



# Five-Year Substance Abuse Prevention Plan State of Nevada 2018-2023

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 Summary

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.

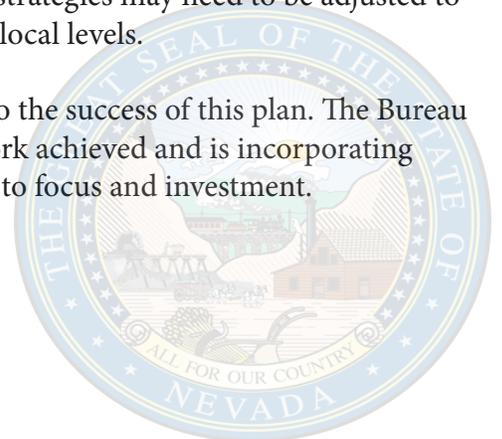
The Nevada Strategic Prevention Framework (SPF) Partnership for Success (PFS) program is managed and implemented by the DPBH. Funding for Nevada's SPF-PFS program is provided by the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Prevention (CSAP) Strategic Prevention Framework - Partnerships for Success 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 2018-2023 Five-Year Substance Abuse Prevention Strategic Plan for the State of Nevada is a tailored strategic plan utilizing a statewide approach, and outlining a shared vision and mission, as well as 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 2017 and 2020. 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.

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 Steering Committee drafted performance indicators to guide both the planning process and its implementation to guide its work between June 2017 and June 2020. Strategies were also identified to help launch implementation. Note that while goals and objectives are intended to stay fixed during the plan term, strategies may need to be adjusted to reflect the most current situations at the federal, state, and local levels.

Regular use, review, and updates to the public are critical to the success of this plan. The Bureau is publishing this update to the original grant goals and work achieved and is incorporating recently available 2019 data to support and justify changes to focus and investment.



# Introduction and Purpose

Nevada’s Substance Abuse Prevention and Treatment Agency (a.k.a. the Bureau) works to reduce the impact of substance abuse in Nevada. This is accomplished through the identification of the alcohol and drug abuse needs of Nevadans and by supporting a continuum of services including prevention, early intervention, treatment, and recovery support. The Bureau provides regulatory oversight and funding for community-based public and non-profit organizations. The Bureau is also responsible for the development and implementation of 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. The Bureau’s services are unique when compared to the public adult and children’s mental health services - all of the Bureau’s prevention and treatment services are provided in the community by private non-profit providers. The Bureau provides no direct services.

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.**

The Center for the Application of Substance Abuse Technologies (CASAT) at the University of Nevada, Reno (UNR) contracted to certify and the Bureau funds 19 substance abuse treatment providers at 55 sites throughout the state. CASAT also certifies 60 other organizations that provide treatment services in the state. These certified and/or funded programs provide a continuum of care and recovery support services ranging from 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.

In addition, the Bureau funds 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 a number of environmental strategies.

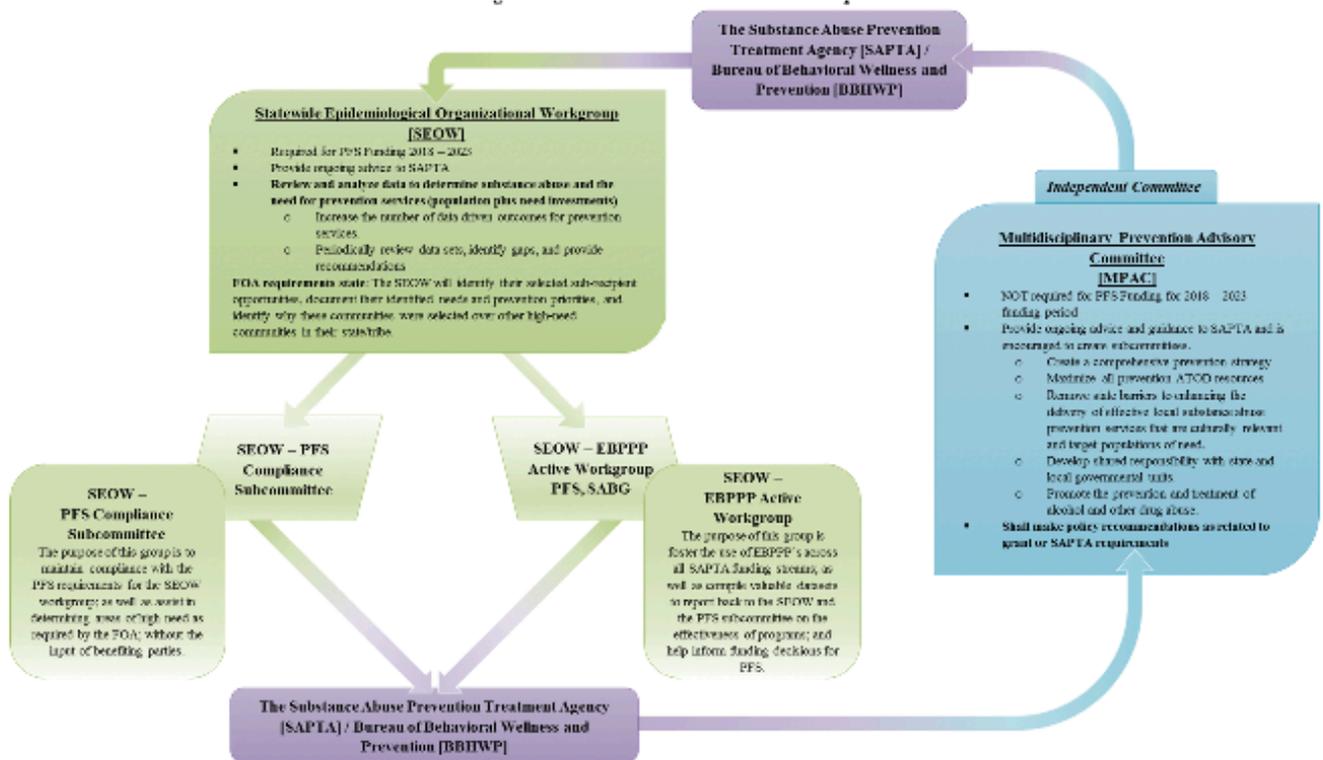
Table 1. Community-based Prevention Coalitions

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 CCPP.

This system, 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, which is a requirement for PFS funding.

Figure 1. The Bureau's BBHWP Process Map



# Meeting Unmet Needs

Nevada is influenced by a 24/7 work environment, oriented around adult entertainment and the availability of alcohol, and drugs. Since two (2) of the largest and most populous counties in the state are home to this booming economy, Nevada is presented with a unique set of challenges with which to contend, primary of those being youth access to alcohol and other drugs that are readily accessible, including the following places:

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

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 and 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.

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)<sup>1</sup> and the Nevada Youth Risk Behavior Survey (YRBS) administered by the University of Nevada, Reno (UNR).<sup>2</sup> 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.

1 Centers for Disease Control and Prevention. Adolescent and School Health. 2019 YRBS Results and Data.

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

2 University of Nevada, Reno. Nevada Youth Risk Behavior Survey.

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

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 2019.<sup>3</sup> 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).<sup>4</sup> 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 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) nationally.<sup>5</sup>

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.

### **Substance Use in Nevada**

- **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 age 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**

<sup>3</sup> University of Nevada, Reno. Nevada Youth Risk Behavior Survey.

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

<sup>4</sup> [CDC YRBSS 2017 Nevada Youth Online Profile](#) & [CDC YRBSS 2019 Nevada Youth Online Profile](#)

<sup>5</sup> Ibid

- region of Washoe County (BRFSS).
- Emergency department and inpatient admissions due to drugs or alcohol continue to increase in both count and rate (Emergency).
- Emergency department encounters and inpatient admissions due to marijuana use has increased significantly since 2011 (Emergency).
- The PACT and CARE Coalitions (both in Clark County) had significantly lower rates 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).
- Teenage 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 has a significantly higher percentage of current marijuana use (LGBT).

## **Target Population/Focus Areas**

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 Statement<sup>6</sup> 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.

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.<sup>7</sup> 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.

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. These disparate sub-populations, communities, groups, and individuals include: Tribal, Rural, and Urban Majority-Minority youths; LGBTQ+ youths; youths with Active Duty Military parent(s); and youths living in Poverty. 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.

<sup>6</sup> 2019-20 PFS Disparity Impact Statement.

<http://dpbh.nv.gov/Programs/ClinicalSAPTA/dta/Grants/SAPTAGrants/>

<sup>7</sup> Substance Abuse Prevention and Treatment Block Grant. <https://www.samhsa.gov/grants/block-grants/sabg>

# Program Structure

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).<sup>8</sup> Since 2007, the Evidence-Based Practice workgroup has been redefined to develop and implement a more compliant process. Changes were also made in accordance to 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 Table 1 on page 3.

The SPF model (Figure 2) 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.

Figure 2. SPF Model



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 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).<sup>9</sup> 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:<sup>10</sup>

<sup>8</sup> Substance Abuse and Mental Health Services Administration (SAMHSA). (2019). A Guide to SAMHSA's Strategic Prevention Framework. <https://www.samhsa.gov/sites/default/files/20190620-samhsa-strategic-prevention-framework-guide.pdf>

<sup>9</sup> Ibid

<sup>10</sup> Ibid

- **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.**

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 Workgroup (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.

During the Bureau's process of developing and reviewing the assessment capacities of the State, interviews with coalition leadership were conducted to help assess areas of need and gaps or shortfalls in communication, processes, policies, procedures, etc. The interviews have proven valuable in the determining how to best enhance and grow these relationships to ensure a more efficient and effective implementation of the PFS grant during the 2018-2023 funding period.

## ***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).<sup>11</sup> 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:<sup>12</sup>

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

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).<sup>13</sup> Planning ensures that staff and stakeholders work toward the same goals and provide the means for assessing, evaluating, and adjusting programmatic direction. To develop a solid prevention plan, planners need to:<sup>14</sup>

<sup>11</sup> Substance Abuse and Mental Health Services Administration (SAMHSA). (2019). A Guide to SAMHSA's Strategic Prevention Framework. <https://www.samhsa.gov/sites/default/files/20190620-samhsa-strategic-prevention-framework-guide.pdf>

<sup>12</sup> Ibid

<sup>13</sup> Ibid

<sup>14</sup> Ibid

- **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).<sup>15</sup> At this stage, it is important to think about the prevention program’s goals, objectives, timeline, 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:<sup>16</sup>

- **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).<sup>17</sup> 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:<sup>18</sup>

- **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;**

<sup>15</sup> Substance Abuse and Mental Health Services Administration (SAMHSA). (2019). A Guide to SAMHSA’s Strategic Prevention Framework. <https://www.samhsa.gov/sites/default/files/20190620-samhsa-strategic-prevention-framework-guide.pdf>

<sup>16</sup> Ibid

<sup>17</sup> Ibid

<sup>18</sup> Ibid

- **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 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.<sup>19</sup>

## **SPF Guiding Principles**

In addition to the five steps 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).<sup>20</sup> 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:<sup>21</sup>

- **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 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.

<sup>19</sup> Substance Abuse and Mental Health Services Administration (SAMHSA). (2019). A Guide to SAMHSA’s Strategic Prevention Framework. <https://www.samhsa.gov/sites/default/files/20190620-samhsa-strategic-prevention-framework-guide.pdf>

<sup>20</sup> Ibid

<sup>21</sup> Ibid

**Sustainability** is “The process of building an adaptive and effective system that achieves and maintains desired long-term results” (p. 4).<sup>22</sup> 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:<sup>23</sup>

- **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).

## **A Focus on Evidence-Based Practices**

The Bureau and our community 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 and SABG system-wide and coalition-specific support and technical assistance will be promoted and provided through the development and publishing of an Evidence-Based Practice, Policy and Program (EBPPP) Manual. This manual will be utilized as a resource center or library of resources for the PFS and SABG funded 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 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 anticipated to be designed and implemented during the course of this Strategic Plan period with the goal of increasing evaluative capacities of the PFS funded coalitions, the Bureau, and the State of Nevada.

Nevada’s goal is to increase the implementation of evidence-based practice activities, including:

- **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.**
- **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.**

<sup>22</sup> Substance Abuse and Mental Health Services Administration (SAMHSA). (2019). A Guide to SAMHSA’s Strategic Prevention Framework. <https://www.samhsa.gov/sites/default/files/20190620-samhsa-strategic-prevention-framework-guide.pdf>

<sup>23</sup> Ibid

- Approval of EBPPPs (Federally recognized and Clearinghouse supported), Waiver-based EBPPPs, and non-EBPPPs requiring provisional approval.
- 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.
- 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.

## Key Partners

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 Carson City

**Partnership Douglas County (PDC)**  
 serving Douglas County

# Performance Indicators & Targets

## PFS Goals and Objectives

Performance Indicators & Targets for the 2017 Strategic Plan while remaining mostly relevant, there are a few changes to the goals and objectives based on the results of the 2019-20 annual evaluation process, which included an evaluation plan, disparity impact statement, and an annual evaluation report.<sup>24</sup> While PFS funding awards are completed on 5-year cycles, Strategic Plans are designed to support 3-year periods, which allows for targeted, data-derived, and feedback-informed modifications to goals and objectives to ensure the PFS grant awards are maximized in serving the most at-risk, high-need sub-populations on a statewide and regional/coalition basis. In total, there are five (5) goals with at least two (2) supporting objectives and data tracking and/or reporting recommendations incorporated wherever appropriate.

### **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 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.

<sup>24</sup> Accessible online at: <http://dpbh.nv.gov/Programs/ClinicalSAPTA/dta/Grants/SAPTAGrants/>

**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.\***

- 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

\*Nevada Revised Statutes 41.1305, 202.057 and 369, age limit from 18 to 21 will be updated to be aligned with Federal Regulation within the required three year transition period.

**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.**

**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.

The Bureau 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 on-site 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. The Bureau worked directly with prevention coalitions to the reduced stressors within the community through increased community work, psychological first aid, and crisis counseling. The Bureau's 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 PFS.

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

**Priority Type:** SAP Population(s)

**GOAL OF THE PRIORITY AREA:** To increase funding for primary prevention activities.

**Objective to Support Achievement of Goal:** To increase funding for primary prevention activities to allow state general fund dollars to focus on tertiary prevention

- Strategies to attain the objective: : Implement prevention activities based on data driven decisions through reviewing the trending analysis shared by the SEOW, recommendations from the EBPPPAW, SAB, and the independent MPAC.

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