

Section D.1: Provide Specific information about how you will collect the required data for this program.

In addition to the previously utilized sources of data, the 2021-22 Evaluation Plan will seek to incorporate feedback, data, and guidance from the Statewide Epidemiological Organizational Workgroup (SEOW) and the EBPPP Active Workgroup, which will support the adherence of funded programs to federal requirements and reporting of outcomes. The integration of SEOW and the EBPPP Active Workgroup as data sources will ensure a more standardized data collection process that will improve data integrity and quality, which will in turn increase the capacity of reporting outcomes at the individual, community, and statewide lenses of analysis. To summarize, the 2021-22 PFS Evaluation Plan will utilize the following data sources:

- Office of Public Health Informatics and Epidemiology (OPHIE)
- Nevada Youth Risk Behavior Survey (YRBS) conducted by UNR
- Youth Risk Behavior Surveillance System (YRBSS) managed by the Center for Disease Control (CDC)
- U.S. Census Bureau Annual and 5-year Data files
- Coalition-based programmatic data including EBPPP and non-EBPPP data
- SEOW-Epidemiological Profile and EBPPP Active Workgroup data

The 2021-22 PFS Evaluation Plan will incorporate the PFS Goals and Measurable Objectives 2 in data collection, template design, and related training and TA support to the coalitions. While there is an updated Strategic Plan that will recommend changes to the goals and objectives, incorporating these into evaluation planning activities is imperative to measuring impact effectively. Program data at the individual level, holistic programmatic data, community-based data, and statewide data will be aligned, monitored, and evaluated consistently with stated goals and objectives. As introduced at the beginning of this section, the goal for the Strategic Progress, LLC team is to have a draft of the 2021-22 PFS

Evaluation Plan ready for BBHWP review as early as mid-January so the coalitions can be provided the expectations for evaluation in February. For the 2021-22 PFS Evaluation Plan, the goal is to have the Evaluation Plan prepared and ready for coalitions to refer to during SOW development. This is part of the state's transparency initiative with the goal of creating streamlined, data-derived, evaluation-focused proposals that are designed to incorporate measurable impact for stated goals and objectives into project proposal and planning activities.

Periodic reporting to BBHWP by the coalitions will be strengthened in line with the state goals and logic models and the identified needs of the coalitions. Similarly, the evaluation process will focus on all activities of the coalitions and move from a largely descriptive process to an analytical approach consistent with the PFS model of data analysis, feedback, and improvement. Mid-year learning conversations based on reports from the coalitions will be conducted. EBP program fidelity monitoring will be included in the evaluations and conducted at least annually. In addition, the evaluator will be charged with reviewing local data collection protocols and providing technical assistance for participant protection procedures which are currently inconsistently managed.

Meetings of the Nevada EBPPAW have begun again in the Spring of 2021 and have been continued to be scheduled monthly. There are members representing multidisciplinary high risk targeted population, BBHWP staff, a coalition leader, community partners and practitioners. The EBP moved from a workgroup divided into three working subcommittees: the coalitions group to assist in mentoring and feedback; the Research Scientists group, and a Policies group to delineate guidelines for operation of the entire workgroup. The EBP has moved to an active random selection evaluation of program EBP.

(1) The state has adopted SAMHSA's list of evidence-based programs as a starting point in order to provide guidance to aid the coalition's planning efforts. The 2009 SAPTA policy on EBP definitions is being modified to bring it up to date and include implementation fidelity guidelines. It is anticipated that this document will be approved by the SAPTA Advisory Board at their August 2019 meeting.

(2) Templates are developed and implemented to allow evaluation by the EBP active workgroup members to approve for other programs for implementation.

(3) A procedural framework for the coalitions is in place in time for this fiscal year's funding cycle proposals to ensure review of proposed activities are consistent with the utilization of EBP's in Nevada.

(4) Procedures for monitoring implementation fidelity are in the process of being developed. Bureau of Behavioral Health Wellness and Prevention hereafter referred to as the Bureau will use the data from the 2019 *Epidemiological Profile* to help partners develop and implement data-driven strategies regarding underage drinking and marijuana use/misuse. 2019 YRBS data is citing in Section A2 regarding high school and middle school alcohol consumption and marijuana use. The Bureau will work with the Office of Analytics to report data at the county and/or service area level. The youth Risk Behavioral Survey (YRBS) comes from the University of Nevada, Reno (UNR). The data will allow the coalitions to identify goals and objectives that are relevant to their communities in reducing underage drinking and marijuana use/misuse. Such goals and objectives will strengthen the county/or service area infrastructure in developing stronger and lasting partnerships with local organizations. Coalitions and their partners will be required to implement evidence-based programs, policies, and practices that best address underage drinking, marijuana and methamphetamine use/misuse as approved by the Evidence Based Practices workgroup (EBP).

The Bureau will partner with and support the Statewide Epidemiological Organizational Workgroup (SEOW) and the Office of Analytics to collect data on the prevalence of underage drinking, marijuana use, and methamphetamine use. This will be accomplished primarily through the administration of the YRBS. The SEOW and the Office of Analytics will direct and collaborate with the coalitions and their partner agencies in developing data collection and reporting strategies.

The Bureau will lend technical assistance and support in helping the coalitions and their partner agencies build capacity in high-need communities. This will be accomplished by collecting and reviewing county or service area specific data and directing additional funding resources to areas of need based on prevalence data as funding is available. The coalitions' PCC's will be reviewed by SAPTA and evaluation staff and integrated into a consistent logic model tracking needs to program identification and implementation to outcomes. For the PFS project the SEOW will be the data driving force. The data will be provided to the Multi-disciplinary Prevention Advisory Committee (MPAC) who will advise the SAPTA advisory group which will forward what is approved to the Bureau on priority goals and objectives. Activities to achieve goals and objectives will be reviewed by an expert panel of the evidence-based practices workgroup (EBP) prior to implementation and strategies will be shared back to the (MPAC) to advise coalitions and the bureau on evidence-based strategies, if necessary.

Some of the strategies to address alcohol in youth may include education of community members and local law enforcement on the benefits of actively enforcing the statute. It has been shown that compliance rates remain above 90% when enforcement is happening. When enforcement is not happening, compliance rates drop to 55%. (NV Juvenile Justice Programs Office -Underage Drinking data 2017) High-need communities will be identified with the collection of county level and service area level data. Coalitions and partner organizations will use the data to build the needed capacity to reduce the prevalence of underage drinking, methamphetamine, and marijuana use/misuse. The coalitions will use the data available from the YRBS to determine the population where their efforts at the schools with the greatest usage of alcohol, methamphetamine, and marijuana. The coalitions will then collaborate with the local schools to provide classroom instruction in before and after school programs, which may include programs such as **After School Extended Service Schools Initiative** using programs such as **Too Good For Drugs**. The coalitions will monitor outcomes of the programs to determine the level of understanding and will report that data on their quarterly reports.

The coalitions will provide parenting classes at the community level through collaboration with the schools and juvenile probation departments to assist families with children at greatest risk of substance abuse such as methamphetamine use. The coalitions will use evidence-based parenting curriculums such as **Parenting Wisely, and Botvin Life Skills**. The coalitions will collect data consistent with the EBP program protocols to determine level of understanding and report the data on their quarterly reports. Nevada will address Methamphetamine use in several ways as well. Methamphetamine use has declined in Nevada recently with the exception being those population areas with the fewest resources. Our Native American and poorest communities continue to experience more health impacts due to methamphetamine use. The coalitions within the state who have Native American populations within their service areas will partner with those targeted populations and provide culturally sensitive evidence-based programming to the youth and their families. They will incorporate **Talking Circles, Strengthening Families Parenting**, using the **Bicultural Competence Skills Approach**. In Hispanic communities, the coalitions will be incorporating **Family Effectiveness Training**. In African American families, the coalitions will be using **Strong African American Families (SAAF)** for parenting and **Protecting You/Protecting Me** for use in elementary school prevention efforts.

Some research suggests that early intervention with children has lasting effects on methamphetamine use. The programs in the study included after school programming, family strengthening programs and Life Skills programs. Thus, approaches to methamphetamine use will be through these early prevention programs. Coalitions will be encouraged to include these prevention strategies in their communities. Media campaigns will address the special needs of Nevada which depends so heavily on the entertainment industry and impact social norms and attitudes. Thus, much of the work supported by the PFS grant award includes environmental strategies including the usage of social media, brochure campaigns, and poster campaigns. There is inconsistent scientific evidence of the effectiveness of media campaigns on at risk populations behavior. Therefore, the coalitions will have to use their due diligence to find those that may be promising or best practice programs. The coalitions will focus on **Social Norming Campaigns** to begin to modify the perception at the community level regarding the use of alcohol, marijuana and methamphetamines by youth who are 9-20 years old and use professional agencies to pre-test, prior to implementation, the message, and the media best suited to reach their desired target audience. Statewide coordination to pool resources will also be encouraged.

If you have any questions, please contact Health Program Specialist, Antonia Capparelli-Twait at (775) 684-2217 or acapparelli@health.nv.gov .