

Frontier
Community
Coalition



*"Building Partnerships to Support
Healthy Youth and Families"*

COMPREHENSIVE COMMUNITY PREVENTION PLAN

UPDATE: 2011

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TABLE OF CONTENTS

| | |
|---|----|
| <i>INTRODUCTION</i> | 3 |
| <i>THE STRATEGIC PREVENTION FRAMEWORK</i> | |
| <i>PROCESS</i> | |
| <i>STEP ONE: ASSESSMENT</i> | 6 |
| <i>STEP TWO: CAPACITY</i> | 13 |
| <i>STEP THREE: PLANNING</i> | 15 |
| <i>STEP FOUR: IMPLEMENTATION</i> | 16 |
| <i>STEP FIVE: EVALUATION</i> | 18 |
| <i>COMMUNITY CALL TO ACTION</i> | 19 |

INTRODUCTION

Frontier Community Coalition is a community-based organization serving Humboldt, Lander, and Pershing Counties whose vision is to *“foster communities that promote physical, emotional, educational, psychological and spiritual wellbeing and encourage a substance abuse free lifestyle”*. To this end, the efforts of Frontier are focused on preventing and reducing substance abuse as well as other problem behaviors in our communities.

Frontier accomplishes its vision through a community building process that includes community needs assessment, planning, community action, prevention programming, and various initiatives. Community members were introduced to prevention planning through a community building process that began in May 2001.

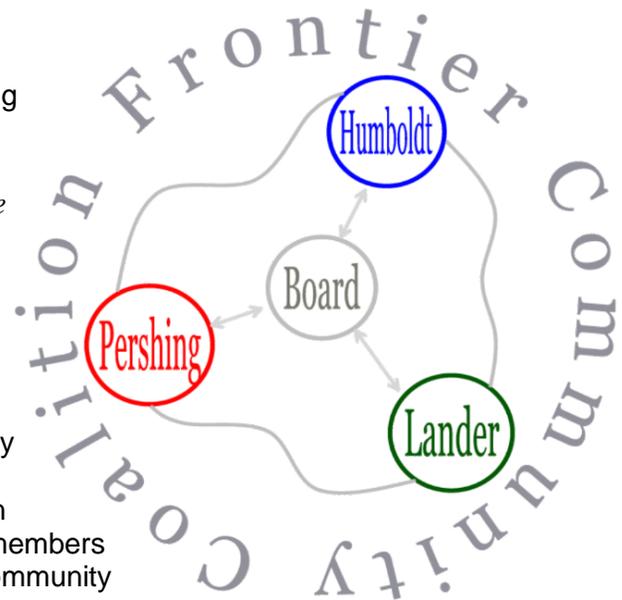
An eight member volunteer Board of Directors with representatives from each of the three counties served governs Frontier. The coalition consists of three Local Coalition Committees (LCCs); one located in each county. Frontier’s staff was re-organized in 2007 and now includes a Coalition Director, an Administrative Assistant, and three Coalition Coordinators; one in each county. The agency contracts with independent providers for services such as accounting, bookkeeping, and other services as warranted.

The LCC structure keeps the coalition visible and accessible in each of the three counties. This structure captures the strength of the collaboration while honoring the unique qualities and diversity of each community. Participation in the coalition has fluctuated over the years and participation varies within each community. Since May 2001, over 200 community members and organizations have participated in the efforts of the coalition.

The foundation for the work of Frontier is anchored in its Comprehensive Community Prevention Plan (CCPP), which is updated at least every two years. The first CCPP was published in 2003. This document is Frontier’s 2011 CCPP for Humboldt, Lander, and Pershing Counties. Data provided is the most current data available. There are no changes in the plan and recommendations for programs, services and focus.

The federal Substance Abuse and Mental Health Services (SAMHSA) community mobilization tool, the **Strategic Prevention Framework** (SPF) was utilized as the basis for the planning process to complete this document. The five steps of the SPF are reflected in the CCPP and are:

- Assessment
- Capacity
- Planning
- Implementation
- Evaluation



Step 1: Assessment – Frontier collects existing substance abuse related data from the Youth Risk Behavior Survey (YRBS), Nevada Kids Count, and other local, state and national data. Coalition members have reviewed the data, participated in local focus group meetings, and have used this information to establish local priorities. These priorities are the focus of this CAPP and include:

- Easy access to Alcohol by stealing
- Easy access to get alcohol for underage youth
- Alcohol servers not properly trained
- Easy access to convenience store sales
- “We card” stickers not on display
- Youth purchasing alcohol and taking on to the colony or reservation
- Relaxed Enforcement of Drinking Laws
- Low number of officers to cover area
- Low number of violations for sales to minors and adult buyers
- Ineffective Enforcement of sales to intoxicated patrons
- Alcohol availability to ALL at community events
- Easy access to alcohol for minors from friends
- Easy access to alcohol for minors from older siblings
- Easy access to alcohol for minors at Home
- Easy access to alcohol for minors from adults/strangers
- Easy access to alcohol for minors from parents
- Acceptance of underage drinking
- Rites of passage
- Binge Drinking
- Drinking and driving behaviors including: DUI, and Riding with a drunk driver
- Low risk of drinking and driving punishments

Step 2: Capacity – Working with community data and with the assistance of community partners, Frontier gathered information about strategies, programs, and services that exist within the community. Coalition members began this process in November 2002 and have continued to identify and review information regularly. Frontier builds capacity by effectively and strategically addressing substance abuse in its many forms.

Step 3: Planning – Following assessment and capacity building, Frontier, in collaboration with its partners developed a strategic plan that addresses the priorities identified in the assessment section. This plan serves as our community’s prevention blueprint for action.

Step 4: Implementation – Frontier currently funds three evidence-based programs and several environmental strategies in Humboldt, Lander, and Pershing Counties. Frontier is continually looking at practices designed to bring the community together and spread the coalition’s message. During the second quarter of 2007, Frontier expanded staffing and now has at least one Coalition staff member in each county served.

Step 5: Evaluation – Evaluation measures the impact of the SPF process and the implemented programs, policies, and practices. Frontier monitors the four core measures targeted by the SPF – 30-Day Use, Age of Onset, Perception of Harm, and Perception of Parental Disapproval, and compares local data to statewide and national numbers. All programs that are funded through Frontier are evaluated using standardized instruments. The

coalition itself is evaluated to ensure that it is operating efficiently and effectively, and discussions are currently taking place about the creation of a central database that will house all of the coalition's process and outcome data.

These steps are linear in that they are addressed and completed in order. These steps are cyclical in that they are repeated in the community over time. In the coming year, the plan will be used to determine the direction of prevention in Humboldt, Lander, and Pershing Counties. In order to be very clear, the CCPP concludes with a Call to Action, which is the capstone of the document.

The Call to Action essentially charges the Frontier staff, contractors, and volunteers, in concert with various sectors of the community, to implement the plan, as outlined in Section 3: Planning. Consistent and faithful implementation of the CCPP will provide Humboldt, Lander, and Pershing communities with an orderly, coherent, and strategic design that will result in *"Building partnerships to support healthy communities"*.

THE STRATEGIC PREVENTION FRAMEWORK

Frontier has structured this CCPP according to the Substance Abuse and Mental Health Services Administration's (SAMHSA) Strategic Prevention Framework (SPF). This process enables coalitions to build the infrastructure necessary for effective and sustainable prevention.



Step #1: Assessment - Profile population needs, resources, and readiness to address needs and gaps

Assessment involves the collection of data to define problems within a geographic area. Assessment also involves mobilizing key stakeholders to collect the needed data and foster the SPF process. Part of this mobilization, and a key component of SAMHSA's SPF State Incentive Grant program, is the creation of an epidemiological workgroup. The epidemiological workgroup should spearhead the data collection process and is responsible for defining the problems and the underlying factors that will be addressed in Step 4: Implementation. Assessing resources includes assessing cultural competence, identifying service gaps, and identifying the existing prevention infrastructure in the State and/or community. Step 1 also involves an assessment of readiness and leadership to implement policies, programs, and practices.

Step #2: Capacity - Mobilize and/or build capacity to address needs

Capacity involves the mobilization of resources within a geographic area (state/community). A key aspect of Capacity is convening key stakeholders, coalitions, and service providers to plan and implement sustainable prevention efforts in Steps 3-4 of the SPF. The mobilization of resources includes both financial and organizational resources as well as the creation of partnerships. Readiness, cultural competence, and leadership capacity are addressed and strengthened through education and training. Additionally, Capacity should include a focus on sustainability as well as evaluation capacity.

Step #3: Planning - Develop a Comprehensive Strategic Plan

Planning involves the development of a strategic plan that includes policies, programs, and practices that create a logical, data-driven plan to address the problems identified in Step 1 of the SPF. The planning process produces Strategic Goals, Objectives, and Performance Targets as well as Logic Models and in some cases preliminary Action Plans. In addition to the Strategic Goals, Objectives, and Performance Targets, Step 3 can also involve the selection of evidence based policies, programs, and practices.

Step #4: Implementation - Implement evidence-based prevention programs, policies, and practices

Implementation involves taking action guided by the Strategic Plan created in Step 3 of the SPF. If action planning, or the selection of specific policies, programs, and practices, was not part of the planning

process in Step 3, it should occur in Step 4. This step also includes the creation of an evaluation plan, the collection of process measure data, and the ongoing monitoring of implementation fidelity.

Step #5: Evaluation - Monitor, evaluate, sustain, and improve or replace those that fail

Evaluation involves measuring the impact of the SPF and the implemented programs, policies, and practices. An important part of the process is identifying areas for improvement. Step 5 also emphasizes sustainability since it involves measuring the impact of the implemented policies, programs, and practices. Evaluation also includes reviewing the effectiveness, efficiency, and fidelity of implementation in relation to the Strategic Plan, relevant Action Plans, and measurable outcomes



Step 1: Assessment

Frontier’s assessment process is a vehicle for identifying community priorities based on the collection and review of data, which define the problems, resources, and the local conditions within the tri-county area of Humboldt, Pershing and Lander County. Assessment is the first step in a process that is used to create evidence-based approaches for improving the problems, practices, and policies in our community.

Since 2001, Frontier’s priorities have been defined in terms of Risk and Protective Factors with an overarching vision of “*supporting healthy communities through:*

- Fundraising
- Partnerships
- Unity
- Awareness

To date, Frontier has worked to reduce substance use/abuse by supporting programs and activities that have been shown to address these Risk and Protective Factors:

- Availability of Drugs & Alcohol
- Community Laws & Norms Favorable Toward Drug & Alcohol Use
- Family Management Problems
- Favorable Parental Attitudes & Involvement in the Problem Behavior
- Academic Failure: Late Elementary School
- Favorable Attitudes Toward the Problem Behavior
- Early Initiation of the Problem Behavior
- Strong bonds with pro-social institutions such as family, school, and religious organizations
- Adoption of conventional norms about drugs
- Strong bonds with family
- Experience of parental monitoring with clear rules of conduct and involvement
- Success in school performance
- Self-Control
- Social Coping Skills

These Risk and Protective Factors are addressed as the following priorities within the tri-county area:

A. Priorities

- Easy access to Alcohol by stealing
- Easy access to get alcohol for underage youth
- Alcohol servers not properly trained

- Easy access to convenience store sales
- “We card” stickers not on display
- Youth purchasing alcohol and taking on to the colony or reservation
- Relaxed Enforcement of Drinking Laws
- Low number of officers to cover area
- Low number of violations for sales to minors and adult buyers
- Ineffective Enforcement of sales to intoxicated patrons
- Alcohol availability to ALL at community events
- Easy access to alcohol for minors from friends
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- Easy access to alcohol for minors at Home
- Easy access to alcohol for minors from adults/strangers
- Easy access to alcohol for minors from parents
- Acceptance of underage drinking
- Rites of passage
- Binge Drinking
- Drinking and driving behaviors including: DUI, and Riding with a drunk driver
- Low risk of drinking and driving punishments

The assessment section describes the collection of data to define the problems, resources, and the local conditions within the tri-county area of Humboldt, Pershing and Lander County. This data will be used to create evidence-based approaches for addressing the problems, practices, and policies in our community. The data presented is an accumulation of data collected through the Youth Behavioral Risk Survey (YRBS), The Humboldt County School District Drug Prevention Taskforce Youth Study, The Nevada Kids Count Data Book, Humboldt County Needs Assessment, Lander County Needs Assessment, and Pershing County Needs Assessment.

The goal of using data in the assessment process is to be able to identify the priorities of the community and to review data indicators that will provide the basis for the implementation of evidence based programs, policies, and services. Through the analysis of state and local data the Frontier Community Coalition is able to identify target populations within each community. Areas that will be included in the assessment section will include individual behavior that is related to substance abuse, community conditions and attitudes, family involvement, parental attitudes, academic influences; youth risk perceptions, and substance consumption patterns.

B: Data Indicators

- Binge Drinking
- Perception of harm/risk
- Alcohol outlet density
- 30-Day Use
- Lifetime Use
- Age of onset
- Parental Monitoring
- Adult attitude toward behavior
- DUI Rates
- Traffic Fatalities
- School Incident Reports (alcohol and drug use on campus)

Data describing alcohol-related motor vehicle fatalities of 16 to 24 year-olds.

2010 Nevada Transportation Facts and Figures report tells us that between 2005 and 2009, 574 people died on Nevada roadways because someone made the fatal mistake of drinking and driving. That is an average of 115 deaths per year. Furthermore, in the same five-year period, an additional 915 people were seriously injured in alcohol-involved crashes. As for 2010 in the State of Nevada there were 322 fatalities on Nevada Highways, of which 113 were alcohol related. While we are seeing a decline in crashes from previous years on Nevada roads (2006 had 433 Fatalities, 123 of them alcohol related and 2007 reporting 373 fatalities, 118 alcohol related) we are seeing an increase of licensed drivers (in 2008 – 1,722,057) and passenger vehicles (1,874,285 in 2008)

During Fiscal year 2010, the Central Command for Nevada which would include the southern parts of the tri-county region experienced a 13.6% decrease in the number of crashes investigated with 136 fewer crashes than in 2009. The decreases occurred in property, injury and fatal crash categories. There was a 3.6% drop in the number of fatal crashes. However, the number of persons killed remained the same at 31.

The number of impaired drivers involved in crashes was five less during 2010 than in 2009. The average Blood Alcohol Level (BAC) for these drivers decreased by 16% to .171 as compared to the average BAC of .204 in 2009. Although there was a 13% decrease in the number of drivers arrested for driving under the influence prior to a crash, drivers arrested from crashes also decreased by 15%. The average BAC for drivers arrested prior to a crash decreased in 2010 at .155, or 3% as compared to 2009's average of .161.

During State Fiscal Year 2010, the Northern Command of Nevada which would include the northern parts of the tri-county region also saw a slight decrease of traffic crashes. The northern command handled 3,557 traffic crashes as compared to 3,642 traffic crashes in 2009. An overview of the 2010 crashes showed 2,474 were property damage, 1,044 were injury, and 39 were fatal.

During this past fiscal year, intoxicated drivers were responsible for 204 traffic crashes in the Northern Command. The DUI crashes dropped during this past fiscal year by 11%. The officers arrested 1318 intoxicated drivers last fiscal year. The average blood alcohol level of these intoxicated drivers was, .157%, almost twice the legal limit of .08% blood alcohol content. The average age of the intoxicated drivers was 35 years old.

The 2009 Nevada Youth Risk Behavioral Survey (YRBS) tells us that out of the 1,799 high school age students (9th – 12th grade) in the tri-county region 73.7% report that they have had an experience of using alcohol in their lifetime. This same study reports that 44.3% have used alcohol in the past 30 days. 13.6% of the youth responded that they have participated in drinking and driving in the past 30 days and 28.5 % report that they have been a passenger in car operated by an impaired driver.

According to the Nevada Department of Transportation the tri-county region consists of 838 total highway miles and a vast amount of private and local managed roadways in the 21,245 sq miles that is the total for the region.

Even though local law enforcement agencies (Pershing, Lander and Humboldt County Sheriff Offices) report low numbers of juvenile alcohol related crashes and fatalities for the region, this data does create cause for concern. In town hall meetings and community forums conducted in 2008, 2009 and 2010 many of our youth report driving to remote locations for parties where alcohol is present. At these meetings youth also indicated that youth communicate with each other via cell phones and literally move parties from one location to another almost instantly to avoid detection by adults and/or law enforcement. This again increases the potential for traffic related injuries and death.

The Substance Abuse Prevention and Treatment Agency (SAPTA) has identified the high rate of traffic related fatalities for youth aged 16-24 as the primary alcohol related

consequence for all communities in the state of Nevada (based on the findings of the State Epidemiological Workgroup). This data indicates driving under the influence of alcohol is, in fact, a community wide problem that needs to be addressed utilizing multiple strategies and modalities across multiple sectors of the community.

According to the National Outcome Measures (NOM's), perception of risk is the number one deterrent to both the consumption of alcohol and related behaviors such as driving under the influence. This perceived risk can take the form of loss of driver's license, parental responses, or the risk of being involved in a traffic accident leading to injury or death. By increasing the perception of risk of driving under the influence of alcohol or other drugs, traffic related injuries and fatalities will be reduced.

Strengths: National and State data is systematically collected by National Highway Traffic Safety Administration (NHTSA) and the Fatality Analysis Reporting System (FARS) collects yearly data on fatal crashes and fatalities by county, person type, day, month, year, and percent change. Crash and fatality data is available from the Nevada Department of Transportation for years 2005-2007 (as of 8/26/07). NDOT crash and fatality data for 2003 contains a breakdown of driver ages, however there is no information provided by county.

Limitations: The reliability of indicators from the FARS and NHTSA data system is directly related to the size of the population in which these deaths occur. Therefore, this indicator may be unreliable for less populated rural counties such as Humboldt, Lander, and Pershing, due to low numbers of alcohol-related fatalities. State and county crash and fatality data provided by Nevada Department of Transportation for 2006 did not include age breakdowns of drivers. The data for 2003 included age breakdowns, however not totals by county.

Data describing alcohol-related motor vehicle crashes involving 16 to 24 year-olds

Nevada Department of Transportation reported that in 2003 there were 67,783 traffic crashes in the state and 25.3% of these crashes were with drivers reported to be between 16 and 24 years of age (NDOT, 2003).

Within the Tri-County area of Humboldt, Lander, and Pershing counties the data for 2006 alcohol-related crashes are not reported by driver age. Nevada Department of Transportation reported in 2006 that there were 2 alcohol-related crashes in Humboldt County and as of August 6, 2007 there had been 2 reported alcohol-related crashes. Lander County reported that in 2006 there had been no alcohol-related crashes on their roadways, however in 2007 there had been one alcohol-related crash. Pershing County remains the only county in the Tri-County area that reported zero alcohol-related crashes in both 2006 and to date in 2007 (NDOT, 2007).

Strengths: National and State data is systematically collected by National Highway Traffic Safety Administration (NHTSA) and the Fatality Analysis Reporting System (FARS) collects yearly data on fatal crashes and fatalities by county, person type, day, month, year, and percent change. Crash and fatality data is available from the Nevada Department of Transportation for years 2005-2007 (as of 8/26/07).

Limitations: The reliability of indicators from the FARS and NHTSA data system is directly related to the size of the population in which alcohol-related crashes occur. Therefore, this indicator may be unreliable for less populated rural counties such as Humboldt, Lander, and Pershing, due to low numbers of alcohol-related crashes. State and county crash and fatality data provided by Nevada Department of Transportation for 2007 is based on preliminary data. The NDOT 2003 fatalities and crash data included age breakdowns, however not totals by county.

Data describing intoxication of minors up to age 20

Intoxication of minors leads to not only serious abuse issues for underage youth and young adults, other significant health and risk factors are attributed to underage and young adult drinking. Community consequences of youth and young adult intoxication can be seen in crime statistics, arrest reports, increased violence, school-related substance incidents and/or expulsions, and juvenile referrals for treatment.

According to the YRBS data for 2007, 48% of youth reported that they had been drinking on at least one day in the past 30 days. In addition, alcohol consumption for females was equal to their male counterparts at 48.2%. The age of onset for drinking is reported at 8.42% for males and 8.04% for females (YRBS, 2007). Not only are female youth and young adults drinking in quantities equal to their male counterparts, they are starting at a slightly younger age. Most recently the respondents to the Convenience Survey (2007) indicated that 39.1% felt that consumption of alcohol by underage youth and young adults is a serious problem, and 20.7% indicated that it was a very serious problem.

Local arrests statistics for Humboldt County showed that there were 590 arrests made for violation of liquor laws in the youth population of 10-17 years old. Liquor law violations by youth 10-17 years of age in Lander County totaled 2540 arrests, and 605 arrests in Pershing County (2004). These arrests are an indication of an ongoing problem with alcohol and youth consumption.

Strengths: YRBS data is the most comprehensive data that has been collected every two years in the state of Nevada and includes all middle schools, junior high schools, and high schools in the Tri-County area. Convenience Survey data was collected locally in the Tri-County area from respondents 15-70+ years of age and from various sectors of the community. Triangulation of state and local collected data presents a more accurate picture of the indicated issues rather than one data source.

Limitations: YRBS data includes only those that are attending school and does not include youth that are home schooled or not in school or the juvenile system. Limitation of the Convenience Survey Data includes the number of surveys collected and short time line for collection activities. A limitation to any telephone survey data is that the data is only collected from households with a landline, thus excluding households with cellular phone service only.

Data describing binge drinking by minors up to age 20

Binge drinking is defined as the consumption of five or more drinks within a row within a couple of hours. Binge drinking has been strongly associated with injuries, motor vehicle crashes, violence, disease, and a number of other chronic and acute conditions. Underage drinkers consume approximately 20% of all alcohol consumed in the United States, and over 90% of this alcohol is consumed by binge drinking (Data Book, 2007). Tri-County area youth 16-18 years old reported binge drinking at rates higher than Nevada's rate of 25% (EPI, 2007). Humboldt County reported a binge drinking rate of 35.9%, Lander at 34.55%, and Pershing reported a rate lower than the state average at 22.58%. Humboldt County's highest rate of binge drinking was reported in the 12th grade at a rate of 48.74%. The twelfth grade in Lander County reported a rate of binge drinking of 43.18% and 38.46% in Pershing County. These rates are similar to the rates of binge drinking that were reported in the Convenience Survey, which reported 48.2% in Humboldt County, 33.3% in Lander, and 31.6% in Pershing County.

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Data describing driving under the influence (DUI) by minors up to age 20

Despite laws that make driving with a blood alcohol concentration over .02 for youth under the age of 21, many youth do not see the risk in drinking and driving, as evident in their belief that they “must” drive in order to return home (Local Assessment Data, 2007). Humboldt County had a reported 2 DUI arrests for someone under the age of 18, while Lander reported 1 arrest and Pershing reported zero arrests for juvenile DUI (EPI & Local Assessment Data, 2007).

Youth self-reported drinking and driving at the rate of 16.8% for Humboldt County, 18.65% Lander, and 7.94% for Pershing County (YRBS, 2007). Telephone survey data collected in 2007 during the same period indicated a rage of drinking and driving by those ages 18-24 of 13.3% for Humboldt County, 13.7% in Lander County, and 12.9% in Pershing County (Telephone Survey Data, 2007).

Strengths: YRBS data is the most comprehensive data that has been collected every two years in the state of Nevada and includes all middle schools, junior high schools, and high schools in the Tri-County area. Convenience Survey data was collected locally in the Tri-County area from respondents 15-70+ years of age and from various sectors of the community. Triangulation of state and local collected data presents a more accurate picture of the indicated issues rather than one data source.

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Data describing riding with an impaired driver by minors up to age 20

Alcohol consumption can impair a person’s ability to operate a motor vehicle safely. Motor vehicle crashes are a leading cause of death for people ages 15-19. Nationally, 30% of youth in this age group have reported riding with a drinking driver one or more times in the past month (YRBS, 2005). Riding with an impaired driver was reported at rates higher than the national average for the Tri-County area at 31.04%. Humboldt County youth reported riding with someone who had been drinking at a rate of 32.10%, 32.15% and 22.84% for Lander and Pershing County respectively.

Strengths: YRBS data is the most comprehensive data that has been collected every two years in the state of Nevada and includes all middle schools, junior high schools, and high schools in the Tri-County area. Convenience Survey data was collected locally in the Tri-County area from respondents 15-70+ years of age and from various sectors of the community. Triangulation of state and local collected data presents a more accurate picture of the indicated issues rather than one data source.

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Data describing heavy alcoholic drinking by young adults ages 21-24

Heavy alcoholic drinking by young adults is defined as adult men having more than two drinks per day and adult women having more than one drink per day. Data collected by CDC annually for the BRFSS report is distributed statewide. The 2006 BRFSS report indicated that in Nevada men reported heavy drinking at a rate of 8.8% and women at a rate of 6.2% (BRFSS, 2006). The reported rate for men in Humboldt County was higher than the state rate of 7.2%.

Strengths: BRFSS Data is the only large study that measures heavy alcoholic drinking by men and women.

Limitations: BRFSS data includes those 18 and older, however the data only includes those households that have a landline phone and excludes households with cellular service. BRFSS Data for the Tri-County area only included Humboldt County.

Data describing binge drinking by young adults ages 21-24

Nevada 's adults report binge drinking in the past 30-days at a higher rate (4%) than the national percentage of 14%. Thirty day binge drinking is defined as five or more alcoholic drinks on one drinking occasion in the past 30 days (EPI, 2007). Nevada's rate of adult binge drinking has remained unchanged since 2003. Twenty four percent (24.8%) of Humboldt County adults between 18-24 years of age reported that they have engaged in binge drinking in the past 30 days (BRFSS, 2006).

Strengths: BRFSS Data is the only large study that measures heavy alcoholic drinking by men and women.

Limitations: BRFSS data includes those 18 and older, however the data only includes those households that have a landline phone and excludes households with cellular service. BRFSS Data for the Tri-County area only included Humboldt County.

Data describing driving under the influence (DUI) by young adults ages 21-24

Rates of driving under the influence in the Tri-County as they were reported in 2004 were significant for Humboldt County which reported 823 DUIs, while Lander reported 601 arrests, and Pershing reported 117 arrests. Unfortunately these rates were for those over 18 and were not separated by the age group 21-24 (FBI, 2005). The rates for adult arrests for driving under the influence for Nevada was reported in 2003 as being slightly higher, 531.4 (per 100,000 population 18 and older), than the national average of 457.3 (per 100,000 population 18 and older) (EPI, 2007).

Strengths: EPI and National statistics enable counties to compare their rates of DUIs compared to state and national averages.

Limitations: Data collected does not allow for the age ranges of 21-24. Local data does not categorize by age group, just the specific offense.

Target Populations

The Coalition recognizes that the tri-county area must serve a vast geographic area that is isolated by miles of desolate roads. Each county must serve different populations within their community and address the needs of each population. The four broad target populations are the

community, family, school, and individuals/peers, with unique subpopulations within those areas. The assessment identifies target populations and subpopulations that will be used to set priorities for coalition programs and aid in addressing community needs. The Tri-County area does not have an abundance of services for families and youth, and the distance to travel to other communities makes it unrealistic to seek service elsewhere. The following target subpopulations have been identified as those having the greatest need:

- All youth 0-21 years of age
- All parents and community adults
- High risk youth and their families
- Students experiencing underachievement in school
- Youth from high risk family structures
- Youth and Families in isolated geographic areas



Step #2: Capacity

Building capacity and infrastructure that can be sustained over time within Humboldt, Lander, and Pershing counties is a dynamic process, which demands that tough questions are asked and answered within our communities. Frontier recognizes the challenges of building capacity and sustaining a system of prevention over time. We understand that effective prevention requires community level change and that it requires more than securing funds for individual programs. This section begins to explore and answer the difficult questions and provides valuable insight into our community's prevention efforts while identifying and describing our strengths and gaps.

Effectively serving the vast geographic region that falls within Frontier's boundaries requires an approach that is designed to meet our unique needs. In 2001, Frontier developed the Local Community Committee (LCC) model with one LCC located in each county. Each LCC has operated under the leadership of a local volunteer. This model has allowed the Coalition to grow; and over the years has engaged over 200 community members in the process of developing and implementing effective prevention programs and services.

In 2006, a Coalition Effectiveness Survey was conducted. In response to information received through this survey, the Board made a decision to increase the local presence of the Coalition in each county. Frontier began to explore options for a more effective staffing structure. In the spring of 2007, one Coalition Coordinator per county was hired creating a team of individuals who are responsible for coordinating the overall efforts of the Coalition while meeting the unique needs of each individual community. The staffing structure is designed to enhance the strength of the collaboration while increasing attention to the unique qualities and diversity of the individual communities served.

The Coalition is engaged in a variety of capacity building activities and strategies including:

- Town Hall Meetings
- Local Coalition Committee Meetings
- Community Awareness Presentations
- One-on-One Key Stakeholder meetings
- Collection and analysis of community data
- Community-wide youth and adult surveys
- Staff, community, and partner training events
- Youth Leadership training and events

These strategies and activities are designed to:

- Mobilize community resources
- Engage key stakeholders and service providers in the planning and implementation of sustainable prevention efforts
- Develop cultural responsiveness while building on the existing prevention infrastructure
- Mobilize both financial and organizational resources
- Increase sustainability of outcomes and evaluation capacity
- Develop and expand sustainable partnerships to provide resources and assistance

The range of need in our communities is wide and varied. The challenges and barriers span from language and culture to transportation and accessibility. Limited awareness about the issues as well as about existing resources with our communities remains a barrier and impedes progress. The following chart highlights existing and needed resources.

| Existing | | Needed |
|--|--|---|
| State Funds – SAPT / SPF SIG | Funding | Adequate funds to address priorities |
| State Prevention Funds | | Funding for sustainability |
| Local Community In-Kind Support | | Funding to maintain current programs |
| Donations | | Increase Collaboration to secure funding |
| Separator | | |
| DUI Laws | Laws Policy Norms | Consistent enforcement of laws and policies |
| | | Awareness of healthy community norms |
| | | Community support of law enforcement |
| Separator | | |
| Project MAGIC | Organizations, Programs, And People | More involvement in prevention activities |
| Family Resource Center | | Youth Leadership |
| Center for Mental Health Services | | Increase parent participation |
| PASS | | Increase involvement with community leaders |
| Western Shoshone Health & Human Services | | Housing programs |
| Youth Reaching Higher | | Increase business community participation |
| Local School Districts & School Boards | | |
| Law Enforcement Agencies | | |
| Faith-Based Organizations | | |
| Lovelock Paiute Tribe | | |
| American Lung Association | | |
| 6 th Judicial Youth & Family Services | | |
| American Red Cross | | |
| Battle Mountain Bugle | | |
| Humboldt Sun | | |
| Lovelock Review Miner | | |
| Tribal Colony | | |
| KWNA Radio Station | | |
| Separator | | |
| JOIN | Informati on and Referrals | Support for credit deficient students |
| Newsletters | | Support for parents of high-risk youth |
| Resource Directories | | Increase sharing of information |
| Family Resource Centers | | Comprehensive Referral System |
| Community Health Services | | |
| Separator | | |
| Juvenile Probation | Equip ment and | Increased availability of existing facilities |
| Schools | | Transportation for families needing services |
| Family Resource Center | | |
| Parks | | |

| | | |
|-------------------------|--|--|
| Business establishments | | |
| Churches | | |
| | | |



Step #3: Planning

Planning involves the development of a comprehensive plan that outlines goals, outcomes and strategies that are the basis for a logical, data-driven plan to address the identified priorities. In order to address the identified priorities, gaps in capacity, challenges and barriers, and to serve our communities with the most need, Frontier endeavors to:

- Sustain current evidence based services and programs that are deemed to be effective
- Increase local access to the prevention planning process
- Expand implementation of strategies and activities within each county

The following section outlines Frontier’s intended outcomes, intervening variables, and recommended strategies to address the priorities, gaps in capacity, and gaps in services, which have been identified thus far. These will guide the implementation of Frontier’s Strategic Prevention Framework and address Frontier’s mission by improving access to needed prevention services within each community

C: Outcomes

- Increased local capacity to address substance use/abuse
- Increased implementation of evidence-based prevention in a culturally relevant manner
- Prevention efforts resulting in changes in intervening factors including:
 - o Knowledge
 - o Attitudes
 - o Perceptions
 - o Norms
- Decrease in substance use/abuse risk behaviors including:
 - o Underage Drinking
 - o Marijuana Use
 - o Methamphetamine Use
 - o Binge Drinking
 - o DUI / Riding with Drunk Driver

D: Intervening Variables

- Low perceived risk of alcohol and marijuana use
- Easy retail access to alcohol
- Easy social access to alcohol and marijuana
- Social norms accepting and/or encouraging alcohol use
- Promotion of alcohol use
- Low enforcement of alcohol laws
- Academic failure
- Family management problems

E: Strategies

- Community awareness to increase concern about alcohol and other drug use/abuse
- Social norms strategy to decrease disparity between perceived/actual behaviors & attitudes
- Strengthened local substance abuse prevention infrastructure
- Guidance and support for local implementation of a comprehensive prevention plan
- Academic support systems
- Family support systems



Step #4: Implementation

While additional resources have been brought to our communities through the collective efforts of Coalition partners, the consumption patterns among youth in our communities did not show a decline in the most recently published (2005) Youth Risk Behavior Survey (YRBS). The rate of consumption in all areas monitored on the YRBS remains higher than the state average in at least two out of three counties. The initial Resource Assessment revealed that the majority of community resources have been focused on strategies that target individuals rather than on the community at large.

Frontier currently supports and collaborates with the following prevention programs:

- Project Magic
- Family Resource Centers
- Youth Council / Leadership
- Youth Leadership Camp
- Beverage Server Training
- Compliance Checks
- Positive Action
- Youth Coalition Teams
- Teens against Tobacco Use (TATU)
- Parenting Project
- Social Norms Campaign: Education
- Social Norms Campaign: Law Enforcement

In order to address the wide range of gaps, challenges, and barriers, Frontier will continue to expand the recommended strategies with an increased focus on programs and strategies that involve longer term, potentially permanent changes that have a broader reach (e.g. policies and laws that affect all community members). In order to effectively address the identified priorities within the tri-county area, Frontier will continue to support implementation of a plan that includes but is not limited to the following type of activities:

F. Activities

- Enforce underage retail sales laws
- Social event monitoring
- Parent support activities & training
- Youth engagement activities & training
- School engagement activities & training
- Media engagement activities & training
- Compliance checks
- Beverage Server Training
- Evidence based prevention strategies & activities

In preparation for sustaining the implementation of effective prevention, Frontier has been engaged in the development of a comprehensive, logical, and data driven plan to address the priorities identified during the planning phase. Implementation involves action, which is guided by the process. Frontier's planning process resulted in a Logic Model focuses on a system for affecting community level change.

Frontier's focus is on a systematic process, not just funding and program implementation decisions. The process includes identification of evidence-based programs, policies, and practices to address the strategies outlined in the planning section. Having researched and assessed the current alcohol and drug trends in Humboldt, Lander, and Pershing counties, and

having established a plan of action to address those trends, Frontier will move forward with implementation of a plan to favorably impact the identified priorities, which is illustrated in the following table: **Frontier Community Coalition –Community Logic Model**

| A. Priorities | B. Data Indicators | C. Outcomes | D. Intervening Variables | E. Strategies | F. Activities |
|---|---|--|---|--|--|
| Alcohol abuse and other drug use/abuse including: Binge Drinking, Marijuana Use, and Methamphetamine Use Drinking and driving behaviors including: DUI, and Riding with a drunk driver | Binge Drinking Perception of harm/risk Alcohol outlet density 30-Day Use Lifetime Use Age of onset Parental Monitoring Adult attitude toward behavior DUI Rates Traffic Fatalities School Incident Reports (alcohol and drug use on campus) | Increased local capacity to address substance use/abuse Increased implementation of evidence-based prevention in a culturally relevant manner Prevention efforts resulting in changes in intervening factors including: Knowledge Attitudes Perceptions Norms Decrease in substance use/abuse risk behaviors including: Underage Drinking Marijuana Use Methamphetamine Use Binge Drinking DUI / Riding with Drunk Driver | Low perceived risk of alcohol and marijuana use Easy retail access to alcohol Easy social access to alcohol and marijuana Social norms accepting and/or encouraging alcohol use Promotion of alcohol use Low enforcement of alcohol laws Academic failure Family management problems | Community awareness to increase concerns about alcohol and other drug use/abuse Social norms strategy to decrease disparity between perceived and actual behaviors or attitudes Strengthened local substance abuse prevention infrastructure within each county Guidance and support for local implementation of the CCPP Academic support systems Family support systems | Enforce underage retail sales laws Social event monitoring Parent support activities & training Youth engagement activities & training School engagement activities & training Media engagement activities & training Compliance checks Beverage Server Training Evidence based prevention strategies & activities |



Step #5: Evaluation

Evaluation measures the impact of programs and services of the coalition in meeting the needs of the program participants and the community. The process of evaluation involves collecting, analyzing, and interpreting information about how the coalition implements strategies and activities, and the impact of these programs. In the Frontier Community Coalitions evaluation process, several types of data will be collected. Process data will be collected and will describe the means by which program goals and procedures have been implemented and will provide clear descriptions of how and why the program has reached or failed to reach its target objectives. Implementation data will be collected to provide a basis for understanding program successes and formative needs. This data will answer the following program questions:

- What has been done?
- To what extent has the program functioned as planned?
- What needs have been met?
- What are the resulting outcomes?
- What needs remain?

Outcome data will be collected and describe project results and benefits to the students/families served and to the community. Outcome data will answer the following program questions:

- What was accomplished relative to stated program goals?
- What attitude and behavior changes have occurred in students, their families, and in relationship between various adults who have collaborated around the program?

Process and implementation data will be collected from each program implemented. Outcome data will be collected throughout the program from participants and at the completion of the program. Evaluation methods may include anonymous surveys from participants in the various programs or services for the purpose of collecting feedback data and empowering participants.

Statistical data on the identified risk factors and community conditions in the Tri-County area will be gathered through the use of state and federal reporting, The Community Health Surveys, feedback surveys developed for specific events/programs, and specific local data from community partner agencies and various other sources.

Data will be used to guide the coalition as they implement programs that will address local capacity issues of substance use/abuse, create community awareness regarding alcohol and drug use/abuse, and to educate the community on current risk behaviors.

COMMUNITY CALL TO ACTION:

Based on the assessed need in the community and the identified priorities, the 2009 Humboldt, Lander, and Pershing Counties CCPP lays out a logical course of action. It cannot be laid on a shelf somewhere to collect dust. Frontier staff, contractors, and volunteers will take the plan to the

- Frontier Board
- Humboldt Local Coalition Committee
- Lander Local Coalition Committee
- Pershing Local Coalition Committee
- Youth Councils

Each group will have the opportunity to review the plan and to choose which areas they would like to have input and on which areas they would like to work on specifically. While the staff will do much of the organizing work of implementing, essentially the community is responsible to perform the work entailed in the plan. This method of disseminating the CCPP and making it a working document will further mobilize the community behind a plan that they generated and with which they continue to interact.

Frontier is dedicated to reducing the impact of substance abuse in Humboldt, Lander, and Pershing Counties by increasing knowledge, awareness, and support for an effective and comprehensive system of prevention. Only with support and commitment from the community can this mission become a reality. Anyone wishing to help us achieve our goals is encouraged to call 775-273-2400 or email director@frontiercommunity.net. There are many ways to get involved!

Thank you for supporting our community!

Learn more at www.frontiercommunity.net