

CLARK COUNTY COMPREHENSIVE COMMUNITY SUBSTANCE ABUSE PREVENTION PLAN

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INTRODUCTION

Use and/or abuse of alcohol, tobacco, and illicit drugs is a critical problem for Nevada and for Clark County. Through more than twenty years of research, a number of risk factors have been identified as relevant for substance abuse behaviors. These include such things as age, gender, history of abuse, race/ethnicity, psychiatric and behavioral disorders, and socioeconomic factors.¹ Clark County Profile data presents information on socioeconomic indicators.

BRIEF CLARK COUNTY PROFILE

As of 2010 Census data, Clark County, located in the southernmost section of Nevada, has a population of over 1.9 million residents and holds seventy-two percent (72%) of Nevada's total population. This metropolitan region is extremely diverse with just over thirty-nine percent (39.1%) of residents being a racial/ethnic minority. These include: Blacks/African Americans at 10.5%; Asians at 8.7%; and, Native Americans and Native Hawaiians, each at 0.7%. Multi-racial populations are 5.1%. Over twenty-nine percent of the population in Clark County is of Hispanic origin.

Foreign born residents are just over twenty one percent (21.3%). Over thirty-one percent (31.3%) speak a language other than English at home. Persons under age 18 represent twenty-five percent (25%) of Clark County's population, and persons aged sixty-five and older represent just over eleven percent (11.3%) of total residents.

Households are numbered at 672,907. Median household income is reported at \$53,512, yet over twelve percent (12.4%) of Clark County's population lives below poverty. However, 2009 census data for Clark County reveals over twelve percent (12.2%) poverty for families with children under age 18 and over twenty-seven percent (27.3%) for single female householders. Black and Hispanic populations have higher percentages of poverty for each of the above groups.²

PARTICIPATING ORGANIZATIONS

Four state-funded community substance abuse prevention coalitions serve Clark County and participated in the Community Comprehensive Prevention Plan process. These include the PACT (Prevention, Advocacy, Choices, Teamwork) Coalition for Safe and Drug Free Communities; the Luz Community Development Coalition; the CARE Coalition; and the Nevada Community Prevention Coalition (NCPC). Each prevention coalition serves a generally distinct target population. Each agency is briefly described below:

- **CARE Coalition** – The CARE Coalition consists of 12 entities within the Clark County community including: Businesses, Healthcare, Law Enforcement, Media, Organization Serving the Youth, Parent, Religious/Fraternal Figure, Schools, State/Tribal Agency, Volunteer Groups, Youth, and Other Organizations. The purpose of bringing these twelve entities together is to gain support, and implement new ideas from every level of the community to help fight the addiction problem that faces us. The mission of the CARE

² "Clark County, Nevada Quick Facts." US Census Bureau. 2010.

Coalition, formed in March of 2009, is “To increase public awareness of drug and alcohol abuse by educating and supporting the youth, families, and drug prevention agencies in Clark County; thus identifying and promoting healthy behaviors and reducing substance abuse in our community”. The CARE Coalition serves Clark County with an emphasis on a relationship with the Clark County School District.

- **Luz Community Development Coalition** - The Luz Community Development Coalition was formed in 2003 to serve the needs of the Latino/Hispanic population in Las Vegas/Clark County. In July of 2007, the Luz Community Development Coalition received its IRS 501 C3 non-profit designation. The mission of the Luz Coalition is to “assist our community partners in strengthening families and neighborhoods through the identification of collaborative opportunities, community education, and advocating for marginalized members of Southern Nevada, with an emphasis on the Latino Community.” The Luz Coalition serves all Hispanic members of Clark County.
- **Nevada Community Prevention Coalition (NCPC)** - The Nevada Community Prevention Coalition is comprised of a board of community agencies brought together to help the State of Nevada Substance Abuse and Prevention and Treatment Agency reduce the impact of substance use in rural Clark County. NCPC’s goal is to build prevention capacity and infrastructure and reduce substance use in rural Clark County. The mission of NCPC is to “engage every sector of the community in an effort to change policy, educate, and implement strategies to prevent and reduce substance abuse, other risky behavior, and to promote the wellness of the community”. NCPC serves rural communities in Clark County.
- **PACT (Prevention, Advocacy, Choices, Teamwork) Coalition for Safe and Drug-Free Communities** - On August 26, 2010 the PACT Coalition officially became a Nevada registered, non-profit organization, and in early 2011 received its 501 C3 non-profit status from the Internal Revenue Service. The mission of PACT is to “mobilize and unify the citizens and programs of Southern Nevada by leveraging existing resources in order to prevent substance abuse and promote recovery through culturally competent advocacy, education, stigma reduction, support, and outreach”. The PACT Coalition serves all zip codes in Clark County north of Charleston Boulevard.

CARE COALITION



CARE COMPREHENSIVE COMMUNITY PREVENTION PLAN EXECUTIVE SUMMARY

The CARE Coalition has prepared the following Comprehensive Community Prevention Plan (CCPP) outlined in this document utilizing several sources of information including input from key stake holders, the Youth Risk Behavior Survey (YRBS), data from our community assessment and other local, state and national data. This collaborative combined with the Federal Substance Abuse and Mental Health Services (SAMHSA) community mobilization tool, Strategic Prevention Framework (SPF), has provided us with the planning needed to complete the Comprehensive Community Prevention Plan.

CARE Coalition is a grass roots organization, a source for change. Our members represent a cross section of the community including youth organizations, local business, healthcare professionals, educators, media, law enforcement, parents, religious, fraternal and civic organizations, school districts, volunteer groups, and state, local and tribal communities. Each sector retains its identity but agrees to come together as one voice for the common goal to promote a drug-free environment. We are directed by local residents and sector representatives who determine the best strategies to address substance abuse in our community.

Working with the community guidance and using the resources at hand we can implement strategies we can make a difference as we unite together to live in a drug-free community.

INTRODUCTION

Overview of CARE Coalition

The CARE Coalition was formed in 2009 when several community members began to see the dire need of prevention, awareness and education regarding substance abuse within the community. The CARE Coalition consists of 12 entities within the Clark County community including: Businesses, Healthcare, Law Enforcement, Media, Organization Serving the Youth, Parent, Religious/Fraternal Figure, Schools, State/Tribal Agency, Volunteer Groups, Youth, and Other Organizations. The purpose of bringing these twelve entities together is to gain support, and implement new ideas from every level of the community to help fight the addiction problem that faces us.

Mission

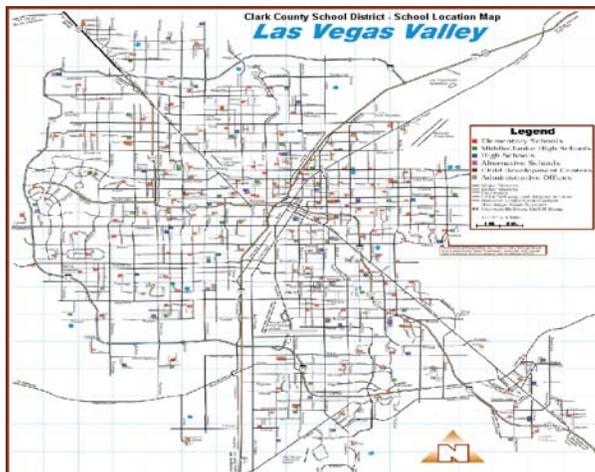
The mission of the CARE Coalition is to increase public awareness of drug and alcohol abuse by educating and supporting the youth, families, and drug prevention agencies in Clark County; thus identifying and promoting healthy behaviors and reducing substance abuse in our community.

Vision

Our vision is to provide a significant reduction in drug and alcohol abuse among the youth and families in our communities by supporting and promoting a substance-free environment.

Geographic Service Area

The CARE Coalition serves Clark County with an emphasis on a relationship with the Clark County School District.



CCPP Organization

The CARE Coalition's CCPP begins with increasing the understanding of substance abuse within our community and the special circumstances that face our community. The CARE Coalition collected Substance Abuse Prevention Needs Assessment Survey data from youth through relationships with the Clark County School District. Surveys were distributed by members of the CARE Coalition throughout Clark County through a Family Resource Center, Local Middle Schools, Local High Schools, Community Centers, and Recreation Centers. In addition, The CARE Coalition collected Substance Abuse Prevention Needs Assessment Survey data from adult residents through survey instruments distributed at a variety of educational facilities in Clark County including: the University of Nevada Las Vegas (UNLV); College of Southern Nevada, Charleston Campus; Green Valley High School; Chaparral High School; Boys and Girls Club; Canyon Ridge Church; and, Coalition members.

The Strategic Prevention Framework was used in the organization of CARE Coalition's CCPP. This includes the key steps of Assessment; Capacity; Planning; Implementation; and, Evaluation. CARE has set forth three planning priorities as well incorporating them into the final CCPP.



Additionally CARE has drawn upon recently prepared planning documents including:

- 2011 Clark County Substance Abuse Prevention Needs Assessment;
- 2011 CARE Youth and Adult Needs Assessment Surveys;
- 2011 CARE Needs Assessment Comparison Report comparing and contrasting data from local, state and nationally generated needs assessments and/or data resources;
- 2011 CARE Capacity Report;
- Analysis and Evaluation of previous community prevention plans;
- CARE Coalition Planning Priorities

STEP ONE: ASSESSMENT

1. NEEDS ASSESSMENT DATA: EXTENT OF THE PROBLEM

Demographic Profile of CARE Service Area Youth and Adults

- Nearly seventy-nine percent (78.4%) of youth surveyed were between the ages of 15 and 17.
- Slightly more males responded to the survey than females.
- Racial and ethnic distributions were thirty-four percent (34.3%) Multi-Racial/Other and thirty-two percent (32%) White/European, five percent Black/African American and, thirty-eight percent (38.3%) were Hispanic/Latino.
- Fifty-seven percent (57.2%) of youth surveyed live with two parents or a guardian, and twenty-one percent (21.4%) live with one parent/guardian.

IMPLICATIONS FOR PREVENTION PROGRAMMING:

Align with CARE Coalition's focus on youth and based on the demographic profiles of the CARE targeted service area, priorities for CARE prevention services will focus on youth as a key target population. Prevention services will target all racial/ethnic groups.

Attitudes about Alcohol Use among CARE Service Area Youth and Adults

Community Attitudes

- Nearly sixty percent (59.5%) of youth surveyed by the CARE Coalition Agree/Strongly Agree that people in the community think it is O.K. to drink alcohol for the purpose of getting drunk.
- Forty-four percent (44.4%) Agree/Strongly Agree that getting drunk is seen by the community as a reward for a long week of work.
- Nearly fifty-three percent (52.9%) of youth surveyed Agree/Strongly Agree that the community says it is wrong to drink and drive but does it anyway.

IMPLICATIONS FOR PREVENTION PROGRAMMING

Clark County youth face unique circumstances living in the Las Vegas Valley due to an excessive amount of advertising, product placement and culture of "drinking is fun." Prevention support will need to counteract low perceived risk of alcohol use with positive reinforcement and healthy lifestyle choices.

Family Attitudes and Behaviors

- Relative to family attitudes and behaviors, over seventy-six percent (76.2%) of youth surveyed Disagree/Strongly Disagree that their family thinks underage drinking is NOT a "big deal".
- However only thirty-four percent (34%) Disagree/Strongly Disagree relative to it being normal for their family to get into a vehicle after their parents have had a few drinks.
- Eighty percent (80%) of youth surveyed Strongly Agree/Agree that their parent sees it as his/her responsibility to get the family home after a celebration (where alcohol was served).

- Over twenty-one percent (21.6%) indicated that at family functions underage drinking is ignored, and over forty percent (40.2%) reported being easily able to get alcohol at family functions.
- Relative to family attitudes and behaviors, over sixty-two percent (62.8%) of adult respondents would rather have their child drink at family functions than with friends. Over one third (34.3%) of respondents Agree/Strongly Agree that their child can easily obtain alcohol at family functions.
- Nearly twenty-six percent (25.5%) of adults allow youth to drink at family celebrations. Two questions explore attitudes relative to underage drinking.

IMPLICATIONS FOR PREVENTION PROGRAMMING

Youth drinking is seen as a norm and there are even attitudes by parents that they would rather “supervise drinking in their own home” rather than discouraging use all together. The problem of low perceived risk in using alcohol in families remains a problem in the community. Easy access to alcohol for youth socially may contribute to the message that underage drinking is O.K. Prevention programming needs to address how best to impact attitudes towards alcohol use within a family dynamic.

Attitudes about Drinking and Driving Behaviors and Consequences

- Over ten percent (10.3%) of youth surveyed by the CARE Coalition think nothing serious will happen if you drive after having only a few drinks
- Forty-five percent (45%) of youth think that fines are the most that happens after someone is arrested for a DUI.
- Eighteen percent (18.0%) indicate it is normal for them to drive the family after having had a few drinks
- Nearly fourteen percent (13.9%) indicate they will drive the family home even if they have been drinking.
- Fourteen percent (14.0%) of adult respondents think that nothing serious will happen if you drink and drive.
- Forty three percent (43.0%) think that fines are the most that happens if you are arrested for a DUI.

IMPLICATIONS FOR PREVENTION PROGRAMMING

The belief system or misconception that “it won’t happen to me” appears apparent in youth and adults/ The focus and emphasis on the positive effects of “partying” and drinking constantly portrayed in advertising, billboards and social media to need to be counteracted with increased education and awareness through prevention programs supported by CARE.

Substance Abuse Patterns among CARE Service Area Youth and Adults

- Over six percent (6.4%) have used Marijuana in the past 30 days; over nine percent (9.3%) have used Marijuana in the past 12 months.
- Just over one percent (1.2%) have used Cocaine in the past 30 days; over four percent (4.7%) have used in the past 12 months.
- Barely one percent (.6%) have use Methamphetamines in the past 30 days; nearly two percent (1.7%) have used Methamphetamines in the past 12 months.

- Eighty-two percent (82.0%) of adults surveyed reported lifetime use of alcohol
- Over twelve percent (12.2%) have ever used Synthetic Marijuana.
- Nearly two percent (1.7%) of adults surveyed have used Heroin in the past 12 months.
- Sixty-one percent (61.3%) of youth surveyed reported lifetime use of alcohol.
- Nearly thirty-two percent (31.6%) have ever used Synthetic Marijuana.
- Thirty-eight percent (38%) report ever using Hookah.
- Nearly thirty percent (29.7%) report ever using Prescription Drugs without a doctor's orders.
- Just over seven percent (7.3%) of youth surveyed has ever used "Bath Salts".
- Just over five percent (5.1%) of youth surveyed reported 30 days use of Marijuana in the previous month.

Implications for Prevention Programming

With new synthetic substances hitting the market we see a scary trend developing of use of the substances. Abuse of prescription pills is on the rise as well. CARE will address these issues and stay current on the trends of drug use in our CCPP while continuing our education efforts within the schools and community.

Recovering from Addictions

- Nine percent (9%) were recovering from alcohol addiction.
- Just over two percent (2.4%) reporting recovering from a gambling addiction.
- Nine percent answered "yes" to recovering from a drug addiction.
- Just over seven percent (7.1%) reported recovering from an eating disorder.
- Nearly twelve percent (11.8%) indicated they were recovering from sex addiction.
- Over seventeen percent (17.5%) of adults surveyed are currently recovering from a drug or alcohol problem.
- Nearly three percent (2.9%) reported recovering from a gambling addiction.
- Nearly four percent (3.5%) reported recovering from sex addiction.
- Over four percent (4.1%) report recovering from an eating disorder.

IMPLICATIONS FOR PREVENTION PROGRAMMING

Recovery support is a key component of relapse prevention. CARE Coalition currently has a clearinghouse providing information regarding recovery support services and groups. CARE will continue to provide information, education, awareness and support of the recovery community as a part of our prevention programs.

Age of First Use

- Nearly eighteen percent (17.5%) of youth surveyed had their first sip of alcohol between five and eleven years of age.
- Majority of youth (27.1%) had their first sip of alcohol between the ages of 12 and 14.
- Nineteen percent (19.1%) of youth surveyed indicated that they first smoked all or part of a cigarette between the ages of 12 and 14.
- The majority of youth surveyed report first Marijuana use between ages 12 and 14.
- Just over thirteen percent (13.4%) first used prescription drugs between ages 12 and 14.

IMPLICATIONS FOR PREVENTION PROGRAMMING

Numerous research studies have documented the relationship between early onset of drug and alcohol use and greater risk for substance abuse problems. CARE will continue efforts in the school in order to reach youth at earlier ages while striving towards building relationships with middle schools and elementary schools as well to provide education at even earlier ages.

PERCEPTIONS OF HARM

Among data from the *Clark County Substance Abuse Prevention Needs Assessment* and the surveys completed by CARE are those questions that address issues of harm including personal experiences in intentionally harming themselves as well as harm perceived from use of alcohol and other drugs by adult surveyed.

- Nearly seven percent (6.9%) adults reported they Strongly Agree/Agree that they had intentionally harmed themselves in the last 30 days prior to the survey,
- Nearly ten percent (9.3%) of adults indicated they Strongly Agree/Agree that they intentionally harmed themselves in the last 12 months.
- Over thirty four percent (34.3%) of adults surveyed saw no risk or only moderate risk to smoking Marijuana regularly.
- Nearly sixty two percent (61.7%) of adults surveyed saw no risk or moderate risk to consuming one or two alcoholic beverages once or twice a week.
- Sixty-four percent (64%) of adults surveyed saw no risk or moderate risk in consuming five or more alcoholic beverages once or twice a week.
- Nearly twenty percent (19.8%) of adults surveyed saw no risk or moderate risk in smoking one or more packs of cigarettes a day.
- Of youth surveyed (11.4%) reported they Strongly Agree/Agree that they had intentionally harmed themselves in the last 30 days prior to the survey.
- 18.7% of youth indicated they Strongly Agree/Agree that they intentionally harmed themselves in the last 12 months.
- 6.4% of youth reported harming themselves by intentionally cutting.
- 29.1% of youth surveyed viewed regular use of Marijuana as having no or only moderate risk.
- While nearly fifty-eight percent (57.9%) of youth surveyed saw no or only moderate risk to having one or two alcoholic beverages once or twice a week.
- Nearly twenty-eight percent (27.9%) perceived only a slight risk in this frequency of alcohol use.

IMPLICATIONS FOR PREVENTION

Using the tobacco prevention industry as a prime example of how perceptions of harm can be effectively changed, CARE will support evidence base programs to reduce social access and perceptions of alcohol, tobacco and other drugs by youth.

HEALTH ISSUES

In addition the survey conducted included two health related issues regarding their perceptions of teen pregnancy and sexually transmitted diseases (STD's) as problems in their community.

- Of youth surveyed (26.4%) regard STD's as a problem
- 34.0% of youth surveyed Strongly Agree/Agree that teen pregnancy is a problem in their community.
- 48.2% of adults surveyed regard STD's as a problem in their community.
- 58.7% of adults surveyed Strongly Agree/Agree that teen pregnancy is a problem in their community.

IMPLICATIONS FOR PREVENTION

Education regarding the correlation between drug and alcohol use and other risk behaviors needs to be addressed in prevention programs supported by CARE. Increased awareness and education to youth and adults is integral in success of CARE's CCPP. CARE will continue awareness efforts in the schools including youth, staff and parents.

2. Identification of CARE Priorities

CARE's priorities have been defined in terms of risk and protective factors with an overarching vision of providing significant reduction in drug and alcohol abuse among the youth and families in our communities by supporting and promoting a substance-free environment.

- **Social Norms Accepting/Encouraging Youth Drinking**
- **Low Perceived Risk of Alcohol and Drug Use**
- **Easy Social Access to Alcohol for Youth**

STEP TWO: CAPACITY

1. CARE Programming Capacity

Community readiness has been identified as one of the first steps that need to be taken in order to create effective change. The Care Coalition has participated in the community assessment and continues to analyze data to steer our project plans and implement strategies. CARE is in the community mobilization stage and we are actively engaging all sectors of the community while developing a community wide prevention plan related to the goals and objectives of the Strategic Prevention Framework. The CARE Coalition has identified the community readiness as defined between stage 4-Preplanning and Stage 5-Preparation. We will continue to hold regular meetings to evaluate data and trends while working on initiation. We have successfully built relationships throughout the community and specifically Clark County School District already providing awareness trainings throughout the schools and community to youth, parents and staff.

STEP THREE: PLANNING

1. Initial Work Plans

Initial work plans for the CARE CCPP are shown in the chart below:



STEP FOUR: IMPLEMENTATION

Prevention funding will address each of the CARE prevention priorities based on risk factor data that supports the need to address these priorities in the CARE CCPP.

In order to address gaps, challenges and barriers specific to our community CARE will continue current prevention programs as well as identify additional programs as resources throughout the community to support. CARE will implement a plan that includes the following as well as additional components when deemed appropriate:

- Provide Educational opportunities for the community, businesses, schools and universities regarding the dangers of underage drinking and substance abuse.
- Increase public awareness and participation by attending community events, town hall meetings, and other agency meetings.
- Increase community involvement by facilitating community events that increase positive social norms and provide education to youth.
- Disseminate educational information, pamphlets, brochures, handouts, videos etc to schools, agencies and community members.
- Provide a clearinghouse open to the public providing educational information for free.
- Create a peer/youth mentor program and provide support of activities within the community that promote substance free youth.

To address sustainability within the coalition CARE will continue to develop infrastructure as well as community relationships and will fund prevention programs within the community. CARE has engaged in the development of a comprehensive, logical, and data driven plan in order to address priorities. Outcomes from strategies and programs will range from immediate, intermediate and long term. CARE will serve the community by sustaining a CCPP through coordination and collaborative work with the community partners and key stake holders to manage, leverage access and distribute resources for implementation.

STEP 5: EVALUATION

CARE Coalition will fund prevention service programs that are evidence based. All funded programs will be subject to continuous evaluation to ensure adheres to CARE and SAPTA guidelines.

CARE will support funded programs by providing training and continual analysis on areas including but not limited to:

- Monthly reporting
- Fiscal Management
- HIPPA (Confidentiality)
- NHIPPS
- Cultural Competency
- Evaluation of Effectiveness
- Data Collection

Programs will be monitored on a continual basis with an opportunity for feedback and additional technical support when needed.

NEVADA COMMUNITIES PREVENTION COALITION (NCPC)



STEP ONE: ASSESSMENT

1. NEEDS ASSESSMENT DATA: OUTLINE

Demographic Profile of Youth and Adults in the NCPC Service Area's

Youth Data

- Fifty-nine percent (59%) of youth surveyed were between the ages of 12 and 14; however nineteen percent (19%) were age 11, a high risk age for substance abuse.
- Nearly three times as many females responded to the survey as males.
- Racial and ethnic distributions were 39 percent (39%) Mixed Race/Other; 31.4 percent White/European; 11 percent Black or African American; and, nearly 27 percent were Hispanic/Latino. These percentages generally correspond to basic population census data for the NCPC geographic service area.
- Sixty-seven percent (67%) of youth surveyed live with two parents or a guardian; twenty-four percent (24%) live with one parent/guardian.

Adult Data

- Nearly forty-two percent (41.6%) of adults surveyed by NCPC were between the ages of 36 and 55; however nineteen percent (19%) were age 26-35.
- More females responded to the survey as males.
- Twenty-three percent (23.0%) of respondents had two children; over thirty percent (30.5%) had more than two children.
- Nearly eleven percent (10.9%) of respondents served in the military.
- Racial and ethnic distributions were over sixty five percent (65.3%) White/European; nearly nine percent (8.8%) 11 Black or African American; over thirteen percent (13.2%) Multi-Racial/Other and, nearly eleven percent (10.9%) were Hispanic/Latino.

IMPLICATIONS FOR PREVENTION PROGRAMMING:

The demographics' of the NCPC area are wide spread and diverse, but all share the

common problems of substance abuse, teen pregnancy, self harm and a lack of knowledge about what is happening in their community and how they can participate in overcoming the challenges to build a healthier community,

Youth and Adults attitudes about Alcohol Use among NCPC Service Area

Youth Viewpoint

Youth summary, slightly more than one third (34%) of youth surveyed by NCPC Agree/Strongly agree that people in the community think it is O.K. to drink alcohol for the purpose of getting drunk. Nineteen percent (19%) Agree/Strongly agree that getting drunk is seen by the community as a reward for a long week of work. Over forty-two percent (42%) of youth surveyed Agree/Strongly Agree that the community says it is wrong to drink and drive but does it anyway.

Adult Viewpoint

Based on adult responses to questions concerning community attitudes and behaviors, over sixty percent (61.8%) of adults surveyed by NCPC Agree/ Strongly Agree that people in the community think it is O.K. to drink alcohol for the purpose of getting drunk. Over sixty percent (60.9%) Agree/Strongly Agree that getting drunk is seen by the community as a reward for a long week of work. Over sixty-four percent (64.2%) of adults surveyed Agree/Strongly Agree that the community says it is wrong to drink and drive but does it anyway.

IMPLICATIONS FOR PREVENTION PROGRAMMING

The perception of alcohol consumption, abuse and the consequences there of, are distorted as a result of the lack of programs and services in the Rural Clark County areas, but when given the opportunity Prevention Programming can educate and support an unaware community.

Family Attitudes and Behaviors

Youth Response

Just over ninety percent (90.2%) of youth surveyed Disagree/Strongly Disagree that their family thinks underage drinking is NOT a “big deal”. Negative family attitudes towards drinking and driving are also reflected in an eighty-nine (89%) response of Disagree/Strongly Disagree relative to it being normal for my family to get into a vehicle after their parents have had a few drinks. Over seventy-seven (77%) of youth surveyed Strongly Agree/Agree that their parent sees it as his/her responsibility to get the family home after a celebration (where alcohol was served). Over twenty one percent (21.1%) report being able to drink at family celebrations, and over sixteen percent (16.4%) believe that underage drinking is ignored at family functions. Nearly fifty- five percent (54.7%) report their family would rather they drink at home than with friends. Nearly twenty-seven percent (26.7%) report that alcohol is easily obtained at family celebrations.

Adult Response

Relative to family attitudes and behaviors, over twenty seven percent (27.8%) of adult respondents would rather have their child drink at family functions than with friends. Over twenty-one percent (21.7%) of respondents Agree/Strongly Agree that their child can easily obtain alcohol at family functions. However, only fifteen percent (14.8%) allow youth to drink at family celebrations. Two questions explore attitudes relative to underage drinking. In one set of responses, over eighty-two percent (82.2%) Strongly Disagree/Disagree that underage drinking is

ignored at family functions (Table 7); in the second set of responses, again over eighty percent (80.1%) Strongly Disagree/Disagree that underage drinking is “not a big deal”.

IMPLICATIONS FOR PREVENTION PROGRAMMING

The family attitudes and behaviors present us with startling results showing that not only are 21% of adults aware that their children can easily obtain alcohol at a family function, but more than 27% of adults would rather have their child drink at family functions than with friends. The need for alcohol awareness programming for adults as well as youth is quite prevalent in the Rural areas.

Attitudes about Drinking and Driving Behaviors and Consequences

Youth Response

Relative to youth attitudes towards drinking and driving, nearly ten percent (9.9%) of youth surveyed think nothing serious will happen if you drive after having only a few drinks. Nearly forty percent (39.7%) think that fines are the most that will happen after someone is arrested for a DUI.

Adult Response

The majority of adult respondents (63.8%) Agree/Strongly Agree that it is their responsibility to get their family home after a celebration; nearly thirteen percent (12.7%) indicate it is normal for them to drive the family after having had a few drinks, and nearly twelve percent (11.8%) indicate they will drive the family home even if they have been drinking. Over twelve percent (12.5%) of adult respondents think that nothing serious will happen if you drink and drive. and over thirty nine-percent (39.4%) think that fines are the most that happens if you are arrested for a DUI.

IMPLICATIONS FOR PREVENTION PROGRAMMING

As previously stated, the perception of alcohol consumption, abuse and the consequences there of are distorted as a result of the lack of programs and services in the Rural Clark County areas, but when given the opportunity Prevention Programming can educate and support an unaware community.

Substance Abuse Patterns among Youth and Adults in the NCPC Service Area

Youth Response

Questions surveyed youth as to their personal experiences with (a) lifetime use; (b) current use/frequency; (c) age of first use; and, (d) recovery experiences. Lifetime use is defined as “ever” having used alcohol or another drug. The first set of questions queried youth surveyed as to their use of alcohol and four emerging drugs of abuse: prescription drugs, synthetic marijuana known as “K2” or “Spice”, a Hallucinogen called “Bath Salts” and Hookah. Forty-four percent (44.1%) of youth surveyed reported lifetime use of alcohol; nearly nineteen percent (18.9%) has ever used Synthetic Marijuana and twenty-nine percent has ever used Hookah. Over seventeen percent (17.2%) has ever used Prescription Drugs. Nearly three percent (2.6%) of youth surveyed has ever used “Bath Salts”.

Adult Response

Questions surveyed adults as to their personal experiences with: (a) lifetime use; (b) current use/ frequency; (c) age of first use; and, (d) recovery experiences. Lifetime use is defined as “ever” having used alcohol or another drug. Data below reveals that over eighty-three percent (83.6%) of adults surveyed reported lifetime use of alcohol; nearly twelve percent (11.8%) have ever used Synthetic Marijuana and Hookah; and almost thirty percent (29.4%) have ever used Prescription Drugs without a doctor’s orders. Nearly six percent (5.6%) percent of adult surveyed have ever used “Bath Salts” a relatively new substance of abuse. Over twenty percent (20.6%) have ever used Hookah.

IMPLICATIONS FOR PREVENTION PROGRAMMING

The rapidly emerging new synthetic drugs present new challenges to the already long standing dilemma that alcohol, tobacco and other drugs have been creating for ages.

Recovering from Addictions

Youth Response

Youth were also surveyed as to those who are currently recovering from an addiction problem. Just over seven percent (7.3%) are recovering from a sex addiction. Nearly four percent (3.9%) are recovering from an Eating Disorder. Over six percent (6.4%) are recovering from a drug or alcohol problem. Eleven youth or 1.6% are recovering from a gambling addiction.

Adult Response

Adults were also surveyed as to those who are currently recovering from an addiction problem., Nearly thirty-eight percent (37.9%) of adults surveyed are recovering from a drug or alcohol problem. Nearly four percent (3.5%) reported recovering from a gambling addiction. Less than one percent reported recovering from an eating disorder or a sex addiction.

IMPLICATIONS FOR PREVENTION PROGRAMMING

A host of addictions and lack of services are not only problematic for the individuals who are currently suffering from the challenges that addictions present, but they are a recipe for disaster for the youth who are exposed to and/or raised with or around the addictions.

Age of First Use

Youth Response

Numerous research studies have documented the relationship between early onset of drug and alcohol use and greater risk for substance abuse problems. Information about the age at which youth surveyed by the NCCP Coalition first began using alcohol and other drugs is as follows. Just over twenty-five percent (25.1%) of youth reported having their first sip of alcohol between the ages of 12 and 14. However, over seventeen percent (17.5%) first sipped alcohol between five and 11 years of age. Seventy nine youth or over eleven percent (11%) reported first smoking all or part of a cigarette between the ages of 12 and 14. Nearly fourteen percent (13.6%) report first use of other tobacco product also between 12 and 14 years of age. Fifteen percent of youth surveyed by the NCPC Coalition report first using marijuana between the ages of 12 and 14.

Methamphetamine use was also most reported between 12 and 14 years of age. Thirteen percent of youth surveyed report first use of prescription drugs without a doctor's orders between the ages of 1 and 17 with the majority being between 15 and 17 years of age. Twenty-five youth (3.6%) of youth surveyed by NCPC report heroin use, with the majority using between 12 and 17 years of age.

Adult Response

Information about the age at which adult surveyed by the NCCP Coalition first began using alcohol and other drugs is as follows. Just over eight percent (8.3%) of adults reported having their first sip of alcohol by age of 13. Five percent of adults reported first smoking all or part of a cigarette by the age of 12. More than five percent of adults surveyed by the NCPC Coalition report first using marijuana by the age of 13. Methamphetamine use was reported at slightly more than three (3.2%) by 14 years of age. Four percent (4.2%) of adults surveyed report first use of prescription drugs without a doctor's orders by the age of 16. Only two percent (2.1%) of adults surveyed by NCPC report heroin use by the age of 20 years old.

IMPLICATIONS FOR PREVENTION PROGRAMMING

The youth not only need to be educated about the dangers of drug and alcohol, but they need to be educated and supported as to how they can be the positive change in their homes, schools and community.

PERCEPTIONS OF HARM

Youth Response

The following information refers to the issues of self harm including youths' personal experiences in intentionally harming themselves as well as harm perceived from use of alcohol and other drugs. Of note in these responses is the fact that fifty-six youth or over eight percent (8.2%) reported they Strongly Agree/Agree that they had intentionally harmed themselves in the last 30 days prior to the survey, and thirty one youth or nearly sixteen percent (15.9%) of youth indicated they Strongly Agree/Agree that they intentionally harmed themselves in the last 12 months. Ninety-six youth or fourteen percent (14%) reported intentionally harming themselves in the past 12 months. Nearly thirty-one percent (30.8%) viewed regular use of Marijuana as having no or moderate risk. However over sixty-five percent (65.3%) saw slight or moderate risk in this behavior. Fifty-nine percent (59.0%) of youth surveyed saw no or only moderate risk in having one or two alcoholic beverages once or twice a week. However, over thirty-seven percent (37%) saw slight or moderate risk in this behavior. Thirty percent (30.1%) of youth surveyed

Adult Response

The following information refers to the issues of self of harm including adult's personal experiences in intentionally harming themselves as well as harm perceived from use of alcohol and other drugs by adult surveyed. Of note in these responses is the fact that thirty adults or over seven percent (7%) reported they Strongly Agree/Agree that they had intentionally harmed themselves in the last 30 days prior to the survey, and thirty-seven adults or nearly nine percent (8.6%) of adults indicated they Strongly Agree/Agree that they intentionally harmed themselves in the last 12 months. Six adults reported cutting themselves. One hundred nine respondents or over twenty-five percent (25.2%) saw no risk or moderate risk to smoking Marijuana regularly. Over fifty-seven percent (57.3%) saw no risk or moderate risk in consuming one or two alcoholic beverages once or twice a week. Over one third of adults surveyed saw no or moderate risk on

consuming five or more alcoholic beverages once or twice a week. Nearly seventeen percent (16.9%) saw no risk or moderate risk in smoking one or more packs of cigarettes a day.

IMPLICATIONS FOR PREVENTION

An increasing number of individuals are not only harming themselves but coming up with new inventive ways of doing it. This proves that not only are prevention programs needed, but mental health services are also required. As a Coalition we hope to bridge the gap of services that are needed in the Rural Clark County areas.

HEALTH ISSUES

Youth Response

Two final questions on the survey queried youth as to two health related issues: teen pregnancy and sexually transmitted diseases (STD's) as problems in their community. Of note in the data from these questions, thirty-six youth responded with Strongly Agree/ Agree or nearly 19 percent (18.5%) regard STD's as a problem in their community. Sixty-six youth or thirty four percent (34.0%) Strongly Agree/Agree that teen pregnancy is a problem in their community.

Adult Response

Two final questions on the survey queried adults as to two health related issues: teen pregnancy and sexually transmitted diseases (STD's) were seen as problems in their community. Of note in the data from these questions, two hundred and eleven adults or over forty-nine (49.2%) responded with Strongly Agree/ Agree regarding STD's as a problem in their community. Over two hundred forty-two adults or fifty-six percent (56%) Strongly Agree/Agree that teen pregnancy is a problem in their community.

IMPLICATIONS FOR PREVENTION

The youth not only need to be educated about the repercussion of unprotected sex, but they need to be educated and supported as to how they can be the positive role model in their schools and community.

Identification of NCPC Priorities

Priority #1

Reducing the substance related problems in communities - (for five under served rural communities in southern Clark County Nevada, Boulder City, Moapa Valley, Searchlight, Mesquite, and Laughlin).

Priority #2

Build a prevention capacity and infrastructure at the state and community levels.

STEP TWO: CAPACITY

NCPC Programming Capacity

The Nevada Community Prevention Coalition (NCPC) is adequately prepared through state, and federal trainings to implement the Strategic Prevention Framework. NCPC is in the community mobilization stage and is in the process of engaging all sectors of the community in a community-wide prevention effort. NCPC has developed the needed structural and organizational base to be effective, great care has been given towards the building and mobilization of staff, project evaluation, and financial resources to meet the coalitions' project goals, as well as a focus on continued coalition sustainability.

NCPC is in between the preplanning and preparation stages. NCPC meets monthly with members of the coalition to discuss data and the state of readiness for the communities served.

NCPC used a community assessment tool and distributed to various sectors of the communities we serve and assessments were tabulated and assessed.

Our resources include support from multiple sectors, time and effort of staff and coalition memberships and collaborating agencies. NCPC has made a concerted effort to ensure that there is representation across all sectors - race, ethnicity, gender, age, geographic location and role in community

Local Substance Abuse Prevention Programs- NCPC collaborates with WestCare NV, Family Resource Center and Mesquite boxing gym and other substance abuse prevention agencies
Underage Drinking Law Enforcement- NCPC is working with EUDL to develop relationship with law enforcements and develop increase awareness on under age drinking. Other local prevention organizations- NCPC has a working relationship with the Family Resource Centers in Laughlin, Mesquite and Moapa

Local governing body responsible for your service area- One of NCPC staff is a town board member and board members are judges and work in the mayor office

In cooperating with other coalitions- NCPC and Nye Coalition received a mentoring grant from Drug Free Communities. NCPC also has MOU with all southern Nevada Coalitions

STEP THREE: PLANNING

Prioritize the risk and protective factors and determining the path of the future plans for the coalition and build on the strengths and relationships the coalition already has, thus generating more positive results.

Alcohol Abuse

Contributing Factors	Objectives and Strategies	Activities
More than 34% of youth think its ok to drink to get drunk	Reduce rate of uninformed youth as to consequences and responsibility of alcohol consumption	Trainings, Presentations to Parents, Community Leaders, Family & Youth Workers. Direct programming to youth.

Substance Abuse Patterns

Contributing Factors	Objectives and Strategies	Activities
Youth are using more types of substances at an earlier age	Identify cause of risky behavior	Trainings, Presentations to Parents, Community Leaders, Family & Youth Workers. Direct programming to youth.

Self Harm

Contributing Factors	Objectives and Strategies	Activities
Youth are mutilating their bodies through cutting, burning and other methods	Identify cause of risky behavior	Trainings, Presentations to Parents, Community Leaders, Family & Youth Workers. Direct programming to youth.

Teen Pregnancy

Contributing Factors	Objectives and Strategies	Activities
34% of youth report that teen pregnancy is a problem in their community	Inform youth as to consequences and responsibility premature sexual activity	Trainings, Presentations to Parents, Community Leaders, Family & Youth Workers. Direct programming to youth.

STEP FOUR: IMPLEMENTATION

Identify Existing Local Services – develop a resource directory for each task force area and encourage service providers to unite in efforts to promote a wellness model in their communities.

Provide Information – educational presentations, seminars, trainings, PSAs, brochures, community meetings, and social marketing.

Provide Support – create opportunities to support people in participating in activities, providing alternative healthy/substance free activities, mentoring, referrals.

Enhance Skills – workshops, seminars, or activities designed to increase the skills of participants, members and staff.

Enhance Access-Reduce Barriers – improving systems and processes to increase the ease ability and opportunity to utilize systems and services.

STEP 5: EVALUATION

With Task Force Representatives located within each of the service areas NCPC will be able to monitor the effectiveness of the sub-recipients interaction within the community. In addition to that, all programs that provide prevention services funded by the NCPC will be required to use evidence based curriculum in order to receive funds from NCPC. All funded programs will participate in routine program evaluation activities to meet NCPC and SAPTA reporting requirements.

All sub-recipients will participate in community events sponsored by NCPC which will not only be designed to bridge gaps in community awareness, but strengthen and enhance community wellness. Sub-recipients will also be required to maintain the minimum SAPTA required annual training hours including confidentiality of client information, frequency of reporting (monthly) and other information that will establish a systematic procedure for ensuring that programs and services for prevention are carefully monitored and evaluated.

1. Data Collection and Tracking

Process data are outcomes specific to activities and curriculums provided will include, but are not limited to, data gathering and reporting, consumer satisfaction surveys from program participants, gains in academic performance and/or attendance, feedback from Parents, Teachers, Law Enforcement and other measures appropriate to each prevention service provided.

Funded prevention providers will be required to provide monthly reports to NCPC detailing their programs and services, populations served, and other reporting requirements to ensure careful tracking of funded services.

2. Evaluation of Data Results

Program data gauges how well a particular program works by measuring the difference in attitudes and behaviors as a result of exposure to a particular curriculum. It is usually measured by the difference between pre-test and post-test of participants. It provides feedback to the program providers on how well the program is matched to its participants and how well the facilitator delivered the programs. NCPC will work with funded providers to use evaluation data to increase program effectiveness and improve outcomes for youth and/or parents participating in community prevention programs. Both training and technical assistance will be provided to assist programs to effectively reach their target audience and achieve the desired outcomes.

3. Continued Evaluation

Attitudes, Enthusiasm, Perspective, and Consistent Participation of the youth and parents involved with the programs and services should be the first evidence of change as a result of a successful Community Coalition, with lasting change eventually moving community indicators. Examples of this type of data are survey data and indicator data – Juvenile Justice Referrals, School Referrals, Parental Referrals, and so forth. It also includes survey data such as the Youth Risk Behavior Survey (YRBS).



PACT COMPREHENSIVE COMMUNITY PREVENTION PLAN EXECUTIVE SUMMARY

Consistent with national policy established by the federal Substance Abuse and Mental Health Services Administration (SAMHSA), the Nevada Substance Abuse Prevention and Treatment Agency (SAPTA), Nevada's Single State Authority for alcohol and drug abuse services, has prioritized the organization of community-based substance abuse prevention coalitions as an essential element of Nevada's response to substance abuse among our citizens.

In August of 2010, a new and vital substance abuse prevention coalition was formed in Clark County to address the lack of community substance abuse prevention coalitions in Southern Nevada. The intent of the PACT (Prevention, Advocacy, Choices, and Teamwork) Coalition for Safe and Drug-Free Communities Coalition was to begin organizing a new coalition with goals and purposes intended to foster and promote "prevention prepared communities" in Clark County. PACT Coalition members encompass all segments of the community, focusing on the northern Clark County communities that make up the targeted service area for PACT.

Today, the PACT Coalition is an established substance abuse prevention agency in the community with the necessary organizational infrastructure and community support needed to begin funding community prevention services beginning in July of 2012. The President of the Coalition is Dr. Larry Ashley, a long time substance abuse professional in Las Vegas, affiliated with the University of Nevada Las Vegas. Board officers working with Dr. Ashley include Victoria Nelson, an attorney with the firm of Santoro, Driggs, Walch, Kearney, Holley & Thompson, serving as Treasurer; and, Bradley Greenstein, CEO of Central Recovery Treatment, serving as Secretary. Four additional directors complete the board.

PACT Coalition membership has grown to include over 150 individuals and/or community organizations, agencies, and corporation members representing a wide diversity of community interests and issues relative to substance abuse prevention.

Using objective needs assessment data, input from key community informants, and grounded in the national Strategic Prevention Framework, the PACT Coalition is prepared to undertake the Comprehensive Community Prevention Plan outlined in this document.

The PACT Coalition welcomes the opportunity to join our efforts in developing strong, evidence-based, effective prevention services for the youth, adults, and seniors that live in our community. Together we can change the climate of risks for substance abuse and promote alcohol, tobacco, and drug free communities.

INTRODUCTION

Overview of PACT Coalition

In August of 2010, a group of dedicated professionals working in medicine, law enforcement, juvenile justice, higher education, public safety, and substance abuse recovery services were sufficiently concerned with the lack of community prevention coalitions in Southern Nevada to begin organizing a new coalition with goals and purposes intended to foster and promote “prevention prepared communities” in Clark County.¹ In August, 2010 the PACT (Prevention, Advocacy, Choices, Teamwork) Coalition for Safe and Drug-Free Communities officially became a Nevada registered, non-profit agency. Subsequently, the organization received its 501 C3 non-profit status from the Internal Revenue Service.

This culturally diverse coalition moved rapidly to organize the community mobilization and planning activities needed to assist individuals, families, schools, faith-based groups, and workplaces, to take action to prevent the emotional, social, health, and financial devastation that substance abuse disorders can bring. In 2011, PACT was awarded funding from the Nevada Substance Abuse Prevention and Treatment Agency (SAPTA) to begin organizing the coalition’s infrastructure with the goal of receiving funds to enable qualified community agencies to provide direct prevention services.

Mission

The mission of the PACT Coalition is to mobilize and unify the citizens and programs of southern Nevada by leveraging existing resources in order to prevent substance abuse and promote recovery through culturally competent advocacy, education, stigma reduction, support, and outreach. A diverse cross-section of community leadership will be represented by the PACT Coalition and will work together to ensure a sustainable future and a healthier community.

Vision

The Coalition visualizes a community in which every layer of society is involved in the prevention of substance abuse.

Geographic Service Area

The PACT Coalition serves a specific geographic area within Clark County that includes all zip codes north of Charleston Boulevard, generally encompassing the City of North Las Vegas, Nellis Air Force Base, and all communities extending to the county’s northern boundary.

Table 1 below provides a current demographic profile for the PACT Coalition’s specific targeted geographic service area.

TABLE 1 PACT COALITION SERVICE AREA*

Demographic Profile	2010
Population	227,585
Youth – under 18	31.6%
Seniors – 65 and older	7.1%

White	47.4%
Black	19.9%
Asian	6.3%
Hispanic	38.8%
# of single family households	9.5%
% persons below poverty	12.2%
Unemployment	17%
Home ownership rate	63.4%

*Source: City of North Las Vegas Annual Report 2012; US Census Bureau: 2010; 2005-2009.

Over 50% of the populations in the PACT target service area is comprised of Black or Hispanic residents. Over thirty percent are youth under age 18. Nearly ten percent of the population is single family households, primarily women with children. Poverty is over twelve percent; less than 64% of residents own their own homes.

CCPP Organization

The PACT Coalition's CCPP begins with increasing the understanding of substance abuse in PACT's geographic service area of northern Clark County communities. Needs assessment data was garnered from surveys conducted among residents northern Clark County and from other relevant and credible data sources.

The PACT Coalition's CCPP is organized according to the Strategic Prevention Framework and the key steps of Assessment; Capacity; Planning; Implementation; and, Evaluation. PACT has also integrated its three planning priorities from the initial application for SAPTA funding. Finally, PACT has drawn upon recently prepared planning documents including:

- *2011 Clark County Substance Abuse Prevention Needs Assessment;*
- 2011 PACT Youth and Adult Needs Assessment Surveys;
- 2011 PACT Needs Assessment Comparison Report comparing and contrasting data from local, state and nationally generated needs assessments and/or data resources;
- 2011 PACT Capacity Report;
- Analysis and Evaluation of previous community prevention plans;
- Results of Key Informant Interviews conducted by PACT; and,
- PACT Planning Priorities

This *PACT Comprehensive Community Prevention Plan* is the result of more than a year of capacity building to develop the infrastructure for the PACT Coalition, employ an full time Executive Director and a part-time Coordinator, and participate in an extensive community-wide needs assessment with specific data gathering for youth and for adults from the PACT Coalition targeted geographic service area. These experiences, coalition member contributions and needs assessment data and supporting planning documents form the foundation for our 2012-2013 Comprehensive Community Prevention Plan (CCPP)

PACT COMPREHENSIVE COMMUNITY PREVENTION PLAN

STEP ONE: ASSESSMENT

1. NEEDS ASSESSMENT DATA: EXTENT OF THE PROBLEM

Demographic Profile of PACT Service Area Youth and Adults

- Fifty-nine percent (59%) of *youth* surveyed were between the ages of 12 and 14; however nineteen percent (19%) were age 11, a high risk age for substance abuse. The majority of *adults* surveyed (36.5%) were between the ages of 18 and 25; however thirty-four percent (34.0%) were between the ages of 26 and 45.
- For *youth* surveyed, racial and ethnic distributions were 39 percent (39%) Mixed Race/Other; 31.4 percent White/European; 11 percent Black or African American; and, nearly 27 percent were Hispanic/Latino. *Adult* racial and ethnic distributions were forty-four percent (44%) White/European; over nineteen percent (19.4%) Multi-Race/Other; just over twelve percent (12.2%) Black or African American; and, nearly nineteen percent (18.8%) were Hispanic/Latino.
- Sixty-one percent (61%) of *youth* surveyed live with two parents or a guardian; over twenty percent (21.1%) live with one parent/guardian. Nearly forty percent (39.8%) of *adult* respondents had no children; nearly fifteen percent (14.6%) reported having two children; over thirteen percent (13.2%) had three to four children.

IMPLICATIONS FOR PREVENTION PROGRAMMING:

Based on the demographic profiles of the PACT targeted service area, priorities for PACT supported prevention services need to focus on youth and young adults as key target populations. Prevention services need to target all racial/ethnic groups. Youth in single parent homes is also a key target population.

Attitudes about Alcohol Use among PACT Service Area Youth and Adults

Community Attitudes

- Slightly more than one third (34%) of *youth* surveyed and nearly sixty-five percent (64.5%) of *adults* surveyed by PACT Agree/ Strongly Agree that people in the community think it is O.K. to drink alcohol for the purpose of getting drunk.
- Nineteen percent (19.1%) of *youth* and over fifty-seven percent (57.8%) of *adults* surveyed Agree/Strongly Agree that getting drunk is seen by the community as a reward for a long week of work.
- Over forty-two percent (42%) of *youth* and nearly sixty three percent (62.9%) of *adults* surveyed Agree/Strongly Agree that the community says it is wrong to drink and drive but does it anyway.

IMPLICATIONS FOR PREVENTION PROGRAMMING

The problem of low perceived risk in using alcohol continues in 2012. Mixed messages about drinking and driving continue to be provided to community youth and adults. PACT supported prevention services need to explore new and innovative ways of communicating the dangers of

alcohol use, the dangers of binge drinking, and the dangers of drinking and driving.

Family Attitudes and Behaviors

- Over twenty percent (20.6%) of PACT *youth* surveyed report that at family functions, underage drinking is ignored, and at family celebrations nineteen percent (19.1%) report being able to obtain alcohol.
- Nearly sixteen percent (15.8%) of *adults* surveyed allow youth to drink at family celebrations.
- Seventy-nine percent (79.0%) of *adults* surveyed Strongly Disagreed/Disagreed that underage drinking is ignored at family functions; However over twenty-eight percent (28.6%) of *adult* Agreed/Strongly Agreed that their child can easily obtain alcohol at family functions.

IMPLICATIONS FOR PREVENTION PROGRAMMING

The problem of low perceived risk in using alcohol in families remains a problem in the community. Easy access to alcohol for youth at family functions may convey that underage drinking is O.K. Prevention programming needs to look at how best to impact family values and attitudes towards alcohol use.

Attitudes about Drinking and Driving Behaviors and Consequences

- Nearly twelve percent (11.5%) of *adults* surveyed indicate it is normal for them to drive the family after having had a few drinks, and over ten percent (10.6%) indicate they will drive the family home even if they have been drinking.
- Nearly thirty four percent (33.7%) of *adults* surveyed think that fines are the most that happens if you are arrested for a DUI.
- However, only eight percent (7.7%) of *youth* believes that fines are the most that happens after being arrested for a DUI.

IMPLICATIONS FOR PREVENTION PROGRAMMING

As cited earlier, mixed messages about drinking and driving continue to be provided to community youth and adults. PACT supported prevention services need to explore new and innovative ways of communicating the risks of drinking and driving.

Substance Abuse Patterns among PACT Service Area Youth and Adults

- Nearly twenty-four percent (23.7%) of *youth* and over eighty-two percent (82.1%) of *adults* surveyed reported *lifetime* use of alcohol.
- Nearly fifteen percent (14.9%) of *adults* surveyed have used marijuana in the past 12 months; over eight percent (8.2%) of *youth* surveyed by PACT report lifetime or current use of marijuana.
- Nearly nine percent (8.8%) each of *youth* surveyed have ever used Synthetic Marijuana and Hookah. Nearly sixteen percent (15.8%) of *adults* surveyed have ever used Synthetic Marijuana; Thirty five percent (35%) of *adults* have used Hookah.
- Just over eight percent (8.2%) of *youth* and over thirty percent (30.4%) of *adults* surveyed by PACT report ever using Prescription Drugs without a doctor's orders.
- Just over two percent (2.1%) of *youth* surveyed and nearly three percent (2.7%) of *adults* surveyed have ever used "Bath Salts" a relatively new substance of abuse.

- Relative to other drugs of abuse (cocaine, methamphetamines, heroin, etc.) current use was very low among *youth*, but an average of nearly eight percent (7.7%) of *adults* has used these substances in the past 12 months prior to the survey.
- Nearly twenty-four percent (23.7%) of *adults* surveyed reported current use of cigarettes, suggesting they are regular smokers; cigarette use by *youth* was very low.

IMPLICATIONS FOR PREVENTION PROGRAMMING

New and emerging substances, along with prescription drugs, that present the potential for abuse with, in some cases, life threatening consequences, will be addressed in the PACT CCPP. Both adults and youth in the PACT target service area are experimenting with these substances at great risk. Education about the dangers of these substances plus programming to provide alternatives for youth and adults are included in our plan.

Recovering from Addictions

- Nearly eight percent (7.7%) of youth surveyed and over two percent (2.1%) of adults surveyed are currently recovering from an Eating Disorder.
- Just over eight percent (8.2%) of youth surveyed and nearly forty-three percent (42.9%) of adults surveyed reported recovering from a drug or alcohol problem.
- Just over three percent (3.1%) of youth surveyed and just over three percent (3.3%) of adults reported recovering from a gambling addiction.
- Nearly four percent (3.6%) of youth surveyed reported recovering from sex addiction and four percent (4.0%) of adults reported recovering from sex addiction.

IMPLICATIONS FOR PREVENTION PROGRAMMING

Information about recovery support services for a variety of addictions, available in the PACT service area, will be included as part of publicizing information about community resources.

Age of First Use

- For *adults*, surveyed by PACT, thirteen percent (13.1%) took their first sip of alcohol between the ages of 10 and 12; over nine percent (9.6%) were aged 16 and over nine percent (9.3%) were age 18.
- For *youth*, surveyed by PACT, eighteen percent (18%) took their first sip of alcohol between the ages of 5 and 11 years of age.
- Nine of the *youth* surveyed by PACT indicated the age of first use of prescription drugs without a doctor's order at between 12 and 17 years of age.

Table 5 from the PACT Comparison Report shows changes occurring over the past three years in age of first use of alcohol and other drugs. County and state surveys show over 25% of high school youth using alcohol before the age of 13. National data indicates that the average age of first alcohol use was 14.³ However, data from youth surveyed by PACT in 2011, shows exposure to alcohol use at much younger ages than state or national age groups. For tobacco use (cigarettes), PACT youth surveyed for age of first use are similar to county and state data.

³ "Study: Teen Marijuana, Ecstasy, and Alcohol Use Increasing." The Partnership at Drugfree.org. May, 2011.

**TABLE 5 COMPARATIVE ANALYSES OF YOUTH AND ADULT ALCOHOL, TOBACCO
AND OTHER DRUG USE PATTERNS**

Clark County YRBS 2009	Nevada Data 2010	PACT 2011
Age of First Use of Alcohol		
25.3% of high school youth used alcohol for the first time before age 13.	25.6% of Nevada youth used alcohol for the first time before age 13	18% of youth surveyed by PACT had their first sip of alcohol between five and eleven years of age; 27% of adults surveyed had their first use of alcohol before age 13.
Age of First Use of Tobacco		
11.5% of high school youth smoked before age 13.	11.3% of Nevada youth report smoking before age 13.	6% of youth surveyed by PACT indicated they first smoked part or all of a cigarette between the ages of 12 and 17. Four percent (4%) report first using other tobacco products between 12 and 14.
Age of First Use of Marijuana		
9.7% of high school youth first used marijuana before age 13.	9.3% of Nevada youth first tried Marijuana before age 13.	Nearly 9% of youth and 24% of adults report first using marijuana before the age of 13.
Age of First Use of Prescription Drugs (Without a Doctor's Orders)		
3.7% of high school youth ever took steroid pills or shots without a doctor's prescription one or more times during their life.	3.7% of Nevada youth have used steroids.	5% of youth surveyed first used prescription drugs before the age of 13; 15% of adults report first use of prescription drugs between 12 and 14.
Age of First Use of Cocaine		
7.7% of youth first used cocaine before age 13.	7.7% of Nevada youth use cocaine.	1.5% of youth surveyed used cocaine in the past year.
Age of First Use of Methamphetamines		
5.9% of high school youth report using meth one or more times.	5.9% of Nevada youth use meth	1% of youth surveyed report first using meth at age 17.

IMPLICATIONS FOR PREVENTION PROGRAMMING

Early first use of alcohol and other drugs is a serious risk for long term addiction consequences. As youth in the PACT service area are starting their substance use at much younger ages, greater emphasis is needed on education and more alternative interventions are needed to modify this behavior.

PERCEPTIONS OF HARM

Among the most compelling data from the *Clark County Substance Abuse Prevention Needs Assessment* and the surveys completed by PACT are those questions that discuss issues of harm including survey respondents' personal experience in intentionally harming themselves, as well as harm perceived from use of alcohol and other drugs by youth and adults surveyed.

- Over five percent (5.4%) of *adults* and over eleven percent (11.4%) of *youth* surveyed by PACT, admitted to intentionally harming themselves in the past 30 days prior to the survey.

- Over eleven percent (11.3%) of *adults* and nearly sixteen percent (15.9%) of *youth* surveyed by PACT indicated that they intentionally harmed themselves in the last 12 months.

Again referencing the PACT’s Comparison Report, “Self-harm is a way of expressing and dealing with deep distress and emotional pain. As counterintuitive as it may sound to those on the outside, hurting oneself may make a person feel better. In fact, the person may feel like they have no choice. Injuring themselves is the only way they know how to cope with feelings like sadness, self-loathing, emptiness, guilt, and rage. In the U.S., it's estimated that one in every 200 girls between 13 and 19 years old, or one-half of one percent, cut themselves regularly. “Cutting” comprises about 70 percent of self-injury. Two of the most alarming facts about teen cutting are that the number of cases is on the rise, and without treatment, many who begin cutting themselves as teens will continue the behavior well into their adult years.

Treatment visits for teens that self-injure have doubled over the past three years. And those numbers are expected to grow as life becomes more complex for teenagers. Self-injury treatment programs refer to this growth trend as an epidemic that reaches even into middle schools.

In addition to harm, survey data examined perceptions of risk in consuming five or more alcoholic beverages once or twice a week, regular use of marijuana, and smoking one or more packs of cigarettes per day.

- Among *youth* surveyed by PACT nearly twenty four percent (23.7%) saw no or only moderate risk in five alcoholic beverages consumed once or twice a week; Over thirty percent (31.6%) of *adults* surveyed by PACT saw no or only moderate risk in consuming five or more alcoholic beverages once or twice a week.
- Seventeen percent (17.0%) of *youth* surveyed by PACT saw no or only moderate risk of harm in smoking marijuana regularly; over twenty-nine percent (29.1%) of *adults* surveyed saw no or only moderate risk of harm in regular use of Marijuana.
- Nearly sixteen percent (15.5%) of *adults* surveyed by PACT saw no or only moderate risk in smoking one or more packs of cigarettes per day; over fourteen percent (14.4%) of *youth* saw no or only moderate risk in smoking one or more packs of cigarettes a day.

IMPLICATIONS FOR PREVENTION

Low perception of harm from binge drinking, use of marijuana, and/or smoking on a daily basis need to be countered continually. Evidence of the effectiveness of non-smoking advertisements and reduced access by youth has brought smoking rates among youth down considerably. PACT will seek to fund community agencies that can address these problems using evidence-based programs along with strategies to reduce access to alcohol, marijuana and cigarettes by youth.

HEALTH ISSUES

The 2011 needs assessment surveys included questions about two health issues strongly related to alcohol and other drug use. Sexually Transmitted Diseases (STDs) and Teen Pregnancy are two problems identified by PACT survey respondents as problems in their community.

- Nearly nineteen percent (19%) of PACT *youth* indicated STD's were a problem in their community; over forty-eight percent (48.1%) of *adults* surveyed also regard STD's as a problem in their community.
- Nearly fifty five percent (54.7%) of PACT *adults* surveyed saw teen pregnancy is a problem in their community; thirty four percent (34.0%) of *youth* surveyed also agreed that teen pregnancy is a problem in their community.

IMPLICATIONS FOR PREVENTION

Youth and parents in the PACT targeted service area need to increase their awareness that use of alcohol and other drugs can affect judgment and increase the risk of STD's and/or pregnancy among youth and adults. A better understanding of risky behaviors and their consequences are needed for youth, and parents need to become more skilled in talking to their children about alcohol and other drug use in relation to high risk behaviors like sexual activity.

2. Identification of PACT Priorities

In developing its initial application to become a coalition in Clark County, the PACT Coalition identified three priorities for developing effective prevention programs in their target service area. These include:

- Developing a strong organizational infrastructure to support Coalition activities to fund, monitor, and evaluate sub-recipients' prevention programs and services.
- Building strong community ties, through collaboration with other prevention coalitions in Clark County and statewide, to include advancing civilian-military community ties through work with Nellis Air Force Base and veterans' organizations.
- Prevent the onset of childhood and underage drinking and drug use, reduce the progression of substance abuse, and prevent relapse for those in recovery.

Prevention programming planned for the PACT targeted service area will include evidence-based programs and services addressing these priorities.

STEP TWO: CAPACITY

1. PACT Programming Capacity

The PACT Coalition has put in place the necessary infrastructure and has secured the community readiness needed to begin funding community prevention providers in July of 2012. Community readiness is defined as the capacity of a community to implement programs, policies, and other changes that are designed to reduce the likelihood of substance abuse. It is also a measure of the extent to which a community is adequately prepared to implement a strategic planning effort that achieves long-term results that benefit a target community. Community readiness to undertake such an effort significantly impacts the effectiveness and overall continuity of the effort.

Since July of 2011, PACT staff and Board have been engaged in determining if the target service area is ready to engage in planning for and implementing targeted prevention programming. Tools in this process include:

- Conducting key informant interviews,
- Reviewing results of the county-wide and service area needs assessment surveys,
- Participating in training events, and
- Working with organizations that are members of the coalition to identify roles and responsibilities for funded prevention providers that PACT will support.

Needs assessment data in particular, identified attitudes and behaviors among both adults and youth that we believe will benefit from practical, but more innovative approaches to addressing recurring community risk factors. Key informant interviews provided valuable information about the readiness of schools and communities in the PACT target service area to engage in planning and implementation of prevention initiatives.

These and other activities, in combination with a continuing focus on the most effective environmental prevention strategies, have provided PACT with a clear direction to pursue in developing both traditional and non-traditional community-based prevention services targeted to adults in the service area as well as to youth. PACT is committed to raising the level of sophistication and confidence among community prevention programs to impact substance abuse risk factors. PACT is also committed to providing strong community and provider support to assist funded programs in achieving the goals established for reaching the different populations identified through our readiness assessment efforts that need preventive interventions. PACT is well prepared to transition from planning to implementation.

STEP THREE: PLANNING

1. Initial Work Plans

Initial work plans for the PACT CCPP are shown in the chart below:

Contributing Factors	Objectives and Strategies	Activities
Develop a Strong Infrastructure to Support Coalition Activities		
Lack of prevention coalitions in Clark County	<p>Objective 1: Increase coalition capacity through staffing, especially fiscal management staff.</p> <p>Objective 2: Provide training for staff and coalition members.</p> <p>Objective 3. Maintain data on needs through key informant interviews.</p> <p>Objective 4. Update planning and assessment documents annually.</p>	<ul style="list-style-type: none"> ● Assess and address needs for staffing and particular staffing skills. ● Maintain a training calendar for staff and coalition members to stay abreast of evidence-based practices and learn community presentation techniques. ● Continue to gather and update key community and stakeholder interviews to reflect community needs ● Updated PACT plans for services.
Advance Civilian/Military Community Ties		
Lack of prevention services and programs targeting military personnel and their families at risk for substance abuse.	<p>Objective 1: Assess local needs for prevention interventions for military personnel and their families</p> <p>Objective 2: Fund prevention programs for veterans and families in the service area of Nellis AFB.</p>	<ul style="list-style-type: none"> ● Meet with veteran’s organizations in Clark County to assess needs for prevention interventions. ● Identify evidence-based programs for inclusion in prevention RFP/
High numbers of returning veterans in Clark County at risk for substance abuse and PTSD.	<p>Objective 1. Serve as a resource for returning veterans needing intervention and/or referral for Rx.</p> <p>Objective 2. Support drug free alternative activities for veterans.</p> <p>Objective 3. Develop a resource fact sheet for military families.</p>	<ul style="list-style-type: none"> ● Provide targeted education for veterans/military families. ● Facilitate access to behavioral health services, especially for veteran families and youth. ● Develop and disseminate a Substance Abuse and Military Fact Sheet.
Prevent Early Onset; Reduce Progression of Substance Abuse; Prevent Relapse for Those in Recovery		
Easy access to alcohol by youth under age 13.	Objective 1: Reduction in early use of alcohol by youth.	Targeted education for school children/parents. Access to alternative activities.
Binge drinking among youth	Objective 2: Reduce youth binge drinking	Access to non-alcohol alternative activities; use of environmental strategies
Experimentation with new and emerging drugs of abuse	Objective 3: Reduction in prescription drug deaths.	Facilitate access to behavioral health for youth addicted to prescription drugs.
High risks for relapse in treatment populations	Objective 4. Develop relapse prevention resources.	Provide information/referral for persons needing relapse prevention services.

STEP FOUR: IMPLEMENTATION

1. Addressing Priorities

Prevention funding will address each of the PACT prevention priorities based on risk factor data that supports the need to address these priorities in the PACT CCPP. Current risk data is largely based on the PACT and/or Clark County needs assessment completed in late 2011.

PRIORITY # 1- *Developing a strong organizational infrastructure to support Coalition activities to fund, monitor, and evaluate sub-recipients' prevention programs and services.*

Planning Goal: To develop a strong organizational infrastructure to support Coalition activities to fund, monitor, and evaluate sub-recipients' prevention programs and services

Risk Factor	Supporting Data
Availability of Drugs	Nevada's 2011 State Epidemiology Profile reports that Clark County communities are exposed to alcohol, tobacco, methamphetamines, cocaine, marijuana, and prescription drugs.
Transitions and Mobility	Over 309,749 children enrolled in the Clark County School District in 2010-2011; many will experience grade transitions, a recognized substance abuse risk factor. In 2010-2011, the District's transiency rate was 30.7%, higher than the state rate of 29.6% (Clark County School District, 2011)
Low Neighborhood Attachment/Community Disorganization	In 2010 Clark County had a high violent crime rate at 865/100,000 (Health Rankings 2011); the violent crime rate in North Las Vegas is 7.34 per 1,000- much higher than the national rate of 4.5 per 1000. (Location, Inc. 2012)
Extreme Economic Deprivation	Dramatically increasing the need for a community prevention coalition to serve northern Clark County is the continuing impact of the national economic crisis. In North Las Vegas unemployment is currently at 17%. These poor economic conditions create high stress in families and communities, and increase risks for substance abuse, depression, suicide, etc. (CBER. UNLV, November 11, 2010)

Needs assessment findings document attitudes and behaviors based on low adult and youth perceptions of risk for consuming alcohol and for drinking and driving; attitudes and behaviors that foster use of new and emerging substances of abuse; attitudes and behaviors that foster expanded health risks for both youth and adults from involvement with alcohol and other drugs; as well as high rates of current use of illicit drugs among both youth and adult populations. Of note from the comparison report for needs assessments done in 2007, many of the low risk perceptions regarding alcohol use have not changes in the past several years.

To address the need for a strong infrastructure to enable funding, monitoring, and evaluating sub-recipients' prevention programs and services, the PACT Coalition will:

- As new programming develops, assess and address needs for PACT Coalition staffing and particular staffing skills.
- Maintain a training calendar for staff and coalition members to stay abreast of evidence-based practices in prevention and learn community presentation techniques.

- Continue to gather and update key community and stakeholder interviews to maintain data that reflects community needs.
- At least annually update PACT plans for service delivery.
- Facilitate access to training and technical assistance to funded programs to ensure use of effective prevention programming and fidelity to evidence-based models.
- Develop technical assistance resources that support PACT funded community providers.

These and other strategies and activities will support the PACT Coalition infrastructure and will promote strong community based prevention programs in the PACT target service area.

PRIORITY # 2 - *Building strong community ties, through collaboration with other prevention coalitions in Clark County and statewide, to include advancing civilian-military community ties through work with Nellis Air Force Base and veterans’ organizations.*

Planning Goal: To advance civilian-military community ties through work with Nellis Air Force Base and veteran’s organizations to reduce risks for substance abuse.

Risk Factor	Supporting Data
Socio-Demographic risk factors for military personnel	<ul style="list-style-type: none"> • Young adult: ages 20–24; • Male, Enlisted ranks • Race: “Other”—highest risk; Caucasian—second highest • Marital Status:-Separated/divorced highest risk; Single—second highest • PACT needs assessment respondents were eight percent veterans • Clark County needs assessment respondents were nine percent veterans
Alcohol	<ul style="list-style-type: none"> • A recent study found that 27 percent of returning veterans met criteria for alcohol abuse and were at increased risk for related harmful behaviors (e.g., drinking and driving, using illicit drugs). (NIDA, 2011).
Prescription Drug Abuse	<ul style="list-style-type: none"> • Prescription drug abuse doubled among U.S. military personnel from 2002 to 2005 and almost tripled between 2005 and 2008

To address the need for a advancing civilian and military ties to prevention substance abuse, the PACT Coalition will:

- Meet regularly with veteran’s organizations in Clark County to assess needs for prevention interventions;
- Identify evidence-based programming to be included in the RFP for prevention services.
- Provide targeted education for veterans and military families about substance abuse prevention;
- Facilitate access to behavioral health services, especially for veteran families/youth; and,
- Develop and disseminate a Substance Abuse and the Military Fact Sheet for Clark County.

These and other strategies and activities will develop and sustain working relationships with military/veterans’ organizations and will fund prevention programs for this high risk population.

Priority # 3- There is a lack of prevention programs and services addressing early onset of childhood drinking and drug use, and a critical need for programs to intervene to reduce the progression of the disease and to prevent relapse in Clark County.

Planning Goal: To prevent early onset of childhood and underage drinking/drug use; reduce the progression of substance abuse, and prevent the relapse of substance abuse of those in recovery.

Risk Factor	Supporting Data
Early Alcohol Consumption	<ul style="list-style-type: none"> • 18% of youth surveyed by PACT had their first sip of alcohol between five and eleven years of age; 27% of adults surveyed had their first alcohol use before age 13.
Drinking and Driving Behaviors	<ul style="list-style-type: none"> • Nearly twelve percent (11.5%) of adults surveyed by PACT indicate it is normal for them to drive the family after having had a few drinks, and over ten percent (10.6%) indicate they will drive the family home even if they have been drinking.
Early Drug Use	<ul style="list-style-type: none"> • Nearly 9% of youth and 24% of adults surveyed by PACT report first using marijuana before the age of 13.
Prescription Drug Use	<ul style="list-style-type: none"> • 5% of youth surveyed by PACT first used prescription drugs before the age of 13; 15% of adults report first use of prescription drugs between 12 and 14.

To address the need for programming to reduce early onset of childhood drinking and underage drinking/drug use, the PACT Coalition will:

- Facilitate targeted education programs for children and parents in the target service area;
- Facilitate access to programs that offer alternative activities for youth and adults;
- Promote access to non-alcohol alternative activities for youth; use of environmental strategies to reduce access to alcohol;

To address the need for programming to reduce the progression of substance abuse, the PACT Coalition will:

- Facilitate access to behavioral health services for youth addicted to prescription drugs.

To address the need to prevent the relapse of substance abuse of those in recovery, the PACT Coalition will:

- Provide information and referral resources for persons needing relapse prevention services.

These and other strategies and activities will support efforts to reduce drinking and driving incidents, reduce the progression of substance abuse, especially for prescription drugs, and will promote relapse prevention for those in recovery.

2. Prevention Services Plan

The Prevention Services Plan shown below incorporates the three PACT Coalition prevention priorities and identifies a range of prevention services and target populations that, depending on the available level of resources, the PACT Coalition will implement.

PACT Coalition Prevention Services Plan

Problem/Need	Target Population	Prevention Services	Intended Outcomes
Infrastructure Needs	PACT Coalition staff and members	Overview of all services	Strong, well-structured coalition able to effectively fund, monitor, and evaluate prevention programs in targeted service area.
Transportation services	All	All	Increased participation in prevention services.
Parent Education/Counseling	Parents High Stress Families Military/Veterans	Coping Skills; Substance abuse prevention education	Increased capacity of parents to role model appropriate substance use behavior.
		Education about risks of new/emerging drugs of abuse	Increased understanding of dangers in new substances available to youth and adults.
Lack of positive youth role models	High Risk Youth	Mentoring and tutoring programs	Increased school attendance and improve performance to reduce risk for substance abuse.
		Alternative activities	Increased opportunities for positive alternatives to alcohol and drug use.
Lack of prevention skills	High Risk Youth	Leadership and resilience training	Increased ability to for youth to make positive life choices.
Youth and adults in severe emotional distress	High Risk Youth and Adults Military/Veterans	Coping mechanisms	Reduced risk of cutting behavior.
			Reduced STD and teen pregnancy risks among youth enrolled in prevention programs.
Lack of information about prevention programs and services	All	Community outreach and education; use of creative media to reach high risk youth	Increased awareness of prevention resources for parents and youth;

All PACT funded prevention services will use evidence-based programming and will employ best practices in conducting prevention programs.

STEP 5 EVALUATION

All programs that provide prevention services funded by the PACT Coalition will be required to use evidence based strategies in order to receive funds from PACT. All funded programs will participate in routine program evaluation activities to meet PACT and SAPTA reporting requirements.

All funded providers will participate in an orientation training conducted by PACT which will address reporting requirements, training needs, HIPPA and confidentiality of client information, frequency of reporting (monthly) and other information that will establish a systematic procedure for ensuring that programs and services for prevention are carefully monitored and evaluated.

1. Data Collection and Tracking

Evaluation activities will include, but are not limited to, data gathering and reporting, pre/post test scores or other evidence of knowledge gains, consumer satisfaction surveys from program participants and/or parents/teachers, gains in academic performance and/or attendance and other measures appropriate to each prevention service provided.

Funded prevention providers will be required to provide monthly reports to PACT detailing their programs and services, populations served, and other reporting requirements to ensure careful tracking of funded services.

2. Evaluation Results Used to Increase Prevention Effectiveness

PACT will work with funded providers to use evaluation data to increase program effectiveness and improve outcomes for youth and/or parents participating in community prevention programs. Both training and technical assistance will be provided to assist programs to effectively reach their target audience and achieve the desired outcomes.

3. Confidentiality of Data and Informed Consent

All PACT funded prevention programs will observe HIPPA and substance abuse confidentiality regulations and will ensure that, where appropriate, informed consents are on file for program participants.

CONCLUSION

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