

CHAPTER III: SUBSTANCE ABUSE PREVENTION

301 PREVENTION SERVICE DELIVERY

The Division of Mental Health and Development Services (MHDS), Substance Abuse Prevention Agency (SAPTA) is the Single State Agency for prevention and treatment services funding. Administrative Code (NAC) 458 identifies three distinct vehicles of service delivery for substance abuse prevention, Prevention Programs, Coalition Programs, and Administrative Programs. Each of these stated service delivery methods are described in the NAC under the appropriate heading. Within these service delivery methods, SAPTA currently recognizes six strategies to reduce the risk of substance abuse and related problems. All funded programs use a structure that is based on one or more of these six strategies, which are recognized by the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP). These strategies include Information Dissemination, Prevention Education, Alternative Activities, Identification and Referral, Community Based Process, and Environmental. The description of each strategy is provided to briefly summarize viable prevention of substance abuse and related problems.

Strategies include:

- **Information Dissemination:** This strategy provides awareness and knowledge of the nature and extent of substance use, abuse, and addiction and their effects on individuals, families, and communities. It also provides knowledge and awareness of available prevention programs and services. Information dissemination is characterized by one-way communication from the source to the audience, with limited contact between the two.
- **Prevention Education:** This strategy involves two-way communication and is distinguished from the information dissemination strategy by the fact that interaction between the educator/ facilitator and the participants is the basis of its activities. Activities under this strategy aim to affect critical life and social skills, including decision-making, refusal skills, critical analysis (e.g., of media messages), and systematic judgment abilities.
- **Alternative Activities:** This strategy provides for the participation of target populations in activities that exclude substance use. The assumption is that constructive and healthy activities offset the attraction to or otherwise meet the needs usually filled by alcohol and drugs and would, therefore, minimize or obviate resort to the latter.
- **Problem Identification and Referral:** This strategy aims at identification of those who have indulged in illegal/age-inappropriate use of tobacco or alcohol and those individuals who have indulged in the first use of illicit drugs in order to assess if their behavior can be reversed through education. It should be noted, however, that this strategy does not include any activity designed to determine if a person is in need of treatment.
- **Community-Based Process:** This strategy aims to enhance the ability of the community to more effectively provide prevention services for substance related disorders. Activities in this strategy include organizing, planning, enhancing efficiency and effectiveness of services implementation, interagency collaboration, coalition building, and networking.
- **Environmental:** This strategy establishes or changes written and unwritten community standards, codes, and attitudes, thereby influencing incidence and prevalence of

substance abuse in the general population. This strategy is divided into two subcategories to permit distinction between activities that center on legal and regulatory initiatives and those that relate to the service and action-oriented initiatives.

Classification

Strategies are determined based on the service delivery method. Classifications of strategies are determined based on the targeted population. Once strategies and classification have been determined evidence-based programming selection begins. Evidence-based programming is defined as conceptually sound, internally consistent, reasonably well implemented and evaluated. There are increased requirements for evidence-based programming implementation. These requirements have been established through SAPTA as initiated by SAMHSA, CSAP, and the United States Department of Education (USDOE). For additional information on evidence-based prevention programs, please refer to the following resources:

1. Substance Abuse and Mental Health Services Administration at www.modelprogram.samhsa.gov
2. Center of Substance Abuse Prevention at <http://prevention.samhsa.gov/>
3. SAPTA website at <http://www.mhds.nv.gov>. Click on Substance Abuse Prevention & Treatment Agency link
4. Office of Safe and Drug Free Schools at <http://www.ed.gov/about/offices/list/osdfs/index.html>
5. Nevada Substance Abuse Resource Center Site in Reno at (775) 784-6336

All evidence-based programs are divided into one or more of the Institute of Medicine's (IOM) ^[1] Model prevention categories. The categories are divided into three classifications; universal, selective, and indicated prevention interventions.

Classifications Include:

- **Universal:** Activities targeted to the general public or a whole population group that has not been identified on the basis of individual risk.
 - **Universal Direct:** Interventions directly serve an identifiable group of participants but who have not been identified on the basis of individual risk (e.g., school curriculum, afterschool program, parenting class). This also could include interventions involving interpersonal and ongoing/repeated contact (e.g., coalitions).
 - **Universal Indirect:** Interventions support population-based programs and environmental strategies (e.g., establishing ATOD policies, modifying ATOD advertising practices). This also could include interventions involving programs and policies implemented by coalitions.
- **Selective:** Selective prevention strategies target subsets of the total population that are deemed to be at risk for a substance related disorder by virtue of their membership in a particular population segment. For example, children of adult alcoholics, dropouts, or students who are failing academically. Risk groups may be identified on the basis of biological, psychological, social, or environmental risk factors known to be associated with substance abuse (IOM) ^[2], and targeted subgroups may be defined by age, gender, family history, place of residence such as high drug-use or low-

- income neighborhoods, and victimization by physical and/or sexual abuse. Selective prevention strategies target the entire subgroup regardless of the degree of risk of any individual within the group. The selective prevention program is presented to the entire subgroup because the subgroup as a whole is at higher risk for a substance related disorder than the general population. An individual's personal risk is not specifically assessed or identified and is based solely on a presumption given his or her membership in the at-risk subgroup. For example, children of alcoholics.
- **Indicated:** Indicated prevention strategies are designed to prevent the onset of a substance related disorder for individuals who do not meet the Diagnostic Statistical Manual of Mental Disorder-Fourth Edition (DSM-IV) criteria for addiction. These individuals are showing early danger signs, such as falling grades and consumption of alcohol and other gateway drugs. The mission of indicated prevention is to identify individuals who are exhibiting early signs of a substance related disorder and other problem behaviors associated with a substance related disorder and to target them with special programs. For example, youth suspended from school or those with legal problems.

302 FUNDED PREVENTION PROGRAMS REQUIREMENTS

Prevention Program Operating and Access Standards (POAS)

SAPTA recognizes the listed strategies and classifications which are based on over twenty years of field research. To incorporate this research into everyday practice SAPTA has created Prevention Program Operating and Access Standards (POAS), [Appendix D1](#). The POAS are designed as a baseline for identifying, implementing, and operating effective evidence-based prevention programs. These standards help ensure that SAPTA's funded programs are able to meet all requirements set forth in their contracts. By definition a POAS is a standard description of essential elements for the implementation and sustainability of a substance abuse prevention program. Beginning in State Fiscal Year 2008-2009, direct service prevention programs received SAPTA funding from coalitions and not directly from SAPTA; however, SAPTA requires a certain minimum level of compliance monitoring which coalitions are able to build upon.

Cultural Competency

Prevention staff participates in training that focuses on both cultural competency and cultural adaptations that maintain the fidelity of evidence-based prevention programs. The State will continue to encourage prevention programs to research cultural adaptations to successful service programs that can assist their communities in meeting the cultural diverse needs in their service area. Additionally, cultural competence will be assisted by promotion, adoption and the requirement that recipients of SAPTA funding address recognized national and regional models of substance abuse codes of ethics. SAPTA will continue to initiate and fund relevant training community Providers. SAPTA will continue to follow the guidance developed by the federal Department of Health and Human Services, Office of Minority Health National Standards on Culturally and Linguistically Appropriate Services (CLAS). This commitment is reflected in SAPTA's efforts to recruit and retain a culturally diverse staff as well as providing aggressive

technical assistance and outreach to prospective sub-recipients who have adopted culturally appropriate policies, programs, and practices.

Prevention Certification

NAC 458 requires that any alcohol and drug abuse program which receives state and/or federal funds through SAPTA must be certified by SAPTA. NAC 458 outlines the requirements necessary to obtain program certification and allows SAPTA to inspect each program that is certified to determine if state certification should be continued. In addition to NAC 458, programs funded by SAPTA sign subgrant award documents which specify the type of services to be provided and place specific requirements upon those programs receiving funding.

State Certification is available to any alcohol and drug abuse prevention program that meets the requirements for certification identified in NAC 458. Refer to Certification/Compliance Monitor Policies and Procedures, Appendix C10a, and Prevention Certification Forms and Instrument, Appendix D2. Certification can be for a period of up to two years and determines if a program has met minimum requirements related to service delivery, and is mandatory for all programs receiving SAPTA funding. State certification for prevention is optional for programs that do not receive SAPTA funding; however, if a program receives SAPTA funding directly through another subrecipient, they must maintain current certification. Certification determines if a program has the necessary capacity and organizational structure to provide a specified service.

Prevention Funding

Funding sources for Nevada's Primary Prevention efforts come from Nevada's State General Funds and from the federal Substance Abuse and Mental Health Services Administration (SAMHSA). Funded activities for prevention are to reduce the risk of substance related disorders, underage drinking, and alcohol and drug related fatalities.

Prevention Program Compliance Monitors

Program Compliance Monitors are a condition of SAPTA funding and only those programs funded by SAPTA are monitored. Refer to Certification/Compliance Monitor Policies and Procedures, Appendix C10a, and Coalition Subrecipient Monitor, Appendix D3. The Coalition Subrecipient Monitor includes minimum compliance requirements, but the coalitions may add additional requirements. Monitor activities determine if a program is meeting the terms and conditions of the subgrant funded by the coalitions with SAPTA funding. In general, compliance monitors focus on the administrative, programming, and fiscal activities of a program to determine if a program is meeting subgrant requirements. A separate monitor form is completed for each identified subgrant number. A monitor is regulatory in nature and the purpose is to accomplish the following:

- Ensure the efficient delivery of substance abuse prevention services to Nevada's population.
- Encourage quality improvement practices.
- Verify that alcohol and drug abuse prevention funds are being utilized as identified in subgrant award documents.

- Ensure that SAPTA coalition funded programs are in compliance with state and federal requirements and restrictions.
- Identify the need for technical assistance.
- Identify problems or difficulties and develop an agreed upon compliance action plan.

Programs receiving SAPTA coalition funding are required to participate in both the certification and the monitor processes.

Prevention Evaluation

To evaluate the effectiveness and overall impact of funded prevention programs across Nevada and to reduce and/or prevent substance related disorders among Nevada's population, SAPTA continues to work towards refining a comprehensive statewide evaluation system. Because of the complexity and difficulty associated with evaluating programs having multiple prevention services, the evaluation system is multi-dimensional and will include: 1) a three dimensional model for evaluating community-based substance abuse prevention programs; 2) a web-based data application system for collecting process data and 3) outcome instruments for measuring attitudes, behaviors, perceptions, intentions, and use of alcohol, tobacco and other drugs (ATOD). This three dimensional model will permit the flexibility to access services and outcomes of individual programs, will make comparisons between and among programs, and will report global achievements of funded programs statewide and collectively.

Three operational characteristics will form the dimensions of the model; service strategy, target population, and service intensity. The six CSAP prevention strategies discussed earlier constitute the first dimension of the conceptual model. Target population or domain is the second dimension applied to the evaluation model. Prevention services may target such populations as: individual/peer, family, school, and community. Service intensity and dosage is the third dimension applied to the evaluation model. Intensity refers to the amount of exposure programs provided to a target population, and exposure refers to the number of contact hours and frequency of contacts, measured as low, medium, or high intensity.

All funded prevention providers are required to collect and report data, using the system and methodology required by SAPTA for the program or project for which they are funded.

Outcome instruments measure 30-day alcohol tobacco and other drug use (ATOD) and ATOD risk and protective factors/intervening variables and contributing factors, related to attitudes, behaviors, perceptions, intentions, and use. Prior to administering questionnaires, programs must have on file signed consent forms from each youth's parent/legal guardian. Programs must use the approved SAPTA informed consent form or have incorporated the approved language into their existing consent form. Prior to distribution, a copy of this informed consent form must be submitted to SAPTA for pre-approval. SAPTA has designed a pre/post-test, which is distributed to funded prevention programs through their administering coalition. The pre/post-test is also available in Spanish.

Prevention Reporting Requirements

SAPTA mandates that funded coalitions require all subgrantees to complete program reporting, evaluation, fiscal reporting, and follow monitoring requirements. Refer to Chapter IV, Data Planning and Evaluation. All funded coalition subrecipient prevention programs must provide a program representative to participate in all scheduled meetings and comply with all evaluation requirements including working with a data management system for evaluation purposes. Subgrantees must agree to work with administering coalition in monitoring program outcome indicators which may include, but are not limited to, pre/post-testing participants. In order to adequately fulfill reporting requirements to the State and Federal Government, the following may also be required by administering coalitions from their funded subrecipients:

- All funded programs must submit current program schedules, as they are created, updated, or changed throughout the subgrant year.
- All funded programs must submit a Quarterly Prevention Report for each quarter in each subgrant year within the required timeframe determined by the administering coalition.
- All funded programs must submit to their administering coalition an Annual Report that summarizes all actual services and activities provided during each subgrant year within the required timeframe determined by the administering coalition.

303 COALITION SERVICE DELIVERY

Within the NAC 458, there are three distinct vehicles of services delivery for substance abuse prevention. Coalitions are one of the approved methods and are funded to coordinate community data collection, planning, implementation, and evaluation efforts. The coalitions are restricted from providing direct services in order to serve as prevention experts for their service areas; however, coalitions are able to receive SAPTA funding which they then can pass through to direct prevention service programs on a contractual basis. In addition, coalitions are funded to provide environmental strategies, community-based strategies, or information dissemination.

Coalition Eligibility Requirements

Coalition applicants must comply with the following requirements:

- Coalitions must be a private not-for-profit organization, [501 (c) 3] to receive SAPTA funding. Once SAPTA receives a copy of 501 (c) 3 status then any reimbursement requests will be processed. The coalition must receive its status as a nonprofit within three months of receiving the funding award.
- Coalitions must be certified by SAPTA. Refer to Certification/Compliance Monitor Policies and Procedures, **Appendix C10a**, and Coalition Certification Instrument, **Appendix E3**. If an applicant coalition is not certified, it must submit an application for certification with the subgrant application. Coalitions are not required to pay the certification fee unless their subgrant is approved. For information on certification requirements and applications, contact the Agency at (775) 684-4190.
- The coalition's board of directors must be broadly representative of the community to be served. The coalition is required to provide evidence of such representation.

- The coalition’s membership must include representatives from the geographic area to be served. The coalition is required to provide evidence of this.
- The coalition must comply with SAPTA’s Minimum Training Requirements, [Appendix D7](#). The coalition is required to provide evidence and assurances of compliance.
- Implementing a recognized prevention planning system, such as CSAP’s Western CAPT’s Strategic Prevention Framework. This includes the completion and submittal of a Comprehensive Community Prevention Plan containing the following specific to the area served by the coalition:
 - Needs Assessment
 - Capacity and Resource Assessment
 - Prioritized Intervening Variables and Contributing Factors
 In addition, coalitions must demonstrate their ability to fiscally and programmatically manage both direct and indirect funding that may be passed through to local providers. This requires extensive documentation of the policies and procedures surrounding fiscal policy.
- The coalition must complete all evaluation activities, data collection and reporting required by SAPTA and CSAP.
- The coalition will not provide direct prevention services through a branch or other related agency of the coalition. This assures there will be no conflict of interest between the coalition as a funding/oversight organization and the direct providers of service in their communities. Refer to Conflict of Interest, [Appendix E2](#).

Coalition Funding

Funding sources for Nevada’s coalition efforts come from Nevada’s State General Funds and from discretionary grants from the SAMHSA, Center for Substance Abuse Prevention (CSAP). All funding streams encourage the implementation of evidence-based prevention programs and strategies with a focus on increasing community collaboration, evaluation and statewide strategic planning at both the state and local level.

Coalition Program Compliance Monitors

Program Compliance Monitors are a condition of receipt of SAPTA funding. Only those programs that receive direct funding by SAPTA are monitored by SAPTA. Local subrecipient programs receiving funding via their coalition must be monitored by the coalition, who will in-turn be monitored by SAPTA for compliance. Refer to Certification/Compliance Monitor Policies and Procedures, [Appendix C10a](#), and Coalition Compliance Monitor Instrument, [Appendix E1](#). Monitor activities determine if a program is meeting the minimum terms and conditions of the subgrant funded by with SAPTA funds. In general, compliance monitors focus on administrative, programming, and fiscal activities of a program to determine if a program is meeting subgrant requirements. The Prevention Compliance Monitor is different for coalition subrecipient programs. A separate monitor form is completed for each identified subgrant number. A monitor is regulatory in nature and the purpose of a Coalition/SAPTA monitor is to accomplish the following:

- Ensure the efficient delivery of prevention services to Nevada’s population.
- Encourage quality improvement practices.

- Verify that alcohol and drug abuse funds are being utilized as identified in subgrant award documents.
- Ensure that SAPTA funds are used to fund programs in compliance with state and federal requirements and restrictions.
- Identify the need for technical assistance.
- Identify problems or difficulties and develop an agreed upon compliance action plan.

Programs receiving SAPTA funding, both directly and indirectly, are required to participate in both the certification and the monitor processes.

Coalition Evaluation

Coalitions are mandated to participate in the evaluation process that is required by their funding sources. The evaluations must be tailored to meet the needs of their funding sources. SAPTA understands that in order for Coalitions to meet the evaluation requirements of their funding sources, Coalitions may have different evaluations occurring simultaneously. To assist Coalitions with their evaluations, Coalitions may hire an independent external evaluator. Those that do are required to provide a copy of the contract to both SAPTA and the current state level evaluator. In addition, the coalition and all local sub-recipients must comply with all evaluation requirements set forth by both the state and the federal level evaluator. Coalitions along with assistance from SAPTA may need to gain IRB approval to implement the evaluation. Evaluation requirements may include, but are not limited to the completion of quarterly and annual reports and the completion of grant specific evaluation tools to be determined at the time of funding. In addition to grant specific evaluation tools, coalitions may be required to collect:

- a. Consent Packet in both English and Spanish
 - i. Agency Notification Letter to parent/guardian
 - ii. Active Consent Form to parent/guardian from agency

Coalition Reporting Requirements

SAPTA requires all sub-grantees to participate with program reporting, evaluation, fiscal reporting and monitoring requirements through cooperation with designated SAPTA staff and the identified state evaluator. All funded prevention programs must provide a program representative to participate in all scheduled meetings and comply with all evaluation requirements. In order for SAPTA to adequately fulfill their reporting requirements to the Federal Government, it has created additional monitoring requirements of all funded programs including:

- All funded programs must submit current program schedules as they are created, updated, or changed throughout the subgrant year.
- All funded programs must provide data to the NHIPPS system as required by the system.

304 COMPLIANCE MONITORING POLICIES AND PROCEDURES

The scope and focus of compliance monitors are a condition of receipt of SAPTA funding, and only those coalitions funded by SAPTA and subrecipients funded by coalitions will be

monitored. Monitoring determines if a coalition/program is meeting the terms and conditions of the grant funded by SAPTA, and the monitors focus on administrative, programming, and fiscal activities of a program. Appendix C10a contains the Compliance Monitoring Policies and Procedures, Coalition Subrecipient Monitor Instrument, and Appendix E1 contains the Coalition Compliance Monitor Instrument (including tobacco). Appendix E1a contains the Compliance Plan Form.

^[1] (Excerpt from "Drug Abuse Prevention: What Works", National Institute of Drug Abuse, 1997, p. 10-15)

^[2] (Excerpt from "Drug Abuse Prevention: What Works", National Institute of Drug Abuse, 1997, p. 10-15)